Optimizing the Primary Care Model: Reducing Clinician Burnout and Improving Patient Care Through Shared Patient Panels

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BACKGROUND
- The goal of this project was to implement a primary care clinician co-management model. In this project, a subset of CIM APPs and physicians shared a panel of patients.
- The current practice model in the Mayo Clinic Division of Community Internal Medicine (CIM) in Rochester, MN includes physicians and advanced practice providers (nurse practitioners or physician assistants) (APPs) building independent autonomous panels to provide primary care services. These panels are large, independent, and complex patient panels. CIM panels are based on an institutional care model (control group). Outcomes were obtained from surveys to all other CIM clinicians and patients within the independent panel teams (intervention group), two control groups, and patients within the intervention group. The CIM clinician co-management model teams (intervention group) were compared to the top of licensure. There were also opportunities for clinicians to discuss patient complexity and clinical decision-making in a patient panel size context.

PLANNING
- A comprehensive literature review and analysis of clinician burnout and quality measures were completed to determine opportunities to decrease clinician burnout, while improving continuity of care, quality measures for chronic disease management, and to increase patient satisfaction. Additionally, internal benchmarking with the Mayo Clinic Health System Division in Northwest Wisconsin and Family Medicine practice at Mayo Clinic Florida was performed. In depth discussions to discuss patient complexity and chronic disease management.
- The four key measures established to evaluate the success of the clinician co-management model were established:
  - Burnout
  - Continuity of Care
  - Quality Metrics (Cervical, Breast, Colorectal, Hypertension)
  - Patient Satisfaction

CONTINUITY
- The top four measures established to evaluate the success of the shared panel model included:
  - Continuity of care had double digit increases each quarter during the first year, averaging 75%.
  - Reduction of clinician burnout significantly improved for APPs from 26% to 20% and for physicians.
  - Shared panel physicians reflected the burnout increase was due to other factors.

RESULTS
- The intervention arm had a 10% increase in raw panel size. Next steps of shared panels will be three years as shared panel pairings are expanded.
- Continuity of care had double digit increases each quarter during the first year, averaging 75%.
- Reduction of clinician burnout significantly improved for APPs from 26% to 20% and for physicians.
- Shared panel physicians reflected the burnout increase was due to other factors.

IMPLEMENTATION METHODS
- In November 2021, initial group of 4-8 physicians in APPs and 1-1.5 physicians to APPs ratio were established to co-manage existing patient panels with the corresponding APPs. Two 8-month phases were selected for phases; nine total phases and 17 shared panels included. Continuity, burnout, and quality measures will be compared for patients within a co-management model teams (intervention group) and those in other CIM clinicians and patients within the intervention group. The main endpoint of this project is the calculation factoring in patient complexity and clinical decision-making.
- We used a mixed-methods design integrating qualitative and quantitative data to measure the impact of clinician co-management model and its corresponding burnout, at 31% and 68% respectively, and challenges contributes to a high rate of clinician (physician and APP) burnout, at 31% and 68% respectively, and challenges contribute to a high rate of clinician (physician and APP) burnout, at 31% and 68% respectively, and challenges...

PATIENT SATISFACTION
- Likelihood of Recommending
- Overall satisfaction

PATIENT QUALITY METRICS
- Quality Meets Patient 1 vs Post

BURNOUT
- Clinician Burnout
- Pre Implementation %
- Post Implementation %

IMPROVEMENTS
- An additional result, not included in the original measures, indicated...