

# 30<sup>TH</sup> BEST PRACTICES FORUM:

## MORAL INJURY



Douglas J. Spegman MD, MSPH, FACP  
Chief Clinical Officer

El Rio Health  
Tucson, Arizona

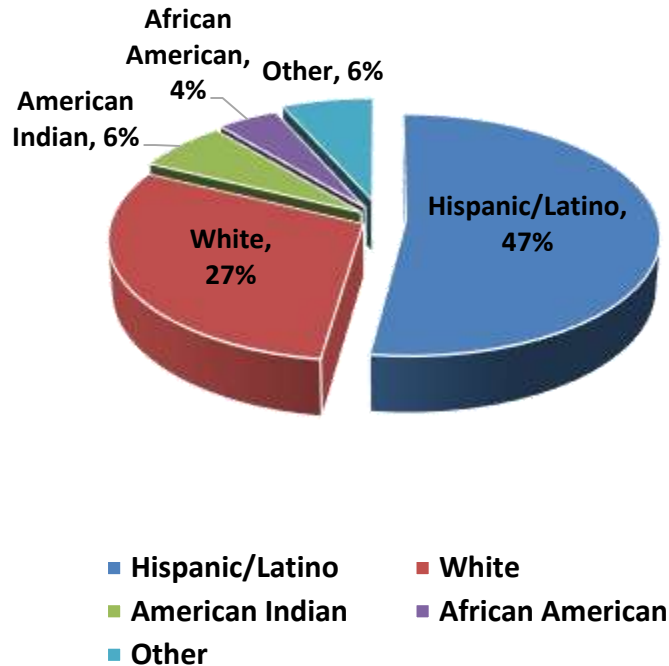


# Our Practice

## 2018 UDS Data

- ❖ Total # of Patients Served: 106, 920
- ❖ Total # of Patient Visits: 403, 998
- ❖ # of Employees: 1, 152
- ❖ # of Unique Clinic Sites: 12
- ❖ Number of Providers: 211
  - ❖ 140 Medical Providers
  - ❖ 31 Dental
  - ❖ 24 Behavioral Health
  - ❖ 16 Clinical Pharmacists

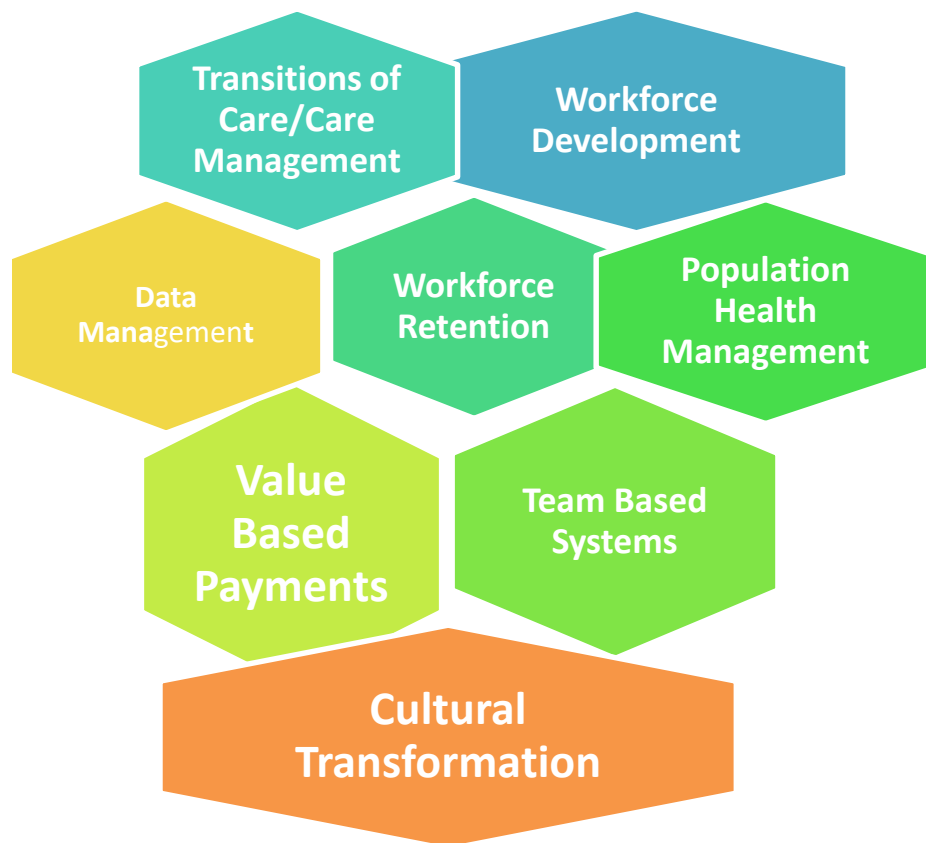
## El Rio Patients by Race/Ethnicity



## Patients by Payer Source

- ❖ Medicaid: 66%
  - ❖ Private: 22%
  - ❖ Uninsured: 15%
  - ❖ Medicare: 12%
- 
- ❖ 48% of patients 100% and below the Federal Poverty Line

