

In Search of Joy in Practice



University of Texas

9.25.17

9:45-10:15a

Christine A. Sinsky, MD, FACP
Vice President, Professional Satisfaction
American Medical Association

Agenda

- Introduction: Dark before light, solvable
- Research
- Solutions
- Also
 - Panel 1-1:45p
 - Discussion 4-5p



Take-away

Quadruple Aim

Care of the Pt: Care of Provider



Two Doctors and a Patient



Program Director Geriatrics

UConn



Gail M Sullivan, MD

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



General Internist

MGH



Speaking of performance measures: **The little things have become the big things—I fear our roles as healers, comforters, and listeners are being lost.”**

2008

Ben Crocker, 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.

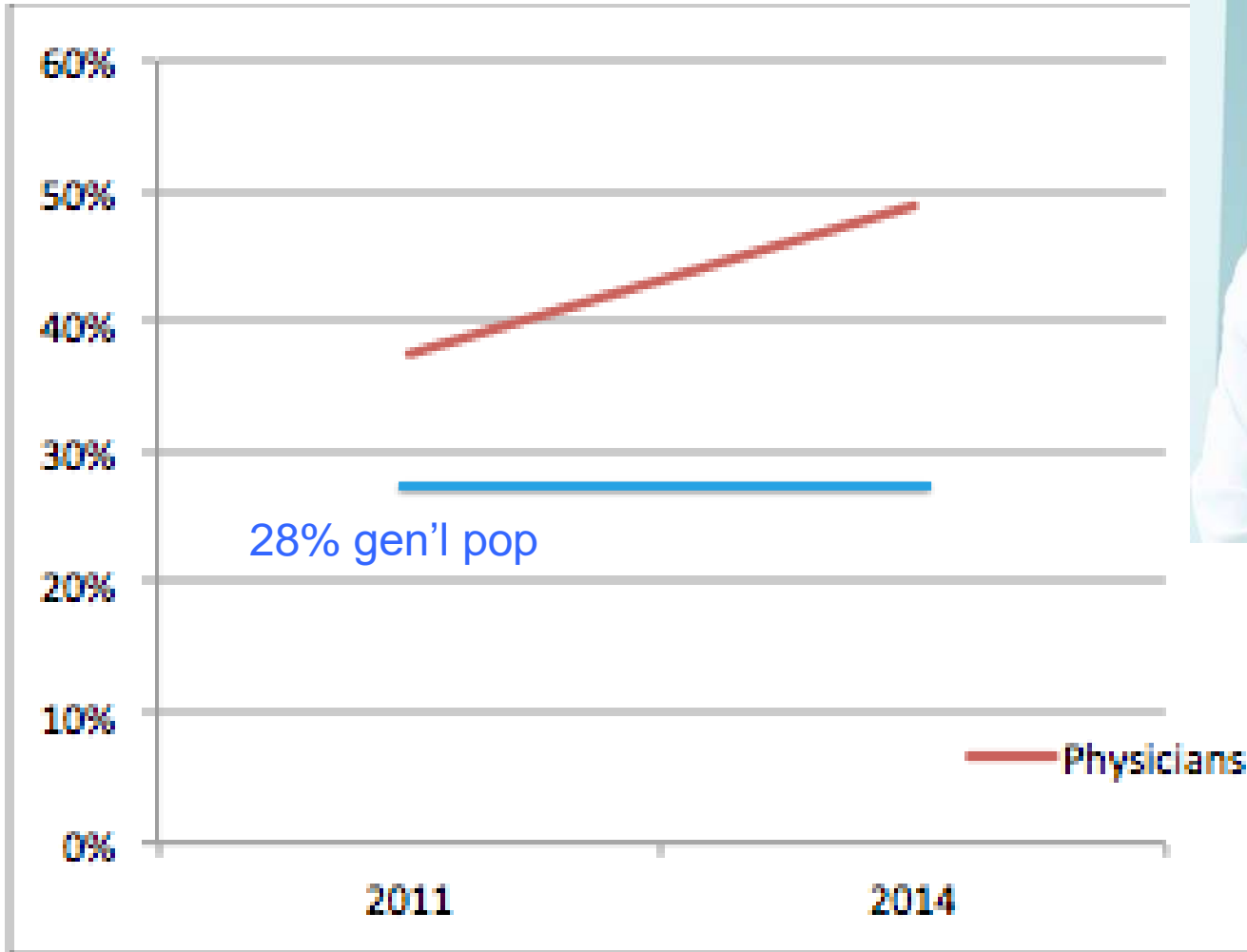
<http://www.npr.org/blogs/health/2013/08/13/211698062/doctors-look-for-a-way-off-the-medical-hamster-wheel?live=1> and Andie Dominick in *Patient Listening: A Doctor's Guide*, Loreen Herwaldt

