



STAR² CENTER

ADMINISTRATIVE STRATEGIES TO REDUCE BURNOUT:

IN SEARCH OF JOY OF PRACTICE (CONT.)

JUNE 14, 2018

3:00PM ET

ACU

ACU is a nonprofit, transdisciplinary organization of clinicians, advocates and health care organizations united in a common mission to improve the health of America's underserved populations and to enhance the development and support of the health care clinicians serving these populations.

STAR² CENTER

Solutions, Training, and Assistance
for Recruitment and Retention

www.chcworkforce.org

STAR² CENTER

- Suzanne Speer | sspeer@clinicians.org
 - 703-577-1206
- Mariah Blake | mblake@clinicians.org
 - 703-562-8819

WEBINAR HOUSEKEEPING

We are
Recording

Ask
Questions

Have Fun

IN SEARCH OF JOY OF PRACTICE (CONT.)

Lisa Hardmeyer Gray, M.A., LMHC
Founder, Intrinsic, LLC



intrinsic

Guest: Rahul Jathar, HealthPoint
Director, Kaizen Promotion Office

LEARNING OBJECTIVES

- Key Steps to Initiate:
 - Re-engineering Prescription Renewal Work Out of the Practice
 - In-box Management
 - Improving Team Communication
 - Work Flow Mapping
- Take-away Recommendation by Study Authors

WEBINAR OVERVIEW

Episode 1: Defining and Identifying Burnout in your organization

Episode 2: Discussing Study: In Search of Joy in Practice

- Pre-visit Planning and Pre-appointment Laboratory Tests
- Sharing the Care Among the Team
- In-Visit Scribing and Assistant Order Entry

Episode 3: In Search of Joy in Practice (cont.)

- Reengineering Prescription Renewal Work Out of the Practice
- In-box Management
- Improving Team Communication
- Work Flow Mapping

Episode 4: Workplace Wellness: Creating a Culture of Engagement

Episode 5: Self-care

THE STUDY

- 23 high functioning Primary Care Practices
- Different geographic regions
- FQHCs
- Small private practices
- Large integrated delivery systems
- Academic medical centers
- VA
- Study included:
 - Site visits
 - Questionnaire

The screenshot displays the journal's homepage for the article "In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices" by Christine A. Sinsky, MD¹, Rachel Willard-Grace, MPH², Andrew M. Schutzbank, MD^{3,4}, Thomas A. Sinsky, MD¹, David Margolius, MD² and Thomas Bodenheimer, MD². The page includes a navigation menu with links for Home, About the Annals, For Readers, For Authors, For Reviewers, For the Media, Careers, Contact Us, and Help. A search bar is located in the top right corner. The article's abstract is visible, along with options for Full Text (PDF), In Brief, and Services. The right sidebar features sections for Current Issue (May/June 2018, 16 (3)), Past Issues, Supplements, and Article Collections.

