

# Swedish Provider Engagement Results

November 2020





# Key Details

Survey conducted from September 8 – October 21  
Included all employed/foundation providers

Anonymous survey without individual attribution

New survey to the Physician Enterprise

- No prior year trending
- Focus on COVID-19 and Wellness

Results only at level of medical group, not individual clinic





# Response Rate

<b>System<sup>1</sup></b>	<b>6,816</b>	<b>4,885</b>	<b>72%</b>	<b>568</b>
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<b>California</b>	<b>1,630</b>	<b>1,278</b>	<b>78%</b>	<b>26</b>
Northern California	333	265	80%	2
SJHMG Humboldt	104	75	72%	9
SJHMG Napa	41	27	66%	6
SJHMG Sonoma	188	163	87%	0
Los Angeles	738	597	81%	0
Facey	261	224	86%	0
PMI	237	209	88%	0
St. Johns	240	164	68%	28
Orange County/High Desert	559	416	74%	32
Mission HMG	147	81	55%	37
St. Joseph HMG	129	82	64%	22
St. Jude HMG	249	218	88%	0
St. Mary High Desert MG	34	34	100%	0

<b>Oregon</b>	<b>1,549</b>	<b>1,049</b>	<b>68%</b>	<b>191</b>
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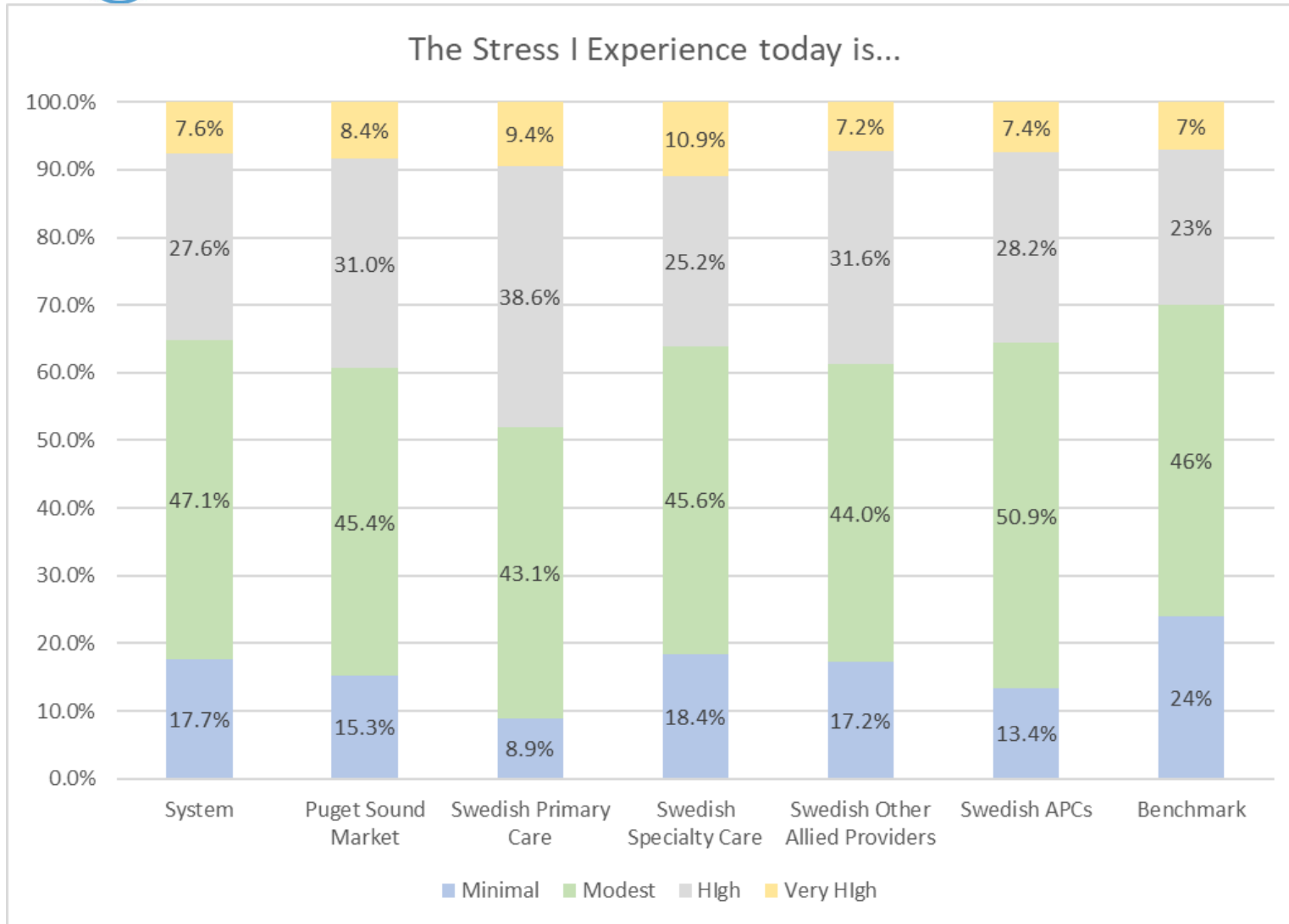
<b>TX/NM</b>	<b>284</b>	<b>273</b>	<b>96%</b>	<b>0</b>
Covenant	226	226	100%	0
Grace	58	47	81%	0

<b>WA/MT</b>	<b>3,353</b>	<b>2,271</b>	<b>68%</b>	<b>412</b>
Eastern Washington/Montana	1,201	799	67%	162
Kadlec	282	180	64%	46
Montana	235	171	73%	17
PHC (Spokane)	592	375	63%	99
SE Washington	92	73	79%	1
Puget Sound	2,152	1,472	68%	250
NW Washington	198	168	85%	0
PacMed	151	147	97%	0
SW Washington	240	195	81%	0
Swedish	1,563	962	62%	289



