

The importance of an integrated emotional support program for physicians and providers How do we take care of our own?

Samantha Meltzer-Brody, MD, MPH
Associate Professor and Associate Chair for Faculty Development
Director, UNC Physician Wellness Program and Perinatal Psychiatry Program

UNC Cancer Network
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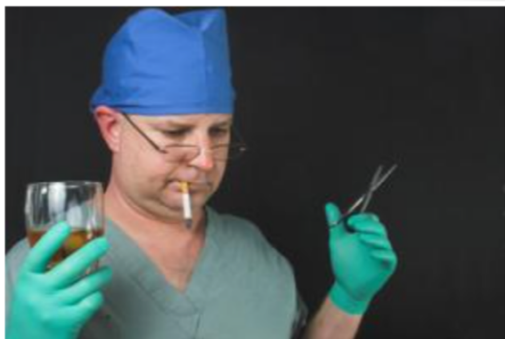
Physician Wellness: a missing quality indicator

- Physician **un**-wellness = suboptimum performance of HCS
- Physician wellness = benefit for individual physician & delivery of high-quality health care
- HCS should **routinely** measure physician wellness
 - Along with regular discourse on challenges of implementing change

Wallace et al, Lancet, 2009



THE UNWELL PHYSICIAN LEADS TO DANGEROUS OUTCOMES



Unintended Consequence of the Triple Aim

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

Thomas Bodenheimer, MD¹
Christine Sinsky, MD^{2,3}

¹Center for Excellence in Primary Care, Department of Family and Community Medicine, University of California San Francisco, San Francisco, California
²Medical Associates Clinic and Health Plan, Dubuque, Iowa
³American Medical Association, Chicago, Illinois

ABSTRACT
The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus impels the Triple Aim. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.

Ann Fam Med 2014;12:573-576. doi: 10.1370/afm.1713.



Burnout Syndrome

Constellation of:

- Emotional exhaustion
- Detachment
- Low sense of accomplishment

Obvious symptoms:
fatigue, irritability, crying, anxiety attacks, loss of appetite or weight gain

Less obvious symptoms:
teeth grinding, increased drug, alcohol, and tobacco use, insomnia, nightmares, forgetfulness, low productivity, inability to concentrate

Burnout and Depression in Physicians

- Fairly common
- Associated with compassion fatigue
- Lead to attrition
- Adverse mental and physical health consequences
- Suicide
- Needs to be taken seriously and addressed

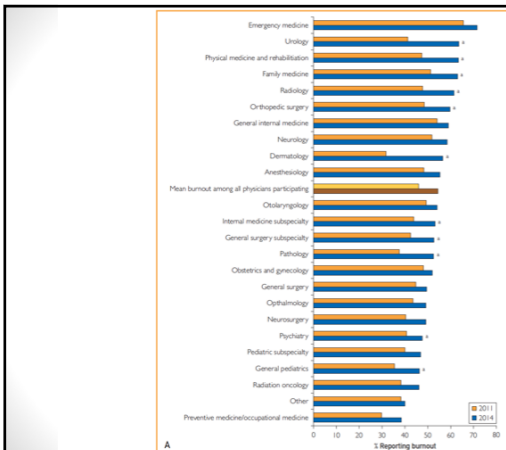
ORIGINAL ARTICLE

2015 Mayo Foundation for Medical Education and Research | Mayo Clin Proc. 2015;90(12):1600-1613

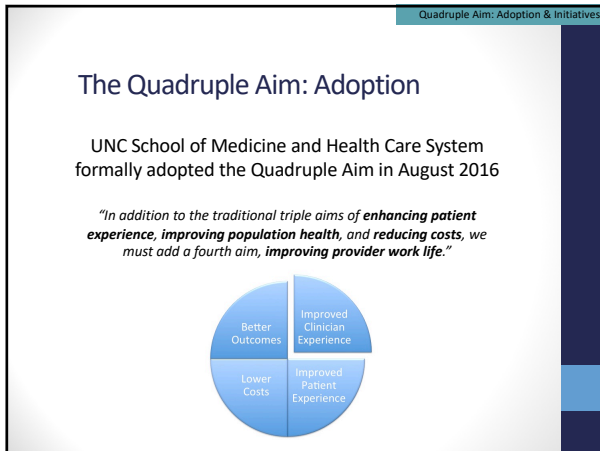


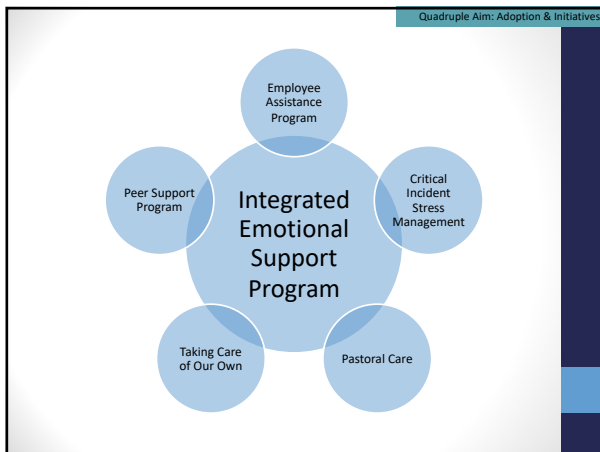
Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014

