Agenda

• Introduction: dark before light, solvable
• Business Case
• Steps Forward
• Regulatory Myths and Pain Points
• Discussion
Take-away

Quadruple Aim
Care of the Pt: Care of Provider

- Better Outcomes
- Lower Costs
- Improved Patient Experience
- Clinician Wellness

4th Aim

Ann Fam Med 2014
At the center of patient care are healing relationships.
Take-away

Relational

Transactional Infrastructures: regulation, staffing, technology

Take-away

Relational

In practice: regulation, staffing, data technology
Nearly ½ of MDs Burned Out

Shanafelt; Mayo Clin Proc 2019
Physician Burnout >> Gen’l Pop
(45 → 54% → 44%)

- Higher than other professional degrees;
- In all other fields more education is protective, in medicine it is a risk factor

*40% > than gen’t pop: controlled for hrs worked, educational level, age, gender, relationship status
Drivers

- Low control
- Lack of meaning
- Workload > Support
Burnout affects Clinicians

Burnout is associated with…
- ↑ Disruptive behavior
- ↑ Divorce
- ↑ Disease (CAD)
- ↑ Drug abuse
- ↑ Death (Suicide 2-4 x)
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.
57 MDs, 4 specialties, 4 states, 7 EHRs

- 50% day EHR/desk
- 1 hr F2F: 2 hr EHR
- 1-2 hr EHR at night
  “pajama time”

Background: Little is known about how physician time is allocated in ambulatory care.

Objective: To describe how physician time is spent in ambulatory practice.

Design: Quantitative direct observational time and motion study (during office hours) and self-reported diary (after hours).


1. Their time on EHR and desk work. While in the examination room with patients, physicians spent 52.9% of the time on direct clinical face time and 37.0% on EHR and desk work. The 21 physicians who completed after-hours diaries reported 1-2 hours of after-hours work each night, devoted mostly to EHR tasks.

Limitations: Data were gathered in self-selected, high-performing practices and may not be generalizable to other settings. The descriptive study design did not support formal statistical comparisons by physician and practice characteristics.
Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations

Brian G. Arndt, MD

ABSTRACT

142 family physicians
3 year: 2013-2016
118 M EHR events
Validated by direct observation

50% of day on EHR
6 hr/d, incl 1.4 hr/d personal time
4 hr: CPOE, billing, coding, documentation, refills
(most of this can be done by team)
“Pajama Time”
Sat nights belong to EHR

http://www.annfammed.org/content/15/5/419.full
Burnout Joy in work affects Patients

Clinician burnout is associated with…
- Fewer Mistakes (2x risk error)
- Adherence
- More empathy
- Patient satisfaction (2x hi pt c/o)

Solutions

Workflow

OR 6 ↑ joy

Leadership

OR 4 ↑ joy

Linzer 2015 JGIM
Save 3-5 hours/day

- Practice Re-engineering
  - Pre-visit lab ½ hr
  - Prescription mgt ½ hr
  - Expanded rooming/discharge 1 hr
  - Optimize physical space 1 hr
  - Team documentation 1-2 hr

3+ hr/d

stepsforward.org
Flip the Clinic
Pre-visit Lab

• Same day pre-visit lab

ThedaCare
Flip the Clinic

Pre-visit Lab

• “The next appointment starts today”

• 89% ↓ phone calls (p<0.001)
• 85% ↓ letters (p<0.0001)
• 61% ↓ additional visits (p<0.001)
• ↑ patient satisfaction
• Saved $26/visit

Flip the Clinic
Pre-visit Lab

• “The next appointment starts today”
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
Team Documentation
Cleveland Clinic

• **New Model**
  • 2 MA: 1 MD
  • 2 pt/d cover cost
  • 21 → 28 visits/d
  • 30% ↑ revenue
  • Spread to others (35)