# Stress & Wellbeing

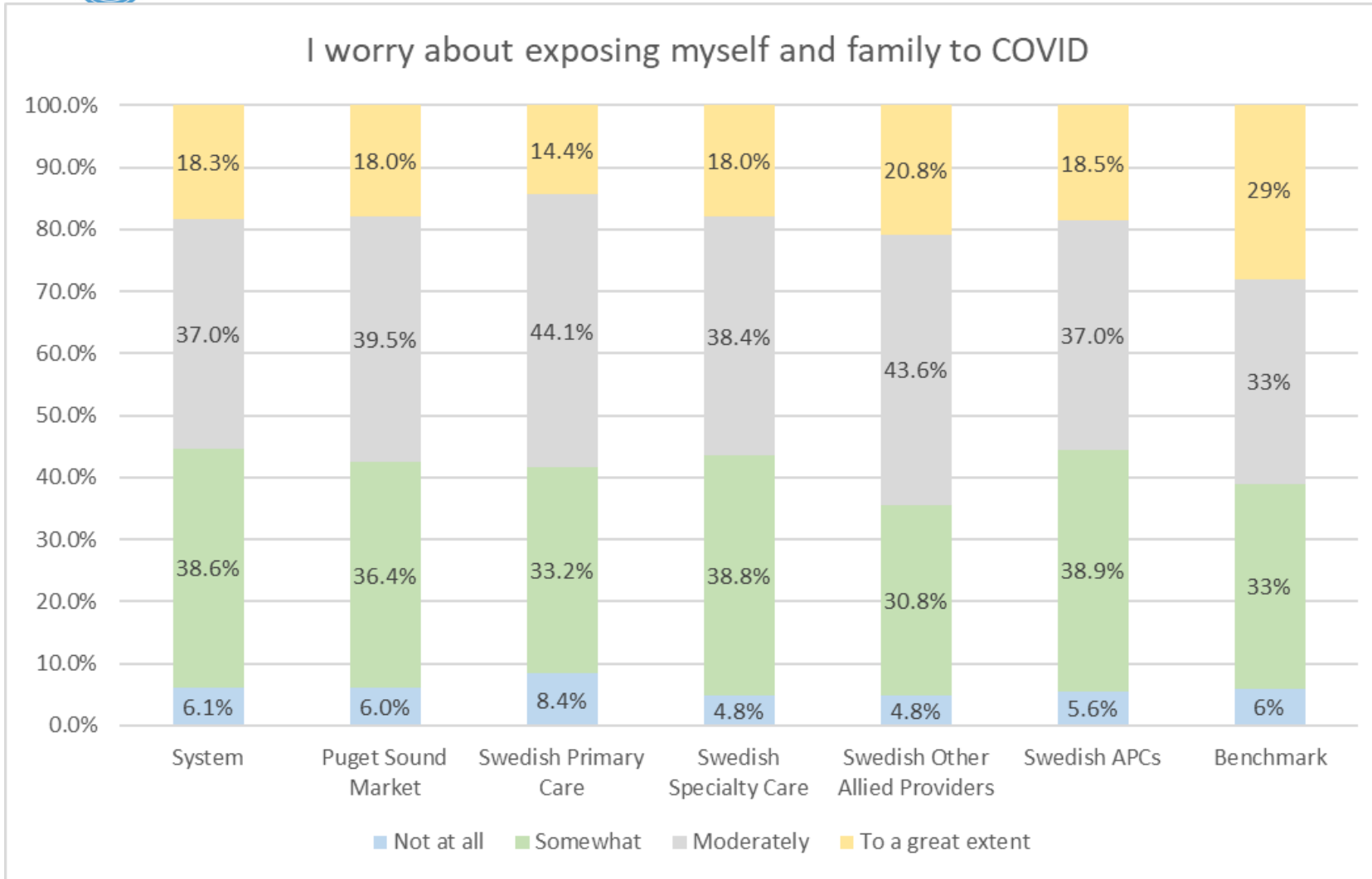




Nationally, ~30% of providers express high or very high stress

Benchmark scores are the national responses to the AMA survey

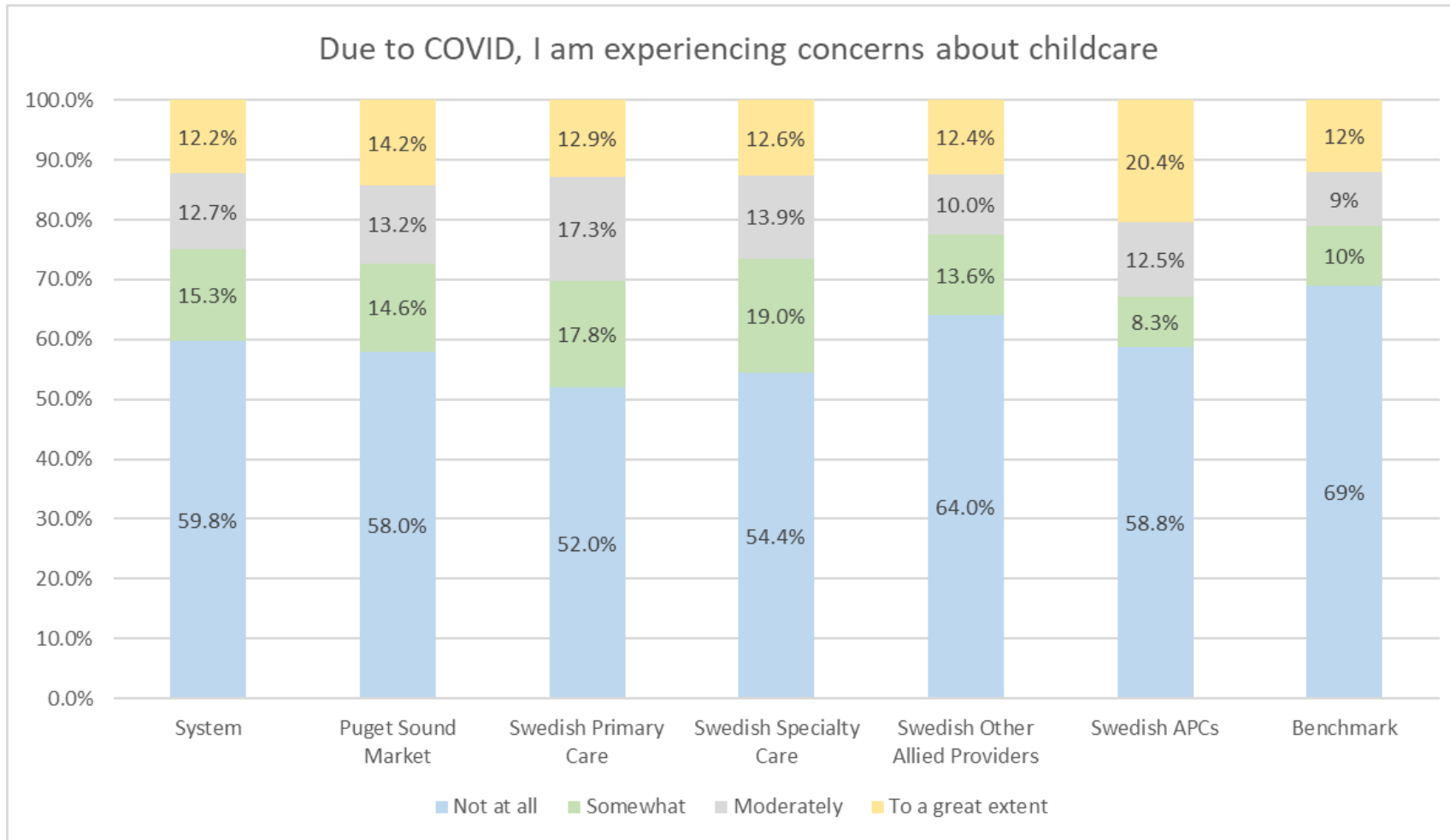




Nationally, ~29% of providers express to a great extent

Benchmark scores are the national responses to the AMA survey

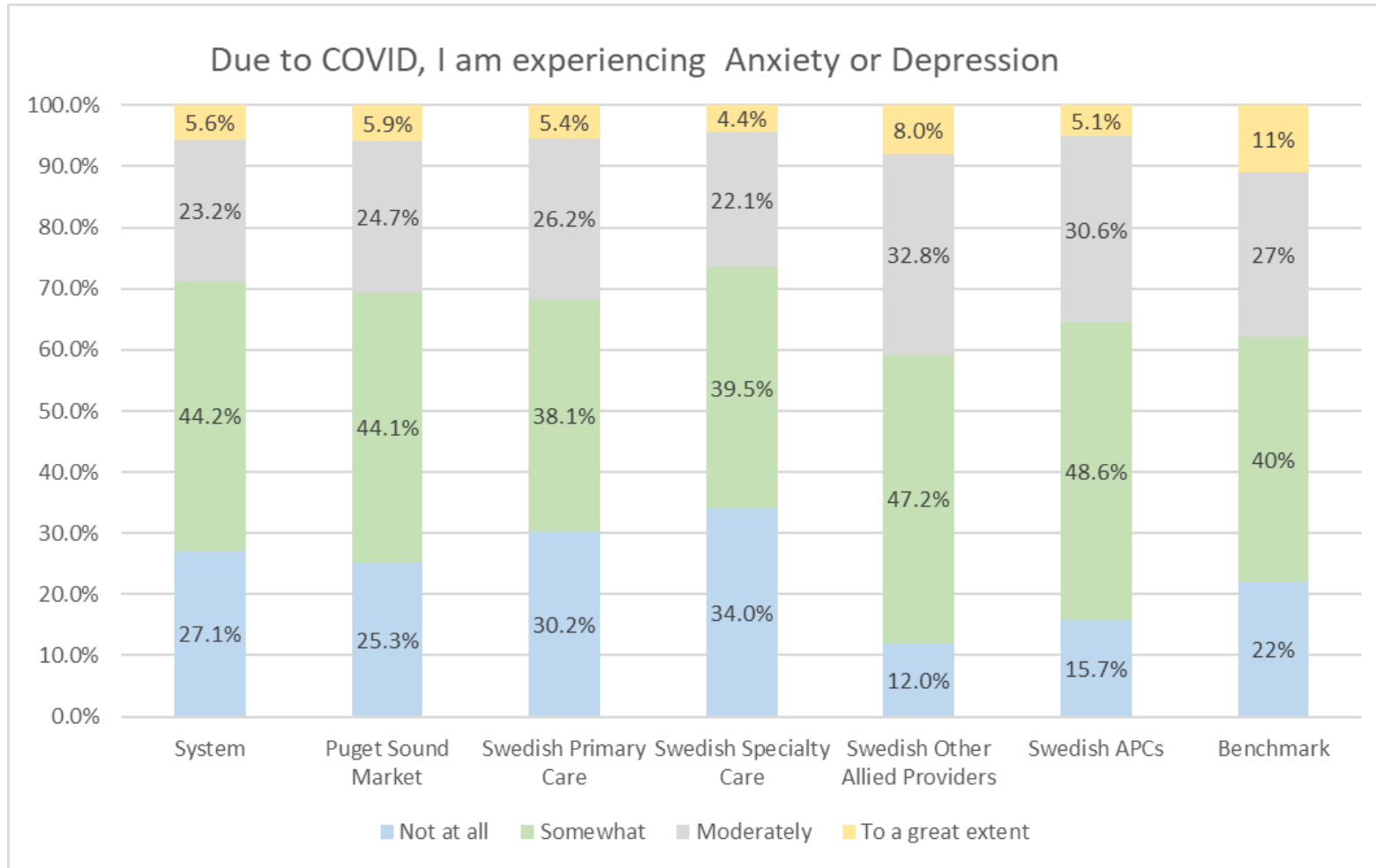




Nationally, ~21% of providers express moderately or to a great extent

Benchmark scores are the national responses to the AMA survey





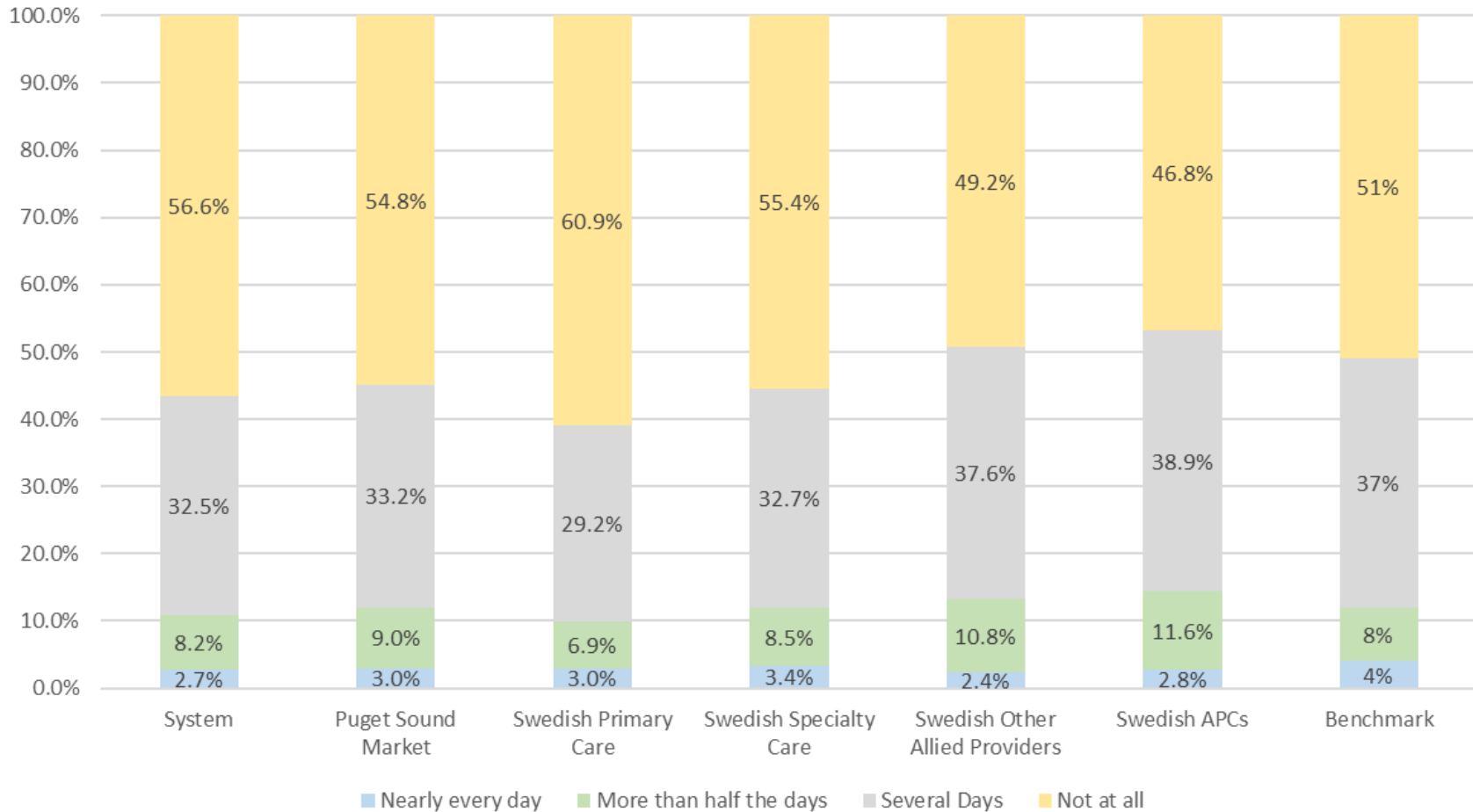
Nationally, ~38% of providers express moderately or to a great extent

