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Navigating the Current Healthcare Landscape

COVID-19, Staffing Crisis, and Administrative Burden

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Private Practice Sustainability

Private practice is an attractive option for physicians seeking the freedom and independence to practice in a setting that allows them to provide personalized medical care for their patients, and is inclusive of practice owners, employed physicians, and independent contractors.

Private practice is an important part of the health care delivery landscape but has been under intense pressure for several years. The COVID-19 pandemic has exacerbated existing concerns of physician practice owners but has also created opportunities to change and improve health care delivery to patients.

WEBINAR SPEAKERS

Marie Brown, MD, MACP
Director Practice Redesign
American Medical Association
Professor Emeritus
Rush University

Taylor Johnson
Manager, Physician Practice Development
American Medical Association

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Navigating the Current Healthcare Landscape

COVID-19, Staffing Crisis, and Administrative Burden

Agenda

1. Overview of the current healthcare workforce landscape
2. Workforce burnout
3. Plan for workforce shortages
4. Workplace safety for staff

Kirzinger, Ashley et al. “KFF/The Washington Post Frontline Health Care Workers Survey,” Kaiser Family Foundation, April 6, 2021.
Berlin, Gretchen et al. “Nursing in 2021: Retaining the healthcare workforce when we need it most,” McKinsey & Company, May 11, 2021.

Current Healthcare Workforce

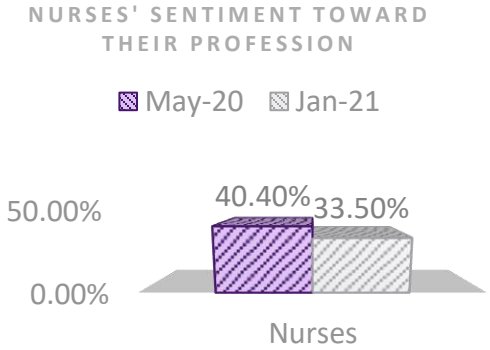
1/3 of physicians, APPs, and nurses intend to reduce work hours in the next 12 months.

62% report that worry or stress related to the pandemic has a negative impact on their mental health.

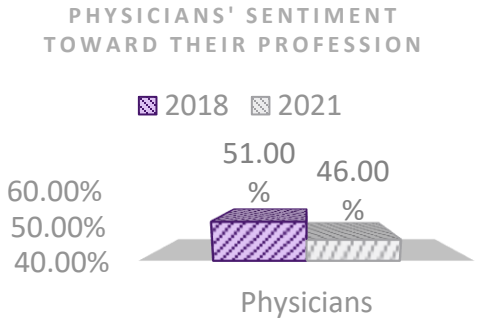
22% of nurses may leave their current position providing direct patient care within the next year.

90% of nurse leaders expect a nursing shortage post pandemic.

69% of healthcare executives reported nursing shortages are worst than a year ago.



"COVID-19 Trend Data & the Impact on Nurses: Four Key Trends to Consider," AMN Healthcare, January 2021.



"The Physicians Foundation 2021 Physician Survey, COVID-19 Impact Edition: A Year Later," The Physicians Foundation, 2021. Available at https://physiciansfoundation.org/physician-andpatient-surveys/the-physicians-foundation-2021-physician-survey

1 in 5 Physicians
2 in 5 Nurses
are moderately likely or higher to leave their current practice within two (2) years.

Kirzinger, Ashley et al. "KFF/The Washington Post Frontline Health Care Workers Survey," Kaiser Family Foundation, April 6, 2021.
Berlin, Gretchen et al. "Nursing in 2021: Retaining the healthcare workforce when we need it most," McKinsey & Company, May 11, 2021.
Christine A. Sinsky, Roger L. Brown, Martin J. Stillman, Mark Linzer, COVID-Related Stress and Work Intentions in a Sample of US Health Care Workers, Mayo Clinic Proceedings: Innovations, Quality & Outcomes

Threats to Healthcare Workforce

Top factors influencing the decision to leave healthcare

- Stress and burnout
  - Insufficient staffing levels
  - Emotional toll of the job
  - Demanding nature/intensity of workload
- Feeling valued by one's organization

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Berlin, Gretchen et al. "Nursing in 2021: Retaining the healthcare workforce when we need it most," McKinsey & Company, May 11, 2021.
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Practice Wisely

Marie T Brown MD MACP
Director Practice Redesign
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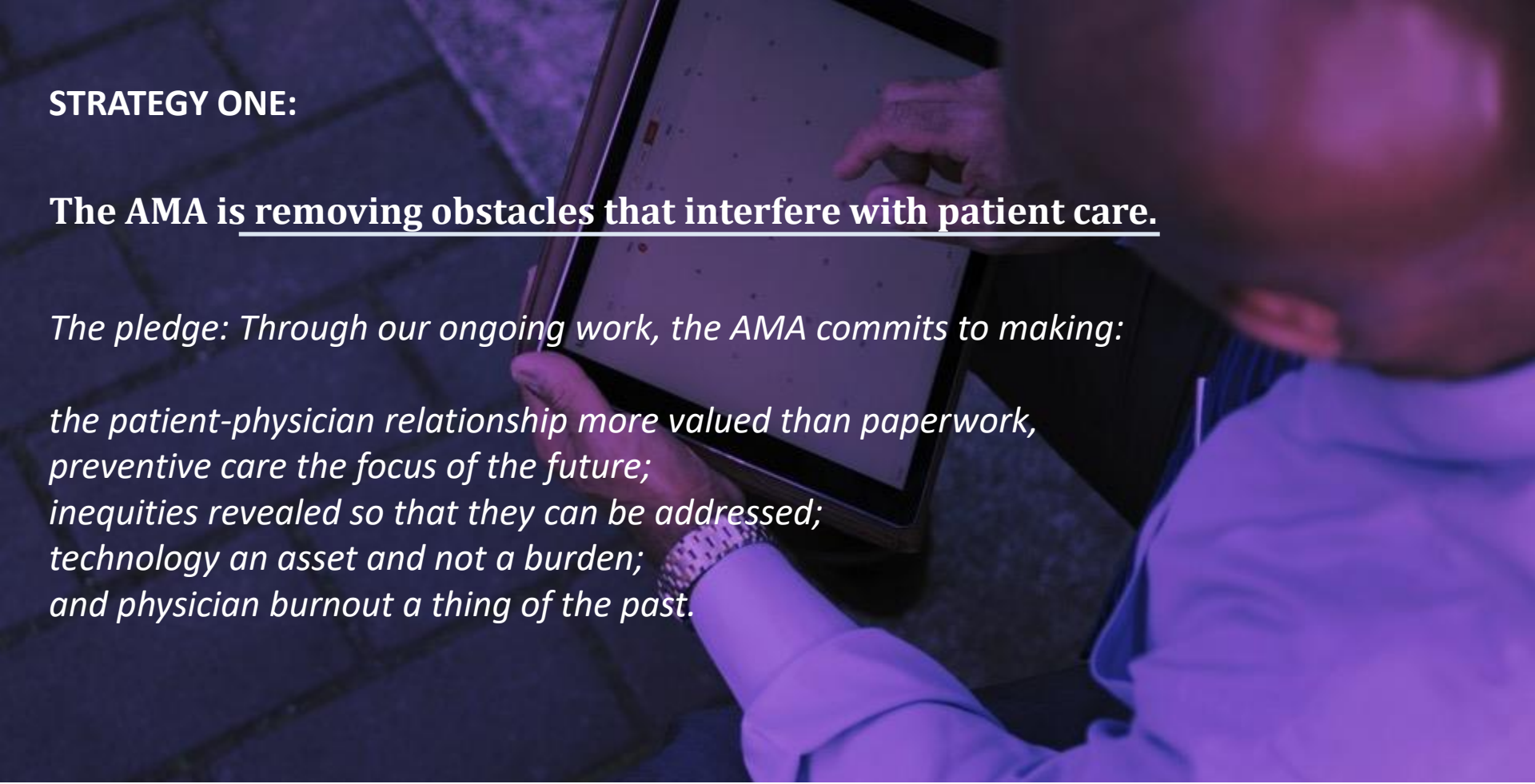
Practice Wisely
&
Save hours each day

1. Identify **simple changes** to improve efficiency in your own practice focusing on getting rid of unnecessary tasks -Getting Rid of Stupid Stuff (GROSS)

2. Use **teamwork** and team documentation to improve efficiency and ease the physician burden

3. Identify pathways to medical assistant training and other ancillary staff roles!

4. Become inspired and reconnect with the purpose and pleasure of practicing medicine



STRATEGY ONE:

The AMA is removing obstacles that interfere with patient care.

The pledge: Through our ongoing work, the AMA commits to making:

the patient-physician relationship more valued than paperwork,
preventive care the focus of the future;
inequities revealed so that they can be addressed;
technology an asset and not a burden;
and physician burnout a thing of the past.

