

eClinicalWorks

CASE STUDY



TEXOMACARE – DENISON, TEXAS

AVOIDING PHYSICIAN BURNOUT THROUGH STRATEGIC USE OF
ADVANCED MEDICAL ASSISTANTS

improving healthcare together

The Challenge

As healthcare grows in complexity, practices are faced with not just the familiar “triple aim” of improving quality and Patient Engagement while controlling costs, but a fourth factor that may be every bit as important – avoiding physician burnout. Finding ways to make the most efficient use of limited resources is no longer optional but essential if providers and practices are to balance service and sustainability.

The Solution

At TexomaCare, based in Denison, Texas, Dr. Gregory “Duke” Carlson employs advanced medical assistants. Fully versed in the use of eClinicalWorks documentation and analysis tools, the assistants help with pre-exam intake and preparation, ensure patient compliance with tests and procedures, and help Dr. Carlson analyze the patient population so that care coordination and planning is aligned with the goals of the Accountable Care Organization.

The Results

Strategic use of advanced medical assistants has allowed physicians and staff at TexomaCare to work at the highest level of their licensures. Patients are enjoying the convenience of open-access scheduling; the practice has increased Medicare well visits, and used many of those visits to improve patient compliance with needed tests and procedures, and Dr. Carlson and his colleagues have reduced the risk of burnout while ensuring a higher quality of care.

TexomaCare

ACO’s Advanced Assistants Battle Burnout

Ensuring The Doctor Doesn’t Forget



Gregory Carlson, M.D. and grandson Lucas

It’s safe to say that Dr. Gregory “Duke” Carlson of TexomaCare in Denison, Texas, loves the face-to-face interaction that lies at the heart of the patient-provider relationship. But at a time when delivering quality medicine at an Accountable Care Organization requires so much record-keeping — including some that can easily become burdensome data-entry work — Dr. Carlson came to realize that clicking notes on a

keyboard and completing documentation was getting in the way of the real encounter, the actual examination and discussion that patients expect.

So, he uses a pair of advanced medical assistants to handle routine documentation, leaving him free to focus on communication, diagnosis, and discussion with each patient.

“By the time I get to the exam room, my assistant has picked the template for me,” Dr. Carlson said. “They’ve done most of the documentation. I come out of that room, and the Progress Note’s done. Everything is taken care of. I can go into the next patient room, and that advanced medical assistant there has the patient cued up. The template’s up, they’ve done all the intake. If the patient needs some hospital records from the emergency room, they’ve got those ready. Sometimes while I’m seeing the patient, I’ll need some extra records. They’re retrieving those records from the hospital.”

An assistant also remains by Dr. Carlson’s side during the exam. If he wants a patient to take supplements, or do specific exercises, the assistant is recording his recommendations.

An assistant also remains by Dr. Carlson's side during the exam. If he wants a patient to take supplements, or do specific exercises, the assistant is recording his recommendations. That extra set of hands and eyes in the exam room is about a lot more than convenience. It's about improving the quality of care and helping physicians remain at their best.

That extra set of hands and eyes in the exam room is about a lot more than convenience. It's about improving the quality of care and helping physicians remain at their best.

Healthcare's Triple Aim, Plus One

"When I think of an ACO," Dr. Carlson said, "I think of not only quality, cost, and Patient Engagement, but really the last leg of that, of the quadruple aim, is reducing physician burnout. And one of the things that really increases burnout for physicians is knowing that maybe you dropped the ball a couple of times through the day. We don't like that. We like to be perfect. And with this kind of assistance, you finish your day, and you feel much more confident that you've gotten all your tasks done, and you've given the highest quality of care to your patients."

For example, a patient may come in with an issue about their blood pressure. After the initial BP check and discussion, Dr. Carlson may get involved with other tasks and forget that he wanted to take the patient's pressure again.

"Well, Jess, my medical assistant, is going to remind me of that," he said. "You know, if I've got four tasks that I've got to do, which are sort of data-input tasks, it's possible that I'm going to forget one of those, whereas if somebody's doing it real time as I'm seeing the patient, they are confident that it's going to happen."

