



ADVANCING INTEGRATED HEALTHCARE

Community Approaches to Bridge the Impact of Burnout and Grow Resiliency in Pediatricians

Presented by Nelly Burdette, Psy.D.

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Rhode Island Chapter

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Dr. Nelly Burdette: Senior Integrated Behavioral Health Program Leader

Dr. Nelly Burdette has **15 years of experience within integrated behavioral health clinical and leadership roles**. She has created, implemented, led, and shown sustainability of integrated care programs at federally qualified health centers, community mental health centers, and the Veteran's Administration for pediatric, family medicine and adult populations.

In her current roles, **Dr. Burdette is the Associate Vice President of Integrated Behavioral Health at Providence Community Health Centers**, the largest federally qualified health center in Rhode Island and serves in both a leadership and clinical role.

She also serves as the **Senior Director of Integrated Behavioral Health for the Care Transformation Collaborative of Rhode Island (CTC-RI)**, a multi-disciplinary, multi-payor collaborative seeking to transform primary care in the State and is convened by the Office of the Health Insurance Commissioner and EOHHS. In her CTC-RI role for the past 6 years, Dr. Burdette provides IBH leadership for the State, while also creating and publishing the first of its' kind virtual self-paced training for IBH Practice Facilitators.

Dr. Nelly Burdette received her doctorate degree in Health Psychology from Spalding University and completed her internship at Cherokee Health Systems, focusing on behavioral health services within a primary care safety net population. Her post-doctorate was completed at University of Massachusetts Medical School in Primary Care Psychology.

Conflict of Interest Statement and CME

Planners:

The following *planners/speakers have indicated that they have no relevant financial relationships with ineligible companies.

Jennifer Mann, MPH; Allison Brindle, MD; Patricia Flanagan, MD; Susanne Campbell, RN; Carolyn Karner, MBA

Speakers:

Nelly Burdette, PsyD has indicated that she has no relevant financial relationships with ineligible companies

To claim CME, please complete link by October 5, 2022:

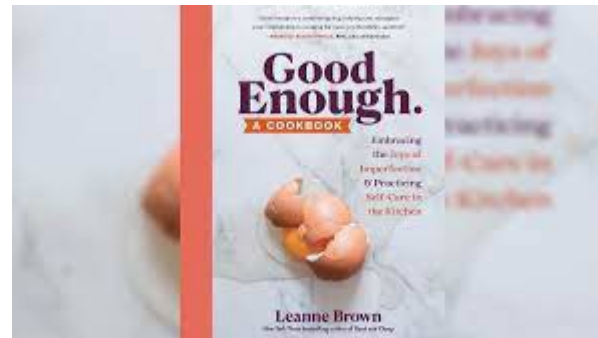
<https://www.surveymonkey.com/r/NFXGP2S>

Objectives

- 1) Identify how a **community** can approach **burnout** from the **pediatrician's perspective**
- 2) Identify ways to **engage community** in **burnout awareness** and **resiliency** in the healthcare sector
- 3) **Apply the learning** to specific situations participants will share and problem solve in break-out groups

What is community?

Group of people with **diverse** characteristics who are linked by **social** ties, share **common perspectives**, and **engage** in **joint action** in geographical locations or settings ³



Note: cookbook approach...will not work because the experience of community differs from one setting to another ³

What are most important elements of community to you?

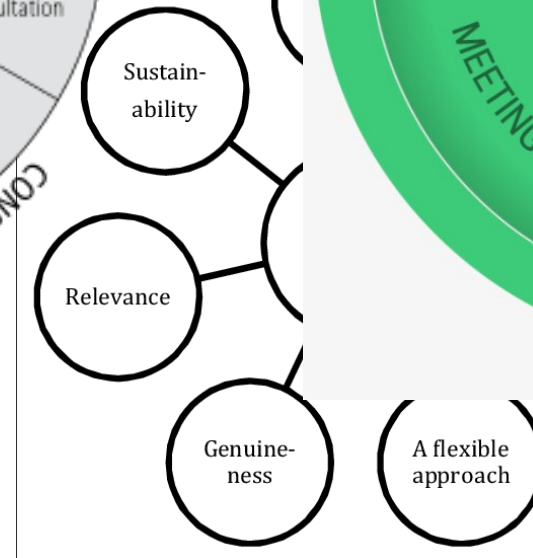
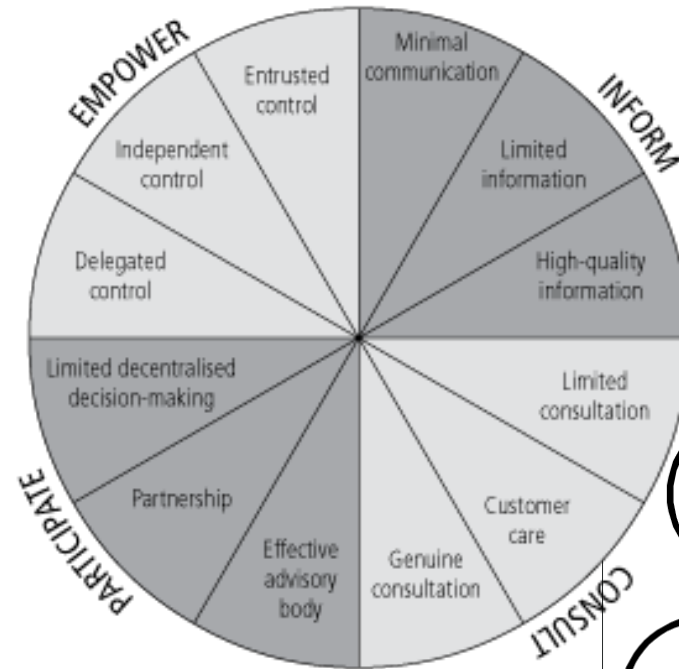
Community Helper Description
Doctor
Write one descriptive word or phrase in each circle.

