

Q&A: Boosting communication to cut doctors' information overload

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As COVID-19 was declared a pandemic, AMA member Heather Schmidt, DO, was transitioning into her role as system medical director of Healthy Work and Well-being at SSM Health, a Catholic health system with 23 hospitals across four states. Dr. Schmidt started focusing on physician burnout two years prior, but addressing well-being during the pandemic required a shift in those plans.

While her official title is system medical director of Healthy Work and Well-being, Dr. Schmidt performs similar duties to a chief wellness officer. Reporting directly to the chief clinical officer, she has designated time to complete her work around physician burnout and well-being. In particular, she has helped establish employee well-being as a key performance indicator at SSM Health for 2021.

During a recent interview, Dr. Schmidt discussed how she transitioned into her new role during the pandemic and how she continues to keep physician well-being top of mind.

AMA: How was the shift to your new role of system medical director during the pandemic?

Dr. Schmidt: It's interesting because it has been such an amazing learning journey. After joining the organization in 2018 and just meeting people along the way—it all fell into place very nicely. We had been doing this work pre COVID with the goal of designing our overall well-being strategy. As part of that process, we had been doing interviews regarding wellness offerings at a variety of our ministries, so I was able to meet people from different disciplines across the organization.

That actually really made it so much easier once COVID hit because when COVID really started, we already had this network that we were able to stand up very quickly as a steering committee to guide the work. Everything happens for a reason—not that COVID would be anything I'd ever say should happen—but I feel that all of that foundational work we had been doing really helped with the process of making this work move much more quickly.

AMA: What were those foundational processes that you had in place prior to COVID-19?

Dr. Schmidt: We had partnered in the summer of 2019 with the Harvard Lifespan Research Foundation, and we had been working with them to develop our well-being strategy, guided by the Harvard Study of Adult Development, which is a long-standing study on what leads to health and happiness. And, CliffsNotes, it's all about relationships.

But we had been working with them to gather data by using a very organic interactive survey to hear the voice of our employees as to what well-being looks like here at SSM Health—what we could be doing, what they were already doing, what had worked and what hadn't as well as whether people were individually working on their own well-being in any way outside of work.

What we learned is that everybody was in varying stages of wellness work. We are blessed to have a very robust health plan, and they have an amazing wellness platform and program—they had a lot of resources available that not everyone knew about. Across the organization, we had everything from peer support in some areas to exciting things happening in our hospital cafeterias. We had some different food nutrition initiatives, some areas had an exercise programs or gym reimbursements, but not everybody did. There just wasn't a very systematic approach to wellness programming. That foundational work was trying to figure out where were we so that we could make it better.

AMA: Then with the pandemic, did you have to re-evaluate what you offered for well-being resources?

Dr. Schmidt: When COVID came about, we shifted to basic needs and started thinking about Maslow's Hierarchy of Needs. Leadership had been working hard to meet those basic needs: How do we help support people with housing? How do we keep them safe? How do we make sure that we're messaging and transparently communicating so that everybody knows what's happening?

The Incident Command process was set up to ensure regular communication so that everybody knew what was going on. Everybody knew, from a safety perspective, what to expect, where we were, what we needed to do—much like every other health care organization. While leadership focused on those basic needs, from a wellness perspective we knew we really needed to ensure we had support available in a variety of ways such as one-on-one support through our employee assistance program (EAP), leaning on our internal behavioral health professionals and making sure we had both group and family support available too.

A subcommittee of behavioral health experts from across the organization gathered to creatively try to think about how we could do this because we knew we needed to be able to respond quickly. In some of our ministries, we had behavioral health specialists rounding or at the huddle boards when they could be there safely. We also had behavioral health specialists stationed outside of COVID units, in our emergency departments and ICU, just making sure that people knew they were present.

We also used “lavender carts” as a way to bring healthy snacks, beverages, resources, EAP information and spiritual support so people knew that somebody was there. It was about really trying to be as proactive and present as possible. We built a site full of more individual well-being resources that employees could access from work and home.

At the beginning of all of this, there was a wealth of resources out there, but it was very overwhelming. How do you curate those and deliver them in a bite-sized way so that people can actually digest them versus being completely overwhelmed? There are just too many things here to choose from and not enough time to access them all.

