Practice Wisely

Save hours each day

American Health Quality Association

December 6 2023

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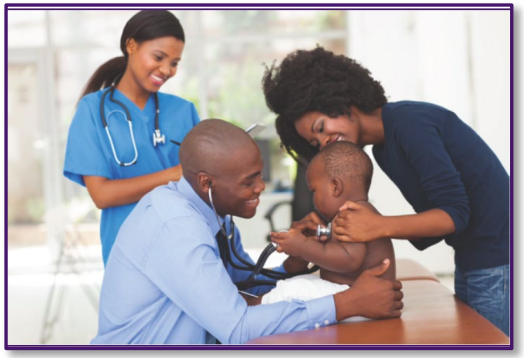
THE PRINCIPAL DRIVER OF PHYSICIAN SATISFACTION IS DELIVERING QUALITY PATIENT CARE

Patient satisfaction
Vaccine rates
Outcomes
Retention
Full time effort
Trust

Physician satisfaction high when able to deliver quality patient care

Physician burnout occurs when obstacles interfere with patient care



Patient mistrust
Intent to leave practice
Medical errors
Referrals
Vacancy rates
Cost
Suicide

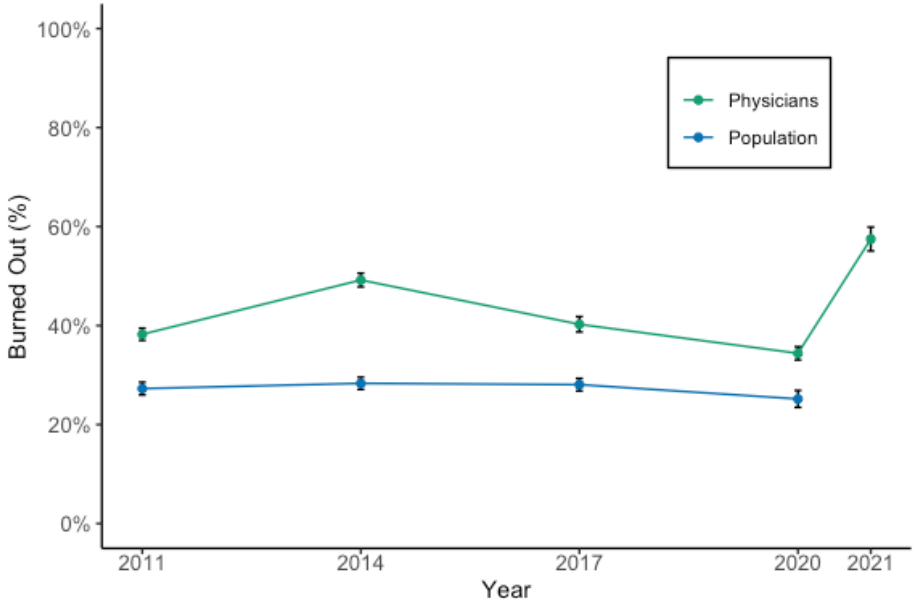
What is Burnout?

- Emotional exhaustion
- Depersonalization
- Feeling of decreased personal achievement

Another science
Ok! Don't get vaccinated
I'm taking 12 hours of
I spend my day doing
but don't call me when you
work home every night!
unnecessary tasks!
get sick!

Oh no! Another diabetic
It's faster to check 'declined' than
train wreck!
try to talk them into a vaccine

Burnout Rate: At an All-Time High



Pandemic pushes burnout rate to 63%

Shanafelt TD, West CP, Dyrbye LN, Trockel M, Tutty M, Wang H, Carlasare LE, Sinsky C, Changes in Burnout and Satisfaction With Work-Life Integration in Physicians Over the First 2 Years of the COVID-19 Pandemic, Mayo Clinic Proceedings (2022), doi: https://doi.org/10.1016/j.mayocp.2022.09.002

STRATEGY ONE:

The AMA is removing obstacles that interfere with patient care.

The pledge: Through our ongoing work, the AMA commits to making:

the patient-physician relationship more valued than paperwork,
preventive care the focus of the future;
inequities revealed so that they can be addressed;
technology an asset and not a burden;
and physician burnout a thing of the past.

While burnout *manifests* in individuals,

it *originates* in systems.

JAMA Internal Medicine | Special Communication | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

The Business Case for Investing in Physician Well-being

Tait Shanafelt, MD; Joel Goh, PhD; Christine Sinsky, MD

Where is your organization?

- Physician well-being influences key operational decisions[b]
- Shared accountability for well-being among organizational leaders
- Chief well-being officer on executive leadership team
- Endowed program in physician well-being creates new knowledge that guides other organizations
- Strategic investment to promote physician well-being
- Culture of wellness

- Understands impact[a] of physician well-being on key organization objectives
- Physician well-being considered in all operational decisions
- Funded program on physician well-being with intern
- Measures and reduces clerical burden
- Training for leaders in participatory management
- System-level interventions with robust assessment
- Improves workflow efficiency by engaging and supp

Shared accountability with Leadership –tied to compensation

- Understands business case to promote physician well-being
- Practice redesign based on driver dimensions
- Coaching resources for physicians to support career, work-life integration, self-care
- Regularly measures burnout/well-being to monitor trends
- Physicians given greater voice in decisions
- Designs work unit-level interventions but does not objectively assess efficacy
- Creates opportunity for community building among physicians

- Understands driver dimensions
- Peer support program
- Cross-sectional survey assessing physician well-being
- Identifies struggling units
- Physician well-being considered when organizational decisions implemented

Understands the Business case

- Aware of the issue
- Wellness committee
- Individual focused interventions such as
  dfulness training
  ources for exercise/nutrition

