Returning Joy to Patient Care
Moving from Burnout to Professional Fulfillment
About Me

Experience
• 1st job in healthcare – OR orderly
• 25 years family practice
• 30 years progressive leadership roles
  – 5 years CEO of 300 physician group
  – Led a Lean Transformation with a theme of “Returning Joy to Patient Care”
• 4 years management consulting

Currently
• Employed by Simpler Healthcare / IBM Watson Health
What Drives Professional Fulfillment?

Meaningful Patient Relationships

Opportunity to connect in a deep and personal way with many people,
They tell us things they tell no one else,
They allow us to examine parts of their bodies no one else can see or touch,
They trust us that we have their best interest as our priority, and
That we will do our best to heal them.
**What Is Burnout?**

**Exhaustion:** depleting emotional resources to cope with the work environment. A loss of enthusiasm for work. Nothing More to Give

**Depersonalization (cynicism):** Distancing oneself from patients or the organization. Self-protective mechanism

**Inefficacy:** a sense of low personal accomplishment, or feeling ineffective, at work. Physicians feel ineffective, but patients value their care.

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What’s the key issue that drives burnout?

It’s the workplace!
Why Does Burnout Happen?

- Result of Interaction between
  - the worker and
  - the workplace
- Highly motivated professional into a dysfunctional workplace where unable to succeed without constant vigilance and focus
- Unsustainable => Toxicity
The Six Workplace Drivers of Burnout:

Work Overload
Chaotic work environment
Time Pressure
Information Overload

Loss of control

Insufficient reward

Breakdown of community

Absence of fairness

Conflicting values

Linking Drivers of Burnout to the Manifestations:

Work Overload
- Chaotic work environment
- Time Pressure
- Information Overload

Loss of control
Insufficient reward
Breakdown of community
Absence of fairness
Conflicting values

Linked to Emotional Exhaustion

Linked to Cynicism

Physician Burnout and Work Life Balance

**BURNOUT**
- From 2011 to 2014 percent of US physicians with burnout grew from 45% - 54%
  - Avg US workers steady at 28%

**WORK-LIFE BALANCE**
- 41% of US physicians satisfied with Work Life Balance
  - Down from 49% in 2011
  - 63% of average US workers satisfied with Work Life Balance
  - Up from 55% in 2011

**EFFECT**
- Reduced performance on key metrics
  - Safety
  - Quality
  - Patient Satisfaction
  - Access
  - Physician and Staff Engagement
  - Physician Turnover

- Impacts how much you get paid for each RVU

- Loss of Revenue
  - Physicians are reducing productivity to regain WLB
  - Avg PCP contributes $1.5M to hospital net revenue
  - Avg FP # visits/wk: 2010=99, 2016=83, a 16% decrease

- Impacts how many RVUs you produce
Burnout in Nurses: Kronos survey, May 2017

- **98 percent** of hospital nurses said their work is physically and mentally demanding
- **85 percent** noted that their nursing jobs make them fatigued overall
- **63 percent** reported that their work has caused nurse burnout
- **44 percent** worry their patient care will suffer because they are so tired
- **41 percent** have considered changing hospitals during the past year due to burnout
Burnout also Affects Administrators
How Does This Make You Feel?

External Drivers
- Google
- M&A
- Opioid Crisis
- HCAHPS
- CGCAHPS
- Patient Demographics
- ICD-10

Clinician

Workplace

EHR

Payers
- ACA, MACRA, MIPS, APMs
- Meaningful Use
- Prior Authorization

Violence

How Did This Happen?
We Have Added the Last Straw

And People are Breaking!
Burnout’s Impact on Physicians and their Families

- Depression
- Substance Abuse
- Family Dysfunction
- Physician Suicide
  - 130% HIGHER: The suicide rate among female doctors than among women in general
  - 40% HIGHER: The suicide rate among male doctors than among men in general
  - Lose 300 – 400 physicians a year to suicide

Schernhammer E. NEJM 2005
Slide Courtesy of the Center for Professionalism and Peer Support, Brigham and Women’s Hospital
What Should You Do?
A Comprehensive Five-Step Approach to Reduce Burnout:

• Step 1 – Diagnostic
• Step 2 - Planning session
• Step 3 – Clinician Wellbeing Support
• Step 4 – Management System and Culture Improvement
• Step 5 – Practice Efficiency Improvement

Stanford Well MD Model, Shanafelt, 2017
START WITH A DIAGNOSTIC WORK-UP
Burnout Surveys

• Mind Garden: industry standard, **Maslach Burnout Toolkit for Medical Personnel**
  – Maslach Burnout Inventory (MBI) - manifestations
  – Areas of Worklife Survey (AWS) – drivers of burnout
• Wellbeing Index: from Mayo Clinic, 9 questions, degree of burnout
• Mini-Z: from Hennepin County, 9 questions, free online

KPIs

• Review organization KPIs / TNMs
• ROI/Cost of Burnout

Leadership Assessment

• MLQ (MindGarden), CPI 260 (AAPL)

Other

• EHR efficiency report
• Go to the gemba to observe the current state - "Examine the Patient"
PLANNING SESSION
Develop a Burnout Prevention and Treatment Plan

• **Two-Day Session** – Similar to Strategic Planning Retreat

• **Physician-Administration Collaboration is the Key**
  – Led by C-suite, CEO engagement is key
  – Must include physician leadership

• Choose where and how to focus based on diagnostic

• **High level plan** for each component over the next year
  – Clinician Wellbeing Support
  – Management System and Culture
  – Practice efficiency

• **Regular review and tracking** of implementation plan and results
PHYSICIAN WELLBEING SUPPORT
Physician Wellbeing Support

- **Establish a Center for Physician Wellbeing**
- Peer support meetings
  - Facilitated and held regularly
  - Focused on an issue, not just “happy hour”
  - Particularly important during training
- Support for physicians when needed
  - Burnout Coaches
  - Provide Support in Time of Crisis
  - Food delivery for overworked physicians
- **The 20% Solution**
  - Spending up to 20% of time on area of interest
  - Each 1% increase in meaningful work improves fulfillment, ceiling at 20%
  - Can benefit group: EHR optimization, APM expertise, procedures, teaching, etc.
MANAGEMENT SYSTEM AND CULTURE
Lean Works

- “But Lean is Mean...”

- True, If Focus is on **Increasing Productivity**
What’s More Important than Productivity?
Leader’s Role in Addressing Burnout:

**Power of Leadership**
- Each 1% increase in Mayo Leader Score ~4% decrease in burnout
- Each 1% increase in Mayo Leader Score ~9% increase satisfaction
- Implement a [physician leadership development program](#)

**Be Seen and Heard**
- If it’s important to the leader, it will be important to everyone

**Rounding**
- Shadow clinicians to understand their problems
  - Play “Undercover Boss”
- Attend huddles as a coach/mentor, not the one with the answers

Shanafelt, Mayo Clinic Proceedings 90:432
Values-Based Culture

Respect for People - Culture Change

Continuous Improvement

Without Respect for People You Can Get Improvement, but It Won’t Be Continuous
Respect for People

“Leadership is the stewardship of the lives entrusted to you.”

- Bob Chapman

[Image: Book cover of Everybody Matters by Bob Chapman and Raj Sisodia]

www.TrulyHumanLeadership.com
Develop an Organizational Culture of Respect for People

• Mission and Vision Statements
• Identify Core Values
• Create a Compact
  – Set of **reciprocal** agreements that support the Core Values
  – A physician can expect the organization will provide “X”
  – The organization can expect the physician will do “Y”
• Use the Mission, Vision, and Compact to guide decisions
Continuous Improvement

A3 Thinking
PDSA
Huddles
Value Stream Improvement Events
Continuous Improvement = Empowering Clinicians to Solve Their Problems

Continuously fixing broken patient care processes, by eliminating clinician frustrations, led by the clinicians, in their clinical sites, under the caring guidance of a mentor.

