

The Ohio Association of Community Health Centers

Background

The Ohio Association of Community Health Centers (OACHC) is a not-for-profit membership association supporting Ohio's Federally Qualified Health Centers (FQHCs, or community health centers) and Federally Qualified Health Center Look-Alikes. OACHC's mission is to ensure access to high-quality, affordable health care for all Ohioans through the growth and development of Ohio's community health centers. Over the past decade, with support from OACHC, the number of Ohio health center corporations increased from 35 in 2009 to 57 in 2021, and the number of sites significantly increased from 158 in 2009 to more than 430 in 2021, covering 75 of Ohio's 88 counties. In 2020, during the COVID-19 pandemic, Ohio health centers provided care to about 800,000 individuals and had more than 3.3 million patient visits.

Ohio health centers are leaders in integrating medical care, behavioral health, substance use treatment, dental, vision, pharmacy, and other services. Patients include people who are isolated from traditional forms of medical care because of where they live, the language they speak, and their increased risk from complex health care needs. Health centers are locally established and operated, so each has a unique culture and provides services designed to best meet the community's needs and challenges. While each is distinct, they share a common purpose: to provide primary health care services — through primary care physicians, nurse practitioners, physician assistants, and support staff — that are coordinated, culturally and linguistically competent, and community directed.

One critical threat to the community health center model of care at both the local and state level is primary care provider recruitment and retention. Current provider engagement and burnout levels are a significant driver of this challenge for Ohio health centers. In 2019, OACHC joined the Institute for Healthcare Improvement (IHI) Joy in Work Results-Oriented Learning Network to identify scalable best practices that Ohio health centers might implement to positively impact provider wellness.

IHI Joy in Work Results-Oriented Learning Network

The IHI Joy in Work Results-Oriented Learning Network (July 2020–December 2022) was a collaborative of pioneer institutions committed to supporting workforce well-being and improving overall quality of care for staff and patients. IHI strives for a future free of health inequities. Our bold vision is that everyone has the best care and health possible. Realizing this vision requires a focus on attending to the joy of the health care workforce. The Joy in Work Results-Oriented Learning Network focused on combating burnout at pace and at scale; provided improvement methods and tools for testing our way to solutions; created a learning system across organizations; and disseminated results and lessons learned.

Approach

OACHC joined the network to learn from IHI about improving health care workforce joy in work and well-being, as well as from national and international work that might have meaning for Ohio health centers. In addition, OACHC invited an Ohio health center partner to participate in this work to test interventions in several areas contributing to provider burnout. Learning from both IHI and the health center partner would then enable OACHC to identify one to two key strategies that could be scaled up at a state level to health centers across Ohio.

Crossroad Health Center, which has 15 primary care providers in five locations, was selected from the health centers that applied for the project. Having already identified through past surveys that a majority of their providers have experienced burnout, Crossroad wanted to partner with OACHC to develop and test new ideas to address this challenge.

To envision their path forward, the OACHC and Crossroad team began to work through the four steps for leaders, as described in the [IHI Framework for Improving Joy in Work](#).

Step 1. Ask Staff, “What Matters to You?” and Step 2. Identify Unique Impediments to Joy in Work in the Local Context

OACHC asked health center chief medical officers, “What matters to you?,” through individual conversations and monthly collective conversation.

Responses include the following:

- Work/life balance
- Taking good care of my patients
- Reduction of electronic health record (EHR) time and inbox demands
- Decreased administrative burden
- Connection to mission

From a literature review, OACHC identified two promising practices that, in combination, had the potential to significantly impact provider burnout: 1) scribing, to address the amount of time providers spend on the EHR and entering patient information into the medical record; and 2) provider resiliency training, to build skills that enable them to thrive in the face of adversity.

Through individual interviews, Crossroad’s chief operating officer asked the health center’s medical providers and executive leadership members, “What matters to you?” Based on their responses, relationships with patients and with Jesus, in service of the health center’s mission, are what matter most to providers. The health center recognized that it is more important than ever, especially during the uncertain times created by the COVID-19 pandemic, to reduce staff burnout, keep morale high, reduce staff turnover, and continue to create a culture of inclusivity, teamwork, respect, and joy.

