

Progress Report: Weber State University Study of Primary Care Physicians

Background

A team of four researchers at Weber State University is conducting a study of primary care physicians.

Research Question

What are Primary Care Physicians doing to thrive at work in this rapidly changing healthcare environment?

Thriving individuals have positive energy available (vitality) and continue to acquire knowledge and abilities (learning).

Methodology

Interviews have been conducted with 100 primary care physicians in four geographic areas: Mountain West, Midwest, Southeast, and Southwest.

- The physicians interviewed included those in family medicine, internal medicine, pediatrics, and OB/GYN. There were very few solo practitioners. However, most of the physicians were in small practices (4-8).
- Most of the interviews were by phone and lasted 30 to 40 minutes
- The physicians also responded to a short online survey.
- There were 98 physicians who completed both the interview and the survey.

In our interviews, physicians were asked to rate themselves on the following scale:

| | | | | | | | | | |
|------------------|---|---|------------|---|---|---------------------|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Burning out | | | Surviving | | | Thriving | | | |
| Depleting energy | | | Getting by | | | Positive energy | | | |
| Getting worse | | | Struggling | | | Continuing to learn | | | |

Using those responses, the interviewees were divided into two groups, thrivers and survivors.

Early Findings

Frustration: almost all PCPs are frustrated. Thriving physicians experience frustration and ambivalence, and that ambivalence can be turned into productive activity.

Surviving PCPs experience frustration, but they lack a mechanism to restore resources. As a result they feel powerless and hopeless.

PCPs are frustrated because they feel overworked in areas where they are

- Inadequately trained (coding)
- Overqualified (data entry)
“I spend a large majority of my time doing things that don’t require a medical degree, so that’s very frustrating.”

They also feel underutilized in areas where they have the most expertise and find the most meaning:

- Direct patient care
- Diagnosis
- Treatment

Analysis

In our analysis of the interviews, we identified five themes that helped to distinguish between physicians who are thriving and those who are just surviving.

Autonomy

- Bounded control, proactivity, being able to resist certain tasks

Coworker Support

- Not having to go it alone while being able to have more of an impact than they would alone
- A sense of friendship, shared purpose, and mutual respect

Meaningful Connections to Patients

- Enjoying being with patients
- Comforting patients, creating deep relationships
- Assisting, alleviating burdens, being in a ‘helper’ role

Growth Mindset

- Being optimistic and hopeful
- Being committed to be a catalyst for change

Work-Life Enrichment

- Being able to find refuge from stress, while renewing oneself outside of the work environment

Survey Results

Each physician interviewed also completed a survey. The following are some preliminary findings from a few survey questions comparing thrivers with survivors.

| | Thrivers | Survivors |
|---------------------------------|----------|-----------|
| Hours worked per week | 48 | 54 |
| Hours caring for patients | 31 65% | 30 56% |
| Hours doing administrative work | 17 35% | 24 44% |
| Messages you follow up per day | 22 | 38 |
| Patients per day | 20 | 20 |

These results confirm the frustrations that were expressed in the interviews. Physicians are spending a great deal of time doing administrative work, and not as much time as they would like caring for patients. Furthermore, survivors spend a larger percentage of their time (44%) on administrative work than thrivers do (35%). Survivors work more hours per week (54) than thrivers do (48).

Discussion of the five themes and their implications for PCPs

Autonomy: Almost all physicians feel that they have less autonomy now than they had earlier in their careers. Three reasons were given for the reduction in autonomy:

Electronic Medical Record. Some of the reasons for their frustration include:

- The EMR is awkward and hard to use
- Data entry does not require a medical degree
- Coding--"There are literally hundreds of codes for the same service."

Insurance Companies. Almost all PCPs complained about insurance companies. There are two aspects to the problem:

- Restriction on medications, tests, etc.
- The time required to deal with the companies to do prior authorization, etc.

The employer. Employed physicians express concerns about several issues.

- The ability to choose hours and schedule
 - Several physicians were frustrated because they couldn't choose their own work hours. One physician changed employers over that issue.
 - Other physicians complained about the time they had with each patient. They felt they were not able to provide quality care with so little time. "Management says, 'you guys just need to do more....' So my schedule got double-booked. I'm trying to take back some control over my schedule."
- The ability to choose staff
 - Physicians complained that they were not able to choose their own MA or other staff members.
 - One physician's thriving rating went up dramatically when he was able to select the MA of his choice.
- Values conflicts with administrators
 - "My boss isn't a physician, and there is a big disconnect between the physicians and the 'bean counters.' The bean counters are just looking at the numbers."
 - "It's frustrating, because most of the people don't have a medical background. They treat us like a business, instead of medicine. They treat us like a bank, not like individuals."

These three changes have led to a significant loss of autonomy for physicians, and as a result have increased their frustration.

Coworker Support: As healthcare has become more complex, it has changed the nature of the medical team. One physician said, "primary care is becoming a team sport. And you have a number of partners that support you, office staff, nurses, care managers, therapists, physician's assistants. It's not a one-man show."

The positive side of the larger team is that there are more people to support the physician. The negative side includes:

- Many physicians now have a medical assistant where they may previously have had a nurse. The medical assistant hasn't had as much training as a nurse.
- Physicians complain about turnover. It's an advantage to work with the same staff member for a long time. "We have a lot of staff turnover....Now we have new members who don't know quite what to do."

Meaningful connections with patients: Seeing patients is a source of satisfaction for almost all physicians. "I love being in the room with patients, and developing a relationship with people."

