

Centers for Medicare & Medicaid Services
COVID-19: Lessons from the Front Lines
February 11, 2021

(Audio and video of the call:

<https://www.youtube.com/watch?v=3wiHpwHWbOg&feature=youtu.be>)

Barry Marx:

Thank you. I'd like to welcome our participants, our speakers, and our CMS colleagues to this "Lessons from the Front Line" session, focusing upon healthcare professional wellbeing and resilience. My name is Barry Marx, and I'm the Director of the Office of Clinician Engagement within the Center for Clinical Standards and Quality in CMS. While members of the press are also on these calls, we do ask that they please [inaudible] form, which can be found online at [cms.gov/newsroom](https://www.cms.gov/newsroom). We ask that attendees submitting questions use the Q&A feature. In addition to our two featured speakers today, we are joined by Dr. Lee Fleisher, CMS Chief Medical Officer and CCSQ Director, and Jean Moody-Williams, RN, MPP, Deputy Director of the Center for Clinical Standards and Quality. I'd like to turn it over to them for opening remarks. Lee, please begin.

Lee Fleisher:

Thank you so much, Barry, and thank you for those who attended. And special thanks to our guests today. This is an important issue. As somebody who has, continues to practice twice a month, looking forward to giving anesthesia on Friday. And knowing both what it's like for me to be wearing my N95s, as I do it all day, and taking all the precautions, as well as talking to the nurses in the operating rooms, and the technicians, as well as the PACU and just walking around the hospital, we can tell how much of a toll that this is taken for so many months.

And even with having access to the vaccine, the need to ensure that we really come up with novel ways to ensure our continued resiliency, and to really say thank you for everything you do all the time, which is so critical. But this has really turned into a long-term issue. So, I really want to thank our two guests today, and we hope that some of the suggestions that we're hearing from the field really help us and help the administrators of our hospitals and health systems, really understand how best they can support those who are truly on the front line. And with that, I'll turn it over to Jean.

Jean Moody-Williams:

Hello everyone. I am one of the many registered nurse leaders here at CMS, and I want to add my thanks to all that are assembled on this call. The physicians, the nurses, the physician assistants, the therapists, and all members of the healthcare team for all that you have done throughout the challenges of the pandemic, but even before that. As we know, the healthcare system is constantly evolving, with new demands on a daily basis. While we want to extend our appreciation, we know that's not enough, and there is no one solution, as Dr. Fleisher has just

said, to ensuring resiliency and wellbeing in the workforce.

We know we have a role to play at CMS, and we look for ways to reduce regulatory burden, implement the most appropriate payment policies, support innovations of care, and examine scopes of practice. We do those things, and we will continue based on the feedback that we get from you. But this is not a CMS issue, and we can't regulate a magic answer, but we can provide forums such as this for sharing of ideas. So, we encourage each of you to implement new and innovative ideas, provide opportunities for wellbeing check-ins, and we know that we are here to learn from you, and you to learn from your peers. So, thanks again for joining, and I'll turn it back over to Barry.

Barry Marx:

Jean, thank you very much. It's now my pleasure to introduce our speakers for today's session. Dr. Susan Bailey is an allergist immunologist from Fort Worth, Texas, and was elected president of the American Medical Association in June of 2020. Previously, she served as president-elect of the AMA for one year, speaker of the AMA House of Delegates for four years, and as vice speaker for four years. Dr. Bailey, who has been active in the AMA since medical school, when she served as chair for the AMA Medical Student Section, has held numerous leadership positions within the AMA. These include serving as chair for both the advisory panel on Women in Medicine, and the AMA council on medical education, as well as representing the AMA on the accreditation council for continuing medical education, the American Board of Medical Specialties, and the Committee on Legislation and Advocacy. Dr. Bailey is an allergist in private practice and has been with Fort Worth Allergy and Asthma Associates for over 30 years. She completed her residency in general pediatrics, and a fellowship in allergy immunology at the Mayo Graduate School of Medicine in Rochester, Minnesota. And is board certified in allergy and immunology, and pediatrics, and has been awarded the title of Distinguished Fellow of the American College of Allergy, Asthma, and Immunology.

