



Creating a Manageable Cockpit: Fixing the Workplace not the Worker

Ohio Academy of Family Physicians Webinar

8.21.19 11:15a-12:00p CT

Christine A. Sinsky, MD, FACP

Vice President, Professional Satisfaction; AMA

American Medical Association



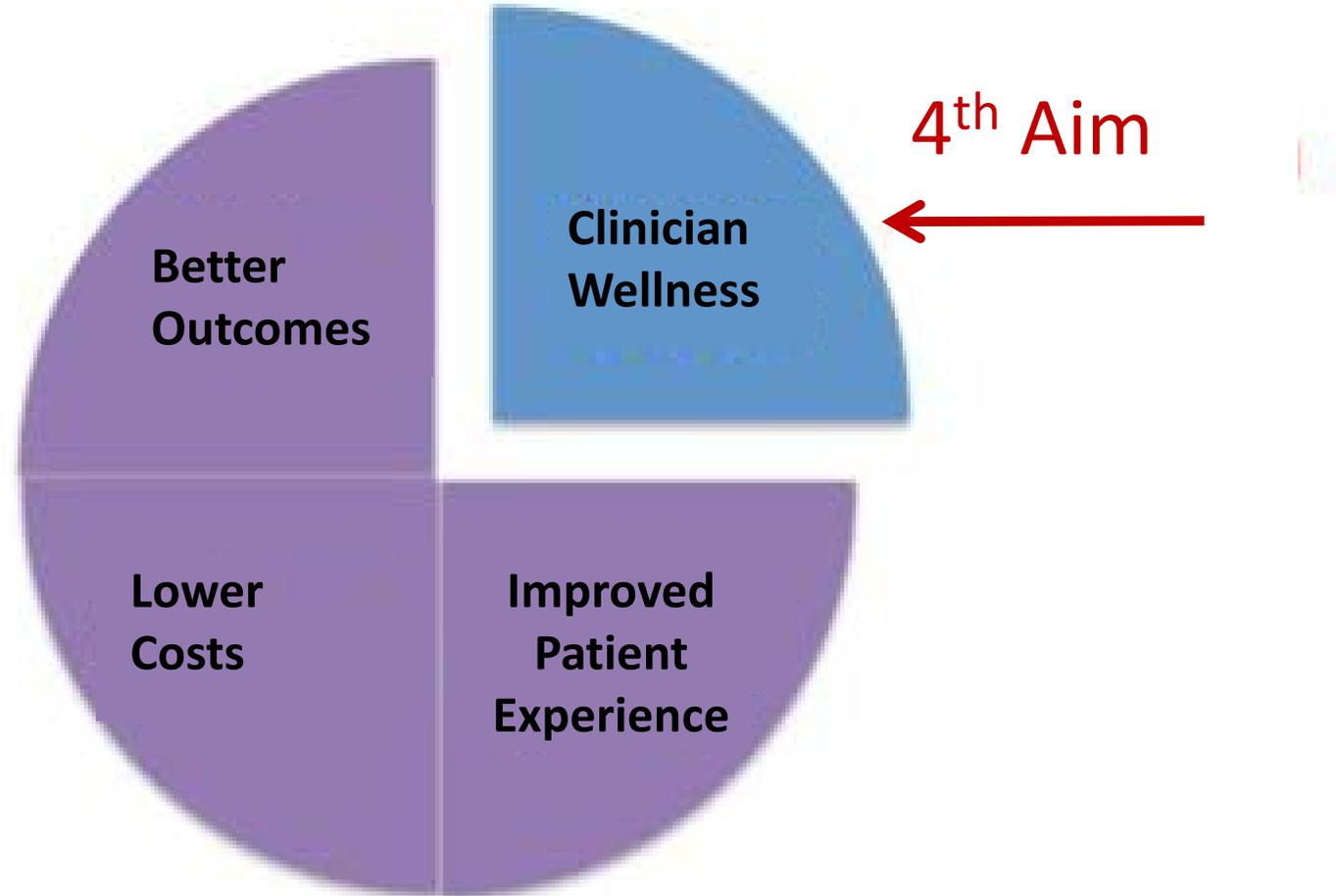
Agenda

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



Quadruple Aim

Care of the Pt: Care of Care Team



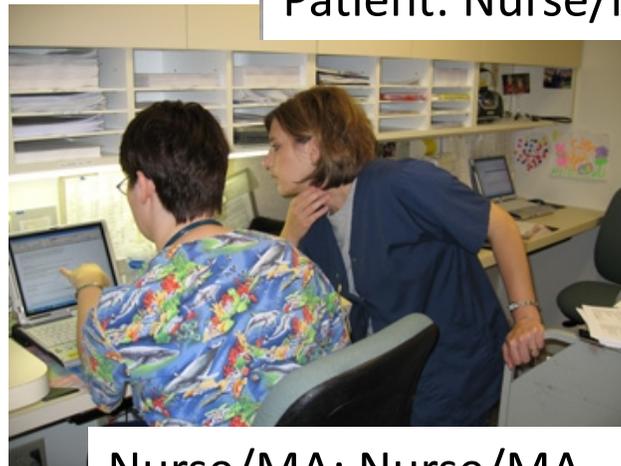
At the center of patient care are *healing* relationships.



