



# PO Collaborative on Physician Experience

August 28, 2019

# Agenda

- 01 | Introduction
- 02 | PO Physician Experience Survey Sharing
- 03 | Break
- 04 | Discussion
- 05 | Closing

# Physician Experience

## *Key Milestones*



### **Q3 2019: Submit Action Plan by 9/30/19**

- Action steps should be concrete, measurable, and attainable.
- Should span several years and include a means of evaluating success.



### **Q4 2019: Present Action Plan**

- Tentatively looking at using the October PO Collaborative.
- 10-minute presentation.



### **2020 Proposal: Quarterly Progress Reports**

- In at least one quarter, measure progress and improvement.
- Continue to share best practices with each other.

# PO Physician Experience Survey Sharing



*East Hawaii* IPA



# **EHI IPA - Physician Wellness**

HMSA PO Collaborative

August 28, 2019

# Assess Current State

The Well-Being Index © developed by the Mayo Clinic was used as the survey tool.

- 9 question survey, takes approx. 1 min to complete
- 100% anonymous

Emailed out weekly reminders via *EHI Weekly Alert* to all PT Providers starting May 2-June 21.

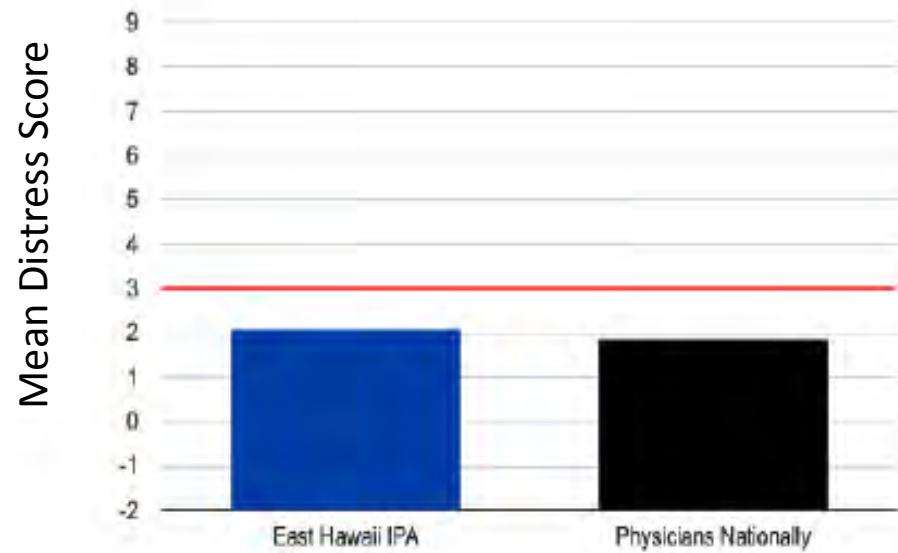
- Additional email reminders sent every other week to individual Providers.
- Goal was minimum 80% of PT providers complete the survey.
- Goal was exceeded – 100%

# Physician Wellness Survey Data

## Mean Score Compared to National Norms

(All Time)

East Hawaii IPA



## Description

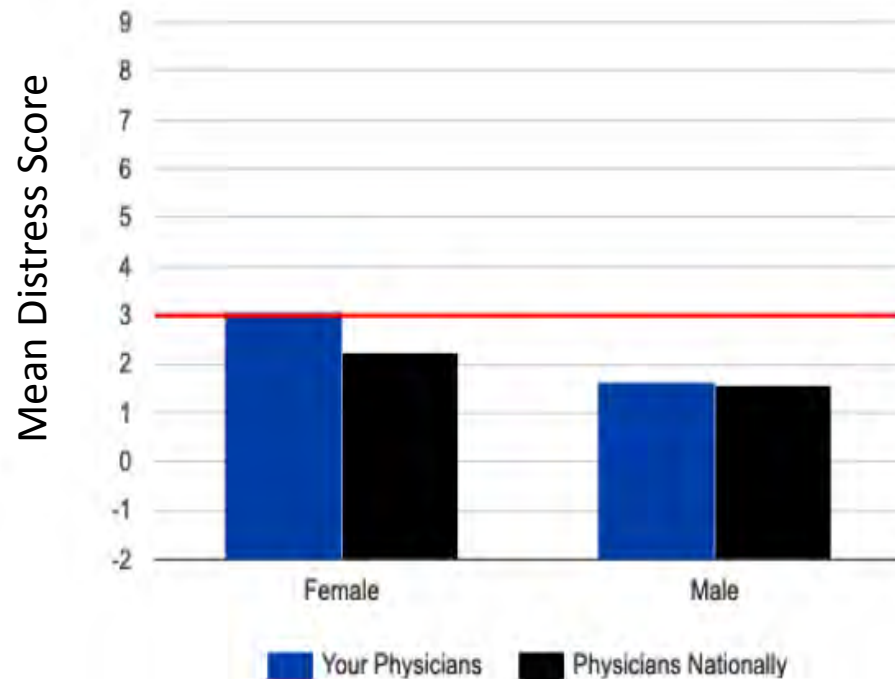
Chart shows mean Physician Well-Being Index score overall for your physicians in comparison to a national sample of US Physicians (N>14900). Higher mean Physician Well-Being Index score indicates greater distress.

# Physician Wellness Survey Data

## Mean Physician Well-Being Index Score by Gender

(All Time)

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## Description

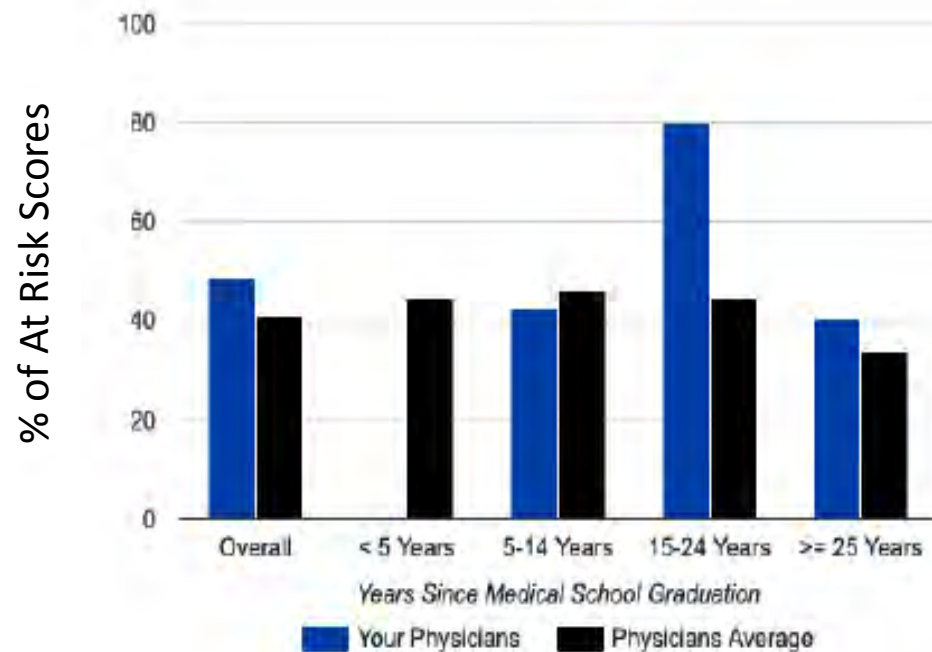
Chart shows mean Physician Well-Being Index score by sex for your physicians in comparison to a national sample of US Physicians (N>14900). Higher mean Physician Well-Being Index score indicates greater distress.

# Physician Wellness Survey Data

## Percent Physicians with High Levels of Distress

(All Time)

East Hawaii IPA



## Description

Chart shows percent of your individuals (overall and by year since medical school graduation) with a Physician Well-Being Index score of  $\geq 3$  (higher score = greater risk). In a sample of US physicians ( $N > 14900$ ), those with a Well-Being Index score  $\geq 3$  were at greater risk for number of adverse outcomes including:

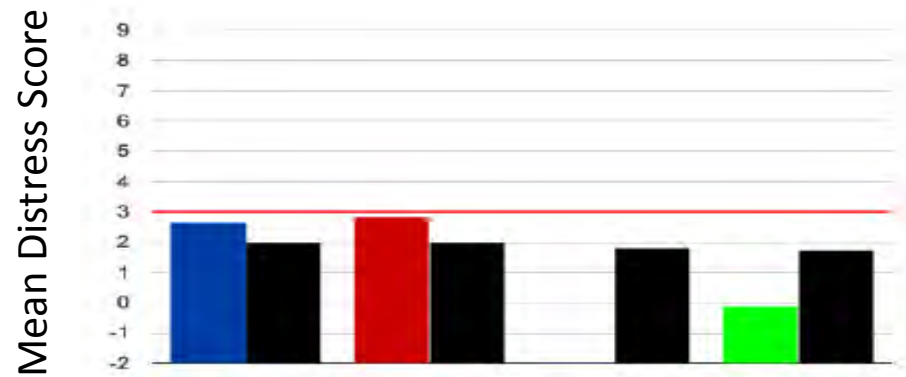
- 2 fold higher risk of reporting a recent medical error
- 5 fold higher risk of burnout
- 4 fold higher risk of severe fatigue
- 2 fold higher risk of suicidal ideation
- 3 fold higher risk poor overall quality of life

# Physician Wellness Survey Data

## Mean Physician Well-Being Index Score by Specialty

(All Time)

East Hawaii IPA



### Description

Chart shows mean Physician Well-Being Index score by specialty.

**Total sample size: 41 Physicians**

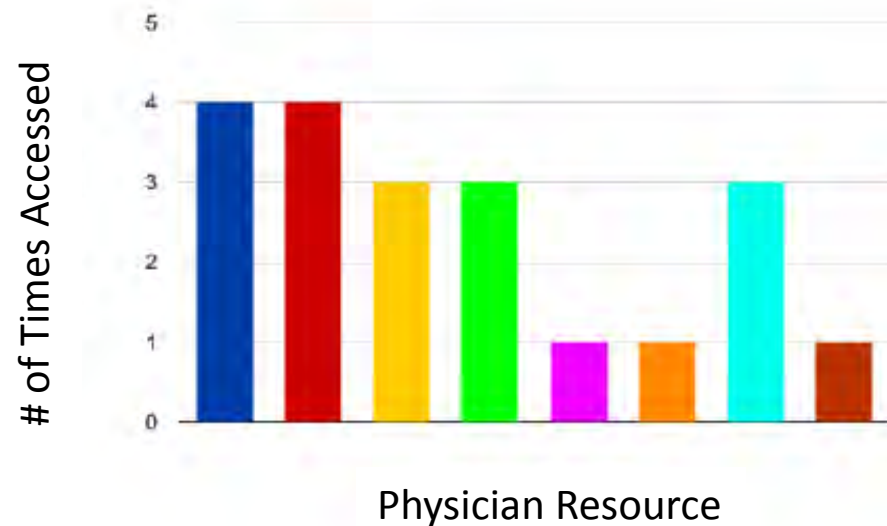
	Mean Score (SD)	Sample Size	National Mean (SD)
● Family Medicine	2.67 (3.13)	17	1.97 (2.62)
● Internal Medicine or Related Specialty	2.82 (3.03)	14	1.99 (2.74)
● Obstetrics and Gynecology	<i>Sample Size Too Small &lt; 5</i>	1	1.78 (2.67)
● Pediatrics or Related Specialty	-0.11 (1.91)	9	1.73 (2.53)

# Physician Wellness Survey Data

## Physician Resources Accessed

(All Time)

East Hawaii IPA



## Description

Chart shows number of times each resource was accessed within the given time frame.

Resource Type	Number of Views
Stress & Resiliency	4
Fatigue	4
Emotional Concerns	3
Health Behavior	3
Money	1
Career Development	1
Relationships & Work-Life Balance	3
Medical Errors & Malpractice	1

**Total sample size: 9 Physicians** (first resource access data collected 2019-04-26)



2019 Symposium "Shark Tank" Break Out: Physician Burnout

# Major Contributors to Burn-out

- **Cumbersome EHR** – Inefficient, not integrated
- **Excessive administrative burden** – Quality metrics management, prior-authorization requirements
- **“Silo-ization” of health care** – isolated services, loss of continuity of care
- **Loss of autonomy** over key decisions

# Big Ideas

- Help physicians learn to take care of themselves – mind, body & spirit
- Provide greater support & training for EHR efficiency
- Adopt/expand team-based approaches to care
- Enhance reimbursement to better support team-based care & chronic care management

# Action Plan

WHAT:	GOALS:	WHO:	WHEN:
1. Physician wellness resources: <a href="#">CIN Resource Kit</a> 2. CIN webinar recording: “How to Prevent Staff & Provider Burnout” ( <a href="https://www.youtube.com/watch?v=8JvO8DjQdUQ">https://www.youtube.com/watch?v=8JvO8DjQdUQ</a> ) 3. Weekly Alert 4. Concise targeted emails	Raise awareness and provide resources to support physician wellness	Joyce Vitales, Office Administrator	Weekly
Quarterly Network Pau Hana	Provide informal opportunities or physicians to engage/socialize with each other and key IPA staff	Physicians (26 attended) Dr. Scott Kronlund, Chief Medical Director Kelley O’Leary, Quality Improvement Manager Jane Bontuyan	June 7, 2019 October, 2019 (incl. evaluation)
Implement MSO Services: 1. Team-based Care Model facilitated by eCW 2. Referral Mgmt 3. Off-Island travel coordination 4. Other services	Better assess IPA support services through member focus groups	Dr. Scott Kronlund Susan Mochizuki, Executive Director Kahea Wakinekona, Director of Clinical Operations	September 19, 2019 September 20, 2019 September 21, 2019 September 24, 2019

A decorative border featuring stylized white hibiscus flowers and green palm leaves on a light beige background. The border is positioned at the top and sides of the page, framing the central text.

**Mahalo!**

**PMAG  
2019 PHYSICIAN WELLNESS  
SURVEY RESULTS  
AND  
ACTION PLAN**

# MODIFIED MINI-Z SURVEY

For questions 1-10, please choose the answer that best describes your experience with burnout.

1. Overall, I am satisfied with my current job:

1 - Strongly Disagree      2 - Disagree      3 - Neutral      4 - Agree      5 - Strongly Agree

2. I feel a great deal of stress because of my job:

1 - Strongly Disagree      2 - Disagree      3 - Neutral      4 - Agree      5 - Strongly Agree

3. Using your own definition of "burnout," please select one of the answers below:

- I enjoy my work. I have no symptoms of burnout.       The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
- I am under stress, and don't always have as much energy as I did, but I don't feel burned out.       I feel completely burned out. I am at the point where I may need to seek help.
- I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.

4. My control over my workload is:

1 - Poor      2 - Marginal      3 - Satisfactory      4 - Good      5 - Optimal

5. Sufficiency of time for documentation is:

1 - Poor      2 - Marginal      3 - Satisfactory      4 - Good      5 - Optimal

6. Which number best describes the atmosphere in your primary work area?

1 - Calm      2      3 - Busy, but reasonable      4      5 - Hectic, chaotic

# MODIFIED MINI-Z SURVEY

7. My professional values are well-aligned with those of the health plan(s) that predominate in my market.

1 - Strongly Disagree	2 - Disagree	3 - Neither Agree Nor Disagree	4 - Agree	5 - Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. The degree to which my care team works efficiently together is:

1 - Poor	2 - Marginal	3 - Satisfactory	4 - Good	5 - Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. The amount of time I spend on the Electronic Health Record (EHR) at home is:

1 - Excessive	2 - Moderately High	3 - Satisfactory	4 - Modest	5 - Minimal / None
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. My proficiency with EHR use is:

1 - Poor	2 - Marginal	3 - Satisfactory	4 - Good	5 - Optimal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Tell us more about your stresses and what would help to minimize them.

# PT PROVIDER RESULTS

PT Providers	# of Providers	Survey responses	%
Pediatric 6/3/19	38	37	97%
Adult Medicine 6/17/19	48	32	67%
Total	86	69	80%

# SPECIALISTS AND OTHER PCPS

PMAG Members	# of Providers	Survey responses	%	With Other PO	% of Responses
FFS or PT PCP (other PO) 6/25/19	167	30	18%	15	50%
Specialists 7/18/19	505	99	20%	N/A	N/A
Total	672	129	19%	N/A	N/A

# Q11. TELL US MORE ABOUT YOUR STRESSES

11. Tell us more about your stresses and what would help to minimize them.

# PT PEDIATRIC MEDICINE RESULTS

- 37 of 38 Responded
- 29 Responded to Q11
- Top Stressors:
  - Low PMPM 65.5%
  - Coreo Issues 24.1%
  - Trust/Respect 24.1%
  - Charting 20.7%
  - PT Program Design 20.7%
  - Health Insurance Admin/Paperwork 17.2%

# PT PEDIATRIC MEDICINE RESULTS

11. Tell us more about your stresses and what would help to minimize them.	PT - Program Design	PT - Attribution	PT - Low PMPM	PT - Coreo Issues	Health Insurance Admin/Paperwork	Charting	Insurance Metrics/Quality Measures	Staffing / Employee Relations	Work/life Balance	Too many patients	Patient Expectation	Trust/Respect	Office Administration	Integration with Specialists, Consultant	Finding Coverage	Patient Education	Quest Enhancement Payment	Too many Meetings, Webinars	CME Requirements
Total 29/37	6	3	19	7	5	6	2	1	3	2	0	7	1	0	1	1	2	0	1
Percentage of 29 Responses	20.7%	10.3%	65.5%	24.1%	17.2%	20.7%	6.9%	3.4%	10.3%	6.9%	0.0%	24.1%	3.4%	0.0%	3.4%	3.4%	6.9%	0.0%	3.4%

# PT ADULT MEDICINE RESULTS

- 32 of 48 Responded
- 21 Responded to Q11
- Top Stressors:
  1. Quality Metrics 33.3%
  2. Low PMPM 28.6%
  3. Charting 28.6%
  4. Coreo Issues 23.8%
  5. Health Insurance Admin/Paperwork 23.8%
  6. Attribution 19.0%
  7. PT Program Design 14.3%

# PT ADULT MEDICINE RESULTS

11. Tell us more about your stresses and what would help to minimize them.	Program Design	Attribution	Low PMPM	Corec Issues	Health Insurance Admin/Paperwork	Staffing	Insurance Metrics/Quality Measures	Staffing / Employee Relations	Work/life Balance	Too many patients	Unmet Expectation	Disrespect	Like Administration	Integration with Specialists, Consultants	Medicaid Coverage	Patient Education	Fast Enhancement Payment	Too many Meetings, Webinars
Total 21/32 Responded	3	4	6	5	5	6	7	1	2	0	0	2	1	2	1	1	1	1
Percentage of 21 Responses	14.3%	19.0%	28.6%	23.8%	23.8%	28.6%	33.3%	4.8%	9.5%	0.0%	0.0%	9.5%	4.8%	9.5%	4.8%	4.8%	4.8%	4.8%

# PMAG'S BOTTOM LINE

- 40%+ of PT PCPs are experiencing at least one indicator of burden or burnout.
- Professional satisfaction is lower among our Pediatricians than our adult medicine PCPs.
- We believe most issues are addressable.

