



GMCB Primary Care Workforce Panel: Retaining Vermont's Primary Care Physicians

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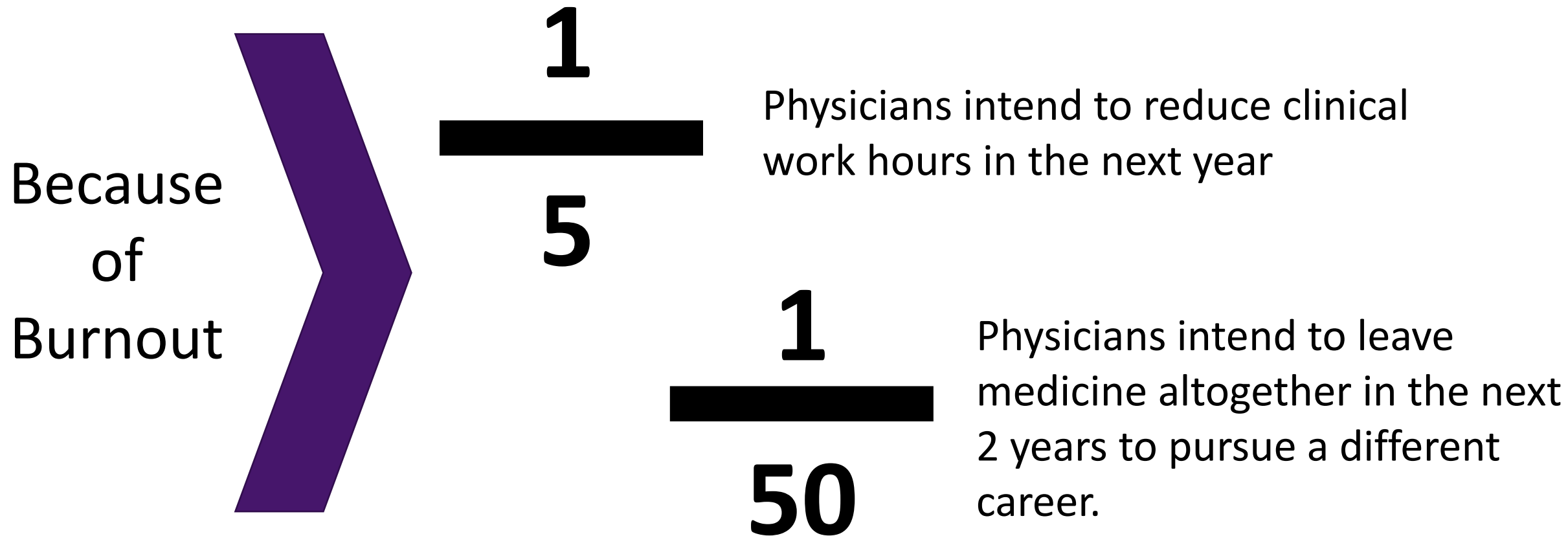
WWW.VTMD.ORG

Yes, physician training & recruitment!

- Scholarship funding linked to service in Vermont
- Increase AHEC loan repayment funding
- Tax incentives for primary care professionals & clinical preceptors

....but also make Vermont the best state to practice
primary care

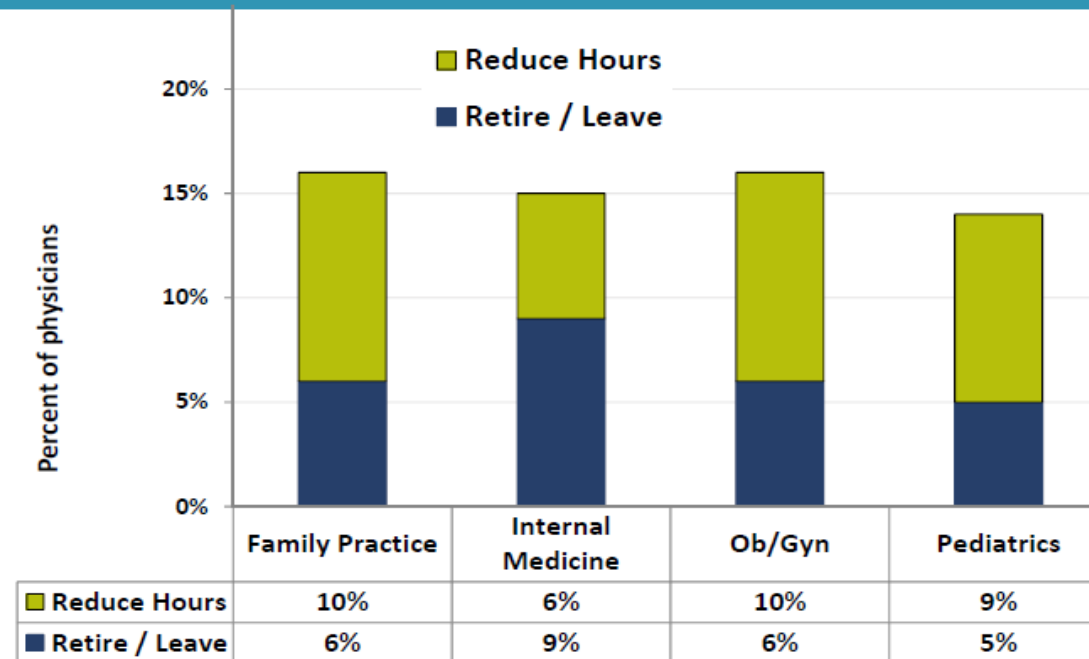
Physicians Leaving Practice and Profession Due to Burnout (Nationally)



