

CIN

Summer 2021 Issue:

Caring and Sharing: Supporting the Primary Care Workforce



BETTER IDEAS
for CARE DELIVERY

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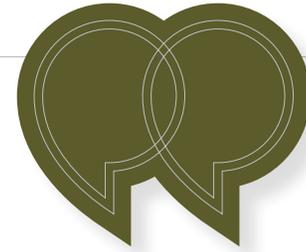
Reflections from a CIN Managing Partner



Dr. Laura Miller

I am a primary care provider at heart, and in my role as chief medical officer at Community Health Center Network (CHCN), I support the staff at eight clinics throughout the San Francisco East Bay Area. It was heartening to hear the strategies and ideas for building a strong and resilient primary care workforce at the California Improvement Network's (CIN) partner meeting on May 5 because the learnings and challenges presented resonated deeply with what I have come to believe and know: adequate support of the primary care workforce requires attention to individuals, teams and relationships, and the structures within which we provide care.

These elements — the individual, the team, and the structure — can be looked at as three concentric circles. The first circle is the inner life of the provider. I am reminded of a time at our East Oakland clinic when a new nurse practitioner came into my office and plopped into a chair, exhausted. "This is so hard!" she declared. "How have you done this for so long? How do you keep coming back?" Without batting an eye, I answered, "Knitting and Quaker meeting." Knitting, because it is all under my control. When I make a mistake, I just rip it out and redo it. Quaker meeting because the silent worship and solace on Sunday renews me for



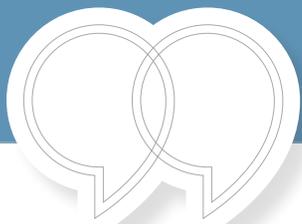
For too long, much of the focus on worker resilience has laid the responsibility squarely upon the shoulders of the suffering staff member."

the week ahead. Each person must find what works for them, but our jobs as leaders supporting the primary care workforce are to recognize the necessity of tending to one's inner needs and integrate acknowledgement and space for that into our approaches.

The second concentric circle is the primary care team and how they relate, collaborate, and support each other. Peer support across our clinics is bolstered by our Care Management Learning Community, a professional

Reflections from a CIN Managing Partner

“Each person must find what works for them, but our jobs as leaders supporting the primary care workforce are to recognize the necessity of tending to one’s inner needs and integrate acknowledgement and space for that into our approaches.



development series bringing together allied health staff from our eight health centers for training, individual coaching, and peer networking. Trainings provide knowledge and skills around the health care system, social determinants of health, time management, empathic communication, workplace dynamics, de-escalation, self-care, and boundary setting through a trauma-informed lens. This is just one example of team and peer support that happens in the Community Health Center Network.

The third circle of support consists of the structures and policies that dictate how we provide health care. For too long, much of the focus on worker resilience has laid the responsibility squarely upon the shoulders of the suffering staff member. “If only you would meditate more, you would not be stressed out.” Perhaps it is a “gift” of the COVID-19 pandemic that we have finally begun to look at the systems and structures that grind down our primary care workforce. I am hopeful about alternative payment methodologies that would allow provider organizations to be compensated for the totality of care we provide to a community. And I am hopeful that programs like California Advancing and Innovating Medi-Cal (CalAIM) and Enhanced Case Management will translate into better patient care and empowerment

while lifting a burden from beleaguered primary care providers.

Until we have meaningful progress on these systemwide issues, I’ll keep knitting, as I work to move my organization and community forward.

This issue of *CIN Connections* contains strategies and reflections from health care leaders as we wrestle with increased levels of burnout, trauma, and moral injury among our staff. Join me in learning from Dr. Heather Farley of ChristianaCare about their multimodal approach to building a culture of well-being — where it’s okay to not be okay, to talk about feelings, and to get support. And hear how CIN partner organizations are adapting their support for providers in light of the pandemic and a growing understanding of the challenges faced by primary care staff. I hope you will feel galvanized by their commitments to take action to support our essential workforce.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Miller MD'.

Laura Miller, MD
Chief Medical Officer
Community Health Center Network

Joy in Medicine: How to Build an Effective Support System

Health care workers face extreme pressures, and experience a higher incidence of depression, suicide, substance abuse, divorce, and burnout than the general population. Primary care providers are no exception. The incredible stressors of the pandemic have exacerbated what was already a dire challenge.