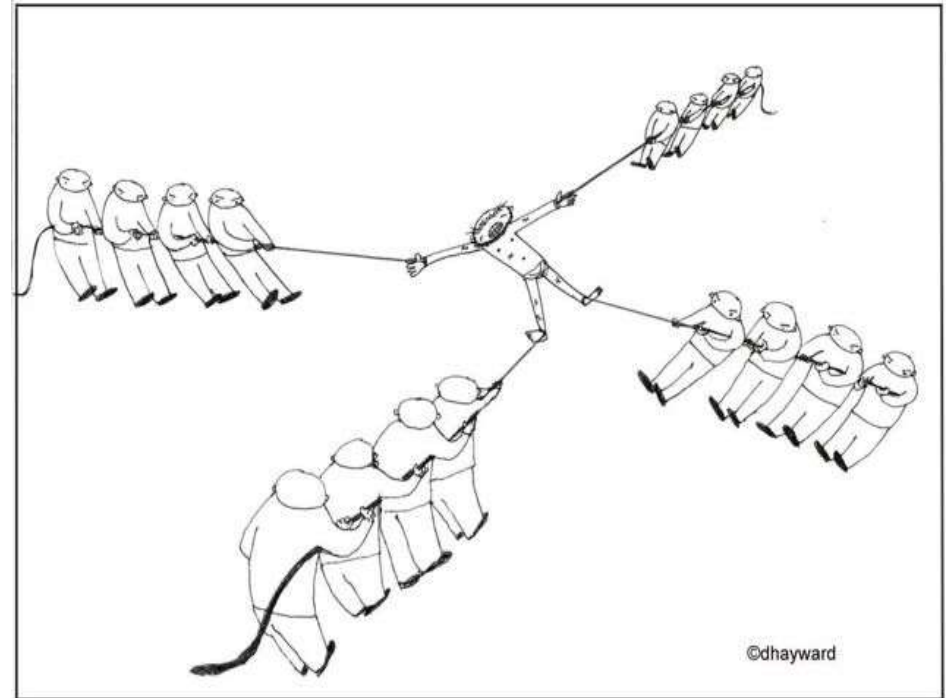
# Changing Paradigm of Healthcare Delivery



# 3 Key Drivers of High Performance

- ❖ **Team Based Care:** Integrated, multidisciplinary teams providing ability to direct care team resources based on patient acuity and need.
- ❖ **Own All Transitions of Care:** Health Center directed care coordination that is able to prove value based outcomes in terms of utilization (lower ED visits and hospital admissions/readmissions), lower cost of care and increased quality of care (managing missed opportunities and closing gaps in care).
- ❖ **Data Management :** From simple data analytics and sharing to true Business Intelligence, Clinical Decision Support and Enhanced Medical Informatics.