Our second speaker today is Holly Carpenter. Holly Carpenter is a senior policy advisor for the American Nurses Association's Nursing Practice and Work Environment Department. Her portfolio at ANA includes developing resources, policies, and educational programs on nurse health, safety, and wellness, including the Healthy Nurse, Healthy Nation initiative, nurse suicide prevention, immunizations, and other occupational health and work environment issues. Prior to the ANA, she was employed at the Maryland Nurses Association, and the state of Maryland's Department of Health and Mental Hygiene. Holly graduated from Salisbury University with a Bachelor of Science in Nursing. It's now my pleasure to turn this over to our first presenter, Dr. Susan Bailey.

Susan Bailey:

Thank you so much, Dr. Marx, and it is a real honor to be here today with you. COVID-19 has so profoundly changed our world in the last year that it's really hard to believe that the first reported cases in the United States were found in late January just a year ago. It may take many more months, maybe even years, for us to fully understand the impact of this pandemic on

medicine, on society, and on our economy. And so, with COVID cases raging in many areas, and the vaccine roll out accompanying, occupying so much of our focus, I really do appreciate the opportunity to talk about the alarming trend of physician stress and burnout, which the AMA, years ago, declared a public health crisis in which, like almost everything else, has been magnified during this pandemic.

Now, as physicians, we wear many hats in our service to our patients. We are healers, scientists, communicators, advocates, researchers, scholars, problem solvers, and much more. But especially at a time like this, we have to remember that we are first and foremost human, and that we are subject to the same intense feelings of fatigue and anxiety, self doubt, and depression that arise in periods of extreme stress for everyone. Now, just as COVID-19 devastated the lives of our patients, it has jeopardized our own safety, and punctured the aura of invincibility that so many of us used to feel. Many physicians are suffering mental and physical exhaustion in this pandemic. Some are burned out. We have suffered the loss of dear colleagues, friends, and family. We've seen our Emergency Departments and ICUs fill up as cases and death counts have surged, despite our pleas to wear masks and avoid congregate settings. Each day, we walk a delicate balance of service to our patients, while also fearing that we may contract the virus and spread it to our coworkers, our families, and our friends.

Burnout presented an epic challenge for physicians in the practice of medicine long before COVID-19. But this pandemic has exacerbated the underlying and systemic problems that contribute most directly to physician satisfaction. The pandemic has also triggered a host of other challenges by imposing the need for physical isolation, by reducing access to some in-person community support systems and resources, and limiting the opportunities to receive counseling, just to name a few. The American Medical Association feels the weight of this moment on the shoulders of physicians, on nurses, and on every member of the healthcare team. Recall that, even before we knew the name COVID-19, physician and provider burnout had reached crisis proportions in the U.S. The AMA's own research indicates that about 44 percent of physicians reported at least one symptom of burnout in the years prior to COVID-19, and that one in five of our colleagues were considering reducing their clinical hours or leaving the profession altogether. That was before the pandemic and, of course, COVID-19 has made all of these problems more acute.

So, our AMA has created a number of tools and resources to help physicians manage their mental health and cope with stress in this pandemic. Some of these tools, in addition to daily COVID videos and a series of informative podcasts, are available for free in the AMA COVID-19 resource center on our website at [AMA hyphen ASSN dot org](https://www.ama-assn.org). Now, some of these resources include a mental health resources page, which provides specific information and recommendation on how physicians can manage their stress, can take care of themselves, their staff, and their patients during the pandemic. We have a guide for caring for the caregivers, which helps health system leaders support physicians and healthcare teams in this challenging environment. The guide provides practical examples and strategies to encourage wellness and improve physician satisfaction. It also includes valuable strategies that address workload

redistribution, institutional policies, meals, childcare, attention to emotional wellbeing, and connecting with others. Our website has strategies to prioritize mental health during these winter months, and related efforts to reduce physician and provider burnout, and promote wellness. Our free daily COVID-19 video series provides insights from leading experts on an array of issues, including bolstering peer support and behavioral health.