Patient: Nurse/MA



Nurse/MA: Physician/APP



Nurse/MA: Nurse/MA



Physician/APP: Patient

Relational



Task boxes, subgroups, staffing, data technology

Nearly ½ of MDs Burned Out



Shanafelt; Mayo Clin Proc 2019



NPs and PAs likely experiencing ~ forces
Infectious: impacts entire team

Burnout affects US Healthcare System

Annals of Internal Medicine

MEDICINE AND PUBLIC ISSUES

Estimating the Attributable Cost of Physician Burnout in the United States

Shasha Han, MS; Tait D. Shanafelt, MD; Christine A. Sinsky, MD; Karim M. Awad, MD; Liselotte N. Dyrbye, MD, MHPE; Lynne C. Fiscus, MD, MPH; Mickey Trockel, MD; and Joel Goh, PhD

Background: Although physician burnout is associated with physician turnover and reduced clinical hours is attributable to burn-

US: \$4.6 B per yr

Health system: \$7600 per MD per yr

(analysis limited to costs of turnover and reduced clinical effort; it does not include costs associated w/ ↑ malpractice, ↑ medical error and ↓ satisfaction)

Participants: Simulated population of U.S. physicians.

Measurements: Model inputs were estimated by using the results of contemporary published research findings and industry reports.

Results: On a national scale, the conservative base-case model estimates that approximately \$4.6 billion in costs related to phy-

United States. This estimate ranged from billion in multivariate probabilistic sensitivity organizational level, the annual economic cost ut related to turnover and reduced clinical ly \$7600 per employed physician each

ty of nonresponse bias and incomplete rs in source data. Some parameters were and had to be extrapolated.

r with previous evidence that burnout can with moderate levels of investment, these

findings suggest substantial economic value for policy and organizational expenditures for burnout reduction programs for physicians.

Ann Intern Med. doi:10.7326/M18-1422

For author affiliations, see end of text.

This article was published at Annals.org on 28 May 2019.

Annals.org

May 2019

Sept 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

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



Rate of burnout of physicians at your center

Rate of burnout national mean: 54%



Current turnover rate per year

Current turnover rate national mean: 7%



Cost of turnover per physician

Cost of turnover per physician national mean: \$500,000

24.5

Number of physicians turning over due to burnout per year

Annual Cost of Burnout

\$12,272,727

Projected cost of physician turnover per year due to burnout

Burnout affects Organizations

Burnout

- ↑ **Malpractice risk*** (17% ↑ odds)
- ↑ **Part time** (1pt ↑ EE → 43%↑ part-time w/in 2yr)
- ↑ **MD turnover** (2x leave 2y)
- ↓ **Productivity**



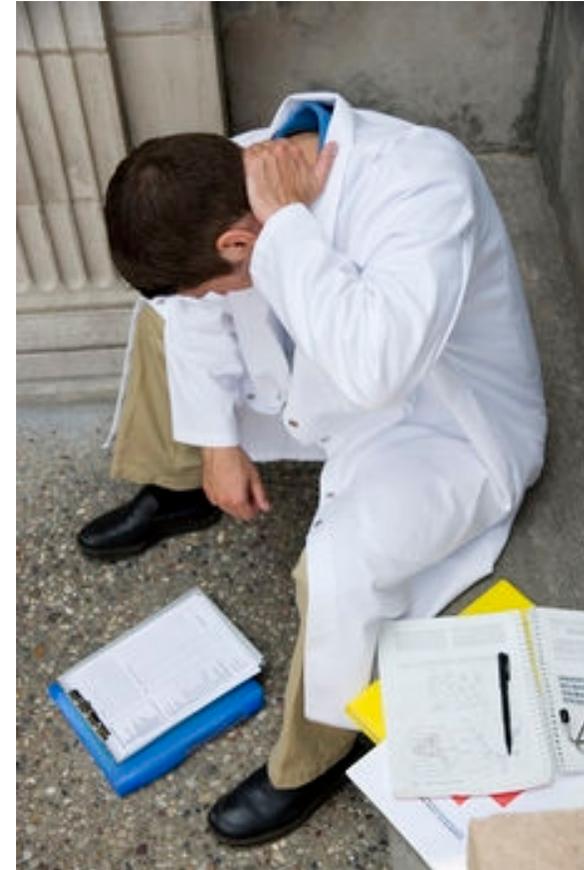
*EHR related claims rising http://www.thedoctors.com/ecm/groups/public/documents/print_pdf/con_id_013553.pdf