# Workforce Pressures





# EMR Woes

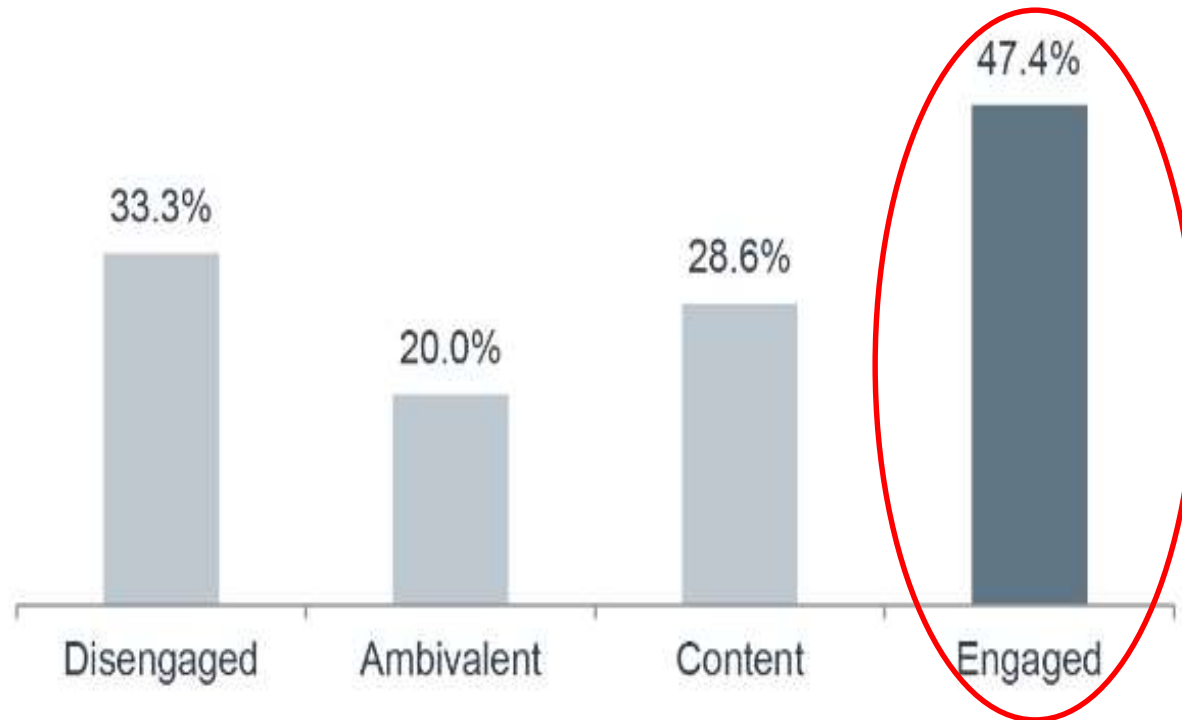


# RIISING DISAFFECTION

## FROM BURNOUT TO MORAL INJURY



# A Paradox: Those Most Engaged Are Those Most Disaffected



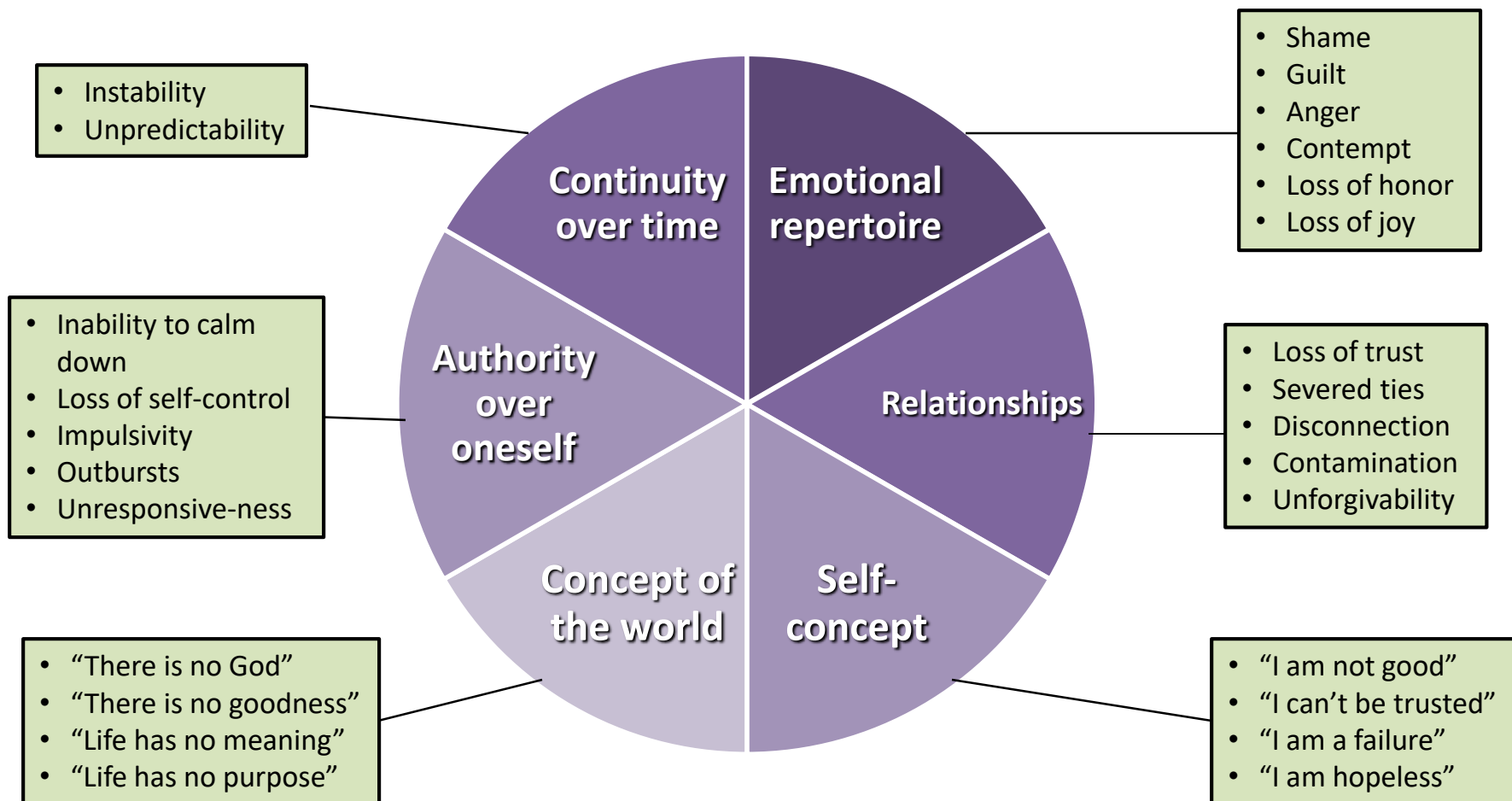
- ❖ Advisory Board Survey Solutions conducted a survey of 11,000 healthcare employees to assess the issues of burnout and engagement.
- ❖ The most engaged survey respondents expressed the highest level of burnout (47.4%).



