To cut burnout, this pediatric group is redesigning the care team

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When Children’s Primary Care Medical Group (CPCMG) in San Diego started their well-being efforts, they focused at first on building resiliency. Leaders at the physician-owned pediatric group quickly recognized that while resiliency is important, the emphasis needed to be on the organizational factors that drive physician burnout. That is when AMA member Genevieve Parsons, MD, turned to the AMA for guidance.

Knowing that system-level changes would need to be made, Dr. Parsons, a pediatrician and director of clinician well-being, saw that the AMA Joy in Medicine™ Health System Recognition Program could be used as a road map to guide CPCMG’s well-being efforts. This led to CPCMG receiving recognition at the bronze level from the program last year, having implemented a peer-support program and created a well-being committee.

They also worked on efficiency of practice, including getting rid of stupid stuff and implementing EHR efficiency interventions. CPCMG—a physician-owned pediatric practice with pediatricians serving more than 270,000 active patients at 29 sites throughout San Diego and Southwest Riverside counties—will be reapplying for recognition in 2023 after completing their two-year attestation.

“We measured burnout for five years in a row leading up to the 2022 survey and our burnout rate was ranging anywhere between 25% and 35%. In our most recent survey, burnout was 52%, which mirrors the national data,” said Dr. Parsons, noting the increase was “related to a number of different reasons, including the Omicron surge and the workload that our clinicians have been dealing with including high in-basket volumes.

“In pediatrics especially, the workload has not gone down, and the volume of illness has already reached winter volumes. Usually there’s a lower level of illness in the fall,” she added. “This high volume of sick patients, and efforts to keep kids out of the ER, has likely only contributed to the increasing levels of burnout.”

“I had been doing the STEPS Forward® modules, which have a wealth of information from all ranges of categories that have really helped, including peer support, team-based care, EHR efficiencies and
more, but I had never formally interacted with the AMA and our first step into that was the burnout survey we completed in January of 2022 using the AMA survey.”

“The follow-up with the AMA led to a wealth of resources,” Dr. Parsons said. That’s “because we met with the leadership of the AMA and were able to formulate a plan from there based on our results.”

CPCMG had already been working on redesigning the care team, to help reduce the workload and administrative burden facing pediatricians at CPCMG. The AMA survey and follow up discussion emphasized the importance of these efforts and additional ways to improve upon them.

Reducing physician burnout is a critical component of the AMA Recovery Plan for America’s Physicians.

And with far too many U.S. physicians experiencing burnout, the AMA has resources that prioritize well-being and highlight workflow changes so doctors can focus on what matters—patient care.

Bring departments together

“We have put in a number of initiatives that are hopefully going to help with the burnout rate that increased, and it has a lot to do with staffing and making sure we’re all helping with the tasks that have traditionally fallen to the clinician,” said Dr. Parsons. “We’re doing a lot of work with care-team redesign right now. The Joy in Medicine criteria is helping us focus more on tracking and measuring our efforts to see if we are making a difference.

“I'm happy that in our next AMA survey, the leadership and team-based care questions will be embedded. This will help with more consistent measurements,” she added. “Care team redesign is probably our biggest, most substantive effort in improving the clinician experience, and involves both our physician team and our management team working together.”

“It's a really good model for how our clinician team can work with the staffing and our operations, which are separate entities,” Dr. Parsons said, noting that individuals from the clinician and management teams are working together on efficiency of practice. There are four different parts to our efforts on care team redesign.”

Improve well visit efficiencies

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Led by CPCMG’s chief medical officer and director of nursing, the first area of focus is identifying steps that improve the efficiency of the well child check workflow—from scheduling to the actual well visit. And then to wrap around care, so that the pediatrician can focus primarily on the patient.

**Identify complex patients**

Complex patients can take pediatricians’ time away from other patients. That is why the chief medical information officer and head of the IT team are working with care teams on creating a model which “will help us identify more complex patients, and hopefully give physicians back some time in their days in order to provide the best care possible for all of our patients,” said Dr. Parsons.

**Enhance communication**

The third area of focus in care-team redesign is “our director of marketing along with an individual from our management company working together on communication with the patients,” said Dr. Parsons.

There has been “back and forth about what we need to communicate to patients to make sure they understand what’s going on at each level of service within the visit and between visits,” she explained, noting that finding a better way to communicate can help physicians and their teams free up the in-basket to save time, with the additional goals of improving patient care and the experience for the whole care team.

**Develop the ideal care team**

The fourth area of focus is establishing the ideal care team. This requires looking at staffing models to determine that team.

“Our director of clinician wellness and director of population health are working together with our senior management leaders from human resources and operations to determine the best staffing models, including medical assistant-to-clinician ratio,” Dr. Parsons said. This also includes nurses and determining “what is best—either remote or in-person options—knowing that there are significant staffing shortages across the country.

“Knowing that we’re doing the best that we can right now, we are also figuring out what is ideal,” she added. “That synergy between our operation and management teams and also the physician team is very helpful and a good model because we work very well together, and nobody can do it alone.”
The burnout survey “really emphasized the importance of this and is part of what we think the solutions towards that are eventually,” Dr. Parsons said. “It’s a long process, and we’re looking for quick wins also to figure out how we can really make more of a difference sooner, but some of the changes are more long term.”

“The AMA has been such a great resource for me, within the STEPS Forward programs and the wealth of data that’s available,” she said. “Since we have had a more formal relationship, I’ve been so grateful for the expertise that the AMA brings, and I look forward to more collaboration in the future.”

CPCMG is planning its next survey with the AMA in the first quarter of 2023 and will use the results and follow up discussions to help guide strategy for its well-being program over the next year.