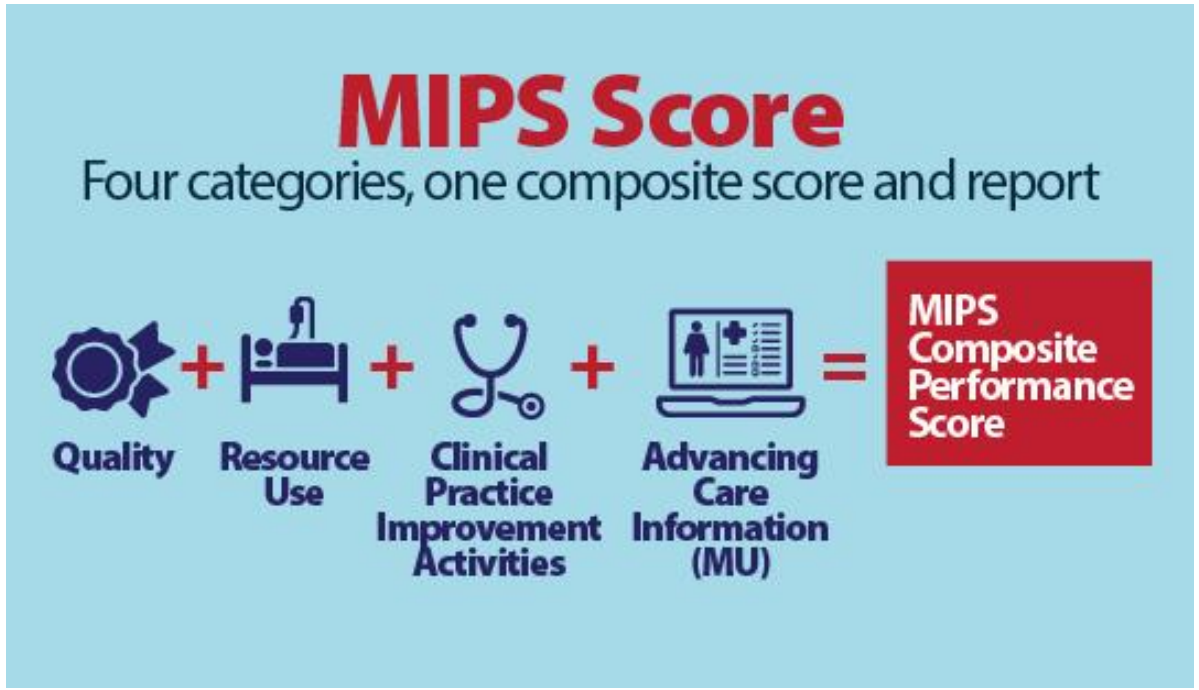
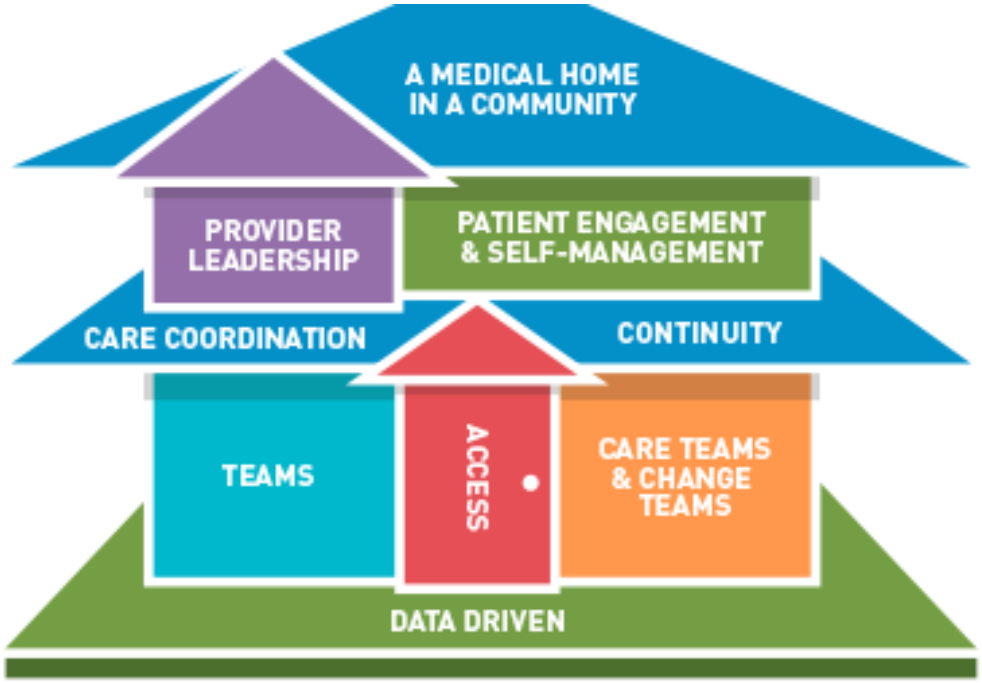
No Need to Reinvent the Wheel

Lisa S. Rotenstein MD MBA

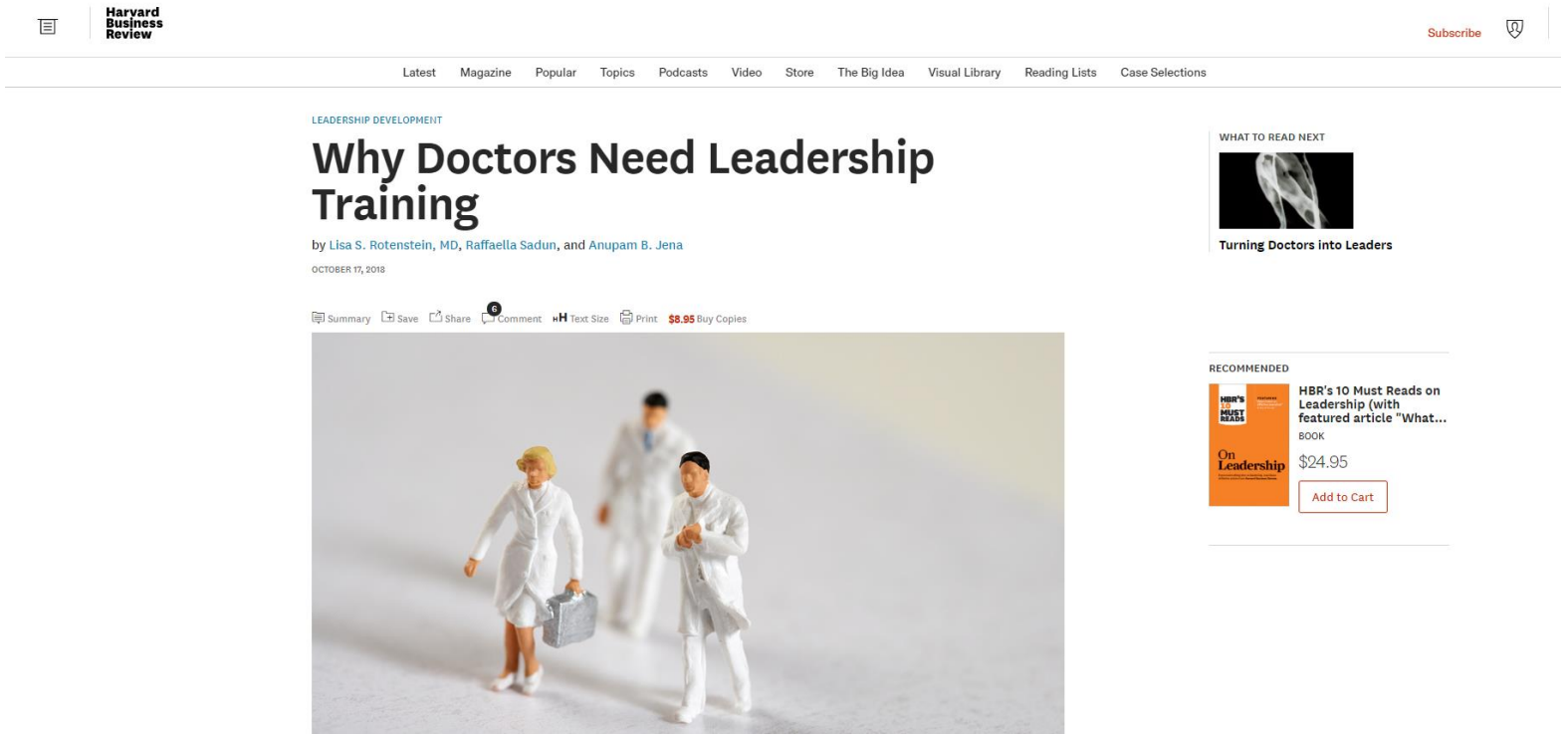
Founder and CEO, CareZooming

Internal Medicine Physician, Brigham and Women's Hospital + Harvard Medical School





Healthcare Trends



Doctors as Leaders

Physician Wellness

npr

Shots HEALTH NEWS FROM NPR

Doctors Today May Be Miserable, But Are They 'Burnt Out'?

