

# BRINGING JOY BACK TO PRACTICE

## THE CASE FOR CARE DELIVERY TRANSFORMATION

California is embarking on a fundamental shift in how it pays for healthcare. For California's health centers, this pivot from volume driven payments to capitation payments (or value-based care) means both significant challenges and important opportunities to provide more effective and efficient care.

To better prepare CA's health centers for this transformation, the California Primary Care Association (CPCA), California Health Care Safety Net Institute (SNI), and the Center for Care Innovation (CCI) developed the Capitation Payment Preparedness Program—also known as CP3. CP3 provides a range of technical assistance to help organizations get ready for the Alternative Payment Methodology (APM), slated to begin in 2017.

The Quadruple Aim—enhancing patient experience, improving population health, reducing costs, and improving the work life of health care clinicians and staff—is essential to transforming care delivery and positioning health centers to succeed in a value-based care system.

### Current State: PHYSICIAN & STAFF BURNOUT

More than 50% of general internists & family physicians have symptoms of BURNOUT



FRUSTRATION in not being able to provide highest quality of care

Not enough TIME to build relationships with patients



DISSATISFACTION performing functions that do not require professional training

% of physicians that reported spending over 30% of their day on administrative tasks (2014)

43%

75%

% of physicians that reported that the EHR increases the time it takes to plan, review, order, and document care (2011)<sup>1</sup>

% of physicians that named paperwork & administration as the leading cause of work-related stress & burnout<sup>2</sup>

87%

25-50%

Amount of time physicians spend attending to the computer while in an exam room with patients

### CHALLENGES

#### PRACTITIONERS ARE SUFFERING

- Loss of enthusiasm
- Feelings of cynicism
- Low sense of personal accomplishment

Early Retirement  
Alcohol Use  
Suicidal Ideation

#### PATIENTS ARE SUFFERING

- Worse access
- Diminished patient satisfaction
- Lower quality of care & patient safety
- Reduced adherence to treatment plans resulting in negatively affected clinical outcomes<sup>5</sup>

#### STAFF ARE SUFFERING

- Impacted by physician dissatisfaction + stressors of patient care
- Caught between provider and patient demands
- Complexity of their work is unappreciated
- Heavy patient load + small staff + high stress levels

"Dissatisfied physicians are more likely to prescribe inappropriate medications which can result in expensive complications."<sup>6</sup>

"Burnout also leads to lower levels of empathy, which is associated with worsened clinical outcomes for patients with diabetes."<sup>7</sup>

"Patient safety is threatened by nurse dissatisfaction; many nurses report that their workload causes them to miss important changes in their patients' condition."<sup>8</sup>

68% of front line receptionists experience verbal abuse from patients<sup>3</sup>

of staff plan to look for a different job<sup>4</sup>

34%

### FROM PHYSICIANS



"I am no longer a physician but the data manager, data entry clerk and steno girl... I became a doctor to take care of patients. I have become the typist."



"I hate being a doctor... I can't wait to get out."



"The joy of practicing medicine is gone."



"I can't tell you how defeated I feel... The feeling of being punished for delivering good care is nerve-racking."

### OPPORTUNITY: POTENTIAL IMPACTS OF CARE DELIVERY TRANSFORMATION

"Joy in practice includes a high level of physician work life satisfaction, a low level of burnout, and a feeling that medical practice is fulfilling."

#### #1 LEADERSHIP

Value-Based Payments & Increased revenue  
Increased patient volume  
Improved patient outcomes  
Improved patient experience  
Retention of clinicians & staff  
Fewer errors and expensive complications

#### #2 PROVIDER

Improved physician satisfaction scores  
Better patient outcomes & adherence to Tx plan  
Relationships that foster healing  
Less time on administrative & non-clinical work  
Working at top of license  
Less turnover in the practice  
Improved continuity of care for patients

#### #3 STAFF

Increased team satisfaction and engagement  
Better patient outcomes & adherence to Tx plan  
Working at top of license  
Sharing in more patient care; engaging in a more meaningful & impactful way  
Less staff turnover  
Improved working relationship & communication with clinicians  
Stronger professional development & mentorship from clinicians ("just in time teaching")

#### #4 PATIENT

Increased access  
Better outcomes  
Improved relationship & communication with care team  
"What matters most" to patients is known & addressed  
Provider / Care Team continuity (Patients get to see their own care team)  
Getting the right care at the right time, in the right place, by the right person

### INNOVATIONS FROM 23 HIGH-PERFORMING PRIMARY CARE PRACTICES

#### PROACTIVE PLANNED CARE

Including previsit planning and previsit laboratory tests

#### SHARING CLINICAL CARE AMONG A TEAM

Including expanding rooming protocols, standing orders, & panel management

#### SHARING CLERICAL TASKS

Including with collaborative documents (scribing), nonphysician order entry, and stream-lined prescription management

#### IMPROVING COMMUNICATION

Including verbal messaging and in-box messaging

#### IMPROVING TEAM FUNCTIONING

Including co-location, team meetings, and work flow mapping

"The MAs and nurses are more fully engaged in patient care than they have ever been and they enjoy their work...I am far more satisfied. I leave work an hour earlier every day and have a very fulfilling relationship with my team....We're having fun."

### CP3 TECHNICAL ASSISTANCE



1. POPULATION HEALTH MANAGEMENT



2. DATA MANAGEMENT



3. FINANCIAL MANAGEMENT

CCI is leading the T/A to help organizations with care delivery transformation with a focus on population health management. CCI's T/A includes a combination of webinars, onsite sessions, coaching, and site visits.

FOR MORE INFO, VISIT:  
<https://cp3portal.com/>

#### ARTICLES REFERENCED:

- 1 Jamoom E, Patel V, King J, Furukawa MF, et al. In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices. *Ann Fam Med* 2013;11(2):137-139.
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- 4 CareerBuilder press release, April 30, 2013. More than one third of employed health care workers plan to look for a new job this year. <http://www.careerbuilder.com/share/aboutus/pressreleases.aspx>. Accessed May 1, 2014.
- 5 DiMatteo MR, Sherbourne CD, Hays RD, et al. Physicians' characteristics influence patients' adherence to medical treatment: results from the Medical Outcomes Study. *Health Psychol*. 1993;12(2):93-102.
- 6 Williams ES, Skinner AC. Outcomes of physician job satisfaction: Williams ES, Skinner AC. Outcomes of physician job satisfaction: a narrative review, implications, and directions for future research. *Health Care Manage Rev*. 2003;28(2):119-139.
- 7 Buchbinder SB, Wilson M, Melick CF, Powe NR. Primary care physician job satisfaction and turnover. *Am J Manag Care*. 2001;7(7): 701-713.
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