“Core vs. Chore”: Solving for Clinician Workflow Bottlenecks

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HFMA Texas Gulf Coast Summer Conference, Houston
9/16/2022

The Visit: A Tale of Two Perspectives

"I waited 3 months for this visit. There was little eye contact from my doctor. She was buried in her computer screen. She deferred the only question I had to a gynecologist. She didn't have me change for an exam. She asked me if I had any moles. 'None that I could see.' Nonetheless, I was given a referral to a dermatologist and for a colonoscopy. She seemed too busy to listen. What if I was really sick? **I don't think I can go back**."

The Visit: A Tale of Two Perspectives

"I had no information about her in the EHR, and there was no time to locate it before the visit. I had 20 minutes to get to know, examine, counsel her, place orders and billing. She was one of 20 visits today, multiple calls and messages, and I still have 2-4 hrs of documentation and In-Basket work tonight. Not to mention care for my family. **I don't know how much longer I can or want to do this**."

The Ongoing Search for Joy…

In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices

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ABSTRACT

We highlight primary care innovations gathered from high-functioning primary care practices, innovations we believe can facilitate joy in practice and mitigate physician burnout. To do so, we made site visits to 23 high-performing primary care practices and focused on how these practices distribute functions among the team, use technology to their advantage, improve outcomes with data, and make the job of primary care feasible and enjoyable as a life's vocation. Innovations identified include (1) proactive planned care, with previsit planning and previsit laboratory tests; (2) sharing clinical care among a team, with expanded rooming protocols, standing orders, and panel management; (3) sharing clerical tasks with collaborative documentation (scribing), nonphysician order entry, and stream-[illegible] (4) improving communication by verbal messaging and in-box management, and (5) improving team functioning through [illegible] work flow mapping. Our observations suggest that a shift from a physician-centric model of work distribution and responsibility to a shared [illegible] with a higher level of clinical support staff per physician and frequent forums for communication, can result in high-functioning teams, improved professional satisfaction, and greater joy in practice.

Ann Fam Med 2013;11:272-278. doi:10.1370/afm.1531.

Working at Starbucks would be better.
Benjamin Crocker, MD, October 3, 2007

MORE ONLINE
www.annfammed.org

"Working at Starbucks would be better."
– Oct 2007

Providers and Teams Facing Unprecedented Pressures

PHYSICIAN BURNOUT

48%

Physicians surveyed who are cutting back hours or will retire due to stress

STAFFING SHORTAGES

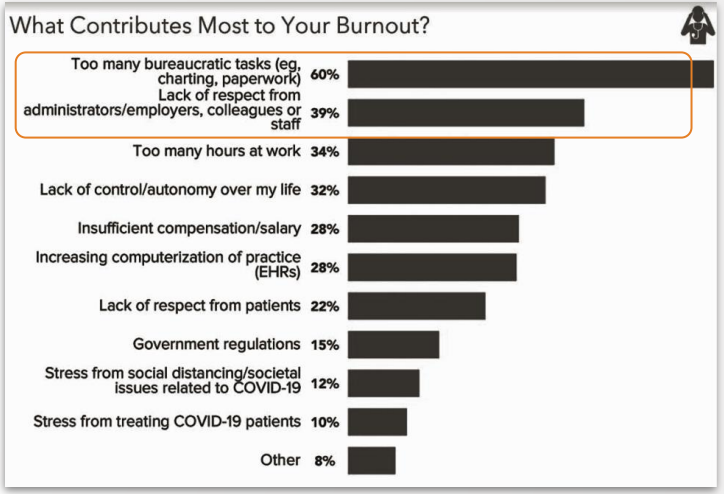
124,000

Expected shortage of Physicians by 2032

Worsening Access

24 - 32 days

Average wait for new appointment (increase of 30% in 3 yrs)



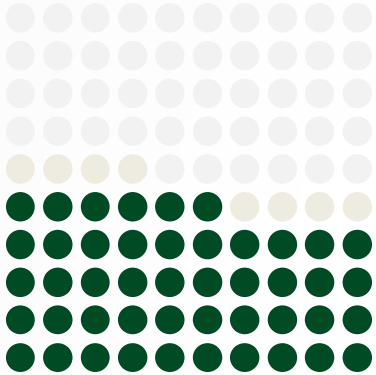
* Physician Burnout & Depression Report 2022: Stress, Anxiety, and Anger January 21, 2022

