CMS 2024 Quality Conference

Resilient and Ready Together

Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

University of Colorado Anschutz Medical Campus

@dyrbye

Enhancing Workforce Resilience & Well-Being

Lotte Dyrbye, MD MHPE
Professor of Medicine
Chief Well-Being Officer and Senior Associate Dean
Univ. of Colorado School of Medicine

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MISSION CRITICAL

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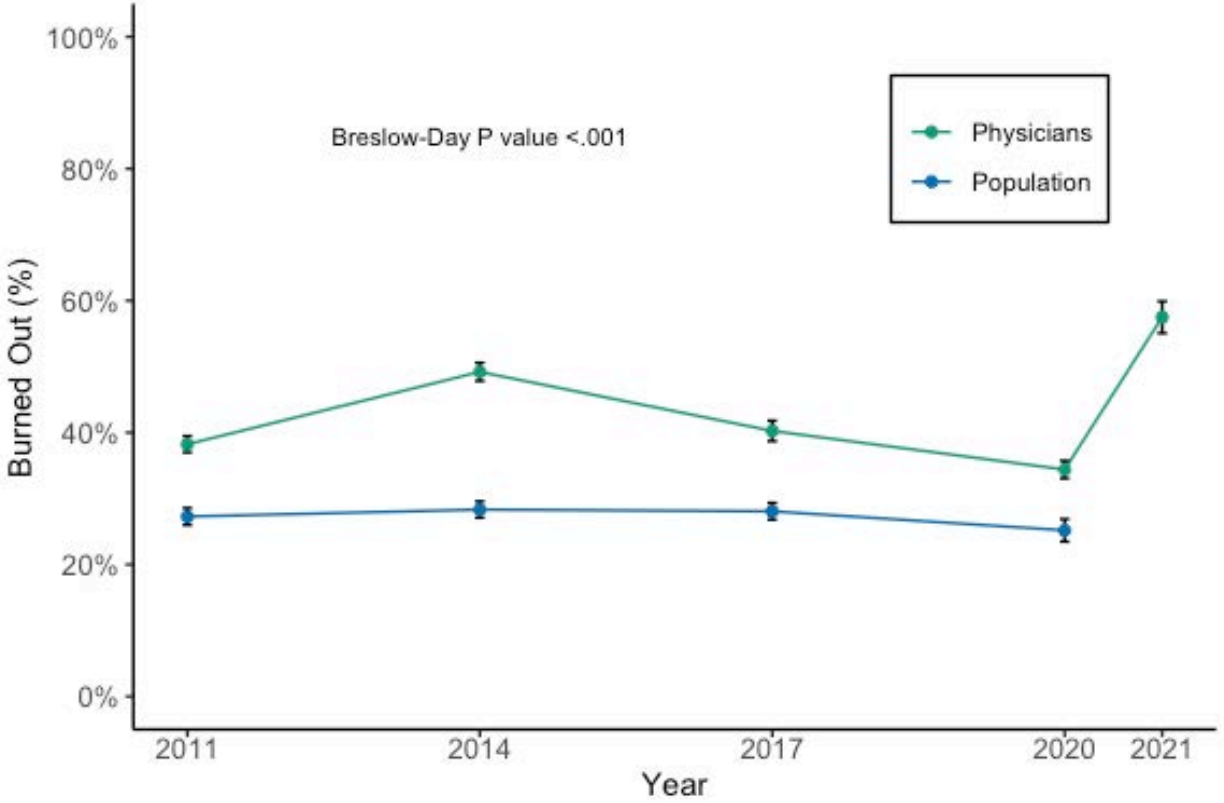
TRENDS IN PHYSICIAN BURNOUT

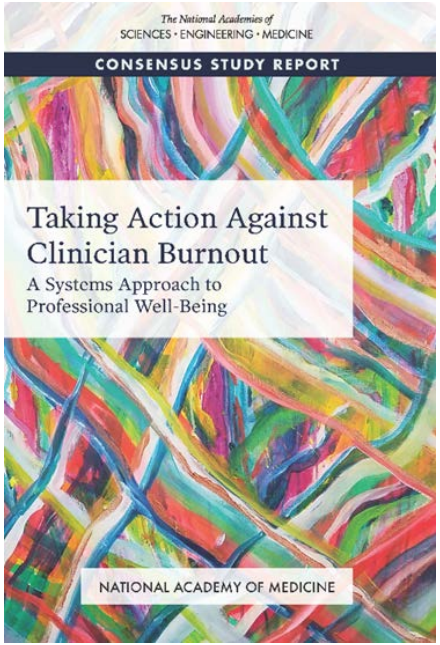


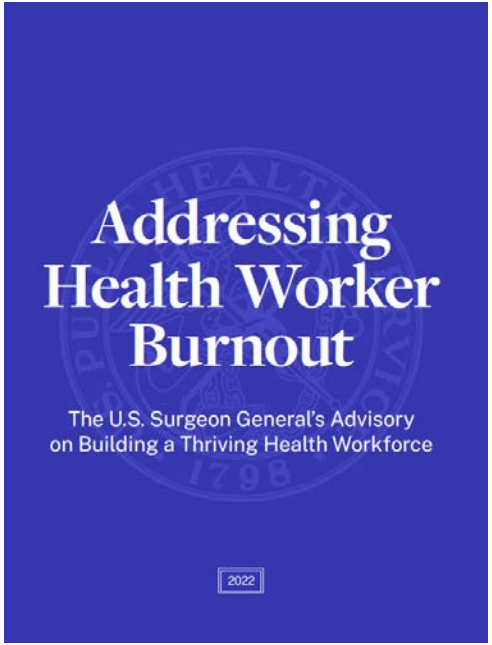
- Dramatic increase in burnout
- ~ 21 months into pandemic

Shanafelt, West, Dyrbye et al. Mayo Clinic Proceedings 97(3):491 – 506;
Shanafelt, West, Dyrbye et al. https://doi.org/10.1016/j.mayocp.2022.09.002

SO WHAT?

