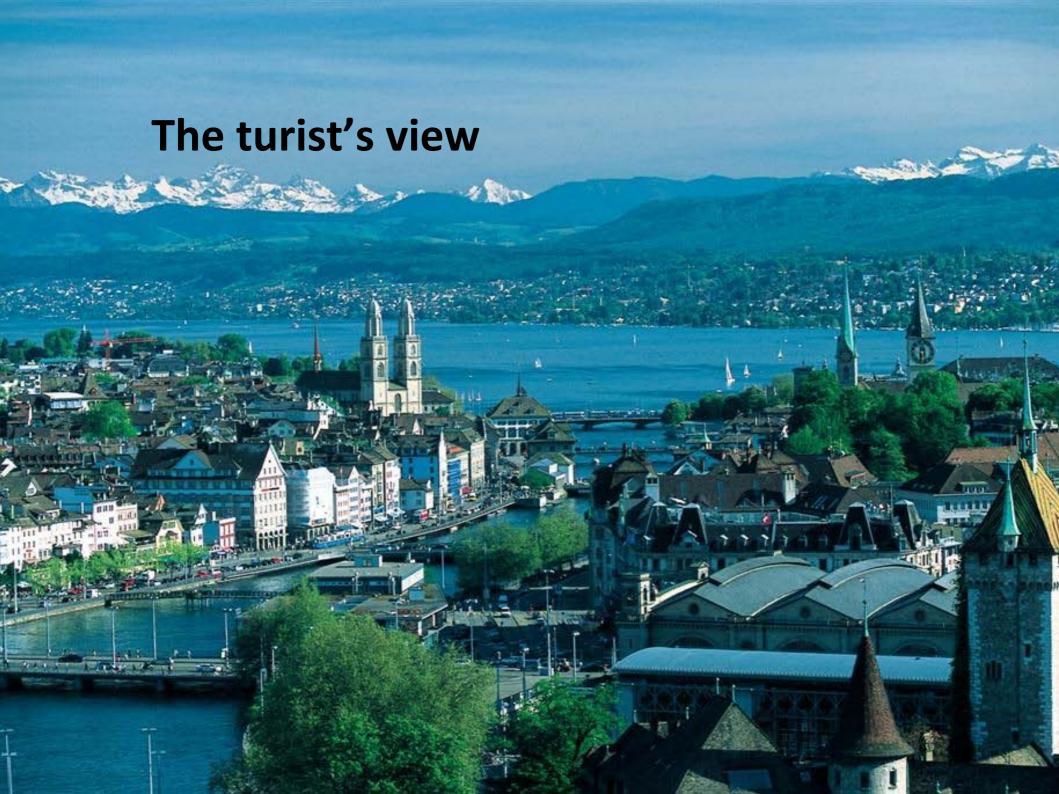


ReMed





Another reality



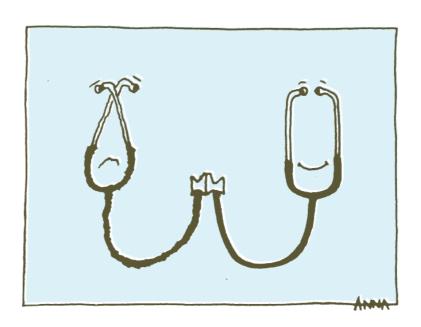


ReMed

- Context
- Philosophy
- Services
- Principles

Questions and Discussion





ReMed Context



Background

Doctors perform a responsible, challenging and exacting job.

As in other professions, some individuals can suffer from professional or personal problems such as burn-out, substance abuse or depression.



Scope of motives

Assistance

Supervision

Sanction

Enhancement ←→ Monitoring ←→ Recertification



ReMed Objective

ReMed aims

- to identify and support doctors in crisis situations and, in so doing,
- to ensure a high-quality and safe supply of medical services to the general public.