AMA: What were the results of the [AMA Coping with COVID-19 survey](#)?

Dr. Schmidt: It was pretty comparable to the benchmarks. We had some areas where we were doing a little better than benchmarks and some areas where we weren't. The stress and anxiety levels were really high and nearly 50% of those surveyed were experiencing symptoms of burnout. The depression and anxiety statistics are always what worry me because that's not just a sign of stress—it's now becoming a diagnosable condition. We didn't survey the entire organization. We opted to survey a ministry that had been highly impacted by COVID, a ministry that had been moderately impacted and one that had been minimally impacted. But across the board, the numbers were very similar.

AMA: How do you then get more people to recognize or know where these resources are?

Dr. Schmidt: What was great is that the AMA Coping with COVID-19 survey showed us that we needed to lean in and do more. Over the summer, and as numbers were maybe not quite as bad, we recognized that this needs to be an organizational priority. Our board agreed that employee well-being really needs to be one of our key performance indicators.

As that was coming about, we were like, “Well, how do we measure this? How do we know we're truly making an impact?” We decided to partner with the Mayo Well-being Index. There are a lot of organizations that use that tool to help measure well-being and it is so important to make sure the tool used is a validated tool, much like the Mini Z and the AMA COVID survey.

But, as far as we know, other organizations hadn't used it in this way before. They would use it once

or maybe twice a year. We're actually doing quarterly reassessments. We want people to use this tool much like a bathroom scale or a blood pressure cuff. We are really working to increase awareness because, historically, as health care providers, we're not very self-aware. We like to think we're doing just fine, when in fact we might not be doing as fine as we think we are.

We're really working to address mental health stigma and working to increase self-awareness through using the well-being index tool. We have also developed a tool based on the "mental health continuum model" that we're calling the "mental well-being check". It's a visual reminder that mental health is based on a continuum and helps to get rid of that whole idea of being mentally fine or mentally ill. The goal is to encourage people to say, "Hey, you know what, I'm in the yellow zone. I'm struggling. I can reach out now. I don't have to wait until I'm in crisis (or in the red)."

Since well-being has become a key performance indicator for the organization, and this is something that we're actually held accountable for just like safety and quality outcomes, we have been working to cascade this message and really get it to our front line through our performance improvement boards, through our leadership meetings, and our department meetings to get people to understand that this is a priority. This has to be part of our daily conversation and it needs to be part of our daily work because if our employees don't know that it's not OK to be not OK, then we are not going to be able to move the needle.

AMA: What does your outlook for the next year look like for physician well-being?

Dr. Schmidt: One of my favorite mathematical equations that I've learned from one of my psychiatry partners at Harvard Lifespan Research Foundation is: support over stress equals resilience [Support/Stress = Resilience]. Recognizing that we are all, in health care, inherently resilient. You wouldn't be in health care if you weren't resilient, but it's a ratio and we are also human. When stress levels are going up and support doesn't change, resiliency or that ability to maintain resilience will go down.

We are looking to build as much support as we possibly can. Whether that's social support, emotional support, or operational support. One example of an intervention to offer social and emotional support is hosting "Schwartz Rounds". We have partnered with the Schwartz Center for Compassionate Care to offer both in-person and virtual sessions. Initially, we offered system-wide "drop in" virtual Schwartz Rounds. Now we are getting a little more specific. We are doing unit-based Schwartz rounds, specifically in our post-acute space, monthly with their teams. It is amazing to virtually connect with those who are doing very difficult work going into people's homes. We are looking at ways to continue to expand our unit-based Schwartz rounds. One of my leaders in that area is looking to take it from just a few smaller teams in Wisconsin to across the system.

We are also working with Volunteers of America. They have a program called Rest, which stands for "resilience strength time," and it's based on the work they have done with veterans regarding moral

injury. It's a fascinating program. It's a small group in a virtual setting led by a trained facilitator to talk about that social, emotional aspect of health care. We are working towards adding this to our Graduate Nurse Residency program for our early career nursing group. It will be cool to see because our nurses have been so significantly impacted by the pandemic.

At the core of everything we're doing, it is making sure people feel heard, making sure we communicate that back and making sure that relationships are key. When you can tie individual values to an organization's values and they align, then that is a huge effort towards preventing burnout.