

**ECHO IDAHO**

*Healthcare Vitality*

# Watch your Language: How Idaho is Reducing Mental Health Stigmatization

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J. Edward McEachern, MD  
CMO St Luke's Health Plan

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# Disclosures

- I have no conflicts of interest

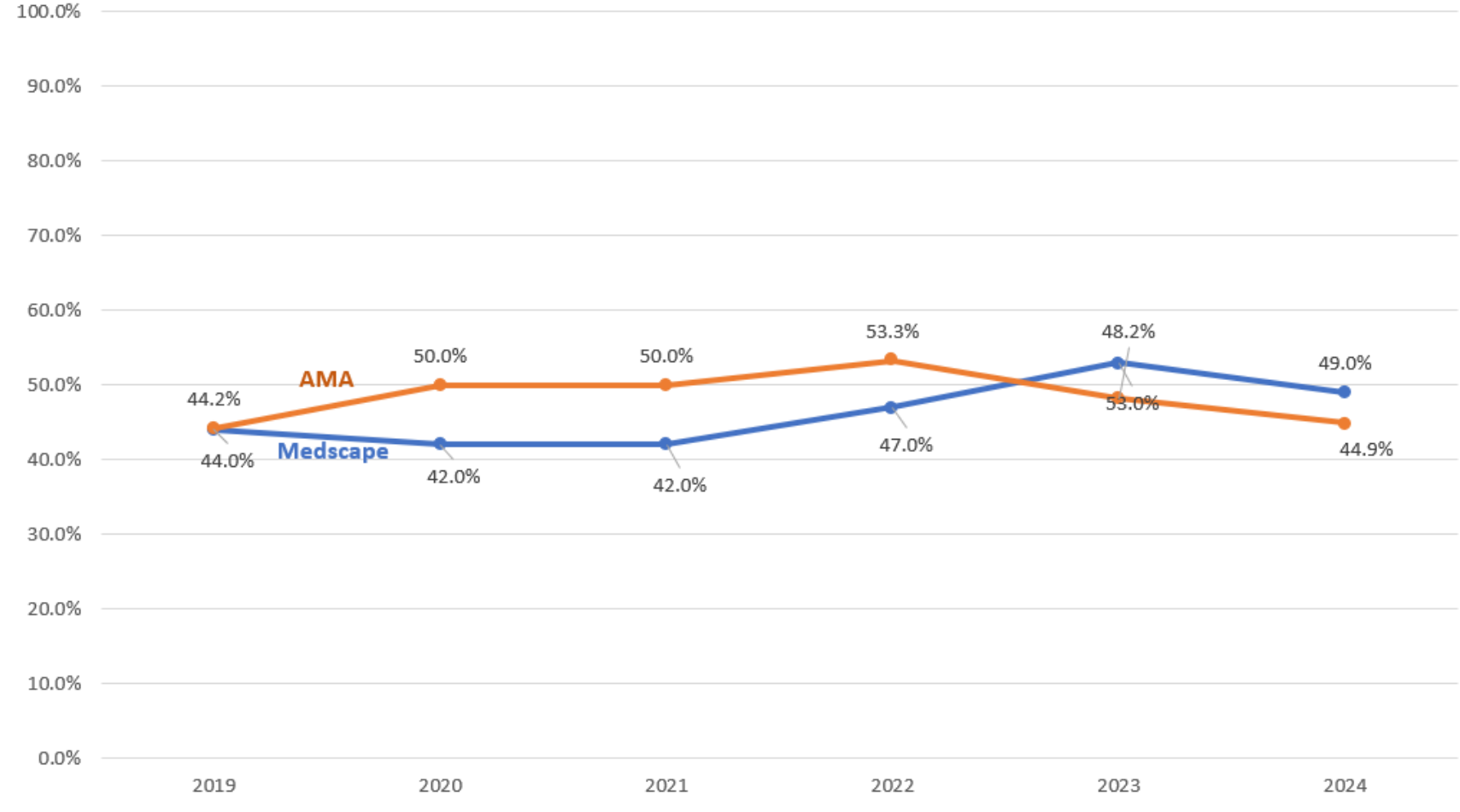
# Learning Objectives

- Burnout is multifactorial and material in its impacts
- The biggest “lever” for action to prevent burnout is addressing its *systematic and organizational* drivers
  - Individual actions address burnout
  - Leader actions address resilience
  - Leaders designing systems to develop high reliability organizations
- There are models for building communities that are resilient and weight bearing that are easy to deploy

