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## Project Description

The Dimock Center is recognized nationally as a model for the delivery of integrated, comprehensive healthcare in an urban setting. In 2015, Dimock integrated its adult primary care and behavioral health practices. This shift has had a clear impact on patient experience, the overall health of Dimock’s patient population, and its costs. Meanwhile, it also seems to have improved provider satisfaction.

At present, evidence of Dimock’s improvement in provider satisfaction following integration remains anecdotal. The goal of this project was to better quantify the benefit in provider satisfaction, such that Dimock may more effectively communicate the value of an integrated model to other community health providers. However, Dimock does not currently have a standardized way to measure and compare the satisfaction of its providers. Our team aimed to address this gap.

## Project Approach

Our hypothesis was that Dimock’s integration of its primary care with behavioral health has meaningfully improved the satisfaction of its providers. This improvement has been reported anecdotally by providers who express feeling happier and more supported in their roles.

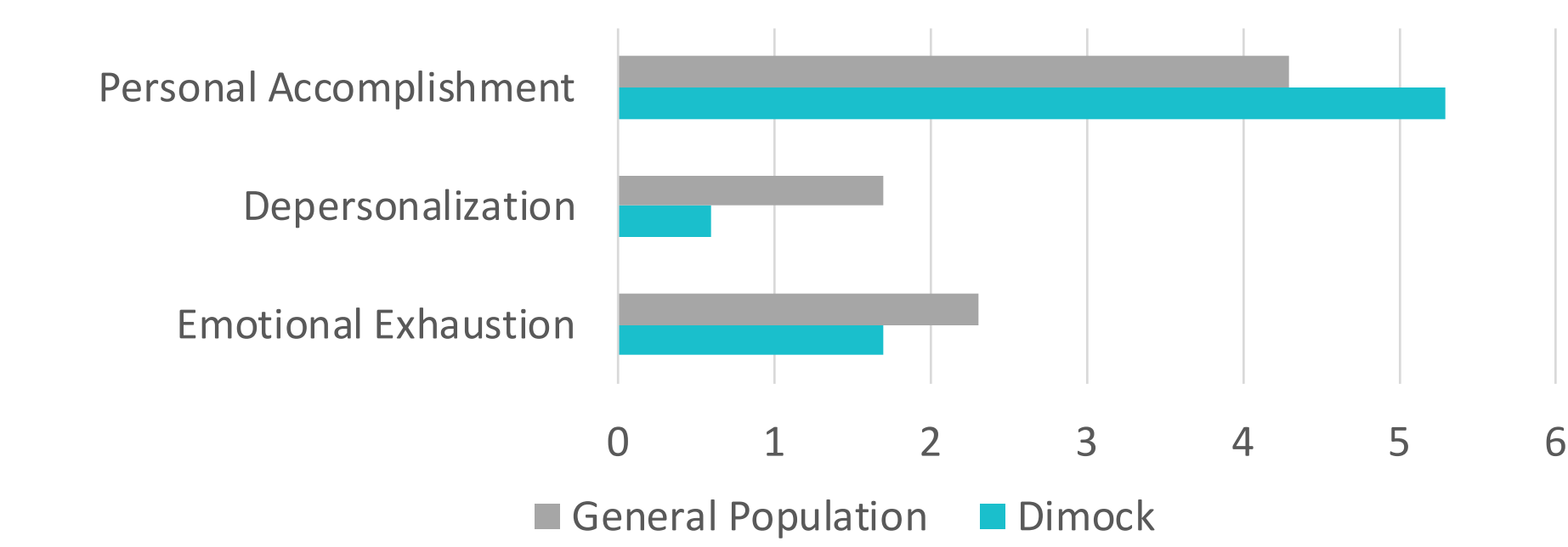
To measure the magnitude of this benefit, we took a three-step approach to our analysis of provider experience at the Dimock Center:

1. Implement a **burnout survey** (the Maslach Burnout Inventory) at Dimock to attain a baseline measure of burnout within the clinic
2. Use **qualitative interviews** with providers to understand drivers of provider burnout and practices that contribute to satisfaction
3. Conduct **data analysis** to quantify changes in productivity among providers post-integration of behavioral health services

