Using Lean Thinking, Problem Solving and Continuous Improvement to Advance Physician Professional Fulfillment and Well Being

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Emotional exhaustion
Interpersonal disengagement
Decreased sense of personal accomplishment

Maslach Burnout Inventory
Christina Maslach, 1976
The Stanford Medicine WellMD Center Vision

Professional Fulfillment is defined as:

Happiness or meaningfulness, self-worth, self-efficacy and satisfaction at work.
The Stanford Model

"Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience"

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Personal Resilience

Individual skills, behaviors, and attitudes that contribute to physical, emotional, and professional well-being.

The strongest determinants of burnout are:

• Low Self-Compassion
• Sleep Related Impairment

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Even the most resilient people can burnout in an unsupportive, inefficient work environment.

CULTURE OF WELLNESS

Organizational values and actions that promote personal and professional growth, self-care and compassion for ourselves, our colleagues and our patients.
Culture of Wellness: Strongest Drivers of Fulfillment

- Perceived Appreciation
- Personal/Organizational Values Alignment
- Peer Support

All three were associated with Support from Leadership

Components of a Culture of Wellness

- Leadership
- Values alignment
- Voice/Input
- Peer Support
- Meaning in work
- Community/Collegiality
- Appreciation/Gratitude
- Flexibility/ control of schedule
- Culture of compassion
The Shingo House

GUIDING PRINCIPLES

Cultural Enablers

- Lead with Humility
- Respect Every Individual

SUPPORTING CONCEPTS

- Assure a Safe Environment
- Develop People
- Empower & Involve Everyone

The Shingo House

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Which Leadership Questions Are Action Items?

My immediate supervisor:
- Holds **career development** conversations with me
- **Empowers me** to do my job
- **Encourages me** to suggest ideas for improvement
- Treats me with **respect and dignity**
- Provides helpful **feedback and coaching** on my performance
- **Recognizes me** for a job well done
- **Keeps me informed** about changes taking place at Stanford
- **Encourages me** to develop my talents and skills
- Overall, how satisfied are you with your immediate supervisor?

The Power of Leadership

- Physician supervisor behaviors impact burnout and satisfaction of individual physicians
  - Each 1 point ↑ leader score = 3.3% ↓ burnout (p<0.001)
  - Each 1 point ↑ leader score = 9% ↑ satisfaction (p<0.001)

- Physician leadership behaviors impact burnout and satisfaction in the work unit
  - 11% of burnout variation between units correlated with leader score
  - 47% of satisfaction variation between units correlated with leader score


Key Leadership Behaviors

Four key behaviors:
- **Keeps me informed**
- **Humble inquiry:** encourages me to suggest ideas for improvement
- Facilitates **career development**
- **Recognizes me** for a job well done

How to demonstrate key behaviors:
- Annual review
- Leadership rounds
- Structure, format and content of department meetings

Frankel, Health Services Research 2008 43:2050-66
Thomas, BMC Health Services Research 2005 5:28
Burnout Driver Dimensions Framework

Efficiency of Practice

Workplace systems, processes, and practices that promote safety, quality, effectiveness, positive patient and colleague interactions, and work-life balance.
“In few other sectors of the economy is the highest-level professional responsible for the majority of production, customer service, and clerical work.”

Redesigning the Practice Model for General Internal Medicine: A Proposal for Coordinated Care. J Gen Intern Med 2007

Efficiency of Practice

- Teamwork models of practice
- Designing roles to practice at top of licensure
- Redesign of inefficient work
- Improve EHR and IT user experience
- Empower physicians to re-engineer workflows in partnership with multi-disciplinary colleagues
- Efficient communication methods

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Efficiency of Practice

Burnout

Helfrich, J Gen Intern Med 2017; 32(7):760-6

Efficiency of Practice

Experiences of primary care physicians and staff following lean workflow redesign
Dorothy Y. Hung1*, Michael I. Harrison2, Quan Truong3 and Xue Du4

• **Teamwork models** of practice (co-located MDs and MAs)
• **Designing roles** to practice at top of licensure (MAs became Flow Managers)
• **Redesign** of inefficient **work**
  • Empower physicians to **re-engineer workflows** in partnership with multi-disciplinary colleagues (“*during the pilot phase, physicians and other staff were deeply engaged in the design of the new work roles and workflows.*”)

1 pilot clinic; 3 beta sites; “**spread**” to the remaining clinics by organizational leaders with the support of external Lean consultants.”

