

THE FOURTH AIM: IMPROVING HEALTHCARE CLINICIAN WELLNESS

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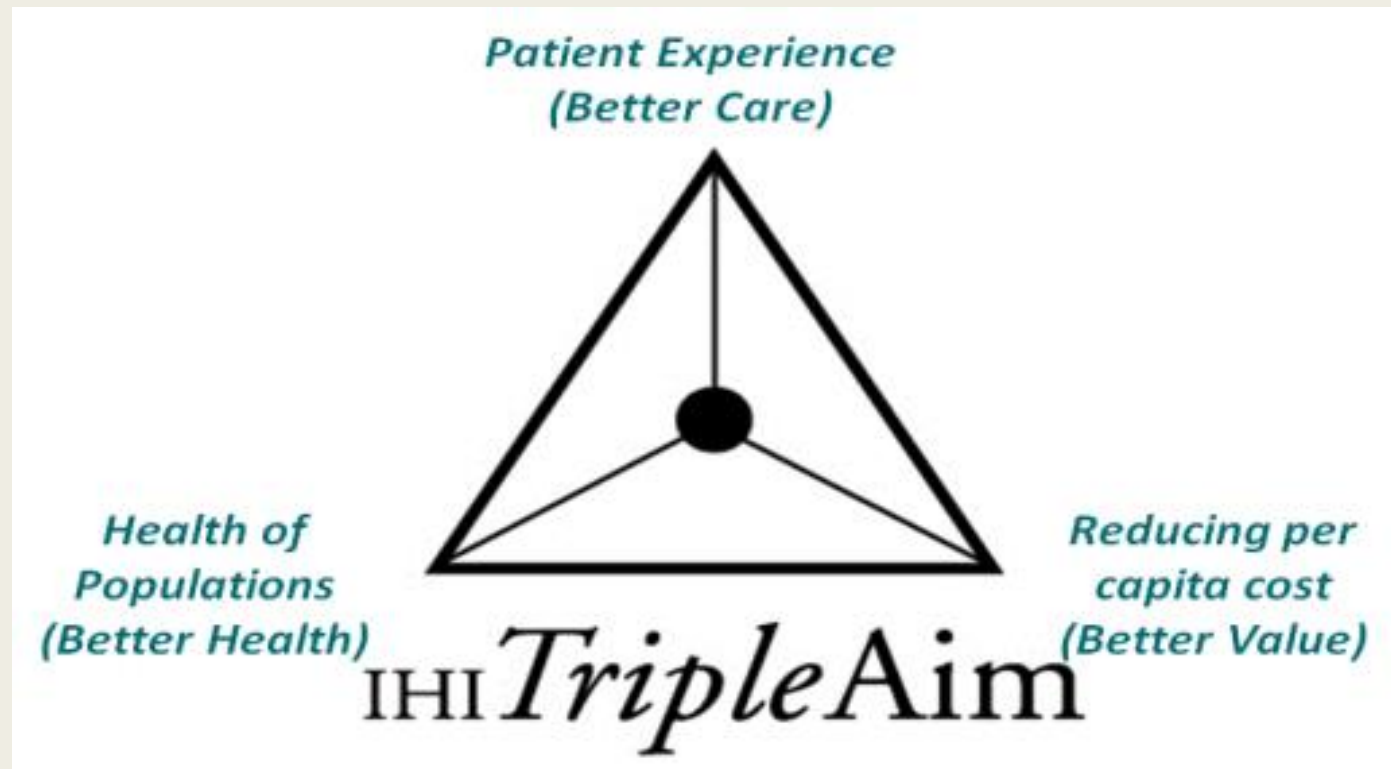
Disclosures