Benchmark scores are the national responses to the AMA survey





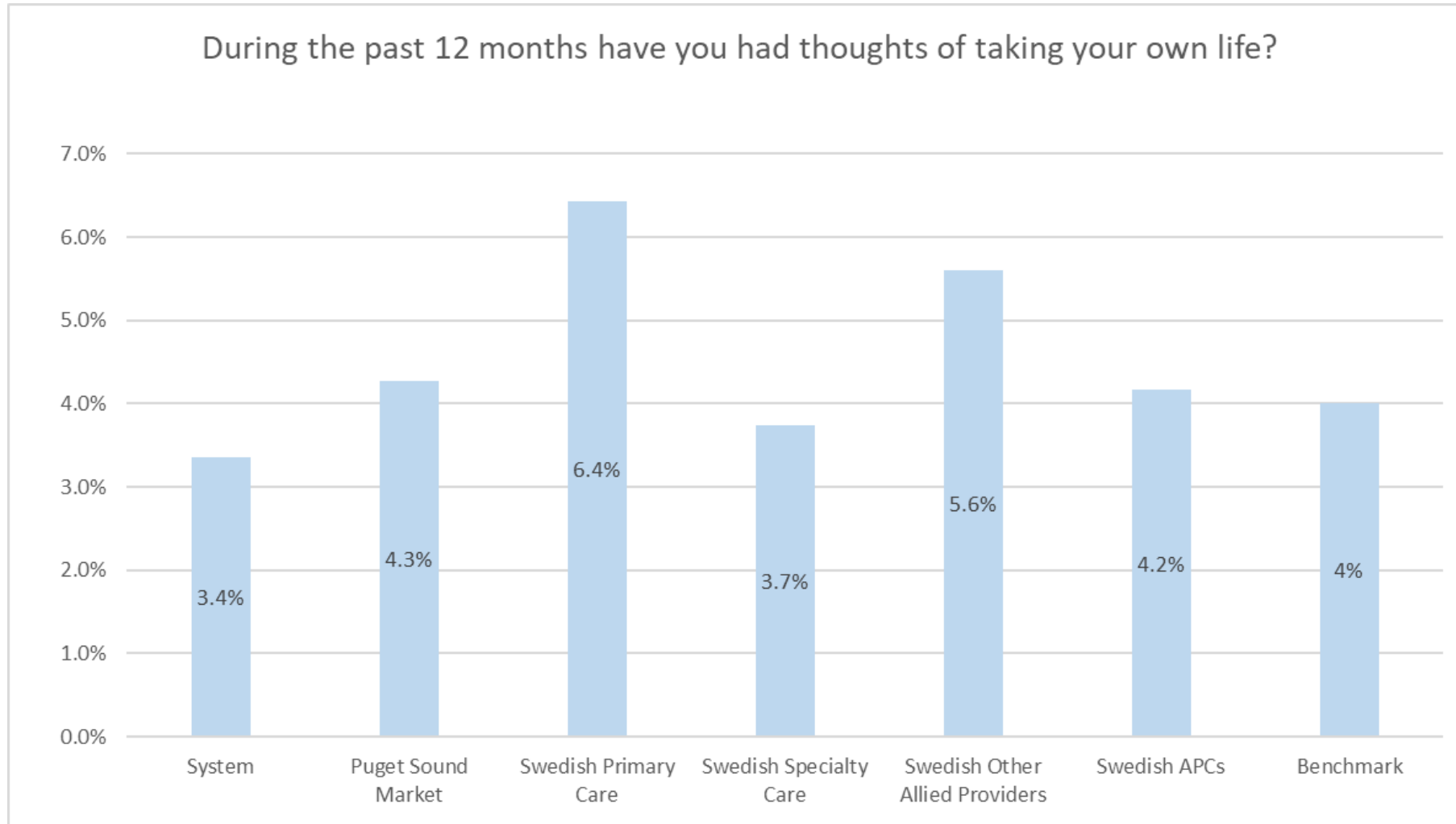
### How often have you been bothered by feeling down, depressed, or hopeless?



Nationally, ~12% of providers express being down half or more days

Benchmark scores are the national responses to the AMA survey

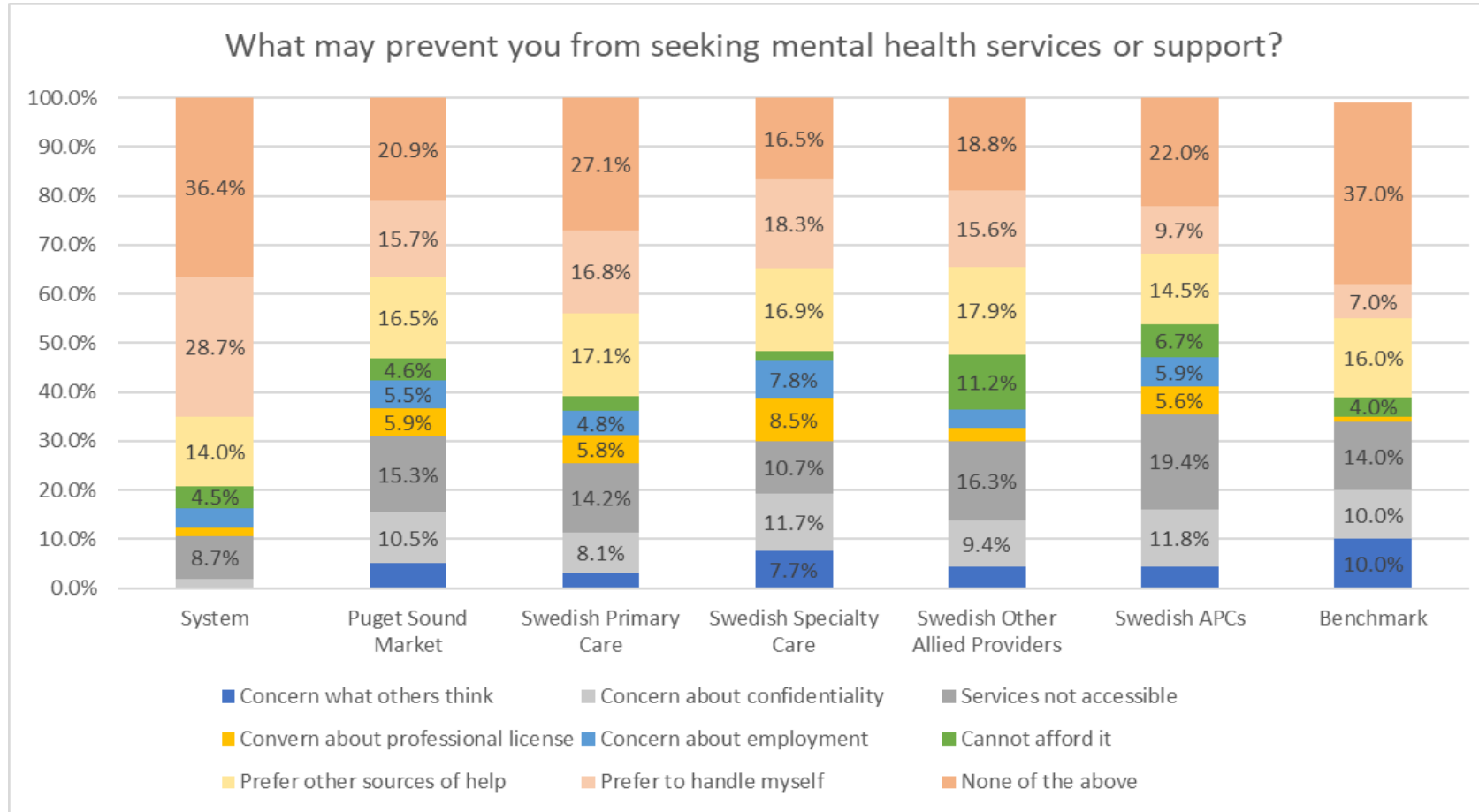




Nationally, ~4% of providers express suicidal thoughts

Benchmark scores are the national responses to the AMA survey





The top 3 Swedish categories are:

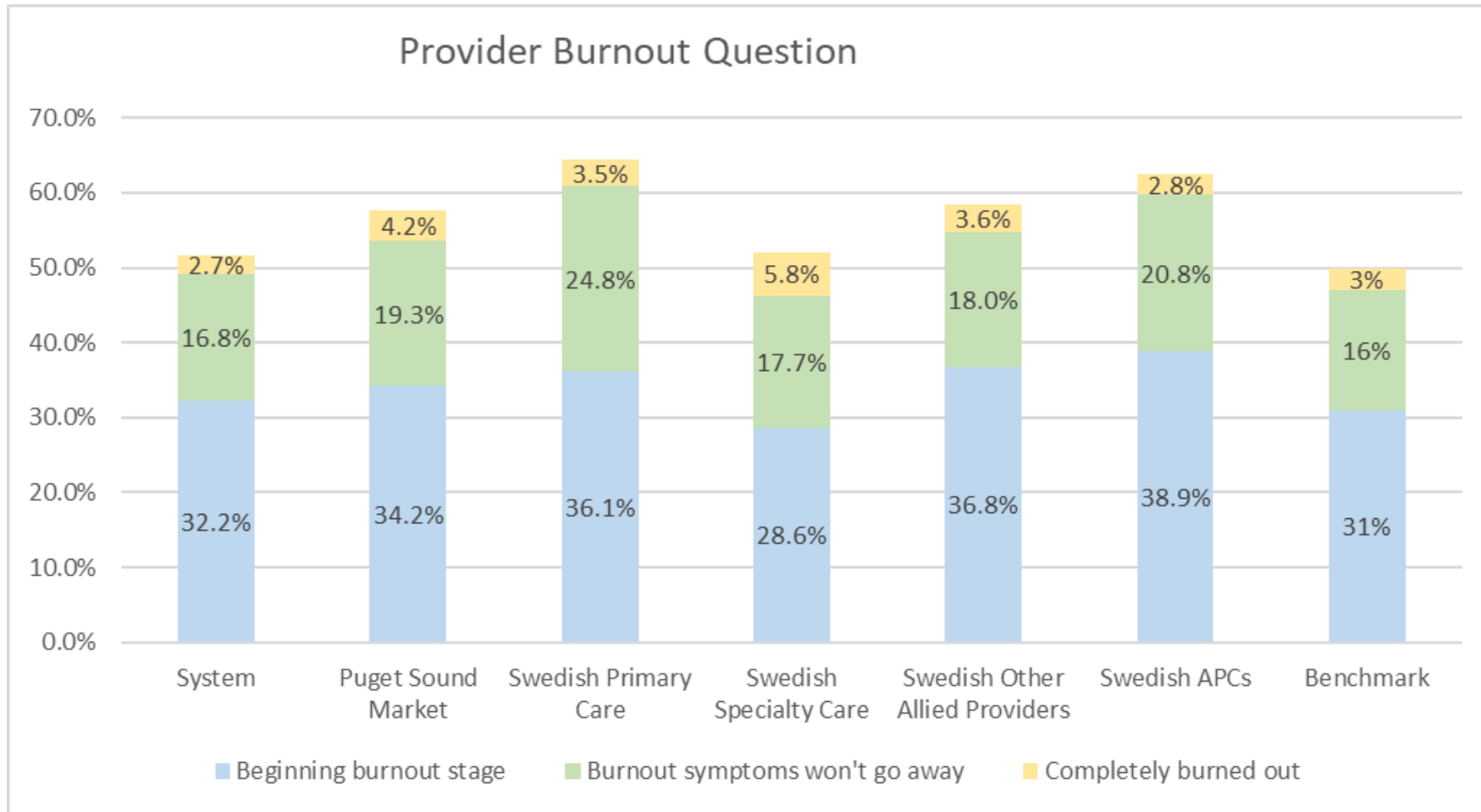
- None of the above
- Prefer other sources of help
- Services not accessible