Over ½ of MDs Burned Out



Physician Burnout Rising

45 → 54%



Also impacts
NPs, PAs,
RNs, MAs

*Twice gen't pop: controlled for hrs worked educational level, age, gender, relationship status

Burnout affects Patients

Physician burnout is associated with...

- ↑ **Mistakes** (200% ↑ odds of error)
- ↓ **Adherence**
- **Less empathy**
- ↓ **Patient satisfaction**



Burnout Costs Organizations

Physician burnout is associated with...

- ↑ Malpractice risk*
- ↑ Part time
- ↓ Productivity
- ↑ MD and staff turnover



*Physician stress reduction has the potential to reduce malpractice claims by two-thirds (\$400K per claim) *Social science & medicine* (1982). 2001;52(2):215-222.

Burnout Costs Organizations

6000 MDs

- 50% burned out
- 150 will leave due to burnout
- (\$500K/MD replacement)

~ \$75 M

(doesn't include cost due to ↓ Q, Safety, Satisfaction)

Shanafelt et al JAMA IM 2017



JAMA Internal Medicine | Special Communication | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

The Business Case for Investing in Physician Well-being

Tait Shanafelt, MD; Joel Goh, PhD; Christine Sinsky, MD

IMPORTANCE Widespread burnout among physicians has been recognized for more than 2 decades. Extensive evidence indicates that physician burnout has important personal and professional consequences.

OBSERVATIONS A lack of awareness regarding the economic costs of physician burnout and uncertainty regarding what organizations can do to address the problem have been barriers to many organizations taking action. Although there is a strong moral and ethical case for organizations to address physician burnout, financial principles (eg, return on investment) can also be applied to determine the economic cost of burnout and guide appropriate investment to address the problem. The business case to address physician burnout is multifaceted and includes costs associated with turnover, lost revenue associated with decreased productivity, as well as financial risk and threats to the organization's long-term viability due to the relationship between burnout and lower quality of care, decreased patient satisfaction, and problems with patient safety. Nearly all US health care organizations have used similar evidence to justify their investments in safety and quality. Herein, we provide conservative formulas based on readily available organizational characteristics to determine the financial return on organizational investments to reduce physician burnout. A model outlining the steps of the typical organization's journey to address this issue is presented. Critical ingredients to making progress include prioritization by leadership, physician involvement, organizational science/learning, metrics, structured interventions, open communication, and promoting culture change at the work unit, leader, and organization level.

40 medical school classes

Burnout Costs Workforce



2% MDs “plan to leave medicine in next 2 years”

- Burnout is major driver
- **5000** MDs lost to another career in 2 years (excludes retirement)

Sinsky, MCP 2017, in press

Burnout Costs Clinicians

Physician 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.



Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

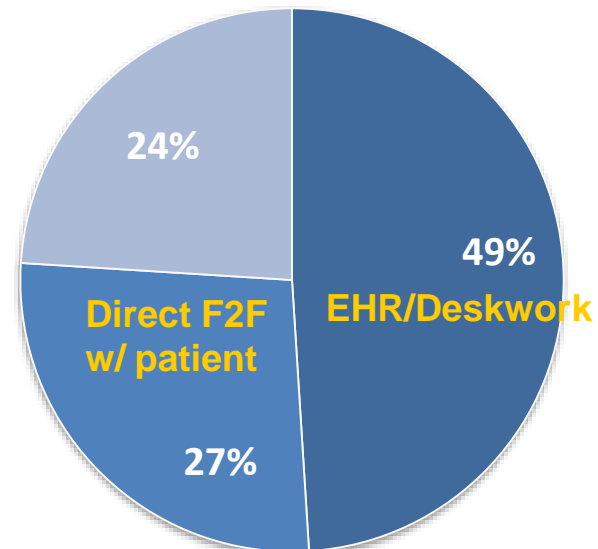
Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tutty, PhD; and George Blike, MD

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

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

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 to 2 hours of after-hours work each night, devoted mostly to EHR tasks.

