

# CIN

CONNECTIONS



Spring 2018 Issue:

## Healing the Healers

CALIFORNIA  
IMPROVEMENT NETWORK:  
*BETTER IDEAS  
for CARE DELIVERY*

---

### CONTENTS

- 2 /**  
**A Note from a  
Managing Partner**
- 3 /**  
**About CIN**
- 4 /**  
**How to Reduce  
Burnout at Your  
Organization**
- 7 /**  
**Three Organizations  
Tackle Burnout**
- 13 /**  
**Resource Kit**
- 15 /**  
**Introducing Phase 6  
Partners**
- 17 /**  
**Join Us**

## A Note from a Managing Partner



I'm a big believer in the power of networks, the value of building connections, and the importance of sharing knowledge. The first phase 6 California Improvement Network (CIN) partner meeting in February reinforced these beliefs.

It was late in the day, and leaders from our 17 partner organizations, who had gathered together as a group for the first time, wrestled with the sobering realities of provider burnout and the repercussions for patient care. As a group, we identified concrete actions to address burnout and shared some of the challenges we anticipated in making progress. A partner from a commercial delivery system shared a story of an early success with peer coaching to increase well-being and resilience, another partner from the same geographic area asked to follow up to learn more, and a third partner chimed in with "Can I join you?" Right before my eyes, leaders from three organizations with different missions and that served different populations, and who had never met before, organically came together to collaborate. It reminded me of the power of networks and the unique opportunity that CIN — the only quality improvement network

in California that brings together safety net and commercial organizations — creates for partners and members.

In this issue of *CIN Connections*, you will find actionable information to tackle burnout at your own organization and examples of tools and techniques from leading health care organizations. You will also learn about the dynamic new group of partner organizations in CIN's phase 6.

We hope you will join us and take steps to promote a culture of wellness. And we hope you will share your successes and failures with us as we collectively work together to drive meaningful improvements in health care delivery.

Sincerely,

**Sunita Mutha, MD, FACP**

CIN Managing Partner and  
Director of Healthforce Center at UCSF

## About CIN

Established in 2005, CIN is a community of health professionals committed to identifying and spreading better ideas for care delivery to improve patient and provider experience and the health of populations while lowering the cost of care. CIN seeks to strengthen relationships across the commercial and safety-net provider and health plan communities in California.

CIN accelerates the spread of quality improvement innovation through:

- **Connection:** Partner meetings, affinity groups, and other alliances build and strengthen connections among partners and members.
- **Learning:** Webinars, workshops, and resources advance knowledge and skills for both early and advanced learners.
- **Action:** Network partners and members act on what they have learned and identify and implement quality improvement initiatives.

In phase 6 (2018-2019), CIN will focus on three priority areas:

1. Managing financial risk and total cost of care, with a focus on improvements in behavioral health care and support for social needs that affect health
2. Improving the care experience for patients, providers, and staff
3. Accelerating the pace of improvement and innovation in partner and member organizations

## How to Reduce Burnout at Your Organization

February partner meeting speaker:

### Mickey Trockel, MD, PhD

Mickey Trockel, MD, PhD, is the director of scholarship and health promotion at the Stanford Medicine WellMD Center and a board-certified psychiatrist on the clinical faculty at Stanford.

**B**urnout can be defined as emotional exhaustion, interpersonal disengagement, and a low sense of personal accomplishment, and a growing body of evidence shows that physician burnout can negatively impact patient outcomes. In an analysis by the Vanderbilt Center for Patient and Professional Advocacy's Patient Advocacy Reporting System, self-described physician burnout was associated with 132% greater odds of unsolicited patient complaints, and another study found that higher rates of burnout were associated with 12-13 additional days of post-hospital recovery time. Physicians who rate themselves as mindful or who are "purposefully and non-judgmentally attentive to their own experience, thoughts and feelings" have more satisfied patients according to a [2013 \*Annals of Family Medicine\* study](#).

What can health leaders do to reduce burnout in their own organizations? Below are seven starting points. Though the interventions may vary, many of the same methodologies will work in addressing burnout among other health care professionals such as nurses and medical assistants.

**1** **Measure rates of provider burnout.** There are free or affordable resources you can leverage to assess burnout within your organization. The Maslach Burnout Inventory, a 22-item psychological scale, can provide your organization with baseline data to explore interventions with an [affordable license agreement from Mind Garden](#). Additionally, Stanford University's Professional Fulfillment Index consists of 16 items and assesses professional fulfillment and burnout, and it is available free of charge for nonprofit program evaluation and research.



