


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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FACULTY PRESENTER/AUTHOR:

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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:

Northwell Health adheres to the ACCME's Standards for Commercial Support. Any individuals in a position to control the content of a CME activity, including faculty, planners, reviewers or others are required to disclose all relevant financial relationships with commercial interests. All relevant conflicts of interest will be resolved prior to the commencement of the activity.

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...



Luke Fildes [Public domain], via Wikimedia Commons



The Missing Aim



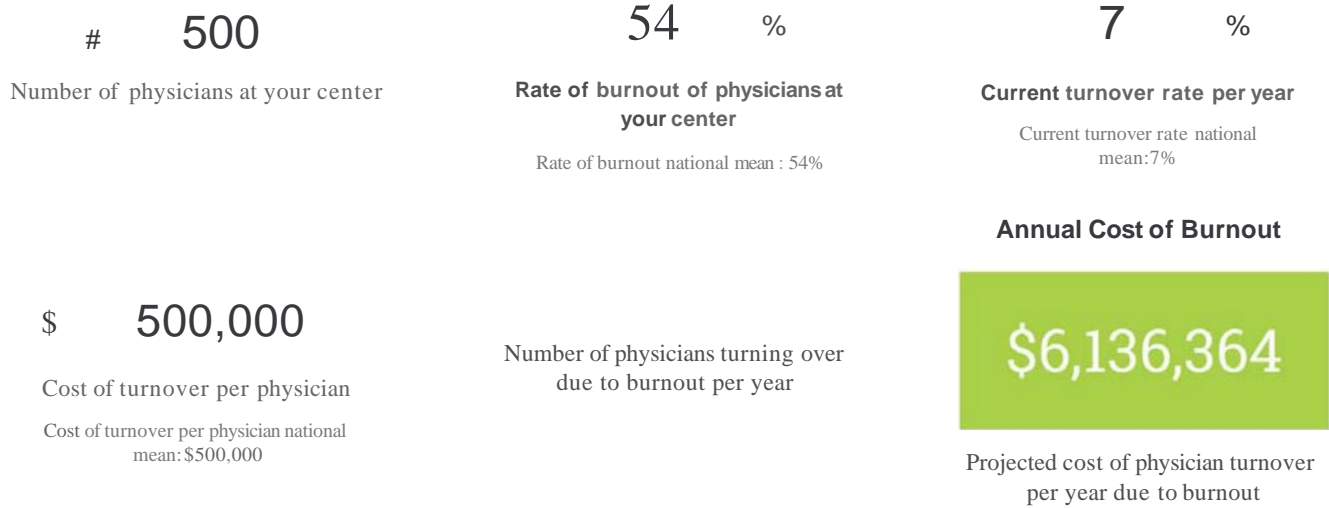
Adapted from graphic by Cardiac Interventions Today

Why Care about this topic?

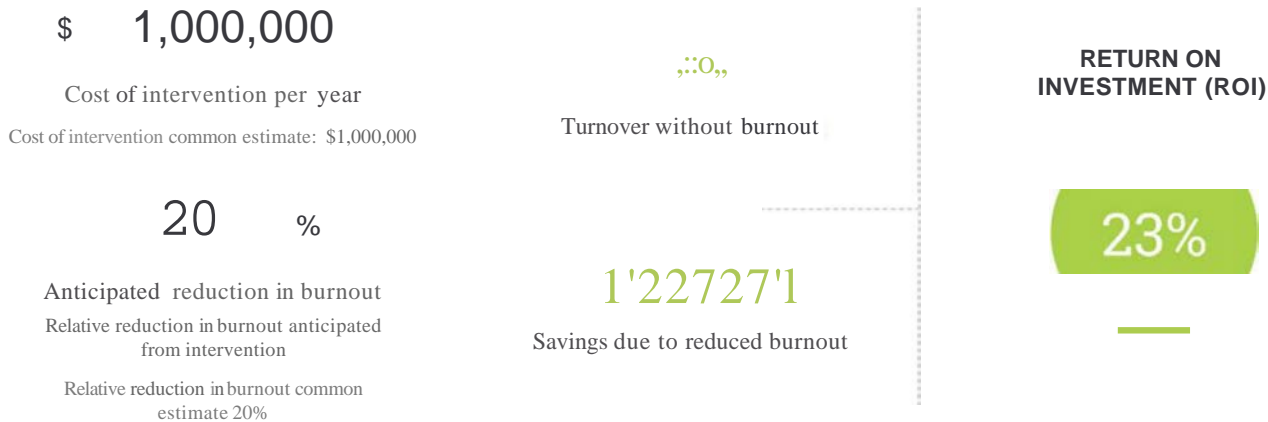
- Lower professional satisfaction
- Increased safety issues for patients
- Lower quality of care
- Less productivity
- Clinicians leaving practice
- Cost to organizations on multiple levels
- Harm to clinicians (depression/suicide)

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.)



