Physician Wellness: A Self and System Imperative in a Value Based Model
Speakers

Bruce J. Flanz
President and CEO, MediSys Health Network

Sabiha Raoof, M.D.
CMO and Patient Safety Officer, Medisys Health Network
Chair of Radiology, Medisys Health Network
Vice Chair, ACR Quality Experience Committee

Alan Roth, D.O., FAAFP, FAAHPM
Chair, Department of Family Medicine, Ambulatory Care and Community Medicine
Chief, Department of Pain and Palliative Care
Medisys Health Network

Gina M. Basello, D.O.
Vice Chair, Department of Family Medicine
Family Medicine Residency Program Director
Associate Director, Hospice and Palliative Medicine, Jamaica Hospital Medical Center

Kamica Lewis, D.O.
Faculty Attending, Family Medicine Residency Program Jamaica Hospital Medical Center
Assistant Clinical Professor of Family Medicine
Certified Mindfulness and Emotional Intelligence Instructor
MediSys Health Network

- 2 Hospitals, 10 Community-Based Health Centers, 1 Nursing Home
- 143,000 Fully Capitated Lives
- 750,000 Ambulatory Care Visits
- 165,000 ED Visits
- 5,000 Newborn Deliveries
- 6,500 Employees
- Serving the Underserved:
  - 60% Medicaid
  - 20% Medicare
  - 5% Uninsured
  - 15% Commercial
UNIQUE CHALLENGES

- LIMITED RESOURCES
- SAFETY NET HOSPITAL
- SOCIAL DETERMINANTS OF HEALTH
- DYNAMIC HEALTHCARE LANDSCAPE
- PATIENT EXPERIENCE LINKED TO PROVIDER EXPERIENCE
MediSys’ Greatest Asset

OUR HUMAN RESOURCES
A PHYSICIAN LEADER’S PATIENT EXPERIENCE

- Personal Journey
- Maintaining Wellness
- Top Down Leading the Transformation
Personal Journey

• Medical Education and Training
• Family/Work Life balance
• Personal Medical Challenge
Maintaining Wellness

• Organizational Structure and Culture

• Opportunities to Grow and Thrive

• Leadership Support and Validation
TOP DOWN LEADING THE TRANSFORMATION

- Creating a Standard Experience For All Providers
- Avoid Excessive System Burdens
- Nurture Meaningful Care Team Relationships
What is Burnout?

- Emotional Exhaustion
- Depersonalization
- Decreased Personal Accomplishment
What’s the use? My work doesn’t really serve a purpose anyway

I’m not sure how much longer I can keep going like this

I used to feel so connected to my patients. Now they just feel like numbers
Burnout: A Public Health Crisis

- Student
- Resident
- Attending
- Nurses/Teams
- Leadership
Attending Physicians

- From 45.5 percent to 54.4 percent in just three years.
- Threatens patient safety, outcomes, quality of care, satisfaction, and compliance.
- Higher risk of medical lawsuits, provider self-reported errors.
- Higher mortality ratios in hospitalized patients.
- Highest suicide rate of any profession; more than twice that of the general population
Systemic Factors

- EHR
- Regulations
- Volume Demands
- Clinical Complexities
- Time Constraints
- Staffing Ratios
- Roadblocks become the norms
- Administrative decision makers
- Lack of autonomy
- Reimbursement models

- Professional isolation
- Working with a difficult population
- Long hours with limited resources
- Culture of Silence
- EHR Clicks and hardstops
Human Factors

- Personality Variables
- Soldiering Mentality
- Ambiguous Success
- Role Conflict
- Imposter Syndrome
- Role Overload
- Autopilot Mode/Unconscious Competence
- Unreciprocated Giving
- Failure to live up to one’s own expectations
Medical Culture

- Self-Effacing Norms
- Perceived Stigma around Seeking Help
- Medical Culture of Endurance
- Calling Out Sick = “Weakness”
Scope and Implications

