



COVID-19: KEEPING UP WITH A MOVING TARGET

Doctors and Burnout in the Epidemic

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Baltimore, MD



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COVID19.dkbmed.com





Learning Objectives

- Give a brief overview of the current pressures on clinicians facing COVID
- Describe how depression relates to burnout
- Discuss how we can overcome our vulnerabilities to burnout while facing the COVID epidemic as we did when we faced the HIV epidemic





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Factors that Undermine Physician Autonomy

- Megacorporations that form the nucleus of the "new medical-industrial complex."
- Governmental regulation (DRG's and capitation) impedes clinical autonomy
- Other professions (or would-be professions) provide services at lower rates
- Litigation and CYA testing and interventions
- Proliferating administrators directed at the bottom line, gaining compliance, and ridding the organization of intractable members.





The Deprofessionalization of Medicine

- As bureaucratic protocols based on cost containment seek to homogenize heterogeneous conditions and events, and the organizational penalties for being wrong or not conforming to the uniformity in the system multiply, there will be a devaluation of concepts, such as initiative, innovation, or the utilization of experientially based clinical hunches. Those are autonomous concepts, the absence of which will result in initiates to the profession being imbued with a sense of compliance, not a sense of judgment.

Causes, Effects, and Responses Ralph R. Reed, MD, Daryl Evans, PhD JAMA






Restoring Medical Professionalism

- The essence of medical professionalism is placing dedication to the welfare of patients above physicians' personal or proprietary interests.
- Medicine has become deprofessionalized as a consequence of several convergent factors
 - Conversion to a business model
 - The addition of intermediary financial control
 - Consumerism

Bernat JL. Restoring medical professionalism. Neurology. 2012 Aug 21;79(8):820-7





“We could be moving away from roles – doctor, nurse, etc. – and moving towards practices. In the future, instead of being licensed to practice medicine, people could be licensed to perform appendectomies or fetal ultra- sound and it wouldn’t matter whether they were a nurse or a doctor. I do not see the barriers between doctors and other professionals at either undergraduate or postgraduate levels being as inflexible as they have been in the past”

“...based on the theory that you don’t need to know about the internal combustion engine in order to be able to drive- and in clinical practice doctors trained in this way do not perform any less well”

Sir Graeme Catto – President of UK regulatory body the General Medical Council (GMC)





Pay for Performance

- Pay-for-performance in health care...such as airline on-time performance.
- PCMH should emphasize performance based metrics and payments that are based on measures of patient satisfaction and experience





Epic and Related EHR Products

- Wake Forest Baptist Medical Center reportedly loss of over **\$60 million**...employees are losing their merit increase for the year, nearly 950 jobs were cut, decreased (staff) hours, and...pay cuts
- Boston-based Dana-Farber Cancer Institute has lost approximately **\$25 million**
- *For every hour physicians provide direct clinical face time to patients, nearly 2 additional hours are spent on EHR and desk work within the clinic day. Outside office hours, physicians spend another 1 to 2 hours of personal time each night doing additional computer and other clerical work.*

Grinspoon P Physician burnout can affect your health - Harvard Health Blog JUNE 22, 2018



DENMARK

Blue block will drop the Health Platform: "Has made it worse for healthcare professionals and patients instead of doing better"

If Denmark in the future has to have one common IT system in the health service **SUNDHEDSPATFORMEN**

Has spent 2.8 billion on a new platform: – Not possible to believe that professional players are able to create such a miserable product

AV: MARTIN BRAATHEN RØISE | [HEALTH IT](#) | PUBLISERT: JUNE 22, 2018 - 5:00 AM

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- It is appalling reading from end to end. It is not possible to believe that professional players are able to create such a miserable product. It is a pity for the politicians in the capital that they have had something to do with this project. This borders on amateurism, says state auditor Peder Larsen to [DR](#).