Benchmark scores are the national responses to the AMA survey



# Workload

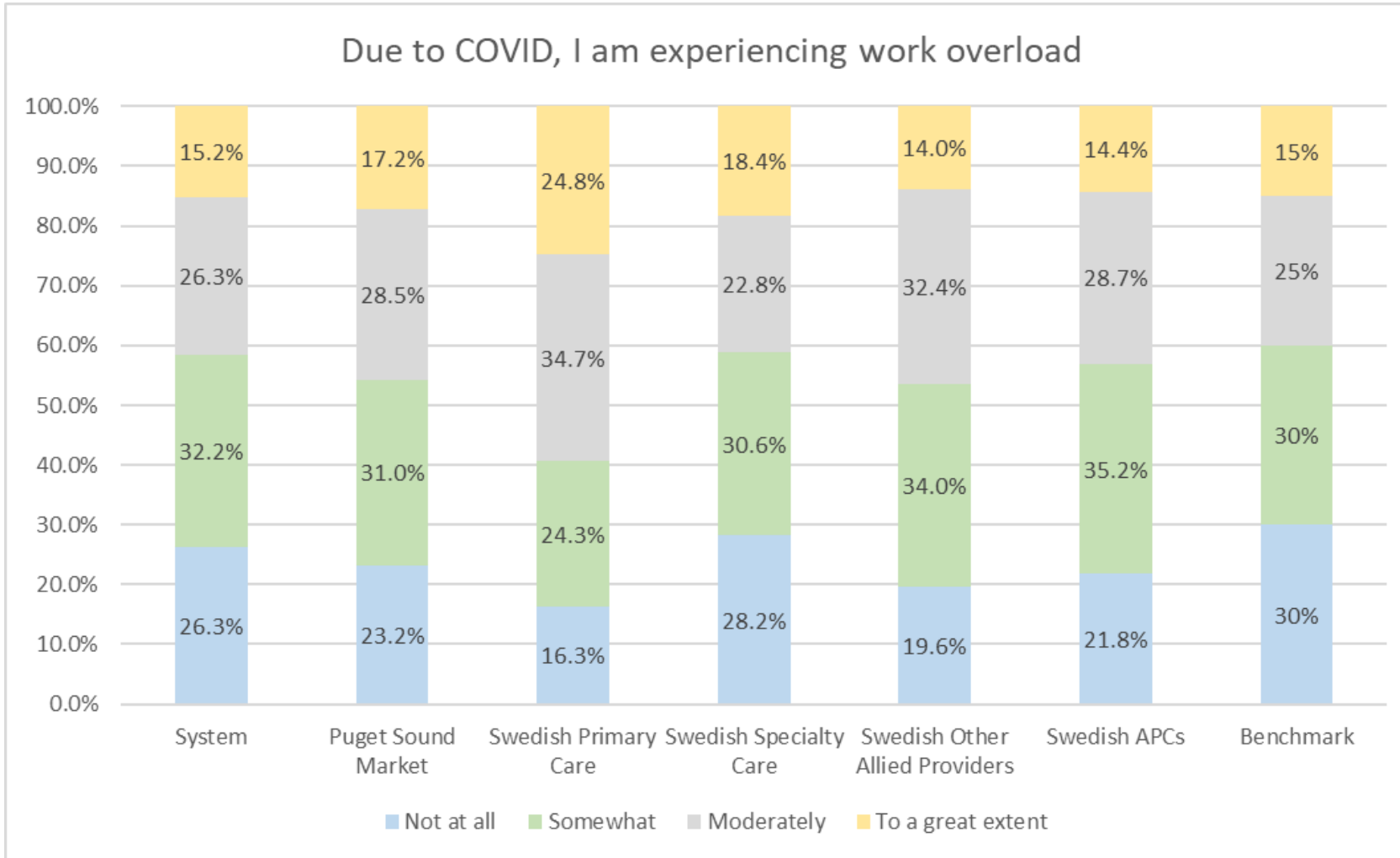




Nationally, ~50% of providers express some level of burnout.

Benchmark scores are the national responses to the AMA survey



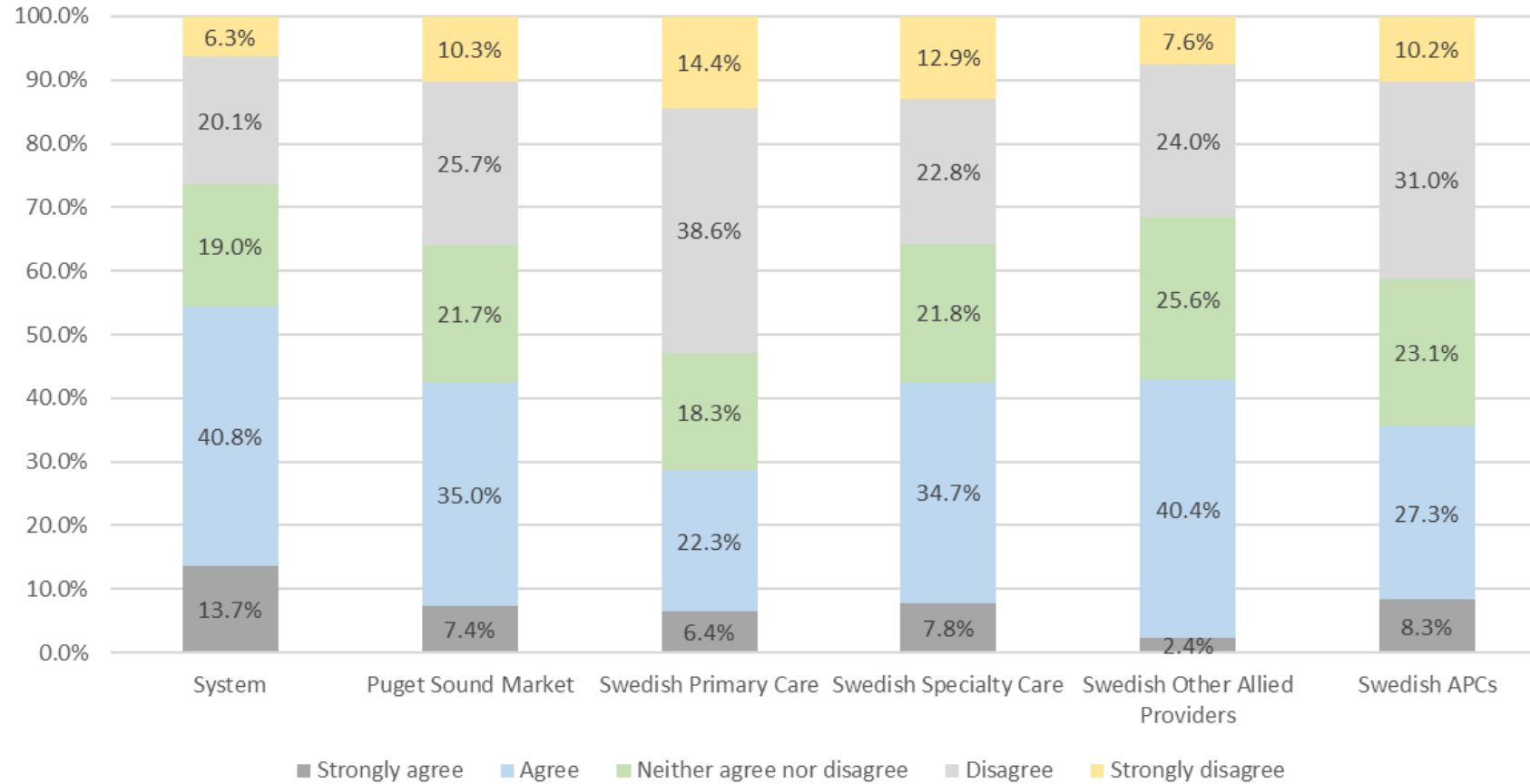


Nationally, ~40% of providers express moderately or to a great extent

Benchmark scores are the national responses to the AMA survey

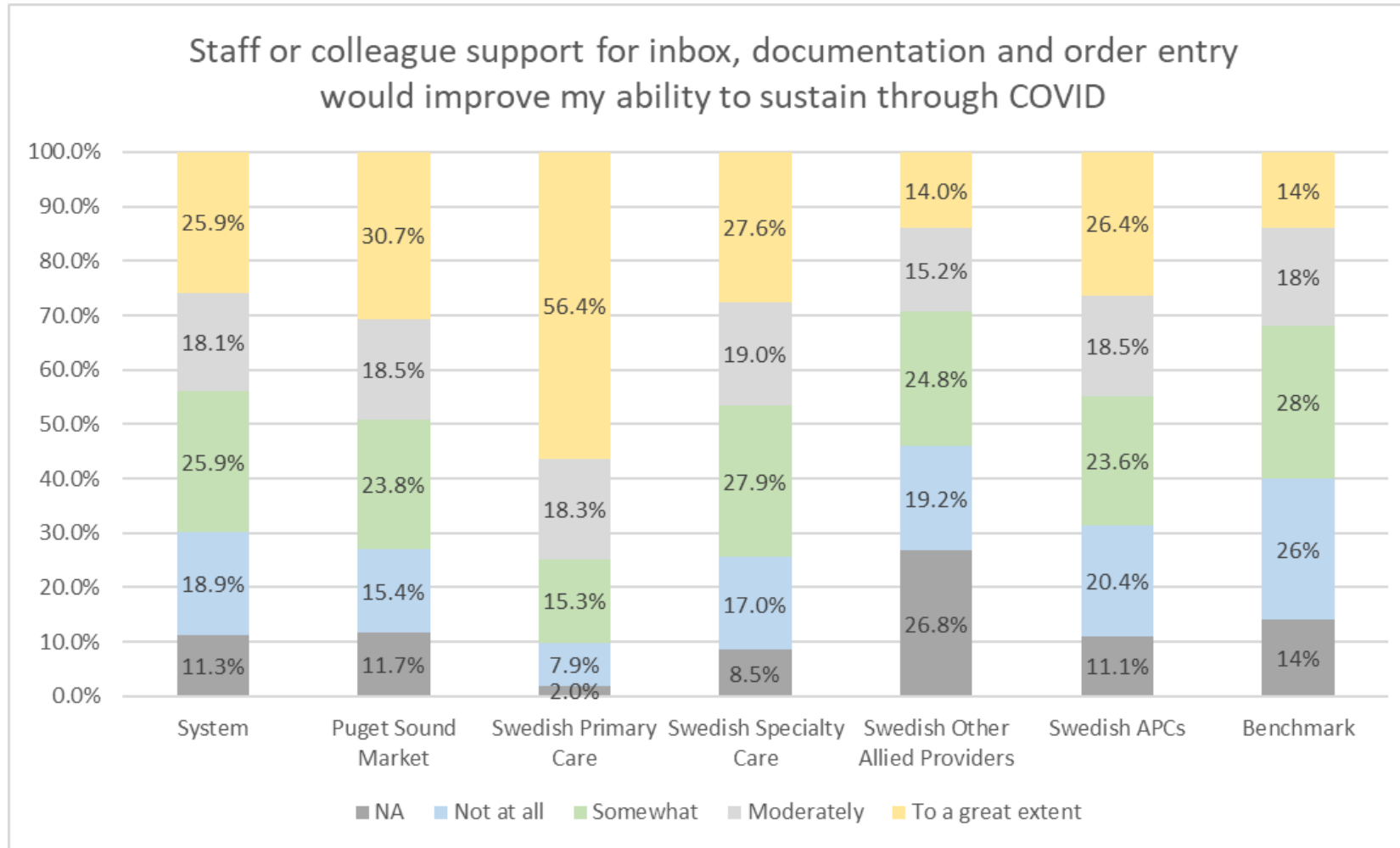


I have the tools and staffing needed to provide great care for patients in my clinic/group.



