

Healthcare Workers Wellbeing Panel



⊕ Fighting Health Professions Burnout

Current Environment



Dr. Gabe Charbonneau

Family Medicine



Brenda Donaldson

Registered Nurse



Dr. Russell Libby

Pediatric Medicine



Dr. Robert Sise

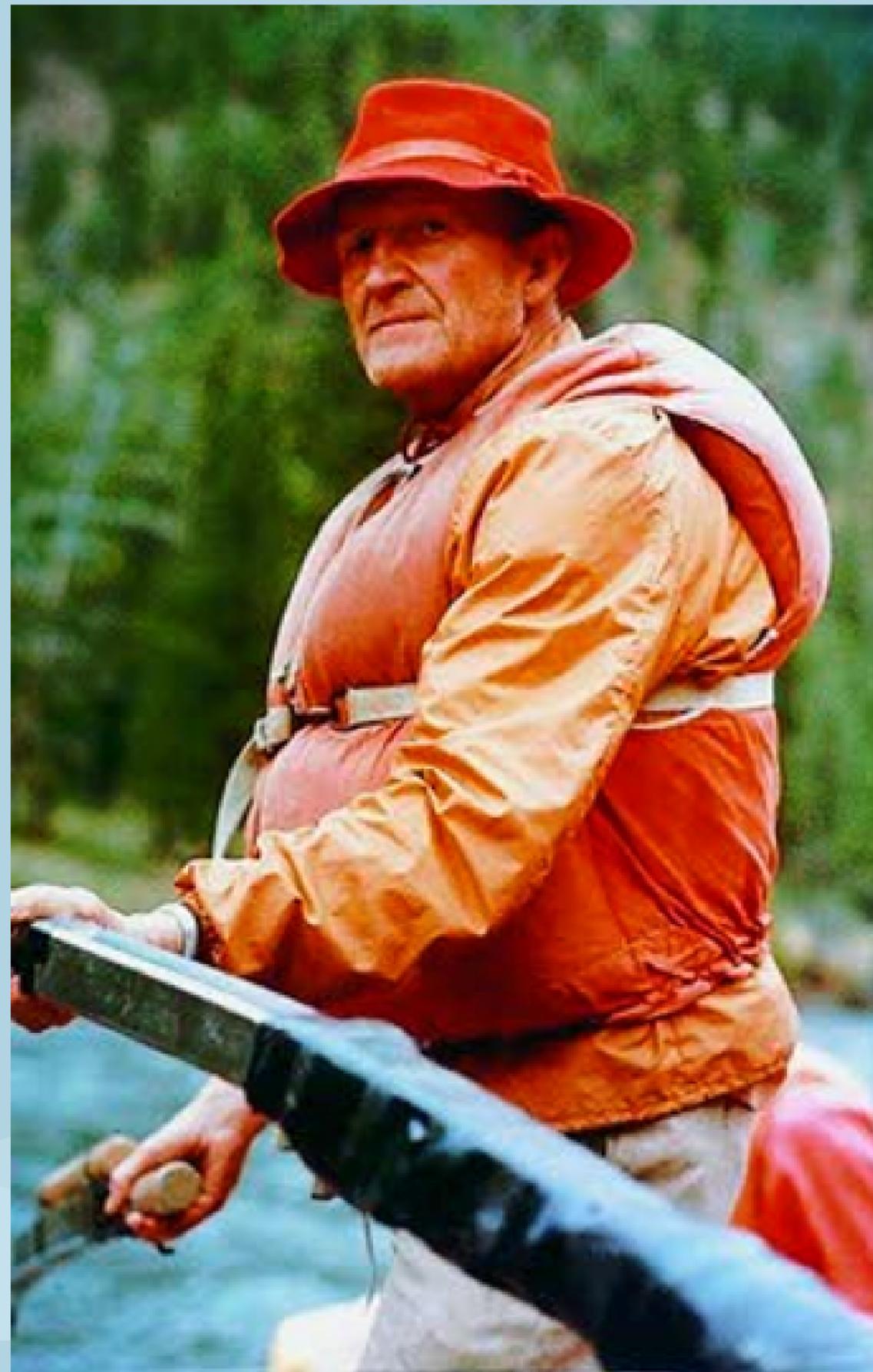
Addiction Medicine & Psychiatry

Current Environment

Gabe Charbonneau, M.D.

Gabe Charbonneau, M.D. is a rural family physician and high-tech entrepreneur. He co-founded the EHR automation software company, Fluent Systems. He serves as EHR faculty at Practicing Excellence and has been a physician advisor to the AI scribe companies, Tenor and Saykara. He is also the passionate creator of the #FightBurnout movement on social media, and FightBurnout.org. Gabe lives and practices in Stevensville, Montana.









