Dr. Lorna Breen Heroes’ Foundation on physician mental health

AMA’s Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today’s episode of Moving Medicine, in recognition of National Physician Suicide Awareness Day, AMA Chief Experience Officer Todd Unger discusses physician suicide with Corey and Jennifer Feist, founders of the Dr. Lorna Breen Heroes’ Foundation that aims to reduce burnout of health care professionals and safeguard their well-being.

Speakers

- J. Corey Feist, JD, MBA, co-founder, Dr. Lorna Breen Heroes’ Foundation
- Jennifer Feist, JD, co-founder, Dr. Lorna Breen Heroes’ Foundation

Transcript

Unger: Hello, this is the American Medical Association’s Moving Medicine video and podcast. In recognition of National Physician Suicide Awareness Day on September 17, today we’re joined by Corey and Jennifer Feist, founders of the Dr. Lorna Breen Heroes Foundation, in Charlottesville, Virginia. They’re going to be discussing physician suicide and their efforts to address it. I’m Todd Unger, AMA’s chief experience officer in Chicago.
Corey and Jennifer, thank you so much for joining us again. It's been a year and a half since we last spoke and you came on our update in recognition of National Physician Suicide Awareness Day, an effort that's aimed at spreading awareness about the issue of physician suicide, something that you have experienced personally. Most physicians now know the name of Dr. Lorna Breen, your sister and sister-in-law, and an emergency medicine physician on the front lines of the pandemic, who tragically died by suicide on April 26 in 2020.

Physician suicide was an issue long before the pandemic but this has certainly been heightened by the events of the last year and a half. Why don't you start by talking a little bit about how pervasive the problem is?

Jennifer Feist: Yes, Todd, thank you for having us. I'm Jennifer Feist. I'm Lorna's sister and I should preface this by saying this information was new to us when my sister died. We had no idea that prior to the pandemic, 400 physicians die each year by suicide. My husband just mentioned to me, that's one medical school class each year who dies by suicide. We learned after my sister died that, statistically speaking, we've read some information that indicates women have a higher suicide rate than men and my sister's specialty, emergency medicine, was one of the higher suicide rates. But regardless in the work that we've done in the last year, we have learned that it is at a critical tipping point in the field of medicine.

Unger: When we talked a year and a half ago, that was just a particularly intense period of time, which we had hoped we would pass through. And now here we find ourselves again in similar situations with so much pressure for frontline physicians. This issue that you talked about before, which is a culture of stigma and silence around mental health issues in the medical profession, that kept Dr. Breen from seeking help. Can you talk about what contributed to that stigma and is it getting any better or are we seeing the same things given where we are in the pandemic? Corey?

J. Corey Feist: Todd this is obviously a multi-layered answer to the question. Physicians are healers and they take care of others before they take care of themselves every single day. And they go into the profession often making that decision in their middle school or high school years that they really want to pursue this career field. So the fact that they are constantly looking out for others, the fact that they make this decision early in their lives and then the fact that there are many structural barriers that they have in and on themselves.

We just published an article on September 9 in U.S. News & World Report that highlights six areas that apply to them. If you're a physician and you think that you're putting your career at risk by taking care of your own mental health before that of your patients, if you will, you are putting at risk your entire career. Few are willing to do that. And certainly few are willing to do that on the record with formal mental health training. So this is multifaceted. What I would say about the pandemic, if there's a good news with regard to mental health care and this issue, is that this is being talked about, we're talking about it today, we're talking about it almost every single day since Dr. Breen's death and it
stayed in the news. And I think the more we talk about it, the better chances we have of reducing the stigma.

**Unger:** Corey, any specific examples? For one, sometimes you're actually required to disclose that you're seeking treatment. Is that the type of obstacle that you're talking about?

**J. Corey Feist:** Absolutely. There are six that we have identified over our time in our on the job training PhDs that we've all gotten in this. The first is state licensure. Depending on your state, there may be questions in the license application that ask about past mental health. The next is credentialing questions at hospitals. They may have questions about mental health, despite the fact that the Joint Commission in May of 2020, put out a notice to all hospitals to stop asking those questions. We know they still exist. The third is when doctors apply to be on insurance panels to be paid by commercial insurance. Those might have questions. When doctors apply for malpractice insurance, they may have questions. When physicians are sued as defendants in malpractice actions, their own mental health records in some states can be subpoenaed by a plaintiff's attorney, unless they're subject to a Safe Haven Law like we have in Virginia.

And finally many hospitals and health systems direct their own insured populations—their staff, their physicians, their nurses, to use their own medical resources to the exclusion of others—which while on its face may seem logical if you're running a business. But the stigma around mental health is significant. We spoke to the widow of a physician who died by suicide, who had to use his own inpatient mental health services earlier this year. He died by suicide a few weeks after that because of the stigma. So there are at least six that we're aware of and they're significant and they vary based on the state, based on the institution. And we need everyone's help dissecting this, publishing what the reality is versus what the myths are out there and really fixing the problems as they exist one by one.

**Unger:** Wow. When I hear you chronicle those, it's very compelling. And the impressive thing that you have done is that you took action, not only in this learning that you're out publishing but in the creation of the Dr. Lorna Breen Heroes Foundation. Jennifer, can you talk a little bit about why you created it and where you're headed with that?