There is no national comparison for this custom question.



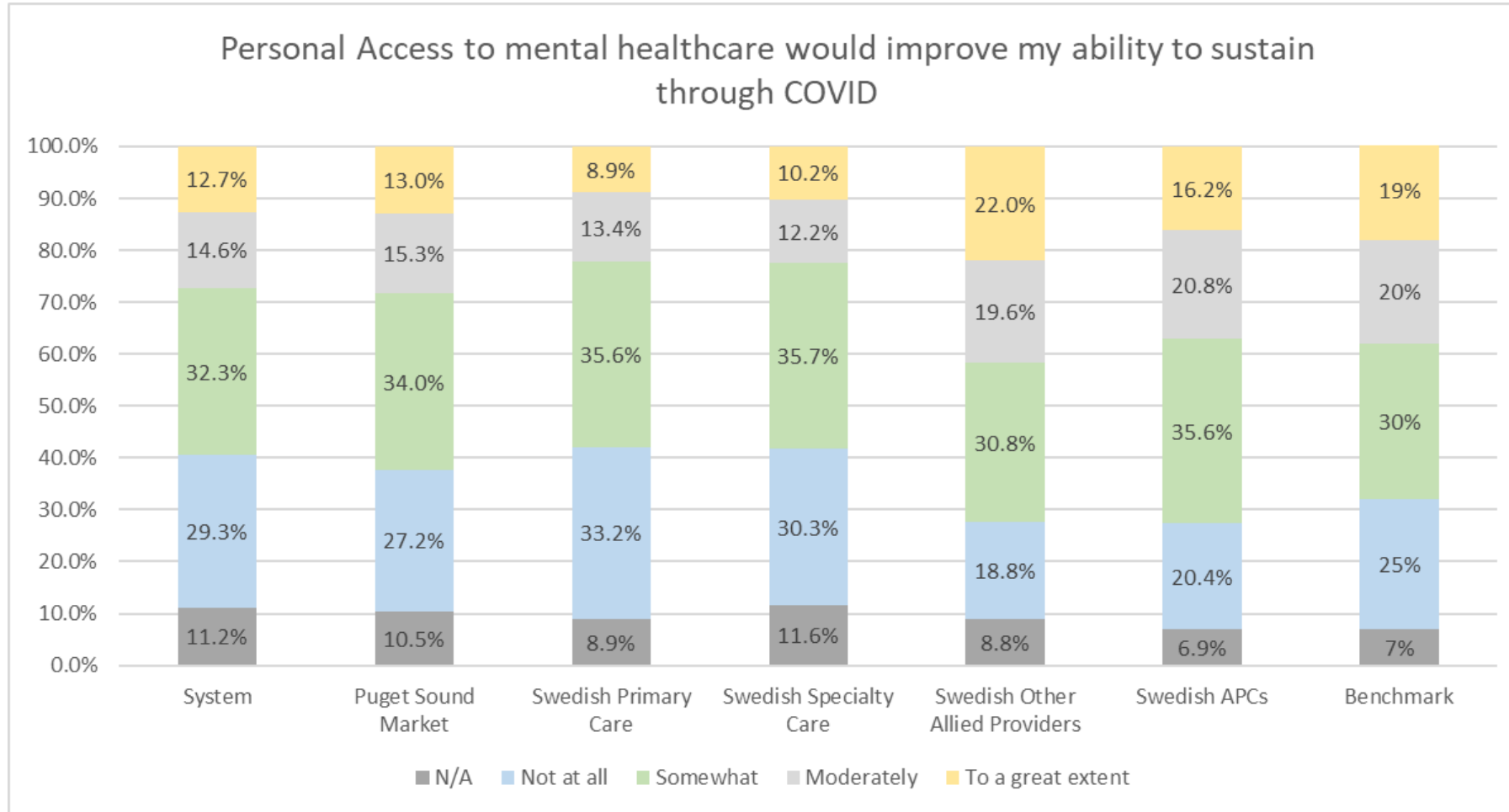


Nationally, ~32% of providers express moderately or to a great extent

Benchmark scores are the national responses to the AMA survey







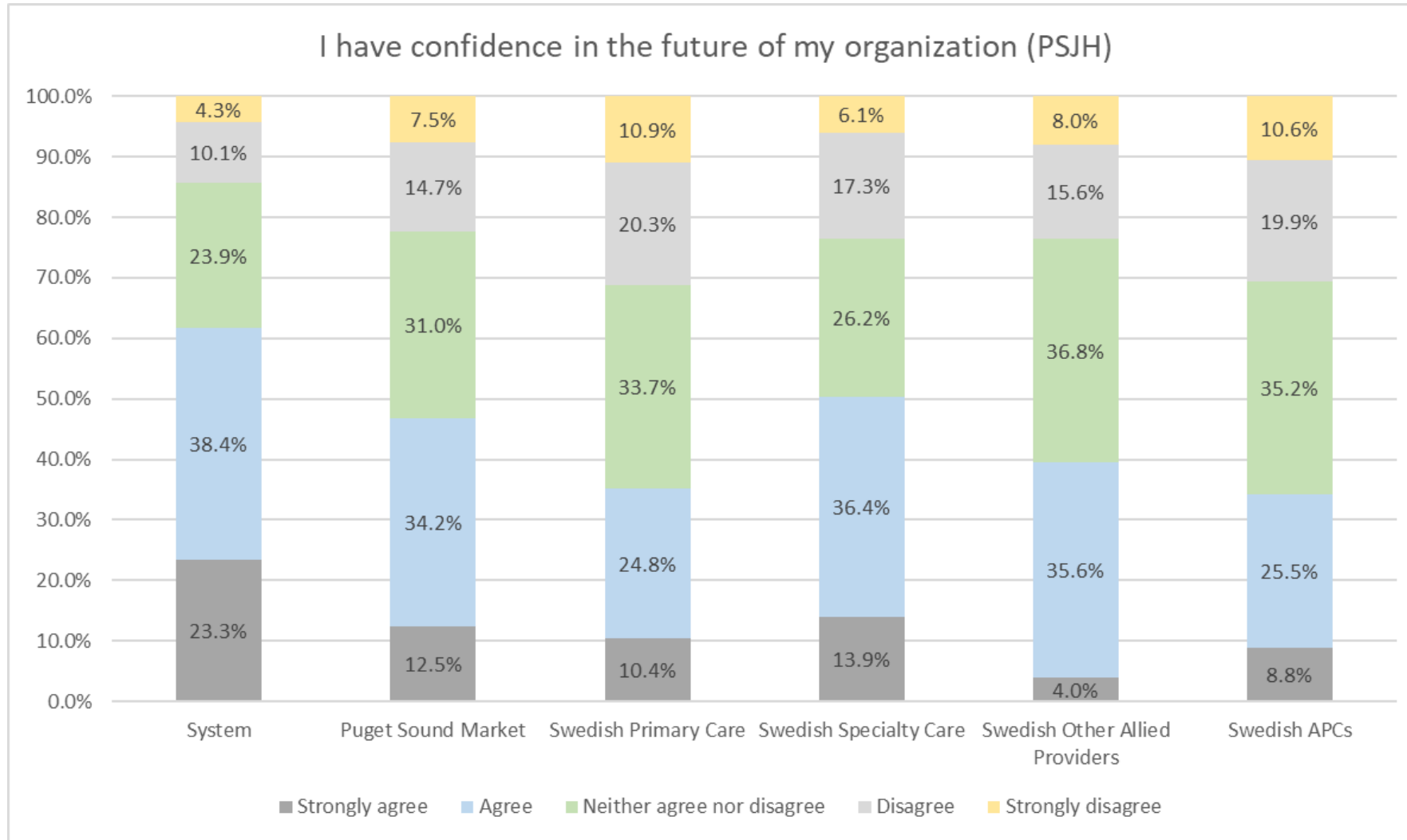
Nationally, ~39% of providers express moderately or to a great extent