These Pressures Are Taking a Toll

70%

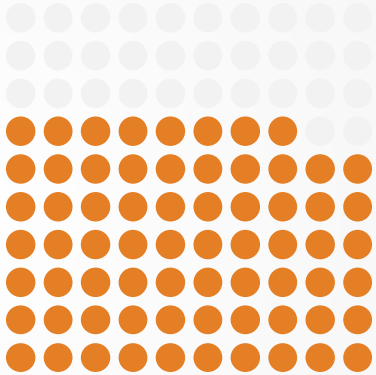
Would not recommend medicine as a career to their children

46%



Would not choose medicine as a career choice

68%



Burnout has a negative effect on relationships

55%

Are more burned out now than during COVID quarantine

Burnout, Compassion Fatigue, Moral Distress, Quiet Quitting

Plan to quit Healthcare in the next 2 years

1 in 5 MDs

2 in 5 RNs

1 in 3 MAs

1 in 5 Front Office

*COVID-Related Stress and Work Intentions in a Sample of US Health Care Workers, Christine A. Sinsky MD, Roger L. Brown PhD, Martin J. Stillman MD, JD, Mark Linzer MD - Mayo Clinic Proceedings, December 2021

These Challenges Impede All Constituents in Care Delivery

FOR THE PATIENT

Patient safety
- Missed results
- Delay in care

Patient dissatisfaction
- Access
- Poor care experience
- Frustration / invisbility

FOR THE PHYSICIAN

Wasted time
- Inefficiency, duplicative work
- High noise:signal

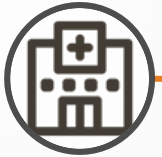
Dissatisfaction and Risk
- Dissatisfaction w/EHR and system tools
- Avoidable errors
- Isolation, undervalued

FOR THE CLINIC STAFF

Wasted time
- Low value tasks

Long hours
- Overtime

Less time with patients
- Care implications
- Job dissatisfaction



FOR THE ENTERPRISE

Increased risk
- Contract compliance concerns
- Malpractice

Lost revenue
- Uncaptured Quality Metrics

Increased cost
- Staff turnover
- Overtime

Provider Enterprises Face Complex and Dynamic Business Pressures

STAFFING CHALLENGES

124K
Physician Shortage by 2032

3.6M
Healthcare Worker shortage

5-15%
Increase in Healthcare Wages

10%
Reduction in Medicare Reimbursement

SHRINKING OPERATING MARGINS

INCREASING CONSOLIDATION

70%
Physicians Now Employed by Health Systems or Corporate Entities

Increasing Competition from Non-Traditional Competitors

Increasing Demand for Digital & Personalized Care

INCREASING CONSUMERISM

SHIFT TO VALUE

<40%
Patients in Traditional FFS Models

Enterprises Rethinking Their Operating Models

01

Deliver personalized care with industrialized operations

02

Maintaining human touch (patient centered care) while leveraging tech to optimize and scale

03

Realign care delivery to meet evolving care models (position FFS to succeed in VBC environment)

04

Reduce burnout while optimizing staff productivity (more with less)

05

Standardize and automate while preserving autonomy

What Still Matters to the Care Team

Relation > Transaction

Quality Care (outcomes)
Value (cost)
Patient Experience
Provider/Team Well-being

Practice/Care Team of the Future: The Enhanced PIT CREW

Consistency
Accuracy
Coordination
Performance

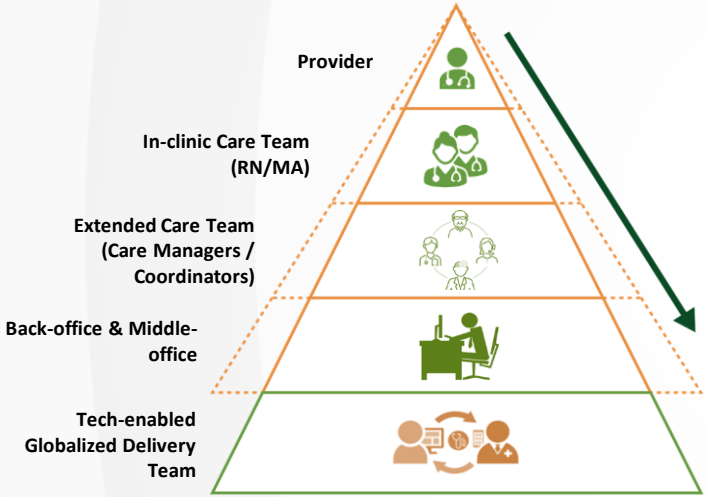
Drivers, not mechanics!
Providers, not EHR grease monkeys!