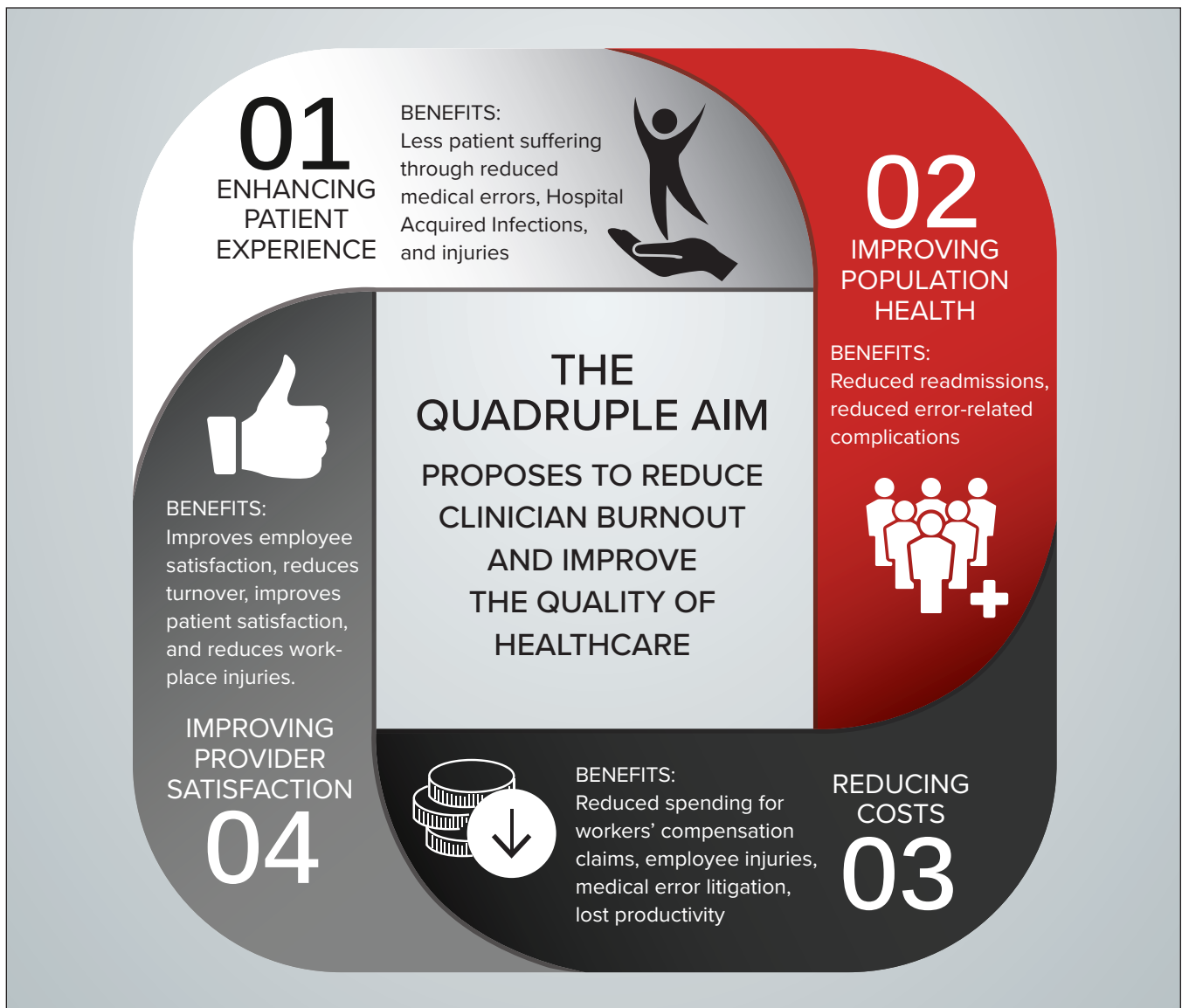
Since hiring his assistants, Dr. Carlson said he has received fewer calls from the pharmacy reminding him to call in prescriptions, and fewer calls from his referral team questioning why a given patient wasn't sent for physical therapy. While some of his colleagues were initially skeptical about having another person in the exam room with them, they have grown to rely upon the assistants, and recognize the value that they add.

Physician Burnout

The healthcare environment – with its packed work days, demanding pace, time pressures, and emotional intensity – can put physicians and other clinicians at high risk for burnout. Burnout is a long-term stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment.

