With the COVID-19 pandemic pushing U.S. doctor burnout to an all-time high of 63%, it is no wonder that HealthReach Community Health Centers—a private, nonprofit organization that provides medical and integrated behavioral health services at 12 locations across central and western Maine—has made well-being a priority at their organization. By working with the AMA, the Mini-Z burnout survey offered HealthReach a baseline to help direct their work around physician well-being.

At the launch of their Mini-Z assessment in 2020—provided by the AMA Practice Transformation team—60.4% of physicians and other health professionals expressed feeling completely burned out, experiencing symptoms of burnout that won’t go away or that they were beginning to burn out with one or more symptoms such as emotional exhaustion. But in 2022, their burnout rate dropped to 49.1%.

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 critical element of the AMA Recovery Plan for America’s Physicians.

Far too many U.S. 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.
Amy Madden, MD
“The Mini-Z offered us this baseline that we could use that helped us also identify areas where we thought we might be able to make some changes in how the organization did things and hopefully impact how everybody felt about their work, their professional satisfaction,” said Amy Madden, MD, a family physician at Belgrade Regional Health Center—which is part of HealthReach Community Health Centers—and medical director for HealthReach.

“We shared the results with our clinician staff and practice managers and used it as a springboard for the work that we were doing that then unfolded into a more focused effort on professional well-being,” Dr. Madden explained.

Here is how HealthReach used the results from their Mini-Z burnout surveys—with the help of the AMA—to launch organizational well-being efforts to improve job satisfaction, which rose from 81.4% in 2020 to 84.9% in 2022 compared to the national benchmark of 75.9%.

**Hired pharmacy tech for Rx refills**
“We enjoyed participating in the AMA Practice Transformation Initiative because it’s always great to hear ideas from outside the organization,” said Connie Coggins, president and CEO of HealthReach Community Health Centers, noting that “we piloted and adopted one of the strategies another health system was utilizing.”

“We implemented their medication refill process and they actually met with us outside the Practice Transformation Initiative to share a little bit about their process and how they got started,” she said. “That really helped jumpstart our efforts.”

This medication-refill process included the hiring of new pharmacy techs to lead the refill process and support patients in their requests.

“The pain point is that we’re struggling to hire medical assistants in the current hiring environment and the medical assistants that we have currently have too much to do—they’re rooming patients, they’re trying to do medication refills and respond to other questions patients have,” Coggins said. “So the idea of hiring people who had worked as pharmacy techs in the retail environment was really great because they’re trained in medications and they know what the pharmacy goes through.” “It’s definitely been a benefit not only to our clinicians, but to our support staff at the site level as well,” she said, adding that HealthReach has “hired four pharmacy techs to help, with a fifth hire pending.”

Universalize standing orders

“The other thrust was just looking for various efficiencies in the way that our clinicians do their work, including standardizing standing orders,” said Coggins.
“We attempted to take all the standing orders that were currently in existence at all of our sites and find the highest value ones—the ones that are used most frequently and have the most impact on patient care and standardize those,” said Dr. Madden. “We worked as a group of clinicians and our clinical staff together on reviewing the standing orders, coming up with what we thought was probably the most efficient ways of doing certain standard orders.”

For example, “when a patient presents for a diabetes follow up, what are our medical assistants able to do prior to the clinician seeing them? That’s the type of standing order we’d be talking about,” she said. “Then we universalize them. Now we have a set of standing orders that are consistent across all sites.”

“It’s magic because we have a consistent set of standing orders that are universally followed. It makes it easier because all our site staff are trained on the same thing,” Dr. Madden said. “We continue to identify ways in which we can be more consistent across our sites that are more appropriate for standing orders.”

**Pebble in your shoe initiative**

HealthReach also launched a “pebbles in the shoe” initiative where physicians and other health professionals can bring forth small administrative or technology issues that get in their way, ultimately getting rid of stupid stuff in the process.

“One of the things that we started to do with our standing orders was create a pathway where the medical assistants could go into that file folder and just select certain things and get rid of them because they didn’t require a clinician to sign off on them,” said Dr. Madden. “But in doing so, we stepped back further and said: If they don’t require a clinician to sign off on them, why are they even going into that file folder in the first place?”

“That led us to come back further and redefine what actually needs to be flowing to the clinician, which again cut down on both the clinicians’ workload in terms of what they’re seeing,” she said. “But in addition, the folks who are responsible for taking that information in and assigning it to different places, it cut down on a step for them as well because they no longer had to select a clinician and assign it to their PAQ—provider acceptance queue—which is what this electronic file folder is called.”