*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 affects Patients

Physician burnout

- ↑ **Mistakes** (2x risk unsafe care)
- ↓ **Adherence**
- ↓ **Empathy**
- ↓ **Patient satisfaction** (2x hi pt c/o)



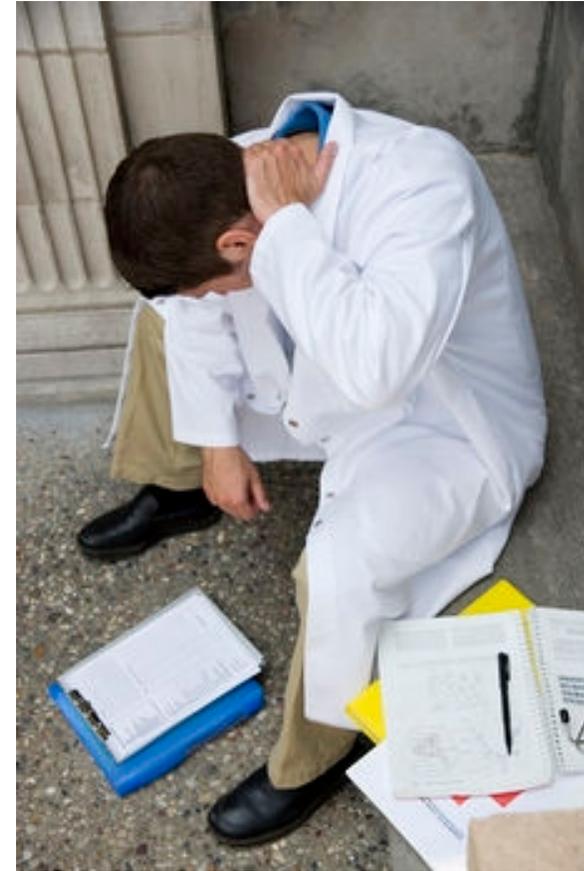
Sources: Panagioti JAMA IM 2018 <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2698144> Dyrbye. JAMA 2011;305:2009-2010.; Welp Front Psychol 2015;5:1-15; Murray. J Gen Intern Med 2001;16:452-459.;

Landon, Reschovsky, Pham, Blumenthal. Med Care 2006;44:234-242; Cimiotti Am J Infect Control 2012;40:486

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.



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.

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

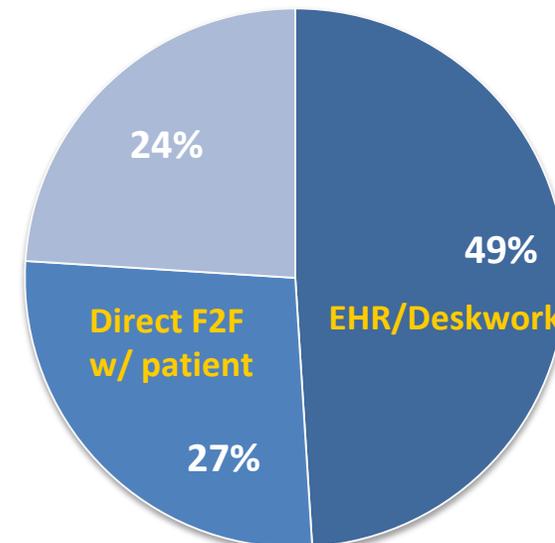
Setting: U.S. ambulatory care in 4 specialties in 4 states (Illinois, New Hampshire, Virginia, and Washington)

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.

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.

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”



Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations

Brian G. Arndt, MD¹

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)

and system security accounted for nearly one-half of the total EHR time (157

“Pajama Time”

Sat nights belong to EHR

EHR Usage Frequency by Time of Day





Note Bloat

2009 vs
2016:

2x longer



US vs
other:

