SESSION 5

ADAPTIVE MODELS OF CLINICIAN WELL-BEING
Adaptive Models of Clinician Well-Being

Bryant Aibe, MD
System Vice President and Chief Wellness Officer
Rush University System for Health

@theNAMedicine  #clinicianwellbeing
World Beyond Our Walls

Oct 29, 2020
Bryant Adibe, M.D.
System Vice President, Chief Wellness Officer
This Year...
THIS STORE IS TEMPORARILY CLOSED.
Takeaway #1: Health Systems Do Not Exist as Islands
Ecological Systems Model

- Developed by Urie Bronfenbrenner in 1970’s to describe human development

- Relates individual relationship with community and broader society

- Five Environmental Systems:
  - Micro-Systems
  - Meso-Systems
  - Exo-Systems
  - Macro-Systems
  - Chrono-Systems
Takeaway #2: These Pressures Shape Institutional Culture *(whether we realize it or not)*
What Role Should Healthcare Play in the World Beyond our Walls?
The Future of Healthcare
The Future of Healthcare

1. Leadership

2. Partnerships

3. Values
The Future of Healthcare

1. Leadership
   1. Health Systems Will Become Active, Engaged Participants
      - As Anchor (+) Institutions → Defining, Creating

2. Partnerships

3. Values
Rush Anchor Mission: Westside United
The Future of Healthcare

1. Leadership

2. **Partnerships**
   Health Systems Will Develop Strategic Partnerships
   - To Address 21st Century Problems
   - Public/Private, Cross-Institutional

3. Core Values
Rush Center for Clinical Wellness
Rush Center for Clinical Wellness
The Future of Healthcare

1. Leadership

2. Partnerships

3. **Values**
   - Move from Issues → Values
   - Well-Being
   - Equity
   - Respect
Takeaway #3: Wellness is a Value, Not an Issue
Discussion

Bryant_Adibe@rush.edu
Adaptive Models of Clinician Well-Being

Jon Ripp, MD, MPH
Senior Associate Dean for Well-Being and Resilience, Icahn School of Medicine at Mount Sinai
Chief Wellness Officer
Mount Sinai Health System

@theNAMedicine
#clinicianwellbeing
The Role of the CWO in Response to Crisis

Jonathan Ripp, MD, MPH
Chief Wellness Officer, Mount Sinai Health System
Dean for Well-Being and Resilience,
Icahn School of Medicine at Mount Sinai
Co-Chair, Collaborative for Healing and Renewal in Medicine (CHARM)
What is the role of the Chief Wellness Officer?

The Health Care Chief Wellness Officer: What the Role Is and Is Not
Jonathan Ripp, MD, MPH, and Tait Shanafelt, MD

Responsibilities of the Chief Wellness Officer (CWO)

- Measure
- Listen and Partner to help “steer the ship”
- Provide Expert Guidance
- Advocate
- Educate and Raise Awareness
- Perhaps some “Program Delivery”

Responsibilities of the CWO

- Measure well-being, burnout, and professional fulfillment across the organization
- Measure the efficiency of the practice environment and identify opportunities to improve it
- Engage members of the organization while working to create the optimal practice environment
- Assess the organizational culture and identify dimensions of culture that require strengthening
- Provide relevant and actionable data to other leaders

- Develop an organization-wide action plan for improving clinician well-being
- Develop system-wide resources to support individuals in distress
- Develop system-wide resources to help leaders develop behaviors that promote the well-being of those they lead
- Advocate for clinician well-being in organizational decision making
- Influence other leaders’ thinking and sense of shared ownership of clinician well-being

*Responsibility of the CWO and his or her team; CWO is accountable.
*Responsibility of senior leaders in the organization; all senior leaders are accountable

Ripp et al. Academic Medicine. 2020
Recognizing Sources of Stress in Crisis

The Pandemic Curve and Associated Stressors

1) Fear for Basic Needs
   • When/what will I eat?
   • How will I be kept safe and keep others safe?
   • Who will care for my children?
   • How will I get to and from work?

2) Uncertainty
   • How long will this workload continue?
   • Will I be able to do the job if redeployed?
   • Am I doing enough?
   • Will I be supported by my employer?
   • Will I be able to make the difficult decisions?

3) Processing Experiences
   • Grief and loss
   • PTSD or PT Growth
   • Catching my breath and time to reflect and facing the impact of societal upheaval around racial injustice

New Strategies to Address

1) Provide Basic Daily Resources
   • Food (free and subsidized)
   • PPE Clarity
   • Childcare resource
   • Transportation and Parking

2) Communication
   • Weekly wellness messages
   • Town Halls
   • Transparency

3) Psychosocial & Mental Health
   • Support Groups
   • Phone Lines
   • Telepsychiatry
   • Mental Health “PPE”
   • Frontline Relief

Current Sources of Support
The “COVID Pivot” – Pivoting Back?

