

A Tale of One City



The Cincinnati Experience

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PHYSICIAN WELL-BEING DURING SUSTAINED CRISIS

Introduction

Physician burnout exists in every community. Some systems ignore it; some combat it individually. This is a story of a community that came together to address physician burnout by promoting physician wellness.

Conception

It seemed like an innocent lunch—two doctors, a health educator, and a business professor walk into a restaurant.

After brief introductions, they realized the state of physician health was a common interest. The number of physicians affected by burnout, addiction, and suicide loomed like a gray cloud over the table. These weren't mere statistics; they were friends, neighbors, colleagues. Name after name of like-minded individuals flowed. The professor scribbled on a napkin and brought clarity to the conversation—to make a difference, we needed a continued, collaborative, expanded conversation. One physician and the educator committed to host the next meeting, an inclusive breakfast. The remaining physician picked up the tab.

This community may be like yours: hospitals ignoring or addressing a common problem individually; a medical academy trying to meet the needs of its members in a rapidly changing world while seeking to engage its professionals; physicians isolated professionally and socially, wondering why am I here? Perhaps you have a medical school and some residencies training the next generation to be well and keep up.

Convening

Breakfast it was. Spiritual care opened with a truly needed reflection and prayer. The CEO and CMO opened with their stories. Each institution told its stories and action plans. Two had well-developed medical staff wellness committees. One was driven by a letter from a fellow whose friend had died from suicide. One was working toward the Medicus Integra® Award. They each realized they all shared a passion. The conclusions were that we all had the same challenge, we needed to work together, and we were missing some key parties. We agreed to keep this going. We would invite the academy of medicine, the state physician health program, and the community mental health center.

Attendance for the second meeting doubled in size. Five health systems, a veterans' hospital, a children's hospital, the academy of medicine, physician health program, and mental health services shared more than coffee. Each brought their experiences, resources, doubts, and support. The professor needed more than a napkin but still brought clarity. We needed a purpose, a small core team to lead, and a plan for action. The purpose was to identify and create a shared strategy for addressing physician well-being that could be implemented within our community and supported by the health systems. The core team formed. The plan was yet to come.

Communication

The following meeting included brainstorming, perhaps better described as organized chaos. Two large specialty groups sent their leaders to see what was happening and support the cause. The educator and professor gracefully brought clarity again. Small groups would focus on four areas of concern:

- Physician Wellness/Counseling via Telehealth
- Primary Care Workflows Supporting Team-Based Care with Scribes/Medical Assistants
- Physician and Family Wellness Resources
- Burnout and Crisis Intervention

Each small group developed its focus area and reported back to the full group at subsequent meetings. Physician wellness and counseling by telehealth was ahead of its time and overlapped with some of the individual system employee assistance programs. The scribe/MA program explored various methods to reduce the documentation burden on physicians. While it was great to learn what each institution was implementing, synergy for the whole was missing.

While all four groups' work was important, only two were continued across the community. Physician and family resources became an opportunity for the academy to build on community events they previously sponsored. The academy led this work. They surveyed the medical community for needs and continue to provide family support.

Collaboration

Burnout and crisis intervention across all physicians presented a great need and great opportunity. The Lindner Center of Hope is a nonprofit, full-service mental health center—a trusted community treasure. The Lindner president and one of the coalition members had a passion to build something bigger and better. The need extended beyond existing services. The health systems would support it. In honor of our veterans, the other systems would cover the VA portion of the service.

Lindner proposed a 24/7 service for rapid access plus comprehensive evaluation and treatment for any physician, medical student, resident, or fellow who called its dedicated line. Peers could recommend the service to colleagues. Wellness committees could refer physicians with confidence. The Lindner service complemented all existing resources.

The team reported utilization and common diagnoses to the large group. This enhanced the understanding of behavioral health and encouraged promotion of the service.

The team also identified an opportunity to raise awareness of physician suicide. Over 400 physicians, or one every day, die from suicide. This was more than a number, as members recounted colleagues or friends they had lost. The team partnered with the producer of *Do No Harm*, a documentary about medical student, resident, and physician suicide. The group

secured rights to share the film within all member institutions. The academy sponsored the community premier for physicians and guests. This event closed with a panel consisting of the film producer, the Lindner president, and the Ohio Physicians Health Program wellness director and medical director. The robust discussion was held to a sold-out audience. The film was then available for all member institutions. Additional events were planned but postponed due to the pandemic. Nonetheless, a dialogue was opened across generations and across the community.

Connection

The group included physicians, educators, spiritual care leads, business experts, and administrators. This diversity of experience became a strength. Learning from that diversity became a connection.

The various organizations approached clinician wellness differently. We challenged each other as we learned and shared across those organizations.

Each meeting included a learning opportunity. An individual member could present information from a meeting or his own work. Outside organizations presented the work or services they offered. For example, the academy conducted a community survey and shared the results. The physician health program provided program updates and advocacy opportunities.

Other community resources shared their work. The Johnson & Johnson Human Performance Institute® presented their work to improve resilience and reduce the impact of burnout. One institution provided this service for their physician leaders. The VIA Institute on Character presented their work around the world to help people identify and live from their strengths. Several members took advantage of their free assessment.

Community

Then came a pandemic. Burnout did not decline; substance use did not plummet; and suicide risk increased. In-person meetings stopped, and the focus shifted. The group now meets virtually until it is again prudent for in-person meetings. The Lindner services are treasured even more. The learning and idea sharing are valued even more.