Our AMA's Ed Hub, an online education portal, includes dozens of modules around physician health and wellness, including support for physicians to recognize and respond to suicidal ideation among their peers, patients, and other members of the healthcare team. Of course, our advocacy work in Washington, D.C., has fought to secure PPE that physicians and other front-line workers so desperately need, and for the financial support to help independent practices overcome the economic hardships brought on by this pandemic. AMA helped secure more than 180 billion dollars to support physicians and other front line healthcare personnel in the Federal CARES Act and supplemental funding packages. And, we have championed the widespread adoption of telemedicine in this pandemic, providing a critical lifeline for both patients and physicians at a time when shelter in place guidelines have focused, forced isolation for many patients, and kept them from visiting their doctors. We created an online telehealth implementation playbook that outlines a clear and efficient path to rapid, scaled implementation of audio and visual visits. And we have helped to remove restrictions on where patients can be located to receive these telehealth services under Medicare rules. Thanks to changes from CMS, Medicare patients can now receive telemedicine services from the comfort and the privacy of their homes, no matter where those homes are located.

And finally, our AMA has two ongoing surveys to assist healthcare systems and practices measure and monitor the impact of COVID-19 on front line staff. Now, we know from studies, and from experience, that physicians are more likely to consult our colleagues and peers for support and advice when dealing with job related stress, as opposed to seeking out advice from behavioral health professionals. One factor is the emphasis placed on physical stamina and mental toughness in medical school and residency. We're encouraged just to keep going and tough it out. Another factor is the stigma that physicians can experience when they seek outside help to manage their mental health. Doing so, in some states, can actually jeopardize our medical licenses. That has to change. The need for both physical and mental wellness within our physician community has never been more urgent than it is in this moment.

With several safe and effective COVID-19 vaccines now in widespread circulation, physicians play an important role as vaccine ambassadors to our patients, some of whom we know are reluctant to receive the vaccination. Overcoming this hesitancy and fostering widespread vaccine acceptance among all demographic groups will be a key factor in defeating COVID-19 going forward. Our AMA will advance this mission by ensuring that physicians and their patients have updated vaccine information, and educational resources related to the evaluation, distribution, and administration of FDA authorized vaccines. AMA has hosted a series of webinars and physician town halls with leading vaccine experts from the CDC, the FDA, and other institutions, to help answer physicians' questions, and remove at least one ongoing, but

important, source of stress in this pandemic. Past episodes of our web series called 'What Physicians Need to Know,' are available for free on our website at ama-ssn.org/COVID-19-webinars. Or you can sincerely visit our main page and search for COVID-19 webinars. Links to all of the resources that I've mentioned in my remarks will be made available to all the attendees today by the moderator.

Now, we know that physicians and, will continue to have questions and concerns related to vaccine development and approval, and we're dedicated to providing continuously updated information that answers those questions and addresses those concerns, as quickly and as thoroughly as possible. So, in summary, we are helping our physicians and healthcare teams deal with the mental anguish of this pandemic by providing them the information that they need to take care of themselves, by helping provide the equipment and the resources they need to protect themselves and keep their practices open and providing information on vaccines. So, before I close, I would just like to thank CMS. Not only for hosting today's event, but also for being a good partner in reducing unnecessary administrative burdens on physicians, which is one of the key drivers of professional burnout. The AMA and CMS have collaborated on a number of issues, such as telehealth expansion, that I mentioned earlier. We also worked together over the past year to reduce physician documentation burdens, by agreeing to changes in the evaluation and management reporting requirements, the first such overhaul of EM codes in more than 25 years.

But we can do more. We ask that CMS and the Biden administration work with Congress to make permanent the Medicare telehealth services available to patients all over the country, not just those in rural or dramatically underserved areas. And to be delivered to patients in their homes, or wherever they're located, without having to go to a medical facility to receive them. We ask CMS to continue to pay for the CPT codes for audio only visits, as many patients with Medicare can't access audio video services, I saw a patient just like this on Tuesday, or listened, because she didn't have internet access, including patients in historically marginalized communities. We ask CMS to extend coverage of the codes on the interim telehealth list for an additional year after COVID-19, to allow more evidence to be gathered on how these services can be used. And we ask to allow virtual learning technologies to be used for Medicare diabetes prevention services, also beyond the pandemic.

Working together, I know we can continue to make a real difference for physicians, and improve access to healthcare for patients. We have all been through a lot in the last year. We have weathered many storms, and we will need to weather many more before we can truly put this pandemic behind us. But I'm confident that we will get through this health crisis, as we have done in the past, by drawing on the strength and support of our wonderful colleagues, and with the help and support of organized medicine. Thank you for giving me this opportunity, and I look forward to answering questions at the end of the webinar.

