



# Caring for Providers: Taking steps to prevent burnout

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Professional Satisfaction and Practice Sustainability - AMA

# State of affairs for physician satisfaction

More than  
**HALF**  
of U.S. physicians  
experience burnout

Each 1 point increase equates to a  
**43% greater**  
likelihood of clinical reduction within  
24 months



It costs approximately  
**\$500K**  
to \$2M and  
**12-14 mos.**  
to replace a physician



Burnout is shown to  
increase the risk of  
medical errors by  
**200%**



It is estimated that  
**80%**  
of burnout is related to  
organizational factors



# Implementing a daily team huddle



"I should be spending more time on my patients, not on paperwork."



"I wish we could use our team more effectively."



"Delivering quality care takes a coordinated effort."

# What is a *team huddle*?

- Implementation of brief, in-person, scheduled meetings once or twice a day with relevant team members helps to ensure an efficient clinic day with fewer surprises.



# Three steps to implementing a *daily team huddle* into your practice

1. Establish the routine
2. Develop relationships and designate roles
3. Evolve and improve over time



# Huddle checklist

## Team huddle checklist

*Use this modifiable checklist to lead your team through efficient, effective huddles at the beginning of the clinic day or session.*

Date:	Start time:
Huddle leader:	
Team members in attendance:	
Check in with the team	
	How is everyone doing?
	Are there any anticipated staffing issues for the day?
	Is anyone on the team out / planning to leave early / have upcoming vacation?
Huddle agenda	
	Review today's schedule
	Identify scheduling opportunities <ul style="list-style-type: none"> <li>• Same-day appointment capacity</li> <li>• Urgent care visits requested</li> <li>• Recent cancellations</li> <li>• Recent hospital discharge follow-ups</li> </ul>
	Determine any special patient needs for clinic day <ul style="list-style-type: none"> <li>• Patients who are having a procedure done and need special exam room setup</li> <li>• Patients who may require a health educator, social work or behavioral health visit while at the practice</li> <li>• Patients who are returning after diagnostic work or other referral(s)</li> </ul>

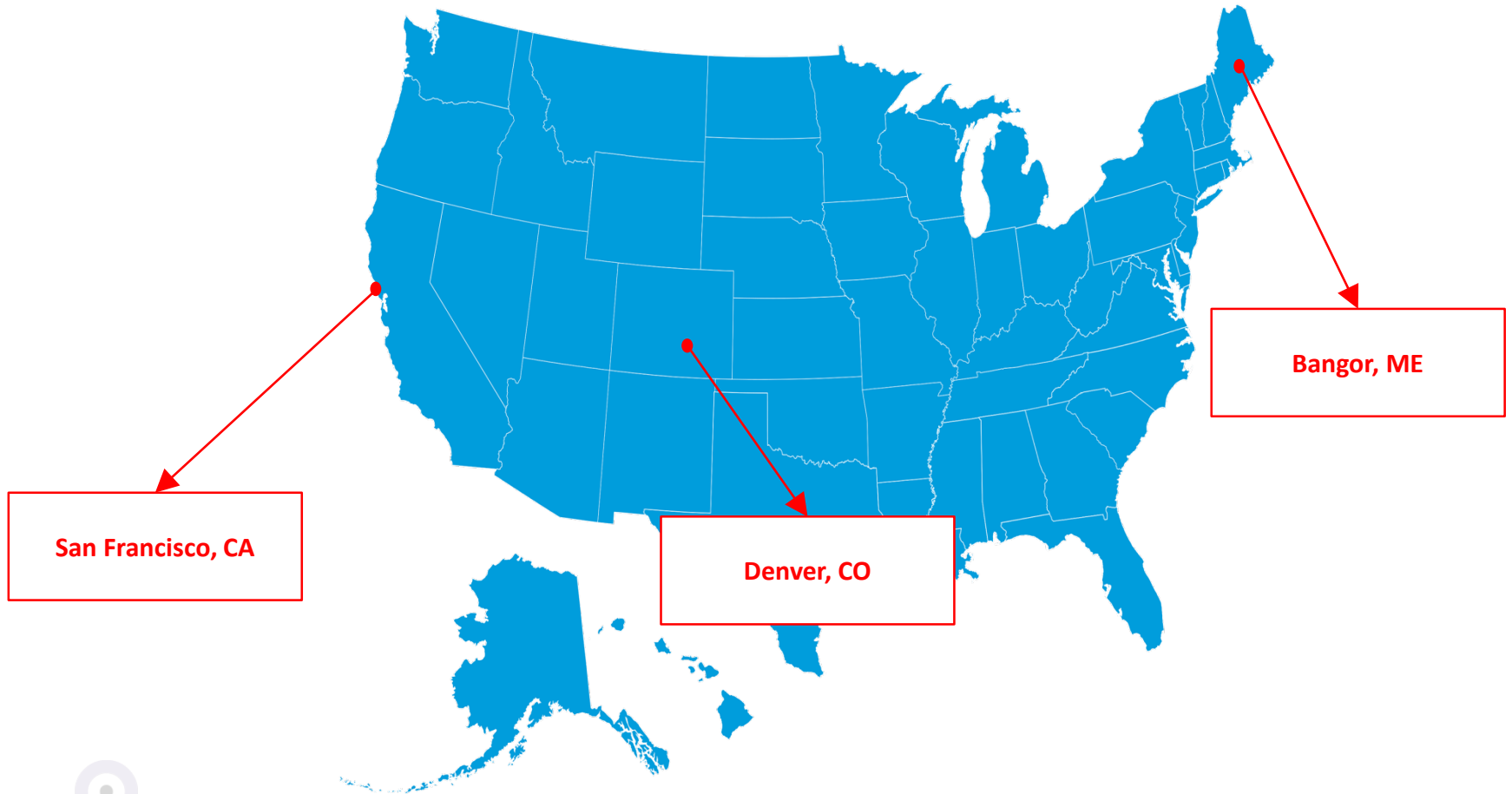
# Tools/Resources available to your practice