CLINICIAN WELL-BEING





Nationally, high prevalence of burnout among health care workers

Broad consequences

Quality, safety, cost

↓ COST CONSCIOUSNESS

UNPROFESSIONAL BEHAVIORS

↓ ACCOUNTABILITY

MEDICAL ERROR

PATIENT MORTALITY

HOSPITAL INFECTIONS

MALPRACTICE LITICATION

MENTAL HEALTH

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PROFESSIONALISM

2017, 2256 nurses and >5000 physicians
Burnout independently associated with suboptimal professionalism on MV analysis after adjusting for other profession & personal characteristics

PHYSICIANS

↓ COST CONSCIOUSNESS

UNPROFESSIONAL BEHAVIORS

NURSES

↓ ACCOUNTABILITY

Dyrbye et al. J Gen Intern Med. 2020 May;35(5):1465-1476.

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RACIAL BIAS

2017, 3392 PGY 2 residents

Worsening of burnout was associated with explicit bias toward black people

Burnout may contribute to disparities in care
Implications for quality of care

Dyrbye et al. JAMA Network Open 2019;2(7)

R01HL085631 NIH

Competency

- ✓ Lower in-training exam scores
- ✓ Lower cumulative performance scores on simulation scenarios
- ✓ Greater struggles with concentrating at work
- ✓ Decreased motivation at work

- West JAMA 2011; 306; Fahrenkopf BMJ 336; Ratanawongsa Med Educ 41; Lu Educ Train 1; McConnell Acad Med 87

BURNOUT

Negative emotions can impede impact learning, recall, and application of knowledge and skills

Quality & safety

Multiple systematic reviews and meta-analyses have concluded burnout impacts quality of care in a variety of ways.

"Missing quality indicator"

Wallace et al. Lancet 374(9702): 1714-1721

MEDICAL ERROR

Burnout & depressive symptoms
>8000 US Surgeons

PATIENT MORTALITY

Physician and Nurse burnout scores independent predictor mortality ICU

MALPRACTICE LITIGATION

Burnout & depressive symptoms
7316 US Surgeons

HOSPITAL INFECTIONS

Mean burnout hospital nurses' independent predictor

JAMA Intern Med 2018; J Gen Intern Med 2017;32:475-82; BMJ Open 2017;7; West JAMA 2006, 2009; Ann Surg 251(6): 995-1000; Balch J Am Coll Surg 213; Jones J Appl Psychol 1988; Cimiotti Am J Infect Control 2012; Welp Front Psychol 2015; Welp Crit Care 2016; West et al. J Intern Med 283(6): 516-529

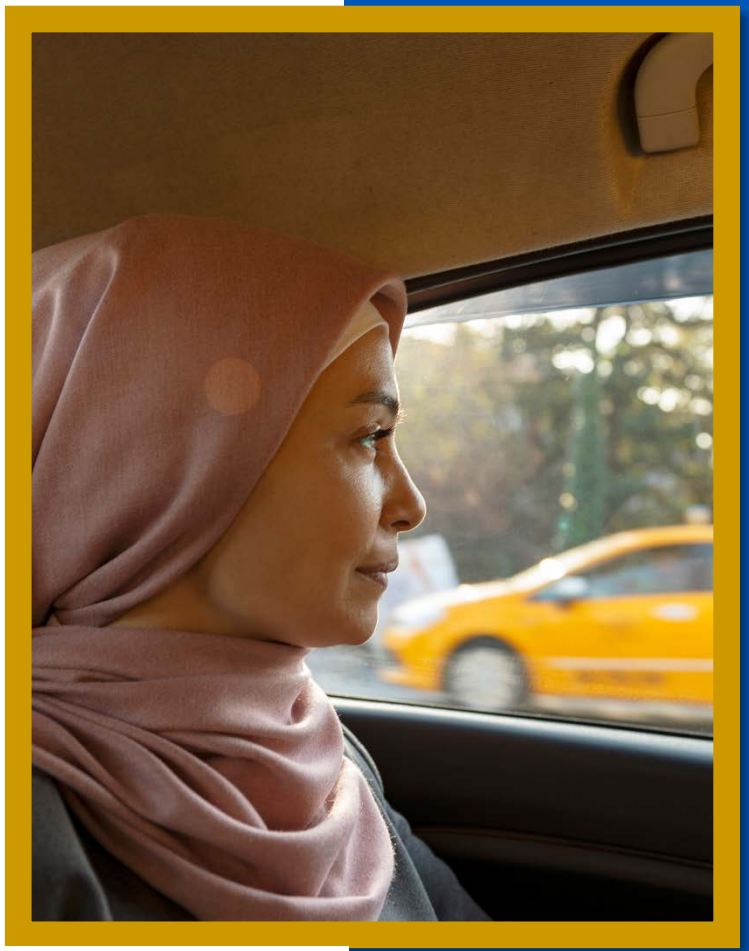
BURNOUT → **REDUCTION IN FTE** =

1 point ↑ emotional exhaustion (domain of burnout)

43% ↑ odds of reducing FTE over 24 months

3 classes per year of loss productivity at national level

Mayo Clin Proc. 2016;91:1667-1668



TURNOVER

Physicians with burnout are 2x as likely to leave their job

JAMA Intern Med 2018;178(6);
BMC Health Serv Res 2018;18(1)

Annals of Internal Medicine®

MEDICINE AND PUBLIC ISSUES | 4 JUNE 2019

Estimating the Attributable Cost of Physician Burnout in the United States

FREE

Shasha Han, MS; Tait D. Shanafelt, MD; Christine A. Sinsky, MD; Karim M. Awad, MD; Liselotte N. Dyrbye, MD, MHPE; Lynne C. Fiscus, MD, MPH; Mickey Trockel, MD; Joel Goh, PhD