Barry Marx:

Dr. Bailey, thank you very much for that presentation. And now, I'd like to turn it over to Holly

Carpenter, with the American Nurses Association. Please.

Holly Carpenter:

Hi, can you hear me okay?

Barry Marx:

Yes.

Holly Carpenter:

Wonderful. Good afternoon, everyone, it is such a pleasure to be here with all of you. I will be speaking about nurse health, safety, and wellness resources, with a concentration in mental wellbeing. This is going to be excluding a lot of ANA's COVID-19 resource center resources, as well as advocacy and government affairs, so please know that that is going on, it's just not going to be addressed in my presentation. So, nurse mental wellbeing has been a particular focus at ANA Enterprise, especially during the pandemic. Although some of the resources are nurse specific that I'm going to speak about, most are appropriate for all healthcare professionals, or have key takeaways for them.

So, nurses face really unique stressors. Fatigue, long shifts, workplace violence, incivility, bullying, stress, exposure to infectious diseases and hazardous chemicals, and more, and this was before the pandemic. ANA defines healthy nurses as those who actively focus on creating and maintaining a balance and synergy of many different types of wellbeing, including physical, intellectual, emotional, social, spiritual, just added recently, financial, and then personal and professional wellbeing. So, from 2013 to 2016, ANA held a robust health nurse risk appraisal. And from those results, we found that nurse health was often worse than that of the general population in certain areas, particularly with sleep and stress, and other problems emerged. We knew we had to do something. We know nurses know what to do, how to take good care of themselves, as physicians do, but to find the time, the support, and the motivation to do so is very, very difficult. So that's where Healthy Nurse, Healthy Nation came in.

So, as a response to this, in 2017 we created the Healthy Nurse, Healthy Nation program. This is a free program and open to everyone. You do not need to be a nurse or an ANA member. The URL is going to be provided, but it's an easy one, HNHN dot org, so hopefully you all can get a chance to look at it. It's made possible in part by the American Nurses Foundation and funders. Healthy Nurse, Healthy Nation seeks to engage and connect nurses, nursing students, employers of nurses, including healthcare facilities and healthcare systems, schools of nursing, university, and other interested parties in nurse health, safety, and wellness. We see to effect and impact the individual nurse in their healthy, and unhealthy, choices, their employer, their professional organizations, and their schools, to better support the nurse, and the nursing student, in wellness. Additionally, we connect nurses with each other for friendly competition, support, discussion, and to have access to various subject matter experts. Our five domains that we've identified are rest, physical activity, nutrition, quality of life, which is just kind of a nebulous category, everything from work-life balance to stress management to financial resources, and safety. And

safety, again, is occupational health safety, so things such as needle sticks, sharps injuries, workplace violence prevention, safe patient handling. But also personal safety, so like, no more distracted driving.

Additionally, we connect nurses with each other for friendly competition, support, and then, this will help the nurse provide better care and be a better advocate, educator, and role model of health. Currently, we have over 200,000 participants, and over 550 partners. Our mission statement, which we newly revamped, is improving the nation's health one nurse at a time, and our new tagline is: inspire, empower, and move. We realize that not any, no campaign will meet the needs to each individual person, or nurse, so we have many different ways they people can participate in Healthy Nurse, Healthy Nation. There's an online community, a text campaign, a private Facebook group, and then a lot of robust social media activities that people can participate in. When you join, you create a profile page if you would like, and then you're urged to make a commitment. Research shows that when you put something in writing, you're more likely to follow through. And our commitments are not necessarily lose 50 pounds or run a marathon, although people do that. It can be about learning to say no more, or not texting while you're driving.

One of the most important components of Healthy Nurse, Healthy Nation is our healthy nurse survey. This is 101 questions. It takes about 15 to 20 minutes to complete, and participants get their results immediately, in a heat graph form. So basically, every question, most questions are coded red, yellow, green. Red is high risk, yellow is medium risk, green is low to no risk. And sometimes, things show up as gray, if you skip that question or if it was not applicable to you. So, when you get your heat map, you'll see all these different colors and messages, and that's very helpful, and people can click on each box. It'll show the question, their answer, the national average, and the ideal standard. But a lot of times, this multitude mosaic of different colors doesn't really have a meaning for some people. So, we also subscribe, ascribe a healthy nurse index score, and that's a numerical score from one to 10, based on 28 various questions that can kind of give them an idea of their overall health. Now, the nice thing about the survey is participants can take it year after year, so they can compare their scores and see if they're improving or not. So, we really, this is one of our most helpful tools, and it provides Healthy Nurse, Healthy Nation with data so that we know where programs and resources are needed most. Our partners, if they're at a champion level, or a collaborator level, can get de-identified, aggregated data about participants that link with their organization, once 25 or more nurses have answered the questions for those specific organizations. And then our annual data can be found in nursing journals, and our annual highlights report, again, which a link will be sent out to you so that you can see that.

