The Quadruple Aim: Enduring Values for Changing Times

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AMA’s Mission

Promote the art and science of medicine and the betterment of public health
Code of Medical Ethics

• Articulates the values that ground the profession
• Sets out the expectations to which physicians should be held in their roles as healers, educators, scientists, and leaders in health care organizations and institutions
• Basis for a covenant of trust between patients and physicians
• Speaks to the importance of physician health and wellness
AMA strategy & focus areas

• Improving the health of the nation is at the core of the AMA's work to enhance the delivery of care and enable physicians and health teams to partner with patients to achieve better health for all.

• “A healthier nation is a national imperative, and America's physicians – through the AMA – are leading the way.” - James L. Madara, MD, Executive Vice President and CEO, AMA

### AMA strategy & focus areas: 3 core initiatives

#### Professional Satisfaction and Practice Sustainability
- Establishing a path to long-term sustainability of and satisfaction with medical practice

#### Accelerating Change in Medical Education
- Addressing the widening gap between how physicians are trained and the future needs of our health system

#### Improving Health Outcomes
- Commitment to help achieve measurable improvements in and/or to prevent cardiovascular disease and type 2 diabetes
AMA physician satisfaction & sustainability

Professional Satisfaction and Practice Sustainability

Internal to Physician Practices
- Practice Transformation (Steps Forward)
- Quality Improvement

External to Physician Practices
- Physician Payment
- Physician Networks
- Digital Health

Research

Public Policy/Advocacy
What is the Quadruple Aim?

Better health and Better health care at Lower cost

&

Improving the work life of health care providers, including physicians and staff
What Motivates High Performers?
Maslow’s hierarchy of needs

What motivates high performers?

• Autonomy: the ability to direct our own lives
• Mastery: the desire to get better at something that matters
• Purpose: the opportunity to do what we do in the service of something larger than ourselves

De Brantes F and Eccleston S. Improving Incentives to Free Motivation. RWJF 2013
What motivates physicians?

- Physicians want to “know” at the end of each day that they and their practices have delivered high quality care.
- Practice autonomy and control over the pace and content of their work
- Work content consistent with training and interests
- Alignment of values with leadership
- Relationships based on collegiality, fairness and respect
  - Patients and colleagues
  - Providers outside the practice (individuals; hospitals; health systems)
  - Payers

Friedberg et al. Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems and Health Policy. 2013
Physician motivation – what doesn’t work

• Little evidence that financial rewards improve quality, especially when associated with routine tasks, and may instead sap intrinsic motivation

• Financial rewards may lead to undesirable behavior (cherry picking; gaming)

• Financial rewards (may) work when simple units of production need to increase (doing more units of a rote task)

• The more complex the task, the less effect financial rewards will have on performing that task

• Solutions to complex problems (individual, societal) depend on intrinsic motivation

De Brantes F. Health Affairs Aug 7, 2013
Medicine as a calling

• Medicine is a “calling” if
  • I find my work rewarding
  • My work is one of the most important things in my life
  • My work makes the world a better place
  • I enjoy talking about my work to others
  • I would choose my current work life again if I had the opportunity
  • If I were financially secure, I would continue with my current line of work even if I were no longer paid

• Performance–contingent external rewards can extinguish intrinsic motivation

Medicine as a calling

• Physicians who identify medicine as a calling are
  • Are less likely to be burned out
  • More engaged
  • Report greater professional satisfaction caring for more challenging patients
  • Are more focused and persistent
  • At lower risk of turnover
Intrinsic motivation

“I can charge a person’s battery, and then recharge it, and recharge it again. But it is only when one has a generator of one’s own that we can talk about motivation. One then needs no outside stimulation. One wants to do it.”

AMA Research on Professional Satisfaction and Practice Sustainability
State of affairs for physician satisfaction

• “One of the American Medical Association’s core strategic objectives is to advance health care delivery and payment models that enable high-quality, affordable care and restore and preserve physician satisfaction.” – Friedberg et al.

• In 2013, AMA and RAND performed a joint study to identify the key determinants of physician professional satisfaction.
When physicians perceived themselves as providing high quality care, they reported better professional satisfaction

Factors that *lower* professional satisfaction

- Perceived barriers to high-quality care
- Electronic health records
- Lack of faith in practice leadership
- Worries about practice sustainability as a business
- Work volume: too little or too much
- Regulatory burden: many small things adding up

Key Findings

• New payment models are being implemented across diverse markets and in physician practices of differing sizes and specialties with surprisingly similar across-the-board effects.