SMA initiative

- 2006 Feasibility study including survey of doctors' needs
- 2007 2010 Pilot project, launched in the cantons of Thurgau and Neuchatel, gradually expanded to regions
- External evaluation 2010
- From project to programme:
 Launch of ReMed Switzerland on 29.10.2010



Feasibility study with survey 2006

Need for a help point for doctors



Response to online survey

	German	French	Total
E-mails sent	15,055	4,365	19,420
Q started	2,912 19.3%	906 20.8%	3,818 19.7%
Q completed	2,142 14.2%	674 15.4%	2,816 14.5%
Ø Time	28:47	26:33	



Findings of Survey I

Quite important to very important (N = 3347):

•	Non-committing counselling/advice for doctors	92%
•	Coaching for doctors	91%
•	Further referral of doctors	80%
•	Investigation of doctors based on concrete indications	71%
•	Initiation of interventions	67%
•	Provision of support services for patients and staff	59%
•	Further referral of patients and staff	56%
•	Point of contact for patients and staff	59%



Findings of Survey II

Need for ReMed

N = 3091

Quite high 44%

= 56 %

Very high 12%

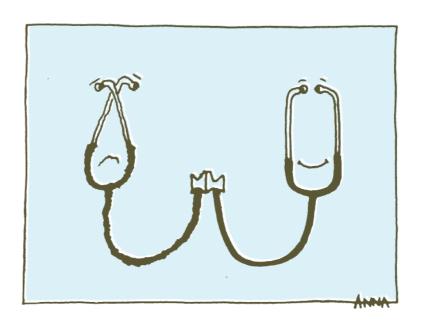
Don't know 07%

Quite low 33%

= 37 %

Very low 4%





ReMed Philosophy



ReMed services:

Healthy

- Resource promotion
- Optimisation of living conditions/lifestyle

- Prevention
- Early detection (primary prevention)
- Treatment to prevent an illness becoming chronic (secondary prevention)

- Treatment of the dysfunctionality, prevention of follow-up problems (tertiary prevention)

- Mentoring

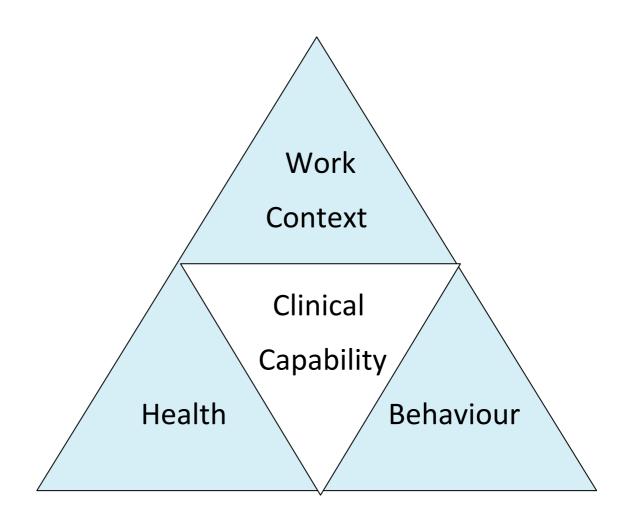
- Coaching

- Assessment

Dysfunctional



Ability to function as a doctor





Functionality

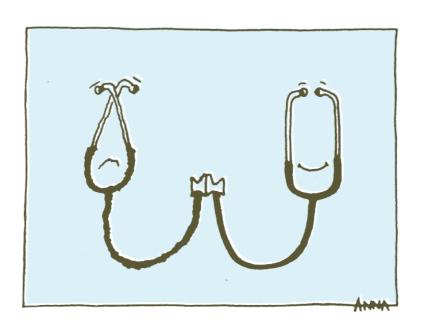
- Professional competence
- Social skills
- Emotionally present, participative, professionally fulfilled
- Respect for boundaries and appropriate conduct
- Good life-work balance, no addictive behaviour
- Ability to cope with own crises and illnesses
- Ability to cope with unfavourable working conditions
- Other



Dysfunctionality

- Professional incompetence
- Lack of or insufficient social skills
- Medical impairing problems
- Burnout, addiction
- Mental illness exhibited by doctor, such as psychosis, suicidal tendency
- No respect for boundaries, sexual assault
- Doctor as victim of unfavourable working conditions
- Other





ReMed Services



Services

- Prevention (planned)
- Crisis intervention and networking
- Mentoring empowerment
- Coaching support
- Assessment intervention

Intervision for Caregivers



Crisis intervention and networking

- After contact has been made, ReMed provides qualified specialists from existing services in the region for the various counselling stages.
- This professional approach enables advice to be tailored optimally to the individual circumstances.