## Downloadable tools



1. Sample huddle checklist
2. Huddle evaluation form
3. Visit prep checklist
4. Huddles

# How is it working at other practices?





“ When the team comes together to plan care on a regular basis, we become more high-functioning and efficient and accomplish so much more with our patients. ”

-Karen A. Funk, MD, MPP

Vice-President Clinical Services, Clinica Family Health Services



# Implementing team-based care



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# What is *team-based care*?

- Team-based care is a strategic redistribution of work among members of a practice team. In the model, all members of the physician-led team play an integral role in providing patient care.
- Common shared responsibilities include:
  - pre-visit planning and expanded intake activities
  - updating the patient's history
  - collaborating with the patient to set the visit agenda.

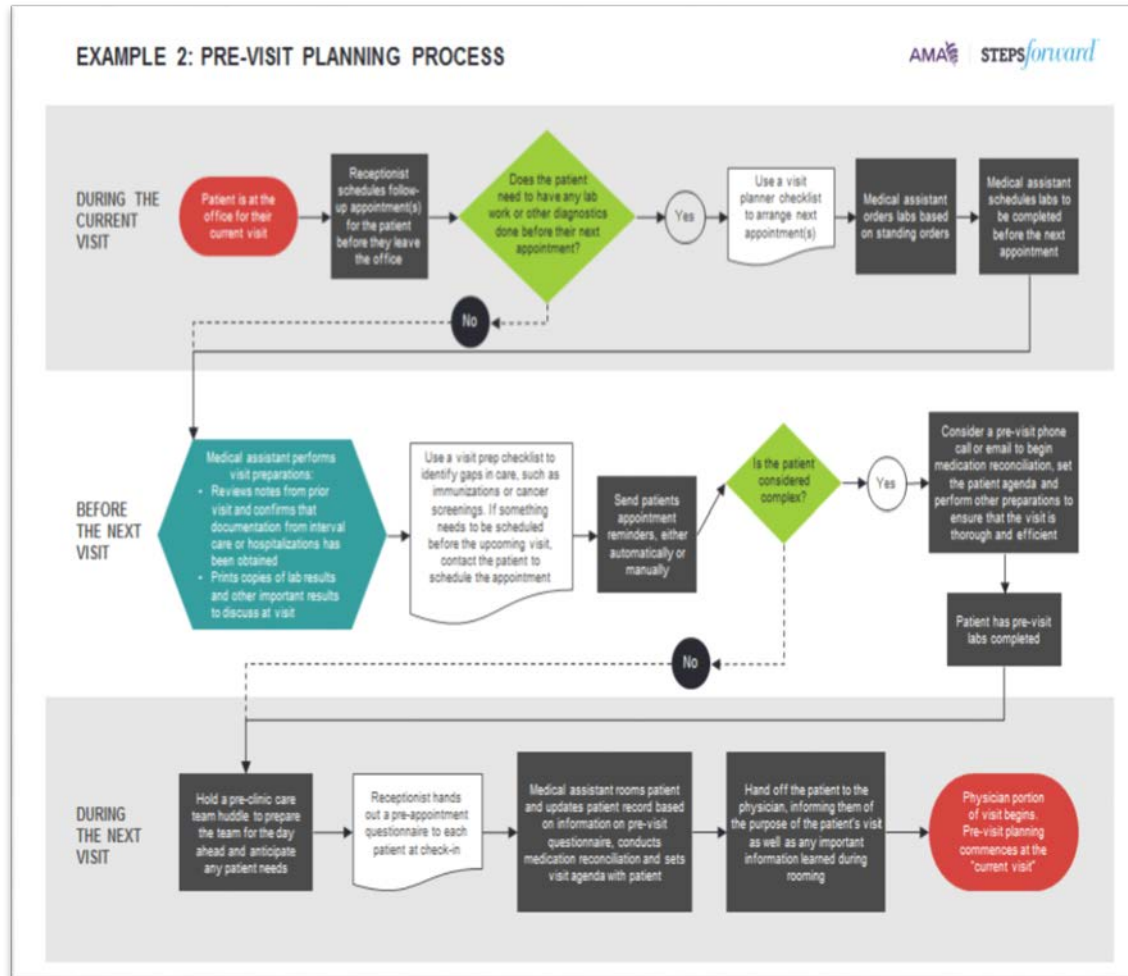
At the conclusion of the visit, the nurse or MA conducts essential care coordination activities, such as arranging follow-up visits or ordering requested testing and referrals.