In recent years, the rising prevalence of burnout among clinicians (over 50% in some studies) has led to questions on how it affects access to care, patient safety, and care quality. Burned-out doctors are more likely to leave practice, which reduces patients' access to and continuity of care. Burnout can also threaten patient safety and care quality when depersonalization leads to poor interactions with patients and when burned-out physicians suffer from impaired attention, memory, and executive function.

Agency for Healthcare Research and Quality, <https://www.ahrq.gov>



“The flow is just wonderful,” he said. “The beauty of a team approach to care, the Patient-Centered Medical Home and team approach to care, is that we try to get all the members of our team to work at the highest level of their licensures.”

How a Data-Driven ACO Improves Care

ACOs already play an important role in healthcare, one that will grow as medicine shifts more and more to value-based reimbursement models. The need for quality data analysis means practices need strong healthcare IT partners.

“When I think of an ACO, I think of not only quality, cost, and Patient Engagement, but really the last leg of that, of the quadruple aim, is reducing physician burnout. And one of the things that really increases burnout for physicians is knowing that maybe you dropped the ball a couple of times through the day. We don’t like that. We like to be perfect. And with this kind of assistance, you finish your day and you feel much more confident that you’ve gotten all your tasks done, and you’ve given the highest quality of care to your patients.”

— Gregory Carlson, MD

“The most immediate thing that we’re doing is identifying those high-risk patients,” Dr. Carlson said. “I can have our analytics people run reports that show me who are the patients that have had two or more admissions, two or more ER visits, and their spend is over \$10,000. I can find those 30 patients, and then I can put them on my board.”

Treating those high-risk patients quickly means fewer hospitalizations, lower overall costs, and better health. The key is recognizing that the ACO needs to provide care to them not just when they are in the office.

“We really need to own them in all the different areas where they receive care,” Dr. Carlson said.

“When they’re in the emergency room, when they’re in the hospital.

We’re trying to do more of the transition-of-care visits. That’s a lot of logistics. And if you have that list of those hot-spot patients, you’re just going to be able to get your arms around these tasks a lot more effectively.”

But even effective identification of at-risk patients is only the beginning.

Next, TexomaCare can apply tools such as the eClinicalWorks Chronic Care Management module to create effective care plans.

“You can have your Chronic Care Management team working on that dashboard,” Dr. Carlson added, “calling those patients, taking care of some of the Care Plan items. And they can communicate via some of the jelly beans with my advanced medical assistant. Those tools and eClinicalWorks really allow us to collaborate to achieve our ACO goals.”

The Helpful Daily Huddle

As Dr. Carlson made clear, the team approach to healthcare is not a matter of simply transferring a bunch of work to medical assistants in order to decrease the workload on physicians. It’s a true partnership.

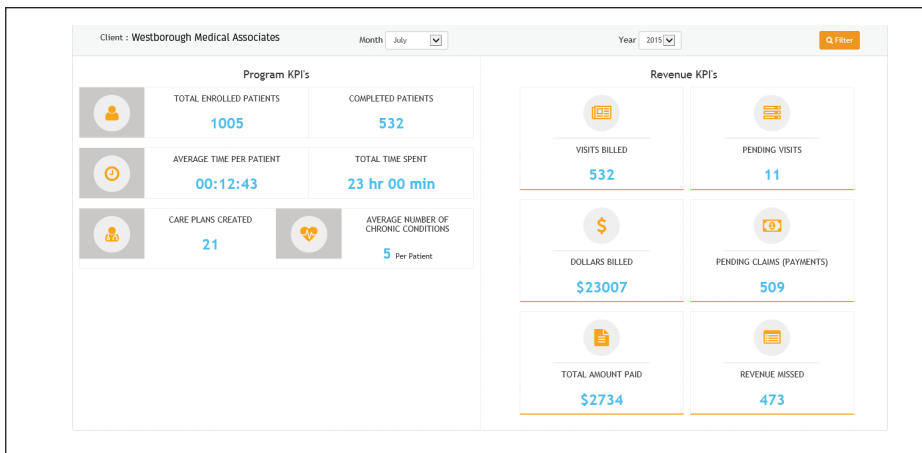
“We huddle each morning,” he said. “That’s been very, very beneficial to do the pre-visit planning, to look at our

schedule for the day. To look at patients that are maybe going to take a little bit of extra care — extra documents or other services — and plan on that.”

