

CASE STUDY



How Michigan Medicine is Addressing Faculty Burnout Through Better Care Team Utilization, Training and Retention

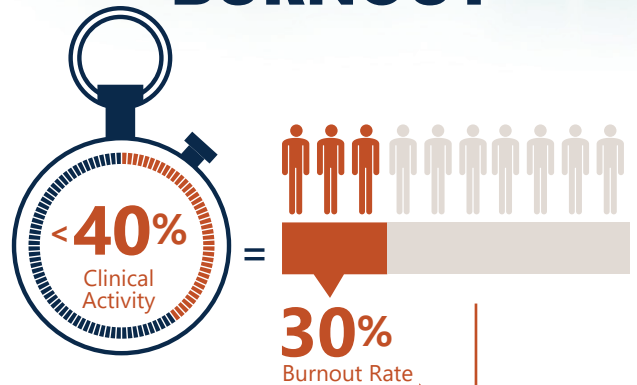
The costs of physician burnout are well-documented: declining quality and patient outcomes; increased medical errors and malpractice; lower patient compliance and satisfaction; higher provider and staff turnover; and decreased provider professionalism and engagement. Like many organizations, Michigan Medicine (MM) was experiencing high levels of faculty burnout (42 percent according to internal surveys). Senior leadership found these levels unacceptable and launched an initiative to better understand the root causes of burnout and test the hypothesis that operational and transformational changes could measurably improve the faculty experience. Based on work with two pilot sites, leadership identified and committed to four organization-wide initiatives to address physician burnout. One of these built upon work underway focused on ensuring a pipeline for key clinic positions to better support faculty clinical activity and improve faculty and patient experience.



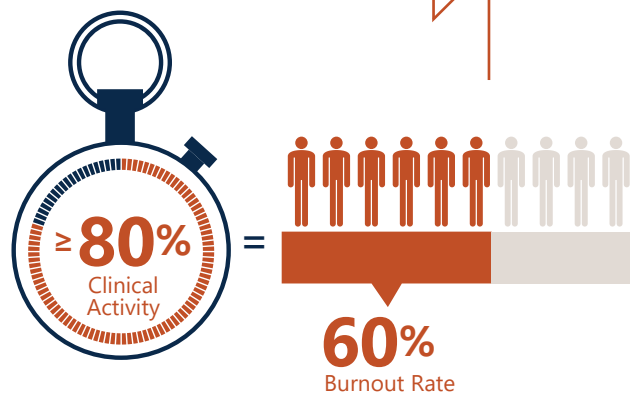
BACKGROUND

A faculty burnout survey indicated that burnout was highly correlated to clinical activity: faculty who practiced clinical care greater than 80 percent of their time (e.g., cFTE > 80 percent) had burnout rates closer to 60 percent, while those who practiced clinical care less than 40 percent of the time had burnout rates closer to 30 percent. **For this reason, two primary care clinics — General Internal Medicine and General Pediatrics — were chosen as pilot sites, due to the high level of clinical activity among the faculty members.**

GREATER CLINICAL ACTIVITY CORRELATES TO HIGHER FACULTY BURNOUT



whereas...