Dr. Heather Farley, an emergency physician by training, leads the Center for WorkLife Wellbeing at ChristianaCare and serves as the organization's chief wellness officer. She spoke at the May 5, 2021, CIN partners meeting and shared how the Delaware-based nonprofit is ensuring a healthy and strong workforce. Farley outlined an ambitious and comprehensive, multimodal strategy that her health system has refined over many years. And while many health organizations may be limited in the scale of their own efforts, she shared insights that organizations of all types, sizes, and resource levels can adopt to better support their primary care workforce.

Farley defined burnout as "a prolonged response to long-term emotional and interpersonal stressors on the job," and emphasized that burnout is an occupational phenomenon,



Heather Farley, MD, MHCDS
Chief Wellness Officer
ChristianaCare

not a medical condition. Through this lens, burnout consists of three dimensions: emotional exhaustion, feelings of cynicism and detachment (depersonalization), and a sense of ineffectiveness and lack of accomplishment.

The consequences of burnout are innumerable: patient care costs, economic costs, and personal costs. But the personal costs are especially damaging because they affect all aspects of a person's life and work.

Burnout is associated with increased rates of multiple medical conditions, premature mortality, DNA disruption, and even degenerative effects on areas of the brain that are responsible

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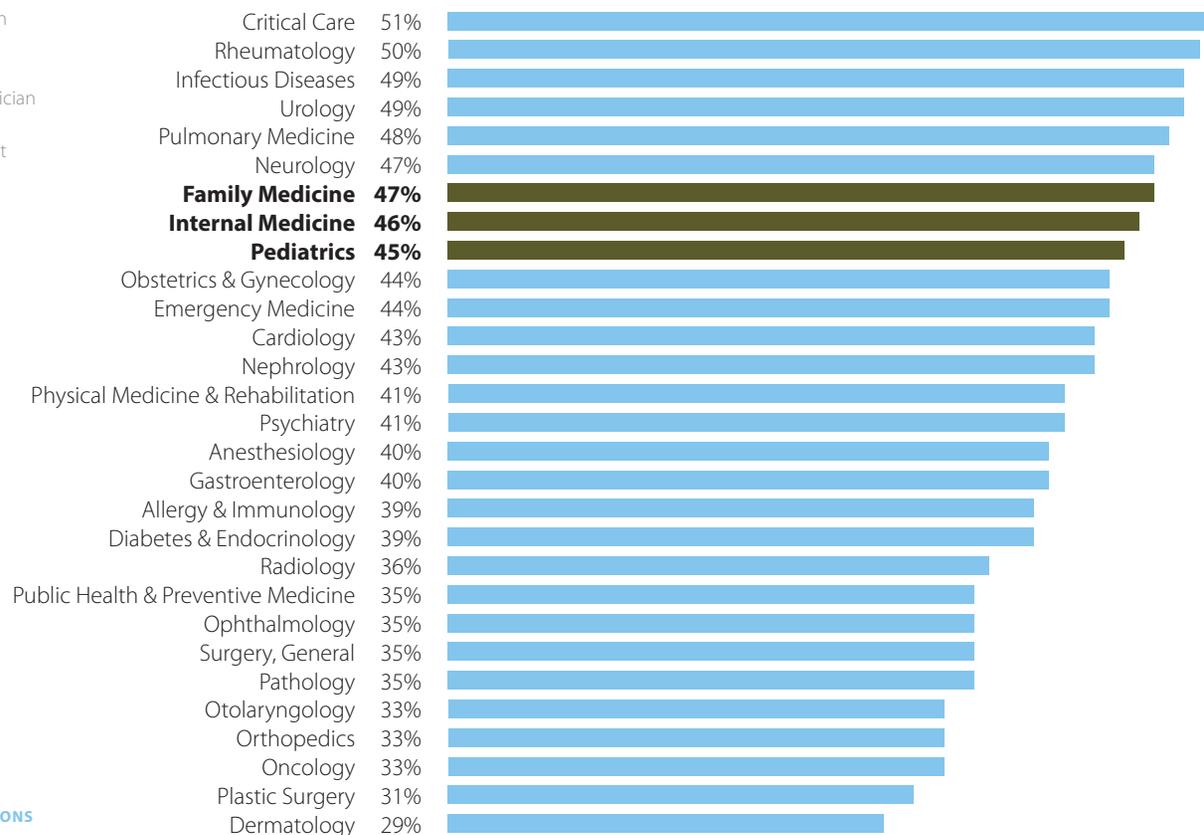
for memory, attention, decision making, judgement, and empathy. These impairments may increase the potential for medical errors and make the management of complex tasks such as those encountered in health care settings difficult.

