MediSys Health Network

AHA Physician Alliance
Shaping the future of care through collaboration.

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

JAMAICA HOSPITAL MEDICAL CENTER

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

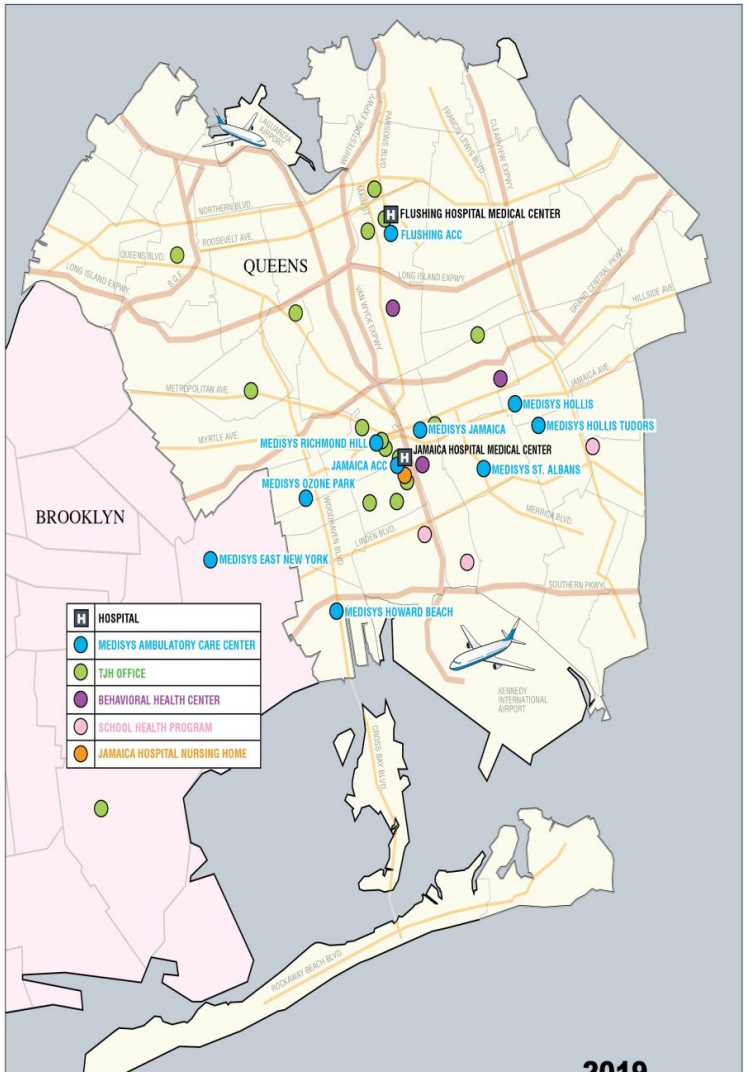
- 2 Hospitals, 10 Community- Based Health Centers, 1 Nursing Home
- 143,000 Fully Capitated Lives
- 750,000 Ambulatory Care Visits
- 165,000 ED Visits
- 5,000 Newborn Deliveries
- 6,500 Employees
- Serving the Underserved:

60% Medicaid

20% Medicare

5% Uninsured

15% Commercial



MediSys Health Network

MediSys' Greatest Asset

OUR HUMAN RESOURCES

WELLNESS PRIORITIES
HEALTH
FAMILY
JOB

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

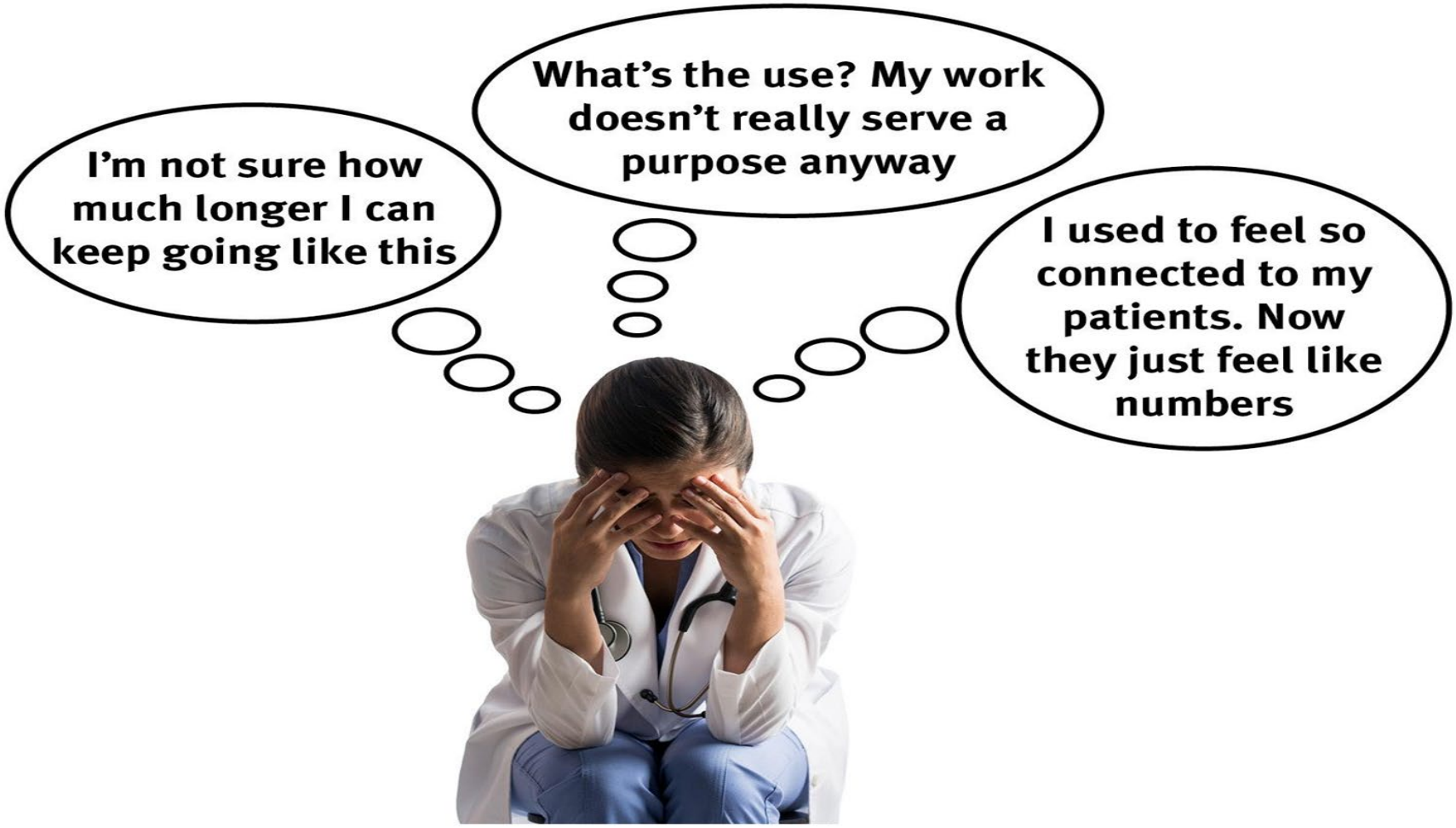
- Organizational Structure and Culture
- Opportunities to Grow and Thrive
- Leadership Support and Validation

