

# CAI Resource Guide for the Webinar:

## *How to Engage Physicians in the CRP Process*

### Webinar Learning Overview

- Understand the importance of physician involvement in the CRP process and how it helps both physicians and patients
- Examine the benefits of CRPs to physicians
- Explore the barriers to CRP implementation from a provider's perspective
- Learn why psychological safety a critical component of provider support

### PRESENTERS

- David L. Feldman, MD MBA CPE FAAPL FACS, *Chief Medical Officer, The Doctors Company Group*
- Alan Lembitz, MD, MMM, *Chief Medical Officer, COPIC*
- Eric Wei, MD, MBA *Senior Vice President and Chief Quality Officer, NYC Health + Hospitals*
- Laurie C. Drill-Mellum, MD, MPH, *Chief Medical Officer, Constellation*

### WATCH THE WEBINAR AND DOWNLOAD THE SLIDES

- Watch the webinar: <http://bit.ly/thecaiyoutube>
- Download the slides: [http://communicationandresolution.org/wp-content/uploads/2021/09/CAI-September-Webinar\\_How-to-Engage-Physicians-in-CRPs.pdf](http://communicationandresolution.org/wp-content/uploads/2021/09/CAI-September-Webinar_How-to-Engage-Physicians-in-CRPs.pdf)

### Publications

#### **SUPPORTING CLINICIANS DURING COVID-19 AND BEYOND — LEARNING FROM PAST FAILURES AND ENVISIONING NEW STRATEGIES**

Jo Shapiro, M.D., and Timothy B. McDonald, M.D., J.D.

#### **ARTICLE SUMMARY**

The Covid-19 pandemic has highlighted the urgent need to address the emotional well-being of clinicians and has laid bare the cultural and structural barriers that cause many programs to fail. Even before the pandemic, there were unacceptably high rates of burnout and suicide among clinicians, especially among physicians. In this Perspective, Shapiro and McDonald share several important strategies that medical institutions can use to design emotional-support programs that clinicians will embrace. These include:

- Creating and providing funding for peer-support programs
- Prioritizing reaching out to employees who may benefit from receiving help by developing systems for offering support to clinicians rather than relying on self-referral
- Providing easily accessible and psychologically safe “reach-in” services for clinicians requesting help
- Holding institutional leadership accountable for clinical well-being and empowering clinicians to speak up

#### **Read the Article:**

<https://www.nejm.org/doi/full/10.1056/NEJMp2024834>

For more information on these topics, please contact [thecai@uw.edu](mailto:thecai@uw.edu) or visit the CAI Website at <http://communicationandresolution.org/>

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### **CHALLENGES OF IMPLEMENTING A COMMUNICATION-AND-RESOLUTION PROGRAM WHERE MULTIPLE ORGANIZATIONS MUST COOPERATE**

Michelle M. Mello, J.D., Ph.D., Sarah J. Armstrong, R.N., M.S.N., J.D., Yelena Greenberg, M.A., Patricia I. McCotter, R.N., J.D., and Thomas H. Gallagher, M.D.

#### **ARTICLE SUMMARY**

Mello et al. found that operating CRPs where multiple organizations must collaborate can be highly challenging. Specific implementation barriers in cases involving a facility and separately insured clinicians included the insurer's distance from the point of care, passive rather than active support from top leaders, coordinating across departments and organizations, workload, non-participation by some physicians, and overcoming distrust.

The authors found that success likely requires several preconditions, including preexisting trust among organizations, active leadership engagement, physicians' commitment to participate, mechanisms for quickly transmitting information to insurers, tolerance for missteps, and clear protocols for joint investigations and resolutions.

**Read the Article:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5134344/>

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### **ENSURING SUCCESSFUL IMPLEMENTATION OF COMMUNICATION-AND-RESOLUTION PROGRAMMES**

Michelle M Mello, Stephanie Roche, Yelena Greenberg, Patricia Henry Folcarelli, Melinda Bionchi Van Niel, Allen Kachalia

#### **ARTICLE SUMMARY**

This articles examines the factors that account for two Massachusetts hospital systems' successful implementation of a CRP without raising liability costs. Mello et al. found that the facilitators of the hospitals' success included:

- The support of top institutional leaders
- Heavy investments in educating physicians about the programme
- Active cultivation of the relationship between hospital risk managers and representatives from the liability insurer
- The use of formal decision protocols
- Effective oversight by full-time project managers
- Collaborative group implementation
- Small institutional size

#### **Read the Article:**

<https://qualitysafety.bmj.com/content/29/11/895>

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### **PEER SUPPORT FOR CLINICIANS: A PROGRAMMATIC APPROACH**

Jo Shapiro, Pamela Galowitz

#### **ARTICLE SUMMARY**

This Perspective describes the origin, structure, and basic workings of the peer support program at Brigham and Women's Hospital, including important components for the peer support conversation (outreach call, invitation/opening, listening, reflecting, reframing, sense-making, coping, closing, and resources/referrals). The authors argue that creating a peer support program is a path forward, a shift from a culture of invulnerability, isolation, and shame and towards a culture that truly values a sense of shared organizational responsibility for clinician well-being and patient safety.

#### **Read the Article:**

<https://pubmed.ncbi.nlm.nih.gov/27355784/>