## How to Reduce Burnout at Your Organization

2

### Use the Stanford WellMD Center Model for Professional Fulfillment as a theoretical framework.

The model was developed as a theoretical approach for health care leaders to consider and strategize intervention possibilities. According to Trockel and his team at Stanford, drivers of professional fulfillment versus burnout fall into three major domains: efficiency of practice, a culture of wellness, and personal resilience. A balanced approach that addresses each domain will drive long-term improvements in physician well-being and reduce burnout.

3

### Work with clinical operations leaders at your organization to identify opportunities to include physician wellness in

**workflow decisions.** Health care leaders should meet with frontline clinicians and ask:

- What elements in our workflow are most contributing to stress or burnout?
- What are some things in our realm of influence that we could change to reduce burnout and increase professional fulfillment?

Ideally, the meetings would take place in person, but alternative communication methods could be experimented with such as email. You can use the findings from these conversations to empower physicians to develop and implement solutions to your specific workplace problems that drive burnout.

4

### Create a culture of compassion.

This includes compassion for colleagues, patients, and self: Encourage

physicians to show themselves the same compassion they show their patients. Encourage in them a growth mind-set so that instead of judging themselves harshly when mistakes are made, they learn from mistakes, which will reduce stress and improve long-term effectiveness.

## How to Reduce Burnout at Your Organization

5

### **Educate physicians about sleep.**

Stanford Medicine conducted a 2016 Physician Wellness survey with items rated on a five-point Likert scale, and one finding was that each one-point increase in sleep-related impairment was associated with 133% greater odds of self-reported burnout. Separate research has found that one day of complete sleep deprivation and a blood alcohol level of about 0.1 result in similar cognitive impairment. Given findings such as these, any initiatives to educate physicians about the neurological effects of sleep deprivation will help.

6

### **Develop a stress**

**management program.** Your organization should have in place a critical-event stress management program ready for moments of acute stress, and following severe stress

events, it may even be necessary to give physicians time off from work. At minimum, acute stress events offer opportunities for peer support and debriefing.

On the preventive end, a mindfulness program can help physicians and other providers better grapple with high-stress events. Many studies have been published in this area that can be leveraged, and you can explore examples in the Resource Kit on pg 14.

7

### **Develop supportive leaders.**

The leadership qualities of physician supervisors can affect physicians' well-being. Gauge the level of leadership support through the tool provided in the Resource Kit on pg. 13), which rates the leadership qualities of providers' immediate supervisors on 12 specific dimensions.



---

**In the end, creating a supportive environment of psychological safety in which team members can openly admit to and discuss errors increases innovation and job satisfaction. Learn more in this [short video](#) from the Institute for Healthcare Improvement featuring Harvard Business School's Amy Edmondson. Creating a psychologically safe environment also helps people feel more valued, respected, and committed to their jobs.**

---



## Three Organizations Tackle Burnout

At CIN's partner meeting, three organizations with diverse patient populations shared their efforts to improve workplace experience. As Stanford Medicine's WellMD Center indicates in its Model for Professional Fulfillment, **1) a culture of wellness, 2) efficiency of practice, and 3) personal resilience**

contribute to improved wellness and reduced burnout, and below are examples of how three organizations are working to support or advance these elements using a range of tactics from implementing wellness initiatives in medical school education to setting aside time and space for providers to discuss the emotional and social issues associated with their jobs.

Panelists from three partner organizations share their efforts to optimize provider wellness: from left, Sharp Community Medical Group medical director for performance, Lloyd Kuritsky, DO; San Francisco Health Network Deputy Director and Chief Medical Officer Alice Chen, MD, MPH; San Francisco Health Network Workforce Experience Team Lead Robin George, MPH; and San Francisco Health Network Director of Spiritual Services Rev. Floyd Trammell.



## Three Organizations Tackle Burnout

### Kaiser Permanente: Developing Wellness Champions

**Sarita A. Mohanty, MD, MBA, MPH, MBA**

regional executive director, Medi-Cal Strategy and Operations

**Michelle Wong, MPH, MPP**

director, Care Management Institute

Kaiser Permanente (KP) serves more than 12.2 million members in eight states and the District of Columbia. KP pursues a range of efforts and interventions to impact culture, practice efficiency, and personal resilience.

