

FOURTH QUARTER 2020

Kansas City MEDICINE

JOURNAL OF THE NEW KANSAS CITY MEDICAL SOCIETY

COVID-19: New Challenges to Physician Health and Well-Being

PHYSICIAN WELLNESS

Working to Support Wellness
Well-Being During a Pandemic
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Kansas City MEDICINE

— FOURTH QUARTER 2020 —



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and registration information.**



Fear

By Michael O'Dell, MD, MSHA, FAAFP

We humans experience fear frequently. Physicians are no exception in this experience; however, physicians may be remarkable in their ability to confront fear and act on behalf of others while doing so. In the current pandemic, our profession has shown remarkable capacity and has engaged the challenge. There is something different about this recent experience, though. I do not usually write personally in this column, but I hope you will indulge me this time.

My first remembrance of fear during patient care was in medical school. A patient on our infectious disease service rapidly succumbed to aggressive streptococcal cellulitis. One of our lab technicians inadvertently inoculated herself while plating a specimen from this patient. Even with his considerable experience, Dr. Chien Liu was alarmed for this new patient as the infection quickly progressed up her arm. These were days before universal precautions, and the team was frightened for the patient and themselves. I learned much about what became universal precautions, diligently scrubbing, and donning protective equipment. I could not help but worry about bringing the infection home to my wife. Thankfully our lab technician

What is different about the COVID pandemic experience is its pervasive presence and the longevity of the threat.

survived, as did the team.

Fear can occur in a physician's practice due to external force as well. An example of this came one day in the operating room. I was assisting Dr. Guico with a C-section and was caring for the newborn. The administration announced a credible bomb threat. The officer in charge ordered the evacuation of the small hospital. The newborn was stable and could be part of the evacuation. However, the mother's wound was not yet closed. There was bleeding, and the surgeon required an assistant. An intense several minutes transpired as Dr. Guico and I completed the closure, after which the patient joined her newborn with the other evacuees.

What is different about the COVID

pandemic experience is its pervasive presence and the longevity of the threat. COVID is not a single patient to be isolated and protective gear donned during that patient's care. The precautions in the hospital have protected health workers. Health workers that have contracted COVID have nearly always acquired it inadvertently in the community. We are often the ones on isolation from our exposed family or friends. The pandemic has not been a short or isolated event but is a live ticking bomb.

Many of us are humbled by those who call us physicians heroes. We are doing what we have been prepared and trained to do. However, an essential aspect of heroism is overcoming fear and acting on behalf of others in need. We are so proud of our heroic colleagues, even if that mantle is uncomfortable for us personally. Stay safe, be well, and thank you! ☺

Michael O'Dell, MD, MSHA, FAAFP, is chair of the Department of Community and Family Medicine at the University of Missouri-Kansas City School of Medicine, and associate chief medical officer for the Truman Medical Centers Lakewood campus. He can be reached at michael.odell@tmcmed.org.

Website Helps People Assess the COVID-19 Safety of Activities

Comeback KC has created a website through which individuals can assess the COVID-19 risk of various types of activities in which they might want to engage. Ratings are based on four factors—crowding, droplets, ventilation and time.

Dozens of activities—from going to a bar to hiking alone—are given risk ratings. Check out the website and refer your patients to it: <https://www.comebackkc.com/cani>.

Comeback KC is a coalition of community organizations in Kansas City dedicated

to informing the public about COVID-19 and promoting a safe recovery for the region. Members include the Greater Kansas City Chamber of Commerce, the Mid-America Regional Council, Blue KC and more. KCMS is a participant with Comeback KC. ☺

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Working to Support Physician Wellness to Reduce Burnout

By Betty M. Drees, MD, FACP, FACE

As 2020 draws to a close, challenges from the SARS-CoV-2 pandemic continue to affect all aspects of the practice of medicine and are superimposed on those challenges that existed prior to the pandemic. In this final quarterly issue of *Kansas City Medicine* for 2020, this journal highlights the topic of physician wellness. During a time of heightened personal and professional stress from the pandemic, this is a very important issue to address. Physician burnout and increased risks of depression and suicide among physicians, residents and medical students are well-recognized concerns that pre-date the pandemic. It is well known that providing care to others during crises may cause physical and emotional stress to health care workers and first responders. Thus, the current coronavirus pandemic layers additional risk of stress and burnout on physicians, residents, students and other health care workers. It is essential that we collectively talk about this risk of depression and burnout with our colleagues, act to mitigate the risk, and continue to study the effects and outcomes physician burnout and interventions.

Addressing physician wellness and burnout is important not only to the physicians themselves and their families, but also to the quality of health care and safety of the patients served. In a follow-up to its landmark reports on quality and patient safety, the National Academy of Medicine (formerly Institute of Medicine) in 2019 published a consensus study on *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being* (<https://www.nap.edu/catalog/25521/taking-action-against-clinician-burnout-a-systems-approach-to-professional>). The level of well-being needed for the health care workforce to deliver the highest quality and safest care requires a systems approach. There four overarching themes from the report (pages xiv-xv):

It is essential that we collectively talk about this risk of depression and burnout with our colleagues, act to mitigate the risk, and continue to study the effects and outcomes physician burnout and interventions.

“Clinician burnout needs to be tackled early in professional development, and special stressors in the learning environment need to be recognized.”

“Stakeholders in the external environment have an important role to play in preventing clinician burnout as their decisions can result in increased burden and other demands that affect clinician burnout. Every attempt at alignment and reduction of requirements to reduce redundancy is essential.”

“Technology can either contribute to clinician burnout (e.g., poorly designed electronic health record technologies) or potentially reduce clinician burnout (e.g., well-functioning patient communications), if it is well designed, implemented and integrated into clinical workflow.”

“Medical societies, state licensing boards, specialty certification boards and medical education and health care delivery organizations all need to take concrete steps to reduce the stigma for clinicians of seeking help for psychological distress, and make assistance more easily available.”

Medical societies have an important role in supporting physician wellness and reducing burnout through these systems-based approaches. Recognizing the importance of organized medicine in leading efforts to foster collaboration among members, reduce isolation and provide resources, the Kansas City Medical Society used multiple methods of digital communications to reach members when in-person gatherings were limited. Communications included resources for physicians around virus precautions, business support and mental health support. A summary of these efforts is highlighted in the coverage of the virtual Annual Meeting held on October 21, 2020.

Physicians in our community continue to demonstrate their professionalism and leadership to care for patients, to care for each other, and to provide the public with the information they need to navigate the

pandemic. Examples of these physician leaders are the recipients of this year's Kansas City Medical Society awards. They are listed in this issue. You can check the KCMS website or the third quarter issue of *Kansas City Medicine* for full profiles of the honorees.

Thank you to all the Kansas City Medical Society members, partners and sponsors for their support of the Society this year. It has been an honor to serve as the 2020 president. Let us continue to support high quality health care and each other's well-being into the new year in 2021. ☺

Betty M. Drees, MD, FACP, FACE, is dean emerita of the School of Medicine at the University of Missouri-Kansas City and president of the Graduate School of the Stowers Institute for Medical Research. She can be reached at bdrees@kcmedicine.org.

COVID-19 and the Battle Between Science and Politics



Marc B. Hahn, DO, FAOCA, CEO of Kansas City University of Medicine and Biosciences, published a timely commentary, "The Battle

Between Politics and Science Is Costing Us a Timely Victory Over the COVID-19 Pandemic," in the November issue of the *Journal of the American Osteopathic Association*.

He writes, "Science and politics have long been squarely at odds. However, the current environment regarding mask-wearing, social distancing, advocacy for untested treatments, and vaccine development allows the impact of these opposing forces to play out on a scale of epic proportions, impeding science and progress with grave implications

during the most challenging public health crisis in our nation's history."

True science, Dr. Hahn says, relies on embracing all facts, combining and considering them collectively over time. "We continue to see what happens when we ignore the facts of science and put partisan issues ahead of public health. The U.S. is now suffering from a crushing resurgence of the coronavirus with the daily number of COVID-19 new cases and deaths escalating across the country."