September 18, 2018 · 12:06 PM ET

MARA GORDON

Physicians face long hours, frustrating paperwork and sometimes difficult patients. But researchers aren't so clear on whether burnout is the right word to describe their problems.

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IN THE JOURNALS

Burnout frequency varies by specialty, but exact prevalence unclear

September 18, 2018

Unclear prevalence , definition

In the second study, **Lisa S. Rotenstein, MD, MBA,** of Harvard Medical School, and colleagues tried to determine how burnout is assessed among physicians and its prevalence.

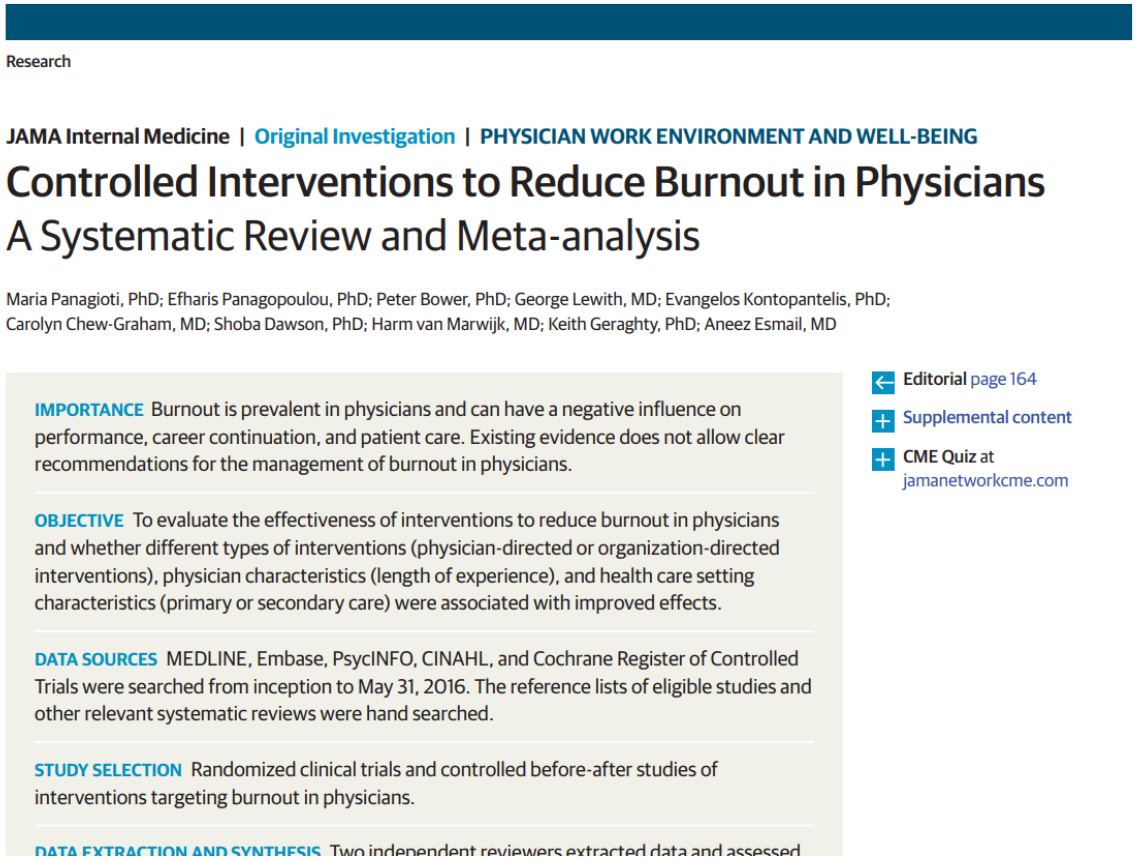
"[The] expansion of the scope of burnout has made it useful for describing the shared experience and stress of medical practice, particularly in conjunction with research demonstrating elevated levels of depressive symptoms among physicians. ... Consequently, there is interest among researchers, clinicians, and health policy leaders in ascertaining the prevalence and drivers of burnout in physicians," Rothstein and colleagues wrote.

182 studies consisting of 109,628 individuals in 45 countries published between 1991 and 2018 used some form of the Maslach Burnout Inventory to determine burnout. Among those studies, there were at least 47 distinct definitions of overall burnout prevalence, 29 definitions of emotional exhaustion, and 26 definitions each of depersonalization and low personal accomplishment.

Symptoms of burnout and career choice regret were common among U.S. resident physicians, but differed substantially by clinical specialty, according to findings recently published in *JAMA*. A second study on burnout, a systematic review also appearing in *JAMA*, found substantial differences in how frequently burnout occurs among practicing physicians and noticeable variations in

In addition, the overall burnout prevalence in the 156 studies fluctuated from 0% to 80.5% with depersonalization prevalence varying from 0% to 89.9%, low personal accomplishment ranging from 0% to 87.1% and emotional exhaustion prevalence varying from 0% to 86.2%.

"Because of inconsistencies in definitions of and assessment methods for burnout across studies, associations between burnout and sex, age, geography, time, specialty, and depressive symptoms could not be reliably determined," Rotenstein and colleagues wrote.



Research

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Controlled Interventions to Reduce Burnout in Physicians
A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

IMPORTANCE Burnout is prevalent in physicians and can have a negative influence on performance, career continuation, and patient care. Existing evidence does not allow clear recommendations for the management of burnout in physicians.

OBJECTIVE To evaluate the effectiveness of interventions to reduce burnout in physicians and whether different types of interventions (physician-directed or organization-directed interventions), physician characteristics (length of experience), and health care setting characteristics (primary or secondary care) were associated with improved effects.

DATA SOURCES MEDLINE, Embase, PsycINFO, CINAHL, and Cochrane Register of Controlled Trials were searched from inception to May 31, 2016. The reference lists of eligible studies and other relevant systematic reviews were hand searched.

STUDY SELECTION Randomized clinical trials and controlled before-after studies of interventions targeting burnout in physicians.

DATA EXTRACTION AND SYNTHESIS Two independent reviewers extracted data and assessed

Editorial page 164

Supplemental content

CME Quiz at jamanetworkcme.com

Takeaways:

Organization-directed interventions associated with higher treatment effects than physician-directed interventions.

Interventions delivered in primary care and to experienced physicians showed a trend towards greater effectiveness.

- Workload- or schedule-focused changes
- Quality improvement and communication skills focused
- Protected time for physician-directed interventions

