

In Search of Joy in Practice: *Innovations in Patient Centered Care*



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Agenda

- Introduction: Framing thoughts burnout
- ABIMF Study: In Search of Joy in Practice
- Discussion

ONLINE FIRST

Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; Lotte N. Dyrbye, MD, MHPE; Wayne Sotile, MD; Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, PhD; Michael R. Oreskovich, MD

Arch Intern Med 2012; E1-9

Background: Despite extensive data about physician burnout, to our knowledge, no national study has evaluated rates of burnout among US physicians, explored differences by specialty, or compared physicians with US workers in other fields.

Methods: We conducted a national study of burnout in a large sample of US physicians from all specialty disciplines using the American Medical Association Physician Masterfile and surveyed a probability-based sample of the general US population for comparison. Burnout was measured using validated instruments. Satisfaction with work-life balance was explored.

physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work-life balance (40.2% vs 23.2%) ($P < .001$ for both). Highest level of education completed also related to burnout in a pooled multivariate analysis adjusted for age, sex, relationship status, and hours worked per week. Compared with high school graduates, individuals with an MD or DO degree were at increased risk for burnout (odds ratio [OR], 1.36; $P < .001$), whereas individuals with a bachelor's degree (OR, 0.80; $P = .048$), master's degree (OR, 0.71; $P = .01$), or professional or doctoral degree other than an MD or DO degree (OR, 0.64; $P = .04$) were at lower risk for burnout.