- Greater Attention to the Individual in the Midst (appropriate)
- Ongoing attention to Uncertainty and the Role of Anticipatory Anxiety
- Shifting Back to Systems Approach
  - Culture and Efficiency: *What are the low/no cost options?*
    - Coaching
    - Appreciation
Charter on Physician Well-being

Larissa R. Thomas, MD, MPH\(^1\); Jonathan A. Ripp, MD, MPH\(^2\); Colin P. West, MD, PhD\(^3,4\)

> Author Affiliations


**Commitments**

- Societal (i.e. Policies)
  - Foster a Trustworthy and Supportive Culture in Medicine
  - Advocate for Policies That Enhance Well-being

What happens when the factors influencing clinician well-being are largely external to the health care system?
The Role of the CWO in Response to Crisis

Jonathan Ripp, MD, MPH
Chief Wellness Officer, Mount Sinai Health System
Dean for Well-Being and Resilience,
Icahn School of Medicine at Mount Sinai
Co-Chair, Collaborative for Healing and Renewal in Medicine (CHARM)
Adaptive Models of Clinician Well-Being

Anna L. Dopp, PharmD
Senior Director, Clinical Guidelines and Quality Improvement
American Society of Health-System Pharmacists
Adaptive Models of Clinician Well-Being

Anna Legreid Dopp, Pharm.D., CPHQ
Sr. Director, Clinical Guidelines & Quality Improvement
Outline

1. ASHP commitment to well-being and resilience
2. Healthcare teams as complex adaptive systems
3. Considerations for inter- and intraprofessional approaches to well-being
American Society of Health-System Pharmacists

Membership Organization

- Established 1942
- 50,000 members
- Pharmacists, pharmacy residents, student pharmacists, and pharmacy technicians working in hospitals and health-systems

VISION:
Medication use will be optimal, safe, and effective for all people all of the time.
Burnout: Health-System Pharmacists

• **Purpose:** Assess levels of and risk factors for burnout in health-system pharmacists

• **Methods:** Maslach Burnout Inventory Human Services Survey distributed to health-system pharmacists

• **Results:** 329 surveys analyzed; 175 (52.2%) reported scores of a high degree of burnout in at least one MBI-HSS subscales; 28 (8.5%) in all three
  - Emotional Exhaustion: 22.9%
  - Depersonalization: 6.2%
  - Low sense of accomplishment: 36.3%

I enjoy my work. I have no symptoms of burnout. 

I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out. 

I am definitely burning out and have one or more symptoms of burnout. 

The symptoms of burnout that I’m experiencing won’t go away. I think about work frustrations a lot. 

I feel completely burned out. I am at the point where I may need to seek help or am already seeking help.

Sample Size: 3,297

Reporting of self-defined levels of burnout
ASHP Strategic Plan

Strategic Priorities and Goals

• Our Patients and Their Care
  • Goal 4: Improve Patient Care by Enhancing the Well-Being and Resilience of Pharmacists, Student Pharmacists, and Pharmacy Technicians

• Our Members and Partners

• Our People and Performance
2018 ASHP Policy Positions

CLINICIAN WELL-BEING AND RESILIENCE
Source: Council on Education and Workforce Development

To affirm that burnout adversely affects an individual’s well-being and healthcare outcomes; further,

To acknowledge that the healthcare workforce encounters unique stressors throughout their education, training, and careers that contribute to burnout; further,

To declare that healthcare workforce well-being and resilience requires shared responsibility among healthcare team members and between individuals and organizations; further,

To encourage individuals to embrace well-being and resilience as a personal responsibility that should be supported by organizational culture; further,

To encourage the development of programs aimed at prevention, recognition, and treatment of burnout, and to support participation in these programs; further,

To encourage education and research on stress, burnout, and well-being; further,

To collaborate with other professions and stakeholders to identify effective preventive and treatment strategies at an individual, organizational, and system level.

Policy 1825

A RESILIENT PHARMACY WORKFORCE
Burnout affects today’s pharmacists, residents, student pharmacists, and pharmacy technicians at unprecedented rates. A pharmacy workforce with the ability to thrive during adversity—a resilient workforce—is essential to combat burnout and support safe, high-quality patient care.