- 50% day EHR/desk
- 1 hr F2F: 2 hr EHR
- 1-2 hr EHR at night

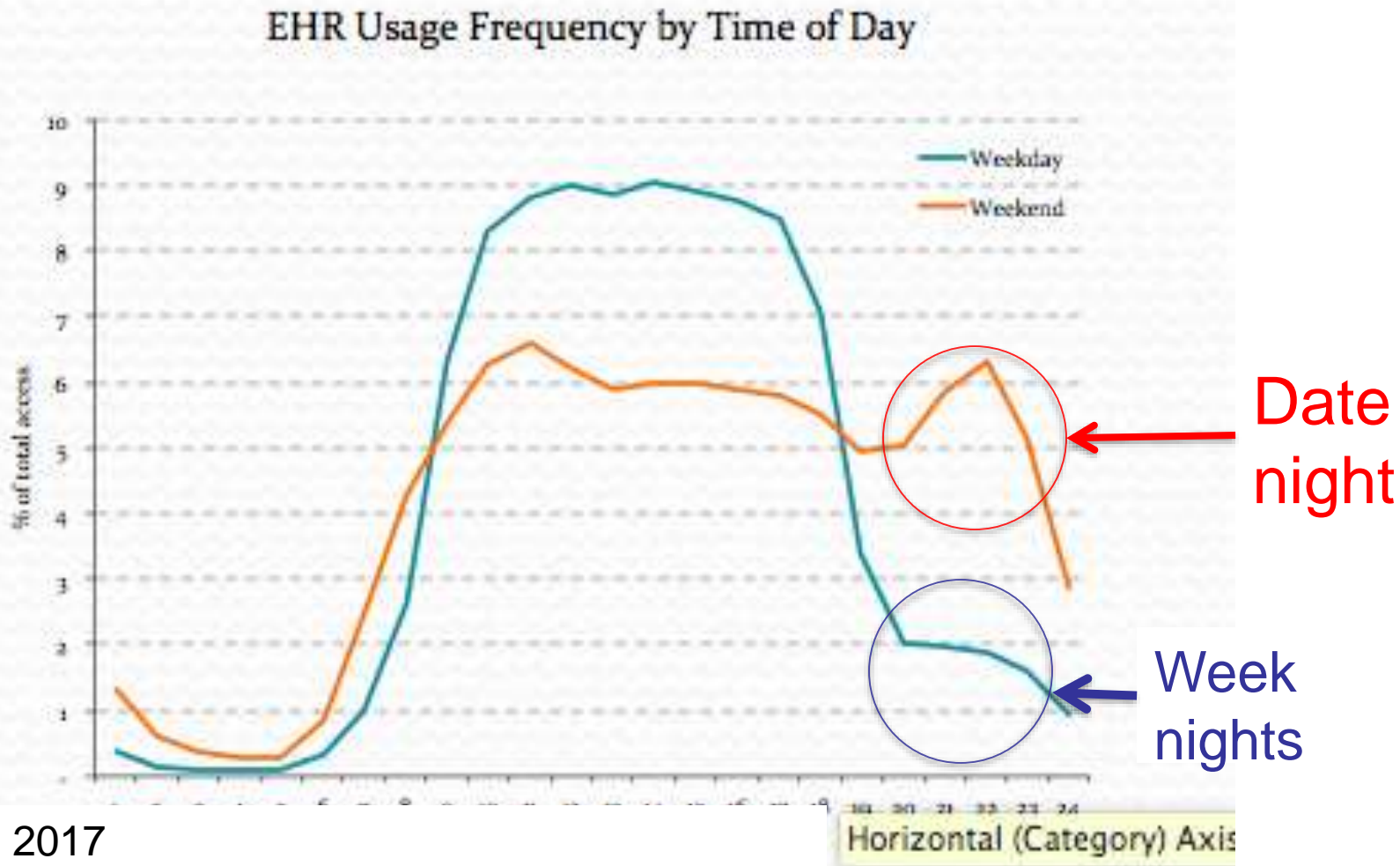


total time on direct clinical face time with patients and 49.2% of

This article was published at www.annals.org on 6 September 2016.