• Main challenges:
  • Disconnect between health plans, physician leaders and front line physicians on goals and implementation
  • Streamlining and harmonizing quality metrics. Managing metric variability for each health plan requires significant resources that could be better spent on the investments practices need to succeed in alternative payment models. Uncorrected, this can erode efforts to improve care.
  • Dearth of accurate, actionable and timely data
  • Practices lack the resources – both financial and human – to invest in the necessary infrastructure to manage these challenges
Electronic Health Records
The Cost of Technology – A Child’s Perspective on EHRs

© 2011 Thomas G. Murphy, MD
The Physician Perspective on the Benefits of EHRs

• Better access to patient data, especially remotely
• Improvement in some aspects of care
• Better communication with patients and other providers

A Physician Perspective on the Downside of EHRs

• Contributors to Worsening Professional Satisfaction
  • Time-consuming data entry
  • User interfaces that do not match clinical workflow
  • Interference with face to face care
  • Insufficient health information exchange
  • Information overload
  • Mismatch between Meaningful Use Criteria and Clinical Practice
  • Threat to practice finances ($40K/clinician/year)
  • EHRs require physicians to perform lower-skilled work
  • Template based notes degrade the quality of clinical documentation
A Nuanced Physician Perspective on EHRs

• More than half of AMA RAND study respondents reported that no matter how frustrated they were with the current state of EHR technology and its impact on practice, they did not want to go back to paper records.

• Physicians want EHRs that contribute to and do not impede delivery of high-quality care.
Moving Forward: Focus on What Matters

• The EHR is for providers - clinicians and organizations - and patients

• EHRs should reflect and promote normal work flow and best practices

• Implementations will keep pace with changes in practice, HIT, APMs, MIPS

• EHRs should be compared to one another and must be interoperable

• User experience should be evaluated by the clinicians and health systems (“real” users)

• Comparisons should focus on features that directly impact the quality of care patients receive and the experience of clinicians providing that care

Health IT that meets users’ needs → the Quadruple Aim
Performance Measurement and Improvement
What improves performance?

• Practice (Gladwell’s 10,000 Hour Rule)*

• Engagement (Managing Energy, Not Time)**

• Resilience (Recovery from Defeat)

• Motivation and Hope

* Gladwell M. Outliers. 2013
Improving performance: Measuring what counts

- Performance measures that are:
  - Meaningful to the person being measured
  - Evidence-based (maintained and updated)
  - Valid, reliable, tested and usable
  - Timely
  - Actionable at the level of measurement
  - Accompanied by benchmarks
  - Combined with clinical quality improvement resources and tools
The secret to improvement

“Doctors and nurses are stewards of something precious….Ultimately the secret of quality is love. You have to love your profession, you have to love your God. If you have love, you can then work backward to monitor and improve the system.”

Avedis Donabedian at the end of his life
Cost
Health Care and Social Service Spending Across Countries in the Organisation for Economic Co-operation and Development
JAMA. Published online March 21, 2017. doi:10.1001/jama.2017.1964
Vital Directions for Health and Health Care Priorities From a National Academy of Medicine Initiative

Distribution of Personal Health Care Spending in the US Civilian Non-institutionalized Population

The Fourth Aim
Why the Quadruple Aim: Care of the Patient Requires Care of the Provider

- Patients and their families rightly expect the **right care** at the **right time** from someone they know they can trust → rising expectations of physicians and practices

- And yet, absence of the resources necessary to provide that care is leading to rising rates of physician burnout, especially among those on the front lines of care (ER, general internists, family physicians and neurologists)

- Rapid adoption of EHRs that were not designed with the user in mind has contributed to burnout

- Healthier clinicians have better patient outcomes, including adherence

Shanafelt et al. Relationship Between Clerical Burden and Characteristics of the Electronic Environment With Physician Burnout and Professional Satisfaction. [http://dx.doi.org/10.1016/j.mayocp.2016.05.007](http://dx.doi.org/10.1016/j.mayocp.2016.05.007)
The Quadruple Aim: Care of the Patient Requires Care of the Provider

• What is burnout?
  • Burnout is a long-term stress reaction characterized by depersonalization, including cynical or negative attitudes toward patients, emotional exhaustion, a feeling of decreased personal achievement and a lack of empathy for patients.

• Whose at risk? Everyone in healthcare
  • Physicians (>50%)
  • Nurses (34-37%)
  • Receptionists
State of affairs for physician satisfaction

• Today’s healthcare providers are currently experiencing unprecedented levels of burnout resulting in disjointed care, poorer health outcomes and rising costs of care for the entire nation.