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


I'm not sure how much longer I can keep going like this
What's the use? My work doesn't really serve a purpose anyway
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

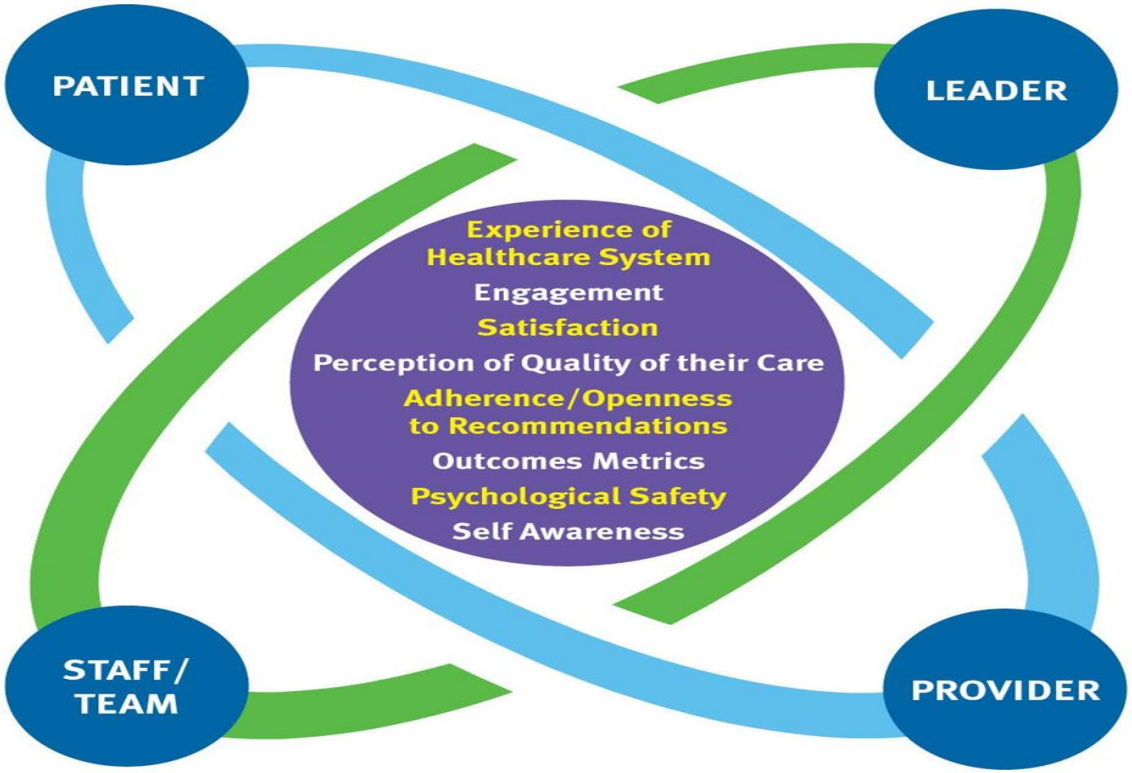
LCME Standards:

12.3 Personal Counseling/Well-Being Programs

12.4 Student Access to Health Care Services

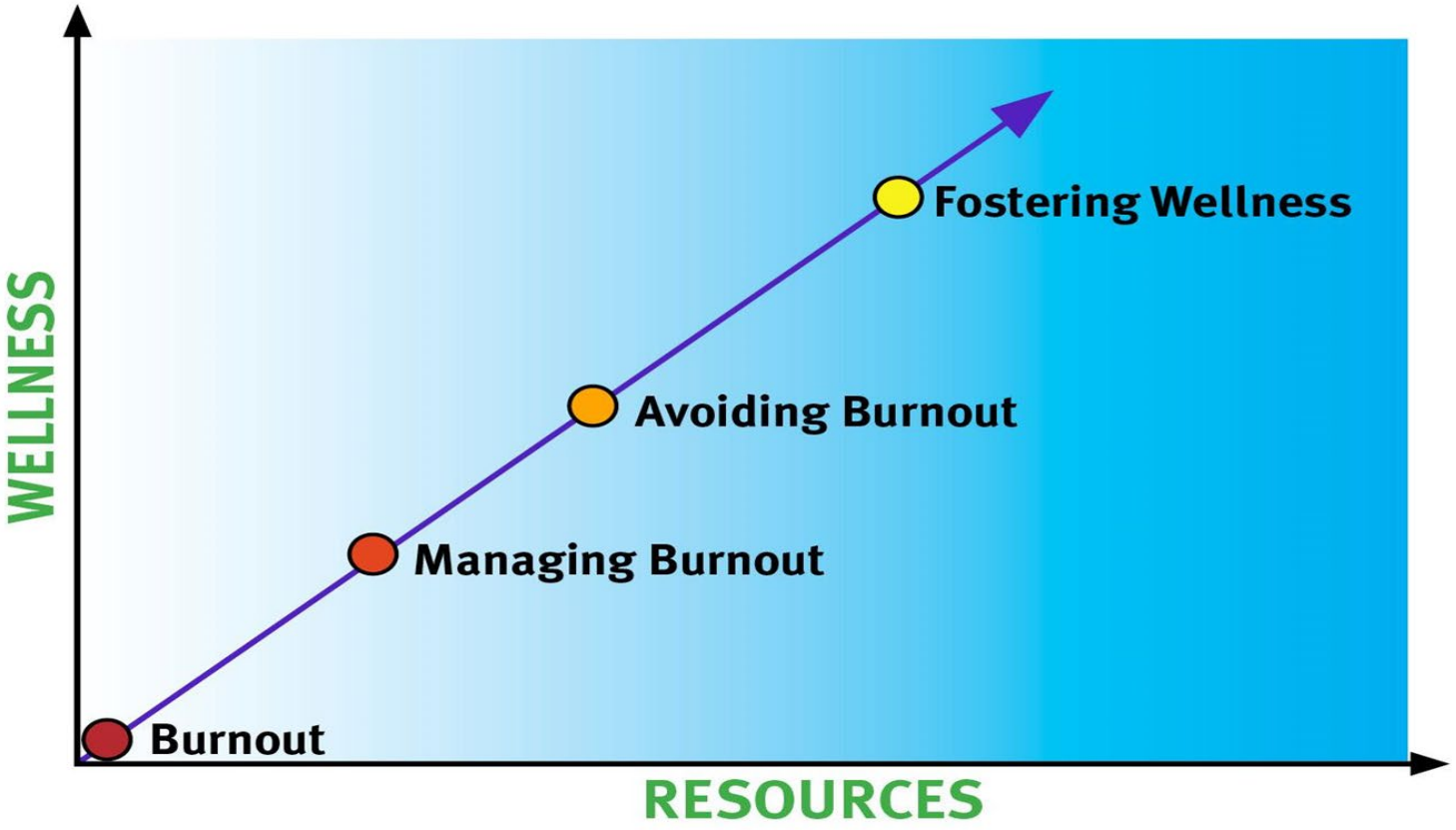
ACGME Requirements:

…..psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.


PATIENT
LEADER
Experience of Healthcare System
Engagement
Satisfaction
Perception of Quality of their Care