$4.6 BILLION

cost related to physician turnover and reduced clinical hours attributable to burnout each year in the US

$7600

per physician at the organization level

Ann Intern Med. 2019 Jun 4; 170 (11):784-790

MAYO CLINIC

ORIGINAL ARTICLE

Health Care Expenditures Attributable to Primary Care Physician Overall and Burnout-Related Turnover: A Cross-sectional Analysis

Christine A. Sinsky, MD; Tait D. Shanafelt, MD; Liselotte N. Dyrbye, MD, MHPE; Adrienne H. Sabety, PhD; Lindsey E. Carlasare, MBA; and Colin P. West, MD, PhD

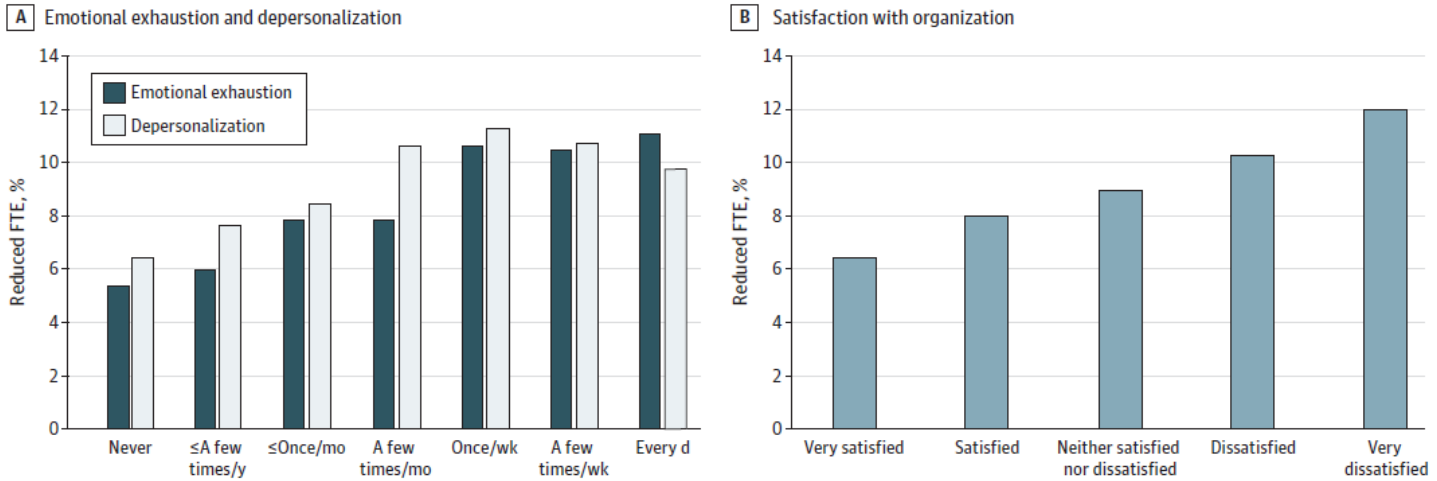
$260 MILLION

Excess health care expenditures for public and private payers attributable to PCP burnout-related turnover

Turnover of PCPs results in ~ $979 million in excess health care expenditures/year.

Nonphysician Health Care Workers' Burnout and Subsequent Changes in Work Effort

Figure. Emotional Exhaustion, Depersonalization, and Satisfaction With the Organization at Baseline and Reduction in Work Effort at 24 Months



Work effort was measured by reduction in full time equivalent (FTE).

Burnout and professional satisfaction of >26000 HCWs were associated with subsequent changes in work effort over the following 24 months

Dyrbye et al. JAMA Netw Open. 2021 Aug 2; 4 (8):e2121435

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Moral imperative

Dyrbye et al. Annals of Internal Medicine. 149:334-341, 2008. ; Shanafelt, Balch, Dyrbye et al. Archive of Surgery, 146(1):64-67, 2011; Shanafelt, Dyrbye et al. Mayo Clin Proc. 2021 Jul 7l; Oreskovich et al. 2012;147(2):168-174; Jackson…Dyrbye. Academic Medicine 2016 Sep; 91 (9):1251-6 ; Kelsey…Dyrbye. American Journal of Nursing. In press.

NOW WHAT?

DRIVERS ARE COMPLEX & MULTIFACTORIAL

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Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

Enhancing Workforce Resilience & Well-Being
A Path Forward

Lee Daugherty Biddison, MD, MPH,
Associate Professor
Chief Wellness Officer, Johns Hopkins Medicine

JOHNS HOPKINS MEDICINE

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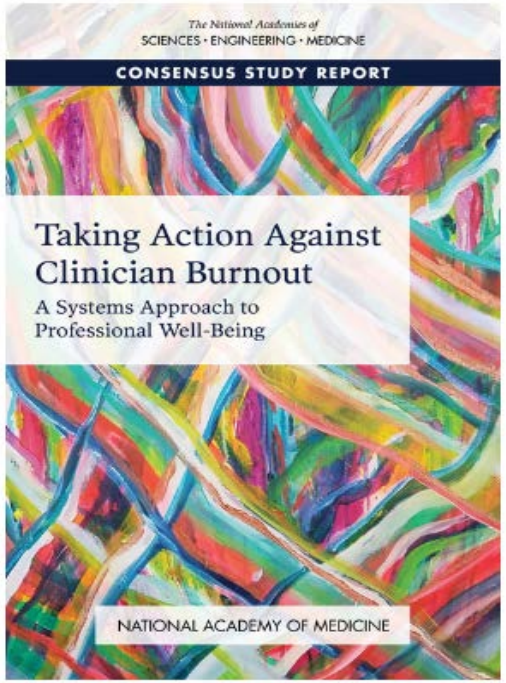
Systems Approaches

