SESSION 3

LEVERAGING DATA TO IMPACT THE DESIGN OF SYSTEMS FOR CLINICIAN WELL-BEING

@theNAMedicine #clinicianwellbeing
Coping with COVID-19 for Caregivers

Christine A. Sinsky, MD
Vice President of Professional Satisfaction
American Medical Association

@theNAMedicine  #clinicianwellbeing
Caring for the Caregivers during COVID

National Academy of Medicine
1:00p - 1:10p CT
Christine A. Sinsky, MD FACP
VP, Professional Satisfaction
Oct 28, 2020
Agenda

• Caring for Caregiver model
• Coping with COVID survey
• Steps Forward toolkits
Coping and Recovery

Chronic Stress Reaction
- Burnout
- Reduce/Leave profession
- Depression
- Substance abuse
- Suicide
- PTSD
- ANGER

Stress Injury
- Anxiety
- Insomnia
- Dif. Focus
- Panic
- Fatigue
- Guilt

Stresses
- Personal/family safety
- Overwork
- Loss

Crisis

No clear endpoint

Adapted with permission from Patricia Watson
National Centr for PTSD, VA
Coping with COVID Survey

- 70+ health systems
- 45,000+ respondents
- 28 states
- Clinical & nonclinical staff

Survey is no-cost
Clinician.health

 AMA Physicians’ powerful ally in patient care
Findings

- Fear of exposure is high (>60%)
- Anxiety and/or depression also high (> 1/3)
- Stress highest: nursing assistants, housekeepers and nurses
- Stress also high: persons of color

30K Cohort April 6 - Oct 1
Findings

• Workforce implications
  • 20% intent to reduce w/in 1 year*
  • 30% intent to leave w/in 2 years*

30K Cohort April 6- Oct 1, 2020
*moderately likely to definite
Findings

- Protective factors
  - Feeling valued by organization
  - Strong sense of purpose

30K Cohort April 6- Oct 1
Findings

Top themes from free text

1. Financial and job security
2. Lack of PPE
3. Communication
4. Re-ignited passion for healthcare
5. Peer-to-peer support

“As hard as this time has been, I feel like it’s what I signed up for when I became a nurse. I have felt a really important sense of belonging. I feel like I’m making a real difference.” [nurse]

10K Cohort April 6- June 1
StepsForward.org

Caring for the Health Care Workforce During Crisis
Creating a Resilient Organization

Creating the Organizational Foundation for Joy in Medicine™
Organizational changes lead to physician satisfaction

Getting Rid of Stupid Stuff
Reduce the Unnecessary Daily Burdens for Clinicians
StepsForward.org

0.5 Credit  CME
**Team Documentation**
Improve Efficiency, Workflow, and Patient Care

0.5 Credit  CME
**Daily Team Huddles**
Boost Practice Productivity and Team Morale

0.5 Credit  CME
**Team Meetings**
Strengthen Relationships and Increase Productivity

0.5 Credit  CME
**Pre-Visit Laboratory Testing**
Save Time and Improve Care
StepsForward.org

Explore real-world examples of ways to restore joy in medicine, improve workflow, and save time.

- Establishing Emotional Support for Clinicians in Times of Crisis
- Mechanisms to Alleviate Primary Care Burden During Crisis
- Easing Physician Distress With Peer Support
- Focus Areas for Physician Well-Being During Crisis
- Tactics to Prioritize Physician Well-Being During a Pandemic and Beyond
- Multi-Proged Well-Being Interventions Offer Support During Crisis
- Embracing Family Needs Supports Physician Well-Being
- Long-Term Well-Being Resources to Account for PTSD
- Quick Pivot to Telemedicine in Primary Care
- Virtual Gatherings Build Moral Resilience During Crisis
- The Power of Peer Support During a Pandemic

You can browse our full list of Success Stories or find more within each individual module.

Want to share your own Success Story? Click here.
Our people are the key to our success.

Well-being is the key to theirs.
Confronting Racial Disparities Perpetuated by Structural Racism during COVID-19

Beverly Malone, PhD, RN, FAAN
President and Chief Executive Officer
National League for Nursing
## Comparative Statistics Between Blacks and Whites

<table>
<thead>
<tr>
<th>Statistic</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty rate(^1), 2019</td>
<td>7.30%</td>
<td>15.70%</td>
</tr>
<tr>
<td>Median household income(^2), 2019</td>
<td>$76,507</td>
<td>$45,438</td>
</tr>
<tr>
<td>Unemployment rate(^3), Oct 5, 2020</td>
<td>7.90%</td>
<td>13.20%</td>
</tr>
<tr>
<td>Prisoners per 100,000 Adults Ages 18 and Older in Each Group(^4), 2018</td>
<td>268</td>
<td>1501</td>
</tr>
<tr>
<td>Infant mortality rate per 1000 live births(^5), 2018</td>
<td>4.6</td>
<td>10.8</td>
</tr>
<tr>
<td>Life expectancy in years specified at birth(^6), 2017</td>
<td>78.5</td>
<td>74.9</td>
</tr>
</tbody>
</table>


\(^3\) Data Source: [https://www.bls.gov/web/empsit/cpsee_e16.htm](https://www.bls.gov/web/empsit/cpsee_e16.htm)


\(^5\) Data Source: [https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm](https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm)

\(^6\) Data Source: [https://www.cdc.gov/nchs/data/hus/2018/004.pdf](https://www.cdc.gov/nchs/data/hus/2018/004.pdf)
Rate of Police Killings
Comparison between Blacks and Whites
As of October 8, 2020

Data source: https://www.washingtonpost.com/graphics/investigations/police-shootings-database/
Race and ethnicity are risk markers for other underlying conditions that impact health

- including socioeconomic status,
- access to health care,
- and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

# COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic Persons</th>
<th>Black or African American, Non-Hispanic persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases$^1$</td>
<td>2.6x higher</td>
</tr>
<tr>
<td>Hospitalization$^2$</td>
<td>4.7x higher</td>
</tr>
<tr>
<td>Death$^3$</td>
<td>2.1x higher</td>
</tr>
</tbody>
</table>

$^1$ Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.