Staffing crisis

The External Environment

Clinician Isolation

Regulations, Policies, and Payment

Big Data

Mergers & Acquisitions

Expanding Clinical Knowledge Base

Population Health

Performance Measurement

Technology

Patient Expectations

Today's Appointment: Mrs. Hughes 10:20-10:40

65 y/o woman retired teacher here for follow up.
She notes fatigue, insomnia, back and knee pain. Unsure if she needs refills.
She arrives late due to bus breakdown.

On your Plate:

1. You are 35 min behind schedule
2. Your inbox has 100 messages
3. Your qualtity measures are red
4. Her A1c was 8.5% 6 months ago, no record of TSH or BMP
5 BP today is 180/100
6 She has gained 5 lbs. since last visit
7. She thinks she needs refills
8. She is not sure which blood pressure medicines she is taking and doesn't think she needs them anymore
9. She does not have access to grocery store

Problem list:

- Diabetes
- Depression
- Obesity
- HTN
- Hypothyroidism
- Osteoarthritis
- Low back pain
- Asthma

Meds:

Metformin
Glyburide
Sitagliptin
Hydrochlorothiazide
Lisinopril
metoprolol
Paroxetine
lorazepam
Estrogen
Atorvastatin
Levothyroxine
Pantoprazole
Vit D,E,A
Albuterol
fluticasone

Today's Appointment: Mrs. Hughes 10:20-10:40

As you leave the room she remembers that
she needs a mammogram,
a handicapped parking sticker,
eye referral
something more to help her sleep.
She asks when she is due for another colonoscopy
cannot afford her spacer.
When can she stop her BP meds?
Must she wear a mask?

What happens with Mrs. Hughes between this visit and next?

1. Phones for a refill on her metformin as soon as she gets home
2. She calls asking for medication for her knee pain
3. She calls for lab results and you note her TSH is high
4. You increase her levothyroxine and order repeat TSH in 6 weeks
5. You note her A1c is 8.2, you increase her metformin and send in refill
6. She calls for a new rx for her lisinopril as you increased it
7. She would like an x ray of her back
8. She calls for her TSH result in 6 weeks
9. She calls for her mammogram result which is normal
10. She asks if she should get a shingles shot
11. Quality metrics report shows she has not had colonoscopy, Tdap, influenza, PCV, PPSV, zoster, foot exam, urine protein.
12. BP and A1c not at goal-tied to evaluation/bonus
13. Patient satisfaction is low due to 1-2 hours behind schedule

What is the cost?

1. Phones for a refill on her metformin as soon as she gets home
2. She calls asking for medication for her knee pain
3. She calls for lab results and you note her TSH is high
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Staff	Minutes
3	5
3	10
3	10
1	5
1	10
3	5
3	10
3	10
3	10
1	5
24	1hr 20min

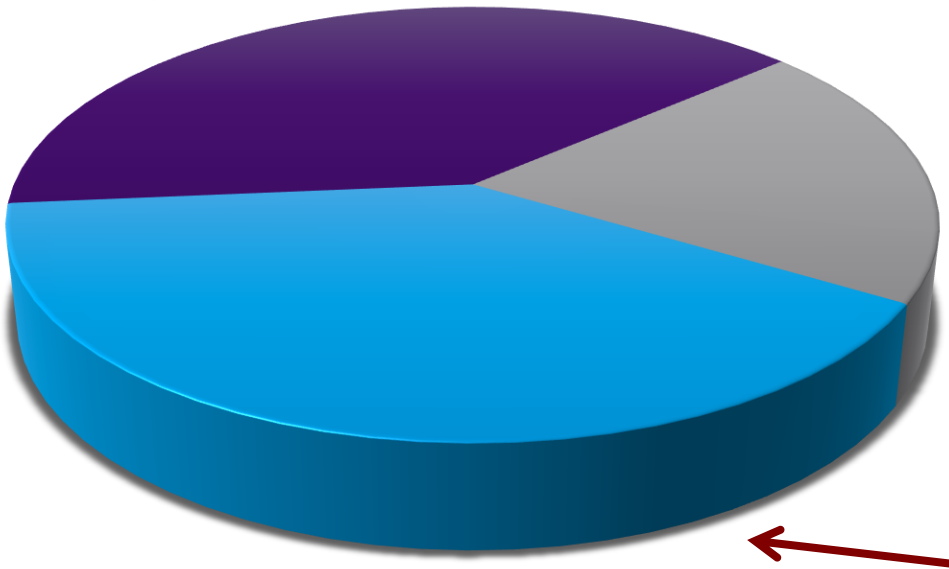
1 hr 20 min x 3 (between visits)

=

4 hours/year for **1** patient

Relative Causes of Burnout

Organizational Culture



Personal Resilience

Efficiency

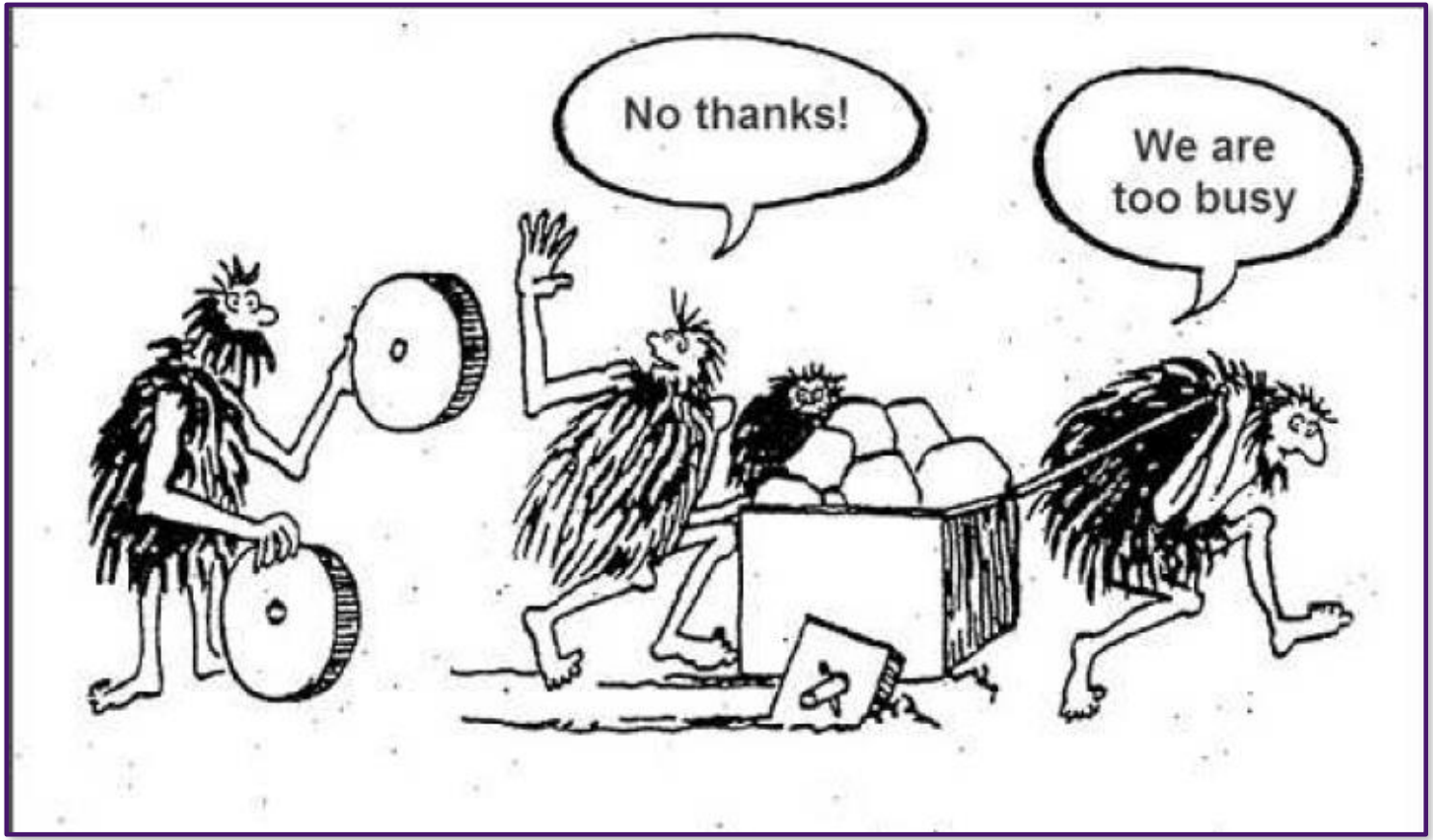
To do this work don't think like a doctor–
Doctors are trained to think of the exception

- Reduce clerical burden
- Tame the EHR
- Team based care
- Improve workflow

Think like an efficiency expert!

