THE FOURTH AIM: IMPROVING HEALTHCARE CLINICIAN WELLNESS

Carrie Horwitch MD, MPH, FACP
Carrie.horwitch@virginiamason.org
Disclosures

- No financial disclosures
- Certified Laughter Leader from World Laughter Tour
- Wellness Champion-American College of Physicians
The Triple-Aim

IHI Triple Aim Initiative
Better Care for Individuals, Better Health for Populations, and Lower Per Capita Costs

Patient Experience
(Better Care)

Health of Populations
(Better Health)

Reducing per capita cost
(Better Value)
The 4th AIM – Clinician/HCW Wellness

REFLECTION

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

Thomas Bodenheimer, MD¹
Christine Sinsky, MD²,³

¹Center for Excellence in Primary Care, Department of Family and Community Medicine, University of California San Francisco, San Francisco, California
²Medical Associates Clinic and Health Plan, Dubuque, Iowa
³American Medical Association, Chicago, Illinois

ABSTRACT

The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.

- In no relationship is the physician more often derelict than in his duty to himself

- There are three lessons to learn: mastery of self, conscientious devotion to duty, and deep human interest in human beings.
  - Sir William Osler, The Quotable Osler

- The principal driver of physician satisfaction is the ability to provider quality care.
  - Rand Corporation survey 2013
Continuum of Wellness & Burnout

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)
A Noble Profession...
What is Wellness?
Improving Clinician Well-being

Organizational Change...80%

Personal Resilience...20%
“Don’t avoid the burned-out physician,
Avoid the organization/practice who burned them out.”

Mark Linzer MD

PHYSICIAN BURN OUT SCORES:

The quality indicator now available on all web sites!
THE STANFORD MODEL

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

Description

- Leadership engagement and accountability
- Demonstrates support and appreciation
- Prioritizes professional health
- Work environment the supports professional well-being and fulfillment
- Clinician wellbeing as a metric
- Encourage innovation
Organizational ladder

source: JAMA Intern Med 2017

Transformative

Major

Impact

Moderate

Minor

Novice  Beginner  Competent  Proficient  Expert

- Physicewell-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

- Understands impact of physician well-being on key organization objectives
- Physician well-being considered in all operational decisions
- Funded program on physician well-being with internal focus
- Measures and reduces clerical burden
- Training for leaders in participatory management
- System-level interventions with robust assessment of effectiveness
- Improves workflow efficiency by engaging and supporting local transformation

- 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

- Aware of the issue
- Wellness committee
- Individual focused interventions such as
  - Mindfulness training
  - Resources for exercise/nutrition

- Understands driver dimensions
- Peer support program
- Cross-sectional survey assessing physician well-being
- Identifies struggling units
- Physician well-being considered when organizational decisions implemented
Work place engagement

- Enable control
- Structure rewards
- Build community
  - teamwork
- Promote fairness
- Recognize values
  - Use clinician instead of provider (MD, SW, RN, ARNP, MA, PA etc)
  - Patient instead of consumer
- Leader inclusiveness
- Invite and appreciate contributions
  - Thank colleagues for their work
  - Thank patients
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
5 P’s of 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
# Key Questions Mini Z

<table>
<thead>
<tr>
<th>Topic</th>
<th>Question</th>
<th>Answer options</th>
</tr>
</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 = I am beginning to burn out and have one or more symptoms of burnout  
3 = 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 |

<table>
<thead>
<tr>
<th>Topic</th>
<th>Question</th>
<th>Answer options</th>
</tr>
</thead>
</table>
| 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 = Hectic, chaotic  
1 =  |
| 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.
THE STANFORD MODEL

- Culture of Wellness
- Professional Fulfillment
- Efficiency of Practice
- 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
■ Process 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
Medical Professional Societies

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

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

Authentic Happiness
https://www.authentichappiness.sas.upenn.edu/
Virginia Mason Medical Center

Transforming Health Care

- Reduction of waste - Lean principles
- 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

- Culture of Wellness
- Efficiency of Practice
- Personal Resilience

Professional Fulfillment
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

- Manage energy - take breaks, eat lunch w/others
- Calibrate expectations: of yourself, pts and staff
- Recognize emotional overload: get help
- Reframe cognitive distortions: instead of “I didn’t do that well” say “I am proud of what I did and will look for ways to improve”
- Savor resonant moments: keep a “feel good file”
- EMR password that makes you smile or laugh
- 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

Adapted from Back et al. 2016; resilientclinician.org
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)
- 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
Positive psychology: Seligman

- Positive Emotion
- Engagement
- Relationships
- Meaning
- Achievement

https://www.authentichappiness.sas.upenn.edu/
Gratitude exercise

■ What am I grateful for today?
■ What am I grateful for about the work I do?
■ What am I grateful for in my life?
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 (ie pleasure, pain reduction, socialization)
Benefits of laughter

- Reduces cortisol (stress reliever)
- Eases muscle tension
- Favorable effect on arterial stiffness/endothelium
  - Sugawara et al. Am J Cardiol 2010;106:856-859
  - Miller et al. Heart 2006;92:261-62 (arterial flow increased 22% with laughter and decreased 47% during mental stress)
- 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-10-20% increase in energy expenditure
Sugawara et al
open circles: laughter
closed circles: documentary
Benefits of laughter

- Reduces cortisol (stress reliever)
- Eases muscle tension
- Favorable effect on arterial stiffness/endothelium
  - Sugawara et al. Am J Cardiol 2010;106:856-859
  - Miller et al. Heart 2006;92:261-62 (arterial flow increased 22% with laughter and decreased 47% during mental stress)
- 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-10-20% increase in energy expenditure
“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