Tait D. Shanafelt, MD; Omar Hasan, MBBS, MPH; Lotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD; Daniel Satele, MS; Jeff Sloan, PhD; and Colin P. West, MD, PhD









Wellness Initiatives <https://www.med.unc.edu/psych/wellness-initiatives>

Provider burnout is a national, complex and systemic issue. Medicine is facing an era of rapid and continuous change in nearly every way: payment models, technology, standards for clinical practice, and consumer driven healthcare. As we navigate in an increasingly stressful environment while attempting to continue the same level of academic productivity, UNC, like all institutions across the country, has witnessed increasing rates of provider burnout. To combat this issue, UNC has adopted the Quadruple Aim: a focus on enhancing patient experience, improving population health, reducing costs, and improving provider work life. The way forward requires novel approaches that integrate and add wellness as a critical metric in our collective performance as an institution.



Taking Care of Our Own
Physicians are people too: A program for physician wellness and burnout prevention

Integrated Emotional Support Program
Providing emotional support for caregiver event-related trauma

Peer Support Program
Connecting healthcare professionals with peer support after adverse patient events

Quadruple Aim: Adoption & Initiatives

The Taking Care of Our Own Program

- 200% growth from 2012 – 2014
- Referral rate has been maintained since then
- Resident and Attending Physicians from all clinical departments
- Growth in number of attending physicians and men
- ~400 patient visits or referrals (2016 data)
- > 50 presentations this year

Referral Themes:

• Grief	• Acute Stress	• Burnout	• Anxiety
• Anger management (and emotion regulation)	• Relationship management (conflict resolution)	• Ineffective (unprofessional) behaviors	• Coming of Age Issues for Resident Physicians
	• Depression	• Marital/Couples Conflict	

Integrated Emotional Support Program

Providing Emotional Support for Caregiver Event-Related Trauma



In the wake of adverse patient events, many healthcare professionals experience caregiver event-related trauma.

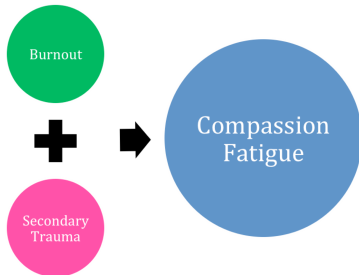
The Integrated Emotional Support Program is designed to connect healthcare professionals with emotional support resources after adverse patient outcomes. The emotional distress that may be experienced after these events can impact performance, patient safety and quality of care delivery, ability to work in a team, patient satisfaction, retention and absenteeism.

Compassion Fatigue

- **Compassion fatigue is also called secondary traumatic stress**
- Compassion fatigue is described as debilitating exhaustion caused by repetitive, empathetic responses to patients' pain and suffering.
- Characterized by a gradual lessening of compassion over time.
- It is common among individuals that work directly with cancer patients

La Rowe K. *Breath of Relief: Transforming Compassion Fatigue into Flow*. 2005.

Perry B, Toffner G, Merrick T, Dalton J. An exploration of the experience of compassion fatigue in clinical oncology nurses. *Can Oncol Nurs J*. 2011;21:91-105.



Quadruple Aim: Adoption & Initiatives

Second Victims


“Healthcare providers involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event.

Frequently, these individuals feel personally responsible for the patient outcome. Many feel as though they have failed the patient, second guessing their clinical skills and their knowledge base.”

Qual Saf Health Care. 2009; 18:325-330

Quadruple Aim: Adoption & Initiatives

Secondary Traumatic Stress



Secondary traumatic stress arises from a rescue-caretaking response in health care workers and includes behaviors and emotions experienced as a result of exposure to another's trauma.

Can occur when an individual cannot rescue or save someone from harm and results in guilt and distress.