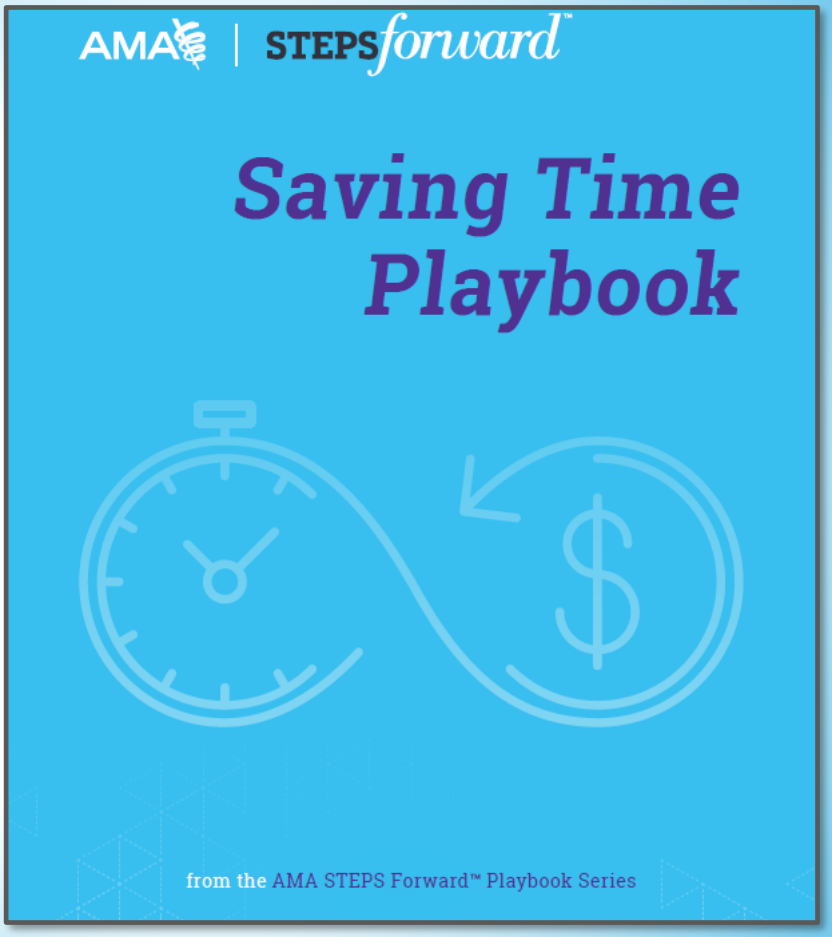
I can't ask my docs to do one more thing…. Until I take something off their plate

-Chair of Medicine


No thanks!
We are too busy

Free Open Access
Membership not required
Email not required

www.stepsforward.org



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Computer

Is it your EHR vendor? Or your own:

- Compliance department?
- IT department?
- Risk management?
- Revenue cycle dept?

Debunking regulatory myths

The AMA provides regulatory clarification to physicians and their care teams in an effort to aid physicians in their day-to-day practice environment.

June 6, 2017

Breaking the Rules for Better Care

Donald M. Berwick, MD, MPP[1]; Saranya Loehrer, MD, MPH[1]; Christina Gunther-Murphy, MBA[1]

The majority (265/342 [78%]) of obstructive and wasteful rules identified by patients and staff were fully within the administrative control of health care executives and managers to change.

AMA | STEPSforward™

Getting Rid of Stupid Stuff

Reduce the Unnecessary Daily Burdens for Clinicians

Melinda Ashton MD

Free and open access to all

www.stepsforward.org

AMA | STEPSforward™

De-implementation checklist

In an effort to reduce unintended burdens for clinicians, health system leaders can consider *de-implementing* processes or requirements that add little or no value to patients and their care teams. Physicians themselves are often in the best position to recognize these unnecessary burdens in their day-to-day practice. The following list includes potential de-implementation actions to consider. Learn more on how to reduce the unnecessary daily burdens for physicians and clinicians at stepsforward.org.

Get rid of stupid stuff

GROSS

Min 1 hour saved/day/provider = 20 hrs/month = 240 hrs/year = 30 days saved/yr/provider!

AMA | STEPSforward™

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EHR

☐ Minimize alerts

- Retain only those alerts with evidence of a favorable cost-benefit ratio

☐ Simplify login

- Simplify and streamline login process, leveraging options like single sign-on, RFID proximity identification, bioidentification (fingerprint, facial recognition, etc.)

☐ Extend time before auto-logout

- Consider extending time for workstation auto-logout
- Consider customizing workstation location and the security level to use patterns of the specific user

☐ Decrease password-related burdens

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De-implementation checklist

EHR

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- ☐ **Extend time before auto-logout**
  - Consider extending time for workstation auto-logout
  - Consider customizing workstation location and the security level to use patterns of the specific user
- ☐ **Decrease password-related burdens**
  - Consider extending the intervals for password reset requirements
  - Help users create passwords that are both strong and easy to remember (i.e., by allowing special characters and spaces, and by allowing longer passwords that can be passphrases)
  - Consider use of password keeper programs
- ☐ **Reduce clicks and hard-stops in ordering**
  - Reduce requirements for input of excessive clinical data prior to ordering a test
  - Eliminate requirements to fill fields attesting to possible pregnancy in males or women over 60 years old
- ☐ **Eliminate requirements for password revalidation**
  - Identify ways to reduce unnecessary requirements for users to re-enter username/password when already signed in to EHR, to send prescriptions (Note: Organizations may choose to keep this requirement in place for opioid prescriptions.)
- ☐ **Reduce note-bloat**
  - Reduce links imbedded in visit note documentation templates that automatically pull in data from other parts of EHR contributing to "note bloat," but adding little if any true clinical value
- ☐ **Reduce inbox notifications**
  - Stop sending notifications for tests ordered that do not yet have results or have test results *not* ordered by the physician in question
  - Stop sending notifications for reports generated by the recipient of the notification
  - Eliminate multiple notifications of the same test result or consultation note
  - Consider auto-release of normal and abnormal test results to the patient-facing portal with imbedded or linked patient-friendly explanations
- ☐ **Simplify order entry processes**
  - Optimize technology to auto-populate necessary discreet data fields if the information already exists in EHR (e.g., if medical assistant has completed a discreet field for "last menstrual period," optimize your technology so no one has to reenter that data into the order for a pap smear)

Compliance

- ☐ **Allow verbal orders in low-risk and in crisis situations as legally permitted**
- ☐ **Reduce signature requirements**
  - Eliminate signature requirements for forms that do not legally require a physician signature
  - Eliminate order requirements for low-risk activities that do not legally require a physician signature (ear wash, fingerstick glucose, oximetry)
  - Consider eliminating "challenge questions" to electronically sign orders when the user already logged in and actively using the EHR
- ☐ **Evaluate annual trainings and attestations**
  - Review current compliance training modules and consider removal of those that aren't required by a regulatory agency or for which evidence of benefit is lacking
- ☐ **Reduce attestations required daily or every time one logs in**
  - Eliminate requirements as allowed by state or federal requirements (i.e., for privacy protection attestation) that occur on a daily or every-time-one-logs-in basis (i.e., consider whether or not an annual attestation is sufficient)

Quality assurance/improvement

- ☐ **Eliminate the rote ascertainment of learning style preference**
- ☐ **Perform condition screens no more frequently than recommended**
  - Include a "grace period" of at least 30–50% of the guideline recommended time interval when constructing a performance measure from a clinical practice guideline

    Example: If clinical practice guideline recommends annual screening for depression, then set performance measurement with an interval of performing this task within 18 months—otherwise staff will waste limited clinical resources screening more often than is required to meet the 365-day annual interval.

Solutions in Action:

Wide screen adoption:
60 million clicks saved

Eliminate Copied Chart:
200,000 or 40% ↓ messages per year
(CC had increased 230% from 2014-2017)

Eliminate Scanned document review:
↓ 350,000 messages per year

Eliminate ADT notification:
↓ 300,000 messages per year

Estimated click savings:
1500/day/provider
(2 hours)

$$\frac{5\text{sec/click} \times 1500}{60\text{sec}}$$

Courtesy of Atrius Health presented at ICPH 2018
Drs Strongwater, Awad, Monsen

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If it doesn't require action that only an MD/DO can perform
It doesn't belong in the inbox!

Taming the Inbox

Go Upstream!