Adherence/Openness to Recommendations
Outcomes Metrics
Psychological Safety
Self Awareness
STAFF/ TEAM
PROVIDER

From Burnout to Wellness FOR Everyone!

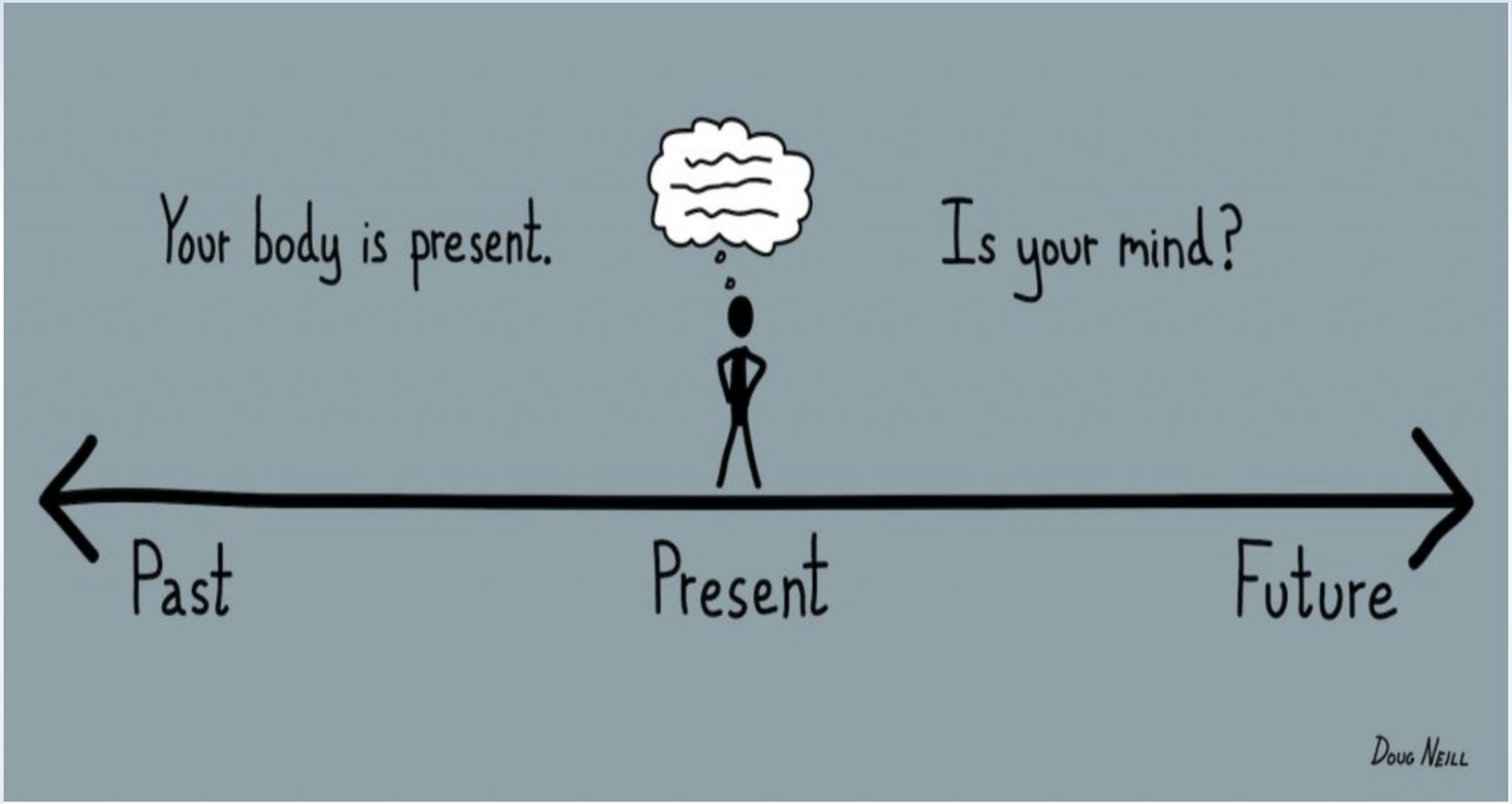
BURNOUT	WELLNESS
EMOTIONAL EXHAUSTION	VIGOR, ENTHUSIASM
DEPERSONALIZATION	CONNECTION
LACK OF IMPACT	ACHIEVEMENT, MEANING

