



Supporting Primary Care: The Extra Duty Reduction Project

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Objective

Participants should be able to outline strategies to capture the quantity of unwanted extra duties in Primary Care and implement organizational change to decrease evening and weekend duties for primary care physicians (PCPs).



Background

Over the past decade, the standard workday for our PCPs has become increasingly demanding

- EMR was implemented into our system and rapidly introduced Inbasket work to the PCP's work of the day (Patient e-mails/messages, refill requests, results, etc)
- Significant membership growth occurred, which brought in previously uninsured and more complex patients



Background

Historically, our PCPs have been required to fulfill additional duties above their daytime panel work (Extra Duties)

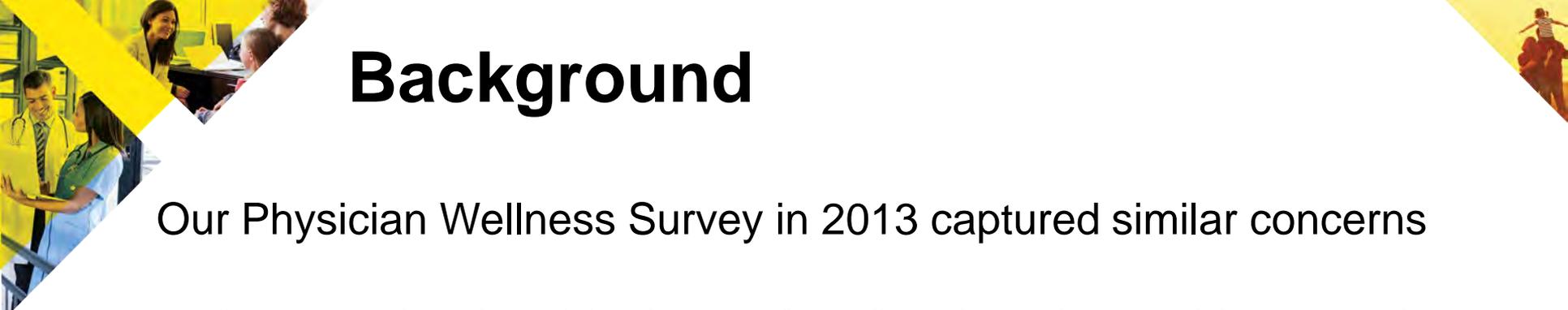
- Weeknight and weekend Urgent Care (UC) or After Hours shifts
- Overnight, weeknight, and weekend Hospital shifts



Background

Recruitment and retention of PCPs became more challenging, despite physician salaries being above market standard

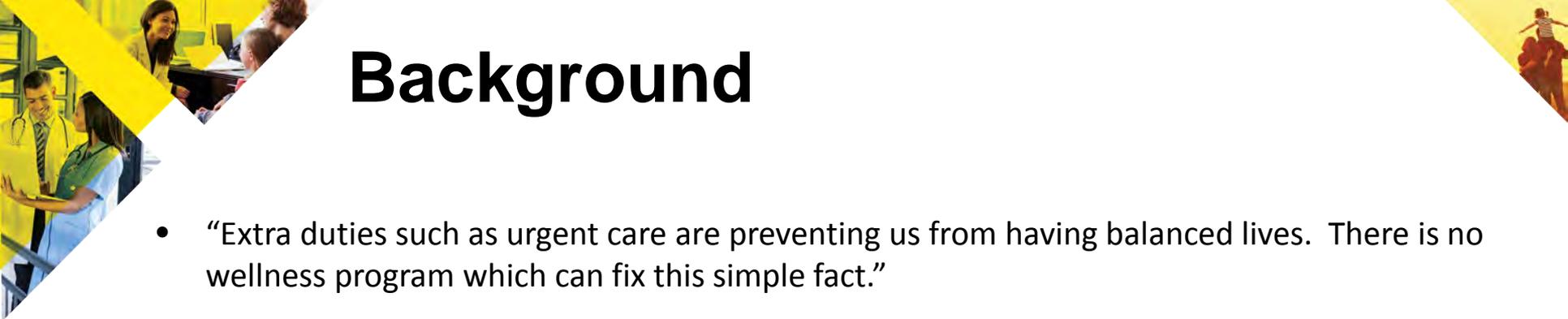
- Candidates and associate physicians became more attracted to job opportunities that did not require Extra Duties
- Partner physicians began retiring early or reducing their schedules to 8/10^{ths} status for work sustainability



Background

Our Physician Wellness Survey in 2013 captured similar concerns

- “Despite working through lunch, most of us still stay late or bring work home to work at night and/or during the weekend (off days).”
- “It would be great not to have to do extra shifts (like UCC shifts)... so we can have some time to spend with our families or do something for ourselves at the end of the day.”
- “With all the work that we PCPs have to do, there is just very little time for ourselves.”
- “It is hard to stay healthy when you are working much more.”