“Pajama Time”

Sat nights belong to Epic



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, MD¹

Rachel Willard-Grace, MPH²

Andrew M. Schutzbank, MD^{3,4}

Thomas A. Sinsky, MD¹

David Margolius, MD²

Thomas A. Bodenheimer, MD²

¹Medical Associates Clinic and Health Plans, Dubuque, Iowa

²Center for Excellence in Primary Care, University of California, San Francisco, California

³Beth Israel Deaconess Medical Center, Boston, Massachusetts

⁴Iora Health, Cambridge, Massachusetts

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.

Save 3-5 hours/day

- Practice Re-engineering

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

3+ hr/d



Same day pre-visit lab (15 min)
ThedaCare

Pre-visit Labs

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



- Crocker B, Lewandrowski E, Lewandrowski N, Gregory K, Lewandrowski J. Patient Satisfaction With Point-of-Care Laboratory Testing: Report of a Quality Improvement Program in an Ambulatory Practice of an Academic Medical Center. *Clin Chem Acta* 2013; 424:8-12.; and personal communication/poster 3.4.14

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



I used to be a doctor. Now I am a
typist.

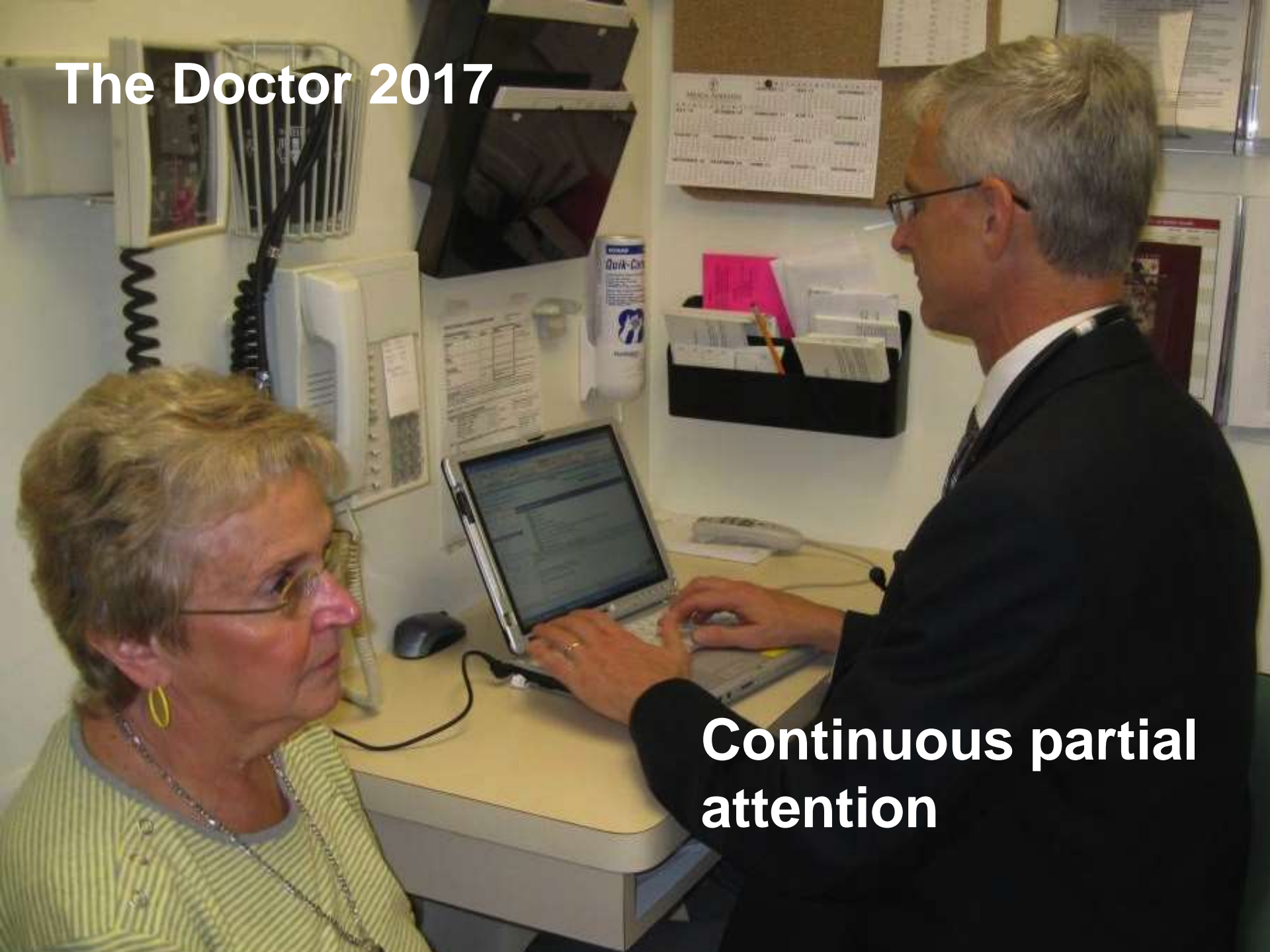
Personal communication. Beth Kohnen, MD,
internist Fairbanks, AK 8.3.11

