From Wounded Healer to Mindful Caregiver

Disclosures
- I have no financial relationships with any of the companies or organizations that I will be discussing today.
- I have no financial relationships with any of the products or services that I will present.

Objectives
- Introduce the concept of the “Wounded Healer” and how this idea has permeated Western Medicine, sharing relevant statistics that help define it
- Define “Wellness” and explore its applications first in the corporate world and then in our wider healthcare systems
- Ask and hopefully answer the question if the current offerings through wellness programs adequately address the needs of caregivers
- Introduce the next generation of practices and programs designed to address and reverse negative trends within the community of caregivers, and hopefully have a little fun in the process

Myth: Chiron the Wounded Healer

Chiron and Aesculapius  Chiron and Achilles

Literature: Carl Jung
- Published just 12 days before his death, Jung argued that only the wounded physician could heal effectively
- The physician (analyst) must always remain consciously aware of their own personal wounds.

Television – Pop Culture
- Premiere: A physician's physical and emotional scars are both a burden and a driving force in his need to fix the problems of others while destroying himself
- S4 Episode 16 Wilson's Heart: The team works to save someone close to a central character's heart. The key is inside House's head, but he is in a bad way himself.
Wounded Indeed – The Facts

- Depression rates among physicians (Johns Hopkins)
  - Males 12.8% at any one time
  - Females 18% – 20% at any one time
  - Up to 5% of female physicians reported a history of depression at some point in their careers
  - For Medical Students and Residents, the number is between 15-30%, well above the average for age matched controls.

Substance Abuse

- Substance Abuse conservatively occurs in 8-12% of physicians in their careers with Depression being a major risk factor for substance abuse.
  - As many of 7% of practicing physicians have an active problem with substance abuse
    - Opiates and Benzodiazepines are more common
    - Less illicit drugs of abuse
  - Left untreated it has a 7% mortality from all causes.

Physician Suicide

- Each year between 300-400 physicians commit suicide - likely underreported
  - Male physicians – 70% increase over general population
  - Female physicians – 400% increase over general population
  - Study in Surgeons showed 1 in 16 had suicidal ideation in last 12 months with only 26% of those seeking help. 66% who did not worry about their license.
  - Australian Study of 50,000 physicians and residents showed a two-fold increase in suicidal ideation over their general population

Physician Burnout

- Signs include fatigue, exhaustion, inability to concentrate, depression, anxiety, insomnia, irritability
  - Probably the most distinct characteristic of burnout is a loss of interest in one’s work or personal life, a feeling of “just going through the motions”
  - Depersonalization - The development of a negative, callous and cynical attitude toward patients and their concerns
  - Increase in depression and with it substance abuse

Downstream Impact

- “Burnout seems to be common in physicians affecting 25-60% of physicians, in some studies as high as 75%”
  - Burnout is associated with reduced workplace productivity and efficiency, increased absenteeism, increased rates of job turnover and desire for early retirement
  - The cost of replacing a physician is estimated to be US $50,000 to 300,000 dollars including loss of review while hiring


Linzer et al. Predicting and preventing physician burnout. Results from the US and the Netherlands. JAMA. 2003;289:3161-3166

The problem may get worse

- 73% of physicians cited “daily interaction with patients” as the most important or rewarding aspect of practicing medicine work.
- The changing climate in medicine—increased administrative duties, managed care and the need to generate more RVUs is affecting the way physicians interact with patients.
- Physicians do not access personal health care compared to demographically similar peers:
  - Primary care provider: 44% vs 83%
  - Routine health care visits: 99% vs 63%
  - Routine dental care visits: 57% vs 75%


Wellness – To What End?

- Increased life expectancy
- Improved quality of life
- Fewer health problems
- Lower health care expenses / insurance costs
- Lower incidence of depression
- Lower levels of stress
- Improved mental outlook

There is Good News

- For all these issues, Physicians are more readily treated versus the general population
  - Self Motivated
  - Intelligent
  - Want to be able to pursue our calling
  - Have access to plenty of resources

Corporate Wellness

- American Employers lose more than 300 billion dollars per year in lost productivity due to stress, illness, absenteeism and sub par performance (presenteeism)
- Average employee misses 8.4 days per year, one with a chronic illness misses on average 72 days per year
- “Lifestyle Diseases” used to be seen in older retired individuals, but have now worked their way into the working age population resulting in increased economic burden

What is Wellness?

