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Nic Nguyen, MD: Optimizing the Physician Experience

Introduction

Nic Nguyen was in his office planning the logistics for the next family medicine retreat. Stepping back from his whiteboard covered with ideas, tasks, and plans, Nguyen began to reflect on his efforts to alleviate an emerging epidemic among the physician community: burnout. Research indicated that approximately half of all physicians are burnt out and that there were corresponding increases in staff turnover, depression, and clinical error.¹ In the wake of sobering evidence, Nguyen was determined to cultivate wellness and give his community the relief it desperately sought. In his role as the Director of Physician Experience and Professional Development, he was charged with the task of developing programs and cultivating a new culture that could begin turning the tide against burnout within his organization.

Path to Director of Physician Experience and Provider Development

After completing medical school at the Tufts School of Medicine, Nguyen completed his family medicine residency at Cambridge Health Alliance (CHA), where he later became a core faculty member and Director of Inpatient Teaching. Reflecting on his time at CHA, Nguyen reasoned, "I love teaching, but I realized that it wasn't my calling. I was missing a bit of a business aspect to medicine and really wanted to focus my time on helping physicians grow in their craft, sustaining the person that they are in the life they want." Nguyen was ready for change and decided to join Beth Israel Deaconess HealthCare (BIDHC), a network of primary care practices associated with Beth Israel Deaconess Medical Center (BIDMC), in 2013. Nguyen was eager to join the growing entity. Given that BIDHC was largely internal medicine-centric, the executive team initially thought that Nguyen would be placed in an internal medicine clinic, but Nguyen was committed to family medicine:

I said, 'I want to do family medicine, and I want to do it right next to the medical center.' And that concept to them was unheard of there's no way this is going to fly, there's too much competition here, what are we going to do with all the pediatrics? This is sort of uncharted territory. I said, 'Just give me a chance. I can make this happen, we can start a practice and we can

¹ Shanafelt, Tait D., et al. "Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014." *Mayo Clinic Proceedings*. Vol. 90. No. 12. Elsevier, 2015.

Jessica L. Alpert, Case Writer, and Erin E. Sullivan, PhD, Director of Research & Curriculum prepared this case study for classroom discussion. It is not intended to serve as an endorsement, source of primary data, or illustration of effective or ineffective health care management or delivery. Any patient data in this case has been de-identified in compliance with HIPAA and other regulations governing confidentiality, and any used patient names are fictitious. Cite as: Alpert, J. & Sullivan, E. (2019). Nic Nguyen, MD: Optimizing the Physician Experience. Boston, MA USA: Harvard Medical School Center for Primary Care.



make it a successful model where we're providing care for the whole family and also we're reducing total medical expense by doing so.'

BIDHC leadership took a chance and supported Nguyen in opening a family medicine practice. The practice had started with just Nguyen and a medical assistant, but by 2018 the practice expanded to include a team of 20 people, including four family medicine physicians all with nearly full patient panels. Nguyen affirmed that the growth was unprecedented, especially in an area saturated with several medical centers and numerous practices all competing for patients. BIDHC leadership was encouraged by the growth of the practice, but moreover they were intrigued by its retention of providers and staff. In discussions with the executive team about how this had been accomplished, Nguyen explained that the practice aimed to engage the whole team:

There was a bigger sense of cohesion here, in that we were all more involved in decisions of the entire practice and staff. We had regular all team meetings where everyone had a safe space to voice their concerns, to talk about what matters to them without the fear of retribution or being scolded by your boss or any of those negative symptoms or impacts. That really created this nice global team.

In addition to impacting attrition and retention, Nguyen also noted that this culture "helped the overall wellness of the practice."

In building the new family medicine practice, Nguyen realized a bigger gap: a lack of community and connection among the 150 primary care clinicians across BIDHC, but especially among the 30 family physicians. To mitigate this, he began reaching out to other family physicians and asked them if they would like to meet for lunch or dinner or connect by phone. One by one he began learning more about his colleagues. "When I connected with them we would talk about the things that count, such as the challenges of finding pediatric specialists, the challenges of convincing an organization that we can do procedures and that we don't have to refer everything to specialists all the time," Nguyen recalled, "but, we also touched on the feelings of isolation we all experience in an internal medicine-centric organization." In light of these interactions, Nguyen decided to organize an open-invite dinner to give all BIDHC family medicine physicians the opportunity to engage with one another as a group. The desire for community was affirmed when 19 of the 30 family physicians attended the dinner. "After the dinner I knew we had to continue this momentum, but I wondered 'what do we do with this?' I ultimately needed more experience in leadership," Nguyen explained.

