COVID-19 CARE: AVOID BURNOUT AND BUILD RESILIENCE
FRAMEWORKS AND AN INNOVATIVE INITIATIVE TO ADVANCE WELL-BEING DURING AND AFTER A PANDEMIC

Gaurava Agarwal MD
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Frameworks and an Innovative Initiative to Advance Well-Being During and After a Pandemic

Gaurava Agarwal, M.D.
Director of Physician Well-Being,
Northwestern Medical Group
Scholars of Wellness
Innovation for Physician Wellness Award
2019
The Quadruple Aim

- Improved Patient Care
- Lower Costs
- Better Outcomes
- Well-being

Emotional Highs

Emotional Lows

Pre-Disaster

Heroic

Impact

Honeymoon
Community Cohesion

Disillusionment

Up to One Year

Warning
Threat

Inventory

Trigger Events

Working Through Grief
Coming to Terms

Setback

After Anniversary

Anniversary Reactions

Reconstruction
A New Beginning

Northwestern Medicine

Substance Abuse and Mental Health Services Administration website:
Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days

Select Indicator: Symptoms of Anxiety Disorder or Depressive Disorder
Select Group: National Estimate

Symptoms of Anxiety Disorder or Depressive Disorder

Subgroup: United States

NOTE: All estimates shown meet the NCHS standards of reliability. See Technical Notes below for more information about the content and design of the survey.

SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020
Adults Increasingly Report That Worry And Stress Related To Coronavirus Has Had A Negative Impact On Their Mental Health

Percent who say they feel that worry or stress related to coronavirus has had a negative impact on their mental health:

- March 2020: 32%
- Early April 2020: 45%
- May 2020: 39%
- July 2020: 53%

SOURCE: KFF Health Tracking Polls. See topline for full question wording.

Figure 9: Adults Increasingly Report That Worry And Stress Related To Coronavirus Has Had A Negative Impact On Their Mental Health
Women, Younger Adults, Black Adults, And Those Who Have Had Financial Impact More Likely To Report Mental Health Impact

Percent who say they feel that worry or stress related to coronavirus has had a **negative impact** on their mental health:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>53%</td>
</tr>
<tr>
<td>Male</td>
<td>50%</td>
</tr>
<tr>
<td>Female</td>
<td>57%</td>
</tr>
<tr>
<td>Ages 18-29</td>
<td>62%</td>
</tr>
<tr>
<td>Ages 30-49</td>
<td>55%</td>
</tr>
<tr>
<td>Ages 50-64</td>
<td>50%</td>
</tr>
<tr>
<td>Ages 65+</td>
<td>47%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>51%</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>68%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>51%</td>
</tr>
<tr>
<td>Self/spouse lost income since coronavirus outbreak</td>
<td>58%</td>
</tr>
<tr>
<td>Self/spouse has not lost income since coronavirus outbreak</td>
<td>50%</td>
</tr>
<tr>
<td>Difficulty affording HH expenses due to coronavirus</td>
<td>71%</td>
</tr>
<tr>
<td>No difficulty affording HH expenses due to coronavirus</td>
<td>48%</td>
</tr>
</tbody>
</table>

Women Are Shouldering a Greater Share of the Additional Time Spent on Childcare and Household Tasks

Increase from COVID-19

Pre-COVID-19

+31% 15 hours

50
25
25

Men

65
29
35

Women

Percent screening positive for anxiety or depression

**Anxiety**
- Black 34%
- Latino 32%
- All U.S. 31%
- White 29%
- Asian 4%

**Depression**
- Black 30%
- Latino 26%
- All U.S. 25%
- White 24%
- Asian 22%

January–June, 2019

May 28–June 2, 2020

January–June, 2019

May 28–June 2, 2020

[https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm](https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm)
Figure 13

Coronavirus-Related Negative Health Impacts Highest Among Households With Health Care Workers Or Loss Of Employment

Percent of each of the following groups who say that worry or stress related to the coronavirus outbreak has caused them to experience adverse effects on their mental health or wellbeing in the past two months:

- Total: 56%
- Health care worker in HH: 64%
- They/spouse lost job or income: 65%

