



How a medical staff wellbeing committee can address physician health

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Learning Objectives

Learn How a Medical Staff Well-Being Committee can function to address physician health

Assessment and Monitoring

Educational and Preventive Programs

Screening and Referral

Advocacy and Taming the EMR





Case Example

Chair reaches out.....Depression



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History and Context

CA

UCDHS

National



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Health Issues in MD's

Burnout

Disruptive Behavior

Aging

Psychiatric disorders – Suicide, Depression, Anxiety, PTSD

Substance Use Disorders





Barriers to MDs seeking care

- Denial by individuals, colleagues and institutions
- 35% MDs have no regular healthcare provider
- Shift in professional attitudes & institutional policies needed to support MDs seeking help
- Discrimination in:
 - Medical licensing
 - Hospital privileges
 - Professional advancement



UC Davis Medical Staff Well-Being Committee

UC Davis Medical Staff
Well-Being Committee

Health System > UC Davis Medical Staff Well-Being Committee > Welcome



Faculty Development

Resident Medical Staff
Benefits

UC Davis School of
Medicine

Graduate Medical
Education

Medical Board of
California

Purpose Confidentiality Review Process Getting Help Members Wellness Resources Wellness Survey

The purpose of the UC Davis Medical Center Medical Staff Well-Being Committee is to support the health and wellness of our Medical Staff members, and in so doing, protect patient welfare, improve patient care, and improve Medical Staff functioning. The Committee works to achieve this purpose through prevention of, and intervention in, alcohol-related, drug-related, and behavioral problems affecting members of the Medical Staff. The committee also supports Medical Staff members who are involved with the Medical Board regarding impairment issues.

- The Medical Staff Well-Being Committee has developed a supportive, non-punitive process for identifying, referring for treatment, and monitoring Medical Staff members who may be suffering from impairment resulting from drug or alcohol use or other disabling psychiatric or physical conditions that pose a threat to acceptable professional functioning and patient care.
- The process is designed to provide assistance and rehabilitation rather than discipline to aid Medical Staff members in retaining acceptable professional functioning consistent with quality of care. Studies have shown that our process has a higher than 90% five year success rate.
- The process is confidential. All consultations and discussions are held in private locations, and documentation and records are handled confidentially.



Welcome message from
Peter Yellowlees, M.D.,
Professor of Clinical
Psychiatry



Committee Activities

Assessment and Monitoring for potentially impaired physicians



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Referral Pathway

- Psychiatric, Behavioral or Substance abuse problems affecting work performance – 10-15 per year referred by colleague or supervisor – may consult without referral
- Assessment by 2 WBC members (incl 1 psych) – most referred for Rx – not punitive – no formal records
- Comprehensive treatment contracts 20% referrals – case manager, body fluid testing, relevant treatment – initially 3 years
- 6-8 faculty/residents in monitoring at any one time





Case Example

Disruptive.....



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Committee Activities

Education:

- *Website including resources*
- *Grand rounds, workshops*
 - Prevention Burnout; Promoting Resiliency; Communication in Healthcare
- *Prevention*
 - Advocate for wellness initiatives: gym; lounge; statement on sexual harassment
 - Programs to Support Physician efficiency with EMR



Engagement and Referral Activities for Early Identification: Online screening and Referral – Research Focus *Wellness Survey*

- 35-item, confidential online assessment of stress and depression
- Licensed by the American Foundation for Suicide Prevention
- Aims to identify medical staff at risk for depression and suicide risk and facilitate access to mental health services





How the Program Works

Distribution

An email invitation is sent out to each department's medical staff encouraging them to complete the Wellness Survey

- Within the email there is a link to a secure website which hosts the survey and further explains the program/confidentiality/crisis resources
- Can also access the survey and further information directly through the Medical Staff Well-Being Committee's main survey page





How the Program Works

Online Survey

After submitting the survey:

- participants are classified into one of four tiers: 1a, 1b, 2, or 3 which represent risk levels for suicide and severity of symptoms
- counselor reviews answers and prepares personalized responses
- all participants are invited to meet in-person with the program counselor for further discussion and assessment
- participants also has the option of using the website's "dialogue" feature to communicate online with the counselor





Combined Results

February 4th, 2013 – November 22nd, 2017

Total Referrals-Faculty/Residents/Fellows: 70

Referred via Phone: 3

Referred via Dialogue: 27

Referred via in-person meeting: 40

Tier Level of Referrals to Date:

44 Tier 1's (High Risk: Current Safety Concerns; Past History Attempt; Severe Symptoms)

26 Tier 2's (Moderate Severity of Mental Health Symptoms)

Position of Referrals to Date:

37 residents/fellows

33 faculty

Dialogues

Total Dialogues to Date: 154

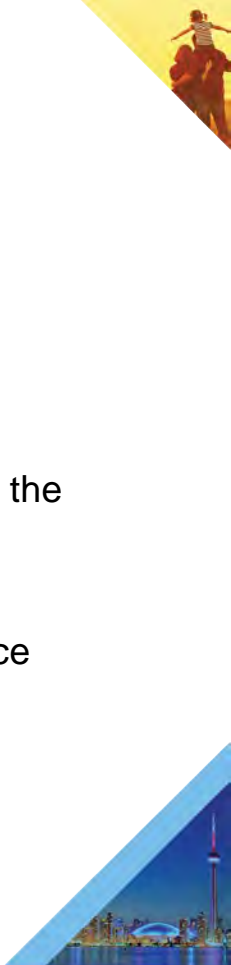
Initiated: 72

Responded to Clinician Follow-Up: 82



UCD Systemic Recommendations to Improve Physician Well-Being

- Engage senior leadership and resource a wellness infrastructure to promote resilience and support the physical and psychological health of the workforce.
- Develop local leadership (department level), encourage targeted interventions, and evaluate their impact.
- Improve workflow efficiency, maximize power of team-based care, reduce clerical burden and tame the EMR
- Promote flexibility and work-life integration, align values and strengthen culture
- Use rewards and incentives wisely and often
- Monitor well-being (burnout) as a quality indicator





Thank you

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