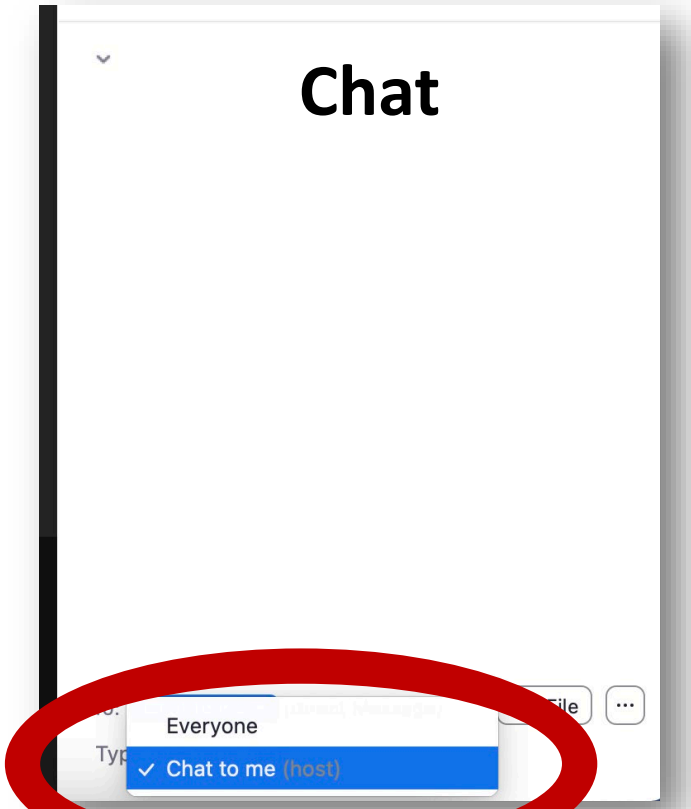
Welcome to the AUPN Program Director's Workshop

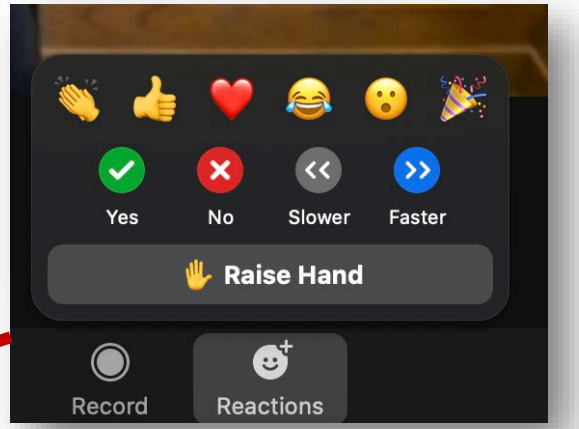
We will begin five minutes after the hour

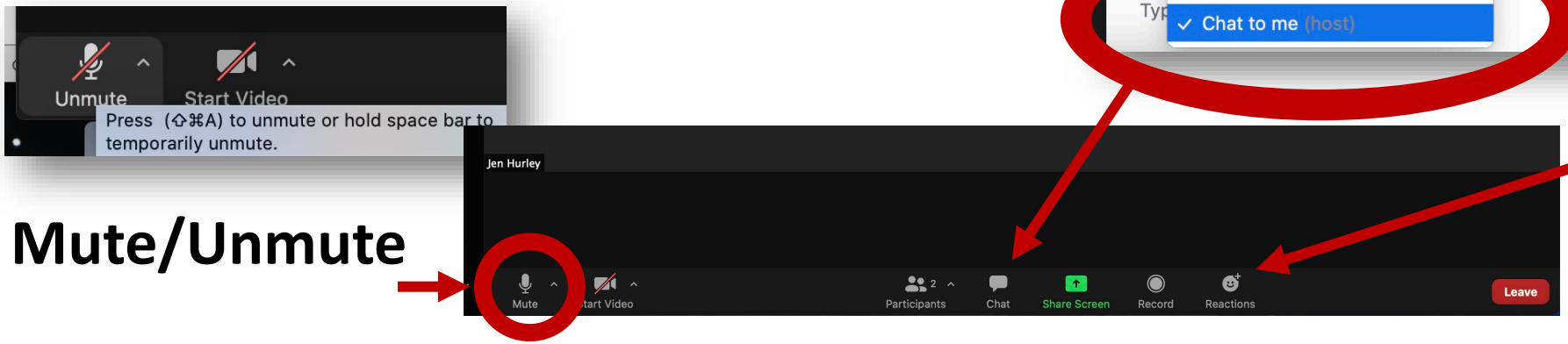
Housekeeping

- Zoom Webinar
- Panel will have cameras on
- Please keep your lines muted to preserve audio quality



Reactions

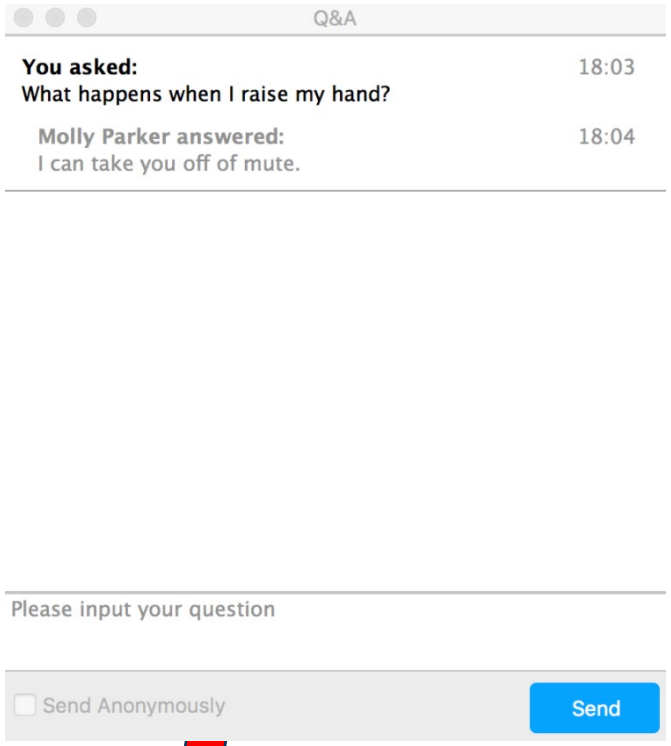


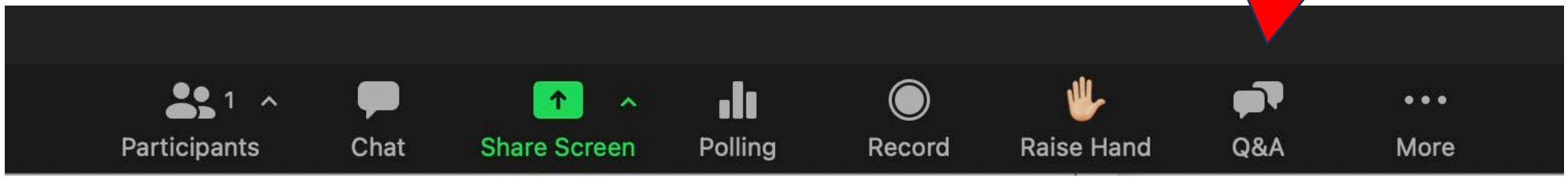


Mute/Unmute

Communication

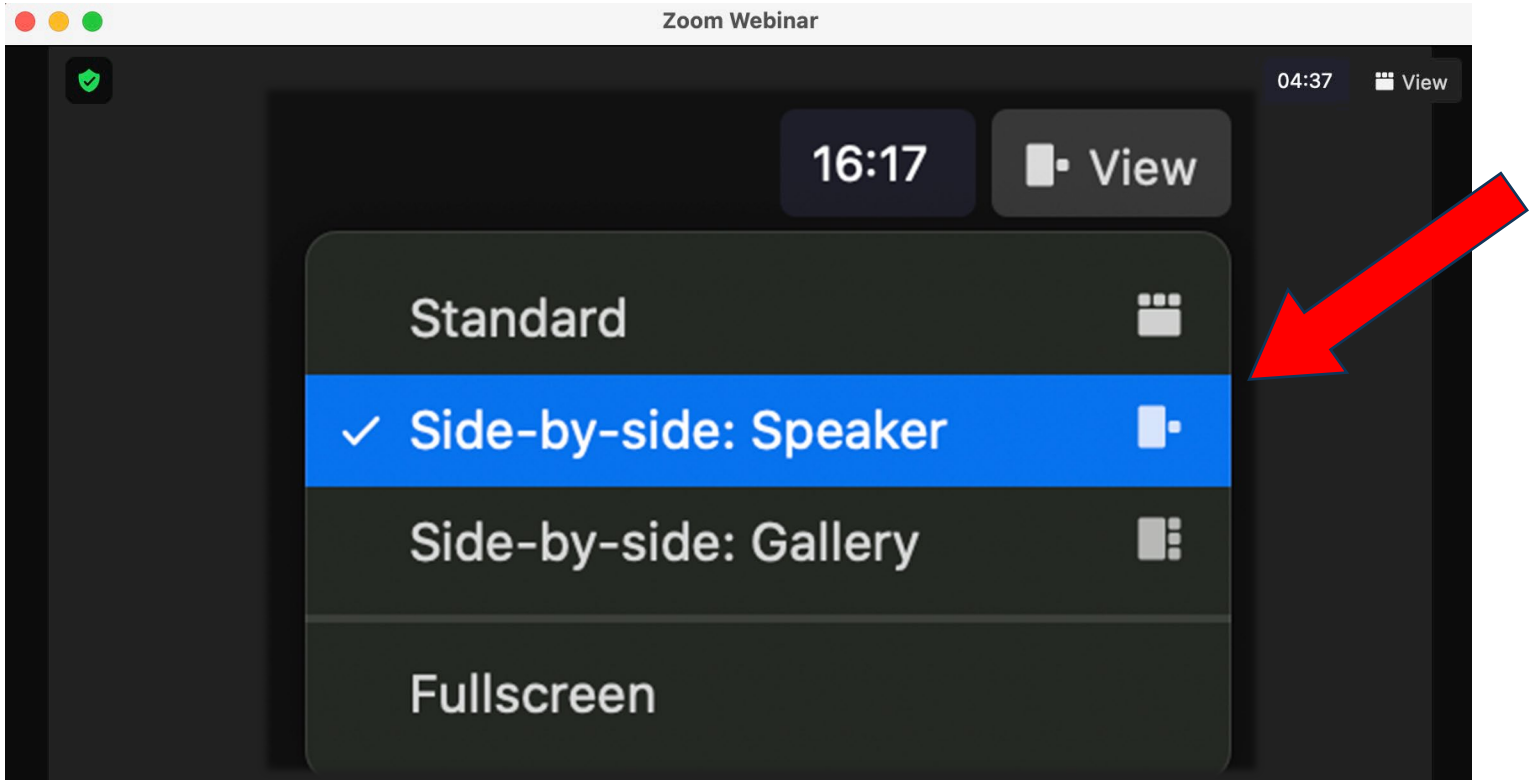
- Q & A will be used during the Q&A session with panelists today
- Chat to enter comments and communicate with panelists
- Raise Hand if you need technical assistance, or need to be unmuted





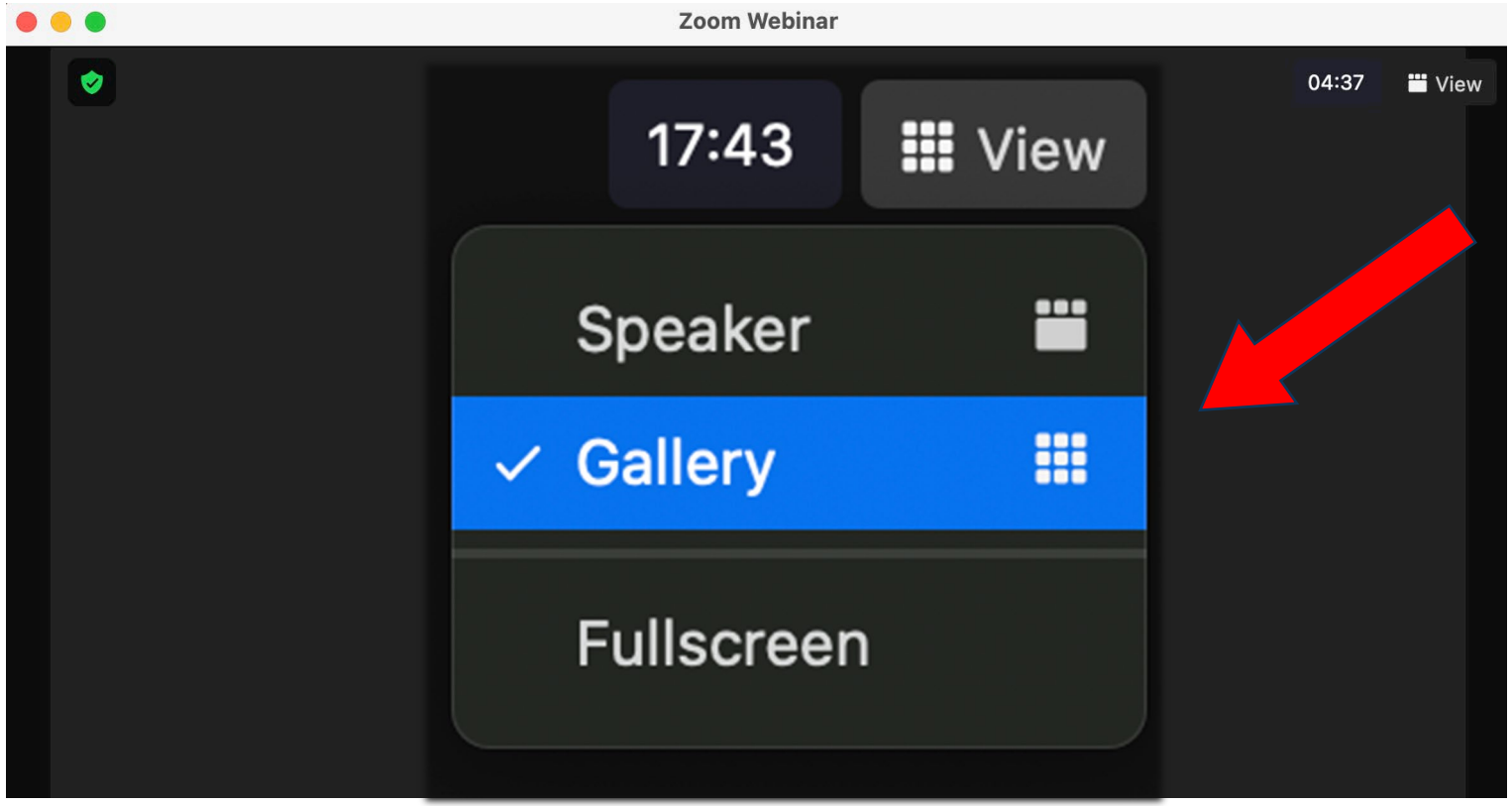
Optimize your Zoom Webinar Experience

For the slide presentation segment, we suggest using the “Side-by-side: Speaker” view