MAYO CLINIC

SPECIAL ARTICLE

Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout

Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO



MAYO CLINIC

MAYO CLINIC PROCEEDINGS

SPECIAL ARTICLE

Organization-Wide Approaches to Foster Effective Unit-Level Efforts to Improve Clinician Well-Being

Tait D. Shanafelt, MD; David Larson, MD, MBA; Bryan Bohman, MD; Rachel Roberts, MD; Mickey Trockel, MD, PhD; Eva Weinlander, MD; Jill Springer; Hanhan Wang; Sherilyn Stolz; and Daniel Murphy, MD

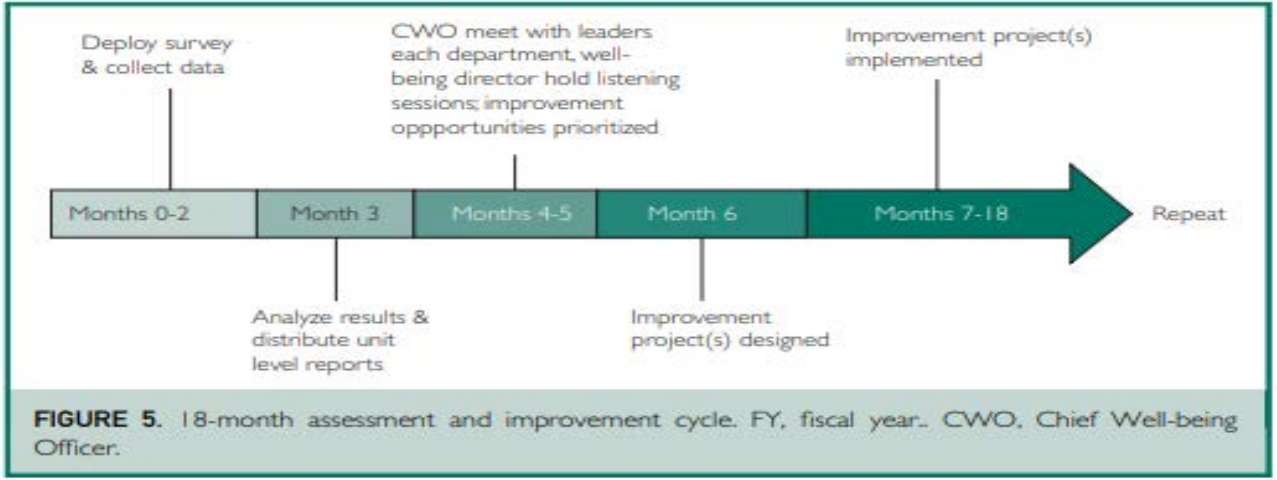
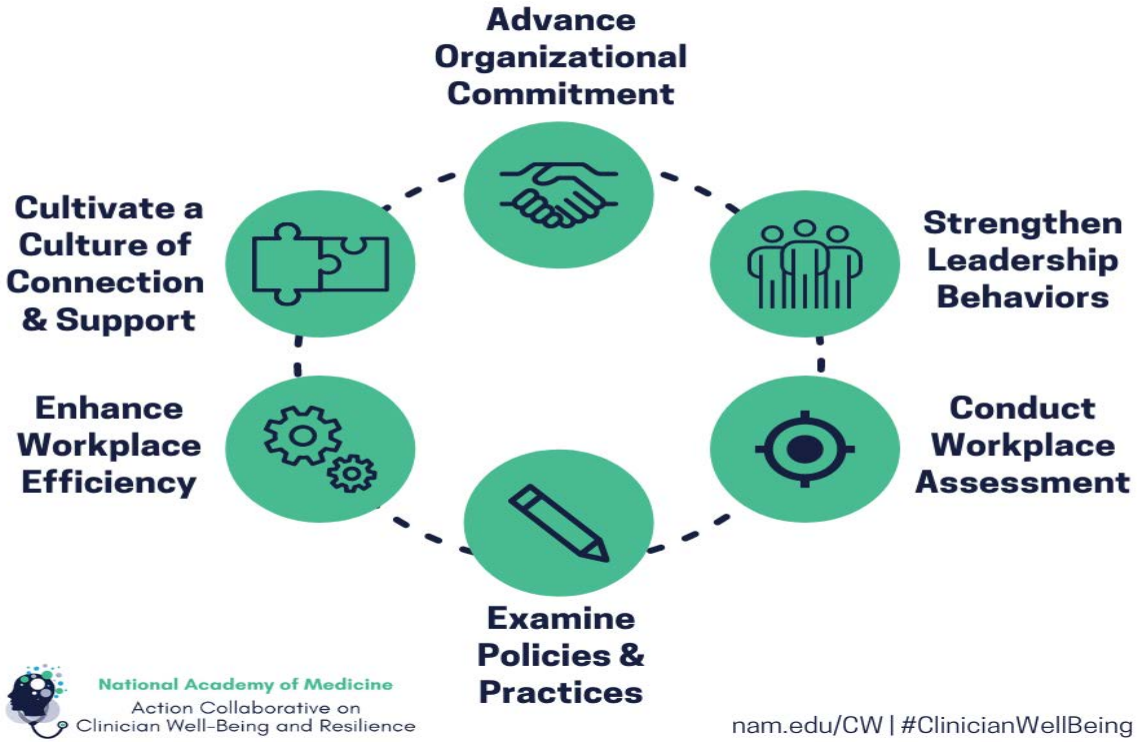


FIGURE 5. 18-month assessment and improvement cycle. FY, fiscal year.. CWO, Chief Well-being Officer.