He calls on physicians to stand with science, advocate for best practices, undertake dialogue with local and state health authorities, and act as role models for colleagues and patients alike. ☺



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In Praise of Veterans

By Charles W. Van Way, III, MD, Editor Emeritus, *Kansas City Medicine*

*We few, we happy few, we band of
brothers...*

*And gentlemen in England now abed,
Shall think themselves accursed they were
not here.*

~ Shakespeare, *Henry V*

Veterans Day is a time to reflect on those who have been lost in our country's wars and on just how much we owe them. And we also honor those who served and came home, and those who still serve. Military veterans have a special place in the American heart. It has always been thus, from the early days of the republic.

As the quote from *Henry V* shows, respect for those who fight a country's battles goes back much farther. Ancient texts from Rome, Sparta and Athens shows the same pattern. There have been times and places where military veterans have been scorned, but these have been isolated. The default attitude is respect, even veneration. The author Robert Heinlein, himself a Naval Academy graduate, wrote a novel about a society rebuilt from devastating wars in which the only people allowed to be full citizens and to vote, were military veterans. Of course, that was science fiction.

The military virtues of honor, courage and self-sacrifice have always inspired soldiers and civilians alike. Much of our regard for veterans comes from the perception that they embody these virtues. Individuals are imperfect, but the veteran as an ideal is built into our culture.

Simple gratitude explains some of our regard for veterans. We owe much to our veterans. Our nation was born in revolu-

The military virtues of honor, courage and self-sacrifice have always inspired soldiers and civilians alike. Much of our regard for veterans comes from the perception that they embody these virtues.

tion and has survived in war. The practice of slavery plagued us for 80 years and was settled in our Civil War. We fought in both of the world wars. Even Korea and Vietnam, as unpopular as they were, played a major role in our winning of the Cold War. Today, our military forces are fighting for our interests around the world. Perhaps too many places around the world, but that's a topic for another time. We live in a time of cynicism, but still, our debt to those who have served remains visible.

Confession. I am, myself, a veteran. I've served during two wars, although not at the sharp and pointy end of either. Like many, I'm often bemused by people's attitudes. Today, it's pretty positive. Back in the 1970s, things were a little more dicey. That was one of the "times and places" where a lot of folks didn't like soldiers or veterans. That attitude died out in a few years. Today, people come up to me and say, "Thank you for your service." I don't always know quite how to respond, but I always appreciate it. Usually, I just smile and say, "Thank you."

Some years ago, I began to realize that many people simply wish they had served. After Vietnam, nobody was drafted. A fair

number of people began to realize that their fathers and grandfathers had served, their older colleagues had served, but they themselves hadn't. Perhaps some of them felt guilty about that. But I think the majority simply felt that they had missed a significant life experience. And they were correct. Because military service, even in a time of relative peace, changes a person.

The essence of military service is this: you turn your life over to your country for a period of time. Literally, because your country may send you someplace where you might die. It does make you think about priorities. You realize that your own personal life is at risk. We value things in direct proportion to how much we have paid for them. Making a commitment to your country that may cost your life is a very high price. You think a lot before you pay it. Once you have done so, it alters your value system, how you see yourself. It affects how others see you, as well.

We come back around to Veterans Day. It originally was named Armistice Day marking the end of World War I. Now, we remember all veterans, most especially commemorating those who died in our wars. It's a solemn holiday, as it should be.

This is a difficult time in our nation's history. After a very divisive election, we remain at odds with one another. The COVID pandemic continues to spread. Economic times are hard for many of us. Yet our nation will endure. Veterans Day is a good time to reflect on just why it has, and why it will continue to do so despite our adversities and our current challenges. ☺

Charles W. Van Way, III, MD, is editor emeritus of Kansas City Medicine and is emeritus professor of surgery at the University of Missouri-Kansas City. He can be reached at cvanway@kc.rr.com.

Six KCMS Physicians Honored for Accomplishments Beyond Age 70



Congratulations to six KCMS members who were honored by Shepherd's Center in their second annual 70 Over 70 Awards. Five are members of the Retired Physicians Organization: **Karl Becker, MD, MBA**; **Alan Forker, MD**; **Keith Jantz, MD**; **Dennis Pyszczyński, MD**; and **Daniel Schlozman, MD**. Congratulations also to KCMS member **David Robbins, MD**, director of the diabetes program at the University of Kansas Medical Center. The awards celebrate adults over age 70 who have made significant contributions and achievements in their respective endeavors. Shepherd's Center provides programs, leadership and advocacy to help both active and homebound older adults live healthy, engaged and independent lives. ☺

CONGRATULATIONS!



Dr. Edward (Ted) Higgins | COMMUNITY SERVICE AWARD

The Community Service Award recognizes a Kansas City Medical Society member physician, practice or facility that has served in community leadership or made a significant contribution to the community.



Dr. Brian Mieczkowski | RISING STAR AWARD

The Rising Star Award recognizes a Kansas City Medical Society member physician who has made significant contributions to medicine, their practice or the Medical Society early in their career.

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Virtual Annual Meeting 2020

COMMUNITY HEALTH PRESENTATION, ANNUAL AWARDS HIGHLIGHT PROGRAM

KCMS members and partners gathered via Zoom on October 21 for the 2020 Virtual Annual Meeting. Much ground was covered in just over an hour.

PRESIDENT'S REPORT

KCMS 2020 President Betty Drees, MD, described how the Society provided special communications and services to members in response to the COVID-19 pandemic:

- A bi-weekly email newsletter was launched.
- Social media graphics and flyers on COVID safety were distributed.
- Members contributed to the creation of two videos encouraging the public to wear a mask; the first gained a reach of over 20,000 on Facebook.
- “Get Care” social media graphics and flyers were introduced for physicians to use in encouraging patients to continue needed medical care.

In addition, webinars were held in July on physician leadership during COVID-19 and an update on Medicaid expansion in Missouri and Kansas. The KCMS Foundation spearheaded advocacy work in support of Missouri Amendment 2, including full-page ads in the *Kansas City Star* and *Kansas City Business Journal*. Q&As with candidates for the Kansas U.S. Senate seat and other major offices were published in *Kansas City Medicine*.

AWARDS PRESENTATION

Also at the Annual Meeting, the KCMS 2020 Awards were presented to:

Donald Potts, MD
Lifetime Achievement Award



Lifetime Achievement Award recipient Donald Potts, MD, seated right, displays his award in this photo shown at the virtual meeting. Pictured with him are his wife, Barbara, seated left, and other family members.

Public Health Departments of Metropolitan Kansas City *Friend of Medicine Award*

Member Awards:

- **Edward (Ted) Higgins, MD**
Community Service Award
- **Mark Austenfeld, MD**
Exemplary Leadership Award
- **Michelle Haines, MD**
Innovation Award
- **Lee Norman, MD**
Patient and Community Advocate Award
- **Brian Mieczkowski, DO**
Rising Star Award

Full profiles of the honorees are available at kcmedicine.org/journal; the profiles appeared in the third quarter issue of *Kansas City Medicine*.

MAYORS DISCUSS HEALTH AND WELLNESS

Participants learned what several communities across the Kansas City area are doing to improve health and wellness at the local level. A panel of area mayors

described recent successes achieved in their communities:

- The **Johnson County Co-Responder** program provides for mental health clinicians from the Johnson County Mental Center to be embedded within police departments, noted Mayor Peggy Dunn of Leawood, Kan. She added that Leawood offers free gun locks and a drug take-back program.
- The city of Kansas City, Mo., has emphasized **addressing the root causes and disparities** that underlie such issues as violent crime, according to Mayor Quinton Lucas. The Health Department contributes to policymaking in housing, criminal justice and economic development. The Healthy Homes program provides minimum health standards for rental housing. Moderator Bridget McCandless, MD, MBA, pointed out that Kansas City received the Culture of Health prize in 2015 from the Robert Wood Johnson Foundation.

(continued on pg. 20)

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COVID-19 Protective and Preventive Tips to Share with Your Patients

HELP PREVENT THE SPREAD OF THE VIRUS

By Keith Jantz, MD

As the COVID-19 pandemic continues, the public thirst for useful information regarding how to deal with this virus and protect oneself and family remains unsatisfied. Sure, the daily news provides numbers like case rates, new cases and even numbers of deaths locally, nationally and worldwide. But this information in the presence of a well-recognized pandemic is useless to the individual even though such numbers appear on our phones and on TV multiple times a day. What the public and our patients need is useful information about how to protect themselves from the ravages of this virus.

