

Integrating Mission Into Physician Practices

By MICHAEL W. DOYLE, MDiv

Formation is an ongoing process of learning and exploration. It contributes to the development of our knowledge, brings us to a deeper understanding of our call and commitment to the healing profession and gives us a deeper awareness of serving in a faith-based healing ministry. Because formation has a positive impact on patient care and on our work life with colleagues, Mercy's strategic formation program has taken on significant meaning throughout the health ministry.

Our Mercy Clinic physician practice formation initiative has given me a special appreciation for our physicians' commitment and contribution to our mission and ministry. Mercy Clinic is a new model of care delivery, one that recognizes the important role of the physician practice as the place most patients first encounter Mercy care. There are more than 2,100 medical providers and 670 physician practices in Mercy Clinic's integrated multispecialty physician group, delivering health services in Missouri, Arkansas, Kansas and Oklahoma. The organizational structure is physician-led and professionally managed, and through the Mercy Clinic Leadership Council, these physician and clinic leaders meet monthly

to review strategic initiatives, quality performance measures, assessments of physician and co-worker engagement and patient satisfaction and standards of operational excellence.

Physicians are partners in mission. Currently, providers and co-worker care teams serving in more than 480 Mercy Clinic physician practices are engaging in formation to help integrate the Mercy heritage, mission, values and charism into the culture of care. Physician leaders have been an integral part of developing the formation strategy from the beginning, more than three years ago. We chose physician and clinic leaders for their input and feedback, then selected physician practice sites to pilot a number of formation sessions.

This learning experience helped define the goals and purpose of our physician practice formation, desired outcomes and the content of foundational sessions. Clinic formation begins with four foundational sessions followed by ongoing programs led by a local clinic facilitator. The ongoing formation curriculum includes small group discussions with training and planning resources; activities and events. Annual

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assessment is built into the program to ensure participants have a quality experience.

FOUNDATION

The four foundational sessions give teams of providers and staff the opportunity to come together monthly and discuss topics related to their clinic practice experience. Each session has a theme, and a facilitator's guide with curriculum content that serves as a resource for group reflection and discussion. The session of 30-45 minutes takes place within the clinic during the early morning or at the noon hour, or the session is adapted for a retreat format.

The four sessions are:

- The Healing Profession — The call and commitment to the healing profession
- The Healing Ministry — We participate in a faith-based healing ministry
- The Meaning of Mercy — Our mission to offer compassionate care and exceptional service
- Living the Mercy Spirit/Right Relationship — We positively influence work life and patient care

A number of physicians helped guide content development. Their input during pilot sessions, for example, underscored the reality of the diverse faith and cultural backgrounds of our providers and staff. Their observations helped us understand an important part of the formation purpose and process, and it led us to include in our definition of the words, "Formation draws upon the contribution of our diverse cultural and faith experience as we learn together the meaning of Mercy."

Sandeep Rohatgi, MD, a children's primary care physician in St. Louis and an early participant in clinic formation, suggested that we recognize the common vocation of the healing profession shared by all who serve in health care. He encouraged us to highlight this theme as a way of beginning our formation sessions. Thanks to Rohatgi's input, "The Healing Profession" is the first topic in our foundational series, and the video created for it, "The Call to the Healing Profession," features three physician leaders talking about why they chose health care as a profession and how the mission of Mercy has influenced their practice of care. We use the video during the first formation

session to encourage participants to share their own stories.

Raymond Weick, MD, a family medicine physician and Mercy Clinic board member, opens the video with a story of how the experience of dealing with his grandmother's cancer inspired him to go into health care. His story represents the personal way in which we encounter illness and how this experience can deeply influence our lives.

"The healing profession is why most of us are physicians today," says James Dixon, MD, another of the physicians featured in the video. Dixon, president of the primary care division of Mercy Clinic in Oklahoma, refers to a core belief about our mission in Catholic health care when he says, "We have to frame what we do within the healing ministry of Jesus."

After watching the video, many clinic formation participants tell us they find particular meaning in a remark by David Barbe, MD, a physician

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— DAVID BARBE, MD

who practices family medicine in the rural community of Mountain Grove, Mo. "People don't care how much you know until they know how much you care," he says.

