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Project #16: Identifying Common Factors of Those on the Open Encounters List

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Identifying Common Factors of Those on the Open Encounters List

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Abstract

More and more organizations are recognizing the electronic medical record (EMR) as one driver that contributes to burnout. This study aimed to understand the reasons why some providers have delayed completion of documentation while others do not, and to use these results to create interventions so that providers can complete documentation within the Open Encounter Policy guidelines. This was done by looking for differences among providers on the open encounter list (refer to introduction for definition) and those that were not. While we hypothesized that older clinicians, those with higher RVU's and those with less administrative time would be more likely to be on the list, we did not see evidence of this in our data. We did see significance in those that completed documentation during the patient encounter versus those that completed documentation after hours. Additionally, having resident and APP support was helpful in not being on the list. Finally, those on the list are more exhausted, burned out and struggling with work-life integration. It was unclear if being on the list was a cause of this or a result of it. Nevertheless, working with providers to co-create strategies to improve documentation efficiency during patient encounters will be key to reducing the number of providers on the list and improving overall provider satisfaction and work-life integration.

Introduction

- Closing encounters in a timely manner is important for patient safety, quality and billing
- The current Open Encounter Policy states that encounters should be closed within 72 hours of seeing the patient
- Health Information Management (HIM) has been tracking and monitoring open encounters for the past few years and have created a weekly open encounter list with names of those HFMG members who have greater than 10 open encounters after 7 days
- HIM internal tracking of providers report showed that about 2% of providers (20-30 people) are chronic offenders of this policy, and the data has shown if a provider is on the list once, they are more likely to be on it again
- It is important to study the reasons for burnout and ways to reduce it amongst providers as consequences of burnout are significant including: poor quality of care, increased medical errors, patient and provider dissatisfaction, attrition from medical practice (2), and negative psychological impact (3)
- Medscape survey of providers have shown that organizational and environmental causes for burnout include bureaucratic tasks, long work hours, electronic health records, lack of autonomy, and focus on productivity over patient outcomes (1)
- To mitigate burnout, projects must focus on the burnout drivers that create distress, worsen personal well-being and negatively impact patient care.
- Despite concerted efforts the volume of open encounters within the Henry Ford Medical Group (HFMG) continues to be an issue which negatively impacts providers and patient quality and safety.
- This quality improvement project focuses on the “process of practice” specifically investigating providers who do not complete documentation within the stated guidelines of the Open Encounter Policy.
- The aim of this study was to understand the reasons why some providers have delayed completion of documentation while others do not and to use these results to create interventions and provide support so that providers can complete all documentation within the Open Encounter Policy guidelines.

Methods

- Subjects: Henry Ford Medical Group (HFMG) providers (N= 1680)
- All providers on the Open Encounter List (N=203) and HFMG providers never on the list (N=1477) were invited to complete an anonymous 3 minutes, 24-question survey asking about their current practice type, their current documentation support, how busy they are and what barriers exist that impact their ability to close their patient encounters in a timely manner.
- Two reminders to complete the survey sent over the course of one-month period

Statistics

Descriptive statistics were reported, frequencies (proportions) were presented for the categorical variables. Chi-square tests were used to compare two categorical variables. Binary logistic regression was used to determine the factors associated with open encounter (yes vs. no) and odds ratio (OR) and the corresponding 95% confidence intervals were reported. Final multivariate model was chosen based on statistical and clinical relevance. A p-value <0.05 was used for statistical significance and SPSS version 28 (IBM Corp. Released 2021. IBM SPSS Statistics for Windows, Version 28.0. Armonk, NY: IBM Corp) was used for all statistical analysis.

Results

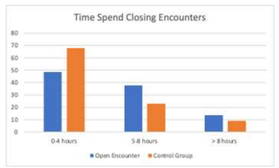
Of the 203 providers on the open encounter list, there were 74 responses (36% response rate). For the control group (N=1477) there were 370 responses (25% response rate). The descriptive statistics compares these two groups.

Graph 1

P- value: .062

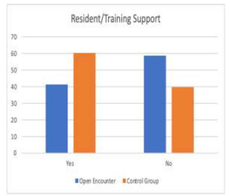
Graph 2

P- value: <.0001*



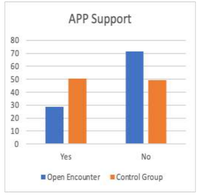
Graph 3

P- value: .007*



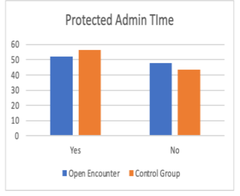
Graph 4

P- value: .013*



Graph 5

P- value: .008*



Graph 6

P- value: .51

Variable	Odds Ratio	95% Confidence Interval	P-value
Had Resident Training Support (Yes)			
No	2.72	1.09 - 6.38	**0.03***
Proceduralist (No)			
Yes	2.35	.93 - 5.93	0.07
Meet/Exceeds RVU Target (Yes)			
No	4.21	1.49 - 11.92	**0.007***
Work Life Integration (Satisfied)			
Neutral	0.75	0.20 – 2.84	0.672
Dissatisfied	2.02	0.68 – 6.00	0.204
Feeling Exhausted (Thriving)			
Neutral	11.06	1.27 – 96.62	**0.03**
Burn Out	7.55	0.84 – 67.96	0.071

Table 1: Multivariate Logistic Regression Model (between those on the open encounters list vs those that are not)

Interpretation of Results

- There was no difference found between years of practice (when comparing 0-10 years and 11+ years) or for those who have protected (non-clinical) time and those who do not
- Encounter group took more time to close encounter as compared to the control group
- The odds of being in an open encounter group is 2.7 times higher if there are no resident training support (controlling for other covariates) compared to having resident training support.
- The odds of being in an open encounter group is 2.4 times higher among proceduralists (controlling for other covariates) compared to the non-procedural group
- The odds of being in an open encounter group is 4.2 times higher among participants who do not meet or exceed RVU target (controlled for other covariates) compared to the participants who meet or exceed RVU target
- The odds of being in an open encounter group is 2 times higher among participants who were dissatisfied with work-life integration (controlled for other covariates) compared to the participants who were satisfied with work-life integration
- The odds of being in an open encounter group is 7.6 times higher among participants who felt burn out (controlled for other covariates) compared to the participants who were felt that they were thriving

Discussion

- These findings debunk some common beliefs that higher RVU's, less protected time, and years of training correlate to those who have more open encounters
- Results show the importance of closing encounters during clinic time, as spending more time outside of clinic hours completing notes is correlated to being on the open encounter list
- Those not on the open encounter lists appear to have more APP and/or resident support more than those on the open encounter list
  - In this data, resident notes that were required for attestation were not included
  - Most likely those who supervise resident clinic may have more time to close their own encounters or have less of their own encounters to close given they have protected supervision time opposed to clinic time
- Understanding these findings can help administrators develop more targeted interventions such as training in efficiency to help providers close encounters during clinic hours
- It is important to intervene as the data suggests those not closing encounters on time are more dissatisfied and more burned out (however, causation remains unclear)

Conclusion

Working with providers to co-create strategies to improve documentation efficiency during patient encounters will be key to reducing the number of providers on the list and improving overall provider satisfaction and work-life integration.

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