# Moral Injury?

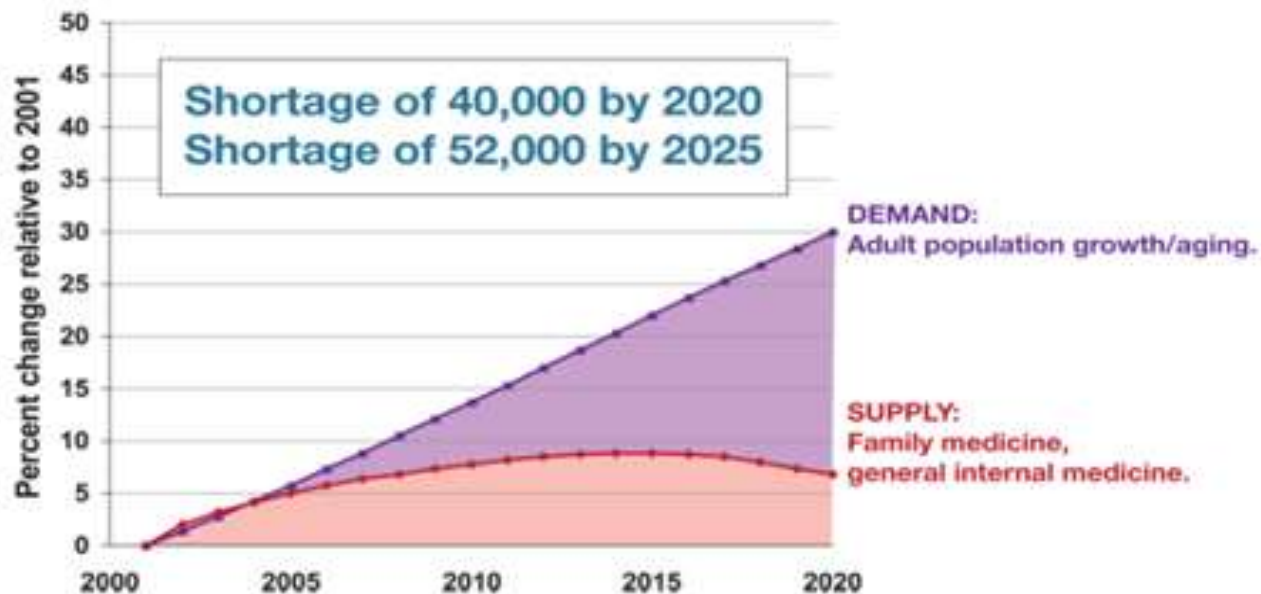
- The negative experience when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action
- An injury to an individuals conscience from an act of perceived moral transgression producing profound emotional guilt, shame, anger, sense of betrayal and moral disorientation
- Military application to war veterans
- Rising use in describing clinician experience

# Facets of Moral Injury



# INCREASING DEMAND (DECREASING SUPPLY)

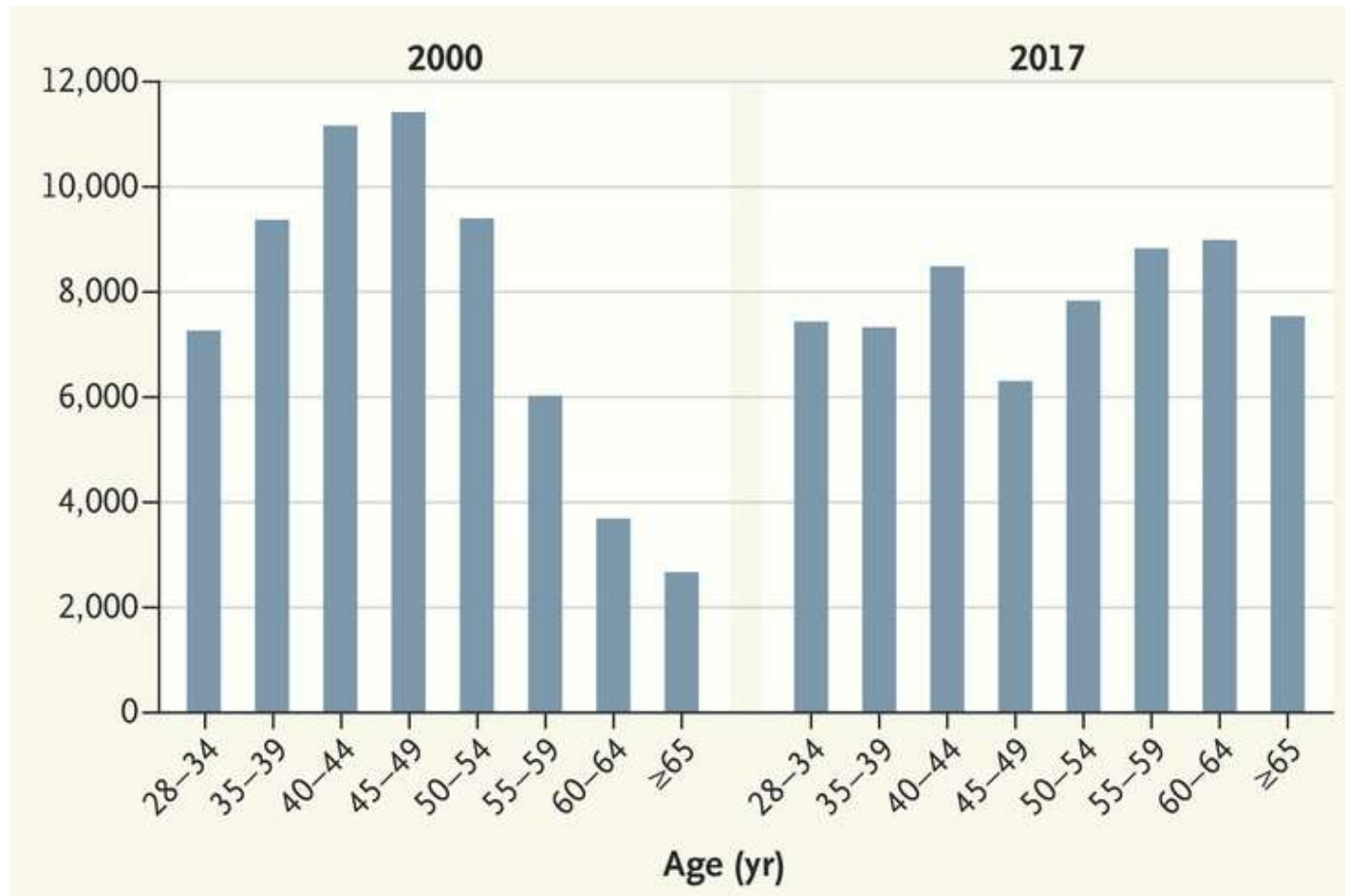
## Adult Care: Projected Generalist Physician Supply vs. Demand



