

Irish College of General Practitioners
Designing Quality Improvement in
Doctors own Healthcare



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Presentation to ISQUA
Dublin 14th October 2009

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Learning Outcomes

by the end of this session you should be able to



- Understand the challenges of delivering healthcare to doctors and of being a doctor who receives healthcare
- Appreciate the doctor-defined need to deliver a quality healthcare service for doctors.
- Recognise the measures taken by the ICGP to scope, implement and evaluate a healthcare system specifically for doctors.



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Why do doctors need
personal healthcare support?



- Deficiencies with current accepted norms / arrangements for doctors' healthcare
- Complex issues to be considered within a consultation between two doctors
- Occupational health risks associated with working in medicine



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Deficiencies in Doctors'
Healthcare?



- Denial of symptoms & Delay in dealing with symptoms of suspected illness
- Self Diagnosis
- Self Investigation
- Self Treatment
- Self Referral
- Self care V Appropriate Self Care



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If it's not good for patients
why is it good for doctors?



- Doctors admitted to hospital on the morning of surgery
- Doctors relatives discharged on iv
- "Why don't you just titrate your own analgesia (codeine)"
- "You should know how to manage your own illness"



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Doctors Morbidity & Mortality

- Consultants 27% psychiatric morbidity on GHQ (*Ramirez 2000*)
- Doctors 28% work related stress (*J Firth Cozens 2000, 2003*)
- Burnout 48% (*CMA*)
- Depression (*R Tyssen, Norway*)
- Cirrhosis, poisoning & accidents (*Ogle 1889*)
- Suicide RR <3 for male <5.7 for female doctors (*Lindemann 1997*)
- Pancreatic cancer Δ
- Smoking related disease \downarrow
- Many risks like the general population

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Doctors have a Relatively Lower Rate of Sickness Absence

- In the previous 1 year, 80% of doctors went to work with an illness *that they would have given a patient a medical certificate for absence from work!*

- n = 1,476
- 70% response rate



(Elin Rosvold, Norway, 2001)

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Quality 'Self Care' by Doctors

Physicians seldom take sick leave, and tend to make less use of primary health care and some screening facilities.

Self-treatment is common -- even for mental problems.

Norwegian Physicians Survey R Tyssen, Univ. Oslo. Ind Health. 2007 Oct;45(5):599-610



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"Psychological Vulnerabilities of Physicians" *

- Make an effort to please everyone
- Excessive sense of responsibility
- "Can't ever do enough"
- Perfectionism
- Conscientiousness
- Self-criticism
- Chronic self doubt

** GE Vaillant et al. NEM 1972 Aug 24;287(8):372-5.*



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Impact of our Medical Training & our Work Environment

- Peer pressure
- Competitiveness
- Hard work
- Put patients first
- Professional detachment
- Desensitisation to distress



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Obstacles for doctors seeking healthcare

1 Patient Factors

- Embarrassment
- Time / cost
- Personality
- Specialty
- Who to see
- Already satisfied
- Fear
- Knowledge
- Awareness of implications

2 Provider Factors

- Confidentiality
- Quality of care

3 System factors

- Culture
- Structure

M Kay et al BJGP July 2008



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Issues arise for a doctor who treats a patient who is a doctor

- Assumptions
- Embarrassment: Q's, Ix, Ex
- Taking short-cuts
- Does the Patient know more?
- Should I give a prescription?
- Who is responsible for results, referral, follow-up?
- Should I give advice?

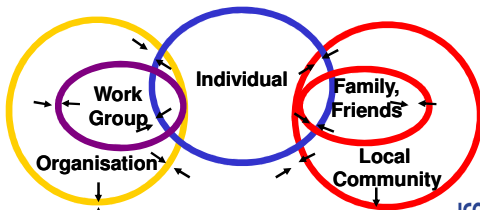


A Rochfort. Forum ICGP 2003

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Individual Doctor in society



Society - economy, politics, cultural and social expectations

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Occupational Hazards at work in medicine

- Biological: blood borne viruses,
- Chemical: self-prescription
- Physical: assault, slips trips
- Psychosocial: Long hours; Responsibility; Decision-making; complaints; Medico-legal issues

Managing Occupational Health & Safety in General Practice 2nd Ed 2007 www.icgp.ie/hip



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Job Hazards specific to medical doctors

- Unique relationship with patients
- Responsibility, decision-making
- Uncertainty
- Medical error, complaints, litigation
- Medical Information overload
- Distress & death of patients e.g. suicide
- Self-Care boundaries
- Self-prescribing



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Predictors of mental health morbidity?