The worksheet is titled "Community Helper Description" with "Doctor" in a larger font below it. Underneath the title is the instruction "Write one descriptive word or phrase in each circle." In the center is a line drawing of a doctor with curly hair, wearing a white lab coat and a stethoscope. Six empty circles are arranged around the doctor, connected by lines, for writing descriptive words or phrases.

What is community?

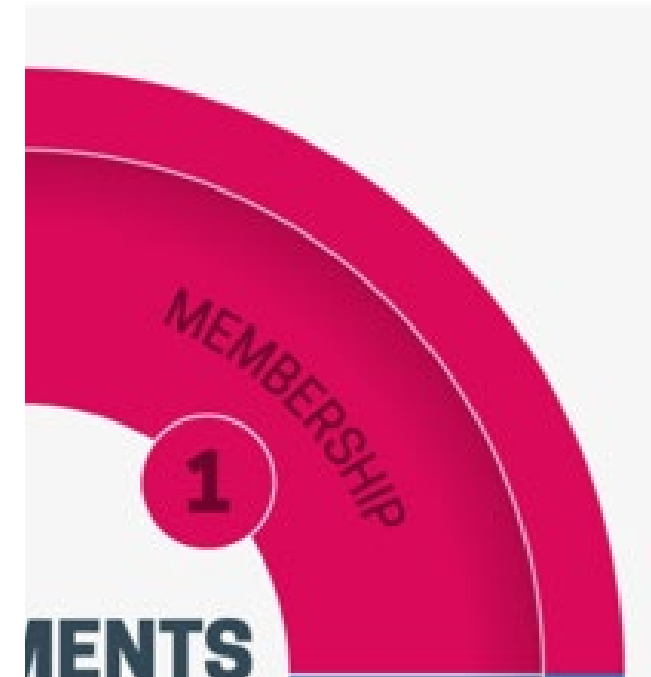
Five elements ³

- Locus
- Sharing
- Joint action
- Social Ties
- Diversity



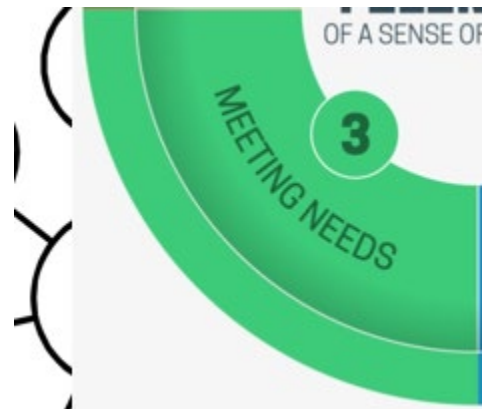
Locus...a sense of place

- Something that could be located and described, denoting a sense of place, locale, or boundaries. ³
- One can be “in” a community physically whether or not one identified as being a member of the community ³



Sharing: Common Interests and Perspectives

Existence of shared perspectives and common interests that contributed to a sense of community ³



- Values, norms, mind-set, viewpoint, ideology, beliefs, visions ³

- Passions, interests, likes and dislikes, opinions, concerns ³

- Activities, goals, objectives ³

Joint Action: Source of Cohesion and Identity

Conscious intent to generate action was not viewed as necessary; rather, joint action was seen as leading naturally to the creation of community³