So, something that we feel is very helpful to our nurses, especially now during the pandemic, and what we're hearing from nurses, and what we heard from Dr. Bailey prior, is that healthcare professionals really value speaking with other healthcare professionals in their own profession about what's bothering them. So, we do have a robust discussion board that people can participate in, and you know, obviously sometimes people are going to talk about recipes, or

something, you know, what kind of PPE are you using, that kind of stuff. But other things can be a lot deeper. Nursing does have a problem with workplace bullying, and we oftentimes hear from the actual, the victims of bullying. We never hear from the bullies themselves. And one time in our discussion board, we actually had a wonderful and brave nurse who said she had been identified as a bully by her supervisor, and how much it affected her, and how she did not know she was coming across that way. She got help, she made restitution as possible to her victims, and she got a lot of support from the community, and everyone, no one was pointing fingers or jumping on her. Everyone was being very supportive, and being like, you know, if they were being honest with themselves, they could see some of their own actions in some of the things that she had done. So, it's a wonderful place for nurses to find support and really talk about what they're going through currently.

We also have wonderful blogs. Our blogs are a lot of fun, because every month, we add new ones, and we try to spotlight at least one or more nurse that's on their wellness journey. And it can be anything from losing weight or starting a plant-based diet, or how they use spiritual practices to improve their life. So, it's all kinds of nurses from all over the country, and sometimes we even get some international nurses as well, that kind of tell us what they're doing. It's been particularly helpful during COVID-19. We also highlight our partners, so it's nice to also see what different healthcare systems and professional organizations are doing for their nurses and their members and their employees to help them with their wellness. And we work with our media content vendor and subject matter experts to bring other fresh blog content, including financial help. We also have monthly challenges, and our challenges generally run for two weeks, Monday through Friday, so 10-day challenges. But go, like I said, spanning for two weeks. The one that's going to come right after Valentine's Day is curb your sweet tooth, we're trying to cut out unnecessary sugar, just in time. And then, additionally, in March we are going to do a boost your immunity challenge. Popular other challenges have included hydration, sleep, meditation, gratitude, and more. Additionally, we have a very robust social media program. I mentioned a private Facebook group. Again, a lot of recipes, workouts, people encouraging others. A lot of stuff about COVID-19 right now, have you gotten your vaccine, were you anxious, did you have any side effects, that kind of thing. And then we also have a lot of live events that are sponsored, so different groups can meet and discuss various things. On Twitter, we do have some Twitter chats, and then we're also on Instagram, and our hashtag is hashtag healthy nurse.

So, I just want to briefly talk about some special projects that we have done within Healthy Nurse, Healthy Nation. So, directed by our 2019 membership assembly, Healthy Nurse, Healthy Nation convened a Strength Through Resiliency Committee, dedicated to providing nurse suicide prevention resources. We know through recent research that nurses are at a higher risk for suicide. We were blessed to have co-chairs Dr. Bernadette Melnyk, who is a foremost authority on nurse resilience, and Judy Davidson, a very well-respected nurse suicide prevention researcher. So, the committee produced mental health blogs, COVID-19 series webinar on nurse mental health, ANCC virtual summit presentations, and a three part series in American Nurse Journal. But our biggest project was a comprehensive mental health, stress, nurse suicide

prevention webpage for nurses on nursingworld.org. And again, those URLs will be provided for you. This is an open webpage; anyone can access it and its resources. What we tried to do is give an intro to the issue, let nurses know that they are at higher risk, the research that's out there, and then a big section on getting the help that you need, not waiting until you're in crisis. How important assessment is, and getting those assessment programs in place by employers. Helping others who are in crisis, we even have a whole series of videos about what to say in various situations, because a lot of times we don't want to say the wrong thing, so we say nothing, and that is not the appropriate way to handle this.