The Doctor 1891 Fildes



Undivided attention

The Doctor 2017



Continuous partial attention

Team documentation at Cleveland Clinic

Kevin Hopkins M.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)
 - We're having FUN



- Research
 - More F2F time ($p < .001$) *Am J Med* 2015 128(9):1025-1028
 - Q doc as good or better *J Fam Pract* 2016

UCLA: saves 3 hr/d Pt satisfaction w/MD time ↑
JAMA IM 2014

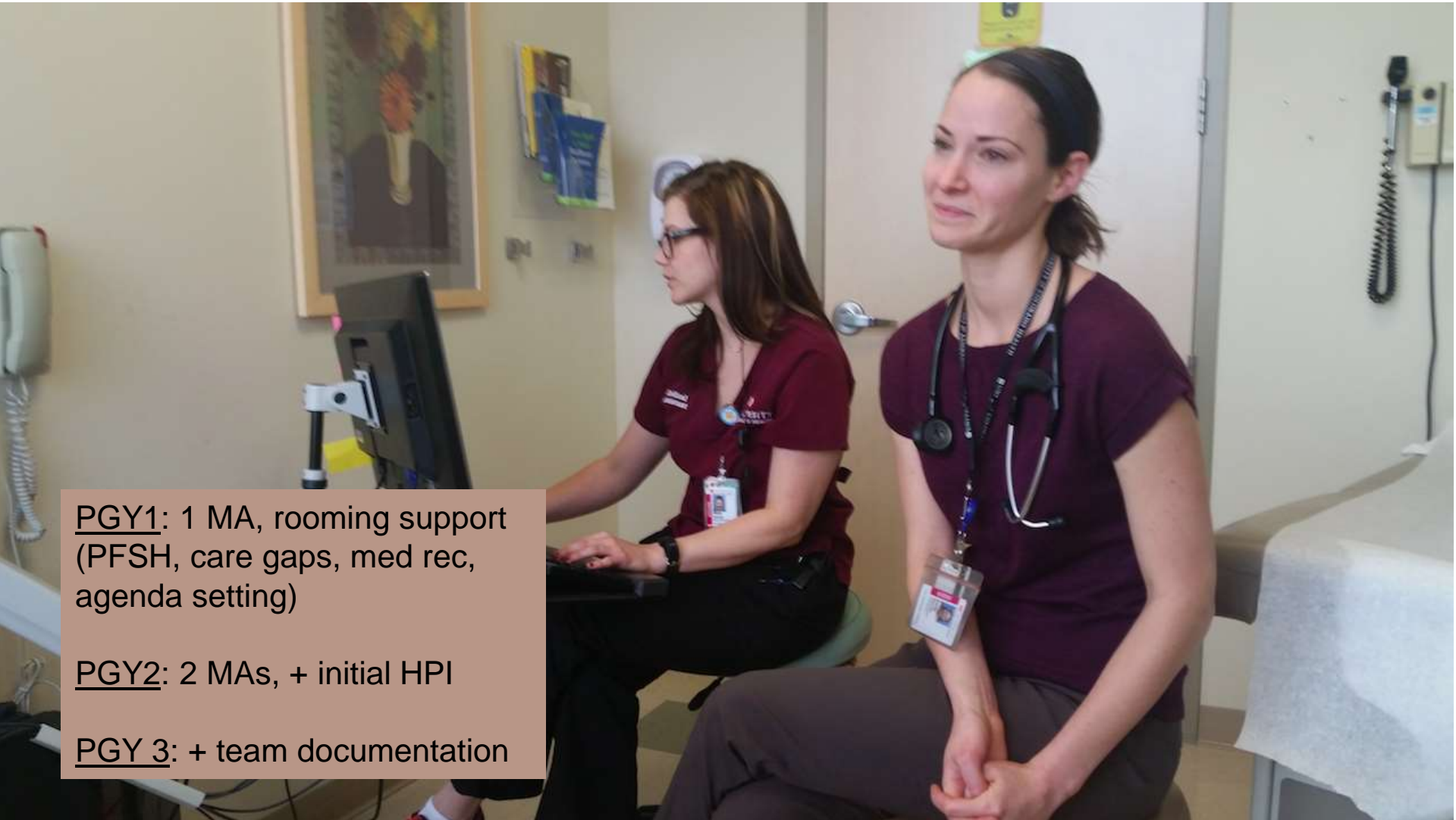


University of Utah: Redstone



Q: ↑ immun, CA, DM
E: ↑ productivity
↓ **staff cost /wRVU**
↓ cycle time 90" -> 45"
S: ↑ pt, MD. MA satisf.