HEALING MINISTRY

From the topic, "The Healing Profession," the formation sessions move on to explore the meaning of healing and providing care within a faith-based ministry. Personal stories of healing encounters with patients and their physical, spiritual and emotional health become an inspiring resource for discussion. This session also provides participants an opportunity to reflect upon the meaning of faith to healing and the spiritual care resources that are offered patients within the clinic practice.

Our focus on Mercy heritage, mission, values and charism make up the content of the next session. At this point in the formation process, participants have become more comfortable with the format, and they begin to appreciate the time for

reflection and discussions on how formation connects to their personal and professional lives.

“Living the Mercy Spirit/Right Relationship” continues exploring how mission and values are lived out within the clinic practice. This session always generates important discussion about developing and maintaining right relationships

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among care team members and how those relationships affect the team’s health care relationships with patients. Here is an example of feedback from this session: “It is very easy to value patient care, but sometimes we miss putting value on having co-worker relationships. In a fast-paced office, it’s easy to forget that we spend more time with these people than our own family. Thank you for the tips on creating and building these values correctly and effectively.”

One activity during the “Living Mercy” session is to ask providers and staff to talk about how they see the Mercy mission and values lived out in their practice of care. Often this becomes a time for physicians and their clinic coworkers to publicly acknowledge each other’s contributions. One participant said, “The sessions gave everyone an opportunity to give positive comments about one another as we discussed how we feel we live the values of Mercy.”

ONGOING FORMATION

The foundational sessions are integral to the introductory formation experience within physician practices. Participation in ongoing formation is the next step. As mission leaders lead the foundational sessions, one of their responsibilities is to identify candidates within the clinic — a physician or other member of the care team — to receive the training and resources to become a facilitator during the practice’s transition to

ongoing formation.

Physician leaders, along with clinic leaders, serve as key partners with mission leadership during this stage of implementing clinic formation. Monthly mission leader conference calls, along with regular meetings among local physician, clinic and mission leadership, has helped estab-

lish accountability measures for participation and solidify our ministry-wide collaborative efforts. This partnership has proven to be a significant part of the implementation strategy, and it has ensured that ministry-wide clinic formation is a priority.

Our learning from the foundational sessions guides our format for ongoing clinic formation. The curriculum includes small group discussions on such topics as patient and co-worker relationships, spiritual care, care for the poor, the meaning of service, clinical

ethics and the Mercy experience of care and path to excellence. Community outreach volunteer opportunities and celebrating Mercy heritage events are among the activities that also are part of the ongoing clinic formation experience.

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Clinic formation is assessed annually to measure both the value of the experience for participants and the ministry’s achievement of desired outcomes. Some key measures of success include:

- Positive feedback regarding the meaning of the healing profession and the value of quality relationships among an integrated care team
- Participants express a deeper appreciation and understanding of our mission and values in their practice of care
- Participants say they appreciate the opportunity to renew their commitment to forming a Mercy culture of care that excels in compassion for the well-being of each patient and co-worker

In addition to clinic formation, physician and clinic leaders participate in other programs like advanced leadership formation and Mercy Clinic board formation that guides them in their understanding and commitment to sustaining our



health ministry. One such leader is Charles Rehm, MD, who practices internal medicine in St. Louis and has regional administrative responsibilities.

“I have been through formation in a variety of venues because I sit on so many boards in the East region and have also been through formation at the executive level,” Rehm said. “Every one of those sessions has been extremely helpful. I would say, however, that the formation sessions in my practice office have been a watershed moment for myself and for my colleagues and staff.

“The day-to-day staff of the office, although they are part of Mercy, do not often get to interact with other aspects of Mercy and hence can feel isolated or at least not engaged with Mercy and our mission overall. The formation sessions gave them a much greater understanding of the history of Mercy, but more importantly made them feel they are part of something bigger than themselves, or bigger than our own office, and that it is a noble enterprise. I think they felt proud to be

part of Mercy, but even more importantly, they felt a responsibility to care for that ministry in how we treat each other and our patients.”

The collaboration among physician, clinic and mission leaders continues to build a partnership of support for the Mercy Clinic formation experience. In addition, the formation initiative has attracted interest from other Catholic health care organizations interested in adapting the experience to their own physician groups and practices. This underlines the value of sharing best practices and working together in Catholic health care to form a physician partnership in mission.

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