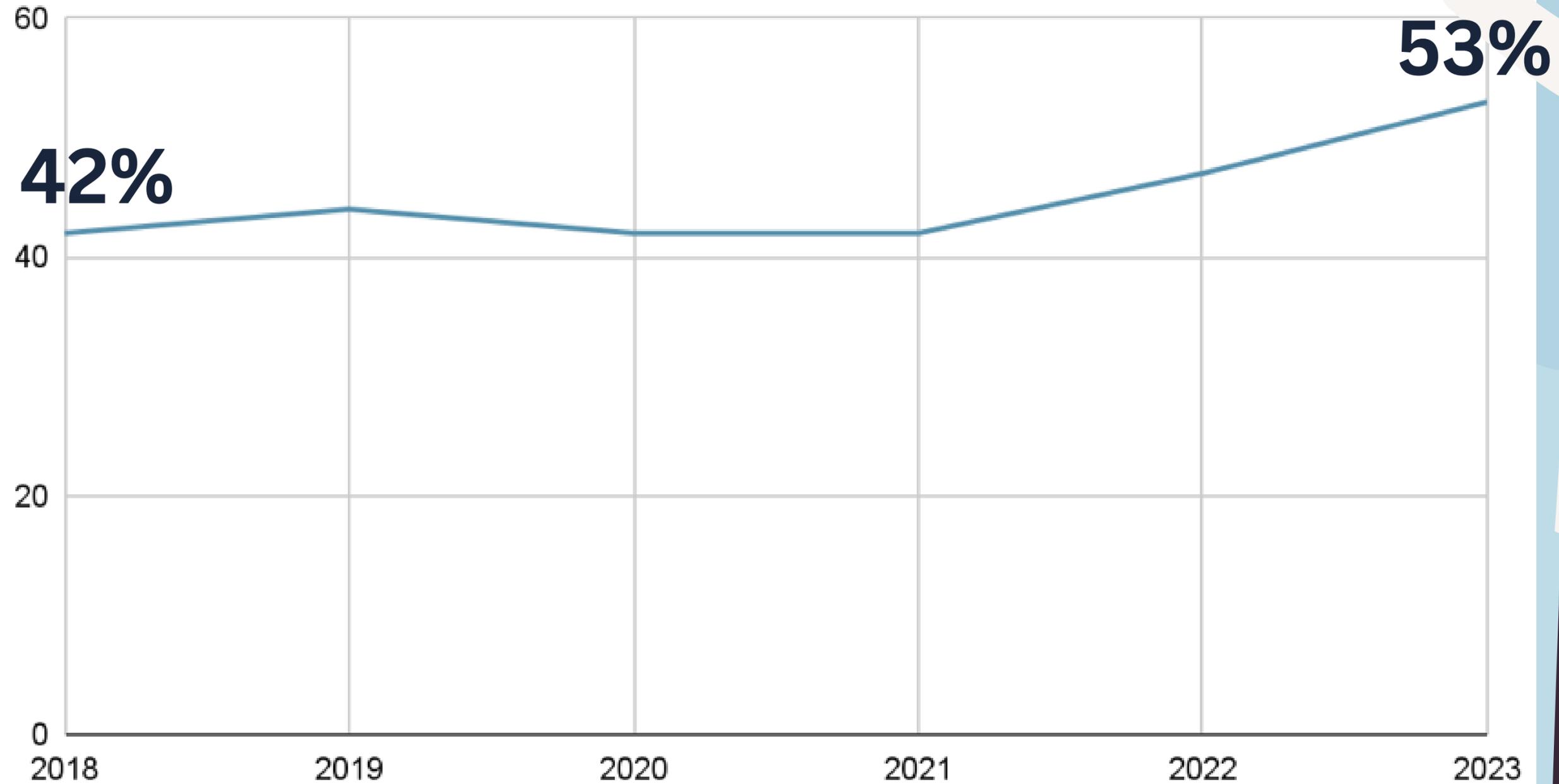
Dr. Lorna Breen



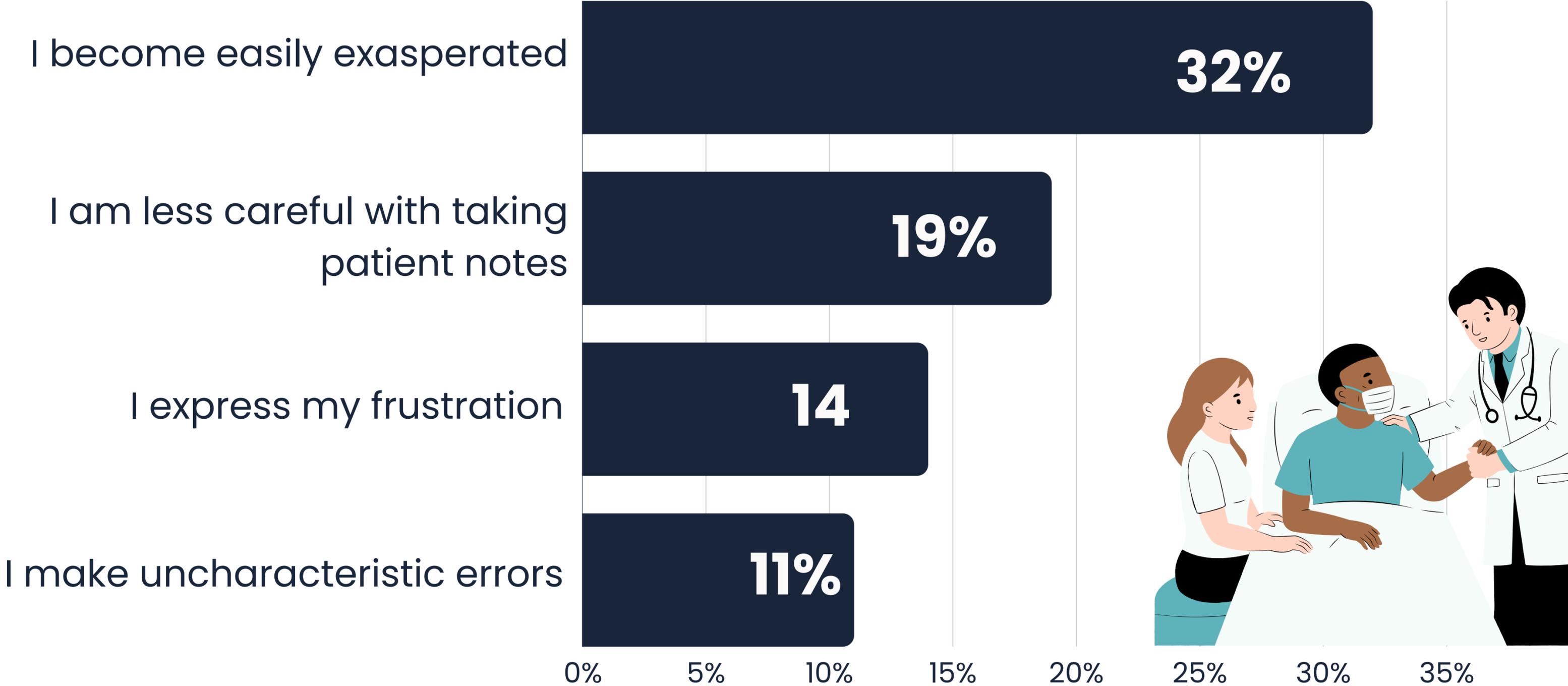


Increasing Burnout trend

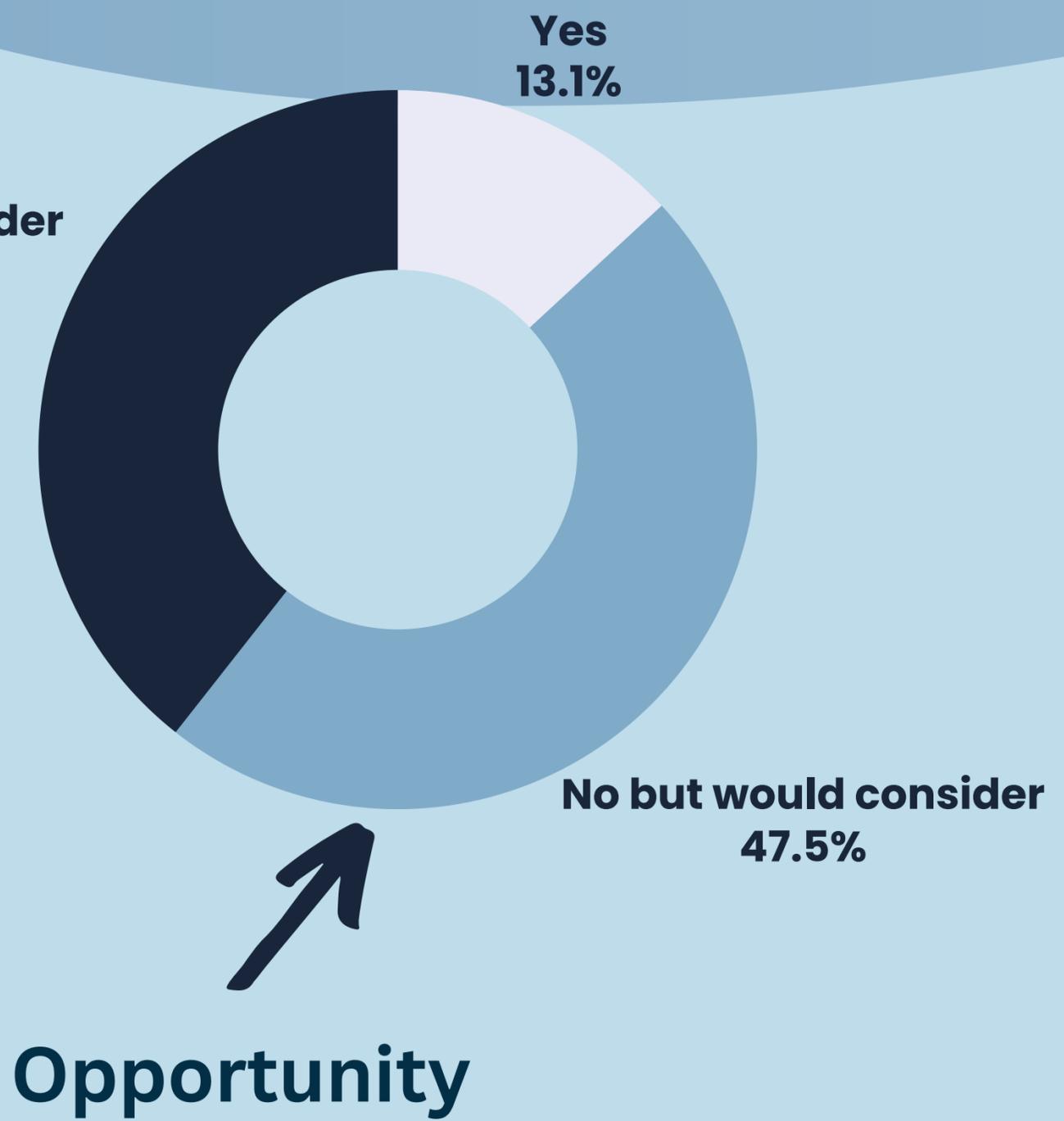
Physician burnout rate (Medscape)