University of Colorado: FM Residents' Clinic

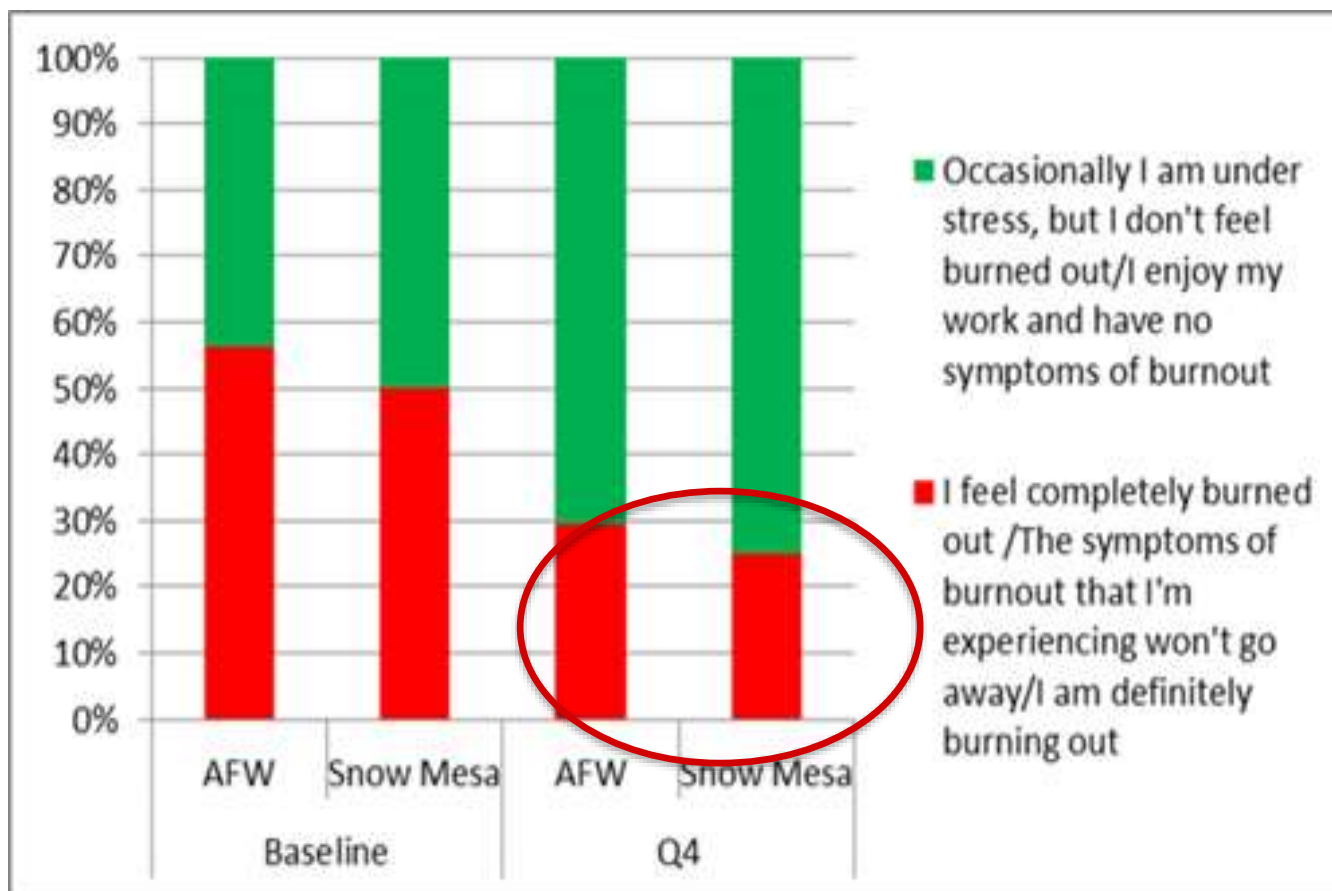


PGY1: 1 MA, rooming support (PFSH, care gaps, med rec, agenda setting)

PGY2: 2 MAs, + initial HPI

PGY 3: + team documentation

University of Colorado: Faculty



Burnout rates cut in half in 6mo,

In one yr: 53%→13%

Fairview: Filtering Inbox

Reduce “backpack” 90min/d to few min

JAMA IM 3/2016
PCP: 77 inbox
messages/d



Fairview: Filtering Inbox

Reduce “backpack” 90min/d to few min

Line of Sight





Semi-circular desk, APF



Iora Health, Dartmouth-Hitchcock

RFID Sign On “Tap and Go”