4x longer

Solutions

Workflow

OR 6 ↑ joy



Leadership

OR 4 ↑ joy

Save 3-5 hours/day

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

½ hr

½ hr

1 hr

1 hr

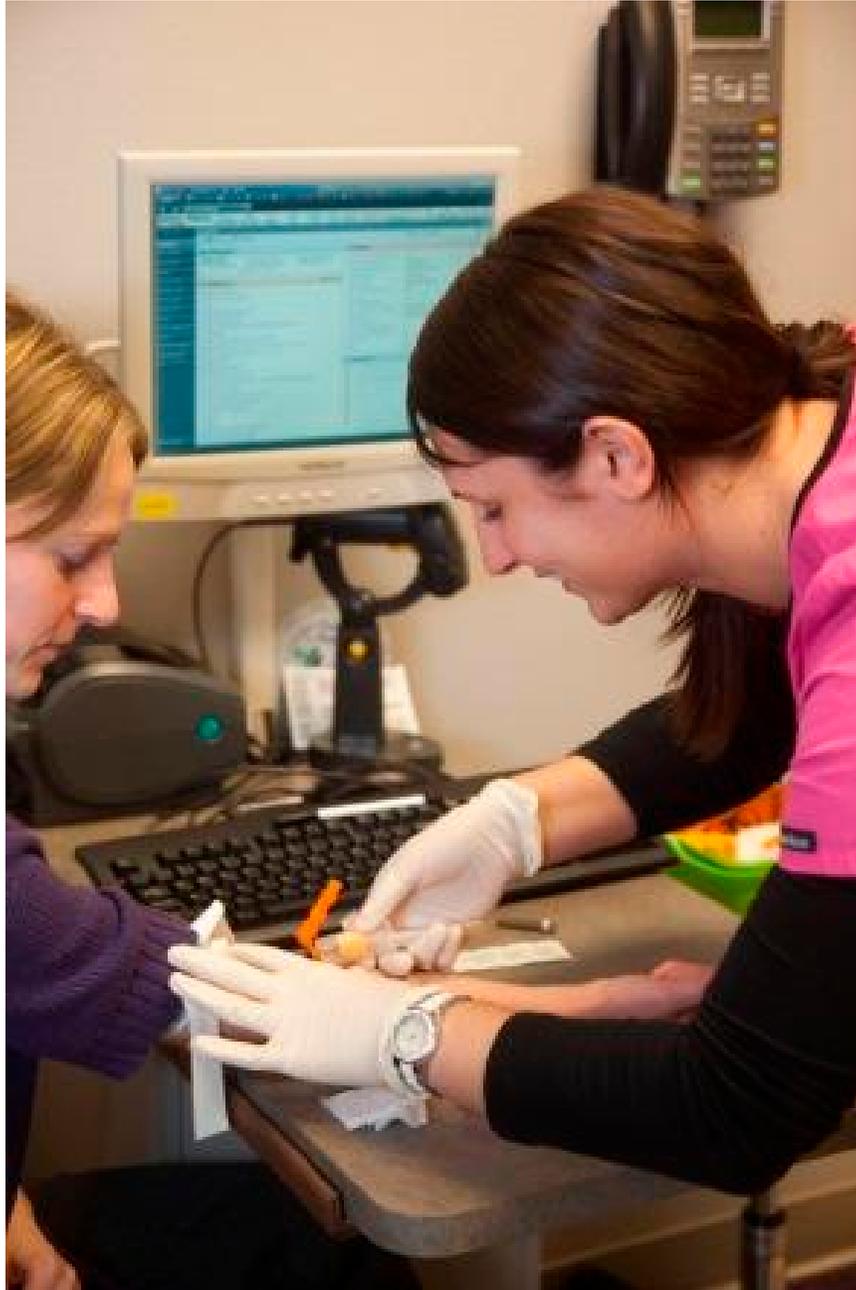
1-2 hr

3+ hr/d

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



- Crocker B, Lewandrowski E, Lewandrowski N, Gregory K, Lewandrowski K. 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

