THE FOURTH AIM: IMPROVING CLINICIAN WELL-BEING AND THRIVING AT WORK

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CME ACCREDITED UPDATES IN MEDICINE ELEARNING SERIES

COURSE NAME: Medicine RSS eLearning Modules

CME eLEARNING ACTIVITY NAME: THE FOURTH AIM: IMPROVING CLINICIAN WELL-BEING AND THRIVING AT WORK

PROGRAM DESCRIPTION, EDUCATIONAL GOAL AND RATIONALE:
Evidence based guidelines are constantly changing and being updated for several core areas of Internal Medicine throughout the year. It is important for physicians to practice the most up-to-date standard of care in all specialties to promote patient health and well-being. Our series of lectures at the medicine regularly scheduled series promotes continuing education for the practicing internist and highlights important updates in medical practice in these core areas. Physicians in general practice often and do not have the time to keep themselves up-to-date with medical advances as they are busy seeing patients in the clinical setting. The Medicine Regularly Scheduled Series gives these physicians the opportunity to learn these advances in an academic setting.
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TARGET AUDIENCE:
Physician Partners and Premium Network community-based providers

LEARNING OBJECTIVES:
Upon successful completion of this activity, participants should:
Identify current HIV regional epidemiology
Summarize the New York State Plan to End the HIV/AIDS Epidemic in New York by 2020
Recognize health disparities regarding HIV transmission
Identify viral suppression and strategies to address in clinical practice
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ACCREDITATION:
Northwell Health is accredited by the Accreditation Council for Continuing Medical Education to provide Continuing Medical Education for physicians.

CREDIT DESIGNATION:
Northwell Health designates this Continuing Medical Education activity for a maximum of 1 AMA PRA Category I credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

METHOD OF PHYSICIAN PARTICIPATION:
To receive credit the participants must:
Read/view the entire educational activity.
Input name and credentials to gain CME credit.
Answer at least 80% of the Post-Test questions correctly.
Complete and return Post-Test.
Complete and return Program Evaluation.
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COURSE HOST:
Department of Medicine
Northwell Health

ESTIMATED TIME TO COMPLETE ACTIVITY:
90 minutes

ACKNOWLEDGEMENT OF COMMERCIAL SUPPORT:
An announcement of program support will be made to all attendees at the beginning of each educational activity.
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DISCLOSURE POLICY:
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FACULTY DISCLOSURES:
Drs. Thomas McGinn, Carrie Horwitch, George Boutis, John Raimo and Sean LaVine have nothing to disclose.

RELEASE DATE: TBD
REVIEW DATE: TBD
PROGRAM EXPIRATION: 7/30/19
Objectives

- Identify impact of clinician well being on the work place environment
- Identify system based changes to achieve 4th aim
- Practice resiliency techniques to achieve 4th aim
Agenda

1. HIV Epidemiology Overview, NYS
2. End the Epidemic (ETE) Initiative
3. Disparities: barriers to ETE
Disclosures

- No financial disclosures
- Certified Laughter Leader from World Laughter Tour
- Wellness Champion-American College of Physicians and Virginia Mason Medical Center
A Noble Profession...
The Missing Aim

- Better Outcomes
- Improved Clinician Experience
- Lower Costs
- Improved Patient Experience

Adapted from graphic by Cardiac Interventions Today

https://www.spok.com/blog/quadruple-aim
Why Care about this topic?

- Lower professional satisfaction
- Increased safety issues for patients
- Lower quality of care
- Less productivity
- Clinicians leaving practice
- Cost to organizations on multiple levels
- Harm to clinicians (depression/suicide)
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.)