Early Success: The Linde Fellowship

In 2016 Nguyen applied and was accepted into BIDHC's Linde Fellowship, a year-long program centered on teaching physicians leadership skills in difficult conversations, project management, team meeting management, and negotiation. As Nguyen affirmed, "I could put dinners together and connect well with



people, but I needed these skills in order to step into a role where I could lead these people effectively, advocate for them, and help them get the things they need so that they can practice and be healthy for many years.”

Nguyen’s Linde Fellowship project was focused on building an infrastructure for family medicine within the BIDHC system. The project culminated in a family medicine retreat and networking dinners, both of which would become an annual tradition. “We have 75% of physicians attend the retreat, which is time away from their patients that they were willing to take to connect with their colleagues – it was such a big moment,” Nguyen noted. He added that “more importantly, there was sudden awareness that there were other family physicians around you that you could reach out to by email, by phone, and so we produced this really strong family medicine community.”

In order to measure the success of his fellowship, Nguyen administered a pre- and post survey that asked physicians if they were likely to remain at BIDHC for the next 5 years. Baseline results indicated that only 22% of respondents had an interest in staying in their practice for 5 or more years. One year later that number increased to 47%. Additionally, the attrition rate decreased from 12% annually to nearly 5% annually between the pre- and post-fellowship surveys. Nguyen was confident that these shifts could be attributed to intentional community-building.

Following the Linde Fellowship, Nguyen was approached by BIDHC leadership. They, too, saw that physicians may feel isolated from one another and that building community could have a positive impact on decreasing burnout and likelihood of staying at the organization. In order to make physician experience a standard part of the organization, BIDHC leadership invited Nguyen to step into a new role: Director of Physician Experience and Professional Development. Confident in his work and efforts to date, Nguyen prepared to tackle the problem on an organization-wide scale.

The First Three Months

While Nguyen expected that he would need to re-allocate his time to create space for the new role and the responsibilities that came with it, in the end, he stayed true to his roots. Nguyen still spent much of his day-to-day meeting one-on-one with other physicians. He observed that these meetings helped him to better tailor his work to meet their needs:

In addition to these meetings, much of his time was consumed by exploring and developing programs that could better support physicians. These programs fell into three categories: 1) early careerist group, 2) leadership academy, and 3) peer-to-peer support. The early careerist group sought to support any physician that was within seven years of graduating residency, a population that statistically had the highest risk of burnout. To cultivate community among this group, Nguyen sought to launch a HIPAA complaint messaging application named Lua:



Through this app they would all be part of a safe chatroom or forum where they can run cases by each other, very much the same way that they had when they were residents. During residency they could just tap on each other's shoulder and ask 'have you seen this before?' We want to emulate that so that the transition to 'real life' practice felt a bit gentler.

Informed by his own experiences through the Linde Fellowship, Nguyen believed that leadership training for physicians was also critical and this led to the idea of a leadership academy. As Nguyen affirmed, "Leadership is a completely different field than medicine, and oftentimes people see them as synonymous. It's a different field and physicians need the skills and training." The curriculum included sessions that taught skills and concepts related to negotiation, giving and receiving feedback, effective communication strategies, and the ability to share best practices.

The peer-to-peer support program further built on the community building work. A critical component of the peer-to-peer support program was to identify 20 physicians to become peer mentors. "These peer mentors could support any physician going through a lawsuit, a litigation, a death of a family member, or even personal illness," Nguyen explained, "It's another physician who has gone through something similar that can offer a shoulder to lean on and communicate in a healthy way."

