Finding Joy and Purpose in Primary Care – Why it Matters and How We Get There

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Healthcare industry performance is unacceptable

- Access is poor
- Patient care is uncoordinated
- Customer service is terrible
- Benefit designs create barriers
- Health outcomes are not improving
- Costs are bankrupting the economy
- Physicians are not sufficiently paid or equipped to address the most important chronic health issues
- Incumbents’ poor performance continues to be rewarded

More of the same is not the answer
Life as a General Internist in 2008

“The little things have become the big things—I fear our roles as healers, comforters, and listeners are being lost. I’d rather work at Starbucks.”

Ben Crocker, MD,
Massachusetts General Hospital
Nearly ½ of MDs Burned Out

Figure 1. Burnout by specialty.

Arch Intern Med 2012; E1-9
Burnout affects Patients

Physician burnout is associated with...

- ↑ Mistakes
- ↓ Adherence
- Less empathy
- ↓ Patient satisfaction

Burnout Costs Physicians

Physician burnout is associated with…

- ↑ Disruptive behavior
- ↑ Divorce
- ↑ CAD
- ↑ Substance abuse/addiction
- ↑ Suicide

Sources:
In Search of Joy in Practice

- Christine Sinsky - PI
- Tom Bodenheimer - PI
- Rachel Willard
- Tom Sinsky
- Andrew Schutzbank
- David Margolius
In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices

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ABSTRACT

WE wanted to gather innovations from high-functioning primary care practices that we believe can facilitate joy in practice and mitigate physician burnout. To do so, we made site visits to 23 high-performing family practices and focused on how these practices distribute functions among the team, use technology to their advantage, improve outcomes with data, and make the job of primary care feasible and enjoyable as a life’s vocation. Innovations identified include (1) proactive planned care, with previsit planning and previsit laboratory tests; (2) sharing clinical care among a team, with expanded rooming protocols, standing orders, and panel management; (3) sharing clerical tasks with collaborative documentation (scribing), nonphysician order entry, and streamlined prescription management; (4) improving communication by verbal messaging and in-box management; and (5) improving team functioning through co-location, team meetings, and work flow mapping. Our observations suggest that a shift from a physician-centric model of work distribution and responsibility to a shared-care model, with a higher level of clinical support staff per physician and frequent forums for communication, can result in high-functioning teams, improved professional satisfaction, and greater joy in practice.
Joy in Practice

Site visits to 23 high-performing practices (most PCMHs)

Workflow
Task distribution
Physical space
Technology
Consistent Threats to Joy

- Chaotic visits
- EHR creates work for MDs
- Inadequate support
- Teams function poorly
- Time spent in documentation
Consistent Approaches for Success

Visit Planning

Workflow redesign

Growth in teams

Focus on teamwork

Care collaboration
Fairview: Care Model Redesign
MA pre-visit call
Agenda, Med review
Depression screen
Advanced directive
Pre-visit Labs

- 89% ↓ phone calls (p<0.001)
- 85% ↓ letters (p<0.0001)
- 61% ↓ additional visits (p<0.001)
- 21% ↓ tests ordered (p<0.0001)
- ↑ patient satisfaction

Physician centric to team based model Immunization, diabetic foot, lifestyle, HTN visits; even though more visits/day, less harried; proud
Team documentation at Cleveland Clinic

Kevin Hopkins M.D.
We have developed a new mental model: 

Pull the doctor out of the infrastructure (typing, EHR, etc) and get them back to being present to the patient.

David Moen, MD  
Director Care Model Innovation, Fairview Clinic Mlps  
Personal communication 2.10.10
Semi-circular desk, APF
Printer in every room University of Utah Redstone

HP: Saves 20 min/day/physician
Co-location at South Central Foundation, Alaska
Lean Problem solving
Harvard Vanguard Medical Associates
Key Lessons: ↓ Burnout and ↑ Joy

- Share the care with team
  - 2:1 or 3:1 staffing in stable
  - Physician-centric to team-based care
- Clear communication
  - Co-location
  - Team meetings
- Systematic Planning
  - Pre-visit planning
  - Workflow mapping
APF: pt centered, team-based and mindful of care team well being.

The biggest difference -- is team, culture and time. Time with patients to better understand who they are, their story.

I wouldn't trade that for anything. I'm loving it.
How can we put all of these interventions together?

- Standing orders
- In-box management
- In-visit scribing
- Pre-visit planning
- Health Coaching
- Share the Care
- Huddles
- Care Coordination
- Panel management
- Co-location
- Team meetings
Improving Primary Care: Team Guide

www.improvingprimarycare.org

- RWJF led tool kit:
  - Get Started
  - Build the Team
  - Do the Work
What if we could start over?
About Iora Primary Care

- Founded in December 2010 by Rushika Fernandopulle, MD after 10 years of primary care redesign work.
- Venture-backed primary care provider based in Cambridge, MA; closed Series C financing in 1Q-2015. 150 employees nationally, headcount has doubled each year.
- Currently caring for 10,000 around the country with 12 practices across 7 states.
- Contracted with insurers, unions, self-funded employers and groups.
Iora Health is building a vision for the future

Flexibility to innovate: freedom of Iora payment model
Motivation to innovate: focus of Iora clinical model
Tools to innovate: Iora integrated IT model
Restoring humanity means...
Care focused on the population, not the visits

Daily Huddle:
45 minutes every day – Full team/Full participation – Rotating facilitation
Patients with high Worry Scores, Patients of active concern, Patients coming in today
Care coordination – follow-up for labs, referrals
Restoring humanity means…

*Fun and creative ways to engage patients in health*

*Diabetes Club @ Culinary Extra Clinic*
Restoring humanity means…
Doing whatever it takes

Prescription for healthy eating:
Grocery shopping “visit”

Patient engagement:
Toenail Tuesdays for a patient with diabetes
It works
Access and outcomes improve

“Before I didn’t go to the doctor much. Now I feel like I am going to see my friends. I am not joking.”

- 50 y/o patient who has lost 32 lbs in 6 months

Patients love the practice

100
80
60
40
20
0

% patients with >1 visit

Average 4.5 visits per year at Iora practice

93

Amazon.com
76%

Kaiser Permanente
33%

Net Promoter Score = % Promoters – % Detractors

Question: “How likely is it that you would recommend Iora practice to a friend or coworker?”

Patients are engaged

94%

Typical payer care mgmt program

9%

Hypertension Control

Initial vs. Most Recent Blood Pressure

Hypertension benchmark: CDC. Vital signs: prevalence, treatment, and control of hypertension. MMWR. 2011;60(4):103-8

Initial BP
<140/90
(at practice enrollment)

Most recent BP
<140/90

Initial BP
66%

National average
47%

Most recent BP
81%

>= 3 mo enrolled, N = 659
It works
*Downstream utilization & costs decrease*

At SCC, total spend fell a **net of 12.3%**
Driven by large decreases in hospital admissions, ER visits, outpatient procedures

Data from Special Care Center Practice, Atlantic City
Population was high risk/cost
We are restoring humanity to health care
Questions?

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