Benchmark scores are the national responses to the AMA survey



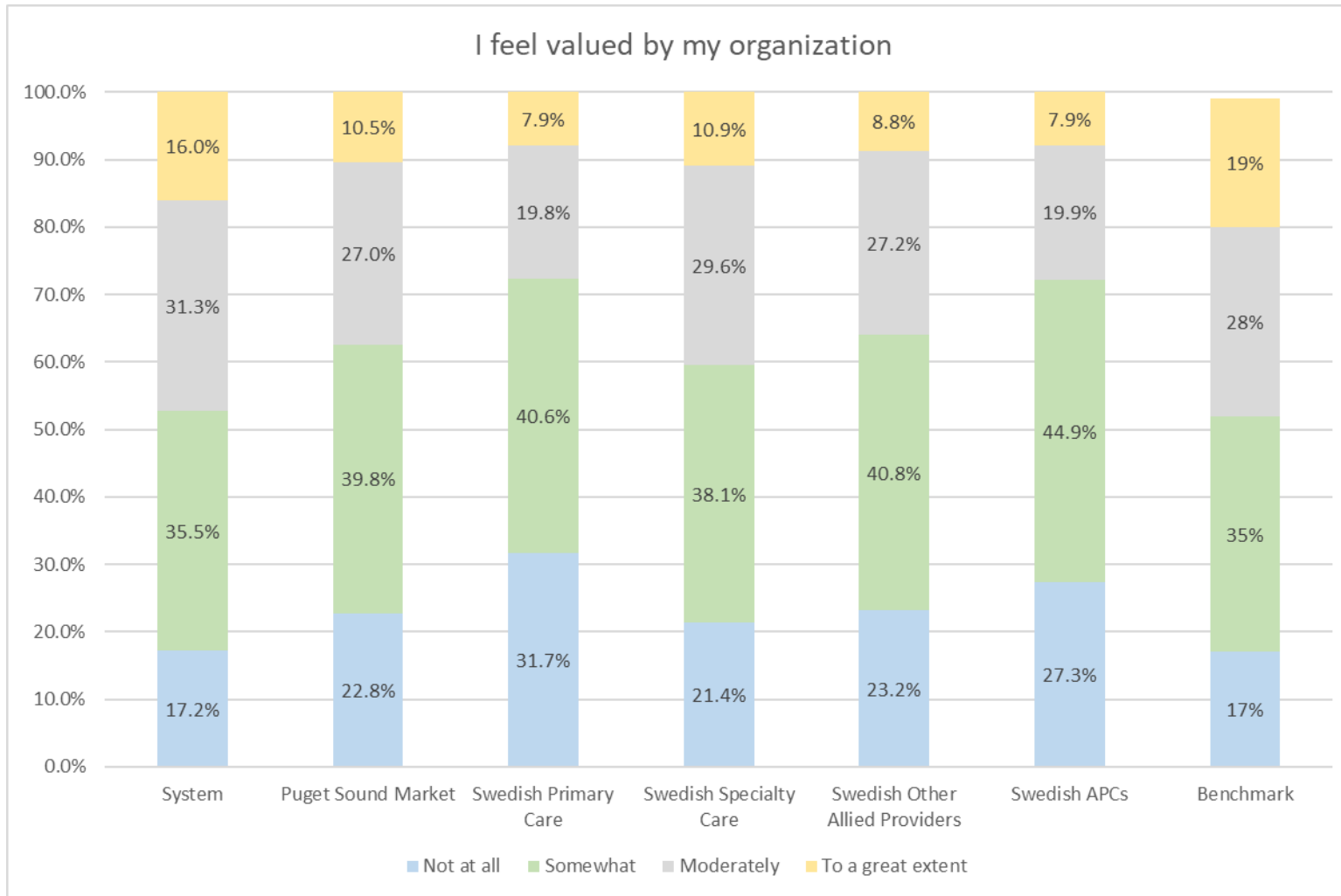
# Engagement





There is no national comparison for this custom question.



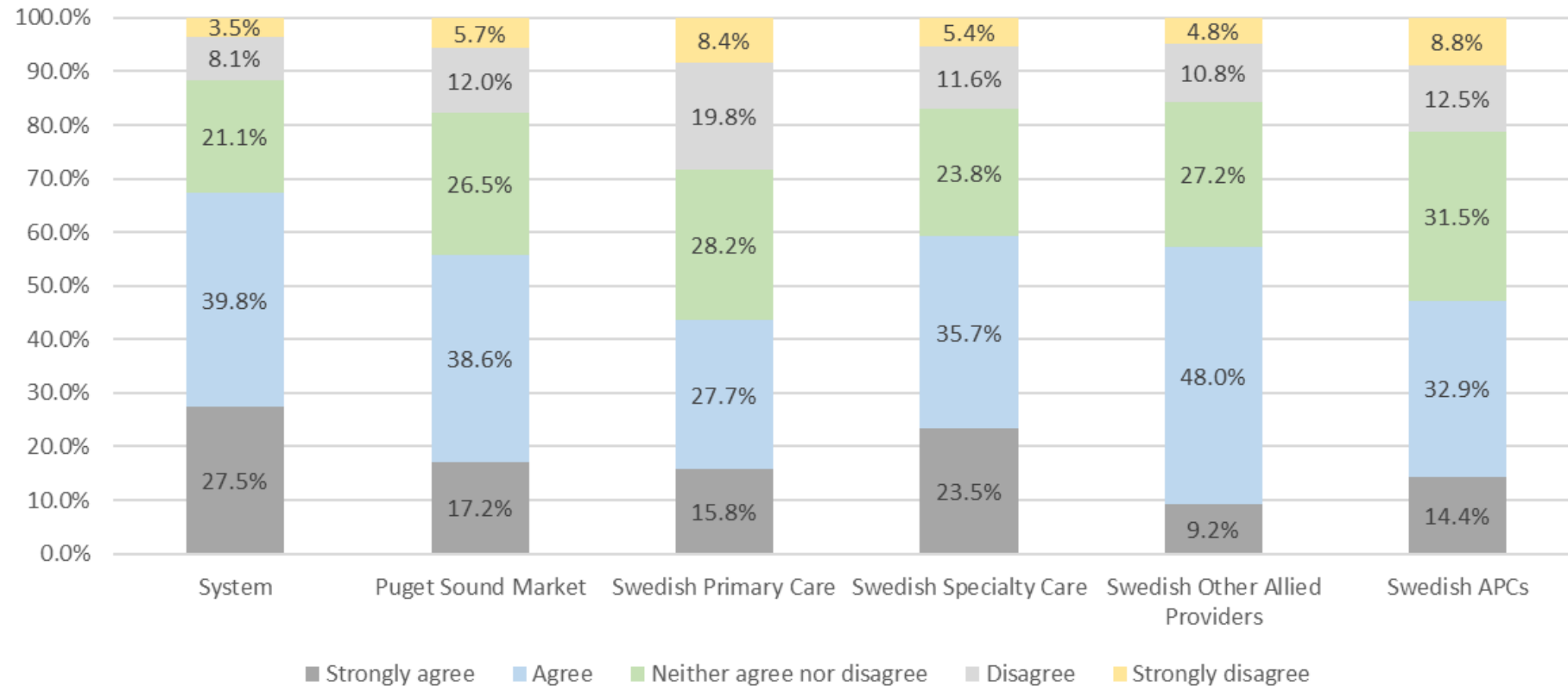


Nationally, ~47% of providers express moderately or to a great extent

Benchmark scores are the national responses to the AMA survey

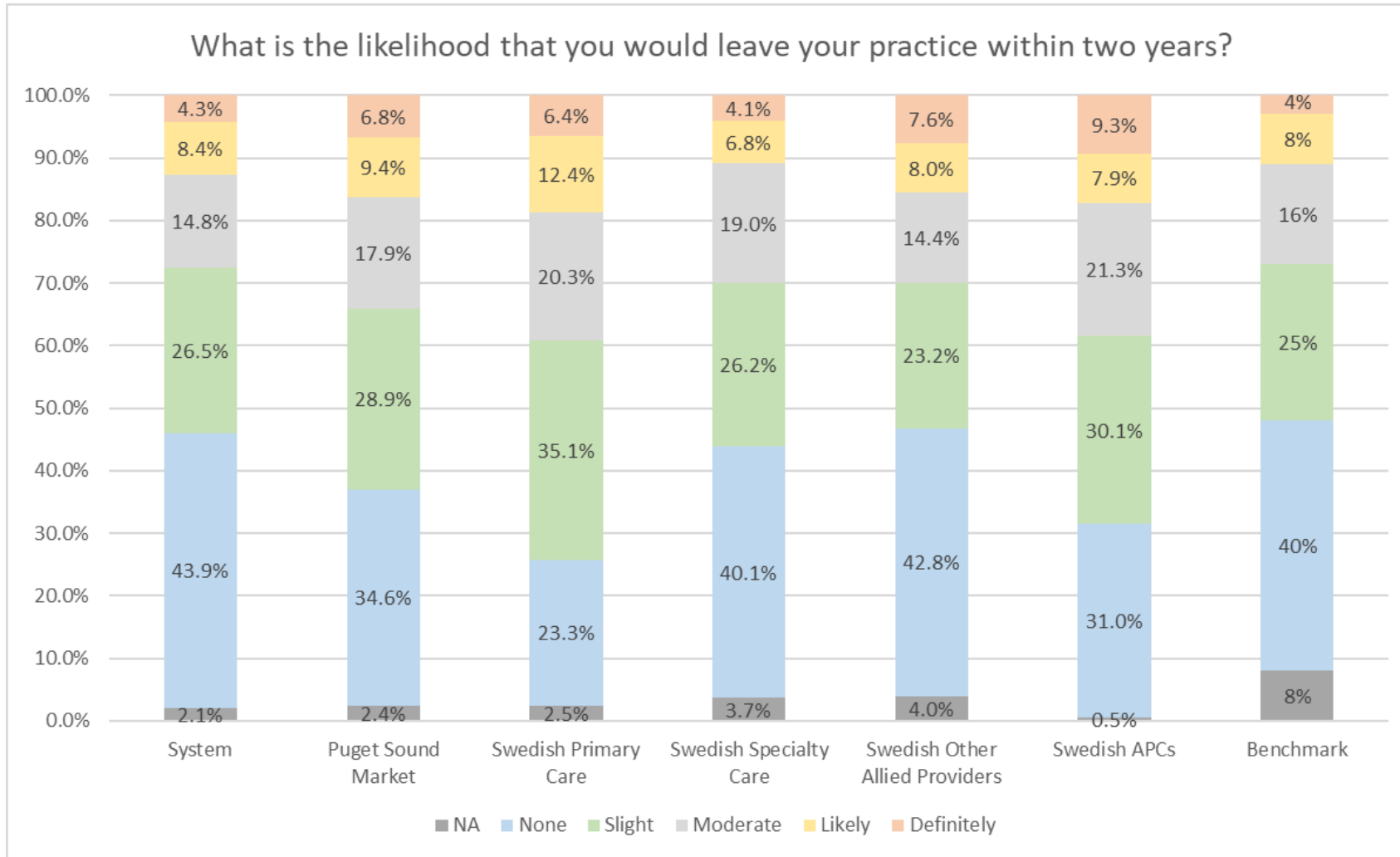


I would recommend my medical group to friends/family as a great place to work



There is no national comparison for this custom question.