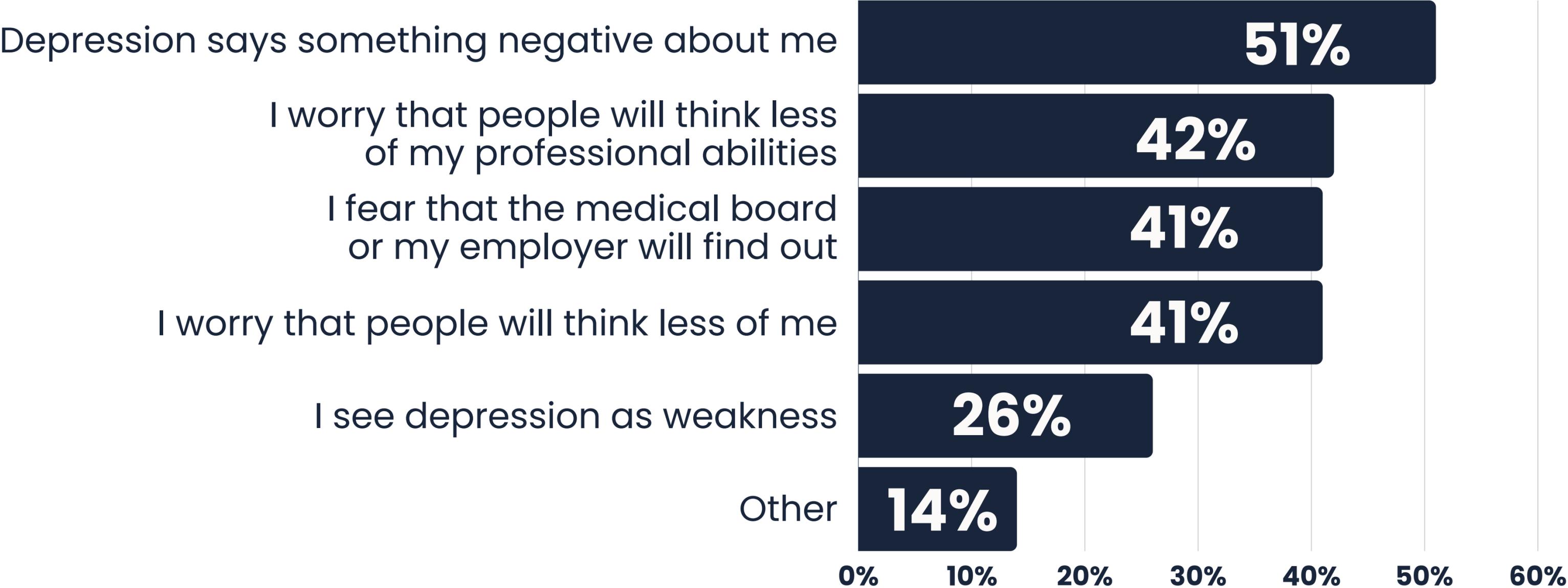
EFFECTS ON PATIENT RELATIONSHIPS



HAVE YOU SOUGHT PROFESSIONAL HELP TO REDUCE BURNOUT?



WHY HAVE YOU NOT SOUGHT HELP FOR BURNOUT OR DEPRESSION?