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

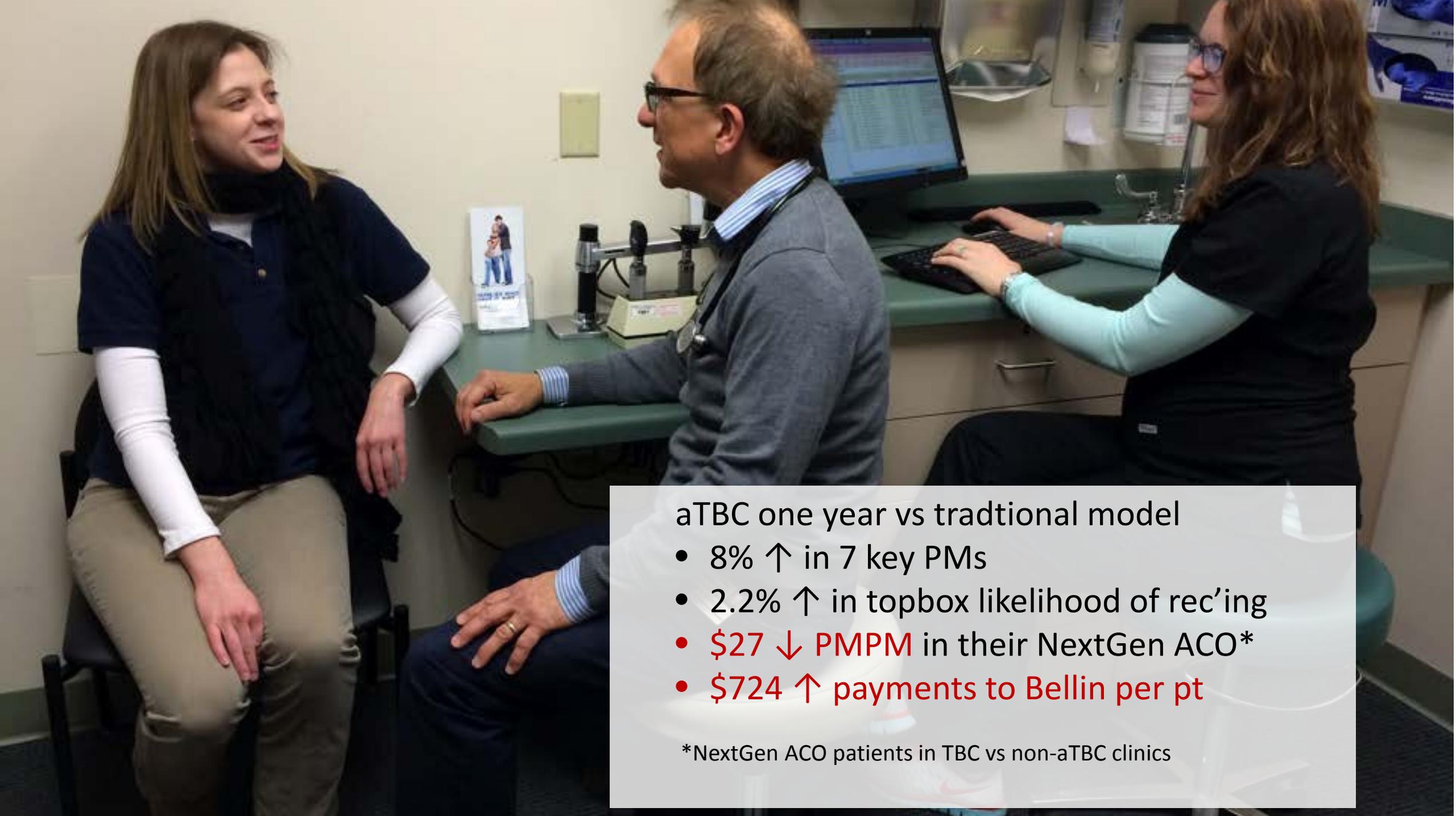
Cleveland Clinic

- **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
- **\$27 ↓ 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



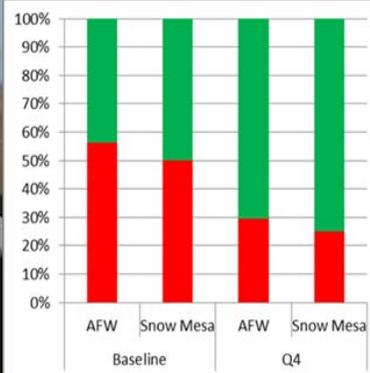


Q: ↑ immun, CA, DM
E: ↑ productivity
↓ staff cost /wRVU
↓ cycle time 90" -> 45"
S: ↑ pt, MD. MA satisf.

