Physician Wellbeing; Does The Disease Model Work?
AHME Webinar Series
Tuesday, Feb 25, 2019

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Michigan State University College Osteopathic Medicine
Objectives

• Summarize ACGME Wellbeing Taskforce Strategic Plan and Initiatives.
• Describe Statewide Campus System’s Osteopathic Recognition Model with Physician Wellbeing as one of the 3 domains.
• Apply Change Theory to define success expectations for wellness programs.
• January 2014
  – 6 elements
• August 2016
  – Nasca letter to GME community
Driving Positive Transformational Change

SETTING THE SYMPOSIUM TRAJECTORY

1. Awareness (2015)
   - Understand the problem
   - Advise the ACGME BOD on effecting change
   - Begin a national dialogue
   - Begin ongoing collaborations

2. “Commitment to Change” (2016)
   - Develop concrete action plans
   - Provide guidance to the ACGME on effecting change
   - Continue the national dialogue
   - Promote a scholarly approach to interventions

Next Symposium

Future

2019

2018
First Symposium - November 2015

GOALS

1. UNDERSTAND THE PROBLEM across the continuum.

2. ADVISE THE ACGME BOARD OF DIRECTORS on how it can be an effective agent of positive, transformational change for resident / fellow well-being and the creation of more humane training environments.

3. BEGIN A NATIONAL DIALOGUE on physician wellbeing that leads to positive transformational change in the learning environment culture for medical students, residents / fellows, faculty members, and practicing physicians.

4. BEGIN ONGOING COLLABORATIONS and relationships with other organizations inside and outside of the house of medicine to effect positive transformational change for the well-being of residents, fellows, medical students, practicing physicians, and other HCP’s, and to the culture of medicine / medicine education.
Second Symposium - November 2016

GOALS

1. DEVELOP CONCRETE ACTION PLANS to address the issue of physician wellbeing for:
   - Residency & Fellowship Programs
   - Teaching Hospitals / Systems
   - Medical Students & Practitioners

2. CONTINUE THE NATIONAL DIALOGUE and forge collaborations among stakeholders to effective positive transformational change for physician wellbeing

3. PROVIDE GUIDANCE TO THE ACGME on how best to construct and utilize its "unique levers of influence" to effect positive transformational change

4. PROMOTE A SCHOLARLY APPROACH to well-being interventions and innovations
Well-being (Selected Topics)

The delivery of safe and high quality patient care on a consistent and sustainable basis can only be rendered when the well-being of clinical care providers is assured. The optimal clinical learning environment is engaged in systematic and institutional strategies and processes to cultivate and sustain the well-being of both its patients and clinical care team.

ACGME
Common Program Requirements
Section VI
with Background and Intent

<table>
<thead>
<tr>
<th>Requirement #</th>
<th>VI.C. – VI.C.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
<td></td>
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<tr>
<td>VI.C.</td>
<td>Well-Being</td>
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In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism. It is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs and Sponsoring Institutions have the same responsibility to address well-being as they do to ensure other aspects of resident competence.
Third Symposium-November 2017

Goals

1. Highlight “successes”
2. Ensure inclusivity and representation of community
3. Address anxiety related to new Common Program Requirements
4. Develop a plan for sustainability
ENGAGING EACH OTHER:
Rediscovering Meaning in Medicine
Feb. 9, 2015: The AOA and AACOM were recognized as full member organizations at the ACGME Board of Directors meeting today in Scottsdale, Arizona. There were unanimous votes of approval for the ONMM Review Committee standards and the standards for the Osteopathic Recognition Review Committee, which will incorporate the tenets of osteopathic medicine into the six ACGME core competencies.
Tenets of Osteopathic Medicine

1. The body is a unit; the person is a unit of body, mind, and spirit
2. The body is capable of self-regulation, self-healing, and health maintenance.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based upon an understanding of the basic principles of the above three principles.
History of SCS 2015

47 Hospitals
31 FQHCs
225 Residency Programs
~35 Specialties
2253 AOA approved positions
~1942 osteopathic residents
Osteopathic Principles & Practice Committee

Osteopathic Recognition Task Force
January 2016

Purpose:
Develop essential educational deliverables that SCS can provide to ANY residency seeking ACGME Osteopathic Recognition.
Osteopathic Recognition Task Force

• 8 Residents
• 12 Faculty
• FM, IM, ONMM, PM&R, Psychiatry

Survey of all stakeholders
Osteopathic Recognition

3 Educational Components

1. Biomechanical Competencies
   • (OMT)

2. Health Promotion Competencies
   • (OPP/Lifestyle Medicine)

3. Physician Wellbeing Competencies
   • (OPP/Professionalism)
“To find health should be the object of the doctor. Anyone can find disease.”

