How this FQHC achieved greater well-being in depths of pandemic

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When Penobscot Community Health Center (PCHC) first completed the AMA Mini-Z Burnout Assessment in 2021, nearly two-thirds of their employees were exhibiting symptoms of burnout at varying levels of severity. This was a call to action for Andrew Fletcher, MD, executive clinical director of acute care at PCHC, which is a nonprofit, federally qualified health center with more than 900 employees in Bangor, Maine.

Andrew Fletcher, MD
“And nearly half—46.5%—of our staff were contemplating leaving their jobs within the next few years,” said Dr. Fletcher. “When your value proposition is your relationships with each other and with the patients, anything that disrupts the continuity of that relationship is a threat to our survival.”

All this information—and more—was readily available to Dr. Fletcher after completion of the Mini-Z survey through a dashboard provided by the AMA Practice Transformation team. The dashboard offers health systems a view at their burnout rates, time spent outside the EHR, job satisfaction and how much employees feel valued.
For organizations interested in assessing organizational well-being, the AMA offers no-cost assessment services to health systems from around the country. Learn about the practice transformation journey (PDF) or email practice.transformation@ama-assn.org.

Reducing physician burnout is a core element of the AMA Recovery Plan for America’s Physicians. You took care of the nation. It’s time for the nation to take care of you. It’s time to rebuild. And the AMA is ready.

Far too many American physicians experience burnout. That’s why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

“The data report was huge,” said Dr. Fletcher, noting that PCHC is early in its capacity to mine data and present visual representations of operational realities. The AMA’s dashboard offers “data utilization and visualization. We’re still somewhat addicted to spreadsheets here and having a dashboard is useful in telling the story in real time.”

To improve PCHC’s data efforts, the next step is to develop a dashboard similar to what the AMA provides, to offer a look at “where we stack against our performance indicators,” he said.

Based on the AMA dashboard, Dr. Fletcher shared some of the data points and the work done at PCHC.

**The burnout rate dropped**

The burnout rate at PCHC dropped from 64.4% in 2021 to 61.5% in 2022 and while their burnout rate is still higher than the national benchmark of 51%, it is decreasing. In fact, last year, 6.9% expressed feeling completely burned out to the point where they may need to seek help, dropping to 3.1% the following year.

“Our organization really did bend over backwards to try to keep our employees engaged during the pandemic by keeping them employed,” said Dr. Fletcher. “Our encounters dropped precipitously when COVID first hit. From a business perspective, the smart thing for us to do would have been to furlough everybody and then let them collect their CARES Act check.”

“We did not do that. We kept them employed. We take our employee suggestions to heart and we’re always trying to tailor our operations to cater to everybody,” he said. “The other thing was that as people were brought in here, there is a certain type of person we’re looking for.”
But “how do you select the right people to bring into your organization?” said Dr. Fletcher, noting that is important to identify “those aligned with your mission, vision and values because they’re the ones who change the culture.”

Additionally, “time is our enemy,” he said. But “thanks to the decrease in the patient volume that we saw, people had more time to engage in team-building efforts, talk to each other in the hallway, spend time with their families.”

“We have spent time on everyday innovations aimed at reducing administrative workloads, increasing support and care team competencies, and helping providers focus on the patients,” Dr. Fletcher said. “We believe this will serve us well as we improve accessibility to our services for patients.”

**Time spent in EHR decreased**

At PCHC, time spent in the EHR for indirect patient care in 2021 was 13 hours each week. This meant completing EHR documentation, order entry, test interpretation, referrals and billing. In 2022, indirect patient care dropped to 9.4 hours per week for those who were full-time. For part-time, it dropped from eight to 7.8 hours a week.

On top of that, physicians and other health professionals were spending 6.3 hours a week on administrative tasks—such as prior authorizations, insurance forms, paperwork and meeting attendance. That dropped to 5.5 hours in 2022.

Additionally, in 2021, 20.6% of physicians and other health professionals at Penobscot spent more than eight hours a week on the EHR outside of normal work hours. That dropped to 10.8% the following year. For 19.2% of physicians and other health professionals, work after work consumed four to six hours of their time in 2021, dropping to 12.3% in 2022.

“I wish I could attribute this to some single intervention on our part,” said Dr. Fletcher, “but I suspect it was a combination of lower patient volume, providing physicians and other health professionals with Sundays off at PCHC, providing virtual scribes for providers seeking assistance in completing documentation and working on various interventions to reduce desktop burden—each may have played a role.”

Sundays off will remain for as long as Dr. Fletcher “lives and breathes,” he said, hoping this will continue to help maintain satisfaction and decreased time in the EHR.

“We were open seven days a week before and we made a decision to close on Sundays so there’s one day out of the week where everybody’s home with their families,” said Dr. Fletcher. “That was received very well by our employees—we needed one day of rest for everybody.”
More felt valued

The PCHC Mini-Z survey also found that 53.4% of physicians and other health professionals felt valued in 2021. A year later, 66.2% said they felt valued compared to the national benchmark of 45%.

“There are so many little things we do. For example, if they need protected time for breastfeeding, we do it,” said Dr. Fletcher. “We are also exceedingly flexible with people’s schedules. They come in the door here and we basically will hire them for whatever hours they want to work and then hire a medical assistant to reflect those hours.

He also noted there are so many “extremely resilient people in this organization that haven’t been formally identified and they never will, but those people lift other people up when they come to work. You could be having a bad day … and you go to work, and it lifts you up whereas in my past life going to work was just another insult to an already terrible day, but with people who are resilient and lift others up, that all changes.” “An organization is only as good as its employees. If you hire the wrong person, it can drag everybody down,” he said. “So, while we give people chances here, if somebody is just not playing well in the sandbox and they’re exhibiting a toxic effect on the social field and the practice, we have very little patience for that.”

Job satisfaction has improved

PCHC did see an increase in job satisfaction rates during the survey periods. In 2021, 68.5% expressed satisfaction with their job even as the Omicron variant was spreading. Job satisfaction then jumped to 78.5% in 2022, above the national benchmark of 72%.

“What also jumped out at me were the people in the green. They were on the far end of the bell curve with no burnout at all. They loved their job and had no intention of leaving,” Dr. Fletcher said. “My next question was who are these people and what are they doing differently?

“It’s the same system, the same impediments, the same barriers, yet these people find a reason to come back to work every day and find joy in their work whereas the rest of us are struggling,” he added. “So, what’s this secret and can that resilience in these people be shared with the people in the yellow and in the red?”

Through the AMA dashboard, organizations can identify areas of concern and more easily focus their efforts on system-level solutions identified in the survey. The green data shows where organizations are doing well while the red and orange represent areas of opportunity for the organization.

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The AMA STEPS Forward® open-access modules offer innovative strategies that allow physicians and their staff to thrive in the new health care environment. These courses can help you prevent physician burnout, create the organizational foundation for joy in medicine and improve practice efficiency.

Additionally, the AMA’s Joy in Medicine™ Health System Recognition Program provides a road map for health system leaders to implement programs and policies that support physician well-being. Learn more by reading the program guidelines.