Awaiting prospective randomized trials to determine best practices in these areas would be ideal in the strictest scientific and medical sense, but unrealistic in the middle of a pandemic producing daily deaths in high numbers. Instead we must rely on “natural experiments” as Anopam Jena, MD, PhD, professor of health care and policy at Harvard University has stated.^{1,2} Natural experiments are retrospective observations resulting in useful data gleaned from public experiences with this virus, which provides a better method to answer individuals’ many questions surrounding management of this pandemic.

Regarding daily approaches to protecting oneself, the concepts fall into several categories: 1) preventing exposure to the virus; 2) mitigating the effects of COVID-19 infection if acquired; 3) preventing spread to others; and 4) managing pre-existing chronic personal health problems in the midst of this pandemic.

Of course, preventing exposure to the virus involves two areas: aerosol contamination and contact contamination. Experience in many different areas of the country reveals that case numbers are lower in states where public adherence to mask wearing is higher, either voluntarily or by government mandate.



N-95 non-vented masks



Surgical masks



Cloth masks

HOW TO MASK EFFECTIVELY

While health experts repeatedly advocate mask wearing, little is reported about the efficacy of various mask techniques.

- **N-95 non-vented masks** provide the best protection. Such masks are readily available at numerous retail stores in the metropolitan area. They are no longer in short supply, nor do they need to be reserved only for frontline health care workers.
- The next best option would be any **surgical mask** or medical paper mask, which can be made more efficient by utilizing a double thickness of two masks stapled together.
- More popular among the public are **cloth masks**, which provide less protection; or bandanas and gaiters, which provide the least protection and should be avoided.

In the event of potential contamination of a cloth mask, washing is recommended, but this weakens the safety of the mask as the fibrous pores enlarge with repeated washings. To avoid this problem with cloth masks, a person should own at least three cloth masks and rotate these every two days. Should a cloth mask become contaminated with COVID-19, the virus can be destroyed by simply allowing the mask to dry out for two days. This process can be accelerated by placing the mask in sunlight to allow the UV rays to kill the virus more rapidly.

Needless to say, covering the nose and not touching the mask are two safety measures that are not emphasized enough. Individuals should make every effort to

THE RIGHT WAY TO WEAR SURGICAL MASKS



WRONG



CORRECT

adhere to this practice whenever out in public.

EYEGLASSES AND FACE SHIELDS

We now have some “natural experiments” based on public data that indicate a protective effect of eyeglasses for preventing transmission. Since the beginning of this pandemic, **clear face shields** have been employed by health care workers to prevent eye contamination. Now we have data that shows that people who wear **eyeglasses** are less likely to be infected by aerosol contamination of the eyes. Thus, if one enters a high-risk area such as a bar, subway, bus, airplane, etc., wearing any eyewear like glasses, sunglasses or mechanical eye protection lowers one’s risk and is again a simple measure to enhance protection.

Also, clear total face coverings are becoming more popular as they allow others to view one’s entire facial expressions. These face shields are excellent for protecting the eyes from contamination but do NOT protect the nose and mouth from aerosol viral particles, which are easily breathed in from the side. Whenever health care workers utilize the clear face shield to protect the eyes, they also wear a

second mask over nose and mouth, either a surgical or N-95 mask. Using only a clear total face shield with open sides does NOT protect one in close areas like bars, restaurants and retail establishments. Use a good mask over the nose and mouth or use both if you are so inclined.

AVOIDING CONTAMINATED SURFACES

Contact contamination remains an area where official recommendations have been confusing and variable. We need to emphasize to patients that even if a surface is severely contaminated, an individual will NOT be infected unless that virus somehow makes it to one’s nose, mouth, or eyes. **Hence avoiding touching the face while in public becomes essential.** This is a second benefit of masks, but one must keep from readjusting the mask to avoid contaminating it by hand contact. Always carry a hand sanitizer, use the store sanitizer upon entering AND upon leaving any store or public facility. Always wash your hands with soap and water immediately upon entering your own home. Always wash your hands in a restaurant just before you start to eat anything.

Some other simple wise actions can

reduce the risk of contact contamination. Turn off any public faucet with your elbow, not your just-washed hands. Do not push the door open upon leaving a public area. Rather turn around and back yourself through the door holding it open for other family members without touching it with your hands. **The fewer surfaces you touch in public places, the lower your risk.** And don’t rely on businesses that claim to sanitize surfaces. Unless the surface is sanitized correctly after each person touches it, the contact transmission risk remains. Most businesses are doing this only hourly, if at all.

Indoor dining continues to present an increased risk for aerosol transmission of the virus. If you must dine indoors in a public establishment, some simple measures will reduce (but not eliminate) your risk. Keeping a mask on as much as possible will reduce the amount of time you breathe ambient air, thereby reducing the load of virus you might be exposed to if another patron is actively spreading the virus. Keep a mask on until your food arrives and replace the mask immediately upon finishing your meal. You may even want to drink with a straw by slipping it under your mask, thereby reducing exposure time to ambient possibly contaminated air.

PREVENTIVE STEPS

Because this virus is ubiquitous and numbers are rising, the real possibility exists that most of us will be infected with COVID-19 sooner or later, maybe even months or years from now. Given the fact that some healthy people die or suffer major disability from this disease and other elderly high-risk people are not affected by it, some unknown factors play a significant role in how our bodies react to this infection.

While some of these factors are yet

to be determined by medical science, the “natural experiments” that have occurred within the public provide us with clues as to how to mitigate the effects of this virus should one become infected.

One helpful supplement is **Vitamin D**, which is well known to improve immune status in individuals. Studies in China and other countries reveal that people who are Vitamin D deficient have poorer outcomes when infected with COVID-19.³ Since Vitamin D deficiency is fairly common in the U.S., taking this supplement prophylactically is a wise, safe, inexpensive approach to boost one’s immune status and reduce the chance of serious complications from getting the COVID-19 infection. Recommended dosage will vary but should be 400IU daily as a minimum.

Also taking **zinc** as a supplement appears to provide some protection.⁴ A paper published by NIH last year points out that zinc can be effective in reducing the effects of human viral infections by both improving the patient’s immune response to a viral infection and by impeding viral replication during the infectious process.⁷ Since zinc is available at low cost OTC, adding this supplement also represents an easy way for patients to enhance protection against severe complications from this viral infection.

Famotidine (Pepcid) OTC also appears to help prevent the dangerous sequelae of COVID-19 infections by acting as a histamine antagonist by inhibiting mast cell release and thereby mitigating the risk of cytokine storm. Since this drug has few side effects, is inexpensive and available OTC as a generic, a recommendation to start this medication early on in COVID-19 infections or asymptomatic positive testers would be wise to help prevent severe complications after one gets the infection.⁵ Patients with chronic diseases or taking prescription medications should consult

with their physician prior to adding these OTC meds to their daily regimen.

CONTINUE MEDICATIONS AND GOOD HEALTH PRACTICES

Many people currently manage chronic health conditions with medication, diet and other measures to maintain good health. Such efforts, particularly taking medication, daily exercise and routine physician visits, should not be suspended or altered due to the pandemic. With regards to medication, no changes should be made in taking regular medicines without consulting first with one’s physician.

Early in the pandemic, a United Kingdom physician recommended stopping ACE inhibitors and ARB medications (both commonly taken in people with high blood pressure or diabetes) in order to prevent serious complications from COVID-19 infections. However, more recent data indicate this is not necessary. Many cardiologists recommend continuing these medications if they have been prescribed by one’s physician.

Also some limited data exists indicating that statin medications taken usually for high cholesterol may also provide some protection in COVID-19 infections.⁶ Hence, an individual would be wise to continue taken a statin medication unless advised by their physician to discontinue it.