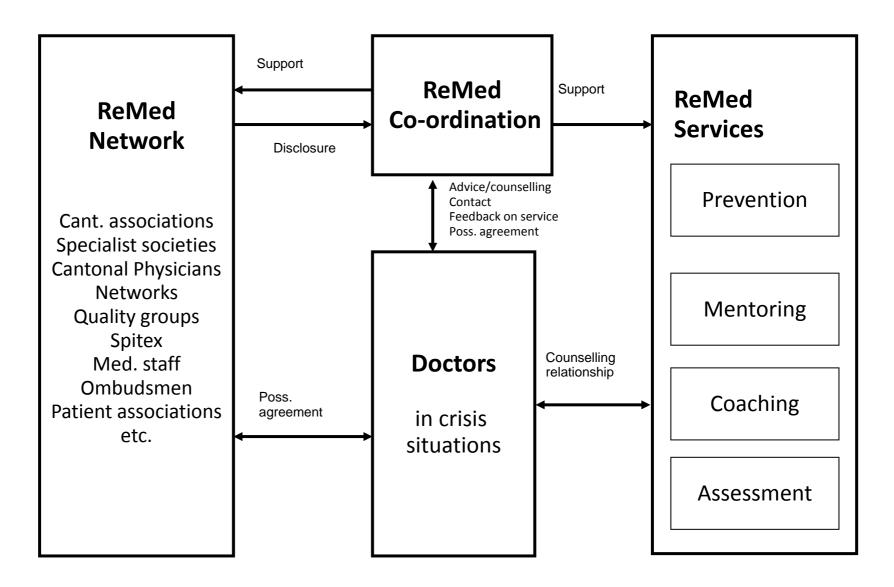


Assessment – intervention

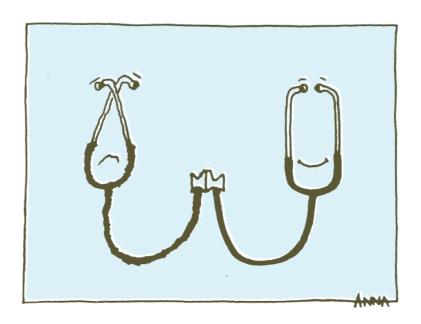
- After an initial analysis of the situation, ReMed works with the affected doctor to define indidivual targets and supports and advises him/her until he/she is once more able to meet his/her quality standards.
- Only the affected doctor can mandate ReMed. Different (sanctioning)
 organizations can suggest ReMed as a second chance: cantonal
 physicians, medical societies, associations or networks.
- The affected doctor contacts ReMed and agrees to cooperate in working out proposals, which generally cover an assessment, targeted intervention, and finally a reevalulation.



Overview







ReMed Principles

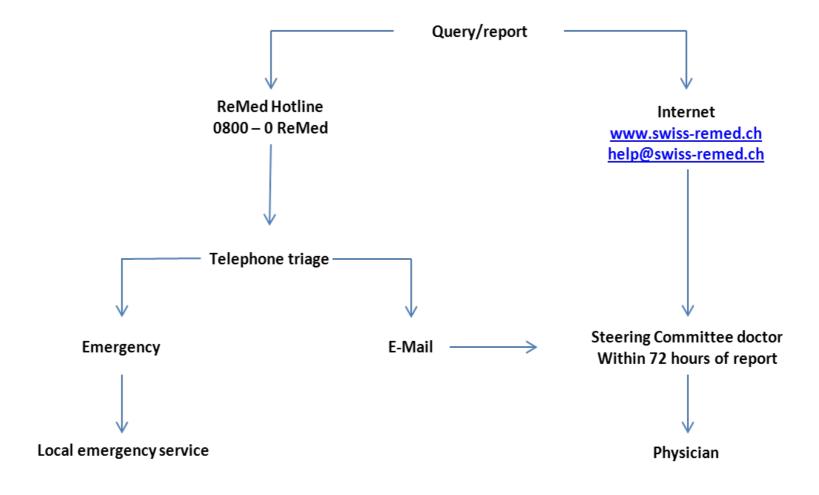


Resources

- Contact channels
 - Hotline (24-hour, trilingual): 0800-073633
 - Website contact form: www.swiss-remed.ch
 - E-mail address: www.swiss-remed.ch
- SOP: Procedure after initial contact (doctor or close colleagues/family etc.)
- Manual: Documentation of ReMed principles
- Journal: Internet-based case documentation with highest security standard
- Intervision option for supporting doctors
- Communication: SÄZ, website, flyer, mini posters



