



## ABFM Diplomate Dr. Jason Powers Improves Burnout by Implementing Team-Based Care

Over the past few years, the University of Iowa's Department of Family Medicine has become busier and busier. The patient population's growth required medical professionals to frequently stay hours after the clinic closed to properly complete their post-visit documentation.

Dr. Jason Powers, a board-certified family physician and medical director of the clinic, observed that these obligations were contributing to signs of burnout among some clinician personnel. In 2019, he and others within the clinic began looking for a solution. After careful consideration, they piloted a Team-Based Care model in which patient care becomes more of a collaboration. Participating providers (including physician assistants and nurse practitioners) in Dr. Powers practice were assigned a medical assistant to scribe and perform other related duties throughout each patient visit.

As reported in Dr. Powers' American Board of Family Medicine (ABFM) Self-Directed Performance Improvement activity,

"The aim was to lessen providers' tasks related to electronic medical records (EMR) during and after visits, thus leading to more efficient visits, less burnout, and hopefully better access to care," said Dr. Powers. "We all want better patient access because that's the idealistic way to practice."

Although implementation began in 2019, the pandemic slowed things down for about 12 months and the program's impact was not fully realized until comparative outcomes were evaluated in 2021. "There were already medical assistants in our practice back in 2019 and 2020, but their scope was more limited," he explained.

Dr. Powers and his team realized they had untapped resources in the building but, for Team-Based Care to succeed, they would have to slow their days down and teach. "The model began with us training medical assistants to become scribes, enter labs, enter new medication orders, and help add diagnoses for each visit."



Left to right: Nicole Dawley, MA, CTC (Care Team Coordinator), Jason Powers, MD, Tamika Rhoads, RN, and Yolanda Shipley, MA, CTC.

This training came with a temporary loss of access and approximately six weeks of financial burden. However, that was made up for in subsequent weeks through better and more efficient access to care, and the model is considered a success.

The physicians initially anticipated this initiative would take 12 to 15 months for total implementation. It took 20 to 24 months. After all, it wasn't just the medical assistants who were learning. The physicians also had to grow comfortable with a whole new way of doing things.

"In this model, I have to communicate to the patient and the medical assistant at the same time," recalled Dr. Powers. "That requires me to be very clear in what I'm thinking and in my directions. I use a lot of specifics so, while I'm talking to my patient, the medical assistant can

take these statements as orders. I can't just say to the patient, 'We're going to increase your Lisinopril, so we have better blood pressure control.' I have to say, 'We're going to increase your Lisinopril from 10 milligrams to 20 milligrams daily, and we need to make sure we follow up in four weeks.' That way everyone understands it very quickly."

"Additionally, I always try to include a moment at the end of the visit where I make a summary statement for the patient, as that's also my last chance to communicate with the medical assistant about everything we discussed," he said.

Although some providers determined that Team Based Care wasn't right for them, many preferred the change. Also, the morale of the medical assistants improved because they became a more essential part of each patient visit.

"When a patient knows that the provider and medical assistant think alike, they're more confident in the care because they see two people in the room who are working in sync," said Dr. Powers. "Personally, I can't imagine going back. Asking a single provider to do orders, documentation, a communication report, hitting all appropriate health maintenance, checklists, and milestones: it's too much."

The ABFM was able to reach out to Dr. Powers and learn about his Team-Based Care Initiative thanks to his Performance Improvement (PI) submission.

"The PI platform was more user-friendly than I thought it would be," he said. "It helped that before I even sat down to submit, I was seeking out data. Our administrative team had been collecting data all along, so I was able to put some numbers together and show this was an actual objective project where we could compare before and after."



*Implementing the team care model has been invaluable, and I think a win-win for everyone.*

*Dr. Jason Powers*

ABFM appreciates Dr. Powers sharing this practice innovation with other providers and speaking openly about the associated challenges and rewards that can be anticipated in doing so.

If your practice is implementing changes to improve patient care or physician well-being, you can submit these using the efficient ABFM Self-Directed Clinical Performance Improvement activity. You'll complete a significant portion of your certification requirement and have a better understanding of your own successes as you go.



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of Family Medicine**

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