# INITIAL OPPORTUNITIES FOR IMPROVEMENT

- PMPM.
- Address/Enhance organizational support.
- Address/Mitigate documentation and reporting burden.

# COLLABORATION: SYSTEM-WIDE INTERVENTIONS

- Engage POs in PMPM process.
  - Transparency and trust are required for success.
- Engage POs in Quality Measure development.
- Identify and eliminate/mitigate unnecessary burdens.
- Identify and mitigate unavoidable burdens.

# ACTION PLAN

## 1. **System level changes: 65% of effort:**

- To reduce administrative burden for physicians and healthcare industry as a whole.
- To promote collaboration amongst all stakeholders; e.g. PO, insurance companies, physicians, pharmacies, hospitals, etc.
- To help HMSA design programs that better support physicians and their patients.

# ACTION PLAN

## **2. Administrative support to individual physician offices: 25% of effort:**

- To streamline current processes for HMSA and the healthcare industry
- To reduce administrative burden for physicians and healthcare industry as a whole
- Provide actual support to physicians

# ACTION PLAN

## **3. Physician stress reduction strategies: 10% of effort:**

- To enhance physician engagement.
- To improve physician work satisfaction.
- To assist physicians flourish in their well-being.

MAHALO

CASTLE  
HEALTH  
GROUP



**PCP Experience Survey**

# PO Engagement-PCP Experience

- Castle Health Group self-administered the Provider Fulfillment Index (Stanford).
- The goal was to have 100% participation with a minimum 80% required, CHG actual results were 85%. The results were used to develop an action plan/s in support of identified areas of concern.
- The survey was conducted and results collected and shared with the physicians and HMSA in June 2019.

# Results

## Appendix A.

Copyright 2016 Board of Trustees of the Leland Stanford Jr. University. All rights reserved. Non-profit organizations are permitted to use this survey instrument without modification for research or program evaluation exclusively. An electronic version of the survey is available by contacting Wellness.surveyteam@TheRiskAuthority.com. Any other use of this survey is granted by express written permission of the Stanford WellMd Center by contacting Wellness.surveyteam@TheRiskAuthority.com

### Appendix A.1 Professional Fulfillment Index

**Table 6**

How true do you feel the following statements are about you at work during the past two weeks?

	Not at all true Score=0	Somewhat true Score=1	Moderately true Score=2	Very True Score=3	Completely true Score=4	
a. I feel happy at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.8
b. I feel worthwhile at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.0
c. My work is satisfying to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.0
d. I feel in control when dealing with difficult problems at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.6
e. My work is meaningful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.2
f. I'm contributing professionally (e.g. patient care, teaching, research, and leadership) in the ways I value most	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.1

\*Higher is Better

# Results

**Table 7**

To what degree have you experienced the following?

During the past two weeks I have felt...	Not at all Score=0	Very little Score=1	Moderately Score=2	A lot Score=3	Extremely Score=4	
a. A sense of dread when I think about work I have to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1.2</b>
b. Physically exhausted at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1.5</b>
c. Lacking in enthusiasm at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>0.9</b>
d. Emotionally exhausted at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1.2</b>
During the past two weeks my job has contributed to me feeling...	Not at all Score=0	Very little Score=1	Moderately Score=2	A lot Score=3	Extremely Score=4	
a. Less empathetic with my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>.7</b>
b. Less empathetic with my colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>.7</b>
c. Less sensitive to others' feelings/emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>.8</b>
d. Less interested in talking with my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>.6</b>
e. Less connected with my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>.7</b>
f. Less connected with my colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1</b>

\*Lower is Better

# Results

## Appendix A.2. Measurement of self-reported medical errors

**Table 8**

Please indicate the most recent time you experienced each of the following things:

	In the last week Score = 5	In the last month Score = 4	In the last 3 months Score = 3	In the last year Score = 2	In my lifetime Score = 1	Never Score = 0	
I made a major medical error that could have resulted in patient harm	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	<b>.7</b>
I made a medical error that did result in patient harm	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	<b>.4</b>
I ordered the wrong medication	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	<b>1.2</b>
I ordered the wrong lab test	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	<b>1.5</b>

\*Lower is Better

## Comments from Physicians

Tell us more about your stresses and what we can do to minimize them:

- ▶ “The satisfaction of giving the very best care I can is the only reason for putting up with all the obstacles that government and insurance companies put in my way.”
- ▶ “I feel more and more of my time is spent in checking boxes and documenting metrics, than is spent focusing on the patients needs and expectations. I want to practice personalized, patient-centered medicine. I believe metrics are beneficial as a framework for providing quality care, but at present they are a time-consuming distraction due to the administrative burden.”
- ▶ “Electronic health record program.”

# Comments from Physicians

Tell us more about your stresses and what we can do to minimize them:

- ▶ “Having to document on non chronic conditions for HMSA is a waste of time. Acute sepsis from two years ago is not a chronic condition!”
- ▶ “Unreasonable Medicaid thresholds to reach target.”
- ▶ Frustration with not having data to support HMSA scoring. Approved R4R’s need to cross over to Coreo and denominator changed. Coreo should reflect actual scoring.”

# Comments from Physicians

## Tell us more about your stresses and what we can do to minimize them:

- ▶ “The payment transformation program is good however the PRU is not a nationally recognized indicator of Primary Care burden. It is hard to understand and not well documented. Not receiving payment for office procedures like vasectomies is unacceptable.”
- ▶ “There has been no HMSA pay raise for Primary Care for years. Everything is based on HMSA 2012 fee schedule. I am asked to do more but with inflation, all I get is less.”
- ▶ Need to be able to look at deleted/removed patients on Coreo to validate patient should have been removed.”

## Comments from Physicians

Tell us more about your stresses and what we can do to minimize them:

- ▶ Patient attribution with HMSA is a nightmare and consumes hours of administrative time per week to make it anywhere close to accurate. Patients I have seen for years disappear and we have to add them back. Waste of our time. If it was a priority, it would have been fixed by now."

# Hawaii IPA - Burnout Survey Results & Implications

August 28, 2019

## Methodology

- Population: 61 Primary Care Physicians (Payment Transformation)
- Mini – Z; with modification to Question # 7, substituted,
  - “Payors, Insurers, etc.” for,
  - “Department leaders.”
- Drivers of Burnout Ranking
  - [www.mayoclinicproceedings.org](http://www.mayoclinicproceedings.org)
  - Mayo Clin Proc., January 2017;92(1):129-146,
  - <http://dx.doi.org/10.1016/j.mayocp.2016.10.004>
- Analysis
  - Regression Models
  - Rank Difference Comparison

## *Drivers of Burnout Ranking*

Driver of Burnout & Stress	Organization-level Stressors	Individual-level Stressors
<b>Excessive workload</b>	Increased Productivity Required (See more Patients) Uncompensated Services Inadequate Staffing (Financial/Availability)	High Demand for Appointments Patient Mix – High Morbidity
<b>Work inefficiency and lack of work support</b>	EMR Work Flow Not Customized Pt. Visit Work Flow Not Optimized Admin Functions Not Coordinated Claims/Billing Not Optimized No/Poor in-Visit Reminder Workflow	Inexperienced Support Staff Unable to Delegate Unable to Organize Team Workflow Financial Reporting Inadequate No Population Performance Reporting
<b>Lack of work-home integration</b>	Constant On-Call No Delegation/No Trust No Shared Coverage	Little Time w/ Family Little Time for Recreation No Relationship Development

## *Drivers of Burnout Ranking*

Driver of Burnout & Stress	Organization-level Stressors	Individual-level Stressors
<b>Loss of control and autonomy</b>	Regulatory or Certification Demands Precertification of Treatment or Imposed Guidelines Payer Intrusion/Clinical Intrusion	Office Organization Influenced by Requirements, Certification, Payers Clinical Protocols Determined by Outside Requirements No Stress Management Skills
<b>Loss of meaning from work</b>	Clinical Values Challenged by Outside Requirements Time with Patients Limited by Productivity Considerations “Treadmill” or Production Line Environment	Patient Care No Longer Fulfilling Financial Considerations Outweigh Patient Needs Care of the Patient conflicts with Caring for the Patient
<b>Organizational Culture &amp; Values</b>	Little/No Group Commitment No Organizational Direction Little Equity/Fairness No Recognition	Expectation of Self-Management Sharing is not Valued Few incentives Individual is Fully Responsible/Accountable
<b>Social Support &amp; Community at Work</b>	No Professional Development No Collegiality No Reliable Coverage	Isolation (Physical/Social) from Co-workers No Professional Association/Support/Development

### Dependent Variable: Level of Burnout

**1 = High Burnout, Low Satisfaction**

**5 = Low Burnout, High Satisfaction**

**Using your own definition of “burnout,” please circle one of the answers below:**

- a. I feel completely burned out. I am at the point where I may need to seek help. **(1)**
- b. The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot. **(2)**
- c. I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion. **(3)**
- d. I am under stress, and don't always have as much energy as I did, but I don't feel burned out. **(4)**
- e. I enjoy my work. I have no symptoms of burnout. **(5)**

## Overall Demographics - Responding Population

- 90% Response Rate; 55 of 61 physicians
- 70% Male
- Specialty
  - 45% Int Med
  - 34% FP
  - 13% Ped
  - 8% GP
- Ownership Status
  - 47% Solo Owners
  - 22% Multi-Owners
  - 22% Employed
- 80% Oahu; 20% Maui

# Population Characteristics: No Burnout vs Burnout Groups



HAWAII  
Independent Physicians  
ASSOCIATION

Burned Out vs Not	Not Burned Out	Burned Out
Physician/Respondent Count	32	23
Patient Lives	22,030	23,302
Lives per Physician	688.44	1,013.13
Staff per Physician Ratio	9.33	9.22
Mid-Level per Physician	0.24	0.19
Patient Lives per Staff	73.80	109.92
Calculated PMPM	\$26.08	\$24.55
Avg Years in Practice	21.22	21.65
Avg Years until Retirement	14.63	11.78
Sentiment Score (1=Unhappy/Stressed)	3.41	2.41

Overall population findings show that,

- 57%, suffer from stress due to their job.
- 28% have poor or marginal control over their workload.
- 42% spend moderately high or excessive time on EHRs at home.
- 55% have marginal or poor time for documentation.

# Survey: Results & Rankings Statistically Significant



**Residuals:**

Min	1Q	Median	3Q	Max
-1.2801	-0.4450	-0.1215	0.4867	1.2926

<b>Coefficients:</b>	<b>Estimate</b>	<b>Std. Error</b>	<b>t value</b>	<b>Pr(&gt; t )</b>	
<i>(Intercept)</i>	0.7128	0.3057	2.332	0.02434	*
<b><i>Stress Due to Job</i></b>	0.2583	0.108	2.391	0.02113	*
<b><i>Control over Workload</i></b>	0.4155	0.119	3.493	0.0011	**
<b><i>Sufficient Time for Documentation</i></b>	0.3235	0.112	2.889	0.00598	**

Signif. codes: 0 '\*\*\*\*' 0.001 '\*\*\*' 0.01 '\*\*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 0.6187 on 44 degrees of freedom  
 Multiple R-squared: **0.6609**, Adjusted R-squared: **0.6378**  
 F-statistic: **28.59** on 3 and 44 DF. p-value: **2.055e-10**

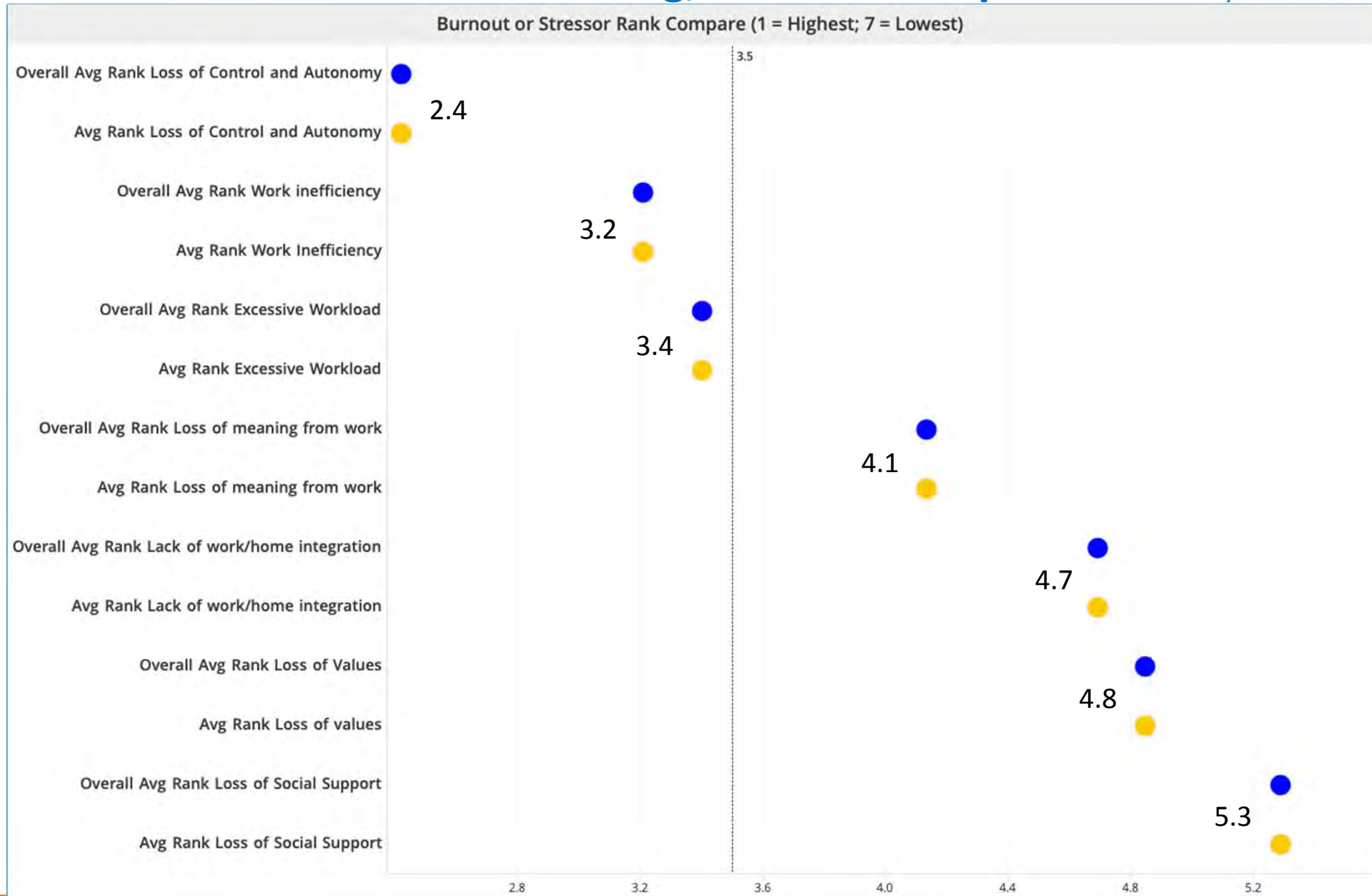
Overall, for the entire population,

- 48% Disagree their professional values are aligned with payor expectations
- 63% Satisfied being physicians
- The Loss of Control and Autonomy is the overall highest ranked stressor