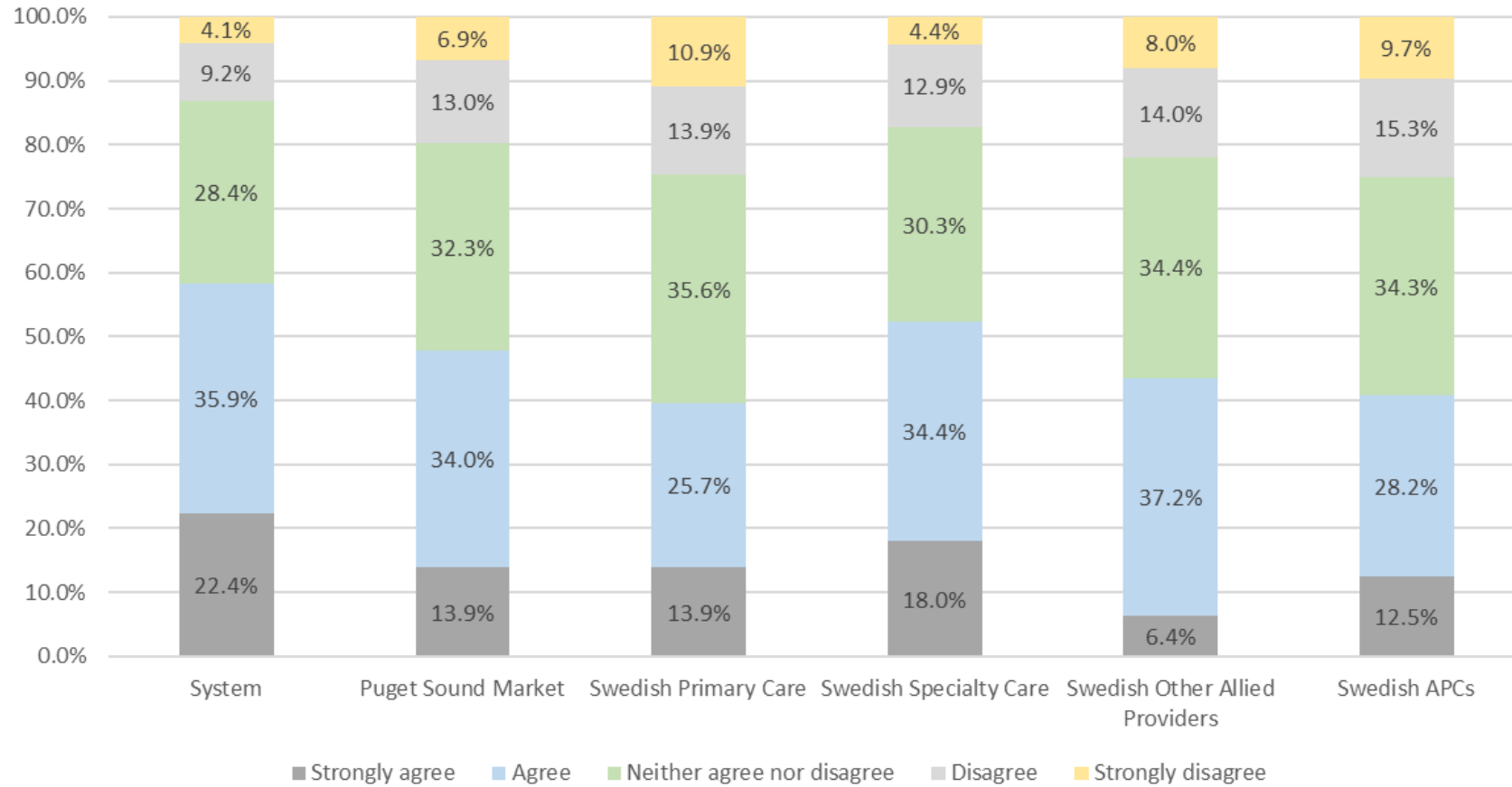


Nationally, ~12% of providers express likely or definitely

Benchmark scores are the national responses to the AMA survey



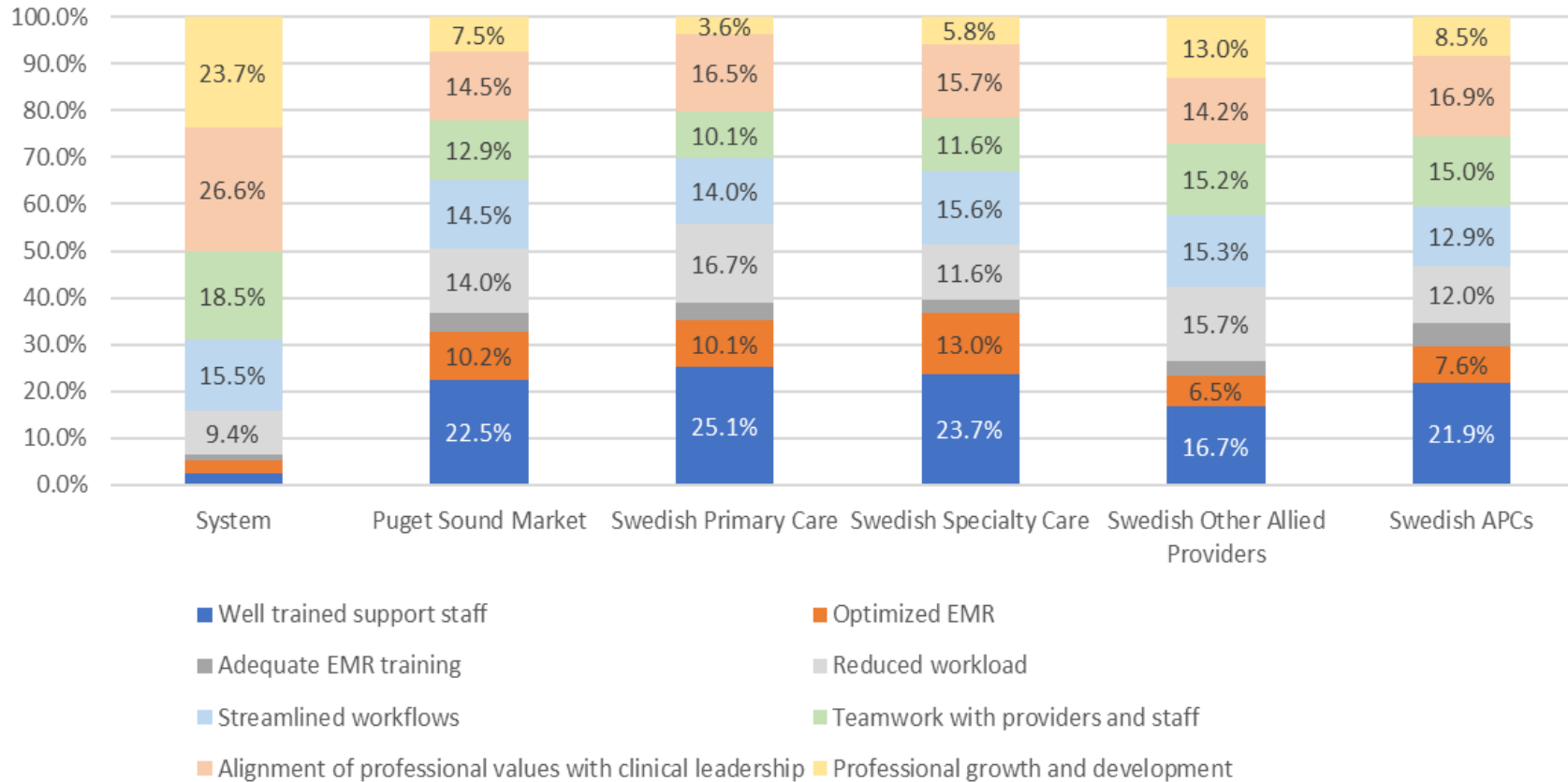
I would stay with my clinic/medical group if offered a similar position elsewhere



There is no national comparison for this custom question.



Which of the following factors has the greatest opportunity to improve your overall satisfaction?



There are no national comparisons for this custom question.

The top 3 Swedish categories are:

- Well trained support staff
- Alignment of professional values with clinical leadership
- Streamlined workflows





## Our Response...

- Providers in Crisis
- Improving Engagement / Reducing Burnout





**Behavioral Health Concierge**: Quick and easy access to licensed mental health providers within the Providence system.

A wide range of tools and resources are readily available to caregivers. If you are looking for help deciding which of these options might be best for you, use the [Stress Meter](#) tool.

**Tools to manage stress and build resilience on my own:**

[Credible Mind](#): Explore collections of expertly validated articles, podcasts and videos about mental health that will help guide you through this challenging time.

[SilverCloud](#): The leading digital mental & behavioral health platform with structured, in-depth guided programs for your specific challenges.

[Choose Well](#): Supporting our caregiver community to discover, choose, and achieve their best health in all aspects of daily life – mind, body, spirit, and financial.

[Mindfulness Support Groups](#): A daily, virtual, dial in, guided meditation that offers caregivers and leaders a much-needed respite and practice in down regulating their stress.

**Help from others for when I feel like my stress is mounting:**

[Caregiver Assistance Program](#): Free visits with community-based mental health providers. (Access Code: choosewell)

**Immediate help for when I or someone I know is in crisis:**

[National Suicide Prevention Hotline](#): 24/7, free and confidential support for people in distress. Call 1-800-273-8255 or text HELLO to 741741.

[TeleSpiritualHealth](#): Services those with the distress of illness and suffering to find comfort and meaning.







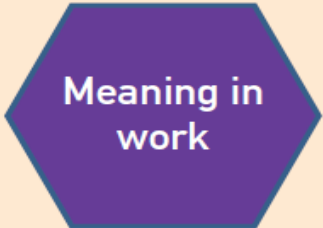


# Improving Engagement / Reducing Burnout







## Driver dimensions



Drivers of burnout and engagement in physicians	 <b>Individual factors</b>	 <b>Work unit factors</b>	 <b>Organization factors</b>	 <b>National factors</b>
 <b>Workload and job demands</b>	<ul style="list-style-type: none"> <li>• Specialty</li> <li>• Practice location</li> <li>• Decision to increase work to increase income</li> </ul>	<ul style="list-style-type: none"> <li>• Productivity expectations</li> <li>• Team structure</li> <li>• Efficiency</li> <li>• Use of allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Productivity targets</li> <li>• Method of compensation               <ul style="list-style-type: none"> <li>- Salary</li> <li>- Productivity based</li> </ul> </li> <li>• Payer mix</li> </ul>	<ul style="list-style-type: none"> <li>• Structure reimbursement               <ul style="list-style-type: none"> <li>- Medicare/Medicaid</li> <li>- Bundled payments</li> <li>- Documentation requirements</li> </ul> </li> </ul>
 <b>Efficiency and resources</b>	<ul style="list-style-type: none"> <li>• Experience</li> <li>• Ability to prioritize</li> <li>• Personal efficiency</li> <li>• Organizational skills</li> <li>• Willingness to delegate</li> <li>• Ability to say “no”</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of support staff and their experience</li> <li>• Patient check-in efficiency/process</li> <li>• Use of scribes</li> <li>• Team huddles</li> <li>• Use of allied health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of care</li> <li>• Use of patient portal</li> <li>• Institutional efficiency:               <ul style="list-style-type: none"> <li>- EHR</li> <li>- Appointment system</li> <li>- Ordering systems</li> </ul> </li> <li>• How regulations interpreted and applied</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of care</li> <li>• Requirements for:               <ul style="list-style-type: none"> <li>- Electronic prescribing</li> <li>- Medication reconciliation</li> <li>- Meaningful use of EHR</li> </ul> </li> <li>• Certification agency facility regulations (JCAHO)</li> <li>• Precertifications for tests/treatments</li> </ul>
 <b>Meaning in work</b>	<ul style="list-style-type: none"> <li>• Self-awareness of most personally meaningful aspect of work</li> <li>• Ability to shape career to focus on interests</li> <li>• Doctor–patient relationships</li> <li>• Personal recognition of positive events at work</li> </ul>	<ul style="list-style-type: none"> <li>• Match of work to talents and interests of individuals</li> <li>• Opportunities for involvement               <ul style="list-style-type: none"> <li>- Education</li> <li>- Research</li> <li>- Leadership</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Organizational culture</li> <li>• Practice environment</li> <li>• Opportunities for professional development</li> </ul>	<ul style="list-style-type: none"> <li>• Evolving supervisory role of physicians (potentially less direct patient contact)</li> <li>• Reduced funding               <ul style="list-style-type: none"> <li>- Research</li> <li>- Education</li> </ul> </li> <li>• Regulations that increase clerical work</li> </ul>