# Six steps to integrating team-based care into your practice

1. Engage the change team
2. Determine the team composition
3. Choreograph workflows to reflect the new model of care
4. Increase communication among the team, practice and patients

# Process map toolkit



# Six steps to integrating team-based care into your practice

5. Use a gradual approach to implement the model

6. Optimize the care model



# Tools/Resources available to your practice

## Downloadable tools



1. Visit prep checklist
2. Visit planner checklist
3. Pre-visit questionnaire
4. Rooming checklist
5. Discharge checklist
6. Process map toolkit
7. Core concepts of team-based care
8. Core principles of team-based care

# Pre-visit prep

## Visit prep checklist

If you have a new complaint, please describe the symptom and indicate how long it has been present, when it is better or worse and any other information that might be helpful to the physician and/or staff.

### To be completed in anticipation of a patient's upcoming visit

Patient name:	Date of birth:
Date of previous visit:	Date of next visit:

Preventive screening	Due	Up-to-date	N/A	Target population and recommendation
PAP				Age 21 to 65 years Every 3 years if no history of abnormal PAPs (or every 5 years if over 30 and most recent PAP negative and HPV-negative)
Mammogram				Age 50 to 75 years Every 1 to 2 years; or for those 40 to 50 and >75 screening is optional
Colonoscopy				Age 50 to 75 years Every 10 years (more frequent if history of colon polyp or family history of colon cancer)
Bone density scan (DEXA)				Age 65 years Every 10 years for women if previous results were normal; every 5 years if symptoms of osteopenia exist
Abdominal aortic aneurysm				Age 65 to 75 years One-time screening for men who have ever smoked
Visual acuity				Age >65 years (new Medicare enrollees) Can be completed during the "Welcome to Medicare" visit
Glaucoma screen				Age >65 years Annually

Immunization	Due	Up-to-date	N/A	Target population and recommendation
Tdap vaccine				Age >19 years Administer Tdap once; boost with Td every 10 years

## Pre-visit questionnaire

### To be completed before or at the patient's current visit

Patient name:	
Date of birth:	Appointment Date:

What do you hope to accomplish today?