For Burned Out Grp, compared to Entire Grp, the highest ranked stressors are,

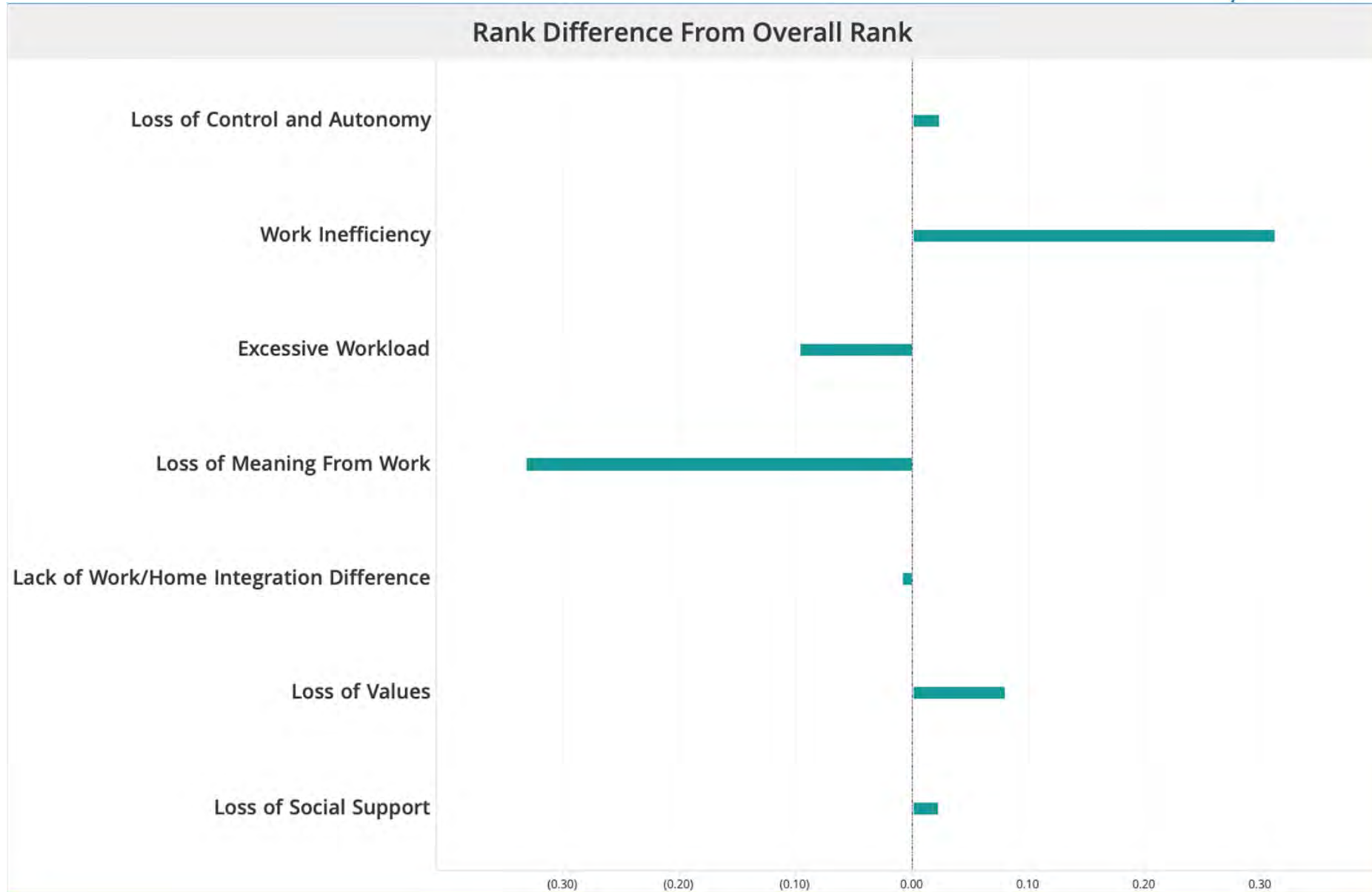
- Excessive workload,
- loss of meaning from work,
- lack of work/home integration, and
- loss of control and autonomy

## Overall Ranking; Combined Grps

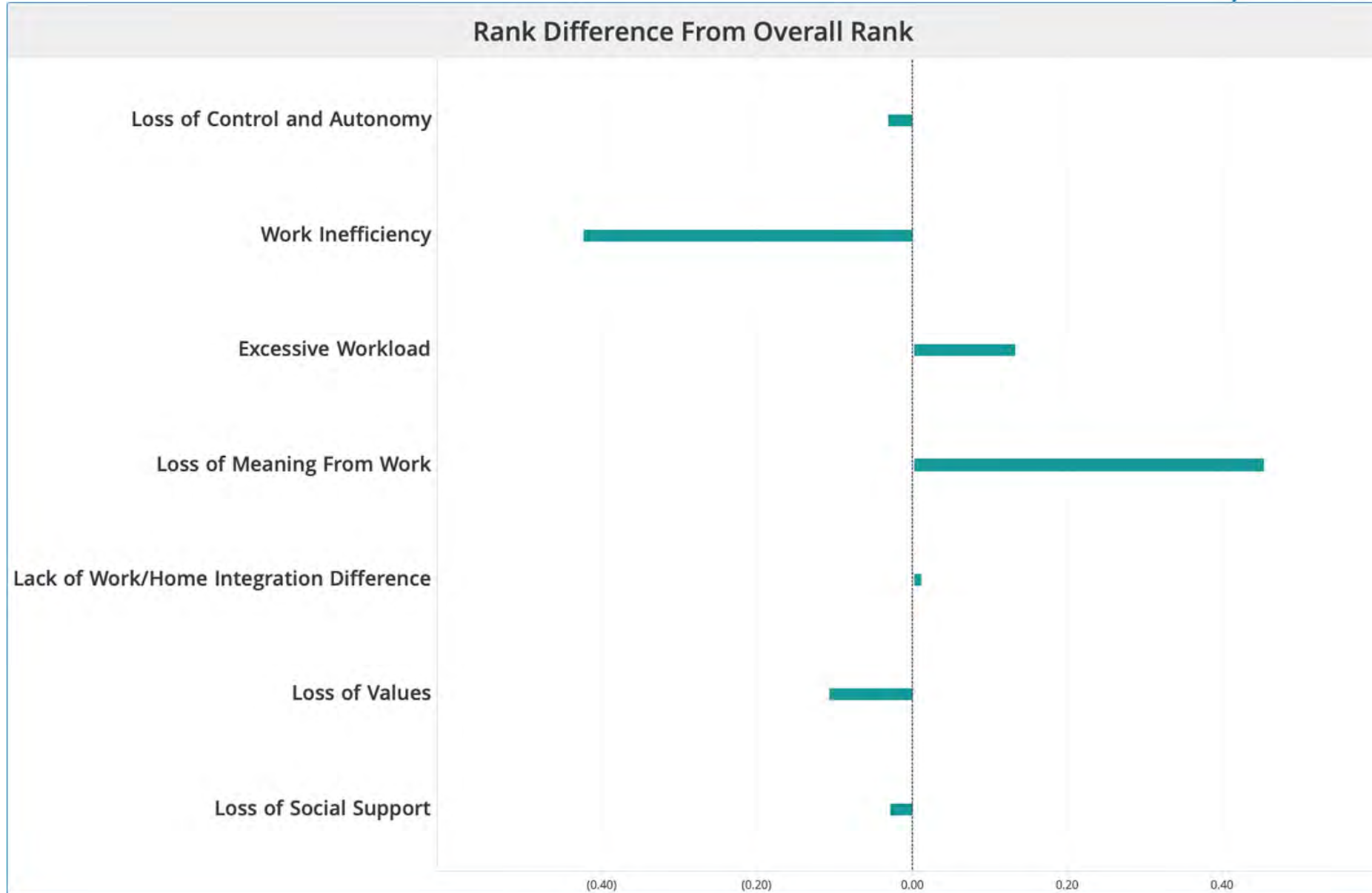




## Not Burned Out



## Burned Out



# Preliminary Conclusions

High levels of Burn Out; 41% of all Responding Practitioners Burned Out Practitioners

- Treat 51% of the patients
- Significant Correlates of Burnout
  - **Stress Due to Job (57%)**
  - **Loss of Control** - poor/marginal control (28%)
  - Sufficient **Time for Documentation** - poor/marginal time (55%)
- Key Driver of Burn Out is the Category of Stressors, “Loss of Meaning”

Driver of Burnout & Stress	Organization-level Stressors	Individual-level Stressors
Loss of meaning from work	Clinical Values Challenged by Outside Requirements Time with Patients Limited by Productivity Considerations “Treadmill” or Production Line Environment	Patient Care No Longer Fulfilling Financial Considerations Outweigh Patient Needs Care of the Patient conflicts with Caring for the Patient



Physician Collaborative

# Professional Fulfillment Index

August 28, 2019



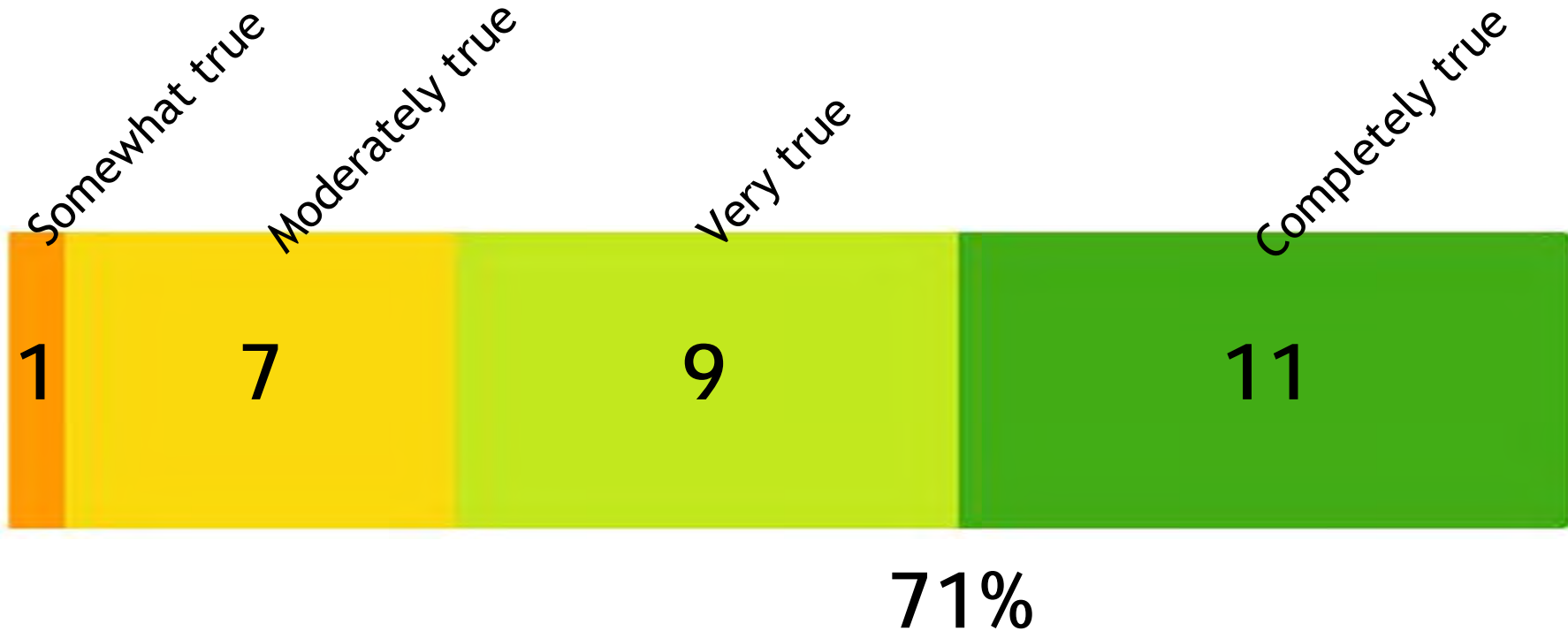
How true do you feel the following statements are about you at work during the past two weeks?