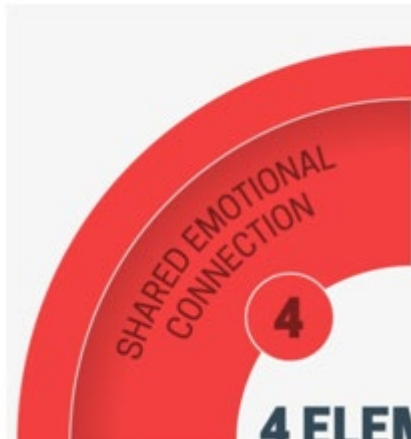


- Watch over, check up on, look out for, keep an eye on each other³
- Get together, do things together, work together, act together, participate, plan, get things done, get inspired, engage in activities, give input, accomplish goals³

Social Ties: Foundation for Community

Interpersonal relationships that form foundation for community³

- Whom they can trust³
- With whom they feel comfortable³
- Who care about each other³



Diversity – not in the usual sense

Social complexity (e.g., communities within communities, stratification, interwoven groups, hidden communities, or multiple levels of community) ³

- Different levels of interaction between people, from the intimate to the superficial ³
- Demographic and social diversity in the form of race, ethnic origin, socioeconomic status ³
- The presence of groups that identified with overlapping or multiple communities ³

How can community approach burnout?

Combat loneliness!

- Loneliness is the **subjective perception** of a **deficit in social connection** vs social isolation is an objective measure based on social network size or frequency of social interactions. ⁸
- Meta-analysis of 70 cohort studies, lonely individuals had a 26% increased likelihood of non-suicide death over a mean follow-up of 7 years.⁴ This association is likely mediated by factors such as hypothalamic-pituitary-adrenocortical activation, impairments in sleep quality, and increases in systolic blood pressure.⁵
- Large cross-sectional studies have linked loneliness to higher rates of anxiety, depression, and suicidal ideation, although the causal direction of this association remains unclear.⁶ In older adults, loneliness and cognitive decline are closely related.^{5 8}

Loneliness and the Pediatrician

- Preliminary research in 2020 sample of physicians illustrated prevalence of loneliness was 43%.⁴
- “Although learning to talk with patients is a part of every medical school curriculum, learning to talk with each other has not been.”²
- “Professional isolation used to be considered an affliction of solo rural physicians. But large buildings in large health systems in big cities are among the loneliest and most alienated places to practice these days.”²

Poll Question

**Please let us know your responses to the
3-item UCLA Loneliness Scale? ⁷**



Poll Question 1

First, how often do you feel that you lack companionship:
Hardly ever, some of the time, or often?

- 1 Hardly Ever
- 2 Some of the Time
- 3 Often



Poll Question 2

How often do you feel left out?

1 Hardly Ever

2 Some of the Time

3 Often



Poll Question 3

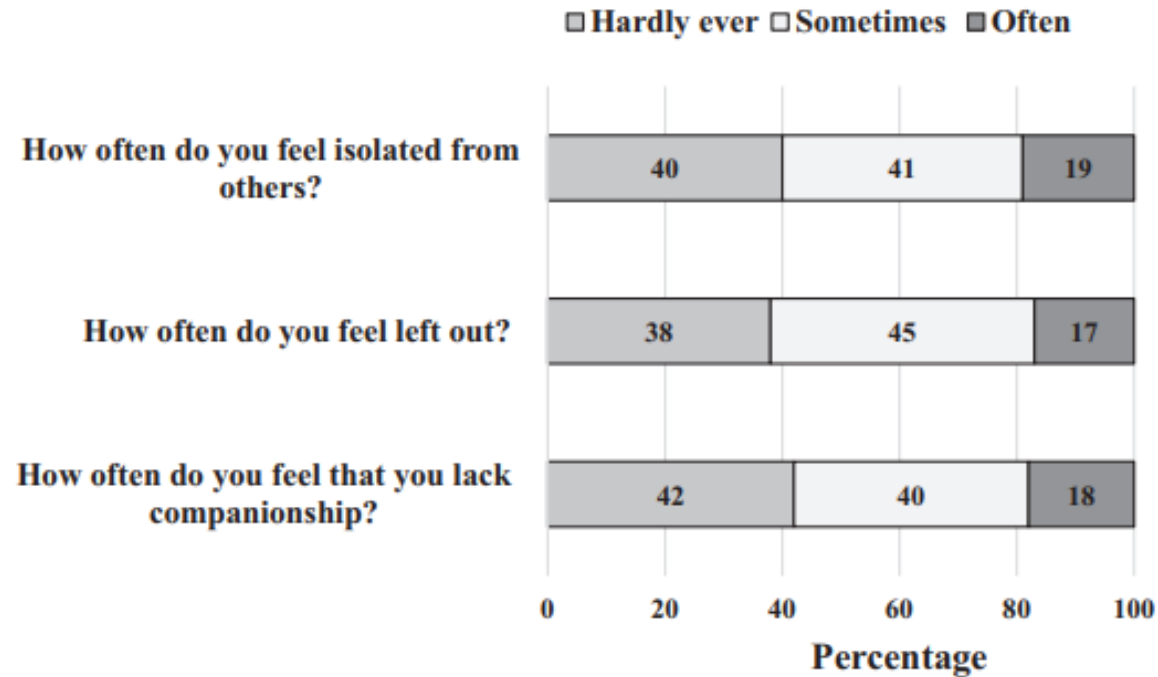
How often do you feel isolated from others?