Optimize your Zoom Webinar Experience

For the Q & A segment, we suggest using the “Gallery” view



House on Fire: It’s Time to Sound the Alarm on Burnout in Neurology

Alfred T. Frontera, Jr., MD

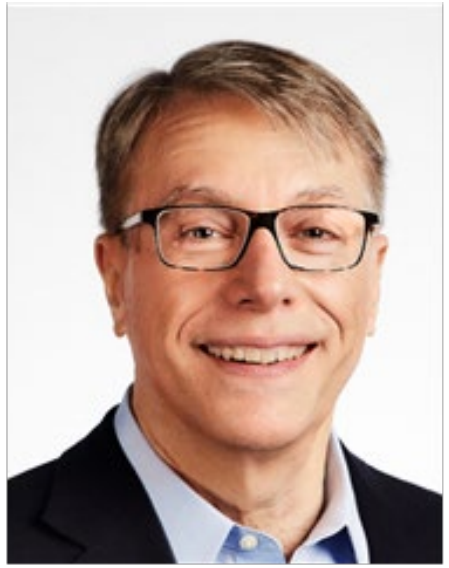
University of South Florida

Morsani College of Medicine

Objectives

- Be able to define “burnout” and recognize its signs and symptoms in colleagues and trainees.
- Understand the primary drivers of burnout on the individual, organizational and national levels.
- Discuss effective strategies to prevent, mitigate and treat burnout.
- Discuss changes to and effectiveness of wellness strategies in the setting of the COVID-19 pandemic.

Clinician Well-Being and Burnout in Three Acts



Neil Busis, MD
NYU Langone Health

Disclosures

- Dr. Busis has received personal compensation for serving as alternate CPT advisor for the American Academy of Neurology (AAN) and for AAN speaking engagements

Overview

- **Prologue: Key Concepts**
- **Act 1: Recognizing and Understanding the Problem**
  - American Academy of Neurology Burnout Task Force
- **Act 2: Formulating an Evidence-Based Approach to Solutions**
  - National Academy of Medicine Action Collaborative and Consensus Study Report
- **Act 3: The Global Pandemic**
  - Additional stresses on an already challenged health care system
  - New appreciation of some factors that contribute to well-being and burnout
  - Taking action!
- **Epilogue: Post-Pandemic Health Care**

Burnout is Not New, Just Increasingly Recognized

JOURNAL OF SOCIAL ISSUES
VOLUME 30, NUMBER 1, 1974

Staff Burn-Out

Herbert J. Freudenberger

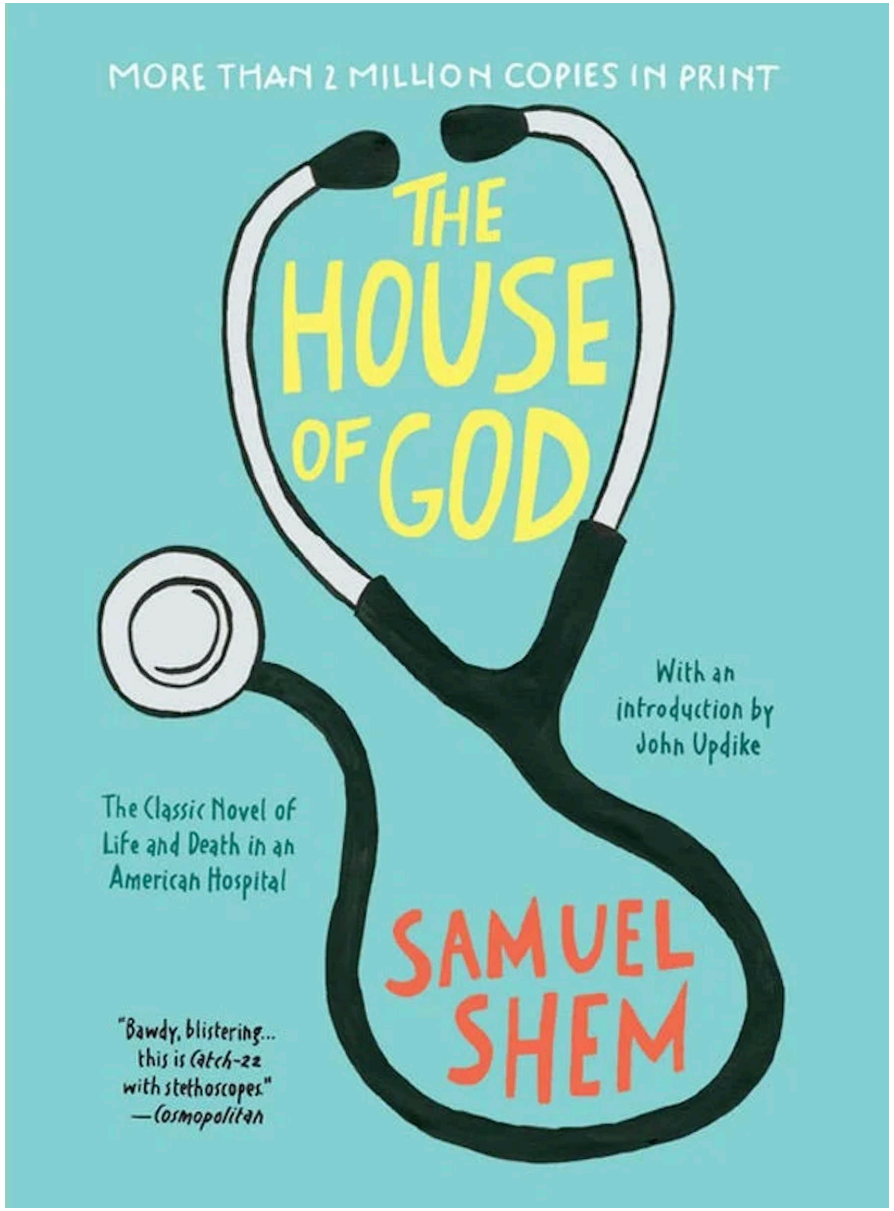
New York, N.Y.

The concept of staff burn-out is explored in terms of the physical signs and the behavioral indicators. There is a discussion of how the cognitive, the judgmental as well as the emotional factors are intruded upon once the process is in motion. Further material deals with who is prone to staff burn-out and what dedication and commitment can imply from both a positive and negative point of view. A practical section deals with what preventive measures a clinic staff can take to avoid burn-out among themselves, and if unluckily it has taken place then what measures may be taken to insure caring for that person, and the possibility of his return to the clinic at some future time.

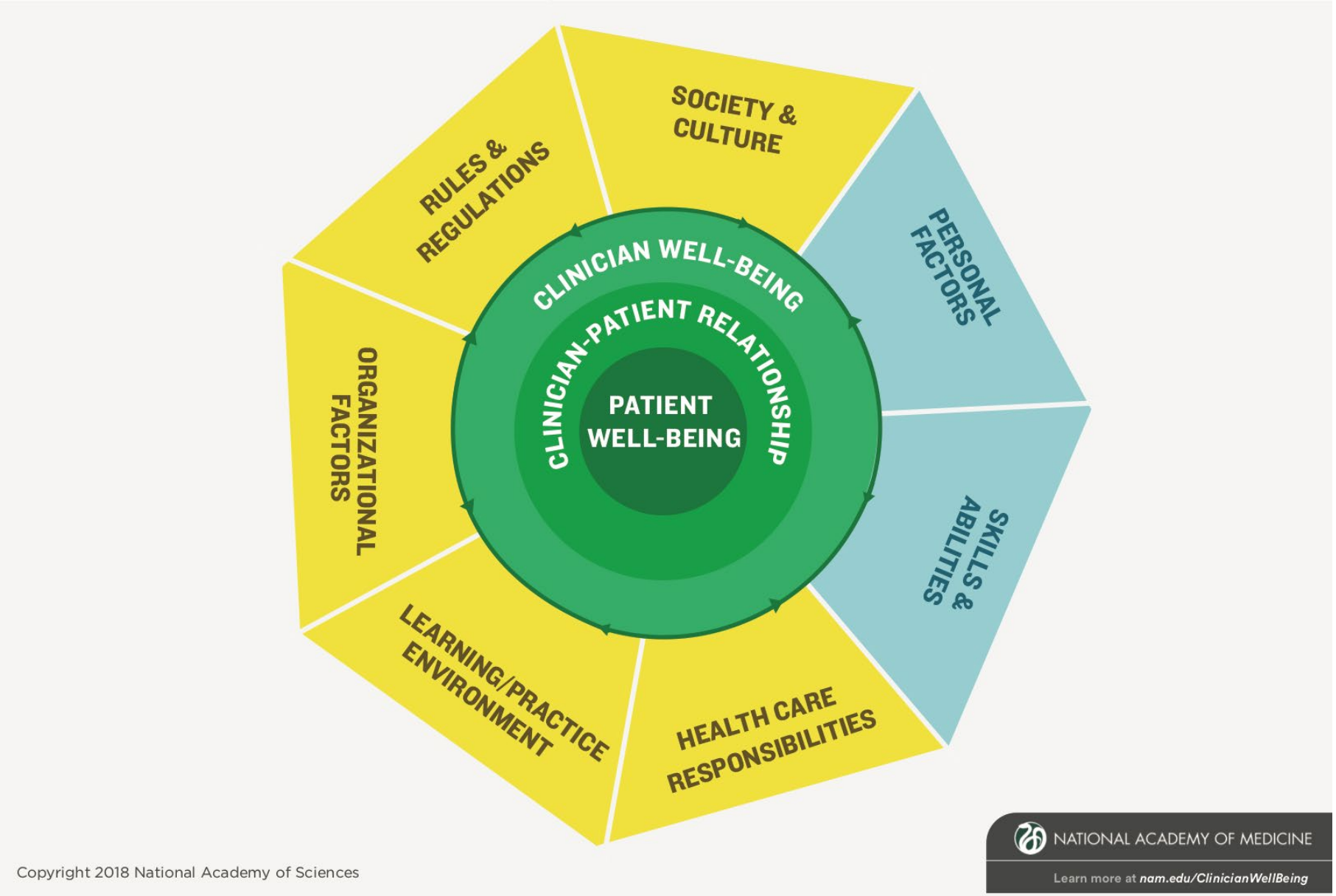
Some years ago, a few of us who had been working intensively in the free clinic movement began to talk of a concept which we referred to as "burn-out." Having experienced this feeling state of burn-out myself, I began to ask myself a number of questions about it. First of all, what is burn-out? What are its signs, what type of personalities are more prone than others to its onslaught? Why is it such a common phenomenon among free clinic folk, or is it also something that strikes all or at least most staff members working in alternative self-help or crisis intervention institutions? Does it happen with the same intensity to the professional volunteer and to the volunteer service worker? Or does it affect that volunteer and paid staff member differently? What can we do about burn-out once it starts? And what criteria can we build within ourselves or our working environment to help us to safeguard against this serious occupational hazard?

What is Burn-Out?

The dictionary defines the verb "burn-out" as "to fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources." And that is exactly what happens when



Clinicians' and Patients' Well-Being are Tightly Linked



"Clinician well-being is essential for safe, high-quality patient care"

There are Four Domains of Burnout

Individual

Work Unit

Organization

National

"All burnout is local"

Burnout and Depression are Different Entities

- Burnout is related to work, depression is not
- Preventing and mitigating burnout is different than treating depression
- Burnout leads to medical errors
- Depression is related to suicidal ideation
- Burnout and depression can co-exist in a single individual
- *Burnout may lead to depression*

Association of Physician Burnout With Suicidal Ideation and Medical Errors

Nikitha K. Menon, BA; Tait D. Shanafelt, MD; Christine A. Sinsky, MD; Mark Linzer, MD; Lindsey Carlasare, MBA; Keri J. S. Brady, MPH, PhD; Martin J. Stillman, MD, JD; Mickey T. Trockel, MD, PhD

Abstract

IMPORTANCE Addressing physician suicide requires understanding its association with possible risk factors such as burnout and depression.

OBJECTIVE To assess the association between burnout and suicidal ideation after adjusting for depression and the association of burnout and depression with self-reported medical errors.

DESIGN, SETTING, AND PARTICIPANTS This cross-sectional study was conducted from November 12, 2018, to February 15, 2019. Attending and postgraduate trainee physicians randomly sampled from the American Medical Association Physician Masterfile were emailed invitations to complete an online survey in waves until a convenience sample of more than 1200 practicing physicians agreed to participate.

MAIN OUTCOMES AND MEASURES The primary outcome was the association of burnout with suicidal ideation after adjustment for depression. The secondary outcome was the association of burnout and depression with self-reported medical errors. Burnout, depression, suicidal ideation, and medical errors were measured using subscales of the Stanford Professional Fulfillment Index, Maslach Burnout Inventory–Human Services Survey for Medical Personnel, and Mini-Z burnout survey and the Patient-Reported Outcomes Measurement Information System depression Short Form. Associations were evaluated using multivariable regression models.

RESULTS Of the 1354 respondents, 893 (66.0%) were White, 1268 (93.6%) were non-Hispanic, 762 (56.3%) were men, 912 (67.4%) were non–primary care physicians, 934 (69.0%) were attending physicians, and 824 (60.9%) were younger than 45 years. Each SD-unit increase in burnout was associated with 85% increased odds of suicidal ideation (odds ratio [OR], 1.85; 95% CI, 1.47-2.31). After adjusting for depression, there was no longer an association (OR, 0.85; 95% CI, 0.63-1.17). In the adjusted model, each SD-unit increase in depression was associated with 202% increased odds of suicidal ideation (OR, 3.02; 95% CI, 2.30-3.95). In the adjusted model for self-reported medical errors, each SD-unit increase in burnout was associated with an increase in self-reported medical errors (OR, 1.48; 95% CI, 1.28-1.71), whereas depression was not associated with self-reported medical errors (OR, 1.01; 95% CI, 0.88-1.16).