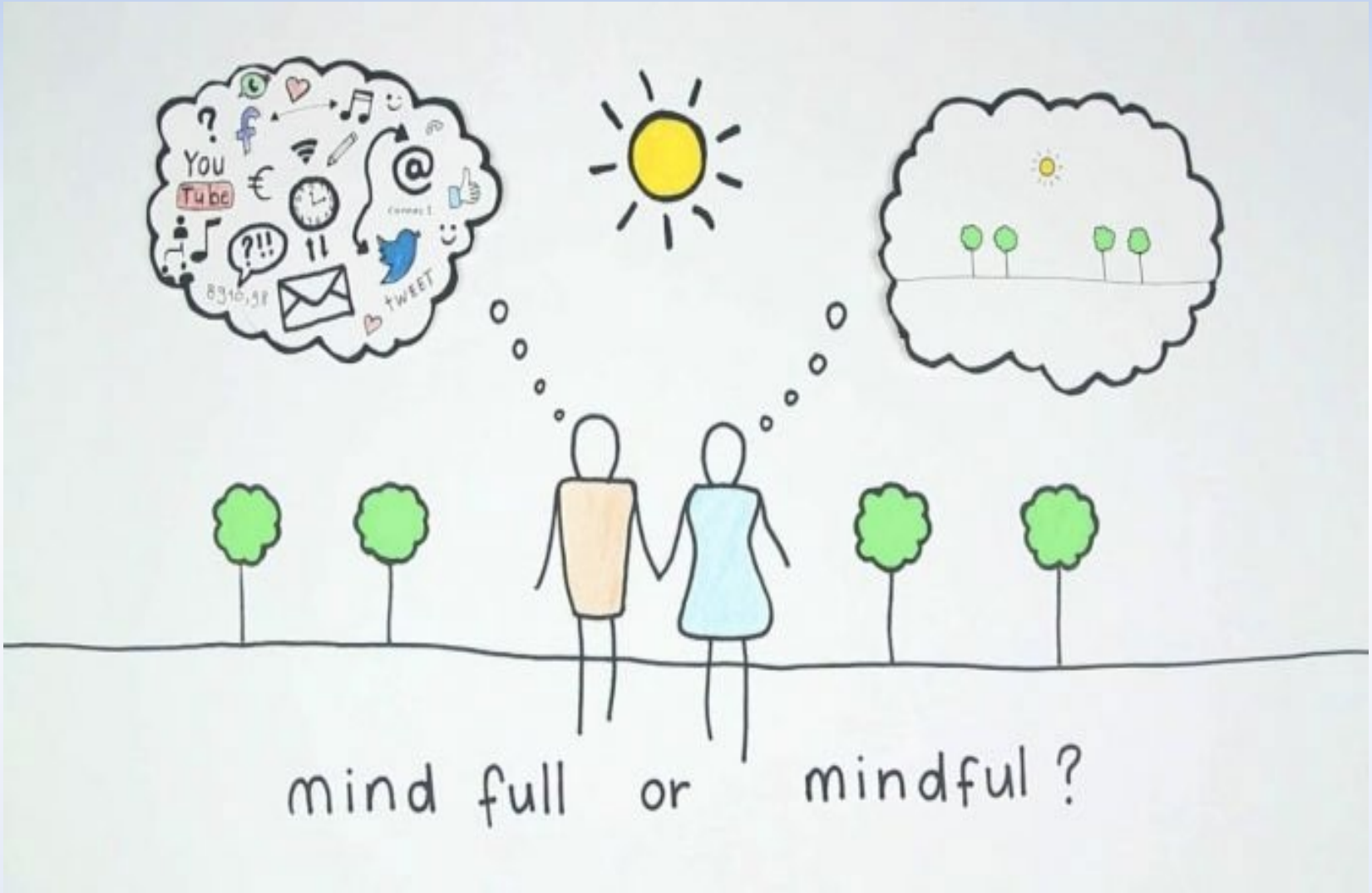

WELLNESS
Fostering Wellness
Avoiding Burnout
Managing Burnout
Burnout
RESOURCES

ELEMENTS OF ORGANIZATIONAL WELLNESS

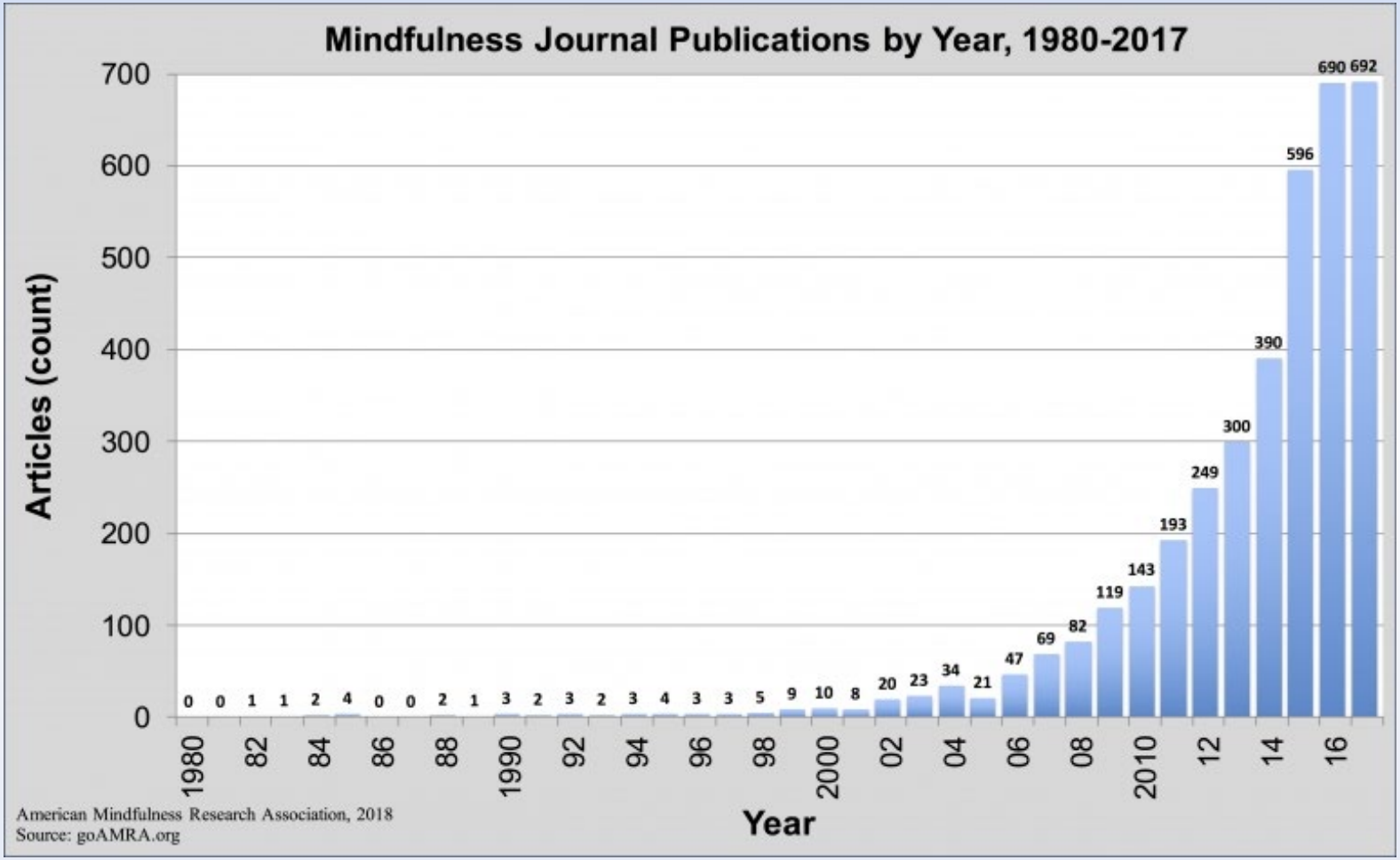
- Leadership Commitment
- Mindfulness
- Emotional Intelligence
- Psychological Safety
- Mutual Understanding
- Team Engagement
- Values Alignment
- Wellness Champions

What is Mindfulness




You
Tube
?!!
TWEET
mind full or mindful ?

