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Joy in Work:
Redesigning Clinical Care with Outcomes in Mind

Contributing authors on behalf of Team Best Practices:
Michael Holliday, MD, University of Cincinnati
Glen Solomon, MD, Wright State University
Kerianne Springer, MD, Wright State University
Mamle Anim, MD, Wright State University
David Aron, MD, Case Western Reserve University
Daniel Hargraves, MSW, University of Cincinnati

To avoid burnout, physicians must spend at least 20% of their professional time on what they consider meaningful work.[1]

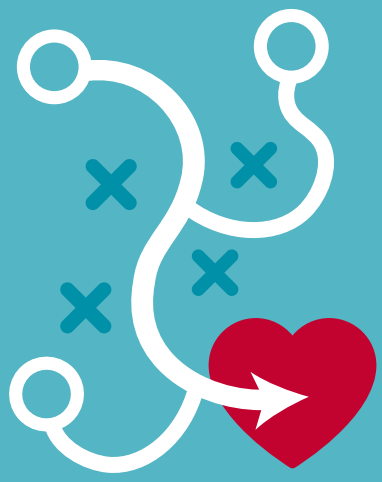
For physicians, meaning comes from opportunities to develop relationships and serve others while improving one's professional skills (Table 1). This document provides guidance on how to increase meaningful work by designing systems that meet patient and care team needs and reduce clerical tasks.

Creating Better Workflows that Meet Patient and Care Team Needs

Improving the Local Work Unit

Improving operations in the local work unit, such as a primary care office, is often the first opportunity to improve joy in work within an organization. The local work unit frequently has recurrent problems, known as "pebbles in the shoe," which distract from meaningful care.[2] Common sources of frustration in primary care and ways to successfully address them are outlined in Table 2.[3]

Creating Systems that Increase Meaningful Work



"Meaning is the antecedent of commitment and satisfaction."
Rachel Naomi Remen[4]

Table 1. Sources of Meaning for Physicians

- Relationships with patients
- Relationships with colleagues
- Developing clinical expertise
- Intellectual stimulation
- Opportunities to help healing and reduce suffering

Adapted from *Enhancing meaning in work*[5]

Implementing Team-Based Care

The acute, chronic, and preventative care needs of a primary care physician's patient panel exceed the resources of that physician alone.[6] Systems that have achieved significant improvement in patient care have used a team-based approach. For example, Kaiser Permanente improved hypertension control from less than 50% to over 85% through interventions that expanded provider capacity with participation from medical assistants, patients, pharmacists, and nurses.[7]

Team-based care improves productivity, net revenue, quality, and patient and provider satisfaction.[8] Before benefits can be realized, however, team-based care requires an initial investment of time and money to hire and train team members and implement new workflows.[9]

Cultivating a Culture that Improves Teamwork

Social capital, a term representing the combination of information sharing, team building, and trust, is a reliable predictor of both patient and provider satisfaction.[10] Likewise, psychological safety, a culture where people feel free to communicate without fear of negative consequences, is the greatest predictor of team effectiveness, as was seen in Google's *Project Aristotle*. The project's researchers described the team members' experiences of psychological safety:

"They feel confident that no one on the team will embarrass or punish anyone else for admitting a mistake, asking a question, or offering a new idea."[11]

Table 2. Improvements Employed by Highly Functioning Primary Care Practices

Issue	Improvement	
Unplanned visits with overfull agendas	▪ Conducted pre-visit planning ▪ Scheduled pre-visit laboratory testing	
Inadequate provider support to meet the demands of patient care	**Team-based care (Requires a ratio of 2-1 or 3-1 clinical support per physician)** ▪ Expanded nurse or medical assistant rooming protocol ▪ Assigned standing orders ▪ Extended responsibility for health coaching, care coordination, and integrated behavioral health to non-physician team members ▪ Shared team responsibility for panel management	
Great amounts of time spent documenting and complying with administrative and regulatory requirements	▪ Delegate EHR documentation to a medical scribe or a support staff member (i.e., medical assistant) ▪ Had medical assistant help with order entry ▪ Standardized prescription renewal	
Computerized technology that pushes more work to the physician	▪ Trained staff to complete inbox tasks that do not require physician-level expertise ▪ Replaced asynchronous electronic messaging with more efficient, brief synchronous verbal communication between physician and support staff	
Teams that function poorly and complicate rather than simplify the work	**Team communication** ▪ Utilized huddles ▪ Co-location	**Regular team meetings** ▪ Improved team functioning ▪ Systems planning ▪ Workflow mapping