The issues that lead to burnout start early in physicians' lives — often in medical school — and as KP prepares to open the Kaiser Permanente School of Medicine in 2019, the

In addition, through the work of KP's Labor Management Partnership, the organization supports and empowers over 3,500 unit-based teams (UBTs), which are defined as natural work groups of physicians, managers, and frontline staff who work collaboratively to solve problems, improve performance, and enhance quality. These teams, which are trained in collaborative decision-making and interest-based problem-solving, enable



In addition to higher performance outcomes, strong unit-based teams are linked to higher levels of engagement and satisfaction, lower rates of sick leave, and lower workplace injury rates.

issue of provider well-being will remain front and center. The medical school's curriculum will include lessons in resilience and coping skills, and courses will cover wellness, nutrition, stress, and alcohol abuse. "I like the idea of starting upstream, early in the game, when providers are in medical school and residency," said Mohanty. "You want them to know up front: 'There is a commitment to support you.'"

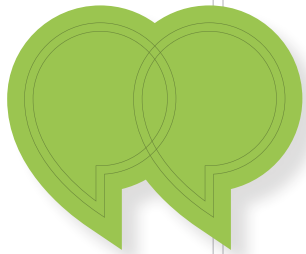
employees, managers, and MDs to collaborate on improving quality, service, and affordability; the UBTs use the Institute for Healthcare Improvement plan-do-study-act model to accelerate quality improvement. In addition to higher performance outcomes, strong unit-based teams are linked to higher levels of engagement and satisfaction, lower rates of sick leave, and lower workplace injury rates.



## Three Organizations Tackle Burnout

To promote wellness among staff, KP also supports providers' motivation to volunteer in their communities. The KP Cares program provides an efficient way for KP staff to list and search for volunteer opportunities. KP Cares also supports, manages, and tracks team volunteer activities, enabling those who want to do so to lead community service efforts to

recruit and recognize volunteers. KP Cares was created shortly after Hurricane Katrina in 2006 when more than 1,400 employees requested to volunteer for the initial response following the storm and also facilitated the deployment of more than 75 qualified KP clinicians to Haiti for two-week rotations following 2012's devastating Hurricane Isaac.



You want them to know up front:  
'There is a commitment to support you.'

Sarita A. Mohanty, MD, MPH, MBA, right, regional executive director, Medi-Cal Strategy and Operations for Kaiser Permanente, discusses KP's efforts to reduce burnout.



## Three Organizations Tackle Burnout

### San Francisco Health Network: Focusing on the Full Care Team

**Alice Chen, MD, MPH**

deputy director and  
chief medical officer

**Robin George, MPH**

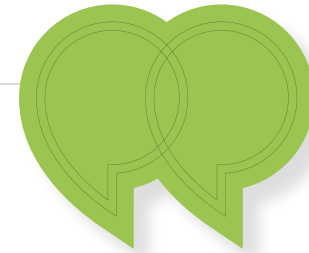
workforce experience team lead

**Rev. Floyd Trammell**

director of spiritual services

San Francisco Health Network (SFHN) is the City and County of San Francisco's publicly funded, vertically integrated delivery system; it encompasses Zuckerberg San Francisco General Hospital, primary care clinics, inpatient and outpatient behavioral health care, a nursing facility, and jail health. In a given year, SFHN serves more than 130,000 individuals, more than one out of every seven San Franciscans.

SFHN uses Schwartz Rounds, which offer providers and staff monthly set times to gather for presentations and dialogue during which they can openly and honestly discuss the social and emotional issues they face in caring for patients. The process was started by Ken Schwartz, MD, who was diagnosed with lung cancer in 1994. "This contributes to compassionate and human care," said Trammell. "It's important to create space for providers to debrief and unpack difficult cases and experiences, so they don't take it home." In SFHN surveys of almost 900 staff and clinicians, 81% indicated that they felt better prepared to handle difficult or sensitive patient situations because they had attended Schwartz Rounds. In addition, over 95% of participants who attended Schwartz Rounds agreed that "as a result of this discussion, I feel less isolated in my work with patients."



These acts of kindness – the simple human touch from my caregivers – have made the unbearable bearable."

Ken Schwartz, founder,  
The Schwartz Center for  
Compassionate Healthcare

As a large integrated system, SFHN focuses wellness initiatives on the full care team. The network situates its efforts within its commitment to lean leadership, Chen said, which includes the tenet that "frontline managers are doing the most difficult work." As part of its lean journey, SFHN is establishing the new position of a chief medical experience officer who will partner with improvement leaders

## Three Organizations Tackle Burnout

including Robin George, who leads initiatives to improve staff experience. Improvement through SFHN's lean management system includes efforts to improve patient experience and to support staff experience and well-being.