- Survivors complain about the things that interfere with their relationship with the patient. "Everything we do has to be documented....It's a depersonalization of medicine when I sit at a computer and do more typing than I do touching the patient."
- Some physicians report that they feel pressure to see more patients, which doesn't give them enough time to build a relationship.

Growth Mindset: Almost all physicians are frustrated, but survivors are losing hope. Some of the forces that lead to discouragement include:

- "I'm just a little scared of the future, because every year there are more regulations, more requirements. All the documentation, following up on results, and the access patients constantly have to you."
- "I have hours of paperwork to do, and seems like they come at you from 50 different ways."
- "Insurance companies and Medicare are making it harder for me. They are constantly moving the bar and changing the rules of the game."
- "The industry talks about wanting to help PCPs, but the trend is that we are stretched and stretched, and don't have the help we need."
- Thrivers are also frustrated, but they focus on problems they can solve. "Medicine is full of frustrations, but I choose not to get frustrated about things I can't fix."

Work-Life Enrichment:

- Survivors work longer hours, and they do more administrative work.
- Survivors are more likely to take work home, work on the EMR at home, etc.
- "Our employers and our patients do not think we should have hobbies, families, or lives outside of work."

Ideas for Helping Physicians in the Five Areas

Autonomy: Survivors work longer hours and do more administrative work. Thrivers have found ways to reduce administrative work.

Staff:

- Many physicians have staff (MA, nurse) do the EMR work, which is later reviewed by and approved by the physician.

- Physicians have an MA handle contact with insurance companies (prior authorization) and pharmacies.
- These activities require experienced and well-trained staff. “I have an MA who is very smart; we spent a lot of time training her and empowered her to make decisions, and we support her decisions.”

Practice administration: Administrators can do a lot to help physicians regain a feeling of autonomy.

- “Our management is very helpful in integrating any changes that are taking place, and they’re always receptive to any concerns and questions we may have.”
- “Our employer does a really good job of keeping us involved in their policies and organizational plans.”

Coworker Support:

Several factors contribute to building good support staff:

- Physicians should be able to choose members of their care team.
- Many physicians feel that staff need additional training. Some physicians want to do part of that training, so that staff members know how the physician wants the work done.
- Many physicians were concerned about staff turnover. Several said that their sense of thriving declined significantly after they lost a key staff member with whom they had worked for a long time. “I’ve had my MA for quite a number of years, so she’s learned the pattern that I have. We try to do everything we can to hold on to our good people.”

Relationships with other physicians in the practice:

- A supportive team of physicians is an important part of thriving. “I love the environment that I work in....we can take time off whenever we need to, and we cover for each other. None of us take advantage of it. We trust the people we work with.”
- Physicians indicated that regular practice meetings, in addition to social activities, improves relationships among physicians in the practice.

Meaningful Connections with patients:

Almost all PCPs report that a good relationship with patients helps them to thrive. Some things that thrivers do that help them develop good relationships with patients include:

- Get to know the patient: “When I do their initial interview, I ask a lot of questions, and put a lot of things in my chart. That helps me sort of personalize them. I try to find something that we can connect on.”
- Have the MA handle the details so the physician can focus on the patient.
“Medical assistants are very helpful. They room my patients, get all the vitals, and find out why they’re here, and what medications they need refilled. They take care of all that stuff up front.”
- Plan the schedule so the physician has enough time with each patient.

Growth Mindset: Thrivers have an attitude that gives them hope for the future.

- “You pick and choose your battles, in a way; this is what I have the ability to change, and this is what I don’t.”

- “You just don’t let the bumps affect you as much. I have hope for that bigger picture to come, and that’s what keeps me going.”
- “You welcome each challenge, then you grow from each challenge, and you spin it to the positive side.”
- “I have some opportunities that I participate in, which helps me to see the bigger picture. So I have hope for the bigger picture to come, and that’s what keeps me going.”

Work-Life Enrichment

The ideas on increasing autonomy also apply to work-life enrichment. Thrivers are proactive in protecting and planning their time outside of work. Survivors could consider the following activities:

- Many thrivers say they don’t work at home. “When I leave work, I leave work at work.”
- Many thrivers talk about staying active outside of the practice (Exercise, hiking, hobbies, etc.)
- “It’s a fine line between busy enough, and not too busy. When you’re surviving, you cross the line to too busy.”

Job Crafting

One approach to helping physicians make the changes we’ve described is the process of Job Crafting. An article by Amy Wrzeniewski and Jane Dutton recommends: “organizations should encourage employees to craft their jobs and provide them with opportunities to ‘fit’ their jobs to their strengths, skills and working preferences.”¹ In recent years there have been several articles about job crafting for health professionals, including physicians and nurses.²

Job crafting involves assessing and then altering one or more of the following core aspects of work:

- Tasks: this could involve changing the boundaries of the job by taking on more or fewer tasks.
- Relationships: this could involve changing the nature of one’s interactions with other people.
- Perceptions: this could involve changing how the person thinks about the purpose of certain aspects of their job.

This process could be undertaken at one of three different levels:

- The individual PCP
- The practice level (physicians and administrator)
- The institutional level -- hospital, medical group, etc.

¹Wrzeniewski, A., Dutton, J., Job Crafting (<http://positiveorgs.bus.umich.edu/cpo-tools/job-crafting-exercise/>)

² Gordon, H.J., Demerouti, E., LeBlanc, P.M., Bip, T., Job Crafting and Performance of Dutch and American Healthcare Professionals, Journal of Personnel Psychology (2015), 14pp. 192-202.