-Andrew Taylor Still 1899
Physical Wellbeing
Current Reality

Physicians’ health practices strongly influence patient health practices
- Orberg and Frank, 2009

- Physicians working on personal poor health habits are even more effective
- Differentiates between counseling vs. lecturing
1. Biomechanical Competencies
2. Health Promotion Competencies
3. Physician Wellbeing Competencies

Build Osteopathic Recognition Literature Resource Library
  • Components 1, 2 & 3

Create module on OMT documentation, coding and billing
  • Component 1

Restructure approach tactics to OMT modules with competency “workshops”
  • Component 1

Development of Lifestyle Medicine modules (Health Promotion) with competency “workshops”
  • Component 2 & 3
OR Implementation: Physician Wellbeing Component

Since March 2017

- 6 one-day workshops
- 1-webinar
- Te4Q single site curriculum
- Quarterly web-based OR Journal Club
- On-line lifestyle medicine resource development
  - [http://www.lifestylemedicine.org/Web-Based-Resources](http://www.lifestylemedicine.org/Web-Based-Resources)

Topics:

- Nutrition, Burnout, Wellbeing tools, Self-care, exercise prescription, Resilience
Physician Wellbeing Initiative

Assess Well-being

- 100% Anonymous
- Brief 7-question survey
- Provides comparison info

Provides Resources

- Online resources primarily informational
- Resource page can be individualized

Tracks Progress

- Individual and institutional with comparison to national averages
Changing Behavior

Prochaska’s Stages of Change*
Transtheoretical Model

<table>
<thead>
<tr>
<th>STAGE</th>
<th>ATTITUDE</th>
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<tbody>
<tr>
<td>Pre-contemplation</td>
<td>Never</td>
<td>50-60%</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Someday</td>
<td></td>
</tr>
<tr>
<td>Preparation</td>
<td>Soon</td>
<td>20-40%</td>
</tr>
<tr>
<td>Action</td>
<td>Now</td>
<td>10-15%</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Forever</td>
<td>5-10%</td>
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*Am Psych 1992;47(9):1102-14

Readiness to Change Graph*

- Precontemplation
- Contemplation
- Preparation
- Action
- Action or Maintenance

5-10%
10-15%
20-40%
50-60%

*Permission M. Moore, Wellcoaches
Wellness Perception in Residency Programs after an Educational Intervention

Method:
- Half-day Wellness Workshop
- Self-Care plan instruction
- Pre and post survey (3 mo) determine knowledge of burnout and wellness resources

Outcomes:
- Statistically significant evidence that seminar educated participants on burnout and wellness resources.
- Those that completed a self-care plan marked increase awareness of burnout in self and others and the resources available.
"Wellness Perception in Residency Programs after an Educational Intervention"

Using Readiness for Change Graph

Workshop Participants
N = 100
Pre-workshop survey
N = 47
Post-workshop survey
N = 26
3 mo post-workshop survey
N = 26
Completed self-care plan
N = 10
Coaching Behavior Change*

- **Precontemplation/contemplation**
  - Empathy – Information – Exploring barriers
- **Preparation**
  - Investigation – Planning – Commitment
- **Action**
  - Rewards – Analyze challenges – Cues

Changing Organizations

Organizational Change Programs
• “Fear-Facts-Force” Disease Model
• Action Oriented
  – “Imposed change is opposed change”

https://www.researchgate.net/publication/226269422_A Transtheoretical Approach To Changing Organizations
Situational Leadership Model

- Blanchard and Hersey

Stage matched approaches to change

- Reduces resistance
- Increases participation
- Reduces dropout
- Increases change progress
Questions?
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