Preventive Medicine for Burnout
Identify Your Workflow Dysfunctions & Design a Systematic Plan to Fix Them

**Value Stream Mapping**
- Analyze work flow
- Identify Barriers and Frustrations
- Plan improvement activities
  - Rapid process improvement weeks (RPIWs)
  - Projects
  - Just do its (JDIs)

Done by and with the people who do the work, therefore…
- **Physicians and nurses must be involved in events that address their frustrations**

**The most valuable time you spend NOT seeing patients**
Effective Huddles

- **15 minutes** maximum – standing up, at the “huddle board”
- **Acknowledgement/Appreciations**
- **Prepare for the day / Capacity to meet the demand**
  - Adequate Staffing
  - Equipment – Is it working & where it should be?
  - Supplies – any shortages?
- **Problem solving**
  - What happened yesterday that we don’t want to happen again?
  - Get rid of the “pebbles in your shoes”
- **Metric performance**
  - At the local level - Review only one metric each day of the week
  - Spend time on it only if the metric is off target
Daily Management System: Tiered Huddles

- Prepare for the Day
- Track Metric Performance
- Identify and fix problems
- Tiered Huddles
- Escalate problems as needed
True North Metrics: Keep to a Focused Few

- Quality and safety
- Delivery / service
  - Patient satisfaction
- Cost / productivity
- Growth
- Human development
  - Staff & physician engagement
  - Joy in Patient Care

Aligning the Organization to Succeed
- Including C-level executive bonus metrics
  - linked to reducing burnout
Deploying Strategy: Connecting Leaders with Clinicians

Mission and Vision
Compact Based on Core values
True North Metrics
Dyad/Triad Leadership Teams
Coaches and Mentors

Huddles
Prepare for the Day
Track Metric Performance
Identify and fix problems
Escalate problems as needed
A Lean management system and culture

A healthy and effective organization of empowered and aligned problem solvers that can quickly adapt in an external environment of volatility and uncertainty.

“It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.”

Charles Darwin
The Physician-Patient Relationship:
The Primary Driver of Professional Fulfillment
In few other sectors of the economy is the *highest level professional* responsible for the majority of production, customer service, and clerical work.
The EHR’s Impact on Professional Satisfaction and Work-Life Balance

- 2 hours administrative work for every hour of direct patient care

Distracted Doctoring in Exam Room
- 53% of time on direct clinical face time
- 37% on EHR and desk work

Work after work
- Average 1-2 hours of EHR time at home
  - Pajama time
  - Saturday night date with EHR

Decreased Interaction with Colleagues in the Hospital and Office

- Annal Int Med 6 SEPTEMBER 2016 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 Geeders, MBA; Johanna Westbrook, PhD; Michael Tulty, PhD; George Blike, MD
- Beasley, John, MD I-PrACTISE. http://www.fammed.wisc.edu/i-practise/
Key Value Streams to Improve Efficiency

• Office Visit Flow and Collaborative Care Teams
• EHR Changes
• Inbox Management
• Redesign clinical space – Integrated Facility Design
Office Care Teams / Inpatient Collaborative Care

- 2-4 MAs, LVNs, and/or RNs per MD; pharmacist; case manager; mental health
- 3-5 additional patients per day to cover cost
- Most practices increase by twice that
- Takes dedicated work and time to implement
- Improves:
  - Revenues
  - Patient experience – doctor focused on patient rather than keyboard
  - Physician experience – hands off keyboard, regain work-life balance
  - Support staff experience – better connection to patients and physician
  - Documentation and coding
EHR Optimization

• Epic PEP Report / Cerner Lights On Network:
  – Measure time logged in and usage by physician
• Specific coaching based in individual physician’s needs
• Redesign User Interface per specialty
• Large screen version of EHR
• Single Sign On:
  – Biometric or RFID badge sign on – eliminate typing passwords
Specialty Specific Configurations

- Navigator simplification
  - Interactive patient header
  - Remove infrequently used tabs
  - Simplified order entry and charge capture
- Pre-made chart review filters
- Key benefits
  - Simplified training
  - Improved user efficiency and satisfaction
In Basket Management

- Eliminate unnecessary folders (combine or delete)
- All messages route first to physician’s support team
- Improve messaging protocols
- Centralize eligible RN medication refills
Redesign clinical space - Integrated Facility Design

- **Office and Hospital Unit Layout**
  - Line of sight – RN/MA can see all exam rooms
  - Teams co-locate
    - Easily share information, reduce inbox work and emails
    - Reduces the need for private office, work is done at end of day