# Facts

- 25% physicians say they're likely to leave the practice of medicine in the next 2 years
- Prevalence of burnout in physicians who practices has an Odds Ratio > 2x non-physicians
  - 15% burnout (N.B. 2009 baseline – before HITRUST / EMR's)
  - 13% significant depression
  - 7% diagnosed alcohol abuse
  - 29% divorce
  - 7% suicide risk
- Predictors
  - Surgeon
  - Children 5-21 at home
  - Bills FFS

### Medcape Physician Burnout AMA Physician Burnout



# Consequences

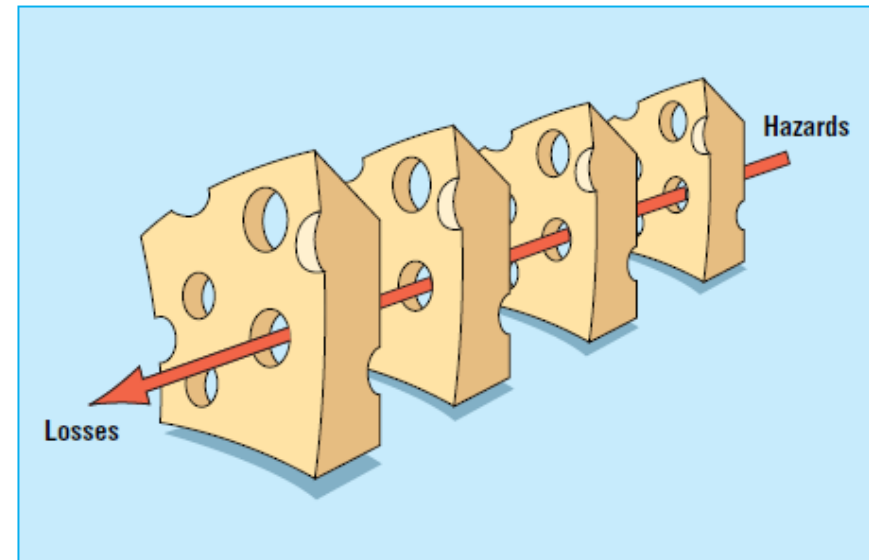
- Increased medical errors
- Decreased productivity
- Decreased patient satisfaction
- Increased Medical Malpractice risks
- Increased personal distress
- Increased suicide
- Increased substance abuse
- Increase divorce

# Interventions that work

- Policy, Systems Design, and Organizational Management Interventions
  - FFS vs VBC care contracts (paid on RVU vs Salary)
  - Systems design and improvement
- Leader Interventions at the Work Unit level:
  - Leadership Engagement
  - Efficiencies in practice of medicine in day-to-day flow
  - Cultivate and create autonomy
  - Cultivate and create meaning in work
  - Team-based support where they work
- Individual Interventions
  - Self-awareness
  - Reflection
  - Mindfulness training

# Design of Systems to address Latent Conditions failures

- Systems errors occur when skills / behaviors / knowledge are insufficient to meet the task at hand
- ..Strategic decisions that are made by designers, builders, procedure writers, managers that introduce “pathogens” into the system ... resulting in...
- Fatigue, high task burden, decreased automation...and
- Long-lasting holes / weaknesses in error defenses that may take years to discover and correct.



The Swiss cheese model of how defences, barriers, and safeguards may be penetrated by an accident trajectory



# Leadership actions at the work unit

## Work Process Design and Facilitation

- Process Mastery
- Facilitative leadership
- Work environment custodianship
- Teamwork
- Sense – making
- Culture of Learning
- Relationship Infrastructure
- Trust and Psychological Safety

## System of Worker-Leader Engagement

- Treats me w/ Dignity & Respect
- Career Development convos
- Opportunities for Development
- Inspires me to do my best
- Encourages me
- Gives me Feedback and Recognition
- Informed

Descriptive statistics by burnout group and multivariable odds ratios of being a zero-burnout practice among EvidenceNOW practices, by adaptive reserve practice culture measures, 2017