- Quality
- Patient satisfaction
- Patient Outcomes
- Financial
- Retention
- Errors/Patient Safety
- Workforce/Specialty Choice
- Relationship Difficulties i.e. Divorce
- Mental Health
Safety Net Hospital “Poverty Culture”

• Social and Financial Determinants of Healthcare

• Limited Resources go to survival mode silos instead of planning and prevention

…requires a collaborative approach
“It’s important to remember that the origins of burnout are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible people. Policy makers and healthcare organizations must address this problem for the sake of physicians and their patients.” (West, 2013)
MEDICAL EDUCATION RESPONDS

**LCME Standards:**

12.3 Personal Counseling/Well-Being Programs
12.4 Student Access to Health Care Services

**ACGME Requirements:**

…..psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.
Experience of Healthcare System
Engagement
Satisfaction
Perception of Quality of their Care
Adherence/Openness to Recommendations
Outcomes Metrics
Psychological Safety
Self Awareness
From Burnout to Wellness FOR Everyone!

<table>
<thead>
<tr>
<th>BURNOUT</th>
<th>WELLNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMOTIONAL EXHAUSTION</td>
<td>VIGOR, ENTHUSIASM</td>
</tr>
<tr>
<td>DEPERSONALIZATION</td>
<td>CONNECTION</td>
</tr>
<tr>
<td>LACK OF IMPACT</td>
<td>ACHIEVEMENT, MEANING</td>
</tr>
</tbody>
</table>
ELEMENTS OF ORGANIZATIONAL WELLNESS

• Leadership Commitment
• Mindfulness
• Emotional Intelligence
• Psychological Safety
• Mutual Understanding
• Team Engagement
• Values Alignment
• Wellness Champions
What is Mindfulness

Your body is present.  
Is your mind?

Past       Present       Future

Doug Neill
mind full or mindful?
A Case for Mindfulness
A Case For Mindfulness

- Reduce stress, anxiety, and burnout.
- Significant decrease in job burnout.
- Increase gray matter concentration
- Decrease worry, anxiety, depression, and alexithymia
- Enhanced communication
- Increased self-awareness
Emotional Intelligence

- Self Awareness
- Emotional Intelligence
- Social Awareness
- Relationship Management
- Self Management
Emotional Intelligence

- Decreased occupational stress
- Improved decision making
- Reduced staff turnover
- Increased leadership ability
- Increased personal well-being
- Increased team performance
Mindfulness and Emotional Intelligence

**What we have done**

- Wellness Champions
- Leadership Series
- Wellness Curriculum
- SIY
- Monthly Meditation and Massage
- Monthly Knitting Group
<table>
<thead>
<tr>
<th>Positive value</th>
<th>Negative potential</th>
<th>Burnout factor(s)</th>
<th>Potential mental training interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Deprivation</td>
<td>Compassion fatigue, Entitlement</td>
<td>Reframing, Appreciation and gratitude</td>
</tr>
<tr>
<td>Excellence</td>
<td>Invincibility</td>
<td>Emotional exhaustion</td>
<td>Mindful self-compassion, Inner critic awareness</td>
</tr>
<tr>
<td>Curative competence</td>
<td>Omnipotence</td>
<td>Ineffectiveness, Cynicism</td>
<td>Self-awareness, Generous listening</td>
</tr>
<tr>
<td>Compassion</td>
<td>Isolation</td>
<td>Depersonalization</td>
<td>Connection and community, Silence as energizing</td>
</tr>
</tbody>
</table>
Psychological Safety
1. Psychological Safety
   Team members feel safe to take risks and be vulnerable in front of each other.

2. Dependability
   Team members get things done on time and meet Google’s high bar for excellence.

3. Structure & Clarity
   Team members have clear roles, plans, and goals.

4. Meaning
   Work is personally important to team members.

5. Impact
   Team members think their work matters and creates change.
**ANTECEDENTS & OUTCOMES**

**PSYCHOLOGICAL SAFETY**

A sense that people will not be embarrassed or punished for speaking up.

