



ADVANCING INTEGRATED HEALTHCARE

Strategies for Workforce Well-Being & Resilience

Care Transformation Collaborative of Rhode Island

Breakfast of Champions | December 10, 2021

CTC-RI Conflict of Interest Statement

Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

Agenda

Topic and <i>Presenter(s)</i>	Time
Welcome & Introductions – <i>Pano Yeracaris, MD MPH CTC-RI Chief Clinical Strategist</i>	5 mins
Panel: Addressing Clinician and Clinical Team Well-being During the Pandemic <ul style="list-style-type: none"> <i>Moderator: Patricia Flanagan, MD, Hasbro Children’s Hospital, & Brown Univ. Pediatrics Professor</i> <i>Jerome Finkel, MD, Henry Ford Health System Chief Primary Health Officer, MI</i> <i>Matthew Malek, MD, Medical Director of Provider Experience, Thundermist Health Center; Assistant Professor (Clinical), Department of Family Medicine, Alpert Medical School of Brown University</i> <i>Nicolas Nguyen, MD, Associate Chief Medical Officer, Beth Israel Lahey Health Primary Care South Region; Clinical Instructor Harvard Medical School</i> 	80 mins
Wrap-Up & Next Steps – Breakfast of Champions Survey and CME Credits Link	5 mins

CME Credits

(currently available for MDs, PAs, RNs and NPs)



- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form:
<https://forms.office.com/r/wzmaJhrPxV>

The AAFP has reviewed ‘Advancing Comprehensive Primary Care Through Improving Care Delivery Design and Community Health,’ and deemed it acceptable for AAFP credit. Term of approval is from 03/12/2021 to 03/11/2022. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP’s partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Objectives

- Understand the value of a systems-approach to improving clinician well-being
- Learn about the approach of three organizations from different states to improve clinician well-being
- Discussion on approaches and implications for other primary care organizations and practices in RI
- As part of a longer term effort, broaden the focus on the wider clinical team



Characteristics of High-Performing Practices

*The Rhode Island Clinical Strategy Committee
Breakfast of Champions
December 10, 2021*

Jerome H. Finkel, MD FACP
Chief Primary Health Officer
Henry Ford Health System



High Performing Practice Study Design: Methods

1. Literature review
2. Site visits at the 12 highest performing Michigan practices
 - ED and Inpatient utilization
 - 6 large and 6 small practices
3. Interviews and site visits at some of the nation's highest performing practices

National Leaders and Innovators Interviews

- ChenMed
- Iora Health
- Duke
- Healthcare Partners
- Central Ohio Primary Care Physicians
- Concerto
- VillageMD
- Intermountain Health
- Oak Street
- Geisinger
- Stanford
- Ochsner
- Dartmouth
- Agilon
- Onduo
- Harvard
- Cleveland Clinic

*Groups identified in red represent on-site visits

Findings:

1. Physician Engagement
2. Co-located engaged teams
3. De-burdening the providers
4. Availability and responsiveness
5. Robust and visible performance reporting
6. Proactive Care management

Physician Engagement

- Key driver of patient and practice team engagement, nimbleness and performance regardless of setting or affiliation (large/small; independent/system-owned)
- Actionable insights may be applied to Provider satisfaction, buy-in, and behavioral change

Physician Engagement – The 5 C's (plus 1)

- Compensation
 - Competition
 - Competence
 - Collegiality
 - Control
 - Complexity

Thank you !

Appendix

1. Physician Engagement

- Physician engagement drives patient and practice team engagement and nimbleness in adopting innovations to improve care regardless of setting or affiliation (large/small; independent/system-owned)

2. Co-located engaged teams

- Co-located, engaged teams with care management at the core are key. The size of team does not matter but co-location does. Most all groups are doing daily huddles. In some of the practices and systems visited, teams literally bumped into each other during the course of a day given the close quarters. Seeing each other frequently throughout the day seemed to prompt additional opportunities for inter-team dialogue and communication.

3. De-burdening the providers

- Offloading routine tasks (e.g., medication refills, screening tools, gap closures) from the PCP workstream frees physicians to focus on patient needs and championing team-based care. When practices' teams "ready" the PCP for a productive visit with a patient, PCP satisfaction increases and so do outcomes.

