

Opportunity for Protected Admin Time Improved Resident Well Being and Patients' Experience of Care

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INTRODUCTION: BACKGROUND

Well-being is increasingly recognized as a critical issue for healthcare providers, with burnout rates measured as high as 63% among family physicians.¹

Indirect Patient Care Responsibilities (visit notes, inboxes, phone calls) has been identified as a significant contributing factor for burnout:

- **Primary care physicians** who spend on average 6 hrs/wk on EHR work outside normal clinical time are 3x more likely to report burnout²
- **Family physicians cite EHR and other "paperwork"** as main causes of burnout³

Our FM residents identified lack of time to manage patient related "in-boxes" as a barrier to their well-being.

1. Shanafelt, T. et al. Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. *Mayo Clin Proc.* 2015 Dec;90(12):1600-13.
2. Robertson SL, et al. EHR Effects on Work-Life Balance & Burnout Within the I3 Population Collaborative. *JGME.* 2017;9(4):479-84.
3. Medscape Physician Compensation Report 2017. www.medscape.com

OBJECTIVE:

To determine if allocating one half day/week to complete indirect patient care tasks reduced residents' perceived administrative tasks burden and improved the patient's experience.

METHODS: INTERVENTIONS/CHANGES

- A total of 30 residents from the Aurora Family Medicine Program participated in this study over the course of two academic years (July 2017 – December 2018) for a total of 18 months.
- To reduce the **Burden of Administrative Tasks** outside of scheduled work hours:
 - One ½ day per week is allocated to complete indirect patient care responsibilities (e.g., phone calls, paperwork, chart completion, QI projects)
- Once clinical schedules were established, residency program leaders (faculty, clinic, chief residents) allowed residents on non-call rotation blocks to notify their preceptor if they wanted to take a ½ day each week to perform administrative tasks.

METHODS: COMMUNICATION

- On-going and repeated communication using multiple forums and formats was provided to clarify the purpose and process for using Resource ½ day allocated time.
- Poster (right) was designed to help residents distinguish the resource ½ days (intervention) from existing wellness ½ days.

METHODS: MEASURES

The effectiveness of this intervention was evaluated using:

OUTCOME MEASURES:

1. **CG-CAHPS - Clinic metrics** for patient experience: test results and between visit communication
2. **Mayo Well-Being Index** - for resident experience: validated longitudinal online assessment tool for professional burnout

PROCESS MEASURES:

1. **End-of-rotation evaluation**
 - # of ½ days taken during rotation, scheduling barriers, how time was spent, degree to which ½ day "made me feel that things were more under my control"
2. **Resident Wellness Survey**
 - 7 Likert scale items adapted from existing surveys: ability to utilize EHR, balance b/w education & clinical demands, feeling overwhelmed, professional growth, coworker support, meaningful work, time spent on well-being

RESULTS:

CG-CAHPS Percentile for 2 FM Residency Clinics (FCC, FPC) Between Visit Communication

- FCC ↑ 5 points & FPC ↑ 4 points (June 2017 vs Dec 2018)

Test Results Communication

- FCC ↑ 5 points & FPC ↑ 7 points (June 2017 vs Dec 2018)



Scores ≥ 5 predict resident burnout and associated symptoms such as low mental quality of life, high fatigue, or recent suicidal ideation.

DISCUSSION: BARRIERS & STRATEGIES

Key Findings

- Protected time for personal health, community, and administrative tasks (i.e. inbox) improves residents sense of control and well-being.
- Patient quality care scores also improved, highlighting the strong association between physician wellness and patient's experience of care.

Limitations

- Data limited to 18 months, no long-term data available

Next Steps and Sustainability

- Continue protected time as a "built-in" curriculum intervention
- Continue measuring resident perception of well-being, compare to national norms, and make adjustments accordingly
- Improve resident efficiency in administrative tasks (i.e. EHR)