

ACHIEVING THE QUADRUPLE AIM THROUGH PROVIDER WELLNESS

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ABSTRACT

Spending 44% of their work days on administrative and clerical tasks rather than direct patient care, it is no surprise that medical providers are currently experiencing work-life imbalance, dissatisfaction, high rates of attrition and burnout rates exceeding 50%.¹ Some suggest the “Triple Aim” of healthcare—improving the experience of care, improving the health of populations and reducing per capita costs of healthcare—should be changed to the “Quadruple Aim,” with equal attention on well-being of the care team. Others believe provider wellness should be the *foundation* of the Triple Aim. After all, it is the limiting reagent; without healthy and happy providers, the other three aims cannot possibly be met. County Medical Societies can play a pivotal role in fostering positive change in their medical communities by becoming a resource for support and compassion for providers. Addressing provider wellness can propel waning Medical Societies toward greater relevancy, reestablishing their value in today’s healthcare environment.

KEYWORDS

triple aim; quadruple aim; healthcare reform; physician wellness; burnout; medical societies

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Introduction

The Marion-Polk County Medical Society (MPCMS) has been working towards achieving their own Quadruple Aim over the last two years as we revitalize the Society and what it means to be a member. Our goals have included: improving the health of providers, or our population (population health); improving member satisfaction by increasing value (individual experience and quality); as well as creating financial sustainability and removing complexity (cost). As MPCMS is a membership organization rather than a provider of healthcare, it was not initially obvious how we could participate in the Triple Aim initiative. However, upon closer analysis, one can see that not only are we well poised to play a vital role in the transformation of healthcare, but that we already are. This paper explores how the Society is currently working toward each of the three aims and recommendations for creating a plan to further the Quadruple Aim.

Aim 1: Improving Individual Experience of Care or Quality

MPCMS is dedicated to improving the quality of healthcare as implicitly stated in our mission “to advocate for *quality* community healthcare through *support* of local medical providers.” We actively seek ways in which we can support our members in their efforts to provide higher quality care to their patients. Community members seek us out for recommendations for providers that practice quality medicine. Our parameters for membership include high standards for ethical conduct and we have a reputation in the community for representing a member base that provides exemplary care to the community.

In January 2017 we held a local educational forum for the roll-out of MACRA, offering a resource to members and non-members alike as they began to tackle the transition to value-based care. Additionally, by leveraging business partnerships, MPCMS brings local CME to members at no cost on topics such as patient safety, medical and pharmaceutical errors, HIPAA compliance and telemedicine. In years past, MPCMS has also

served as a medical review committee for patient grievances in their effort to support providers in the delivery of quality healthcare, as well as support the community in receiving high levels of satisfaction. While this service is no longer provided due to structural changes, it demonstrates our long history of holding the quality of medical care to a high standard.

Aim 2: Population Health

Providing non-clinical support to enhance the overall health and quality of life of our population has been a primary area of MPCMS’s efforts for many years. Through the creation of the Medical Foundation of Marion & Polk Counties in 1999 the Society supported the provision of programs such as:

- Project Access, which coordinated the provision of specialty medical care to the uninsured;
- MedAssist, which assisted low-income, uninsured and underinsured individuals with accessing pharmaceutical assistance programs;
- Reach Out & Read, which promoted early childhood literacy by providing books to children at well child exams in the clinic setting;
- Moms Plus Program, which provided ongoing peer support for mothers in addiction recovery; and
- Women’s Health Program, which provides free mammograms and diagnostic services to low-income, uninsured women.

In order to best serve our members and community, we also recognize the need to offer education through a variety of modalities and through collaborations and partnerships. We plan to bring additional CME opportunities to our local providers in the near future which address current needs. MPCMS recently participated as a member of the planning committee for a local pain summit addressing the opioid epidemic and regularly promotes educational opportunities throughout the community. We have begun to partner with organizations like Liberty House Child Abuse Assessment Center to create needed CME series for medical professionals on topics such as recognizing and treating child abuse.

Additionally, our quarterly newsletter (now a magazine) has recently been restructured and now focuses on highly relevant, local topics such as population health, disaster preparedness and mental health.

After the recent natural disasters in Texas, Florida and Puerto Rico the MPCMS Board of Directors has regained interest in developing a Disaster Preparedness Committee. This has been identified as a significant ongoing community need, and we look forward to supporting the providers who have a special interest in this area, as well as collaborating with other community partners in the public health sector to meet this need.

Aim 3: Reducing Per Capita Cost of Care

MPCMS can impact the per capita cost of care by collaborating with other state and national medical associations and supporting reform efforts that focus on new care delivery models, physician payment, tort reform and reducing administrative waste.

