

# Proposed correlation between effectively addressing quality issues and improving provider well-being

Authors: Alexis Mbakwe, MS, OMS-IV<sup>1</sup>, Abigail Frank, DO<sup>1</sup>, Robert Frank, JD<sup>2</sup>, Lance Ridpath, MS<sup>1</sup>

Affiliations:

- 1) West Virginia School of Osteopathic Medicine, Robert C. Byrd Clinic, Lewisburg, WV
- 2) The Law Firm of Robert J. Frank & Associates, Lewisburg, WV

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## Abstract:

### Introduction:

Quality assurance and performance improvement (QAPI) and performance improvement projects (PIP) are tools to ensure quality care, safety, and problem-solving standards are met and exceeded. This paper examines possible correlations between data gained from implemented QAPI programs at Robert C. Byrd Clinic (RCBC) and provider burnout.

### Methods:

Two surveys were evaluated for this paper. The first survey, Quality Report, identified each respondent's department, the monthly quality reports' satisfaction rating, and the reports' perceived accuracy. 28 providers completed the first survey. The second survey was the Well Being Index (WBI), which assesses provider burnout. 38 providers completed the second survey.

### Results:

More than half (53.57 %) of individuals were dissatisfied with using the monthly reports to calculate quality reimbursement for insurance companies, and (65.79%) of participants in the WBI indicated that they felt burned out from their work in the past month.

### Conclusion:

The findings of these two surveys warrant future research to evaluate the possibility of a correlation between the perceived accuracy of quality reports and provider burnout.

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**Corresponding Author:** Abigail Frank **E-mail:** afrank@osteo.wvsom.edu

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## Introduction:

QAPI is merging quality management and quality assurance (QA) with performance improvement (PI). QA is meeting quality standards and ensuring that care reaches an acceptable level.<sup>1</sup> PI is the continuous study of processes that prevent or decrease the likelihood of obstacles to desired outcomes by identifying areas of opportunity for improvement and testing new approaches to fix underlying causes of persistent/systemic problems.<sup>2</sup> An effective QAPI ensures high-quality care, improves safety, and promotes creative problem-solving.

A performance improvement project (PIP) is a formal process of QAPI to establish the goals, scope, timing, milestones, and team roles and responsibilities. Based on the results of a PIP,

hospitals can identify discrepancies between Center for Medicare and Medicaid Services (CMS) requirements and the current state of the organizations' QAPI program, providing opportunities for improvement.<sup>2</sup> QAPI program data are essential for establishing baselines and comparisons and measuring improvement.<sup>2</sup> However, what has not been discussed in QAPI programs is physician burnout.

Burnout is a combination of emotional exhaustion, depersonalization, and low personal accomplishment caused by the chronic stress of medical practice.<sup>4</sup> Burnout may be present in any health practice environment.<sup>4</sup> Provider burnout is associated with increased medical errors, lower patient satisfaction, longer post-discharge recovery times, and decreased professional work effort.<sup>5</sup>

According to JAMA 2018, burnout research has increased awareness of physicians' mental health and well-being.<sup>5</sup> Ongoing research is, however, warranted.

This paper discusses information gained from a survey of the perceived accuracy of quality reports developed as part of a QAPI program and survey results on provider burnout to propose future research to evaluate the correlation between the perceived accuracy of quality reports and provider well-being.

### Methods:

The Robert C. Byrd Clinic (RCBC) is a multi-specialty clinic that includes family medicine, internal medicine, psychiatry, pediatrics, and osteopathic neuromuscular medicine. The clinic has full-time and part-time physicians, residents, nurse practitioners, pharmacists, social workers, psychologists, and breastfeeding specialists.

In May of 2021, a PIP Charter was proposed, "How quality is your quality report?" to the QAPI committee. Inaccuracies in quality reports were noted in that the provider listed as a "usual provider" may not be the provider providing care to the patient at the time of the quality report. The "usual provider" PIP addressed updating the "usual provider" in Athena, an electronic health record system, to accurately gauge how the caregivers are meeting goals for specific measures in patient care while simultaneously meeting the standard of care expected by Medicaid. IRB determined this project did not require IRB review.

Data were obtained from voluntary surveys of providers via Survey Monkey. The first survey, RCBC Quality Report, identified each respondent's department, the monthly quality reports' satisfaction rating, and the reports' perceived accuracy. The survey had seven questions, including five multiple-choice and two free-answer questions. The multiple-choice answers included three options: satisfied, neither satisfied nor dissatisfied, and dissatisfied. Free-answer questions included making quality reports more useful and the length of employment.

The second survey assessed provider burnout. The nine-question survey containing yes/no questions came from the well-being index website

<https://app.mywellbeingindex.org/assess>. The

Physician Well-Being Index (WBI) is a validated screening tool to stratify distress and well-being.<sup>3</sup> It identifies the degree of distress, which may increase the risk of medical error or turnover.<sup>3</sup> The survey contained questions regarding whether the participant has felt burned out from work during the past month, worried that work is emotionally hardening, experienced feelings of hopelessness or depression, experienced workload burden, and felt they had adequate time for personal/family life. In conducting its provider burnout survey, we added two multiple-choice questions regarding department and employment type for 11 questions.

