

Clinical Optimization and Medical Documentation Breakout Session

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Beyond Resiliency Training: Organizational Strategies to Alleviate Burnout and Increase Wellness in Academic Medicine



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- What structural / organizational solutions have proven effective in impacting physician burnout?
 - Faculty assistance program for coaching and counseling
 - Structural changes in shared governance
 - Decision making given to faculty; more authority to dept. chairs
 - Scribe program
 - Innovative Pilot Program proves in 6 months that scribes are making money for the institution and there is less burnout
 - Resident-driven wellness program
 - Physical activity, social activity, mentor activity



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- What solutions, initially viewed as promising, have proven ineffective or disappointing? Why?
 - Organization of groups to discuss meaning in medicine / get together for dinner
 - Time was an issue
 - Distance was an issue
 - Team clinical approach
 - Staff cut
 - High turnover of staff



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- What solutions, initially viewed as promising, have proven ineffective or disappointing? Why?
 - Adding midlevels to reduce resident workload
 - Residents didn't know how to work with the midlevels
 - Need to have buy-in from involved parties (program directors of residencies)



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- What solutions need to be tried next? What is the best way to implement these in an evidence based format?
 - Optimize overhead cost structure
 - Do leadership training
 - Effect of leadership on well-being and productivity is well known



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- What solutions need to be tried next? What is the best way to implement these in an evidence based format?
 - Shift the balance of power from insurance companies to physicians
 - Face-to-face time is real work, virtual care time is not according to the insurance companies. Increase face-to-face time, obtain reimbursement structure for virtual care time.
 - Work with the same team for long periods



Thank You



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