



Londonwide LMCs

The professional voice of London general practice

Joy in general practice and supporting resources

On 4 April 2016 Londonwide LMCs met with Drs Thomas and Christine Sinsky, an American husband and wife team who study and report on well-being among family doctors. They believe that greater efficiency, meaning and joy can improve the care GP's provide and make for a healthier workforce. Dr Asiya Yunus, Associate Medical Director at Londonwide LMCs explains more.

Joy in practice as a concept is missing in the GP's experience of primary care that can mitigate burnout and lead to happier staff and happier patients.

In 2015, GPs reported the highest levels of stress since the National GP survey began in 1998, along with lowest job satisfaction, and an increase in the proportion of GPs intending to quit direct patient care within the next five years.¹ The UK has the most stressed primary care physicians in the Western world, with more than one in five GPs reported being made ill by the stress of their work in the last 12 months.²

The need is greater now than ever to keep our staff well. The wellbeing of GPs and primary care teams is crucial for their personal effectiveness, and for the resilience of their own health and happiness. The failure or loss of resilience leads to burnout. Burnout is associated with lower patient satisfaction, reduced health outcomes, and may increase costs.³

Burnout is also associated with an increase in disruptive behaviours, divorce, disease, drug abuse and increase suicide. Tragically between 2005 and 2012, an average of 10 doctors per year took their lives.⁴ Doctors who are suffering from burnout are more prone to errors, less empathetic and more likely to treat patients like diagnoses or objects.

Physician fulfilment in daily work is tightly related to the organisation of the practice environment, including relief from paperwork and administrative hassles, the opportunity to form meaningful relationships with patients and the ability to provide high quality care.

Reports and surveys have said little new, so it is time to move the rhetoric into action. There is no silver bullet to treat the root causes of our struggling health service; serious underinvestment, under-staffing and reorganisation. But there are real practical solutions, tried and tested, that can save us minutes per day, that will lead to hours; thus allowing us to work less, get home earlier and accrue joy!

Sinsky et al⁵, their paper, In Search of Joy in Practice, highlighted primary care innovations gathered from 23 high-functioning primary care practices in the USA, can facilitate joy in practice and mitigate physician burnout. They focused on how practices distribute functions among the team, use technology to their advantage, improve outcomes with data, and make the job of primary care feasible and enjoyable as a life's vocation.

Operational efficiency drives excellence, re-engineering how we do our work can save everyone time. Here are a few of the innovations highlighted that are transferable and have a measured impact.

Solutions to common problems

Challenge: Chaotic Visits

Innovation:

The next appointment starts today; use pre-visit planning and pre-appointment laboratory testing to reduce time wasted on the review and follow-up of blood /lab results.

Standardise and synchronise workflows for repeat prescriptions, an approach that can save doctors five hours per week while providing better care.

Challenge: Inadequate support to meet patient demand for care.

Innovation:

Expand roles allowing nurses, healthcare assistants and physician assistants to assume responsibility for preventive care and chronic care health coaching.

Challenge: Teams that function poorly, and complicate rather than simplify work.

Innovation:

Improving team communication through co-location, huddles and team meetings. Co-locate teams so that doctors work in the same space as their team members; this has been shown to increase efficiency and save 30 minutes of doctors time per day. Team meetings provide protected time to improve processes and strengthen trust and reliance among the team. Huddles first thing in the morning prepare for a smooth day.

As the literature suggests, we become doctors and healthcare professionals, as a calling of our desire to create healing relationships with patients. Joy in practice implies a fundamental redesign of the medical encounter to restore the healing relationships of patients with their primary care team and health care systems.

Resources

StepsForward is a series of free online practice transformation toolkits. <https://www.stepsforward.org>

There 26 modules online on operational topics (pre-visit planning, team meetings, huddles, team documentation), cultural topics (reducing burnout, increasing resiliency, Lean), and clinical topics.

References

Eight National GP Worklife Survey, 2015.

The Commonwealth Fund. 2015 Commonwealth Fund international survey of primary care physicians in 10 nations.

Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Annals of Family Medicine*. 2014; 12-6, 573-576.

Schernhammer ES, Colditz GA. Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). *Am J Psychiatry* 2004; 161 : 2295 -2302.

Sinsky CA, Willard-Grace R, Schutzbank AM, et al. In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices. *Annals of Family Medicine*. 2013; 11:3.