- 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



The 4th AIM – Clinician/HCW Wellness

REFLECTION

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

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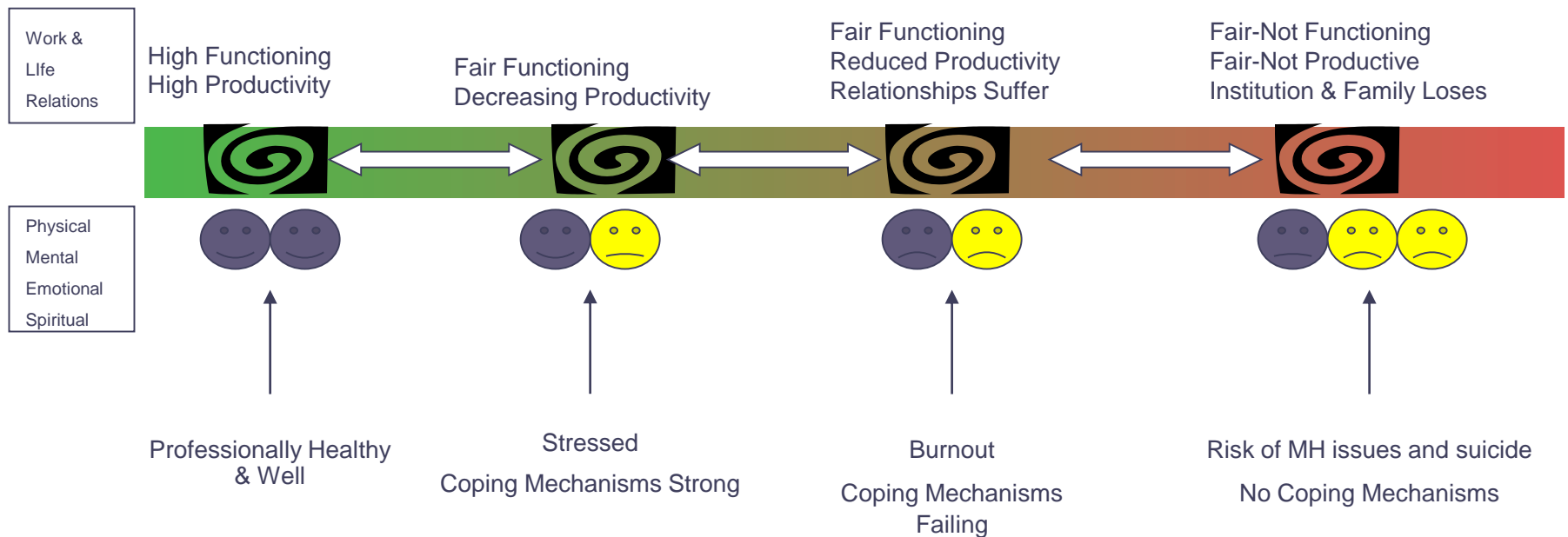
ABSTRACT

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.

Ann Fam Med 2014;12:573-576. doi: 10.1370/afm.1713.

- 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



Dewey, C "The Health and Wellness of Physicians: Managing Stress, Burnout and Energy" 2011

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...