ANNONSE

Available IT jobs

[TU JOBB](#)

Vestlandsforskning

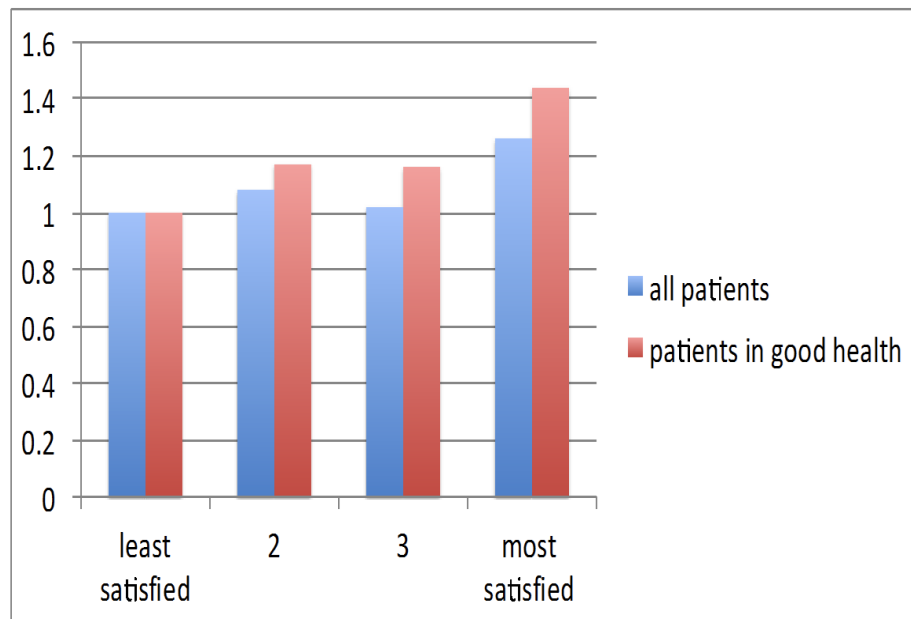
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Patient Satisfaction = Higher Mortality

Increased Patient Satisfaction Correlates with Increased Mortality



Medicare To Begin Basing Hospital Payments On Patient-Satisfaction Scores

CMS says more than 3,000 hospitals will be affected. Under the proposal, patient scores would determine 30 percent of the bonuses, while clinical measures for basic quality care would set the rest. Hospitals argue the scores should have less weight, but nevertheless are trying to figure out how to improve their rankings

The cost of **satisfaction**: a national study of **patient satisfaction**, health care utilization, expenditures, and **mortality**. Fenton JJ, Jerant AF, Bertakis KD, Franks P. Arch Intern Med. 2012 Mar 12;172(5):405-11.





The Opioid Crisis and Physician Burnout

- Many physicians in busy primary care practices feel like they are playing a never-ending game of “Whack-a-Mole.” They answer to a growing cadre of masters: faceless managed-care bureaucrats; managers; IT consultants; quality measurement gurus; and...patients. As time grows scarcer and the rewards leaner, being an excellent physician while managing one’s life outside of the office has become increasingly challenging.

Grinspoon P Physician burnout can affect your health - Harvard Health Blog JUNE 22, 2018