Resources for Health Care Worker Well-Being: 6 Essential Elements



Sinsky, C. A., L. Daugherty Biddison, A. Mallick, A. Legreid Dopp, J. Perlo, L, Lynn, and C. D. Smith. 2020. Organizational Evidence-Based and Promising Practices for Improving Clinician Well-Being. *NAM Perspectives.* Discussion Paper, National Academy of Medicine, Washington, DC.

Strengthen Leadership Behaviors

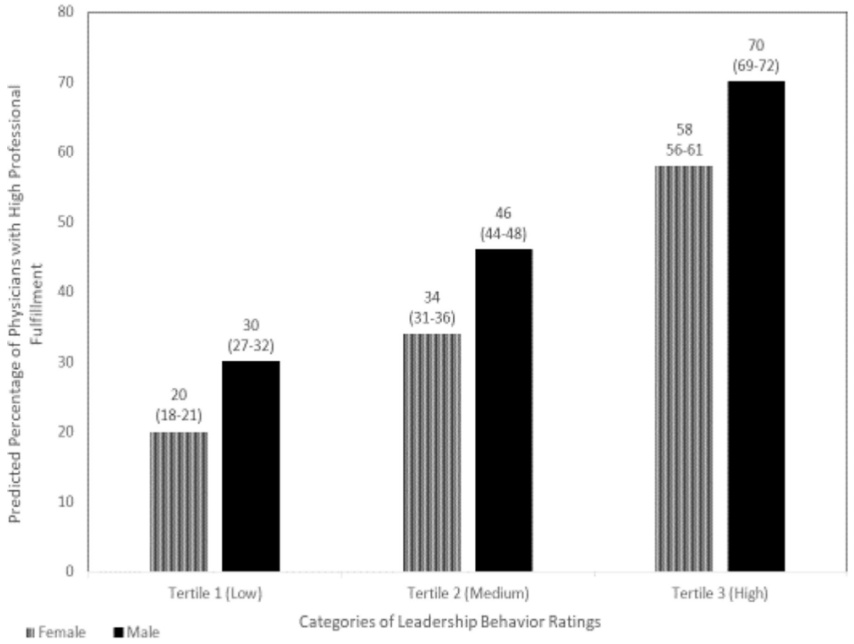
Open access Original research

BMJ Open

Impact of leadership behaviour on physician well-being, burnout, professional fulfilment and intent to leave: a multicentre cross-sectional survey study

Mihriye Mete,[1,2,3] Charlotte Goldman,[4] Tait Shanafelt,[5] Daniel Marchalik[3,6]

Likelihood (%, 95% CI) of professional fulfilment status by the tertiles of supervisor leadership.



Mihriye Mete et al. BMJ Open 2022;12:e057554

OPEN

Scholarly Perspective

Wellness-Centered Leadership: Equipping Health Care Leaders to Cultivate Physician Well-Being and Professional Fulfillment

Tait Shanafelt, MD, Mickey Trockel, MD, PhD, Ashleigh Rodriguez, MSN, MMM, APRN, and Dave Logan, PhD

Academic Medicine, Vol. 96, No. 5 / May 2021

AMA | STEPSforward

Wellness-Centered Leadership Playbook

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Conduct Workplace Assessment

- Burnout and Fulfillment
- Drivers of Burnout
- EHR Metrics
- Organizational Metrics

Organizational Well-Being Assessment

Calculate the Cost of Physician Burnout for Your Organization[1,2]

500 physicians	63% burnout
Number of physicians in your organization	Rate of physician burnout in your organization
7% turnover	$800,000 / physician
Current physician turnover rate (all causes) in your organization	Cost of turnover in your organization, per physician

Epic

WELL-BEING index

Healthcare PWAC | Professional Well-being Academic Consortium

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Examine Policies and Practices

- Licensure, Credentialing, and Removing Mental Health Stigma
- Regulatory guidance


ALL IN WellBeing First for Healthcare
WellBeing First
CHAMPION
2023
Licensing and Credentialing


HEROES'
DR. LORNA BREEN
HEROES' FOUNDATION

Enhance Workplace Efficiency

- Deep Work and Cognitive Load
- Eliminating unnecessary work
- Sharing necessary work

AMA | STEPSforward

Saving Time Playbook

Perspective

NOVEMBER 8, 2018

Getting Rid of Stupid Stuff

Melinda Ashton, M.D.

N ENGL J MED 379;19 NEJM.ORG NOVEMBER 8, 2018

Journal of the American Medical Informatics Association, 29(6), 2022, 1050–1059
https://doi.org/10.1093/jamia/ocac027
Advance Access Publication Date: 4 March 2022
Research and Applications

AMIA
INFORMATICS PROFESSIONALS. LEADING THE WAY.

Research and Applications

Clinician collaboration to improve clinical decision support: the Clickbusters initiative

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Cultivate Culture of Connection and Support

"Where You Feel Like a Family Instead of Co-workers": a Mixed Methods Study on Care Teams and Burnout

Monica A. Lu, MD[1], Jacqueline O'Toole, DO, MHS[2], Matthew Shneyderman[2], Suzanne Brockman, MA, RN[3], Carolyn Cumpsty-Fowler, PhD, MPH[3,4], Deborah Dang, PhD, RN[5], Carrie Herzke, MD, MBA[1,2], Cynthia S. Rand, PhD[2], Heather F. Sateia, MD[2], Erin Van Dyke, PhD, MS[6], Michelle N. Eakin, PhD, MA[2], and E. Lee Daugherty Biddison, MD, MPH[2]

https://pubmed.ncbi.nlm.nih.gov/36038756/

Table 2 Associations Between Perceptions of Care Teams and Burnout

	Odds ratio	*P value*	*95% CI*
Care team items			
My care team works efficiently together.	0.83	0.007	0.72, 0.95
I feel isolated at work.	1.68	<0.001	1.48, 1.91
The clinical environment in which I work allows me to deliver outstanding clinical care.	0.76	0.004	0.64, 0.91
Covariates			
Profession (physician)	1.08	0.590	0.81, 1.45
Gender (female)	1.37	0.048	1.00, 1.86
Age range			
18–34 years old (reference)			
35–54 years old	0.60	0.001	0.44, 0.81
55–65 years old	0.36	<0.001	0.25, 0.53
65+ years old	0.18	<0.001	0.08, 0.40