CONCLUSIONS AND RELEVANCE The results of this cross-sectional study suggest that depression but not physician burnout is directly associated with suicidal ideation. Burnout was associated with self-reported medical errors. Future investigation might examine whether burnout represents an upstream intervention target to prevent suicidal ideation by preventing depression.

Key Points

Question Is burnout associated with increased suicidal ideation and self-reported medical errors among physicians after accounting for depression?

Findings In this cross-sectional study of 1354 US physicians, burnout was significantly associated with increased odds of suicidal ideation before but not after adjusting for depression and with increased odds of self-reported medical errors before and after adjusting for depression. In adjusted models, depression was significantly associated with increased odds of suicidal ideation but not self-reported medical errors.

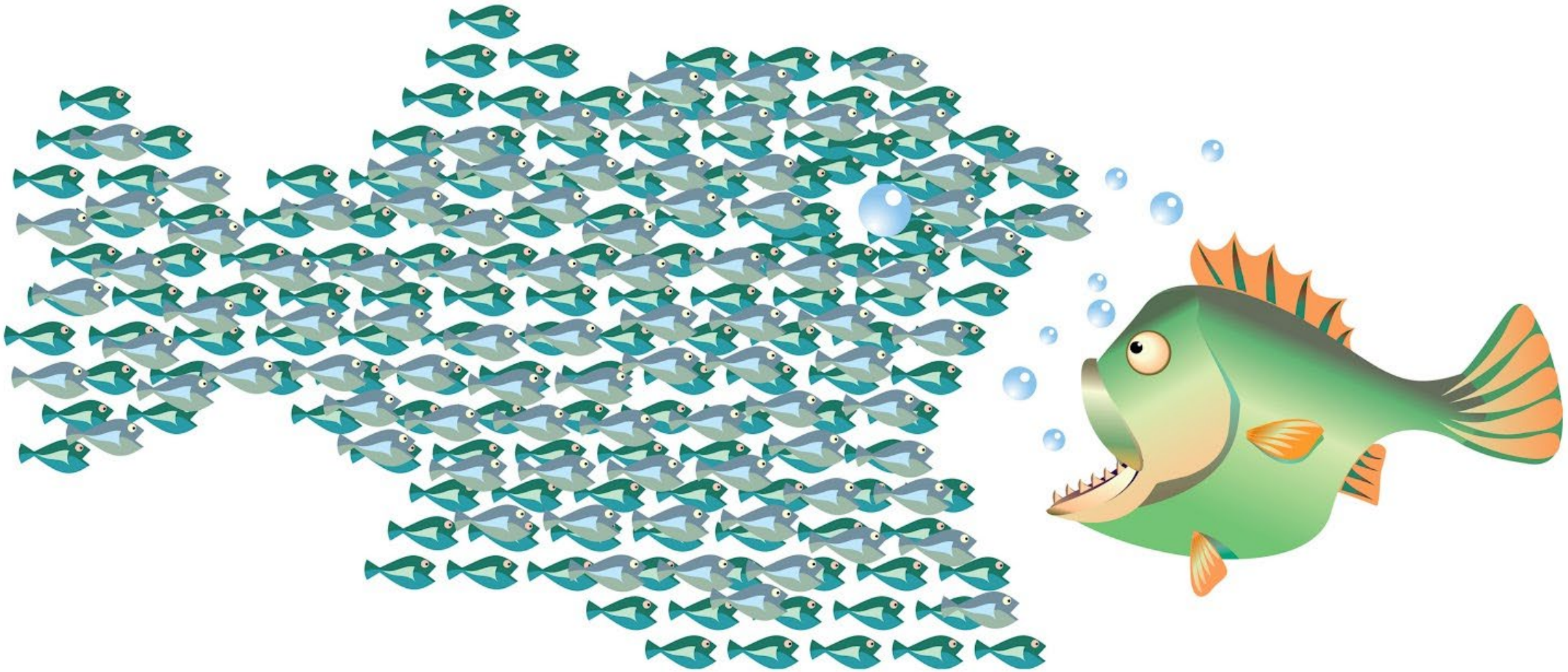
Meaning The findings suggest that depression but not burnout is directly associated with suicidal ideation among physicians.

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

JAMA Network Open. 2020;3(12):e2028780. doi:10.1001/jamanetworkopen.2020.28780

Solutions: “Culture Eats Strategy For Breakfast”



Perspective
DECEMBER 31, 2020

Supporting Clinicians during Covid-19 and Beyond — Learning from Past Failures and Envisioning New Strategies

Jo Shapiro, M.D., and Timothy B. McDonald, M.D., J.D.

"Deeply entrenched, counterproductive views about what is expected of clinicians"

- **Self-care is selfish**
- **Physical and emotional exhaustion is part of the job**
- **Expectation of personal sacrifice at all costs**
- **The burden of handling emotional distress rests solely on the individual**
- **Stigma: Vulnerability is a sign of weakness**
- **Isolation: The culture of silence convinces clinicians that others are successfully handling these stresses**

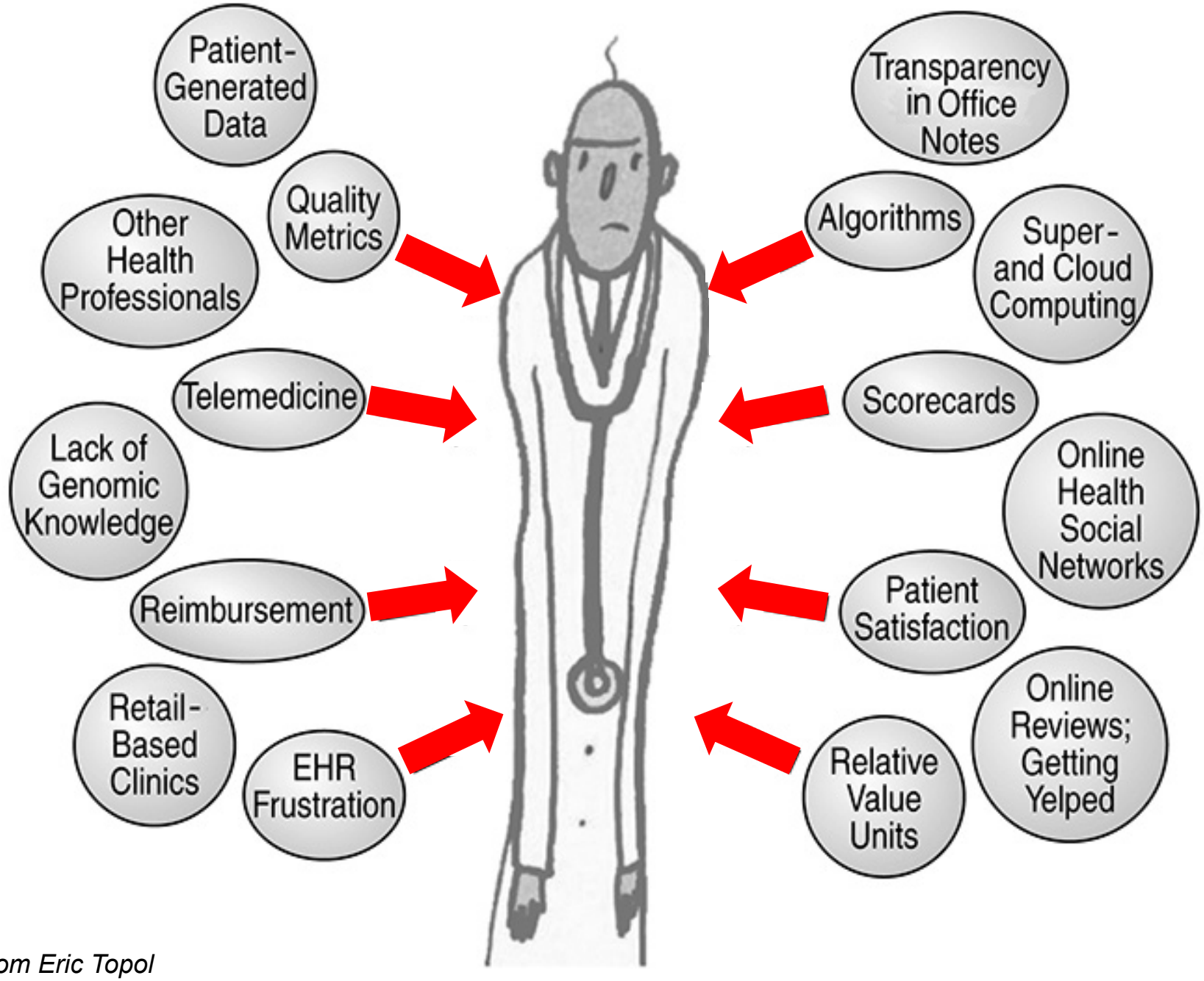
N Engl J Med. 2020 Dec 31;383(27):e142. doi: 10.1056/NEJMp2024834.

Act 1

Better Health

Better Care

Lower Cost

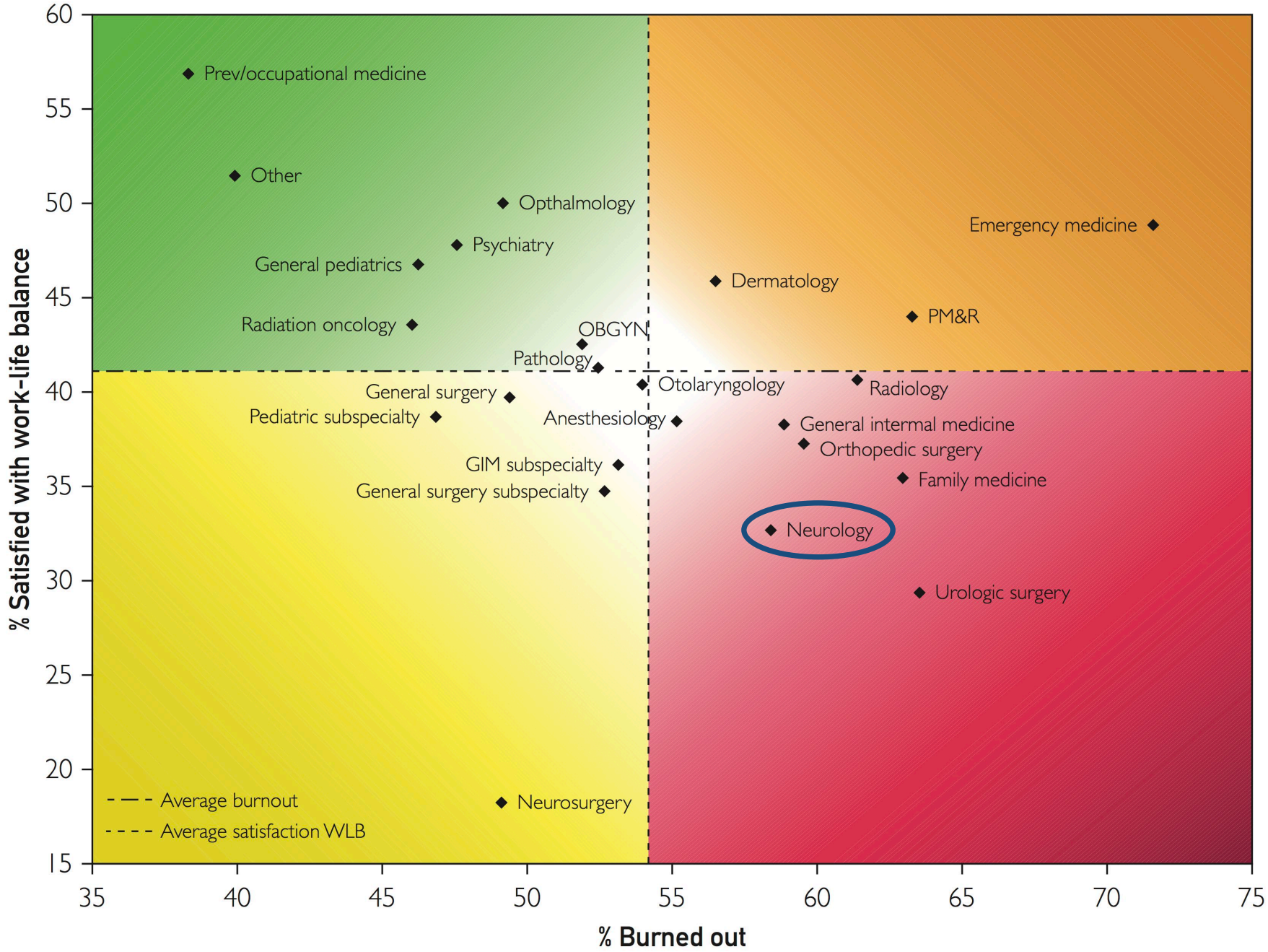


Adapted from Eric Topol

Unintended Consequences?

- Lack of physician well-being
- Poor work-life balance
- Burnout
  - Emotional exhaustion
  - Depersonalization
  - Sense of low personal accomplishment

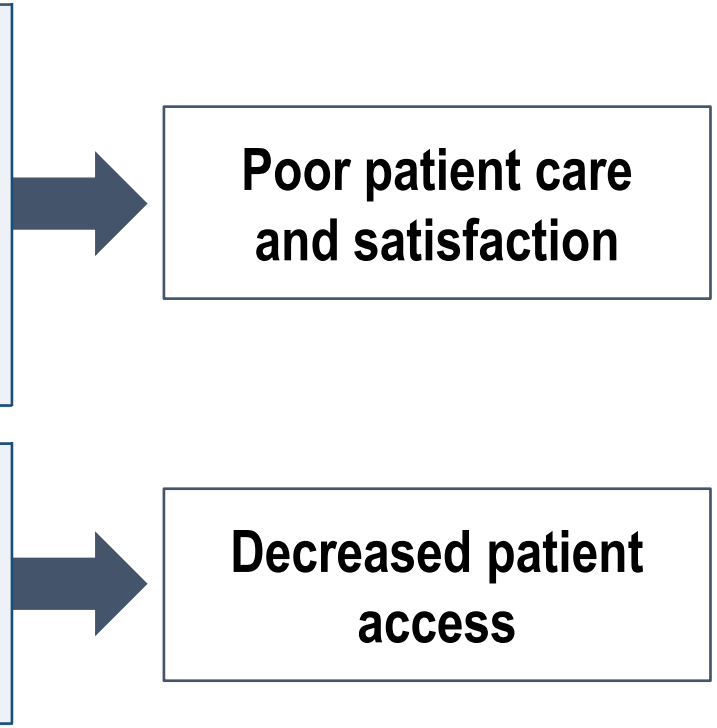
Burnout is contagious!



