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Professional Title, Organization: Chief Medical Officer, Venice Family Clinic

Chip Title: Team Based Care to Reduce Burnout

Project Description:

Clinicians at Keck Medicine of USC are burned out due to the COVID 19 pandemic, competing demands on their time and insufficient support to achieve work life balance. This project was designed to establish a team-based care program at Keck Medicine of USC to reduce clinician and staff burnout in the Family Medicine Department. Burnout affects over 50% of physicians and nurses and leads to reduced access to care due to sick calls, reduced patient safety and lower quality of care. Clinicians are more likely to leave practice due to burnout and depersonalize patients which leads to poor interactions. Keck Medicine was facing a high turnover rate for clinicians and nurses (close to 20%). The goal was to create a team-based care program by December 2022 to reduce clinician burnout and improve engagement. In our health system clinicians spend an inordinate amount of “pajama time” doing charts, paperwork and answering messages. Charts are late, patient messages are unanswered, and prescriptions are not refilled in a timely manner due to burnout. Patient complaints have gone up and patient satisfaction scores decreased. To achieve Team Based care at Keck Medicine the goals were identify the steps, get leadership buy in, launch a prototype. Develop a plan to build the necessary infrastructure, learn the roles of the team members and train to work at the top of the skill sets, understand the barriers to overcome them.

Key Findings and Lessons Learned:

- I started with a model based on a similar program in Colorado.
- Designed the model which would have 1.5 MA per clinician, 1 RN per pod per clinic satellite site, full integration of BH and OT, integration of ambulatory pharmacists, an LVN per team for care coordination and transitions of care and referral coordinators.
- A pod is made up of 1-2 physicians, 2-3 advanced practice clinicians.
- Performed a climate survey to determine sources of burnout and challenges to success.
- Build the teams by holding quarterly listening sessions, biannual teambuilding sessions, monthly clinic huddles and setting up buddy teams.
- Established clinic workflows by meeting with key stakeholders in each site and then standardize them.
- Standardize scheduling templates.
- Develop a pharmacy refill program.
- Implement a same day clinician and flu drive up clinic.
- The pandemic made staffing challenges a barrier to success, every time we would build a team, several team members would resign. Went through 2 medical directors during a 1-year time period. It took longer than anticipated to hire the clinical administrator and support team to do this work and staff sickness added significant challenge to implement the work.
- I personally changed jobs after a year of this work, so handed off my project to our Medical Director (who I hired)-she is applying for CHCF this year.
- I would recommend trying it out at one clinic to get more data and work through the kinks.
- Don't try a new project during a global pandemic.
- **Short Term Goals:** Decrease inbox time, improve cycle times, decrease pajama time for charting, improve clinician and staff engagement.
- **Long Term Goals:** Improve clinician and staff engagement, reduce turnover.
- Improve patient satisfaction scores.

Next Steps:

I changed jobs in March of 2022. The new Vice Chair (who I hired) will continue the work along with our clinical administrator. I will attempt to do similar work at my new job.