Although Nguyen knew that the new role and the tasks at hand would be riddled with challenges, he better understood the scope of some key barriers within the first three months. First, Nguyen had to address some sobering retention and engagement statistics. For example, when looking at previous data on all the practices in the organization, he observed that while some practices did well with a 7% staff turnover rate, other practices had a 184% rate of staff turnover. Further, Nguyen was uncertain about the extent to which physicians would engage in his programs. "Physicians are already busy and managing a lot, so how do you get them to want to engage in these 'additional' things or understand the utility of these things." Nguyen pondered. Another barrier to engagement was pre-existing physician resistance to physician burnout and experience related programs due to shortcomings in prior approaches.

Dedicated to improving physician well-being at BIDHC, Nguyen was determined to spend subsequent months working to get more robust data on physician experience and to build out the programmatic infrastructure needed to carry out his vision. As Nguyen reflected, "My goals are meeting with a lot of physicians, getting these programs up and running as well as seeing how people respond, and getting a better sense of how to message physicians."

Mid-Year Progress

By August 2018 Nguyen was 8 months into the role and many of the ideas and programs he envisioned in his initial months had come to fruition. Inspired by growing evidence that better leadership reduced burnout and increased overall satisfaction, Nguyen launched the inaugural leadership academy in April



2018. The full-day event convened 80 individuals with leadership responsibilities from across BIDHC. Evaluation indicated that 97% of respondents rated the day as “above average or excellent” in terms of it being useful for leadership skills, and 100% of respondents noted that they planned to attend the next leadership academy. Although the leadership academy had initially started as a one-off event, positive evaluation data allowed it to become a reoccurring offering with academies being held every six months. To provide additional training in between the leadership academies, Nguyen also implemented a separate longitudinal leadership curriculum delivered through Webex sessions, which covered topics including behavioral interviewing and unconscious bias (see **Exhibit 1** for the Webex topics).

Additionally, the early careerist group had taken off; Lua had launched and Nguyen held the first ever early careerist event which as he observed, “was the first time in BIDHC history where early careerists had the chance to be together, mingle and form a community.” Nguyen was also advancing the peer-to-peer support program. By this time 20 physicians had been trained as peer mentors and six physicians had been matched with a mentor to receive support. Knowing that physicians may be hesitant to access those services, Nguyen explained that any cases sent to the risk management unit automatically triggered peer support:

We don't ask the clinicians anymore if they want peer support or not. We just give it to them. And whether or not they choose to engage is up to them, and that's fine. No pressure. But we found that if we just offer it willingly, as opposed to asking if they want peer support, it has a higher rate of being effective and supportive.

Much of the peer-to-peer support work continued to revolve around forming community among different physician groups. The family medicine group continued to engage via educational retreats, networking events, and remote audio/teleconferencing. The women in primary care group had its inaugural event, during which the 23 attendees shared their personal narratives as women in health care. One attendee asserted the importance of the event, “Connecting with my colleagues was a breath of fresh air. It's the right time for this, the time for women in medicine to truly take their place.” Although he had already begun fostering and facilitating a culture of connection among several populations, Nguyen was determined to expand to include more groups such as advanced practitioners and late careerists.

Nguyen had also developed additional programs: the Transitions into Practice Protocol (TIPP) and care coaching. TIPP pertained to how the organization on-boarded physicians, especially new recruits. “We came up with a system where all the leadership is very closely involved in how we bring on a new physician. So, we are trying to move away from this sink or swim model where we put a physician in the practice and hope they make it,” Nguyen said. For care coaching, Nguyen began informally working with practices in order to collaboratively assess inefficiencies, opportunities to improve teaming and workflows, and ideas for how to make life better as a clinician.



When reflecting on his progress since those initial three months, Nguyen observed that his focuses had shifted to center on leadership, community, transparency, and care coaching. Over time there was greater clarity in direction and in vision:

Those are the four areas that we are really looking at closely now. It is really nice to know the four things that you are thinking about all the time. Before, if you has asked me what our focuses are I might say 'Maybe sometimes it's these three things, maybe sometimes it's those three things.' But now I can better formulate it.