CONCLUSION

As this pandemic progresses, medical knowledge regarding ideal management techniques continues to evolve. Although we don’t have time to wait months or years for “proof” that certain activities work or don’t work against this virus, we can draw on useful information from the “natural experiments” that have occurred in the public realm to identify a best practices approach to protecting ourselves from this deadly virus. So be wise. Use the best ideas

mentioned to protect yourself and your loved ones. 🙏

Keith Jantz, MD, is chair of the Retired Physicians Organization of the Kansas City Medical Society and a member of the KCMS Wellness and Prevention Committee. He practiced for 32 years with Kansas City Internal Medicine and was president for six years. He served on the board of the American Heart Association Midwest Affiliate from 2010 to 2015. He can be reached at keith.jantz71414@gmail.com.

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thank you

To all the **doctors**
nurses ICU staffers
practice managers first responders
infectious disease specialists
intensivists medical examiners
geriatricians nurse practitioners
respiratory technicians
ambulance drivers pulmonologists
epidemiologists social workers
life sciences engineers microbiologists
vaccine research lab technicians
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Tips for Navigating Physician Practice and ASC Transactions During COVID-19

CAREFUL SCRUTINY, REALITY-BASED ASSESSMENTS, AND FRANK COMMUNICATION BETWEEN PARTIES ARE KEY

By Lori Beam, JD

Just as the positivity rate in COVID-19 cases continues to go up, the positivity rate for physicians considering selling their private practices has also been trending upward. In a national survey of general and specialty physicians conducted in 2019 and repeated six weeks into the pandemic, McKinsey & Company found that:

- 53% of all independent physicians expressed worry that their practice would not survive the pandemic.
- One-third said they were considering partnering with a larger entity, selling their practice or becoming employed.¹

The upshot is that many physician practices are considering new opportunities. At the same time, health systems are evaluating whether—and how—to respond. Some opportunities might also involve businesses that physician practices directly or indirectly own or operate: ambulatory surgery centers (ASCs), diagnostic imaging centers, outpatient laboratories or other related businesses.

Despite concerns about an uncertain economic landscape, there's no need to panic. Avoiding buyer's or seller's remorse requires calm, cool analysis and communication.

As negotiations progress, each party should communicate areas of flexibility for meeting the other party's needs. Health systems should define and effectively communicate the value their platform offers as well as the expectations of physician employment. Physicians should also be thoughtful and candid about their expectations.

TIPS FOR EFFECTIVE NEGOTIATIONS

Following are tips for approaching deals and negotiations:

Appraisals. Get an independent valuation expert's appraisal of the value of the physician compensation, the physician practice and related ASCs and businesses. Then establish a purchase price and physician employee compensation in the range of fair market value specified by the appraiser.

- Consistent with pre-pandemic times, obtain an appraisal and use it to establish the purchase price and physician employee compensation. This would ensure that, if ever challenged, the parties would have proof that they based the purchase price and physician employee compensation on fair market value—not on the volume or value of referrals, which are prohibited by the Anti-Kickback Statute and the Stark Law.

In most cases, health systems will pay only a tangible asset value for a physician practice. But they will accept an earnings-based methodology for determining the purchase price of an ASC or other associated business.

- Each party should also consider getting a new appraisal, an update or a confirmation opinion from the same appraiser in cases where a valuation was done pre-coronavirus. However, if patient volumes and revenue have returned since restrictions limiting operations to only essential visits and procedures were lifted, the parties may not need a new

appraisal. But getting a confirmation opinion is worth considering.

The valuation expert may adjust the proforma to better reflect 2020 financials under normal operations, finding that the months directly affected by the coronavirus are not representative of future results.

Due diligence. It's essential to take an even more thorough approach to due diligence review of the physician practice. Since historical business information may be less useful, health system buyers and appraisers should carefully scrutinize it as a predictor of future performance and valuation. Near-term impacts, though, should be distinguished from long term.

Working capital. For ASCs and other businesses related to physician practices, closely evaluate the working capital needs and targets tied to the purchase price.

A common approach for ensuring adequate working capital on the transaction closing date is to use the average level of working capital—current assets minus current liabilities—for the most recent months excluding certain adjustments.

But it may be appropriate to make adjustments to address the financial impact of the coronavirus. For instance, a buying health system might ask these questions:

- Does it make sense to exclude a portion of the accounts receivable considered uncollectible or slow to collect?
- Should a portion of the accounts payable now be treated as indebtedness because the physician practice and vendor have extended payment deadlines or terms due to the coronavirus? Or should the

amount of payables be adjusted to reflect the impact of any non-recurring penalties paid or expected to be owed?

- Where inventory is a key component, is a larger than normal part of the inventory aged and unusable or closer to expiration because the coronavirus reduced demand during shutdowns and restrictions?
- Should buyers withhold a portion of the purchase price from amounts paid on the transaction closing date to provide security while they determine the actual working capital existing on the closing date?

TIPS FOR NEGOTIATING CORONAVIRUS RELIEF FUNDS

Transparency. Be transparent about any and all federal, state and local coronavirus relief funds that the physician practice applied for and/or received. As part of due diligence process, each party should:

- (a) attempt to confirm that the physician practice met all of the eligibility requirements for receiving the relief funds.
- (b) understand the potential obligations to repay the relief funds and, where applicable, the conditions for earning forgiveness of any payback obligation.
- (c) investigate whether the contemplated acquisition transaction would trigger any undesired consequences (e.g., a duty of repayment rather than loan forgiveness).
- (d) negotiate special terms for allocating risks associated with the relief funds.

The terms governing the coronavirus relief funds depend on the specific type of funds received and could change if the relevant administration changes and as the applicable legislative or government body continues to respond to the coronavirus. For instance, terms governing eligibility, permitted uses of funds, repayment, forgiveness, transferability, etc., are all different for:

- CMS Medicare advance funds
- Provider relief funds issued by the U.S. Department of Health and Human Services
- Loans made under the Paycheck Protection Program

Transferability of relief funds. Each program's terms through which the seller received funds should be assessed at the time of the transaction as to the issue of transfers and changes of ownership, but as a general rule:

- A transaction structured as a sale of assets likely is subject to restrictions on the transfer of unused funds to a buyer.
- A transaction structured as a purchase of stock or equity interest in the recipient of the funds, where the recipient's tax identification number remains the same after the transaction closing, likely will not trigger any negative consequences (e.g., required repayment of relief funds not otherwise subject to return).

Relief fund warranties and indemnities. The health system should require the selling physician practice to represent and warrant to the health system that the physician practice met all of the eligibility requirements for receiving the funds. The practice should also represent it complied with all relief fund program requirements on and prior to closing of the acquisition transaction—including specifically those governing application, attestation, certification, receipt, use, disposition, expenditure, transfer, reimbursement, return and forgiveness.

Breach of any of these seller representations and warranties would then trigger a physician practice obligation to indemnify the health system for losses resulting from the breach.

If the health system asks the physician practice to represent there has been no change since the date of the last finan-

cial statements that materially affects the business, the physician practice may want to include a general coronavirus exception. The practice should not be liable to the health system for the impact the coronavirus has on the practice or business. However, the health system should avoid overly broad coronavirus exceptions that drive a big hole into the physician practice's other representations and related indemnity.

Special terms for relief funds. Other special terms desired might include:

- **CMS Medicare advance funds.** CMS currently plans to recoup all CMS advance funds through offset against Medicare claims submitted on and after April 10, 2021. That means it may make sense to treat CMS advance funds received by the physician practice as indebtedness that is offset against the purchase price. Treating relief funds as indebtedness might also be appropriate for other relief funds where repayment is expected or likely.
- **Escrow.** If the relief program rules are not clear about the recipient's ability to transfer funds in connection with a purchase transaction or about repayment obligations, the parties could put the unused relief funds in escrow with a bank or other third party until the rules are finalized. If the dollar amount at stake is large enough to merit the escrow procedures and costs, escrow might also make sense in situations where the selling physician or practice wants to ensure the buying health system complies with expected repayment obligations.

As always, physicians and hospital systems should evaluate these opportunities to achieve desired outcomes and avoid unexpected downsides. For instance, many might think joining a health system will enable it greater access to digital assets
(continued on pg. 20)



Uncertainty

WHILE MEDICAL PRACTICE RELIES ON SCIENCE, IT IS NEVER 100% CERTAIN AND WE ARE ALWAYS LEARNING

By Christopher Thomas, Jr., MD

"The uncompromising attitude is more indicative of an inner uncertainty than a deep conviction. The implacable stand is directed more against the doubt within than the assailant without."