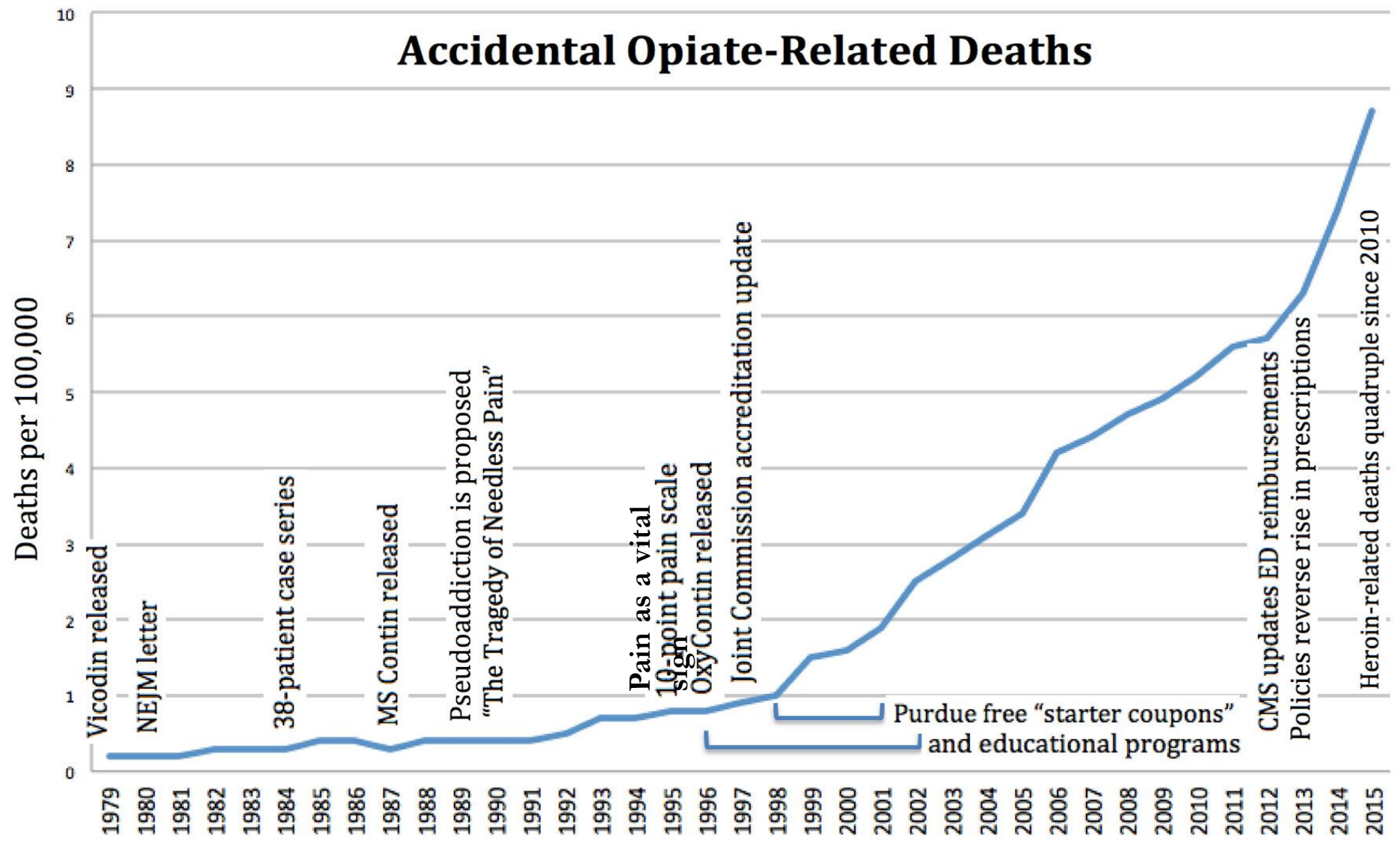


Doctors are Pressured to Prescribe Opiates

- 71% to avoid administrative and regulatory criticism
- 57% to avoid negative impact on Joint Commission surveys
- 46% to avoid decreased patient satisfaction scores and decreased reimbursement
- 40 % either they or one of their colleagues have been formally disciplined for failure to acquiesce to a patient's request for an opioid prescription

Kelly S, Johnson GT, Harbison RD. "Pressured to prescribe" The impact of economic and regulatory factors on South-Eastern ED physicians when managing the drug seeking patient. J Emerg Trauma Shock. 2016 Apr-Jun;9(2):58-63





*CDC dataset begins use of ICD-10 code

Appeals Court Upholds \$15 Million Damages in Opioid Case

MATT REYNOLDS October 27, 2017



ST. LOUIS (CN) — A jury was not unduly influenced or confused by evidence of the nation's opioid epidemic when it hit a St. Louis doctor and hospital with \$15 million in punitive damages for overprescribing painkillers to a man suffering from chronic back pain, a Missouri appeals court ruled this week.



The Missouri Court of Appeals for the Eastern District [affirmed](#) the verdict in favor of Brian and Michelle Koon on Tuesday, against physician Henry Walden and his employer St. Louis University Hospital.

The defendants said the trial court should have declared a mistrial because the nation's devastating opioid epidemic had come up during jury selection, and the court allowed experts on both sides to expound on the issue in a way that prejudiced the defense's case.





Doctor fired after criticizing his hospital for coronavirus response



Dr. Ming Lin was fired from his job at PeaceHealth St. Joseph Medical Center after publicly criticizing coronavirus precautions at the Bellingham, Wash., hospital. (Dean Rutz / Seattle Times)

By RICHARD READ | SEATTLE BUREAU CHIEF

APRIL 3, 2020 | 9:10 PM

SEATTLE — Worried that his hospital was doing too little to prevent the spread of coronavirus, Dr. Ming Lin took his concerns to his superiors.

Still not satisfied, he turned to social media, and in a series of posts over 11 days, called for greater protections for doctors, nurses and patients at PeaceHealth St. Joseph Medical Center in Bellingham, Wash., where he worked in the emergency room.