Quadruple Aim: Adoption & Initiatives

Impact

- Frustration
- Decreased job satisfaction
- Anger
- Extreme sadness
- Difficulty concentrating
- Flashbacks
- Loss of confidence
- Grief
- Remorse
- Depression
- Repetitive/Intrusive memories
- Self-doubt
- Return to work anxiety
- Second guessing career
- Fear of reputation damage
- Excessive excitability
- Avoidance of patient care area

Quadruple Aim: Adoption & Initiatives

Contributing Factors

- Pediatric cases
- Multiple patients with bad outcomes
- Unexpected patient demise
- Young adult healthy patient
- Patient known to staff
- First death on "their watch"

Quadruple Aim: Adoption & Initiatives

Peer Support Program


"I believe that the institutionalized support to clinical personnel is one of the greatest failures of medicine today. I want to be involved in correcting it."

- Peer Support Volunteer

Quadruple Aim: Adoption & Initiatives

Peer Support Program

Open to all health care professionals who provide direct patient care or make professional decisions that directly impact patient outcomes.




A cartoon illustration showing a doctor standing behind a counter with a sign that says "PSYCHIATRIC HELP 54". The doctor is looking at a patient who is sitting at the counter. A speech bubble from the doctor says "THE DOCTOR IS REAL IN".

UNC Peer Support Training Program

Provide basic training to all providers during a two hour training session.

We have trained over 60 volunteers

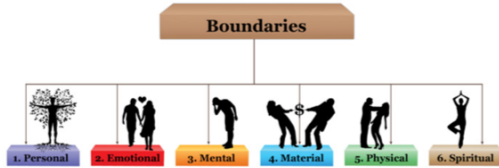


Have been able to get 1:1 Peer Support Conversations covered under The Patient Safety & Quality Improvement Act of 2005. UNC Medical Center participates in the NC Quality Center PSO, thereby providing federal protection for defined Patient Safety Work Product including 1:1 Peer Support Conversations.

Empathy, Boundaries, and Compassion



Types of Boundaries



Insert Brene Brown Video here

Looking Ahead: Institutional-level Change

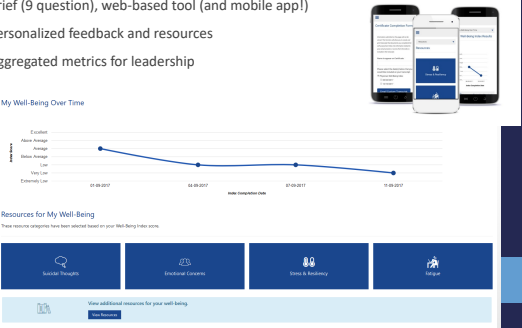
What can Organizations Do?

- Make physician and provider wellness a top priority of the organization and measure stress of physician work force.
- Develop emotional support programs including peer support programs
- Focus on structural components of healthcare delivery including work flow as a key driver of physician burnout-- ie **improve efficiency of practice**

Institutional Stress Assessment

Well-Being Index (developed by the Mayo)

- Brief (9 question), web-based tool (and mobile app!)
- Personalized feedback and resources
- Aggregated metrics for leadership



My Well-Being Over Time

Score	01-09-2017	02-09-2017	07-09-2017	10-09-2017
Excellent				
Above Average				
Average				
Below Average				
Low				
Extremely Low				

Resources for My Well-Being

View additional resources for your well-being

September 25, 2017

JAMA Internal Medicine | Special Communication | **PHYSICIAN WORK ENVIRONMENT AND WELL-BEING**

The Business Case for Investing in Physician Well-being

Tait Shanafelt, MD, Joel Goh, PhD, Christine Sinsky, MD

IMPORTANCE Widespread burnout among physicians has been recognized for more than 2 decades. Extensive evidence indicates that physician burnout has important personal and professional consequences.

OBSERVATIONS A lack of awareness regarding the economic costs of physician burnout and uncertainty regarding what organizations can do to address the problem have been barriers to many organizations taking action. Although there is a strong moral and ethical case for organizations to address physician burnout, financial principles (eg, return on investment) can also be applied to determine the economic cost of burnout and guide appropriate investment to address the problem. The business case to address physician burnout is multifaceted and includes costs associated with turnover, lost revenue associated with decreased productivity, as well as financial risk and threats to the organization's long-term viability due to the relationship between burnout and lower quality of care, decreased patient satisfaction, and problems with patient safety. Nearly all US health care organizations have used similar evidence to justify their investments in safety and quality. Herein, we provide conservative formulas based on readily available organizational characteristics to determine the financial return on organizational investments to reduce physician burnout. A model outlining the steps of the typical organization's journey to address this issue is presented. Critical ingredients to making progress include prioritization by leadership, physician involvement, organizational science/learning, metrics, structured interventions, open communication, and promoting culture change at the work unit, leader, and organization level.