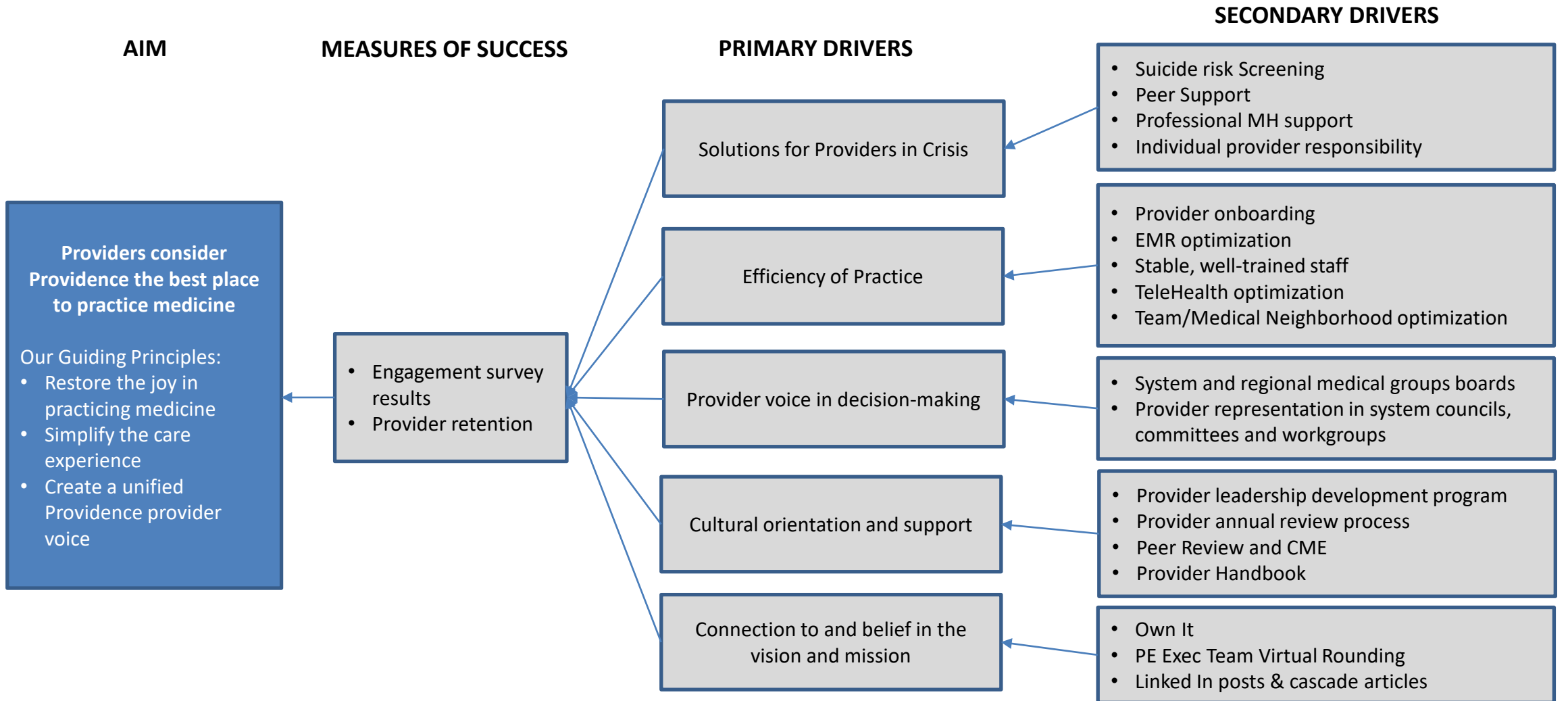
 <p><b>Culture and values</b></p>	<ul style="list-style-type: none"> <li>• Personal values</li> <li>• Professional values</li> <li>• Level of altruism</li> <li>• Moral compass/ethics</li> <li>• Commitment to organization</li> </ul>	<ul style="list-style-type: none"> <li>• Behavior of work unit leader</li> <li>• Work unit norms and expectations</li> <li>• Equity/fairness</li> </ul>	<ul style="list-style-type: none"> <li>• Organization's mission <ul style="list-style-type: none"> <li>- Service/quality vs profit</li> </ul> </li> <li>• Organization's values</li> <li>• Behavior of senior leaders</li> <li>• Communication/messaging</li> <li>• Organizational norms and expectations</li> <li>• Just culture</li> </ul>	<ul style="list-style-type: none"> <li>• System of coverage for uninsured</li> <li>• Structure reimbursement <ul style="list-style-type: none"> <li>- What is rewarded</li> </ul> </li> <li>• Regulations</li> </ul>
 <p><b>Control and flexibility</b></p>	<ul style="list-style-type: none"> <li>• Personality</li> <li>• Assertiveness</li> <li>• Intentionality</li> </ul>	<ul style="list-style-type: none"> <li>• Degree of flexibility: <ul style="list-style-type: none"> <li>- Control of physician calendars</li> <li>- Clinic start/end times</li> <li>- Vacation scheduling</li> <li>- Call schedule</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Scheduling system</li> <li>• Policies</li> <li>• Affiliations that restrict referrals</li> <li>• Rigid application practice guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Precertifications for tests/treatments</li> <li>• Insurance networks that restrict referrals</li> <li>• Practice guidelines</li> </ul>
 <p><b>Social support and community at work</b></p>	<ul style="list-style-type: none"> <li>• Personality traits</li> <li>• Length of service</li> <li>• Relationship-building skills</li> </ul>	<ul style="list-style-type: none"> <li>• Collegiality in practice environment</li> <li>• Physical configuration of work unit space</li> <li>• Social gatherings to promote community</li> <li>• Team structure</li> </ul>	<ul style="list-style-type: none"> <li>• Collegiality across the organization</li> <li>• Physician lounge</li> <li>• Strategies to build community</li> <li>• Social gatherings</li> </ul>	<ul style="list-style-type: none"> <li>• Support and community created by Medical/specialty societies</li> </ul>
 <p><b>Work-life integration</b></p>	<ul style="list-style-type: none"> <li>• Priorities and values</li> <li>• Personal characteristics <ul style="list-style-type: none"> <li>- Spouse/partner</li> <li>- Children/dependents</li> <li>- Health issues</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Call schedule</li> <li>• Structure night/weekend coverage</li> <li>• Cross-coverage for time away</li> <li>• Expectations/role models</li> </ul>	<ul style="list-style-type: none"> <li>• Vacation policies</li> <li>• Sick/medical leave</li> <li>• Policies <ul style="list-style-type: none"> <li>- Part-time work</li> <li>- Flexible scheduling</li> </ul> </li> <li>• Expectations/role models</li> </ul>	<ul style="list-style-type: none"> <li>• Requirements for: <ul style="list-style-type: none"> <li>- Maintenance certification</li> <li>- Licensing</li> </ul> </li> <li>• Regulations that increase clerical work</li> </ul>





SWEDISH

# Provider Health & Satisfaction Driver Diagram





# Provider Health & Satisfaction Driver Diagram

## SECONDARY DRIVERS

### AIM

### MEASURES OF SUCCESS

### PRIMARY DRIVERS

**Providers consider Providence the best place to practice medicine**

Our Guiding Principles:

- Restore the joy in practicing medicine
- Simplify the care experience
- Create a unified Providence provider voice

- Engagement survey results
- Provider well-being
- Provider retention

Provider well-being

Efficiency of practice

Provider voice in decision-making

Provider & leader development

Connection to and belief in the vision, mission and values

- Solutions for providers in crisis
  - Suicide risk screening
  - Professional MH support
- Peer Support
- Culture of wellness
- Create sense of community

- Provider onboarding
- EMR optimization
- Stable, well-trained staff
- TeleHealth optimization
- Team/Medical Neighborhood optimization

- System and regional medical groups boards
- Provider representation in system councils, committees and workgroups

- Provider leadership development program
- Provider annual review process
- Peer Review and CME

- **Own It**
- Provider Handbook
- PE Exec Team Virtual Rounding
- Linked In posts & cascade articles

- De-stigmatizing asking for help/encouraging asking for help/checking in

- In-box – phone calls and MyChart messages
- Central refill function?
- **Leverage the whole team**
- Optimized – fix what’s broken (rather than focus on growth)
- Appropriate staffing levels (1-1 MA model may not work)
- Standard work – staffing for this
- Accountability with IS team


- **TONE/APPROACH:** Working with us instead of telling us what to do; Pacing/prioritizing initiatives
- Financial and strategy transparency
- Sense of autonomy (guardrails for how to create team)
- Flexibility on productivity targets?
- **Some control over some aspect of schedule (balance with Access Centers)**

- Create sense of appreciation
- Recognize longevity (seniority bonus)
- **Use of PTO + what’s considered full time/impacts comp (reliable coverage when out of office)**
- Acknowledge their flexibility cutting RVU for good of community
- Communication about/engagement with advocacy agenda





**Ask:**

- Encourage individual connection at clinic level to encourage use of MH resources
  - Participate in the process to vet current driver diagram & prioritize most impactful interventions
  - Board governance oversight via subcommittee – 2 Board members & Wellness committee chairs (?)
  - Talking points to communicate to all providers
- 

# SWEDISH | Provider Engagement Communication

We'll be sending a follow-up email communication next week on behalf of the PSJHMG Board + Medical Group CE for customization and distribution. The bulk of the communication will focus on how we're responding to the survey results.

- **We're committed to providing a more seamless EHR experience.**
  - The PSJH Board has allocated \$30M to the Physician Enterprise for provider engagement, which our PSJHMG board has earmarked for a more dedicated focus on EMR optimization and improvement.
  - Half of this amount will be dedicated to buildout in Epic for the clinician; the other half will be used for a long-term, market by market strategy based on unique needs.
- **We're renewing our focus on culture.**
  - We've revamped our Own It curriculum to allow for continued scaling through a hybrid approach of both digital self-navigated learning and in-person story sharing and human connection. Our markets where Own It is already rolled out to providers have experienced higher engagement, and more joy in practice for our clinicians.
- **We're maturing our governance structures.**
  - We'll continue to invest in the launch of our local medical group boards. We've seen that the autonomy local governance brings leads to increased engagement and better partners in strategy and performance.
- **We're acknowledging your hard work.**
  - We're pleased to be paying out our full quality bonuses this year for providers, recognizing the adversity you've overcome and continued performance you've demonstrated despite an unprecedented year.
- **We're not stopping there.**
  - There's additional work in areas like physician leadership programs, streamlined provider onboarding and scaling top of licensure/scope workflows for your care teams.