Number of physicians at your center

\[ \# \ 500 \]

Rate of burnout of physicians at your center

\[ 54 \% \]

Current turnover rate per year

\[ 7 \% \]

Rate of burnout national mean: 54%

Current turnover rate national mean: 7%

Number of physicians turning over due to burnout per year

\[ \$ 500,000 \]

Cost of turnover per physician

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

Annual Cost of Burnout

\[ \$ 6,136,364 \]

Projected cost of physician turnover per year due to burnout

Return on Investment for Interventions to Reduce Burnout

\[ \$ 1,000,000 \]

Cost of intervention per year

Cost of intervention common estimate: $1,000,000

Anticipated reduction in burnout

\[ 20 \% \]

Relative reduction in burnout anticipated from intervention

Relative reduction in burnout common estimate 20%

Turnover without burnout

\[ 1'227'271 \]

Savings due to reduced burnout

RETURN ON INVESTMENT (ROI)

\[ 23\% \]
Organizational Climate, Stress and Error in Primary care: The Memo Study

Advances in Patient Safety

- 30% more likely to leave job in 2 years
- PATIENT CARE outcomes linked to organizational work conditions—such as burn out!
- When we assess with the tools—such as Mini Z, we can predict:
- Every 1 point increase in burnout on Mini Z = 30-40% increase in likelihood a physician will be reducing their work effort in next 24 months
## Key Questions Mini Z

<table>
<thead>
<tr>
<th>Topic</th>
<th>Question</th>
<th>Answer options</th>
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</thead>
</table>
| **1. Satisfied with current job** | Overall, I am satisfied with my current job                              | 5 = Agree strongly  
4 = Agree  
3 = Neither agree nor disagree  
2 = Disagree  
1 = Strongly disagree |
| **2. No symptoms of burnout**     | Using your own definition of "burnout", please choose one of the numbers below: | 5 = I enjoy my work. I have no symptoms of burnout.  
4 = 3 = I am beginning to burn out and have one or more symptoms of burnout  
2 = 1 = I feel completely burned out. I am at the point where I may need to seek help. |
| **3. Aligned with clinical leaders** | My professional values are well aligned with those of my clinical leaders: | 5 = Agree strongly  
4 = Agree  
3 = Neither agree nor disagree  
2 = Disagree  
1 = Strongly disagree |
| **4. Care team works efficiently together** | The degree to which my care team works efficiently together is: | 5 = Optimal  
4 = Good  
3 = Satisfactory  
2 = Marginal  
1 = Poor |
| **5. Not stressed because of job** | I feel a great deal of stress because of my job                           | 5 = Strongly disagree  
4 = Disagree  
3 = Neither agree nor disagree  
2 = Agree  
1 = Agree strongly |

* No Frustration with EMR is part of Mini-Z v2 questions, but not asked in the national benchmark study.
“Don’t avoid the burned-out physician, Avoid the organization/practice who burned them out.”

Mark Linzer MD
In no relationship is the physician more often derelict than in his duty to himself

- Sir William Osler, The Quotable Osler

The principal driver of physician satisfaction is the ability to provider quality care.

- Rand Corporation survey 2013
What is Wellness?
Improving Clinician Well-being
Organizational Change…80%

Personal Resilience…20%
THE STANFORD MODEL

- Professional Fulfillment
  - Culture of Wellness
  - Efficiency of Practice
  - Personal Resilience
Culture of Wellness: Description

- Leadership engagement and accountability
- Multifaceted approach—it’s not just about yoga and breathing
- Be Proactive—not just reactive
- Sustainability- need Deep Mindset Shift
- Demonstrates support and appreciation
- Prioritizes professional health
- Work environment that supports professional well-being and fulfillment
- Clinician well-being as a metric: get data
- Encourage innovation
## Organizational ladder

*source: JAMA Intern Med 2017*

<table>
<thead>
<tr>
<th>Stage</th>
<th>Novice</th>
<th>Beginner</th>
<th>Competent</th>
<th>Proficient</th>
<th>Expert</th>
</tr>
</thead>
</table>
| Minor   | - Aware of the issue  
          | - Wellness committee  
          | - Individual focused interventions such as mindfulness training, resources for exercise/nutrition |          |        |
| Moderate| - Understands driver dimensions  
             | - Peer support program  
             | - Cross-sectional survey assessing physician well-being  
             | - Identifies struggling units  
             | - Physician well-being considered when organizational decisions implemented |          |
| Major   | - 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 |          |
| Transformative | - Physician well-being influences key operational decisions  
                            | - 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 |
Work place engagement