# I feel happy at work

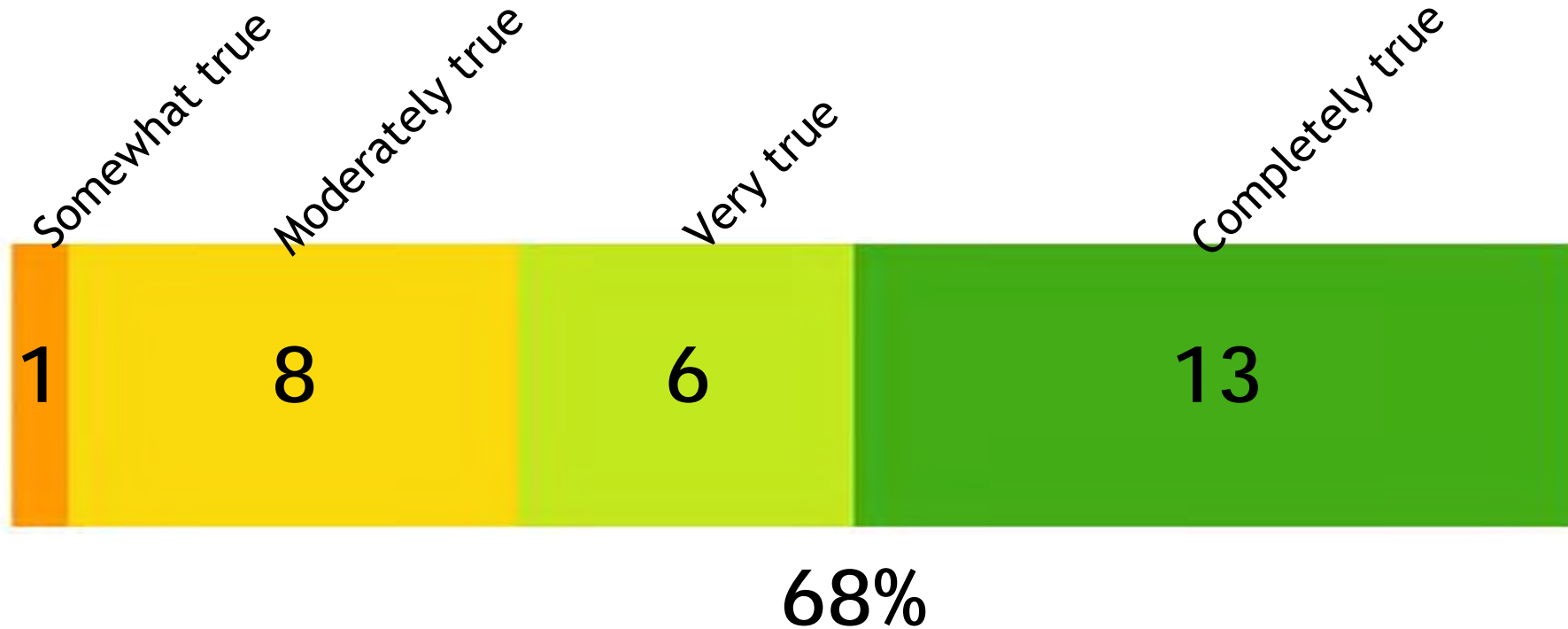


# I feel worthwhile at work

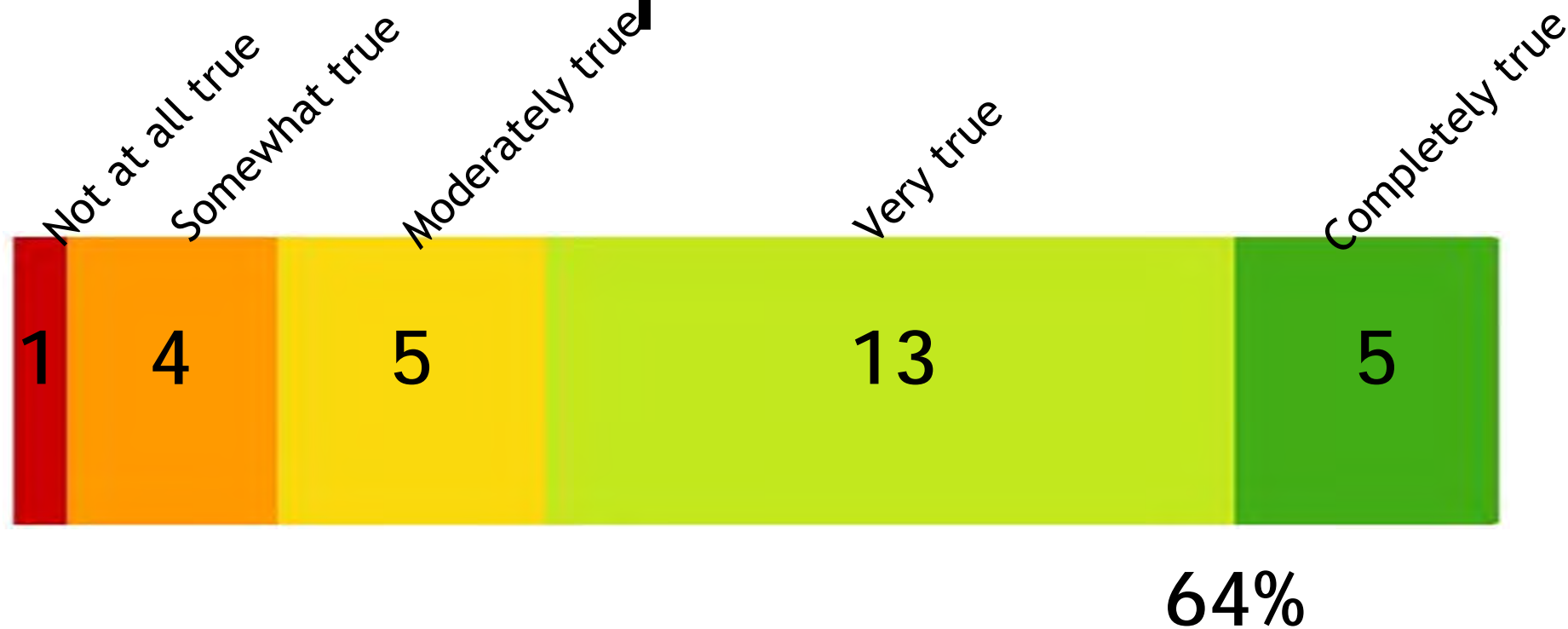


MSMP

# My work is satisfying to me

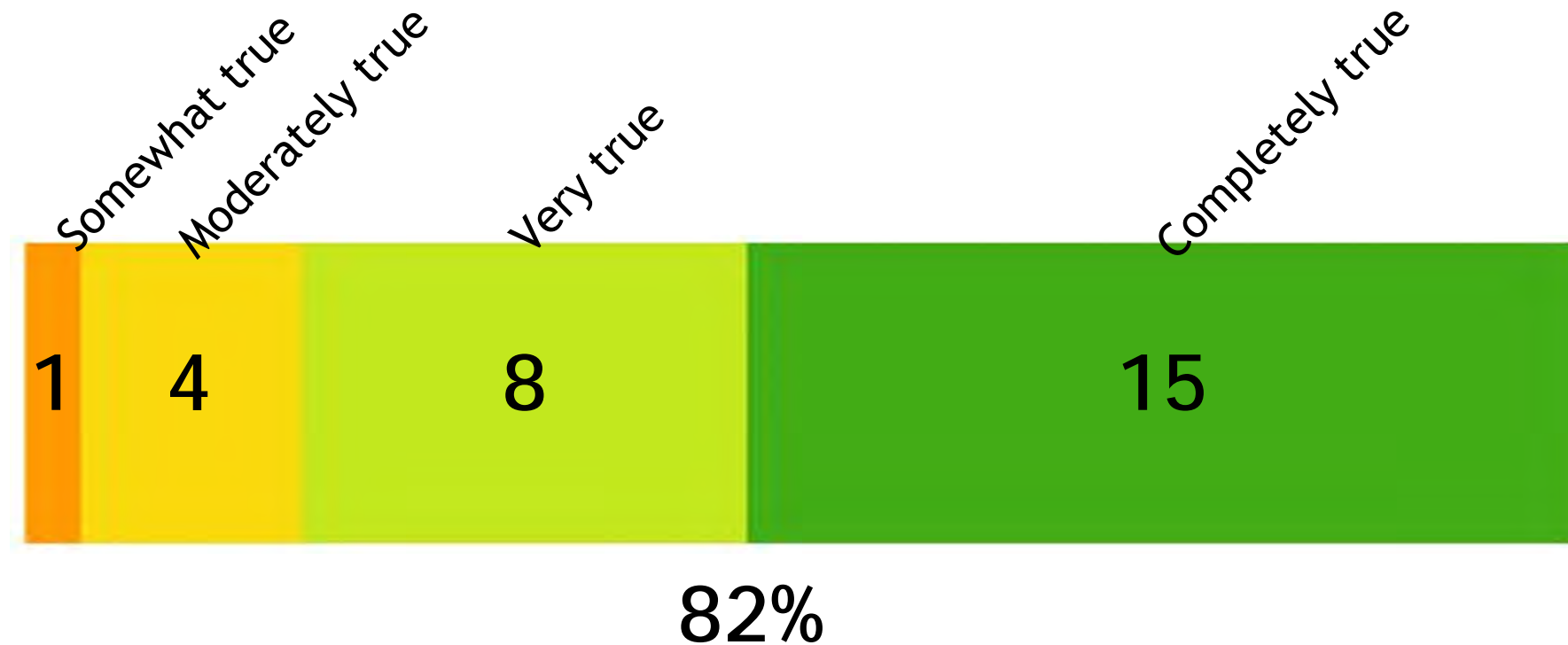


# I feel in control when dealing with difficult problems at work

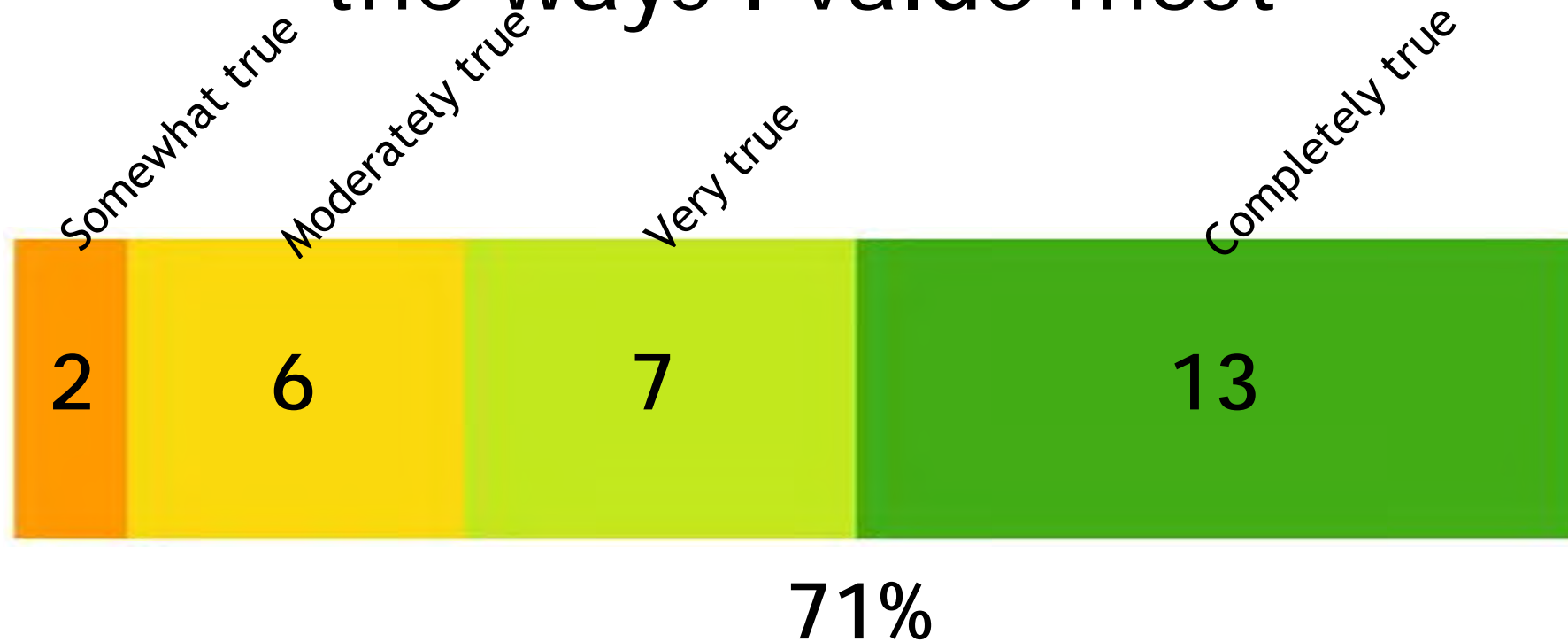


MSMP

# My work is meaningful to me



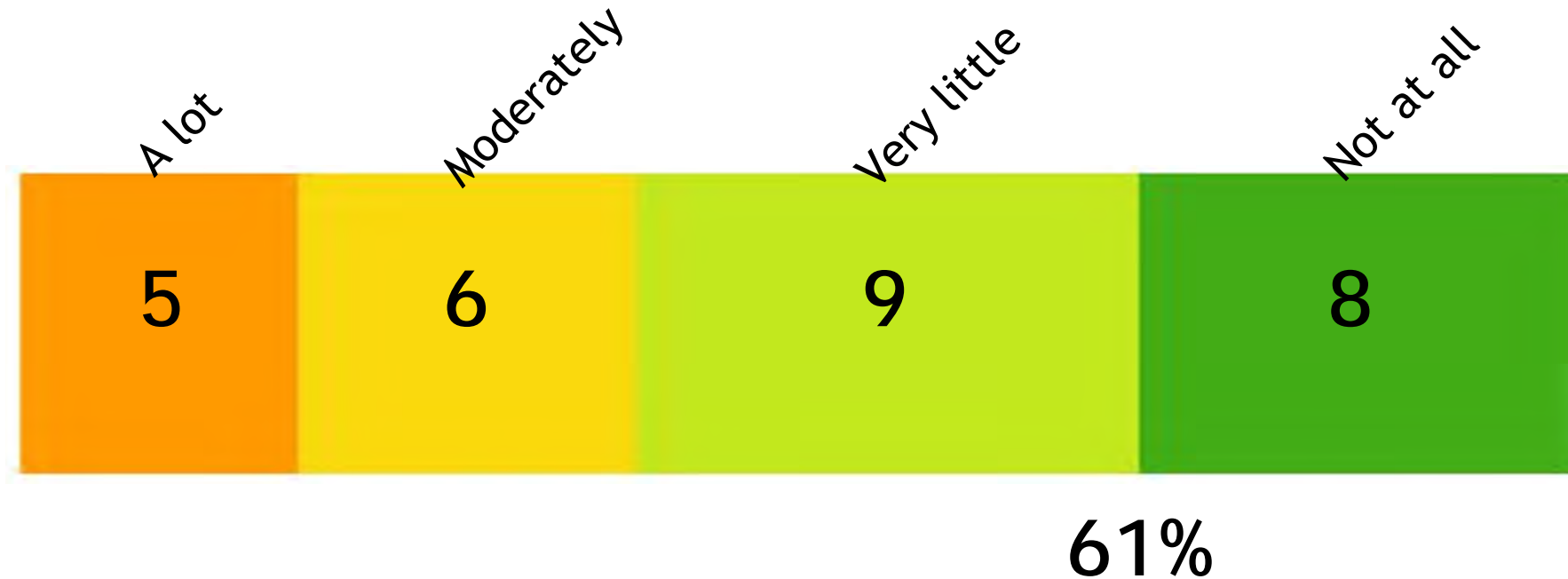
I'm contributing professionally (e.g. patient care, teaching, research, and leadership) in the ways I value most



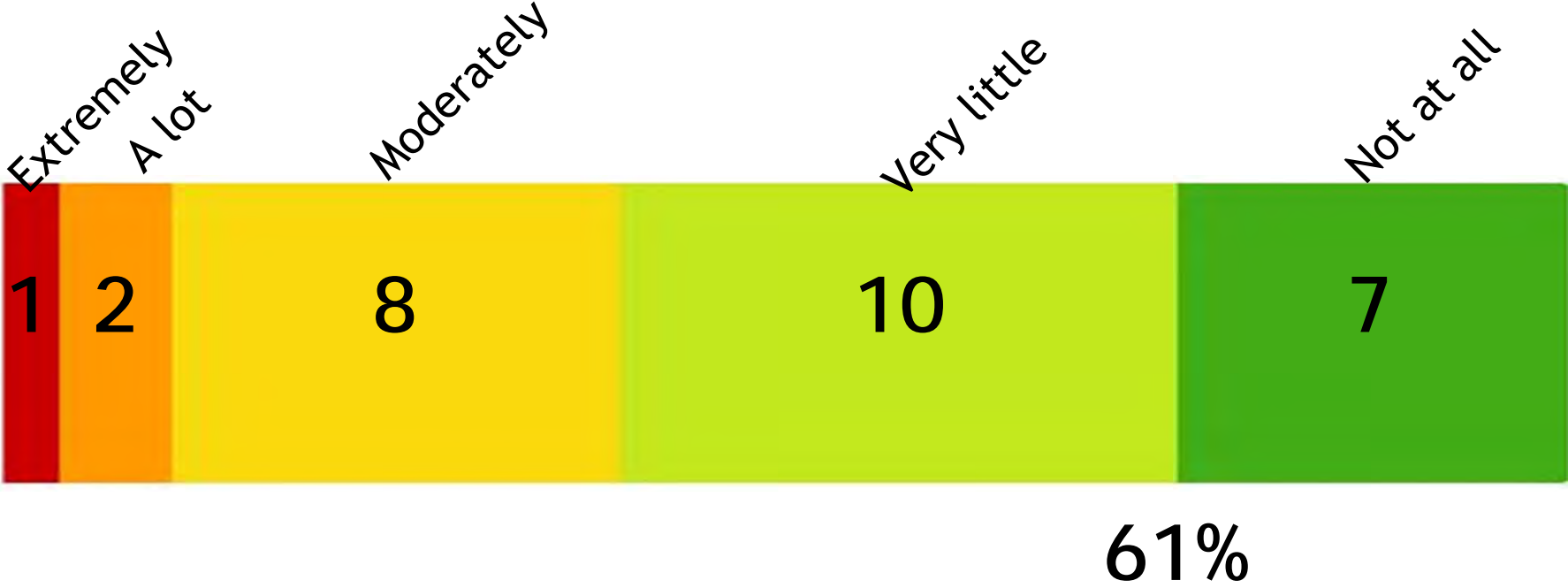
To what degree have you  
experienced the following?  
During the past two weeks, I  
have felt...