It's important to create space for providers to debrief and unpack difficult cases and experiences, so they don't take it home." Rev. Floyd Trammell

"Giving providers and staff the time and space to work on a solution that matters to them improves their well-being at the same time as it contributes to better care for patients," said Chen. SFHN uses team assessments to understand the extent and risks of burnout to inform its plans.

SFHN is developing a culture of wellness through quarterly provider meetings that are regularly attended by 60-70 primary care physicians; at these meetings, clinicians build rapport while covering primary care business items. The meetings are also a venue for providing expert-led continuing medical education and for addressing practice efficiency issues, for example through simple interventions such as learning shortcuts for the electronic health records system. SFHN also partners with the Center for Excellence in Primary Care to administer an annual employee engagement survey. The tool assesses overall engagement, experience, burnout, team culture, and perceptions of leadership, and survey findings are then used to develop long-term improvement plans between frontline team members and managers.



## Three Organizations Tackle Burnout

### Sharp Community Medical Group: Promoting a Culture of Wellness

#### Lloyd Kuritsky, DO

medical director for performance



Sharp Community Medical Group (SCMG) is an association of private-practice primary care and specialty physicians. Their network consists of more than 800 physicians who represent 30 specialties and work in 350 clinic locations in more than 36 communities. They serve more than 130,000 members.

SCMG's Professional Guidance Committee (PGC) was developed as an informal committee to gather and disseminate information to promote well-being, such as through stress management, burnout prevention, career development, counseling services, and treat-

ment programs for addictive disorders. The committee seeks to identify organizational problems that contribute to practitioners' stress, and the team will refer impaired practitioners who refuse necessary treatment to SCMG's executive committee. A medical director, psychologist, and other experts and leaders staff the PGC.

Efficiency-of-practice initiatives include large-scale quality improvement projects such as the Practice Transformation Initiative with CIN partner California Quality Collaborative. Sharp supports providers through this initiative in two ways: (1) The organization offers salary support to allow providers to hire a nurse practitioner, a physician assistant, or an additional physician "to stabilize the practice," and (2) a remote scribing service will soon be made available to physicians to assist in providing documentation and coding. These efforts aim to provide more efficient use of services within the office, decrease the burden on practitioners, and provide more patient-focused care.

SCMG will measure success through the use of a validated burnout tool in addition to performance metrics and practice improvement plans that are reviewed at regular quality improvement team meetings.

From left, Mickey Trockel, director of scholarship and health promotion at Stanford University's WellMD Center; Sharp Community Medical Group Director of Performance Lloyd Kuritsky, DO; Chief Medical Officer of San Francisco Health Network Alice Chen, MD, MPH; San Francisco Health Network Workforce Experience Team Lead Robin George, MPH

## Resource Kit

**Provider burnout is on the rise, yet optimal provider well-being is necessary for high-quality care: Well providers have better patient outcomes and higher patient satisfaction scores, and they are less likely to make mistakes. They are also less likely to leave their organizations. Health care organizations of all sizes and types need to better understand this complex issue and consider their approaches for supporting provider well-being. Here we provide a resource kit that can serve as a starting point.**

### Learn what your providers need

1. Assess burnout and professional fulfillment in your organization. Use the results to guide efforts to improve provider well-being.
2. Gauge the level of leadership support through the survey at right, which rates the leadership qualities of providers' immediate supervisors on 12 specific dimensions.



### Items Evaluating Physicians' Opinions of the Leadership Qualities of Their Immediate Physician Supervisor

To what extent do you agree or disagree with each of the following statements about (name of immediate supervisor)?

- Holds career development conversations with me
- Inspires me to do my best
- Empowers me to do my job
- Is interested in my opinion
- Encourages employees to suggest ideas for improvement
- Treats me with respect and dignity
- Provides helpful feedback and coaching on my performance
- Recognizes me for a job well done
- Keeps me informed about changes taking place at my organization
- Encourages me to develop my talents and skills
- I would recommend working for (name of immediate supervisor)
- Overall, how satisfied are you with (name of immediate supervisor)

Response options: 5=strongly agree, 4=agree, 3=neither agree nor disagree, 2=disagree, 1=strongly disagree; NA=do not know/not applicable.

Response options: 5=very satisfied, 4=satisfied, 3=neither satisfied nor dissatisfied, 2=dissatisfied, 1=very dissatisfied.