Adapted from *In search of joy in practice: A site-visit analysis of twenty-three highly functional primary care practices*[3]

Reducing Clerical Tasks to Effect Meaningful Work

Primary care physicians spend almost two hours on electronic health record (EHR) tasks for every one hour of direct patient care, amounting to almost six hours per day.[12] Three of the highest sources of EHR burden are note documentation, chart review, and inbox management. In addition, administrative tasks such as completing prior authorizations, ordering durable medical equipment, and reporting quality metrics are often not uniform among multiple entities , requiring multiple workflows for each type of task.

Improving the EHR Experience

- ***Measuring EHR Use:*** EHR log data can be used by EHR vendors and system leaders to optimize the EHR and workflows that use it.

Table 3. Proposed Measures for EHR Improvement

Measure	Description
Total EHR time	Time in EHR (during and outside of patient care sessions) per 8 hours of scheduled patient time
Work outside of work	Time in EHR outside of scheduled patient hours per 8 hours of scheduled patient time
Time on encounter note documentation	Hours on note documentation per 8 hours of scheduled patient time
Time on prescriptions	Total time spent on prescriptions per 8 hours of scheduled patient time
Time on inbox	Total time on inbox per 8 hours of scheduled patient time
Teamwork for orders	Percentage of orders with team contributions
Undivided attention	Proportion of scheduled patient time not spent in the EHR

Adapted from *Metrics for assessing physician activity using electronic health record log data*[13]

- ***Optimizing the EHR for Patient Care:*** Traditional organizational efforts to improve clinician EHR efficiency and satisfaction, such as tip sheets and training sessions, often fail.[14] Areas where system leaders and physicians can focus to improve the EHR experience include:[14-16]
  - Reducing complexity
  - Minimizing keystrokes
  - Optimizing or eliminating EHR tools that are not working
  - Adding missing tools needed for patient care
  - Using EHR trainers to give one-on-one guidance
  - Using a multidisciplinary team to execute rapid-cycle EHR improvements
- ***Adopting a Team Approach to EHR Tasks:*** EHR implementation can inadvertently shift more clerical tasks to clinicians. Some organizations have addressed this challenge with team-based care. One successful model, known as "advanced team care with in-room support," trains medical assistants and/or nurses to act as care team coordinators during patient visits. This role offloads many EHR burdens from providers, including documentation, reviewing the chart for needed information, and ordering tests.[8]

Reducing Time Spent on Administrative Tasks

- ***Assessing Impact of Administrative Tasks:*** Administrative tasks such as prior authorizations are processes, procedures, or requirements completed by clinicians and their patients and affect the delivery of health care. The intent of these tasks can be to improve quality and safety or reduce cost and fraud. However, some tasks may have no clear benefit to patients or negatively impact costs and timely access to care.[17]
- ***Eliminating Tasks that do not Improve the Quality, Safety, or Timely Delivery of Health Care:*** Stakeholders, such as payors and regulatory agencies may consider alternatives for tasks that question physician judgment or have a negative financial impact on the patient, physician, or organization. For example, prior authorizations, which cost $2,161 to $3,430 per FTE physician annually, could be reduced with standardized decision rules applied to an EHR's ordering system.[17]
- ***Addressing Internal Sources of Inefficiency:*** The system by which a clinician, clinical practice, or health system assigns administrative tasks can create unnecessary/unintentional burden for clinicians.

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Partners

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