- Definition #1: The quality or state of being healthy in body and mind, especially as a result of wellness effort
- Definition #2: An approach to healthcare that emphasizes preventing illness and prolonging life as opposed to an emphasis on treating disease.
- Definition #3: Wellness is an active process of becoming aware of and making choices toward a more successful existence:
  - Process – means improvement is always possible
  - Aware – we must be continuously seeking more information to improve
  - Choice – we have options, seeking those in our best interest
  - Success – as determined by each individual

*Charles B. Corbin – Arizona State University

Corporate Wellness

- Screening to include: Health Risk Assessment, Biometrics (Height, Weight), BP, Glucose level
- Primary Prevention
  - Obesity 85%
  - Smoking 77%
  - Fitness 37%
  - Substance Abuse 14%
  - Stress Management 90%
- Secondary Prevention
  - Diabetes 88%
  - Asthma 60%
  - Heart Disease 95%
  - Depression 55%

*Percentages taken from the 2013 Rand Study
Health Risk Assessment

- Comprehensive questionnaire of between 80-120 questions
- Costs to employer usually $5-15 dollars per employee
- Companies typically offer incentives for participation in an HRA though some penalize employees who do not participate

Rand Survey - July 2013

- Review of the scientific and trade literature about wellness programs
- Employer survey of companies with more than 50 workers across all sectors
- Statistical analysis of medical claims and wellness program outcome data from the Care Continuum Alliance (CCA) database
- Five case studies of existing corporate wellness programs

Where’s the Beef

- Wall Street Journal 2009 – Safeway CEO Steven Burd “Our program has kept healthcare costs stable during a period when other companies costs rose by 40%”
- Some companies reported as much as 24 dollars in savings for every dollar spent!
- USA Today September 2013 – On average a corporate wellness plan saves about $5 dollars for every dollar spent
- These gains were noticed by President Obama resulting in the “Safeway amendment” to the Affordable Care Act.

Results- Maybe less Beef

- “There is not enough evidence to definitively assess the impact of workplace wellness on health outcomes and cost”.
- Lifestyle management interventions can reduce risk factors like smoking and increase healthy behaviors like exercise. Less impact in terms of weight loss. No change in cholesterol levels
  - Weight loss – men lost an average of 0.0 lbs annually, women lost 0.9 lbs. Importantly these people are not GAINING weight.
- There was a trend toward decreasing healthcare costs over the 5 years of the study but:
  - Less than 50% of corporations had conducted a formal study of program impact
  - Less than 2% showed cost savings

“Safeway Amendment”

- Affordable Care Act has provisions that support wellness programs
  - Raising permissible limits on incentives for achieving specific standards from 20% to 30% of cost coverage
  - Companies may charge workers up to 30% more if they do NOT meet certain health goals, an average of $225.00 annually per worker!
  - Supported a full analysis of the impact of workplace wellness on health outcomes and cost. Completed by the Rand Corporation in 2013.

Trend towards Decreasing Costs

- Difference of $65.5 dollars between groups per month over 5 years – on average of 13 dollars difference per employee per month or 157 dollars per year.
California Health Benefits Review Program

• Employees blood pressure, blood sugar and cholesterol did NOT improve by participation in an employee wellness program
• Weight loss was minimal
• Wellness programs prompted more testing, far in excess of recommended guidelines
• No evidence extra testing has resulted in any benefit but adding to more unnecessary costs

Los Angeles Times Editorial

September, 2013

• "For employees the most telling red flag of the study [Rand] is that employers may be saving money not by making employees healthier, but by employers shifting healthcare costs to them"
• "Cost shifting affecting vulnerable employees, those from lower socioeconomic strata with more health risks, in effect subsidizing healthier colleagues"

Wellness in Healthcare

American Society of Anesthesiologists - November 2014

Hospital Wellness Programs

• 1 Flu. Shots and other immunizations 97%
• 2 Employee Assistance Programs / mental health services 81%
• 3 Smoking cessation programs 79%
• 4 Healthy food options 98%
• 5 Tobacco free campus 96%
• 6 Safety Programs 75%
• 7 Health Risk Assessments 74%
• 8 Weight loss programs 73%
• 9 Gym membership discounts 69%
• 10 Disease prevention and management 58%

Health Affairs Blog

• These programs result in overutilization of screening and check-ups in a generally healthy population, undo stress on employees and incentivize unhealthy forms of weight loss.
• If you look at all studies on workplace wellness, you find a ROI of 138%.
  If only you look at the highest quality studies (Randomized Case Controlled) you find a -22% ROI or a dollar gain for each 3 dollars spent.
  Source: JAMA Hospital Studies, Becker’s Hospital Review Jan 2013

Local Hospital Plans

• UTHSCSA – Employee Health and Wellness Clinic, Employee Assistance Program (Deer Oaks)-residents, Gym discounts, Wellness days
• University Health System – Nothing noted in web search
• Methodist Hospital System – Memberships to provide access, mostly to those > 55, woman, young children
• Baptist Health System – Baptist Healthy Solutions (cost to employees). Baptist product
• Christus Health System – Health by Design (Vendor)
Are we Missing the Point

- Absenteeism – Chronic or habitual absence from work, school etc. often due to illness, injury or mental health issues
  - Depression/sadness/mental illness 25.6 lost days/yr
  - Any Cancer 16.9 days/yr
  - Respiratory disorders 14.7 days/yr
  - Asthma 12 days/yr
  - Migraine/headaches 10.7 days/yr
- Presenteeism – the practice of coming to work despite illness, injury, anxiety etc., often resulting in reduced productivity with rates between 8.3% and 28.5%
  - Migraine/ headaches
  - Respiratory disorders
  - Depression/ sadness/ mental illness