Shanafelt TD et al. Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. Mayo Clin Proc. 2015 Dec;90(12):1600-13.

Burnout Exacerbates Neurology Workforce Shortages

- Practicing neurologists may not meet their potential
  - Suboptimal clinical judgment
  - Lack of empathy with patients
  - Lack of career satisfaction
  - Health problems
  - Work-life conflicts
- Some may cut back work
- More may leave our specialty
- Fewer may enter our specialty



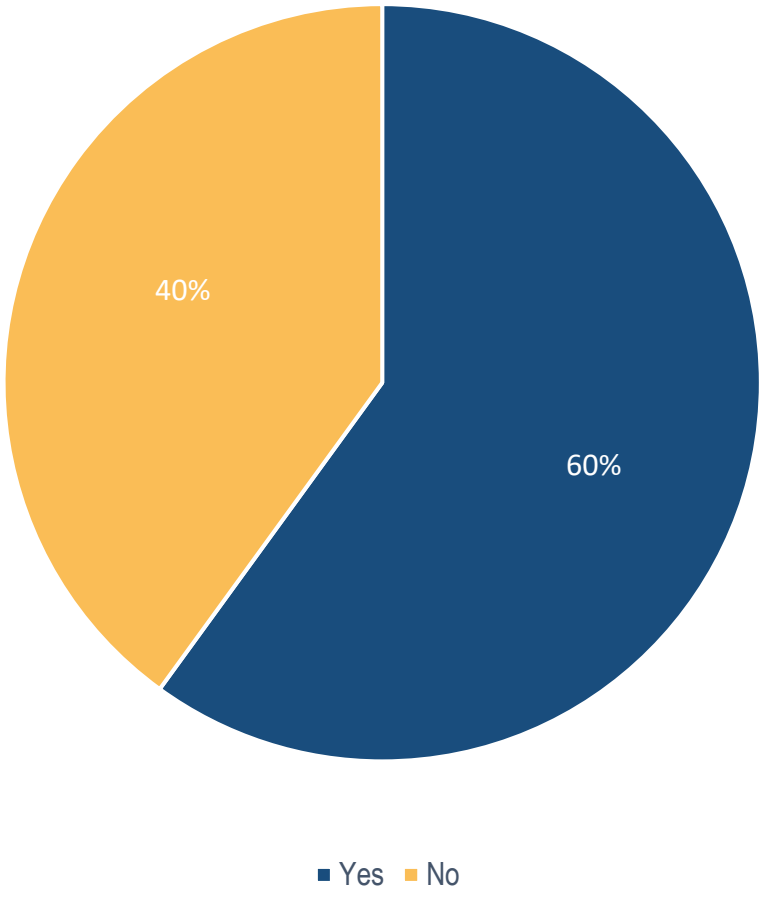
In 2013, the American Academy of Neurology (AAN) Workforce Task Force found demand for neurologist services exceeded supply in most states. By 2025, demand for neurologists will be even higher.

The AAN Takes Action to Improve Neurologic Care

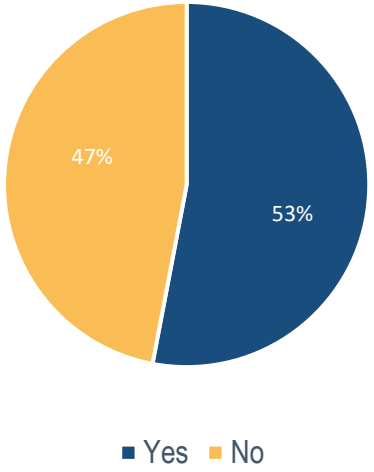
- AAN task force formed in 2015 to understand and address these issues
- Study burnout prevalence and primary drivers among practicing US neurologists and residents/fellows
- Mitigate burnout by identifying and offering a variety of resources (not one size fits all)

Neurology. 2017 Feb 21;88(8):797-808.
Neurology. 2017 Aug 1;89(5):492-501.
Neurology. 2017 Oct 17;89(16):1730-1738.
Neurology. 2018 Nov 13;91(20):e1928-e1941.