### Table 2. Seemingly Unrelated Logistic Regression Analysis

<table>
<thead>
<tr>
<th>Variable</th>
<th>GPS-PTSD</th>
<th></th>
<th>PHQ-9</th>
<th></th>
<th>GAD-7</th>
<th></th>
<th>ISI</th>
<th></th>
<th>PSS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR (95% CI)</td>
<td>P value</td>
<td>OR (95% CI)</td>
<td>P value</td>
<td>OR (95% CI)</td>
<td>P value</td>
<td>OR (95% CI)</td>
<td>P value</td>
<td>OR (95% CI)</td>
<td>P value</td>
</tr>
<tr>
<td><strong>Standardized age</strong></td>
<td>0.69 (0.53-0.88)</td>
<td>.003</td>
<td>0.74 (0.56-0.98)</td>
<td>.04</td>
<td>0.60 (0.44-0.82)</td>
<td>.001</td>
<td>0.71 (0.46-1.09)</td>
<td>.12</td>
<td>0.63 (0.46-0.85)</td>
<td>.002</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>2.31 (1.76-3.05)</td>
<td>&lt;.001</td>
<td>2.03 (1.44-2.87)</td>
<td>&lt;.001</td>
<td>2.18 (1.49-3.19)</td>
<td>&lt;.001</td>
<td>1.38 (0.82-2.33)</td>
<td>.23</td>
<td>2.64 (1.80-3.87)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>Working position</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Frontline</td>
<td>1.37 (1.05-1.80)</td>
<td>.03</td>
<td>1.04 (0.76-1.42)</td>
<td>.92</td>
<td>1.13 (0.80-1.59)</td>
<td>.69</td>
<td>1.27 (0.78-2.07)</td>
<td>.41</td>
<td>1.16 (0.84-1.60)</td>
<td>.49</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Nurse</td>
<td>1.12 (0.81-1.55)</td>
<td>.48</td>
<td>1.36 (0.95-1.96)</td>
<td>.16</td>
<td>1.09 (0.74-1.61)</td>
<td>.82</td>
<td>2.03 (1.14-3.59)</td>
<td>.02</td>
<td>0.74 (0.51-1.08)</td>
<td>.09</td>
</tr>
<tr>
<td>Physician</td>
<td>1.20 (0.86-1.67)</td>
<td>.28</td>
<td>0.71 (0.48-1.05)</td>
<td>.06</td>
<td>0.96 (0.64-1.44)</td>
<td>.77</td>
<td>0.89 (0.46-1.72)</td>
<td>.70</td>
<td>0.75 (0.51-1.11)</td>
<td>.13</td>
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<tr>
<td>GP</td>
<td>1.75 (1.03-2.97)</td>
<td>.04</td>
<td>0.98 (0.53-1.82)</td>
<td>&gt;.99</td>
<td>1.05 (0.53-2.08)</td>
<td>.85</td>
<td>1.47 (0.56-3.87)</td>
<td>.42</td>
<td>1.18 (0.66-2.11)</td>
<td>.57</td>
</tr>
<tr>
<td>HCA</td>
<td>0.95 (0.60-1.52)</td>
<td>.84</td>
<td>1.18 (0.70-1.98)</td>
<td>.57</td>
<td>1.05 (0.60-1.84)</td>
<td>.91</td>
<td>2.34 (1.06-5.18)</td>
<td>.04</td>
<td>0.59 (0.33-1.05)</td>
<td>.07</td>
</tr>
<tr>
<td><strong>Colleagues affected</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Deceased</td>
<td>2.60 (1.30-5.19)</td>
<td>.007</td>
<td>2.07 (1.05-4.07)</td>
<td>.04</td>
<td>0.97 (0.41-2.29)</td>
<td>.91</td>
<td>2.94 (1.21-7.18)</td>
<td>.02</td>
<td>1.84 (0.88-3.87)</td>
<td>.11</td>
</tr>
<tr>
<td>Infected and hospitalized</td>
<td>1.54 (1.10-2.16)</td>
<td>.01</td>
<td>1.39 (0.95-2.03)</td>
<td>.12</td>
<td>1.18 (0.78-1.77)</td>
<td>.49</td>
<td>1.14 (0.66-1.96)</td>
<td>.68</td>
<td>1.93 (1.30-2.85)</td>
<td>.001</td>
</tr>
<tr>
<td>Infected and in quarantine</td>
<td>1.59 (1.21-2.09)</td>
<td>.001</td>
<td>1.38 (1.00-1.90)</td>
<td>.047</td>
<td>1.19 (0.85-1.67)</td>
<td>.29</td>
<td>0.88 (0.54-1.45)</td>
<td>.63</td>
<td>1.66 (1.19-2.32)</td>
<td>.002</td>
</tr>
<tr>
<td><strong>Exposure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposed to contagion</td>
<td>1.23 (0.93-1.62)</td>
<td>.14</td>
<td>1.54 (1.11-2.14)</td>
<td>.01</td>
<td>1.14 (0.81-1.62)</td>
<td>.44</td>
<td>1.45 (0.88-2.39)</td>
<td>.14</td>
<td>1.01 (0.73-1.41)</td>
<td>.93</td>
</tr>
</tbody>
</table>