The Crossroad team identified multiple external factors contributing to provider burnout, including lack of time; late patients; walk-ins; unpredictability of patient needs once they are in the exam room; and the complexity of the health care system, payers, and technology as sources of frustration.

Through collaboration with OACHC, three changes were identified to address impediments to joy in work for Crossroad providers:

- Implement schedule changes
- Find scribes to help providers with the EHR and patient medical records
- Identify a small group of providers to test provider resiliency training

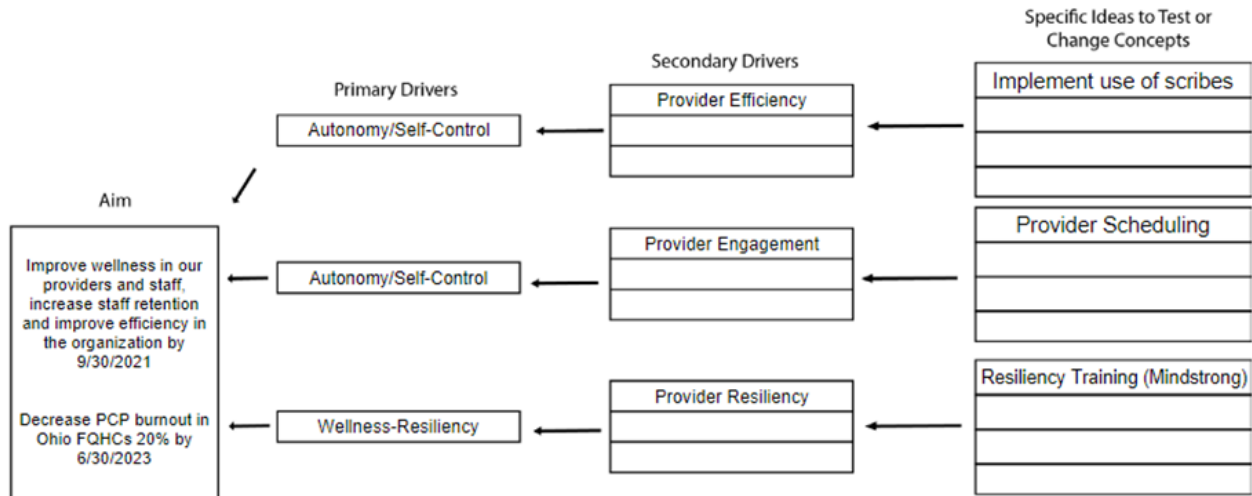
The Crossroad provider burnout survey was conducted again in 2021 to compare to 2019 survey data and measure any improvements in provider engagement and burnout scores.

Step 3. Commitment to a Systems Approach to Making Joy in Work a Shared Responsibility at All Levels of the Organization

The OACHC/Crossroad team committed to involving multiple levels of staff in the project, from senior management to operational staff to providers and support staff. Multiple levels of management from both OACHC and Crossroad Health Center attended IHI network learning sessions and met together monthly on a consistent basis throughout the project. In addition, the project enabled the team to begin conversations about provider well-being and to continue those conversations at the board level in both organizations.

Step 4. Use Improvement Science to Test Approaches to Improving Joy in Work at Health Centers in Ohio

The OACHC/Crossroad team developed a driver diagram to articulate their improvement aim, drivers that contribute directly to achieving the aim, and specific change ideas to test.



For each of the three secondary drivers, the team identified three distinct Plan-Do-Study-Act (PDSA) cycles to test specific changes at the Crossroad Health Center.

- **Provider Efficiency: Implement Use of Scribes**
Prediction: Adding an employed medical assistant (MA) acting as a scribe for two providers will enhance their productivity and job satisfaction scores.
- **Provider Engagement: Provider Scheduling**
Prediction: Moving from individualized provider scheduling templates to unified provider

wave scheduling templates will improve provider efficiency as shown by changes in measures of provider productivity and third next available appointments.