According to Dr. Doug Eliason, DO, Chief Medical Officer for WVP in Salem and Board Member of MPCMS, the Medical Society provides a place for providers to come together and share ideas to improve processes. (D. Eliason, DO, personal communication, 10/19/17) He feels this reaches beyond providing just a social outlet and creates opportunities for collaboration. He cited the example of the MACRA event hosted by MPCMS in 2017; key stakeholders in the local medical community who may not otherwise have come together, combined resources for a common goal. Our ability to provide a neutral space in which communication and collaboration can be fostered and encouraged amidst a highly competitive environment is unique and highly valuable.

Aim 4: Provider Wellness/The Quadruple Aim

Provider wellness is a significant focal point for the Marion-Polk County Medical Society. Via an initiative by the newly formed Oregon Wellness Coalition to implement formal wellness programs

throughout the state of Oregon, MPCMS plans to launch a Provider Wellness Program in 2018. What makes these programs unique is their independence from Employer Assistance Programs (EAP), and their focus on being a safe harbor that promotes confidentiality with no requirements for reporting or billing. This model can give providers the confidence and trust to seek the help they need. With physician burnout at epidemic levels and physicians being less likely to seek help and twice as likely to commit suicide as non-clinicians, this is an urgent need that has not been given the attention it deserves (Schernhammer & Colditz, 2004). While treating the symptoms is crucial for the short-term health and wellbeing of our care providers, it must be recognized that it is not a long term viable solution to treating the root cause of burnout. Linda Drozdowicz, MD states in her November 17, 2017 blog, “the trend of implementing physician wellness programs throughout the U.S. is nothing more than putting proverbial lipstick on a pig.” While our wellness program has merit and its unique model has the potential to meet a significant need in our medical community, the healthcare system’s current treatment of physicians is toxic; widespread reform is the only way to true physician wellness.

Currently, provider wellness is an “add on,” an ancillary afterthought to the Triple Aim given much less press and significance in the overall transformation of healthcare, like a feeble apology for getting picked last for dodgeball in gym class. This is demonstrated in policies, the literature, and professional practices. However, provider wellness significantly impacts all three of the other aims. Dr. Mark Fischl, MD of Salem Clinic, Immediate Past President of MPCMS and active board member of the OMA believes that treating burnout will give caregivers the capacity to not take shortcuts. (M. Fischl, MD, personal communication 11/20/17) As a result, they will order the right tests, take the time to have the necessary conversations with patients about *not* ordering unnecessary tests, and consequently reduce costs and create improvements in quality and population health. Fischl echoes these sentiments in a recent *Health Affairs* blog (2017, Mar 28): “The spike in reported burnout is directly attributable to loss of control

over work, increased performance measurement (quality, cost, patient experience), the increasing complexity of medical care, the implementation of electronic health records (EHRs), and profound inefficiencies in the practice environment, all of which have altered workflows and patient interactions...The consequences of physician burnout are significant, and threaten our U.S. health care system, including patient safety, quality of care, and health care costs. Costs are impacted by burnout in direct ways (e.g. turnover, early retirement, less than full time work) and indirect ways (e.g. poor quality, including medication and other errors, unnecessary testing and referrals, greater malpractice risk, and possibly higher hospital admissions/readmissions)." In short, the current Triple Aim is a direct cause of burnout by its removal of providers from the equation and years of cumulative stress. The cost of burnout is increasingly tangible: replacing just one physician who leaves due to burnout can cost an organization between \$250,000 and one million dollars (Berg, 2017, Nov 17). Investing in real solutions and prevention programs isn't just the right thing to do, it also makes good business sense.

Recent policies such as MACRA, EHR and performance measurements are depleting the wellness of our providers. This not only affects our ability to achieve the original Triple Aim, but it significantly impedes the growth of our future provider workforce as the risks and investments of becoming a medical provider begin to far outweigh the benefits. If nothing changes we will soon face a severe shortage in our physician workforce, which will in turn affect multiple factors such as access and cost.