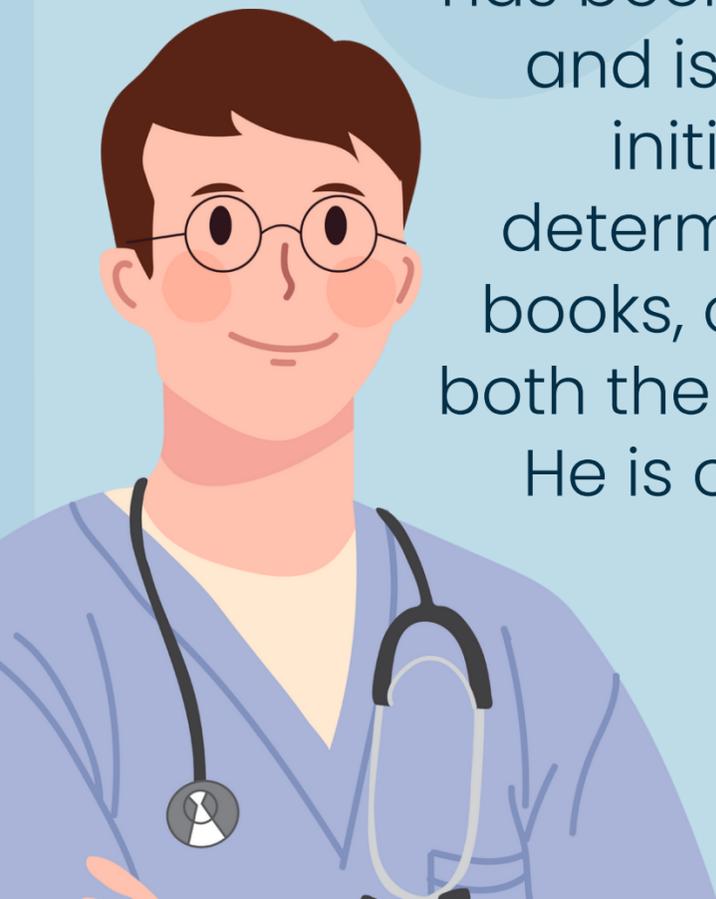


Medscape Physician Burnout & Depression Report 2023

Current Environment

Russell Libby, M.D.

Russell Libby, M.D. is Certified by the American Board of Pediatrics and as a home care director by the American Academy of Home Care Physicians. He has been President of the Medical Society of Virginia, is delegate to the AMA, and is a Board Member of the Physicians Foundation, where he has led initiatives on physician wellness, telehealth and addressing social determinates of health. He has authored numerous articles, chapters of books, opinion pieces for national media and major policy statements for both the Medical Society of Virginia and the American Academy of Pediatrics. He is on the Editorial Board and an author for the prestigious pediatrics journal, Contemporary Pediatrics.



Evidence based surveys on physician burnout

Physicians Foundation (starting in 2016)

Medical Economics

Medscape

American Medical Association (AMA)



Reports and Resources

Surgeon General Advisory

<https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html>



National Academy of Medicine

<https://nam.edu/initiatives/clinician-resilience-and-well-being/>



PHYSICIAN BURNOUT AND IMPACT

58% often have feelings of burnout (up from 40% before the pandemic)

Highest rates are in primary care specialties

40% plan on retiring, reducing hours, or switching to nonclinical jobs in the next 2 years

2/3 feel they are depressed, 1/4 clinically

78% believe there is stigma associated with seeking mental health care

51% know of a physician who has ever considered, attempted or died by suicide



MEDICAL STUDENTS AND RESIDENTS

71% of medical students and 61% of residents often have feelings of burnout

80% feel there is stigma surrounding mental health concerns and seeking help

75% of students and 68% of residents experience anxiety and other emotional dysregulation associated with their education and training

45% of students know a colleague/peer who has considered suicide

65% of students and 45% of residents have felt debilitating stress

50% felt there would be negative consequences if they sought mental health care



WHAT CONTRIBUTES TO BURNOUT?

FACTORS INCLUDE



- The profession is demanding and requires altruism and perseverance.
- Technology and data entry
- Neglect of the self and loved ones
- Workplace stresses and employer values
- Regulatory and payer impositions
- Gender, discrimination, workplace safety

Approaches to reducing burnout and supporting wellbeing



- AMA—research and publications, Steps Forward, state and national advocacy, Joy In Medicine Recognition Program
- The Lorna Breen Heroes Foundation—resources, collaboration with stakeholders, Dr. Lorna Breen Health Care Provider Protection Act
- Physicians Foundation—research, surveys, collaboration within the state and national medical organization, sponsorships, wellness programs, Safe Haven and Life Bridge