~ Eric Hoffer, 20th century philosopher

Continuing, even radical, uncertainty continues to be a part of medical practice. It can be haunting. In the basic courses of the first two years of medical school, the scientific aspects of the subjects let the student feel that there is certainty in medicine. Then, in the clinical years, the student is greeted with the realization that each and every patient is different and that basic sciences are difficult to apply in clinical care.

It's not that we don't know enough. It's that we cannot know enough. There's always that gap, that uncertainty. Applying the "half-way rule," i.e. half, then half of half, and so on, the physician may gain in knowledge. But then, new knowledge, protocols and social changes, among many other things, extend the gap. In the face of all of this, the effective clinician covers his or her uncertainty with an air of clinical confidence. Physicians have devised further defenses against uncertainty in clinical conferences, legal depositions and public discourse. Unfortunately, the need for reassurance in the face of uncertainty can lead to an excessive use of diagnostic technology.

Having been indoctrinated into the Aristotelian yes/no logic reinforced by the binary logic of our digital age, the physi-

cian runs the risk of acting with premature certainty. Opposing this, physicians are trained to be skeptical, especially of new and untried treatments. We say correctly that, "anecdotes are not data." True, but an anecdote provides a valuable help to keep the necessary skepticism. In most instances, the clinician resorts to "what

Constant dealing
with high-stakes
uncertainty is a major
stress on physicians.
Some can handle it,
some struggle.

works," rather than blindly accepting a new approach.

The physician initially derives a diagnosis, which has inherent uncertainties, and then must proceed with therapy, which carries other uncertainties. The quality we call "medical judgment," then, is the bridge from knowledge to action. Its development is a major goal of clinical education. Judgment is cultivated during medical school and residency and refined in clinical practice. The physician who is recognized as possessing superior judgment is held in high esteem.

Specialization is often seen as a way to decrease uncertainty by narrowing the scope of knowledge required for practice.

However, those who enter specialties and subspecialties soon find that the uncertainty still remains. Paradoxically, the specialist can be guilty of creating needless uncertainty in the minds of both the patient and the referring physician. Needless to say, the legal profession is a big factor.

So the physician (as well as the patient), must learn that there is neither "yes" nor "no," only "maybe." Or, putting it numerically, neither 100% nor 0% exist in the real world. There are only partial probabilities, whether 25%, 46% or 72%.

Uncertainty exists across human affairs. Tom Peters, the well-known management consultant (*In Search Of Excellence, Thriving On Chaos*), has promoted uncertainty as a means of getting businesses out of the rut of old habits. The quotation from Eric Hoffer, above, makes the point that total certainty is the mark of insecurity and can be seen in fanatics and "true believers." Looked at it in this way, everyone is uncertain!

The resultant stress is in proportion to a person's responsibilities. Constant dealing with high-stakes uncertainty is a major stress on physicians. Some can handle it, some struggle. We all know that substance abuse, suicide, divorce and burnout are more common among physicians. One of the features of our dysfunctional health system is that it demands a false certainty and punishes mistakes.

What about personal characteristics, such as courage, faith and the current popular virtue, resilience? All of these
(continued on pg. 20)



Diabetes Action Tips for Physicians

HOW YOU CAN MAKE A DIFFERENCE

By Betty M. Drees, MD, FACP, FACE

Diabetes mellitus is a chronic disease that has a tremendous impact on the lives of the 34 million Americans living with diabetes every day. The coronavirus pandemic reminds us of the imperative to continue to improve ways to prevent and treat diabetes. Although people with diabetes are not more likely to catch the SARS-CoV-2 virus that causes the COVID-19 infection, they are much more likely to develop severe illness or die from the infection. Forty percent of the people who have died from COVID-19 had diabetes.

Throughout the year, day-in and day-out, we can make a difference for people living with diabetes and those at increased risk of developing diabetes. Here are some suggestions for action:

Prevention: Encourage people to take the diabetes risk test through the ADA <https://www.diabetes.org/risk-test> or the CDC at <https://www.cdc.gov/prediabetes/takethetest/>. Most people with prediabetes or metabolic syndrome do not know they have it, and yet are at increased risk of developing heart disease. Lifestyle intervention is both clinically and economically effective. Even though some lifestyle programs are limited right now due to the coronavirus pandemic, we can encourage our patients to eat healthier (limit sugary beverages, increase daily vegetables, and limit highly processed foods), move more, and get enough sleep. Not only may these measures reduce long-term risk of developing diabetes and heart disease, improved metabolic health may reduce morbidity and mortality risk due to coronavirus in



the short term.

Clinical Care: For people with diagnosed diabetes, encourage them to continue to seek acute care when needed and not avoid urgent care. Have a sick day plan for patients, especially regarding how to manage medications and when to seek urgent care. Keep up ongoing chronic care, including immunizations, cardiovascular risk management and glucose control. (There was early concern about use of ACE inhibitors during the pandemic, but current guidelines recommend continuing ACE inhibitors and ARBs for blood pressure as safe.) Use telemedicine technology where appropriate. Be alert for depression, social isolation and increased risk of food insecurity during the pandemic.

Advocacy: Physician voice in advocating for people with diabetes is critical for policies for equity, access to care, insurance coverage for COVID-19 and affordable insulin. A quarter of people who take insulin for diabetes ration their insulin. Insulin is a unique medication because it is essential for life for people with type 1 diabetes. Many states have passed legisla-

tion capping insulin prices, and more will be considering legislation in 2021.

Volunteer: The Kansas City Medical Society Foundation is the charitable arm affiliated with the Kansas City Medical Society. They coordinate millions of dollars of charitable care annually throughout the metropolitan region, largely provided by physician volunteers. In 2019, there were three dozen cases of eye care for diabetes-related eye disease and over five dozen cases of care for people with diabetes with other conditions. If you are interested in volunteering care for patients in need in our area, please contact Karole Bradford of the Foundation at kbradford@kcmedicine.org or (913) 907-7271.

Physician Self-Care: Higher quality and safer care is provided by doctors and nurses who are healthy themselves, both physically and emotionally. Please take care of yourselves, especially during this pandemic as we need all of you to be at your best. Eat well, exercise, sleep and stay connected to family, friends and colleagues. ☺


* * *

For more information, please visit www.diabetes.org.

Betty M. Drees, MD, FACP, FACE, is dean emerita of the School of Medicine at the University of Missouri-Kansas City and president of the Graduate School of the Stowers Institute for Medical Research. A leading endocrinologist, she is 2020 president of the Kansas City Medical Society. She can be reached at bdrees@kcmedicine.org.

Recognized for Excellence in Carotid Artery Procedure



KCMS President-Elect Scott Kujath, MD, FSVS, FACS, has been named a 2020 TCAR Clinical Operator of Experience by the procedure's developer, Silk Road Medical. TCAR—TransCarotid Artery Revascularization—is a minimally invasive approach for high surgical risk patients to reduce their risk of stroke. As an Operator of Experience, Dr. Kujath has demonstrated a focus on patient outcomes through appropriate patient selection and a well-trained and credentialed vascular specialist team. Dr. Kujath practices with Midwest Aortic & Vascular Institute. 

ANNUAL MEETING

(continued from page 10)


- Independence, Mo., has been a leader on many public health issues such as **utility conservation and environmental protection**, said Mayor Eileen Weir. The city recently made a major investment in public transportation to help improve resident access to education, employment and health care. She praised fellow Independence resident and KCMS Lifetime Achievement Award winner Donald Potts, MD, for his efforts over the years to achieve clean indoor air and Tobacco 21 legislation.
- In Wyandotte County, Kan., the Unified Government's **response to COVID-19** has brought together a coordinating

group including health care, public health, emergency management, social work and more, explained Mayor David Alvey. The group met daily to bring information from their constituencies and in turn communicate information back to them. Public health decisions were made on the advice of health professionals and not on the basis of politics.