Measures	Agree or strongly agree (%)		Odds ratio	95% CI
	Zero-burnout practices	High-burnout practices		
<b>FACILITATIVE LEADERSHIP</b>				
Practice leadership promotes an environment that is an enjoyable place to work	86.7	48.5	6.36	4.68, 8.63
Leadership in this practice creates an environment where things can be accomplished	86.1	49.6	5.90	4.41, 7.90
<b>WORK ENVIRONMENT</b>				
This practice is a place of joy and hope	78.7	36.1	5.60	4.11, 7.64
Most of the people who work in our practice seem to enjoy their work	86.2	47.5	5.26	3.87, 7.13
<b>TEAMWORK</b>				
People in this practice operate as a real team	83.7	49.7	4.16	3.01, 5.75
I have many opportunities to grow in my work	76.6	48.7	3.00	2.35, 3.84
<b>SENSEMAKING</b>				
When we experience a problem in the practice, we make a serious effort to figure out what's really going on	86.7	60.6	3.49	2.64, 4.61
<b>CULTURE OF LEARNING</b>				
This practice learns from its mistakes	85.0	56.2	3.70	2.83, 4.84
Mistakes have led to positive changes here	77.5	53.9	2.65	2.05, 3.43
<b>RELATIONSHIP INFRASTRUCTURE</b>				
Difficult problems are solved through face-to-face discussions in this practice	77.9	44.6	3.39	2.65, 4.33
I can rely on the other people in this practice to do their jobs well	84.0	56.7	3.21	2.33, 4.43
After trying something new, we take time to think about how it worked	77.5	48.6	3.10	2.51, 3.84
We regularly take time to reflect on how we do things	68.9	41.2	2.86	2.22, 3.67
People at all levels in this office openly talk about what is and isn't working	81.2	59.5	2.48	1.94, 3.18
<b>PSYCHOLOGICAL SAFETY</b>				
Members of this practice are able to bring up problems and tough issues	80.1	48.9	3.18	2.50, 4.03

# A System of Leadership Engagement

**TABLE 1. Items Evaluating Physician Opinion of the Leadership Qualities of Their Immediate Physician Supervisor**

*To what extent do you agree or disagree with each of the following statements about (name of immediate supervisor)?*

Holds career development conversations with me<sup>a</sup>

Inspires me to do my best<sup>a</sup>

Empowers me to do my job<sup>a</sup>

Is interested in my opinion<sup>a</sup>

Encourages employees to suggest ideas for improvement<sup>a</sup>

Treats me with respect and dignity<sup>a</sup>

Provides helpful feedback and coaching on my performance<sup>a</sup>

Recognizes me for a job well done<sup>a</sup>

Keeps me informed about changes taking place at Mayo Clinic<sup>a</sup>

Encourages me to develop my talents and skills<sup>a</sup>

I would recommend working for (name of immediate supervisor)<sup>a</sup>

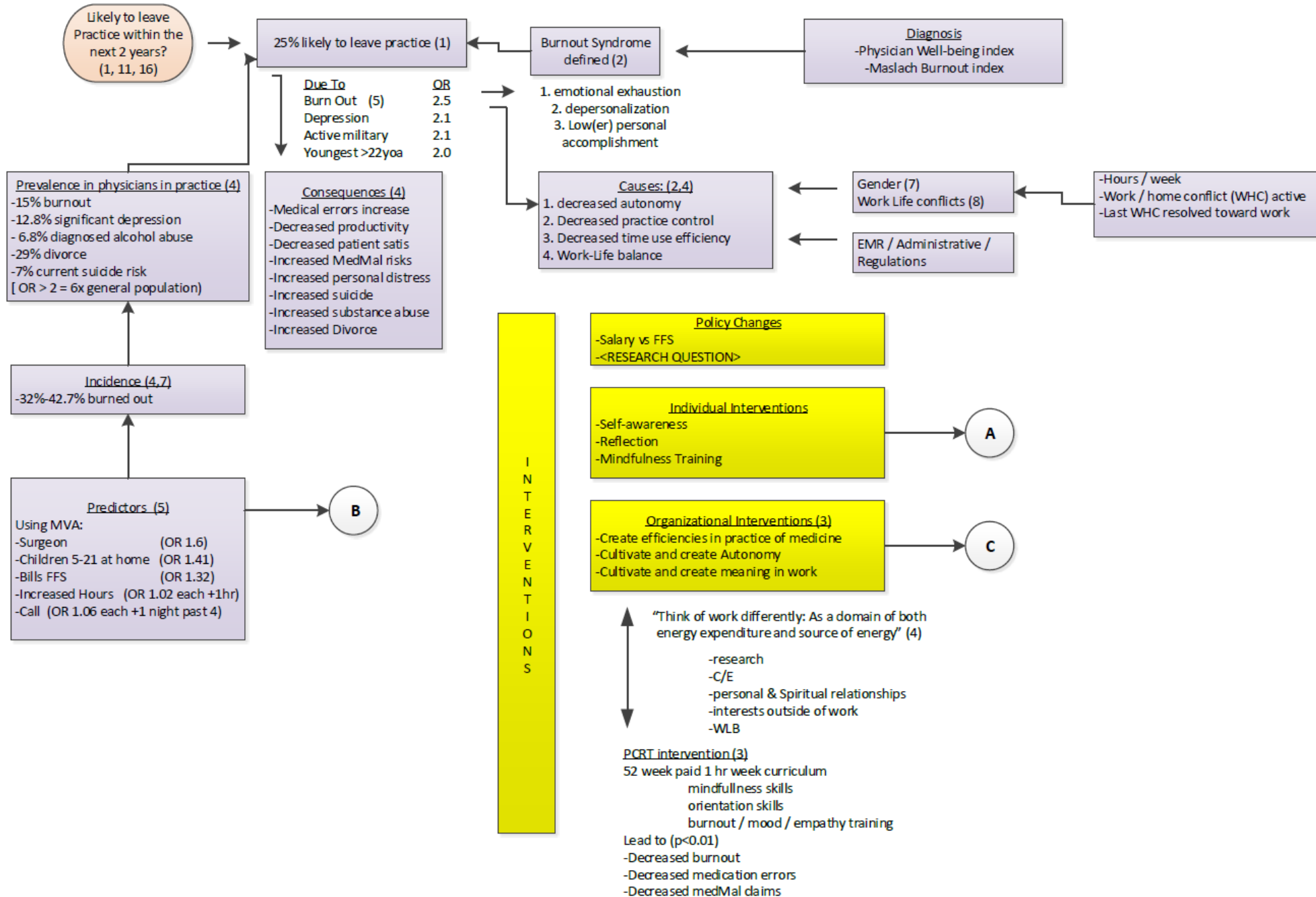
Overall, how satisfied are you with (name of immediate supervisor)<sup>b</sup>