We do dip our toe a little bit into substance use disorder, workplace violence and incivility, and bullying, and access, trying to curb access to weapons, on the website as well. Although we have a more robust webpages, one on substance use disorder and workplace violence and incivility and bullying on nursing world dot org as well. So, we also talk about building resilience and classic suicide prevention resources. And then finally, if the worst does happen, we do address grief, bereavement, and healing the nurse after a colleague commits suicide, and how to appropriately honor their memory. And then, for suicide attempt survivors, luckily most, many do survive a suicide attempt. So, we have a lot of tips for these nurses and their coworkers and their employers, what to say, and sometimes more importantly, what not to say. And then just really, really comprehensive resources, explanations, videos, PowerPoints, research articles. Just about anything you can imagine that will really help bolster nurse resilience, and hopefully turn that help decrease nurse suicide.

And another special project within Healthy Nurse, Healthy Nation, not related to suicide, is that we work with our funder, CeraVe, to distribute free CeraVe products out to front line nurses all over the country during this pandemic. And product was not only sent to hospitals and healthcare systems, but the hospices and long-term care facilities, health departments, and places who serve the very poor. So, they just wanted to acknowledge and, as we did too, acknowledge the work and sacrifice of RNs nationwide. The next resource I'd like to talk about is the Pulse on the Nation's Nurses, COVID-19 survey series, mental health and wellness. So, this is through the American Nurses Foundation. It's a second survey, and it involved almost 13,000 nurses in December of 2020, looking at the COVID effect on nurse mental wellbeing. Not surprisingly, they found an increase in nurse exhaustion, overwhelm, and anxiety since the spring when they did their first survey. 72 percent said they were exhausted, 64 percent overwhelmed, 47 percent feeling sad, and 38 percent feeling depressed. 67 percent reported difficulty in sleeping or sleeping too much. It also asked what helped, what made them feel better, and the most helpful activities included spending quality time with family and friends, leisure and entertainment, and talking with colleagues. So, we're seeing a familiar thing here, with talking with colleagues. And again, these survey results are open to everyone with the URL provided, and if you explore nursingworld.org, you will come across it.

The next resource I wanted to talk about is the Wellbeing Initiative. Again, this is an open access link, and the URL is provided. So, to help deal with the unprecedented stress levels, in partnership with other leading nurse organizations, such as the American Association of Critical

Care Nurses, the American Psychiatric Nurses Association, the Emergency Nurses Association, and the Association of periOperative Registered Nurses, the American Nurses Foundation launched the Wellbeing Initiative for much needed resources. So, as you keep hearing the recurring theme here, we found a safe placed talk through the Happy app, and where the first two calls are free. So, how to sign up for that is on the Wellbeing Initiative, and there's a narrative expressive writing guided program. Not everyone is, wants to talk or read, but a lot of people find relief through journaling. So, this is a guided resource, and it's a little something different for everyone. There's a mental health support services guide, what's available for nurses and how to find it. There's different checklists and fact sheets about arriving home safely once you've completed your shift, particularly when you've been working with COVID-19 patients. And then financial support for nurses, as some nurses have unfortunately lost their job or have been furloughed during the pandemic.

And then finally I wanted to talk about our last resource is ANA's position statement called Promoting Nurses' Mental Health, and again the URL is provided, and you should be able to find it easily. This is really important. What we really want to see is healthcare leaders and institutions to recognize and address nurses' unique mental health needs and implement strategies to meet them. This includes access to confidential, affordable, and accessible mental health screenings, assistance, and treatment. We need to emphasize and integrate racial equity approaches in addressing mental health in nurse practice settings. And use of these resources should not threaten nurse licensure or employment. We all need to work together to de-stigmatize mental health for everyone, but particularly for healthcare professionals. We continue through Healthy Nurse, Healthy Nation and various other resources at Healthy Nurse, Healthy Nation, at American Nurses Association, look at gratitude, meditation, building resilience. These are things that nurses have spoken to us about. The meditation processes can also include yoga, prayer, various things have really brought different relief for nurses in different ways.