# A sense of dread when I think about work I have to do

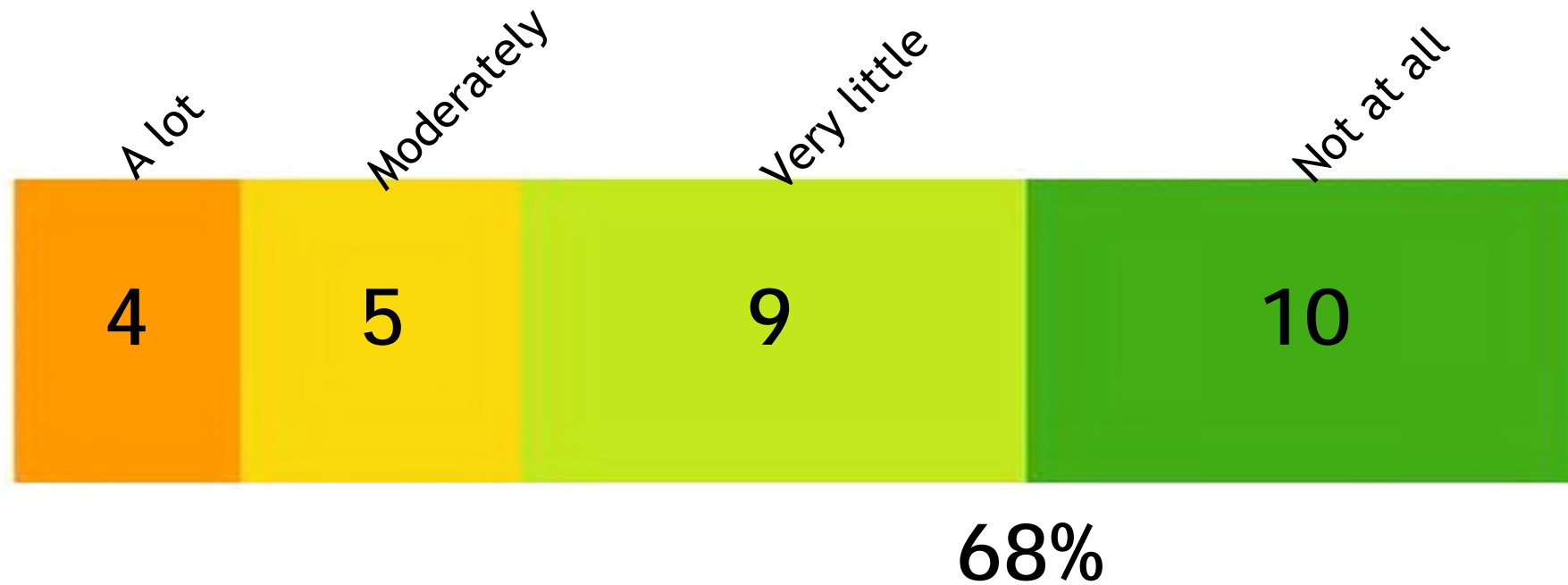


# Physically exhausted at work

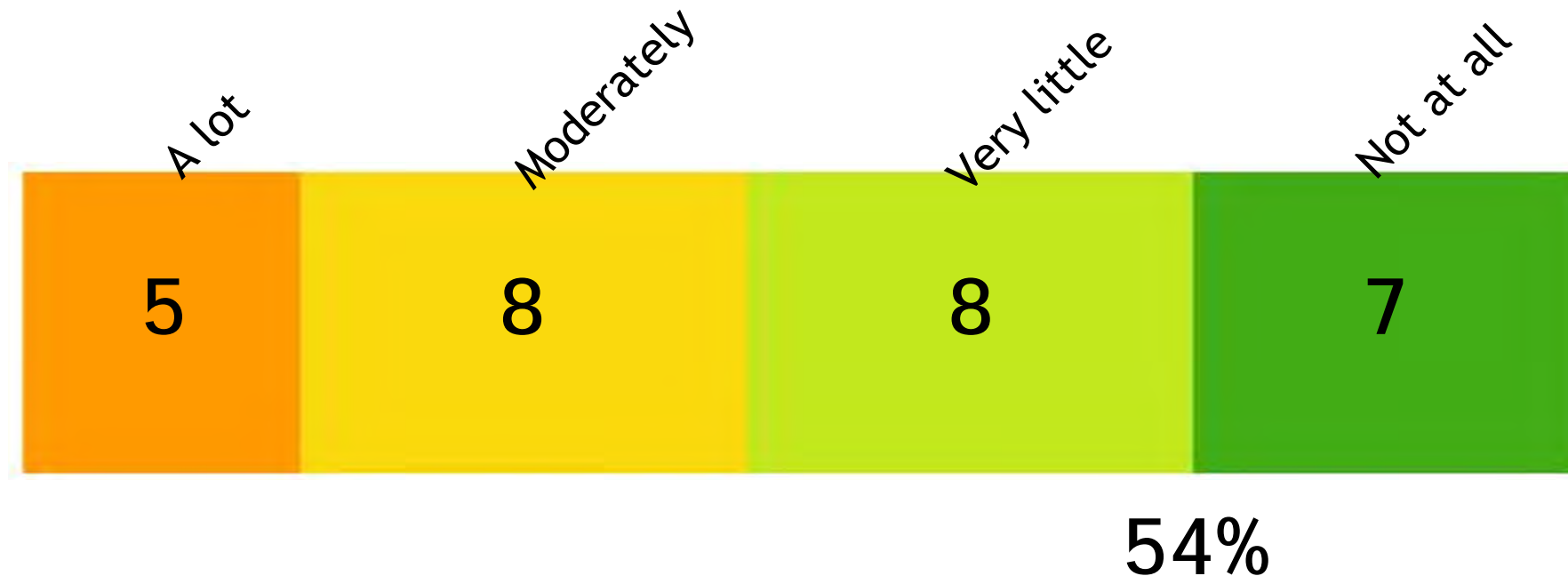


MSMP

# Lacking enthusiasm at work



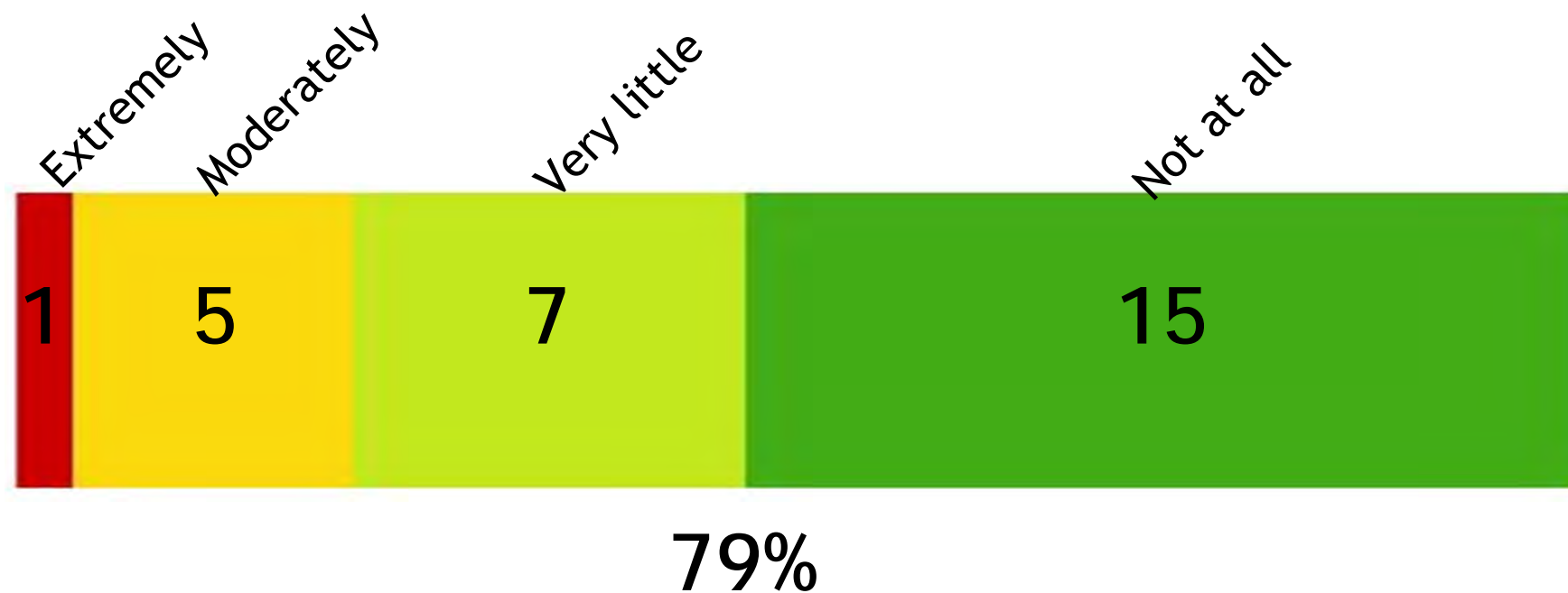
# Emotionally exhausted at work



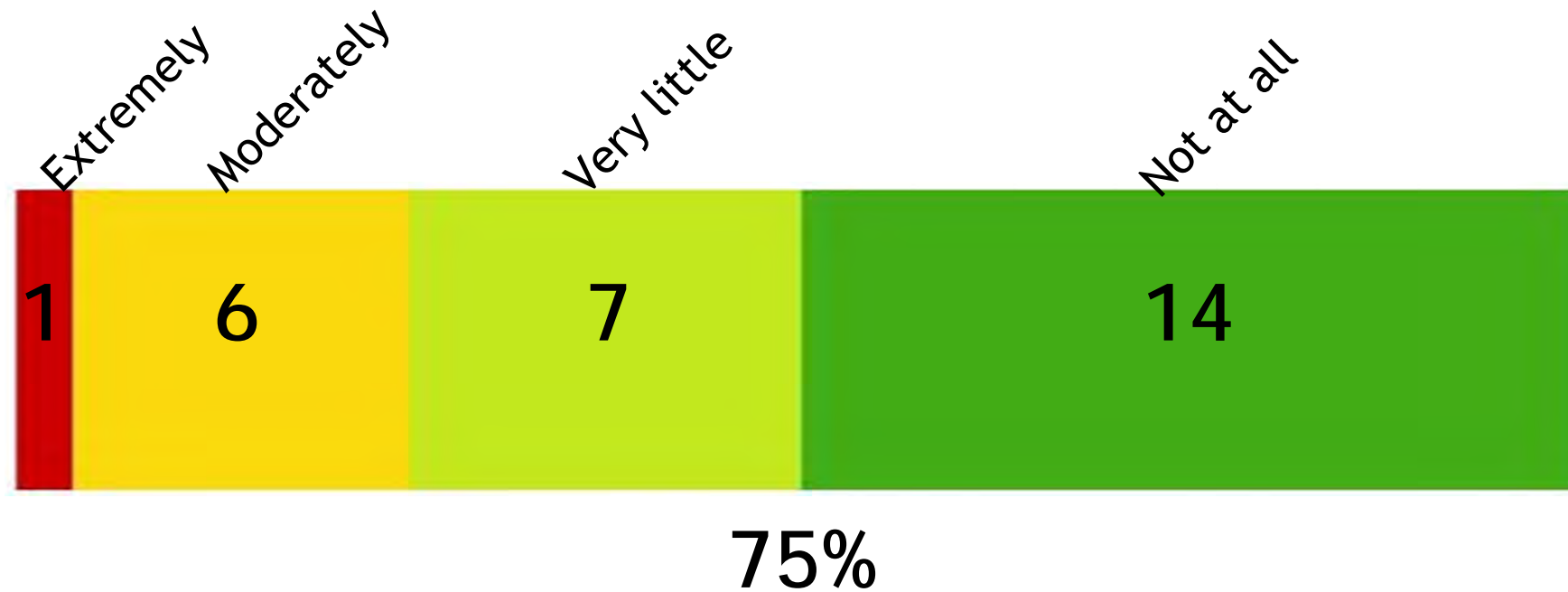
During the past two weeks, my  
job has contributed to me  
feeling...



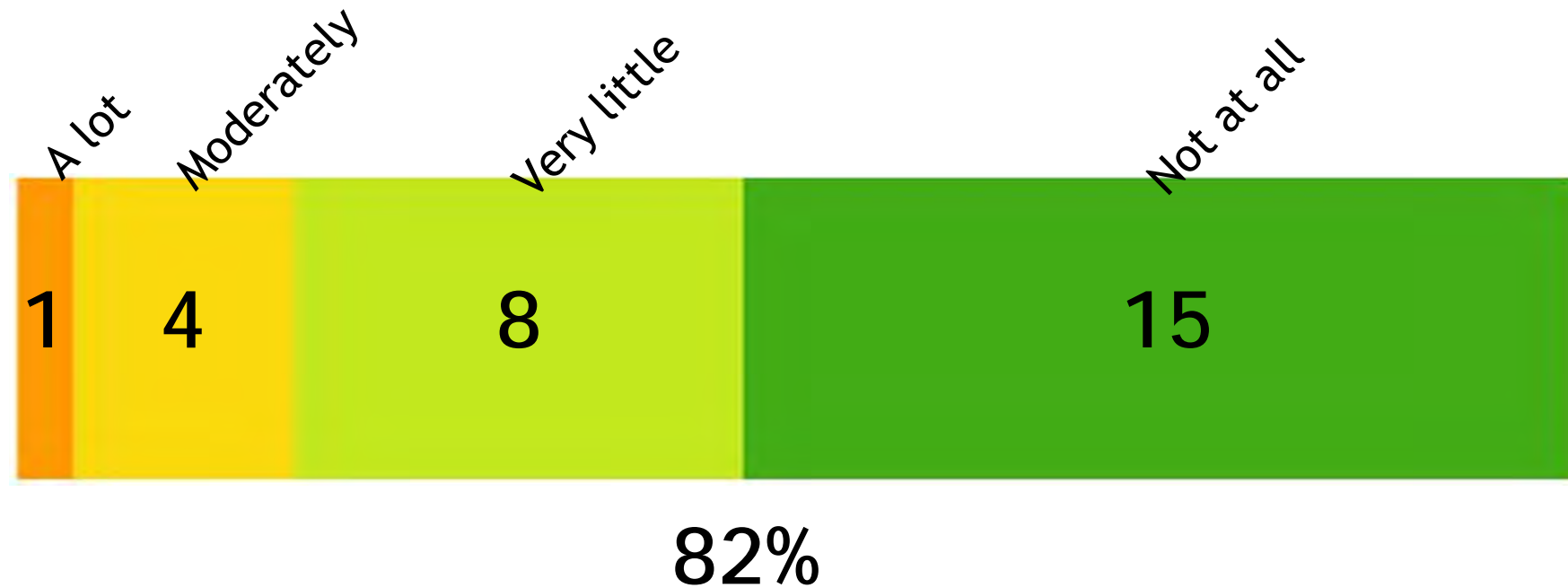
# Less empathetic with my patients



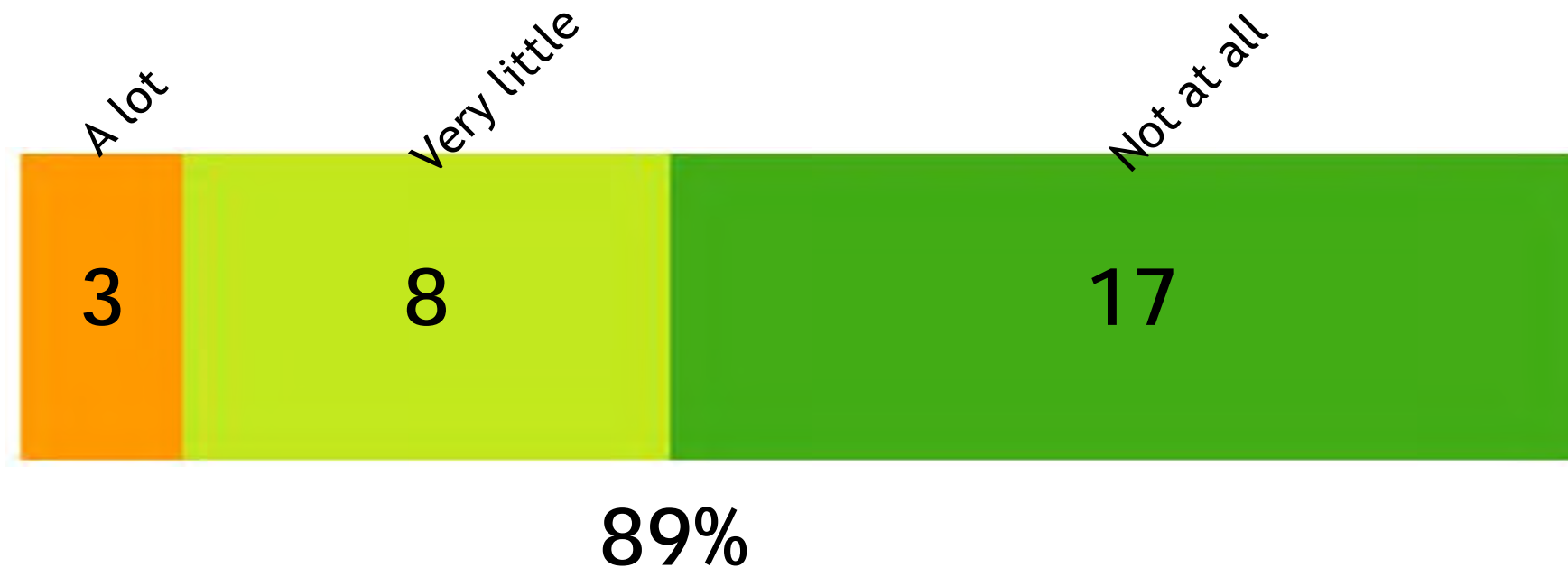
# Less empathetic with my colleagues



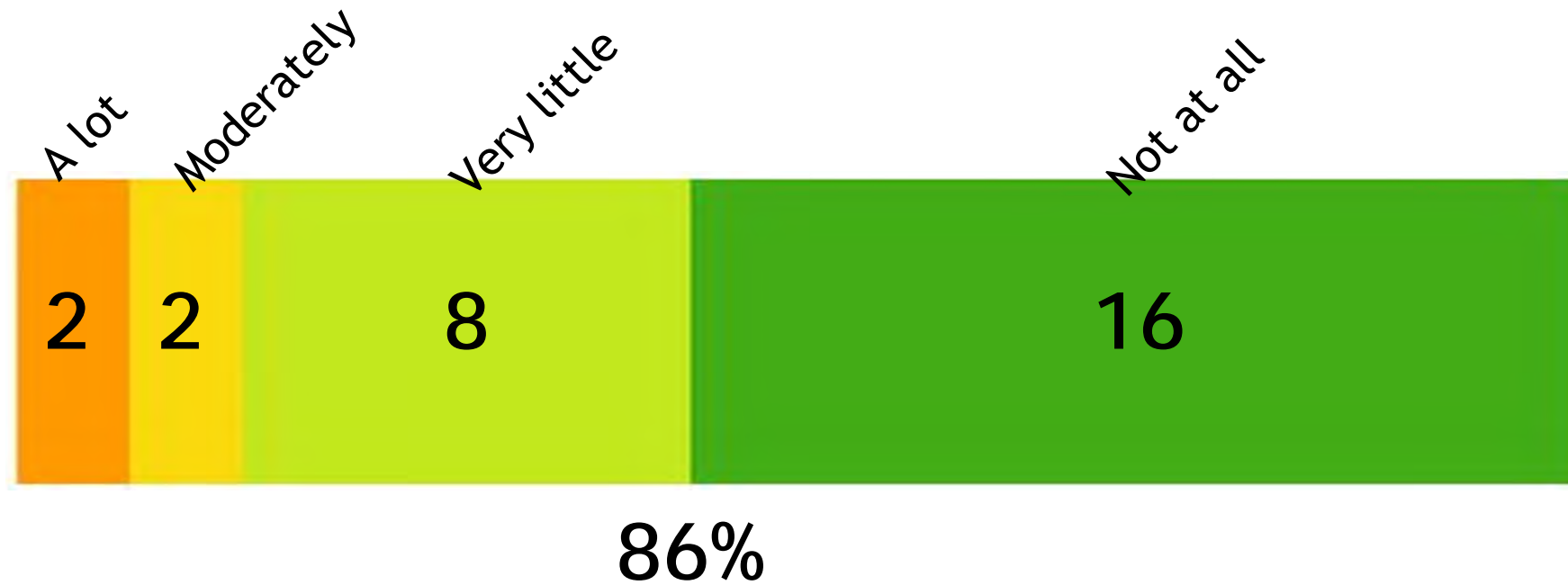
# Less sensitive to others' feelings/emotions



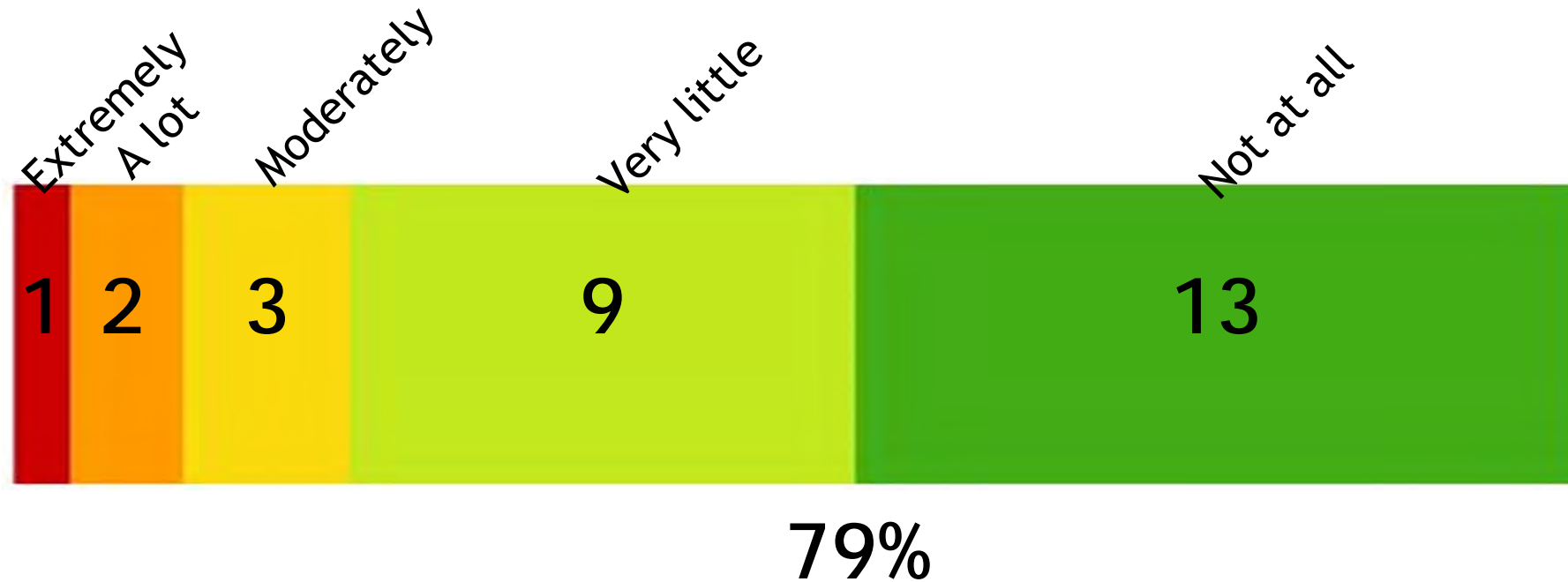
# Less interested in talking with my patients



# Less connected with my patients



# Less connected with my colleagues





# Queen's Akoakoa PCP Experience

August 28, 2019



**QUEEN'S 'ĀKOAKOA**  
PHYSICIAN ORGANIZATION

# PCP Experience Survey

- Well-Being Index by Mayo Clinic
- PO administered survey via Survey Monkey
  - Sent to 56 Payment Transformation PCPs
- 50% target response rate
- 66% actual response rate

# Survey Questions

## During the past month...

1. Have you felt burned out from your work?
2. Have you felt worried that your work is hardening you emotionally?
3. Have you often been bothered by feeling down, depressed, or hopeless?
4. Have you fallen asleep while sitting inactive in a public place?
5. Have you felt that all things you had to do were piling up so high that you could not overcome them?
6. Have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?
7. Has your physical health interfered with your ability to do your daily work at home and/or away from home?

