Medical Practice Roundtable: University of Utah Health Helps Its Provider Groups Meet Patient and Physician Needs

By Diana Mahoney

Just as physician group practices in the United States have grown and changed significantly in terms of ownership type, size, management, and team composition in recent years, the environment in which they operate has morphed into one that would have been unrecognizable just a few decades ago. In addition to the changing reimbursement landscape and the need to manage evolving quality measures, today’s practices have to navigate the complexities of increased consumerism; staff development, retention, and turnover; and clinician burnout.

How can practices address these challenges? What can they do to meet consumer expectations, develop and retain engaged caregivers, make their practices great places to work, and keep burnout at bay, while also consistently delivering safe, high-quality, patient-centered care?

These are some of the questions we will be asking leaders and others from high-performing practices over the next few months to gain insight into the strategies and tactics their teams are using to ensure success.

This month, Mari Ransco, director of Patient Experience at University of Utah Health (UUH), talks about how that organization is helping its provider practices incorporate the patient voice into the fabric of their work. She also addresses how UUH is helping its physicians meet some of the workforce challenges that are top of mind for physician groups, including engagement, resilience, and burnout.

Q: As a pioneer in the patient experience transparency movement, UUH has long demonstrated its commitment to using the patient voice to drive improvement across the organization. How is this reflected in the provider group practices?

A: The patient voice at the University of Utah is directly reflected in daily operations through a few different mechanisms. Every week, my patient experience team reads every single patient comment that has come in for that week. As we’ve grown, so has that number. It’s now about 3,000 comments every week. We distribute those throughout the system, highlighting the issues—both the positive ones to help practices recognize staff and providers, as well as the negative ones that should be addressed. So all of the practices have this constant flow of the patient’s voice.

We also have a model that we call the Five Elements of Patient Experience that we use to help teams interpret and categorize patient feedback. The five elements are caring, listening, explaining, teamwork, and efficiency. We have found that patients’ positive and more negative feedback falls into these buckets. Using this model, we are able to help providers recognize what matters to patients. For example, we might see something that tells us that some patients will absolutely wait for a certain provider because they are so fantastic at making a connection and explaining the plan, but the waiting falls into the efficiency bucket. So maybe we’re not being as efficient as we could be. That’s not going to take away from the fact that this provider is incredibly caring and that the team is really attuned to the needs of the patient, but it increases awareness of all the other things that are influencing the experience overall. In this way, it’s a helpful rubric for teams to digest the feedback. I think it’s easy when you’re a front-line care team not to see the forest for the trees because you are sort of in firefighting mode, so we have invested a lot in trying to help teams see the trends, and then support them as they work on solutions for those.

AT A GLANCE

- In the first of an ongoing series of interviews focusing on ways that high-performing medical practices are meeting some of today’s most pressing care delivery challenges, Mari Ransco, director of Patient Experience at University of Utah Health, discusses how that organization is helping its provider groups create work environments that address patient and physician needs.

- A rubric called the Five Elements of Patient Experience helps practices digest patient feedback and spot performance trends.

- A physician-led Resiliency Center serves as a hub for innovative programming and services that support professional fulfillment and help faculty and staff remain passionate and energized.
Q: Among the many challenges facing today’s medical practices, attracting and retaining clinical and administrative staff is an ongoing struggle and has become a strategic priority for many practices, not only from a human resources perspective but also from a safety and quality perspective, as these considerations are tightly interwoven. What is UUH doing to make its physician practices great places to work?

A: One of the appealing aspects of working in a practice within an academic medical center is being able to experiment and innovate, and we are absolutely offering those opportunities to our providers. Sometimes this comes with challenges in terms of finding time in their schedules, but there are several models throughout our system where a provider takes on a role that essentially protects some of their time to work on particular projects that they’re passionate about.

Providers in our practices also don’t have the burden of worrying about things like managing relationships with insurance companies, keeping up with billing and coding rules, and staying on top of government regulations from an administrative perspective. The burden of having to be constantly aware of and ready to act on these considerations can be overwhelming, and can potentially contribute to burnout, especially when they leave providers feeling as if they don’t have enough time or energy for optimal patient care. So our philosophy as a system has been to really try to manage a lot of those things for our providers on the back end to make it easier for them to practice.

We are also engaging our providers by actively partnering with them to build cohesion with the teams that surround them. We are an integrated health system, but our providers don’t necessarily feel like they have the same boss as other practice staff, so we work to build strong partnerships between our providers, our administrative managers, and the physician leadership.

Q: You mentioned burnout. We know that physician burnout is complicated and influenced by multiple internal and external factors. It’s also dangerous, both for the physicians experiencing it and for the patients under their care. Is physician burnout a topic of discussion at Utah Health, and if so, what is being done to address it?

A: Burnout is something that is being discussed all the time, from the highest levels of our leadership on down, and the conversation is different depending on the area of our organization. For example, it is different if you’re in primary care than it is if you are in specialty care, because some of the stressors are different, and there are different environmental considerations.

We are addressing burnout in several ways. For example, we have recently changed some of our communication to patients about when they can expect a reply back through our My Chart system in order to reduce the burden on providers. In addition, we are always thinking about incentive models for providers that balance productivity with quality improvement, and so we have different incentive models throughout our system that take that into account.

One of the big things that we’ve done as an organization in the past five years has been the development of a physician-led Resiliency Center, which serves as a hub for innovative programming and services that support professional fulfillment and help faculty and staff remain passionate and energized.

The center is led by a family practice physician and a general surgeon, who both have busy practices but who have been able to carve out time for this because it is so important to them. The center focuses on supporting personal resilience and creating optimal work environments using evidence-based methods like mindfulness practices, communication skills training, crisis intervention, and peer-to-peer support. The faculty and staff meet regularly with executive leadership to report provider well-being and to suggest methods for burnout reduction. In this way, I think it’s given a cohesive voice to the issues of burnout and resiliency at the top levels of our organization.

Q: How have providers responded to the Resiliency Center and its resources?

A: It has been very well-received. Initially, the thought was, “Well maybe we’ll have some mindfulness classes,” but the response has been so overwhelming that the programs have expanded to include various employee assistance resources and unique interventions, such as our Wellness Champion project. A Wellness Champion is someone who is tasked with leading wellness efforts for their teams. What we have found is that the solutions to burnout are local. It’s hard at the system level to come up with a one-size-fits-all solution, so the Wellness Champion program has been really key in engaging local leaders to come up with solutions that work for their teams.

The center was initially designed for faculty and staff, but it has since expanded to include the many students who are present with us in our clinical environments. This expansion has also been very well-received. We’re now tracking and addressing burnout not only among our employed physicians, but also among our next generation of caregivers. This has prompted a lot of hard but important conversations around balancing what patients want and need while also making sure that we are meeting the needs of current and future providers as well.
Q: You have also noted that some of the programs designed by UUH to transform care delivery have influenced physician engagement and may help to protect against burnout. Can you provide an example?

A: We have a number of programs in our ambulatory space dedicated to getting patients the right care by the right people at the right time. For example, as part of our Care by Design [care delivery] model, we have social workers and clinical pharmacists embedded in all of our practices, and there is a high degree of collaboration between physicians and medical assistants, who are responsible for many of the administrative aspects of care visits, which allows the doctors to spend more time actually caring for patients. We have also hired more advanced practice providers to further share the care burden. There is a deep understanding by leadership that having this kind of support available in our provider groups is not only good for patients, but also essential for helping providers achieve balance.