

Building a Successful Internal EAP

Gaurava Agarwal ([00:11](#)):

Good afternoon. I'm Gaurava Agarwal. I serve as a Chief Wellness Executive at Northwestern Memorial Hospital. I'm a psychiatrist and a member of the Advisory Council for the American Psychiatric Association Foundation Center for Workplace Mental Health.

([00:27](#)):

I also serve as a wellbeing advisor for our Brave of Heart grant that the Center for Workplace Mental Health has received. I'm excited to be here with Dr. Mary Moffit and Dr. George Keepers, and I'll have them introduce themselves now.

Dr. Mary Moffit ([00:44](#)):

I'm Mary Moffit. I am a psychologist at Oregon Health and Science University in Portland, Oregon, and I am the Director of the Resident and Faculty Wellness Program, as well as our peer support program that has been in place, the wellness program for almost 19 years, and the peer support program for perhaps 10.

Dr. George Keepers ([01:13](#)):

Thank you, Dr. Moffit. I'm Dr. George Keepers. I'm the chair of the Department of Psychiatry here at Oregon Health and Science University.

Gaurava Agarwal ([01:23](#)):

Thank you all again for being here with us today. I know that when I started in this area, your program was the gold standard. It still is the gold standard in this area. And I remember studying it deeply as I went on my own journey of trying to be a wellbeing advocate in the healthcare world.

([01:41](#)):

So it's a real pleasure for me to get a chance to have our audience learn more about your program, how you did it, how it helps address the sort of needs that the Brave of Heart grant is working on, which is how do we improve the access to care, mental healthcare for our healthcare workers and trainees.

([02:00](#)):

And number two, how do we overcome and reduce this barrier of stigma that's been identified repeatedly as something that really prevents our trainees and our healthcare workers from receiving the mental healthcare they need. We also hope to understand a little bit about how you are able to launch and implement this wellness program at Oregon and how other health system leaders can learn from your example to help increase the odds that they will be able to adopt such a program.

([02:34](#)):

So Dr. Moffit, I'd like to start with you. And if you wouldn't mind sharing just a little bit about your journey and a little bit about the wellness program and sort of its sort of evolution over the last 19 years, as I believe you said.

Dr. Mary Moffit ([02:49](#)):

Of course. Well, as I mention to everyone who asks, we started small. We did not start with a robust team like we have now. We started with 0.1 FTE of a psychiatrist and 0.5 FTE of a psychologist, and that

was me. And we, the first year we met with 5% of the resident and fellow cohort, and in the last academic year we've met with 40%.

[\(03:22\)](#):

And so over the years we have grown, but we started out with small amount of funding from Graduate Medical Education, which was where the program was housed initially. And that small amount of funding grew as we grew the program.

[\(03:44\)](#):

And we grew the program by not waiting in our office for people to make appointments, but by doing a great deal of outreach and going from training program to training program, meeting with the residents and faculty and also early on identifying what we called champions. That was a word that I think we used back then. People that could advocate, leaders and across the university who were supportive of this plan and who could champion the safety and build the credibility of the program.

Gaurava Agarwal [\(04:29\)](#):

That's fantastic. I want to sort of highlight two things I heard that are, I've always heard for successful programs. One is don't feel like you have to boil the ocean. And like you said, start small and show value and demonstrate value and build from there. And then the second part I really heard was this idea of, hey, I want people to hear 40% of residents you touched last year.

[\(04:51\)](#):

I mean, that's incredible when you think about utilization of other mental health resources. And the key as you identified was going to where the people are building trust, having them see you. And so I think very, very good lessons for us. Can you tell us now, what's the composition of your program in terms of the mental healthcare services that you provide and who those services are available to?

Dr. Mary Moffit [\(05:18\)](#):

Yes. We have two psychiatrists and five psychologists, various FTEs. We offer free services to all of the OHSU residents and fellows as well as the School of Medicine faculty. And recently, a year ago added the School of Dentistry faculty. We're currently also seeing the dental residents.