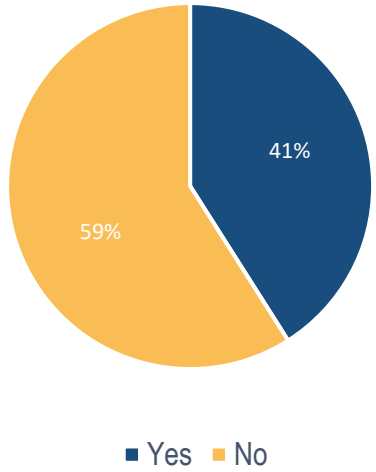
US Neurologists Experiencing Burnout



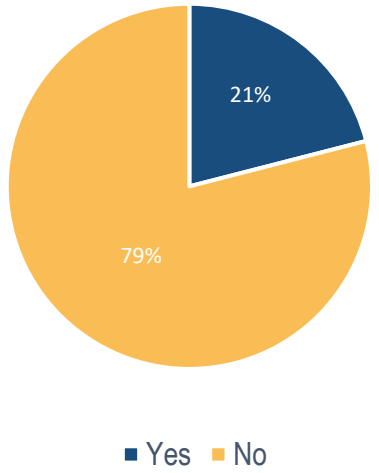
High Emotional Exhaustion

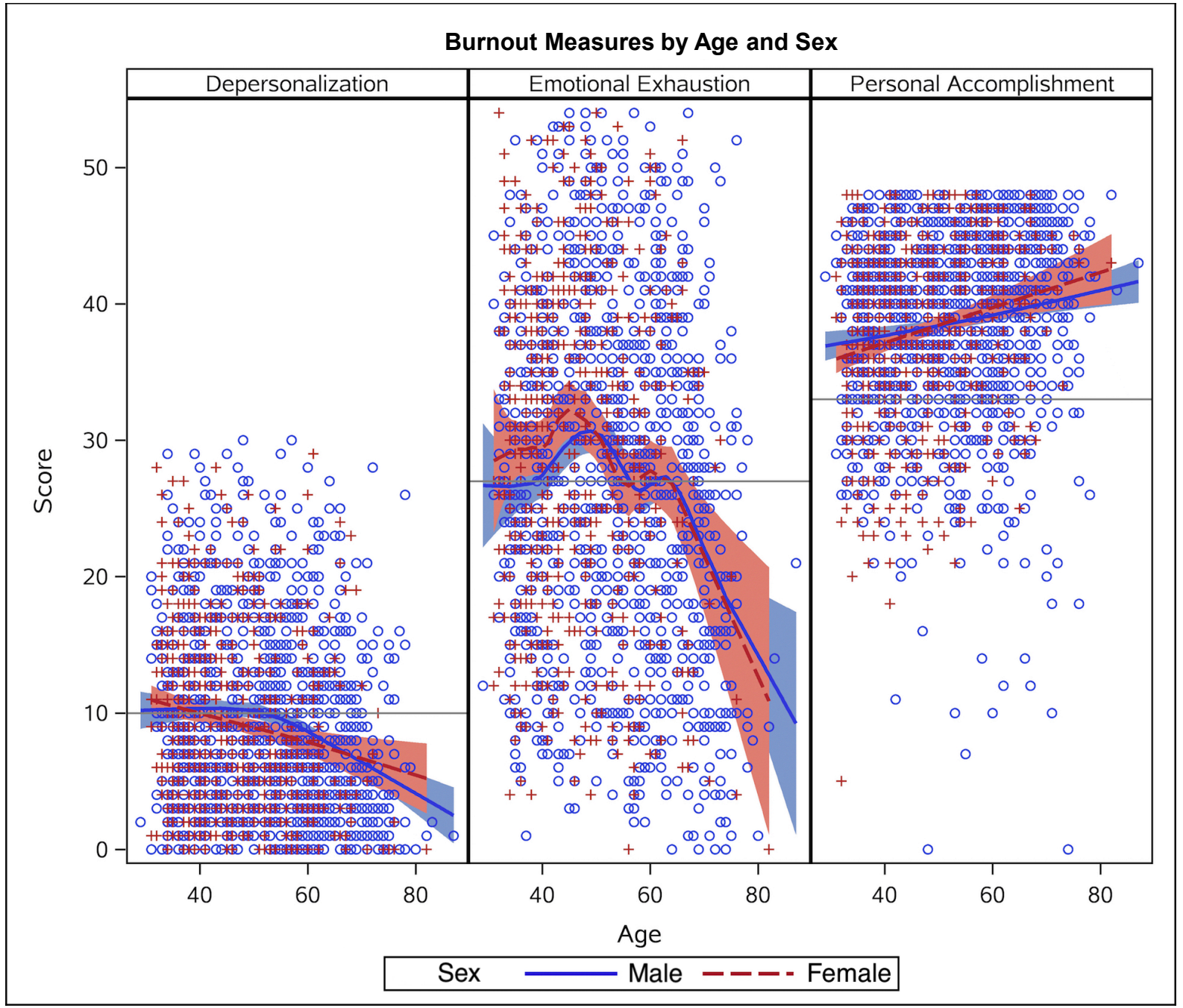


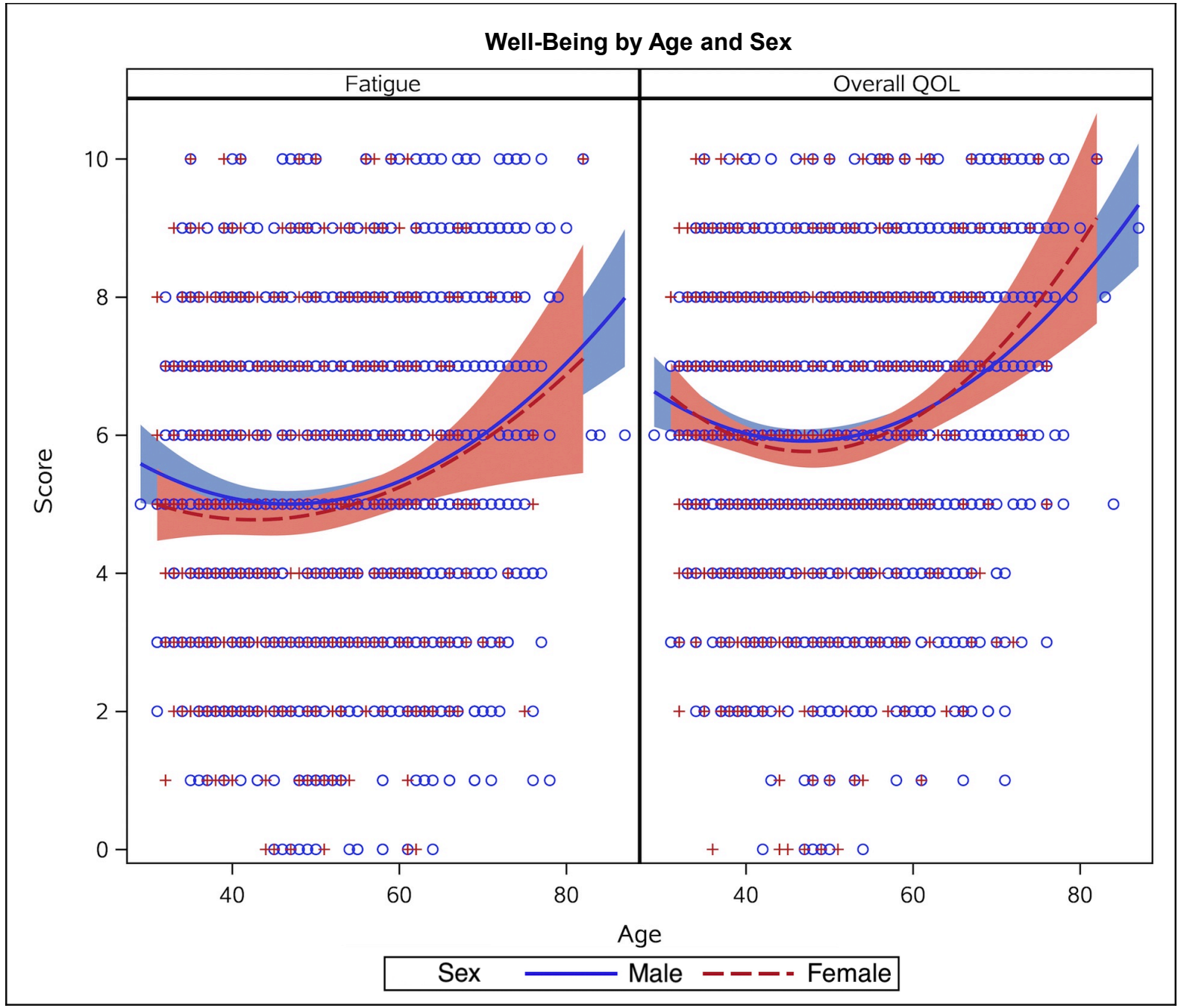
High Depersonalization



Low Personal Accomplishment Score



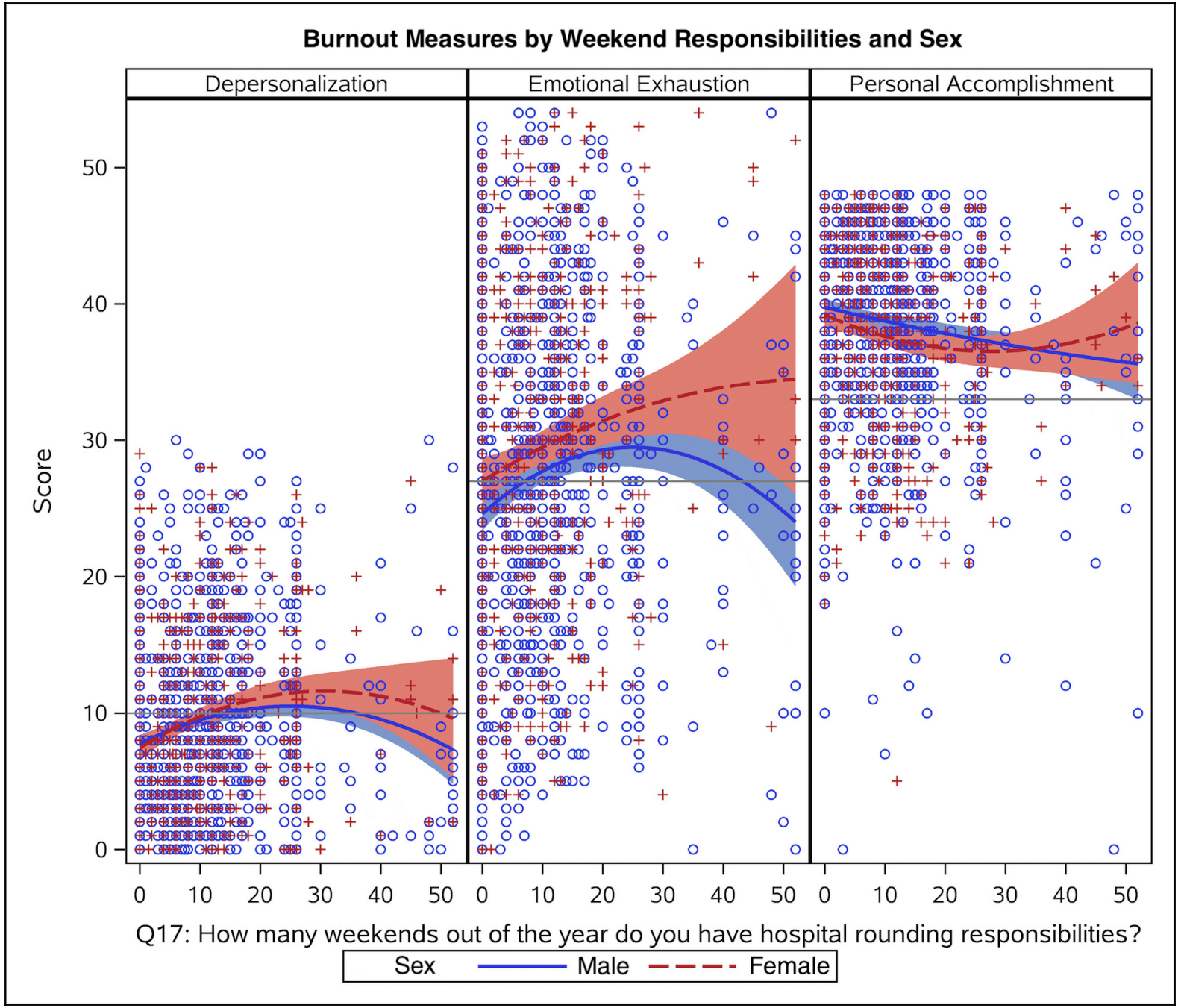

Burnout Measures by Age and Sex
Depersonalization
Emotional Exhaustion
Personal Accomplishment
Score
0
10
20
30
40
50
40
60
80
Age
Sex
Male
Female


Well-Being by Age and Sex
Fatigue
Overall QOL
Score
10
8
6
4
2
0
40
60
80
Age
Sex
Male
Female

Factors That Increase Burnout

Greater risk of burnout associated with:

- Direct clerical tasks
- Hours worked per week
- Number of outpatients seen each week
- Nights on call per week


Burnout Measures by Weekend Responsibilities and Sex
Depersonalization
Emotional Exhaustion
Personal Accomplishment
Score
0
10
20
30
40
50
Q17: How many weekends out of the year do you have hospital rounding responsibilities?
Sex
Male
Female

Factors That Decrease Burnout

Lower risk of burnout associated with:

- Autonomy in job
- Effective support staff
- Meaningful work
- Older age
- Epilepsy subspecialty compared to generalist

Factors Associated With Profession Satisfaction

Greater satisfaction:

- Meaningful work
- Autonomy in job
- Older age
- Effective support staff

Lower satisfaction:

- Burnout
- % time in clinical practice
- Sleep subspecialty compared to generalist

What Neurologists Say About Burnout

1. **Policies and people affecting neurologists**
   - Government mandates, insurance mandates, remuneration, recertification, leadership
2. **Workload, electronic health record (EHR), and work–life balance**
3. **Engagement, professionalism, and work dimensions specific to neurology**
4. **Solutions, advocacy, "other"**
   - Burnout over time, balancing professional and family commitments, children not wanting to pursue a career in medicine

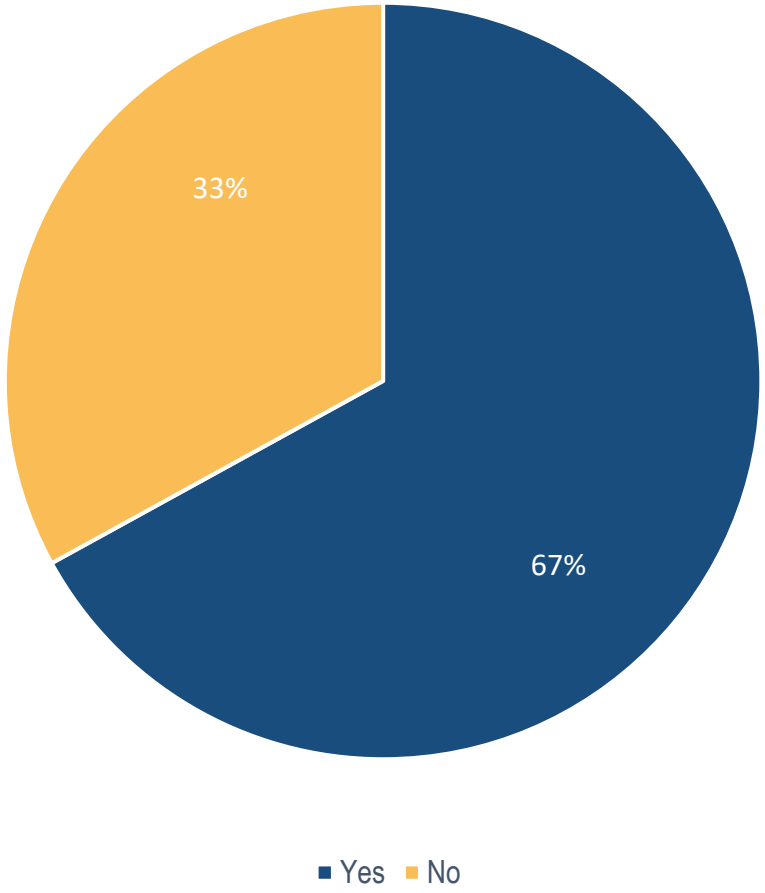

Engagement
EHR
Systemic Solutions
Specific to Neurology
Government Mandates
Other
Leadership
Professionalism
Insurance Mandates
Systemic Solutions
Workload
Workload
Leadership
Engagement
Advocacy
Recertification
Other
Advocacy
Professionalism
EHR
Recertification
Insurance Mandates
Specific to Neurology
Work-Life Balance
Remuneration
Remuneration
Individual Solutions
Individual Solutions
Work-Life Balance

Workplace Experience Differs by Sex

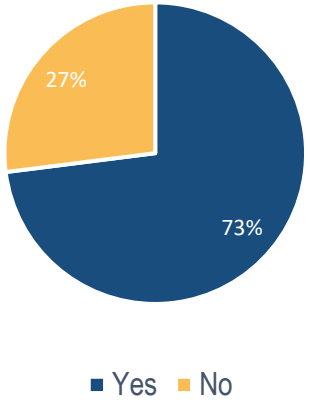
Women neurologists made proportionately more negative comments than men regarding:

- Workload
- Work–life balance
- Leadership and deterioration of professionalism
- Demands of productivity eroding the academic mission

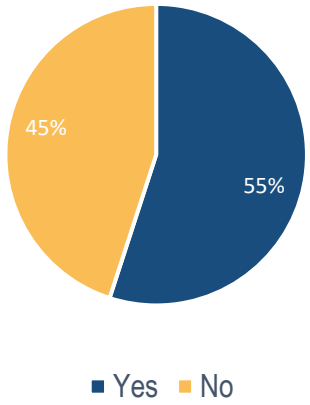
US Trainees Experiencing Burnout



Residents



Fellows



Trainee Burnout and Satisfaction Factors

Lower risk of burnout associated with:

- Satisfaction with work life balance
- Meaning in work (for residents only)
- Older age (for residents only)
- Effective support staff (for fellows only)

Greater satisfaction:

- Meaningful work
- Midwest vs Northeast

Residents Compared to Fellows

	Residents	Fellows
Depersonalization, Median	11	8
Depersonalization, % low score	21.8	32.4
Personal accomplishment, Median	37	40
Personal accomplishment, % high score	34.1	54.1
Hours worked per week, Mean	67.5	59.1
% time devoted to Clinical practice, Mean	82.5	67.3
% time devoted to Research, Mean	4.1	19.3
Nights on call/week, Mean	1.39	1.18
# outpatients in clinic per week, Median	6	10
# inpatients on average hospital day, Median	10	1
# weekends round in hospital, Median	23	4

Moving Towards the Quadruple Aim

- Better Health
- Better Care
- Lower Cost
- Well-Being

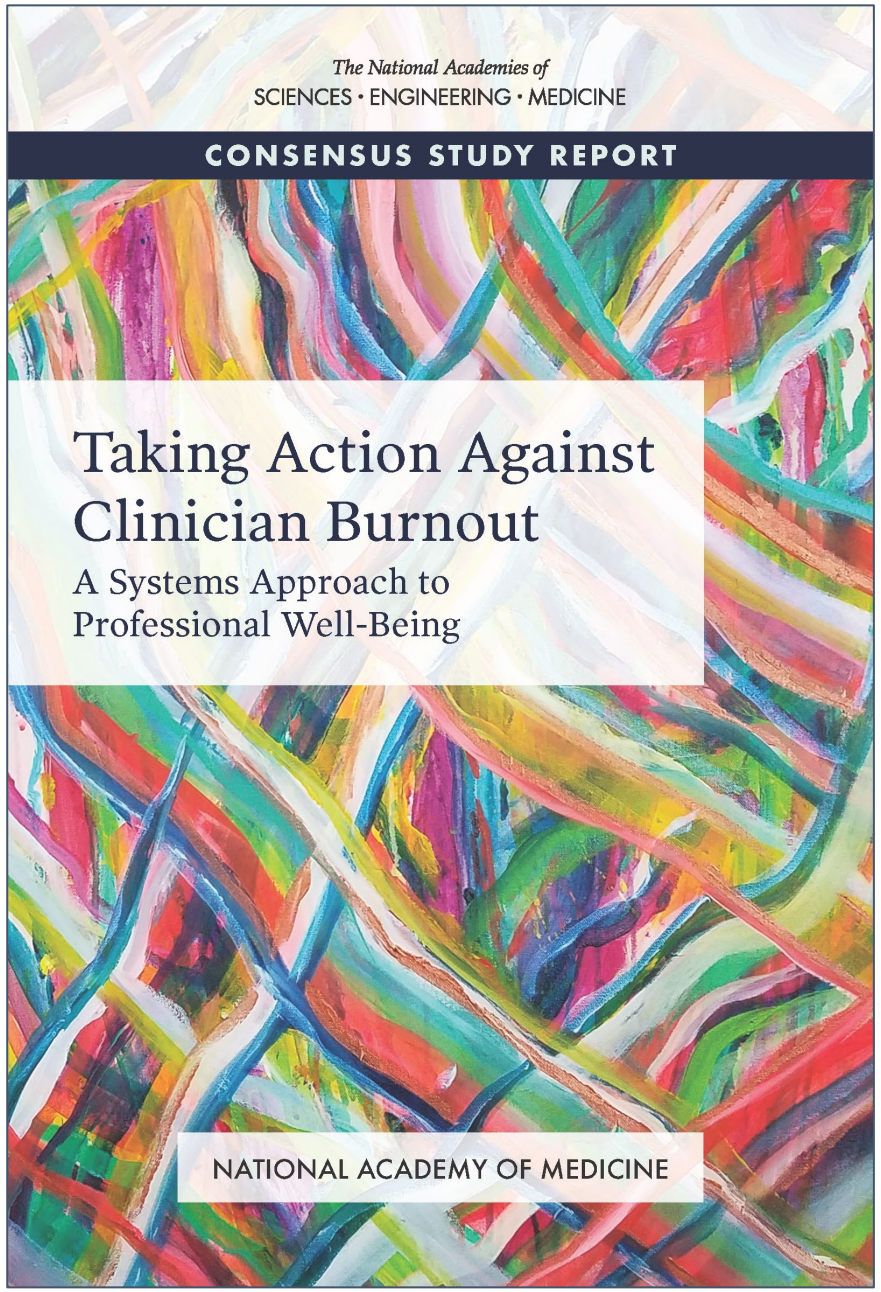
"Clinician well-being is essential for safe, high-quality patient care"

Act 2


NATIONAL ACADEMY OF MEDICINE
ABOUT THE NAM
PROGRAMS
PUBLICATIONS
NEWS
SUPPORT
MEMBER RESOURCES
National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience
Explore the Knowledge Hub
Clinician well-being is essential for safe, high-quality patient care.
However, clinicians of all kinds, across all specialties and care settings, are experiencing alarming rates of burnout. Among the most telling of statistics, more than 50 percent of U.S. physicians report significant symptoms. Burnout is a syndrome characterized by a high degree of emotional exhaustion and depersonalization (i.e., cynicism), and a low sense of personal accomplishment at work.
Clinician burnout can have serious, wide-ranging consequences, from reduced job performance and high turnover rates to—in the most extreme cases—medical error and clinician suicide. On the other hand, clinician well-being supports improved patient-clinician relationships, a high-functioning care team, and an engaged and effective workforce. In other words, when we invest in clinician well-being, everyone wins.
Supporting clinician well-being requires sustained attention and action at organizational, state, and national levels, as well as investment in research and information-sharing to advance evidence-based solutions.

