RELATIONAL LEADERSHIP TO REVITALIZE PRIMARY CARE
ANDREW MORRIS-SINGER, MD

© Primary Care Progress, Inc., 2017
I DO NOT have a financial interest or arrangement, or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2011 Rate</th>
<th>2014 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care</td>
<td>53%</td>
<td>52%</td>
</tr>
<tr>
<td>Radiology</td>
<td>49%</td>
<td>49%</td>
</tr>
<tr>
<td>Ob/Gyn &amp; Women’s Health</td>
<td>52%</td>
<td>51%</td>
</tr>
<tr>
<td>Neurology</td>
<td>49%</td>
<td>49%</td>
</tr>
<tr>
<td>Urology</td>
<td>49%</td>
<td>48%</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>48%</td>
<td>48%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>47%</td>
<td>47%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>46%</td>
<td>46%</td>
</tr>
<tr>
<td>Diabetes &amp; Endocrinology</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>44%</td>
<td>44%</td>
</tr>
<tr>
<td>Oncology</td>
<td>44%</td>
<td>44%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>44%</td>
<td>44%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>43%</td>
<td>43%</td>
</tr>
<tr>
<td>Allergy &amp; Clinical Immunology</td>
<td>43%</td>
<td>43%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>41%</td>
<td>41%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>41%</td>
<td>41%</td>
</tr>
<tr>
<td>Pathology</td>
<td>39%</td>
<td>38%</td>
</tr>
<tr>
<td>Psychiatry &amp; Mental Health</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>37%</td>
<td>36%</td>
</tr>
</tbody>
</table>
• Isolated elderly have worse outcomes

• Decreasing in-person interaction and peer group engagement is associated with higher rates of anxiety and depression in kids


ISOLATION

our new state

• Half of primary care visits are spent staring at computer screens
• Most communication occurs virtually
• Increasing size, complexity, and bureaucracy of institutions
Case Study: Novant Health Is Building Physician Resiliency to Counter Burnout
A three-day coaching session is helping physicians remember why they became physicians.

Novant Health, a North Carolina-based health system with more than 1,500 physicians in three states, seeks to prevent or mitigate burnout through a physician-resiliency program designed to help participants find fulfillment in their work and personal lives.

The challenge
Discussing physician burnout as an abstract concept is one thing; acknowledging the possibility that one is experiencing burnout is entirely different.

“Even though the topic is so widely talked about, physicians don’t typically like to admit to the fact that they’re struggling,” says Tom Jenike, M.D., senior vice president and chief human experience officer, Novant Health. “They might not even call it that — they might just say they are frustrated or I wish it was like it was back in the good old days.”

Talt D. Shenafelt, MD; Omar Hasan, MBBS, MPH; Lotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD; Daniel Satele, MS; Jeff Sloan, PhD; and Colin P. West, MD, PhD
Took the high road

Built big, diverse teams

Identified and mobilized all our resources
Lone rangerism made our work difficult

We had to do the head *and* the heart work

We needed to foster people’s commitments to one another and the team

Data was an important piece of the puzzle, but....
54% of doctors are burned out

88% of doctors are moderately to severely stressed

59% of doctors wouldn’t recommend a career in medicine to their children

1. Mayo Clinic 2014
2. VITAL Worklife & Cejka Search Physician Stress and Burnout Survey 2015
‘TOWARDS A MILLION CHANGE AGENTS’

A REVIEW OF THE SOCIAL MOVEMENTS LITERATURE: IMPLICATIONS FOR LARGE SCALE CHANGE IN THE NHS
ORGANIZATIONAL change

- Centralized control
- Focus on planning and structure (head)
- Enforcement
- Change is done to you

MOVEMENT building

- Decentralized control (autocatalytic action)
- Focus on inspiration and engagement (heart)
- Leadership development
- Change happens through you
putting on a community organizer hat

creating a COMMUNITY
previous

TEAM MODEL

Performance

Satisfaction
new TEAM MODEL

interdependent group
common goal
increased interconnection
decentralized power
narrative

LEADERSHIP
creating a COMMUNITY
I promise to:

- Do my part in making this clinic the place we can all look forward to coming to work and leave feeling valued as the true partners we are.
  - Take ownership of my work and my patients.
  - Offer my contributions freely and in the interest of the patient and the team.
  - Approach each situation with respect and a willingness to learn, not judgment.
  - Be open to feedback and support from others.

- Celebrate our diversity – We believe our different backgrounds and training are our strength.
  - Create an environment where everyone participates and everyone’s input is valued equally.
  - All roles are valued equally.
  - Avoid language and actions that we or others perceive as disrespectful.

- Communicate in an open and honest manner and be a role model.
  - Address issues as they arise, openly, honestly, and respectfully.
  - Ask for, and give, honest feedback in a supportive manner.
  - Communicate important patient information clearly and accurately.

- Be my best and help others be their best.
  - Know, respect, and trust each other.
  - Keep commitments to our team, and when I can’t, to communicate that I can’t in a timely fashion.
  - Be willing to step outside my usual role to do whatever needs to be done.
  - Ask for help when I need it and accept help when offered.
  - Share the work and regularly check on members of my team.
  - Never worry alone.
There’s a tendency for humans to influence and copy one another, without even realizing it.

Dr. Nick Christakis
“We need to get back to that community, that engagement, that collegiality where we lean on each other for mutual benefit, which then allows us to take better care of our patients, better care of the health care system.”
A social movement is a collective, acting with organization and continuity to stop change vs. make change.
STATUS QUO
POWER
success is POSSIBLE
build a MOVEMENT