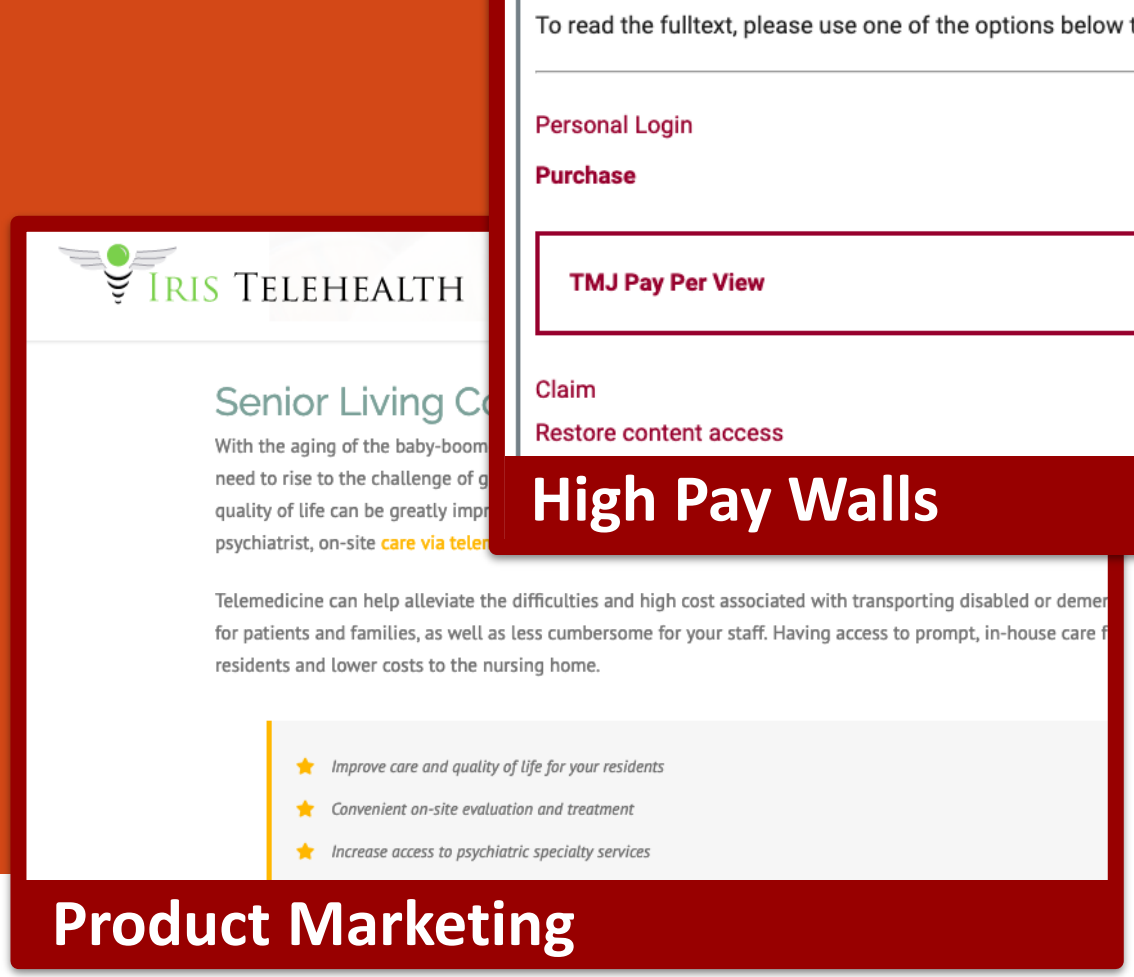
Organization-directed (focused on workload or schedule): Two intensivist staffing schedules were compared: continuous and interrupted (rotations every 2 wk) for 14 mo.	Physician-directed: 1 weekly 4-6 h workshop for a total of 12 wk. Interactive teaching intervention aiming to impart the knowledge, attitudes, and skills needed for adapting to the task of a physician in a busy community clinic
Physician-directed: A 2-mo mindfulness-based stress reduction program that involved a weekly Powerpoint presentation of stressful topics related to the medical profession (eg, healing with suffering), a weekly 45-min mindfulness exercise, a weekly 60-min group reflection about the weekly topic, and the mindfulness exercise	Physician-directed: 2 2.5-h self-care workshops coordinated by mental health professionals, who addressed aspects of burnout syndrome such as identification of risk factors, coping behaviors, preventive behaviors, and self-care
Physician-directed: 2 mo (8 sessions of 2.5 h/wk plus a 1-d session of 8 h) of contemplation-meditation exercises such as mindfulness meditation, in which participants focus on the present-moment experience and contemplate nonjudgmentally bodily sensations, breathing, sounds, and thoughts	Physician-directed: 45-min stress reduction intervention in which one reflects on the background of the situation that may have generated stress professionally, examines one's affect, analyzes the most troublesome aspects of the situation, reflects on how one handled the situation, and provides oneself empathy (supportive comments)
Physician-directed: a 30-h communication skills training and a 10-h stress management skills training in small groups (≤7 participants)	Organization-directed (focused on workload or schedule): Residents in 2 university-affiliated ICUs were randomly assigned (in 2-mo rotation blocks from January to June 2009) to in-house overnight schedules of 12 h.
Physician-directed: 1.5-d intensive face-to-face workshop with 3-6 participants incorporating presentation of principles, a DVD modeling ideal behavior, and role play practice, followed by 4 1.5-h videoconferences at monthly intervals incorporating role play of physician-generated scenarios	Physician-directed: 18 1-hour bimonthly groups who met regularly with trained discussion group leaders to discuss topics related to stress, balance, and job satisfaction
Physician-directed: A 7-h interactive face-to-face workshop training with a follow-up telephone call 1 mo later. The elements of the training workshop were evidence based and used accepted adult learning principles.	Organization-directed (focused on workload or schedule): a 5-h period of protected time in which interns were expected to sleep (12:30 AM to 5:30 AM) for 4 wk
Organization-directed (focused on workload): shift work staffing in which there was 24/7 intensivist presence. The same pool of intensivists supplied day shift and night shift coverage. In any given week, a single intensivist was responsible for all 7 day shifts (8 AM-5:30 PM, 8 AM-3 PM on weekends), whereas 2 different intensivists alternated the 7 night shifts.	Physician-directed: 8 weekly sessions each lasting 2.5 h, and a 1-d silent retreat between the sixth and seventh session focused on mindfulness. Participants were encouraged to focus their attention on the present moment and to observe their own thoughts, feelings, and behavior in a nonjudgmental way. Some of the themes discussed were awareness of pleasant or unpleasant sensations, feelings, or thoughts; perceptual biases and filters; burnout; boundaries or conflict management; and self-care.
Physician-directed: 3 1-h debriefing sessions and a focus group that explored themes around work-related stressors, coping mechanisms, and potential strategies to improve junior medical officer well-being	Physician-directed: 12-wk, self-directed and team-based incentivized exercise program including self-reported exercise and gym attendance. Participants were encouraged to form teams of 5 for accountability and mutual commitment to exercise. Individual and team points were calculated and emailed to participants weekly.
Organization-directed (focused on communication, teamwork, and quality improvement): targeted quality improvement projects, improved communication, and changes in workflow	Organization-directed (components from physician-directed interventions): 19 biweekly facilitated discussion groups incorporating elements of mindfulness, reflection, shared experience, and small-group learning for 9 mo. Protected time (1 h of paid time every other week) for participants was provided by the institution.
Organization-directed (focused on workload or schedule): assignment to random sequences of 2-wk shift rotations	

What are you looking to improve in your practice?

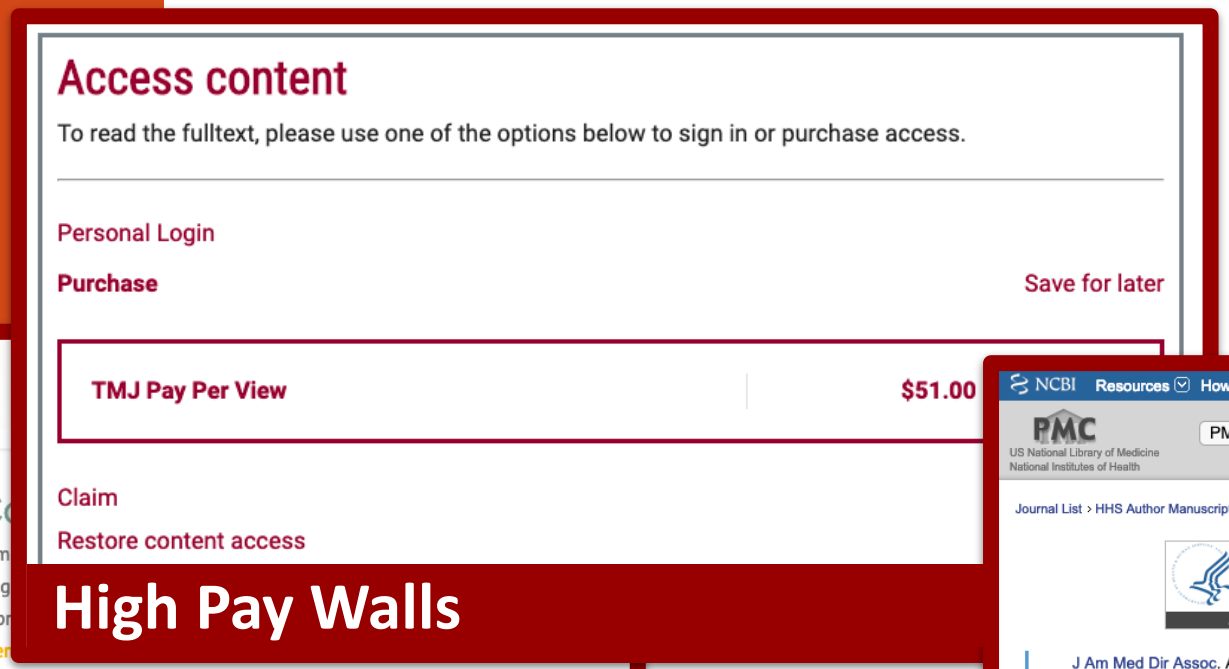
What makes improvement hard?