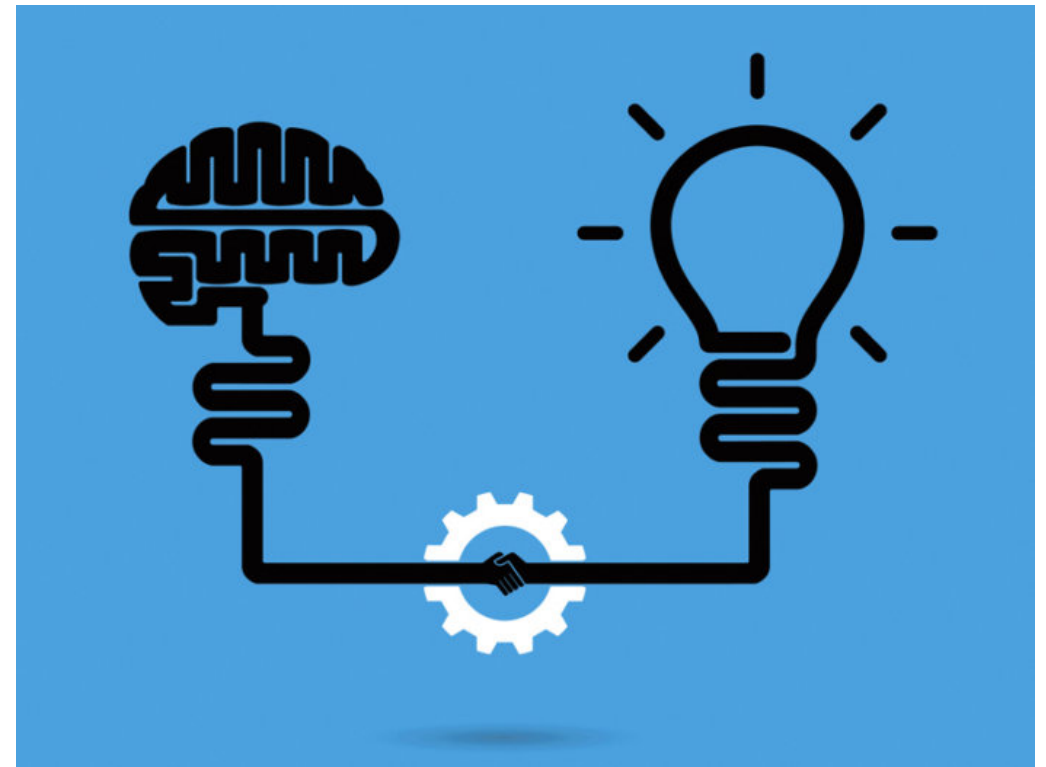
5 KEY CHALLENGES

- Chaotic visits
- EHR pushing more work to Physicians
- Inadequate support
- Time documentation
- Teams that function poorly



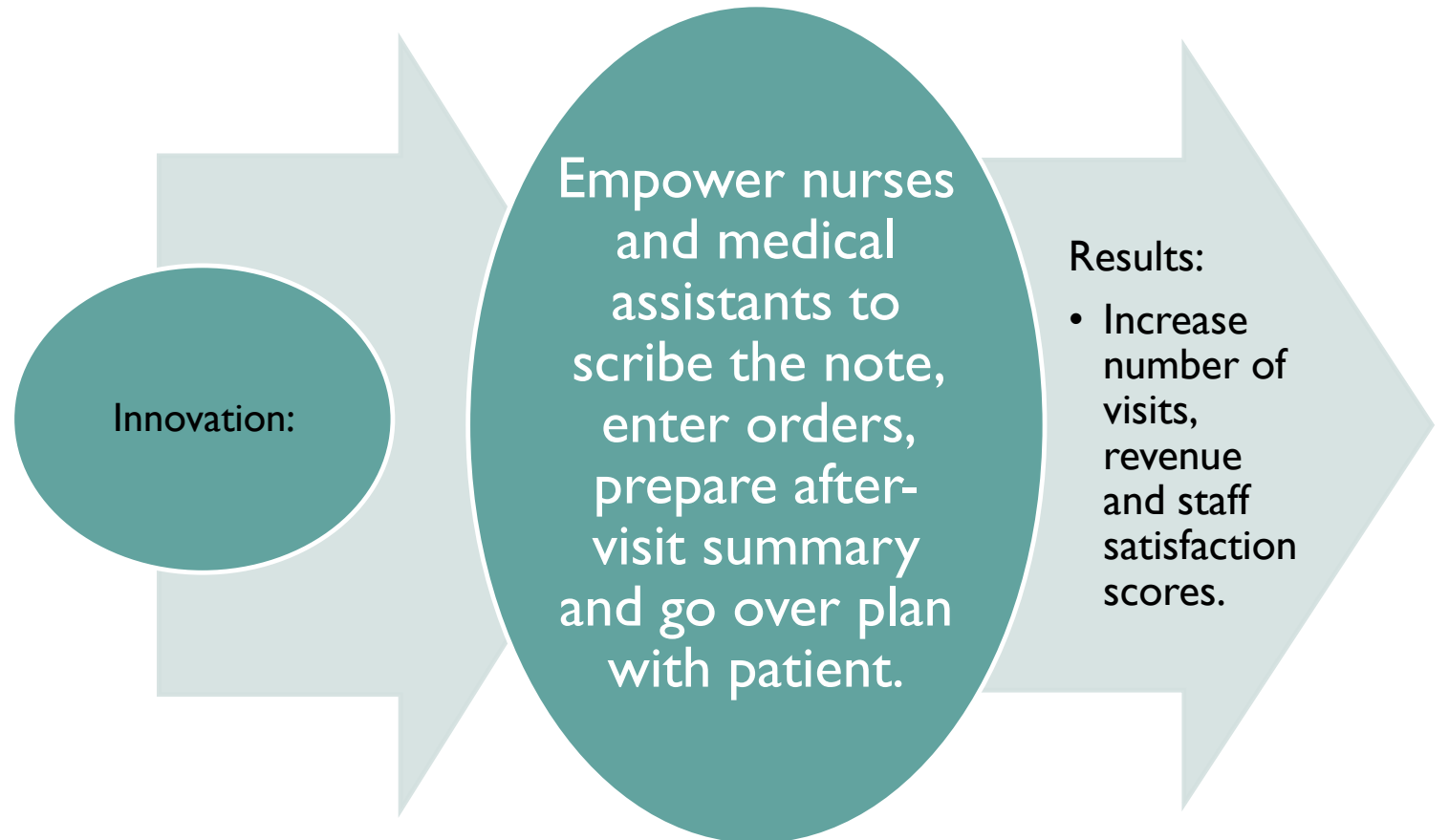
INNOVATIONS

- Pre-visit Planning and Pre-appointment Laboratory Tests
- Sharing the Care Among the Team
- In-Visit Scribing and Assistant Order Entry
- **Reengineering Prescription Renewal Work Out of the Practice**
- **In-box Management**
- **Improving Team Communication**
- **Work Flow Mapping**



