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# Provider Resources for Managing Complex Patients and Physician Self-Care

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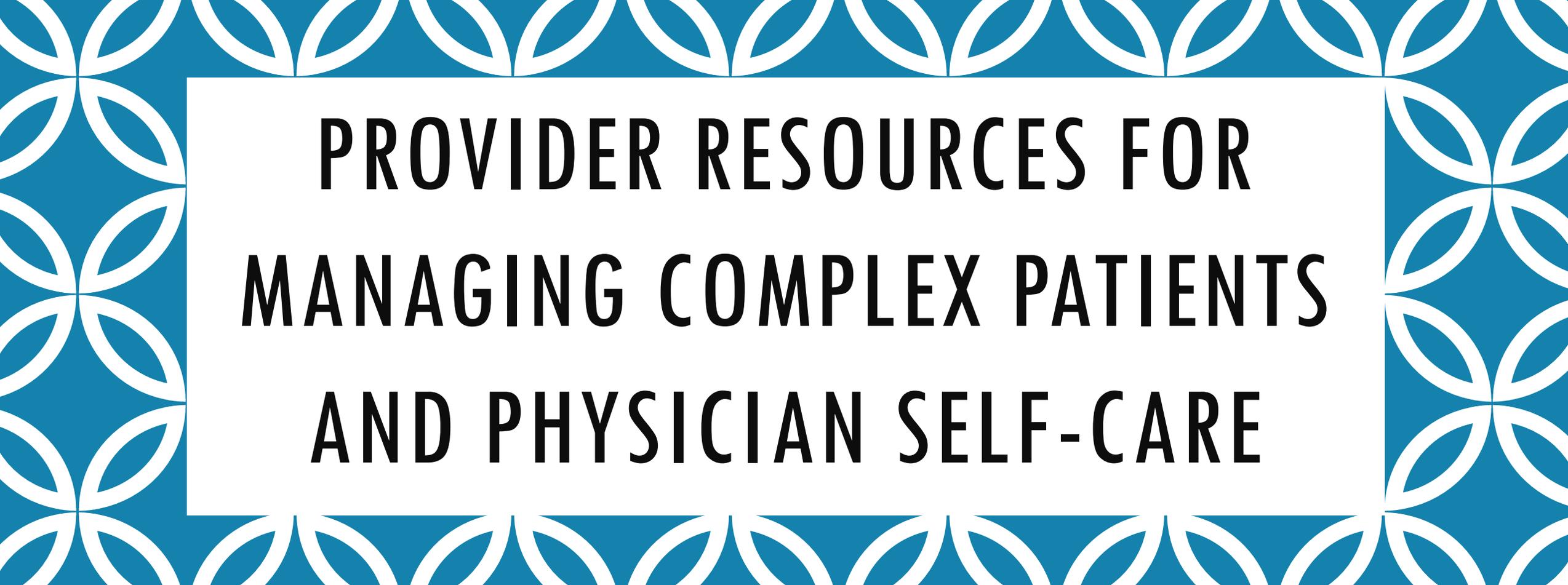
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# **PROVIDER RESOURCES FOR MANAGING COMPLEX PATIENTS AND PHYSICIAN SELF-CARE**

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# WHAT IS THE PROBLEM?

- Burnout is more common among physicians than other US workers
- 2016 Medscape survey of physician burnout showed Family Medicine had the 4<sup>th</sup> highest burnout rate at 54%
- Physician stress manifests itself in many ways, including depression, anxiety, substance use and abuse, and a decrease in the quality of patient care
- 64% of physicians chose “emotional problems” as the patient factor most likely to trigger bias
- Patients of increased complexity most often have emotional and socioeconomic factors that effect their health

## **Washington County, Vermont**

- 62% of primary care physicians in Washington County are limiting or not accepting new patients
- 54% of the Barre Hospital Service Area reports having 1 or more chronic disease
- Providers at Berlin Family Practice have many patients that have multiple chronic medical conditions, histories of substance abuse, and/or have been prescribed chronic narcotics by other providers and now need to be weaned off. This has created a sense of exhaustion and frustration in many of the providers.