Source: Sinsky, Christine A. et al., Professional Satisfaction and the Career Plans of US Physicians, Mayo Clinic Proceedings, Volume 92, Issue 11, 1625 - 1635

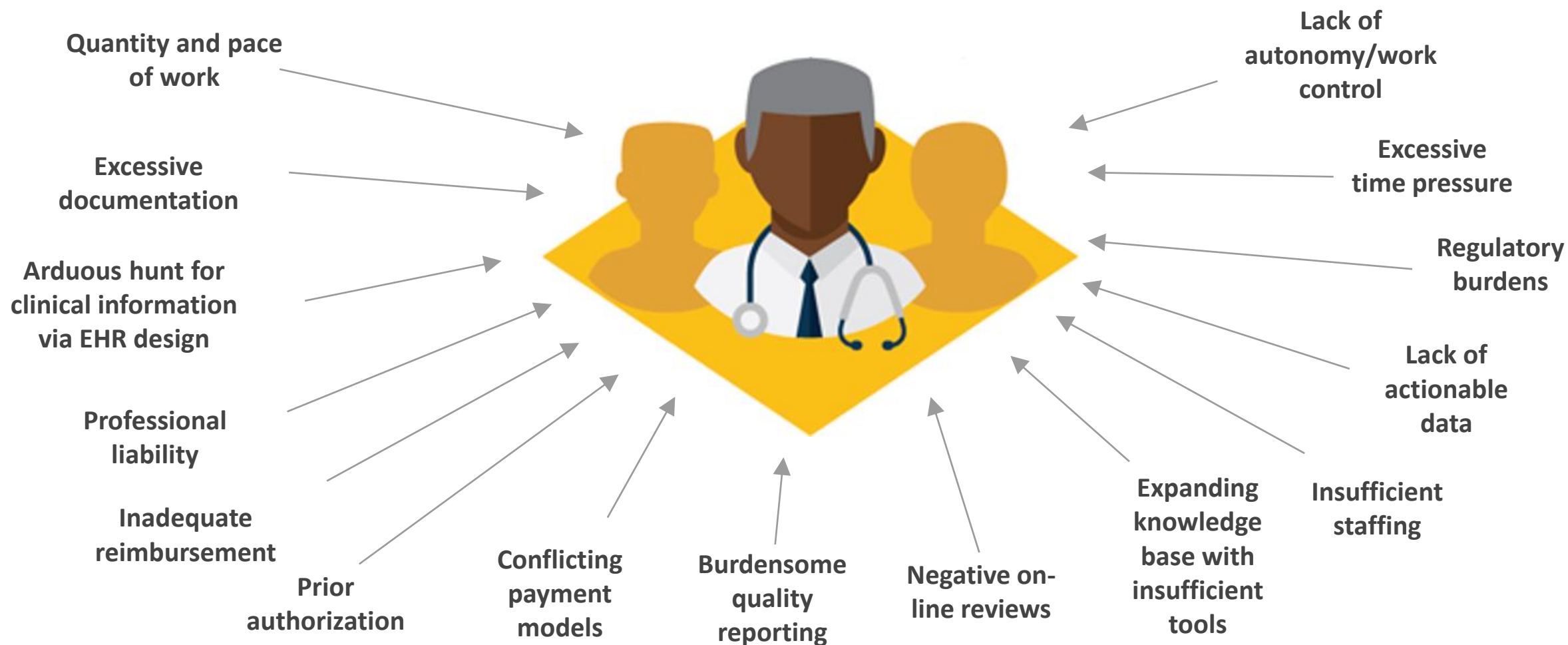
Primary Care Physicians (Vermont)

15% of primary care physicians are planning to retire or reduce hours in Vermont within 12 Months.