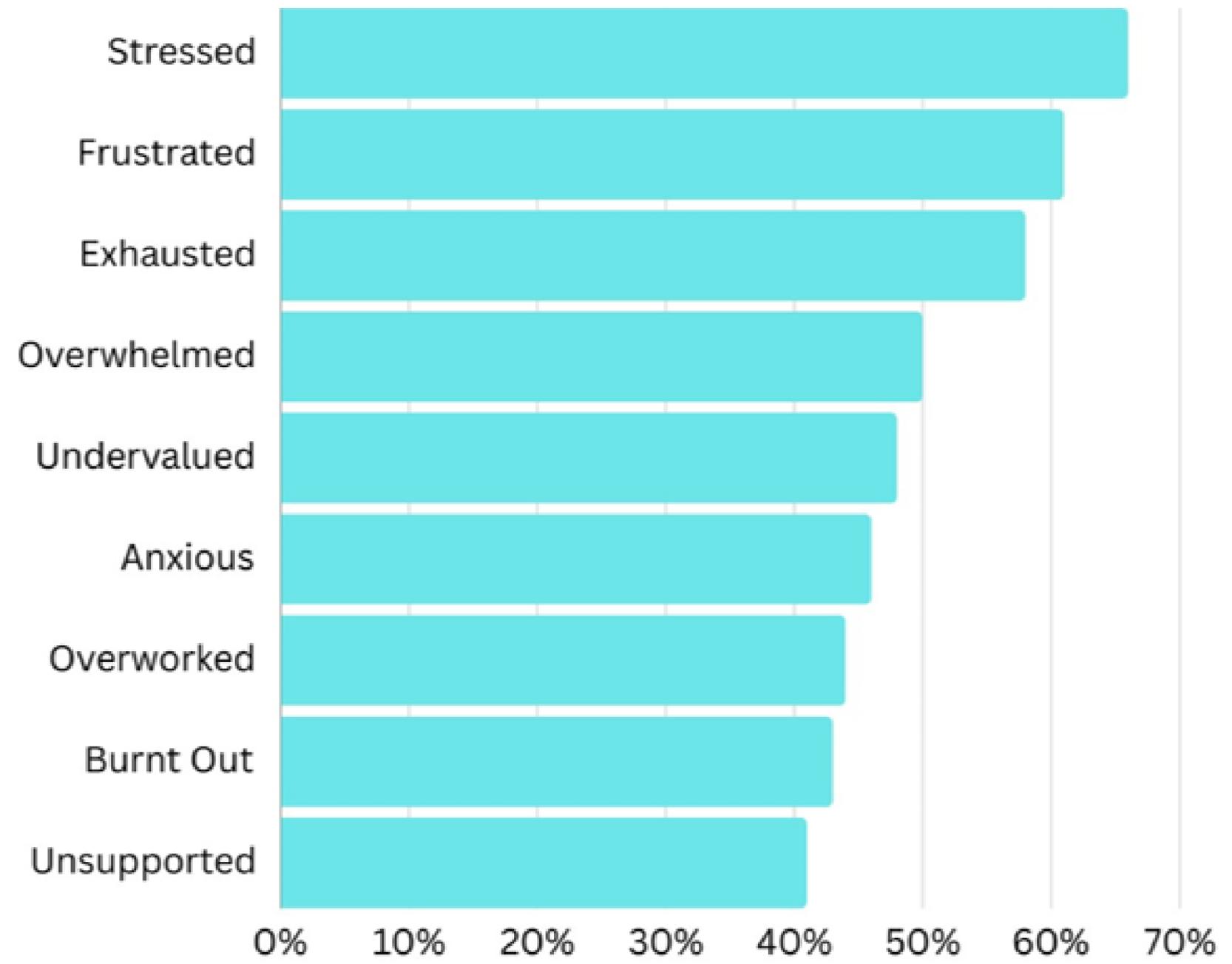
Current Environment

Brenda Donaldson, BAN, RN, NPD-BC

As a graduate of Carroll College, Brenda has practiced for nearly 38 years in a variety of roles in the nursing profession. To remain engaged in her profession, she has changed her focus in nursing practice every 10 years to include Med/Surg, Interventional Radiology, Endoscopy, Out Patient Surgery and Nursing Professional Development. She obtained board certification with each specialty change. Currently, Brenda is serving as a Professional Development Specialist for the Montana Nurses Association. She was awarded the 2016 Nurse of the Year award from the Montana Nurses Association for her advocacy work related to MNA's workplace violence campaign "Your Nurse Wears Combat Boots" She engaged in providing education that violence is not part of the job, promoting a culture change, and engaging in legislative advocacy.



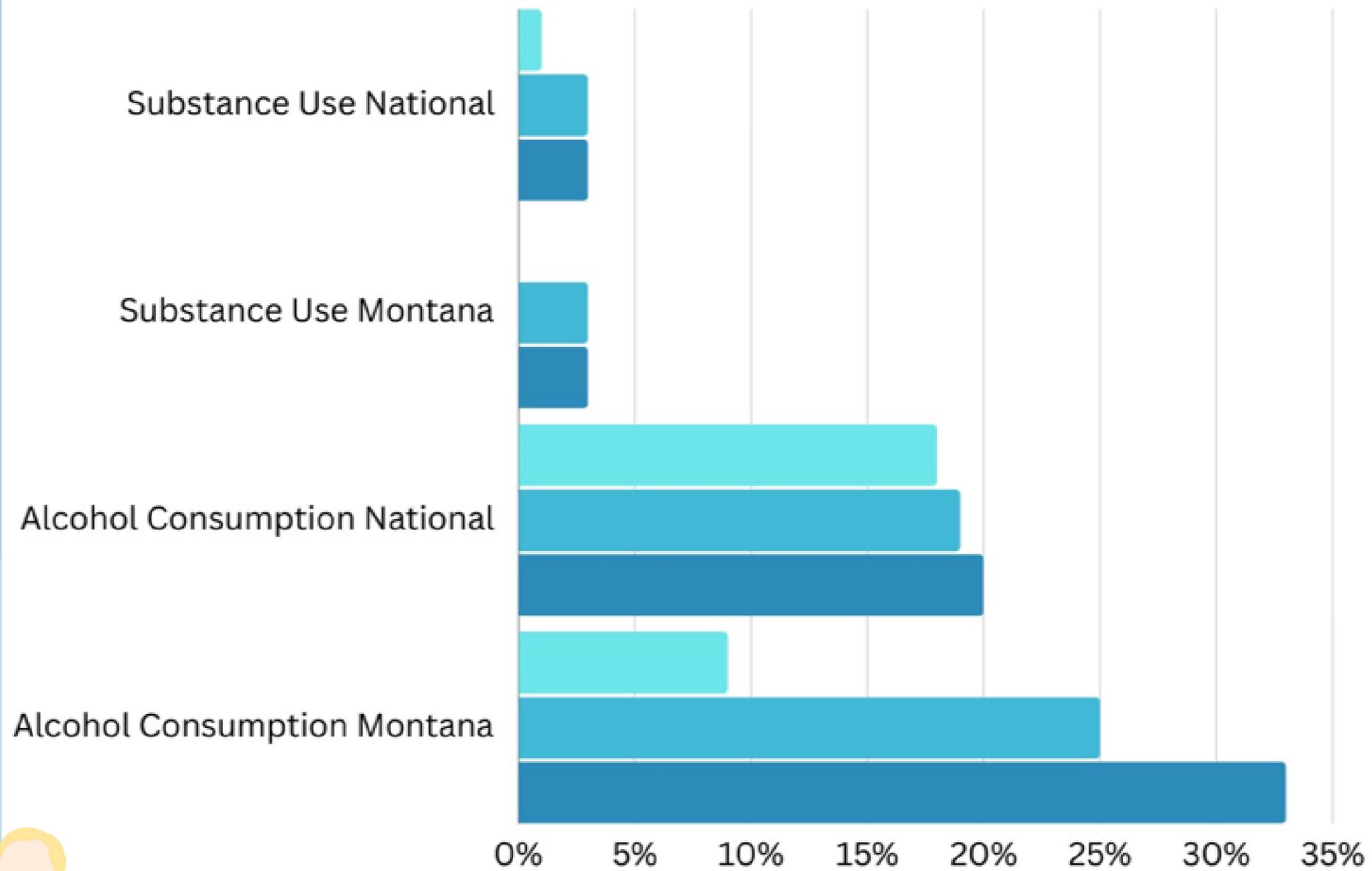
In the past 14 days have you experienced any of these feelings



American Nurses Foundation, Pulse on the Nation's Nurses Survey Series: Mental Health and Wellness Survey 4, May 2023.

