

EXECUTIVE SUMMARY: Examining feasibility and acceptability of health worker support of psychiatrists in safety net settings

Background:

- Physician burnout is a major problem as 46% of a representative sample of U.S. physicians show at least one symptom of burnout (Shanafelt et al., 2012).
- The “triple aim” of enhancing patient experience, improving population health, and lowering costs should be modified to the “quadruple aim,” which would begin to address burnout by including the goal of improving the work life of health care providers (Bodenheimer & Sinsky, 2014).
- Pre-baccalaureate or unlicensed healthcare workers are ideally placed to be instrumental in achieving the “quadruple aim” as they make up a large, and rapidly growing, part of the health care workforce and have been found to be helpful in the administrative duties that come with managing chronic disease (Baron, 2010).

Objectives:

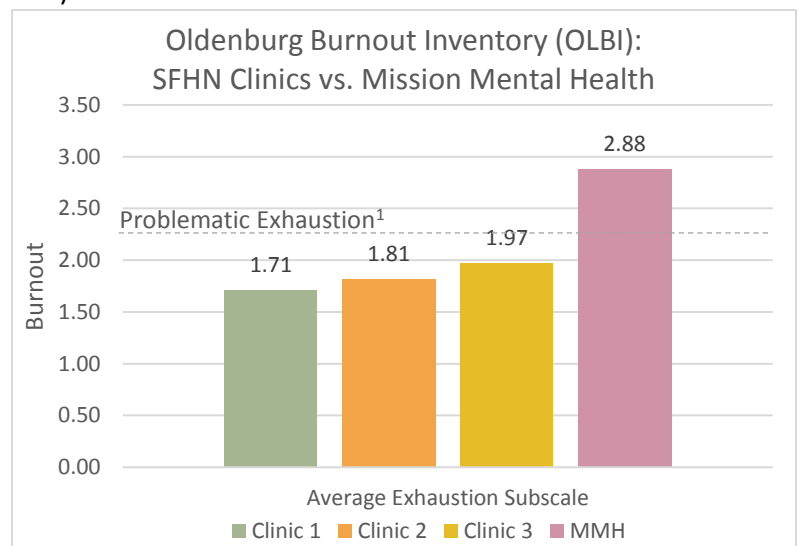
- To assess burnout and existing programs using health workers to support psychiatrists in the San Francisco Health Network Behavioral Health Service (SFHN-BH) and use lessons learned to develop such a program at Mission Mental Health Clinic (MMH) with the goal of reducing burnout.

Methods:

- Distribute Oldenburg Burnout Inventory (OLBI) to psychiatrists across all four SFHN-BH sites. (N =17/21)
- Conduct semi-structured interviews with medical directors, health workers, clinic directors, social workers and pharmacists at three SFHN-BH sites with existing health worker prescriber support programs and analyze interview themes (N= 8).

Results:

- Before implementation at MMH, the OLBI showed higher rates of burnout and exhaustion amongst MMH doctors than at those at other SFHN-BH sites with existing health worker support programs (see figure).
- Interviews revealed that health workers were responsible for chart audits, reminder calls, front desk work, light case management/linkage, and psychoeducation in 2/3 sites. Single sites reported the health worker serving as a community liaison, translator, and in vital sign measurement.
- Interview themes were analyzed and compiled into key lessons.



¹ Westwood et al., 2017

Keys for implementation of such a program at MMH:

- In defining the role of the health worker consider their level of experience as well as their interests and goals in order to promote their professional growth and encourage longer-term retention.
- Develop clear written protocols for all tasks, which interviews showed can be very helpful in practice redesign as people gain new responsibilities.
- Create back-up systems so that the clinic is not overly dependent on one individual in any given role.