# PUBLIC HEALTH COST

- Patients in Patient Centered Medical Homes (PCMH) in Vermont have been shown to have significantly less inpatient and outpatient expenditures
- PCMH patients cost an estimated \$482 per patient less annually compared to those in non PCMHs
- PCMHs lead to a decrease in inpatient days, surgical subspecialist visits and imaging
- Physician Burnout leads to an increased rate of physician turnover. Recruiting a new physician has been estimated to cost \$40,050
- Without the improvement of provider well-being it will be impossible to achieve the Institute for Healthcare Improvement's triple aim of enhancing patient experience, improving population health, and reducing cost

# COMMUNITY PERSPECTIVE

## Psychologist, Berlin Family Practice

- Chaos is often the main issue with complex patients. Providers can assist in providing organization.
- In patients with multiple chronicity there is often a sense of hopelessness and engagement in best care is absent.
- There is often a lack of activation and it is the job of the provider to promote engagement in small steps. These steps may not be obvious to the patient.
- Chronic narcotic use is often an iatrogenic problem that well meaning doctors over the years have created.
- It is hard to implement a process around managing complex patients because complexity comes in many forms and resources are limited.

## Family Physician, Berlin Family Practice

- Patients that are most difficult to manage are ones that are resistant to change or not willing to listen to medical evidence.
- Strategies for managing resistant patients include talking about non-medical things, choosing something that is important to the patient to focus on, motivational interviewing.
- When patients are more complicated a more conscious dedication to these strategies must be made.
- Self care activities include spending time with family, exercising, making a commitment to leaving the office at a reasonable time
- It would be useful to know where to find resources for either self-care or how to manage complex patients

# INTERVENTION AND METHODOLOGY

- A document of available resources for both complex patient management and physician self-care was compiled and distributed to providers at Berlin Family Practice
  - The document was organized with the goal of having some resources that would be immediately accessible and quick to utilize and some resources that would require more time and dedication
  - An effort was made to prioritize resources local to Vermont
    - UVMHC has resources available for providers relating to wellness and self-care but many providers did not know where to find these
- A brief and interactive presentation was given to providers at Berlin Family Practice with the following objectives:
  - Define the complex patient and the effect they have on providers
  - Outline the basis for self-care as an ethical imperative for providers
  - Review resources for managing complex patients and promoting self-care
  - Participate in a self-care activity

# RESULTS AND RESPONSE

- The presentation was given to a group of 5 physicians and 1 nurse as well as the office manager.
- Participants were given the choice of doing a passive or active self-care activity together at the end of the presentation. An active game that requires moving your arms in a specific rhythm was chosen and everyone participated enthusiastically with a lot of laughing.
- Feedback was collected verbally after the presentation from those who attended:
  - “The list of resources is easily accessible and I think I might actually use them this time!”
  - “I plan on trying out the self-care resources in particular. I will use them for myself but also so that I can then recommend some of them to my patients.”
  - “This list of resources and presentation was a unique and helpful take on the problem of physician burnout.”

# EFFECTIVENESS AND LIMITATIONS

- In order to evaluate the effectiveness of this project it would be useful to take a series of surveys that inquire about if providers have used any of the resources to aid in the care of patients or in their own lives.
- It would be interesting to evaluate 2 weeks after the resources and presentation were given and then after a few months to see if any of the providers have sought out any of the more time consuming resources or incorporated any new self-care activities into their everyday lives.
- Limitations of this project:
  - Resources for gaining patient management skills and promoting self-care are emphasized during medical school and often residency programs but there are very few programs specific for practicing providers.
  - Several emails were sent inquiring about different resources in the area and very few responses were received. More time might have allowed a few more resources and information about them to be gathered.

# RECOMMENDATIONS FOR FUTURE INTERVENTIONS

- Implementation of either the Minnesota Complexity Assessment Model or the Patient Centered Assessment Method.
- Development of patient centered educational documents for chronic narcotic users with the goal of aiding in the discussion about weaning off of medications. Many of the documents that patients are given to sign, i.e. narcotic agreement, are very biased towards the providers and have an accusatory tone. This does not help in establishing a peaceful and collaborative patient-physician relationship.
- Motivational Interviewing education for providers. This could include time for observation and coaching that is often a more useful method of practicing and learning techniques for motivational interviewing.

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