SESSION 4

COORDINATING NATIONAL ACTIONS FOR CHANGE—IMMEDIATE STEPS FORWARD
Occupational Health Prevention Model

Primary Prevention

Secondary Prevention

Tertiary Prevention
FIGURE S-2 The three levels of the systems model of clinician burnout and professional well-being.

*Note: Care team members include clinicians, staff, learners, patients, and families.
Coordinating National Actions for Change
Immediate Steps Forward

Elinore F. McCance-Katz, MD, PhD
Assistant Secretary for Mental Health and Substance Abuse
U.S. Department of Health and Human Services
Burnout in Healthcare Practitioners

• Occurring in large numbers before COVID-19:
  • Burnout is "complex syndrome of emotional distress" due to occupational factors, burnout is characterized by feelings of fatigue, cynicism, and decreased self-efficacy. High levels of depersonalization—for example, seeing patients as diagnoses, rather than individuals
  • High levels of emotional exhaustion resulting from physical and emotional overload
  • Low levels of personal accomplishment, causing individuals to question their judgment and decisions (Drill-Mellum and Kinneer, 2016)

• 54.4% of surveyed physicians reported at least one symptom of burnout in 2014, an increase from 45.5% in 2011 (Shanafelt et al. 2015); nonphysician providers (29%) and support staff (27%) (ECRI https://www.ecri.org/components/HRC/Pages/RMRep1216.aspx?tab=2#Burnout accessed October 6, 2020)
COVID-19 Effects

• Healthcare providers experience all of the adverse life impacts of Covid-19-- Stress, trauma, anxiety, depression, grief, isolation (Brooks, et al., 2020) that are experienced by Americans, but additionally:

• Increased numbers of critically ill patients to care for often without appropriate training and preparation; feelings of helplessness and frustration as people suffer and inability to provide best care

• Inability to serve people with many different conditions due to lockdowns, distancing rules

• Focus on billing and other administrative tasks

• Lack of support/payment for important patient services; e.g.: inadequate staffing, care coordination services

• Lack of PPE and rapid access to testing, exposure to illness, fear of transmitting to loved ones and others, effects of quarantine

• Loss of colleagues

• Stigma of difficult choices: personal and family safety vs. patient needs
SAMHSA Action---and Response from the Field

- SAMHSA received $110M in CARES Act funding to assist states, tribes and territories in their mental health needs resulting from COVID-19
- SAMHSA required that 10% of this funding be used to provide mental health services to healthcare providers impacted by COVID-19
  - Awarded in April, 2020
- In September, SAMHSA received information from the field that these funds were not being expended
- Healthcare practitioners were concerned that making use of these funds/services would be reportable to their licensing boards and would stigmatize them
- SAMHSA changed use of funds to that of ‘support’ services only to assure that no reports would be made to licensing boards
Institutional Stigma: Role of Licensing Boards

- Many medical (and other) licensing boards undermine physician and other healthcare practitioner mental health through discriminatory and intrusive questions about mental health issues
  - Can prevent practitioner from seeking help
  - Going to great lengths to avoid detection of mental health issue and treatment
  - Can result in severe illness that can include personal and professional consequences, potentially death
- Suicide has been called an ‘occupational hazard’ of the medical profession
  - Medical students 3x more likely than their peers to kill themselves
  - Up to 75% of interns meet criteria for major depression
  - Suicide risk increases with untreated mental illness
  - May contribute to self-medicating and associated risks
  - Doctors have highest suicide rate of any profession
- Effects of the COVID-19 era may exacerbate problems that existed prior and the stress and trauma exacted by COVID-19 will be the basis of mental health conditions in many more practitioners
Addressing Mental Health Concerns of Healthcare Practitioners: Solutions

• What is the best path forward for addressing mental disorders in healthcare practitioners?
  • Licensing boards have an obligation to protect the public
  
  • Monitoring and competency assessment should be reserved for those who have demonstrated that they are unsafe to practice e.g.: impairment in the workplace due to mental illness that endangered a patient(s)
  
  • Questions related to mental disorders should be restricted to “Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?”
  