• **Key Statistics:**
  - During a 3-year study interval, the percentage of physicians experiencing at least 1 symptom of burnout increased significantly, rising from 45.5% in 2011 to 54.4% in 2014
  - 400 US physicians are dying by suicide each year, a number comparable with the graduating classes of two or three medical school classes annually.

Physician dissatisfaction and the risk of burnout

Loss of autonomy

• Chaotic work environments and lack of control to change
• Inability to make independent clinical decisions
• Disproportionate work/life balance
• Increased administrative tasks (pre-cert/phone calls, etc.)

Asymmetry and uncertainty of risks and rewards (new payment models; liability)

Cognitive scarcity

• Nearly constant distractions/lack of “Flow”
• Ever-changing literature and content to keep current
• Exhaustion from mental/physical demands
The Quadruple Aim: Care of the Patient Requires Care of the Provider

- Health system consequences of burnout
  - Overuse of resources → higher cost of care
  - Reduced patient satisfaction
  - Reduced adherence to treatment plans
  - Worse patient outcomes
  - High staff turnover → high cost of replacement (~ $250K/physician)
  - Premature and permanent loss to the work force

- Personal consequences
  - Early retirement
  - Unhealthy alcohol use
  - Increased risk of suicide
How do we Change?

• **Awareness** – Knowledge of the factors contributing to physician burnout and their impact can lead to change. Sharing this information with colleagues and leaders will help shape the conversation for improvement.

• **Commitment** – Dedication to patients, improved health outcomes, and cost-effective practices begins with satisfied physicians. A commitment to satisfaction and wellness will lead to an overall better healthcare environment and outcomes.

• **Activation** – We need activated patients AND physicians to achieve the Triple Aim.
AMA professional satisfaction toolkit

- AMA is committed to enhancing professional satisfaction with physician partners across the nation. Through collaborative partnerships, targeted analytics, and expert resources, the AMA has helped practices promote actionable steps to improve physician wellness and to drive success.

- Our goals:
  - Enhancing and improving health outcomes
  - Boost patient satisfaction and physician retention
  - Optimizing the bottom line in a value based care environment
AMA professional satisfaction toolkit

• Featured pilot site - case study:

  • 125 respondents across 17 departments (response rate 39% for MDs, 21% for APPs)

  • Results

<table>
<thead>
<tr>
<th>Pilot Site total population results (n=125)</th>
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<tbody>
<tr>
<td>Overall satisfied with job (Agree, Strongly agree)</td>
<td>64% satisfied</td>
</tr>
<tr>
<td>Great deal of stress because of my job (Agree, Strongly agree)</td>
<td>57% stressed</td>
</tr>
<tr>
<td>Symptoms of burnout (Definitely, Won’t go way, Completely)</td>
<td>38% burned out</td>
</tr>
<tr>
<td>Control over workload (Poor, Marginal)</td>
<td>46% low control</td>
</tr>
<tr>
<td>Time for documentation (Poor, Marginal)</td>
<td>57% time pressured</td>
</tr>
<tr>
<td>Work atmosphere description (Very busy, Hectic-chaotic)</td>
<td>45% chaotic clinics</td>
</tr>
<tr>
<td>Professional values well-aligned with department leaders (Agree, Strongly agree)</td>
<td>65% values aligned</td>
</tr>
<tr>
<td>Degree patient care team works efficiently together (Satisfactory, Good, Optimal)</td>
<td>90% good teamwork</td>
</tr>
<tr>
<td>Amount of time spent on EMR at home (Moderately high, Excessive)</td>
<td>50% high home EMR</td>
</tr>
<tr>
<td>Proficiency with EMR use (Satisfactory, Good, Optimal)</td>
<td>95% proficient</td>
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AMA professional satisfaction toolkit

• Suggested solutions for pilot site:

1. Develop clinician “float pools” for life events
2. Decrease EMR stress by “right-sizing” EMR-related work; pre-visit planning; scribing
3. Ensure that metrics for success include clinician satisfaction and well-being
4. Recognize self-care as a key dimension of medical professionalism
5. Develop schedules with flexibility and clinician control
6. Incorporate mindfulness and resilience training
7. Develop a wellness committee and infrastructure
8. Perform a Rapid Improvement Exercise on reducing stress and burnout
How do we Change?

• The AMA STEPSForward platform can assist with leading change…

  • Modules and Tools for improving physician satisfaction
Joy in Practice is achievable.
Your MISSION is Our MISSION