Abbreviations: HCA, health care assistant; GAD-7, 7-item Generalized Anxiety Disorder Scale; GP, general practitioner; GPS-PTSD, Global Psychotrauma Scale—posttraumatic stress disorder subscale; HCA, health care assistant; ISI, Insomnia Severity Index; PHQ-9, 9-item Patient Health Questionnaire; PSS, Perceived Stress Scale; OR, odds ratio.

b Other includes professionals such as laboratory technicians, radiology technicians, and physiotherapists, among others.

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Just Over Half Have Experienced Adverse Effects Due To Worry And Stress Related To The Coronavirus Outbreak

Percent who say, in the past two months, they have experienced each of the following due to worry or stress related to the coronavirus outbreak:

- Trouble falling or staying asleep, or sleeping too much: 36%
- Poor appetite or overeating: 32%
- Difficulty controlling their temper: 18%
- Frequent headaches or stomachaches: 18%
- Increasing alcohol or drug use: 12%
- Worsening chronic conditions like diabetes or high blood pressure: 12%
- Have experienced any of the above: 52%


Respondents' levels of reported substance use:

- 1 out of 4 reported binge drinking* at least once in the past week
- 1 out of 5 reported taking prescription drugs for non-medical reasons
- 1 out of 7 reported using illicit drugs

Psychological & Behavioral Responses to Disasters/Pandemics

- Distress Reactions
  - Sleep difficulties
  - Decreased Sense of Safety
  - Physical (Somatic) Symptoms
  - Irritability, Anger
  - Distraction, Isolation

- Resilience

- Health Risk Behaviors
  - Alcohol, Tobacco, Rx meds
  - Family Distress
  - Interpersonal Conflict/Violence
  - Disrupted Work/Life Balance
  - Restricted Activities/Travel

Psychiatric Disorders
  - Depression
  - PTSD
  - Anxiety
  - Complex Grief

Sources of Stress

**Life Threat**

*A traumatic injury*

- Due to the experience of or exposure to intense injury, horrific or gruesome experiences, or death

**Loss**

*A grief injury*

- Due to the loss of people, things or parts of oneself

**Inner Conflict**

*A moral injury*

- Due to behaviors or the witnessing of behaviors that violate moral values

**Wear & Tear**

*A fatigue injury*

- Due to the accumulation of stress from all sources over time without sufficient rest and recovery

Hobfoll 5

- Sense of Safety
- Calm
- Self-and Community Effectiveness
- Hope
- Connectedness
Health Care Professionals Needs During the COVID-19 Pandemic

- **Hear me**: Listen to and act on health care professionals’ expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able.

- **Protect me**: Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to a family.

- **Prepare me**: Provide the training and support that allows provision of high-quality care to patients.

- **Support me**: Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients.

- **Care for me**: Provide holistic support for the individual and their family should they need to be quarantined.

Nothing should go back to normal.
Normal wasn’t working.
If we go back to the way things were,
we will have lost the lesson.
May we rise up and do better.
To what extent is burnout a problem now among the following other groups at your organization?