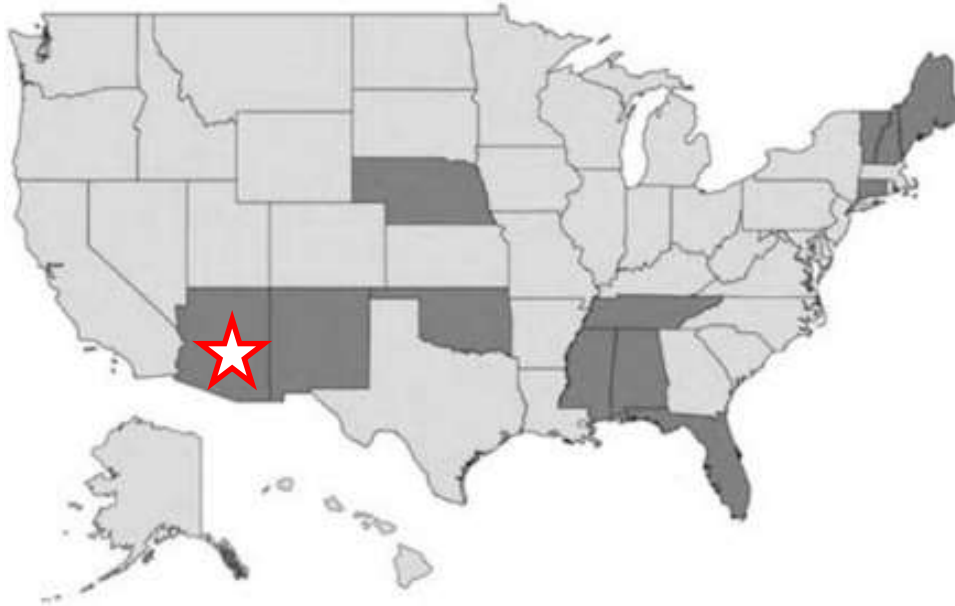
Sources:

1. Colwell et al., Health Affairs, 2008;w232
2. Petterson et al, Ann Fam Med 2012;10:503
3. Bodenheimer et al, Health Affairs 2009;28:64

# An Aging Physician Workforce



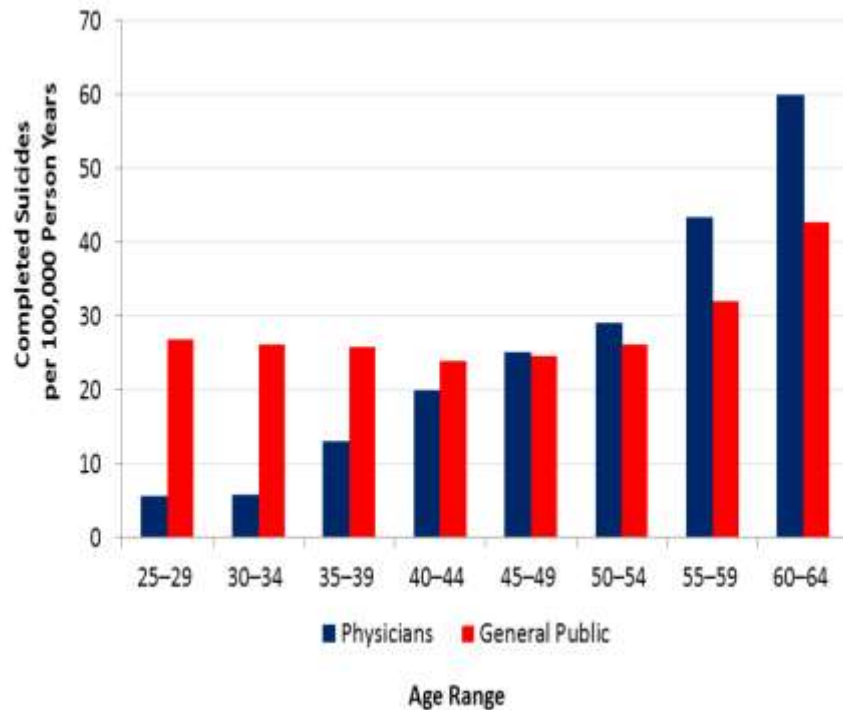
# 40-40 States



- ❖ Family physicians make up 40% of the primary care physician workforce
- ❖ 40% of U.S. family physicians older than 55 years
- ❖ 40-40 states: a designation indicating that at least 40% of the state's primary care physician workforce is made up of family physicians and at least 40% of its family physicians are older than 55 years (includes only physicians in direct patient care).