Bloomberg

Prognosis

Hospitals Tell Doctors They'll Be Fired If They Speak Out About Lack of Gear

By [Olivia Carville](#), [Emma Court](#), and [Kristen V Brown](#)

March 31, 2020, 9:23 AM EDT

- 'It is outrageous,' Washington nurses organization says
- Media guidelines are meant to protect patients' privacy



Hospitals Tell Staff They Could Be Fired for Exposing Lack of Gear

LISTEN TO ARTICLE



Hospitals are threatening to fire health-care workers who publicize their working conditions during the coronavirus pandemic -- and have in some cases followed through.





The New York Times

Coronavirus: Economic Impact | **LIVE** Latest Updates Remote Work Tech Fix DealBook

Nurses and Doctors Speaking Out on Safety Now Risk Their Job

Hospitals have warned, disciplined and even fired staff members who went public with workplace concerns about coronavirus precautions.



8/10/2020

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Idaho doctor says she was fired after trying to wear a mask at a Boise hospital

Dr. Neilly Buckalew was asked to travel from Post Falls to Boise to help work at a hospital. She wanted to wear a mask, but she says she was told she couldn't.

Author: Joe Parris

Published: 5:09 PM MDT April 3, 2020

Updated: 10:17 PM MDT April 3, 2020

BOISE, Idaho — An Idaho doctor is asking questions after she says she was terminated from a position after wearing a mask to work in a hospital.

Doctor Neilly Buckalew is a physiatrist and integrative medicine physician and owner of Integrative Ability Medicine, currently, a telemedicine practice, based in Post Falls.

She also provides coverage for inpatient rehabilitation hospitals throughout the country. Part of her job is to travel to areas in need of extra support.

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Doctor fired from local hospital files lawsuit against employer, hospital

By TAYLOR VANCE Daily Journal Apr 7, 2020 Comments



OXFORD • A physician who claims she was terminated from a north Mississippi hospital for raising concerns about COVID-19 safety measures is now suing her former employer and the hospital for allegedly violating the terms of her employment contract.

Dr. Samantha Houston, a former hospitalist at Baptist Memorial Hospital-North Mississippi in Oxford, filed the suit in Lafayette County Circuit Court on Monday. She seeks actual damages for lost income and punitive damages to “deter the defendants and others from future grossly negligent or reckless disregard of safety.” Houston is being represented by Jim Waide, an attorney based in Tupelo.

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The defendants named in the suit are Baptist Memorial Hospital-North Mississippi; William Henning, the hospital's CEO; Comprehensive Hospitalists of North MS and SCP Health, the staffing agency that held Houston's contract.

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House Elderly With Possible COVID-19 Patient, Suit Alleges

BY ASHTON PITTMAN 📅 MAY 6, 2020



Dr. Katherine Pannel, a psychiatrist who specializes in treating geriatric patients, filed a lawsuit alleging she was fired after refusing to admit new patients into a unit with a woman whom she suspected may have had a novel coronavirus infection. (Photo courtesy Katherine Pannel)

The novel coronavirus had only begun sweeping through Mississippi in March when the Panola Medical Center’s Crossroads Behavioral Health Center in Batesville assigned a woman in her mid-80s to Dr. Katherine Pannel, a psychiatrist who specializes in treating elderly patients. Though the woman was there for psychiatric treatment, the doctor noticed that she also exhibited most of the symptoms of COVID-19: a cough, chills, sore throat, fatigue and fever.

Pannel, who was the medical director for the center’s Geriatric Psychiatry Unit, agreed with the woman’s assigned nurse practitioner that she needed a COVID-19 test.

The psychiatrist was still waiting for the woman’s test results 10 days later when the hospital asked her to admit four new patients to the unit where the potential novel coronavirus patient remained. Pannel refused to do so, believing she was following protocol by quarantining the woman, along with those who had already shared the unit with her, until test results came



Doctor working on actual vaccine says he was fired for questioning Trump's favorite 'cure' for COVID

Jen Hayden
Daily Kos Staff

Wednesday April 22, 2020 - 4:56 PM Eastern Daylight Time

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182 Comments 182 New



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Daily Kos

Dr. Rick Bright has been lauded as one of the best and brightest in the world of vaccine development. On Tuesday, healthcare news website [Stat News](#) reported Dr. Bright had left his post as the director of the Biomedical Advanced Research and Development Authority. That agency is the part of the U.S. Department of Health and Human Services and it is responsible for overseeing the development of vaccines for deadly viruses like COVID-19 and a whole [host of other just as potential deadly public health issues](#) like chemical, biological, and nuclear threats.