Model is adjusted for profession (physician/nurse), gender (male/female), and age range (18–34, 35–54, 55–65, and 65+ years old)

Colleagues Meeting to Promote and Sustain Satisfaction (COMPASS) Groups for Physician Well-Being: A Randomized Clinical Trial

Colin P. West, MD, PhD; Liselotte N. Dyrbye, MD, MHPE; Daniel V. Satele, BS; and Tait D. Shanafelt, MD

Mayo Clin Proc. n October 2021;96(10):2606-2614 n https://doi.org/10.1016/j.mayocp.2021.02.028
www.mayoclinicproceedings.org

Perspective

Peer Support for Clinicians: A Programmatic Approach

Jo Shapiro, MD, and Pamela Galowitz

Academic Medicine, Vol. 91, No. 9 / September 2016

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Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

Reorienting around Relationships to Achieve Quadruple Aim

Christine A. Sinsky, MD MACP
VP, Professional Satisfaction
American Medical Society

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While burnout *manifests* in individuals,

it *originates* in systems.

Relational

Infrastructures: regulation, staffing, technology

Connections

- Secret sauce
- Hidden architecture
- Bring value into open
- Intentionally strengthen this key backbone of healthcare
- Source of individual and system resilience

High cost of broken relationships

Health Care Expenditures Attributable to Primary Care Physician Overall and Burnout-Related Turnover: A Cross-sectional Analysis

Christine A. Sinsky, MD; Tait D. Shanafelt, MD; Liselotte N. Dyrbye, MD, MHPE; Adrienne H. Sabety, PhD; Lindsey E. Carlasare, MBA; and Colin P. West, MD, PhD

Abstract

Objective: To estimate the excess health care expenditures due to US primary care physician (PCP) turnover, both overall and specific to burnout.

Methods: We estimated the excess health care expenditures attributable to PCP turnover using published data for Medicare patients, calculated estimates for non-Medicare patients, and the American Medical Association Masterfile. We used published data from a cross-sectional survey of US physicians conducted between October 12, 2017, and March 15, 2018, of burnout and intention to leave one's current practice within 2 years by primary care specialty to estimate excess expenditures attributable to PCP turnover due to burnout. A conservative estimate from the literature was used for actual turnover based on intention to leave. Additional publicly available data were used to estimate the average PCP panel size and the composition of Medicare and non-Medicare patients within a PCP's panel.

Results: Turnover of PCPs results in approximately $979 million in excess health care expenditures for public and private payers annually, with $260 million attributable to PCP burnout-related turnover.

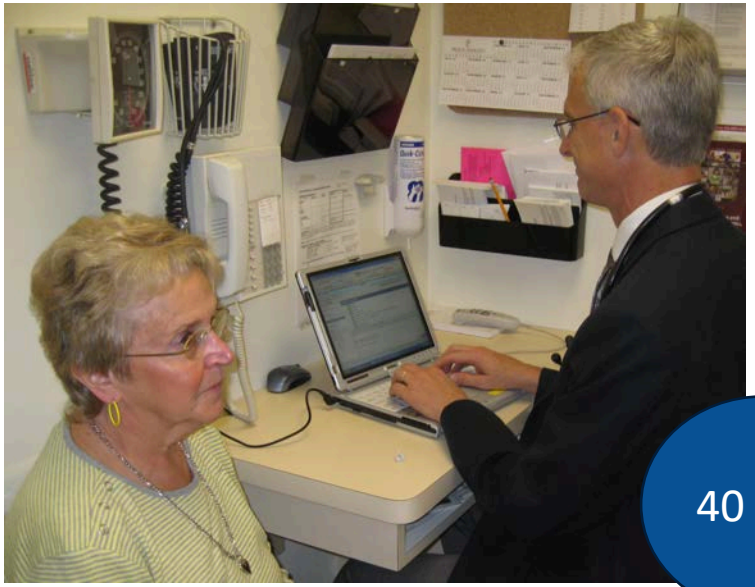
- PCP turnover costs:
  - $1 B per year in excess healthcare expenditures
  - $260 M due to PCP turnover due to burnout

– Note: excess costs due to lack of continuity and is independent of recruitment, replacement and lost productivity costs.