Sometimes that daily planning suggests that a particular patient is going to take less time than average, allowing staff to pencil in a spot for a patient who needs to be seen on short notice.

More often, it means the TexomaCare staff is going through the patient dashboard to note who has been in the ER or hospitalized recently. Armed with that information, Dr. Carlson and his colleagues can have their assistants make extra phone calls, ensuring that diabetic patients have taken their insulin, and that follow-up appointments have been made.

“We’re trying to make sure that when a patient’s discharged from the hospital that we get them in within two days so that they don’t end up being readmitted and having problems,” Dr. Carlson said. “The advanced medical assistant can make those transition-of-care calls, and then we’re able to build that follow-up visit at a higher



The **eClinicalWorks** Chronic Care Management dashboard is a vital tool for TexomaCare in identifying at-risk patients and ensuring they receive the high-quality care they need.

level, which is beneficial. We're able to help take better care of that patient. That means moving toward that Patient-Centered Medical Home model."

Reaching ACO and APM Goals

Not surprisingly, the addition of medical assistants has enabled TexomaCare's physicians to improve their efficiency and productivity.

"If you look at the numbers," Dr. Carlson said, "a physician usually has to see about two to three extra patients per day, depending on their payment model, to pay for a scribe. So I've seen five or six extra patients per day, depending on the type of patient. So it's been a win for me financially."

For all the progress that TexomaCare has made through their partnership with eClinicalWorks, Dr. Carlson recognizes that there is more work to be done as they build upon an already strong foundation. Open-access scheduling has been a "big win" for the practice, he said, because it offers patients the convenience and peace of mind that comes with making medical appointments with a single click.

Moreover, because TexomaCare is an Alternative Payment Model ACO, one of their goals has been to increase Medicare well visits, transition-of-care visits, and home

health monitoring. On an average day, Dr. Carlson is often so busy that he might not get to check on whether a given patient has had a Medicare well visit in recent months. Again, his assistants can do that work as part of their pre-visit planning.

"So, before I go in the room," he said, "she notices this person needs a Medicare well visit, and she's got the template in, and we're off to the races."

Happier Patients, Better Health

For all the progress that TexomaCare has made through their partnership with eClinicalWorks, Dr. Carlson recognizes that there is more work to be done as they build upon an already strong foundation.

The Goal of the ACO

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other healthcare providers who come together voluntarily to give coordinated, high-quality care to their Medicare patients.

The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time while avoiding unnecessary duplication of services and preventing medical errors.

When an ACO succeeds both in delivering high-quality care and spending healthcare dollars more wisely, it will share in the savings it achieves for the Medicare program.

Open-access scheduling has been a “big win” for the practice, he said, because it offers patients the convenience and peace of mind that comes with making medical appointments with a single click. But he hopes to implement a 1-800 nurse line as well, to give patients a way to obtain sound medical advice on whether they need to go to the ER or an urgent care facility for whatever problem they may be having.

“We’re trying to get the technology and the workflows in our office to make it to where patients can stay out of the ER, stay out of those areas where, you know, potentially harm might be done,” he said. “Because sometimes ER doctors do things, do tests, that could eventually create harm. We want to get those patients back to us and back into the clinic setting, back into their medical home where we really know them and can take the best kind of care for them.”

Pneumonia vaccination rates at TexomaCare are up. So are diabetic foot exams. And Medicare well visits have risen sharply, as practitioners understand that they can convert acute-care appointments into Medicare well visits for patients who have not had one recently.

“That’s very important when you look at your benchmark as an ACO,” Dr. Carlson said. “So, many of these very healthy patients, if you get them in and A, you prevent problems by taking care of evolving issues, and B, you just take care of them and do that Medicare well visit, their spend per year is going to be less.”

Each day, TexomaCare is discovering more and more that a team-based approach to healthcare isn’t just helpful, but essential.

“You know, most of our medical assistants can do these tasks if we expect them to do them, and train them how to do them,” Dr. Carlson said. “Then I can be looking at you and responding to body language and other cues that are going to make me a better doctor, as opposed to looking at the keyboard to make a clerical thing happen.” ■