Formation in the Physician Practice

New Model Renews the Call to Heal

BY BRIAN O'TOOLE, Ph.D. and MICHAEL W. DOYLE, M.Div.

Like many other Catholic health care organizations, Mercy Health (formerly the Sisters of Mercy Health System) has historically focused its mission integration efforts in the hospital setting. In a hospital-centric model of care, that made sense. The hospital is where physicians, clinical and support staff and patients come together under one roof. Formation efforts were naturally centered there.

Today, as Mercy redefines its care delivery model, physician and administrative leaders are focused on the relationships between hospitals and physician offices throughout the service area. Since 1990, Mercy has maintained a steady approach to physician integration, building a robust network of multispecialty practices. It is in these locations that formational learning has been largely absent in the past.

That is currently changing throughout the Mercy health ministry. Mercy is rolling out an ambitious program aimed at offering formation opportunities at all physician practices over the next two years.

RECOGNIZING A NEED

Statistics show that the setting of the physician practice is where most provider-patient contact occurs. Our research shows that while 95 percent of Mercy patients will never spend a night in a hospital, most will visit a doctor's office up to three times a year. Over the course of a lifetime, most people will make many trips to see a physician.

Realizing the growing amount of care provided in the physician practice setting (which Mercy now calls "clinics"), Mercy leadership recognized the need to provide formation for clinic physicians and staffs. In March 2010, Mercy initiated a pilot project in seven of the system's 360 clinics. In January 2011, based on the pilot's findings, a second set of sessions reached a new round of 34 clinics scattered over several geographic regions.

With both positive and constructive responses from physicians and staff fueling the momentum, plans are in place to continue building upon this important initiative and designing a model of clinic formation that will grow and continue to serve Mercy for many years to come. Key objectives include developing meaningful and applicable formation experiences which can be delivered monthly by specially trained formation facilitators under the guidance of the local mission leader. The goal is to fully integrate formation into the culture of the physician practice.

HOW THE INITIATIVE TOOK SHAPE

In early 2010, Mercy's executive director of mission and physician practices led an initiative with

Mercy Health (formerly Sisters of Mercy Health System) is an integrated health system that includes 28 hospitals, two designated children's hospitals, 1,500 physicians, outpatient facilities and outreach ministries in a seven-state region comprising Missouri, Oklahoma, Kansas, Arkansas, Louisiana, Texas and Mississippi.

local mission leaders in three regions by inviting seven clinics to be part of a pilot project. Three of the physician practices were in the St. Louis area, two were in northwest Arkansas and two were located in Oklahoma City. The pilot would offer formation for physicians and their staffs.

The executive director collaborated with physician leaders and clinic managers in developing six consecutive monthly sessions, each between 30 and 60 minutes in length (no longer), to be scheduled at a time that suited the hectic schedules of most practices and the limited meeting time available. It was important that the scheduling didn't result in costs to the clinic, and the invitations pledged that the sessions would honor the physicians' time and offer meaningful content that would be directly applicable to their practices.

The response was positive from the outset. Each of the seven clinics accepted the invitation; some held their sessions during early morning hours before the clinics opened, others used the lunch period. Accompanied by a Mercy sister involved in mission, the executive director traveled to each St. Louis location to conduct the meetings, while mission leaders from Oklahoma City and northwest Arkansas facilitated sessions in their areas.

The project was designed to connect the doctors and their staffs to their calling and commitment to the healing profession, as well as to deepen their awareness of serving in a healing ministry. The initial session included a short video describing Catherine McAuley's founding of the Sisters of Mercy to minister to the underserved of 19th-century Dublin. Participants discussed Catholic Christian identity, along with Mercy's mission and values.

Participants often got into animated exchanges during discussion of integrating Mercy's mission and values into the patient experience and practice of care. It became clear that staff and physicians valued the opportunity to talk about these issues, and they enjoyed sharing their thoughts. The question, "Why are

you in a healing profession?" generated a great deal of reflection and response, as did discussion about each individual's decision to serve in a faith-based organization. The sessions also allowed coworkers to acknowledge the importance of mission and its role in the clinical environment.

The overall response proved to the mission leaders they were on to something that would fill an important need in the clinics, and pre- and post-assessment feedback helped mission leadership as they continued to tweak and develop program content, process and structure.

EXPANDING THE FORMATION TEAM

The next stage of the pilot began in January 2011 in 34 clinics located throughout Mercy, and it used local facilitators who agreed to be trained and participate in formation. A mission leader and the designated facilitator-in-training led four 30- to 60-minute foundational sessions for each practice.

Following the pilot, mission leaders and clinic leaders agreed to a two-year implementation plan with the goal of providing monthly formation sessions. The local formation facilitator will lead these monthly meetings, with training and curriculum support from the local mission leader to include small group sessions (as in the pilot) as well as special activities such as Mercy Day celebrations, an annual blessing of hands ritual, visits by Sisters of Mercy or activities around spirituality, pastoral care or ethics.

As part of the overall plan to help sustain and support the formation experience, mission leaders also plan to conduct regular 15-minute sessions with clinic managers at their monthly meetings. Vice-presidents and directors will go through 18 months of curriculum-based advanced formation, and clinic boards agreed to participate in 30 minutes of formation each quarter.

THE IMPORTANCE OF LEADERSHIP SUPPORT

While the planning for the pilot was underway, support from key Mercy leaders was critical to the initiative. Meetings were held with each of the Mercy clinic boards (representing the multispecialty physician organization) and with the senior executives of Mercy, which includes physician leaders.