CHALLENGE

- Physicians spend up to 2 hours per day on visit notes and order entry.



POLL QUESTION

- In your clinic who is responsible for entering orders, preparing the after-visit summary and going over the care plan with the Patient?
 - MAs
 - PCP
 - Nurses
 - Any of the above



EMPOWERING MAs TO BE INTEGRAL PART OF TEAM

- Enter Orders
- Prepare after-visit summary
- Go over Patient Plan



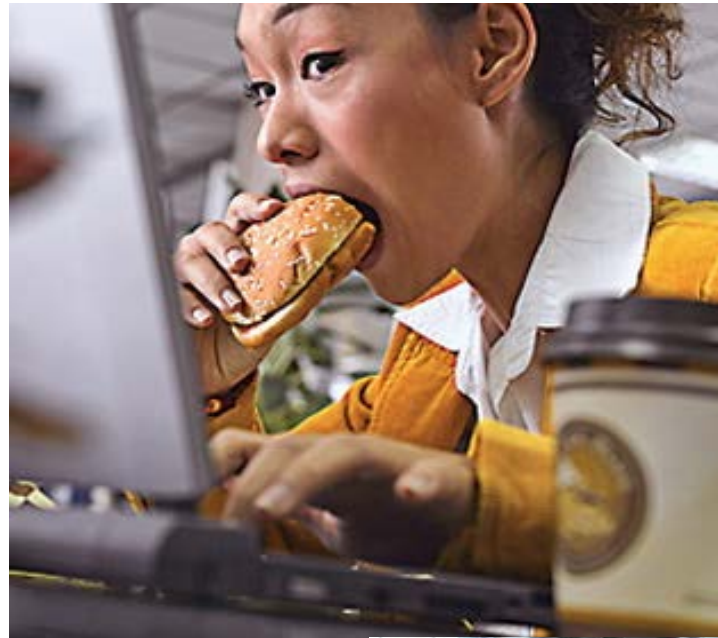
OFFICE OF THE FUTURE



Quincy Family practice, Quincy, Illinois

- 2 MAs, 1 nurse, No physician desks
- Pre-appointment questionnaire: What 3 questions would you like answered today.
- Completes medication reconciliation, records in HPI.
- Briefs PCP.
- Both return to exam room, PCP goes to patient not computer.
- MA records visit, assessments and plan. MA writes diagnosis and plan, ques up prescriptions which physician signs between patients, checks off labs and next appointment info
- Patient takes to Scheduler.
- LPN uploads new patient info into HPI, fields calls for prescription renewal, phone advice and manages coumadin. Rooms and scribes when needed.
- Physician and Staff leave building for lunch.

LESS OF THIS....