As the group looks to the future, they will build on their success and learning. Members consult with each other. They are expanding on pandemic challenges and learning. They are looking at institutional zero tolerance policies for substance use disorders. They are evaluating additional services for the community, organizational structure, and funding opportunities. The common need, continuous learning, and mutual support keep them together. They search for grant opportunities.

Conclusion

This is the tale of one city, so far. Your community is unique but probably has similarities. Start today, where you are. Four people had a lunch, but their experience and passion for physician wellness started long before the lunch. They were connectors, and soon four turned into fifty. Despite no budget, the group funded mental health resources and opened a

community-wide discussion on physician suicide. Are you one of the few for your community? How can you host the lunch that starts a discussion that brings your community together? Inclusion is essential. What started as an unlikely group led to something larger than any individual. Invite and include a variety of people. Each brings an experience, a passion, and a contribution. Each person represents a unique trust and influence to support the group. It was gratifying (and surprising) to learn how many non-physicians truly cared and understood the importance of this work. The professor, educator, spiritual care lead, and academy director gave of their hearts. The non-physicians are real heroes who tread where others fear. Learning is a glue. We may get bored with tedium and process, but we are driven to learn. Learning from each other and sharing our learning from external sources served as a cohesive bond. Plan for a learning activity at every meeting or event.

A successful meeting is organic but organized. Planning and preparation facilitate good discussion and learning. A focus on forming a complete organization may douse the flames of interest and enthusiasm. A coalition cannot and should not compete with its parent organization. Leadership must manage the balance and direct the course. Leaders assure that the work challenges when needed but always complements. The Cincinnati Coalition is not currently a legal entity but is exploring options for more formal structure. Learning, sharing, and even assuring access to critical behavioral health resources are achievable goals. More structure and formal governance are essential to conduct formal research or obtain grants. Competitors can collaborate. Competitors often have much in common; physician well-being is one example. A few individuals brought competitors together to share resources, ideas, and energy around one challenge.

Thanks

This story involves quite a cast. A few characters must be acknowledged:

- The professor—Daniel Geeding, PhD
- The educator—Jan Donley, PhD
- The first doctor—Anne Like, MD
- The spiritual advisor—Doug Mitchell, DMin
- The leads for mental health—Paul Samuels, MD, and Charles Bernstein, MD
- The Lindner lead—Paul Keck, MD
- The academy lead—Natalie Peterson
- The physician health program—David Goldberg, MD, Craig Pratt, MD, Colleen Opremcak, MD, Nelson Heise, MA, MS

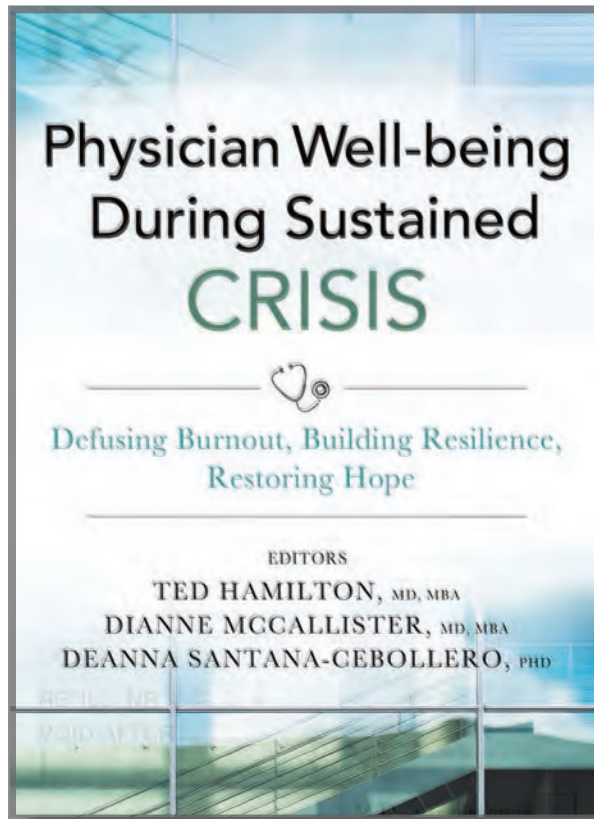
Acknowledgments

This coalition consists of several organizations. Their contributions are essential.

- Academy of Medicine of Cincinnati (www.academyofmedicine.org)
- Bon Secours Mercy Health (www.bsmhealth.org)
- The Christ Hospital Health Network (www.thechristhospital.com)
- Cincinnati Children's Hospital Medical Center (www.cincinnatichildrens.org)
- Lindner Center of Hope (www.lindnercenterofhope.org)
- Ohio Physicians Health Program (www.ophp.org)
- St. Elizabeth Healthcare (www.stelizabeth.com)
- TriHealth (www.trihealth.com)
- UC Health (www.uhealth.com)
- U.S. Department of Veterans Affairs (www.va.gov)



Herbert A. Schumm, MD, FAAFP, is a family physician by training and an administrator by experience. After ten years of private practice, he served as a VPMA and then a medical group president in Lima, OH. In 2016, Herb transitioned to a system role, leading provider professional development with a focus on physician well-being and learning with Mercy Health (now Bon Secours Mercy Health). Herb currently serves as chair of the Huntington University Board of Trustees. He enjoys woodworking, building folk instruments, and investing in the next generation of leaders.



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