Where do you turn for improvement information?

how to start a tele-mental health program



Product Marketing

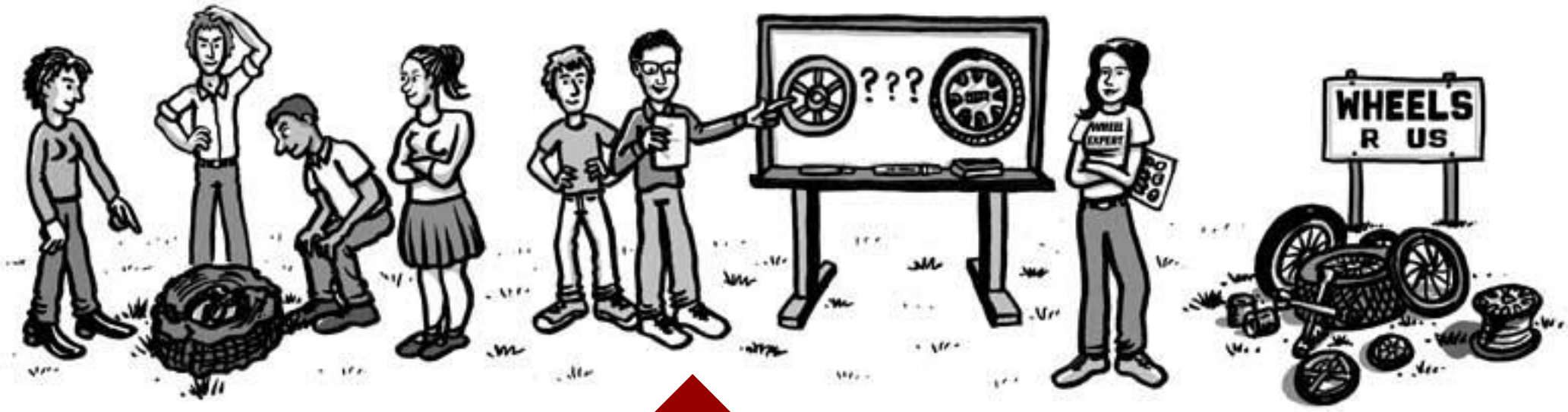


High Pay Walls

Complex Journal Articles

Confidential

Healthcare teams are doing this:



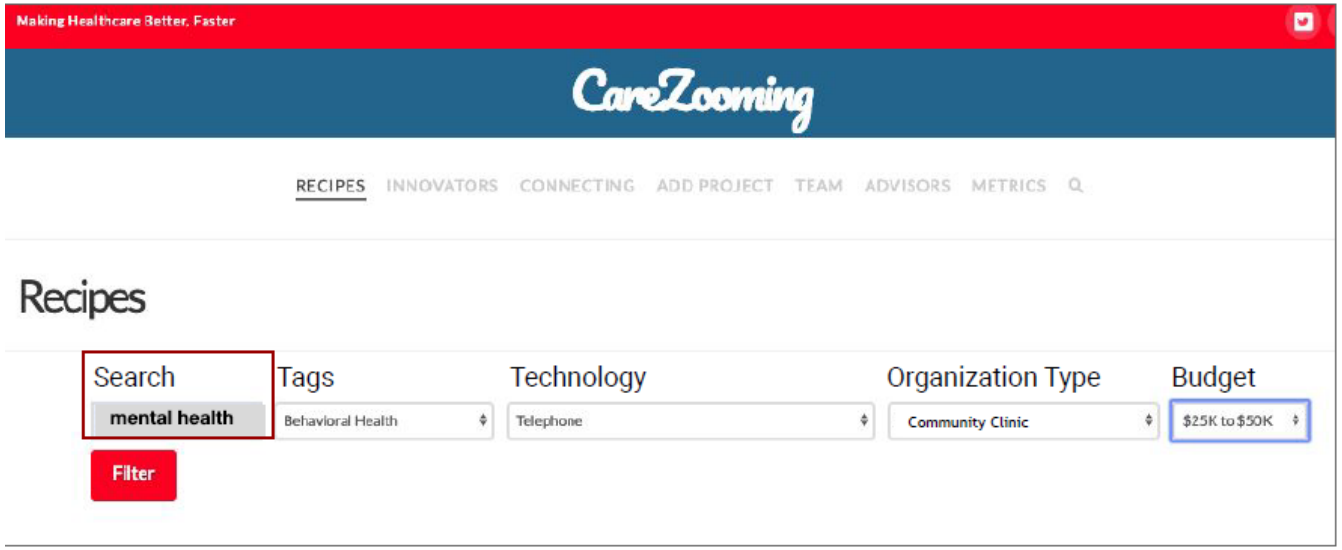
Time
Energy
$$$

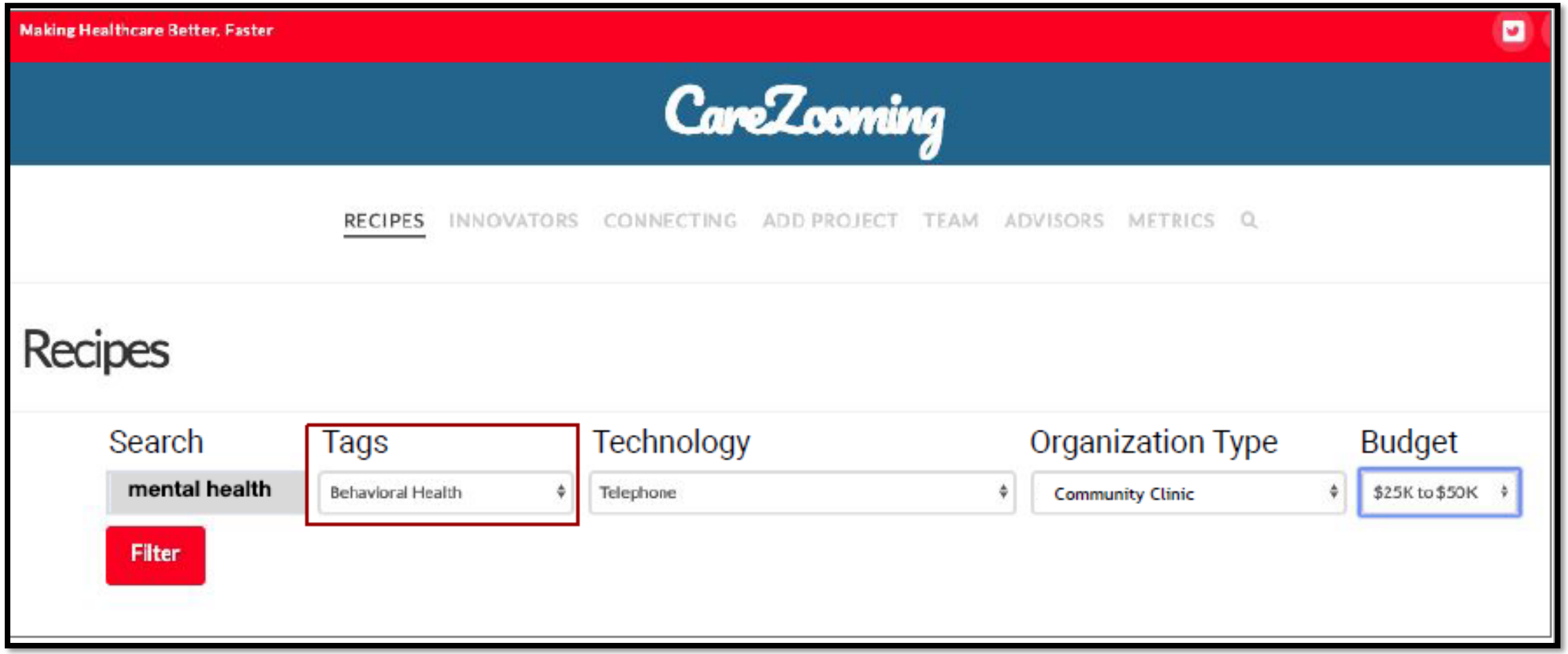
Instead of finding & connecting with one another