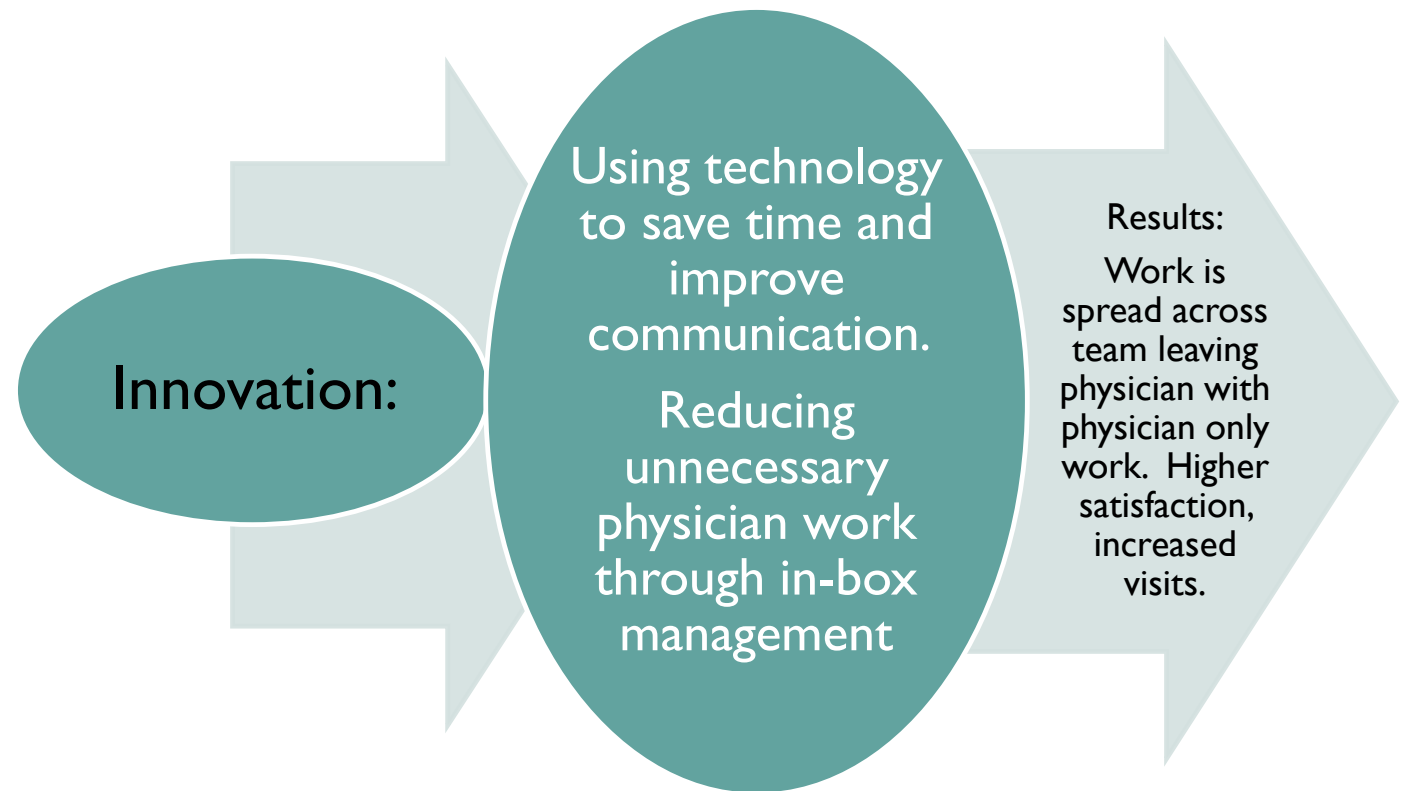


AND MORE OF THIS!



CHALLENGE

- Computerized technology that pushes more work to physician.



POLL QUESTION

- What is the average number of prescription renewals a Provider handles a day?
 - 2-4
 - 5-9
 - 10-15
 - 16-20

RE-ENGINEERING PRESCRIPTION RENEWAL WORK OUT OF THE PRACTICE

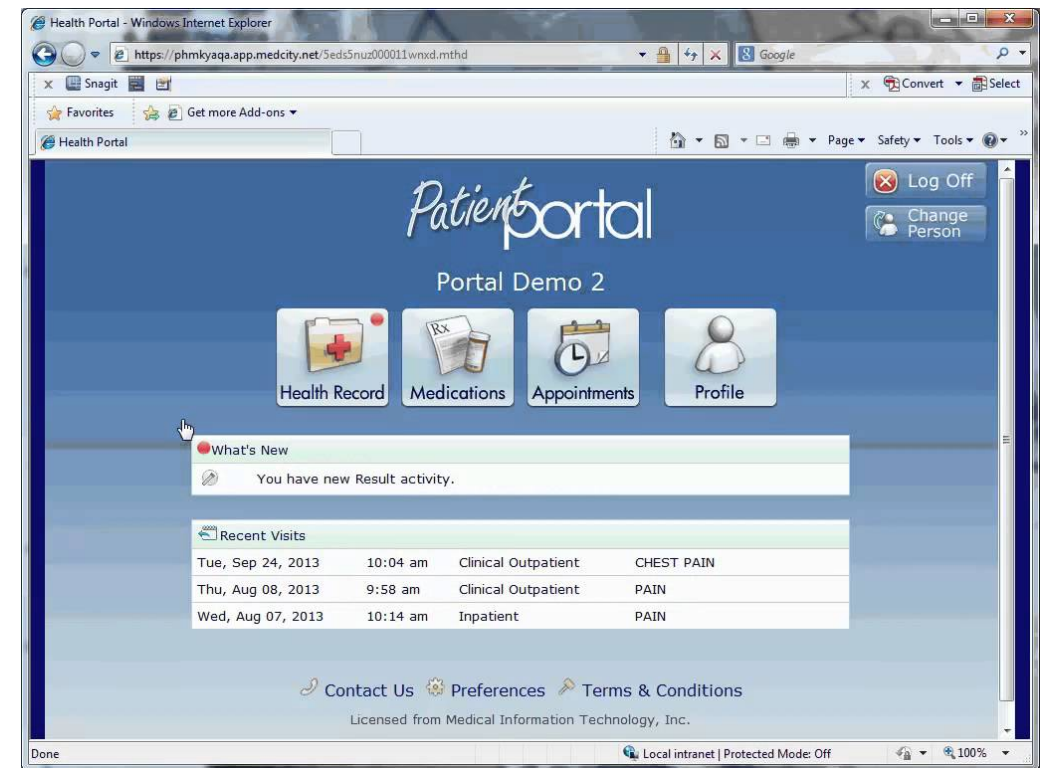
- Physicians spend approximately 30 min. per day on Prescription Renewals
- **Delegate this work to nurses**
 - 1 nurse to 6-8 physicians for FT management of prescription renewal requests.
 - Renew prescriptions (exceptions-benzodiazapines and narcotics) for a full year at annual exam to avoid interval handling.