In the past 14 days have you experienced an increase

July 2020 Dec 2020 Sept 2021



American Nurses Foundation, Pulse on the Nation's Nurses Survey Series: Mental Health and Wellness Survey.



55% agree or strongly agree there is stigma surrounding mental health and seeking mental health care among clinicians

41% of the apx 100,000 nurses who left nursing during Covid practiced for 10 years or less

26% feared seeking mental health care because of questions about mental health in licensure

44% of nurses with 10+ years of experience plan to leave their position or retire in 5 years

Montana Nurses Association





Top contributors
to workplace
burnout

#1 Not enough
staff to allow
me to do my job
adequately

#2 Patient load
& clinical task
volume

#3 Challenging
& changing
leadership

#4 Challenging
& demanding
patients &
families

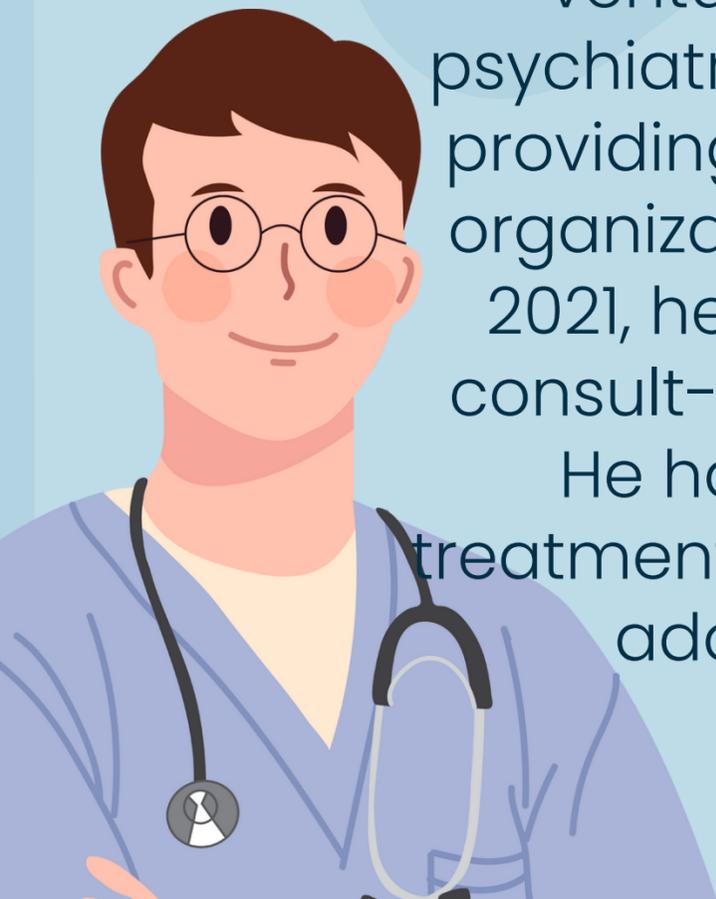


Current Environment

Robert Sise, M.D., MBA, MPH, FASAM

Dr. Sise before co-founding 406 Recovery, he co-founded and served as chief medical officer of the greater-Montana region's largest psychiatric practice to ensure more Montanans have access to quality psychiatric treatment services and crisis care. He also served as chief executive officer of a joint venture with the Montana Hospital Association to provide emergency psychiatry consultation services to hospitals across the state. Dr. Sise started providing care to Montanans when he joined Billings Clinic and founded the organization's first addiction treatment clinic. Before leaving Billings Clinic in 2021, he served as Medical Director of Montana's first EmPATH Unit, led the consult-liaison psychiatry service and created a virtual urgent care service.

He has lectured on substance use disorder screening, diagnosis and treatment at both state and regional conferences. Dr. Sise is board certified in addiction medicine, addiction psychiatry and general psychiatry.



WHAT IS BURNOUT?



- Prolonged response to chronic interpersonal stressors on the job resulting in:
 - overwhelming exhaustion,
 - feelings of cynicism,
 - detachment from the job,
 - and a sense of ineffectiveness/lack of accomplishment.

*More than half of physicians report at least one of these symptoms

*At Mayo Clinic one-third of physicians meet these criteria.

What does “burnout” miss?

Commonly focuses on precipitants associated with work quantity, volume and duration as well as the concrete conditions of work:

- e.g. patient volumes, number of charts, reporting requirements and lack of resources

Suggests a failure of resourcefulness and resilience.

- Traits that many healthcare professionals strive to uphold during decades of intense training and demanding work.



Context & values matter

What if there were a more primary cause for the symptoms of burnout, especially when it occurs in someone who endured far worse work conditions during training or another prior period in his/her career but is only now, for the first time, self-identifying as “burned out”?

Would it change how we view the symptoms?

May it change how we approach these colleagues?



THE CASE FOR MORAL INJURY IN HEALTHCARE

In the course of providing care, healthcare professionals must make choices that transgress their long standing, deeply held commitment to healing.



Routinely experiencing the suffering, anguish, and loss of being unable to deliver the care that patients need is deeply painful.



“Death by a thousand cuts:” consequent distress is associated with diminished mental health and suicide. Physician suicide rate= 2X that of active-duty military.

Most healthcare professionals enter healthcare due to their decision to pursue a vocation.

It's not a typical career path. They go into the field with a desire to help people.

Many approach it with a sort of religious zeal.

Huge sunk cost: they have endured lost sleep lost years of young adulthood, opportunity costs, family strain, financial instability and frequent disregard for personal health.

THE CASE FOR MORAL INJURY IN HEALTHCARE

AN ALTERNATIVE FORM OF ENGAGEMENT...