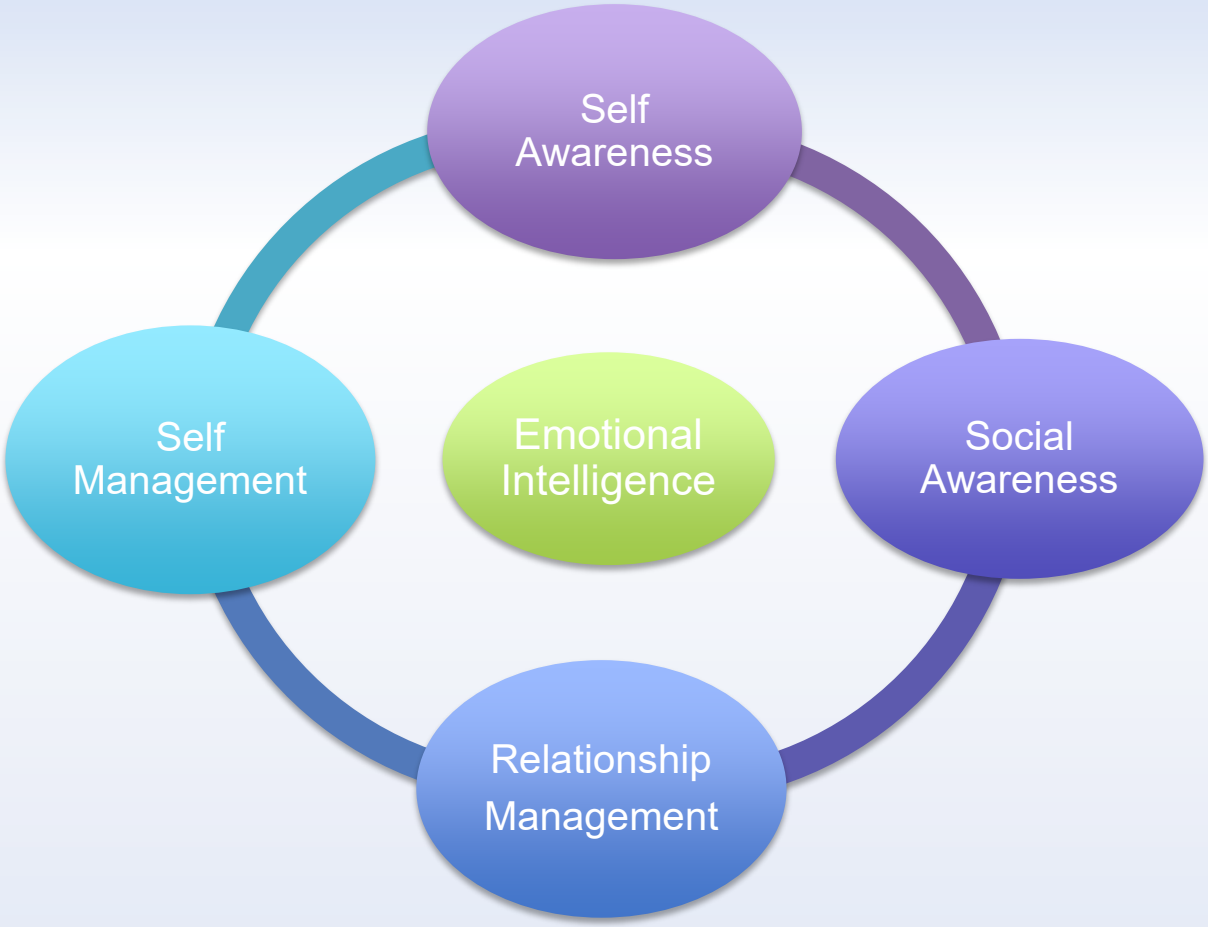
A Case for Mindfulness



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



Decreased occupational Stress
Improve Decision Making
Increased Team Performance
Emotional Intelligence
Increased Leadership Ability
Reduced Staff Turnover
Increased Personal Well-being

Mindfulness and Emotional Intelligence

What we have done

- Wellness Champions
- Leadership Series
- Wellness Curriculum
- SIY
- Monthly Meditation and Massage
- Monthly Knitting Group

FRAMEWORK FOR LINKING CULTURAL NORMS IN MEDICINE WITH BURNOUT FACTORS AND POTENTIAL INTERVENTIONS

Positive value	Negative potential	Burnout factor(s)	Potential mental training interventions
Service	Deprivation	Compassion fatigue Entitlement	Reframing Appreciation and gratitude
Excellence	Invincibility	Emotional exhaustion	Mindful self-compassion Inner critic awareness
Curative competence	Omnipotence	Ineffectiveness Cynicism	Self-awareness Generous listening
Compassion	Isolation	Depersonalization	Connection and community Silence as energizing

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.
re:Work

ANTECEDENTS & OUTCOMES
PSYCHOLOGICAL SAFTEY

Things that may help cultivate psychological safety

Role Clarity*

Peer Support*

Interdependence

Learning Orientation

Positive Leader Relations

ANTECEDENTS

PSYCHOLOGICAL SAFETY

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

Benefits associated with psychological safety

Information Sharing*

Satisfaction*

Learning Behaviors* (Seeking info; experimenting; reflecting)

Engagement

Improved Performance

OUTCOMES

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

Source: Frazier, M. L., Fainshmidt, S., Klinger, R. L., Pezeshkan, A., & Vracheva, V. (2017). Psychological safety: A meta-analytic review and extension. Personnel Psychology, 70(1), 113-165.

SCIENCE FOR WORK

What Does Psychological Safety Look Like?

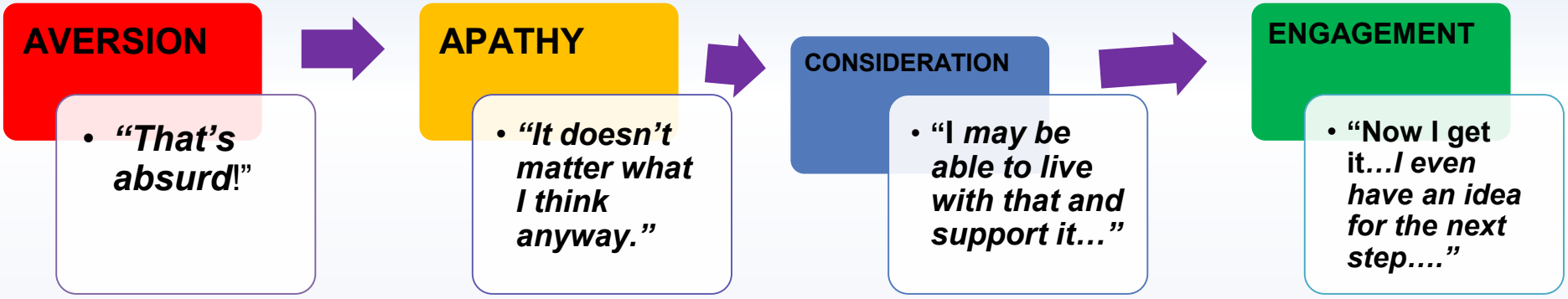
- Transparency - information sharing and involving the team at all levels
- Using Data - demonstrates why decisions are made so increases trust
- Encouraging Creativity