TECHNOLOGY TO IMPROVE COMMUNICATION

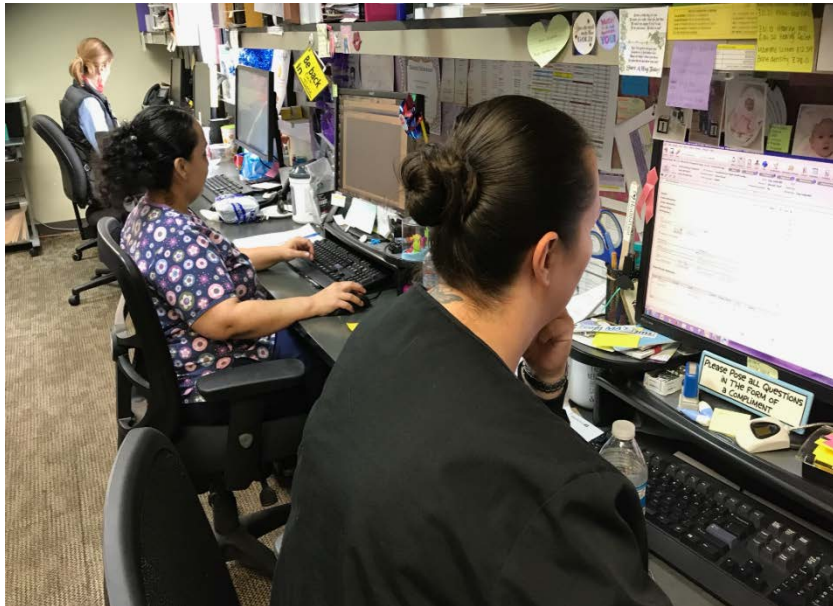
Example: Group Health (Kaiser Permanente)

- Decreased face-to-face visits from 22 to 14 plus 4 telephone visits
- 1/3 of Patient encounters take place through patient portal
- Time slots for:
 - Responding to patient e-mails and secure messaging
 - Coordinating care with specialists
 - Organizational e-mail
- Physician burn-out dropped from 25% to 14% in pilot clinic and increased by 7% in unchanged templates.