Treating and preventing moral injury requires more than mere symptom management. It requires the shift to a dualistic approach that offers:

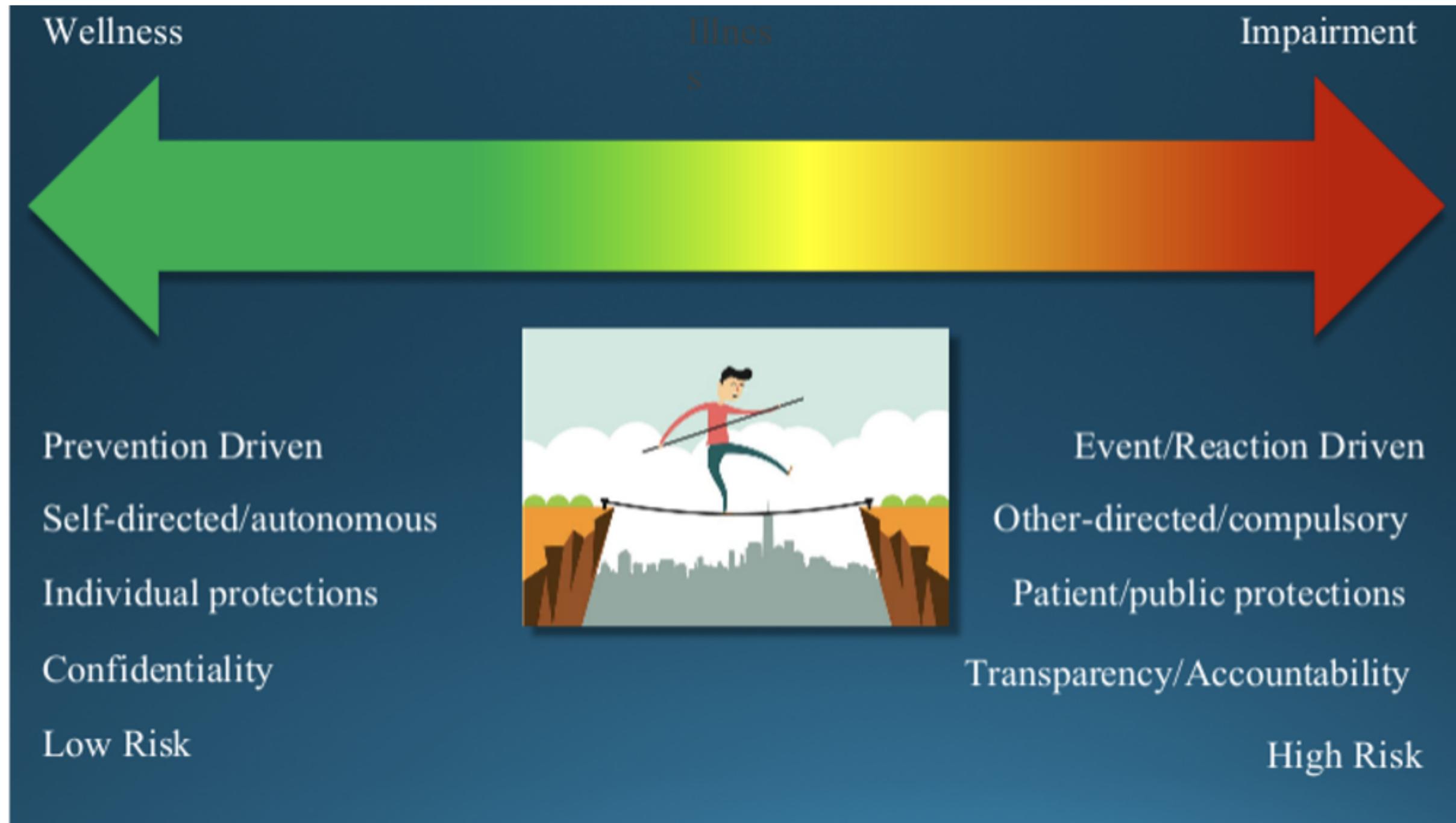
- **Treatment services to healthcare professionals who suffer from “burnout” symptoms & co-occurring issues:**

*Depression, anxiety, PTSD and substance use disorders.



- **Preventative, wellness services.**
- **Structural and cultural changes to meet healthcare professionals’ need for respect, autonomy, and the authority to make rational, safe, evidence-based, and financially responsible decisions.**

POPULATION-HEALTH MODEL APPROACH TO CARE



PREVENTATIVE MODEL: *CORE INGREDIENTS*



- Voluntary, confidential, alternative to discipline
- Accountability and chronic care management are the foundations of safety and advocacy
- Report to disciplinary authority when indicated → embracing our mandate reporting duties
- Case management model
- Leverage outreaches in the context of community trust: majority of enrollment comes from outside of the disciplining authorities
 - *Ideally, like WA, 88–90% of our participants use the program before they are in trouble in a patient-care environment.*

WHAT HAPPENS NOW – A REGULATORY BOARD DUTY



- Medical assistance programs are provided for by statute for Boards of Dentistry, Medical Examiners, Pharmacy, and Nursing.
- A contractor administers the program to assist and support rehabilitation of licensees regulated by these boards who are found to be physically impaired by chronic physical illness or mentally impaired by habitual intemperance or the excessive use of addictive drugs, alcohol, or any other drug or substance or by mental illness.
- The Assistance Program connects licensees to qualified health care providers; coordinates the completion of evaluations; monitors licensees to ensure compliance with evaluation recommendations regarding treatment and aftercare; and reports to the respective boards.
- The Assistance Program monitors licensees' compliance through two tracks: a referral/voluntary track (alternative-to-discipline) and a compulsory track (disciplinary).
- Statutory language may differ regarding the referral/voluntary track in terms of confidentiality.

What are other States doing about this?

Virginia Medical Society started Safe Haven



Melina Davis, CEO

Medical Society of Virginia
& Safe Haven Founder



PRIORITY 1: TRUSTED PROTECTION

After conversations with hundreds of providers, MSV believes that:

Trusted Protection

- Psychological safety from state medical society
- Transformative SafeHaven™ legislation and advocacy
- Collaboration with BOM & DHP

- Providers fear their employer and Board of Medicine will alter their employment and/or license status if they discuss their personal burnout
- Providers fear their mental health status will be discovered and held against them in a medical malpractice trial
- Providers do not feel protected when they need to seek help to address personal burnout concerns
- **Without providing legal protections by changing the law those suffering most would continue to isolate versus seek help**



GROUNDBREAKING LEGISLATION



- During the 2020 GA Session, MSV introduced and saw the SafeHaven bill pass unanimously
- Virginia is the first state in the nation to have legislation providing such a resource to support physicians and PAs
- The SafeHaven program was expanded in the 2021-22 General Assembly Session, with protections to:
 - Nurses, Nurse Practitioners, and nursing students
 - Pharmacists and pharmacy students
 - Medical students and PA students
- Licensing questions addressed in 2023
- Likely 2024 expansion to include Dentists

TRANSFORMATIVE SAFEHAVEN LEGISLATION

Confidentiality

Legislation allowed for the creation of the MSV SafeHaven™ Program, which is a confidential resource for clinicians seeking help to address career fatigue and other mental health issues

Immunity

Clinicians participating in the SafeHaven program will not be reported to the Virginia Board of Medicine unless they are not competent to practice or are a danger to themselves

Privilege

Consultations which take place under the scope of the MSV SafeHaven Program are considered privileged communications

PRIORITY 2: ALIGNED RESOURCES

Aligned Resources

- Resources selected and vetted by physicians
- 24/7 virtual access
- National network of qualified, trained therapists and coaches

What is included?