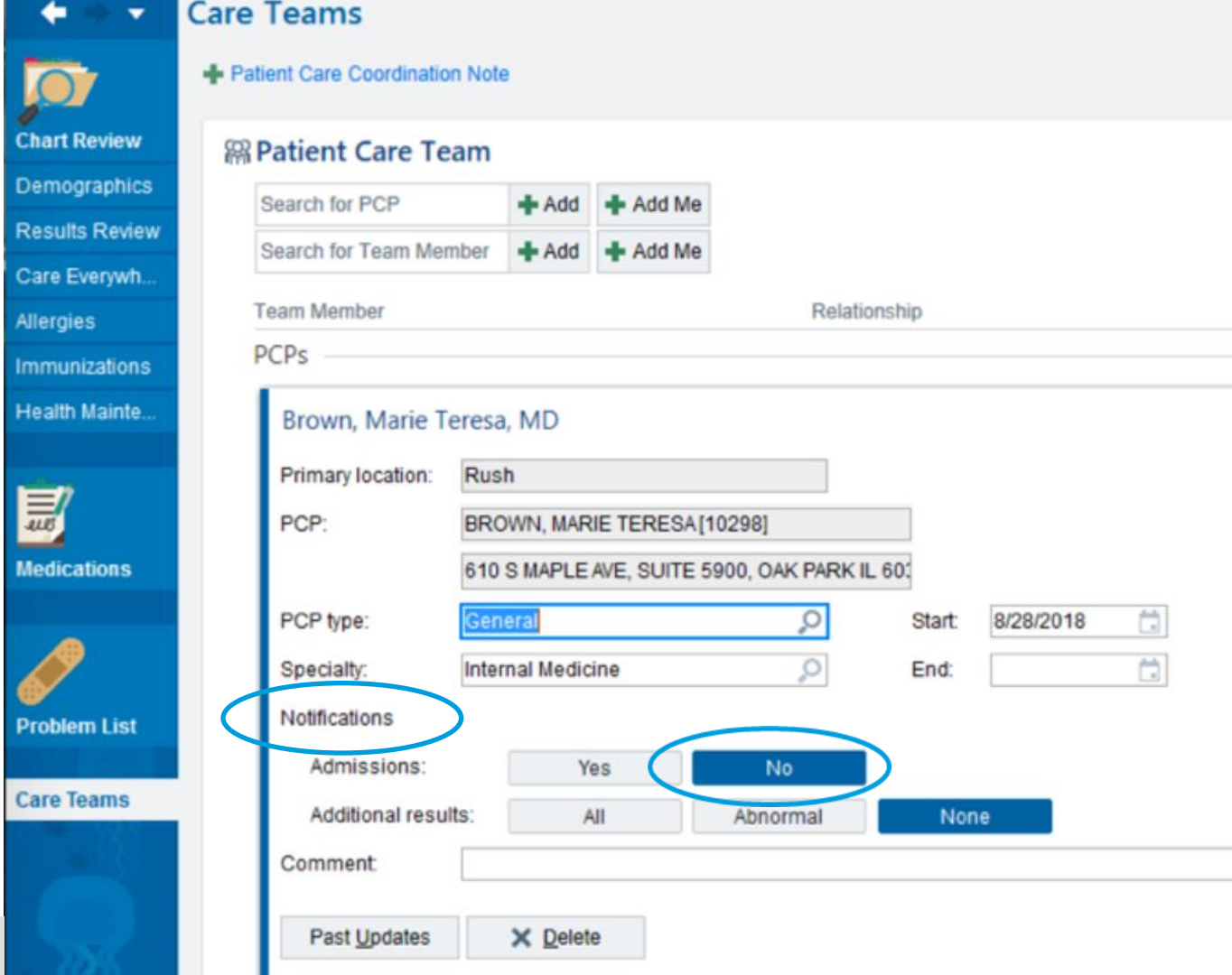
Efficiently manage your in-basket to provide better, more timely patient care

You can turn notifications on or off

Your in house IT team can
change the default

Do you need to see results of tests other doctors ordered?

Whose responsibility is it if lab is abnormal?



Tools

Autocorrect

‘recieve’ = ‘receive’

P =‘patient’

Autocorrect especially in the era of open notes
This prevents one phone call or one anxious patient

This 60 yo w co brbpr, sob and doe=

This 60 year old woman complains of bright red blood per rectum, shortness of breath and dyspnea on exertion

Templates/smartlinks
Embedded links

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Medication Management

Save Time by Simplifying Your Prescribing and Refill Process

CME CREDITS: 0.5

Marie Brown, MD, MACP
Director of Practice Redesign, Physician Satisfaction and Practice Sustainability; Professor, Rush University

Default to 90 x 4

‘call me no more’

No cost/no extra time and results in a decrease of requests/calls/faxes by 50%!

Note to Pharmacy: This rx replaces all prior scripts for this med and dose. Fill all chronic meds on same day once every 3 months

Renew Chronic Meds Once a Year

(#90 x 4 –call no more)

Physician time saved > 1 hour/day

Nursing time saved > 2 hours/day

40 million primary care visits each year

Weekend/night calls ↓

Medication errors ↓

Patient satisfaction ↑

Continue to see patients every 1-3 months

Stop doing this….

Refills
FYI inbox
ADT inbox
Review of scanned signed items
Redocumentation
Duplicate work
Unnecessary password entries
Notification of normal results
Tests not ordered by you
FYI test ordered without results
Short auto logout

So you can do more of this…

Build patient and team trust
Code appropriately
Education of MAs
Build protocols
Increase patient education
Research
Effective team meetings
Previsit planning and team based care
Start multiple contributor documentation
Care for yourself and family
Take vacation (without checking inbox!)

Previsit Planning

The next visit begins today!

- Health maintenance
- Panel management
- Agenda setting
- Medication review
- Preventive care

Maximize staff ‘down time’

Debunking regulatory myths

The AMA provides regulatory clarification to physicians and their care teams in an effort to aid physicians in their day-to-day practice environment.

Commercial health plans and E/M codes

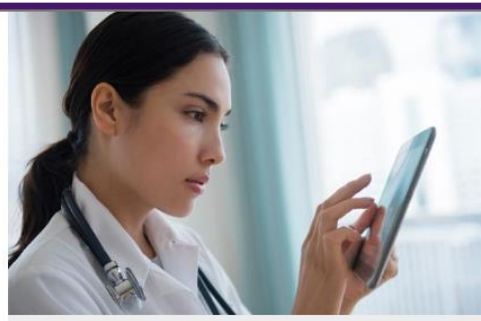
Are commercial health plans required to adopt revisions to the E/M codes?

Pain assessments

Are clinicians required to ask patients about pain during every consultation, regardless of the reason for the visit?

Ancillary staff and/or patient documentation

Who on the care team can document components of E/M services and what is the physician required to do?



Medical student documentation

Are teaching physicians required to re-document medical student entries in the patient record?

Debunking regulatory myths

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Summary of changes

The Physician Fee Schedule for Calendar Year 2019 (CMS, 2018) **allows a physician to verify in the medical record any ancillary staff or patient documentation of components of E/M services, rather than re-documenting the information.**

https://www.govinfo.gov/content/pkg/FR-2018-11-23/pdf/2018-24170.pdf page 59634

Documentation Guidelines ‘‘DG’’: The ROS and/or PFSH may be recorded by ancillary staff or on a form completed by the patient. To document that the physician reviewed the information, there must be a notation supplementing or confirming the information recorded by others

https://www.cms.gov/ Outreach-and-Education/MedicareLearning-Network-MLN/ MLNEdWebGuide/Downloads/ 95Docguidelines.pdf;

https:// www.cms.gov/Outreach-and-Education/ Medicare-Learning-Network-MLN/ MLNEdWebGuide/Downloads/ 97Docguidelines.pdf).

We similarly proposed that for both new and established patients, practitioners would **no longer be required to re-enter information in the medical record regarding the chief complaint and history that are already entered by ancillary staff or the beneficiary.** The practitioner could simply indicate in the medical record that they reviewed and verified this information. Our goal was to allow practitioners more flexibility to exercise greater clinical judgment and discretion in what they document, focusing on what is clinically relevant and medically necessary for the patient.

https://www.govinfo.gov/content/pkg/FR-2018-11-23/pdf/2018-24170.pdf Page 59635

Save 3-5 hours/day

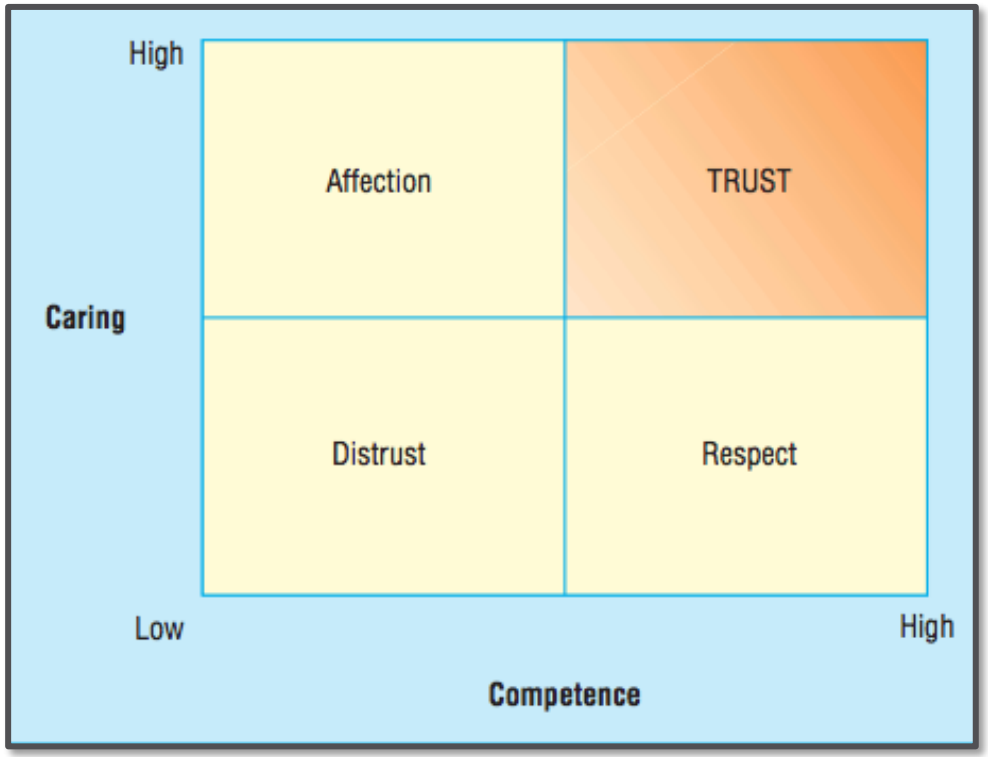
- Practice Re-engineering
  - Pre-visit lab ½ hr
  - Prescription mgt ½ hr
  - Expanded rooming/discharge 1 hr
  - Tame the Inbox 2 hr
  - Team documentation 1-2 hr