“That was a nice effort of simplifying things a few steps back and now the standing order can be much more refined,” Dr. Madden said. “We call it pebbles in our shoes because they’re not huge like how we change health care, but they are little parts of your day that if they just went a little bit better, you’d go home feeling a little bit better about the day.”
Create a centralized triage process

While it is still a work in progress, HealthReach started creating and implementing a centralized triage process for patient portal messages.

“We’ve asked a registered nurse who worked for our system to be our first dedicated triage nurse, and she is pretty jazzed about it because we’re using her skills and training to a higher extent. She’s doing the triage now for several sites,” said Coggins, adding that “we’re working on who might be the next person within our system because we’re looking at asking some existing employees to join this centralized triage group.”

In this scenario, the triage nurse is responsible for covering the inbox, responding to patient messages that do not require physician input or signoff and ensuring that the messages received by the physician are only the requests that require clinical decision making or physician-level input. For example, they will answer triage questions such as “Do I need an appointment today?” or “I’m experiencing these symptoms, tell me what to do.”

“They will eventually cover each other when someone is out so that the triage is taken care of and our medical assistants at the site will be better able to focus on the interaction that they are having with the patient who is there for a visit,” she said. “We’re really hoping our staff at the site will have more time to focus on what we call panel management, ensuring that patients who have care that’s needed for chronic conditions are seen regularly or seeing our kids for well child checks.”

Enhanced communication, listening

A major focus has been to ensure physicians and other health professionals feel valued at HealthReach. The survey found a significant increase in feeling valued, jumping from 58.2% in 2020 to 71.7% in 2022.

While having everyone work at the top of their license has been key, Dr. Madden’s “responsiveness and leadership have made a big difference as well,” said Coggins. “Just personally how responsive she is to clinician concerns or things that are raised, it makes a big difference.”

“It’s been an organic evolution of the leadership style of the organization,” said Dr. Madden, noting “there is a lot of time spent getting feedback, communicating, trying to hear where people are at and trying to both appreciate them but also recognize them.”
Flexibility for child care

At other health systems, one area of concern through the pandemic has been child care. But at HealthReach, there have been fewer concerns about child care. In 2020, about 38% of people noted child care concerns due to the pandemic. That number dropped to nearly 20% in 2022.

“It’s a little bit challenging with our geographic footprint because it’s three hours by drive from the furthest end of our service area to the other,” said Coggins. “So, coming up with a more universal strategy for child care is much more of a struggle.”

“I also think it’s about timing. At the beginning of the pandemic, the child care stressors were a lot more significant and it became less and less over time,” said Dr. Madden. “Maine has, in general, weathered things very well. But I feel as though the organization’s response to what people’s concerns were during the pandemic made it very accessible.

“People, even when they had struggles, we were flexible. We had to be and wanted to be,” she added.

Efficient EHR use

In 2020, 25.6% of physicians and other health professionals worked more than eight hours on the EHR outside of normal work time. That number increased slightly to 26.4% in 2022. But the rate of those who worked between zero and two hours on the EHR outside of work increased from 23.3% in 2020 to 35.9% in 2022, showing that more people are spending less time on the EHR after work.

“Some of our focus is going to be on how we can use our EHR more efficiently. We’re focused on the medication module right now because we have recently initiated the new refill process with pharmacy technicians as medication refill specialists,” said Coggins. “We also just made sure that all our clinicians are using formulary functions and that’s been rolled out.”

“But that’s going to be the continuing theme—ongoing, bigger and smaller projects about how we can improve EHR efficiency,” she said. “We’re also continuing to work on standing up our telehealth platform, which will be nice for patients because it will allow some of them to register electronically before they arrive for their visit or electronically in the waiting room rather than manually on paper.

“And that will have an indirect benefit to our clinicians because, one, some of the information that they record will automatically flow back into our EHR. But two, if staff don’t have to do as much data input, that means they’ll be available for other things,” Coggins added. “A lot of these things have these trickle-down effects where it really benefits one group in a major way, but it has benefits for multiple
teams throughout our system.”

“It’s about our whole team feeling less burnt out and what’s why we were glad to do the teams part of the Mini-Z as well because we need to focus on the whole group,” she said.

**Baking it into every process**

“One challenge we have nibbled around is how to bake these processes in—how do you inform all of your decisions with an eye towards how this will affect staff and their appreciation of what their jobs are and how they feel,” said Dr. Madden. “Because, clearly, retention and having people feel like they’re valued only turns into better patient care.”

Intent to leave among staff declined slightly from 41.8% in 2020 to 39.7% in 2022. But job stress did increase from 55.8% in 2020 to 58.5% in 2022, which is above the national average of 52.2%.

“Our goal is to try to use this as a way of ensuring that our clinicians and our staff—from our patient service representatives to our physicians and our administrative leadership—want to stay working for us so that we can continue to provide the care that we do in these remote communities,” Dr. Madden said. “So, it’s baking this into all of our processes.”

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.