4. Availability and responsiveness

- Responsiveness to patient needs mattered more than extended hours. Extended hours were not useful to patients if they are consistently filled or do not accommodate an urgent need. Time-sensitive clinical response to patient queries is much more important.

5. Robust and visible performance reporting

- Performance reporting integrated into the culture of the practice with posted results and discussion at meetings or huddles drives attention to and accountability for performance. Sharing practice and provider-level performance motivated improvement.

6. Care management

- All practices had well-integrated triggers for identifying patients that would benefit from interventions (e.g., care management, self-management programs; remote patient monitoring; etc.). Triggers varied widely but identify the patient subpopulation for care management activities.



Challenges

- Behavioral health
- Patient engagement
- Getting actionable data
- Alignment of physician compensation with value-based design



Provider Wellness at Thundermist

Matthew Malek MD MPH
Medical Director of Provider Experience



Objectives

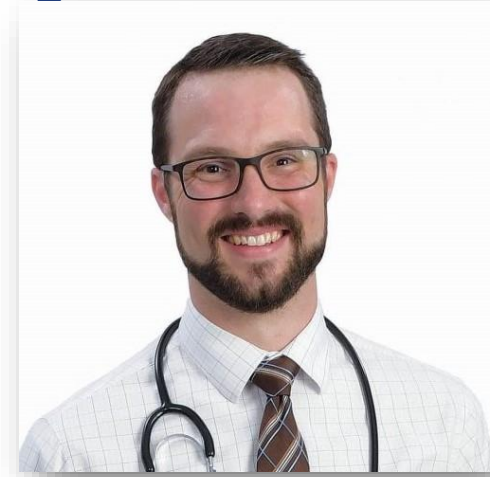
1. Define an “organizational approach” to workforce wellness
2. Become familiar with Thundermist’s Plan for Provider Wellness
3. *Future Directions*



An Organizational Approach:

1. Make Wellness a Priority

Strategic Plan + Annual Goals =



- *Mission, Vision, Values? Key Performance Indicators?
Monthly board reports?*

An Organizational Approach:

2. Let the Data Lead You

Subjective Data

- Mini-Z Burnout Survey
- Efficiency of Practice Questions
- TeamSTEPPS Teamwork Perceptions Questionnaire (T-TPQ)



Objective Data

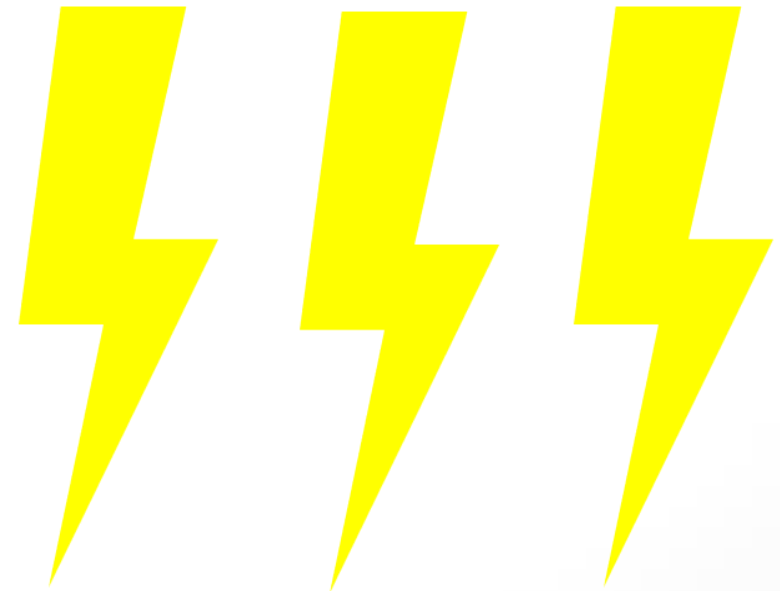
- Work after Work (WOW₈) = time on EMR per hour of patient care
- Cost of Provider Turnover

An Organizational Approach:

3. Make a Plan

The Thundermist Plan: The Thunderplan

1. Clinical Leadership
2. Efficiency of Practice
3. Community



1. Clinical Leadership – Why

Impact of Organizational Leadership on Physician Burnout and Satisfaction

Tait D. Shanafelt, MD; Grace Goringe, MS; Ronald Menaker, EdD;
Kristin A. Storz, MA; David Reeves, PhD; Steven J. Buskirk, MD; Jeff A. Sloan, PhD;
and Stephen J. Swensen, MD

TABLE 3. Leadership Qualities of Immediate Supervisors and the Prevalence of Burnout and Satisfaction in the Physicians They Supervise

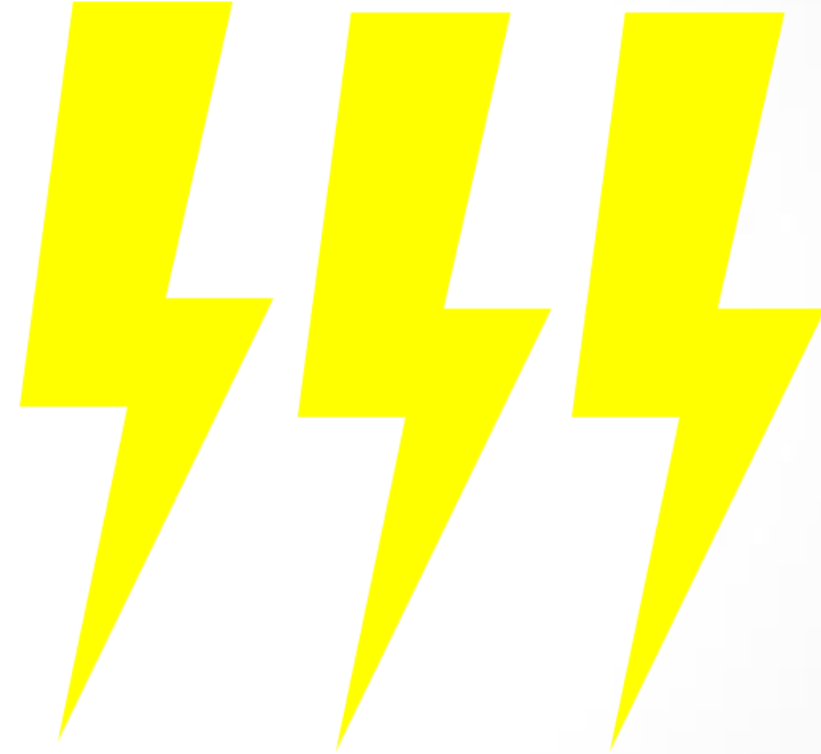
Leadership quality	Burnout (% [95% CI])			Satisfaction (% [95% CI])		
	Prevalence of those rating leader favorably	Prevalence of those rating leader unfavorably	P value	Prevalence of those rating leader favorably	Prevalence of those rating leader unfavorably	P value
Holds career development conversations with me	36 (34.1-38.4)	51 (47.5-55.2)	<.001	82 (80.2-83.5)	51 (46.6-55.1)	<.001
Inspires me to do my best	36 (33.6-37.8)	52 (48.6-56.3)	<.001	83 (81.6-84.8)	46 (42.2-50.5)	<.001
Empowers me to do my job	35 (33-37.1)	56 (52.4-60.4)	<.001	86 (84.9-87.8)	46 (41.8-50.1)	<.001
Is interested in my opinion	36 (33.7-37.9)	54 (49.6-57.5)	<.001	85 (83.4-86.5)	48 (44.1-52.5)	<.001
Encourages employees to suggest ideas for improvement	37 (34.5-38.6)	52 (48-56.4)	<.001	86 (84.9-87.8)	53 (48.7-57.1)	<.001
Treats me with respect and dignity	38 (35.6-39.5)	56 (50.7-61.9)	<.001	94 (93.1-95.1)	69 (64.7-72.5)	<.001
Provides helpful feedback and coaching on my performance	35 (33.1-37.4)	50 (46.5-53.6)	<.001	78 (76.2-79.7)	41 (37-45.4)	<.001
Recognizes me for a job well done	36 (33.9-38)	53 (48.6-56.5)	<.001	84 (82.8-85.9)	48 (43.5-51.9)	<.001
Keeps me informed about changes taking place at Mayo Clinic	37 (34.5-38.6)	53 (49-57.7)	<.001	88 (86.7-89.4)	54 (49.8-58.1)	<.001
Encourages me to develop my talents and skills	35 (33.2-37.3)	54 (50.4-58)	<.001	84 (82.1-85.3)	45 (40.4-48.8)	<.001
I would recommend working for your immediate supervisor	36 (34.1-38.2)	53 (49.3-57.6)	<.001	87 (86-88.8)	49 (44.9-53.3)	<.001
Overall, how satisfied are you with your immediate supervisor	36 (34-38.1)	53 (49-57)	<.001	87 (85.3-88.2)	47 (42.5-50.7)	<.001