Yoga

Novice | Beginner | Competent | Proficient | Expert

JAMA Internal Medicine Shanafelt,T 2017

Annals of Internal Medicine

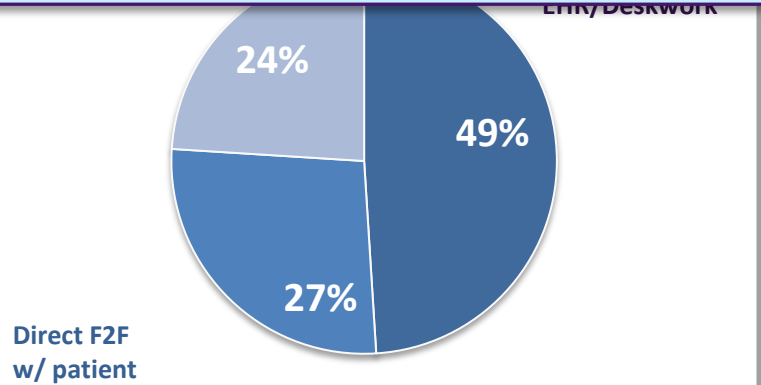
ORIGINAL RESEARCH

Allocation of Physician Time in Ambulatory Practice: A Time and M

For every 1 hr of face to face patient time there are 2 hrs of EHR time

- 50% day EHR/desk
- < 1/3 Face to Face (F2F)
- 1 hr F2F: 2 hr EHR
- 1-2 hr EHR at night

"Pajama time"



Annals Internal Medicine Sept 6, 2016

Today's Appointment: Mrs. Hughes 10:20-10:40

65 y/o woman retired teacher here for follow up.
She notes fatigue, insomnia, back and knee pain. Unsure if she needs refills.

On your Plate:

1. You are 35 min behind schedule
2. Your inbox has 100 messages
3. Your quality measures are red
4. Her A1c was 8.5% 6 months ago, no record of TSH or BMP
5 BP today is 180/100
6 She has gained 5 lbs. since last visit
7. She thinks she needs refills
8. She is not sure which blood pressure medicines she is taking and doesn't think she needs them anymore

Problem list:

- Diabetes
- Depression
- Obesity
- HTN
- Hypothyroidism
- Osteoarthritis
- Low back pain
- Asthma

Meds:

Metformin
Glyburide
Sitagliptin
Hydrochlorothiazide
Lisinopril
metoprolol
Paroxetine
lorazepam
Estrogen
Atorvastatin
Levothyroxine
Pantoprazole
Vit D,E,A
Albuterol
fluticasone

What happens with Mrs. Hughes between this visit and next?

1. Phones for a refill on her metformin as soon as she gets home
2. She calls asking for medication for her knee pain
3. She calls for lab results and you note her TSH is high
4. You increase her levothyroxine and order repeat TSH in 6 weeks
5. You note her A1c is 8.2, you increase her metformin and send in refill
6. She calls for a new rx for her lisinopril as you increased it
7. She would like an x ray of her back
8. She calls for her TSH result in 6 weeks
9. She calls for her mammogram result which is normal
10. She asks if she should get a shingles shot
11. Quality metrics report shows she has not had colonoscopy, Tdap, influenza, PCV, PPSV, zoster, foot exam, urine protein.
12. BP and A1c not at goal-tied to evaluation/bonus
13. Patient satisfaction is low due to 1-2 hours behind schedule

What is the cost?

1. Phones for a refill on her metformin as soon as she gets home
2. She calls asking for medication for her knee pain
3. She calls for lab results and you note her TSH is high
4. You increase her levothyroxine and order repeat TSH in 6 weeks
5. You note her A1c is 8.2, you increase her metformin and send in refill
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10. BP and A1c not at goal-tied to evaluation/bonus
11. Patient satisfaction is low due to 1-2 hours behind schedule

Staff	Minutes
3	5
3	10
3	10
1	5
1	10
3	5
3	10
3	10
3	10
1	5
24	1hr 20min

1 hr 20 min x 3 (between visits)

=

4 hours/year for **1** patient

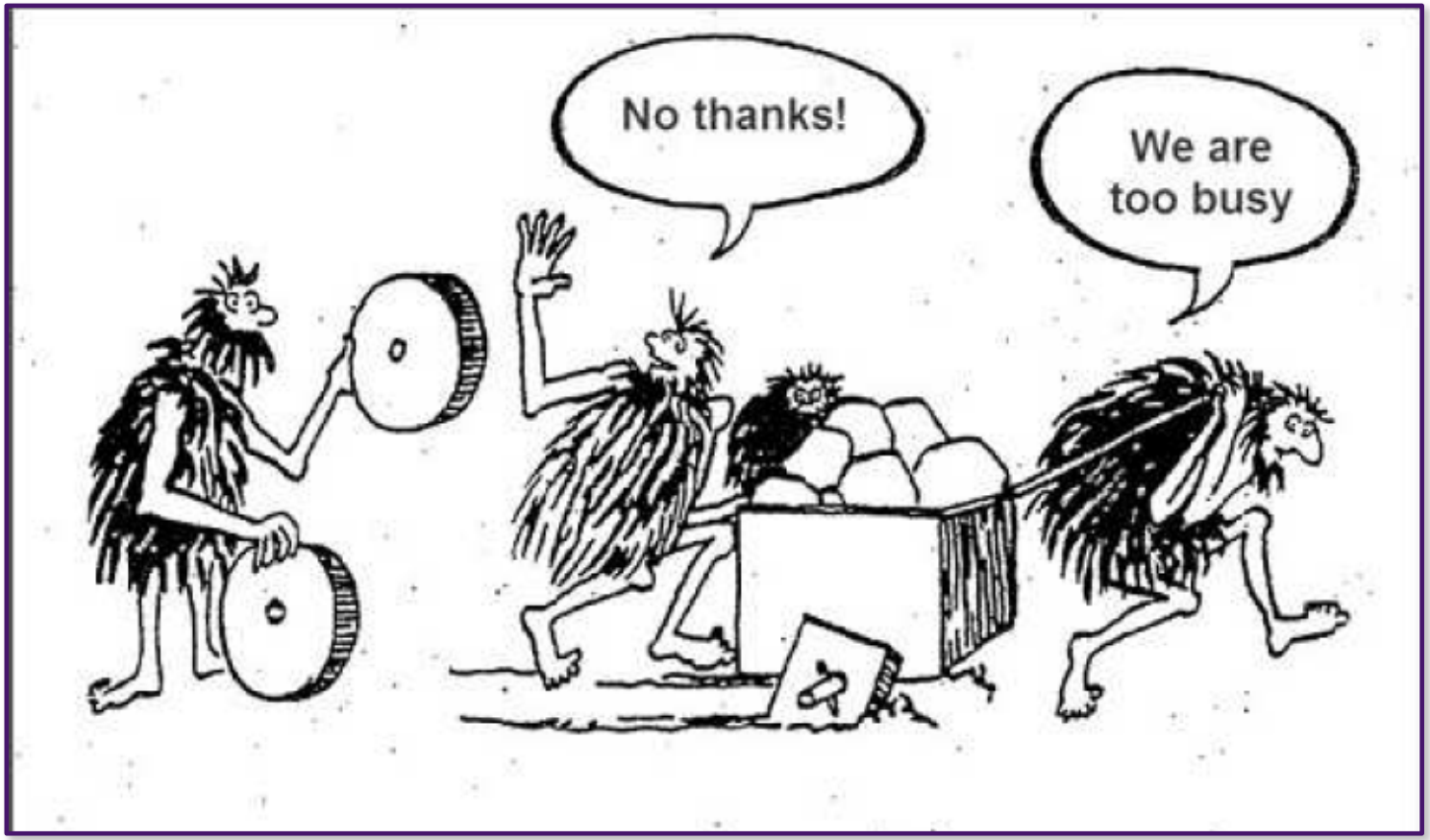
Doctors are trained to think of the exception.
To do this work don't think like a physician.