BURNOUT
Characterized by emotional exhaustion, cynicism, and/or a low sense of personal accomplishment

A resilient pharmacy workforce leads to:
- Rebound from setbacks
- Show confidence in strengths and abilities
- Stay calm under pressure

A patient care problem
Pharmacy staff burnout can result in:
- Higher-quality care
- Increased patient safety
- Improved patient satisfaction

HOW CAN INDIVIDUALS BUILD RESILIENCE?
- Monitor your stress levels
- Find a mentor
- Develop meaningful social connections
- Embrace change
- Start a daily gratitude practice

HOW CAN HEALTHCARE ORGANIZATIONS BOOST RESILIENCE?
- Form a committee to explore burnout causes and resilience solutions
- Identify burnout risk factors
- Recognize the presence and risk of burnout in the workplace
- Evaluate changes to confirm increase in employee resilience
- Celebrate and share positive improvements

wellbeing.ashp.org
Pivot to Support Well-Being & Safety during COVID-19

Workplace Safety and Well-Being

Protect the health and well-being of yourself and others

From ASHP

- Tips for Taking Care of Yourself during COVID-19
- Checklist for Pharmacists and Pharmacy Technicians to Minimize Exposure from COVID-19 at Home [PDF]
- Checklist for Pharmacists and Pharmacy Technicians to Protect Themselves in Outpatient Care Settings [PDF]
- Well-Being Reminders during Difficult Times

https://www.ashp.org/COVID-19/Workplace-Safety-and-Well-Being
Complex Adaptive Systems
Complex Adaptive Systems Thinking

For Resiliency of Healthcare Teams

1. Focuses on patterns and interrelationships, not cause and effect
2. Random interactions lead to patterns that change the system
3. Constantly evolving, connected, nested systems
4. Governed by simple principles
5. Self organized but on the edge of chaos

Interactions and relationships of different components simultaneously affect and are shaped by the system.
NAM Consensus Study

Ire: Complex Adaptive Systems & Organizational Change

- Concept of complex adaptive systems emphasizes the need for organizations to establish learning mechanisms as part of change management
Inter- and Intra-professional Considerations
Survey Details

2,720 member pharmacists completed entire survey

32% member clinical pharmacists, 12% member residents

35% have at least 20 years of professional practice

63% are working at their fullest potential

Most are part of interprofessional care teams and they feel valued by colleagues (84%), particularly by physician and nurse colleagues
Interprofessional Care Team

1. Role on interprofessional care team (86%)

2. High performing team qualities
   - Shared goals (73% good/optimal) and Mutual trust (67% good/optimal)

3. Working at my fullest potential on team
   - 61% agree or strongly agree

4. Meaningful Interactions
   - Largely with physicians, nurses, and administrative staff

5. Alignment with leadership values
   - 62% agree or strongly agree
Primary Care Providers Believe That Comprehensive Medication Management Improves Their Work-Life

Kylee A. Funk, PharmD, BCPS, Deborah L. Pesika, PharmD, PhD, Mary T. Roth McClurg, PharmD, MHS, Jennifer K. Carroll, MD, MPH, and Todd D. Sorensen, PharmD

Purpose: In primary care, clinical pharmacists often deliver a service called comprehensive medication management (CMM). While research has identified that CMM positively influences most aspects of the Quadruple Aim, it is unclear how CMM—both the service and the role of the pharmacist—may influence the primary care provider’s (PCP) clinical work, professional satisfaction, and burnout (described here as PCP’s work-life). We aimed to identify how PCPs perceive CMM impacts their work-life.

Methods: Sixteen PCPs were interviewed. Interview questions centered on how CMM affects their work-life. After interviews were transcribed, a codebook was developed by 2 researchers and from the codes, themes were identified.

Results: PCPs spoke of the pharmacist being an added skillset and resource and a collaborative partner in caring for patients. They also described 7 outcomes of having CMM available that contribute to their work-life. These outcomes were: decreased workload, satisfaction patients are receiving better care, reassurance, decreased mental exhaustion, enhanced professional learning, increased provider access, and achievement of quality measures. Lastly, the PCPs described barriers and areas of opportunity related to CMM.

Conclusion: Our findings suggest PCPs believe CMM, in general, positively affects their work-life. CMM’s impact on PCPs aligns with many previously identified drivers of burnout and engagement among providers. These results shed light on how CMM may foster achievement of the Quadruple Aim. (J Am Board Fam Med 2019;32:462–473.)

“If everyone is moving forward together, then success takes care of itself”
~Henry Ford
Panel Reflections

1. General Reactions
   Overall comments & reactions

2. Intraprofessional
   What are the factors (individual and external) that impact burnout that are unique to your profession and specialty that need to be addressed separately?

3. Interprofessional
   What are the shared threats to well-being and resilience across professions that can be addressed in an interprofessional manner with a systems thinking approach?
Adaptive Models of Clinician Well-Being

Pamela Cipriano, PhD, RN, NEA-BC, FAAN
Sadie Heath Cabaniss Professor and Dean
University of Virginia School of Nursing