Reinventing the Wheel

Image source: Health Catalyst

The CareZooming Method

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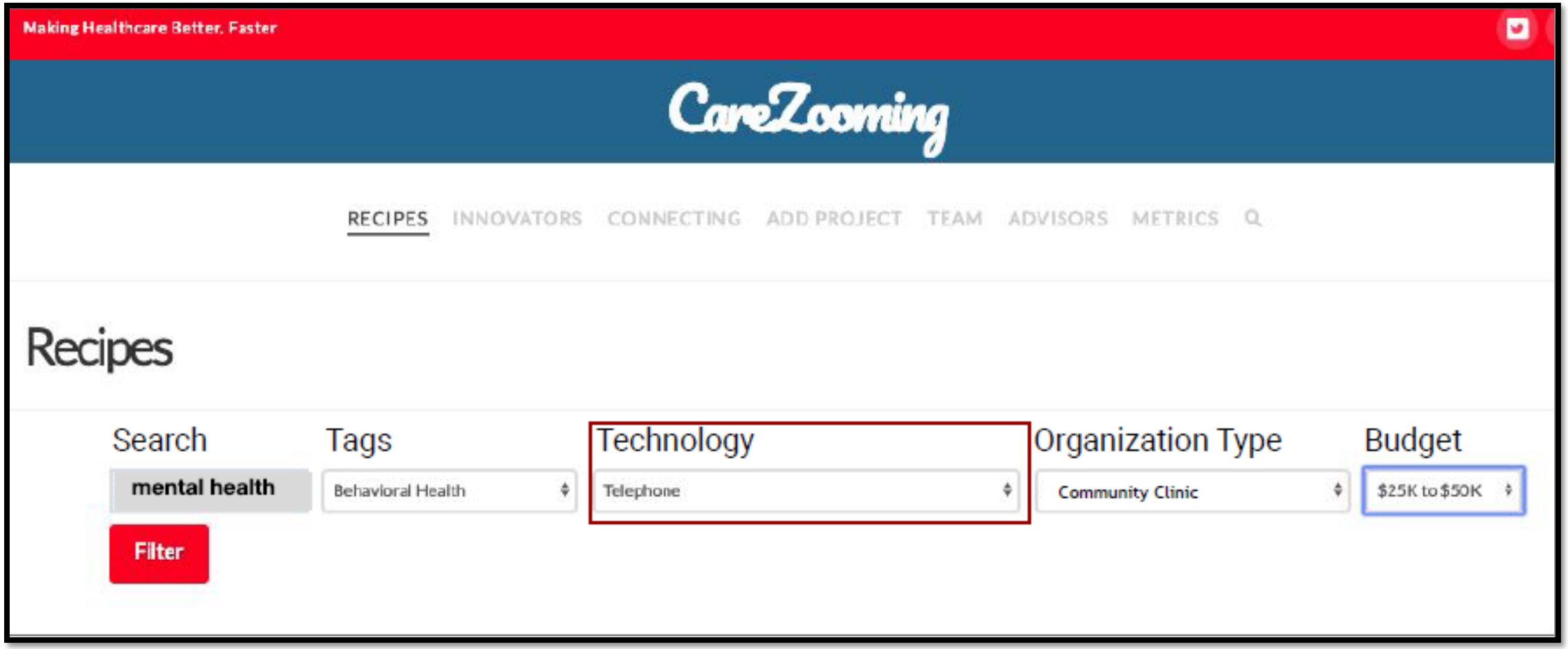
Filter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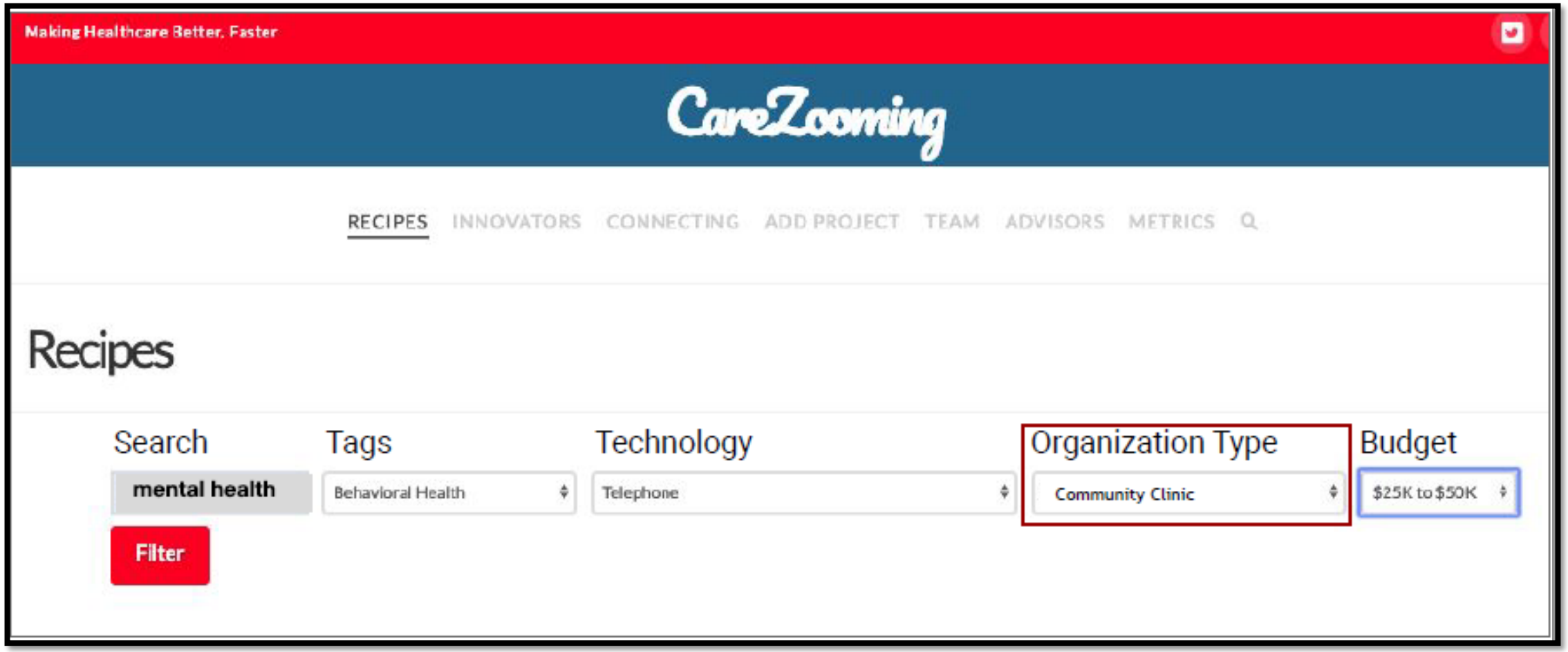
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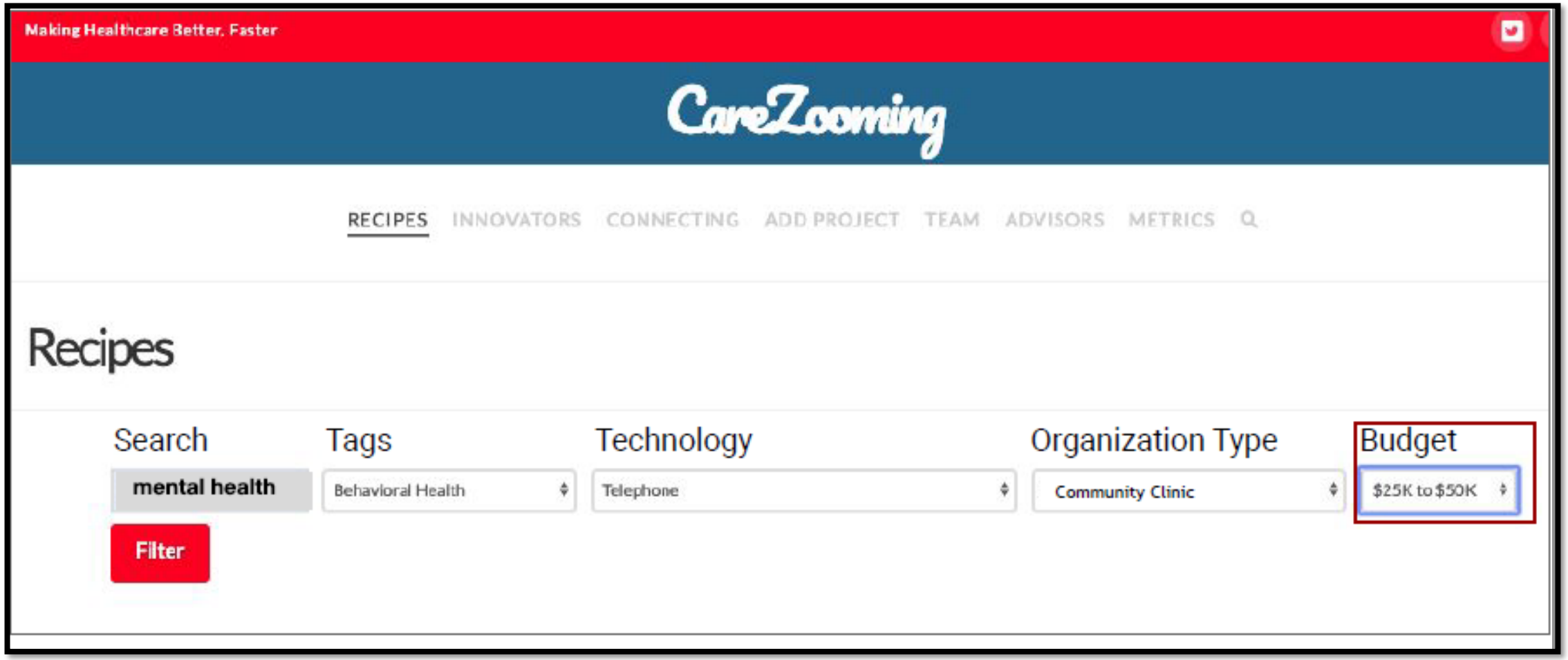
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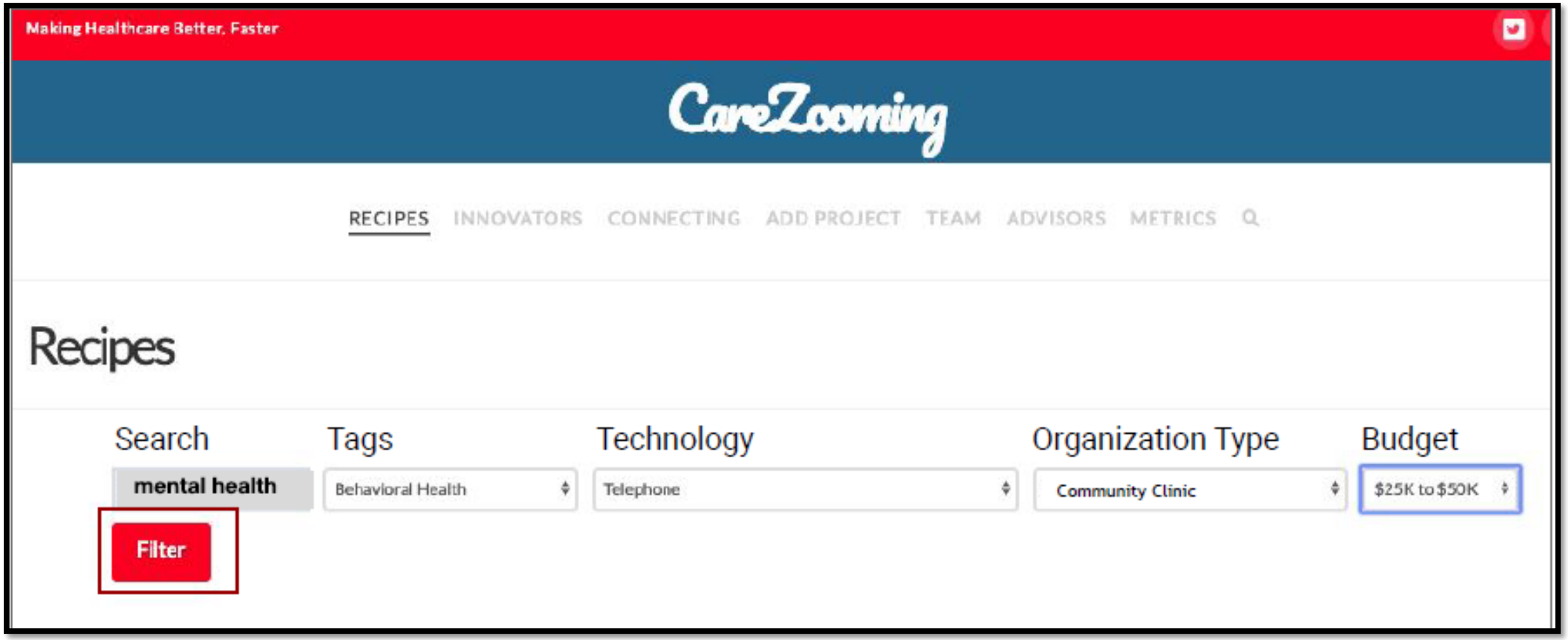
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Making Healthcare Better, Faster