### Results:

Surveys were conducted on Quality Reports in June 2021 and WBI in July 2021. There were 71 respondents for the first and 70 for the second surveys. Table 1 details the survey respondents.

**Table 1: Survey Respondents**

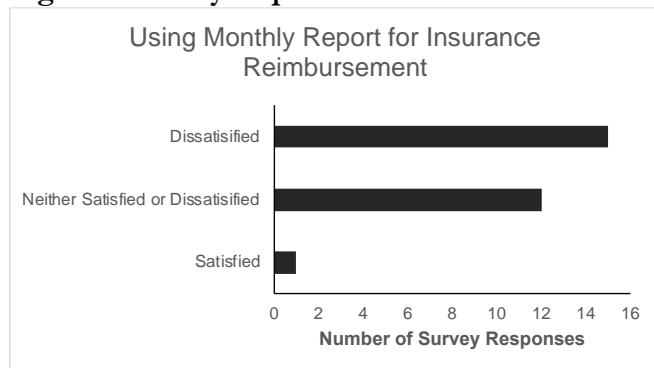
<b>RCBC Quality Report Responses (%)</b>	
<b>Department</b>	N = 28
Pediatric	3 (10.71%)
Medicine	17 (60.71%)
OMM	8 (28.57%)
<b>Well Being Survey 2021 Responses (%)</b>	
<b>Department</b>	N = 38
Pediatrics	5 (13.16%)
Family Medicine	22 (57.89%)
OMM	11 (28.95%)
<b>Employment</b>	
Full-Time RCBC	9 (23.68%)
Split time between RCBC and WVSOM	19 (50.00%)
Other	10 (26.32%)

OMM = Osteopathic manipulative medicine, RCBC = Robert C. Byrd Clinic, WVSOM = West Virginia School of Osteopathic Medicine

Of the 71 providers, 28 anonymously completed the quality report survey with a 39.44 % response rate. When asked how satisfied each participant was with the monthly quality report received from the EHR analyst, 12 (42.86%) of individuals were neither satisfied nor dissatisfied with the monthly quality report they received. 10 (35.71%) were dissatisfied with the information. Regarding the accuracy of the quality report, 16 (57.14%) neither agreed nor disagreed. 8 (28.57%) participants felt the monthly quality report was inaccurate, and 4

(14.29%) felt it was accurate. When asked regarding satisfaction with the use of the monthly quality report to calculate quality reimbursement for insurance companies, 15 (53.57%) of individuals were dissatisfied, and 12 (42.86%) were neither satisfied nor dissatisfied, as seen in Figure 1.

**Figure 1: Survey responses satisfaction**



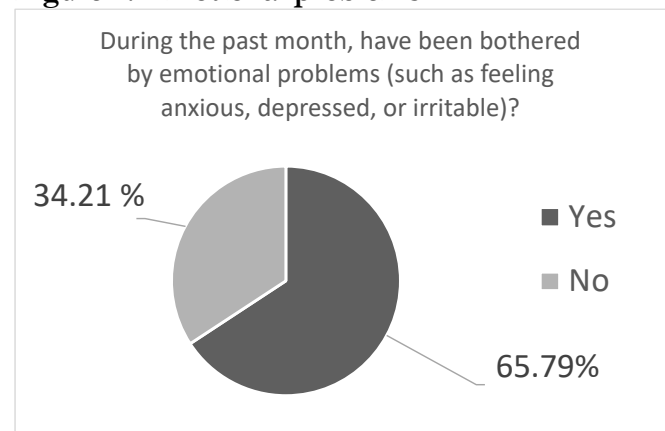
Dissatisfied =15, Neither satisfied or dissatisfied = 12, Satisfied = 1

16 (57.14%) were dissatisfied in using the quality report to calculate the quality bonus. 4 (14.29%) were satisfied using the quality report to calculate the quality bonus.

Of the 70 providers, 38 anonymously completed the WBI survey with a 54 % response rate. 57.89%, 28.95%, and 13.16% of providers were from the Department of Medicine, Osteopathic Manipulative Medicine (OMM), and Pediatrics Department, respectively. 50% of providers described their employment status as split between RCBC and West Virginia School of Osteopathic Medicine, and 23.68% were full-time employees at RCBC. 26.32% of providers described their employment as other. 25 of the 38 participants (65.79%) reported that in the past month, they have felt burned out from their work, while 13 of the 38 participants (34.21%) reported they did not feel burned out. 24 of the 38 participants (63.16%) did not worry their work was hardening them emotionally, while 14 of the 38 participants (36.84 %) did worry their work was hardening them emotionally. 18 of the 38 participants (47.37%) reported feeling down, depressed, or hopeless in the past month, and 20 of the 38 participants (52.63 %) reported not feeling down, depressed, or hopeless in the past month. 4 of the 38 participants (10.53 %) have fallen asleep while sitting, while 34 of the 38

participants (89.94%) have not fallen asleep while sitting. 25 of the 38 participants (65.79%) felt the things they had to do were piling up so high that they could not overcome them, while 13 of 38 participants (34.21%) did not feel the things they had to do were piling up so high that they could not overcome them. 25 of the 38 participants (65.79%) were bothered by feeling anxious, depressed, or irritable. In comparison, 13 of 38 participants (34.21%) were not bothered by feeling anxious, depressed, or irritable, as seen in Figure 2.