Restoring focus on the <u>fundamentals of patient care</u>:

- Present in the moment
- Compassion & Empathy
- Clinical and diagnostic skills
- SDM and complex Plans of Care

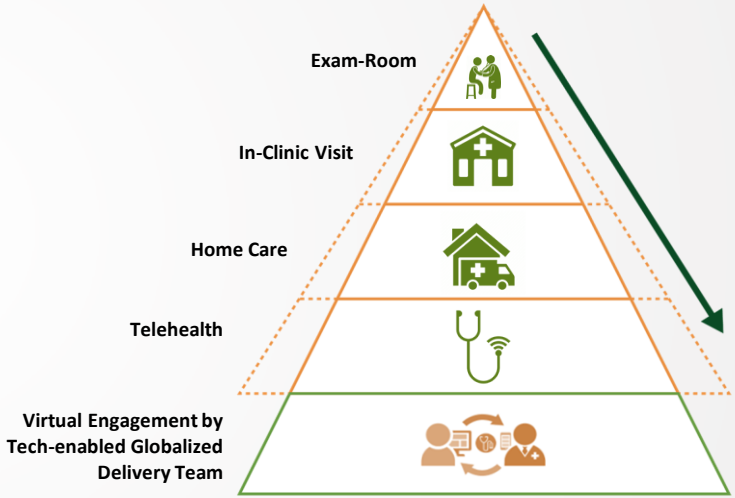
Redesigning Care Delivery to Manage Competing Priorities

Re-align tasks so everyone operates at the top of their license



- ➔ If it doesn't have to be done by a clinician, then it shouldn't
- ➔ If it doesn't have to be done manually, then it shouldn't

Re-align care delivery to transition it to the lowest cost, highest impact setting



- ➔ If it doesn't have to be done in an exam room, then it shouldn't
- ➔ If it doesn't have to be performed in person, then it shouldn't

Fortify your Core with Delegation of Chores

DELEGATE THE CHORES

- Revenue Optimization
- Clinical Scribing & Coding
- Prescription Renewal Management
- Document Management
- Referral Management / Prior Authorization
- Care Coordination
- Patient Engagement Solutions
- Population Health Management
- Data & Analytics for Improving Clinical & Financial Outcomes

Case 1: Scribing As It Should Be

Obtain consent:
Patient consents to record the visit..

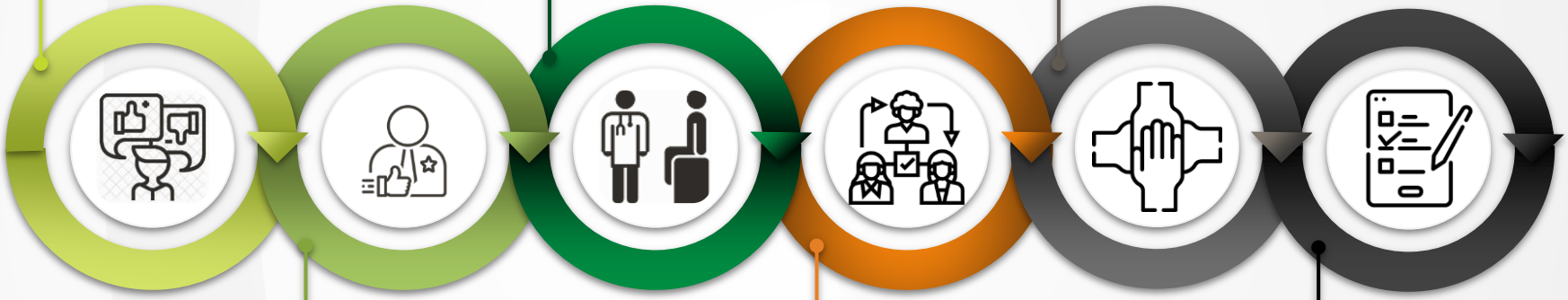
Start session:
Provider starts the visit by pressing ‘start’ on the tablet or connecting with a live scribe.

