We will begin the event at the top of the hour.
HealthTeamWorks Team

David Ehrenberger MD - Chief Medical Officer

Heather Walker - Learning Experience Designer

Lori Lahrmann-O’Hearn BSN, RN - Healthcare Learning Faculty
Using WebEx Chat

Minimize & Maximize chat panel

Choose **All Participants** to make entries visible to all attendees

Type Chat Message Here

Click Send

Select a participant in the Send to menu first, type chat message, and send...
WebEx Annotation Tools

“Squiggly line” icon must be blue/active to use annotation bar. Click to activate

- Click on the tool that you would like to use to activate it.
- To deactivate tool, click on it again.
Where are you?
Debra J. Parsons, MD, FACP

Debra J. Parsons, MD, FACP is the President of the Colorado Medical Society (CMS) and a Board-Certified Internist/Geriatrician. Physician well-being and success has been a strategic goal of Colorado Medical Society since 2011 leading to the creation of the Work and Well-Being Toolkit, which has been promoted widely with a focus on stress and burnout. Dr. Parsons is Clinical Professor of Medicine at the University of Colorado, having spent nearly 2 decades in Graduate Medical Education at Saint Joseph Hospital in Denver where she also served as Medical Staff President.
Corey Lyon DO
Corey Lyon DO, is an Associate Professor with the University of Colorado Family Medicine Department and is currently serving as the Associate Vice Chair for Clinical Affairs for the department. Previously, Corey served as the Medical Director of the family medicine academic clinic AF Williams Family Medicine Center for six years. While Medical Director, AF Williams received two NCQA level III medical home recertifications and led a clinic model re-design called Primary Care Redesign to improve team-based care and physician and staff burnout. In addition to these roles, Corey also works as the Associate Program Director for the University of Colorado’s Family Medicine Residency.
Today’s Panel

Scott Hammond, MD, FAAFP

Dr. Hammond graduated from the University of Miami Miller School of Medicine, Florida [AOA Medical Honor Society 1978], and the Mercy Medical Center Family Medicine Residency in Denver, Colorado [1983]. He has practiced at Westminster Medical Clinic (WMC) for 33 years and is Clinical Professor in the Department of Family Medicine at the University of Colorado.

WMC is recognized by the National Committee for Quality Assurance (NCQA) as a Patient-Centered Medical Home (PCMH - Level 3) since 2009, as well as, in their Diabetes and Heart/Stroke quality programs. The clinic was a Colorado Multi-Payer, Multi-Stakeholder Patient-Centered Medical Home Pilot site from 2009 to 2012, and it received the PCMH Best Practice of the Year award in 2010 from the Colorado Academy of Family Physicians. In addition, following a rigorous nationwide review process, WMC was selected as 1 of 30 exemplary primary care practices by the Robert Wood Johnson Foundation in 2013 and participated in their Learnings from Effective Ambulatory Practices (LEAP) project from 2013-2017.

From 2008 to 2011, he was chair of the Colorado AFP's PCMH Committee, and he served as the medical director for the Colorado Systems of Care/PCMH Initiative (directed by the Colorado Medical Society) from 2009 to 2011. He was selected as the 2011 Physician of the Year by the Colorado AFP. Dr. Hammond successfully integrated mental health into primary care through the Advancing Care Together collaborative (ACT 2012-2015) and the State Innovation Model (SIM 2016-2018). He is currently Co-Chair of the Colorado Primary Care Collaborative (CPCC) and lectures nationally on the PCMH and the Medical Neighborhood.
Objectives for Today

• Identify common reasons for physician and care team burnout.

• Discuss effective leadership strategies to mitigate burnout and support practice care teams.

• Describe three highly effective tactics to restore vitality in practice.
Using your own definition of “burnout,” please select one of the answers below:

- 47.1% I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.
- 23.1% I enjoy my work. I have no symptoms of burnout.
- 21.4% I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
- 8.1% The symptoms of burnout that I am experiencing won’t go away. I think about work frustrations a lot.
- 0.4% I feel completely burned out. I am at the point where I may need to seek help.
### Staffing and Burnout in Primary Care

<table>
<thead>
<tr>
<th>Role</th>
<th>Fully Staffed</th>
<th>Not Fully Staffed*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP</td>
<td>43.8%</td>
<td>57.4%</td>
</tr>
<tr>
<td>RN CM</td>
<td>36.8%</td>
<td>50.9%</td>
</tr>
<tr>
<td>LPN</td>
<td>26.4%</td>
<td>45.8%</td>
</tr>
<tr>
<td>Clinical Associate</td>
<td>26.4%</td>
<td>45.8%</td>
</tr>
<tr>
<td>Administrative Clerk</td>
<td>32.2%</td>
<td>51.5%</td>
</tr>
</tbody>
</table>

*Not Fully Staffed: < 3 FT Staff/FT PCP

The fact that almost 1 in 2 US physicians has symptoms of burnout implies that the origins of this problem are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals.

Burnout and Engagement in Physicians

Driver dimensions

Burnout
- Exhaustion
- Cynicism
- Inefficacy

Less optimal

Efficiency and resources

Workload and job demands

Control and flexibility

Meaning in work

Organizational culture and values

Social support and community at work

Work-life integration

More optimal

Engagement
- Vigor
- Dedication
- Absorption

Team Intervention Reduces Clinician Burnout

Cluster randomized trial: 135 primary care clinicians at 32 clinics

Transfer non-essential tasks

MA’s enter patient data into EHR

Hire additional staff (e.g. scribes)

Teamlet model: MA’s with clinicians

Tactics to Restore Vitality Now

Leadership focus and commitment

- Measure burnout— Mini Z Burnout Survey; Maslach Burnout Inventory HSS (MP)
- Understand drivers of burnout
- Act—Toolkit, 10 Steps, Team-Based Care Model, Leadership

Develop your teams to promote efficiency and effectiveness

- Staffing—explore 2:1 MA:Provider ratio
- Roles—define business case for scribe
- Shared work
- Measure efficiency

Culture of Collaboration

- Venue and voice for all staff
- Engage a practice coach—focus on change management and improvement science

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Upcoming Events

Roundtable Discussion: Caring for Vulnerable Populations
March 27, 2019
11:00 a.m. MST/12:00 p.m. CST

https://www.healthteamworks.org/solutionscenter
Join the Community!

Individual & Group Levels

Limited Time: Founding Member Pricing

https://www.healthteamworks.org/membership
Resources


• Lyon C, English A, Smith PA. Team-Based Care Model Than Improves Job Satisfaction. Family Practice Management; March/April 2018;6-11


Resources

  [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4510236/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4510236/)

- Creating the Organizational Foundation for Joy in Medicine - AMA Steps Forward Learning Module [https://edhub.ama-assn.org/steps-forward/module/2702510](https://edhub.ama-assn.org/steps-forward/module/2702510)

- Preventing Physician Burnout - AMA Steps Forward Learning Module [https://edhub.ama-assn.org/steps-forward/module/2702509](https://edhub.ama-assn.org/steps-forward/module/2702509)
Resources