[\(05:51\)](#):

In addition, there's a community hospital called Providence. And so we have been offering that group of residents that train at the other hospital system, the same level of services that we offer our residents and do the same kind of outreach, which of course includes educational presentations, meeting with the trainees and meeting with the faculty.

Gaurava Agarwal [\(06:22\)](#):

Oh, that's fantastic. So students, residents, fellows, and faculty can get free psychiatric and counseling through your program. Incredible. Incredible. And you said that the funding initially started with ACGME, the ACGME program. Is the funding still purely from ACGME or has that been expanded?

Dr. Mary Moffit [\(06:44\)](#):

I'll defer to Dr. Keepers. He knows about that.

Gaurava Agarwal [\(06:48\)](#):

Sure.

Dr. George Keepers (06:49):

So the program started in GME at OHSU. It benefited from the advocacy of the person who was the DIO at that time, Dr. John Gerrard, who really helped get this program.

Dr. Mary Moffit (07:04):

Yes.

Dr. George Keepers (07:05):

Off the ground. He believed very strongly in it, and it continued to be a GME funded program for quite some period of time. I believe the program started seeing faculty quite some time ago. Isn't that right, Dr. Moffit?

Dr. Mary Moffit (07:20):

Within a few years. Yeah.

Dr. George Keepers (07:22):

Yeah.

Dr. Mary Moffit (07:22):

Yeah.

Dr. George Keepers (07:23):

I think starting in 2008 or something. And so it's value to the health system as a whole became pretty evident pretty quickly. And so the funding was shifted to the health system out of GME. So the health system as a whole funds it. The program now resides in the Department of Psychiatry as one of our programs, and we receive funding for the program from the health system itself.

(07:54):

I would also say that that level of funding and that level of support from the health system is needed and appropriate for this kind of a program to function well. And this program had done a wonderful job of gaining support from the professional community at OHSU, including the professional board, which is basically our medical staff board at OHSU.

Gaurava Agarwal (08:25):

That's fantastic. And Dr. Keepers, you mentioned you're the chair of psychiatry, and so are the clinicians, the psychologists and psychiatrists on faculty in your department then?

Dr. George Keepers (08:35):

Yes, they are all faculty in my department. There are a couple of things that are special about the program that have enabled it to function so well with faculty at OHSU and with the residents. And one of them is that the guarantee of confidentiality that residents and faculty have if they go to the program. So the program keeps its records separately from the records of our health system, which I think has been a really important aspect of maintaining confidence in the program.

Gaurava Agarwal ([09:11](#)):

But there is documentation that's done, it's just separately kept?

Dr. Mary Moffit ([09:16](#)):

Yes.

Gaurava Agarwal ([09:17](#)):

Gotcha. Gotcha. That's a great point.

Dr. Mary Moffit ([09:19](#)):

It's encrypt in an encrypted medical record, but completely separate from any other clinic or health system. Yeah.

Gaurava Agarwal ([09:29](#)):

Okay.

Dr. George Keepers ([09:30](#)):

We are on Epic at OHSU as so many institutions are.

Gaurava Agarwal ([09:33](#)):

Yep.

Dr. George Keepers ([09:34](#)):

And these records are not in Epic.

Gaurava Agarwal ([09:37](#)):

Gotcha. That's a huge, huge way to get around the stigma barrier that we talked about. And then are the services offered both virtual and in person? Are they offered at times that are convenient to the resident fellow faculty schedule?

Dr. Mary Moffit ([09:54](#)):

Great question. Initially, it was 100% in person, of course, but because we have satellite programs, we have trainees that are training hundreds of miles South from here in a rural program. And other programs, like for example, surgery who send their residents to the coast. Or we've often had people from time to time who have requested telehealth over the years.

([10:24](#)):

So fortunately, we were prepared when the pandemic came to go immediately, pretty much overnight to a hundred percent virtual, which is where we are now. Although we do anticipate that later this spring that we'll probably begin each member of the team to offer in-person meetings to those who request it and for whom they may benefit.