20hrs/week= .5FTE

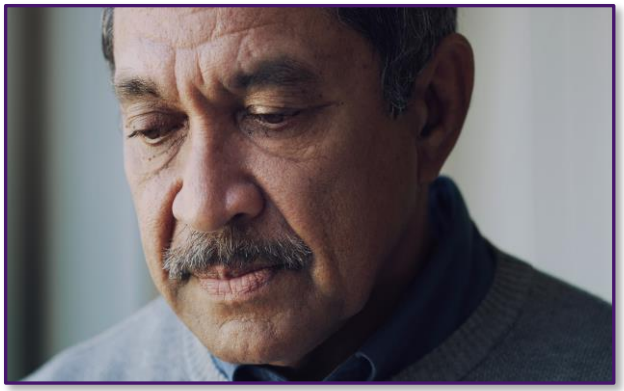
Can’t be done with ½ MA/MD

3-5 hours/day!

Competence and caring in relation to building trust



Trust takes time to build
Seconds to break
Forever to mend



Paling,J BMJ 327: 9/27/2003

Today's Appointment: Mrs. Hughes 10:20-10:40

Assess depression
Increase lisinopril
Taper lorazepam
Change paroxetine to bupropion
Send to Physical therapy
Refer to diabetes educator
Order A1C
Order TSH
d/c estrogen
Refills for 6 months
Order flu vaccine
Order PCV13
Which preventive measures
mammo, scope ,dexa
Look for ACR
Look for last lipid
d/c pantoprazole
d/c glyburide

/o woman retired teach
insomnia, back and kn
le
s are
go, no
visit 6
essure

Choose 1 and get started today!

Brown Bag review
Start med rec on phone or in waiting room
Print out simple med sheet
Give PHQ-9 in waiting room everyone on SSRI
Standing orders for PT anyone on pain meds
Standing order for diabetes education
Previsit A1C 1 wk before every visit
Previsit TSH
Previsit plan D/C ERT
Screen for Med ad
Screen for all obese pts with DM on Glyburide
Standing orders all Mammo, scope, vaccines.

Without a team

Today's Appointment ***With Practice Redesign***: Mrs. Hughes 10:20-10:40

65 y/o woman retired teacher here for follow up. She notes fatigue, insomnia, back and knee pain. Unsure if she needs refills. PHQ-9 = 12 completed while waiting.

1. Your staff called her yesterday and set the agenda
2. Staff chart prep: diabetes educator, eye/GI referral, vaccines. Labs, scope, mammo ordered. Physical therapy form completed. Needs flu vaccine 3-4 min
3. All refills for 1 year were handled last visit. Meds discontinued
4. She had labs drawn 2 days ago and they are ready for review

Problem list:

T2DM
Depression
Obesity
Asthma
HTN
Hypothyroidism
Osteoarthritis of knees
Low back pain

1. She had previsit labs and these are reviewed with her and meds adjusted
2. Her A1c was 8.2 3 days ago, annual TSH is normal, annual ACR normal
3. BP today is 150/90
4. You increase her metformin and switch her from paroxetine to bupropion
5. You discontinue estrogen, taper lorazepam, pantoprazole, Vit A and E
6. You received notice your health maintenance levels were at goal
7. You leave on time!

Mrs. Hughes between appointments ***after practice redesign***

1. Phones for a refill on her metformin as soon as she gets home
2. She calls asking for medication for her knee pain
3. She calls for lab results and you note her TSH is high
4. You increase her levothyroxine and order repeat TSH in 6 weeks
5. You note her A1c is 8.2, you increase her metformin and send in refill
6. She calls for a new rx for her lisinopril as you increased it
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Staff	Minutes
3	5
3	10
3	10
1	5
1	10
3	5
3	10
3	10
3	10
1	5
24	1hr 20min

- Mammogram result is normal and staff calls to tell her & encourages use of patient portal.
- Asks how exercise classes are going and reviews her sugar and blood pressure readings. **TOTAL TIME BETWEEN VISITS: 5 MINUTES!**

Mrs. Hughes' ***next*** appointment ***after practice redesign***

65 yo woman retired teacher here for follow up. She notes more energy and less pain. She brings in her meds and does not need refills. PHQ in waiting room=4 (was 12)

1. Diabetes educator 2x since last visit and meds, diet exercise were reviewed
2. Physical therapist 3x/week and has lost 3 #.
3.
4.
5.

No calls between this visit and next visit!

Problem list:
T2DM
~~Depression~~
Obes

Hypothyroidism
Osteoarthritis of knees

Meds
Metformin
Sitagliptin
Chlorthalidone
Lisinopril

Bupropion
Atorvastatin
Vit D,B12

are
justments made

H

You feel almost as good as she does!

4. You received notice your health maintenance levels were at goal
5. You leave on time!

> 70 Transformation Toolkits at *www.stepsforward.org*

Teams

- Expanded rooming
- Team documentation
- Prescription management
- Pre-visit planning/lab
- Team meetings
- Daily huddles
- Medical Asst recruit/retain

Value

- Panel management
- Medication adherence
- Burnout Prevention
- Diabetes prevention
- Hypertension
- Immunization
- SDOH

Culture

- Preventing Burnout
- Resiliency
- Transforming culture
- After a Suicide

Technology

- Telemedicine
- EHR inbox management
- Patient Portal

No cost, no membership, no email, no password required

Find and Keep the Right Medical Assistants for Your Team

Medical Assistant Recruitment and Retention

Authors:
Christine Dzoga BS, CMA (AAMA); Director-Medical Assisting Program, City Colleges of Chicago Malcolm X
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James Jerzak, MD; Physician Lead, Team-Based Care, Bellin Health

