Joy in Practice:
Innovations in Patient Centered Care

Association of Chiefs and Leaders of GIM
Christine A Sinsky, MD, FACP
Feb 17, 2016
3:40-4:40

Agenda

• Introduction: Framing thoughts, burnout
• Studies
  – AMA Rand: Physician Career Satisfaction
  – ABIMF: In Search of Joy in Practice
• Discussion
Two Doctors and a Patient

Program Director Geriatrics
UConn

“Working in clinic has become so painful that I have decided to leave my beloved patients—unbearable to think about.”

Gail M Sullivan, MD
On a recent visit to a new doctor I believe we made eye contact twice—upon her arriving and leaving.
And yet, I am much more able to receive advice
From people I feel are thinking of me as a person rather than just the next patient.


Andie Dominick in Patient Listening: A Doctor’s Guide, Loreen Herwaldt
Nearly ½ of MDs Burned Out

Source: Arch Intern Med 2012; E1-9

Burnout affects Patients

Physician burnout is associated with…

- ↑ Mistakes
- ↓ Adherence
- Less empathy
- ↓ Patient satisfaction

Burnout Costs Organizations

Physician burnout is associated with…
- $\uparrow$ Malpractice risk
- $\uparrow$ MD and staff turnover
- $\$250,000$ to replace PCP (1999)

Sources:

Burnout Costs Physicians

Physician burnout is associated with…
- $\uparrow$ Disruptive behavior
- $\uparrow$ Divorce
- $\uparrow$ CAD
- $\uparrow$ Substance abuse/addiction
- $\uparrow$ Suicide

Sources:
Burnout May Cost US Healthcare

Physician burnout is associated with…

- ↑ Referrals
- Fewer PCPs

Social Science and Medicine 1999; (48):547-557
Arch Intern Med. 2011;171(17):1582-1585
http://content.healthaffairs.org/content/29/5/835.full

The Widespread Problem of Doctor Burnout

By PAULINE W. CHEN, M.D.

1 in 2 US physicians burned out implies origins are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals.
Physician Career Satisfaction

• Quality: Major Driver of Satisfaction
  – Some control over work environment
  – Dissatisfaction: Early warning sign of dysfn


Physician Career Satisfaction

• EHR: Major Driver of Dissatisfaction
  – Too much time per task, clerical
  – ↓ Face-to-face time
  – ↓ Quality of visit note

In Search of Joy in Practice
Co-Investigators

• Christine Sinsky- PI
• Tom Bodenheimer-PI
• Rachel Willard
• Tom Sinsky
• Andrew Schutzbank
• David Margolius

In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices

Christine A. Sinsky, MD*
Rachel Willard-Grice, MPH*
Andrew M. Schutzbank, MD*
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David Margolius, MD*
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**ABSTRACT**
We wanted to gather innovations from high-functioning primary care practices that we believe can facilitate joy in practice and mitigate physician burnout. To do so, we made site visits to 23 high-performing family practices and focused on how these practices distribute functions among the team, use technology to their advantage, improve outcomes with data, and make the job of primary care feasible and enjoyable as a life's vocation. Innovations identified include: (1) proactive planned care, with preventative planning and prevent laboratory tests; (2) sharing clinical care among a team, with expanded rooming protocols, standing orders, and panel management; (3) sharing clinical tasks with collaborative documentation (charting), nonphysician order entry, and streamlined prescription management; (4) improving communication by verbal message and in-box management; and (5) improving team functioning through co-location, team meetings, and work flow mapping. Our observations suggest that a shift from a physician-centric model of work distribution and responsibility to a shared-care model, with a higher level of clinical support staff per physician and frequent forums for communication, can result in high-functioning teams, improved professional satisfaction, and greater joy in practice.
Places Where PC Physicians & Staff are Thriving?

- Where the work of primary care is do-able
- Enjoyable as a life’s vocation

Joy in Practice

Site visits to 23 high-performing practices (most PCMHs)

Workflow
- Task distribution
- Physical space
- Technology
Challenges

- Chaotic visits
- Inadequate support
- Teams function poorly
- Time documentation

Innovations

1. Chaotic visits with overfull agendas
Fairview: Care Model Redesign
MA pre-visit call
Agenda, Med review
Depression screen
Advanced directive

Mayo-Red Cedar arranges for pre-visit lab
Pre-visit Labs

- 89% ↓ phone calls (p<0.001)
- 85% ↓ letters (p<0.0001)
- 61% ↓ additional visits (p<0.001)
- ↑ patient satisfaction
- Save $24 per visit


also http://ajcp.ascpjournals.org/content/142/5/640.abstract
http://ajcp.ascpjournals.org/content/142/5/640.full
Annual Prescription Renewals

• “90 + 4”
• Physician time
  – 0.5 hr/d
• Nursing time
  – 1 hr/d per physician
• 40 million PC visits/yr
  
  200,000 PCPs x 220d/yr x 1 visit/d

Challenges               Innovations
1. Chaotic visits
   with overfull agendas

Action Steps
Challenges

2. **Inadequate support** to meet the patient demand for care

Innovations

**Mayo Red Cedar : New Model of Nursing (2:1)**
Challenges               Action Steps

2. Inadequate support to meet the patient demand for care

Innovations

Educators
• MA, nurse: MI, SMS

Institutions
• Staffing
• Scope of practice ↑

Payers
• Fund non-MD services

Challenges               Innovations

3. Vast amounts of time spent documenting care

"Livin' the dream—how about you?"
I used to be a doctor. Now I am a typist.