And then finally, I know we want to leave time for a lot of questions and answers. I want to say thank you, thank you, from a grateful nation, and from all of us here at the American Nurses Association and Enterprise. Your service is heroic and greatly appreciated. Thank you, thank you for this time.

Barry Marx:

Holly, thank you. Thank you very much for that, and again, thanks to both of our speakers for these presentations. It's clear that well before COVID-19, a focus on healthcare professional wellbeing and resilience really became a critical issue for our nation's front line healthcare workers. And many organizations and many entities have stepped forward to provide resources, guidance, and support for our healthcare professionals. I have a question for, first, Dr. Bailey. The, within the materials that the American Medical Association has put out, there is a particular module that is called Steps Forward, that really provides very, very concrete examples, with videos, of how front-line healthcare teams are coming together to, around issues of supporting healthcare professional wellbeing and resilience. Can you say a little bit about how those were developed?

Susan Bailey:

Sure, thanks for that opportunity. We had developed our Steps Forward series of modules several years ago, when the AMA established as one of its, you know, professional strategies and priorities was practice sustainability and physician satisfaction. And the Steps Forward modules initially began as a few, very concrete modules on dealing, you know, with electronic health records and billing and, you know, very practical, you know, patient flow issues, things like that. But as time went on, the level of sophistication and the breadth of the topics that we covered greatly increased. And one thing that we have made a priority is the importance of a well functioning physician led team in delivering care. And team, you know, teamwork doesn't come naturally to physicians. We're taught to work solo; we're taught to be very independent and to think for ourselves. And many of us really need formal training in working with teams, which we feel is the best way to deliver care. And we believe that the importance of mental health and resiliency amongst the healthcare team really, you know, justified creating, you know, special education around that. But we've got that and many more resources in our Steps Forward modules that can be found on the AMA website.

Barry Marx:

Thank you, thank you very much. I'd like to turn it over now to Dr. Lee Fleisher. Lee, if you have any follow-on questions or comments?

Lee Fleisher:

Yes, thank you so much for these outstanding presentations. You know, one of the concerns I have, and as I walk through the doors of my hospital, you know, it says healthcare heroes come here. That's both good and bad, because it perpetuates the concept that we expect you to be heroes, we expect you to work. And you know, even as Barry and Jean know well, just recently they pushed me, and appropriately as the leader of our center, to say turn off your emails from CMS from the weekend. There's nothing urgent, I'll text you if I need you. So my question is, you talked a lot about resources available, and things people can do when they're feeling stress. What also do you think, from both of you, that the leaders should do to help put these healthcare heroes, and I'm talking writ large, because the EVS people walk through the same doors as I do, and I agree, they're heroes when they came in. Should, what can we do to help them take the time they need to do this? Thank you.

Susan Bailey:

Holly, if you want to go first, I'll let you.

Holly Carpenter:

Sure, sure, sure. So, especially for nurse leaders, one of the most important things that they can do is, like with nursing rounds and everything, just kind of do a check in and see how people are feeling. Sometimes this is referred to as a huddle. And if the nurse leader is confident and wants to share, if they can share a personal experience, or a nurse that other people have looked

up to that has struggled with mental health issues, and how they overcame them, it's very important. A lot of times we get stuck in our heads thinking we're the only ones, and we need to know that this is a common struggle and that there is help, and that it's completely normal, and that it's time to get that help. But also, employers need to supply free, confidential assessments that are affordable and accessible. And this should be encouraged for every single nurse or employee that's working front line, or even not on front line. Because you don't want to wait until they get into crisis, let's identify it, any problems, and head them off at the pass. So, that's my two cents.

Susan Bailey:

I love that, and, you know, along those same lines, there are a number of county medical societies across the country, my own Tarrant County Medical Society in Texas being one of them, that have, are using their resources to develop confidential ways that physicians can receive, you know, mental health, either, you know, through telemedicine or even in person. You know, in this really, really stressful time, because, you know, as much as, you know, as an organization, we try to make sure that they have the knowledge they need to deal with the situation, they have the equipment that they need to protect themselves, and that they have the resources that they need to keep their practices going, plus vaccines to eventually get to the other side of this. Of course, we know that there are, you know, many times when we just need help to deal with this devastating situation unlike any of us have ever seen in our lifetimes. And I hope more local resources, because something like this really does need to be local as opposed to national, you know, like Holly said, to have individual hospitals. But, you know, not all physicians work in hospitals, not all nurses work in hospitals. And, you know, we need our organizations to step up, to help provide the confidential, secure mental health resources that our members need.

