

Supporting Primary Care Providers: The Extra Duty Reduction Project

Objectives: Participants should be able to outline strategies to capture the quantity of unwanted extra duties in primary care and implement organizational change to decrease evening and weekend duties for primary care physicians (PCPs).

Background: In our integrated health care system, we have experienced rapid growth translating into caring for new patients while managing existing patients in a continuously complex healthcare environment. As a result, the standard workday for our PCPs has become increasingly demanding. In a 2013 Physician Wellness survey, our PCPs requested a decrease in their extra duty responsibilities and in Spring of 2014, we embarked on the *Primary Care Extra Duty Reduction Project*. The goal of this project was to examine the Extra Duties that were required of PCP's outside of their regular, paneled patient responsibilities and ultimately make those duties optional.

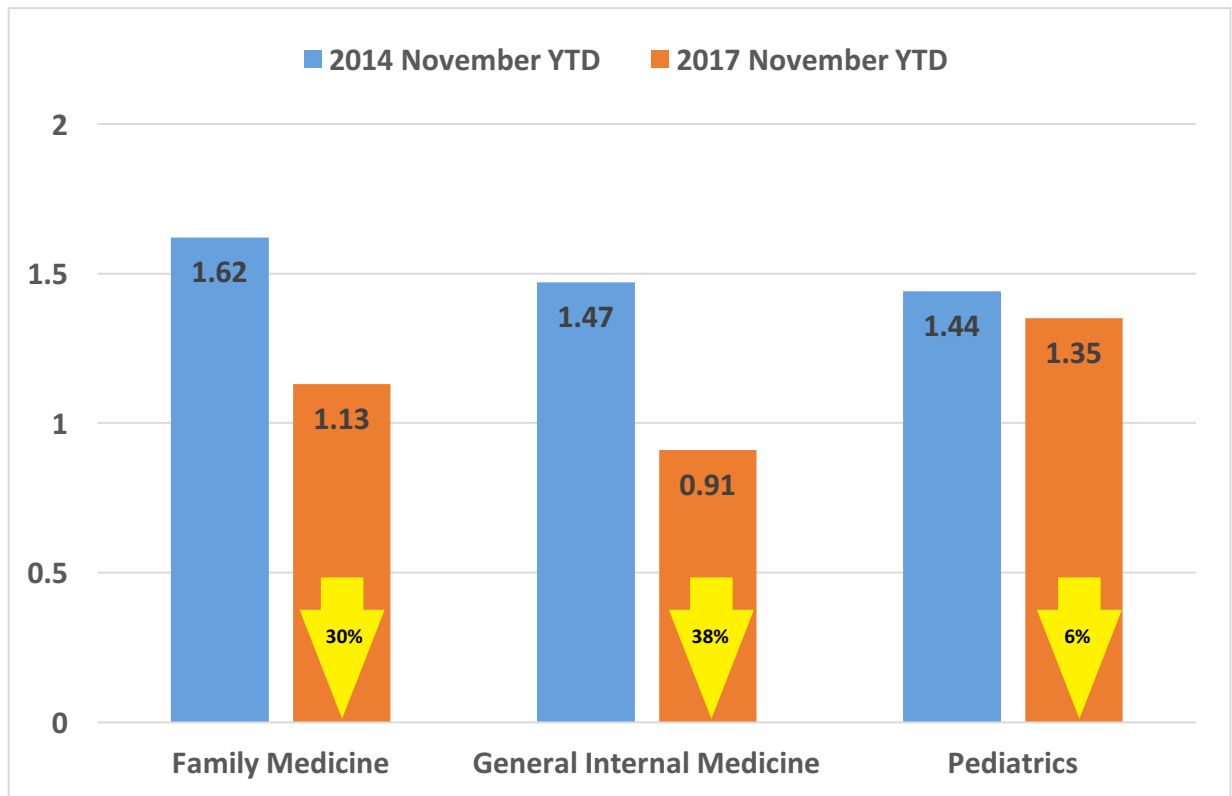
Methods: We performed a meta-analysis of Extra Duty requirements for the Family Medicine, General Internal Medicine, and Pediatrics departments including trends from previous years. Simultaneously we evaluated Extra Duty scheduling practices in each of our medical centers which include 15 hospitals, and discovered opportunities for improvement with Urgent Care and inpatient/overnight-related requirements for PCPs. We developed a monthly tracking tool to measure Extra Duties performed by PCPs at each of our medical centers. We met with leadership at each center to understand the data and to identify and spread successful practices to best reduce these shifts.

Results: To help reduce Extra Duty requirements, we hired additional Urgentologists, Physician Assistants (PAs) and registered Nurse Practitioners (RNs) to cover evenings, weekends and holidays. We hired Hospitalists/Nocturnists to cover inpatient extra duties and we developed flexible schedules for PCPs, PAs and RNs to provide access for patients after hours and on weekends. Finally, we optimized telephone and video appointments cutting down the need for after hour and weekend visits. Over the past two years, we have seen a reverse in the rise of Extra Duties and are on a downward trajectory (see graph).

Conclusion: As an organization we have committed to and have reduced unwanted evening and weekend hours for those PCPs who choose to do so. We recognize that the trend for Pediatrics is not decreasing as much as for our Family Medicine and General Internal Medicine colleagues, but we are committed to bringing down the trend for this group as well.

EXTRA DUTIES for PCPs

of Extra Shifts Worked per 2-Week Pay Period (Median)*



* 1 shift = 4 hours. Data includes all shifts above baseline work-status.