1.1 Clinical Leadership

- Assess Medical Staff Perception of Clinical Leadership
 - Mayo Leadership Index
- ~~– Expand our Training~~
 - ~~• Transformational leadership - process~~
 - ~~• Relational leadership - culture~~
 - ~~• Career coaching – trajectory~~
- Create time for leaders to do it
 - *Hire additional leaders (Associate Medical Director of Continuing Professional Development)*

The Provider Wellness Thunderplan

1. Clinical Leadership
2. Efficiency of Practice
3. Community



2. Efficiency of Practice – Why?

Burnout Causes:

Electronic Health Record

+

Increasingly Complex System

+

(Pandemic)

=

Work-Life Interference

2.1 Efficiency of Practice

- Electronic Health Record Usability
 - Enhanced training – initial, “Part 2”, ongoing
 - Click reduction – Turn off med “Safety” alerts
 - Prescription Drug Monitoring Program (PDMP) Integration
 - Health Information Exchange (HIE) Integration

Major Interaction

PDMP

Pt. Info Encounter Physical Hub

Current Medication Past Rx History External Rx History Unreconciled Past Meds Add Medication Verified Rx Name Only

Rx Eligibility Get More History All 1 Month 3 Months 6 Months Previous 6 Months Group by Medication

TRULICITY 0.75 MG/0.5ML SOPN (12/02/2021)

Date: 12/02/2021	Source:	Qty: 2	Duration: 28	T	N
Date: 11/04/2021	Source:	Qty: 2	Duration: 28	T	N

2.2 Efficiency of Practice

- Lessen the Crushing Administrative Burden
 - Prior Authorizations: PA Team
 - Med Refills: Clinical Pharmacists and Pharmacy Techs
 - Forms: RN Empowerment (MTM)
 - Cross-Coverage: Designated Cross–Coverage Providers



2.3 Efficiency of Practice

- Streamline EMR Input
 - **Scribes! Scribes! Scribes!**
 - In-Person
 - MA-Scribes
 - **Remote/Virtual Scribes**



- Secondary gains: Remove the screen, Renewed patient relationships, better box clicking, Revenue, Support staff wellness

2.4 Efficiency of Practice

- **Lessen predictable stressors**
 - BH Crises (and Access): **Integrated Behavioral Health**
 - On-Call Volume: **After-Hours Nurse Triage Service**
 - **Social Determinants of Health**
 - **Medication Access:** 340B “Vouchers”
 - **Transportation Access:** Uber
 - **Housing Access:** Housing Specialists
 - **Care Access:** Community Health Team
 - *Controlled Substance Policy*



