Voicing the need for a national strategy for long-term well-being

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Many health systems and physician practices are asking the same question when it comes to the COVID-19 pandemic: What’s next? Knowing that every major disaster can have a significant impact on behavioral health, Nicole Lurie, MD, a primary care physician and public health official, believes there’s an urgent need for a national prevention strategy. This is needed to care for the acute and long-term health and well-being of front-line physicians delivering care during this public health crisis.

“Every major disaster is accompanied by a behavioral crisis, which is not something new. It’s something we can predict and, in general, my view of this all is that good response is always built on the back of strong day-to-day systems,” Dr. Lurie said during a webinar hosted by the National Academy of Medicine’s Action Collaborative on Clinician Well-Being and Resilience in partnership with the AMA, Accreditation Council for Graduate Medical Education, American Hospital Association, and the Association of American Medical Colleges.

Dr. Lurie is a senior lecturer at Harvard Medical School in Boston and strategic advisor to the CEO of the Coalition for Epidemic Preparedness Innovations. She previously served as the assistant secretary for preparedness and response for the eight years of the Obama administration where she had the opportunity to lead the national response to a series of crises, including the H1N1 pandemic and the Ebola outbreak.

While the H1N1 pandemic and Ebola outbreak did not rise to the level of the COVID-19 crisis, they were instructive, said Dr. Lurie. “Regardless of the crisis, there are always two epidemics: this epidemic of fear and then the crisis itself. In each one of them, at least those that I was involved with, you could see this train coming from miles and miles away at a population level.”

“There have been a number of calls” for a national behavioral health plan, she said. “As we’ve watched this pandemic progress and we understand that it is touching all of our society, I continue to believe that we need a national plan.”
While there are different plans available, here is what Dr. Lurie suggests a national behavioral health plan should include.

**Keep first responders in mind**

The COVID-19 pandemic disproportionately impacts first responders and health professionals. However, while many “tend to forget that these health care workers and first responders are normal human beings like everyone else, there are spillover effects to their families and their workplaces,” said Dr. Lurie. “We need to keep that in mind.”

“We’ve cobbled together a number of interventions that are probably OK, but not great,” she said. “If we don’t do a better job with this, the proportion of people that end up with really serious behavioral health problems with the other end of this grows.”

Learn more from the AMA about six ways to address physician stress during COVID-19 pandemic.

**Activate surveillance and monitoring**

In most disasters, and in part for this pandemic, the federal, state and local governments as well as institutions have activated their incident command, said Dr. Lurie.

“Typically, that incident command system has a safety officer. It doesn’t often have a behavioral health component,” she said, adding that “rarely is there a behavioral health incident command system that really looks systematically at what one might do to respond to the behavioral health aspects of this crisis. Such a system would have an aggressive surveillance and monitoring at all levels.”

This would include surveillance for well-being and behavioral health aspects of this crisis, such as anxiety and depression.

“I’m talking about noticing that there was a huge increase early on in domestic abuse hotlines, child abuse hotlines, etc. and organizing interventions before those things get really out of hand,” said Dr. Lurie.

**Pay attention to early warnings**


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Early warnings for subpopulations need to be addressed through an organized system across the country “because we know that some subpopulations are much more effective than others,” she said.

“In this case, some of those subpopulations are health care workers,” said Dr. Lurie. “Others are minority populations, which are really disproportionally impacted by this epidemic in many untold ways.”

It is important to think about what the evidence-based interventions are that health systems and other organizations can implement and what is available.

Learn more about five wellness task force tactics designed to prioritize physician health.

**Scale up prevention strategies**

One last part of a behavioral health plan is to “think about how it is that we learn to, and even experiment now with prevention strategies across all aspects of our society that need to be scaled and stepped up appropriately,” said Dr. Lurie. “With this goal of shifting the curve to the left, minimizing at the end of the day the need for individual interventions, I think they’re going to have to counter some compassion fatigue at the same time.” “It is our hope and our goal that as many health care workers and as many people impacted by this have the opportunity for post-traumatic growth, but some of them are going to need some help getting there,” she said. “We know a lot about the impacts of early intervention and support in facilitating that and we need to be able to monitor and address long-term supply and the behavioral health aspect.”

“If we were to put such a system in place, it could support state and federal efforts to get to a national behavioral health system in this country,” said Dr. Lurie. “We’ve got tons of natural experiments going on around the country right now in individual health care facilities, in medical and nursing schools and in states reopening.

“One of the things that we can do as a community of researchers and academics is to organize ourselves to learn everything we can from those so that we face the next epidemic armed with more tools and evidence about what to do from the outset,” she said.

The AMA offers resources to help physicians manage their own mental health and well-being during the COVID-19 pandemic and provides practical strategies for health system leadership to consider in support of their physicians and care teams during COVID-19.

Additionally, the AMA is offering a free survey to help health care organizations monitor the impact COVID-19 has on their workforce during this pandemic. The survey can be used to track trends in stress levels, identify specific drivers of stress, and develop supportive infrastructures based on these
drivers. Organizations that use the survey will receive free-of-charge support from the AMA in launching the surveys and access to data through an easy-to-use reporting dashboard.