Standard Operating Procedures SOP



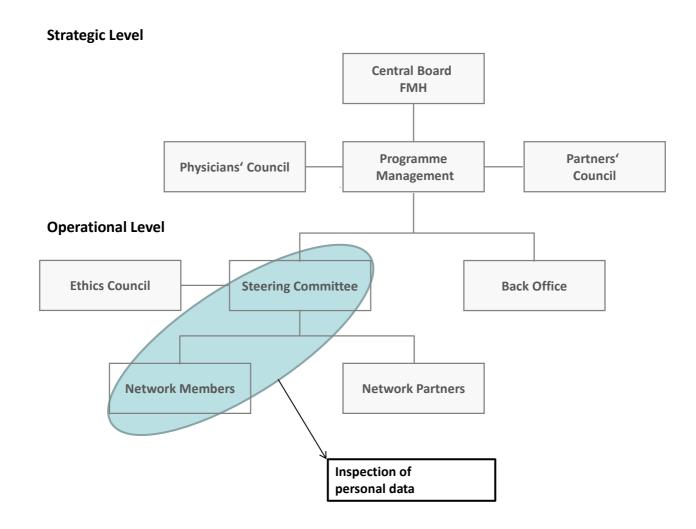


Separation of Tasks

- SMA sponsors ReMed.
- Operationally and in terms of authority to act, ReMed is integrated in the SMA as a largely autonomous structure.
- At no time does the SMA have the right to inspect the personal and case files. ReMed is bound by the medical confidentiality obligation, and medically related tasks are clearly separated from administrative tasks.



Organisational chart





Operational Management

- Programme Management
 - Dr. med. M. Peltenburg, Specialist in General Medicine SMA
 - M. Hersperger, lic.phil, Head of Data, Demography and Quality (DDQ) Department, SMA

Steering Committee

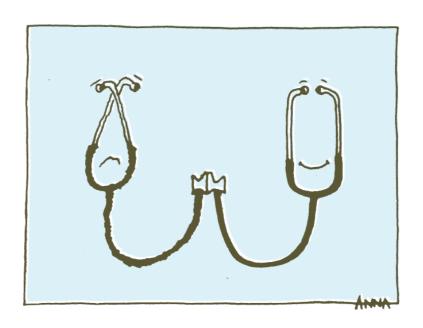
- Dr. med. M. Peltenburg, Specialist in General Medicine SMA
- Dr. med. J. Bänninger Specialist in General Medicine SMA
- Dr. med. P. Birchler Specialist in Psychiatry and Psychotherapy SMA
- Dr. med. J. Torgler Specialist in General Medicine and in Psychiatry and Psychotherapy SMA



Advisory Councils

- The Physicians' Council and Partners' Council are committed to open communication, and inform ReMed of their needs and provide feedback. They formulate requirements for ReMed, and support and collaborate on their implementation. Advisory councils take part in information events and support ReMed's message. They advocate their organisations' interests and concerns, and issue recommendations. Advisory councils can table topics for discussion.
- The advisory councils have no decision-making authority within ReMed.
- Members: Umbrella & partner organisations within the medical community





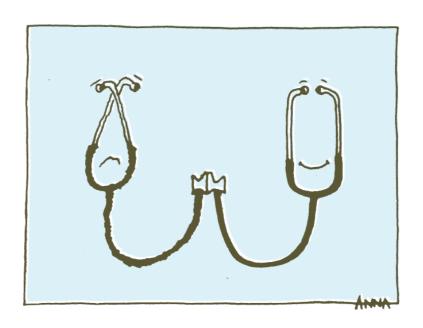
Successful support services to date



Successful support for: 131 colleagues

•	Male	42%
•	Female	58%
•	Burnout, depression	47%
•	Practice/day-to-day management	32%
•	Addiction (alcohol, pornography, etc.)	09%
•	Other	12%





Questions and Discussion