# Survey Questions

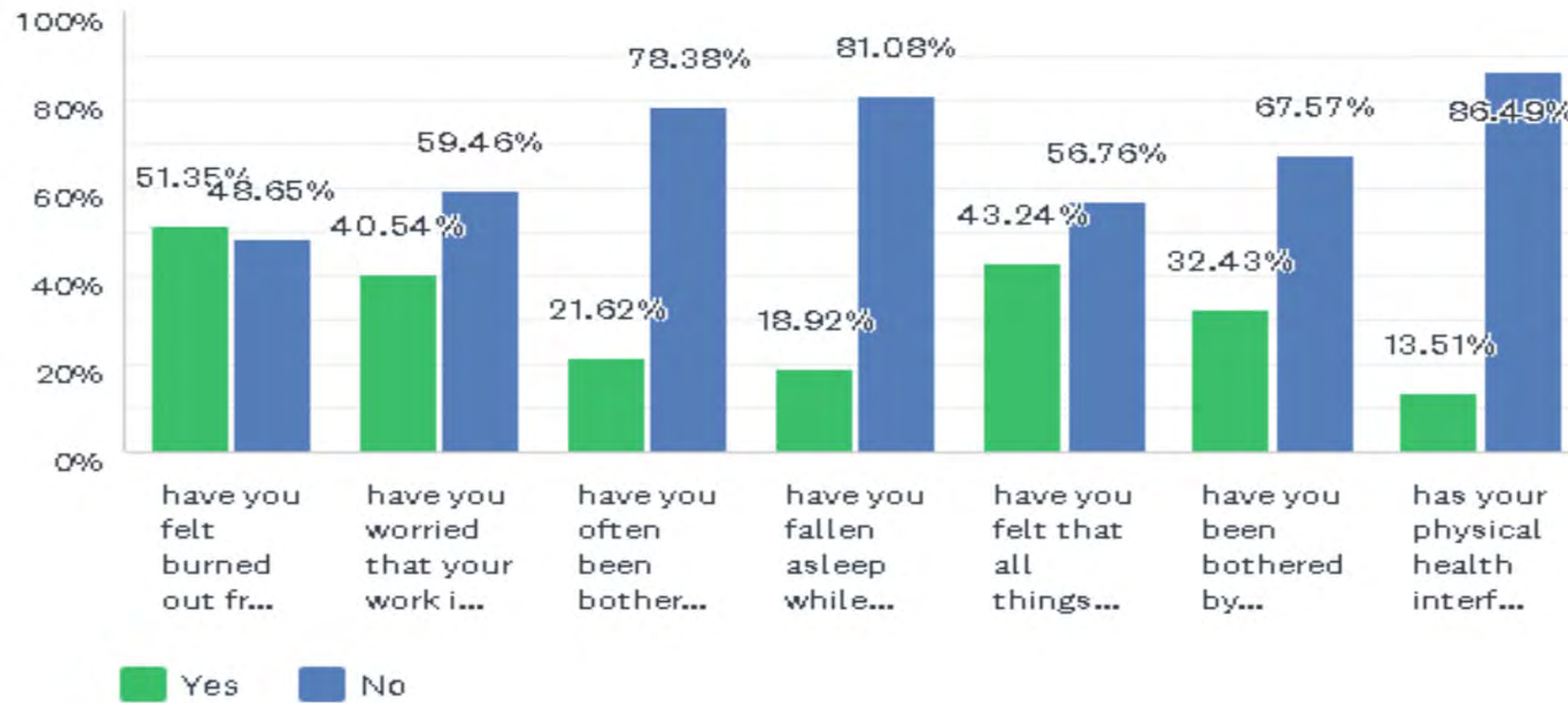
**Please rate how much you agree with the following statements on the 7-point Likert scale; anchor “very strongly disagree” at the 1 end of the scale and “very strongly agree” at the 7 end of the scale**

8. The work I do is meaningful to me i)strongly agree; agree; neutral; disagree, strongly disagree
9. My work schedule leaves me enough time for my personal/family life i) strong agree; agree; neutral; disagree; strongly disagree

# Survey Results

During the past month

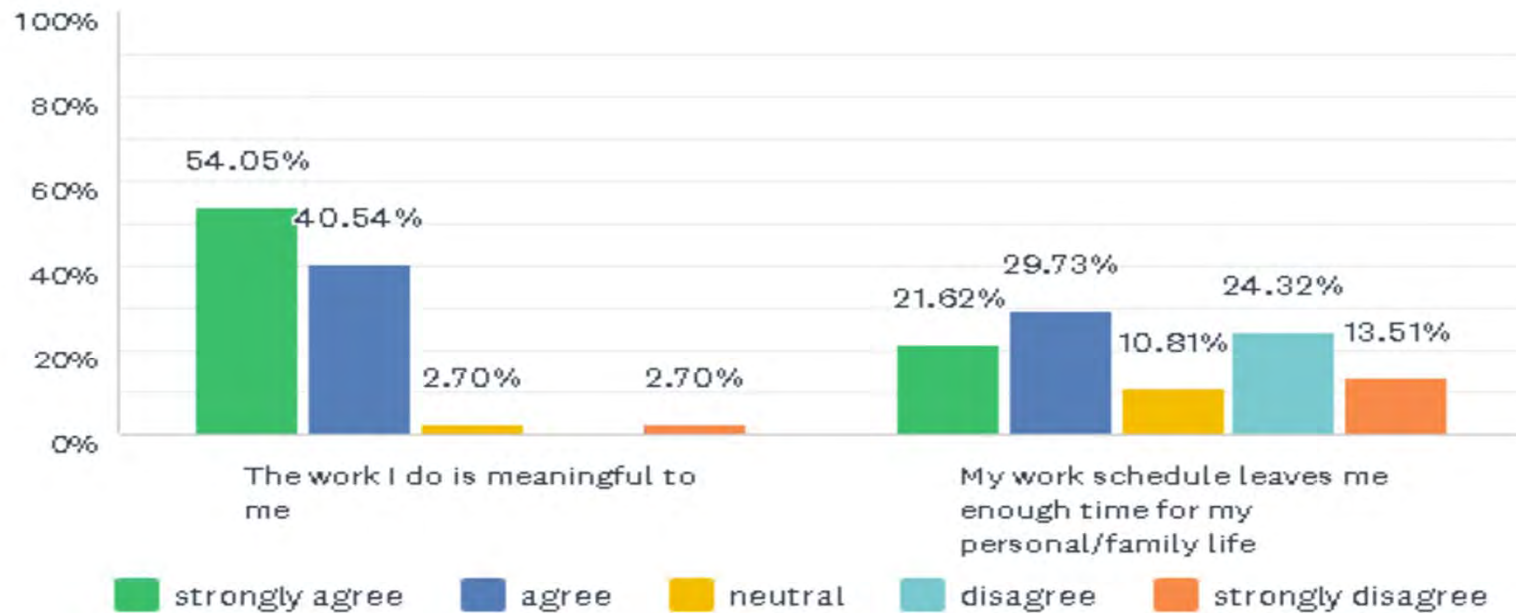
Answered: 37 Skipped: 0



# Survey Results

Please rate how much you agree with the following statements. (1 =very strongly disagree, 7= very strongly agree)

Answered: 37 Skipped: 0







HAWAII FILIPINO  
HEALTHCARE

# Professional Fulfillment Index

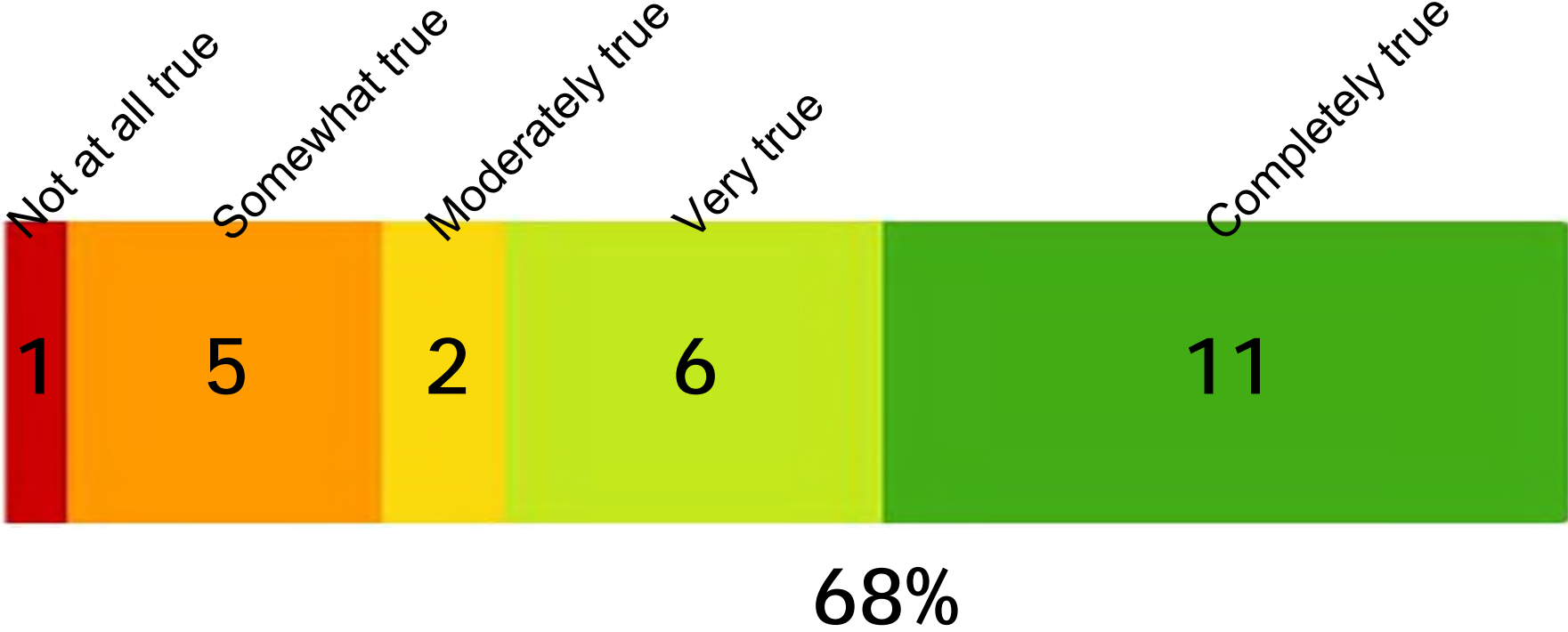
August 28, 2019



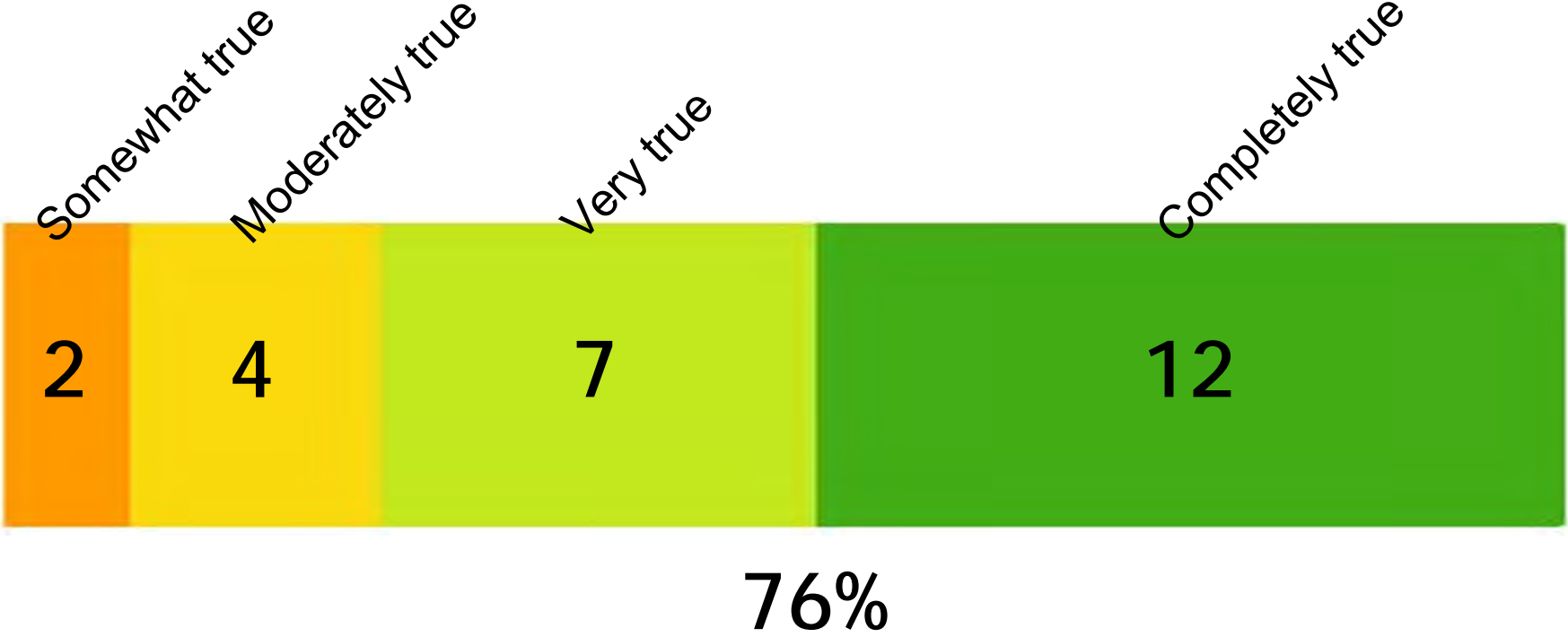
HAWAII FILIPINO  
HEALTHCARE

How true do you feel the following statements are about you at work during the past two weeks?