Farley outlined a triad of causes for provider distress:

- **Personality traits:** Workaholicism, perfectionism, shame and stigma around asking for help, delayed gratification of one's own needs
- **Medical culture:** Value placed on working to the point of exhaustion, competitiveness, self-sacrifice, independence, toughness
- **External pressures:** Productivity expectations, rapid pace of medical innovation, regulatory and insurance oversight and compliance, EHR usability issues, malpractice threats

Which Physicians Are Most Burned Out?

Source: "Death by 1000 Cuts": Medscape National Physician Burnout and Suicide Report 2021.

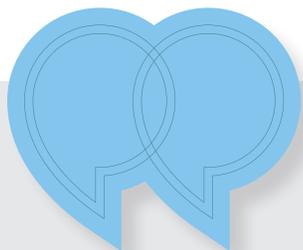


These multiple layers of factors compound on the individual. What steps can organizations take to mitigate burnout?

Focus on the culture and environment

Farley cautioned, however, that the era of over-emphasis on personal resilience is over: "The fact that almost one in two physicians in the US has symptoms of burnout implies that the origins of this problem are rooted in the environment and the care delivery system, more so than in the personal characteristics of a few susceptible individuals."

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While personal well-being matters, focus on individual resilience alone cannot fix this significant problem. A common pitfall for organizations addressing burnout is focusing on the individuals and not paying attention to the environment surrounding the caregiver.

Farley emphasized: “This is the key thing: the answer for an organization is not telling your staff to be more resilient — telling them to eat better, sleep better, exercise, and meditate — and everything will be fine. Trying to make the most resilient people on the planet even more resilient is not an effective approach. You can’t take the canary and teach it to be more resilient, then shove it back in the coalmine, and expect it to thrive. You actually have to change the coalmine. And so the money here is on bolstering the support system that surrounds the health care worker.”



Destigmatize burnout

An important first step is to visibly acknowledge chronic occupational stress in a way that destigmatizes the need for mental health support. Too many health care workers believe they should not show weakness. Organizations must recognize this dynamic, accept the breadth of the problem, and normalize care-seeking as a regular part of workplace culture. “It’s okay to not be okay!” as Farley put it.

At ChristianaCare, guidelines have been developed to help providers recognize when a peer is in distress and might need help. Staff are trained to initiate conversations and steer colleagues to mental health resources. Psychological first aid training is available for leaders, and more than 260 managers have learned these essential skills.

To make care easier to access, ChristianaCare established a resource liaison phone line to connect staff to resources with a warm handoff, bypassing cumbersome insurance and appointment barriers as encountered with other support services. The 20% utilization rate among ChristianaCare’s medical residents indicates a widespread need, and offers proof that the culture has shifted to embrace supportive services.

Joy in Medicine: How to Build an Effective Support System

Another successful and inexpensive program instituted at ChristianaCare to make mental health support visible is rounding with a cart full of simple comfort items such as snacks, drinks, lip balm, and hand lotion. While dispensing goodies, the outreach provides an entrée into conversations that can put staff in touch with mental health resources, identify unmet needs among the care teams, and support collaborative problem solving.

Create peer-to-peer support

A key strategy that can be replicated in any environment is a peer-to-peer support program. ChristianaCare has found these programs to be particularly effective for providers who have experienced high-stress and even traumatic episodes on the job. The Care for the Caregiver Program, for example, helps staff members process difficult emotions after an adverse event by connecting them with a colleague who has had a similar experience.