<table>
<thead>
<tr>
<th></th>
<th>Serious problem</th>
<th>Moderate problem</th>
<th>Minor problem</th>
<th>Not at all a problem</th>
<th>Net (Serious + moderate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses (RNs)</td>
<td>28%</td>
<td>50%</td>
<td>17%</td>
<td>5%</td>
<td>78%</td>
</tr>
<tr>
<td>APRNs (NPs, PAs, midwives)</td>
<td>17%</td>
<td>47%</td>
<td>27%</td>
<td>9%</td>
<td>64%</td>
</tr>
<tr>
<td>Clinical leaders (e.g., Chief Medical Officer, VP/Director Service Line/Department)</td>
<td>16%</td>
<td>40%</td>
<td>33%</td>
<td>11%</td>
<td>56%</td>
</tr>
<tr>
<td>Executives</td>
<td>8%</td>
<td>34%</td>
<td>39%</td>
<td>19%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Base = 703

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society
Prevalence of Burnout and Satisfaction with Work-Life Balance in Physicians

Figure 1
What are the top two initiatives that are most effective at engaging clinicians at your organization?

1. Involving clinicians in organizational decision-making (57%)
2. Communication about organizational objectives (27%)
3. Providing clinicians with performance data compared with peers (24%)
4. Designating clinician champions/leaders (22%)
5. Addressing burnout among clinicians (21%)
6. Financial incentives for organizational priorities (15%)
7. Training programs (12%)
8. Sharing financial results with clinicians (8%)
9. Financial penalties for organizational priorities (2%)
10. No clinician engagement initiatives are needed (1%)

Base: 706 (multiple responses)

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society
Why is It Difficult to Execute These Recommendations?
Burnout and Well-being Evidence Base

The graph shows the number of publications over time. The number of publications increases significantly from 1980 onwards, peaking around 2010.
Building a Program on Well-Being: Key Design Considerations to Meet the Unique Needs of Each Organization. Shanafelt, T., Trockel, Ripp, Murphy, MS, Sandborg, and Bohman, Acad Med. 2019;94:156–161
Building a Program on Well-Being: Key Design Considerations to Meet the Unique Needs of Each Organization. Shanafelt, T., Trockel, Ripp, Murphy, MS, Sandborg, and Bohman, Acad Med. 2019;94:156–161
White coats vs. blue suits
One Voice and Shared Vocabulary

“OK...everybody agrees our change is BLUE”

“Well, a couple of changes won’t set us back too far”

“I know we didn’t agree to it but it’s interesting to me”

“How did we end up Red?”
Rate your comfort with the following statements.
(1 being not comfortable and 5 being very comfortable)

- Rate your comfort with project management / process and quality improvement.
- Rate your comfort with the science of wellness.
- Rate your comfort with change management and driving collaboration among team members.
- Rate your comfort working with my department leadership and administration to complete project tasks and influence change.

Weighted Average
Scholars of Wellness (SOW) is a professional development program with the objective to create a critical mass of wellness leaders to drive meaningful change.

Well-Being Science Experts

Process Improvement Experts

Change Management Experts

SOW Scholars!
Scholars of Wellness – Core Objectives

TWO PRIMARY OBJECTIVES

DEVELOPING LEADERS

PILOT PROJECTS

TWO PRIMARY OBJECTIVES
Program Format

• **Bi-weekly one hour** sessions during working hours
• Participants receive **5% protected** time to attend sessions and lead their wellness project
• Hybrid of process improvement methodology, wellness topics, and group presentations
• Each scholar has a wellness mentor and coach

Sample Curriculum Topics

• Drivers of burnout
• Wellness assessments
• DMAIC methodology
• Change management
• Peer support and EMR
• Frameworks for diagnosis and consulting

Program Learning Objectives

• Understand the **individual and organizational** drivers of burnout
• Develop the skills to conduct a needs assessment and become a **wellness advocate** for your team
• Understand **process and operational improvement** approaches to drive change and promote wellness
• Build a **network of wellness** support at NM

Tools and Templates

• DMAIC Templates
• SOW Participant Expectation Guide
• SOW Coaching Guide
• SOW Curriculum Guide
• SOW Milestones
Scholars of Wellness Participation

28 Physicians

Participants represent 11 DEPARTMENTS

Pilot Initiatives-Sow and Harvest

**Identify**
- Project feasibility, Local Drivers Identified, Voice of Customer, Wellness Literature Based Ideas
- Pilot project in concept phase

**Develop**
- Best Practices Learned, Key Success Factors Identified, Local Measurement, Partners and Buy-In
- Departmental Peer Support Implemented