Thundermist Care Team

Providers

Nurses

Medical
Assistants

Medical
Receptionists

Scribes

Referral
Coordinators

Prior Auth.
Coordinators

Admin. Medical
Assistants

POD Medical
Assistants

Nurse Care
Managers

Call Center
Reps

Tobacco
Treatment
Specialists

Home Visiting
NPs

Convenient
Care NPs

Clinical
Pharmacists

Pharmacy
Technicians

COPD/Asthma
Education

Trans* Health
Navigators

MAT Nurse
Care Managers

Social Services

Peer Recovery
Specialists

Community
Health
Workers

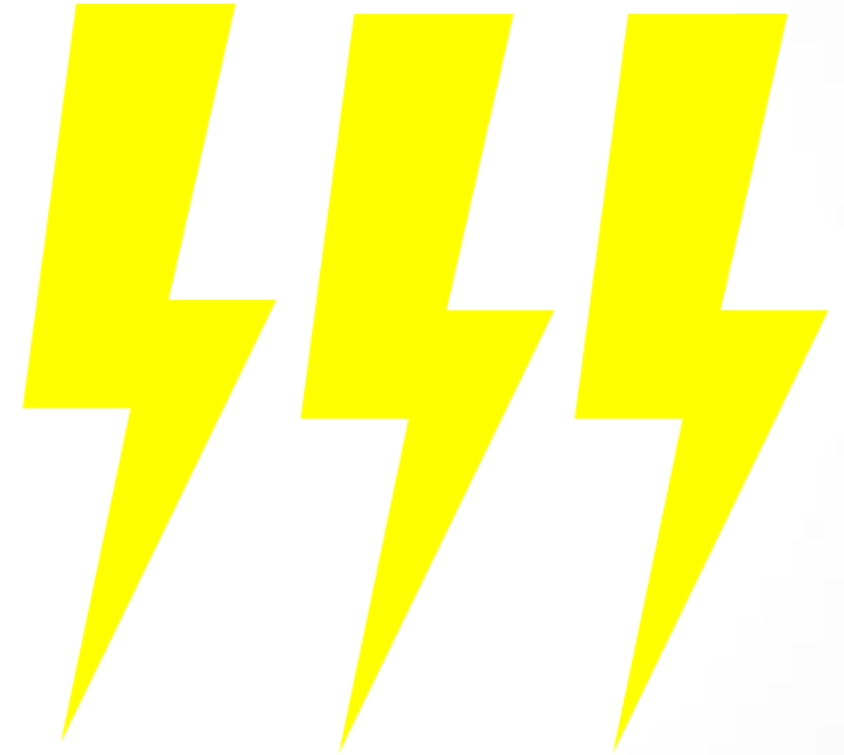
Community-
Based BH
Providers

Care
Management
Assistants

Housing
Specialist

The Provider Wellness Thunderplan

1. Clinical Leadership
2. Efficiency of Practice
3. Community



3. Community

- **Measure it!**
 - I feel a sense of community with my work colleagues: Strongly Disagree -> Strongly Agree
 - I feel a sense of belonging with my work colleagues: : Strongly Disagree -> Strongly Agree
- *Peer Support for Difficult Cases*
 - *Balint*
- *COMPASS groups – semi-structured meetings*
 - (Colleagues Meeting to Promote and Sustain Satisfaction)

Original Investigation

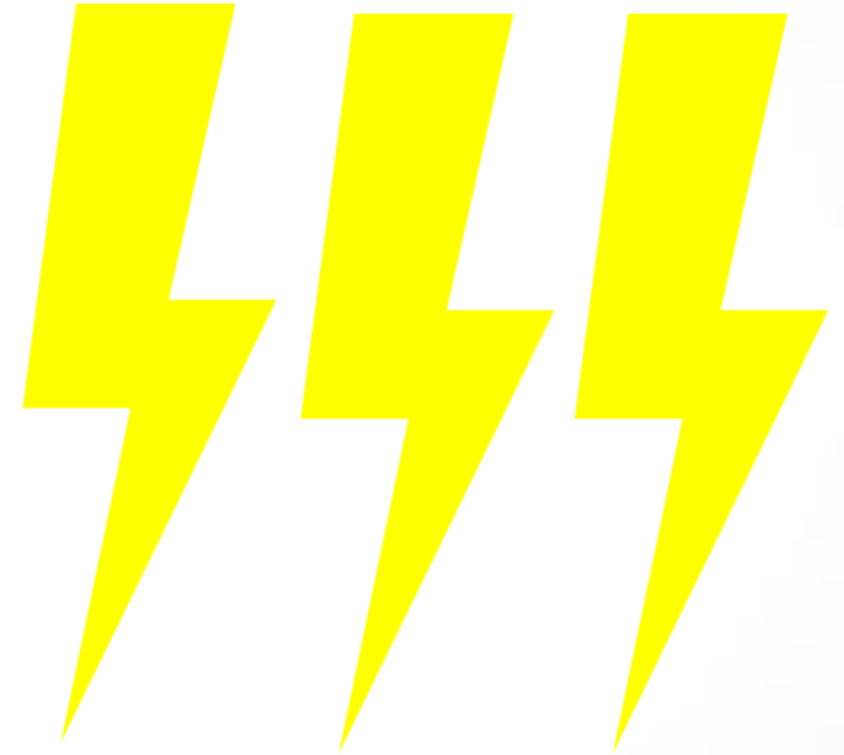
Intervention to Promote Physician Well-being, Job Satisfaction, and Professionalism A Randomized Clinical Trial