Return on Investment for Interventions to Reduce Burnout



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

| Topic | Question | Answer options |
|--|---|--|
| 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 |

| Topic | Question | Answer options |
|--|---|--|
| 6. Little time spent on EMR at home | The amount of time I spend on the electronic medical record (EMR) at home is: | 5 = Minimal/none 4 = Modest 3 = Satisfactory 2 = Moderately high 1 = Excessive |
| 7. Good documentation time | Sufficiency of time for documentation is: | 5 = Optimal 4 = Good 3 = Satisfactory 2 = Marginal 1 = Poor |
| 8. Calmer work atmosphere | Which number best describes the atmosphere in your primary work area? | 5 = Calm 4 = 3 = Busy, but reasonable 2 = 1 = Hectic, chaotic |
| 9. Workload Control | My control over my workload is: | 5 = Optimal 4 = Good 3 = Satisfactory 2 = Marginal 1 = Poor |
| 10. No Frustration with EMR * | The EMR adds to the frustration of my day: | 5 = Agree strongly 4 = Agree 3 = Neither agree nor disagree 2 = Disagree 1 = Strongly disagree |

* 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 provide quality care.

- Rand Corporation survey 2013

What is Wellness?





Improving Clinician Well-being

Organizational Change...80%



Personal Resilience...20%

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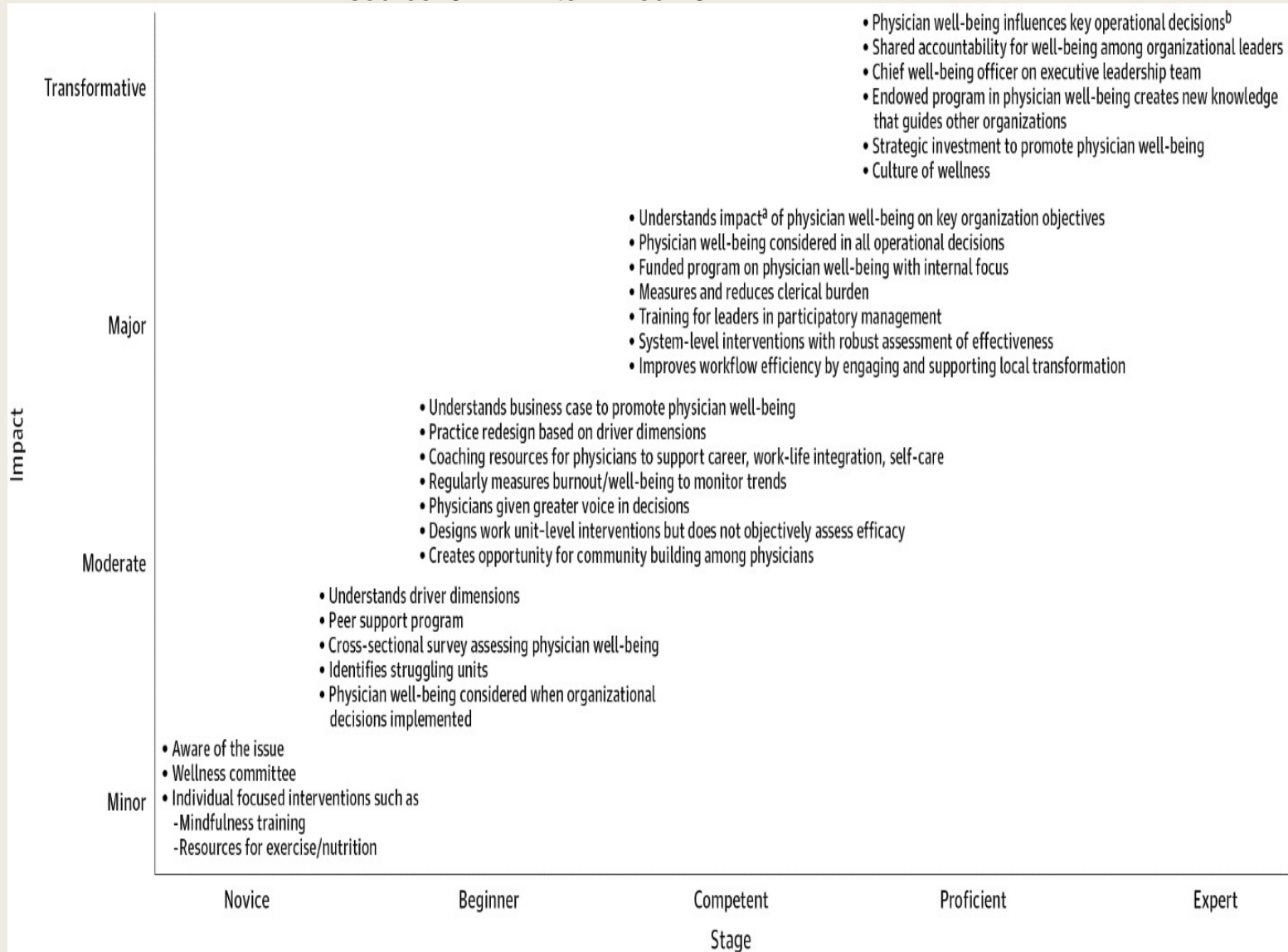