- Reduce clerical burden
- Tame the EHR
- Team based care
- Improve workflow

Think like an efficiency expert!

I can't ask my providers to do one more thing…. Until I take something off their plate

-Chair of Medicine


No thanks!
We are too busy

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Membership not required
Email not required

www.stepsforward.org

Christine A. Sinsky MD MACP
AMA VP Professional Satisfaction

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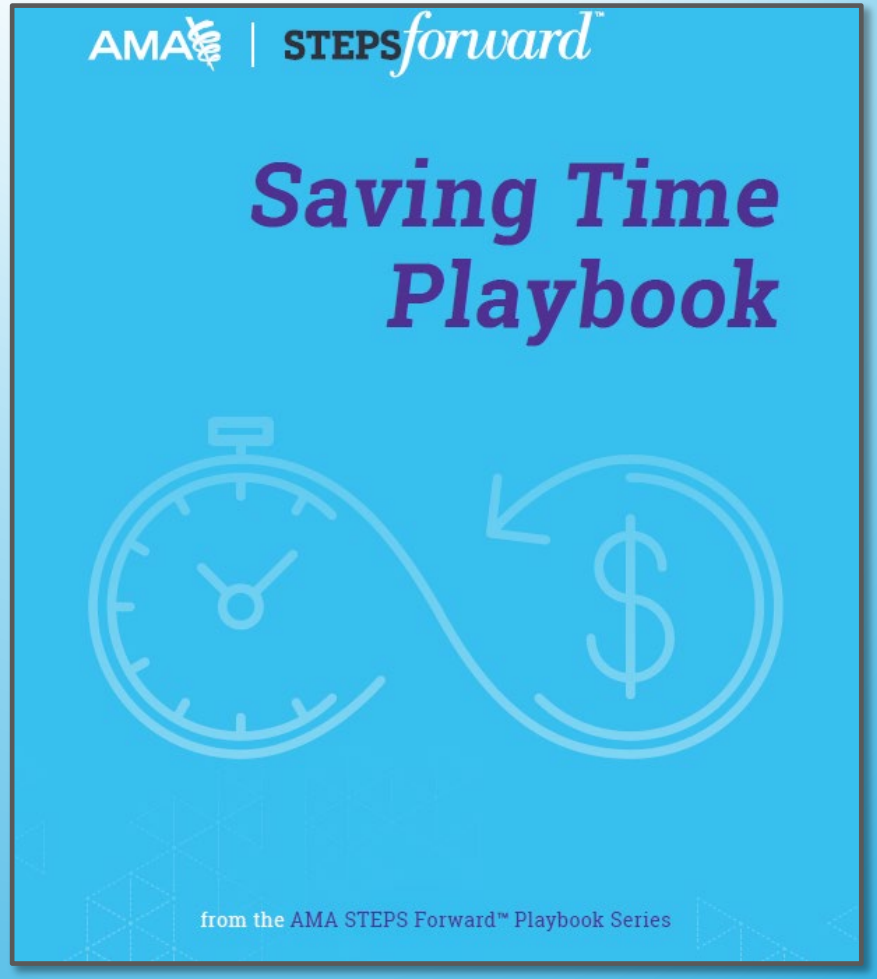
AMA Senior Physician Advisor



AMA STEPSforward Saving Time Playbook here

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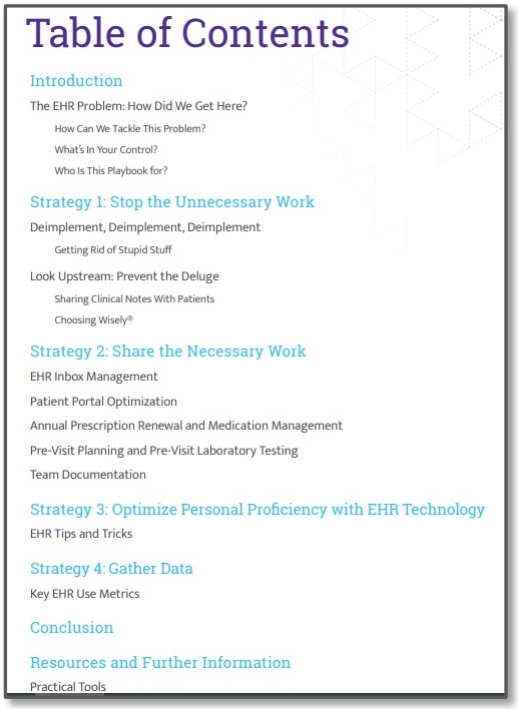

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AMA STEPSforward Taming the EHR Playbook here

AMA STEPSforward Taming the EHR Playbook here

Table of Contents

nt care

Table 3. Things That Should Not Enter the EHR Inbox

WHAT	HOW TO SOLVE THE PROBLEM
Things that should not enter the physician inbox	
• Results of tests not ordered by the physician • Notifications of canceled orders or overdue (expiring) orders • Notifications of scheduled appointments • Patient Event Notifications which are not federally required. Notifications are not required to be sent for outpatient procedures (eg, admissions to hospital outpatient departments, colonoscopies, pharmacy visits, other ambulatory visits)	**Turn off automatic notifications for physicians. Can also consider batched notifications.**
• Notifications of canceled appointments or no-shows for appointments with specialists	**Institute system-wide patient outreach protocol for canceled/missed appointments initiating from the department that appointment was made for.**
• Any untriaged patient portal messages	**Use a patient portal protocol for triaging messages.**
• Refill requests for medications that treat chronic conditions	**Implement a refill protocol with standing orders (as allowed by state regulation).**
• Scanned copies of documents that are already signed • Automated (non-personalized) specialist correspondence for specialist visits	**Turn off automatic CC function.**