Negative forces pressing on physicians

Physician burnout is a symptom of system dysfunction



Allocation of Physician Time: Part 1

Annals of Internal Medicine

ORIGINAL RESEARCH

Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tutty, PhD; and George Blike, MD

Background: Little is known about how physician time is allocated in ambulatory care.

Objective: To describe how physician time is spent in ambulatory practice.

Design: Quantitative direct observational time and motion study (during office hours) and self-reported diary (after hours).

Setting: U.S. ambulatory care in 4 specialties in 4 states (Illinois, New Hampshire, Virginia, and Washington).

Participants: 57 U.S. physicians in family medicine, internal medicine, cardiology, and orthopedics who were observed for 430 hours, 21 of whom also completed after-hours diaries.

Measurements: Proportions of time spent on 4 activities (direct clinical face time, electronic health record [EHR] and desk work, administrative tasks, and other tasks) and self-reported after-hours work.

Results: During the office day, physicians spent 27.0% of their total time on direct clinical face time with patients and 49.2% of

their time on EHR and desk work. While in the examination room with patients, physicians spent 52.9% of the time on direct clinical face time and 37.0% on EHR and desk work. The 21 physicians who completed after-hours diaries reported 1 to 2 hours of after-hours work each night, devoted mostly to EHR tasks.

Limitations: Data were gathered in self-selected, high-performing practices and may not be generalizable to other settings. The descriptive study design did not support formal statistical comparisons by physician and practice characteristics.

Conclusion: For every hour physicians provide direct clinical face time to patients, nearly 2 additional hours is spent on EHR and desk work within the clinic day. Outside office hours, physicians spend another 1 to 2 hours of personal time each night doing additional computer and other clerical work.

Primary Funding Source: American Medical Association.

Ann Intern Med. 2016;165:753-760. doi:10.7326/M16-0961 www.annals.org
For author affiliations, see end of text.
This article was published at www.annals.org on 6 September 2016.

- For every hour of physicians clinical face time to patients, nearly 2 additional hours are spent on EHR/desk work.
- Outside office hours, physicians spend another 1 to 2 hours each night doing EHR/desk work.

Allocation of Physician Time: Part 2

Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations

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ABSTRACT

PURPOSE Primary care physicians spend nearly 2 hours on electronic health record (EHR) tasks per hour of direct patient care. Demand for non-face-to-face care, such as communication through a patient portal and administrative tasks, is increasing and contributing to burnout. The goal of this study was to assess time allocated by primary care physicians within the EHR as indicated by EHR user-event log data, both during clinic hours (defined as 8:00 AM to 6:00 PM Monday through Friday) and outside clinic hours.

METHODS We conducted a retrospective cohort study of 142 family medicine physicians in a single system in southern Wisconsin. All Epic (Epic Systems Corporation) EHR interactions were captured from "event logging" records over a 3-year period for both direct patient care and non-face-to-face activities, and were validated by direct observation. EHR events were assigned to 1 of 15 EHR task categories and allocated to either during or after clinic hours.