Sensitivity to Gender Issues

- Classic Study from Canada*
- Female physicians in Canada typically work 50 hours at work while male physicians typically work an average of 60 hours.
- Female physicians typically work about 40 additional hours at HOME, while male physicians spent “much less time”
- Caveat: In houses where there were children.
- Conclusion “Work is work and 90 hours is harder than 68”

* Can Fam Physician 2006 Oct 1;42(10):1232-1235

Common Pathway - Stress

- Mark Linzer, MD Division director of General Internal Medicine at Hennepin County Medical Center in Minneapolis, MN. Nationally recognized authority on physician burnout and stress
  - Stress and burnout affects between 20-30% of all physicians
  - “Work life isn’t everything, but it is almost everything”
  - “Preventing burnout, it is always tempting to limit demands, but good luck trying to do that!” “On the other hand give people control of the work environment, give them support and all of the sudden they are back in balance”
  - MEMO study

Toward Wellness - Solutions

- Encourage Work life balance by initiating flexible scheduling in ways that don’t impact total hours worked (go home early some days and stay late others)
- Netherlands – encourage part-time employment for the increasing number of physicians who wish to balance their lives.
- Dr. Linzer - “You have a choice: if you want to retain the best and brightest physicians, you either give them options to control their lives or lose them to places where those options exist – including other professions”

MEMO Study

- MEMO (Minimizing Errors, Maximizing Outcomes) sponsored by AHRQ (Agency for Healthcare Research and Quality)
  - 425 Primary care physicians in 19 practices
  - 5-point scale “calm” to “chaos”
  - 60% perceived their practice as chaotic or toward chaotic
  - Those in chaotic practices 2.5 times more likely to suffer burnout and leave their practices within two years.
  - Turnover impacting continuity of care, patient safety and cost
- Four Key Variables to Physician Satisfaction
  - Work control
  - Time pressure (ratio time allotted versus time needed)
  - Work pace (chaotic or not)
  - Organizational culture

Toward Wellness

- Mark Linzer, MD – among the most pronounced contributors to burnout are programs with financial incentives based on billing – “the more you work, the faster you see patients, the less time you spend with patients, the more we will pay you”
- “One suggested model to compensate physicians and decrease burnout is a salary model with incentive bonuses for meeting defined quality benchmarks”
The Raisins

Mindfulness
- The intentional, accepting, and non-judgmental focus of one's emotions, thoughts and sensations occurring in the present moment.
- Can be trained through meditation practices
- Derived from Buddhist anapanasati
  Anapanasati: sati = mindfulness, ānāpāna = inhalation and exhalation

Mindfulness-Based Cognitive Therapy (MBCT)
- MBCT is a group intervention designed to train individuals to disengage from dysphoria-activated depressogenic thinking that may mediate relapse/recurrence
- 145 individuals with a clinical history of major depressive episodes randomized to standard therapy or standard therapy plus MBCT
- Relapse/recurrence assessed over a 60 weeks period
- For those with 3 or more major depressive events (77% of total), there was a 40% reduction over the next year following the last major depressive episode for those using standard therapy + MBCT


Structural Changes in the Brain from Meditation
- Sara Lazar, MGH in 2005 Neuro Report showed with Brain MRI scans that those who meditate have significantly thicker areas in file:
  - Right prefrontal cortex, an area known to be involved with decision making and working memory
  - Anterior insula, part of the "salience network" thought to play a role in detecting novel events and shifting attention away from the Default Mode network (active in mind wandering).

Mindfulness-Based Stress Reduction program (MBSR)
- Popularized by Jon Kabat-Zinn at the University of Massachusetts Medical Center in 1979
- Brings together mindfulness meditation and yoga
- Now offered in over 720 medical centers, hospitals and clinics, typically through Centers of Integrative Medicine
- Recipient of multiple grants from the National Institute of Health Center for Alternative and Complementary Medicine

A relatively new area of Research
Scientific American November 2014
The Neuroscience of Meditation
National Geographic March 2010
Beyond the Brain
ESSENCE Lifestyle Model*

- Education – knowledge and reflection
- Stress Management – the importance of mental health
- Spirituality – less about religion, more about purpose or meaning
- Exercise – application of physical activity
- Nutrition – healthy nutrition and influences on eating patterns
- Connectedness – social support for wellbeing and healthcare
- Environment – creation of a healthy physical, emotional and social environment.

* Monash University, Melbourne – Health Enhancement Program – core curriculum for all Medical Students since 2002. Dr. Craig Hassad

Take Home Points

- The nature of our work / calling places physicians and other healthcare providers at significant risk for stress-related physical, mental and emotional morbidity and increases the chances for burnout or early retirement
- Traditional wellness programs while providing some tangible benefit may be ill equipped to address the specific needs of physicians and other healthcare providers
- Healthcare organizations should begin to actively develop provider-focused wellness programs that seek to improve working environment, flexible scheduling, healthy incentive programs and other stress-reduction / mindfulness programs.

Thank You