• **Research**
  • More F2F time (p < .001) Am J Med 2015 128(9):1025-1028
  • Q doc as good or better J Fam Pract. 2016 Mar;65(3):155-9
aTBC one year vs traditional model

- 8% ↑ in 7 key PMs
- 2.2% ↑ in topbox likelihood of rec’ing
- $271 ↓ PMPM in their NextGen ACO*
- $724 ↑ payments to Bellin per pt

*NextGen ACO patients in TBC vs non-aTBC clinics
UCLA: saves 3 hr/d  Pt satisfaction w/MD time ↑
JAMA IM 2014
Q: ↑ immun, CA, DM
E: ↑ productivity
down staff cost /wRVU
↓ cycle time 90" -> 45"
S: ↑ pt, MD. MA satisf.
University of Colorado FM

Burnout 53% -> 13% 1 yr

Capacity +3.5 pt/d
RFID Sign On
“Tap and Go”

• Dean Clinic
  • 102 signs to 2 sign ins per day
  • Saved 17 min/d

  60 hours/yr

• Yale ER
  • 45 min/d

Happiness minutes

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
Fairview: Filtering Inbox

Reduce “backpack” 90min/d to few min
Relationships Matter: Ambulatory clinic

155 clinicians at 6 primary care clinics
Density of EHR communication → ↓ clinical outcomes.
F2F communication →
↑ LDL and BP control
Hospitalizations ↓ 38%; Urgent care visits ↓ 66%; ER visits ↓ 73%
Cost ↓ $594/yr

Mundt, Ann Fam Med 2015
Survey 231 clinicians 280 staff 17 PCP clinics
- 55% clinicians burnout
- Transition to EHR was predictor of burnout

Less burnout with
- Tighter team structure (i.e. stable teams)
- Stronger team culture (i.e. empowered staff)
Debunking regulatory myths

The AMA provides regulatory clarification to physicians and their care teams in an effort to aid physicians in their day-to-day practice environment.

Ancillary staff and/or patient documentation
Who on the care team can document components of E/M services and what is the physician required to do?

Medical student documentation
Are teaching physicians required to re-document medical student entries in the patient record?

Computerized Provider Order Entry (CPOE)
Can a nurse, certified medical assistant (MA) or non-credentialed staff enter orders in the EHR as requested by the physician?

Want to debunk a regulatory myth?
Share your regulatory myth.
Redesign your practice. Reignite your purpose.
AMA’s Practice Improvement Strategies.

Module Categories
- Patient Care: 11 Modules
- Workflow and Process: 12 Modules
- Leading Change: 4 Modules
- Professional Well-Being: 3 Modules
- Technology and Finance: 5 Modules
- Looking for modules? Try our Practice Assessment tool: Start Assessment
Creating the Organizational Foundation for Joy in Medicine™

Organizational changes lead to physician satisfaction
The Business Case for Investing in Physician Well-being

Organizational Cost of Physician Burnout

Projected cost of physician burnout in terms of turnover. (Other costs of burnout, in terms of medical errors, malpractice liability, patient satisfaction, productivity and organizational reputation, are not included.)

- Number of physicians at your center: 1000
- Rate of burnout of physicians at your center: 54%
- Current turnover rate per year: 7%

- Cost of turnover per physician: $500,000
- Number of physicians turning over due to burnout per year: 24.5
- Projected cost of physician turnover per year due to burnout: $12,272,727
Addressing Social Determinants of Health (SDOH): Beyond the Clinic Walls

Improve health outcomes by addressing social determinants of health
Pre-visit laboratory testing

Improve patient care and enhance the patient experience without spending more time and money.
At the center of patient care are healing relationships.
Relational

Tick boxes, regulation, staffing, technology

Take-away: Balance
Quadruple Aim
Care of the Pt: Care of Provider

Take-away

Better Outcomes

Clinician Wellness

Lower Costs

Improved Patient Experience

4th Aim

Ann Fam Med 2014
“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