CareZooming

Mental Health Counseling via Telehealth @ Texas A&M University

Overview

The Telehealth Counseling Clinic is a telehealth clinic that uses psychology doctoral students from Texas A&M University to provide free virtual therapy to underserved patients in the Brazos Valley area of Texas.

Organization Name

Telehealth Counseling Clinic at Texas A&M University

Organization Type

- Academic Hospital
- Academic Medical Center
- Community outpatient clinic
- Integrated healthcare system/network

National/Policy Context

Innovators

- Carly McCord PsyD

Editors

- Anabel Starosta, BA
- Meg Krasne, MPH

Location

College Station, TX

Talk to the Innovators

Carly McCord PsyD

Director of Clinical Services, Telehealth Counseling Clinic, Texas A&M University

Expertise: Mental Health Counseling via Telehealth @ Texas A&M University

- Research Assistant Professor, Department of Health Promotion & Community Health Sciences
- Adjunct Professor, Department of Educational Psychology
- Responsible for daily operations of clinic, coordinates three practicum programs for psychology doctoral students & graduate students in public health
- Expertise in starting and supervising successful, innovative training and supervision model for telepsychology

Training

- Texas A&M's Psychology doctoral program trains its students in telepsychology, with training including the following:
  - Telehealth 101: introduction to what telehealth is and examples of how it is implemented
  - How to handle emergencies from a distance
  - Multicultural considerations of working in rural areas
- All doctoral students who participate in TCC have received this telepsychology training.
- TCC also leads a continuing education program, which is an online program for existing professionals for telehealth counseling.

Team Members Involved

- Administrative Assistant
- Clinical Trainee or Student
- Psychologist

Workflow Steps

Daily Workflow – Steps:

- Access points are areas set up in satellite communities, such as at community resource centers or government offices. The administrative staff at the access points are members of the respective communities who advertise TCC services and help the patient complete the paperwork to register, and fax it back to the TCC hub in College Station, TX.
- Patients go to satellite clinics where they use interactive videoconferencing technology to speak with their therapists who are at the TCC hub. Patients can also speak with counselors on the phone.
- Doctoral students conduct a phone screening before patients have first counseling session to make sure they are a good fit for telehealth and can be treated as outpatients.
  - The only exclusionary criteria for patients is that they do not want telehealth, preferring to see an in-person provider. In this case, patients are referred to an in-person therapist.
  - Students screen for immediate crisis/need to be an inpatient.
- Once therapeutic relationship is established, students provide counseling 1/week for 45-50 minutes. Counseling can be for an individual, group, or couple.
- Number of average sessions is 9, and 20 sessions is the limit.
- PHQ 9 is used weekly to track depression scores.
- Students are required to document treatment plan and termination summary in Titanium Schedule.

Carly McCord PsyD

Director of Clinical Services, Telehealth Counseling Clinic, Texas A&M University

Expertise: Mental Health Counseling via Telehealth @ Texas A&M University

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Budget Details

- Salary for clinic director.
- Salary for 3 paid graduate assistants who help run clinic operations.
- Doctoral students who provide services are volunteers ($0).
- Cost for running clinic outside of salaries: EMR fees, licensure fees, phone, internet, equipment like computers/monitors, office materials, and travel to counties and conferences.

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Outcomes

- Change in depression scores, measured with PHQ 9.
- Health-Related Quality of Life (HRQOL) measures

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Malia Davis MSN, RN, ANP-C, NP

Director of Nursing Services and Clinical Team Development, Clinica Family Health

Expertise: Expanding Nursing Role via RN "Co-Visit" Model @ Clinica Family Health

- Leading work nationally and locally on RN role expansion in primary care, including complex care management, nurse lead co-visits, utilizing design thinking to improve health and wellness in underserved populations, and optimizing team based care.
- Robert Wood Johnson Foundation Executive Nurse Fellow.
- She earned her master's degree in nursing at Yale School of Nursing.

Karen Funk, MD, MPP

VP of Clinical Services, Clinica Family Health

Expertise: Expanding Nursing Role via RN "Co-Visit" Model @ Clinica Family Health

- Currently VP of Clinical Services at Clinica Family Health, formerly Assistant Medical Director. She received her MD from the University of Illinois and trained in family medicine at Rose Medical Center.
- She has served as a family physician at Clinica's Lafayette Clinic since 2004.
- Past positions and honors include Quality Improvement Coordinator for Planned Parenthood of Greater Chicago and Albert Schweitzer Fellow.
- Currently a national faculty member for the CMMS TCPI (Transforming Clinical Practice Initiative.

Joanna D'Afflitti, MD, MPH

Medical Director for the Office-Based Addiction Treatment (OBAT) Program, Boston Medical Center

Expertise: Nurse Practitioner-Physician Primary Care Teams via "NP Anchor" @ Boston Medical Center

- Currently a PCP in the Section of General Internal Medicine at Boston Medical Center, where she served as the Associate Medical Director for Primary Care Quality and Innovation

Ashish Atreja, MD, MPH

Associate Professor and Chief Innovation Officer (CIO) for Medicine , Icahn School of Medicine at Mount Sinai

Expertise: Achieving IBD Clinical Trial Recruitment in a Day via Digital Medicine Platform @ Mount Sinai Health System

- Dr. Atreja completed internal medicine and gastroenterology training at the Cleveland Clinic. He has formal training and experience in public health and informatics.

Azam Tayyebi DNP

Family Nurse Practitioner , Elmhurst Wound Care Clinic

Expertise: Improving Timely Referrals via implementation of Lower Extremity Amputation Prevention (LEAP) Tool @ Suburban Wound Care Clinic

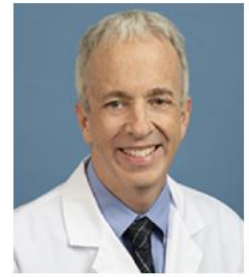
- Doctor of Nursing Practice DNP @ Frontier Nursing University, KY
- Experienced in geriatric, cardiovascular, infection prevention, hospice, & home health nursing
- Practices and conducted QI on advanced wound care nursing at the Elmhurst Wound Clinic

Sandra Santos

Senior Project Specialist, Ambulatory Management Team, Massachusetts General Hospital/Massachusetts General Physician Organization

Expertise: Direct Scheduling in Primary Care @ Massachusetts General Hospital

- Leads consulting engagements in outpatient areas, facilitate collaborations with physicians, administrative leaders, and staff at all levels. Focuses on Patient Access.
- As an Epic Credentialed trainer was training physicians during the Epic implementation on the clinical side but also did administrative staff training in Epic during the Revenue Cycle implementation
- Previously, Sandra served as a Team Lead for the MGPO Budget and Analytics department for 5 years
- Received her Bachelor of Science, Business Management with a minor in Finance at UMASS Boston.