The groups embraced the concept for many reasons. One key reason revolved around the increasing number of physicians who are becoming integrated Mercy doctors. For these caregivers, formation highlights Mercy as a faith-based health care ministry connecting physicians with the healing profession in a meaningful way. From the perspective of Mercy leadership, it gives an important message to doctors who are interested in joining the health system. It differentiates Mercy and calls each physician to examine his or her own calling to the healing ministry. It focuses attention on the culture of compassionate care and exceptional service that Mercy aspires to model and promote.

WHAT ABOUT PHYSICIAN RESPONSE?

James Dixson, MD, is president of Primary Care Mercy Physicians, the Mercy organization that oversees the system's physician groups and practices in Oklahoma. He is a champion for the formation program. He believes Mercy physicians must share a common commitment to the mission and values of the Mercy tradition, and that the program engages them in a way that encourages valuable reflection on why they became doctors in the first place.

He points out that for many physicians who have been with Mercy for years, formation is not a foreign concept. Mercy has always been very deliberate in making sure its doctors know the culture of the organization. As a result, these provid-

DEFINING TERMS FOR FORMATION PARTICIPANTS

Physicians and other coworkers who are new to Mercy are encouraged first to embrace their call to the healing profession. Then they are introduced to the heritage that began with the Sisters of Mercy, and they are invited to explore the implications of being part of the healing ministry of Jesus. These are the key concepts of formation, which are foundational to the Mercy culture.

During formation sessions, discussions focused on the healing profession have been well received and foster a respect for the diversity among physicians and others who work in Mercy clinics. Many coworkers in Mercy's physician practices are not Catholic, and they may not be familiar with certain terms such as mission and formation.

Here's how Mercy formation leaders define these terms:

Mission: the driving philosophy and purpose behind the ministry of all Mercy coworkers. Mercy's mission is contained in a simple, yet powerful statement: "As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through compassionate care and exceptional service."

Formation: an ongoing process that develops the knowledge, skills and behaviors consistent with Catholic/Christian and Mercy identity and that fosters growth in and commitment to the mission and values of Mercy.

ers are very comfortable and familiar with prayer in meetings, with the Catholic identity of the ministry and with the Mercy mission and values.

"Overall, we have had no pushback from physicians so far," Dixson said. "This is not mandatory for them. But no one has refused. We have spent a lot of time orienting our physicians to the importance of formation over the years, and they are aware of how important this is."

He notes that a new challenge may lie with the physicians coming onboard with Mercy now and in the future — those who have not been oriented over time to the Mercy tradition in a more structured, formational sense. But the value of the sessions will be emphasized with them, and their openness and response will be key in determining their fit with the Mercy culture.

What's in it for physicians? Dixson says the formation provides them and their staffs an increased grounding in the tradition of the Sisters of Mercy and their religious calling to serve where there is a need in the community. As a result, "this increases physicians' sensitivity to their jobs, their patients and their coworkers. It makes physicians realize it's not about business, but about relationships and people."

Dixson is excited about this initiative for the clinics because it "allows for an ongoing process of continuing orientation" for doctors and their staffs — continuing what they were presented in their new coworker orientation sessions when they signed on with Mercy. It expands on that by integrating it more deeply into the clinical environment.

CHALLENGES REMAIN AS THE PROGRAM DEVELOPS

While this formation initiative is proving to be an exciting venture that is already reaping many benefits for Mercy physicians, coworkers and, ultimately, patients, it is not without challenges. The sheer size of the Mercy health ministry is a factor. This is not an initiative that will be entirely accomplished in a short time frame.

Mission leaders recently met to finalize a two-year implementation strategy that will allow for steady progress toward reaching all of the clinics. This two-year plan is a top priority for the mission vice presidents throughout the system.

Another challenge will be selecting the right individuals to be part of the formation facilitator team. Facilitators will need to be carefully identified and trained. Competencies for these leaders will be evaluated, and selection will be challenging. The plan outlines a process that includes selection criteria, training and development and curriculum development. It also provides for the following: oversight and ongoing support by the mission leader or an advanced formation graduate who has agreed to "adopt" a clinic; accountability; non-monetary rewards and recognition for the formation facilitator. Part of the plan also involves developing metrics to assess the value of formation to the participant and its contribution to the culture of each clinic and to patient care.

THE CHANGING ROLE OF THE MISSION LEADER

The implementation of this new formation model requires a change in the role of the mission leader.

Historically, mission leaders did a majority of their work in the hospital setting. While they will continue to do formation within hospitals, mission leaders will not only be leading formation experiences, they will be training, supporting and holding others accountable to do it with them as partners in ministry. Across Mercy, mission leaders are embracing this innovative approach to reaching physicians and coworkers in clinics who play a key role in Mercy's new model of care.

This new formation initiative within the physician practices is inviting mission leaders to re-imagine their role in new and effective ways that respond to the changing landscape of modern health care.

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WHAT MERCY LOOKS FOR IN A FORMATION FACILITATOR

Individuals chosen for the vital role of formation facilitator in Mercy physician practices will be selected based on the following:

- They show a strong commitment to living out the Mercy mission and values, and they must be able to articulate the attributes of the Mercy culture.
- They possess a personal spirituality that respects the faith experiences of others.
- They demonstrate or can learn good interpersonal communications skills and facilitation skills, including the ability to be a good listener and a knowledge of group dynamics.

Facilitators will be interviewed and trained by local mission leaders.

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