([10:57](#)):

But we're anticipating that the significant majority of our patients will continue to prefer the flexibility and how they don't have to walk across campus for 15 minutes to get to us in the rain, but there may be

a cohort who wants to meet in person. We anticipate that this spring that we will begin to offer that. Each member of the team will offer that when indicated.

Dr. George Keepers ([11:31](#)):

One other point about the maintaining confidence in the program, the portion of campus where the program is seeing people in person is entirely separate from our psychiatry clinic and department. So it really is not part of the OHSU clinics. And so people can be seen there in relative anonymity.

Gaurava Agarwal ([11:55](#)):

[inaudible 00:11:57]

Dr. Mary Moffit ([11:56](#)):

Yeah. That's an excellent point. Go ahead.

Gaurava Agarwal ([12:01](#)):

That is a great point. Sorry, Dr. Moffit. And are the times available early mornings, late at night for the surgery residents and other trainees or?

Dr. Mary Moffit ([12:10](#)):

Yeah.

Gaurava Agarwal ([12:10](#)):

Yeah.

Dr. Mary Moffit ([12:12](#)):

Great question. Yeah. When we first began this program, we looked at what the medical school clinic was offering medical school. I'm sorry, what am I saying? The other services, the other clinics, and they were often closed at noon, and the last appointment would be at four and first one at nine.

([12:36](#)):

But we decided to expand our hours. And so we offer people early times. Although most people in general prefer late times. So all of us offer a 5:00 PM and a 6:00 PM two days a week. And it's five days a week, but we cover an urgent pager seven days a week.

Gaurava Agarwal ([13:06](#)):

And one of the things you're noticing now is from the mental health clinician's perspective, there's a lot of burnout as well. And so seven days a week pager, some off hours that, is that have you noticed anything from your faculty, Dr. Keepers, that staff these clinics that that's a challenge for them? Or do they feel the meaning and purpose they get from serving other healthcare workers and trainees more than makes up for that?

Dr. George Keepers ([13:33](#)):

Well, I think we have seen much more in the way of faculty and residents stress and burnout. And I know that that is stressful for our clinicians in this program and actually our clinicians in general, I would say in psychiatry. So yes, it is a stress. On the other hand, I think this group of clinicians has done a

wonderful job in maintaining their own wellbeing and being able to continue to provide services that are so needed.

Gaurava Agarwal ([14:05](#)):

That's fantastic. And a question for both of you, and full disclosure, my clinical work is taking care of other healthcare professionals. And what I've learned over time is there's, whether we call it training or focusing in on the mental health treatment of healthcare workers, has some special skills that I didn't receive generally in my psychiatric training in residency. Have you found that to be true? And if so, is there any training you provide clinicians that work in these clinics to help them understand the unique drivers and features of taking care of the mental healthcare of healthcare workers?

Dr. Mary Moffit ([14:50](#)):

Yes. Excellent question. When we invite a new clinician to join our team, very often they don't have years of experience working with clinicians or healthcare workers. And so we have a very kind of, somewhat of an elongated onboarding process where we give them a number of readings so they can read the literature, our papers that we've published, and then we spend a great deal of time one-on-one with them to give them a sense of the culture here, the culture in medicine, the particular stressors that impact the people that we're working with so that they really, as often people comment that this is such a high functioning population, that's what everyone, of course identifies it as, very high functioning, brilliant and highly compassionate.

([15:58](#)):

But often they're deeply troubled and struggling, and that's something that they need to put to the side while they're doing their own clinical work. And so it's a different experience working with our peers in a way than it would be with someone who's just been struggling with chronic and severe mental illness for the past 10 years. Yeah.

Dr. George Keepers ([16:30](#)):

So, and to say a word about that, I think that the onboarding and experience of the clinicians in this program is really essential to its success. Because if you look at a regular employee assistance program, for example, the clinicians in such program may be very good, but they don't have the experience of working with healthcare professionals, which who are under sort of special circumstances and extraordinary stress. And it's very helpful to have people working with them who understand all of those factors.