MUTUAL UNDERSTANDING

Requires

- Common values
- Willingness
- Mutual respect
- Clear and Transparent Communication

STAGES OF PROVIDER ENGAGEMENT



Modified from: Physician Engagement (Slide Presentation). Content last reviewed June 2013. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/toolkit/contentcalls/physengagement-slides/physengageslides.html

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

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

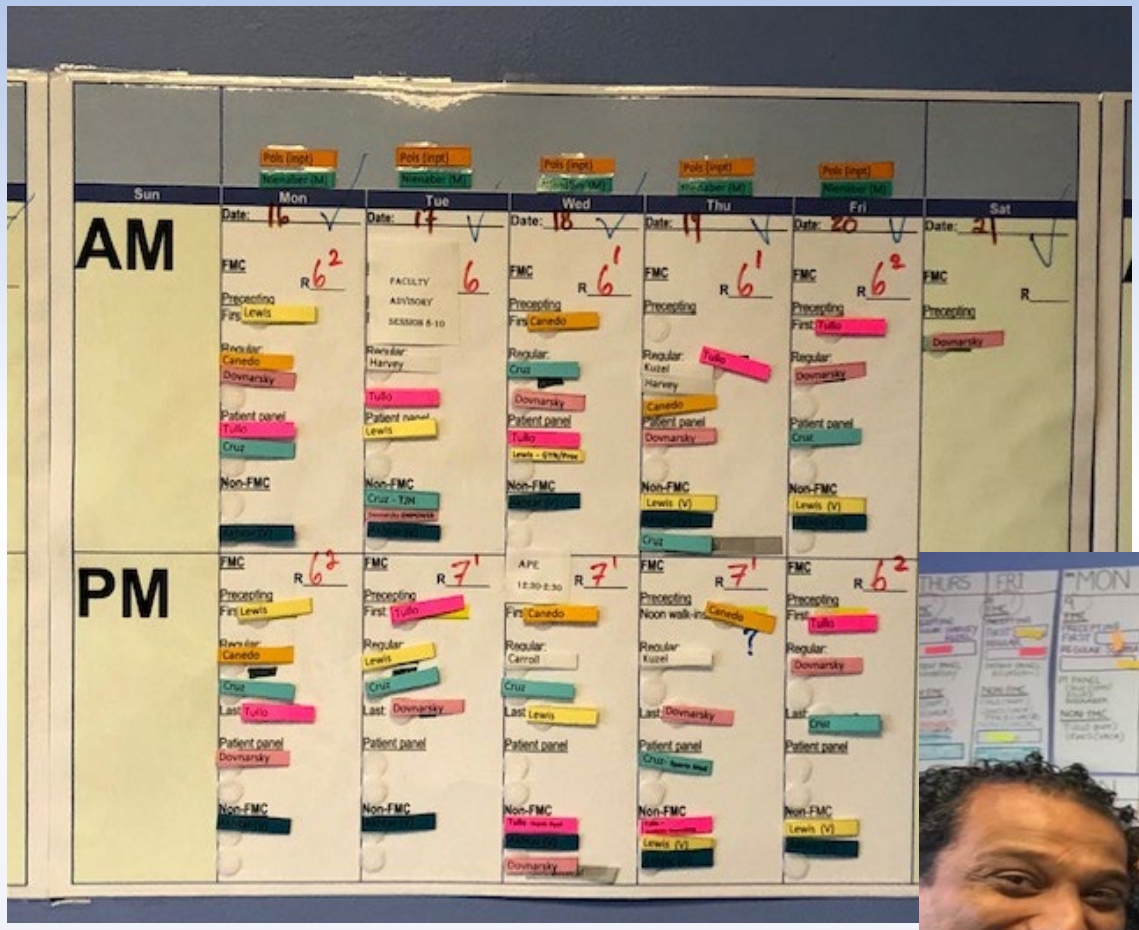
OUTCOME ENGENUITY

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


Sun
Mon
Tue
Wed
Thu
Fri
Sat
AM
PM
Date: 16
Date: 17
Date: 18
Date: 19
Date: 20
Date: 21
FMC
Precepting
Regular:
Patient panel
Non-FMC
FACULTY ADVISORY SESSION 8-10
APE
12:30-1:30
Noon walk-in
Lewis
Tullo
Cruz
Canedo
Dovmarsky
Harvey
Kuzel
Carroll

THURS
FRI
MON
TUES
WED
THURS
FRI
MON
TUES
WED
THURS

“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*

KEEPING IT
REAL
REAL

Starting Meetings with a Mindfulness Moment…..