Personal communication. Beth Kohnen, MD, internist Fairbanks, AK 8.3.11
Challenges

3. Vast amounts of time spent documenting care

Innovations

"Livin' the dream—how about you?"
Team documentation at Cleveland Clinic
Kevin Hopkins M.D.

Team Documentation
Cleveland Clinic

• Pre-visit (nurse)
  – Med Rec
  – Agenda, HPI

• Visit (nurse + MD)
  – med, lab, x-ray orders
  – followup

• Post-visit (nurse)
  – Reviews visit summary
  – Health coaching

• MD → next patient
Team Documentation
Cleveland Clinic

• New Model
  – 2 MA: 1 MD
  – 2 pt/d cover cost
  – 21 → 28 visits/d
  – 30% ↑ revenue
  – Spread to others
  – We’re having FUN

The MA’s are more fully engaged in patient care than they have ever been and they enjoy their work…They have increased knowledge about medical care in general and about their individual patients in particular.

Kevin Hopkins M.D.
I get to look at my patients and talk with them again. We’re reconnecting.... Our patient satisfaction numbers are up, our quality metrics have improved, our nurses are contributing more, and I am going home an hour earlier to be with my family.

Amy Haupert MD, family physician, Allina-Cambridge
personal communication

11.29.11
Team Documentation

• Six sites
• Similar results
  – Access 20-30% ↑
  – Costs covered
  – Satisfaction ↑
  – Quality metrics ↑
  – Physician
    • home hour earlier
    • no work at home

David Reuben
UCLA

• “Physician Partners”
  – Scripts/COE
  – Charting/Charge
• JAMA IM 5.14
  – Pt satisfaction
    w/MD time ↑
  – Save 1.5 hr/4hr
• Training Academy
Challenges               Innovations

3. Vast amounts of *time spent documenting* care

**Action Steps**

"Livin' the dream—how about you?"

Challenges               Innovations

4. Computerized *technology* that pushes *more work* to the clinician
Fairview: Filtering Inbox
Reduce “backpack” 90min/d to few min

Line of Sight
Verbal messaging at Fairview rather than series e-messages going round and round the office

Semi-circular desk, APF
Challenges

4. Computerized technology that pushes more work to the clinician

Action Steps

I THOUGHT YOU WERE SUPPOSED TO BE USER-FRIENDLY!
Challenges               Innovations

5. **Teams that function poorly** and complicate rather than simplify the work

Flow station at North Shore Physicians Group

HP: Saves 30 min/day/physician
Printer in every room University of Utah Redstone
HP: Saves 20 min/day/physician

Co-location at South Central Foundation, Alaska
Team Meetings
Do Work + Make Work Better

Challenges

5. Teams that function poorly and complicate rather than simplify the work

Action Steps

- Co-location
- Line of sight
- Space for huddles
- Time for meetings
- Improvement specialists
- Aligned reporting (MA/nursing to clinical lead)
Introducing AMA

**STEPSforward™**

Revitalize your practice and help improve patient care.

This series of innovative, transformative strategies will show you how. Visit [STEPSforward.org](http://www.stepsforward.org) to see the entire series of modules.

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Transformation Toolkits

- Pre-visit planning
- Expanded rooming
- Team documentation
- Prescription management
- Pre-visit lab
- Team meetings
- Lean
- Culture change
- Telemedicine
- Panel mgm’t
- Burnout
- Huddles
- EHR implementation
- Inbox mgm’t

[www.stepsforward.org](http://www.stepsforward.org)
QI Metrics

Clinician name:

<table>
<thead>
<tr>
<th>Clinic week</th>
<th>Time spent documenting and performing administrative functions</th>
<th>Total # of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1:</td>
<td></td>
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<td>Day 2:</td>
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<td>Day 4:</td>
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<tr>
<td>Day 5:</td>
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</tbody>
</table>

Add daily totals to determine total number of hours per clinic week (numerator)

Number of days completed per clinic week (denominator)

Average time spent documenting and coordinating patient care by the clinician (numerator divided by denominator)

Data to include in Step 2

Making the business case

YOUR PRACTICE

$  3.00 /min  8 hours  220 days/year

Cost of physicians time  Work day  Clinic days per year

PHYSICIAN

Total visits per day  Physician documentation time

20 /day  x  10 min/visit

FULL-TIME DOCUMENTATION SPECIALIST

Documentation specialist hourly rate (including benefits)

$ 23.00 /hour

TOTAL TIME SAVINGS  TOTAL FINANCIAL SAVINGS

3.20M  $132,000  $91,520

Physician documentation time saved  Gross annual savings with team documentation  Net practice savings with team documentation

$ (40,480)  Annual cost of dedicated documentation specialist
Team Documentation

APF: pt centered, team-based and mindful of care team well being.

The biggest difference -- is team, culture and time. Time with patients to better understand who they are, their story.

I wouldn't trade that for anything. I'm loving it.

Ben Crocker, MD
Internist
MGH

Checkback 2011
Our Work Going Forward

How can we contribute to transformation

“Working in clinic is unbearable”

Entrusted and empowered by tech, team, policy

“I’m loving it”

What patients want is that deep relationship with a healer;

this is the foundation upon which we need to build healthcare.

Paul Grundy, MD
IBM, PCPCC
personal communication
1.30.09
“Medical care must be provided with utmost efficiency. To do less is a disservice to those we treat, and an injustice to those we might have treated.”

Sir William Osler, 1893