Sinsky et al,MCP Mar 2022

Discontinuity Doubles Work

Personal Physician



40 min

Unfamiliar physician

15 min

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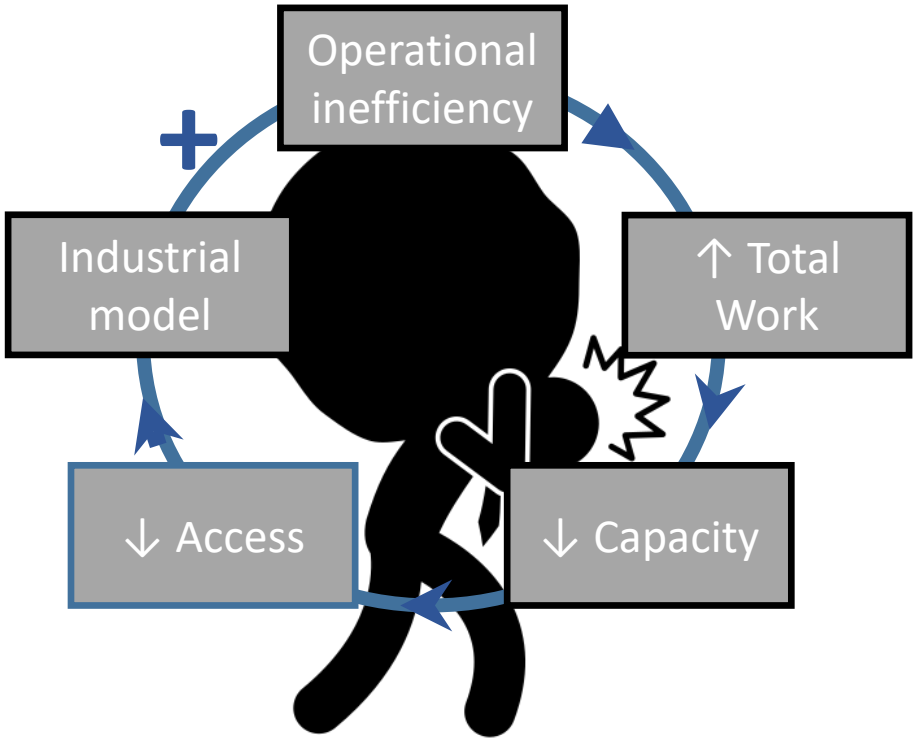
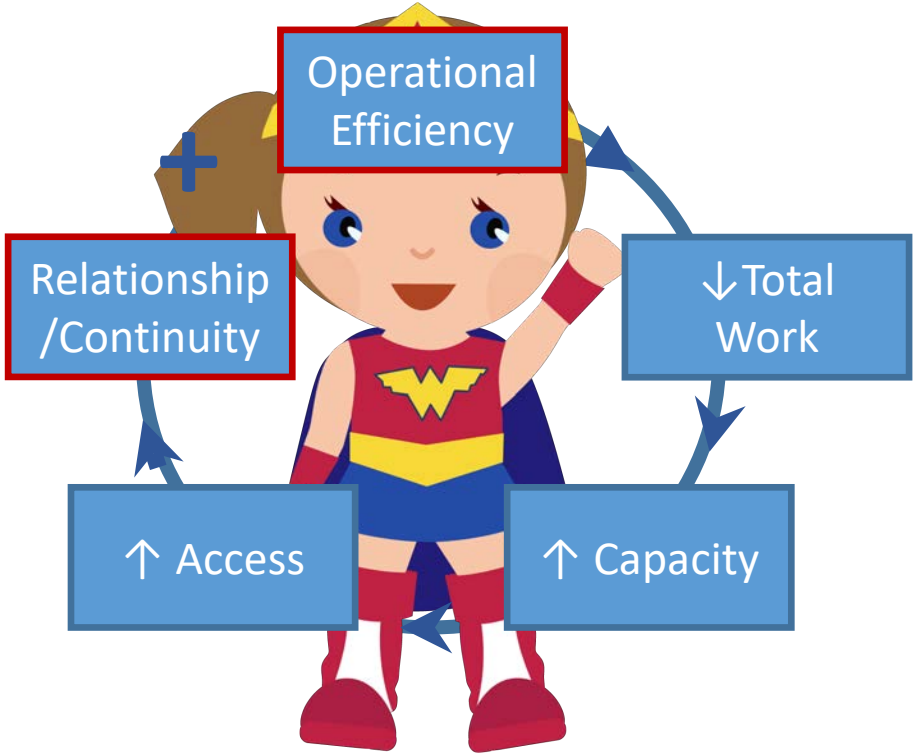
Vicious Cycle: Downward spiral



Virtuous Cycle



Relationships are our Superpower

- Continuity with patients
  - ↑ Quality
  - ↓ Cost
  - ↑ Medication adherence
  - ↓ ER/Hospitalization
  - ↓ Mortality

Continuity within teams

- ↓ Cost
- ↑ Q
- ↑ Access
- ↓ Burnout

Continuity within teams

Reinventing the Medical Assistant Staffing Model at No Cost in a Large Medical Group

THE INNOVATION

Mounting nonclinical burdens, declining staff ratios, and rotating staff in large medical groups increase burnout and hamper the joy of primary care practice.[1] Some systems invest heavily in additional staff and training to offload this nonclinical work from physicians.[2-5] We reorganized our existing medical assistant (MA) staffing model from rotating assignments to a matched pairing of 1 MA to each physician. We created a structured approach to personalize methods of improving efficiency, productivity, quality, and job satisfaction for each pair.

- 1:1 stable pairings MA: MD
  - ↑ RVUs (11%)
  - ↑ A1c control, PapS, depression screening
  - ↑ MD satisfaction
  - ↑ MA retention

Nadim M. Ilbawi, Monica Kamieniarz, Avisek Datta and Bernard Ewigman
The Annals of Family Medicine March 2020, 18 (2) 180; DOI: https://doi.org/10.1370/afm.2468

Stable Pairing →↑ Capacity ↑ Retention

"We are one of the few PC clinics in our system with full staffing."