Conduct your exam:
Provider conducts the visit as usual, engaging the patient more directly without worrying about the encounter notes or orders.

Flexibility of use:
Provider can append or even directly dictate notes.

Note creation:
A highly trained clinician scribe creates the chart note (supported by NLP, SR) and adds any pertinent data to EHR.

Sign off:
Personalized note is available for sign off, providing a closed loop process



Scribing - Improved Productivity, Access, Satisfaction

ACCESS

Visits per day

2.5 visits ▲

REVENUE

Gross Charges

16% increase ▲

DOCUMENTATION TIME

Minutes per day

75% reduction ▼

PAJAMA TIME

EHR access on weekdays/weekends (% change)

30% / 64% reduction ▼

IMPROVED BURNOUT SCORES

% of physicians who experience improvement in burnout scores

81% physicians ▲

NET PROMOTER SCORE

% Promoters - % Detractors

8.1% physicians ▲

Case 2: Rx Renewal Management

- Staff (NPs, RNs, MAs, MDs) work high volumes of electronic, phone, fax, and portal Rx renewal requests
- Overwhelming "on-the-fly" cognitive burden (Among top 3 pain points on physician/staff surveys))
- Large % of primary care practices have either no standardized protocols or lack adherence for Rx renewal requests. Many specialties rely on RNs or NPs ($$)
- Majority of Rx renewals are not vetted for appropriateness prior to being routed to provider for approval(**SAFETY and MALPRACTICE RISK**)
- Workflows for managing discontinued orders or duplicate requests are not standardized, resulting in risk for inadvertent over-medication

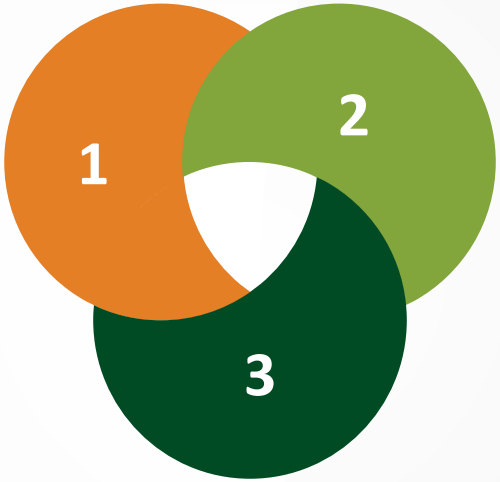
Lack of formal Rx renewal process may lead to overdose, organ failure, death, or staff burnout.

Rx Renewal Management

A prescription for improving patient safety & reducing administrative burden

CAPTURE all Rx renewal requests and vet them for appropriateness & safety

- ➔ Surescripts/Pharmacy
- ➔ Pt. portal
- ➔ Pt. calls
- ➔ Fax



PREPARE Rx renewal requests in the EHR and related labs for authorization

- ➔ Robust tech platform
- ➔ Dynamically configured protocols
- ➔ Validated by trained pharmacist
- ➔ Complete documentation