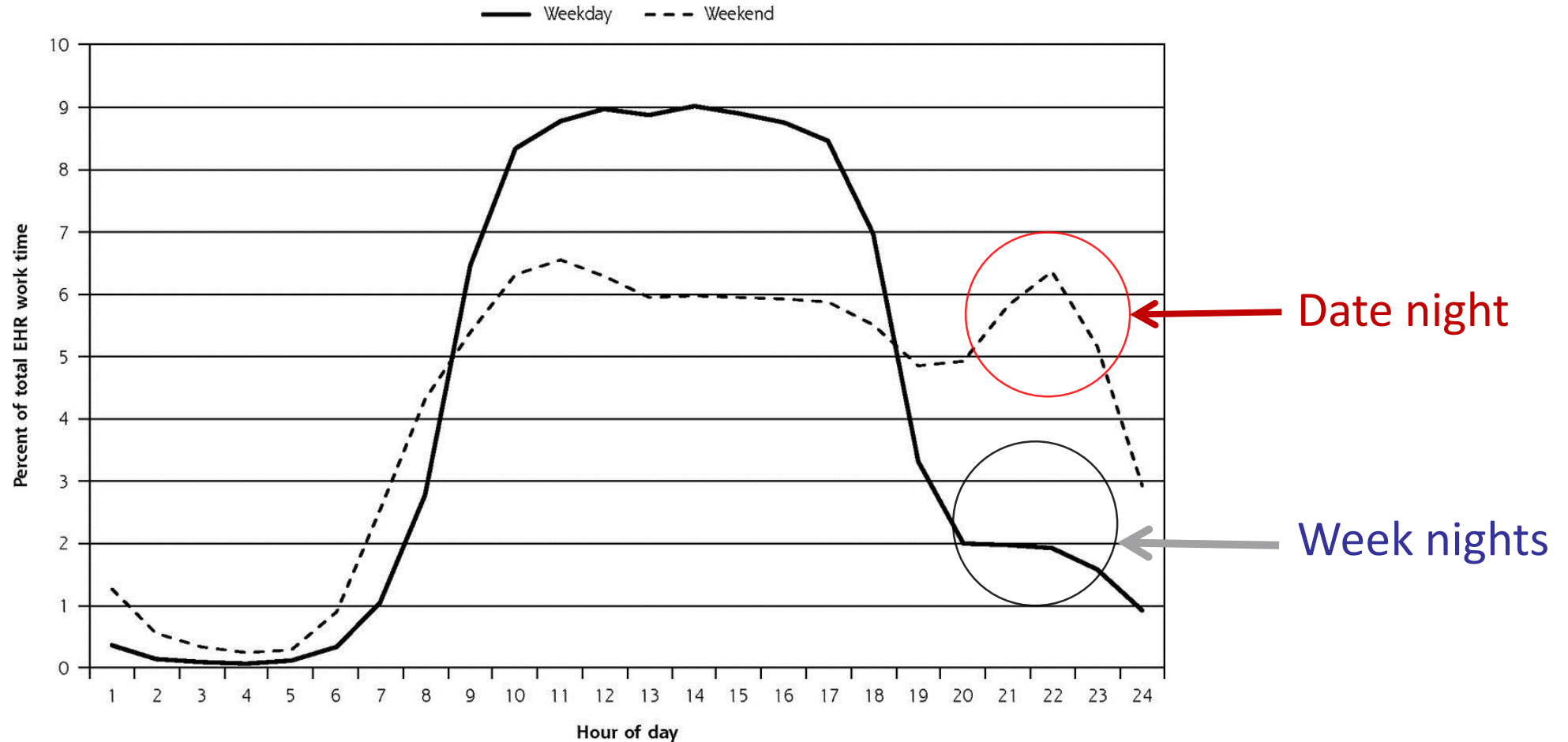
RESULTS Clinicians spent 355 minutes (5.9 hours) of an 11.4-hour workday in the EHR per weekday per 1.0 clinical full-time equivalent: 269 minutes (4.5 hours) during clinic hours and 86 minutes (1.4 hours) after clinic hours. Clerical and administrative tasks including documentation, order entry, billing and coding, and system security accounted for nearly one-half of the total EHR time (157 minutes, 44.2%).

- Physicians spent an average of 5.9 hours out of an 11.4-hour workday working in the EHR.
- Clerical and administrative tasks accounted for 44 percent of the total EHR usage time

Brian G. Arndt, John W. Beasley, Michelle D. Watkinson, Jonathan L. Temte, Wen-Jan Tuan, Christine A. Sinsky, and Valerie J. Gilchrist, *Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations*, Ann Fam Med September/October 2017 15:419-426

“Pajama Time”: Saturday nights belong to EHRs

142 FM
3 yr



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AMA Prior Authorization Survey

- A strong majority (**88%** and **86%**) of physicians report that the **number of PAs** required for prescription medications and medical services **has increased** over the last five years.
- Almost seven in 10 (**69%**) physicians report that it is **difficult to determine** whether a prescription or medical service requires PA
- An overwhelming majority (**85%**) of physicians report that PA **interferes with continuity of care**