The mayors also encouraged physicians to get more involved by speaking out and sharing their stories with the public. "Remain as civically engaged as you possibly can," Mayor Lucas said. "The loudest voices I hear from each day say the mask mandate is the worst thing we've ever done. Use what you know and what you see to help the public understand (these

measures), and help amplify the message that Dr. (Lee) Norman, Dr. (Rex) Archer, Dr. (Sammi) Areola and others are sharing each day."

They also noted that cities are looking for physicians to serve on various appointed boards and commissions, even outside of health care. Mayor Lucas pointed out that the city has some 900 positions on boards and commissions. Mayor Dunn commented, "People look to physicians for their wisdom, counsel and expertise."


Thanks to moderator Bridget McCandless, MD, MBA, and host Daphne Bascom, MD, PhD. 

ASC TRANSACTIONS

(continued from page 17)

such as telehealth systems when the above-referenced McKinsey & Company report suggests that might not be the case. Similarly, health systems might hope to achieve better outcomes in value-based care models of payment.

Careful scrutiny, reality-based—rather than hope-based—assessments and frank communication between the parties are key to making decisions to sell and buy. A thorough assessment will go a long way to ensure the reasonable likelihood the transaction will result in the benefits desired.

This article is general in nature and does not constitute legal advice. 


Lori Beam is a shareholder in Seigfreid Bingham's Health Law Group in Kansas City. She can be reached at lorib@sb-kc.com or (816) 421-4460. Seigfreid Bingham maintains a page of COVID-19 resources at <http://www.sb-kc.com/covid-19>.

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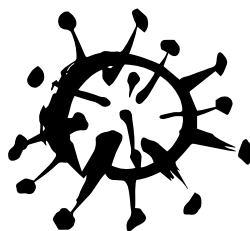
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UNCERTAINTY

(continued from page 18)

help us deal with uncertainty. Physicians need to cultivate a certain flexibility in our thinking. If you strive to total certainty, you will eventually break. But if you accept that you'll be wrong part of the time, and that you will have to correct errors and misdiagnoses as you go along, your clinical practice will improve. You may be less certain, but you'll be a better person and a wiser physician. 

Christopher Y. Thomas, Jr., MD, is a retired surgeon who served for 40 years at Saint Luke's Hospital.



COVID-19

NEW CHALLENGES to Physician Wellness

Physician wellness already was a major concern prior to the COVID-19 pandemic. At the start of 2020, the Kansas City Medical Society identified physician wellness as one of its top three priority issues.

Pressures on physicians have grown during the pandemic. The first wave in the spring was characterized by widespread closing of all but emergent medical services. It was a time of uncertainty as practices adapted by utilizing telemedicine and rearranging offices for greater infection prevention. Today, as case counts surge and hospitals reach capacity, another challenge looms for both those physicians on the front lines as well as for those who are trying to maintain patient care for all non-COVID-19 conditions.

Surveys from *Medical Economics* and *Medscape* released this fall show the impact of the pandemic—even before the new wave of which we are now in the midst. In both surveys, two-thirds of physicians said their burnout has become more intense since the start of the

COVID-19 crisis. According to *Medical Economics*, the aspects of COVID-19 that have caused the most stress or burnout are:

- Financial concerns (either personal or for the practice) (50%)
- Concern for my own health and the health of my family (47%)
- Not being able to care for my patients in the way I would like (41%)
- Lack of adequate PPE (30%)

When asked what they are doing more of to cope with COVID-19, about a third of physicians (34%) in the *Medscape* survey said they are exercising. Other coping mechanisms noted in both surveys include spending time with family and friends, eating, drinking alcohol and practicing yoga or meditation.

How much help is available? In the *Medscape* survey, 43% of physicians said their workplaces offer activities to help them cope with grief and stress. However, significantly, 39% said their workplaces offer no activities. In the *Medical Economics* survey, 14% said they plan to seek or

have sought professional help to deal with burnout. In an indication of the stigma in medicine associated with seeking help, 36% said they have avoided expressing feelings of burnout out of concern for being negatively judged by peers.

In this section, physicians from the University of Missouri-Kansas City and Truman Medical Centers share activities they have undertaken since the pandemic began to protect the wellness of physicians, faculty, students and residents. We also provide perspectives from two mental health programs on the increased demand for services and the impact of the pandemic on the public as a whole. ☺



Well-Being During a Pandemic: A Focus on Resiliency and Addressing System Issues

UMKC PROVIDES FOR STUDENTS, RESIDENTS, FACULTY

By Christine Sullivan, MD; Sara Gardner, MD; Nurry Pirani, MD; and Brenda Rogers, MD

Physician well-being has received increasing focus as associations between patient safety, medical error and attrition rates in the workplace have been attributed to stress, fatigue and burnout. Accrediting organizations such as the Accreditation Council for Graduate Medical Education (ACGME) and the Liaison Committee for Medical Education (LCME) have increasingly emphasized wellness and the learning environment. Deeply embedded within medicine is physician altruism, namely putting patients ahead of ourselves. The COVID-19 pandemic has caused physicians to reflect on their roles and responsibilities, knowing that there is an ongoing threat of contracting COVID-19 and/or inadvertently exposing family members and loved ones. Emotional fatigue from the increased number of patients who are critically ill and dying is occurring. Rightfully, the pandemic has brought physician wellness to the forefront.

We will describe what the University of Missouri-Kansas City School of Medicine (UMKC SOM) has implemented to address well-being for medical students, residents and faculty physicians, focusing on issues that arose due to the pandemic. Further, we will comment on current needs and concerns of these groups and report some preliminary data.

Common to whether one is a student,

resident/fellow or a faculty member are concerns beyond the ever-present threat of health exposure risk. Many have had to juggle their current role of learner and/or physician with caretaker and virtual school teacher. Social isolation from learning and/or working from home, especially as the pandemic continues with no clear end in sight, threatens well-being. The ability to be flexible and embrace multiple changes in the learning and working environment can vary, sometimes with changes seemingly on a daily or weekly basis. This results in stress even among the most seasoned physicians.

MEDICAL STUDENTS

In March 2020, concerns about personal protective equipment (PPE) availability and uncertainty about COVID-19 disease risk prompted many conversations about medical student learning. The Association of American Medical Colleges (AAMC) released guidance to: 1) remind schools that medical students are learners and not part of the health care work force; 2) urge medical schools to transition education to a virtual setting if possible; and 3) reassure schools that the LCME would support schools developing a virtual learning plan.¹ In mid-March, UMKC transitioned entirely to a virtual curriculum. Knowing that this sudden change and uncertainty

would result in significant added stress for both students and faculty, a coordinated response between educators and the administration ensued.

The curriculum office provided faculty with numerous resources to develop a virtual curriculum that replaced in-class learning and clinical experiences. Computer services aided numerous students who found themselves relocated to places where internet access was unreliable, and assisted faculty as they implemented technology to help in teaching and monitoring students taking exams securely. Teaching faculty provided flexibility in teaching methods, testing times and virtual office hours to accommodate students who lived in different time zones and/or faced other challenges. Students were assisted in leaving campus as campus housing closed with little warning. Students required reassurance and information about the completion of graduation requirements, grading and plans to maintain their educational timeline. Celebrations, such as Residency Match Day and Commencement, were produced for a quality virtual experience. For several months United States Medical Licensing Examination (USMLE) tests were not offered, which required flexibility about testing requirements while providing ongoing test preparation services. Student angst, which fluctuated from students



Emergency medicine residents and faculty practice yoga as a stress relief.

We developed virtual peer support groups led by a psychologist with special experience and expertise in GME. These experiences allowed program directors and trainees to share concerns and encourage one another.

who wanted to help in the hospital setting to fears of becoming ill or inadvertently exposing others, required a concentrated and repetitive plan of communication, which continues today as students have re-entered the clinical curriculum.

Town hall virtual sessions, hosted by curriculum and student affairs, were implemented weekly to address student questions. The administration developed a threefold priority list for students: student safety and wellness, ensuring a quality education, and collaborating to meet individual student needs. These priorities, as well as transparency in answering questions, alleviated some anxieties. The town halls were well attended and continued until late summer when student feedback supported

change to a written ongoing format. Our academic advisors and clinical faculty contacted every student individually to inquire about their wellness and provided guidance; this occurred multiple times and is ongoing. Also requiring a strategic approach were mental health concerns due to the stressors introduced by many changes in the curriculum. Students were encouraged to utilize counseling services that the school provides at no cost to students, available 7 days weekly/24 hours a day.