SERVE UP actionable tasks and insights

- ➔ Rx Orders
- ➔ Visit/Lab care gaps
- ➔ Performance Dashboard

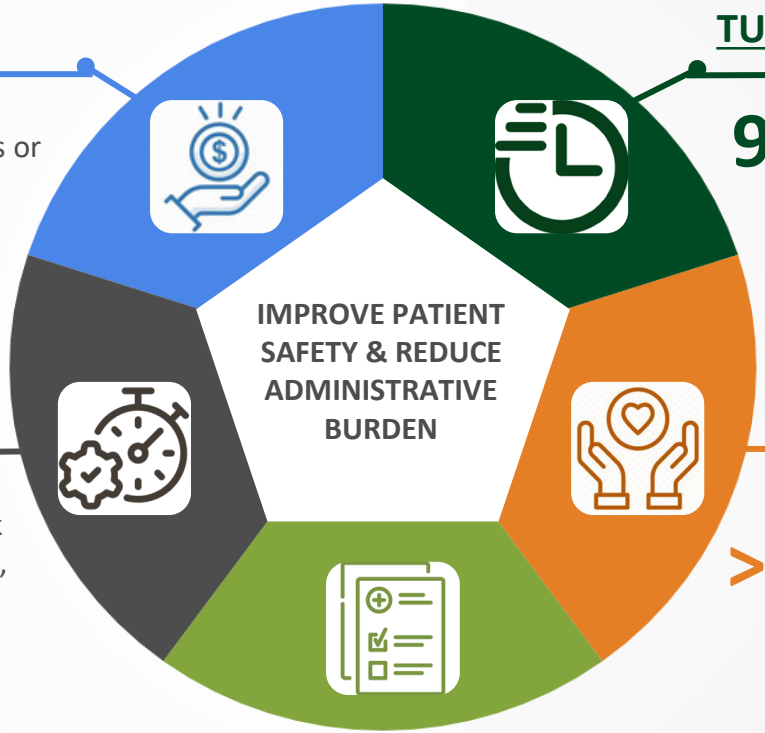
Rx Renewal Management: Measure What Matters

REVENUE UPSIDES

9-11% of Refill Requests recommend visits, labs or both

TURN AROUND TIME

98% of Rx Renewal requests processed in 24 hours



BURDEN REDUCTION

>65% of Rx Renewal tasks are removed from the work queue with a “1 Patient, 1 Record, 1 Protocol” approach

QUALITY & SAFETY RELATED EVENT AVOIDANCE

>20% of Rx Renewal Requests with potential quality / safety issue identified & avoided via universal vetting for every in scope request

DUPLICATES

~10% of all refill requests are duplicates that will be removed

Case 3: Clinical Data/Document Management

3 OUT OF 10 tests are reordered because the results cannot be found

UP TO 10% abnormal tests results are missed by the physician's office

High Volume outside labs, imaging, reports, records

High Risk timely/accurate filing, care gaps, delays in care, reporting metrics

30 MINUTES time spent by a physician daily searching for patient data in EHR

3 HOURS time spent daily by clinic staff to scan & abstract incoming documents

Reduce Administrative Burnout, Optimize Staff Productivity

HOW THE SOLUTION WORKS?

Centralized document flow of physical documents into a single source

All documents filed into the right folders in the EHR with a standardized naming convention, indexable & searchable

Abstraction of relevant clinical data (tests / results) in discrete data fields (notification of abnormal results)

THE VALUE DELIVERED

TIME SAVED

60 hours

Per MD / Year

480 hours

Clinic Staff / Year / Per MD

IMPROVED QUALITY METRICS

14%

Improvement in Breast Cancer Screening

19%

Improvement in Diabetic Eye Exams

Enabling the Move to Value Across Different Models

PROGRAMS SUPPORTED

- HEDIS / STAR
- MIPS
- ACO
- MSSP
- DSRIP
- QRS
- MACRA
- Medicaid

SCREENINGS

- Breast Cancer
- Colorectal Cancer
- Cervical Cancer
- Lung Cancer
- Osteoporosis
- AAA Screening
- Fall Risk Screening

PREVENTATIVE CARE

- Clinical Depression and Follow-Up Plan
- Screening for High Blood Pressure
- HIV/HCV Screening

VACCINATION

- Pneumococcal/Flu Vaccination
- Zoster (Shingles) Vaccination
- Childhood Imm.

CHRONIC DISEASE MANAGEMENT

- Hypertension
- Diabetes: A1c, Eye Exam, Proteinuria
- CVD: cholesterol

CONTINUUM OF CARE

- Abstracting / Documenting all Medications
- Abstracting all tests, discharge summaries outside records & consults

Care Solutions: Nurturing the Patient, Not the EHR

Scribing - Asynchronous or Synchronous with Order Entry for clinically accurate & compliant chart notes.

Rx Renewal - Automated Prescription Renewals to bring standardization, safety, efficiency, & equity.

PreVisit Prep - New Chart Prep/PreVisit/Daily Huddle summary to improve visit efficiency, reduce care gaps, canceled visits & improve PJ time and patient satisfaction. Pre-emptive orders, TCM, AWV.