Culture of Wellness: Description

- 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



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

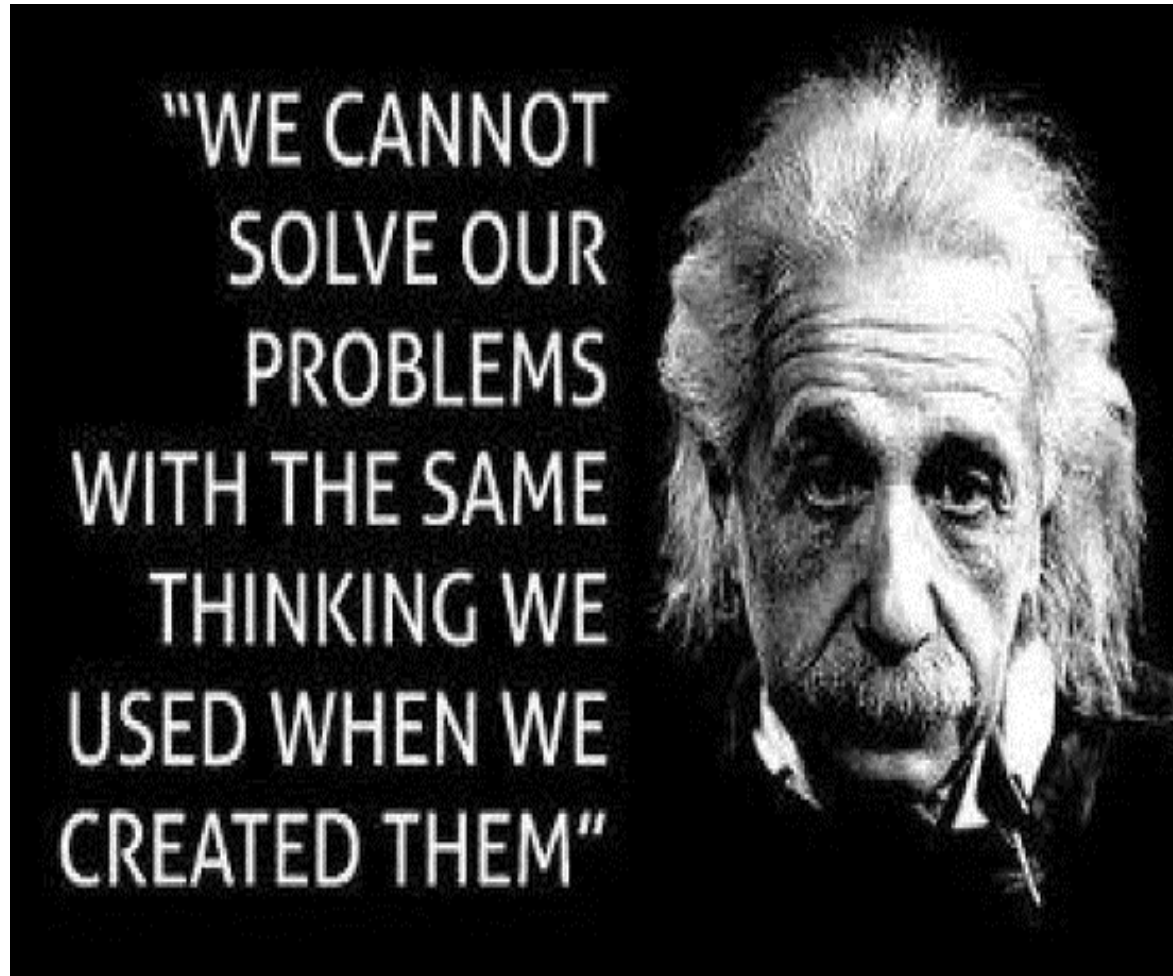
Unmet personal needs-taking care of self

Lack of a voice in important matters

Chaotic work environment



A thought about our goals in wellness...



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



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
 - Transforming Health Care
 - *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

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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
- Santarneckchi 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, 1 mo
- 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?

New Service!

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)
 - *eCAM 2009;6:271-6; Dunbar et al. 2011 Proc R Soc*
- Burns calories
 - *Buchowski et al. Int J of Obesity 2007*



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 WellIMD:

<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
- Shanafelt et al. Mayo Clin Proc 2016
- Shanafelt et al. Mayo Clin Proc 2017
- Bodenheimer, Sinsky. Am Fam Med 2014;573-76