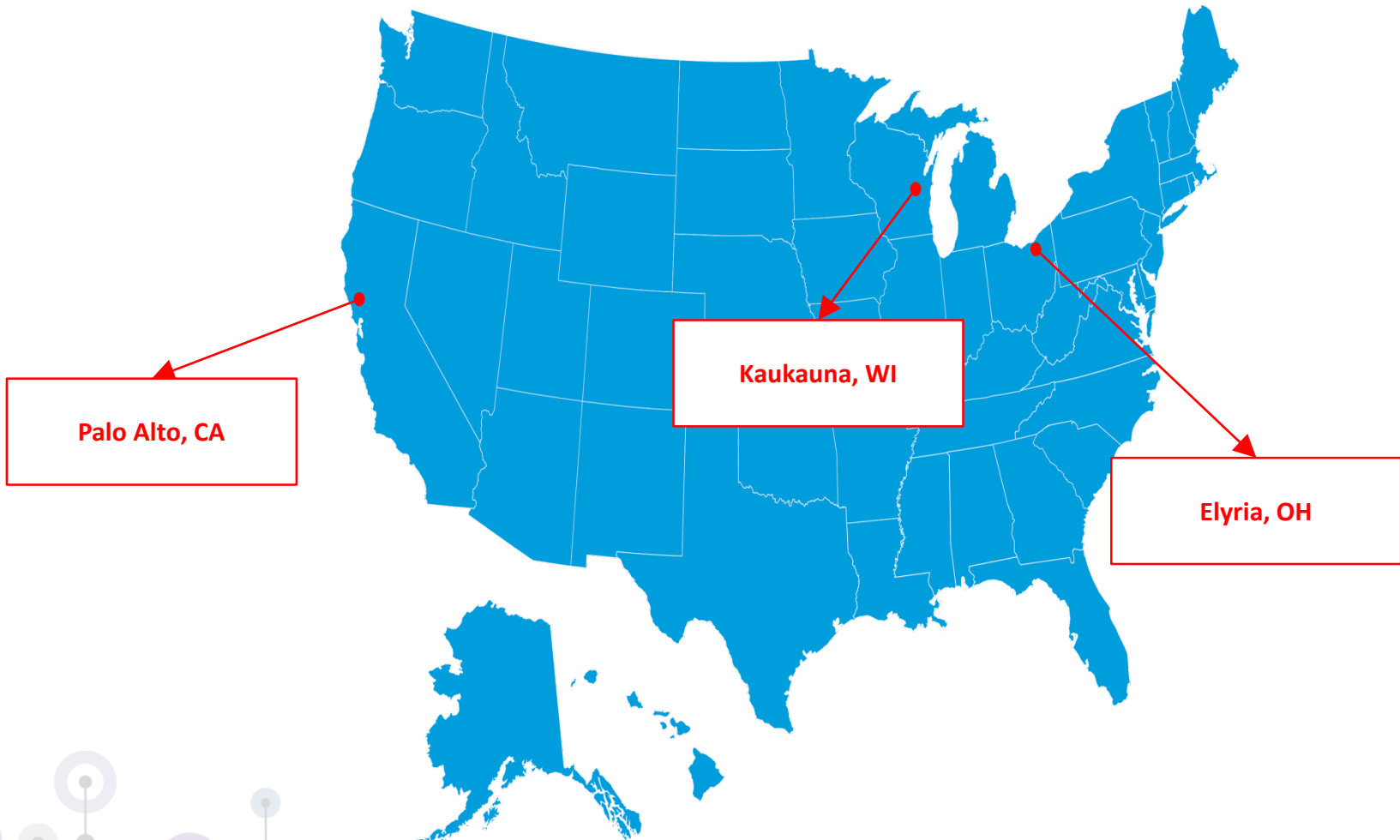
Is there anything you would like to work on to improve your health?

Please respond if you have one of the following conditions:

High Cholesterol	Problems with medication(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Diabetes	Problems with medication(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Most recent home glucose readings:
High Blood Pressure	Problems with medication(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Most recent home blood pressure readings:
Depression	Problems with medication(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Any suicidal thoughts? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A



# How is it working at other practices?



“We have MA care coordinators who are responsible for their own panel of patients. They work under protocol to refill meds, perform routine health maintenance and chronic disease monitoring tests and triage calls and e-mails from patients. They scribe visits, coach patients about action plans and facilitate referrals. It is working really well for all of us. The team is better than ever.”

- Ann Lindsay, MD

## Physician, Stanford Coordinated Care, Palo Alto, CA



# Practice savings calculator

**Your practice**

\$ 3.00 /min      220 days/year

Cost of physician's time      Clinic days per year

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**Estimate savings**


20 /day x 5 min/visit = 1<sup>H</sup> 40<sup>M</sup> /DAY = \$66,000


Total visits per day      Physician time on standard tasks/visit (?)      Time saved      Annual savings with expanded rooming and discharge

# Joy in Medicine™ resources and tools

The AMA STEPSForward™ platform can assist with leading change...

 **Creating the Organizational Foundation for Joy in Medicine™** CME AVAILABLE  
Organizational changes lead to physician satisfaction. [Get started >](#)

 **Preventing Physician Distress and Suicide** CME AVAILABLE  
Recognize and respond to physician distress and suicidal behavior. [Get started >](#)

 **Physician wellness: preventing resident and fellow burnout** CME AVAILABLE  
This module is just for trainees. Clinical educators are involved in the process, but we're not focused on reducing their burnout here. [Get started >](#)

 **Improving physician resiliency** CME AVAILABLE  
Foster stress hardiness and protect against physician burnout. [Get started >](#)

 **Preventing physician burnout** CME AVAILABLE  
Improve patient satisfaction, quality outcomes and provider recruitment and retention. [In progress](#)

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