# “I listened and I cared”



**Figure 1** Diagram showing the 3 elements of the Wellness-Centered Leadership model.

# Physician Resilience Literature Review



A

Individual Strategies Literature

- Women (> men), high time in patient care, high burnout score usually quit (16)
- Resilience training decreases burnout (17)
- Reframe “doctoring to heal” (18)

C

Organizational Strategies Literature

- PRCT 19 bi-weekly 60 min paid facilitated phys gps with mindfulness, reflection, sharing experiences, small group learning resulted in increased meaning engagement, and decreased depression lasting 12 months after classes quit (15)
- Medical School teach colleague connections; redesign PCP workflow has + outcome (17)
- Leadership selection and cultural competency predicts ( $p < 0.01$ ) physician resilience (19)

B

Predictors and Identification Literature

- Academic < non-academic practitioner (8,9)
- Maslach score +1 (vs public) = specialty; WLB (10)
- Two MD families experience burnout significantly higher than 1 MD families ( $P < 0.0001$ ) (12)
- Biggest predictor of burnout was decreased number of minutes awake with physician spouse each day (dose response effect) (see Table 4) (13)
- MVA = 2 MD partners experience burnout at a logarithmic exponential rate (vs 1 MD) and related to hours worked (14)

# Key Points

- Burnout is real
- There is a lot known about resilience and burnout, its causes, and remedies
  - Leaders design systems for high reliability
  - Leaders are process masters and engage workers
  - Individuals take care of their own needs
- Building resilient communities is a critical building block for support
- A large literature supports this work

# References

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# Idaho Physicians Wellness Action Collaborative

- Spring 2018 Rediscovering Meaning in our Work Symposium
- Fall 2018 – first meeting of IPWAC
  - Compassionate Communities Climate collaboration formed 2019
  - 2018 -2022 Prior Authorizations decreased by 1/3 and synchronized
  - 2022-23 Changed the credentialing language at payors, health systems and DOPL to be c/w Lorna Breen foundation language
    - See [Home - Dr. Lorna Breen Heroes Foundation](#)
  - “Two years post Dobbs” report released in 11/2023
  - October 2024 John Paul Lederach Seminar held
  - Fall 2024 – ongoing: Oncology PA work with plans and providers
  - Winter 2025 – ongoing: PANS / PANDA collaboration with the DOI

# How do you do this?

- Start with who you know
- Cultivate a circle of friends
- Embrace Spontaneity
- Reach out to “unlikely Friends”
- Stay curious!

# Quick Reads

- [Burnout isn't due to resiliency deficit. It's still a system issue. | American Medical Association](#)
- [Resilience and Burnout Among Physicians and the General US Working Population | Professional Well-being | JAMA Network Open | JAMA Network](#)

# Contacts

[Edward McEachern](#)

[mceachee@slhs.org](mailto:mceachee@slhs.org)

Cell: 208-841-1808