- 1 Hardly Ever
- 2 Some of the Time
- 3 Often



What happens when you ask national group family medicine providers? ⁵

Figure 1. Percentage of responses to the 3-item University of California, Los Angeles (UCLA) Loneliness Scale



As a standard practice, respondents who had a total score of 6 or above were considered “lonely.”

What happens when you ask family medicine providers about loneliness? ⁵

Table 2. Loneliness, Burnout, Depression, and Fatigue Among Physicians Who Participated in the Study, (n = 401)

Characteristic	All Participants (n = 401)	Female (n = 196)	Male (n = 171)	P value
	N (%)*	N (%)*	N (%)*	
Loneliness				
Mean ± SD	5.3 ± 1.9	5.6 ± 1.9	5.1 ± 1.9	.012
Prevalence of loneliness				
Screened as lonely	165 (44.9)	95 (48.7)	68 (40.5)	.091
Screened as not lonely	202 (55.0)	100 (51.3)	100 (59.5)	.211

Overlapping but distinct phenomena

Physicians who experienced a **greater feeling of loneliness** were **more likely** to report at least 1 manifestation of **burnout**, screen positive for **depression**, and experience a higher degree of **fatigue** than those who experienced a lesser feeling of loneliness. ⁵

Loneliness
Burnout
Depression

Loneliness may **increase vulnerability** to environmental stressors leading to burnout and **social networks and relationships** may help mitigate the negative impacts of burnout. ⁵

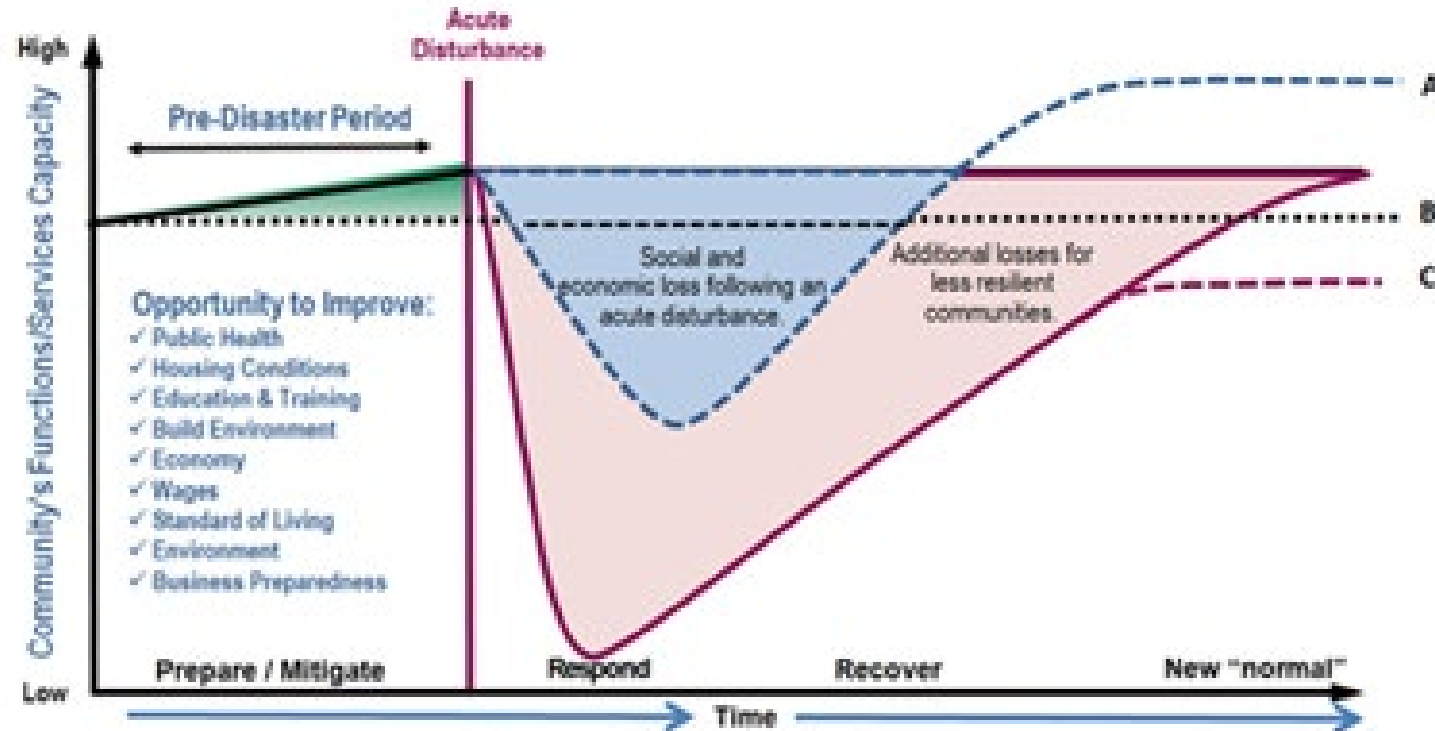
Where do you start to address loneliness?