Dr. Bright's departure right in the midst of a global health crisis certainly raised

Dr. Rick Bright, who was fired as deputy assistant secretary for preparedness and response for Health and Human Services this week, testified to Congress in March, 2018.
Photo: Toya Jordan Sarno/Bloomberg via Getty Images

AS TRUMP URGES DOCTORS TO LIE ON LIVE TV, FEDERAL OFFICIAL SAYS HE WAS FIRED FOR LIMITING HYDROXYCHLOROQUINE USE

After a whistleblower accused the Trump administration of putting political pressure on government scientists, Donald Trump pressured scientists on live TV.



Robert Mackey, Sharon Lerner

April 22 2020, 11:12 p.m.

DONALD TRUMP TRIED and failed on Wednesday to coerce two of the government's top medical experts to endorse his claim that a second wave of Covid-19 infections in the fall is unlikely, hours after a federal whistleblower said he was fired by the administration for limiting the use of an unproven drug treatment touted by the president.

During a televised briefing on the Covid-19 pandemic, the president publicly displayed the political pressure he puts on government scientists by badgering Dr. Deborah Birx, the White House coronavirus response coordinator, to agree with [his rosy projection](#) that the virus "might not come back at all."



The Washington Post
@washingtonpost



Trump asks Birx if there's a "good chance that covid





Professionalism

- “You are in this profession as a calling, not as a business; as a calling which exacts from you at every turn self-sacrifice, devotion, love and tenderness to your fellow men.”





Who Do We Work For?

- Patient
- State (euthanize and sterilize mentally ill)
- Hospital (shorten length of stay)
- Insurance company (decrease expenditures)
- Medical organizations (American Pain Society)
- Family (he is spending all our money)





Pressures on Physicians that Conflict with Performance of Their Duty

- Length of stay and cost reduction by hospitals and payors
- P and T committees
- Pressure to keep patients (clients) satisfied
- Medical-legal pressure
- Bioethicists for hire
- Assisted suicide and euthanasia





Physician Burnout is, in Part, a Product of Allowing Others to Define our Jobs, our Field, and our Goals

- Other person: You are disagreeable, Dr. Treisman
- Me: I am not disagreeable, I disagree with you.





A Way to Avoid Burnout

- Eradicate smallpox
- Restrict polio to 3 countries
- Stop HIV progression
- Cure hepatitis C
- Succeed with hepatitis B



LETTER

doi:10.1038/s41586-019-1027-4

HIV-1 remission following CCR5 Δ 32/ Δ 32 haematopoietic stem-cell transplantation

Ravindra K Gupta, Sultan Abdul-jawad, Laura E McCoy, Hoi Ping Mok, Dimitra Peppas, Maria Salgado, Javier Martinez-Picado, Monique Nijhuis, Annemarie M.J. Wensing, Helen Lee, Paul Grant, Eleni Nastouli, Jonathan Lambert, Matthew Pace, Fanny Salasc, Christopher Monit, Andrew Innes, Luke Muir, Laura Waters, John Frater, Andrew ML Lever, SG Edwards, Ian H Gabriel & Eduardo Olavarria





London Patient

- 2003: Diagnosed with HIV
- 2012: Initiated ART. Diagnosed with stage IV Hodgkin lymphoma; multiple rounds of salvage chemotherapy to achieve remission
- 2016: stem cell transplant from CCR5 Δ 32/ Δ 32 donor.
 - Reduced intensity conditioning; no total body irradiation
 - Course complicated by EBV reactivation (received rituximab), CMV reactivation, mild GVHD
 - 100% donor chimerism (all of his CD4 cells lacking CCR5)
 - 16 months after transplant, ART stopped





The 'Essence' of Being a Doctor

- We are taught to take in a great deal of information, synthesize it, process it to come up with a differential diagnosis or diagnoses, work through possible treatments, institute – in discussion with the patients – the best possible treatment and feel confident about changing it if it is not working, or working outside protocols.

Carol Black, President, Royal College of Physicians of London





Conclusions

- We are subjected to pressures to be responsible for patient outcomes
- We are pressured to consider hospital finances, length of stay, the Joint Commission, time, and even profit on our care of patients
- The term “moral injury” has been applied to the conflicting expectations doctors are living with
- Advocacy for our patients and our colleagues is part of our professional responsibility
- Since we will be responsible when things go wrong we must have the authority to do what is right





"The dip is..."
**The decrease in revenue seems to correlate with the decision to
get rid of all the doctors**





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