"There are no 'reliable' predictors of mental health problems in young doctors"*

** Mental health problems among young doctors: an updated review of prospective studies.
R Tysaen, P Valgum, Faculty of Medicine, University of Oslo,
Harvard Review of Psychiatry, 2002 May-Jun;10(3):154-65.*

So it is vital to aim for early identification and early treatment



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This is a global issue!



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How to structure the service

- Occupational Health Service?
- General Practitioner Service?
- Who would address mental health issues?
- Accessible
- Acceptable
- Other doctors' health models



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ICGP Health in Practice: based on international best practice...

1. HiP Needs Assessment Survey (2001)
2. Doctors' health initiatives internationally
3. Literature reviews...ongoing
4. Extensive consultation...ongoing
5. Audit /Feedback from members and families



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Needs Assessment (n=500)

- 48% have informally consulted a doctor for their personal health care.
- 66% do not have regular health checks (e.g. BP/cholesterol/smear/breast etc.) 73% GPs have consulted a consultant directly.
- 67% of doctors feel it is acceptable to self-diagnose and self-treat.



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ICGP Health in Practice Programme (HiP)

HiP is a system of CONFIDENTIAL healthcare for GPs and their families.

It aims to promote and maintain:


- ✓ good physical health,
- ✓ psychological health,
- ✓ occupational health
- ✓ and wellbeing.
- NB Proactive & Reactive




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ICGP Health in Practice Programme (HiP)



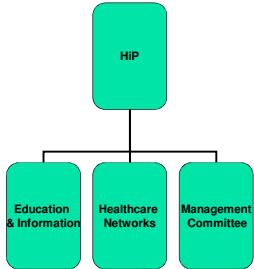
- Established 2000 by ICGP & funded by members
- Financial assistance from Department of Health & Children



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Structure of ICGP HiP

- HiP Education & Information Service
- HiP Healthcare Networks
- HiP Management Committee



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Four Healthcare Networks

- GPs
- Psychiatrists
- Counsellors, Psychotherapists, Psychologists,
- Occupational Physicians


- All experienced independent practitioners (not ICGP employees)
- Attend Induction Day; HiP Network Manual
- Participate in formal & informal peer support
- Accessed directly through website directory
- Telephone helpline



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Consultation Checklist ©ICGP




- Presenting complaint; are questions asked?
- Medical History
- Clinical Examination: no shortcuts
- Investigations: procedure & process
- Prescriptions: negotiation, information, interactions
- Referral: outpatient and inpatient, choice
- Clear Plan for follow-up, results, progress



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Audit & Feedback


- National Service of 150 health professionals
- Audit: Network Activity Questionnaires (NAQs)
- Ethics of Service User Evaluation

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Health in Practice Milestones

- 2000 - HiPP Information and Education Service,
- 2001 - National Needs Assessment Survey
'Managing Health and Safety' Publication 1st Ed
- 2002 - HiPP Healthcare Networks go live, 1st Annual Seminar
- 2005 - 1st National Conference on the Health of Doctors
- 2006 - AMA-CMA International Conference Physician Health, Ottawa, Canada.
- 2007 - Managing Occupational Health & Safety in General Practice, 2nd Ed online 2007; EQuIP Doctors Health Working Group, Wonca Europe, Paris
- 2008 - AMA-CMA-BMA International Physician Health, London
- 2009 - NHS NCAS London. Wonca Europe, Basel, Switzerland
ISQUA, Dublin.
European Association Physician Health, Oslo



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European Association for Quality in
General Practice/Family Medicine
A network organisation within WONCA Region Europe - ESGP/EM

Wonca Europe Conference Sept 2009 Basel, Switzerland

“Quality issues in Complex Consultations: when the Patient is a Doctor”

**Andrée Rochfort, ICGP, Ireland
Luc Lefebvre, SSMG, Belgium**

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Definition of Quality Improvement

“A set of integrated and planned activities and measures at various levels in the health care organisation aimed at continuously assuring and improving the quality of patient care”

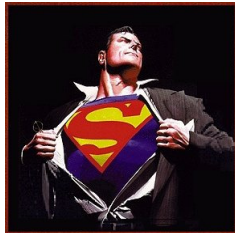
Council of Europe 2000



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*A Doctor is not Superman!
We are as ‘human’ as our patients*



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