Systems Approaches are Needed

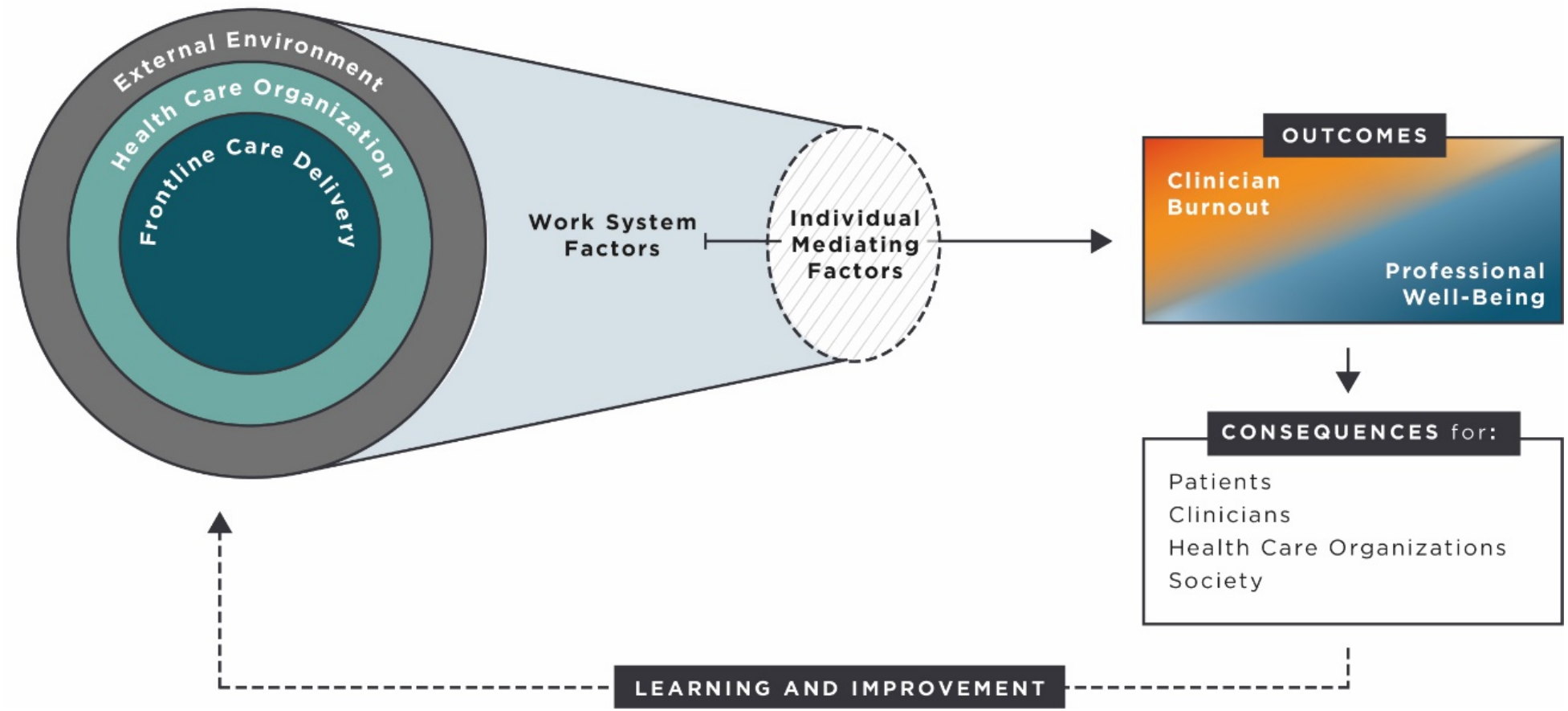
- Clinician burnout is a **complex multi-factorial problem**; there's no one solution
- Many health care **system aspects have to work together** to mitigate burnout and improve professional well-being
- Stress and burnout among **clinicians in practice and in training** have to be addressed

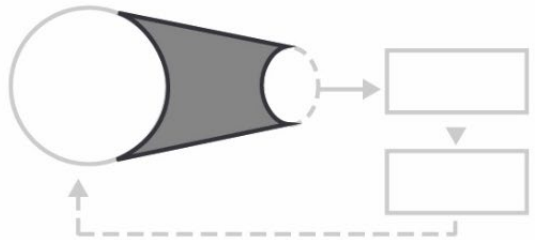

The National Academies of
SCIENCES • ENGINEERING • MEDICINE
CONSENSUS STUDY REPORT
Taking Action Against Clinician Burnout
A Systems Approach to Professional Well-Being
NATIONAL ACADEMY OF MEDICINE

Taking Action Against Burnout: A Bold Vision

- Requires **redesigning clinical systems** focused on activities that
  1. Patients find important to their care, and
  2. Enable clinicians to provide high-quality care
- Interventions should **target known system factors** that impact clinician burnout and professional well-being at the systems-level
- System interventions require **commitment, infrastructure, resources, accountability**, and a **culture** that supports clinician well-being

A SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING





WORK SYSTEM FACTORS OF THE SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING

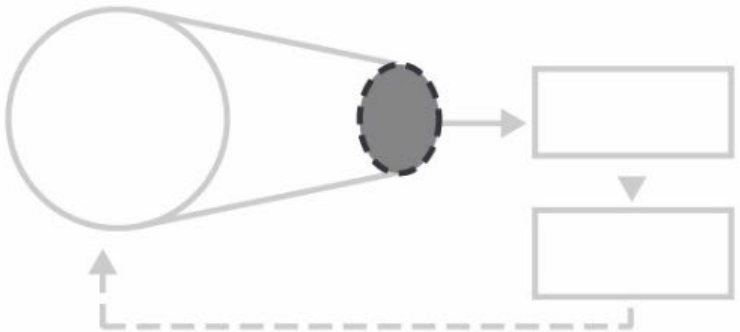
Work System Factors include:

Job Demands

- Excessive workload, unmanageable work schedules, and inadequate staffing
- Administrative burden
- Workflow, interruptions, and distractions
- Inadequate technology usability
- Time pressure and encroachment on personal time
- Moral distress
- Patient factors

Job Resources

- Meaning and purpose in work
- Organizational culture
- Alignment of values and expectations
- Job control, flexibility, and autonomy
- Rewards
- Professional relationships and social support
- Work-life integration



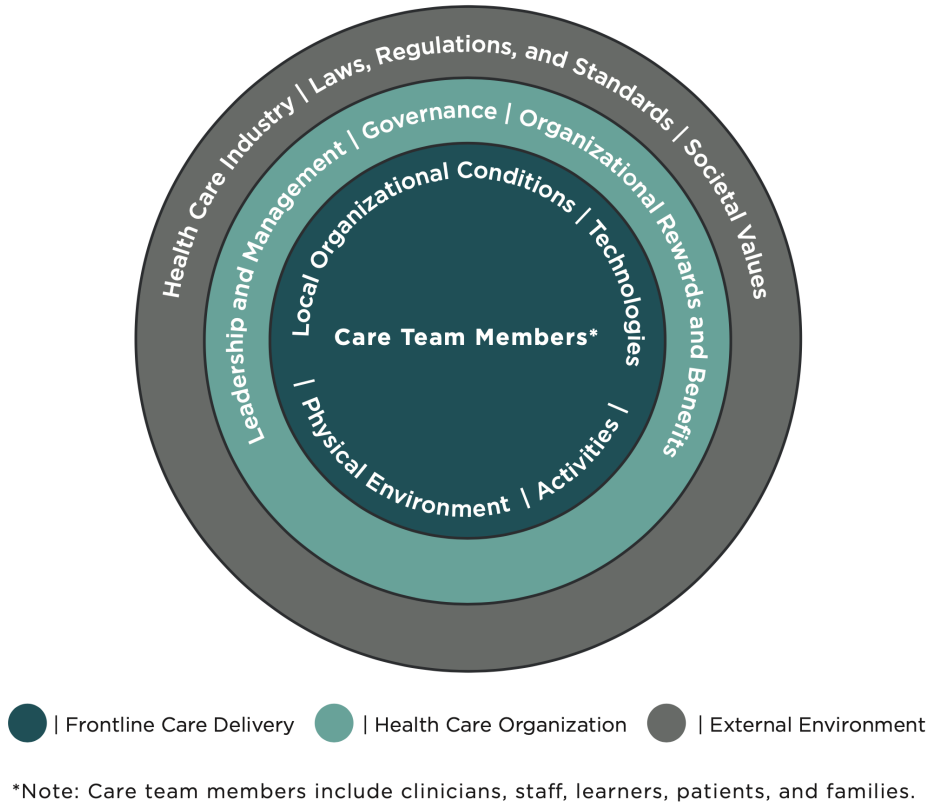
INDIVIDUAL MEDIATING FACTORS OF THE SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING

Individual Mediating Factors include:

- Personality and temperament
- Coping strategies
- Resilience
- Personal relationships and social support

Guidelines for Designing Well-Being Systems

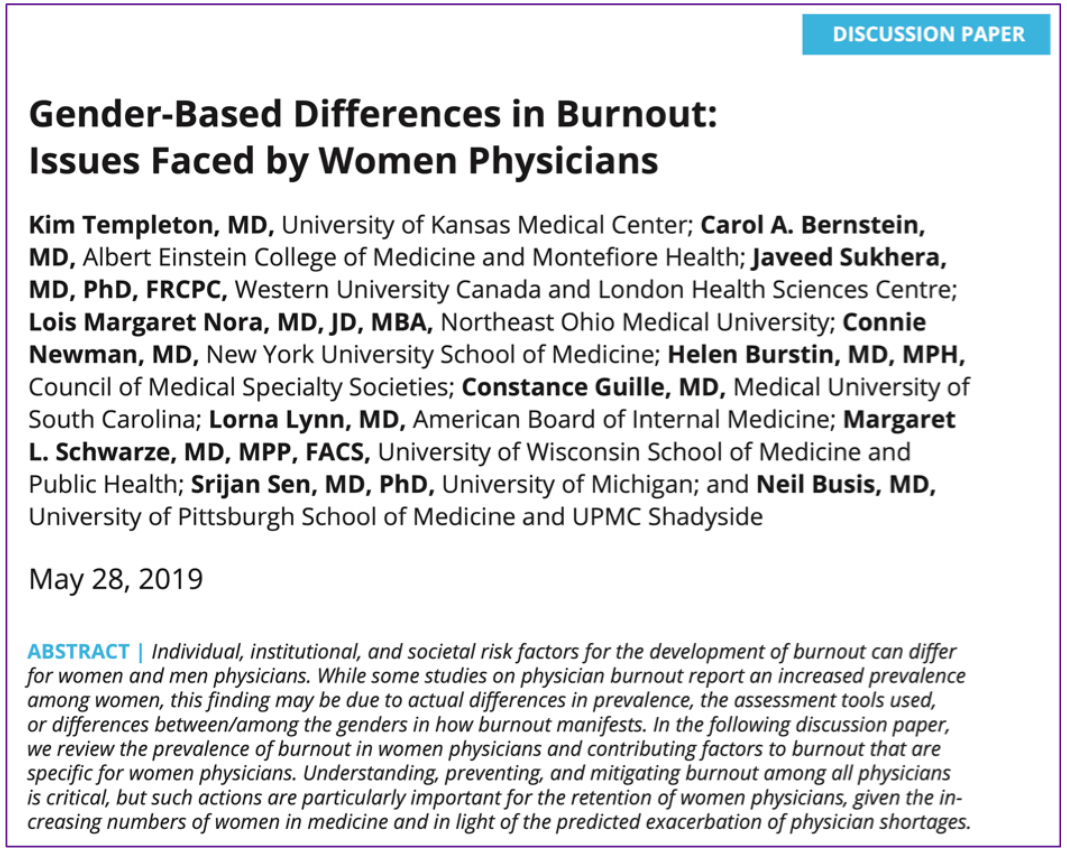
- Values, Systems Approach, and Leadership
- Work System Redesign
- Implementation
- Collective and coordinated action across all levels of the health care system is needed:
  - Front line care delivery
  - Health care organization
  - External environment



*Note: Care team members include clinicians, staff, learners, patients, and families.