AMA STEPSforward

Taming the EHR Playbook here

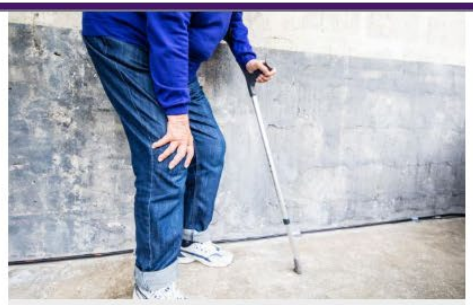
Things that should not enter the care team inbox	
• Logistical questions regarding tests, procedures, or appointments	**Reroute to clerical/administrative inbox.**
• Billing questions	**Reroute to billing department.**
• Questions about routine lab results	**Implement pre-visit planning with pre-visit labs. Consider adding FAQs about routine results as a smart phrase!**
• Refill requests outside of an annual visit	**Implement synchronized annual prescription renewals ("90x4").**

Debunking regulatory myths

The AMA provides regulatory clarification to physicians and their care teams in an effort to aid physicians in their day-to-day practice environment.

Commercial health plans and E/M codes

Are commercial health plans required to adopt revisions to the E/M codes?

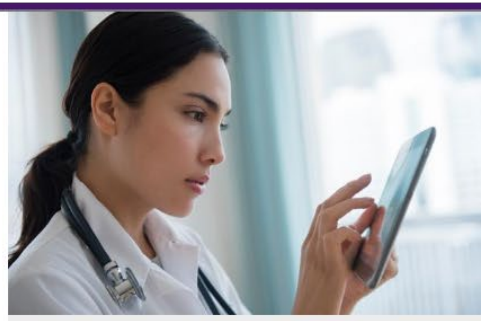


Pain assessments

Are clinicians required to ask patients about pain during every consultation, regardless of the reason for the visit?

Ancillary staff and/or patient documentation

Who on the care team can document components of E/M services and what is the physician required to do?



Medical student documentation

Are teaching physicians required to re-document medical student entries in the patient record?

Stop This/Start That

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Stop the Unnecessary, Low-value Work

De-implement unnecessary work due to interpretation of regulatory “requirements”

Who can we blame?

"Organizations frequently establish stringent requirements well beyond our standards, and they then get scored as being out of compliance. We get blamed for this, and that's how myths arise that we require things when we do not!"

-David Baker MD MACP
Executive VP
The Joint Commission

personal communication 4.12.22
(slide courtesy of Dr. Marie Brown)

Overinterpretation or misinterpretation & unnecessarily restrictive policies contribute to:

- Administrative and documentation burden
- Cognitive overload for clinicians
- Eroding trust between physicians and health system leaders
- Pitting clinicians and policy makers in an adversarial relationship
- Care team dysfunction
- Impeding the patient-physician relationship
- Raising health care costs
- Harm to patients
- Physician dissatisfaction, and
- Burnout

"The majority (78%) of obstructive and wasteful rules identified by patients and staff were fully within the administrative control of health care executives and managers to change."

- Donald Berwick , MD, MPP

President emeritus and senior fellow at the Institute for Healthcare Improvement
Former administrator of the Centers for Medicare & Medicaid Services

"I found this one simple change of standardizing prescriptions for chronic daily medications being written for a 15-month supply (90-days + 4 refills) once a year saved my staff and me at least one hour per day. With that extra hour, we had time to identify patients who missed appointments and reach out to provide health coaching."

- Marie Brown, MD
Internal Medicine
Former ACP Governor (IL)

"Our physicians are no longer required to use password revalidation when signing ambulatory orders for non-controlled medications in our EHR. Across our health system, this single change affects 11 million orders per year and over 12,000 hours of physician time at an estimated cost of $2 million per year."

- *Kevin Hopkins, MD*
Vice Chief, Primary Care Institute
Cleveland Clinic

“One password is enough.”

Stop unnecessary EHR password revalidation, or two-factor authentication.

“You order it, you own it.”

Stop routing results of tests ordered by others to the PCP.

“No, thank you.”

Stop routing “thank you” patient portal messages to EHR inboxes.

“Stick with the vital, vitals.”

Stop recording unnecessary vital signs (VS).

“Notification not necessary.”

Stop routing Patient Event Notifications directly to physicians’ inboxes.

AMA | STEPSforward

De-implementation checklist

In an effort to reduce unintended burdens for clinicians, health system leaders can consider *de-implementing* processes or requirements that add little or no value to patients and their care teams. Physicians themselves are often in the best position to recognize these unnecessary burdens in their day-to-day practice. The following list includes potential de-implementation actions to consider. Learn more on how to reduce the unnecessary daily burdens for physicians and clinicians at stepsforward.org.

Get rid of stupid stuff

GROSS

Min 1 hour saved/day/provider = 20 hrs/month = 240 hrs/year = 30 days saved/yr/provider!

Solutions in Action:

Wide screen adoption:
60 million clicks saved

Eliminate Copied Chart:
200,000 or 40% ↓ messages per year
(CC had increased 230% from 2014-2017)

Eliminate Scanned document review:
↓ 350,000 messages per year

Eliminate ADT notification:
↓ 300,000 messages per year

Estimated click savings:
1500/day/provider
(2 hours)

$$\frac{5\text{sec/click} \times 1500}{60\text{sec}}$$

Courtesy of Atrius Health presented at ICPH 2018
Drs Strongwater, Awad, Monsen

AMA
AMERICAN MEDICAL ASSOCIATION

Start That

“90 + 4, call me no more”

Start maximizing Rx’s & Stop unnecessary refill requests

Renew Chronic Meds Once a Year

(#90 x 4 –call no more)

Physician time saved > 1 hour/day

Nursing time saved > 2 hours/day

40 million primary care visits each year

Weekend/night calls ↓

Medication errors ↓

Patient satisfaction ↑

Continue to see patients every 1-3 months

“Do we need a timeout?”