The Scaling Challenge

Although Nguyen was reassured by the success of the programs to date, he was concerned about how his physician experience work could be scaled. "We have launched many of our programs and have had inaugural events and what we are doing so far is anecdotally successful," Nguyen continued, "but now the challenge is figuring out how to integrate these programs into the institutional culture." Nguyen asserted that in order to scale the work it needed to become a larger part of the institutional fabric "as opposed to a collection of task-oriented and disparate events." In light of this, one strategy Nguyen developed was working with the BIDHC executive team to consider organizational citizenship - the extent to which an individual's voluntary support and behavior contributed to the organization's success - and engagement as part of the way that physicians were incentivized and compensated. As Nguyen noted, "This is something that I would really love to build. Can we reward a physician financially for being more engaged and supportive? This is something that I am trying to push and it would also make it so that I do not have to be as worried about drumming up engagement and participation."

In his first months in the role Nguyen was able to meet one-on-one with physicians; however, he had become increasingly concerned that this approach may make scaling difficult at times:

I think it is still important for me to connect with physicians on a regular basis and I do not want to forget that because that's how it started. But there are higher-level conversations now, too. I think that what we need to do is to keep that finger on the pulse of physicians and to be able to scale. I am happy to do this work myself, but there are a lot of physicians and we need to be able to scale the work and make it more of a system, not only one-off personal connections.

Nguyen knew that physician experience was difficult to scale. Realizing that this would require more people, Nguyen worked on building a team and the human infrastructure needed to support the growing work. "We are still trying to understand and learn how to scale something like this. The nice thing about where we have come from so far is that everything is very experimental. When you have a win it is great. But, now it's about reproducibility and the long-term." As he observed in his early months in the role, data and measurement were critical in assessing scalability and replicability. Data would better indicate whether or not the programs he was putting into place were actually improving physician experience. In



order to better gauge the efficacy of the programs and the state of physician wellness at the organization, Nguyen was working on developing and administering a Press-Ganey survey to capture physician satisfaction data. “The hope is that this survey, especially with questions on topics including physician collegiality, will better enable me to understand the scope of the problem and to more effectively target my work,” he reported.

One Year Later

By December 2018 Nguyen had spent nearly a year in his new role as the Director of Physician Experience and Professional Development. As he reflected, he realized that the core focuses had refined and shifted again. “Now, our work falls into three different buckets: 1) leadership training, 2) community, and 3) experience. So we have iterated on this further over time and now consider experience itself,” he explained.

Throughout the year leadership training was a core pillar in Nguyen’s approach to alleviating physician burnout and fostering wellness. In October 2018 he led the second installment of the leadership academy and once again the evaluation feedback underscored the desire for such skills. Further, 96% of respondents agreed that the event fostered a strong sense of community. In addition to the leadership trainings through academies and the Webex sessions, Nguyen had been promoting the existing Practice of Excellence curriculum, which was a video library of different professional development tools and clinical workflows. With increased attention to leadership training, he observed a corresponding increase in the engagement and use of this resource (see **Exhibit 2** for login statistics for the Practice of Excellence library).

By the end of the year, Nguyen had launched the women in primary care community, an advanced practitioner community, and sustained the family medicine community with three retreats. While he valued building community through bringing smaller groups of physicians together, he also sought to convene all 500 BIDHC staff for one large community building event. In reflecting on the inaugural event called BIDHC Celebrates, Nguyen recalled, “Our CMO came up to me after and said that people had come up to him during the event and said ‘I feel like our organization is changing.’”

Additionally, Nguyen had successfully worked with leadership to alter the physician compensation model. “In our new compensation model, one of the metrics is citizenship, which includes meeting attendance. We want physicians to have meetings with their practices to build community among their care teams, and they are now being rewarded to do this,” Nguyen elaborated.

In terms of experience, Nguyen was especially focused on developing protocols that would ensure that the experience of a physician was positive from day 1 throughout their career. To compliment the TIPP, Nguyen also implemented the Transitions Out of Practice Protocol (TOPP), a protocol that helped



physicians retire, resign, or leave the organization over the course of three months. The protocol also offered support to the care team left behind and helped guide them through change management.