Clinician Peer Coaching — talk with someone like you who can help you grow both personally and professionally



Counseling — available in either face-to-face or virtual sessions



In-the-moment support — available 24/7

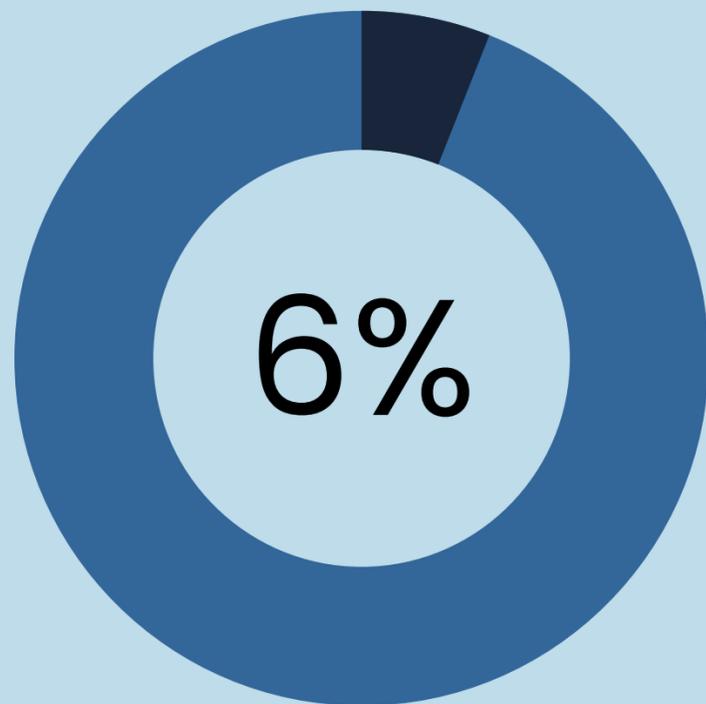


Virtual Concierge — a virtual assistant to help with every day and special occasion tasks

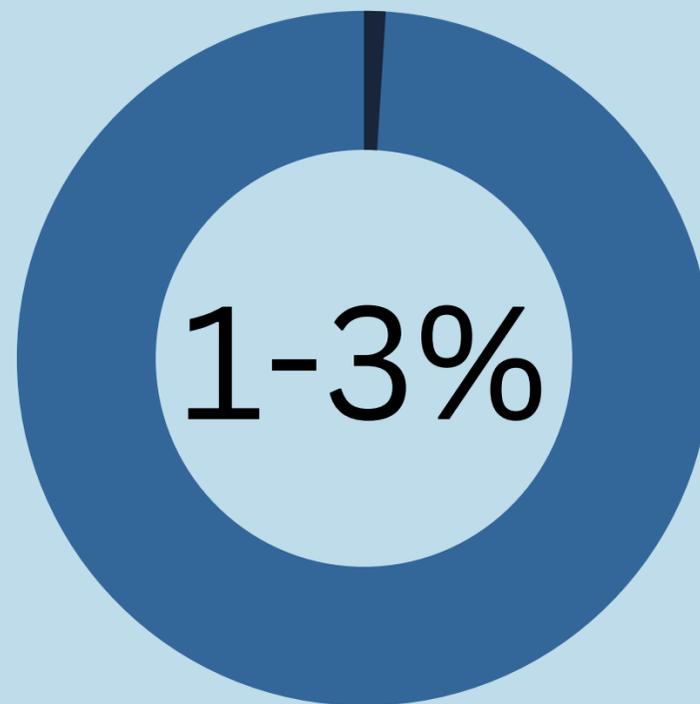


SafeHaven™ App — mobile access to resources, well being assessments, insights, videos and more

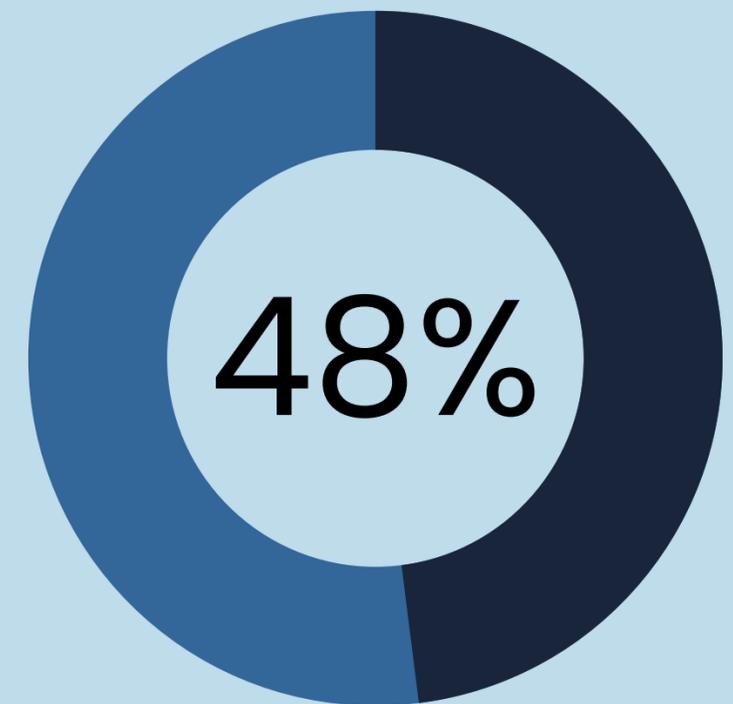
SAFEHAVEN ENGAGEMENT



Average employee assistance program engagement rate for the non-physician workforce



Average employee assistance program engagement rate for the clinician workforce



SafeHaven
overall engagement rate
year-end 2022

SafeHaven National Expansion

Launched

VIRGINIA

MICHIGAN

ILLINOIS

MINNESOTA

(Oct/Nov Launch)

In-Progress

KENTUCKY

NEBRASKA

TENNESSEE

Considering

ARIZONA

GEORGIA

INDIANA

MONTANA

NORTH CAROLINA

PENNSYLVANIA

SOUTH CAROLINA



Questions?