This program is available 24 hours a day to a variety of roles and disciplines and is now in its fifth year, with 500 activations per year on average. The high utilization rate and overwhelmingly positive feedback indicate that the program has become embedded in the organization and contributes to a healthier culture overall.

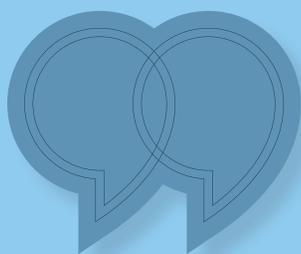
Farley shared a story of a caregiver who had to unexpectedly hand off a procedure to another provider midway through when he realized he was not able to safely care for the patient. In a Care for the Caregiver session that same day, the provider noted, “Being able to talk through a traumatic event like this with a peer who is neutral and empathetic helped me put the event into perspective, and gave me a chance to heal.”



Farley helps while ChristianaCare staff share goodies from the rounding cart, socialize, and take a moment to focus on their own self care.

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“Being able to talk through a traumatic event like this with a peer who is neutral and empathetic helped me put the event into perspective, and gave me a chance to heal.



Fill the tank with joy

For the amount of time caregivers spend doing very difficult work, it’s critical to find joy, too, at work. Tapping into what brings people joy and meaning can refill their emotional fuel tank when they are feeling depleted or stressed. Prompted by Farley, CIN partners offered the following ways that they find joy at work:

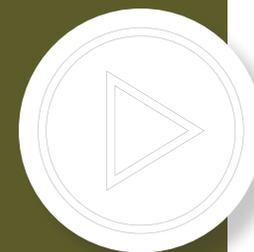
- having a sense of accomplishment,
- enjoying camaraderie and relationships,
- doing meaningful work,
- working as a team and collaborating,
- making progress on tasks,
- helping solve problems, and
- mentoring or volunteering.

These themes are evident in ChristianaCare’s techniques. The system’s COMPASS Program, for example, involves small groups of providers who meet over a meal (or videoconference) every three to four weeks for a period of ten months. During this time, they advance through a curriculum and engage in progressively more sensitive conversations, enabling them to build trust and develop relationships that are supportive over the long term.

Participants explore such topics as what it’s really like to be a doctor, how to deal with challenging patients, and how to integrate their professional and personal lives. Such collegiality is protective against loneliness and disconnection and can serve as a source of strength in stressful times.

Another program that Farley shared, the Thank You Project, focuses on gratitude, and helping care teams see and feel the impact of their work to care for patients. The Thank-You Project brings back patients and families after their recovery to connect with their caregivers. Seeing the impact of their sometimes life-saving efforts, and how they make a difference every day, builds care workers’ emotional reserves. This sort of program is inexpensive and simple to set up but can have a profound benefit.

For a moving
example of the
Thank-You Project,
watch a short
video at minute
43:00 – 46:00.



Joy in Medicine: How to Build an Effective Support System

Actions cultivating gratitude can be as small as taking a few minutes to slow down and personally connect with patients. Farley encourages health care staff in all roles to engage with patients as they are leaving the facility — it can be immensely rewarding to hear how their care has helped.



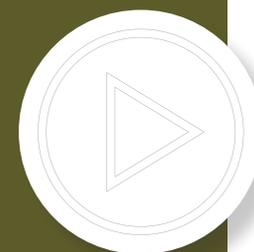
The Thank You Project brings patients and their families back to talk with caregivers who often times have saved their lives. Pictured are ChristianaCare staff with patient Devon Stansbury (seated) and spouse (far right).

Change the culture at work

Creating an environment where staff thrive at work requires organizational commitment from the top down. This starts with an understanding that health care organizations must focus on changing the culture and the environment of the provider workplace — an important shift that takes the focus off personal resilience while destigmatizing help-seeking behaviors.

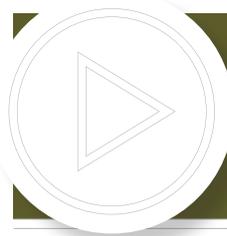
Farley emphasized the need to use multimodal approaches in developing well-being programs. “There’s no silver bullet here,” she said. Programs that target peer support, team collaboration, one-on-one interventions, as well as the examples of rounding and personal impact stories, all play important roles in developing a culture of well-being.