Press-Ganey Survey Results

Although BIDHC had administered Press-Ganey surveys in the past, Nguyen was eager to re-administer one during his first year in this position and to use the results as a guide for future work. However, in working on the survey he made a realization:

We found that the survey that was administered two years ago was very poorly designed. The language that was used was inaccurate. So, we were stuck because I looked at those results and they really did not reflect anything. One question, for example, was looking at ‘I trust the leadership in our practice.’ But the question was really asking ‘I trust the leadership in the organization as a whole.’ So they got favorable results back in the day. We needed to revamp the survey and start from scratch to get accurate data.

By December 2018 the new Press-Ganey results had come in. The 2018 engagement score was 4.04, which was in the 51st percentile compared to the national average (see **Exhibit 3** for the 2018 Press-Ganey engagement results). In terms of alignment, which pertained to how respondents aligned with the leadership of their organization, BIDHC was in the 62nd percentile (see **Exhibit 4** for 2018 Press-Ganey alignment results). While BIDHC did well with regards to activation, or the ability to engage patients and others as individuals and derive intrinsic value from work, the data indicated that physicians struggle with decompression, or the ability to disconnect from work (see **Exhibit 5** for 2018 Press-Ganey resiliency data). Although Nguyen knew that there would be much work ahead to improve these numbers, he remained confident, “At least we are now starting with accurate data that is relevant to the organization, its context and its challenges.”

Looking Forward

When reflecting on the progress that had been made over the course of the year, Nguyen realized that efforts around physician wellness and burnout require much experimentation and iteration:

When doing experience work, you are going to stumble a lot, but that doesn’t mean you should not keep trying all different types of pilots, because none of us know what we are doing. You just have to try things until you fall on something that works.

While Nguyen valued the experience of piloting different programs, he was determined to begin assessing if those pilots had a measurable impact on the organization. Gauging and measuring success was essential to preparing for another challenge on the horizon: proving the worth of the work. “I’m nervous about experience being considered whipped cream and being cut. I can prove the worth of the



work from quotes, personal accounts, and anecdotes,” Nguyen explained, “But, it’s really hard to prove the worth of the work in terms of saving the organization money.”

Determined to build a culture of wellness that empowered physicians at BIDHC, Nguyen was not deterred by the challenges or work that remained. Nguyen picked up his Expo marker and continued planning on his whiteboard for the months ahead.



APPENDIX

Exhibit 1: Longitudinal leadership curriculum for Webex sessions

What we have covered thus far...

- Negotiations, Communication and Feedback (Leadership Academy 4/2018)
- Mentorship and Support of New Clinicians (Webex 7/2018, PE Video, TIPP)
- Behavioral Interviewing (Webex 7/2018, PE Video, handouts available)
- Difficult Conversations (Webex 10/2018, PE Videos x 2, slide deck available)
- Understanding Bias (Leadership Academy 10/2018)
- Meetings and Feedback (Webex 12/2018)
- ??? What Else Do You Want to Learn About



Exhibit 2: Login statistics for the Practicing Excellence library from February 2018 – December 2018