Limitations of a Strict Evidence-Based Approach

- Absence of evidence is not evidence of absence
- Blind spots in the burnout literature
- Disconnect between this literature and studies on equity, diversity, and inclusion
- These issues are relevant to clinician burnout and well-being
- The major research gaps need to be identified and addressed



DISCUSSION PAPER

Gender-Based Differences in Burnout: Issues Faced by Women Physicians

Kim Templeton, MD, University of Kansas Medical Center; **Carol A. Bernstein, MD,** Albert Einstein College of Medicine and Montefiore Health; **Javeed Sukhera, MD, PhD, FRCPC,** Western University Canada and London Health Sciences Centre; **Lois Margaret Nora, MD, JD, MBA,** Northeast Ohio Medical University; **Connie Newman, MD,** New York University School of Medicine; **Helen Burstin, MD, MPH,** Council of Medical Specialty Societies; **Constance Guille, MD,** Medical University of South Carolina; **Lorna Lynn, MD,** American Board of Internal Medicine; **Margaret L. Schwarze, MD, MPP, FACS,** University of Wisconsin School of Medicine and Public Health; **Srijan Sen, MD, PhD,** University of Michigan; and **Neil Busis, MD,** University of Pittsburgh School of Medicine and UPMC Shadyside

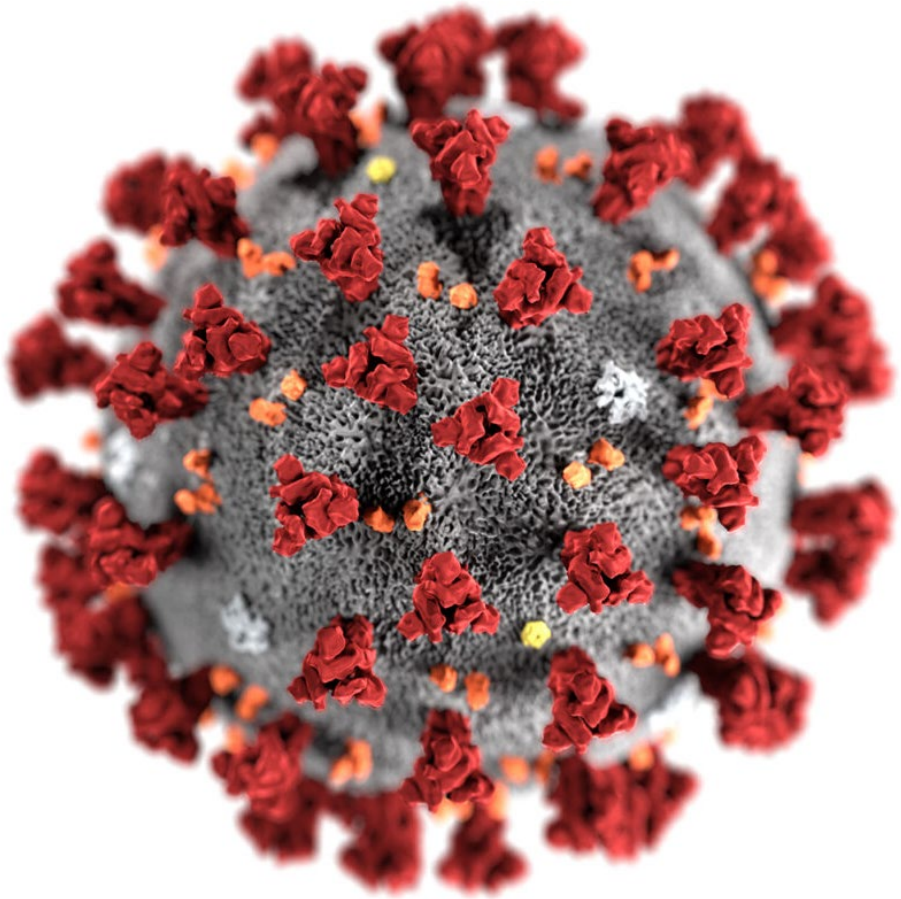
May 28, 2019

ABSTRACT | *Individual, institutional, and societal risk factors for the development of burnout can differ for women and men physicians. While some studies on physician burnout report an increased prevalence among women, this finding may be due to actual differences in prevalence, the assessment tools used, or differences between/among the genders in how burnout manifests. In the following discussion paper, we review the prevalence of burnout in women physicians and contributing factors to burnout that are specific for women physicians. Understanding, preventing, and mitigating burnout among all physicians is critical, but such actions are particularly important for the retention of women physicians, given the increasing numbers of women in medicine and in light of the predicted exacerbation of physician shortages.*

Six Goals to Reduce Burnout and Foster Well-Being

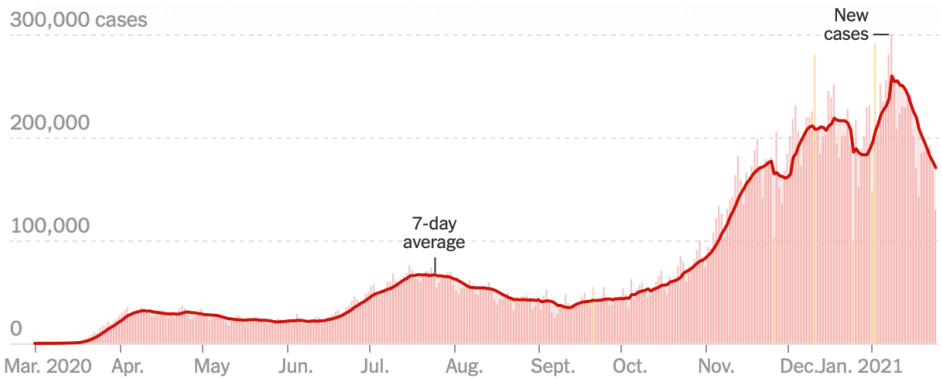
1. Create Positive Work Environments
2. Create Positive Learning Environments
3. Reduce Administrative Burden
4. Enable Technology Solutions
5. Provide Support to Clinicians & Learners
6. Invest in Research

Act 3



Coronavirus in the U.S.: Latest Map and Case Count

Updated January 25, 2021, 7:54 A.M. E.T.



	TOTAL REPORTED	ON JAN. 24	14-DAY CHANGE
Cases	25.1 million+	129,527	-33% ↘
Deaths	419,207	1,815	-5% →
Hospitalized		110,628	-9% →

Preventing a Parallel Pandemic — A National Strategy to Protect Clinicians' Well-Being

Victor J. Dzau, M.D., Darrell Kirch, M.D., and Thomas Nasca, M.D.

Five High-Priority Actions to Protect Clinicians' Well-Being during and after the Covid-19 Crisis.

Organizational Level

Integrate the work of chief wellness officers or clinician well-being programs into Covid-19 "command centers" or other organizational decision-making bodies for the duration of the crisis.

Ensure the psychological safety of clinicians through anonymous reporting mechanisms that allow them to advocate for themselves and their patients without fear of reprisal.

Sustain and supplement existing well-being programs.

National Level

Allocate federal funding to care for clinicians who experience physical and mental health effects of Covid-19 service.

Allocate federal funding to set up a national epidemiologic tracking program to measure clinician well-being and report on the outcomes of interventions.

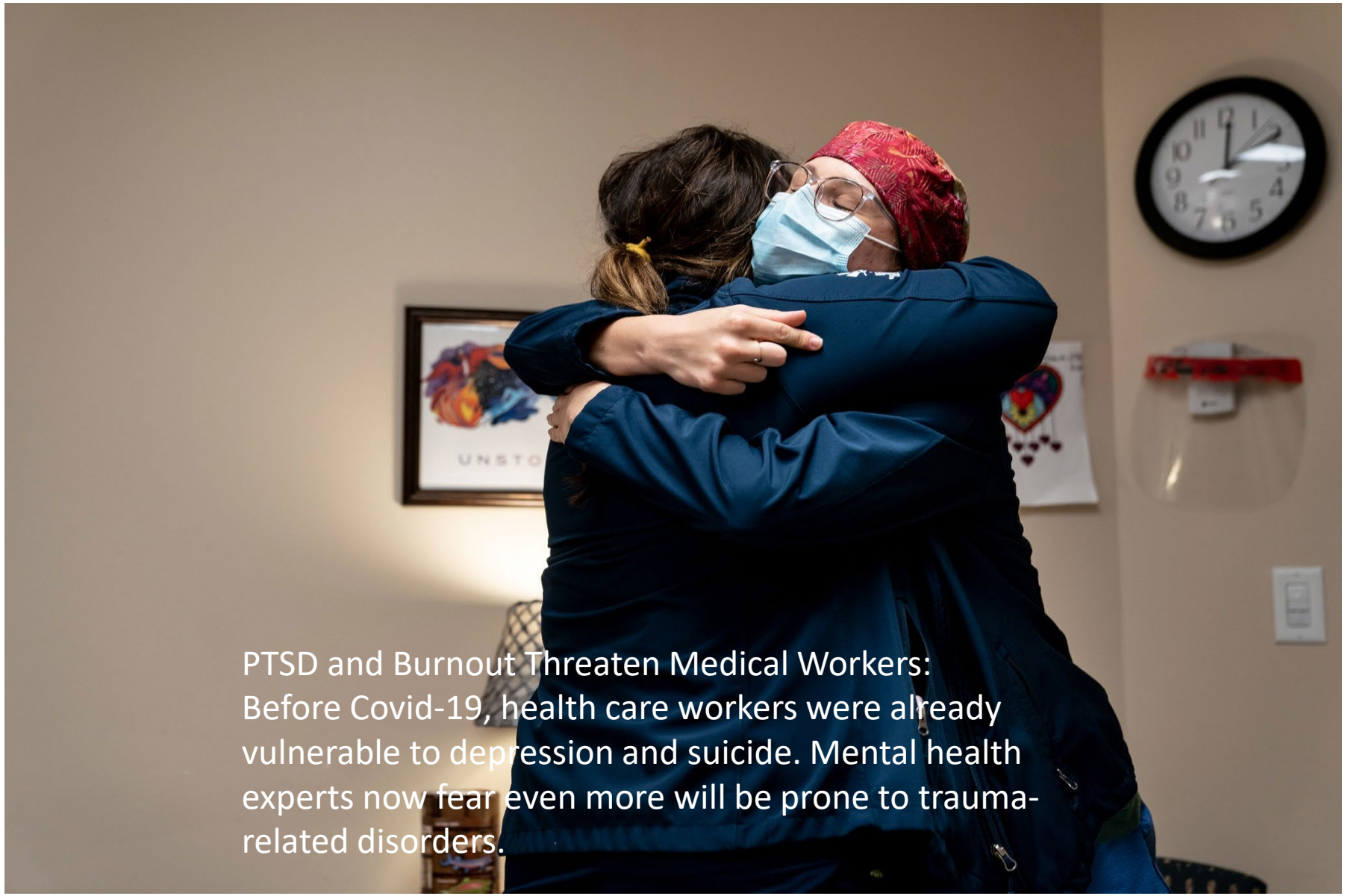
The Covid-19 pande
had killed more t
Americans by May 1
compared with Pearl
September 11 —
events that left indelib
on the U.S. national p
the volunteers who f
Manhattan after the V
Center attacks, the
providers working o
lines of the Covid-19
will be remembered b
heroes.

These courageous
risking their lives, thr
only by exposure to th
also by pervasive and
effects on their men

cy roles for which they feel
erprepared.[2] As the Covid-19
is stretches on, the burden of
ss will only mount.
After the 2003 SARS outbreak
Toronto, studies found high
ls of emotional distress among
pital workers — stemming
n social isolation, the pain
osing colleagues to the dis-
, and social stigma associated
n exposure to SARS, among
er factors.[3] Stigma, including
-stigmatization, was also a
blem for nurses surveyed af-
the 2011 Fukushima Daiichi
lear disaster, who described
emotional turmoil of being
ed to choose between pro-

“I Can’t Turn My Brain Off”

The New York Times



Burnout is More Hyperlocal and Personal Than Ever

Clinicians' Concerns

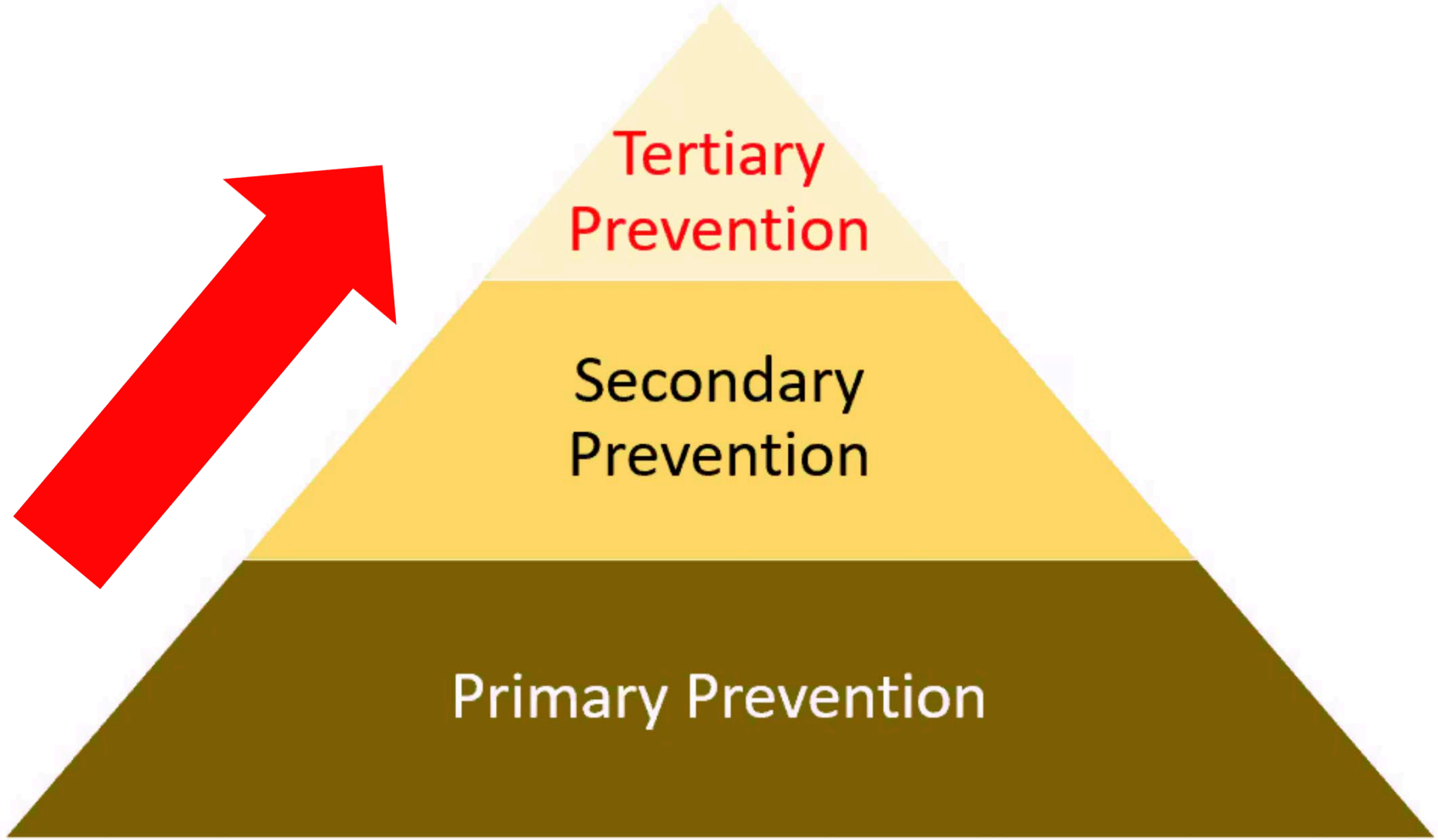
- Follow the pandemic curve:
  1. Fear for basic needs/safety
  2. Uncertainty
  3. Processing experiences/exhaustion
- AMA Coping with COVID Survey:
  - Fear of exposure is high (>60%)
  - Anxiety and/or depression high (>1/3)
  - Stress highest: nursing assistants, housekeepers and nurses
  - Stress also high: persons of color