Gaurava Agarwal ([17:14](#)):

Yeah. No, I totally agree with you. It makes the healthcare worker also more comfortable to know you know something about them. And obviously we're not in the business of advice giving, but sometimes I've heard when their, someone's counselor gives them options or advice that really have no actual ability to be executed in the training world.

Dr. Mary Moffit ([17:39](#)):

Yes.

Gaurava Agarwal ([17:39](#)):

Lose credibility.

Dr. Mary Moffit ([17:39](#)):

Yes.

Gaurava Agarwal ([17:40](#)):

Yep.

Dr. Mary Moffit ([17:41](#)):

Yes.

Gaurava Agarwal ([17:41](#)):

Is this the opt-in, I'm sorry, opt-out program or totally voluntary?

Dr. Mary Moffit ([17:48](#)):

We thought about opt-out program, but as you can see with the utilization that we currently have, we did not believe that it was a good intervention to ask people to have a leader in a training program ask their residents to opt in or out because they were clearly opting in and knew how to opt in.

([18:23](#)):

But I think if we were starting fresh without any history, that certainly that is a way for the clinician, for the team to meet the patients, to meet their peers, and so that they would have a sense of who would I meet with? If I were to struggle, who would I meet with? So part of what we try to do is get out into the community so they can meet us and feel more at ease to reach out.

([18:56](#)):

I think it's also important that we identify, that we talk about the barriers that are unique to this population, which include concerns about reporting on licensing or credentialing applications, and the kind of confusion about that. It seems like it's a continually changing across the country.

([19:26](#)):

And so that's something that we actively address and explain what are the rules in this state of Oregon. And the fact that there's no billing, that this is completely free for the healthcare clinician, for the doctors, for the residents, for the faculty, means that there's no insurance awareness, there's no Epic documentation, and so there's a great deal more sense of this is safe, what I am doing here is safe.

Gaurava Agarwal ([20:01](#)):

That's a great point. And obviously faculty members often have different resources than our trainees. Are you seeing utilization at the faculty level that's fairly high or faculty able to go different places or choose to go different places?

Dr. Mary Moffit ([20:17](#)):

I believe it's 10 or 12 percent of the total number. Yeah. Is that [inaudible 00:20:25]

Dr. George Keepers ([20:25](#)):

Yeah, you're right. Oh, I'm sorry, Dr. Moffit. You're right that faculty do have a number of other options soon to be seen. And so our faculty in psychiatry see a fair number of the faculty of other departments

in our clinics, the faculty who are comfortable with that. And actually that's I think increasingly the case, fortunately.

(20:51):

The other thing is that we have trained most of the psychiatrists who practice in this community, so I have a very large number of referral sources to people outside of the university that I can send folks to. And so those who want that kind of arrangement, it's pretty easy for me to arrange for them.

Gaurava Agarwal (21:15):

You mentioned five counselors, therapists, two psychiatrists. Our field is interesting. I always tell people, some people think I'm the worst psychiatrist they've ever seen, other people think I'm the best thing since sliced bread. The relationship is magical and I haven't fully been able to figure out how to explain it when it happens.

(21:34):

Given the numbers of clinicians, which is obviously great on the one hand. On the other hand, do you ever find complaints that people feel like, "I didn't fit with this person, I don't have enough options," maybe a diversity issues where they feel like the counselors you have don't match them from an identity perspective?

Dr. Mary Moffit (21:57):

Oh, excellent question. That does come up. And given that we are in Portland, Oregon, we're not as diverse of a state as other states are. So it can be challenging, but we do have in the Department of Psychiatry, a program, a clinic that is specifically directed at the African-American community that Dr. Keepers could perhaps say a word or two about that's been in place for many years.

(22:29):

And so that group is available for them if they would like to see them outside of our program. Our program at the moment, we have an Asian psychologist, we have a psychologist who identifies as LDBTQ in that category, and we're recruiting hopefully what we would love to identify another psychiatrist, a psychologist who does have more diversity than what we can offer at the moment.