To learn more
about multimodal
approaches, watch
the video of Dr.
Farley’s complete
presentation
about the well-
being initiatives at
ChristianaCare.



Successes in Creating a Culture of Well-Being

CIN partners from health care organizations across the state shared how their workplaces are supporting their primary care workforce during a period of intense change. While these organizations vary in size, location, and structure, we hope the insights and solutions shared by these improvement leaders will spark ideas for your own organization.



Watch the 30-minute panel video to learn more.

Here we summarize some lessons learned, and report out what efforts your organization might try, modify, or amplify.

- Emma Fulton, Manager, Patient and Provider Experience, Hill Physicians Medical Group, an independent practice association
- Priti Golechha, MD, Associate Chief Medical Officer, Golden Valley Health Centers, a Federally Qualified Health Center
- Nicole Howard, MPH, Executive Vice President, Health Quality Partners, a consortia of community health centers
- Lloyd Kuritsky, DO, Medical Director, Population Health, Sharp Community Medical Group, an independent practice association
- Jeffrey Norris, MD, Chief Medical Officer, Father Joe's Village, a homeless services provider
- Amir Sweha, MD, Chief Medical Officer, Hill Physicians Medical Group, an independent practice association



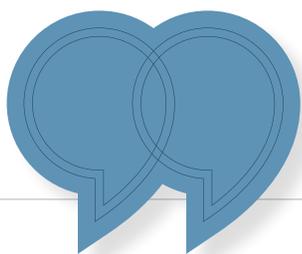
Start somewhere. Staff burnout has become such a significant issue that it is vital to just get started with interventions to support primary care providers. Norris emphasized, "Even if you don't have a fully baked plan to roll out, you have to start somewhere." This first step might simply be opening the door to a discussion; a conversation can be a meaningful place to begin.



Listen and engage with providers. The panelists were unanimous that although conversation and listening doesn't feel like much of an intervention, it's essential. Giving people permission to talk about the stress they are under helps to release it, and that by itself can help them start to feel better. Golechha shared that early in the

Successes in Creating a Culture of Well-Being

“There are now institutional commitments to trying new things because organizations realize they have to do more.



pandemic, as the leadership of GVHC was preparing a two-hour session with a packed agenda, they realized it was more important to listen to their providers than to talk. “I thought, what would I want if I were a frontline provider right now? What I wanted is for someone to ask me how I’m doing. Really ask me how I’m doing.” Sweha’s medical group listened and engaged in various ways: “High-touch bidirectional communication was critical to understanding the immediate needs of our practices. We leveraged frequent virtual meetings with the entire network of 4,500 physicians, email surveys, small-group discussions, and one-on-one phone calls.”

3 Push for your organization to do more. One silver lining of the pandemic is that because it has made health care worker burnout more visible, support from leadership for well-being initiatives has surged. Leadership has begun to think more holistically about worker experience and taking care of the humans who are doing the work. Howard noted, “There are now institutional commitments to trying new things because organizations realize they have to do more.” Howard added that her organization’s prior efforts to develop new leaders paid dividends when

the pandemic hit. Now is the time to advocate for your organization to do more and to garner support for new initiatives.

4 Use the many existing resources and models. Leverage the already developed frameworks and models as you get started; you don’t need to invent your own. Norris suggested adding questions about stress and burnout indicators to existing employee assessment and engagement tools. His group started with the Maslach Burnout Inventory and later moved to the Pulse version that was adapted for primary care providers and is similar to a 360-degree review. They also used the “pebbles” method, a simple inquiry process to identify the bite-sized annoyances in a team’s “shoes” that get in the way of them doing their jobs. (More information about applying the pebbles method can be found in the Institute for Healthcare Improvement’s *IHI Framework for Improving Joy in Work*.)