Start adjusting EHR automatic logout time to fit the practice setting.

“They changed it, now use it”

Start using documentation rule change advantages.

We similarly proposed that for both new and established patients, practitioners would **no longer be required to re-enter information in the medical record regarding the chief complaint and history that are already entered by ancillary staff or the beneficiary.** The practitioner could simply indicate in the medical record that they reviewed and verified this information. Our goal was to allow practitioners more flexibility to exercise greater clinical judgment and discretion in what they document, focusing on what is clinically relevant and medically necessary for the patient.

https://www.govinfo.gov/content/pkg/FR-2018-11-23/pdf/2018-24170.pdf Page 59635

“Deflate the note bloat”

Start using updated billing and coding guidelines to decrease documentation.

“Share the care”

Start having other team members enter orders.

“Call it out”

Allow verbal orders

AMA | STEPSforward™

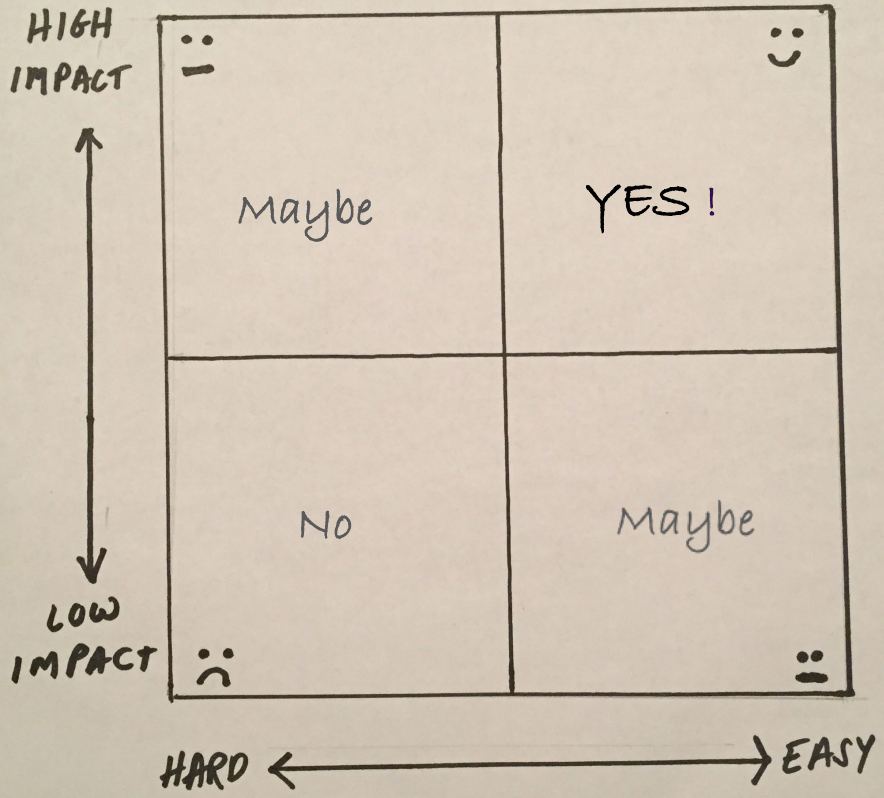
Getting Rid of Stupid Stuff

Reduce the Unnecessary Daily Burdens for Clinicians

Melinda Ashton MD

Free and open access to all
www.stepsforward.org

Stop doing this….	So you can do more of this…
Refills	Previsit planning**
FYI inbox	Spend more time learning
ADT inbox	Build patient and team trust
Review of scanned signed items	Code appropriately
Redocumentation	Education of MAs
Duplicate work	Build protocols
Unnecessary password entries	Increase patient education
Notification of normal results	Research
Tests not ordered by you	Effective team meetings
FYI test ordered without results	Address SDOH
Short auto logout	Care for yourself and family



Lengthen automatic logoff to 15min

change security reminder frequency

Get rid of EHR

Send providers reminder to order flu vaccine

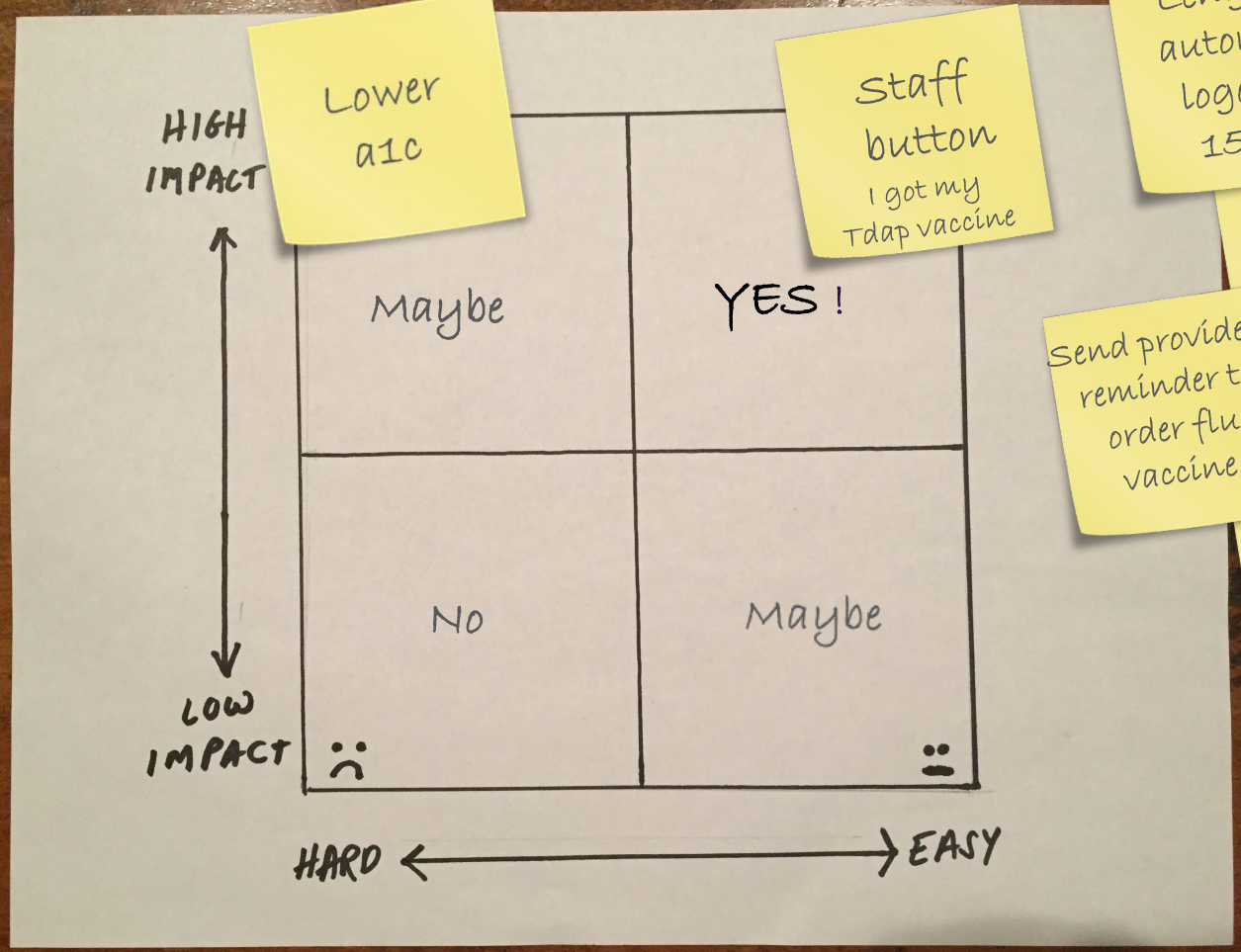
stop requiring PW + user reentry for nonconrolled rxs