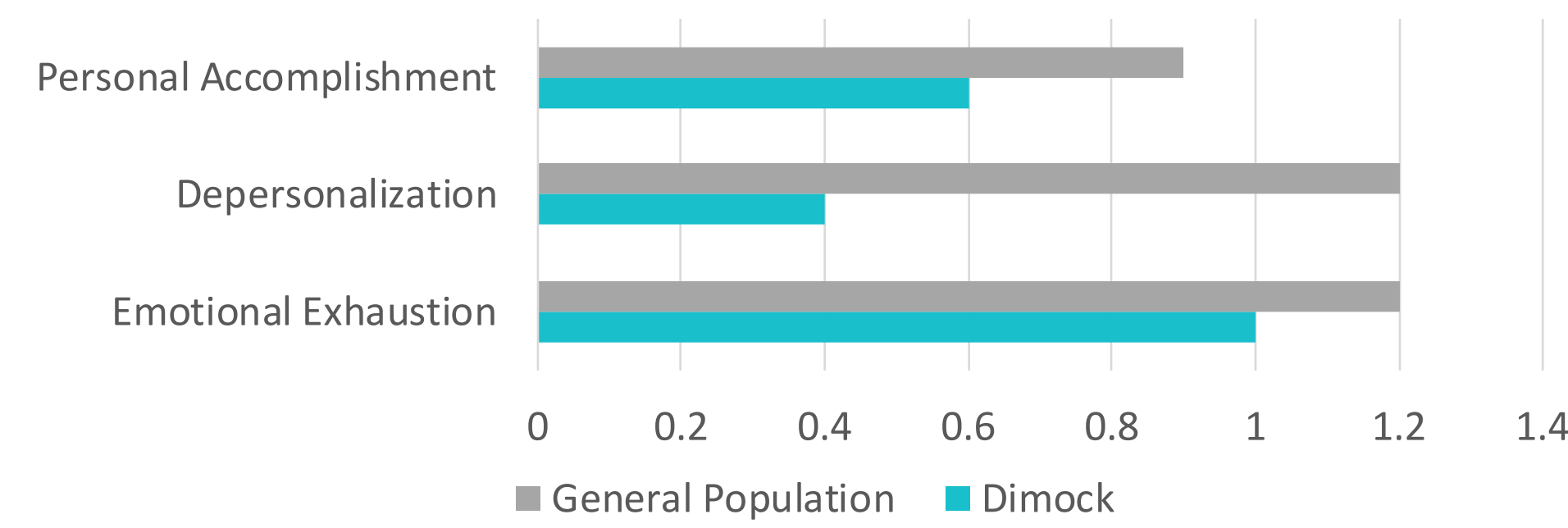
### 1. Burnout Survey: Maslach Burnout Inventory (MBI) Results

*Results from 14 Dimock providers demonstrate lower levels of burnout at Dimock than in general population*

Average Scores



Standard Deviations



### 2. Qualitative Interviews: Provider Interview Findings

*Results from 17 Dimock provider interviews show providers are very satisfied with model of integrated behavioral health*

**Main contributors** to provider satisfaction at Dimock:

1. Behavioral health integration is overwhelmingly supported
2. Colleagues contribute to a positive, team-oriented environment
3. Providers are passionate about community healthcare

**Detractors** of provider satisfaction at Dimock:

1. Paperwork and charting is tedious and burdensome
2. It is draining when patients do not show for appointments
3. HR does not play a big enough role in providers’ experience

### 3. Data Analysis: Changes in Provider Productivity

*Data mostly show improvements in productivity in 3 different clinics post-integration of behavioral health services*

Productivity Metric	Clinician Type	Adult Behavioral Health	Outpatient Addiction & Recovery	Pediatric Behavioral Health
Payment per FTE	Masters level	↑	↑	↑
	Psychiatrists	↑	n/a	n/a
Number of visits per FTE	Masters level	↑	↑	↑
	Psychiatrists	↓	n/a	n/a
RVUs per FTE	Masters level	↑	↑	↑
	Psychiatrists	↓	n/a	n/a

## Insights/Recommendations

Our project has helped confirm the previously-anecdotal benefit of integrated behavioral health services in terms of provider satisfaction. Our findings can be distilled into four recommendations to ensure that staff remain satisfied with their roles in the future.

1. **Continue to quantitatively measure provider experience:** Implement the MBI survey during providers’ annual review
2. **Better understand no-show patients:** Learn why patients do not show up for appointments for less variability in daily work schedules
3. **Increase HR’s communication with staff:** Ensure open communication and transparency about benefits and salary expectations
4. **Ensure staff can practice at top-of-license:** Better understand medical assistant role and how it contributes to flow within the clinic