5 Evaluation is difficult, but don’t let it slow you down. What about measuring for baseline burnout/well-being, and for the effectiveness of proposed solutions? Golechha, Kuritsky, and Sweha all confirmed

Successes in Creating a Culture of Well-Being

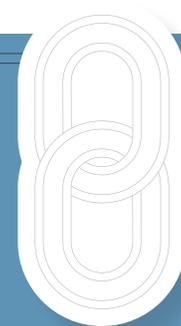


I encourage you to speak the truth. Name that we are not well. Create that space and preserve that space for providers. But start somewhere, because good is better than perfect.”

that it can be challenging to get survey responses from providers, likely because providers have little time and are overwhelmed. But this doesn't mean they aren't interested and in need of help. Even without the right metrics, it's still better to do something rather than nothing. Consider piloting a few different programs, then use their uptake as the best available feedback. And ultimately, Sweha acknowledged, feedback is secondary; the primary goal is to offer support services and stay focused on the issues.

Golechha's heartfelt comments provide an excellent summary of how the pandemic shifted her organization's approach to burnout: “We brought back humility and started looking at each other as a whole person. We now see providers and other caregivers as real complex people with all their own issues. We decided to go back to the basic humanity — the basic

need of humans to know what's happening, and to ask how people are doing and being heard. We actually spend time listening to them. We fix what we can, and we are honest about what we can't fix, and why. We continue to provide a space for providers to speak up and be heard. And while this is not enough, it is a good start to bring that culture of provider resiliency. I encourage you to speak the truth. Name that we are not well. Create that space and preserve that space for providers. But start somewhere, because good is better than perfect.”



See the resources
mentioned above on
CIN's website.

CIN Partner Action Planning to Support Providers



CIN partners spent the day reflecting on the ways in which they currently develop, test, and refine primary care workforce support programs, and ways they can make these programs better in the future. CIN partners identified four strategies they and others can use to make their programs more impactful: take more time to listen to primary care staff, collect recognition stories from patients to share with primary care providers, scale up peer support programs and ensure these are available at all levels of the organization, and find more effective ways to accurately assess and measure workforce burnout.

Here are specific examples of what some CIN partners plan to start, accelerate, or do differently in their organizations to better support their primary care workforce they support.

Health Plan of San Joaquin's (HPSJ) regular and consistent communication with providers during the pandemic reinforced the plan's goal to listen to and to respond to the needs of care providers. Next, HPSJ plans to better leverage their existing Provider Partnership Program; incorporate ways to advocate for providers, particularly around areas of dissatisfaction; and include providers in discussions and decision-making processes regarding new regulations, requirements, and processes that will impact their daily work.

The **California Health Care Safety Net Institute** (SNI) aims to understand the staff burnout status across its 17 member public health systems, to what extent member

organizations are measuring burnout, and to determine their optimal role in supporting members on this issue. As their network already includes peer groups that may offer insights into the causes and drivers of provider burnout and moral injury, SNI plans to assess and measure peer group feedback while actively aligning any new initiatives with existing interventions such as their work to increase the capacity of member organizations to engage in trauma-informed care.

For SNI, the question they are trying to answer among their membership is, "To what extent are organizations measuring burnout, and what kind of support do they need to do that effectively?"

CIN Partner Action Planning to Support Providers

The **California Department of Health Care Services** (DHCS) is in the process of expanding available resources and tools for health plans to better support their primary care staff. DHCS's efforts are unique in that they rely on their managed care partners to understand the needs of this workforce. Following the CIN partner meeting, DHCS hopes to create more linkages between their community partners and health plan partners to foster a deeper understanding of the unique needs of the primary care workforce, and to reimagine their stakeholder processes to include greater input from primary care providers.

The **Humboldt Independent Practice Association** plans to engage in more provider and staff rounding, and in providing food and other incentives to care teams. They are also considering implementing a version of ChristianaCare's Thank You Program to offer an avenue for patients to share their gratitude with their health care providers. What's most important for this small, rural IPA is acknowledging that while they can't solve all the challenges of provider burnout, they can and must engage in measured, impactful efforts, such as focusing on how to improve individual moments of frontline staff's daily work.

CIN partners are working in their communities to address the unique needs of the primary care workforce. Of the many lessons learned from this meeting, CIN partners agreed that taking time to listen is an action that we can all take to better support provider and staff well-being and reduce burnout, secondary trauma, and moral injury. What can your organization do differently to better support the unique needs of the primary care workforce?



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Have you tested out any of the quality improvement recommendations or tools included in this issue? Tell us how it went. We are here to answer your questions or connect you to additional resources. Email us at CIN@ucsf.edu.

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