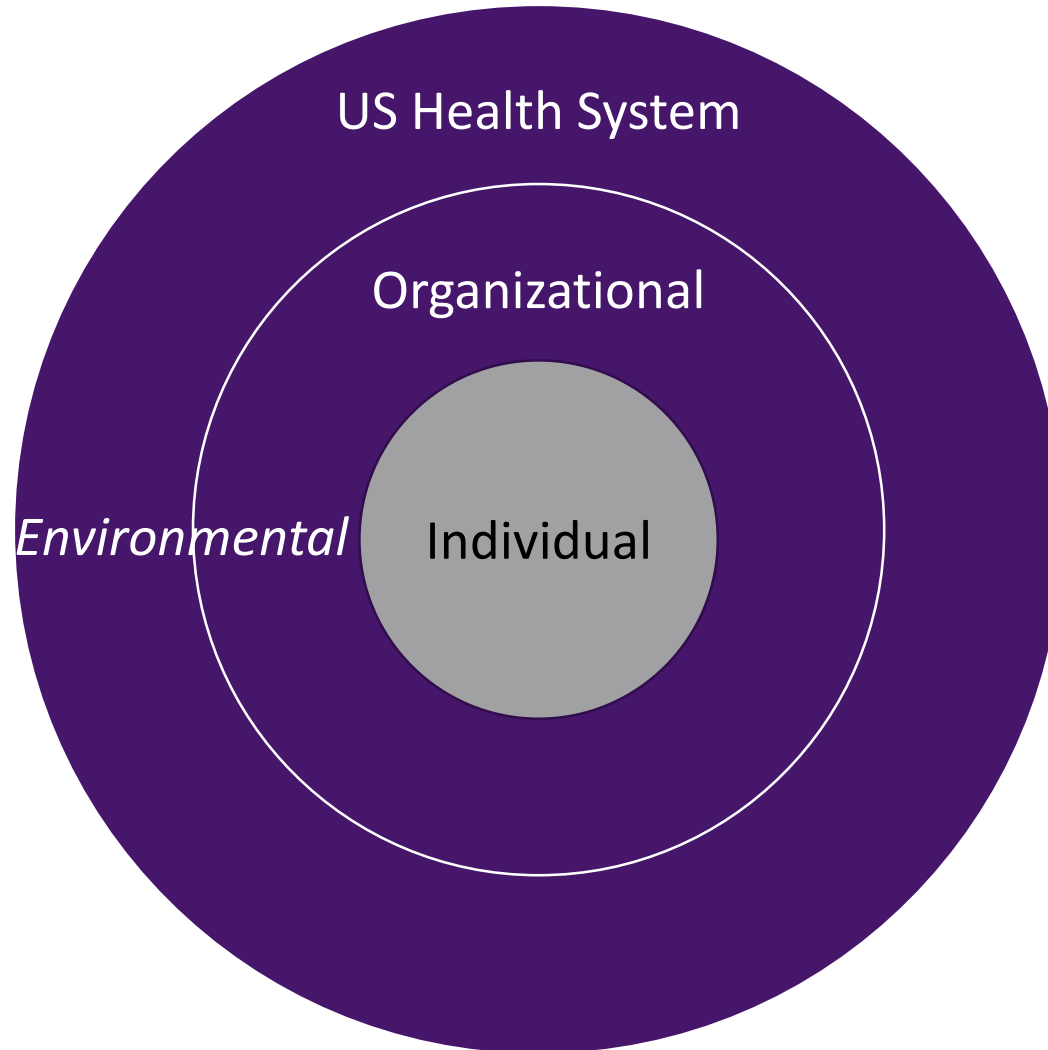
<p>American Medical Association</p> <p>American Academy of Child and Adolescent Psychiatry</p> <p>American Academy of Dermatology</p> <p>American Academy of Family Physicians</p> <p>American College of Cardiology</p> <p>American College of Rheumatology</p> <p>American Hospital Association</p> <p>American Pharmacists Association</p> <p>American Society of Clinical Oncology</p> <p>Arthritis Foundation</p> <p>Colorado Medical Society</p> <p>Medical Group Management Association</p> <p>Medical Society of the State of New York</p> <p>Minnesota Medical Association</p> <p>North Carolina Medical Society</p> <p>Ohio State Medical Association</p> <p>Washington State Medical Association</p>	<h2>Prior Authorization and Utilization Management Reform Principles</h2> <p>Patient-centered care has emerged as a major common goal across the health care industry. By empowering patients to play an active role in their care and assume a pivotal role in developing an individualized treatment plan to meet their health care needs, this care model can increase patients' satisfaction with provided services and ultimately improve treatment quality and outcomes.</p> <p>Yet despite these clear advantages to adopting patient-centered care, health care providers and patients often face significant obstacles in putting this concept into practice. Utilization management programs, such as prior authorization and step therapy, can create significant barriers for patients by delaying the start or continuation of necessary treatment and negatively affecting patient health outcomes. The very manual, time-consuming processes used in these programs burden providers (physician practices, pharmacies and hospitals) and divert valuable resources away from direct patient care. However, health plans and benefit managers contend that utilization management programs are employed to control costs and ensure appropriate treatment.</p> <p>Recognizing the investment that the health insurance industry will continue to place in these programs, a multi-stakeholder group representing patients, physicians, hospitals and pharmacists (see organizations listed in left column) has developed the following principles on utilization management programs to reduce the negative impact they have on patients, providers and the health care system. This group strongly urges health plans, benefit managers and any other party conducting utilization management ("utilization review entities"), as well as accreditation organizations, to apply the following principles to utilization management programs for both medical and pharmacy benefits. We believe adherence to these principles will ensure that patients have timely access to treatment and reduce administrative costs to the health care system.</p>
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100+ additional stakeholders have signed on in support