Luke Fildes [Public domain], via Wikimedia Commons



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



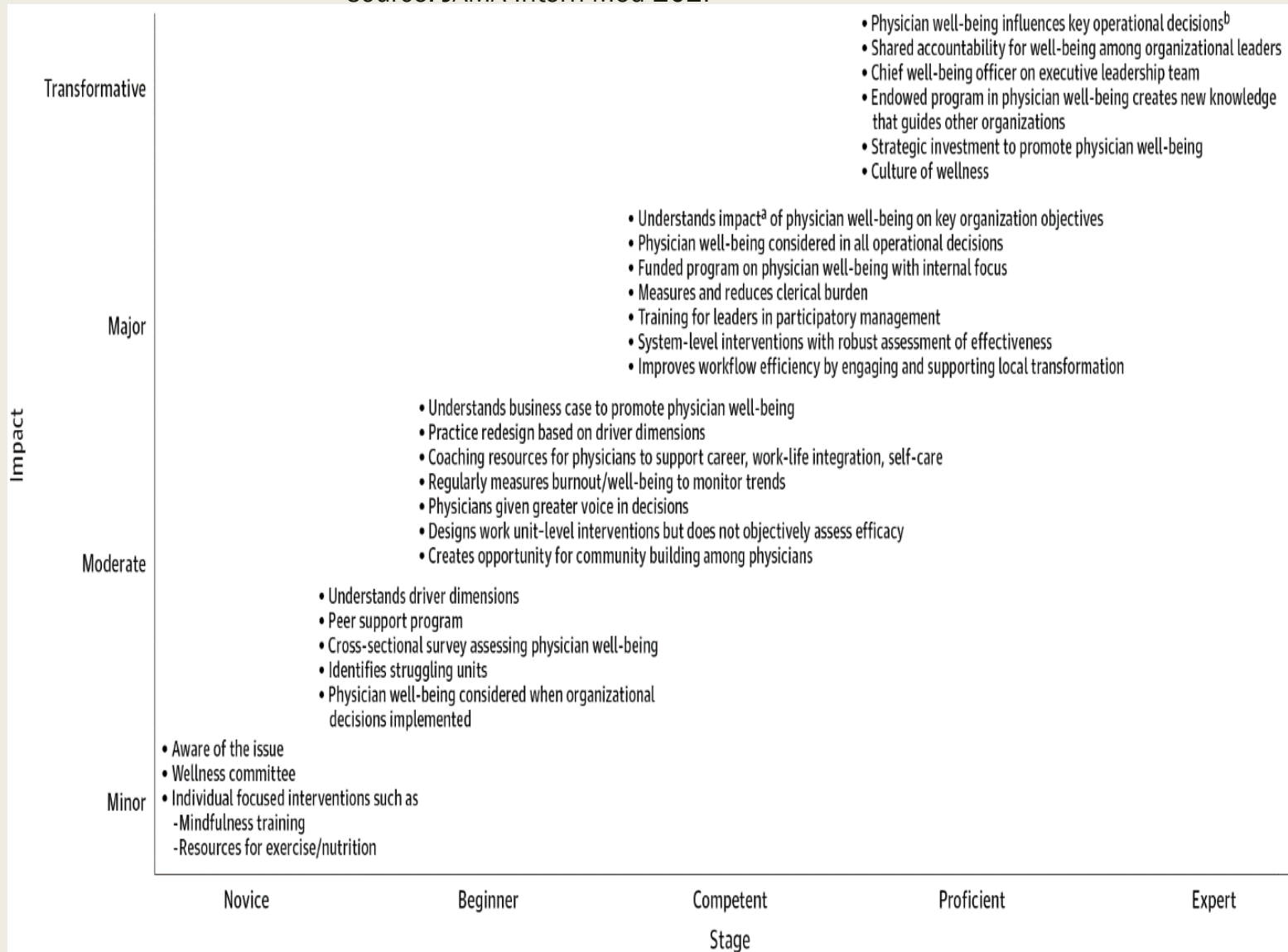
Culture of Wellness

Description

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

Organizational ladder

source: JAMA Intern Med 2017



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 PDOSA)*

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

Topic	Question	Answer options
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 = 3 = I am beginning to burn out and have one or more symptoms of burnout 2 = 1 = 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

Topic	Question	Answer options
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 1 = Hectic, chaotic
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



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



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

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?