**ANTECEDENTS**

- Role Clarity*
- Peer Support*
- Interdependence
- Learning Orientation
- Positive Leader Relations

**OUTCOMES**

- Benefits associated with psychological safety
  - Information Sharing*
  - Satisfaction*
  - Learning Behaviors* (Seeking info; experimenting; reflecting)
  - Engagement
  - Improved Performance

*Antecedents and outcomes that had a large effect size at both the individual and group level of analysis.

What Does Psychological Safety Look Like?

- Transparency - information sharing and involving the team at all levels
- Using Data - demonstrates why decisions are made so increases trust
- Encouraging Creativity
MUTUAL UNDERSTANDING

Requires

- Common values
- Willingness
- Mutual respect
- Clear and Transparent Communication
STAGES OF PROVIDER ENGAGEMENT

AVERSION
- “That’s absurd!”

APATHY
- “It doesn't matter what I think anyway.”

CONSIDERATION
- “I may be able to live with that and support it…”

ENGAGEMENT
- “Now I get it… I even have an idea for the next step….”

How We Fostered All Three

Organizational Level
• MediFit Gym
• Good Catch Initiative
• iListen
• ASPIRE
• Schwartz Rounds
• Just Culture
• Wellness Champions
• Employee Wellness Day
The ASPIRE Program

ALIGN

SAFETY &

PERFORMANCE

IMPROVEMENT

RESIDENT

ENGAGEMENT

PI/QI/Safety

Communication/
Leadership/
Wellness

Education/
Training
The ASPIRE Program

Learning Objectives

• **Teach key principles** of quality improvement, patient safety, and systems innovation to all residents in our training programs.

• **Develop a foundation of safety, quality, and collaboration** that trainees will build upon as future leaders in healthcare.

• **Foster transparency** in our systems and processes towards promotion of ready reporting.

• **Provide actionable strategies and tools for Resident Engagement and Empowerment**
Schwartz Rounds

• Protected space for caregivers

• Hallmark = interdisciplinary facilitated dialogue

• Brief panel presentation, audience invited discussion
Schwartz Rounds Outcomes

- Increased insight into social/emotional aspects of patient care
- Increased compassion
- Improved teamwork and appreciation for other roles and contributions
- Decreased feelings of isolation
Just Culture Model

Framework that ensures balanced accountability. the organization

A values-supportive model

Organization held accountable for the systems they design and their response to employee behavior.

Supports psychological safety
Wellness Champions

• Share the responsibility of wellness.
• Recommend at least one provider lead.
• Strive to make wellness a consistent priority.
• Coordinates Activities
How We Fostered All Three: Team Level

- Weekly Provider Meeting
- Provider Development Sessions
- Monthly Business Meetings
- Team Scheduling Method
- Wellness Curriculum
- “Keepin’ It Real” Initiative
- Mindfulness Moment
“Keepin’ It REAL with Family Medicine”

Responsiveness

Empathy

Accountability

Love What We Do

- Shared feedback language
- Transparent values
- Team building
- A little cheesy and fun?
- T-shirts every Friday
- Patient Engagement
Starting Meetings with a Mindfulness Moment.....
Optimal Outcomes
Longitudinal Sustainability

- Compassionate Human Interaction Training (Planetree)
- Interdisciplinary Rounds
- Departmental Dashboards for data transparency
- Hospital-wide Mindfulness and Emotional Intelligence Curriculum
- Research pre and post curriculum
- Hospital-Wide Wellness Champions
- Leadership Academy
- Expand Employee Assistance Program
- Leadership Report Cards
- 360 Evaluations
- Burnout Monitoring
- Continued Commitment to a Culture of Safety and Wellness
- Integrative Medicine model
ASPECTS OF HEALTH

15-20%
Medical Treatment

Behavior & Lifestyle Impacts

Social & Economic Impacts

Environment
The Dimensions of Wellness: Patient and Provider
INTEGRATING HEALTHCARE
Now It’s Your Turn…
Think about current needs for your organization. Come up with 1-3 things you can immediately work to implement upon returning to your program.
“Life is never made unbearable by circumstances, but only by lack of meaning and purpose.”

Viktor Frankl