Texas Children’s Pediatrics is the largest pediatric primary care organization in the United States, with 51 practice sites throughout the greater Houston, Texas area, and employs more than 260 pediatricians.

TCP began working on physician burn-out during the summer of 2016, starting with a survey of all of our physicians and APP’s. Our response rate was 57%.

Based on the results we received, along with a large volume of comments, we developed a physician burn out group, consisting of five workgroups to address the following topics:

1. Organizational-communication, committees, initiatives, responsiveness
2. Provider Support-staffing, appreciation, work/life balance
3. Technology-Epic, MyChart, sources of information
4. Provider Processes-forms, referrals, paperwork
5. Reporting-NCQA, Press Ganey

Each team consisted of a physician leader, along with additional physicians from the organization, and each team was partnered with a member of our leadership team. Our CEO and I partnered with the organizational workgroup. Several of the physicians who were recruited to participate had never served on any of our TCP physician advisory committees, and this allowed them their first opportunity to become engaged in a meaningful way.

The teams were tasked with developing action plans to resolve the topics listed for their individual workgroup, and these groups met on a bi-weekly basis. Along with the work started within these five workgroups, we had already began work on improving various workflows within our EHR, Epic, care team redesign, and introduction of a pilot to introduce scribes at a few of our practice sites. We included this work into the appropriate workgroups in order to align our objectives.

Some of the earliest results of our work was the development of a physician benefits guide, a “no new initiatives month” plan for three months of the year, and enhancements within Epic to reduce physician clicks.

We conducted a second survey this past August, 2017. Our response rate was 43% on that survey. The results indicated that while we had improved at an organizational level, we still focus had switched to needs at the practice level.

Our plans going forward are to continue our work, concentrating at the practice level, and share with our physicians. We also are reaching out to our hospital partners (Texas Children’s Hospital) in order to collaborate with the work they have been doing.

For now, I will be the contact liaison between TCP and the Collaborative.
We look forward to our membership in the collaborative, and are excited about the opportunity to share ideas.

Thank you,

Stan Spinner, MD

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