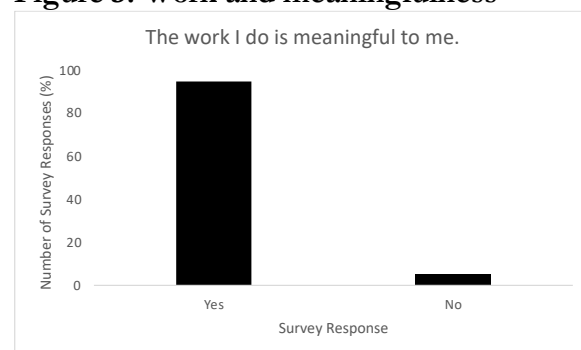
**Figure 2: Emotional problems**



Data and percentages obtained from the survey responses

Nine of the 38 participants (23.68%) felt their physical health interfered with their ability to do their daily work. In comparison, 29 of 38 participants (76.32%) did not feel their physical health interfered with their ability to do their daily work. Two of 38 participants (5.26%) felt their work is not meaningful to them. In comparison, 36 of the 38 participants (94.74 %) felt their work is meaningful to them, as seen in Figure 3.

**Figure 3: Work and meaningfulness**



Data and percentages obtained from the survey responses

Twenty of the 38 participants (52.63%) felt they did not have enough time for their personal/family life. In comparison, 18 of the 38 participants (47.37%) felt they had enough time for their personal/family life.

### Discussion:

The results of the WBI found that depression and anxiety were high and that most providers felt overwhelmed by their work. These outcomes suggest possible unaddressed mental health issues amongst providers. One may argue that it is difficult to address burnout without considering these mental health issues. Addressing burnout emphasizes the importance of helping yourself before you can help others. During medical training, students and providers are taught to put patients first and prioritize patient care. To address workplace burnout, medical settings should focus on finding ways to provide emotional support to staff. There was no evidence of depersonalization. Most survey participants felt that their work had not hardened them emotionally.

Current measures of handling burnout usually involve social gatherings during work hours or seminars discussing the various mechanisms of burnout. Sepede et al. found that lectures about the risks of burnout do not reduce the risk of burnout. More attention should be focused on active interventions for burnout, like meditation, mindfulness, and volunteerism.<sup>6</sup> Burnout interventions should be aimed at the individual rather than at a group as a whole. Surveys, like the ones conducted in this review, are good measures to examine aspects of burnout on the individual level.

Results display physician dissatisfaction with the accuracy of quality reports. Most respondents neither agreed nor disagreed with the accuracy of the quality report. Most participants were dissatisfied with using the quality report as a basis for reimbursement from insurance companies and bonuses. Higher perceived stress is associated with higher emotional exhaustion, higher depersonalization, and lower personal accomplishment.<sup>6</sup> The inaccuracy of the quality reports could be a source of workplace burnout.

The quality report's perceived inaccuracies could also be due to Athena, the electronic health record system. Insurance companies play a role in deciding what measures should be incorporated in quality reports. These measures may not reflect a

physician's true patient population and patient care. Allowing physician engagement in cultivating measures of the quality report that accurately affects care would bring better results for medical facilities. Frequent reviews of individualized QAPI programs for medical facilities are necessary to confirm the accurate assessment. This may minimize burnout and overall better well-being survey responses.

### Conclusion:

Researchers must continue gaining knowledge in the different aspects of physician burnout and best practices to combat physician burnout. Medical providers should evaluate whether their established QAPI programs are encouraging physician burnout. QAPI programs should balance both physician and patient needs. Effective QAPI programs provide improved patient care and overall quality, allowing physicians to deliver efficient care while avoiding burnout. Planning and regulation are required to avoid conflict within the clinical setting and to maintain a balance between physicians, patients, and insurance companies. Limitations inherent in the survey methodologies do not allow one to draw formal correlations between quality improvement measures and physician burnout. The surveys were separate and anonymous, precluding the ability to ensure that the same individuals who completed the quality report survey completed the WBI survey. However, it appears that some relationship may be present between the two measures that warrant further investigation and research. The well-being and quality report questions should be administered within a single survey to allow a statistical analysis of the correlation to determine the fact and strength of any potential correlation that may be present. The findings of these two surveys warrant future research to evaluate the possibility of a correlation between the perceived accuracy of quality reports and provider burnout.

### Author Contributions:

Alexis Mbakwe: investigation, data curation, writing-original draft preparation. Abigail Frank: conceptualization, methodology, supervision. Robert Frank: writing, reviewing and editing. Lance Ridpath: analysis and review.

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**Potential Conflicts of Interest Disclosures:**

The authors disclose that there were no conflicts of interest or financial support in the development of this project. All data is authentic and accurate.

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