# Physician Suicide Rates



- ~1 physician in the US commits suicide per day
- Physicians ages 60-64 have a 67% higher rate of suicide compared to the general public
- Female Physicians suicide rate 2.27 times higher than general female population
- Physicians 40/100,000; Military 30/100,000; General US Population 14/100,000

## Suicide rates in nurses

Nurses of both genders commit suicide more frequently than the general population of their respective gender.

Female nurses  **11.97**

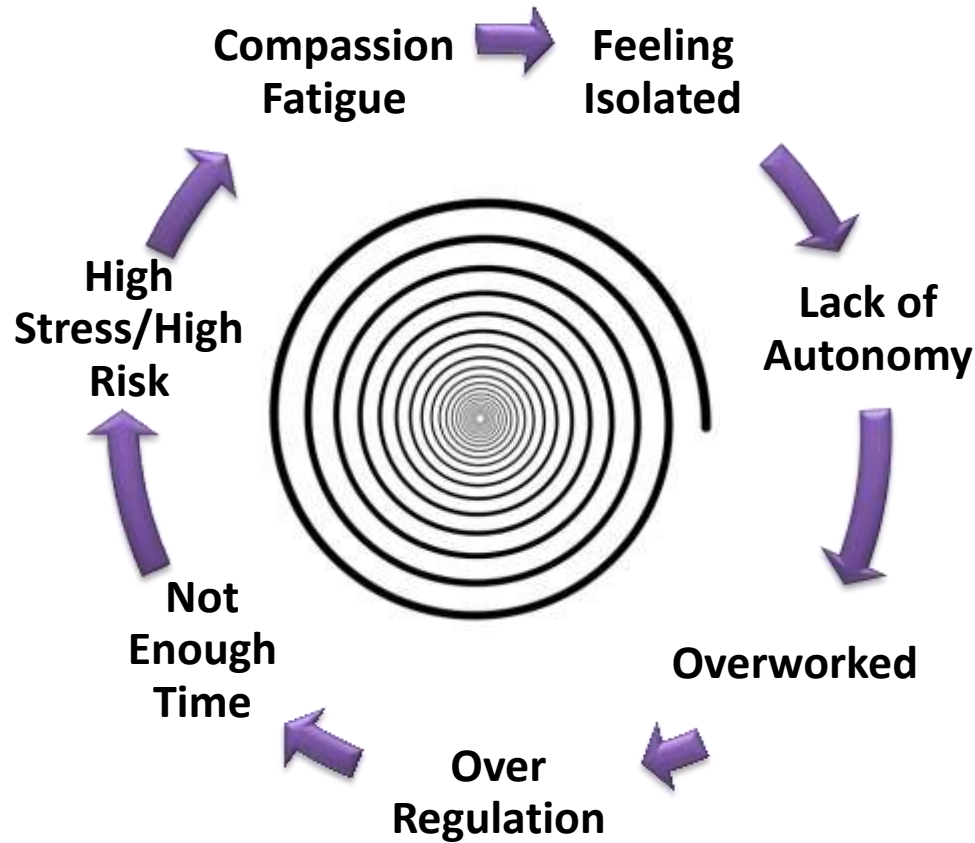
All women  **7.58**

Male nurses  **39.80**

All men  **28.20**

*Note: Data analyzed from the 2014 National Violent Death Reporting System. General Population is of persons age 20 or older. Rates per 100,000.*