Dr. George Keepers (23:06):

Recruiting a diverse workforce in psychiatry is more difficult here, as Dr. Moffit was saying. But we do have the [inaudible 00:23:15] Clinic, which is actually named after the first African-American senator in our state legislature where we, it's focused on African-American patients.

(23:25):

And we have two African-American psychiatrists who are in that clinic, so that if there are individuals on faculty who feel more comfortable with that situation, we can refer them there. That clinic is actually located off The Hill, so it's not located with a OHSU clinic. So offers a degree of anonymity for people.

Gaurava Agarwal (23:47):

That's very helpful, thank you. For the healthcare leaders listening to this, we're always weighing risks and benefits. The benefits that you've described or have been clear. Any risks, anything that you've noticed that have been difficult or things that healthcare leaders might grapple with or need to make sure they design around in your experience running this program? I imagine in 19 years there's been a

suicide, et cetera. Obviously, that's a big risk that every organization thinks about. Any experiences on downsides or the suicide issue?

Dr. Mary Moffit ([24:32](#)):

Dr. Keepers, did you want to comment on that?

Dr. George Keepers ([24:37](#)):

Like any large healthcare organization, we have almost 20,000 employees at OHSU and somewhere around 3,600 faculty members, close to a thousand residents and fellows. When you have such large populations, you are inevitably going to have some deaths by suicide. And the other thing that we struggle with as an organization is that we often don't know for certain about all the employees and what has happened to them.

([25:15](#)):

I think there's little doubt in my mind that this program has prevented adverse outcomes in residents and psychiatrists. I know many of them from a personal standpoint because these cases, Dr. Moffit and the others in the program often bring them to my attention right away because the risk issues that are involved.

([25:41](#)):

And so I think they've done a wonderful job in preventing adverse outcomes. There will always be risks of adverse outcomes in any mental health program just as this, even one that is so expertly staffed like this one. But I would say to other healthcare leaders that you are reducing your overall risk if you have such a program.

Dr. Mary Moffit ([26:09](#)):

Yes. And I would also recommend, and it does come up in our meetings, that the American Foundation for Suicide Prevention has an excellent screening protocol that we have on our website called the Interactive Screening Protocol, that a person can go on, a resident or a faculty member can go online privately to a completely different server and assess, take their own temperature and assess their level of distress and their suicide risk.

([26:43](#)):

And at that point, when they fill it out, we will receive an email, our team gets an email that there's been a response, and then we respond anonymously or we tell them who we are, but we don't know who we're speaking to. So they remain anonymous to us and they can ask for resources. And that's also a best practice that absolutely needs to be part of an institution's wellness menu. A menu is what we really need, many items on the menu.

Gaurava Agarwal ([27:21](#)):

Yeah, I like that. You're right. One size doesn't fit all and we need lots of different resources. That's a great point. Dr. Keepers, you're a key feature, key leader, key figure in rewriting, my understanding is the common wellness requirements from ACGME. I wonder if you might speak a little about that and how you think that those requirements for all training programs can be met by the wellness program at OHSU?

Dr. George Keepers ([27:50](#)):

Yeah, I'd be happy to speak about that a bit. The first thing that I would say is that resident wellbeing has been a important priority for the ACGME for some time. And if you look at the history of it, you would give credit to that surfacing and being a high priority to both Dr. Carol Bernstein, former president of the APA, board member of the ACGME at the time that this was being done.

[\(28:22\)](#):

And Dr. Tom Nasca, the head of the ACG, to whom this was very important. And Dr. Nasca was on both of the task forces that revised the common program requirements, one of which I led. I think when we were working on section six, so the common program requirements, which contains the requirements for related to wellbeing of the residents and faculty.

[\(28:49\)](#):

I was asked to present this program because as you said, it is a model program to the group. And many of the elements in the program were incorporated as requirements into that wellbeing section, which I was of course, very pleased about because I thought that was very important. And so those requirements are in the common program requirements.