Nearly ½ of MDs Burned Out

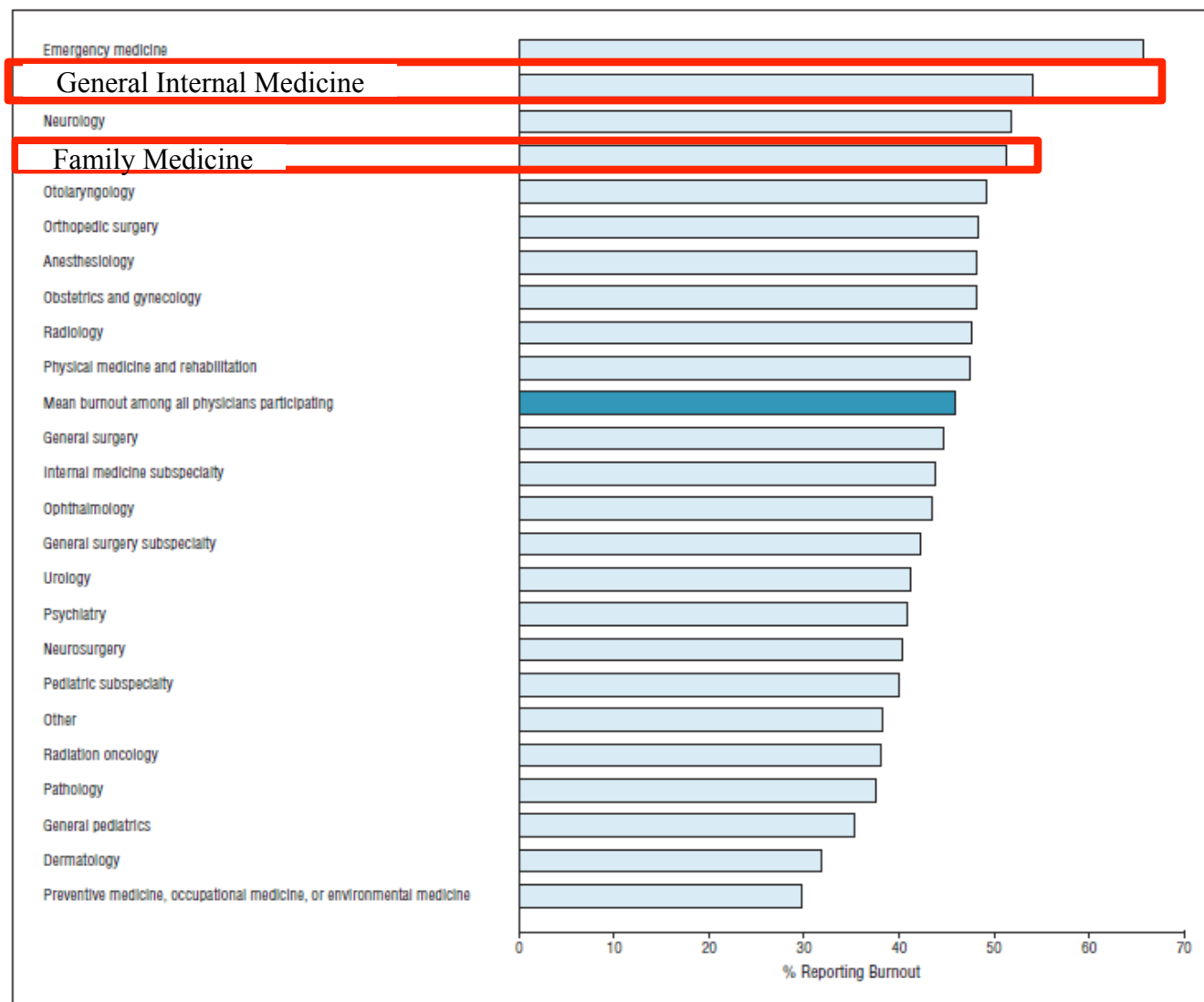


Figure 1. Burnout by specialty.

Burnout affects Patients

Physician burnout is associated with...

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

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.

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

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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 previsit planning and previsit laboratory tests; (2) sharing clinical care among a team, with expanded rooming protocols, standing orders, and panel management; (3) sharing clerical tasks with collaborative documentation (scribing), nonphysician order entry, and streamlined prescription management; (4) improving communication by verbal messaging 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.