Every new reform proposal should consider the impact the policy will have on providers; current metrics must be reformed to be less complex and burdensome and more clinically relevant. This is not because we need to appease egos or hold tight to the good old days. Change is inevitable for everyone; this is a necessary factor to the survival of healthcare in America. We cannot continue to abuse our care providers and expect there not to be

deleterious consequences; nor can we continue to dismiss our behavior of heaping more and more layers of work onto the backs of providers under the guise of healthcare reform. There must be true transformational change that includes changes in care delivery which protect the patient-provider relationship and the wellbeing of the care provider. provider wellness is the most powerful variable in the Quadruple Aim equation and it needs to be treated as such. The goal of future care being based on continuous healing relationships, as well as the six aims of being safe, effective, efficient, patient-centered, timely and equitable outlined in *Crossing the Quality Chasm* (Berwick, 2002) are all reliant on the care provider. All of the aims can be significantly affected by burned out, depersonalized, disengaged and overwhelmed providers. Recalling introductory chemistry, provider wellness is the limiting reagent in the Quadruple Aim equation. It is the driver for improvements in the three pillars of cost, quality and population health. Without healthy and happy healthcare professionals, the other three aims cannot possibly progress.

Recommendations

Focusing on the fourth pillar of the Quadruple Aim is the best strategy as we move into this amazing and exciting time of healthcare transformation. It is also where medical societies can make the most impact. Societies can make significant contributions to achieving the Quadruple Aim while continuing to adhere to one's mission and strategic plan. Enriching the ways in which we achieve our mission with elements of the Quadruple Aim will create greater relevancy to programs, better value for members and enhance relationships throughout the medical community.

Most healthcare organizations are not prioritizing large parts of their budgets to finance burnout prevention programs, and it is commonly known that physicians rarely seek help through their EAPs for fear of risking their licensure. This is an opportunity for county medical societies to be valued, relevant resources to their medical communities. Advocacy, retreats, newsletters and educational offerings are all value-added services

that may already exist in current programming and can be revitalized to meet the goals of the Quadruple Aim. An existing mission statement can breathe new life when viewed through the lens of provider wellness. By creating renewed value for members and employer groups, medical societies can have a positive impact on the rapidly changing landscape of today's healthcare environment instead of being left behind.

Tools for success

Included are two templates for defining goals and creating short-term action plans to ensure follow through and implementation of a Quadruple Aim based strategic plan. The strategic plan document utilizes a pre-existing mission statement as its anchor with 3-5 organizational values that are at the core of delivering the mission. The template can then be updated at regular intervals with time specific action items that align with each predetermined value.

The 90-day plan is a compliment to the strategic plan with further drill-down of specific tasks needed to complete each action item (a to-do list). Tasks should be time-sensitive (completion at 30 days, 60 days, and 90 days) and accountability to specific team members should be documented.

"...without the reality of execution, big ideas go nowhere..."

~ Martin Zwilling, 2011

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Appendix A. Strategic Plan Template

Mission Statement:

Example: "The mission of the Marion-Polk County Medical Society is to advocate for quality community healthcare through support of local medical providers."

Medical Society accomplishes this mission by:

- Example: Providing a central forum for education, information and discussion.
- Example: Providing opportunities for networking and collaboration.
- Example: Supporting the well-being of Marion-Polk healthcare providers.

Aim 1 & 2: Quality & Population Health	1. Provide a central forum for education, information and discussion:	Time Line
	a. Event	12 mo
	b. CME offering	6 mo
	c. Newsletter	Ongoing
	d. Update website	30 Days
	e.	90 Days
	f.	60 Days
	g.	90 Days

Aim 3: Reduce Cost of Care	2. Provide opportunities for networking and collaboration:	Time Line
	a. Continue Networking Events	Ongoing
	b. Host Special Events as applicable re: policy changes & payment models	Ongoing
	c. Enhance relationships w/key stakeholders	Ongoing
	d.	60 Days

All 3 Aims + Provider Wellness	3. Support the well-being of Marion-Polk healthcare providers:	Time Line
	a. Introduce Provider Wellness Program	120 Days
	b. Form Committee for wellness program	30 Days
	c.	60-90 Days
	d.	60 Days
	e. Connect Members to other tangible means for improving wellness: reform efforts, innovative care models & leadership development	Ongoing

Appendix B. 30-60-90 Day Action Plan Template

30-60-90 Day Action Plan Template

Implementation of [Project Name]

Start date: 3/1/18

End Date: 5/31/18

<p>30 Days 3/30/15</p> <ul style="list-style-type: none"> • Action item (point person) • Secure venue with deposit (Joe Smith) • Invite members via newsletter (Julie Chang) • Item 4 	<p>60 Days (4/30/18)</p> <ul style="list-style-type: none"> • Action item (point person) • Finalize accreditation for CME (Julie Chang) • Item 3 • Item 4 • Item 5 	<p>90 Days (5/31/18)</p> <ul style="list-style-type: none"> • Action item (point person) • Item 2 • Item 3
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