IN-BOX MANAGEMENT

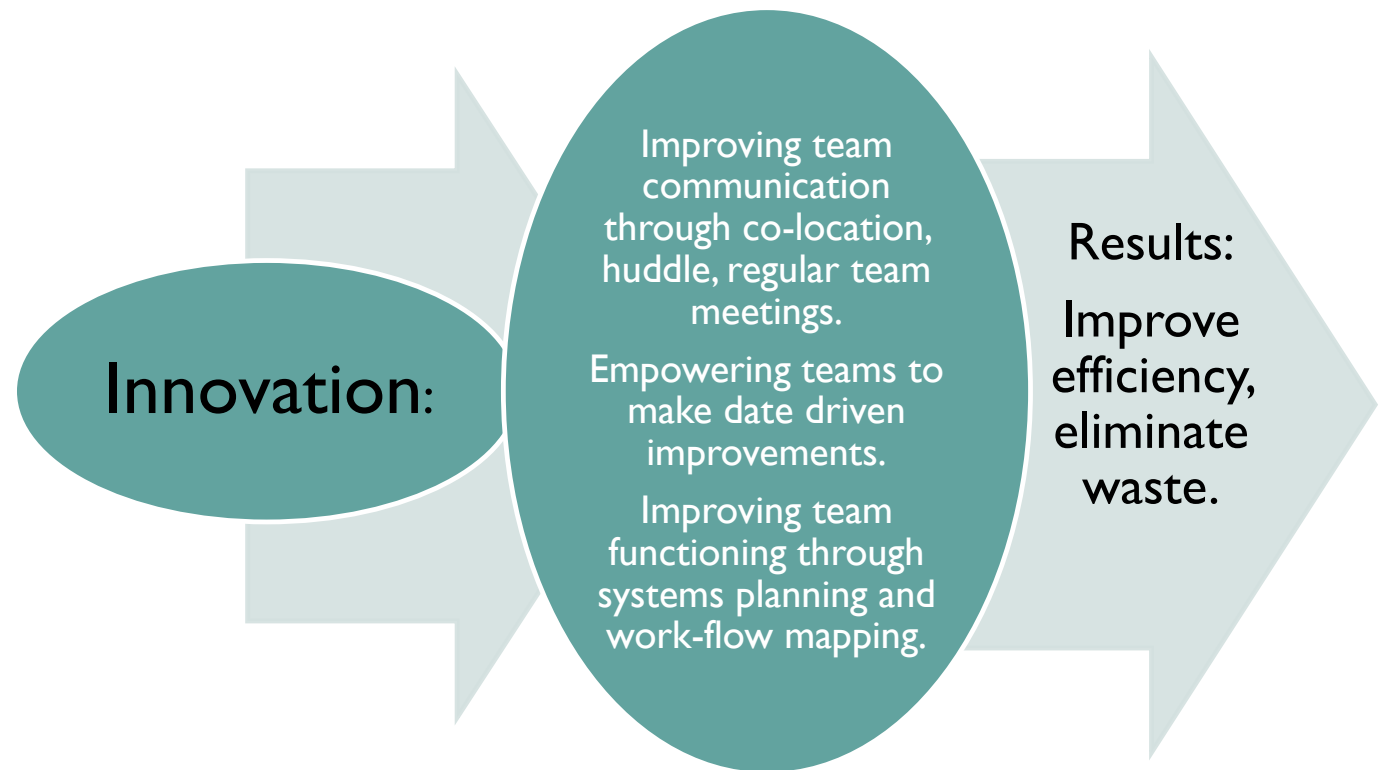
- Nurses or MA filter all electronic and paper information involving physician in only what is required.



- FILTER OUT:
 - Normal lab results
 - Prescription renewals
 - Information requests that can be managed by protocol
 - Returning patient calls
- Increase verbal messaging between clinical assistant and physician.

CHALLENGE

- Teams that function poorly and complicate rather than simplify the work.