Advisory Council

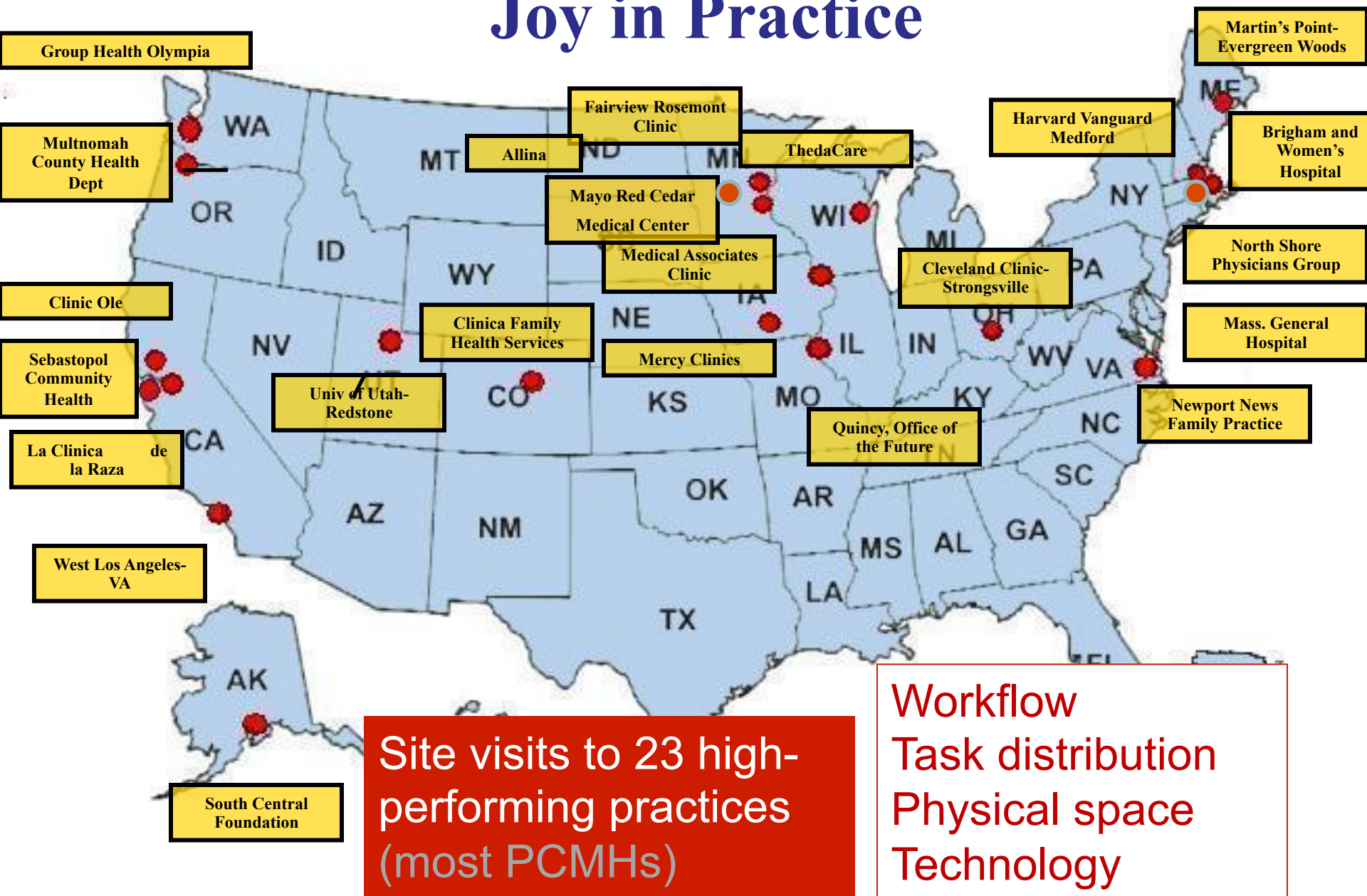


Places Where PC Physicians & Staff are Thriving?



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

Joy in Practice



Challenges

Chaotic visits

EHR → work to MD

Inadequate support

Teams function poorly

Time documentation

Challenges

1. **Chaotic visits**
with overfull
agendas

Innovations

- Pre-visit
planning
- Pre-appt labs
- Systematic
Prescriptions

Annual Prescription Renewals

- Physician time
 - 0.5 hour/day
- Nursing time
 - 1 hour/day per physician
- 80 million PC visits/year

350,000 PCPs x 220d/yr x 1 visit/d

Challenges

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

Innovations

Sharing the care
among the team

- 2:1 or 3:1
- Rooming protocol
- Between visit
 - Health coaching
 - Care coordination
 - Panel mgm't

Challenges

3. Vast amounts of **time spent documenting** care

More time doc
than delivering
care

Innovations

- **Scribing**
- Assistant order entry

Challenges

3. Vast amounts of **time spent documenting** care

Innovations

- **Scribing**
- Assistant order entry

Collaborative Care

Newport News

- What we all hoped for
- Team: 3:1 Nurse/physician

[http://
primarycareprogr
ess.org/insight/3/
profiles](http://primarycareprogress.org/insight/3/profiles)

Collaborative Care

Newport News

- Four Components to Visit
 - Data gathering, organizing and documenting
 - Data analysis and exam
 - Decision making, creating a plan
 - Plan implementation, order entry, pt ed

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Pre-visit

Nurse with Pt (8-12 min)

- Nurse gathers, records
 - Vitals, Med Rec.,
 - Previous two notes
 - ER, Consult notes,
 - New lab or x-ray
 - Agenda, HPI
 - ROS guided by templates

Visit

Nurse, Patient and MD

- Nurse gives report
- M.D.
 - Hx, PE
- M.D.
 - verbalizes med changes
 - lab, x-ray orders
 - diagnosis/billing codes
 - next follow-up appt.
- Nurse records

Post-visit

Nurse with Patient

- Nurse
 - Reviews plan
 - Prints and reviews visit summary
 - Escorts the patient to checkout
- US Army

Collaborative Care

Cleveland Clinic: Stonebridge

- New Model
 - 2 MA: 1 MD
 - 2 pt/d cover cost
 - 21 → 28 visits/d
 - 20-30% ↑ 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.

Collaborative Care

University of Utah: Redstone

- 2.5 MA: 1 MD

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 Hauptert MD, family physician, Allina-Cambridge 11.29.11
personal communication

Office Practice of the Future

Quincy Family Practice

- 2 MA: 1 LPN: 1 MD

Collaborative Care

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

Challenges

4. Computerized **technology that pushes more work** to the clinician

Innovations

- Verbal messages
- **In-box management**

The task list is unbearable. I spend 1.5 hours clearing out my task list before leaving and another 1.5 hours at home after the kids go to bed.

Primary Care Physician, Des Moines, IA; 2011

Team Meetings

Do Work + Make Work Better

Key Lessons

For ↓ Burnout and ↑ Joy

- Share the care with team
 - 2:1 or 3:1 staffing in stable
 - Physician-centric to team-based care
- Clear communication
 - Co-location
 - Team meetings
- Systematic Planning
 - Pre-visit planning
 - Workflow mapping

Discussion