- Provider Resiliency: Resiliency Training**
 Prediction: Taking a cohort of primary care providers through an evidence-based provider resiliency class (MINDBODYSTRONG) will improve their current health assessment, PHQ-9 (Patient Health Questionnaire), GAD-7 (General Anxiety Disorder), one burnout question, perceived stress, and job satisfaction scores.

Outcomes

Implement Use of Scribes

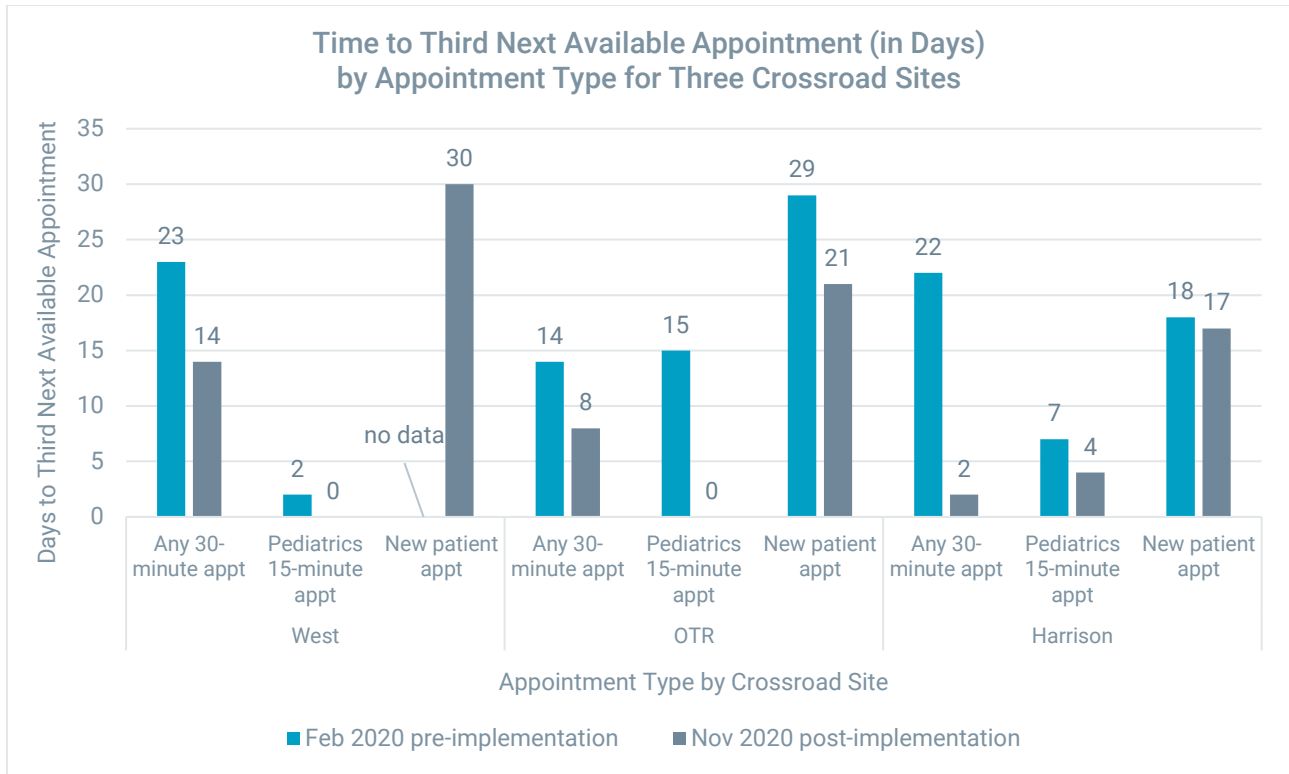
This change was to be piloted with two identified Crossroad providers. It started during the project period, but only temporarily with one provider. COVID response activities, staffing family and medical leave, and other shortages, as well as a move to telehealth and other Crossroad operational challenges impacted the health center’s ability to implement and fully test this change.