- A Canadian study found that **increasing social interactions and friendships** among medical students decreases the tendency to experience emotional and physical exhaustion. ⁶
- Another Canadian study found that the **more related physicians** felt to each other, the higher the level of professional well-being, professional satisfaction, and energy in their work. ¹



Defining Community Resilience

Resilience – The ability to anticipate risk, limit impact, and bounce back rapidly in the face of turbulent change.



Ability to quickly return citizens to work, reopen businesses, and restore other essential services needed for a full and swift economic recovery, as a result of pre-disaster mitigation activities.

Model: Dr. Mary Ellen Hynes, PhD (2001), Blair Ross, DMSc, CARRI 2008



Examples of Community

Peer Support for Physicians



Five STEPS to Build a Peer Support Program

1. Make the Case to Leadership that Peer Support Is Essential
2. Decide Which Health Care Team Members Your Program Will Serve
3. Form a Peer Support Team with Strong Communication Skills
4. Train Peer Supporters and Launch the Program
5. Activate Peer Support Interventions and Provide Additional Resources

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A sense of belonging and community can mitigate physician burnout



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Innovations in Care Delivery

ARTICLE | ARTICLE PREVIEW

Combating Clinician Burnout with Community-Building

Improving morale and reducing turnover with peer-support meetings and shared group email lists for clinicians.



Examples of Community

HI Leadership Alliance Help Health Care Health Coalition

- Determine how your organization asks questions related to physician mental health on credentialing applications.
- Identify how your state medical board presently asks questions related to physician mental health on licensing applications.
- Advocate for the recommended non-stigmatizing questions and supportive language to be used among healthcare organizations, state medical boards and insurers.
- Identify and mitigate barriers to physicians seeking mental health care.
- Encourage investments in evidence-based research and interventions that promote and protect physician mental health.



[Join this community here](#)

Examples of Community



ENDING CLINICIAN BURNOUT GLOBAL SUMMIT

September 29, 2022 | 12-3 PM EST
Hear from 6 national healthcare leaders

Jack Resneck Jr.
MD, President of the American Medical Association

Tina Shah
MD, recent Senior Advisor to the US Surgeon General

Tom Jenike
MD, SVP & Chief Well-Being Officer at Novant Health

Kelly Johnson
PhD, RN, NEA-BC, Founder and CEO, Alaka'i Leadership Strategies

Robert Pearl
MD, former Permanente Medical Group CEO

Jonathan Fisher
Moderator
MD, FACC, Co-founder and Chair, Ending Clinician Burnout Global Community

REGISTER TODAY AT
[Bit.ly/ECB2022](https://bit.ly/ECB2022)

<https://endingphysicianburnout.com/>

Break out rooms: What community can you build, or have you built to support resiliency?



If you want to walk fast, walk alone.

If you want to walk far, walk together.

African Proverb

Resources

Center Developing a Peer Support Program in Work Units

- PeerRxMed™ Establish formal peer support by using the free buddy check reminder system, and use quick check-ins (face-to-face, telephone, text, or e-mail) to provide encouragement and reminders. Learn more about partnering with an accountability buddy

ALL IN: WellBeing First for Healthcare is a call to action by #FirstRespondersFirst and The Dr. Lorna Breen Heroes' Foundation as a coalition of leading healthcare organizations committed to taking responsibility for workforce well-being. Our goal is to promote a cultural transformation toward systemic accountability.

workforce.

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Questions? Leadership Team and Contact Info.



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THANK YOU

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