Career advising now occurs virtually, including student mock residency interviews, program director forums and career exploration activities. The faculty and staff are actively engaged in AAMC endeavors to keep students and faculty informed and

to reassure them that our school's efforts are consistent with those occurring at other medical schools.

RESIDENTS

As the pandemic started, our residents and fellows were literally and figuratively standing on the front lines. Immediately, it became clear that our training programs must undergo rapid transitions to support patient care objectives and educational requirements. Programs struggled to meet ACGME requirements, particularly in the procedural specialties, as operating rooms closed and elective procedures were canceled. Recognizing this immediate threat, the ACGME released a policy guide to prioritize our planning. The ACGME named four priorities: work hour requirements, adequate resources and training, adequate supervision and fellows functioning in their core specialty.²

Immediately, our programs transitioned to virtual didactics and prepared the residents and fellows for telehealth-based patient care. Curriculum plans were altered as affiliates experienced dire shortages in PPE. We developed simulation-based training in donning and doffing of PPE and emergent intubation in a COVID scenario. GME leadership prepared employment resources and supports for trainees who would inevitably experience infection, exposure and/or quarantine.

Initially, there was a great sense of team and camaraderie—the inspiring sense that we were ready and able to care for our community. What we were not prepared for was the seemingly endless transition to functioning in a prolonged pandemic. Gone were the common work rooms to discuss your daily challenges and shared experiences. Gone were the supports for daily work and the excitement of teaching with the medical students. Gone was the

Faculty physicians found that both their role as teacher and their practice of clinical medicine changed in a moment's notice; adaptability and resiliency were key to success and wellness.

end of rotation gatherings and graduation celebrations to acknowledge an achievement in training. The residents and fellows were experiencing isolation, fear and exhaustion.

Recognizing these struggles, we implemented a number of support strategies. First, we developed work alternatives to secure the trainee's pay and benefits. Residents who were placed on quarantine, if well, could participate in telehealth or other remote patient care supports. Residents who were deemed "high risk" by their physicians were offered alternative work experiences. Second, we developed virtual peer support groups led by a psychologist with special experience and expertise in GME. These experiences allowed program directors and trainees to share concerns and encourage one another. Individual programs held virtual social gatherings or gathered in small socially distanced groups outdoors. Third, we developed streamlined access to testing if trainees experienced symptoms or had a significant exposure. Finally, we provided timely and transparent communication from the health care systems, the university and the programs.



(Top) Emergency medicine resident class at their outdoor graduation.

(Above) A resident celebrates as internal medicine and internal medicine/pediatrics residents held their socially distanced graduation at the Boulevard Drive-In.

As we celebrated graduation, we partnered with the city to establish Kansas City's first "Graduate Medical Education Day" including a recorded speech from a city council member thanking each resident and fellow for their service to our community. During orientation, we took special care to support our new trainees as they transitioned from virtual medical school to a very different clinical environ-

ment. Programs held virtual or small, outdoor gatherings to assist the new interns in making connections.

Throughout every season of the academic year in GME, we have kept the well-being and safety of our trainees at the forefront. The pandemic, although initially isolating and stressful, affirmed the benefit of a GME community and has brought together historically siloed programs to share



Dean Mary Anne Jackson, MD, presides over the virtual graduation for students.

We understand that residents and fellows who are beyond post-graduate year four demonstrate higher levels of distress and more often cite challenges with work-life balance.

resources and best practices. We have already experienced this as a “new normal” as we engage in recruitment season.

FACULTY

Faculty wellness is critical to the teaching of undergraduate and graduate learners, research endeavors and/or direct patient care. Efforts to ensure support, resources and transparent communication with faculty were further enhanced since the pandemic struck. Already mentioned was system support for faculty who had to transition to a virtual curriculum without warning. Faculty physicians found that both their role as teacher and their practice of clinical medicine changed in a moment's notice; adaptability and resiliency were key

to success and wellness. As academic physicians highly value teaching, this sudden shift—paired with real concern for their learners' safety—resulted in stress.

As the school recognizes that a sense of community and connectedness is important for faculty to feel valued and satisfied, a number of programs were implemented to address these issues for faculty. The first-ever formal faculty mentoring program had been launched just prior to the pandemic. In it, senior faculty volunteered and were trained to mentor junior faculty based on shared goals such as teaching, service, clinical practice or research. While implemented recently, informal feedback has been positive.

Additionally, the school established

a faculty fellows and scholars program focusing on faculty underrepresented in medicine to provide them with support, opportunities to establish a peer group, and empower them with skills to advance their careers. Monthly faculty development activities were adapted to an online format and made available for viewing later by faculty to align with their schedules. The school has recently promoted the university's online suicide prevention certificate program to empower faculty awareness of suicide risk factors, how to approach those at risk, and how to refer them appropriately. The dean continues monthly faculty and staff virtual town halls to keep faculty informed and provide opportunities to raise concerns. Underscoring the need to connect, experience community and celebrate, recently we held our annual faculty awards and promotion event, which, while held virtually, was well attended and received.

DATA TO SUPPORT WELL-BEING EFFORTS

Data indicates that well-being initiatives have been successful but direct us to further evaluate the role of the learning and working environment. Annually, medical students are surveyed on the quality of their educational experience and student services. In the spring 2020 survey, student satisfaction with their education, student services and the support from the curriculum and student affairs deans was consistent with responses from prior years.

The most recent ACGME trainee survey on well-being demonstrated that most trainees find their work to be meaningful and their environment to be supportive. There continues to be evidence of work compression causing significant fatigue and increased time to decompress after work. Pre-pandemic, all faculty on the ACGME survey found their work meaningful, and nearly all felt that they worked in a supportive environment. Fatigue after

work and needing more time to recover from work was reported in about a third of physician faculty.

To better understand where high levels of stress occur in the learning/working environment, the school purchased the Well-Being Index (WBI)³ system to examine anonymous survey data of our learners and faculty. Just as patients with coronary disease may present with a myriad of symptoms, the symptoms of burnout and fatigue of our students, trainees and faculty are markedly different. Utilizing the WBI allows us to biopsy the discrete metrics of our educational and working environments to not only diagnose burnout, but to develop a distinct and customized treatment plan.

As an example, from our early reports, we understand that residents and fellows who are beyond post-graduate year four demonstrate higher levels of distress and more often cite challenges with work-life balance. This allows us to develop supports and curricula to build skills and better prepare our future physicians. We will then be able to track a measurable outcome of this curriculum through subsequent surveys. Further, we can work with our hospital partners to address issues in the clinical

learning and working environment and track the effectiveness of those changes.

CONCLUSIONS

Building and maintaining resiliency is an important first step to well-being, especially when times are uncertain and stress, anxiety and fear remain high among physicians and physician trainees. However, while physicians tend to be more resilient than the general population, a considerable number of physicians with high resiliency still experience burnout symptoms.⁴ Key to health care professionals during the pandemic is that they feel heard, protected, prepared, supported and cared for by their organization.⁵ To effectively address burnout, the focus should be turned to addressing system issues that impact physician well-being and satisfaction.^{4,6} Supporting the well-being of our learners and faculty during the pandemic and beyond is critical. We cannot yet predict what the long-term effects to the physician workforce and patient care will be. ☺

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Addressing Physician Wellness in COVID-19

INITIATIVE AT TRUMAN MEDICAL CENTERS CHAMPIONS PHYSICIAN WELL-BEING

It was fortunate timing when Truman Medical Centers decided to ramp up its physician wellness efforts in late 2019, just before the COVID-19 pandemic began spreading. A Wellness Committee consisting primarily of faculty physicians was formed with the charge of addressing issues affecting physician wellness.

Srikala Subramanian, MD, committee chair and associate professor of emergency medicine, explained its purpose: “As an organization, we are setting out several goals to address physician wellness, including creating positive work environments, reducing tasks that do not improve patient care, making electronic health records and other technology easier to use and more relevant, reducing stigma and improving burnout recovery services.”