Provider Scheduling

The change to test unified provider wave scheduling templates was subjectively well received at Crossroad and made an impact on provider and support staff well-being. Thus, this change was rolled out to other Crossroad clinical sites in succession and over the course of the project implemented at all Crossroad sites. Although provider productivity did not increase, patient no-show rates and third next available appointment rates improved as shown below.

Table 1. Provider Productivity Data

Crossroad Site	December 2019 (baseline)		November 2020	
	Visits per hour	No-show rate	Visits per hour	No-show rate
West	1.66	22.6%	1.32	11.7%
OTR	1.72	27.3%	1.59	18.4%
Harrison	1.74	16.8%	1.70	12.7%



Provider Resiliency Training

This change was tested with nine Crossroad primary care providers. OACHC identified an existing evidence-based training curriculum created by OSU College of Nursing called the [MINDBODYSTRONG Program](#). OACHC and Crossroad project leaders attended an OSU training to enable them to teach the curriculum. The team then hosted seven one-hour virtual sessions, every other week for 14 weeks in 2021, to train Crossroad providers using a small group format.

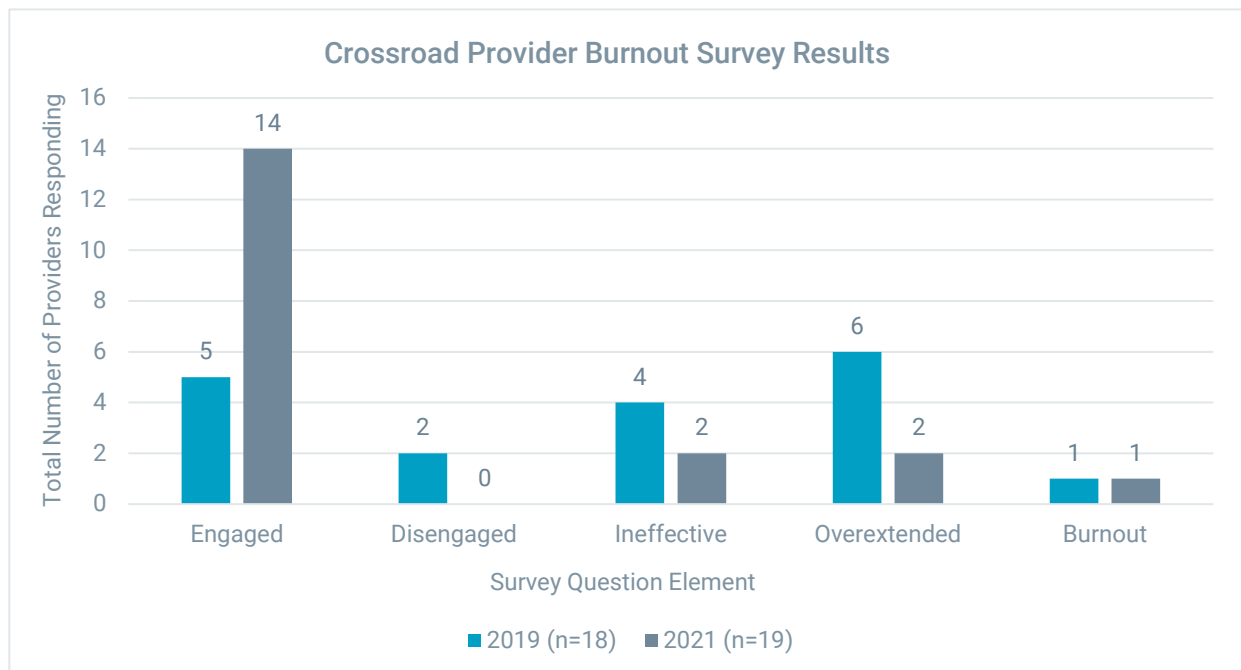
Table 2. Provider Resiliency Training Data