**Scale**
- External Funding Secured, Partners Identified, Stakeholder Leveraged
- Regional P2P (Peer Support)

**Sustain**
- Demonstrated Small Wins, Implementation Steps, Cost Analysis
- System Level Expansion

**Scope of Project**
Scholar Leadership Developmental Trajectory

Leadership Development

- **Identify**
  - Comprehensive application process (leadership potential, passion, servant mentality, and project feasibility)
  - Demonstrated interest in passion

- **Develop**
  - Curricular Shared Vocabulary, Active Learning, Coaching, Emotional Self-Regulation.
  - Scholar of Wellness

- **Scale**
  - Strategic Partnership with Physician Well-Being Program
  - Department Well-Being Committee Chair, Regional Well-Being Council Member

- **Lead and Contribute**
  - Strategic Leadership, Vision, and Tactical Initiative Implementation
  - Director of Physician Well-Being
  - Director of P2P (Peer Support)
## SOW Quantitative Data

### Pre and Post Knowledge

Rate your understanding with the following *(1 being not knowledgeable at all and 5 being very knowledgeable)*:

<table>
<thead>
<tr>
<th>Area</th>
<th>Pre</th>
<th>Post</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project management/process and quality improvement</td>
<td>3.2</td>
<td>4.6</td>
<td>44%</td>
</tr>
<tr>
<td>The science of wellness</td>
<td>3</td>
<td>4.4</td>
<td>47%</td>
</tr>
<tr>
<td>Change management and driving collaboration among team members</td>
<td>3.7</td>
<td>4.6</td>
<td>24%</td>
</tr>
<tr>
<td>Using system resources to help lead projects</td>
<td>2.9</td>
<td>4.3</td>
<td>48%</td>
</tr>
</tbody>
</table>
## SOW Quantitative Data

### Post-Program Reflection

<table>
<thead>
<tr>
<th>After participating in SOW...</th>
<th>Strongly Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel my level of burnout has decreased</td>
<td>0% 0% 40% 40% 20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel more comfortable working with my department leadership and administration to complete project tasks and influence change</td>
<td>0% 0% 0% 40% 60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel more confident in recommending Northwestern as a place to work?</td>
<td>Less confident The same More confident</td>
<td>0% 0% 30% 30% 40%</td>
<td></td>
</tr>
<tr>
<td>Do you feel more appreciated in your role?</td>
<td>Less appreciated The same More appreciated</td>
<td>0% 0% 40% 30% 30%</td>
<td></td>
</tr>
</tbody>
</table>
“Participation in this program has enhanced my own sense of well-being by allowing me to be more engaged with my health system and feel that I can positively impact the work environment for my colleagues.”

“One of the greatest things about this project was normalizing many of the things that we either feel ourselves or hear daily from our colleagues. Realizing that these challenges are not unique to our own practice environment or department and most importantly that there are leaders eager to listen and help us collectively try to solve burnout problems was empowering.”

“My participation in SOW gave me the skills I needed to work with my administrative peers toward a common goal. I learned how to apply DMAIC tools and how to choose and interpret wellness surveys to address burnout. I truly enjoyed the camaraderie of my peers across different specialties during the weekly lunch sessions. The curriculum was rigorous and thorough and I am thrilled to have the materials to refer back to and I look forward to participating in SOW as inaugural class alumni going forward.”
Organization’s Journey Toward Well-being

- Awareness
- Understanding drivers
- Metrics and policies to promote wellness
- Wellness influences operational decisions

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“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

Margaret Mead
RESOURCES
https://www.physiciansupportline.com/
AOA Resources

www.osteopathic.org/covid-19
On-demand Covid -19 Webinars

- Physician Contract Issues in Light of COVID-19
- Pivoting Your Practice Forward in 2020 – Addressing Your Questions and Key Concerns
- Health & Wellness During the Pandemic
- Get Paid for Telehealth; New Rules for Documentation and Technology
- Billing and Coding Under New Telehealth Rules

https://aoaonlinelearning.osteopathic.org
Upcoming Webinars

COVID-19 Care: Practice Security & Staff Safety
August 12  7:00 PM CT

COVID-19: Practice Reopening Strategies
August 13  7:00 PM CT

COVID-19, Cybercrime & HIPAA: Prepare Your Practice
September 10  7:00 PM CT

Reopening your Medical Practice
TBD

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To obtain CME Credit

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Questions & Answers

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