CO-LOCATING, HUDDLE, REGULAR TEAM MEETING

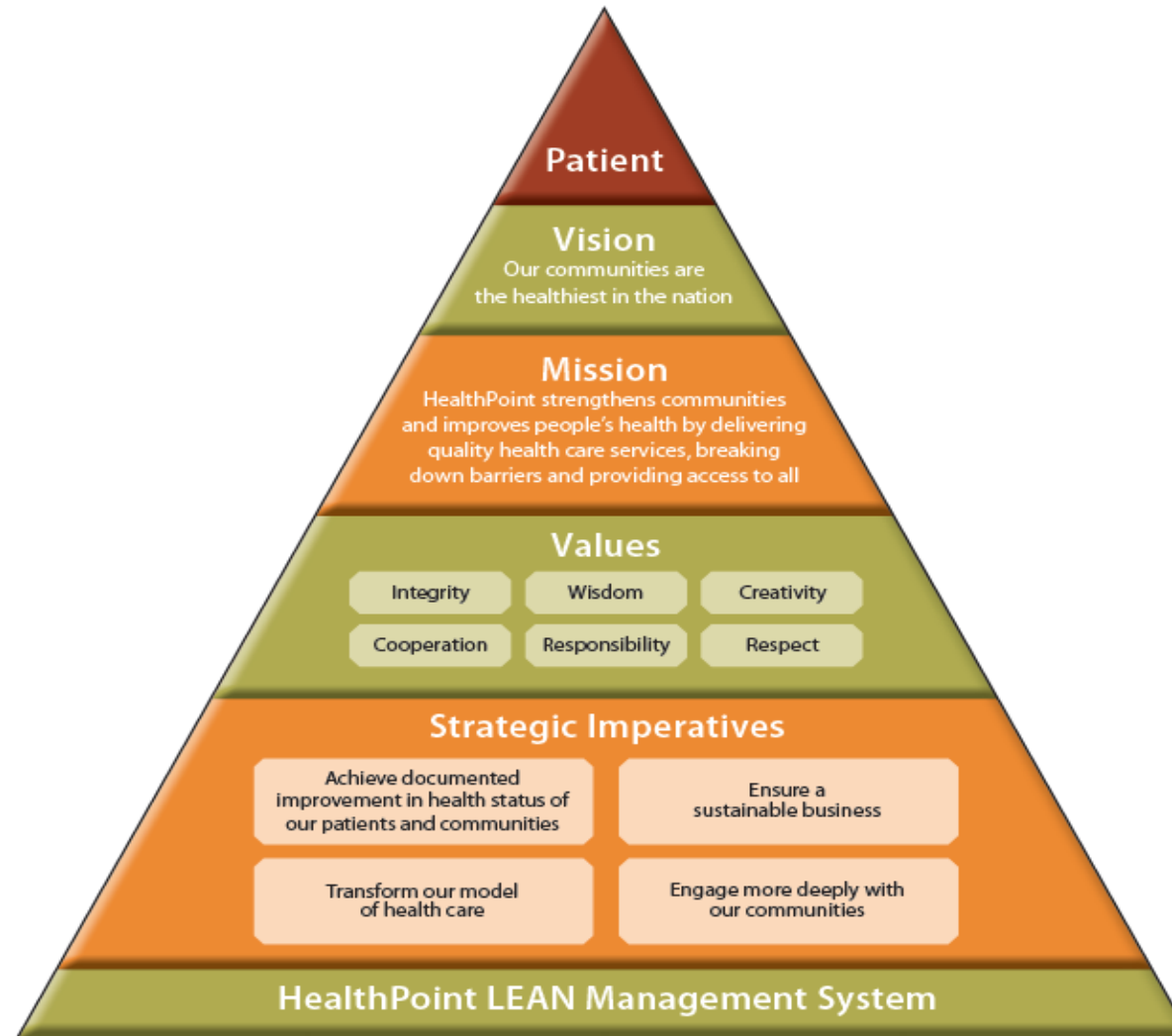
POLL QUESTION

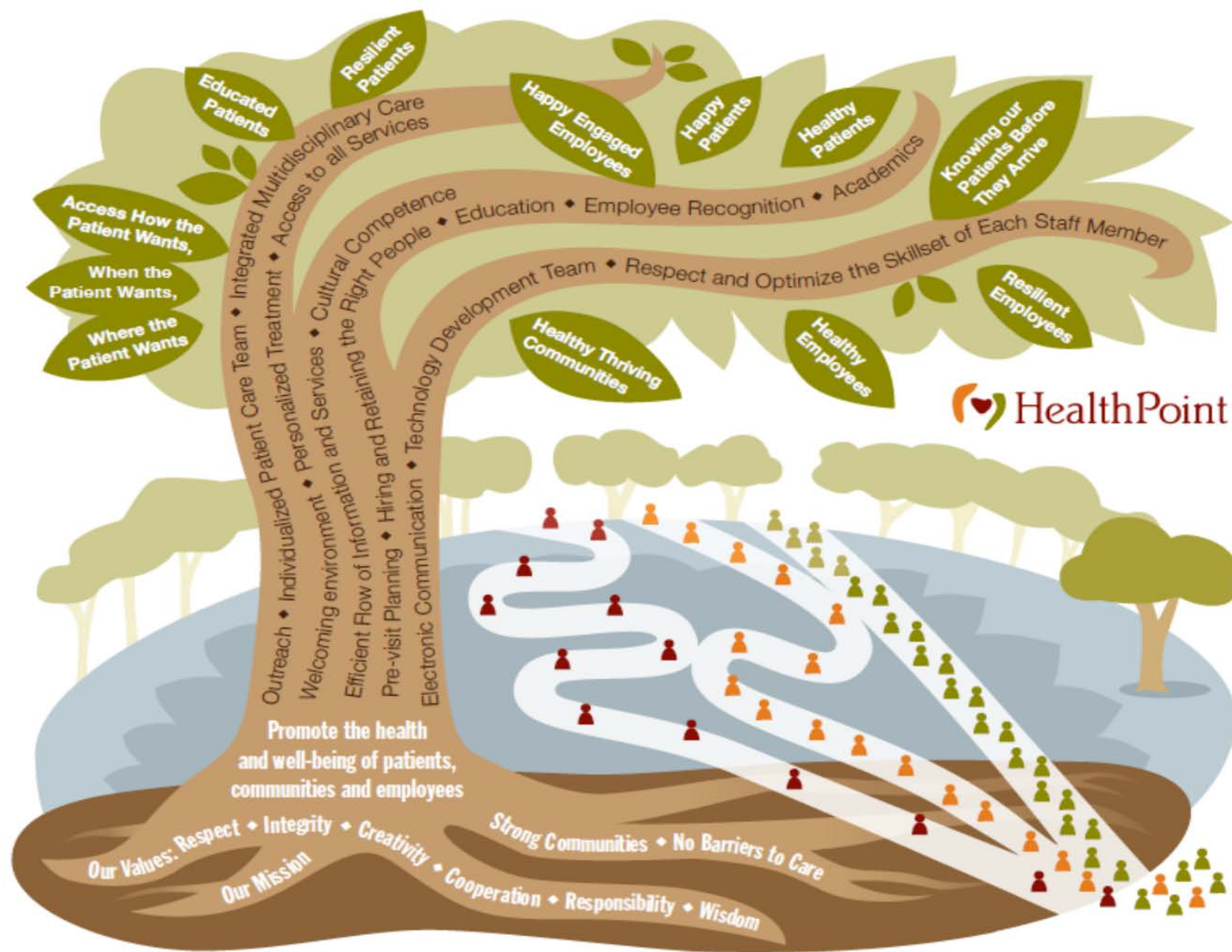
- Do you have teams including MAs, nurses, providers (behavioral health, naturopaths, nutritionists, acupuncturists) co-located in pods?
 - Yes
 - No