# Moral Isolation Spiral



# First Step



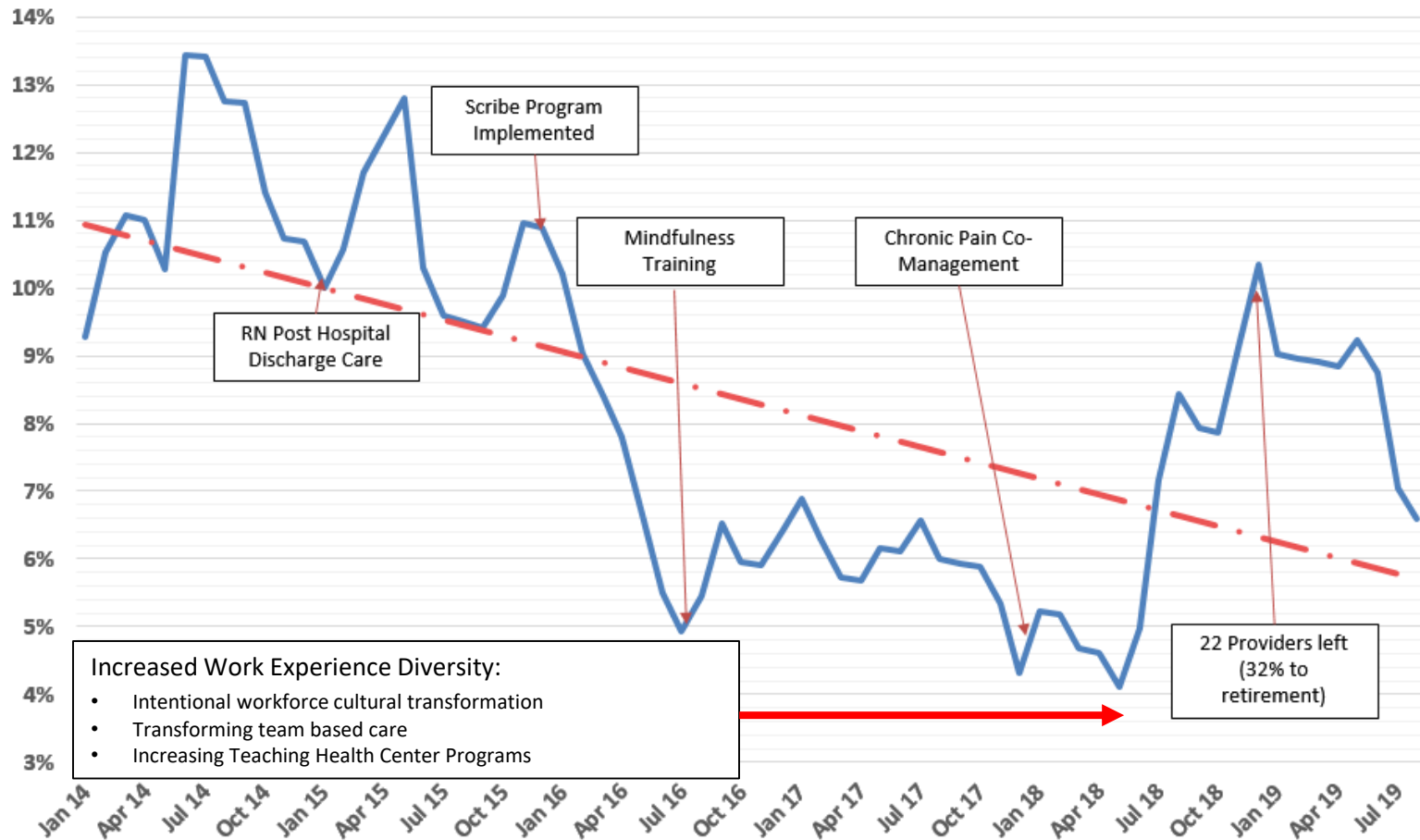
# Then What?

(El Rio's Journey of 1,000 steps)

- **Resiliency Training**
- **Cultural Transformation Training**
- **Work flow efficiencies:** Scribes, Team Based Practices, Medical Legal Partnerships
- **EMR:** Clinical Decision Support, Medical Informatics
- **Work Experience Diversity:** Clinical Teaching, CQI, Advocacy
- **Workforce Development:** THC's (Own the pipeline)



# El Rio Experience: Provider Turnover Rate



# Cultural Transformation at El Rio

## Knowing Our Story/Telling Our Story

- ❖ Collaboration with Partners in Leadership
- ❖ Conducted Senior Leadership and Management retreats/focus groups
  - ❖ All staff participated in cultural transformation trainings
  - ❖ Established leadership development program
- ❖ Cultural Diversity & Health Equity conducted as part of new employee orientation

### Step Up

I am accountable for making El Rio a world class health center.

### I Matter

I make a difference by voicing my opinions and knowing I am heard.

### Break Boundaries

I work with others to achieve success.



### Value Health

I take time for my own health to promote yours.

### Create Tomorrow

I embrace effective change and seek innovative solutions.

### Honor Patients

I always put the patients first.

# Cultural Humility vs. Cultural Competence

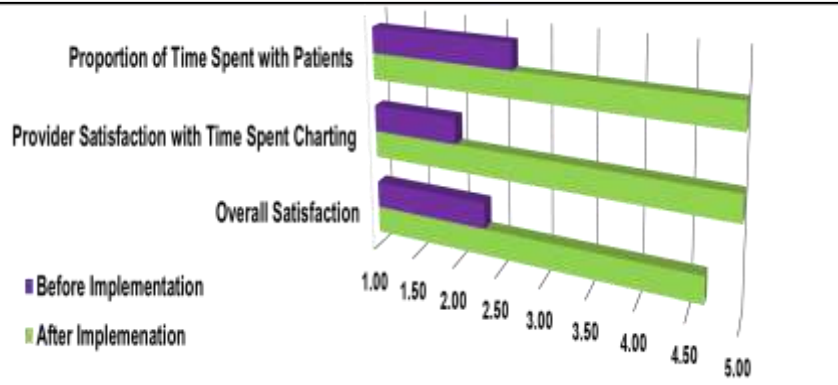


- Cultural Competence: learning about the patterns and beliefs of others
- Cultural Humility: ongoing process of self-exploration and self-critique with a willingness to learn from others

- All El Rio staff trained as part of LGBTQ+ HEI (Healthcare Equality Index/ Human Rights Campaign) Leader application process using cultural humility training
- Cultural humility training now incorporated in all new employee onboarding process

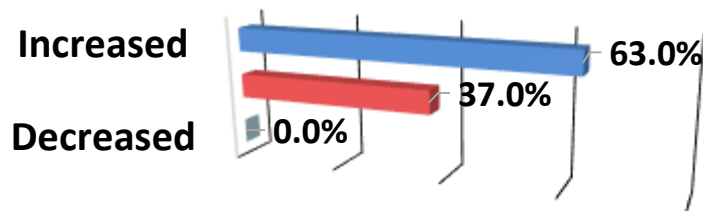
# El Rio Scribe Program: Fulfilling the Quadruple Aim