■ Enable control: work schedules
■ Structure rewards
■ Build community
  – teamwork
■ Promote fairness: equal pay for same work
■ Recognize values
  – Use clinician instead of provider (MD, SW, RN, ARNP, MA, PA etc)
  – Patient instead of consumer
■ Leader inclusiveness
■ Listen and invite new ideas
■ Invite and appreciate contributions
  – Thank colleagues for their work
  – Thank patients
Communication exercise

- Yes But……

- Yes And……
Factors that reduce professional fulfillment

**Time demands**

- *Increasing bureaucratic tasks*
- *Electronic health records*

Lack of control over schedule
Lack of autonomy/regulations
Workload/intensity-volume vs value
Financial strain-student loans
Unmet personal needs-taking care of self
Lack of a voice in important matters
Chaotic work environment
A thought about our goals in wellness...

“WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM”
5 P’s of encouraging organizational change

Source: Carrie Horwitch MD

- **Passion** (for the issue)
- **Persistence**
- **Perseverance**
- **Pilot Program** (or PDSA)
30/30 schedule example

- Main issue of not enough time with patients
- Pilot program: having all 30 minute appts
- No 15-20 minute appts
- Discussed benefits of pilot program
  - More time with patients
  - More time for cognitive reasoning
  - Potential for higher RVU
  - Able to do more preventive care
  - More control over schedule
  - Improved clinician satisfaction
Results

- Initial success of the 4 clinicians - allowed adding more to the pilot after just 3 months
- 9/9 clinicians reported improved wellbeing
- 8/9 reported good control over workload
- 8/9 reported satisfied or strongly satisfied with current job
- Monthly visits were not significantly different
- Monthly average wRVU improved for most of the physicians
Lessons learned

- Organizational change can happen
- It takes time and consistent messaging
- Get data
- Monitor the change
- Maintain the gains
THE STANFORD MODEL

- Culture of Wellness
- Efficiency of Practice
- Professional Fulfillment
- Personal Resilience
Efficiency of Practice Description

- Advocate for process improvements
- Facilitate the efficiency of clinician practice
- Helping all health care team members
- Allowing health care team to practice at top of their licensure and expertise
- Reduce waste
- Processes to help with indirect care!!!!
- Improve the electronic health records!!!!
Mayo Clinic

Approach to Well-being
Promoting less than full time work - to improve recruitment and retention
Use of daily huddles
Use of Scribes
Decreased email fatigue
Increased use of allied health professionals on the teams
Focused on efficient work environment
Virginia Mason Medical Center

- Reduction of waste - Lean principles
  - Standard room set-up
- Co-locating MDs with RN and MAs
- EHR templates to assist decision making
- Reducing number of “clicks” for EHR prescribing
- E-prescribing
- Allied health professional for indirect care coverage
- Pharmacists and RNs for chronic care management/pain management
THE STANFORD MODEL

Professional Fulfillment

- Culture of Wellness
- Efficiency of Practice
- Personal Resilience
Resiliency

- Definition: capability of a strained body to recover its size and shape after deformation caused by compressive stress

- Psychological resilience*: individuals' ability to properly adapt to stress and adversity

- Work resiliency: capacity to take on challenges, bounce back from difficulties and thrive at work
Individual skills

- Advocacy: institution/local/state/national
- Savor resonant moments: keep a “feel good file”
- EMR password that makes you smile or laugh
- Manage energy- take breaks, eat lunch w/others
- Calibrate expectations: of yourself, pts and staff
- Recognize emotional overload: get help
- Reframe cognitive distortions
- Find healthy boundaries: keep personal commitments that are important (ie exercise, dinner w/family)
- Discover meaning daily: remind yourself why you chose a health care career
“The medical profession is one of the 2-3 great human endeavors. Anyone who is able to master the art and science of medicine should be grateful for those gifts and the opportunity to exercise them. How few of us are sufficiently gifted to be a healer and helper of people.”