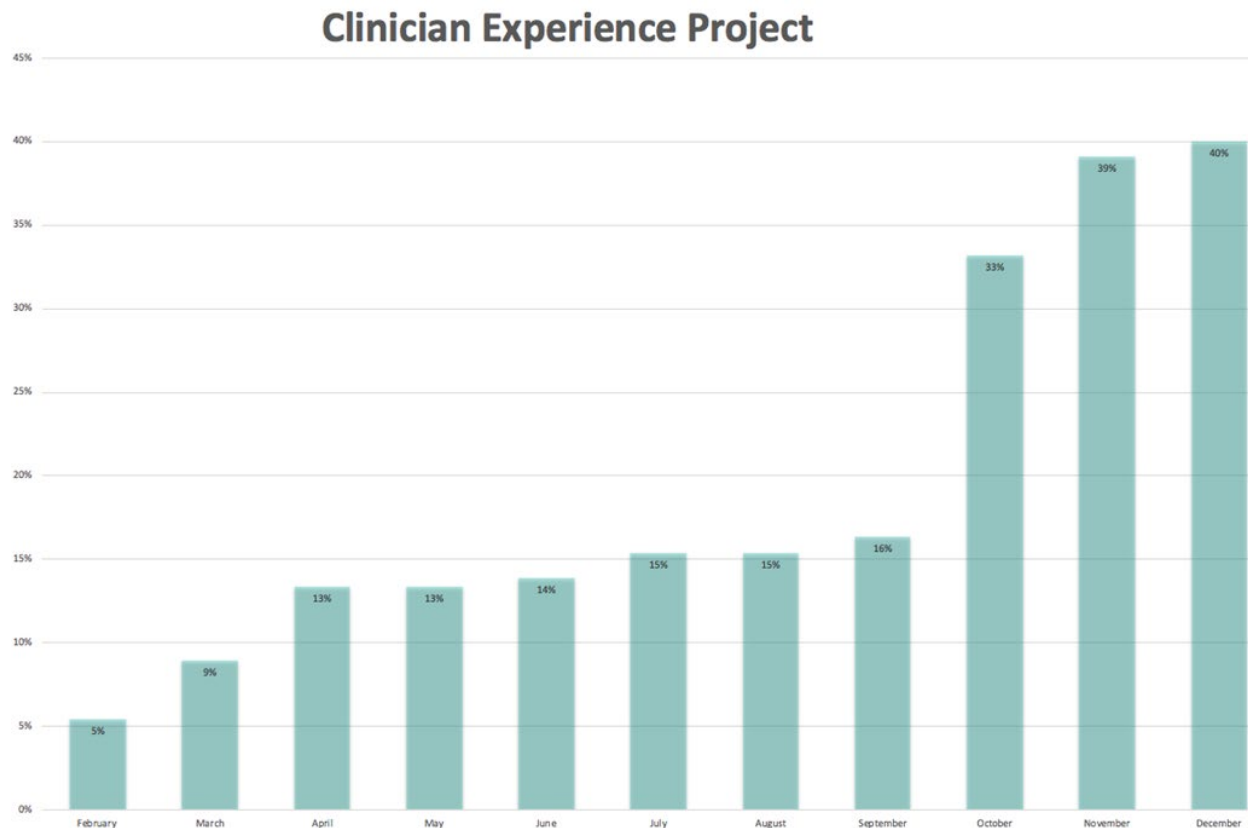
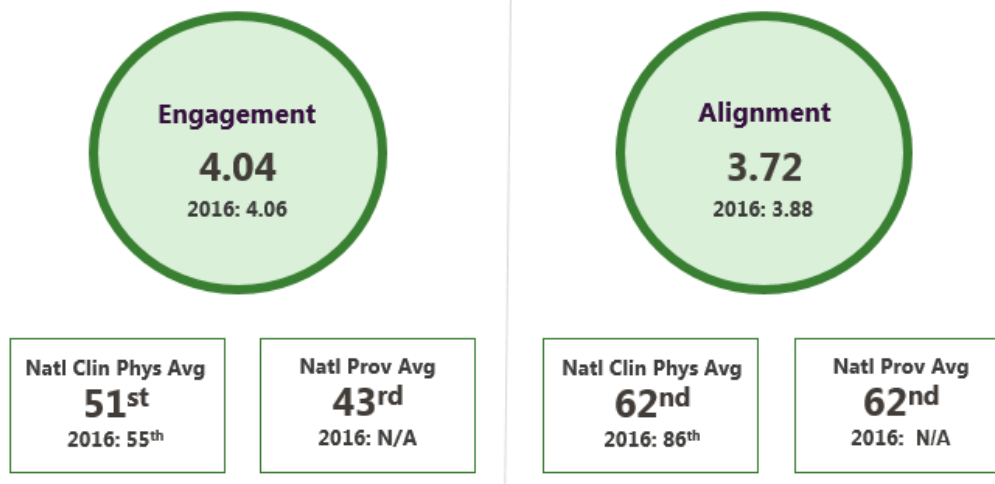