Lower a1c

Staff button
I got my Tdap vaccine

Give VIS At checkin

Standing Order DM Ed


HIGH IMPACT
LOW IMPACT
HARD
EASY
Maybe
YES !
No
Maybe
Lower a1c
Staff button
I got my Tdap vaccine
Lengthen automatic logoff to 15min
change security reminder frequency
Get rid of EHR
Send providers reminder to order flu vaccine
stop requiring PW + user reentry for nonconrolled rxs
Auto pt call 'bring meds
Give VIS At checkin
Standing Order DM Ed

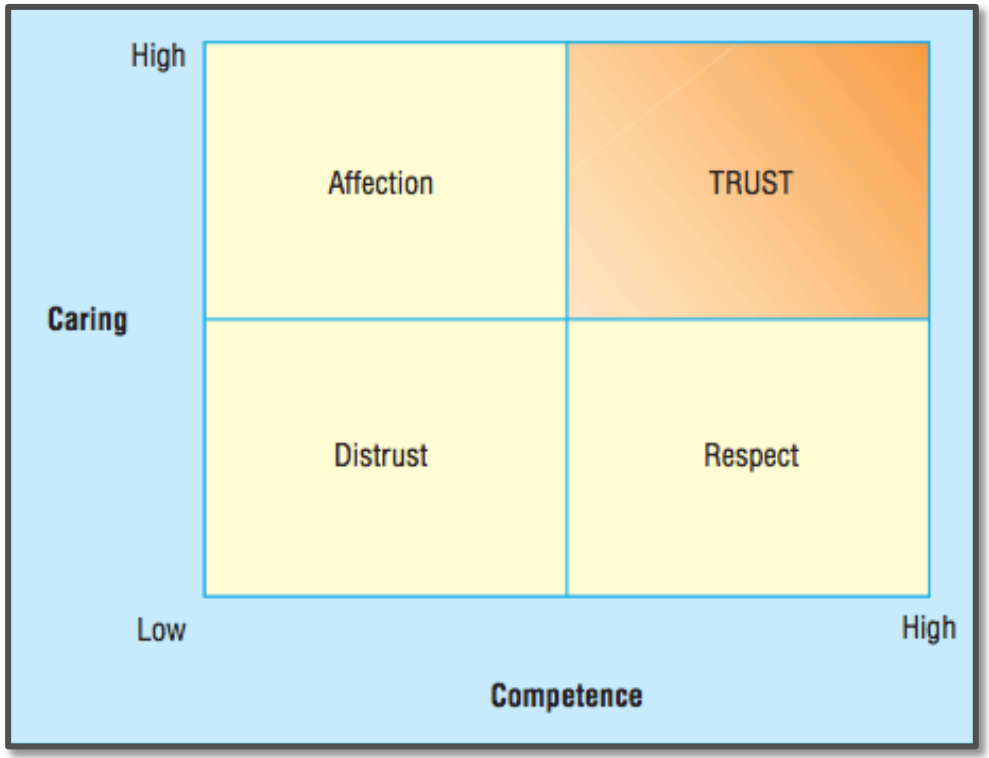
Save 3-5 hours/day

- Practice Re-engineering
  - Pre-visit lab ½ hr
  - Prescription mgt ½ hr
  - Expanded rooming/discharge 1 hr
  - Tame the Inbox 2 hr
  - Team documentation 1-2 hr

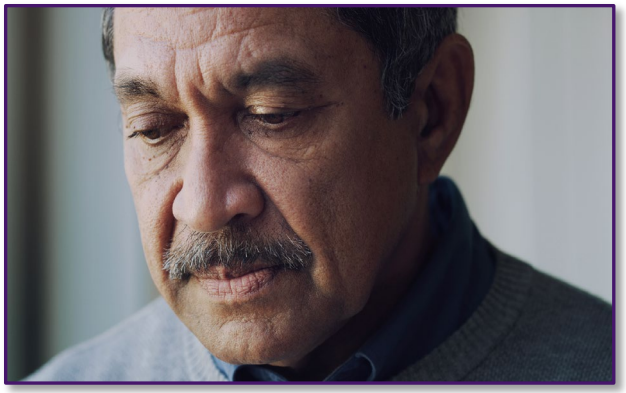
3-5 hours/day!

Can’t be done with ½ MA/clinician

Competence and caring in relation to building trust



Trust takes time to build
Seconds to break
Forever to mend



Paling,J BMJ 327: 9/27/2003

Today's Appointment ***With Practice Redesign***: Mrs. Hughes 10:20-10:40

65 y/o woman retired teacher here for follow up. She notes fatigue, insomnia, back and knee pain. Unsure if she needs refills. PHQ-9 = 12 completed while waiting.