Lee Fleisher:

Thank you so much.

Jean Moody-Williams:

Barry, there is a question --

Barry Marx:

Yes.

Jean Moody-Williams:

-- in the chat, and maybe my closing comment as well, just to acknowledge the question. Is there any consideration to using clinical chaplains and clinical social workers as a means of providing support? And I have a really good friend that is a head of the chaplains at a local hospital, and when the pandemic first started, they were directing all of their attention to patients. I'm going to stop, but now they look at staff.

Holly Carpenter:

Well, we certainly see in our faith-based healthcare organizations that the prayer and chaplaincy is important. We also have nurses, there's a nurse specialty, parish nursing, that also includes that as well. And just anecdotally, through Healthy Nurse, Healthy Nation, we have gotten some beautiful photos of nurses praying between shifts, in their full PPE. And this particular, the one I'm thinking of, they were actually on the helipad, so they were outside, so it was a safe place to pray. Everyone had their PPE on, and they were socially distanced, but it was a very powerful image, and different people were praying in different ways. Some had their hands raised, some were kneeling, some were standing, some just had their head bowed. So yes, spirituality definitely does really help during this situation, especially for some people. I don't know that, you know, it helps every single person. I would like to think that it does, but it definitely fills the need for many, many nurses.

Jean Moody-Williams:
Thank you.

Barry Marx:
Let me, let me ask another question. Holly, could you talk a bit about the Healthy Nurse, Healthy Nation grand challenge?

Holly Carpenter:
So, hopefully you got that from the beginning of my talk. We've kind of moved away from the grand challenge methodology, title, we just call it Healthy Nurse, Healthy Nation. But it is based on the grand challenge methodology, in that we're trying to, ANA is the backbone organization. Notice that we don't say we're the head, the heart, or the hands. We have involved many other organizations to go ahead and help with that. And we also do a collective impact model, where we start with the individual, then we look to their families, their communities, their workplace, their organization. So, you know, it's spreading out over all that. And also, we try not to use one way. Like I said, we have the platform, but a lot of people don't want to join just one more platform. So that's why we're on Facebook, a lot of people get their messages via text, there's a newsletter that the partners can use. So, we try to make it so that there's something for everyone. And it doesn't have to be your entire wellness program, it can just be another tool in your toolbox.

Barry Marx:
Thank you. Another question from the chat, let's see. The question, not sure if this is helpful for free confidential support for front line workers and physicians. For their front lines, free crisis counseling 24/7, counseling for front line workers facing fear, anxiety, stress, or isolation. So, what is the experience with those sorts of resources?

Susan Bailey:
I'm not sure I can really speak to that, because there are so many different ways that that is happening, you know, across the country and with every health system. But, you know, in general, the more accessible a resource like that is, the more convenient it is, the more likely it is

to be utilized. And having to take extra steps to get the help that you need makes it less likely to happen with each step, and having, you know, front line, you know, 24/7 resources available, I think the general principle of that is incredibly valuable.

Barry Marx:
Thank you.

Holly Carpenter:
I would just like to add, especially since they are usually confidential, anonymous, it would be hard for us to get some of that information. Unless we did -- very specific survey on that. But if you did want to look at some of the resources, Judy Davidson's work with the HEAR Program, capital H-E-A-R (word spelled out), you can just Google that and you might be able to see some interesting assessment information on both nurses and physicians.

Barry Marx:
Thank you, thank you very much. Well, I realize we're in the final few minutes of our scheduled time today. And so, once again, I would like to thank our speakers, our CMS colleagues, and all who participated on today's call. A recording and a transcript of the session will be available through the CMS podcast and transcripts webpage. In addition, links that were mentioned on today's call, as well as other resources, will be made available after this session is over. We ask everyone to please watch for announcements for future sessions in the "Lessons from the Front Line" series. And with that, I would like to thank everyone very much for your time and participation today, and particularly again, our two speakers, Holly Carpenter from the American Nurses Association, and Dr. Susan Bailey from the American Medical Association. And thank you all very much.

Susan Bailey:
Thank you.

Susan Carpenter:
Thank you very much.

[end of transcript]