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
 - 45min/d

Happiness
minutes





**Flow station at North Shore
Physicians Group**

HP: Saves 30 min/day/physician

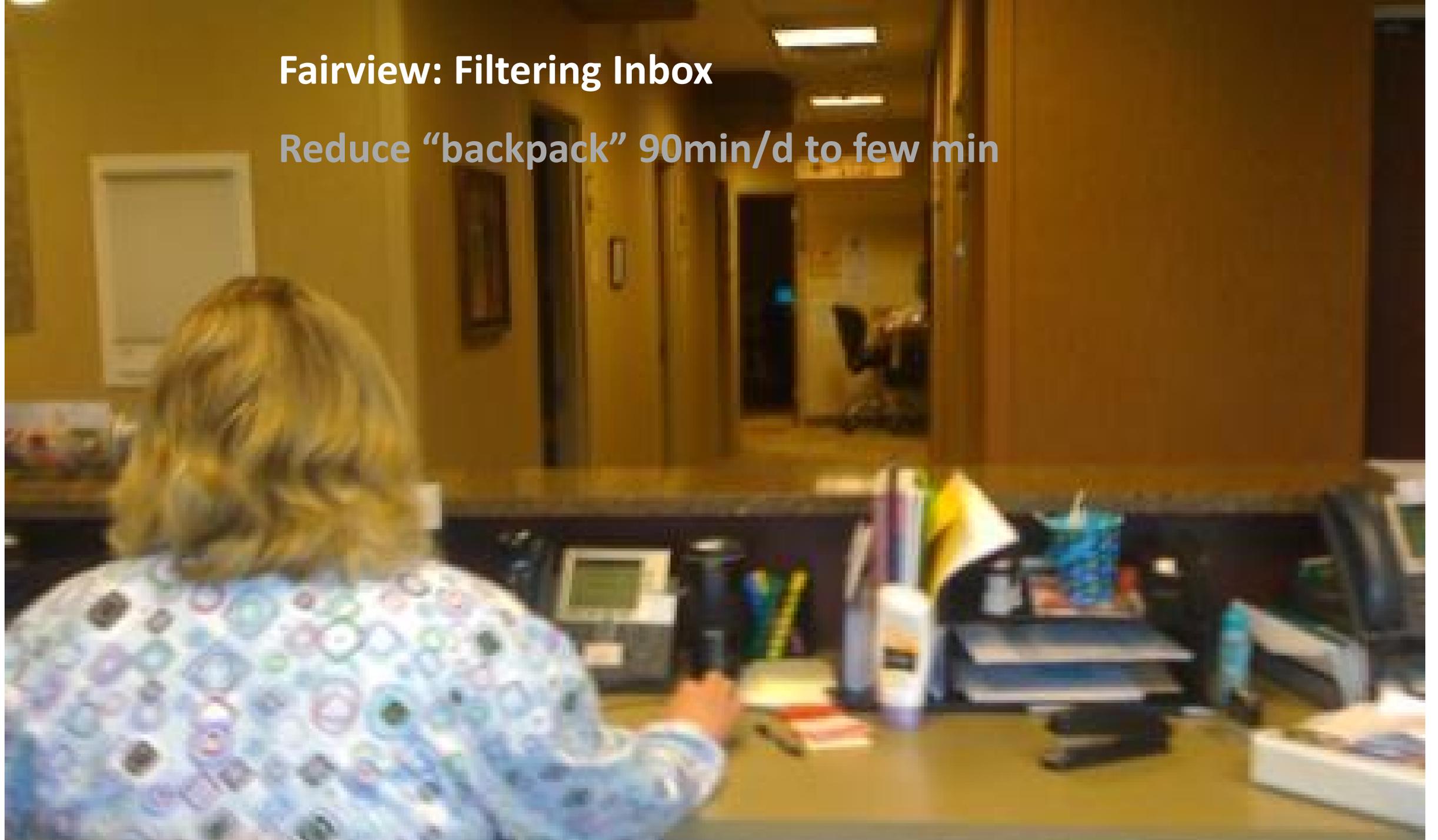


**Printer in every room University of Utah
Redstone**

HP: Saves 20 min/day/physician

Fairview: Filtering Inbox

Reduce “backpack” 90min/d to few min



Leadership

ORIGINAL ARTICLE



Impact of Organizational Leadership on Physician Burnout and Satisfaction

Tait D. Shanafelt, MD; Grace Goringe, MS; Ronald Menaker, EdD;

Leadership score of immediate supervisor accounts for:

- 11% of variation in burnout
- 47% of variation in satisfaction

Each 1-point ↑ in leadership qualities (on 60 pt scale)

- ↓ burnout by 3.3%
- ↑ satisfaction by 9%

for

TABLE 1. Items Evaluating Physician Opinion of the Leadership Qualities of Their Immediate Physician Supervisor

To what extent do you agree or disagree with each of the following statements about (name of immediate supervisor)?

Holds career development conversations with me^a

Inspires me to do my best^a

Empowers me to do my job^a

Is interested in my opinion^a

Encourages employees to suggest ideas for improvement^a

Treats me with respect and dignity^a

Provides helpful feedback and coaching on my performance^a

Recognizes me for a job well done^a

Keeps me informed about changes taking place at Mayo Clinic^a

Encourages me to develop my talents and skills^a

I would recommend working for (name of immediate supervisor)^a

Overall, how satisfied are you with (name of immediate supervisor)^b

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.

[Contact Us](#)



The NEW ENGLAND JOURNAL of MEDICINE

Perspective

NOVEMBER 8, 2018

Getting Rid of Stupid Stuff

Melinda Ashton, M.D.

Many health care organizations are searching for ways to engage employees and protect against burnout, and involvement in meaningful work has been reported to serve both func-

tions. According to Bailey and Madden, it is easy to damage employees' sense of meaningfulness by presenting them with pointless tasks that lead them to wonder, "Why am I bothering to do this?"¹ An increase in administrative tasks has resulted in less time for the activity that clinicians find most important: interacting with patients. Some commentators have recently suggested that it may not be the electronic health record

my colleagues and I had reason to believe that there might be some documentation tasks that could be eliminated. Our EHR was adopted more than 10 years ago, and since then we have made a number of additions and changes to meet various identified needs. We decided to see whether we could reduce some of the unintended burden imposed by our EHR and launched a program called "Getting Rid of Stupid

of the beholder. Everything that we might now call stupid was thought to be a good idea at some point."

