Clinical Optimization and Medical Documentation Breakout Session

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Beyond Resiliency Training: Organizational Strategies to Alleviate Burnout and Increase Wellness in Academic Medicine
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• What structural / organizational solutions have proven effective in impacting physician burnout?
  – Faculty assistance program for coaching and counseling
  – Structural changes in shared governance
    • Decision making given to faculty; more authority to dept. chairs
  – Scribe program
    • Innovative Pilot Program proves in 6 months that scribes are making money for the institution and there is less burnout
  – Resident-driven wellness program
    • Physical activity, social activity, mentor activity
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• What solutions, initially viewed as promising, have proven ineffective or disappointing? Why?
  – Organization of groups to discuss meaning in medicine / get together for dinner
    • Time was an issue
    • Distance was an issue
  – Team clinical approach
    • Staff cut
    • High turnover of staff
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• What solutions, initially viewed as promising, have proven ineffective or disappointing? Why?
  – Adding midlevels to reduce resident workload
    • Residents didn’t know how to work with the midlevels
  – Need to have buy-in from involved parties (program directors of residencies)
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• What solutions need to be tried next? What is the best way to implement these in an evidence based format?
  – Optimize overhead cost structure
  – Do leadership training
    • Effect of leadership on well-being and productivity is well known
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• What solutions need to be tried next? What is the best way to implement these in an evidence based format?
  – Shift the balance of power from insurance companies to physicians
  – Face-to-face time is real work, virtual care time is not according to the insurance companies. Increase face-to-face time, obtain reimbursement structure for virtual care time.
  – Work with the same team for long periods
Thank You