Alexander Young, MD

Professor, UCLA Department of Psychiatry; Director of Health Services

Director of Health Services, VA Mental Illness Research, Education and Clinical Center in Southern California

Paul Giboney MD

Associate Chief Medical Officer, LA Department of Health Services

Expertise: eConsults @ the LA Department of Health Services

- Currently serves as Associate Chief Medical Officer of the Los


1. REQUEST
2. RESPONSE

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Camden Coalition

REVIEW OF SYSTEMS

CareZooming Reach

We have featured content from 28 Cities + 50 Organizations from across the United States to date.

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Boston Medical Center
Brookside Community Health Center
Cambridge Health Alliance
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Cleveland Clinic
Clinica Family Health
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Edward Elmhurst Health
Frontier Nursing University
Geisinger Health System
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Portland Providence Medical Center
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St. Louis University
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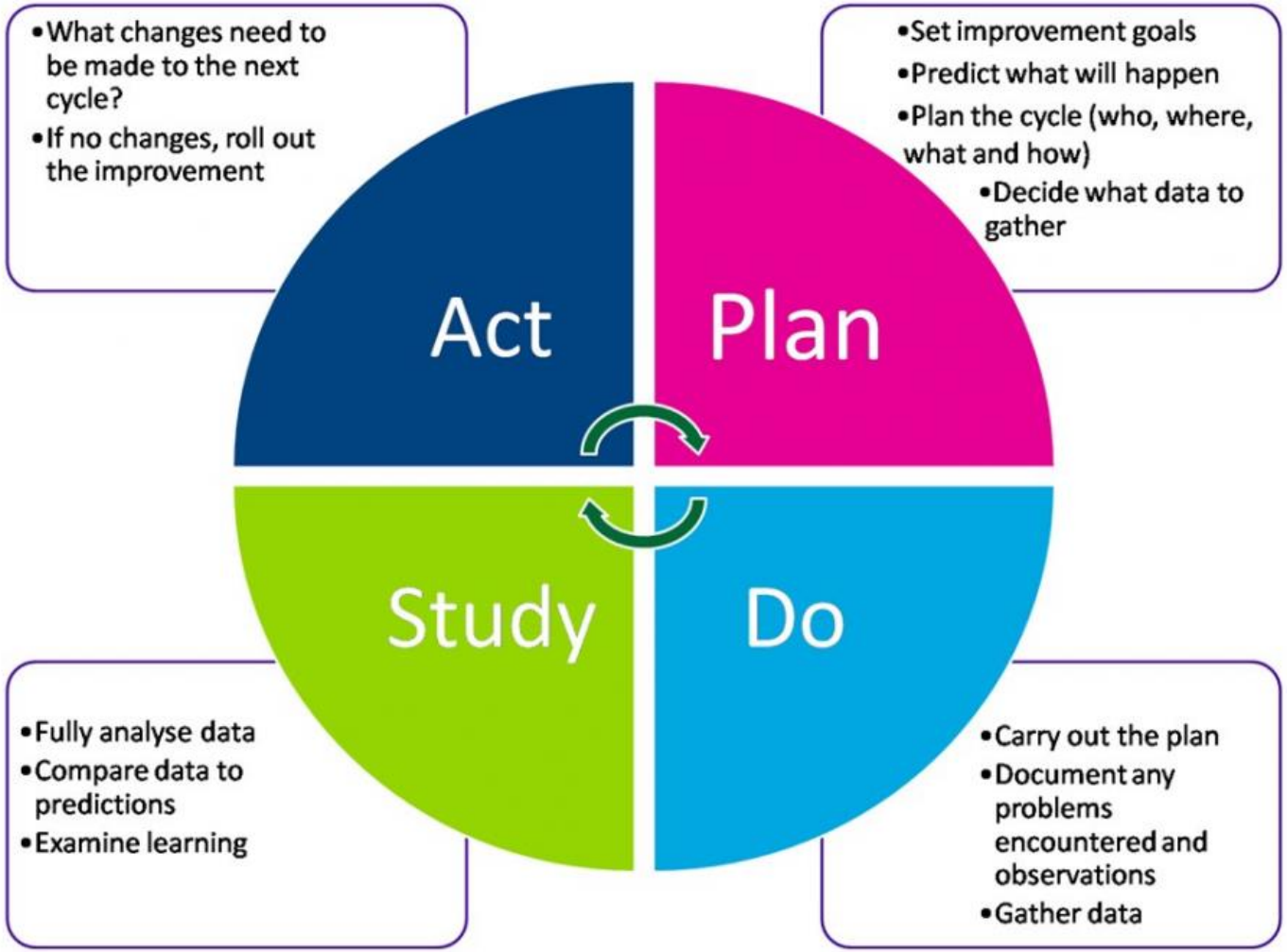
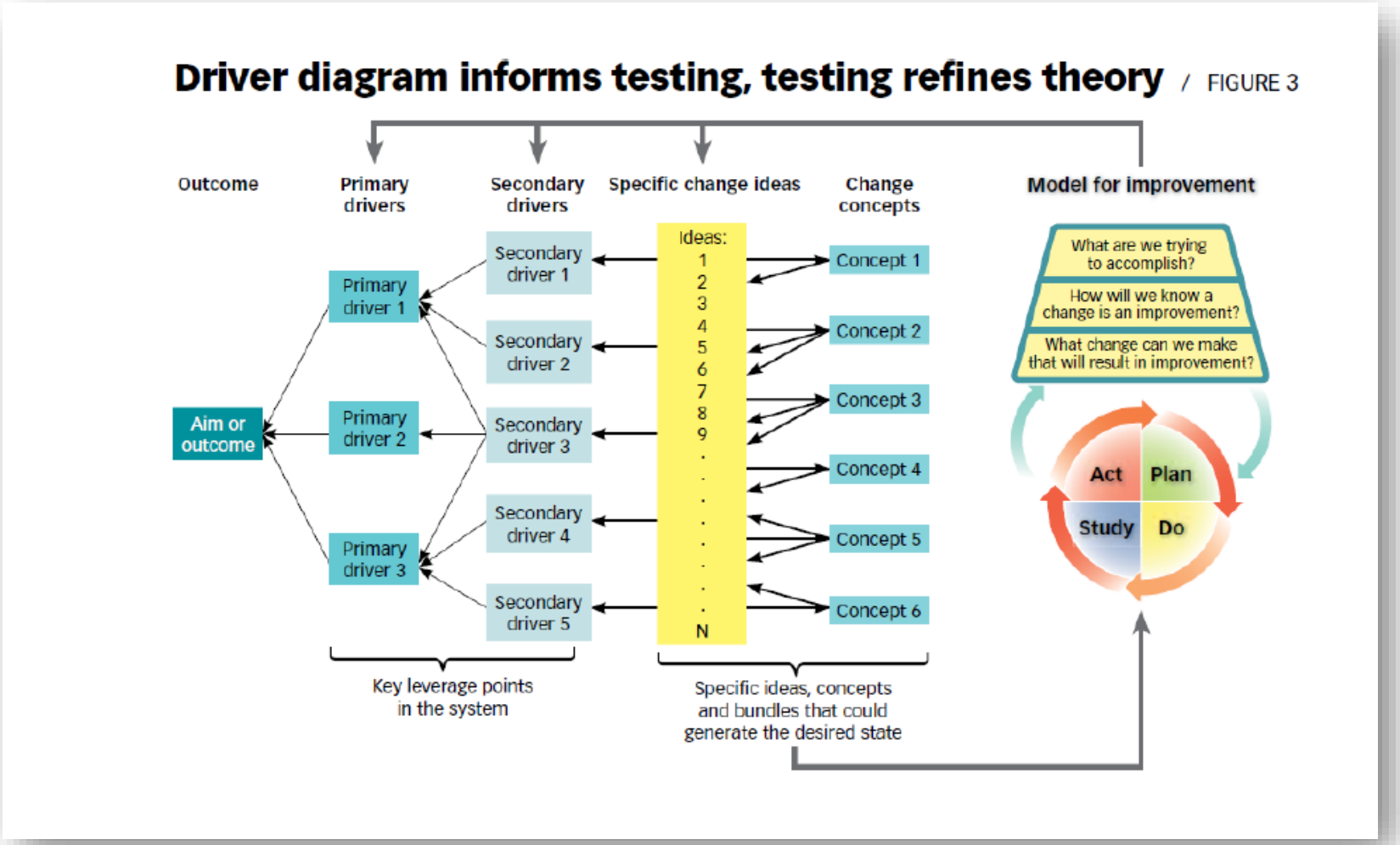
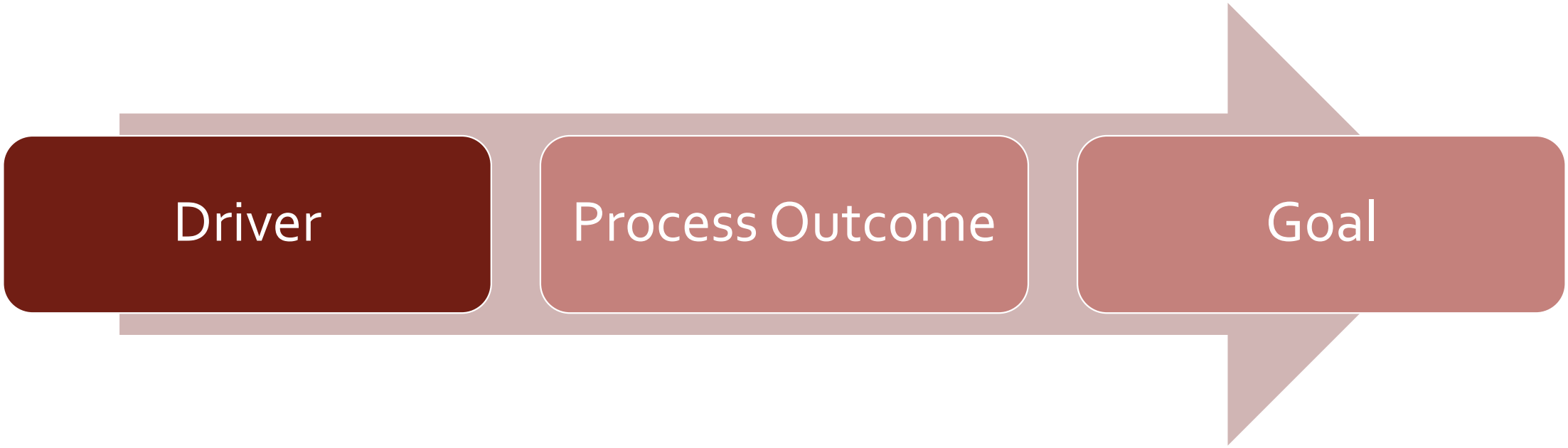
PDSA Cycles