STEPSforward™
POWERED BY THE AMERICAN MEDICAL ASSOCIATION

THE PRINCIPAL DRIVER OF PHYSICIAN SATISFACTION IS DELIVERING QUALITY PATIENT CARE

Quick Wins

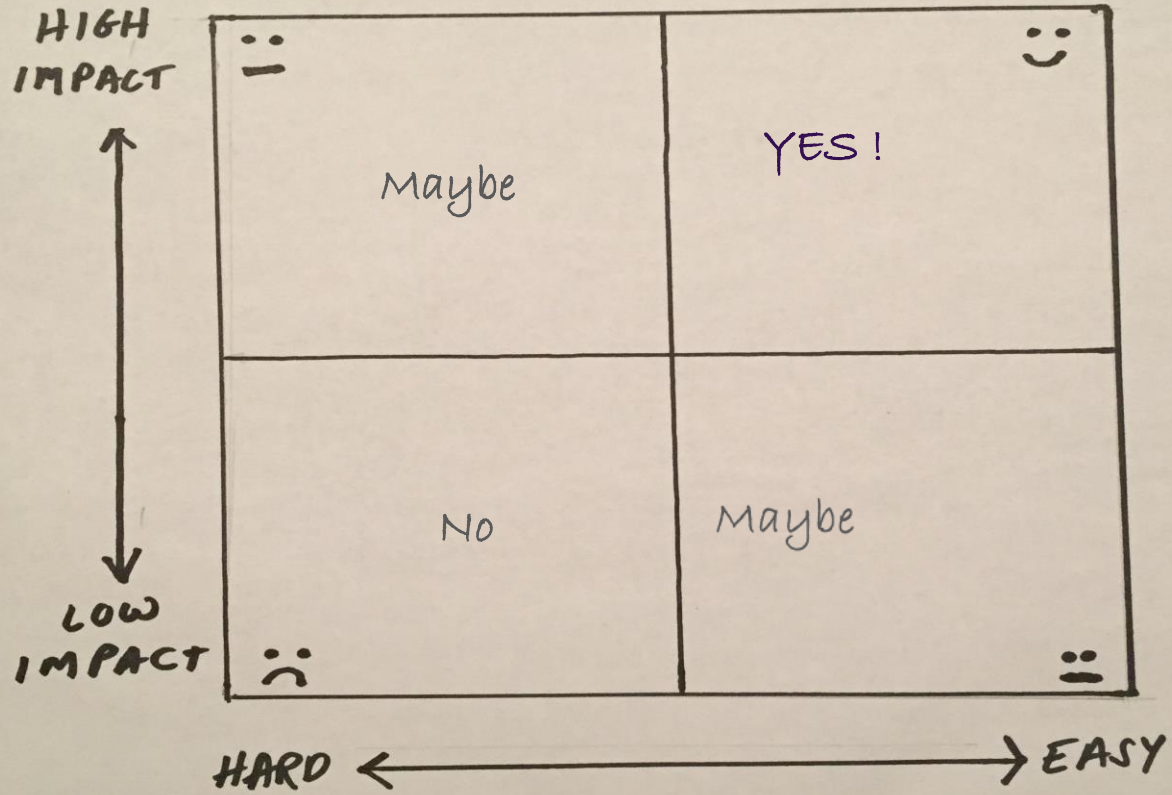
Organization

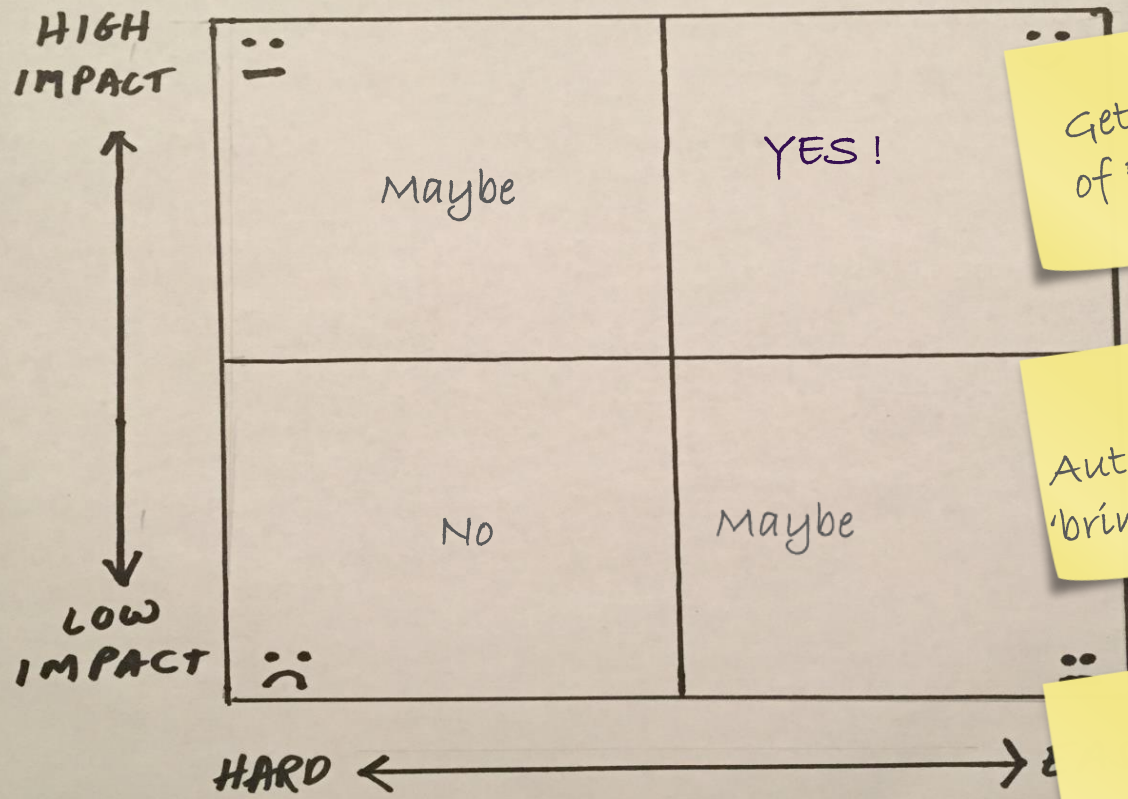
1. IT –lengthen the time to auto sign off
2. Get rid of frequent alerts, reentering PW and user name
3. Mandatory education – shorten it!
4. Compliance – stop overinterpreting rules; adopt 2019 2021 codes
5. Quality - Ban: responsibility without power to effect change
6. Avoid Performance Measure fatigue
7. Risk Management *“If the doc does it we won’t get in trouble”*
8. Coding queries Ban *“anytime anyplace”*
9. Add non-billable RVU’s for committee work
10. Mandate vacation time (exclude from compensation formula)
11. Inbox: Don’t let the bucket fill up in the first place! Go upstream

Quick Wins

What is under YOUR control

1. Start annual prescription renewals ‘90 x 4 call me no more!’ (statins)
2. Turn off notifications from consultants – You have control
3. Ask consultants not to copy you with fyi
4. Begin Previsit labs orders (start with 1 group of patients)
5. Consider previsit planning
6. Front desk hands out simple med list upon check in while waiting
7. Dictate the Assess/Plan with and to patient-finish chart in room
8. Share 1 trick/day ex: .risk epic: “It’s possible”
9. Plan 1 standing order ex: diabetes education for all patients with DM
10. Build your home team-meals, cleaning, kids, autopay, ask for help


HIGH IMPACT
LOW IMPACT
Maybe
YES!
No
Maybe
HARD
EASY



Lower a1c

Get rid of EHR

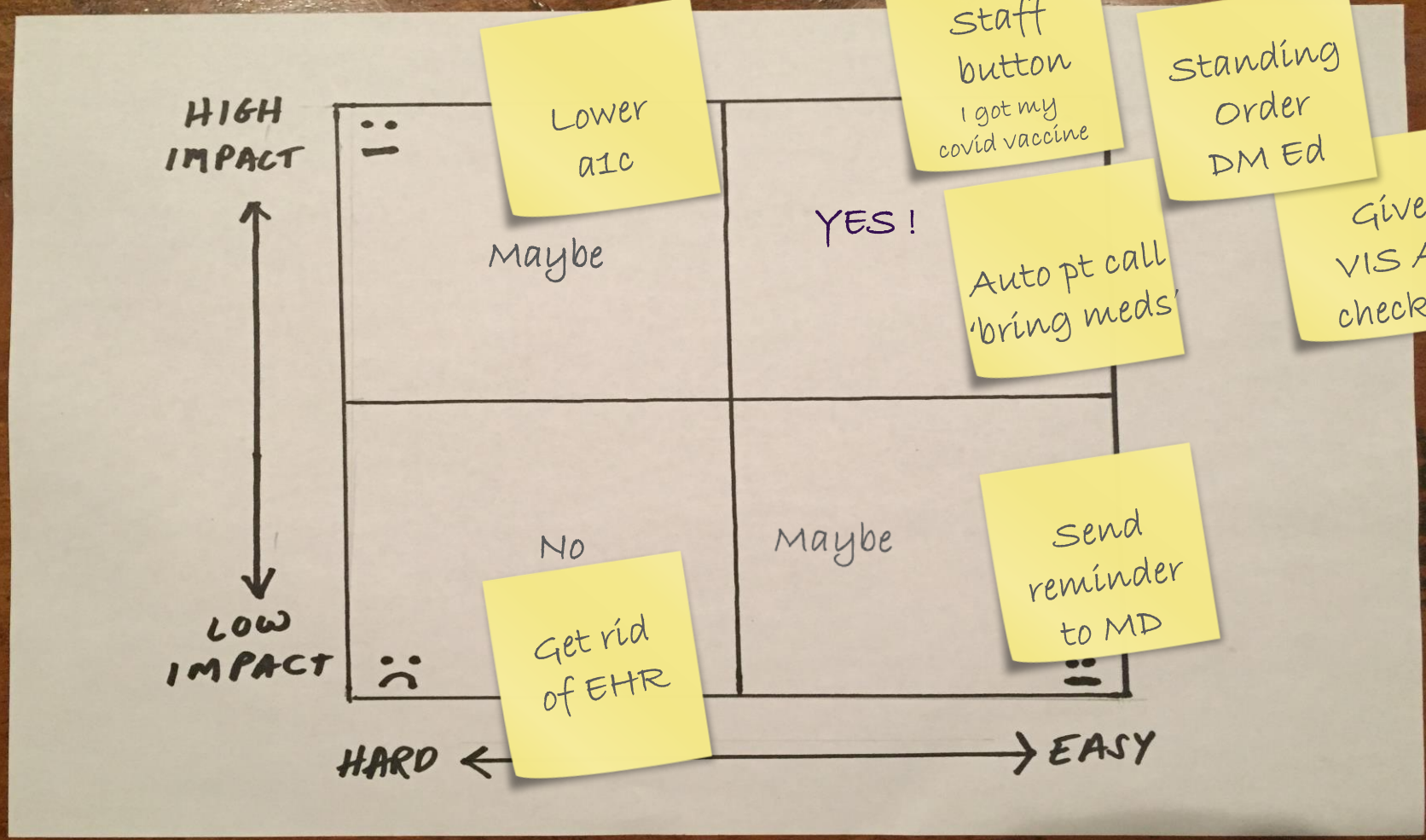
Send reminder to MD

Auto pt call 'bring meds'