The committee’s first task this spring was to administer among faculty the Well-Being Index, an assessment tool designed by the Mayo Clinic and now used across the nation. After answering the nine questions in the index, individuals immediately receive their individualized score along with information on how their level of well-being compares to others. It also flags whether the individual is at risk for potentially serious distress. Participants can repeat the assessment over time and track their progress. Individuals can be directed to local and national resources that can help promote well-being.

“The well-being of health care professionals has been pushed to the forefront during the COVID-19 pandemic,” Dr. Subramanian said. “The pandemic has shined a spotlight on the toll of a physician’s job and driven concerns to a new level.”

“We face challenges such as longer hours caring for sick patients, changing and adapting to new practice structures and guidelines to cut down on transmission, potential shortages of necessary medical equipment, financial uncertainties and adapting to the ever-changing environment.”

WELLNESS COMMITTEE GOALS

- Create positive work environment
-
- Reduce tasks not impacting patient care
-
- Improve EHR usability and relevance
-
- Reduce stigma
-
- Improve burnout recovery assistance



Here are more thoughts from Dr. Subramanian:

How do you see COVID-19 affecting physicians?

“COVID-19 will have lasting effects on physicians in many different ways. We face challenges such as longer hours caring for sick patients, changing and adapting to new practice structures and guidelines to cut down on transmission, potential shortages of necessary medical equipment, financial uncertainties and adapting to the ever-changing environment. We are at risk for burnout, anxiety and depression because, unfortunately, a lot of our days have been in survival-mode activity.”

What are the needs and concerns of physicians today?

“The topic of how we care for ourselves and our professional colleagues has never been so important as it is now. We face the additional stress of providing care in an ever-continuously changing environment—sometimes changing every hour—while also managing our everyday personal lives and stressors. Health care systems have a responsibility to provide their physicians with a network of support and at-work resources. Another critical step the health care network can take is to invest in an IT infrastructure to optimize physician workflow.” 🧐

Tips for Physician Mental Health During COVID-19

By the Missouri Physicians Health Program

(Adapted from the American Medical Association website)

During a crisis such as the COVID-19 pandemic, it is common for everyone to feel increased levels of distress and anxiety, particularly as a result of social isolation. Physicians and other frontline health care professionals are vulnerable to negative mental health effects as they strive to balance the duty of caring for patients against personal concerns about their own well-being and that of their family and friends. Use the following strategies to manage your own mental well-being while also caring for patients during the pandemic.

1. **Take care of yourself.** Attending to your mental health and psychosocial well-being while caring for patients is as important as managing your physical health. Try practicing meditation, mindfulness and yoga daily.
2. **Intentionally employ coping strategies.** This could include getting enough rest and finding respite time during work or between shifts, eating healthy meals, engaging in physical activity and staying in contact with family and friends.
3. **Perform regular check-ins with yourself.** Monitor yourself for symptoms of depression/stress disorder such as prolonged sadness, difficulty sleeping, intrusive memories and feelings of hopelessness.
4. **Take breaks from social media and news.** Make a regular habit of stepping away from your computer and smart phone.
5. **Feel fulfilled by remembering the importance of your work.** Despite the current challenges, your work is a noble calling.
If you are struggling and need help, please do not hesitate to call the Missouri Physicians Health Program, (314) 578-9574. In Kansas, contact the KMS Professionals' Health Program at (785) 231-1304, cwestgate@kmsonline.org. ☺

MPHP Updates Staffing, Governance

The Missouri Physicians Health Program (MPHP) made several important transitions in 2020.

First, program director Mary Fahey was named interim and then permanent executive director. She succeeds Bob Bondurant, who was MPHP's executive director for over 25 years. Bob died in February 2020 after a long illness.

"For many years, Bob Bondurant was the face of the MPHP serving as its capable executive director," said William L. Woods, MD, chair of the MPHP board of directors. "Since his resignation and subsequent passing earlier this year, the MPHP has been in a state of challenging yet exciting transition complicated, of course, by the COVID-19 pandemic. When Bob became ill last year, Mary Fahey immediately stepped up to fill his shoes, thus preventing any interruption of the MPHP's important mission."

Kay O'Shea has moved into the role of program director, taking on new clinical responsibilities along with keeping her hand in the operations of the program.

In addition, MPHP changed its governance structure

effective in August 2020, while remaining closely aligned with the Missouri State Medical Association (MSMA). The MSMA Physicians Health Committee took over as the governing board of MPHP; the committee previously functioned in an advisory role to MPHP staff. Previously, the MSMA board's executive committee served as MPHP's governing board. MPHP is a separate non-profit entity.

Dr. Woods, a Columbia, Mo., cardiologist, added: "There are many physicians out there who need our help but don't ask for it either because they don't know we exist or because of fear regarding their privacy, their physician licensure or their financial security. At MPHP, we are addressing all of these very real concerns with a multi-pronged effort to reach out to troubled physicians and to protect their dignity and well-being."

The MPHP facilitates a physician's return to a healthy personal and professional life through early identification, intervention, treatment referral, long-term monitoring and advocacy. It is available to all Missouri physicians, physicians in training, and medical students. ☺

Mental Health Centers Respond to Uptick in Demand

EXPERTS SAY PRACTICE PHYSICAL DISTANCING BUT STAY SOCIALLY CONNECTED THROUGH TECHNOLOGY SUCH AS ZOOM, FACETIME

The COVID-19 pandemic is taking a mental health toll on the population as a whole. Local mental health centers report an uptick in demand for services.



“We have seen an increase in the number of patients presenting to emergency rooms across the area in need of psychiatric care and treatment. We have also seen an increase in the number of patients presenting with acute substance intoxication with suicidal ideation,” said Lauren Lucht, executive director of mental and behavioral health at The University of Kansas Health System.

She added, “We are concerned about the volume and the acuity of patients in need of care and treatment for mental health and substance abuse treatment. Outpatient clinics have growing waitlists and we are doing our best to keep up with demand without sacrificing our extremely high standards of care.”

At Johnson County Mental Health Center, emergency contacts to the 24/7 crisis line have increased by nearly 30% since the onset of COVID-19, compared to the same time period in 2019.



“We are seeing a lot of increased depression, anxiety and fear of the unknown. We are living in a very uncertain time,” said Tim DeWeese, center director. “Some people are not coping effectively. We see an increase in substance abuse and alcohol consumption. While people think this is hard on children, they actually are more adaptable.”

Added Lucht, “Our community is struggling. We are stressed and tired of living with this pandemic. People are not able to do all the things that used to bring them comfort. Parents are trying to be heroes by taking on the roles of both teacher and good employee, as they are called upon to supervise virtual lessons for their children while they work from home. Many of us

“Our community is struggling. We are stressed and tired of living with this pandemic. People are not able to do all the things that used to bring them comfort.”

feel the need to be everything to everyone.”

To help meet the increased demand, the KU Health System is recruiting additional physicians and psychologists. They also continue to work to improve the mental health care delivery system.

Johnson County Mental Health Center has repurposed staff to meet demand and have greatly increased the use of telemedicine, DeWeese said. Patient education and communication initiatives have been expanded, including the “ApartNotAlone” social media campaign, a “Mental Health Moments” weekly email to 2,000 county

residents, “It’s Okay if You’re Not Okay” podcasts, virtual parent and child support groups and more.

DeWeese noted that changing the parent support groups to virtual actually increased participation, since it became more convenient to attend.

He offers several suggestions to people on coping with the pandemic. “The first thing is to fight the isolation. Practice physical distancing but stay socially connected. Mitigate the risk by wearing a mask. Use technology such as Zoom and FaceTime to your advantage. Realize that your emotional reactions to the pandemic are natural.”

Regarding children, he added: “Children are going to be looking to their parents for guidance. If you have a catastrophic view of the pandemic, it will translate to them. We can turn this into an opportunity to build a more resilient generation of young people who can delay gratification and overcome barriers. This is a season; it will end.”

Commented Lucht, “Take care of yourself and remember that we will get through this. And if you’re in crisis, please reach out for help. Go to the nearest emergency department or contact the National Suicide Hotline.” ☎



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