[\(29:14\)](#):

They apply to all programs, right? And GME. And as a result of there being there, we have seen the implementation and requests for assistance with implementation across the country. And I think we're in a much better place with GME as a result. That's one of the ways in which healthcare institutions have been encouraged to improve the wellbeing of both their residents and their faculty, a regulatory mechanism which has been affected.

Gaurava Agarwal [\(29:51\)](#):

That's fantastic. I think that makes great sense. Last question for you all. Ultimately when I talk to health system leaders, there's still rightly a focus on metrics and obviously certainly cost as well.

[\(30:07\)](#):

Are there things that you are monitoring to demonstrate the value and success of your program? Obviously your utilization rates are fantastic, I think no one should doubt the high quality care that your folks are receiving, but are there other metrics that you would encourage health system leaders to be reviewing that could make the case for such a program and have the program demonstrate its value?

Dr. Mary Moffit [\(30:35\)](#):

Well, in terms of assessing ongoing patient improvement, patient outcomes, we do ask our patients, our doctors, our physicians and other faculty and residents to each time they meet with us, to fill out the ACORN, which is a validated instrument that assesses mood and sleep and risk issues. And in the past few years, we've added another wonderful measure, which is the flourishing scale.

[\(31:18\)](#):

And so we ask them all of these questions about mood and sleep and how anxious are you, et cetera. And then at the end we ask them, "How meaningful is the work that you're doing? How important and how supported do you feel by your friends and family?" And so we could see very often a faculty member or a resident say, "I'm sleep-deprived and I'm really anxious. I have all this performance anxiety."

[\(31:46\)](#):

And then when they come to the flourishing scale, they're saying, "But my work is very meaningful. I have good support in my life." And so they're able to in that moment themselves, see that they have strengths and they're growing despite what they're struggling with. So we do ask them to fill out that measure. It is an option. Some choose not to, but that's a way that we track over years and we have probably 15 years of that data at this point.

Gaurava Agarwal ([32:19](#)):

That's fantastic. And I'm well aware of how multifactorial some of these metrics are. Have you by any chance, seen any difference in terms of retention or turnover or reduced length, a number or length of leaves of absences, anything like that that you've been able to link to since the beginning of your program?

Dr. Mary Moffit ([32:42](#)):

Not at this point. I think that's an excellent question. Although we are beginning to ask. It's in our recent update of our IRB. Because all of this is an IRB approved study that we are doing. Our recent additions ask on intake and on follow up. It's clinician related on, rated on follow up, but on intake we ask, "Are you considering leaving your department or your program or are you considering leaving medicine?"

([33:21](#)):

And then the clinician on follow-up is asked to rate, she or he would rate risk for suicide or risk for impairment. We're asking them to rate what do they think is their risk for leaving. And when someone does leave, we're tracking that as well. So that began probably in July. So we're beginning to track that going forward, but I don't believe that we would have a way of looking retrospectively right now.

Gaurava Agarwal ([33:53](#)):

I really like that. I think that's a really smart idea just to continue to demonstrate value. I think for us, we know the values there, but I do know that people have looking for different metrics. Anything you found, Dr. Keepers, as you annually discuss, I'm sure this program with the health system leaders? Anything you have found that's been compelling or useful in your discussions?

Dr. George Keepers ([34:20](#)):

So the healthcare system leaders are very familiar with this program and utilize it as a resource. So all the program directors know about it, all the chairs know about it, the CMO knows about it. I had the professionalism committee of our professional board, which is the committee that deals with problematic physician behavior in addition to trying to encourage professionalism. And so it's a highly valued program at this point, and it is not one in which I had to convince them that funding is appropriate.

Gaurava Agarwal ([35:01](#)):

That's great. Demonstrate value is a message I heard loud and clear. And so again, thank you so much for your time. Thank you for your efforts and really, again, modeling for us what the gold standard of providing care to our workers and our trainees is. So I appreciate your time today and thank you very much for being with us.

Dr. Mary Moffit ([35:24](#)):

Most welcome.

Dr. George Keepers ([35:26](#)):

Thank you. Appreciate the opportunity to speak with you.