InBasket Management - Reduce the in-basket burden by delegating tasks / responses for inbox messages

Coding - Delivering compliant & optimized coding to plan care accurately. Retrospective, prospective, concurrent HCC capture.

Document Management - Clinical Document Filing & Data Abstraction to find the right data in the right place at the right time

Virtual Assistant - Supporting clinic-oriented tasks for managing the patient. E.g., Message/Call management, Prior Auth, Med reconciliation/adherence

Care Coordination - Population Health, Chronic Care Managment

Care Solutions - Improving Signal:Noise for the Care Team

Clinician Support Tool	Where	More valuable	Than
Scribing/Order Entry	Patient Interaction	>	EHR Interaction
Document Management	Data Access / Retrieval	>	Volume of info
Rx Renewal	Safety / Equity / Standardization	>	Expedience
PreVisit Summary / Inbox Management / Virtual Assistant	Salience & Time	>	Clutter
Coding / HCC Optimization	Plan of Care	>	Invoice for Care

Provider Enablement Platform Aligns with Outcomes

Improved Provider Experience

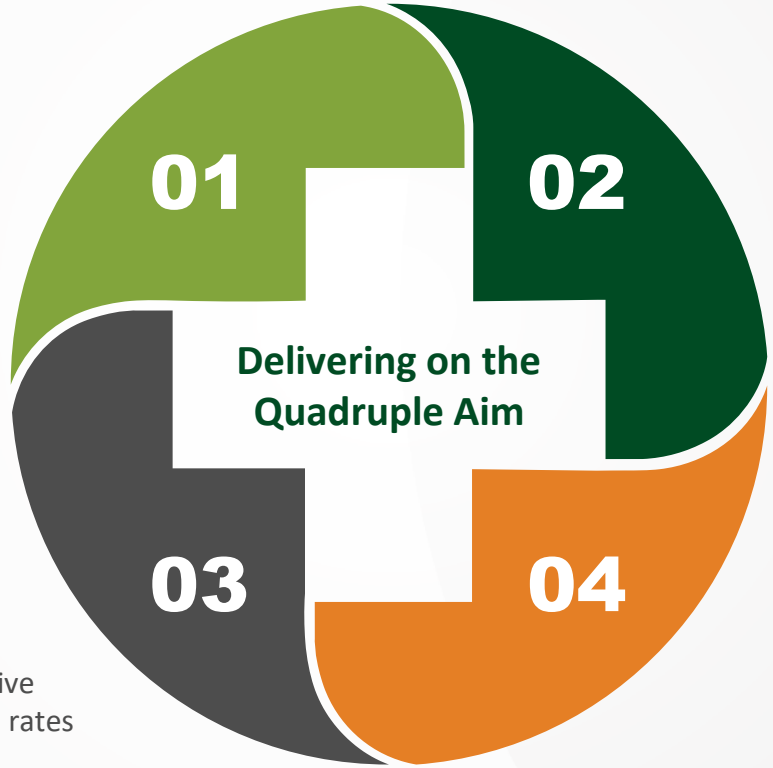
>80% Physicians report reduced burnout

64% Report having better work-life balance

Better Population Health Outcomes

4-6% Uptick in RAF Capture

15-40% Improvement in preventive screening & vaccinations rates



Improving Financial Outcomes

Net Reduction in Operating Costs **4-5%**

Net increase in overall revenues **5-6%**

On-demand scalability

Improved Patient Experience

Patients report improved visit experience **82%**

Medication errors prevented **100k's**

From Workflow Bottlenecks to the Rewards of Work

- Enable your clinical teams to practice CARE, not ‘administratia’
- CORE vs CHORE: work done better, faster, cheaper
- Consider arc of entire patient journey and visit lifecycle
- Focus on pain points/challenges that matter locally
- Look for early, tangible wins
- Identify, enlist and invest in admin, operations, clinical champs and evangelists (change management)
- Multiple stakeholders - clinical team (all roles), **patients**, IT, compliance, health equity (culture management)
- Technology doesn’t fix problems (people do!), but can be a ‘force multiplier’ for scaling when applied sensitively

JOIN THE MOVEMENT

THANK YOU!

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