PDSA Cycles


•What changes need to be made to the next cycle?
•If no changes, roll out the improvement
•Set improvement goals
•Predict what will happen
•Plan the cycle (who, where, what and how)
•Decide what data to gather
Act
Plan
Study
Do
•Fully analyse data
•Compare data to predictions
•Examine learning
•Carry out the plan
•Document any problems encountered and observations
•Gather data

PDSA Cycles


Driver diagram informs testing, testing refines theory / FIGURE 3
Outcome
Primary drivers
Secondary drivers
Specific change ideas
Change concepts
Model for improvement
Aim or outcome
Primary driver 1
Primary driver 2
Primary driver 3
Secondary driver 1
Secondary driver 2
Secondary driver 3
Secondary driver 4
Secondary driver 5
Ideas: 1 2 3 4 5 6 7 8 9 . . . . . N
Concept 1
Concept 2
Concept 3
Concept 4
Concept 5
Concept 6
What are we trying to accomplish?
How will we know a change is an improvement?
What change can we make that will result in improvement?
Act
Plan
Study
Do
Key leverage points in the system
Specific ideas, concepts and bundles that could generate the desired state

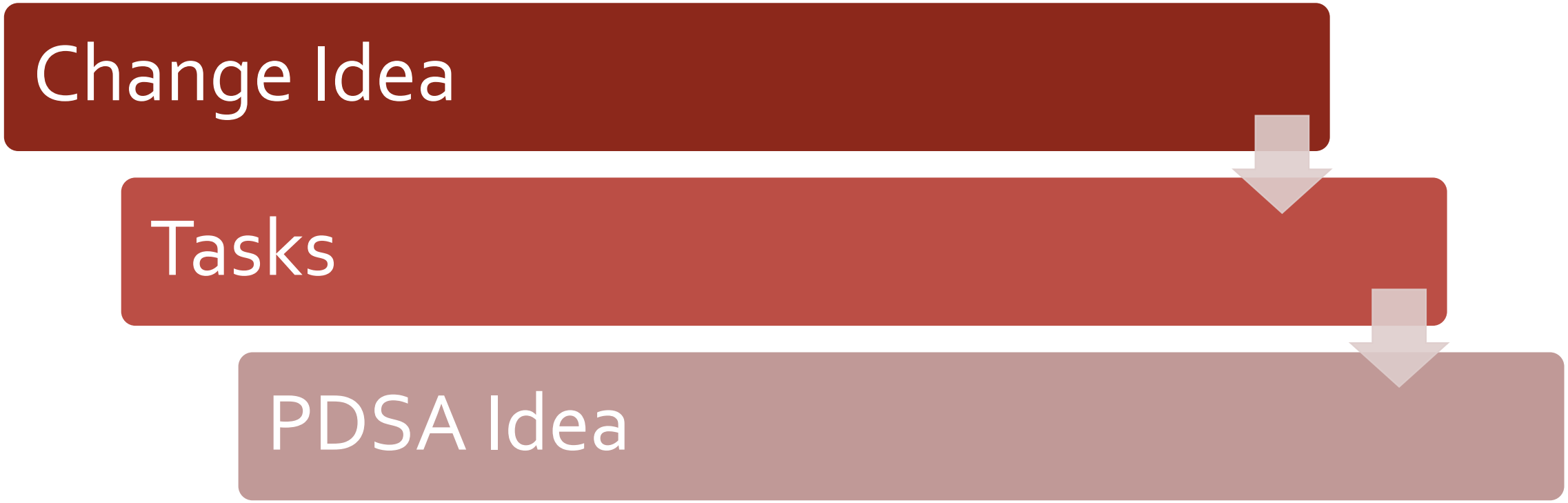


PDSA Cycles

Team: John, Sally, Mark, Dave, Laura, and Beth Project: Lowering Depression Scores: Achieve a 15-point decrease in PHQ-9 scores for 50% of depressed patients by May 1.

Driver – list the drivers you'll be working on	Process Measure	Goal
1. Patient education	% of patients in depressed population receiving education materials before leaving office will have documented use of education materials	90% of patients in depressed population will have documented use of educational materials before leaving office
2. Follow-up assessment	% of patients in depressed population that have a follow-up assessment within the first eight weeks of their initial diagnosis	75% of patients in depressed population have a follow-up assessment within the first eight weeks of their initial diagnosis

PDSA Cycles



PDSA Cycles

Driver Number (from above)	Change Idea	Tasks to Prepare for Tests	PDSA	Person Responsible	Timeline (T = Test; I = Implement; S = Spread)													
					Week													
					1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Provide pamphlet and link to short video at time of patient discharge	Need to make sure we have enough pamphlets on site; need to ensure link to video works	Nurse will hand materials to patient before leaving the exam room with all patients scoring high on the PHQ-9	Beth and Mark	T	T												
2	Patients will come back to the office for a follow-up assessment within eight weeks of depression diagnosis	Need to schedule appointments within timeframe and get patients to attend follow-up appointment; need to make sure secretaries are aware of this test	Have secretaries write down the date and time of the follow-up appointment on the back of the clinic's business card	Laura	T	T												

PDSA Cycles

Let's Practice!

- **Scribes**

https://bit.ly/2JfzS3g
https://bit.ly/2HceyZ1

- **E-Consults**

https://bit.ly/2VUoOhQ
https://bit.ly/2H96hpQ

- **Opioid Management**

https://bit.ly/2EoZeos
https://bit.ly/2JbIBDw

- **Nurse + Physician Partnerships**

https://bit.ly/2LB9iDF
https://bit.ly/2JbIEzc

Let's Practice!

1. Learn from Peers

2. Read the Recipe

Let's Practice!

1. Learn from Peers

2. Read the Recipe

3. **Think about your Context - How can you Adapt?**

Let's Practice!

- **What is your Aim?**
- Organization Type
- Context for Change
- Patient Population Served/Payor Information
- Background Research
- Funding

Let's Practice!

- Tools
- Tech
- Training
- Team Members
- Workflow – broad strokes
- Expected Challenges

Let's Practice!

1. Learn from Peers
2. Read the Recipe
3. Think about your Context - How can you Adapt?
4. **Plan your Outcomes + PDSAs**

Let's Practice!

- What are your drivers?
- What are your desired outcomes?
- What are your goals?

Let's Practice!

- What is your change idea? What tests of change will you try?
- What tasks are needed?
- What will be your first PDSA test?

Thank you!

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