Colin P. West, MD, PhD; Liselotte N. Dyrbye, MD, MHPE; Jeff T. Rabatin, MD, MSc; Tim G. Call, MD;
John H. Davidson, MD; Adamarie Multari, MD; Susan A. Romanski, MD; Joan M. Henriksen Hellyer, RN, PhD;
Jeff A. Sloan, PhD; Tait D. Shanafelt, MD

JAMA Intern Med. 2014;174(4):527-533. doi:10.1001/jamainternmed.2013.14387
Published online February 10, 2014.

The Provider Wellness Thunderplan

1. Clinical Leadership
2. Efficiency of Practice
3. Community



Get Recognized



- ama-assn.org/amaone/practice-transformation.

The Future...

The *Provider* Wellness Plan

1. Clinical Leadership
2. Efficiency of Practice
3. Community



The *Workforce* Wellness Plan

Thank You



Matthew Malek MD MPH

Medical Director of Provider Experience

Thundermist Health Center

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PRIMARY CARE'S AFTERMATH: SURVIVING THE VOLCANIC ERUPTION FOLLOWING THE EARTHQUAKE

Nicolas Nguyen MD

Associate Chief Medical Officer

Beth Israel Lahey Health Primary Care

Clinical Instructor Harvard Medical School

Assistant Professor Tufts School of Medicine



Beth Israel Lahey Health
Primary Care

Pre-Pandemic Experience Strategy

Leadership



- ✓ Leadership Academy & Curriculum
- ✓ Clinician Development Program

- **95%** Training Applicability
- **97%** CDP Engagement
- Alignment 62% to 75%

Community



- ✓ Clinician Tribes & Events
- ✓ Cultural Brokers
- ✓ Team Touch-Base

- **25%** FM Improvement
- Intended Retention (3 yrs)

Experience



- ✓ TIPP & TOPP
- ✓ Coaching & Mentorship
- ✓ Virtual Scribes/Coders
- ✓ Academics
- ✓ Leadership
- ✓ APP Co-Management
- ✓ Milestone Recognition

- Overall Clinician Attrition **12% to 5%**
- 15% Clinicians w/ Scribe
- Clinician Participation in at least one of these – 100%



Post-Pandemic Staffing Crisis and Burnout

Leadership



- ✓ Training Focus: Crisis Management & Empathy
- ✓ Leader Visibility
- ✓ CDP Pivot: Metrics to Meaning

- Leader Scores Up **22.5%**
- Satisfaction 7.6 to **7.9/10**

Community



- ✓ C5 Homegrown “Podcast”
- ✓ Organization Wide Forum
- ✓ Diversity, Equity, Inclusion
- ✓ Hope Huddles & Focus Groups
- ✓ Peer Support

- C5 Attendance 150+
- Forum Attendance 300+

Experience



- ✓ Pulse Survey
- ✓ Transparency & Flexibility
- ✓ Portal Message Character Limit
- ✓ Clinician to **All-Care-Team**

- 450-650 Completed Surveys Per Pulse Round
- **Clinician Attrition Down to 1.7%**

Questions & Discussion



Evaluation and CME Credits

Please give your feedback on this session.

Evaluation/Credit Request Form:

<https://forms.office.com/r/wzmaJhrPxV>

You can request CME credit via the evaluation form.



See you at our next Quarterly Breakfast of Champions:

March 11, 2022