Staff button
I got my covid vaccine

Give VIS At checkin

Standing Order DM Ed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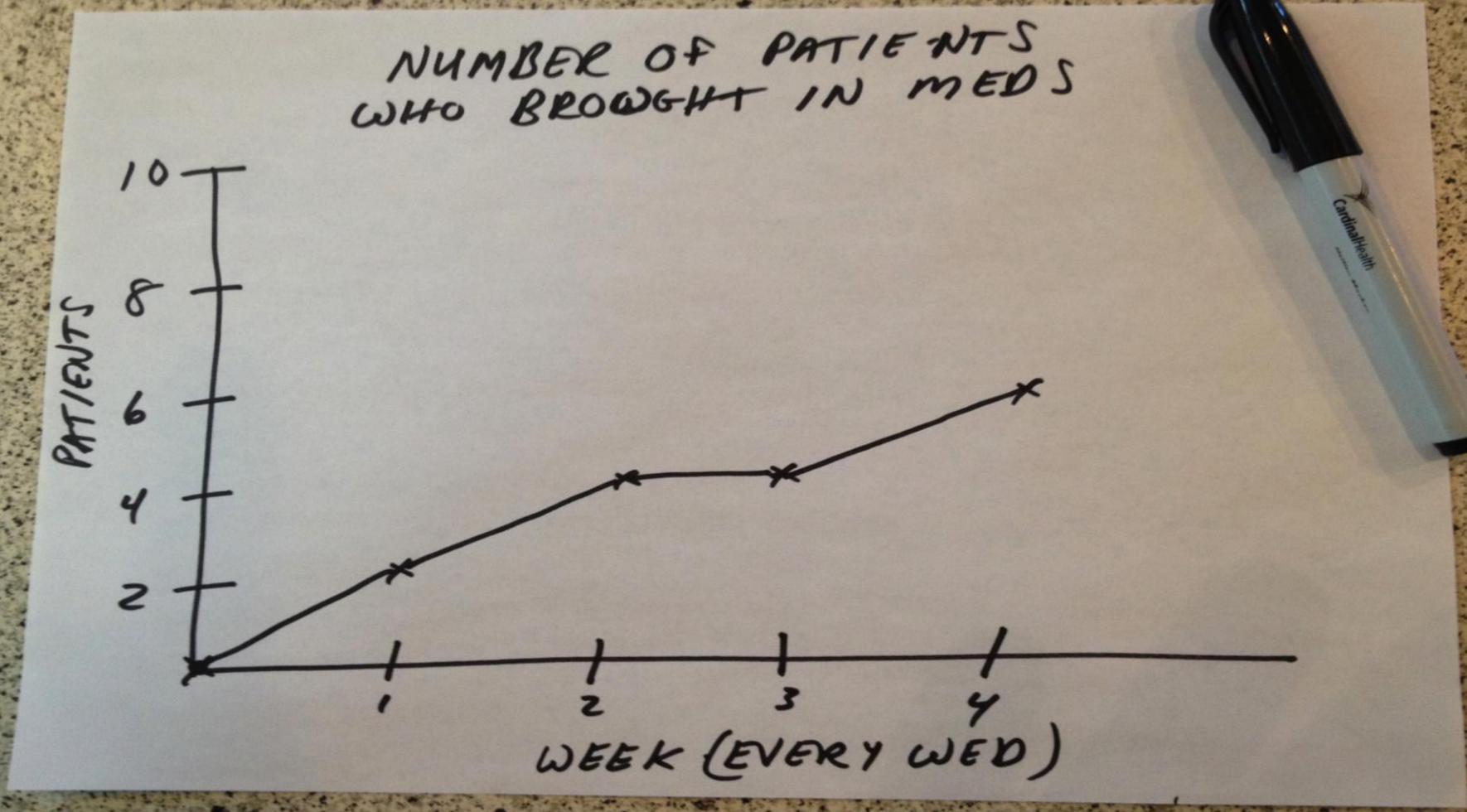

NUMBER OF PATIENTS
WHO BROUGHT IN MEDS
PATIENTS
10
8
6
4
2
1
2
3
4
WEEK (EVERY WED)
CardinalHealth

Whatever project you are thinking now

Simplify it!

Will the change continue when you are not in clinic?

Open access to all www.stepsforward.org

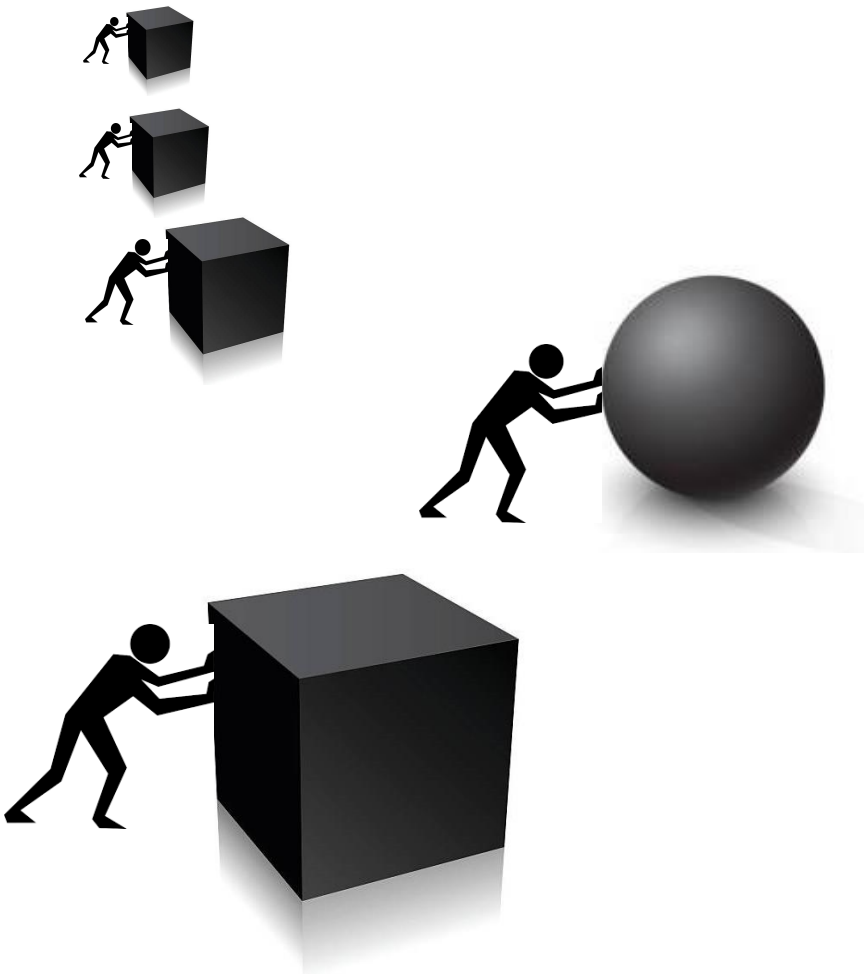
Redesign your practice. Reignite your purpose.

AMA's Practice Improvement Strategies.

Browse All Modules | Practice Assessment Tool

PRACTICE TRANSFORMATION

- Burnout and Well-Being (9)
- EHR and Technology (9)
- Organizational Culture (8)
- Patient–Physician Experience (14)
- Team-Based Care and Workflow (25)



Work smarter not harder

Take Home Points

1. 50% of the day is spent on tasks that do not require MD or DO degree
2. Focus on increasing efficiency
3. Greater Personal Resilience is Not the Solution
4. Get Rid of Stupid Stuff First
5. Interventions Work
6. **Mentoring for Impact** to help get started
   -AMA mission driven
7. Private Practice sustainability resources here

Request mentoring program from our physician team –
this is mission driven and provided to anyone interested at **no cost**

Example: Weekly or biweekly conversations with your team and AMA physicians over 8 weeks.

Marie.Brown@ama-assn.org
Mentoring for Impact

Personalized conversations with your organization/team over 1-2 months (no cost)

AMA | STEPS forward

Mentoring for Impact

The ability to deliver great quality care is the main driver of physician well-being.

The **AMA** now offers **"Mentoring for Impact"**; no-cost support for implementing AMA resources to transform their teams, practices, and patient experience to save time and provide great quality care. The goal is to create a practice setting where physicians can deliver the care for which they were called to this profession, sharing the work with a team working at the top of their skill set.

"Mentoring for Impact" is part of the AMA STEPS Forward™ Innovation Academy, which provides physicians, care teams, and health care leaders time-saving practice innovation strategies that promote professional satisfaction, the efficient use of technology, practice sustainability, and quality patient care.

Our team of physician advisors provide one-on-one conversations (remotely or in-person). Organizations often engage AMA physician/s biweekly (4 sessions over 1-2 months). These expert physician interfaces are tailored to address your team's unique challenges.