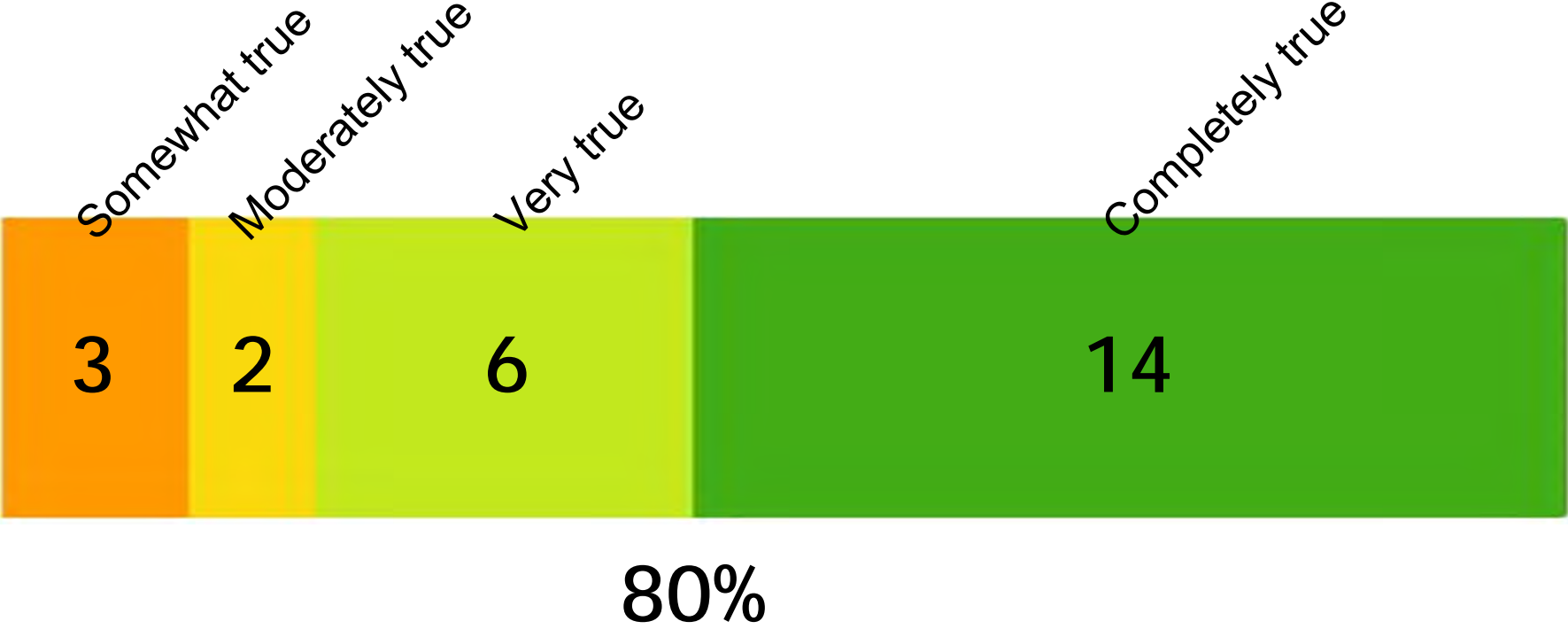
# I feel happy at work



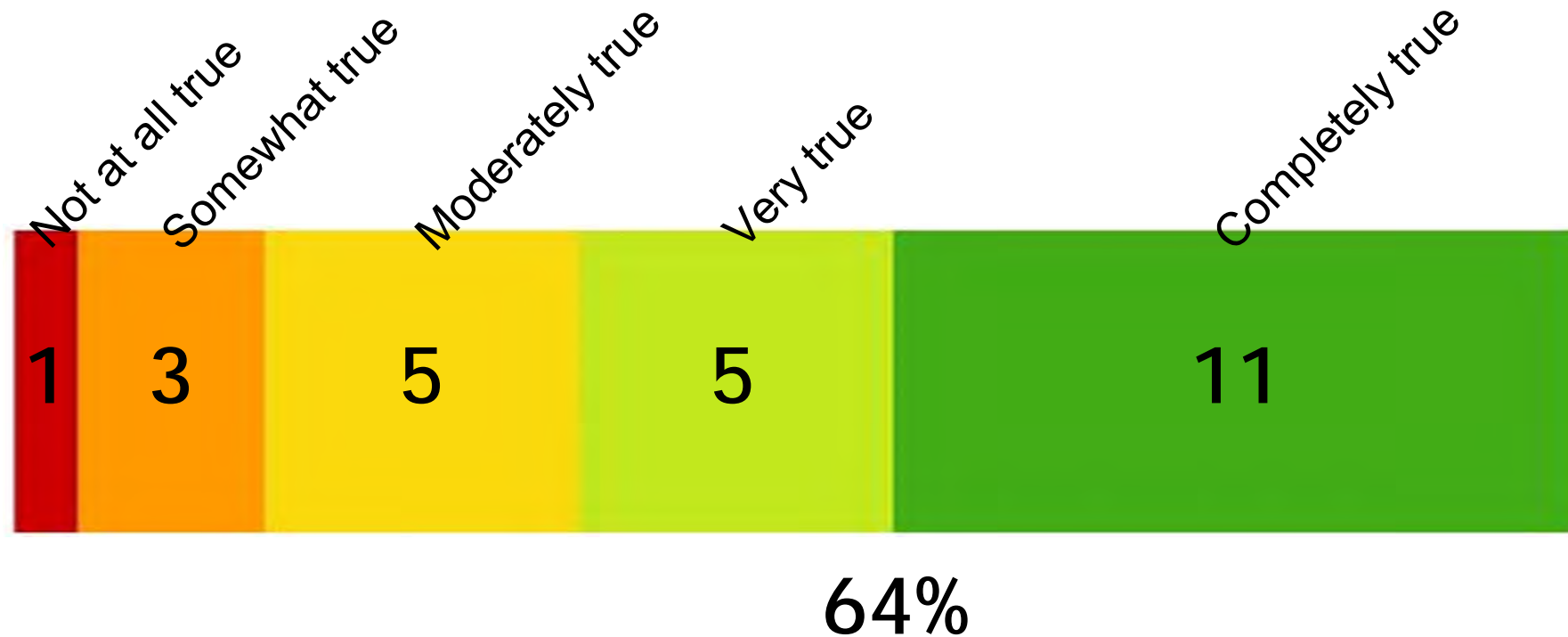
# I feel worthwhile at work



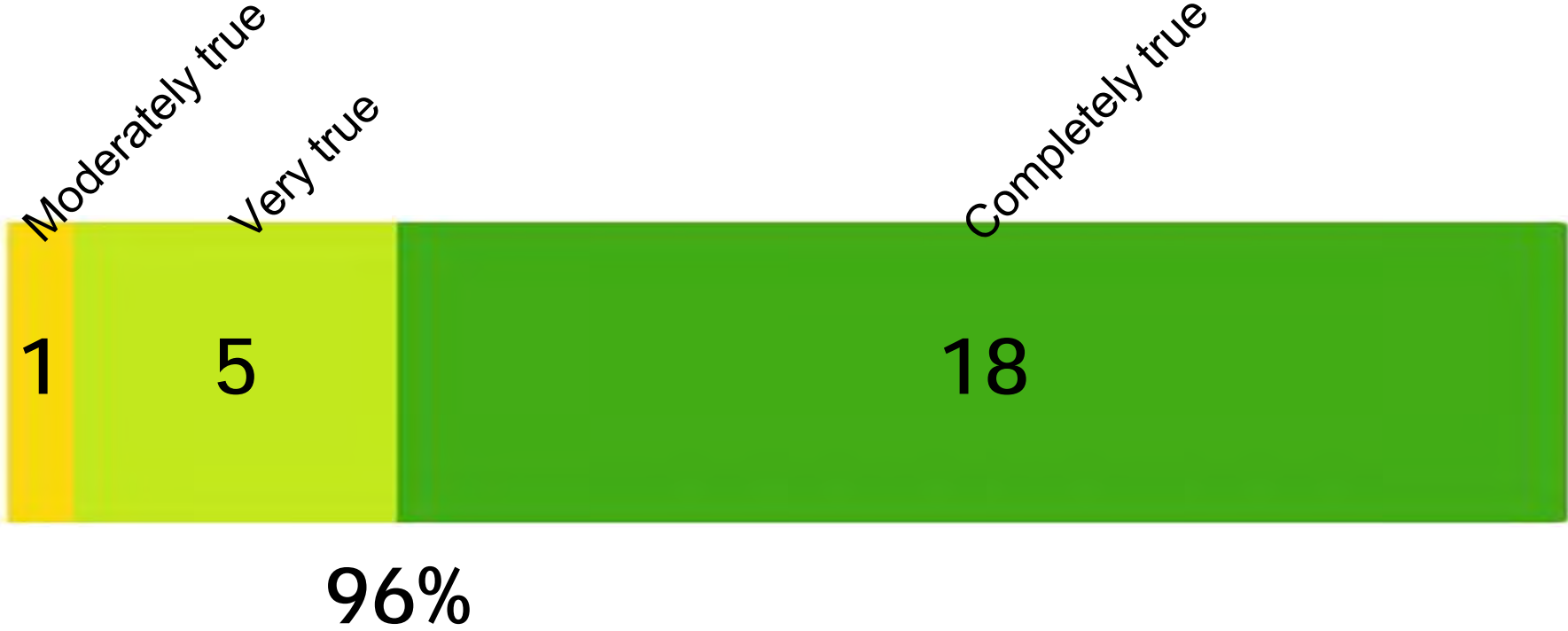
# My work is satisfying to me



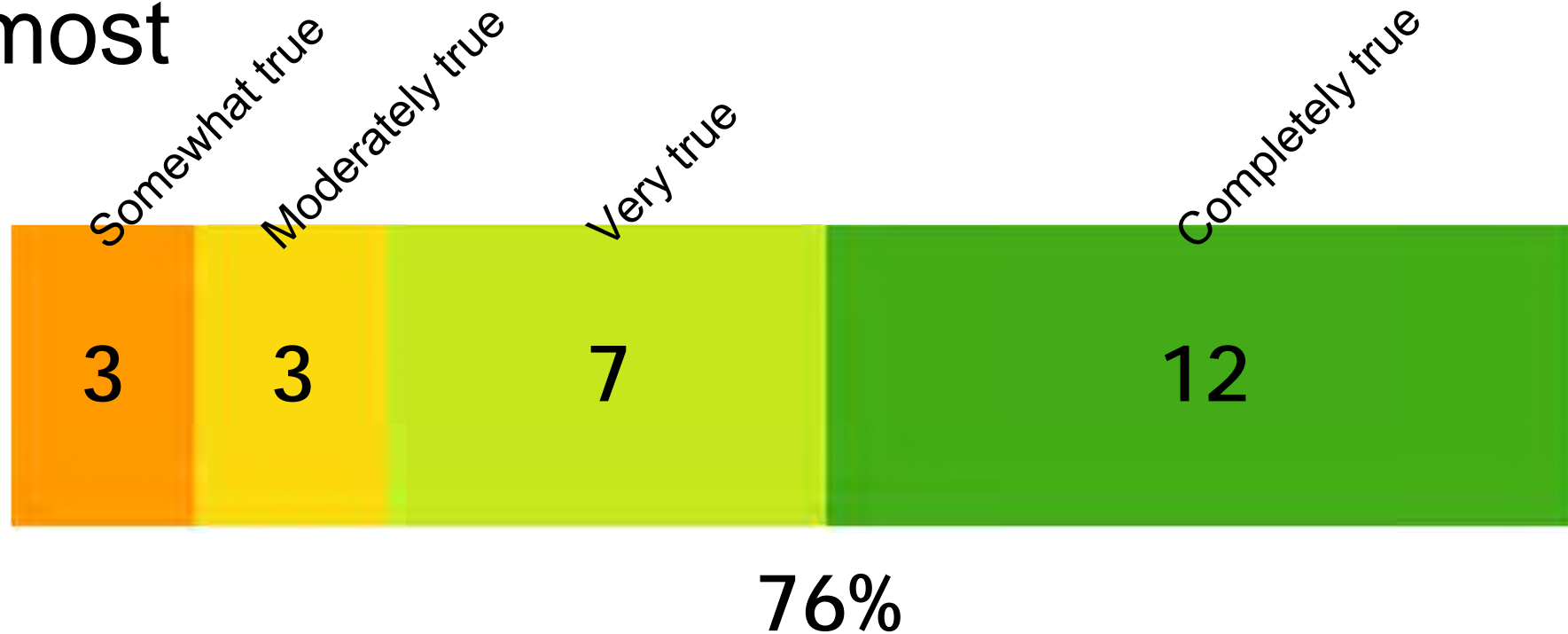
# I feel in control with dealing with difficult problems at work



# My work is meaningful to me



I'm contributing professionally (e.g. patient care, teaching, research, and leadership) in the ways I value most

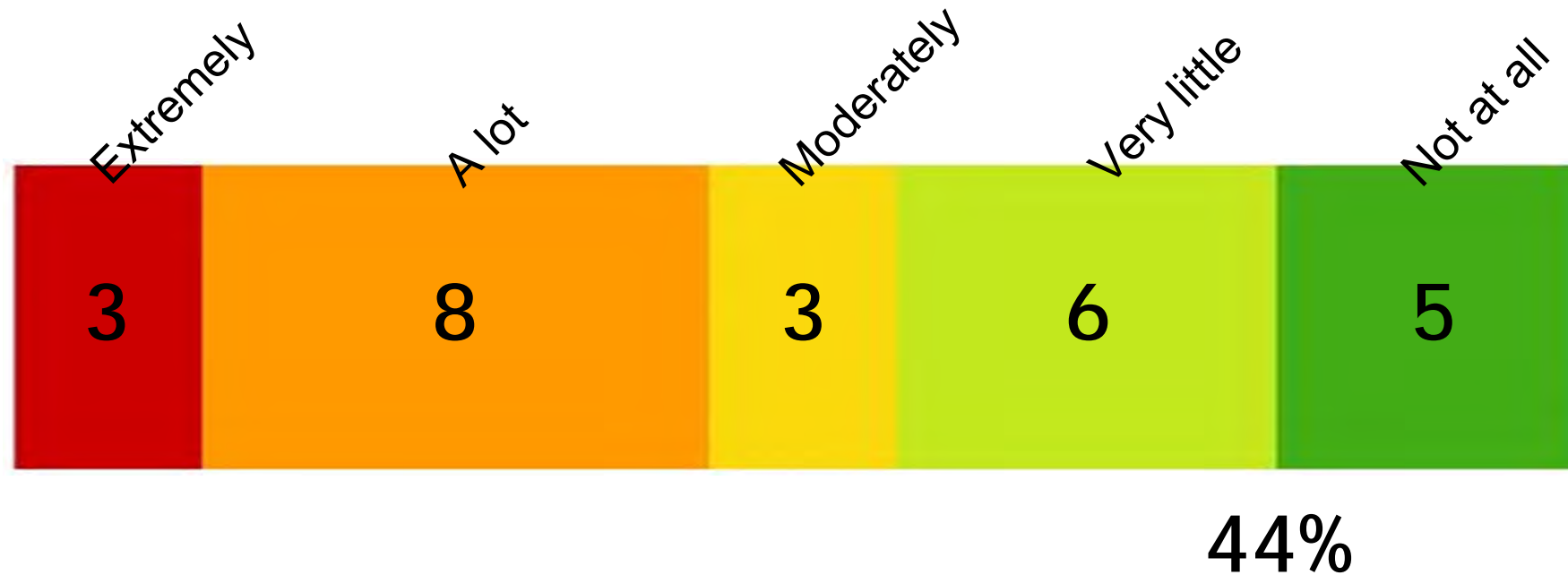




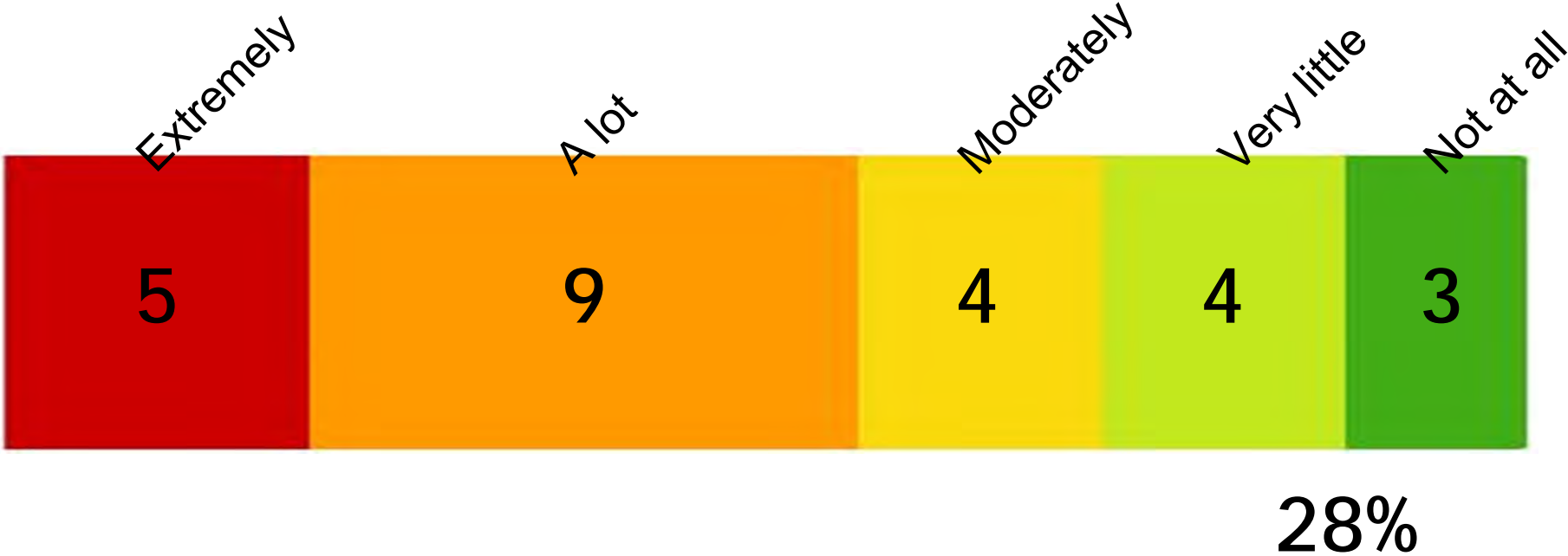
HAWAII FILIPINO  
HEALTHCARE

To what degree have you experienced the following? During the past two weeks, I have felt...