We thought we would probably receive nominations in three categories: documentation that was never meant to occur and would require little consideration to eliminate or fix; documentation that was needed but could be completed in a more efficient or effective way with newer tools or better understanding; and documentation that was required but for which clinicians did not understand the requirement or the tools available to them.

Since we kicked off the pro-



Getting Rid of Stupid Stuff

- Cord care field for non-newborns (HI)
- Inbox notifications of tests orders without results (NY)
- Inbox notifications of reports created by recipient (NY)
- Password revalidation (IL)



Where do we start?

- Measure
- Empower front line physicians and teams to redesign their work

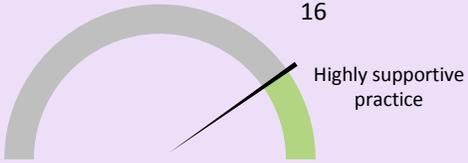
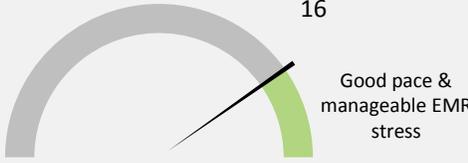


How healthy is your health system?

Not knowing can cost you.



Mini Z 2.0 (aka: Joyful Workplace Survey)

	Measure and Definition	Calculation	Success Criteria
1.	Joyful Workplace (Mini-Z Scores)	Sum of questions 1-10 Range = 10-45**	a joyful workplace $\geq 80\%*$ 
2	Supportive work environment (Subscale 1)	Sum of questions 1-4. Range = 4-20	a highly supportive practice ≥ 16 
3	Work pace and no EMR stress (Subscale 2)	Sum of questions 5-8. Range = 4-20	an office with good pace and manageable EMR stress ≥ 16 

* Mini-Z target is 40 out of 50 (80%). However, for the national benchmark study, the target is 36 out of 45 (80%) because Q10 was not asked. Therefore, percentages are used to compare the two.



JOY IN MEDICINE

Recognition Program

Practice Transformation Initiative

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Joy Award recognition criteria

	Bronze	Silver ²	Gold ³
Commitment	<p>Sign charter</p> <p>Establish a well-being committee</p>	<p>CWO on the executive leadership team (report directly CEO/dean) and with at least 0.5 FTE</p> <p>Organization identifies struggling units and/or individuals and supports interventions</p>	<p>Organization establishes a center for physician or workforce well-being</p>
Assessment	<p>Annual assessment of physician well-being using a validated tool⁴</p>	<p>Burnout results reported to board along with a specified goal</p>	<p>The costs of physician burnout are estimated annually and reported to the organization's leadership/board</p>
Leadership	<p>Annual assessment of all unit leaders using the Mayo Leadership Index or similar instrument, with feedback to leader</p>	<p>Leader development program that includes training in transformational leadership, ability to foster productive work environment and guide physicians' careers</p> <p>Professional coaching to leaders who are in the bottom quartile two consecutive years</p>	<p>Department chiefs (or clinic chiefs) responsible for improving well-being score in their department</p>
Efficiency of practice environment	<p>"Work outside of Work" (WOW_n)⁵ measured via EHR audit log data for select specialties⁶</p>	<p>WOW_n⁵ results reported to organization's board and physicians</p> <p>Local units involved in root case analysis and development of intervention</p>	<p>WOW_n⁵ reported confidentially to the AMA⁷</p>
Teamwork	<p>Teamwork measured annually using AHRQ Teamwork, Safety Attitudes Questionnaire or similar instrument or for select specialties⁶</p>	<p>Teamwork also measured in select specialties⁶ via EHR audit⁸</p> <p>Results reported to organization's board and physicians</p>	<p>Teamwork results reported confidentially to the AMA⁷</p>
Support	<p>Peer support program that supports dealing with adverse clinical events (i.e., second victim)</p>	<p>Peer support program that supports distressed physicians</p>	<p>Supports opportunities for community building among physicians</p>

¹ These criteria are satisfied by a unit in recognition year

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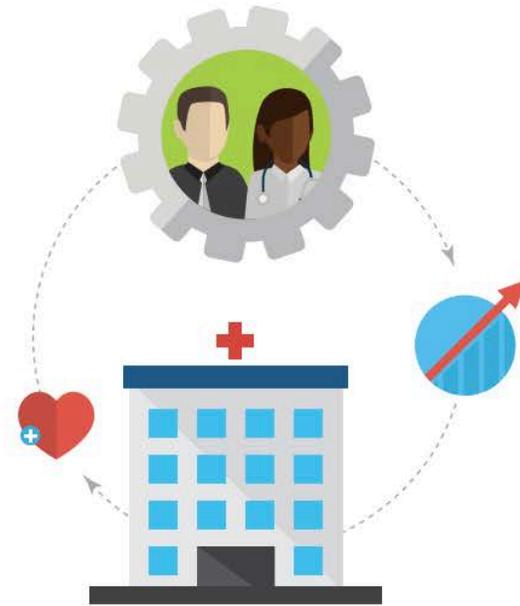


