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

V. Dinh MD¹, T. Harrington DO¹, J. Vogelgesang DO¹, A. Siddiqui MD¹, W. Lehmann MD¹, C. deGrandville MD¹, D. Simpson PhD²

¹ Department of Family Medicine ² Department of Academic Affairs

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.

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: 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)

- 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)

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 well-being 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)