



USE PERFORMANCE-BASED BONUSES FOR STAFF

Performance-based bonuses for physicians have become increasingly common as payers move toward value-based care. Research suggests that extending those bonuses to clinical staff may help practices meet some performance metrics.

A study of 10 primary care clinics¹ found that hypothetical bonuses of as little as 2% to 3% of their annual salary could motivate medical assistants (MAs) to improve on certain quality metrics. Specifically, MAs expressed confidence they could improve on “same-day” population health measures: screenings for body mass



index, depression, and tobacco use, as well as administering vaccines for influenza and pneumonia.

The study’s authors noted that some research shows overreliance on external motivators (e.g., financial bonuses) can “crowd out” intrinsic motivators (e.g., autonomy) and actually reduce performance long term. But they stated that this concern can be mitigated if financial incentives are structured

in a sustainable way, alongside nonfinancial incentives.

1. Vilendrer S, Brown-Johnson C, Kling SMR, et al. Financial incentives for medical assistants: a mixed-methods exploration of bonus structures, motivation, and population health quality measures. *Ann Fam Med*. 2021;19(5):427-436.

HAVE STAFF HELP WITH ADVANCE CARE PLANNING

Physicians’ face time with patients is shrinking¹ and patient needs are increasing,² making it difficult to carve out time for advance care planning (ACP) discussions. But there are several ways the care team can help:

- Front-desk staff can hand out ACP documents such as a medical durable power of attorney (MDPOA) for patients to complete while they wait,
- MAs can introduce the topic while rooming patients,
- Care managers can incorporate ACP into conversations with higher-risk patients,
- Social workers and behavioral health providers can help clarify patients’ goals and values,
- Organization leaders can prioritize ACP by setting targets, organizing improvement efforts, and tracking performance.

Your EHR system can also make ACP easier. For example, patient portals can provide self-service tools for patients to learn more about ACP and document their wishes, alerts can highlight when a patient needs a MDPOA or other advance directives, and sections of the chart can be configured to

streamline documentation of ACP conversations over time.

This team approach sets up patients and physicians for meaningful ACP conversations.

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1. Sinsky C, Colligan L, Li L, et al. Allocation of physician time in ambulatory practice: a time and motion study in four specialties. *Ann Intern Med*. 2016;165(11):753-760.

2. Abbo ED, Zhang Q, Zelder M, Huang ES. The increasing number of clinical items addressed during the time of adult primary care visits. *J Gen Intern Med*. 2008;23(12):2058-2065.

EASE DISCONTENT ON YOUR TEAM WITH THIS FOUR-STEP PROCESS

It’s been a difficult couple of years in health care, and your practice staff may be experiencing frustration, burnout, or other negative emotions due to increased workloads and myriad policy changes.

Here are four steps to dealing with discontent on your team:

- **Balance your emotions before reacting.** Don’t take expressions of negativity personally. View them as useful data to help you form a true picture of how your staff is doing.
- **Be curious.** When negativity arises, ask for more information. Make your team members feel like they can say what’s bothering them without fear of retribution.
- **Enlist your staff’s help.** Ask team members to suggest their own solutions. This channels their frustration in a positive direction.
- **Own your part.** Owning up to your role in a team member’s discontent (even if you did not directly cause it) builds trust.

Source: Chhaya N. Managing anger, frustration, and resentment on your team. *Harvard Business Review*. Feb. 14, 2022. Accessed April 4, 2022. <https://hbr.org/2022/02/managing-anger-frustration-and-resentment-on-your-team>

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