  • Short of that; licensing boards should not ask questions about mental health issues and treatment
  
  • Questions about substance use problems and sexual disorders should not be grouped with a question about mental health
  
  • If a practitioner has had impairment in the workplace due to mental illness; then they could be referred to a monitoring program which should maintain confidentiality with practitioner adherence
National Solutions: SAMHSA Resources to Be Established

SAMHSA is making healthcare practitioner mental health and wellness a priority:
Will be awarding supplemental funds to its national network of

*Mental Health Technology Transfer Centers*

*Technical Assistance and Training Resources*

- Staff Good Self-Care: Taking care of yourself at and outside of work, take breaks, eat lunch, take vacation
- Coping with death and dying
- Grand Rounds/CME activities focused on wellness
- Support for development of Support Functions to practitioners (audio/visual or telephonic support groups)
- Mentoring resources to avoid practitioner burnout
- Technical assistance to healthcare organizations to provide access to stress management services (e.g., debriefing, group sessions, individual counseling) and mental health services;
  Innovative approaches to addressing healthcare practitioner stress: PTO (e.g.: 2h/month for participation in a health and wellness curriculum that can include topics such as mindfulness, reflection, adaptive coping skills, and small group learning)
Benefits

- Improved mental health of healthcare practitioners
- Translates into:
  - Greater satisfaction in workplace
  - Decrease in burnout
  - Increase numbers choosing healthcare professions
  - Increase in healthcare provider access for Americans
Thank you

• to the National Academies of Science, Engineering, and Medicine for Bringing Greater Attention to this Issue

• to our Healthcare Practitioners for Your Steadfast Service and Self-Sacrifice in these Difficult Times

• to All for Your Consideration of the Importance of Mental Health Conditions and Your Work to Reduce Stigma Surrounding this Area
References


• Drill-Mellum LC, Kinneer DM. Does our staff need healing? The why & how of healing the healers. Presented at: American Society for Healthcare Risk Management Annual Conference; 2016 Sep 26; Orlando (FL)


  http://www.mayoclinicproceedings.org/article/S0025-6196(15)00716-8/abstract

Coordinating National Actions for Change

Immediate Steps Forward

Humayun “Hank” Chaudhry, DO, MS, MACP, FRCP
President and Chief Executive Officer
Federation of State Medical Boards
State Medical Boards and Clinician Wellness

October 29, 2020

Humayun J. Chaudhry, DO, MACP, FRCP
FSMB President and Chief Executive Officer
Federation of State Medical Boards (FSMB)

- Founded in 1912, we are the national, non-profit organization that represents all 71 of the state medical and osteopathic boards across the United States.
- State medical boards protect the public through the licensing, disciplining and regulation of 1 million+ physicians, PAs, and other health care professionals.
- FSMB supports state medical boards through education, assessment, research and advocacy and promotes regulatory best practices across states.
Policy on Physician Wellness and Burnout

- Adopted by FSMB’s House of Delegates in 2018 after 2+ years of analysis
- Most comprehensive policy ever issued by the FSMB, with the largest number of recommendations (35)

**Goals for Recommendations**

- Encourage physicians to seek help early
- Remove stigma associated with acknowledging a need for help
- Change perception of medical board role as always punitive
- Promote understanding of the “duty to report” to enable earlier prevention
- Support public protection work of state medical boards
- Improve quality of care to patients
Very first FSMB recommendation asks boards to “Evaluate whether it is necessary to include probing questions about a physician applicant’s mental health, addiction, or substance use”

More than half of all state medical boards have since discussed physician wellness and/or reviewed our policy

A number of states have revised or removed probing mental health questions from applications

Not all state medical boards ask questions related to mental health or substance use
Collaboration with FSMB Partners on Clinician Wellness
States’ Response to COVID-19

**Medical Licensure Requirements Waived or Modified**

- 45 states have modified medical licensure requirements/renewals for out-of-state health care professionals;
- 42 states have modified telehealth requirements to facilitate increased license portability
- 31 states have modified certain CME requirements including exemptions, deferrals or reduction in hour requirements

**Interstate Medical Licensure Compact (IMLC)**

- 29 states, DC and Guam are member of the IMLC. Louisiana is the latest state to pass Compact legislation (October 2020) and will become the 30th state after governor’s signature
- IMLC is seeing large increase in utilization during COVID-19 Pandemic. August 2020 set a record for most medical licenses (954) issued through the IMLC in one month
- As of September, 12,758 licenses have been issued using the IMLC process
The FSMB partnered with leaders from the AMA, AOA, CMSS, AAMC, AACOM, ACCME, ACGME, ECFMG, LCME, NBME, and NBOME to issue a consensus statement:

We support “strengthened efforts that must be in place to safeguard the public and... protect our nation’s health care workforce during the COVID-19 pandemic so they remain able to meet the public’s needs.”
Supporting Federal Legislation

**Dr. Lorna Breen Health Care Provider Protection Act** (S. 4349, H.R. 8094)

- Seeks to address behavioral health and well-being among health care professionals, including those on the front lines of COVID-19
- Includes grants for training for health care professionals, an education and awareness campaign encouraging the use of mental and behavioral health services by health care professionals, and health care providers to promote mental and behavioral health among their health professional workforce

**Coronavirus Health Care Worker Wellness Act of 2020** (H.R. 7225)

- Authorizes grants to health care providers establishing or expanding programs supporting mental wellness of their workers on the front lines of COVID-19
- Authorizes a “comprehensive, multi-year study on health care worker mental health and burnout, including an assessment of the impact of the COVID-19 crisis”
FSMB Capitol Hill “Visits”
U.S. Senator Bill Cassidy, M.D. (R-LA)
Thank You!

Twitter: @DrHankChaudhry
Coordinating National Actions for Change

Immediate Steps Forward

Christine Moutier, MD
Chief Medical Officer
American Foundation for Suicide Prevention
CLINICIAN MENTAL HEALTH
Protecting mental health & Removing barriers

National Academy of Medicine
Workshop Clinician Wellbeing & COVID
Christine Moutier, MD
AFSP Chief Medical Officer
@cmoutierMD
Game Plan

- Stigma and barriers
  - Medical licensing
- Wellness/Suicide prevention strategies
- Dr. Lorna Breen HCP Protection Act
One Medical Center’s History

- Our medical community experienced suicide losses
- Reached a turning point in 2006- suicide of a prominent surgeon
- Ready to take action
- Launched UCSD HEAR Suicide Prevention Program 2008
- Nursing staff suicides→ expanded to all staff

Norcross WA, Moutier C, Tiamson-Kassab M, et al. Update UC San Diego Healer Education Assessment and Referral (HEAR) Program. JMR 2018
Reinhardt T et al. Survey physician well-being, health behav at an academic med center. Med Educ 2005

• Concluded that the culture of medicine accords low priority to physician mental health despite evidence of untreated mood disorders and burden of suicide

• Identified barriers to treatment: discrimination in licensing, hospital privileges and advancement

• Recommended transforming attitudes and changing policies
Access to Support & Barriers to Care

Among physicians, barriers to mental health care:

- Potential for discrimination in medical licensing
- Hospital privileges
- Health insurance
- Malpractice insurance

Female Physician Study  N=2106

Facebook convenience sample, all specialties, 50 states, mothers, timeframe since med school

• **66% met criteria for mental health condition (dx’d or not) but had not sought treatment**
  - I can get through without help (68%)
  - No time (52%)
  - Embarrassing/shameful (45%)
  - Don’t want to have to report to med board (44%)

• **Of those who sought treatment 6% reported disclosing on licensing application**

## Self-Stigma

<table>
<thead>
<tr>
<th>Stigma Variable</th>
<th>% non-depressed students saying “yes”</th>
<th>% depressed students saying “yes”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telling a counselor I am depressed would be risky</td>
<td>17</td>
<td>53</td>
</tr>
<tr>
<td>If I were depressed, I would seek treatment</td>
<td>87</td>
<td>46</td>
</tr>
<tr>
<td>Seeking help for depression would make me feel less intelligent as a medical student</td>
<td>21</td>
<td>46</td>
</tr>
<tr>
<td>If depressed, fellow students would respect opinions less</td>
<td>24</td>
<td>56</td>
</tr>
<tr>
<td>If depressed, application for residency would be less competitive</td>
<td>58</td>
<td>76</td>
</tr>
<tr>
<td>Medical students with depression can snap out if they wanted to</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Depression is a sign of personal weakness</td>
<td>7</td>
<td>17</td>
</tr>
</tbody>
</table>

Schwenk et al, JAMA 2010
Examples: Institutional Strategies

Facilitated Connecting

Mayo Faculty Process Grp \(\rightarrow\) decreased burnout
Peer/Mentors
Schwartz Rounds (425 hospitals)