Nadim Ilbawi, MD 10.10.23

Reinventing the Medical Assistant Staffing Model at No Cost in a Large Medical Group

Nadim M. Ilbawi, Monica Kamieniarz, Avisek Datta and Bernard Ewigman

The Annals of Family Medicine March 2020, 18 (2) 180; DOI: https://doi.org/10.1370/afm.2468

Article | Figures & Data | eLetters | Info & Metrics | PDF

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In this issue

The Annals of Family Medicine, 18 (2)

Vol. 18, Issue 2 March/April 2020

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In Brief

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https://www.annfammed.org/content/annalsfm/18/2/180.full.pdf

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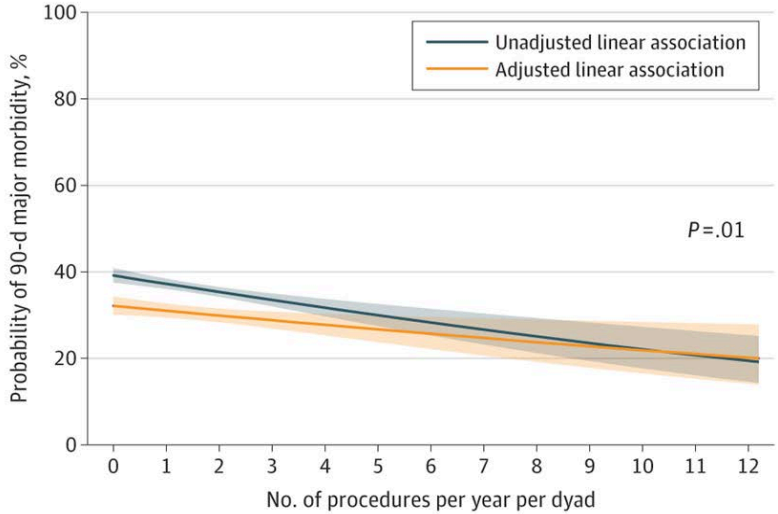
Stability of Surgeon-Anesthesiologist Dyad

8,000 pts

https://jamanetwork.com/journals/jamasurgery/fullarticle/2801765?guestAccessKey=5d822524-66d9-4009-aef7-05eb07ea91df&utm_source=silverchair&utm_campaign=jamasurgery&utm_content=most-viewed-2023&cmp=1&utm_medium=email

Each additional procedure by same dyad associated with 5% ↓ in odds of 90-day major morbidity.

Figure 2. Linear Association of the Probability of 90-Day Major Morbidity by Annualized Dyad Volume, Unadjusted and Adjusted[2]



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ER: “Team is Brain”

Door to needle (tPA) time ↓ for acute stroke

When ER team members have previously worked together on acute stroke ($P < 0.001$).

24 EDs: Stanford, UCSF, KPNC
EHR event log data:

- Team busyness (#stations, #non-index patients, task switching)
- DNT (ADT and MAR times)

JAMIA 2023; 30(1): 8-15

Receptionist

Pharmacist

Transcriptionist

The Great Work Transfer

Iron Doc

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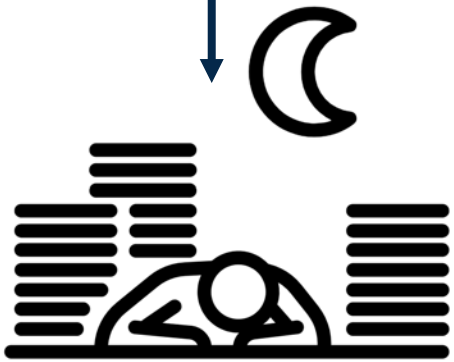
Receptionist

Pharmacist

Transcriptionist

Key burnout drivers

- CPOE
- Inbox



Time pressure 2:1 + WOW

Cognitive overload

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Save 3-5 hours/day

- Practice Re-engineering
  - Pre-visit lab ½ hr
  - Prescription mgt ½ hr
  - Expanded rooming/discharge 1 hr
  - Optimize physical space 1 hr
  - Inbox management ½ hr
  - Team documentation 1-2 hr

3+ hr/d

Undivided attention

aTBC one year vs tradtional model

- 8% ↑ in 7 key PMs
- $27 ↓ PMPM in NextGen ACO*
- $724 ↑ payments to Bellin per pt

*NextGen ACO patients in TBC vs non-aTBC clinics

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Organizational Tools

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.

EHR

- ☐ **Minimize alerts**
  - Retain only those alerts with evidence of a favorable cost-benefit ratio
- ☐ **Simplify login**
  - Simplify and streamline login process, leveraging options like single sign-on, RFID proximity identification, bioidentification (fingerprint, facial recognition, etc.)
- ☐ **Extend time before auto-logout**
  - Consider extending time for workstation auto-logout
  - Consider customizing workstation location and the security level to use patterns of the specific user
- ☐ **Decrease password-related burdens**
  - Consider extending the intervals for password reset requirements
  - Help users create passwords that are both strong and easy to remember (i.e., by allowing special characters and spaces, and by allowing longer passwords that can be passphrases)
  - Consider use of password keeper programs
- ☐ **Reduce clicks and hard-stops in ordering**
  - Reduce requirements for input of excessive clinical data prior to ordering a test
  - Eliminate requirements to fill fields attesting to possible pregnancy in males or women over 60 years old
- ☐ **Eliminate requirements for password revalidation**
  - Identify ways to reduce unnecessary requirements for users to re-enter username/password when already signed in to EHR, to send prescriptions (Note: Organizations may choose to keep this requirement in place for opioid prescriptions.)
- ☐ **Reduce note-bloat**
  - Reduce links imbedded in visit note documentation templates that automatically pull in data from other parts of EHR contributing to "note bloat," but adding little if any true clinical value

https://www.ama-assn.org/system/files/2021-02/de-implementation-checklist.pdf

JOY IN MEDICINE

Health System Recognition Program

111 Organizations

Practice Science

Tests

Treatment

>$240 Billion/year

Star Wars tech on a Flintstones chassis

<$0.5 Billion/yr

Industry:	$161 B
Fed gov:	61 B
Academia:	16 B
Foundations:	3 B
State	2 B

https://www.researchamerica.org/wp-content/uploads/2022/09/ResearchAmerica-Investment-Report.Final_.January-2022-1.pdf

Delivery model to wisely deploy

Relationships

+

Efficiency

Access

Relationships

+

Efficiency

Quality

How care looks different in your sphere?

Unleash the Power of Connection