AMA survey of 1,000 physicians in December 2018

How do we support our physicians being able to care for their patients?



For the Individual

Find your passion and peer group



- Physician Executive Leadership Institute Foundational Course
- Presentations on individual clinician well-being (ongoing)
- Regional physician gatherings (fall 2020)
- Facilitated in-person meetings of Leadership Course alumni

For the Organization

- Medical Staff Clinician Well-Being Presentations
- Leadership & Advocacy trainings
- Practice Re-design Tools

Seven steps to prevent burnout in *your* practice

- 1) Establish wellness as a quality indicator for your practice
- 2) Start a wellness committee and/or choose a wellness champion
- 3) Distribute an annual wellness survey
- 4) Meet regularly with leaders and/or staff to discuss data and interventions to promote wellness
- 5) Initiate selected interventions
- 6) Repeat the survey within the year to re-evaluate wellness
- 7) Seek answers within the data, refine the interventions and continue to make improvements

Steps Forward *Physician Burnout Improve Physician Satisfaction and Patient Outcomes*
<https://edhub.ama-assn.org/steps-forward/module/2702509>

Transform Your Practice to Save 3-5 hours/day

Practice Re-engineering

- Pre-visit lab 1/2 hour
- Prescription management 1/2 hour
- Expanded rooming/discharge 1 hour
- Optimize physical space 1 hour
- Team documentation 1-2 hours

3+ hours/day



The screenshot shows the homepage of the STEPSforward.org website. At the top, there's a navigation bar with links for 'Browse All Modules', 'About', and 'Contact Us'. The main header area has a blue background with the text 'Redesign your practice. Reignite your purpose.' and 'AMA's Practice Improvement Strategies.' Below this is a 'Browse Modules' button. To the right, there's a list of categories: 'Leading Change', 'Patient Care', 'Professional Well-Being', 'Technology and Finance', and 'Workflow and Process'. The 'Featured Modules' section displays several course cards, including 'Creating the Organizational Foundation for Joy in Medicine™', 'Essentials of Good Pain Care: A Team Based Approach', 'Identifying Optimal Panel Size for Primary Care Physicians', 'Addressing Social Determinants of Health (SDOH): Beyond the Clinic Walls', and 'Electronic Health Record Optimization: Strategies for Thriving'. Each card includes an icon, title, and a brief description.

www.stepsforward.org

Synchronized Prescription Renewal

Save physician and staff time by renewing prescriptions until the next annual visit.

MOC
WITH VIDEO
CME AVAILABLE

Get started >

Physician Wellness: Preventing Resident and Fellow Burnout

Learn how to foster and implement a culture of wellness focused on the unique experiences of residents and fellows.

CME AVAILABLE

Get started >

Preparing Your Practice for Change

Learn to optimize your practice and create an environment where the whole team will thrive.

CME AVAILABLE

Get started >

Select Sustainable Change Initiatives

Implement successful, sustainable change in your practice.

WITH VIDEO
CME AVAILABLE

Get started >

For the Health Care System

Vermont

- Continue to build a system that pays for and recognizes central role of primary care
- Streamline quality measures
 - Complete an update of the 2017 GMCB Plan to Align Performance Measures that Impact Primary Care
 - Continue to shift to data reported through claims
- Reduce prior authorization
 - Continue expansion of ACO prior authorization pilot
 - Expansion of “Gold Card” programs to all payers and types of clinicians (especially primary care)

National — partnering with AMA and Federation of State Medical Societies

- EHR Usability efforts
- QPP (MACRA/MIPS) simplification
- CMS “Patients over Paperwork” Initiatives



THANK YOU!

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*With credit to: Michael Tutty, Group Vice President, Professional Satisfaction & Practice Sustainability,
American Medical Association, Michael.tutty@ama-assn.org*