Background

- “Extra duties such as urgent care are preventing us from having balanced lives. There is no wellness program which can fix this simple fact.”
- “More time at home to exercise and spend quality time with family are what is needed. To this end, less requirements for evening and weekend shifts.”
- “I hate being told I have an exercise room and healthy food in the cafeteria, but still need to add on more clinics, and work extra hours and may be forced to work overnights.”
- “Extra UC duties make an already full-time schedule at times overwhelming.”
- “I believe mandatory extra duty is an issue for many physicians. I know it is for me.”



ED Reduction Project – Phase 1

Given this background, our Executive Medical Director, Dr. Ed Ellison, commissioned the Primary Care Extra Duty (ED) Reduction Project in 2014

- We performed a meta-analysis for the FM, GIM, and Peds departments to quantify all of the Extra Duties these PCPs worked
- We gathered information from each of our 13 Medical Center on their Extra Duty requirements and scheduling practices

Phase 1 – Conclusions

- The data confirmed that the number of EDs worked by PCPs was rising across our region with further increases predicted
- Areas with less EDs had some common practices:
 - More dedicated Hospitalists/Nocturnists to cover Hospital shifts
 - More dedicated Urgentologists to cover UC shifts
 - Optimizing daytime appointment access and increasing utilization of Telephone appointments to reduce UC demand
- Some areas had significant disparity between the # of UC shifts scheduled vs actually worked
 - More accurate estimations of Call-back/Back-up shifts scheduled would improve PCP perception of extra duty burden



ED Reduction Project – Phase 2

- We developed a tracking tool (Excel file) which trended each month how many EDs were being done by each Med Center by each PCP
- We began regular meetings with each Med Center leadership
 - We helped them understand and utilize the monthly data tool
 - We identified, gathered, and spread successful strategies between all 13 Med Centers for FM, GIM, and Peds



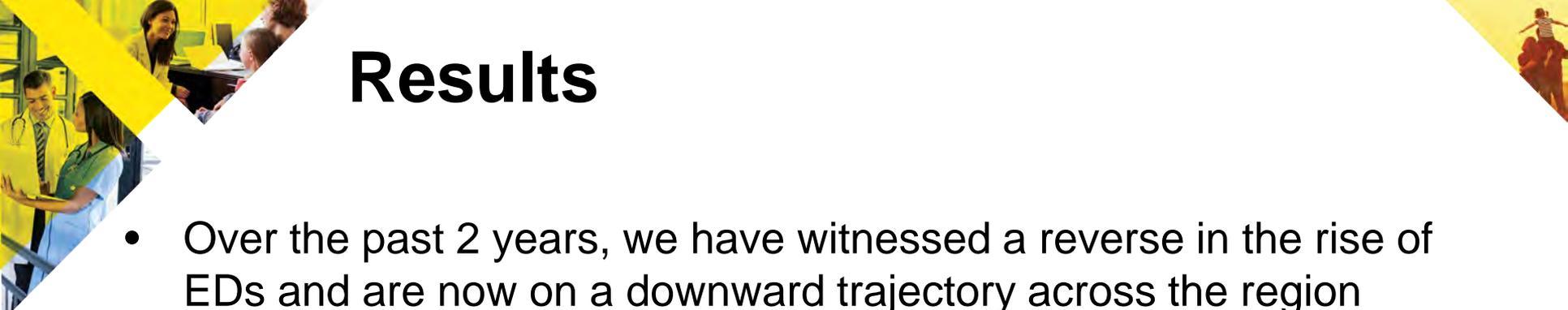
ED Reduction – Successful Strategies

- Hiring enough Hospitalists/Nocturnists to cover Inpatient EDs
 - This has helped our GIM physicians work fewer or no overnight shifts, unless desired
- Hiring more Urgentologists and PA/RNPs to cover UC shifts on evenings, weekends, and holidays
 - This has decreased the need for FM, GIM, and Peds physicians in UC, unless desired



ED Reduction – Successful Strategies

- Optimizing physician scheduling practices to better match supply to demand, especially for weekend and holiday shifts
- Optimizing daytime PCP appointment access and virtual visits
 - This has helped reduce unnecessary UC demand
- Developing flexible schedules for PCPs and PA/RNPs to better cover for evening and weekend appointments to reduce UC demand
- Providing options for Comp Time off during the weekday for PCPs