Provider Experience



Patient Experience

## OVERALL QUALITY OF VISIT



- ❖ Collaboration with Scribe America
- ❖ 45 medical providers currently utilize scribes (~20% use of telescribe services)
- ❖ Budget neutral or slightly better ROI



# CARE COORDINATION:

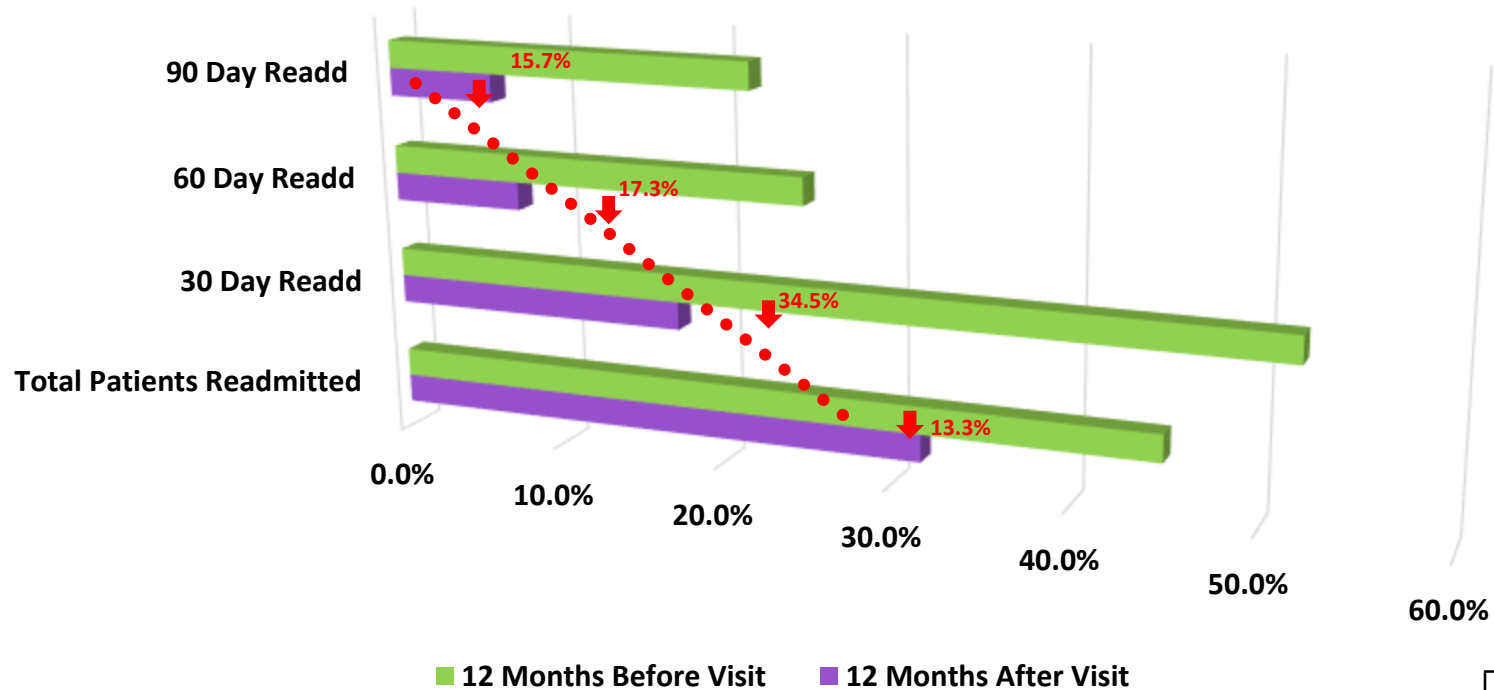
## Transforming Team Based Primary Care

- **RN Care Coordination**
  - 35 total FTE
  - 24/7 RN triage, Transition of Care Coordination, Population Health Management
- **Clinical Pharmacist Collaborative Care Model**
  - 12 total FTE
  - Annual Wellness Visits, Hierarchical Condition Category (HCC) Coding, Risk Adjustment RAF Coding, Closing Gaps in Care, Completing Star Measures
  - PAQ management
    - PAQ (Provider Acquisition Queue) management for providers who are on vacation or on hospital duties
  - Collaborative Management Model for Diabetic Care
- **Primary Care Behavioral Health**
  - 11 total FTE
  - Motivational Interviewing around chronic disease conditions, brief interventions in coordination with medical visits, patient goal setting around chronic disease management



# Post Hospital Discharge Care Clinic

Discharge Care Clinic Pre/Post Visit Readmission %  
as of 3/31/2018



N= 300

# Teaching Health Centers: Training the Workforce of Tomorrow

- ❖ ATSU-SOMA Medical School
- ❖ Family Medicine Residency Program
- ❖ AEGD General Dentistry Residency Program
- ❖ Pediatric Dental Residency Program
- ❖ Clinical Pharmacy Residency Program
- ❖ Pediatrics Residency Program (July 2019)
- ❖ Family Nurse Practitioner Residency Program (September 2019)
- ❖ Certified Nurse Midwife Residency Program



# Healing The Healers

## Building Workforce Resiliency