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

Happiness
minutes



60 hours/yr



**Flow station at North Shore
Physicians Group**

HP: Saves 30 min/day/physician



Printer in every room University of Utah Redstone

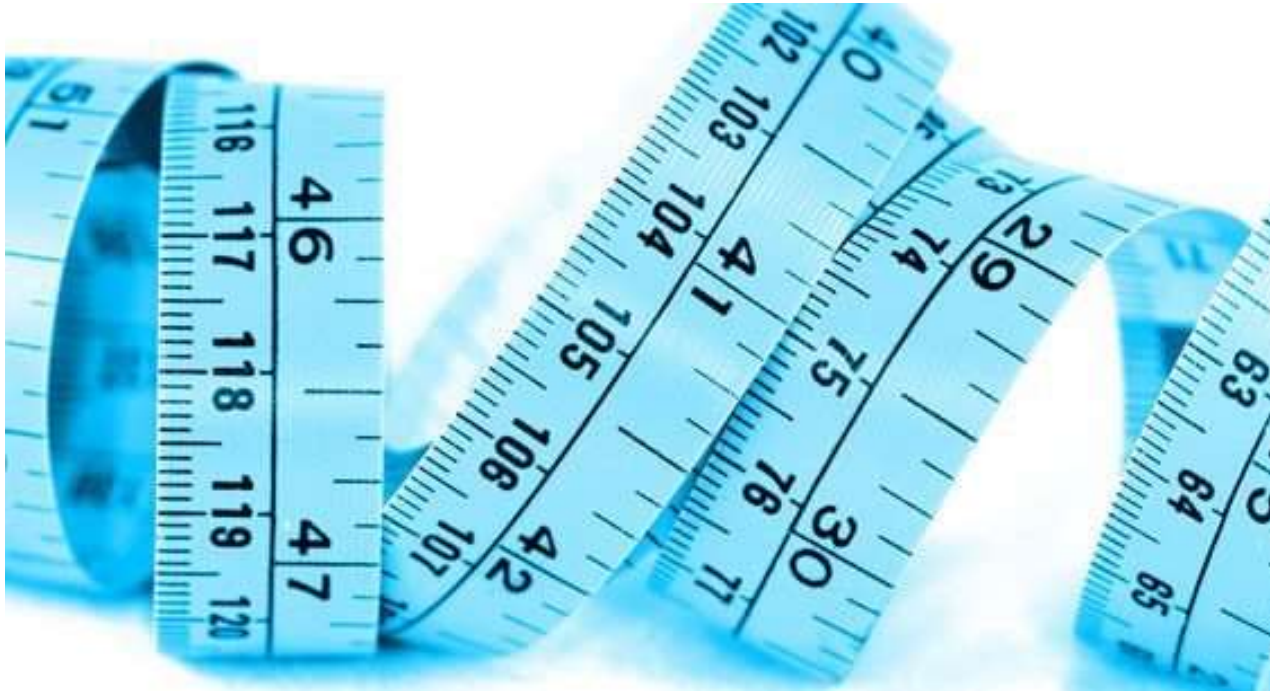
HP: Saves 20 min/day/physician

Be Bold



Measure Developers:
Meaningful and Manageable

Less is More



Keep it simple, add it up

3hr/d staff/MD time per MD on PMs

HEALTH AFFAIRS 35, NO. 3 (2016): 401–406

Regulators

Align with Team-based Care



Avoid Compliance Creep



Ex: MU CPOE

Vendors

Eliminate 1 billion clicks/day



32 clicks for flu shot

Research

Tests

Treatment



>\$100 Billion/yr



<\$0.3 Billion/yr

Delivery model
to wisely deploy

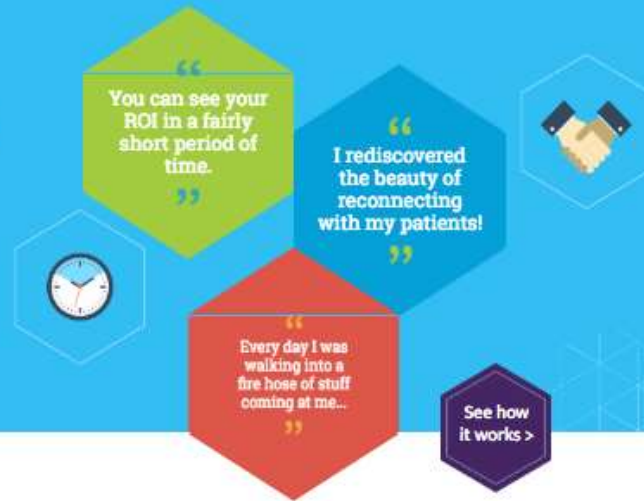
www.stepsforward.org

A decorative graphic on the right side of the page consists of a cluster of white-outlined geometric shapes, including triangles and hexagons, some of which are solid and others are dashed. The shapes are arranged in a way that suggests movement or a path, with some shapes pointing towards the left. The background is a solid, vibrant blue.

Redesign your practice. Reignite your purpose.

AMA's Practice Improvement Strategies.

[Browse modules >](#)



“ You can see your ROI in a fairly short period of time. ”

“ I rediscovered the beauty of reconnecting with my patients! ”

“ Every day I was walking into a fire hose of stuff coming at me... ”

See how it works >

Module Categories

 <p>Patient Care</p> <p>11 Modules ></p>	 <p>Workflow and Process</p> <p>12 Modules ></p>	 <p>Leading Change</p> <p>4 Modules ></p>
 <p>Professional Well-Being</p> <p>3 Modules ></p>	 <p>Technology and Finance</p> <p>5 Modules ></p>	<p>Looking for modules?</p> <p>Try our Practice Assessment tool.</p> <p>Start Assessment ></p>

Team Documentation



Team Documentation



Quadruple Aim

Care of the Pt: Care of Provider



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