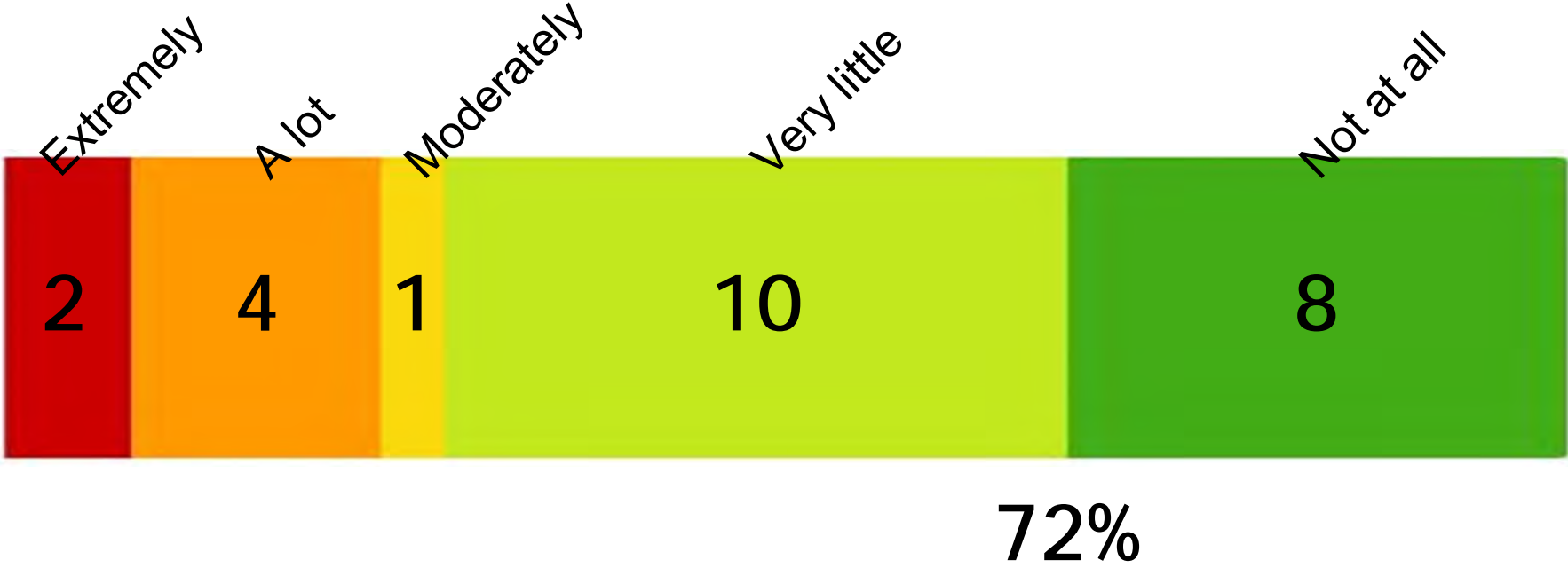
# A sense of dread when I think about work I have to do



# Physically exhausted at work



# Lacking enthusiasm at work



# Emotionally exhausted at work

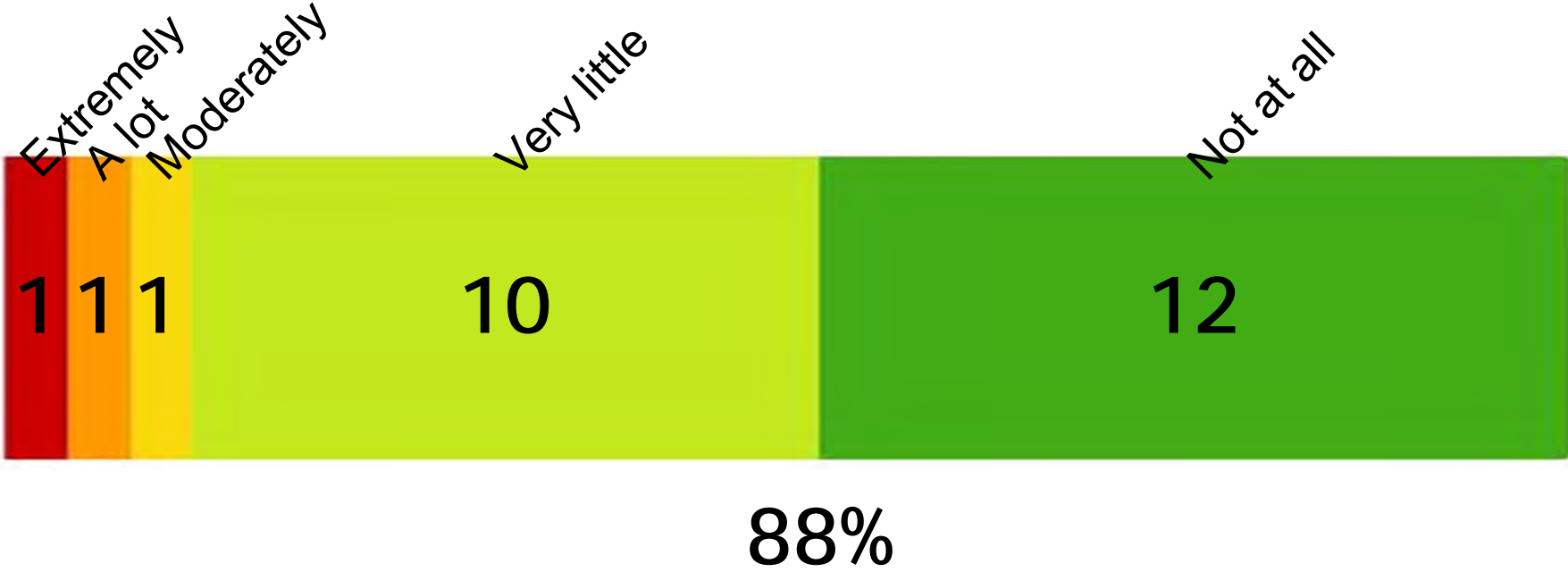




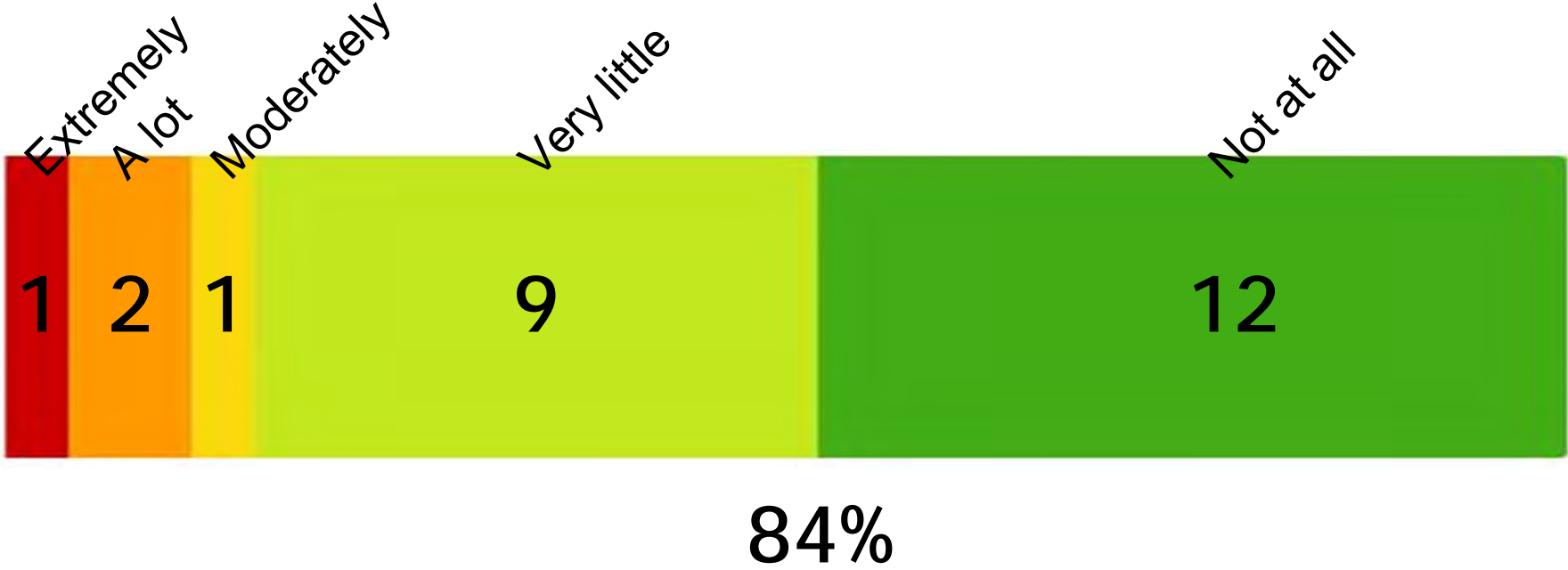
HAWAII FILIPINO  
HEALTHCARE

During the past two weeks, my  
job has contributed to me  
feeling...

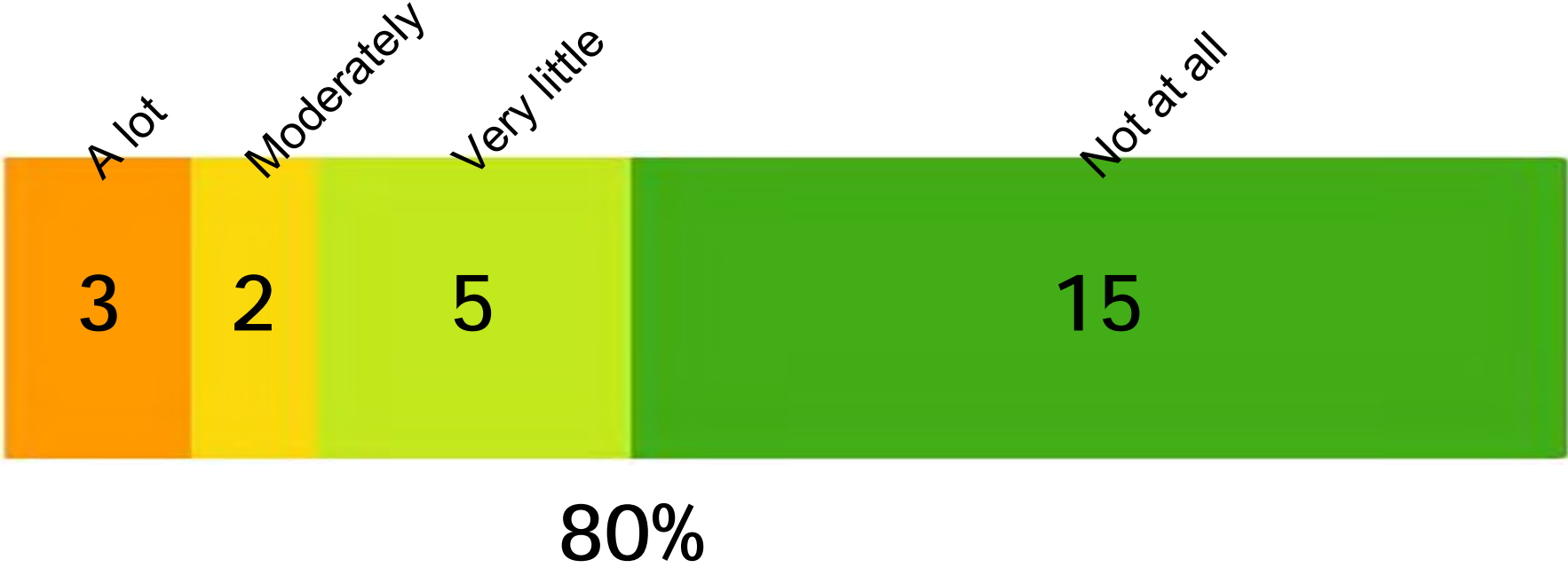
# Less empathetic with my patients



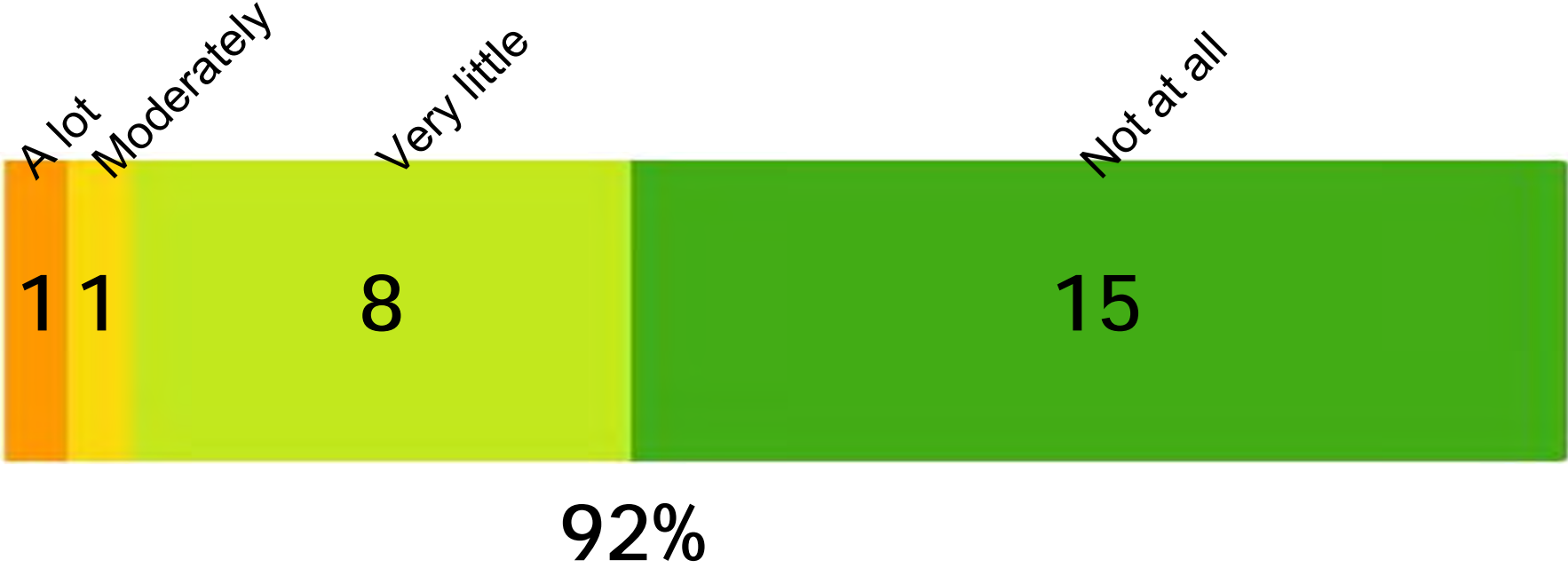
# Less empathetic with my colleagues



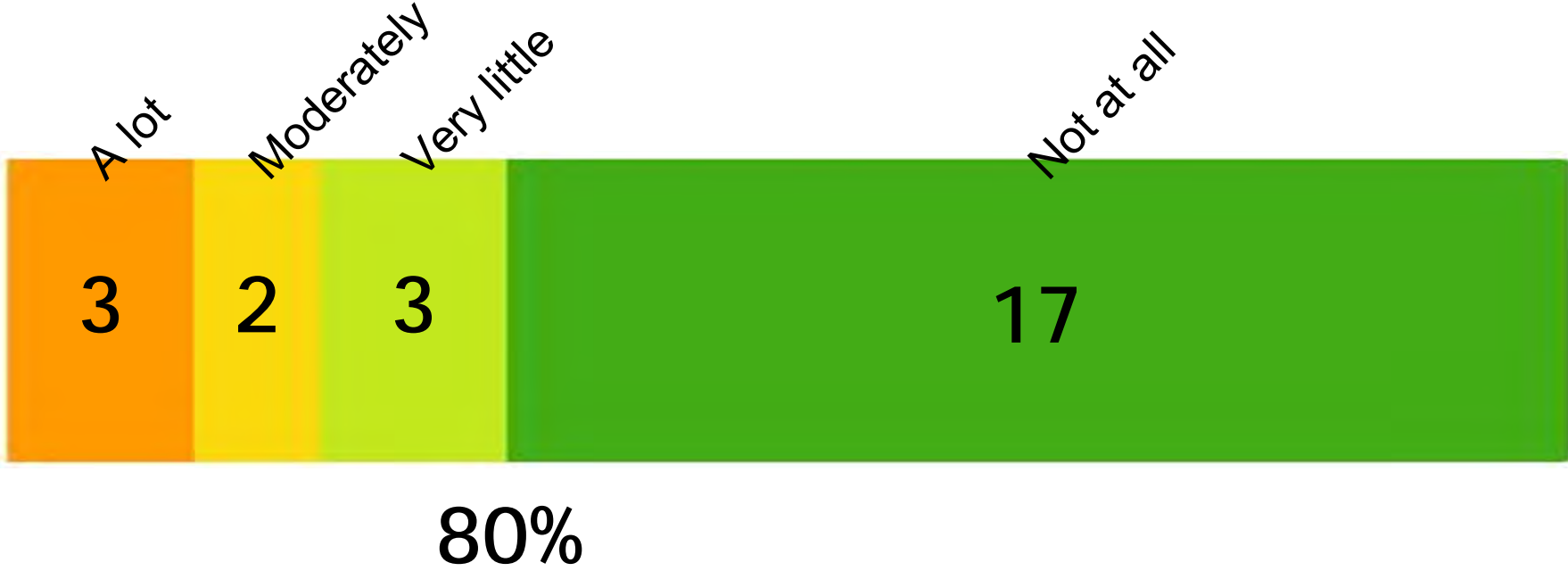
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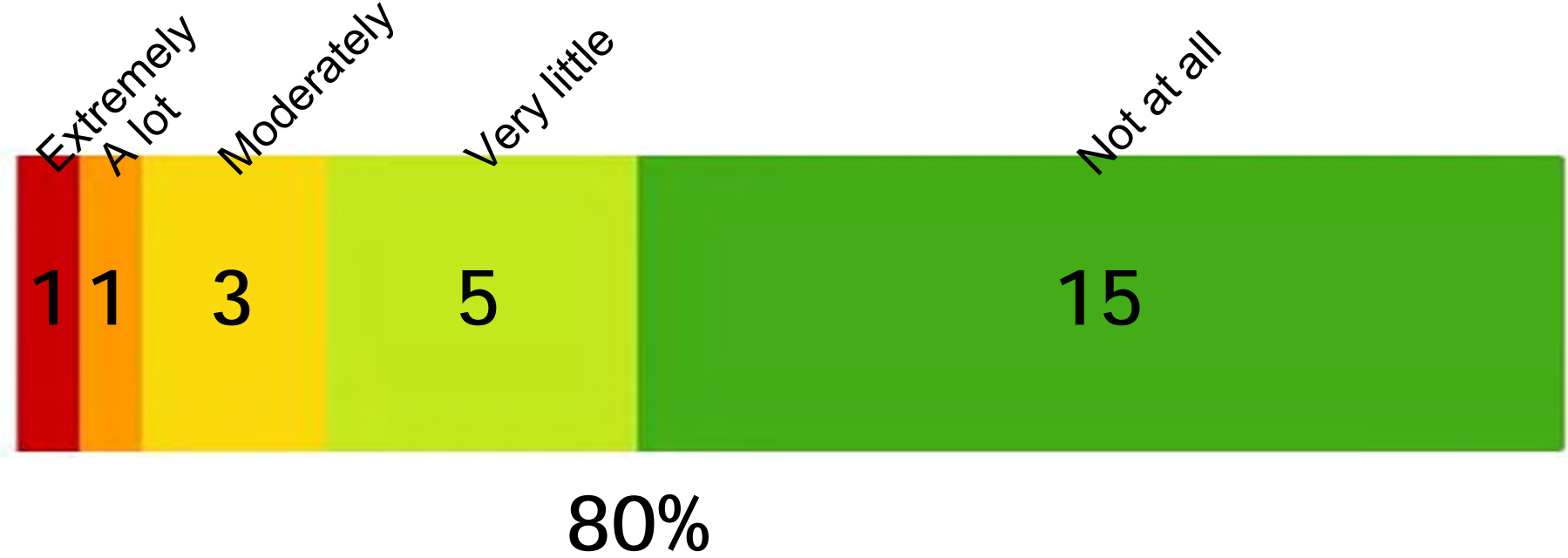
# Less interested in talking with my patients



# Less connected with my patients



# Less connected with my colleagues





Break

# Discussion

# Closing



*Mahalo*