Arnold Horwitch 1983
Resiliency techniques

- Mindfulness**
- Breathing
- Gratitude**
- Laughter**
- Exercise
- Music, Arts, Dance, Yoga …
Mindfulness

- Jon Kabat-Zinn PhD definition: disciplined practice of moment to moment awareness or paying attention in a particular way

- Practice of learning how to slow down and nurture calmness and self acceptance

- Form of meditation

Source: Full-Catastrophe Living
Mindfulness based stress reduction

- 8 week program designed by Dr Kabat-Zinn based on mindful practice
- Santarnecchi et al 2014: Neuroanatomical and psychological changes after MBSR, intervention/control 23 persons
  - MRI looking at anatomic changes with MBSR-higher activation insular lobe
  - May impact pain perception

- Amutio et al 2014: 1 yr study 42 MDs after MBSR
  - Heart rate control better in intervention group
  - More mindfulness-non-judging
  - More positive energy

Source: PLOS one 2014. vol 9(10) 1-9
Psychol Health Med 2014 Dec 8:1-12
On the job mindfulness

- Gauthier et al. J Ped Nurs. 2014 on-line
- Feasibility of 5 min mindful meditation for ICU RNs
- N=38, brief MBSR intervention before shift, 1mo
- Measured: burnout symptoms (maslach burnout inventory), stress levels(nursing stress scale), mindfulness, self compassion, job satisfaction
- Results: decrease in stress (sig.), increase in mindfulness and self compassion (NS)
- Job satisfaction neg correlation with mindfulness, pos correlation with stress and burnout
Gratitude-positive psychology

- Martin Seligman early work on learned helplessness- perception of inescapability and its associative cognitive collapse
- Learned optimism: focus on strengths, building competence (not correcting weakness)
- PERMA (positive emotion, engagement, relationships, meaning, achievement)
- TED talk: pleasant life, good life, meaningful life

http://www.ted.com/talks/martin_seligman_on_the_state_of_psychology#t-4337
Optimism vs cynical hostility
Incident CHD and mortality

- Women’s Health Initiative: N=97,000+
- Optimism: life orientation test
- Cynical hostility: Cook Medley questionnaire
- AHR (adjusted hazard ratio) reduced in optimists
  - 16% incident MI
  - 30% CHD related mortality
  - 14% all cause mortality

Cynical hostility associated with higher AHR for all cause and cancer related mortality

- Tindle et al. Circulation 2009;120:656-662
Gratitude – Three good things

Want To Be Happier?

Research has demonstrated that one of the best ways to experience positive emotion and increase well-being is by writing down three good things that happen every day (P, Steen, Park, & Peterson, 2005). This is a free web-based tool that enhances this standard exercise by adding photos for a more powerful impact. Sign up for your free account, and begin to feel your well-being improve as you enter three good things in your life every day.

Already Registered and Logged In?

Go To Your Three Good Things!

https://www.threegoodthingsaday.com/tools/lp/Bo/3gt
Gratitude exercise

- What am I grateful for in my life?
- What am I grateful for in my work?
- What gives me joy or fulfillment?
Humor vs Laughter

- Humor: a personal, subjective, psychological phenomenon of shifting perception.

- Laughter: a universal physical act, often stimulated by humor, but also for other reasons

- Therapeutic laughter: systematic, programmable activity combining laughing exercises and attitudinal healing to achieve general or targeted goals
Benefits of laughter

- Reduces cortisol (stress reliever)
- Eases muscle tension
- Favorable effect on arterial stiffness
  - Sugawara et al
- Increases immune function
  - Berk et al. Altern Ther Health Med 2001
- Improves ventilation/oxidative status
- Reduces renin levels in DM
  - Nasir et al. Intl J Mol Medicine 2005
- Increases pain tolerance (endorphins)
- Burns calories
Resources

American College of Physicians:
Wellness Center: https://www.acponline.org/practice-resources/physician-well-being-and-professional-satisfaction

Patients before Paperwork:
www.acponline.org/advocacy/where-we-stand/patients-before-paperwork

Authentic Happiness:
https://www.authentichappiness.sas.upenn.edu/

American Medical Association; tools and resources
www.stepsforward.org

Stanford WellMD:
https://wellmd.stanford.edu/

National Academy of Medicine:
https://nam.edu/initiatives/clinician-resilience-and-well-being/
Other References

- Back et al. 2016; resilientclinician.org
- Bodenheimer, Sinsky. Am Fam Med 2014;573-76