- **Exam Room Changes**
  - Large monitor, half-circle desk to facilitate patient conversation
  - Printer in room
Potential Impacts
Sutter Gould Medical Foundation Call Center: Average Speed of Answer from 30 seconds to 3 seconds

Personal experience at SGMF as CEO
Sutter Gould Medical Foundation: Laboratory Turnaround Times Cut in Half

<table>
<thead>
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<th>Value Stream Metrics 2012-14</th>
<th>Initial</th>
<th>Target</th>
<th>Aug 2014</th>
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<td><strong>Quality</strong></td>
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<tr>
<td>Specimen quality</td>
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<td>(# of samples needing</td>
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<td>redraw per month)</td>
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<td>minutes</td>
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<tr>
<td><strong>Finance</strong></td>
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<td>Urgent care turn-around</td>
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<td>results/minutes)</td>
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<tr>
<td><strong>Finance</strong></td>
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<td>Test volume</td>
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<td><strong>People</strong></td>
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<td>% of problems fixed by staff</td>
<td>30%</td>
<td>60%</td>
<td>85%</td>
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</table>

Personal experience at SGMF as CEO
Kaiser Permanente
Imaging Modalities Backlog Reduction:
14 days to <1 day

NVL Sacramento Backlog Trend

Personal communication – Dr. George Palma, CMO, KP North Valley
Sutter Gould Medical Foundation: Cumulative Savings from Lean Transformation  
8:1 Return on Investment

Personal experience at SGMF as CEO
Best in State
Two Years in a Row

Sutter Gould Medical Foundation was rated **Highest in Overall Care** by **Consumer Reports** among 170 California medical groups two years in a row:
February 2014 & 2015

Provider Satisfaction Improvement: Returning Joy to Patient Care

AMGA Provider Satisfaction Survey

Personal experience at SGMF as CEO
A Caveat: Maintain both Patience and Urgency

“Most people overestimate what they can accomplish in 2 years, and underestimate what they can accomplish in 10 years.”

- Bill Gates

“The speed at which we fix this depends on how much the doctors and administrators invest, not just with dollars, but with their own time and attention.”

- Paul DeChant
Focusing Only on the Triple Aim => Burnout
Pursuing the Quadruple Aim
Returning Joy to Patient Care & Achieving Professional Fulfillment
Or as a primary care physician in Georgia put it:

“I don’t know how long I could have continued to work as I was.

Now I have time for more of a life—to exercise and spend with family. It has made my life more balanced. Now I can see myself practicing for 20 or 30 years.”
Top 10 Opportunities to Fix the Workplace

• Participate in Surveys
• Shadowing – Invite a Leader to Watch You Work
• Well-being Committee
• Mission/Vision/Values/Compact
• Participate in Improvement Activities
  – Huddles
  – Week-long Events
• Team Care – Inpatient and Outpatient
• Single Sign On to Replace Typing Passwords
• In Basket Message Flow
• Printer in Exam Room
• Co-Locate with Your Support Staff – Get Out of Your Office

• And #11 – Take Care of Yourself!
What Changes Will YOU Make to Reduce Burnout and Regain Professional Fulfillment?
Discussion

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LinkedIn: PaulDeChantMD
Blog: www.PaulDeChantMD.com
Panel Discussion:

Panelists:
- Teresa Herbert – Park Ridge Health
- Rick Bunio – Cherokee Indian Hospital
- Natascha Lautenschlaeger – Pardee Hospital
- Alex Schneider – Mission Health

Questions:
- What do you see as the primary driver of burnout in your organization?
- What is being done in your organization to reduce burnout?
- What else would you like to be doing?
Lunch - Grab Your Box Lunch & Sit at Your Discussion Table

Where to sit:
• With someone you don’t know
• Tables to collaborate:
  • Rural Outpatient Providers
  • Urban Outpatient Providers
  • Inpatient Providers
Plan:
• 30 Minutes – At your table, identify the top three recommendations you would like to take back to your organization
• 15 Minutes – Each table present one of your top three recommendations
• 15 – 30 minutes - Discussion
Wrap Up

Thank You!