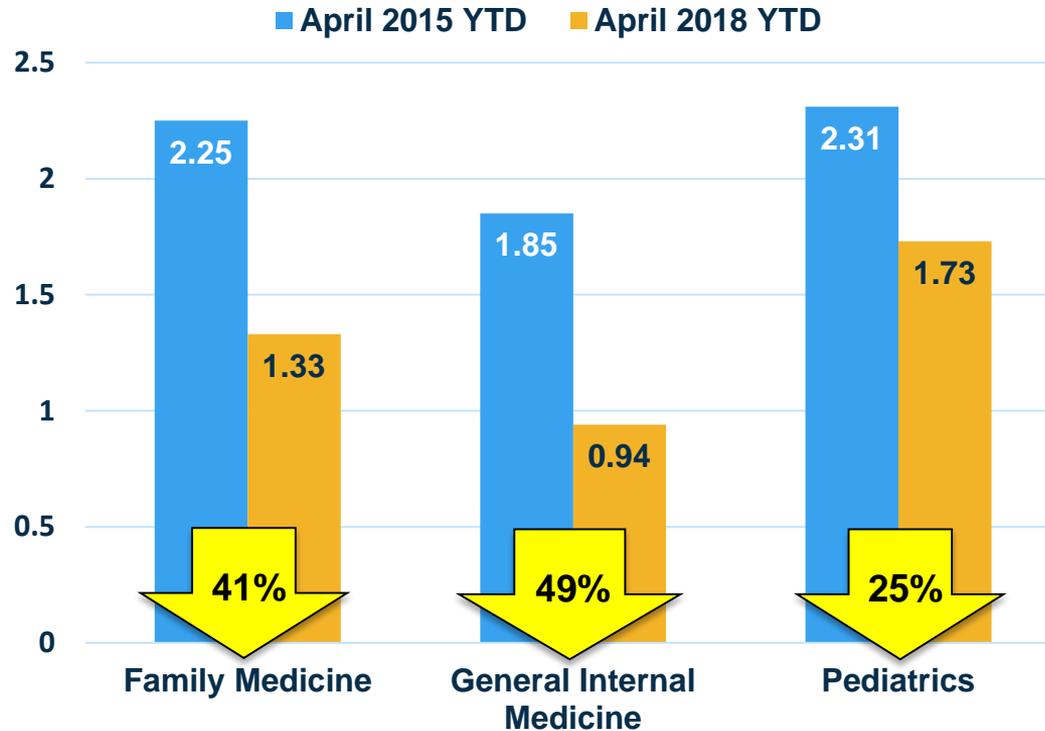


Results

- Over the past 2 years, we have witnessed a reverse in the rise of EDs and are now on a downward trajectory across the region
- In 2016, we hired 114 FM, 63 GIM, 55 Gen Peds, and 37 UC physicians
- In 2017, we hired 93 FM, 45 GIM, 28 Gen Peds, and 29 UC physicians

UNWANTED EXTRA DUTIES SCAL REGION

Median Physician ED Hours in Ws per Pay Period



* Data includes all Ws above baseline work-status (e.g. when 8/10^{ths} physicians work 9/10^{ths}).



Physician Feedback

- “With less shifts and more flexibility there is more work life balance and happier physicians leading to better outcomes for patients as well.”
- “The efforts put forth to reduce extra duties in Urgent Care, as well as in after hours in Adult Primary Care, have increased physician work-life balance and wellness. The reduction of stress, fatigue, and burn-out allows physicians to be more productive and efficient.”
- “Over recent years I have experienced a deliberate reduction in extra duty requirements. This has allowed me to have more time and energy during the day for my patients and most importantly time with my family.”



Physician Feedback

- “Reduction in mandatory extra duty / calls have really helped my outlook at work. Feeling less stressed / burned out. More in control of my life/ work schedule. With Flexible schedules and adding extra shifts when I want to, I feel more in charge, more empowered. Our opinions and input do matter and that we are heard. I look forward to September when the mandatory overnight shifts becomes optional. Hallelujah!”
- “It is such a relief to have less calls in a month so I can be a proper grandfather to my granddaughter. (grandparenting really is a great thing!)”



Conclusion

Focused efforts to reduce unwanted Extra Duties for our PCPs has benefitted physician morale and wellness at SCPMG

Key factors to success have included:

- Administrative leadership that has prioritized physician wellness by asking for and acting upon feedback from frontline physicians
- Shared learning of successful practices between local leadership teams
- Development of a readily understandable data methodology and tool that is regularly updated and communicated to local leaders
- Strategic investments which have supported PCPs while still meeting the needs of our patients and our business



Questions?

Special Thanks to My Sponsors:

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