Exhibit 3: 2018 Press-Ganey engagement results



Engagement Item	2018 BIDHC	% Unfav	Difference from:			
			Natl Clin Phys Avg	Natl Prov Avg	Natl Phys Avg	2016 BIDHC
39. I would recommend this practice to family and friends who need care.	4.38	0%	+.14	+.19	+.14	+.06
35. I am proud to tell people I am affiliated with BIDHC.	4.21	0%	+.04	+.04	+.01	.00
40. Overall, I am satisfied working with this organization.	3.99	5%	-.01	.00	-.02	.00
36. I would stay with this organization if offered a similar position elsewhere.	3.86	5%	-.02	+.02	-.01	-.04
37. I would recommend this organization to others as a good place to practice.	3.93	1%	-.09	-.08	-.10	-.14
38. If I am practicing medicine three years from now, I am confident that I will be working at BIDHC.	3.90	2%	-.11	-.03	-.08	+.04
Engagement	4.04	2%	-.01	+.02	-.02	-.02

Note – In this presentation **GREEN/RED** notes a statistically significant difference.

Natl Clin Phys Avg +/- .23

Natl Prov Avg +/- .23

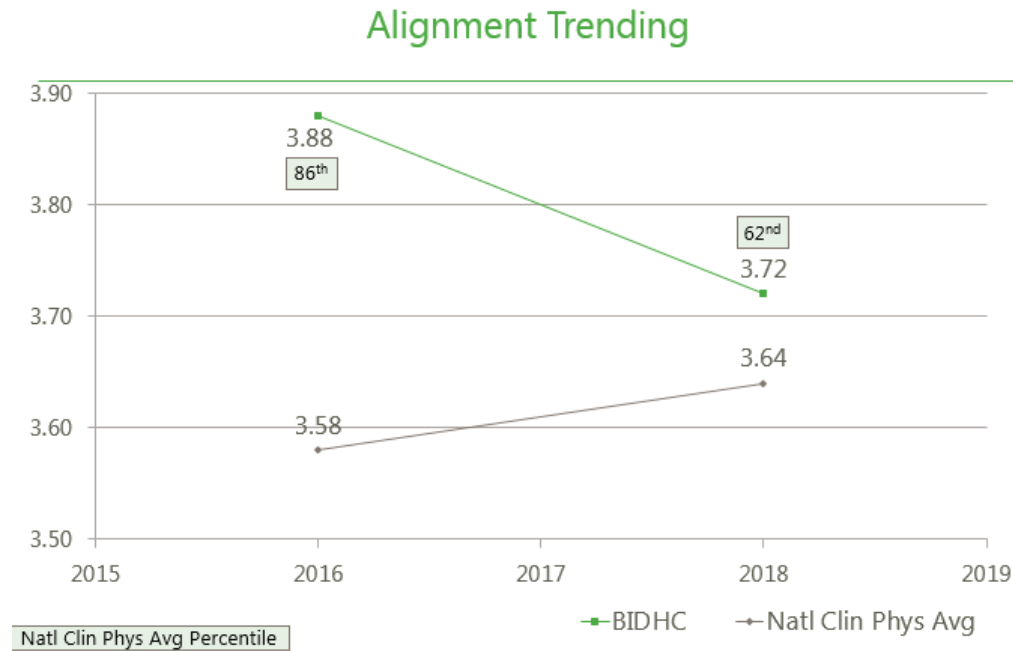
Natl Phys Avg +/- .23

History +/- .33

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Exhibit 4: 2018 Press-Ganey alignment results



Alignment Item	Difference from:					
	2018 BIDHC	% Unfav.	Natl Clin Phys Avg	Natl Prov Avg	Natl Phys Avg	2016 BIDHC
29. I have adequate input into clinic decisions that affect how I practice medicine.	3.78	13%	+.31	+.28	+.28	-.10
30. I can easily communicate any ideas and/or concerns I may have to my leadership.	3.89	7%	+.19	+.22	+.19	-.19
31. This organization is responsive to feedback from clinicians/providers.	3.63	11%	+.14	+.14	+.12	-.17
32. I have confidence in BIDHC's leadership.	3.75	9%	+.09	+.10	+.09	.00
33. This organization treats clinicians with respect.	3.74	9%	-.09	-.05	-.06	-.32
34. Overall, I am satisfied with the performance of BIDHC's administration.	3.51	15%	-.17	-.16	-.18	-.21
Alignment	3.72	11%	+.08	+.09	+.08	-.16



Exhibit 5: 2018 Press-Ganey resiliency results