Alignment

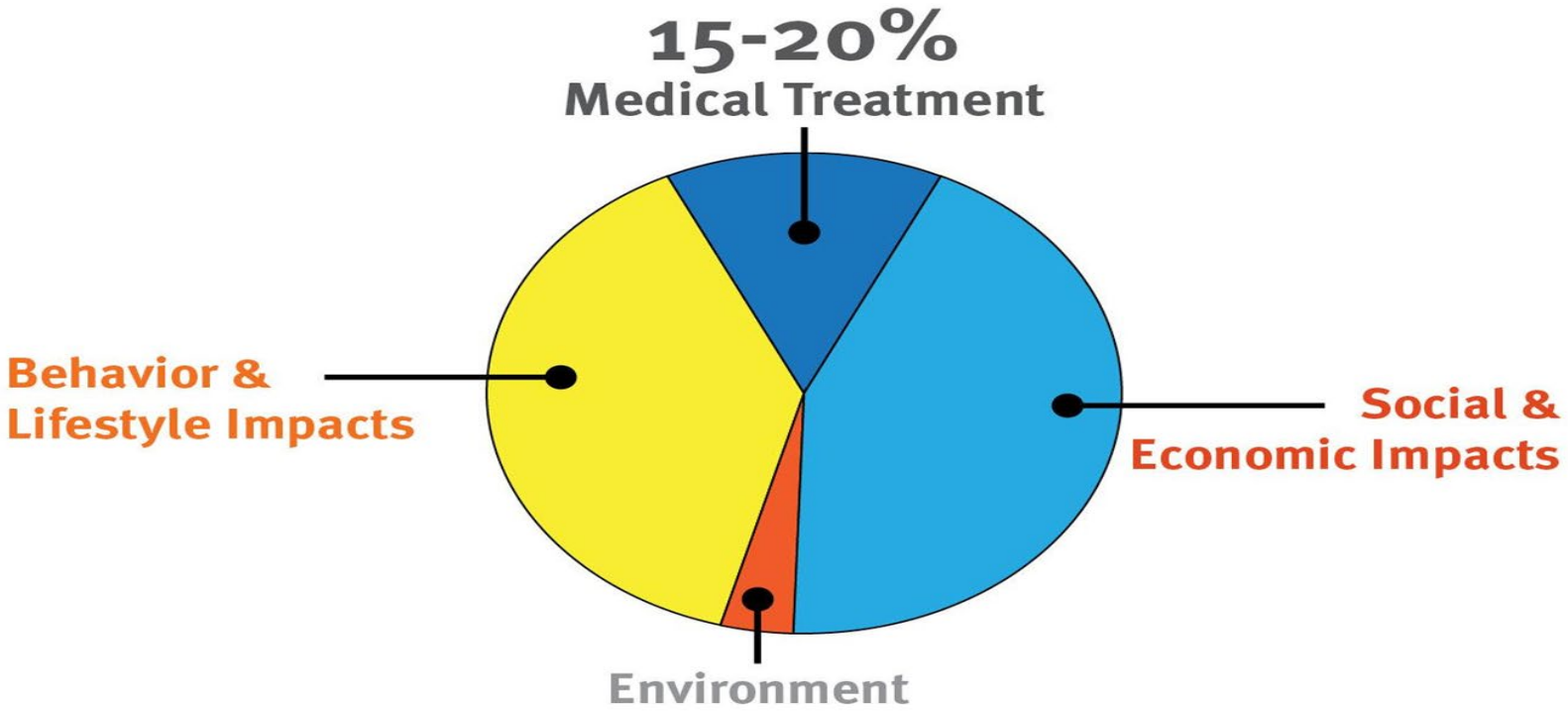
Optimal Outcomes

Mindfulness & Emotional Intelligence Training
Organizational Leaders/ Administration
Providers & Ancillary Staff
Psychological Safety & Mutual Understanding
Provider Engagement
Alignment
Optimal Outcomes

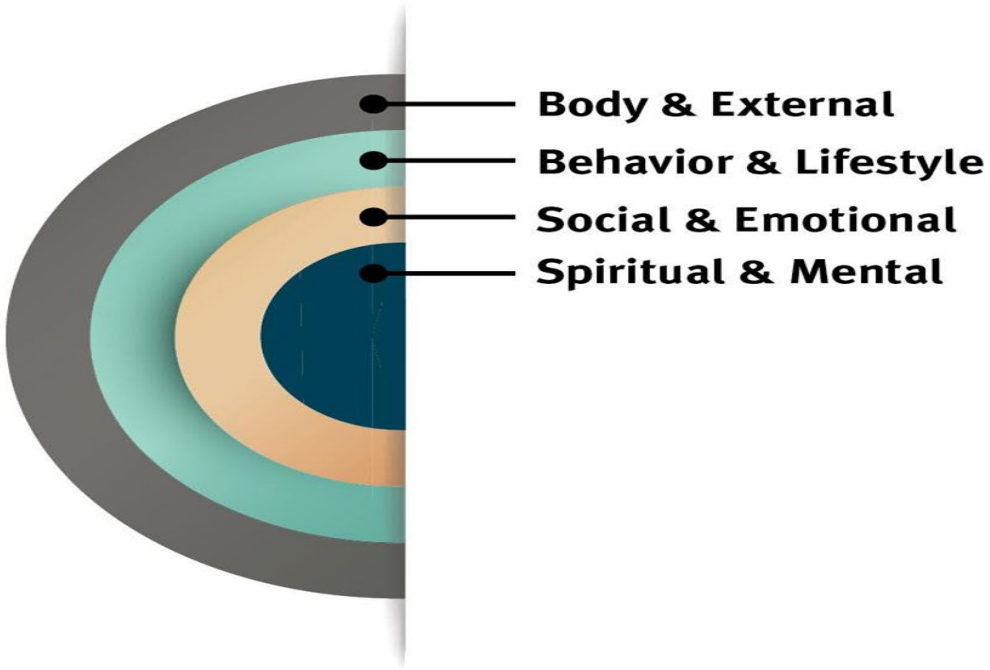
Longitudinal Sustainability

- 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



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

THANK YOU!