EMPOWERING TEAMS TO MAKE DATA DRIVEN IMPROVEMENTS

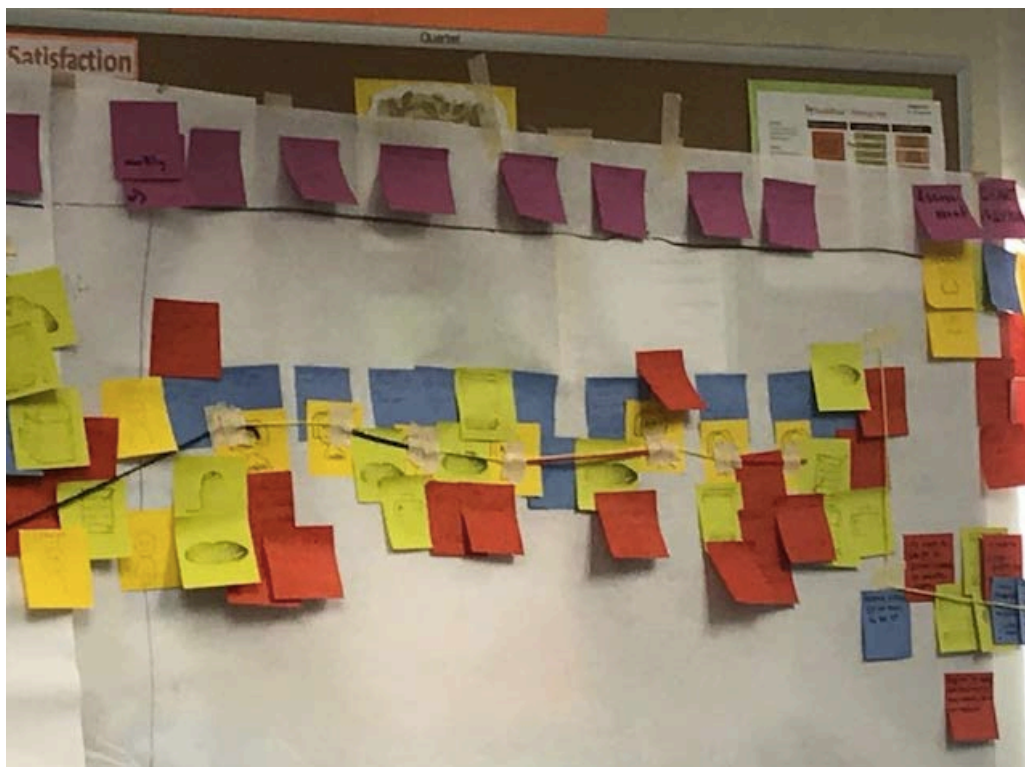
- Need to provide:
 - Data
 - Administrative support
 - Improvement methodologies







SYSTEMS PLANNING AND WORK-FLOW MAPPING



RECOMMENDATIONS BY IN SEARCH OF JOY AUTHORS

1. 2-3 clinical assistants for each physician FTE
2. Need to train to the competencies required for team-based primary care.
3. Electronic medical records need to advance in order to support efficient clinical care and team work.
4. Scope of work for various licensures needs to be standardized.
5. Research is needed to inform primary care transformation.
6. Third part insurers and policymakers can facilitate improvement in primary care by modifying reimbursement.

THANK YOU

Lisa Hardmeyer Gray, M.A., LMHC

Founder, Intrinsic, LLC

lgray@intrinsictrainings.com



intrinsic