The Financial Pressures of COVID-19 on Hospitals and Health Systems

Elisa Arespacochaga, MBA
Vice President of Physician Alliance
American Hospital Association
COVID-19 Financial Impact
National Academies of Medicine
Coalition for Clinician Well-Being
October 27, 2020
Landscape

- Before COVID-19, one-third of hospitals operated in the red

- Medicare and Medicaid historically pay less than the cost of providing care

- COVID-19 is greatest financial threat for US hospitals
The Challenge

- Surge preparedness
  - PPE
  - Staffing
  - Supporting teams
  - Infrastructure needs and upgrades
- Shutdowns/slowdowns
- Rising uninsured
Losses

Projected Losses to Hospitals and Health Systems in 2020

Projected Losses

March-June 2020
$202.6B

July-December 2020
$120.5B

Total Losses
$323.1B

Hospitals and Health Systems Face Unprecedented Financial Pressures Due to COVID-19

Introduction
America’s hospitals have been on the frontlines of the COVID-19 pandemic, ramping up testing and screening, providing care for patients with COVID-19, and supporting the health and well-being of our communities. These efforts have come at a significant cost, as hospitals have faced increased patient care demands, reduced revenue from elective procedures, and supply chain disruptions.

The financial impact of the pandemic has been exacerbated by the disruption of non-acute care services, which provide a significant portion of hospitals’ revenues. The American Hospital Association (AHA) has estimated that the financial impact of COVID-19 on hospitals could range from $120 billion to $250 billion in 2020.

Hospitals and Health Systems Continue to Face Unprecedented Financial Challenges due to COVID-19

Introduction
The COVID-19 pandemic continues to take a heavy toll on America’s healthcare infrastructure. While some parts of the country have started slowly phased out stay-at-home orders and other restrictions, hospitals and health systems remain on the frontlines of this pandemic. Experts have warned that the recovery pace for hospitals and health systems will be slow.

The COVID-19 pandemic has led to a dramatic increase in the number of new infections and hospitalizations, putting a strain on the healthcare system. The AHA has estimated that hospital costs associated with COVID-19 have increased by at least 33%.

The Effect of COVID-19 on Hospital Financial Health

July 2020

The AHA estimates an additional $323.1 billion in losses for hospitals and health systems in 2020.

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Losses

Adjusted Operating Margin Index
Median by Quarter

Q2 2020: CARES Act funding offset even greater losses.
Hospital Losses Compared to CARES Act and PPP Provider Relief Fund

If current surge trends continue, hospital losses will be even greater.

- Projected Hospital Losses in 2020: $323.1B
- Total Relief Dollars Available*: $175.0B
- Total Relief Dollars Disbursed to All Providers**: $124.0B
- Relief Dollars Disbursed to Hospitals: $70.0B

Sources: [https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html), [https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/data/index.html](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/data/index.html); AHA estimates using Medicare Cost Reports, CMS Provider Specific Files, Provider of Services Files, and other public use files. The $70B figure includes payments that hospitals and health systems received, or expect to receive, from the general distribution, and the targeted allocations to providers in high impact areas, rural providers, skilled nursing facilities, tribal hospitals, clinics and urban health centers, and safety-net providers. Does not include the HHS-announced Phase 3 General Distribution of $20B.

*The $175B in total relief funds available come from $100 billion allocated through the CARES Act and an additional $75 billion from the Paycheck Protection Program and Health Care Enhancement Act.

**All providers include hospitals as well as physicians and other practitioners, pharmacies, clinics, laboratories, testing and imaging facilities, etc.
On March 22, New York had 15 times more COVID-19 cases than any other state. Gov. Andrew Cuomo ordered the cancellation of all elective surgeries in the state as the number of COVID-19 cases continued to rise.

“We just shut everything down,” said Michael F. Stapleton Jr., president and CEO of UR Medicine Thompson Health, a nonprofit health care system, which provides care for 165,000 residents of Upstate New York’s greater Finger Lakes area and is the largest employer in Ontario County. “There were no more surgeries, no more diagnostic procedures. And that was a great impact on the 15% of all revenue we get from operating room cases. And that was a cost-of-living increase to a nurse who three months ago wondered if she was going to transmit the virus to her kids, her husband or her family.” Stapleton says. Congress could help by providing support for child care, housing, transportation and education benefits for hospital workers; bonus pay for hospital workers; and a compensation fund for COVID-19 health care workers and their families.

During preparations for the COVID-19 surge, patients were still coming in through the ED. “Our normal ED volume is 90 patients a day.” Stapleton says. “We were still seeing emergency services patients, but now these patients had no place to go but the ED.”
Moderated Discussion

Steve Singer, PhD
Vice President of Education & Outreach
Accreditation Council for Continuing Medical Education