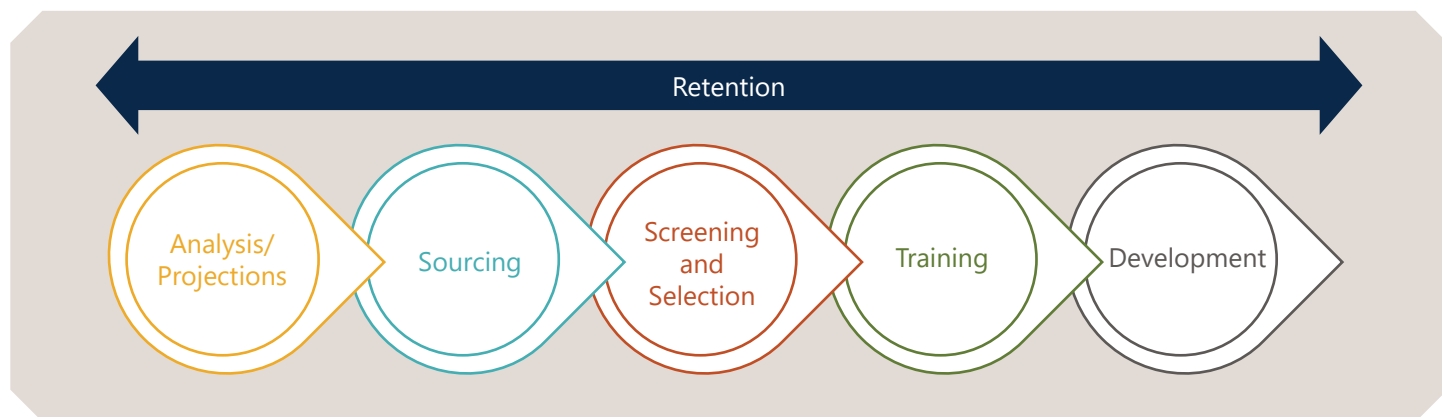
A comprehensive assessment within the two pilot sites highlighted several important findings, one of which focused on the clinical care teams. The faculty in the pilot clinics, and across ambulatory care, rely on their clinical care teams to support patient needs during and between visits. They reported challenges and frustration with insufficient medical assistant (MA) support and lack of a stable, well-trained group of MAs. This was due to several factors including MA departures from MM, MA movement within the system, long lead time for hiring MAs, and long wait times for MA training on the skills and competencies required to perform in the role. Significant opportunity was identified to improve both faculty and patient experience by providing:

1. **Sufficient care team support** – adequate care team staffing to manage clinic flow and appropriate supportive tasks;
2. **Stable clinical teams** – consistent partners who understand provider workflows and patient populations; and
3. **Well-trained staff** – staff who can efficiently and consistently perform all required job tasks for their role.



APPROACH

To improve the faculty experience, MM launched the design and development of a coordinated program to oversee and support MA recruitment (including analysis and projection, sourcing, screening and selection), training and development, as described below:



Analysis/Projections

Goal

Establish clear understanding of the expected number of MAs by level, by clinic, location and specialty to inform size of recruitment campaigns; ensure analysis and projections align with strategic growth plans (e.g., new sites).

Plan

Renew partnership with human resources (HR) and clinic managers to complete regular assessments of the MA workforce.



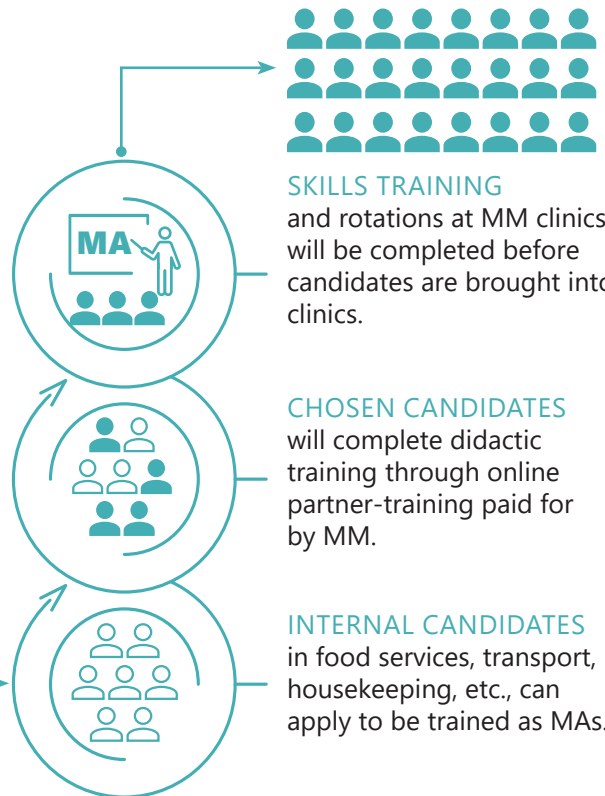
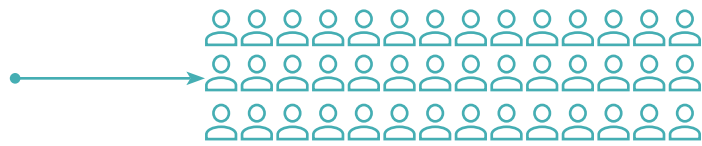
Sourcing

Goal

Create comprehensive sourcing strategy that provides opportunities for both internal and external candidates.