Hung et al. BMC Health Services Research (2018) 18:274
Efficiency of Practice

Experiences of primary care physicians and staff following lean workflow redesign
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“Lean” Causes Burnout

“It may, therefore, be that the process of developing a Lean workflow is as important for its acceptance as the content of that workflow itself.”

Hung et al. BMC Health Services Research (2018) 18:274

Spread

- Gossip
- Rumors
- Germs
- Disease
- Peanut butter
- Fake news
- Wildfire
- Floodwaters
- Fertilizer
- Mulch
- Manure
Problems with “Spread”

- Push rather than pull
- Solutions often not designed for scale
- Solutions often not exportable
- Intrinsic rewards for innovation
- Ownership of ideas
- Solutions change when replicated
- Solutions may get worse when replicated
- Not well supported by leaders

Consider instead: “adoption”
Methods

- In July 2015, we launched the first prospective controlled trial of scribes in primary care
  - Each MD randomized to an equal amount of time with and without a scribe (1 week on, 1 week off)
  - Outcome measures:
    - Patient, MD, medical student, scribe satisfaction
    - Time to chart close and level of service


Results

- No change in patient satisfaction
- Significant improvement in physician satisfaction with time spent with patients, charting quality and accuracy.
- Reduced time to encounter closure

Other studies have confirmed increased provider satisfaction, as well as additional productivity and revenue benefit.

Stanford Primary Care 2.0 Transformation: From Transactional to Team-based Care

Current catastrophe-based model
- Data Silos
- Departments
- Episodic
- Hospital-Centric

Fee-for-service

Extended Care Team:
Clinical Pharmacist
Behavioral Health
Physical Therapy
Nutritionist

Team-based Care
MD
Advance Practice Provider (NP or PA)
4 MA “Care Coordinator

Team-based Care: Acceptable to Patients, Providers and Staff

Press Ganey
Likelihood to Recommend
Goal: 84.6%

Press Ganey
Staff work well together
Goal: 80.1%

Healthcare Team Development Measure®
Cohesiveness Established
64.7

Building Communication

Stanford Medicine | WellMD
# Team Based Care

## Quadruple Aim (Drivers)
- Quality
- Satisfaction
- Provider wellness
- Cost

## Primary Care 2.0 Components
- Team-based Care
- Care Coordinator Role
- Extended Care Team
- Population health tracking via EMR patient panel data
- Telehealth (phone and video)
- Provider care coordination time

## Outcomes
- Improved Clinic Operations
- Increased wellness and proactive care
- Increased Patient Engagement and Trust
- Improved Provider and Staff Wellness
- Increased Staff Engagement

## Example Measures
- Same-day visit availability
- Clinic growth rate
- HEDIS metrics
- Depression screening
- Patient perceptions of quality of wellness care and trust of providers/staff (interviews)
- Press-Ganey: Likelihood to recommend clinic
- Provider and staff job satisfaction/burnout (survey)
- Perceptions of work burden (interviews)
- Staff participation in patient case conference meetings (observation)
- Staff perspective on performing at "top-of-license" (interviews)

## Survey Results: Joy of Practice and Burnout (All providers and most staff at pilot clinic)

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Conclusions for Joy of Practice and Burnout

• Mechanisms for positive changes may include:
  o Team-based care (distribution of provider responsibilities)
  o Medical Assistant “Care Coordinator” in-exam note-taking (reduced EMR/paperwork)
  o Extended Care Team (expertise for frequent patient needs: diabetes management, behavioral health, physical therapy)
• Stanford’s Primary Care 2.0 may support Joy of Practice and may reduce Burnout

Summary

• With a foundation of Respect for People, Lean is an ideal system and mindset to produce a Culture of Wellness
• Improving Efficiency of Practice can have a beneficial impact on Professional Fulfillment, if the people who do the work are respected and engaged in the improvement work.
• As we strive for continuous improvement, it is our responsibility as leaders to consider the impact of the work on all stakeholders