1. Your staff called her yesterday and set the agenda
2. Staff chart prep: diabetes educator, eye/GI referral, vaccines. Labs, scope, mammo ordered. Physical therapy form completed. Needs flu vaccine 3-4 min
3. All refills for 1 year were handled last visit. Meds discontinued
4. She had labs drawn 2 days ago and they are ready for review

Problem list:

T2DM
Depression
Obesity
Asthma
HTN
Hypothyroidism
Osteoarthritis of knees
Low back pain

1. She had previsit labs and these are reviewed with her and meds adjusted
2. Her A1c was 8.2 3 days ago, annual TSH is normal, annual ACR normal
3. BP today is 150/90
4. You increase her metformin and switch her from paroxetine to bupropion
5. You discontinue estrogen, taper lorazepam, pantoprazole, Vit A and E
6. You received notice your health maintenance levels were at goal
7. You leave on time!

Mrs. Hughes' ***next*** appointment ***after practice redesign***

65 yo woman retired teacher here for follow up. She notes more energy and less pain.
She brings in

1. Diabetes edu
2. Physical ther
3. Your staff ca
4. Previsit plan
5. **Orders pended by team per protocol - Not by physician**
6. No refills needed

No calls between this visit and next visit!

Problem list:
T2DM
Depression
Obesity
HTN
Hypothyroidism
~~Osteoarthritis of knees~~
~~Low back pain~~

Meds:
Metformin
Sitagl
Chlor
Lisino
Bupropion
els

1. She had previsit labs and these are reviewed with her and med adjustments made
2. Her A1c was 7.0 2 days ago, annual TSH is normal, annual ACR up to date
3. BP today is 150/90

You feel almost as good as she does!

> 70 Transformation Toolkits at *www.stepsforward.org*

Teams

- Expanded rooming
- Team documentation
- Prescription management
- Pre-visit planning/lab
- Team meetings
- Daily huddles
- Medical Asst recruit/retain

Value

- Panel management
- Medication adherence
- Burnout Prevention
- Diabetes prevention
- Hypertension
- Immunization
- SDOH

Culture

- Preventing Burnout
- Resiliency
- Transforming culture
- After a Suicide

Technology

- Telemedicine
- EHR inbox management
- Patient Portal

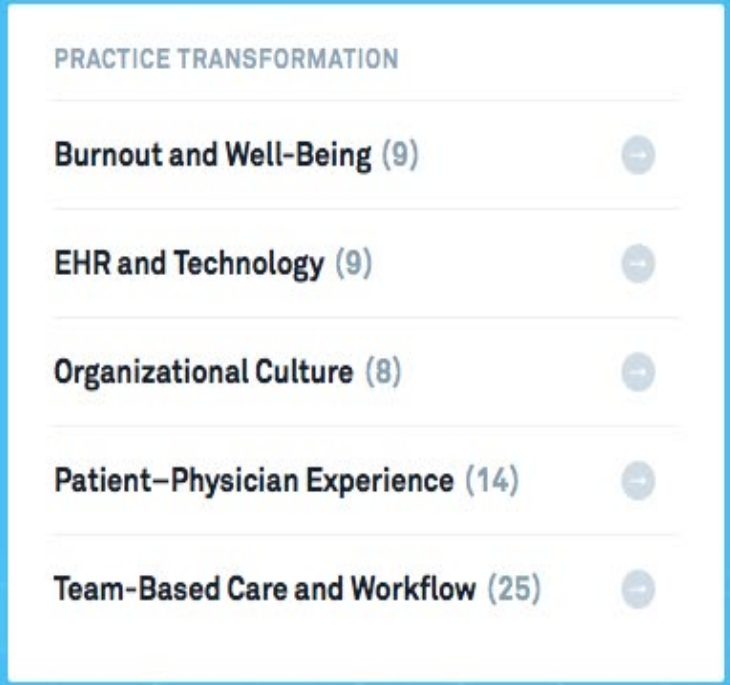
No cost, no membership, no email, no password required

Open access to all www.stepsforward.org

Redesign your practice. Reignite your purpose.

AMA's Practice Improvement Strategies.

Browse All Modules | Practice Assessment Tool



AMA | STEPS*forward*

Mentoring for Impact

The ability to deliver great quality care is the main driver of physician well-being.

The **AMA** now offers **"Mentoring for Impact"**; no-cost support for implementing AMA resources to transform their teams, practices, and patient experience to save time and provide great quality care. The goal is to create a practice setting where physicians can deliver the care for which they were called to this profession, sharing the work with a team working at the top of their skill set.

"Mentoring for Impact" is part of the AMA STEPS Forward™ Innovation Academy, which provides physicians, care teams, and health care leaders time-saving practice innovation strategies that promote professional satisfaction, the efficient use of technology, practice sustainability, and quality patient care.

Our team of physician advisors provide one-on-one conversations (remotely or in-person). Organizations often engage AMA physician/s biweekly (4 sessions over 1-2 months). These expert physician interfaces are tailored to address your team's unique challenges.

Focus areas include:

Implement and improve team-based care

- Share strategy and tools from successful teams around the U.S.
- Decrease the frustration of front-line physicians so they can get back to 'doctoring'

Help your physicians spend less time in the EHR

- Decrease message volumes that enter the inbox, rather than increase resources to empty the inbox
- Triage inbox and patient portal messages appropriately
- Address only issues that require an MD/DO degree

Debunk regulatory myths and get rid of unnecessary tasks

- Engage with your compliance officers to be sure rules are not over-interpreted, which can waste time and money
- 'Get rid of stupid stuff' to increase meaningful time with patients

Overcome common barriers to practice transformation

- Find common ground with compliance officers, informatics teams, and administrators to align missions with physician well-being and impact on patient quality care
- Tailor your messages and understand the business case for practice transformation

Optimize your team to work at the top of their skill set

- Align skills, resources, and opportunities to maximize team efficiency and engagement
- *Example: Increase the role of the medical assistant from 'room and run' to a position that more meaningfully interacts with patients and physicians, increasing their work satisfaction and retention*

Personalized conversations with you, your organization/team over 1-2 months (no cost)