Plan

Develop a pipeline from within MM; develop a single website for internal and external candidates to apply to MM, allowing candidates to indicate preferred location and specialties; and conduct MA campaigns at regular intervals throughout the year (monthly/quarterly) to hire in mass new MAs with no or limited experience.



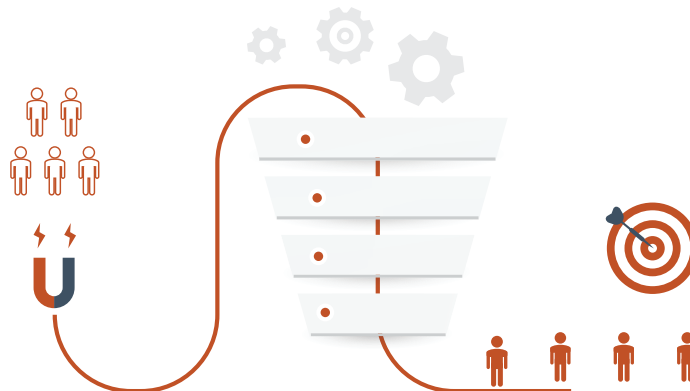
Screening and Selection

Goal

Ensure robust screening is performed for every potential new hire, and new MAs are hired from a previously screened pool of candidates.

Plan

Identify preferred behaviors of MA and assess candidates against those behaviors; require all candidates complete an e-assessment of skills, knowledge, aptitude and attitude during the recruitment process; and redesign the screening process, to ensure full employee screen and reference check is complete prior to candidates being considered for selection.



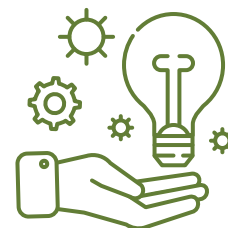
Training

Goal

Identify a comprehensive set of competencies overall, and by specialty, and establish a clear pathway for MAs to advance through training.

Plan

In partnership with physician and nursing leadership, MM developed a set of competencies and expectations for all MAs by specialty; trained MAs centrally on common core competencies; expanded internal training from 2.5 to 5 days; included simulation scenarios during training; revamped clinic-based training; paired new MAs with clinical preceptors to ensure MA competency and quality; and introduced an "annual training blitz" to reengage staff, reinforce skills and train on skills related to new processes.



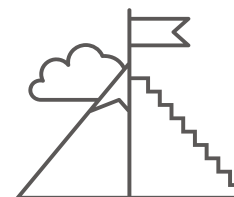
Development

Goal

Establish a clear career ladder and appropriate training for MAs as they advance up the career ladder.

Plan

MM revamped their career ladder to create meaningful roles for more experienced MAs seeking greater leadership, training and clinical responsibilities.



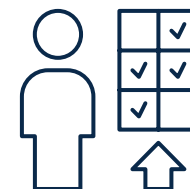
Retention

Goal

In addition to the impact on retention that the new training and development work contributes, ensure competitive salaries for MAs and effective policies are in place to support retention.

Plan

Complete annual reviews of MA compensation and benefits to ensure compensation is aligned with local competitors; compensation is fair and consistent across specialties and clinics; and there is communication with faculty leadership regarding reviews and results.





RESULTS TO DATE

Through a coordinated, comprehensive approach to MA recruitment, training, development and retention, MM hopes to positively impact the faculty's daily practice and experience within the clinic. To date, faculty response to the goals and design has been enthusiastic. Leadership's recognition and acknowledgment of the operational factors impacting faculty practice and experience has led to renewed engagement by the faculty, as well as renewed partnership between faculty and leadership. There is new optimism regarding their ability to together address the challenges of physician practice and experience inherent in today's healthcare environment.

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THE CHARTIS GROUP

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