Education

Mass Gen SMART “Resiliency”
Mindfulness Curriculum
Stigma reduction
Healthy striving v perfectionism

Barrier Reduction

UCSD HEAR Program
OHSU Wellness/Suicide Prevention Program
Stanford WellMD
The Ohio State Wellness/“Health Athlete”
Humans Before Heroes (AMWA, AFSP, PSL +)

Employee Groups/Initiatives

Culture Champions
Interest Groups
Inclusion Groups
Actionable Strategies

- **Education** (MH, Suicide Prev, Stigma reduction, Resilience skills)
- **Interventions** (CBT, Interactive Screening Program ISP)
- **Multi-prong Programs** (Wellness dimensions, mentorship)
- **Policy changes** (Option to seek healthcare confidentially outside home institution, *Address barriers in licensing & privileging*)
- **Create wellness culture**
  (Leadership, Narrative storytelling, Address toxic behaviors)
- **Advocacy**
  (Dr. Lorna Breen HCP Protection Act, Humans Before Heroes)
FSMB RECOMMENDATIONS FOR LICENSURE APPLICATIONS

The FSMB (Federation of State Medical Boards) has established recommendations for the inclusion and phrasing of questions on licensing applications to promote physician health, both mental and physical.

1. Evaluate Necessity of Probing Questions
   State Medical Boards should evaluate the necessity of including probing questions about physicians’ mental health, addiction, or substance use in licensure applications. They should consider whether this information to ensure patient safety may be obtained in a different manner, one that does not discourage physicians from seeking treatment.

2. Differentiate Illness from Current Impairment
   Licensure questions should differentiate between the diagnosis of illness versus the resulting impairments. They must focus only on current impairments to be ADA compliant.

3. Limit Impairment History
   Applications should not seek information about impairment history in the distant past and limit historical questions to two years or less, so they can focus on the presence or absence of current impairments that are meaningful in the context of providing safe medical care. Questions addressing impairment from mental health should be posed in the same way as those that inquire about physical impairment.
4. Consider Safe Haven Non-Reporting

State Medical Boards should consider allowing physicians currently under treatment for mental health or addiction and in good standing while being monitored by the Physician Health Program (PHP) to apply for licensure without requiring disclosure of their diagnosis or treatment. Safe haven non-reporting should be offered when treatment is appropriate for the illness and further impairment is likely to be avoided.

5. Protect Physician Privacy

State medical boards should work with state legislatures to protect the personal health information of physicians and only disclose information related to impairment of professional abilities, medical malpractice, and professional misconduct.

6. Promote Treatment Seeking

State medical boards should communicate the importance of physician health, self care, and treatment seeking on medical licensing applications.

7. Dispel Stigma Associated with Burnout

State medical boards should clarify that investigation and disciplinary undertakings are distinct from each other, so physicians can seek help in times of need and report burnout without being stigmatized.
8. **PHP RELATIONSHIP**

It is important for state medical boards to establish good relations with their state PHP (Physician Health Program), so the data from the PHP can be used in the board’s decision making.

9. **POLICIES FOR IMPAIRED PHYSICIANS**

Policies and procedures for working with physicians who are considered impaired should be fair and reasonable, with the goal of protecting patients. These processes should be explicitly explained and publicly available.

10. **POTENTIAL BURDENS ON LICENSEES**

Medical boards should be aware of and consider reducing the repetitive regulatory licensing requirements. This may improve professional satisfaction and enable physicians to focus on patient care, where their time is most meaningfully spent.

**BY: BRITTIE PHAN**

doi: https://doi.org/10.30770/2572.1852.104.2.37
Recommended Language: Licensing/privileging

Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No)


Dr. Lorna Breen HCP Protection Act

• Grants for training HCPs in evidence-informed strategies
• Establishes comprehensive study (with recs) on HCP mental health & burnout, including COVID-19 impact
• Grants for employee education, peer-support programming, MH treatment, prioritized to providers in COVID-19 hotspots
THANK YOU!

Twitter: @cmoutierMD
Moderated Discussion

Gaurava Agarwal, MD
Associate Professor of Psychiatry and Behavioral Sciences and Medical Education
Director of Physician Well-Being
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