Focus areas include:

Implement and improve team-based care

- Share strategy and tools from successful teams around the U.S.
- Decrease the frustration of front-line physicians so they can get back to 'doctoring'

Help your physicians spend less time in the EHR

- Decrease message volumes that enter the inbox, rather than increase resources to empty the inbox
- Triage inbox and patient portal messages appropriately
- Address only issues that require an MD/DO degree

Debunk regulatory myths and get rid of unnecessary tasks

- Engage with your compliance officers to be sure rules are not over-interpreted, which can waste time and money
- 'Get rid of stupid stuff' to increase meaningful time with patients

Overcome common barriers to practice transformation

- Find common ground with compliance officers, informatics teams, and administrators to align missions with physician well-being and impact on patient quality care
- Tailor your messages and understand the business case for practice transformation

Optimize your team to work at the top of their skill set

- Align skills, resources, and opportunities to maximize team efficiency and engagement
- *Example: Increase the role of the medical assistant from 'room and run' to a position that more meaningfully interacts with patients and physicians, increasing their work satisfaction and retention*

AMA support is tailored to your team's challenges in a variety of ways:

Kick-off presentation

- Presentation to a large or small group (such as grand rounds or a small leadership group charged with addressing physician well-being and practice efficiency)
- Discuss challenges and focus on solutions
- Introduce drivers of burnout and time-saving solutions

Biweekly meetings over the course of 1-2 months

- *Ex: Help an existing practice efficiency committee as a subject matter expert*
- Provide your committee with success stories from various organizations

Meeting workshop support

- Provide subject matter expertise at committee meetings addressing practice efficiency, physician retention and recruitment, on boarding, and implementation of team-based care
- Share best practices from throughout the country

Physician leader assistance

- Meeting preparation and debriefing with lead or leaders
- Sharing best practices to avoid costly trial-and-error
- Prepare for common concerns they will encounter

Bridge building presentations

- Help entities within the same organizations break through barriers
- *Ex: Tailor and align the message to engage other teams within the same organization, including compliance, IT, nursing officers*

Grand rounds/keynote address

- Raise awareness of the magnitude of the impact of burnout on physicians and quality of care. This highlights the problems, makes the business case, and moves the conversation toward solutions, including stopping unnecessary work and developing efficient workflows.

AMA "Mentoring for Impact" can help you and your team more effectively engage colleagues, lead change management, and implement time-saving practice solutions. At the end of your team's day, you'll have confidence that documentation is finished, and you delivered great care to your patients.

Please email STEPSforward@ama-assn.org for assistance or additional questions.

Plan for Workforce Shortages

Taylor Johnson
Manager, Physician Practice Development
American Medical Association

Keeping Your Practice Open Guide

As physicians strive to continue to provide care to patients and maintain their practices during the ongoing COVID-19 pandemic, measures to manage the SARS-CoV-2 virus and its impact on your patients, practice and staff remain just as crucial as they were early in the pandemic. This updated American Medical Association guide is intended to help physicians continue to address these impacts, with a focus on both the workforce and patients' evolving health needs.

Workforce and staffing

Anticipate, acknowledge and address clinician and staff burnout and workforce shortages

Burnout among health care professionals due to the prolonged COVID-19 pandemic has reached crisis proportions. This burnout is caused by the stresses of long hours, the uncertainties of the pandemic, the multiple waves of sick patients and severe staff shortages. It is important to acknowledge the toll taken on you, your staff and your loved ones. The AMA "Caring for our caregivers during COVID-19" webpage is available as a supportive resource.

WORKFLOW & OPERATIONAL CHANGES

- **Pre-registration**
  - Consider implementing workflows that allow patients to pre-register for appointments via the patient portal by entering changes to medical history and medications or verify no changes to the current information in the medical chart.
- **Utilize telehealth prior to in person visit**
  - Identify any portion of the patient visit that can be conducted via telehealth prior to an in-person appointment to reduce face-to-face time between clinicians and patients. As case rates fluctuate, practices may adopt a modified schedule and adjust as needed.
- **Group similar appointment types**
  - Identify ways to efficiently group similar appointment types to reduce physician and staff burnout.
- **Separate clinic for high-risk patients**
  - Consider implementing separate clinic hours for high-risk patients to minimize potential exposure.

WORKFLOW & OPERATIONAL CHANGES

- **Minimal staff in office**
  - Consider allowing administrative staff who do not need to be physically present in the office to work remotely.
- **Employee cohorts on alternating days**
  - Consider having employee cohorts work on alternating days or different parts of the day, as this will reduce the number of contacts each person has. Some health care organizations are scheduling staff so that the same individuals always work on the same team and in the same area, minimizing the risk of transmission across teams if one or more people on the same team contract the virus.
- **Implement on call staff schedule**
  - Examine schedules often so only as many staff as are necessary to see patients come to the office each day. It is better to have a smaller number of staff with full (“new normal”) schedules than to have more people in the office than are needed to meet patient demand. Consider implementing an “on-call” schedule for staff to prepare for the absence of scheduled employees due to COVID-19. This will prevent extended wait times in the clinic, keeping patients and staff members safe.
- **Communication**
  - Communication during times of uncertainty is key!

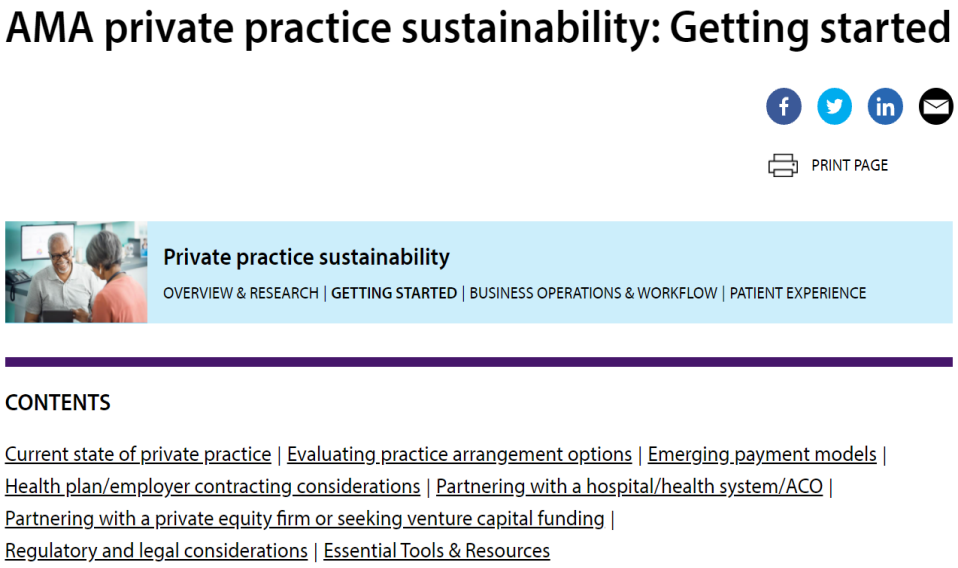
WORKPLACE SAFETY FOR STAFF

- **Personal health requirements**
  - Communicate personal health requirements clearly to clinicians and staff. For example, employees should not present to work if they have a fever, have lost their sense of taste or smell, have other symptoms of COVID-19 or have recently been in direct contact with a person who has tested positive for COVID-19 until they themselves have been tested.
- **Confidential employee records on COVID19**
  - Keep records of employee screening results in a confidential employment file, separate from their personnel file.
- **Minimal person to person contact**
  - **Rearranging open work areas to increase distancing**
    - Consider rearranging open work areas to increase the distance between people who are working.
  - **Assigned workstations**
    - Consider having assigned workstations and patient rooms to minimize the number of people touching the same equipment.
  - **Identify number of staff allowed in shared spaces at one time**
    - Smaller physician practices should identify the number of staff members allowed in shared spaces (break rooms, nursing stations, etc.) at one time to ensure social distancing.

Resources for Private Practices

It takes astute clinical judgement, effective collaboration with colleagues, and innovative problem-solving to succeed in an independent setting that is often fluid, and the AMA offers the resources and support physicians need to both start and sustain success in private practice.

Click here to learn more about the AMA's private practice toolkit and what resources are available to you, or email us at practice.sustainability@ama-assn.org



AMA private practice sustainability: Getting started

PRINT PAGE

Private practice sustainability

OVERVIEW & RESEARCH | **GETTING STARTED** | BUSINESS OPERATIONS & WORKFLOW | PATIENT EXPERIENCE

CONTENTS

Current state of private practice | Evaluating practice arrangement options | Emerging payment models | Health plan/employer contracting considerations | Partnering with a hospital/health system/ACO | Partnering with a private equity firm or seeking venture capital funding | Regulatory and legal considerations | Essential Tools & Resources

Resources

- Keeping Your Practice Open Guide
- Work from Home Guide
- De-implementation Checklist
- Debunking Regulatory Myths
- Saving Time Playbook
- AMA Steps Forward Pearl of the Week Email
- AMA Steps Forward Webpage

Physicians' powerful ally in patient care