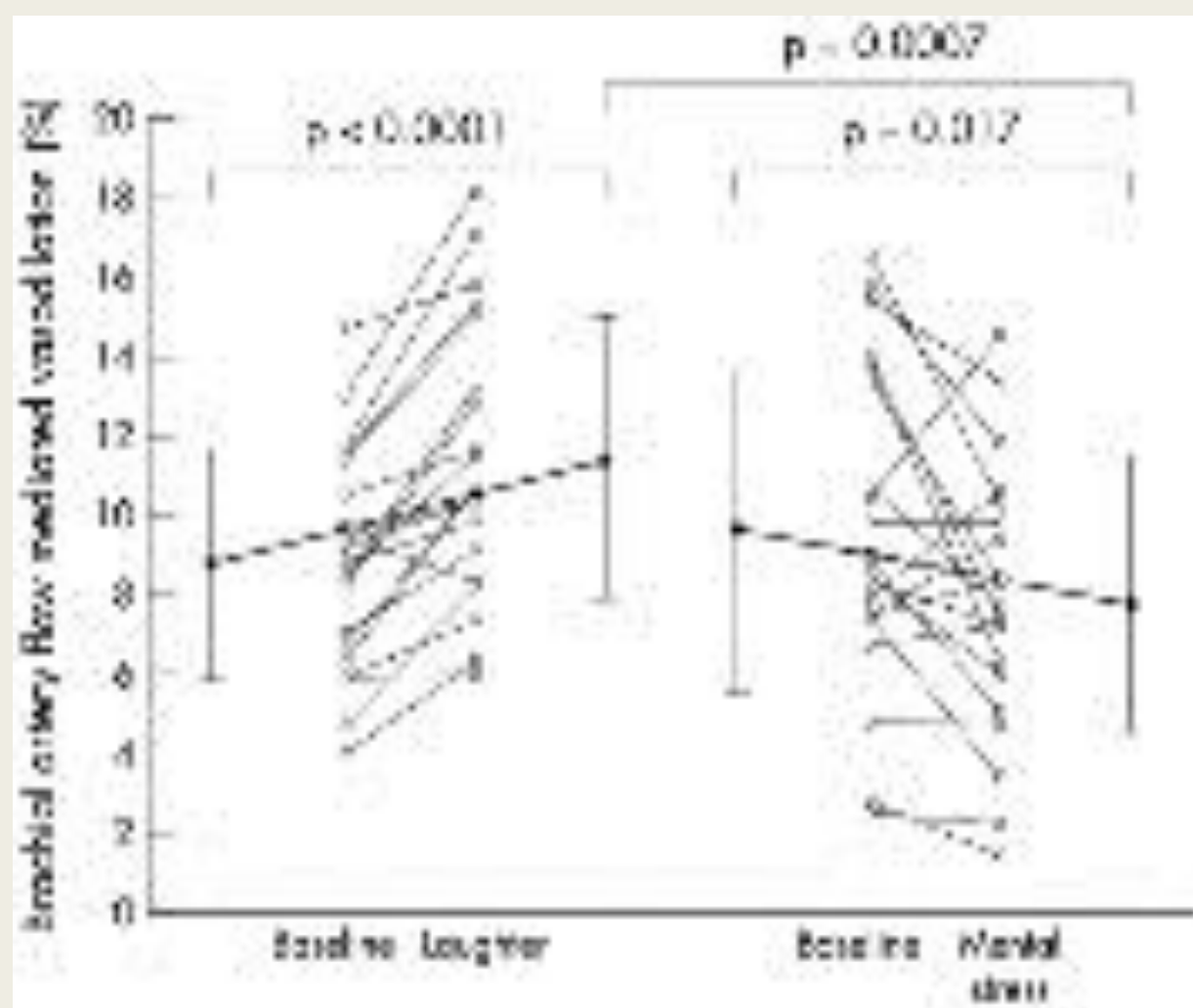


Humor vs Laughter

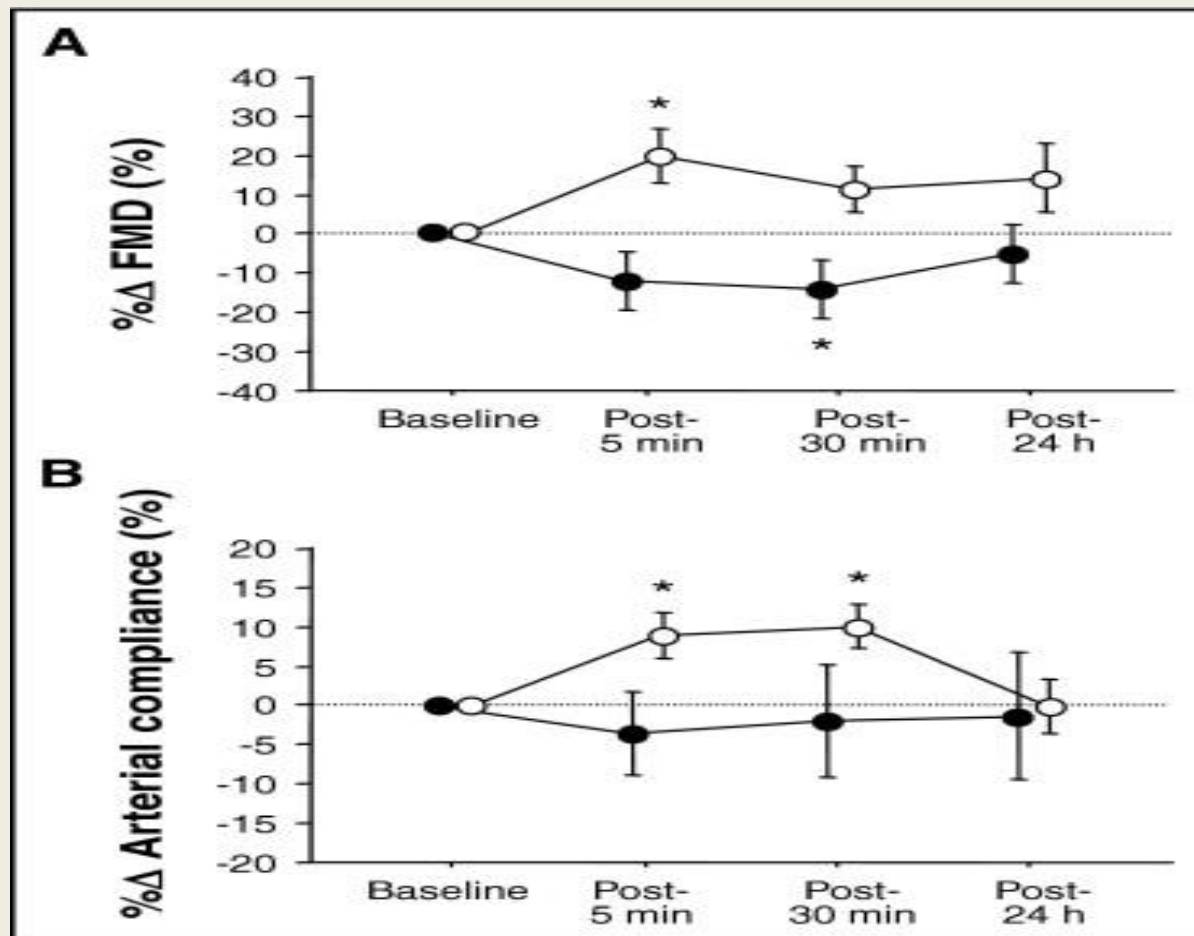
- Humor: a personal, subjective, psychological phenomenon of shifting perception.
- Laughter: a universal physical act, often stimulated by humor, but also for other reasons
- Therapeutic laughter: systematic, programmable activity combining laughing exercises and attitudinal healing to achieve general 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)
 - *eCAM 2009;6:271-6; Dunbar et al. 2011 Proc R Soc*
- Burns calories-10-20% increase in energy expenditure
 - *Buchowski et al. Int J of Obesity 2007*



Sugawara et al
open circles: laughter
closed circles: documentary



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“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