

PRESIDENT'S COLUMN

Improving Work and Practice Environments

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A major focus for improving the physician's work and practice environments involves creating systems that enable physicians to succeed in caring for diverse patient panels.



Improving the general internal medicine (GIM) work and practice environments is one of the six strategic priorities for SGIM and a fundamental issue for the survival of GIM. Surveys indicate that many physicians experience burnout and that a fair number of physicians would not enter a career in medicine if they were to choose again.

The times are changing. The days of highly reimbursed fee-for-service care are waning as reimbursement rates are reduced and more care is paid for with capitated global payment mechanisms. Value and efficiency are buzzwords now, and most physicians at academic health centers are tracked, evaluated, and at least partially rewarded or penalized based upon their productivity as measured in RVUs.

My outpatient continuity clinic is the Primary Care Group (PCG) at the University of Chicago. PCG is in the middle of transformation. We're about three years into implementation of our Epic electronic health record (EHR), and we are actively trying to manage population health, improve team-based care, and implement care management. Like many other academic medical centers, we realize that the old ways of doing things won't suffice. We understand the general principles that should guide the way we organize and provide care, and our challenge is to figure out how to achieve them. Chicago supports a predominantly fee-for-service market, but various forms of value-based payment and global payment are increasing. When the market transitions predominantly to alternative payment and delivery

models, the change will probably be fast. This uncertainty causes anxiety for each of us, yet we can embrace the very exciting opportunity to consider new innovations.

The highs of clinical medicine are truly great—connecting with and helping patients; figuring out diagnostic challenges and working with patients to develop therapeutic plans that will work; being the person who patients and families entrust to be their advocate and healer; entering people's lives and learning more about humanity, life, and oneself. However, the daily challenges of being a clinician are considerable.

I think it comes down to having the time, resources, and team necessary to care for diverse patients, many of whom are medically and socially complex. Perhaps the most immediate challenge is the EHR. No doubt being able to access records immediately is a big plus. Nowadays, however, clinicians are subject to the tyranny of feeding the computer during the patient visit, giving new meaning to the phrase the "third entity in the room." In addition, more work has shifted to the physician (e.g. medication refills, referral forms, lab test ordering, click, click, click, etc.).

I think an equally big challenge is caring for those patients whom you know will take a lot of time. When you see your schedule for the day, you know who those time-consuming patients will be. If you have a number of these patients during a session and maybe a surprise patient with an urgent problem, and on top of that a student working with you, something will suffer—

whether it's failing to cover each issue thoroughly, shortchanging the patient with the quality of your interpersonal communication and interaction, cutting back on your teaching, or eating into family time as you stay late at the office or complete notes at home. You feel that you're not providing the care you want to provide and that you're not the type of physician, teacher, or partner/father/mother/friend you want to be.

About a dozen years ago, Bill Tierney, formerly of Indiana University and now at the University of Texas at Austin, gave a plenary talk at the national SGIM meeting in which he predicted that general internists would eventually take care of only the sickest patients. He predicted that risk stratification would occur and that all the clinicians in a team would practice to the top of their license. Physicians would take care of the most complex patients, while more straightforward patients would be cared for by nurse practitioners and physician assistants. Medical assistants and licensed practical nurses would play increased roles in care management as well.

I was jolted by Bill's talk, as this was not the common thinking at that time. If we consider the current health policy and market landscapes, Bill's ideas sound strikingly similar to concepts of population health management, including risk stratifying the overall patient population and directing patients into different care pathways that vary in intensity depending upon the complexity and needs of the patients. I first met Bill

continued on page 2

PRESIDENT'S COLUMN

continued from page 1

through the Midwest SGIM One-on-One Mentoring Program. He has consistently provided wise advice and insights based on outstanding judgment shaped by extensive front-line experience.

A major focus for improving the physician's work and practice environments involves creating systems that enable physicians to succeed in caring for diverse patient panels. Mark Linzer has identified autonomy as critical for a physician's sense of well-being. I don't think he means autonomy in the sense of the lone wolf doing it on his/her own but working in a system that doesn't overwhelm the doctor and in which the physician feels he/she can easily mobilize the people and resources necessary to give that patient the best possible care. Clinical operations should be efficient, and teams and clinics should be structured in ways that enable seamless patient care across the continuum of home self-care, outpatient, and inpatient care. Autonomy also means the provider can control workload and thus manage work-life balance.

Imagine, for example, a health information technology system that risk stratifies patients, identifies the key medical and social problems of a given patient, provides decision support to facilitate the provision of key

clinical processes of care, and links patients to the community resources they need to thrive at home and in their neighborhoods. Imagine that high-risk patients with chronic disease are routinely monitored and contacted between visits by nurses and medical assistants to help them do well at home and detect early exacerbations of disease and prevent hospitalizations.

SGIM has several initiatives to improve work and practice environments for general internists. The theme of the 2016 annual meeting is population health, which will address many relevant health care delivery issues. SGIM has been developing collaborations on population health with the family medicine and general pediatric societies and will participate in a joint meeting with them in the spring that will focus on population health and other topics. The Association of Chiefs and Leaders of General Internal Medicine (ACLGIM) has a work wellness program in progress that involves surveying clinicians at participating institutions about their well-being and helping to design and implement interventions to improve physician wellness.

The SGIM Clinical Practice Committee recently held a retreat to consider how it can build upon its

current efforts and improve the practice environment. As noted in a recent *Forum* column by Jim Bailey and Martin Arron who chair the Clinical Practice Committee Practice Management Subcommittee, the Committee is beginning a number of initiatives including enhancing practice improvement resources on SGIM's website, increasing practice management workshop offerings at the regional and national meetings, writing a regular "Improving Care" column in *Forum*, and exploring a potential SGIM-American Medical Association STEPS Forward collaboration around free practice transformation toolkits (www.stepsforward.org). Improving work and practice environments was a key issue discussed at the December 2015 SGIM and ACLGIM retreats. In addition, plans are underway to coordinate and synergize efforts of pertinent groups such as the SGIM Clinical Practice Committee, ACLGIM, and the Academic Hospitalist Task Force.

The challenge of improving work and practice environments draws upon some of the best of SGIM—our skills in developing innovative care delivery systems and delivering truly patient-centered care. We can do much to improve care and our work environment.

SGIM