Survey Question	Pre-Training Average	Post-Training Average	Change
Current health (1-to-5 scale)	3.33	3.89	Improved
PHQ-9 (4 or less=None)	5.2	2.17	Improved
GAD-7 (5 or less=None)	3.8	3.5	Slightly Improved
Burnout 1 question (1-to-4 scale)	1.2	0.85	Improved
Perceived stress (0 to 13=Low)	14.2	11.5	Improved
Job satisfaction (1-to-4 scale)	3.1	3.28	Improved
Balancing Questions			
Relational connectedness (1-to-5 scale)	3.17	3.83	Improved
Confidence in applying information (1-to-5 scale)		3.83	
Change in knowledge (1-to-5 scale)		3.66	

Quotes from Providers about the Impact of Resiliency Training

- “Started a gratitude journal, feeling better about prioritizing nonwork/quality of life activities and time.”
- “Gained skills in dealing with a difficult child, which helped us both stay calmer.”
- “I was able to talk about how self-talk affects mood with my husband.”
- “I began being more intentional about self-care. I tracked how often I meditated and engaged in routine physical activity.”
- “I found that I changed from mostly reactive to responsive in conversations.”
- “Prior to the beginning of the class I was feeling completely burned out and overwhelmed. Although I know many of the concepts outlined in the training, it was great to actually have time to sit down and focus on goal setting, positive thinking, and focus on some self-care. The techniques really helped me realize that I needed to seek some extra help for anxiety. I met with my primary care physician, started on some medications, and have noticed a significant improvement. While I still experience stress at times, it’s no longer overwhelming, and I no longer feel burned out.”

Despite the COVID-19 pandemic, the number of Crossroad providers who respond they feel engaged has increased by 100 percent from 2019 to 2021, and the number feeling overextended or ineffective decreased significantly, as shown below in the survey results.



Lessons Learned

- Scribing was not able to be fully tested during this project for a number of reasons. However, both OACHC and Crossroad feel scribing is a potential best practice to impact provider well-being. One lesson learned during the project is that directly employed scribes may not be the most cost-effective or sustainable way to implement scribing for health centers. Remote scribing utilizing a vendor or digital scribing using a technology platform/artificial intelligence (e.g., Suki, ScribeEMR) may work more effectively. Crossroad is currently exploring both options to decide between approaches and plans to test this change with a small cohort of providers in 2022.
- Unified scheduling did not improve provider productivity as predicted. It did improve third next available appointment rates and patient no-show rates, although this may be more likely a result of increased telehealth visits during this time period. In addition, both provider and support staff subjectively embraced the scheduling change and the organization had enough positive feedback to adopt and spread the change to all locations.
- Provider resiliency training had surprisingly positive impact and outcomes in the test with the initial cohort of providers. Even during the pandemic, the number of Crossroad providers who said they feel engaged has increased from 28% (5 out of 18 providers) in 2019 to 74% (14 out of 19 providers) in 2021, and the number who feel overextended or ineffective decreased significantly. The training is also financially and operationally scalable to larger provider audiences and health centers in Ohio.

Next Steps

- OACHC plans to continue working with Crossroad as they implement scribing and evaluate the impact so that both organizations can learn together. However, from the learning of other organizations and a review of current literature, scribing appears to be a promising practice for other FQHCs in Ohio to consider implementing.
- OACHC and Crossroad are assessing additional MINDBODYSTRONG classes for other Crossroad providers and staff.
- OACHC will be working with OSU College of Nursing to create ways for all interested FQHCs in Ohio to have one or more staff trained to implement and teach MINDBODYSTRONG on a regular basis at their local health center. This tool is low cost, low resource, and high impact.
- OACHC's chief medical officer and workforce director will begin to work on a method to annually gather Ohio health center provider engagement or burnout data. OACHC's Health Center Controlled Network is also working on this and has created a Provider Burden Survey based on the Mini Z that OACHC will encourage health centers to adopt and utilize.