Module Categories

 <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? Try our Practice Assessment tool.</p> <p>Start Assessment ></p>

Creating the Organizational Foundation for Joy in Medicine[™]

Organizational changes lead to physician satisfaction



Sept 2017

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

The Business Case for Investing in Physician Well-being

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Cost of turnover per physician

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Projected cost of physician turnover per year due to burnout

Addressing Social Determinants of Health (SDOH): Beyond the Clinic Walls

Improve health outcomes by addressing social determinants of health



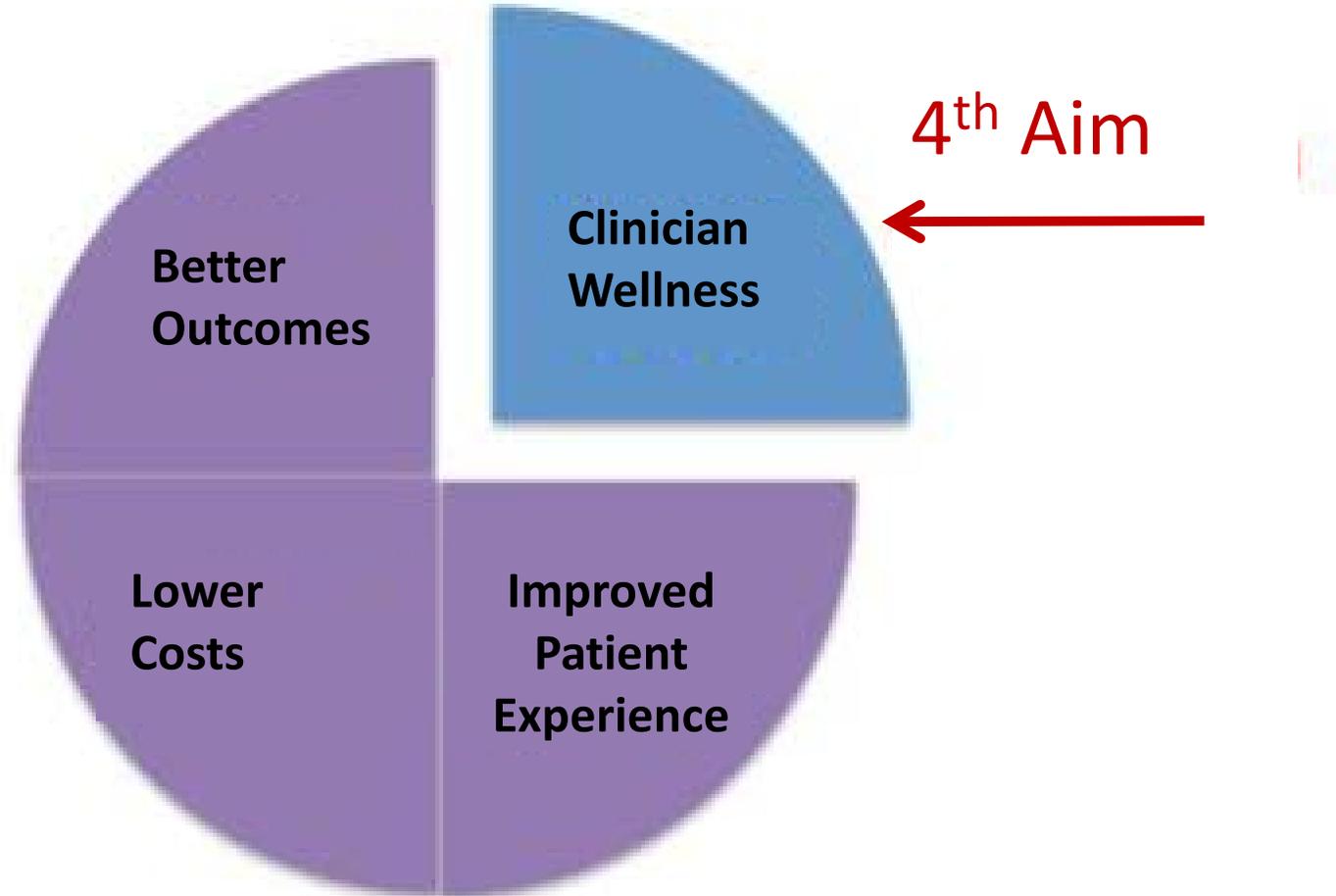
Pre-visit laboratory testing

Improve patient care and enhance the patient experience without spending more time and money.



Quadruple Aim

Care of the Pt: Care of Care Team





Care better than we've ever seen;

health better than we've ever known;

cost we can all afford,

delivered by professionals who find joy
in their work as they commit to serve
others.