AMA support is tailored to your team's challenges in a variety of ways:

Kick-off presentation

- Presentation to a large or small group (such as grand rounds or a small leadership group charged with addressing physician well-being and practice efficiency)
- Discuss challenges and focus on solutions
- Introduce drivers of burnout and time-saving solutions

Biweekly meetings over the course of 1-2 months

- *Ex: Help an existing practice efficiency committee as a subject matter expert*
- Provide your committee with success stories from various organizations

Meeting workshop support

- Provide subject matter expertise at committee meetings addressing practice efficiency, physician retention and recruitment, on boarding, and implementation of team-based care
- Share best practices from throughout the country

Physician leader assistance

- Meeting preparation and debriefing with lead or leaders
- Sharing best practices to avoid costly trial-and-error
- Prepare for common concerns they will encounter

Bridge building presentations

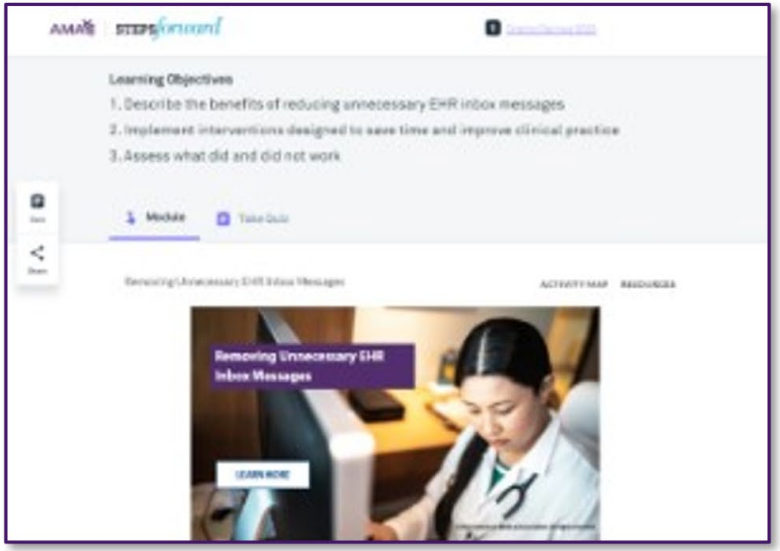
- Help entities within the same organizations break through barriers
- *Ex: Tailor and align the message to engage other teams within the same organization, including compliance, IT, nursing officers*

Grand rounds/keynote address

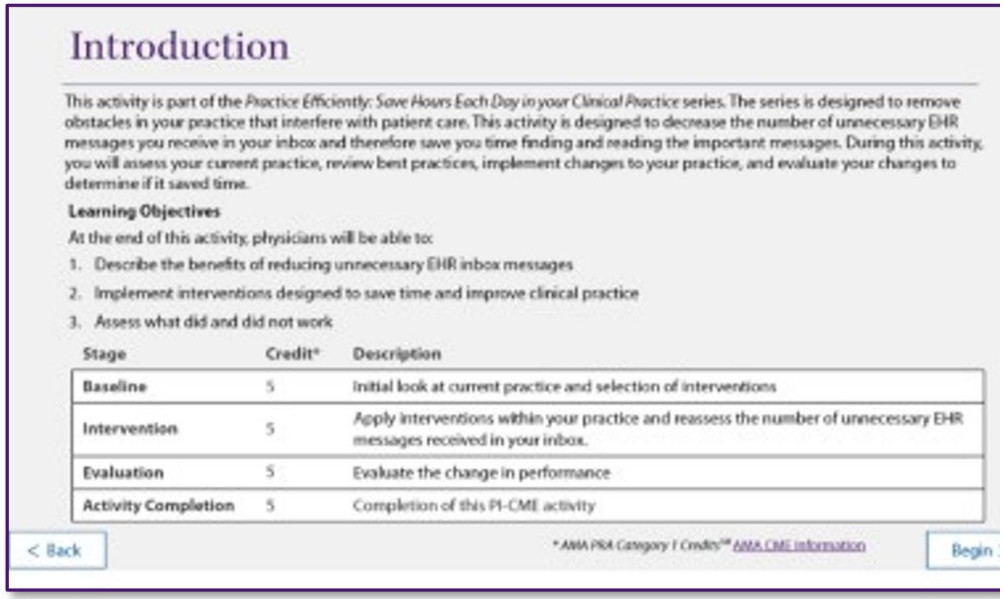
- Raise awareness of the magnitude of the impact of burnout on physicians and quality of care. This highlights the problems, makes the business case, and moves the conversation toward solutions, including stopping unnecessary work and developing efficient workflows.

AMA "Mentoring for Impact" can help you and your team more effectively engage colleagues, lead change management, and implement time-saving practice solutions. At the end of your team's day, you'll have confidence that documentation is finished, and you delivered great care to your patients.

Please email STEPSforward@ama-assn.org for assistance or additional questions.



Both qualify for MOC IV credit ABMS
Can be completed start to finish in as short a time as 7 days!!



Increasing Annual Prescriptions Renewal for Chronic Meds MOC IV AMA

Removing Unnecessary EHR Inbox Messages MOC IV AMA

On the AMA edhub: free and open access https://edhub.ama-assn.org modules

Saving Time: Two-Day Practice Innovation Boot Camp

March 4-5,2024 AMA Plaza

Marie Brown, MD
Physician Director, Practice Redesign
American Medical Association

Christine Sinsky MD
Vice President, Professional Satisfaction
American Medical Association

Jill Jin, MD, MPH
Clinical Assistant Professor of Medicine
Northwestern University Feinberg School of Medicine

Kevin Hopkins, MD
Family Medicine Physician
Cleveland Clinic

AMA | STEPSforward

Take Home Points

1. 50% of the day is spent on tasks that do not require an advanced degree
2. Burnout Costs Organizations Money
3. Greater Personal Resilience is Not the Solution
4. Get Rid of Stupid Stuff First
5. Interventions Work
6. **Mentoring for Impact** to help get started
   -AMA mission driven
7. **Joy in Medicine Recognition Program**

THE PRINCIPAL DRIVER OF PHYSICIAN SATISFACTION IS DELIVERING QUALITY PATIENT CARE

Practice Wisely
Save hours each day

Marie T Brown MD MACP
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