## Resource Kit

### Must-Read Article

“Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness, and Personal Resilience” (*New England Journal of Medicine Catalyst*)

**Defines provider well-being and provides an evidence-based approach for holistically improving provider well-being and the performance of health care systems.**

### If You Want to Learn More

“How One California Medical Group Is Decreasing Physician Burnout” (*Harvard Business Review*)

“Make the Clinician Burnout Epidemic a National Priority” (*Health Affairs*)

“Physician-Organization Collaboration Reduces Physician Burnout and Promotes Engagement: The Mayo Clinic Experience” (*Journal of Healthcare Management*)

“Beyond Burnout — Redesigning Care to Restore Meaning and Sanity for Physicians” (*New England Journal of Medicine*)

*2016 Physician Wellness Survey Full Report* ([Stanford Medicine WellMD Center](#))

### Mindfulness Programs

“Enhancing Relaxation States and Positive Emotions in Physicians Through a Mindfulness Training Program: A One-Year Study” (*Psychology, Health and Medicine*)

“Effectiveness of a Mindfulness Education Program in Primary Health Care Professionals: A Pragmatic Controlled Trial” (*Journal of Continuing Education in the Health Professions*)

“Association of an Educational Program in Mindful Communication with Burnout, Empathy, and Attitudes Among Primary Care Physicians” (*JAMA Network*)

### Other Resources

- [Center for Patient and Provider Experience](#)
- [Kaiser Permanente Care Management Institute](#)
- [Maslach Burnout Inventory from Mind Garden](#)
- [Mayo Clinic Physician Well-Being Program](#)
- [Podcast with Tait Shanafelt, Chief Wellness Officer at Stanford Medicine](#)
- [Stanford Medicine WellMD Center](#)
- [The Schwartz Center for Compassionate Healthcare](#)
- [UCSF Center for Excellence in Primary Care](#)
- [Virginia Mason Institute](#)
- [Why Is Psychological Safety So Important in Health Care?](#) (Institute for Healthcare Improvement)



# Introducing California Improvement Network's Phase 6 Partner Organizations



Representatives from CIN's 17 partner organizations gathered in Oakland for the first phase 6 CIN partner meeting on February 7, 2018, joining together in the spirit of improvement. Collectively, the organizations they represent serve or support more than 20.6 million patients across the state, more than half the population of California.

**The partners of this diverse group of health care delivery systems, plans, payers, and quality improvement organizations are:**

California Health Care  
Safety Net Institute

California Quality Collaborative

Center for Care Innovations

Community Clinic  
Association of  
Los Angeles County

Community Health Center  
Network

Golden Valley Health Centers

HealthCare Partners  
Medical Group

Health Quality Partners  
(a subsidiary of  
Health Center Partners)

Humboldt Independent  
Practice Association

Institute for High Quality Care

Kaiser Permanente

L.A. Care Health Plan

Partnership HealthPlan  
of California

Redwood Community  
Health Coalition

San Francisco Health Network

Sharp Community  
Medical Group

Sutter Health

## Snapshots from CIN's First Partner Meeting



1



2



3



4



5



6



7

1 | Nicole Howard, executive vice president, Health Quality Partners of Southern California; Jennifer Covin, MPH, director of programs, Health Quality Partners of Southern California  
 2 | Vipra Bhakri, MS, MPH, biostatistics specialist, Community Clinic Association of Los Angeles; Katrina Miller, MD, medical director, informatics, L.A. Care Health Plan  
 3 | Robert Moore, MD, MPH, MBA, chief medical officer, Partnership HealthPlan of California  
 4 | Hunter Gatewood, MSW, LCSW, CIN program office  
 5 | Bob Ogilvy, MA, senior training specialist, HealthCare Partners Medical Group  
 6 | Tammy Fisher, MPH, senior director, Center for Care Innovations  
 7 | Rosemary Den Ouden, chief operating officer, Humboldt Del Norte IPA

California  
Improvement  
Network Better Ideas  
for Care Delivery



Healthforce  
Center at UCSF

CIN is a project of the California Health Care Foundation and is managed by Healthforce Center at UCSF.

## Join Us

[Sign up  
here.](#)

Learn more and stay apprised of quality improvement resources, events, and opportunities for engagement offered through CIN.

Have you tested out any of the quality improvement recommendations or tools included in this issue? Tell us how it went. We are here to answer your questions or connect you to additional resources. Email us at [CIN@ucsf.edu](mailto:CIN@ucsf.edu).

## Contact Us

HEALTHFORCE CENTER AT UCSF:

3333 California St., Suite 410 San Francisco, CA 94143  
(415) 476-8181 ■ [CIN@ucsf.edu](mailto:CIN@ucsf.edu)

Copyright © 2018 California Health Care Foundation, Healthforce Center at UCSF