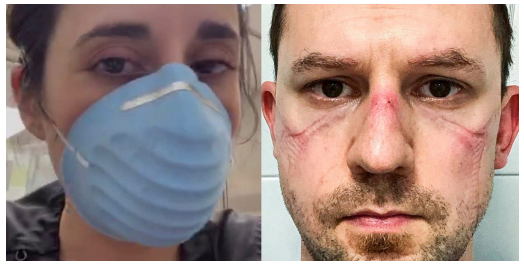
The "COVID Pivot"

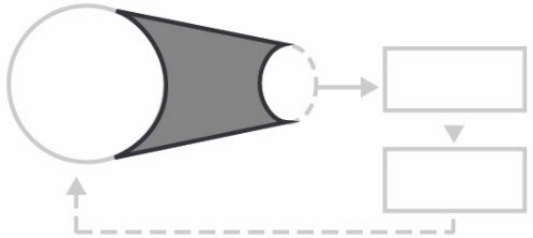
- Greater attention to the individual
- Provide, communicate, support
- Promote a sense of safety
- Promote calming
- Promote a sense of empowerment
- Promote connectedness
- Promote hope

Hear me, Protect me, Prepare me, Support me, Care for me

Occupational Health Prevention Model







WORK SYSTEM FACTORS OF THE SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING

Work System Factors include:

Job Demands

- Excessive workload, unmanageable work schedules, and inadequate staffing
- Administrative burden
- Workflow, interruptions, and distractions
- Inadequate technology usability
- Time pressure and encroachment on personal time
- Moral distress
- Patient factors

Job Resources

- Meaning and purpose in work
- Organizational culture
- Alignment of values and expectations
- Job control, flexibility, and autonomy
- Rewards
- Professional relationships and social support
- Work-life integration

Annals of Internal Medicine

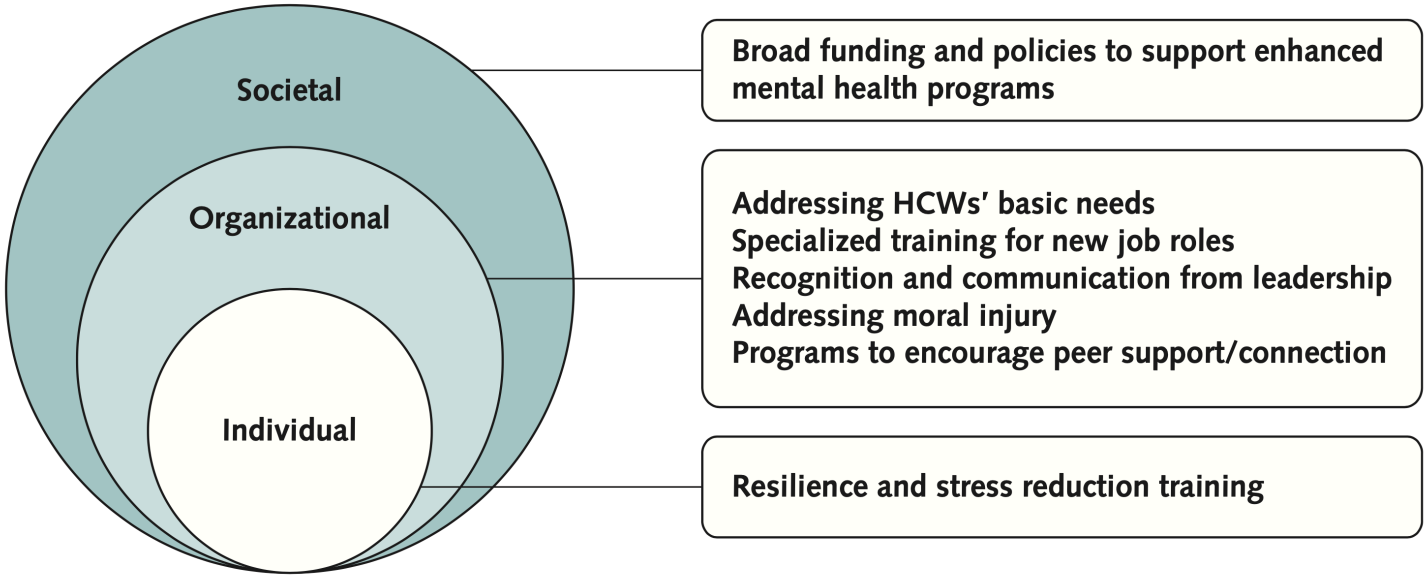
REVIEW

Addressing Postpandemic Clinician Mental Health

A Narrative Review and Conceptual Framework

Rachel Schwartz, PhD; Jina L. Sinskey, MD; Uma Anand, PhD, LP; and Rebecca D. Margolis, DO

Figure. Proposed framework of clinician well-being resources.



HCW = health care worker.

Ann Intern Med. 2020;173:981-988. doi:10.7326/M20-4199

Epilogue

VIEWPOINT

COVID-19: BEYOND TOMORROW

Pandemic-Driven Posttraumatic Growth for Organizations and Individuals

Kristine Olson, MD, MSc
Yale School of Medicine, New Haven, Connecticut; and Yale New Haven Health, New Haven, Connecticut.

Tait Shanafelt, MD
Stanford University School of Medicine, Stanford, California.

Steve Southwick, MD
Yale School of Medicine, New Haven, Connecticut; and Icahn School of Medicine at Mount Sinai, New York, New York.

When the acute phase of the pandemic subsides, after crisis management and initial psychological support, there is often an opportunity to choose a coping strategy to facilitate growth.

Growth may occur by responding to the trauma in a manner that focuses on learning how the trauma might serve as a positive catalyst for the future of medicine to be greater than the previous status quo.

therapeutics, making difficult decisions about rationing or prioritizing care, and facing disruptions affecting many aspects of health care and daily life. This acute stress among health care professionals is superimposed on preexisting high levels of occupationally related psychological and occupational stress.[1]

vation, creativity, and dedication to improvement. While challenging, the process can also be highly rewarding.

Some research has shown that posttraumatic growth is common among individuals who experience traumatic events (such as those related to natural disasters, car crashes, assaults, medical crises, and bereave-

Health Care System Improvements After the Pandemic

HEALTH AFFAIRS BLOG

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What Will U.S. Health Care Look Like After the Pandemic?

by Robert S. Huckman

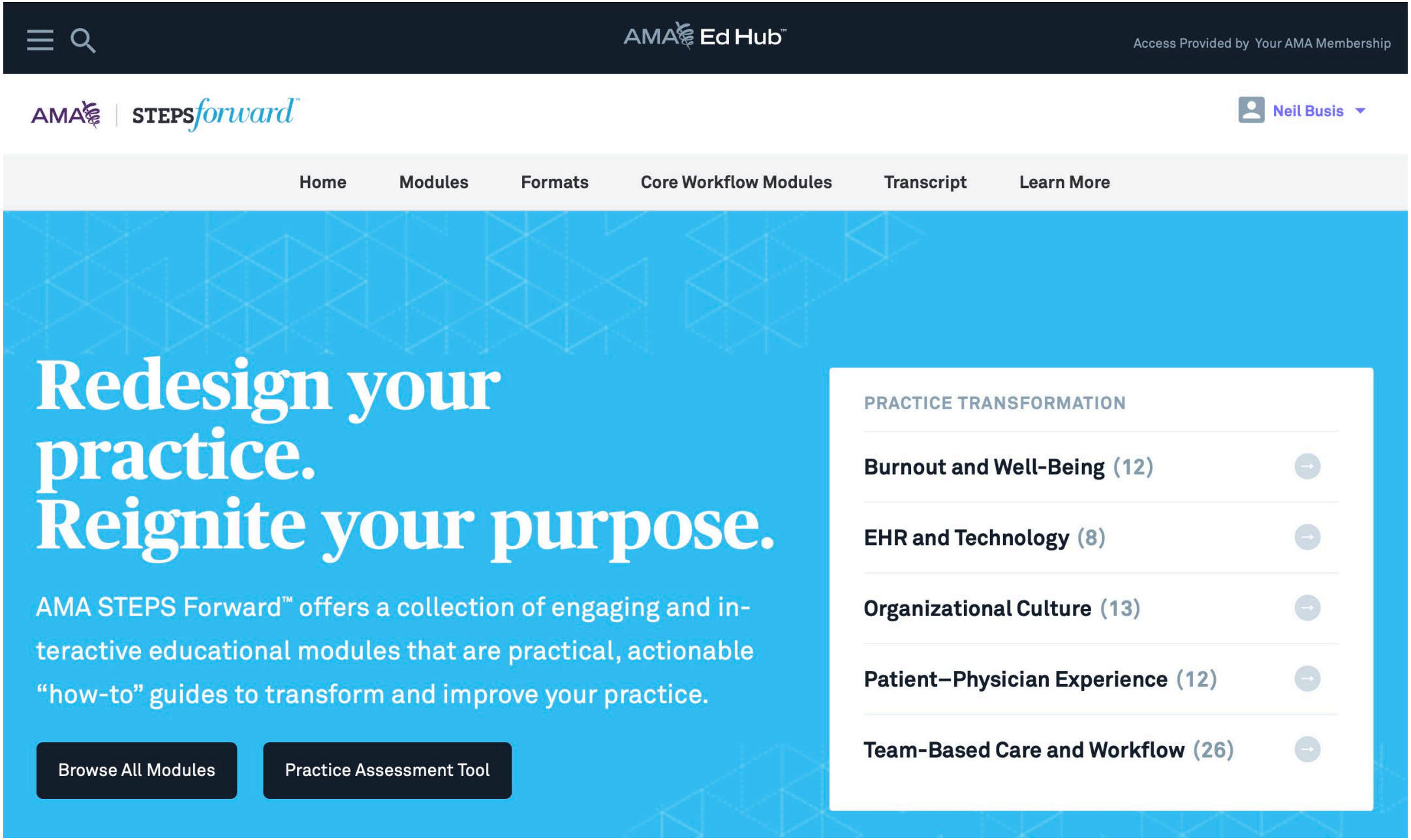
After COVID-19—Thinking Differently About Running the Health Care System

Stuart M. Butler, PhD[1]

Author Affiliations | Article Information

- Addressing social justice, equity, racism
- Ending the culture of silence
- Getting serious about evidence-based care
- Expanding who is a “health care provider”
- Rethinking the role of hospitals as hubs
- Adopting telehealth for real
- Ensuring providers stay in business
- Creating spare capacity
- A new model of health insurance
- Adding public health to the curriculum

“Health care is not an island. Wellness is a value, not an issue.”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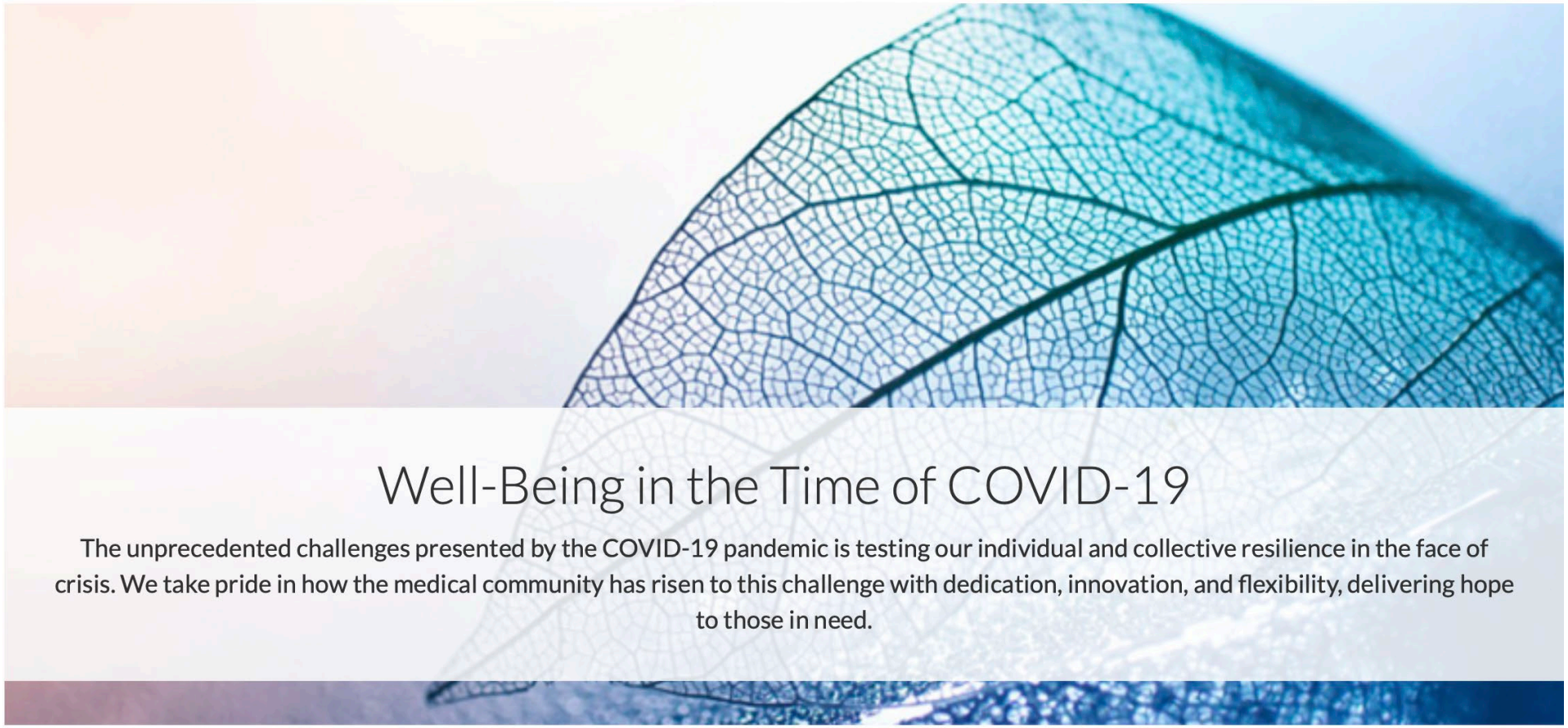

Well-Being in the Time of COVID-19

The unprecedented challenges presented by the COVID-19 pandemic is testing our individual and collective resilience in the face of crisis. We take pride in how the medical community has risen to this challenge with dedication, innovation, and flexibility, delivering hope to those in need.

Panelists

Miya Bernson-Leung, MD
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Emily Pharr, MD
Wake Forest University
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University of Connecticut School
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Questions?