Joy in Medicine

University of Texas
9.25.17 1-1:45p
Christine Sinsky MD

Help create the conditions where joy, purpose and meaning are possible
www.stepsforward.org

One stop "how to" resource
Video
Sample Policies
Case vignettes

Workflow: Inbox, Team doc, Huddle, Previsit
Culture: Team meetings, Pt Advisory, CW
Clinical: Immunization, Pain Mgt
Organization: Building fnd 10/19/17

CME
MOC
MACRA IA

Module Categories

50 Modules

>200,000k
Users
On-line Calculators

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.)

Start here!

- **# 500**
  - Number of physicians at your center

- **54 %**
  - Rate of burnout of physicians at your center
  - Rate of burnout national mean: 54%

- **7 %**
  - Current turnover rate per year
  - Current turnover rate national mean: 7%

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

- **12.5**
  - Number of physicians turning over due to burnout per year

- **$6,250,000**
  - Annual Cost of Burnout
  - Projected cost of physician turnover per year due to burnout

Shanafelt, Goh, Sinsky JAMA IM 2017
<table>
<thead>
<tr>
<th>Measure and Definition</th>
<th>Success Criteria</th>
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<tbody>
<tr>
<td>1. Joyful Workplace (Mini-Z Scores)</td>
<td>a joyful workplace ≥ 80%</td>
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<tr>
<td>2. Supportive work environment (Subscale 1)</td>
<td>a highly supportive practice ≥ 16</td>
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<tr>
<td>3. Work pace and no EMR stress (Subscale 2)</td>
<td>an office with good pace and manageable EMR stress ≥ 16</td>
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Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirella Pragramet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Totty, PhD; and George Sliker, 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).


Participants: 57 U.S. physicians in family medicine, internal medicine, cardiology, and orthopedics who were observed for 430 hours, 21 of whom also completed after-hours diaries.

Measurements: Proportions of time spent on 4 activities (direct clinical face time, electronic health record (EHR) and desk work, administrative tasks, and other tasks) and self-reported after-hours work.

Results: During the office day, physicians spent 27.0% of their total time on direct clinical face time with patients and 49.2% of their time on EHR and desk work. While in the examination room with patients, physicians spent 52.9% of total face time and 37.0% on EHR and diarists completed after-hours diaries after-hours work each night, devoted to working outside the clinic.

Limitations: Data were gathered during the study of time spent in ambulatory care, and not necessarily representative of all physicians in all specialties.

Conclusion: For every hour physicians spent in face time to patients, nearly 2 additional hours were spent working outside the clinic. The descriptive study design did not allow for comparison with other specialties.

Primary Funding Source: American Medical Association

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

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ABSTRACT

PURPOSE: Primary care physicians spend nearly 2 hours on electronic health record (EHR) tasks per hour of direct patient care. Demand for non-face-to-face care, such as communication through a patient portal and administrative tasks, is increasing and contributing to burnout. The goal of this study was to assess time allocated by primary care physicians within the EHR as indicated by EHR user-event log data, both during clinic hours (defined as 8:00 AM to 6:00 PM Monday through Friday) and outside clinic hours.

METHODS: We conducted a retrospective cohort study of 147 family medicine physicians in a single system in southern Wisconsin. All Epic (Epic Systems Corporation) EHR interactions were captured from "event logging" records over a 3-year period for both direct patient care and non-face-to-face activities, and were validated by direct observation. EHR events were assigned to 1 of 15 EHR task categories and allocated to either during or after clinic hours.

RESULTS: Clinicians spent 355 minutes (5.9 hours) of an 11.4-hour workday in the EHR per week, 1.0 clinical full-time equivalent: 269 minutes (4.5 hours) during clinic hours and 86 minutes (1.4 hours) after clinic hours. Clerical and administrative tasks including documentation, order entry, billing and coding, and system security accounted for nearly one-half of the total EHR time (35 minutes, 44.2%). Inbox management accounted for another 85 minutes (23.7%).

CONCLUSIONS: Primary care physicians spend more than one-half of their workday, nearly 6 hours, interacting with the EHR during and after clinic hours. EHR event logs can identify areas of EHR-related work that could be delegated, thus reducing workload, improving professional satisfaction, and decreasing burnout. Direct time-motion observations validated EHR-event log data as a reliable source of information regarding clinician time allocation.


INTRODUCTION

Primary care has become increasingly complex,1 with electronic health record (EHR) systems adding to the complexity. Our patients expect same-day access for face-to-face care during clinic hours and rapid responses to telephone calls, patient portal messages, laboratory result inquiries, and prescription renewal requests both during and after clinic hours. This concurrent lack of face-to-face hours and non-face-to-face hours is a concern.
Urban Myths and Regulatory Pain Points

CPOE and CDS are NOT required for Medicare Incentive Program as of 1/1/17

https://questions.cms.gov/faq.php?faqId=22349&id=5005
Building the Organizational Foundation for Joy in Medicine

Oct 12-13, 2017
TEAM-BASED CARE TRAINING CAMP

YOUR PLAYBOOK FOR TEAM-BASED PATIENT CARE
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April 18-19, 2018
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Physician burnout, a syndrome characterized by emotional exhaustion, depersonalization, and decreased professional achievement, is becoming increasingly prevalent (1, 2). In a national survey of 3,616 physicians for the American Medical Association, burnout was more prevalent among physicians than the general U.S. workforce (2). The most recent study found the prevalence of burnout to be uniformly high in all 10 specialties examined (3). It is evident that burnout is affecting many physicians and is not paralleling other U.S. workers in terms of the rate of burnout. U.S. workers fall in the middle range for burnout prevalence (4). The current state of burnout in medicine does not parallel that of the mental health conditions that have been so well recognized in nonmedical fields. Few trials have been designed specifically to target physician burnout (5). To address this additional issue, we recommend a comprehensive approach.

**RECOMMENDATION 2: ESTIMATE THE ECONOMIC COST OF BURNOUT**

In 2016, the American Medical Association conducted a conference called Joy in Medicine Research Summit. The aim of the conference was to bring together experts from various fields to discuss the latest research on physician burnout and to develop strategies to improve physician wellness and reduce burnout. The conference was held on 9/13/16.
We commit to

• Regularly measure burnout
• Track costs
• Address clerical burden
• Support TBC
• Advocate regulatory burden
• Activate fellow CEOs
• Support research

Joy in Medicine CEO Consortium
9/14/16
Joy in Medicine CMO/COO Conference
Joy in Medicine Multi-stakeholder
Joy in Medicine Institute: 
*The Heart of Transformation*