**Jennifer Feist:** Yes, I can. Shortly after my sister died and when I say shortly, I mean a day or two, we just realized the enormous amount of support, the incredible number of people who are reaching out to us saying, "I've suffered, I've had issues." And in the last year and a half, since my sister died, a little under a year and a half, we have met so many other families whose loved ones don't have names that you recognize but who have experienced the same type of loss of their health care provider loved one. And as I mentioned earlier, there is a much higher suicide rate amongst physicians. There is similar demographic for nurses and based on that, we felt like it's time for us to put a stake in the ground and do something about this.

We formed the Dr. Lorna Breen Heroes Foundation in the summer of 2020. Our mission is to reduce the burnout of health care professionals and safeguard their wellbeing. And we are trying to not only
change the institution of stigmatized mental health care for providers because I do believe there’s stigma in our culture everywhere but even more so in the health care profession. We are also working on the elements that Corey discussed, we’re working on awareness in the health care industry legislation. We’re trying to rip it apart and rebuild it, basically.

**Unger:** Corey, taking that a step further with legislation. I’d love for you talk to the audience a little bit more about the Dr. Lorna Breen Healthcare Provider Protection Act. Where do we stand with that? And what would that promote?

**J. Corey Feist:** The Dr. Lorna Breen Healthcare Provider Protection Act or Lorna Breen Act for short, passed unanimously in the United States Senate, so we’re thrilled about that. This is first of its kind legislation, Todd, that supports the wellbeing of the workforce and it does it in four different ways. The first is it provides grants for the current workforce. The second is it provides training grants for the retraining of the future workforce. The third is it provides a national awareness campaign on these issues. And then finally it provides a comprehensive federal study that is looking at the root cause. We were so fortunate that the Biden administration introduced the American Rescue Plan earlier in calendar year 2021 because it included in it, those first two programs and of the $140 million in the entire Lorna Breen act, $110 million is being allocated right now by HRSA.

In fact, this entire summer, my phone was blowing up because hospitals and health systems across the country were calling me and letting me know that they were applying for the grant that was being named in honor of Dr. Breen. We’re excited to announce that that grant program, according to the HRSA website, will be allocated out in January. So funds will come out in January. We still need the Lorna Breen Act to pass the House of Representatives.

In fact, we are spending a lot of time now speaking with legislators and their staff to just let them know what this issue is. As one described, as I socialized him to the issue, "This is the biggest piece of no-brainer legislation and the easiest thing we can do right now to take care of the workforce." We're just thrilled to be a part of it, we are honored that Lorna's name is on it and it's for all of those health care providers out there in one way of recognition for their incredible sacrifices, not just during this pandemic, but also in the years prior to and certainly in the work we have to come.

**Unger:** Well, it must feel amazing to have made such a difference in such a short period of time and to see that kind of funding already in place while the act is under consideration. Any idea in terms of timing for the vote by the House?

**J. Corey Feist:** Sure. We don't know exactly when the vote will be. The House of Representatives comes back into session in late September. So we are hoping that the Energy and Commerce Committee, which is actually the committee that has the bill right now, will take it up in the October, November timeframe. So we are putting all of our effort into asking the Energy and Commerce Committee right now to vote on the legislation and then get it to the House floor. We believe it will pass unanimously when it gets to the House floor but there's that wrinkle, it's got to get there. But as I
said, this is just one way that the health care workforce can be paid back and recognized for the significant contributions that they've made. We haven't received any resistance to this at all and I think that's in recognition, of the contribution.

**Unger:** That's great news. We'll keep our eye on that and look forward to talking to you when it does pass.

**J. Corey Feist:** Thanks.

**Unger:** In the meantime, you've also launched a new web tool basically to help prevent physician suicide. Can you take us through what that is?

**J. Corey Feist:** Sure. We've been busy in the last year since we've talked, Todd, npsaday.org comes to you from our foundation, as well as the Physicians Foundation and First Responders First. It was our effort to try to bring scalable tools to the health care industry and those tools are both for honoring the day and for suicide prevention, as well as tools around how you have conversations about this. Just because folks are in health care, doesn't mean they're necessarily better at talking about suicide for themselves, recognizing those issues for themselves and others. So we started at a baseline of just thinking that folks needed a little bit of a guide. So we have individual resources as well as organizational resources and actually they're all being spread. It's so exciting to watch them be spread all over the country right now.

The feedback we're getting, Todd, is just fantastic about the quality of the work. Now we didn't do it ourselves. We used the National Alliance on Mental Illness, as well as other health care professionals to help curate the resources. But we feel like we've got a really solid offering at npsaday.org and we're just really thrilled that it came out in advance of National Physicians Suicide Awareness Day this year. So look for more on that to come because it is going to build and our visibility around this day, taking more of an active role in programming across the country, is part of what we hope to do in the years to come.

**Unger:** Again, that tool is located at npsaday.org. Last two questions, just kind of flips of the same coin, so to speak. Corey, why don't you start by just talking about how health care organizations can better prevent physician burnout and suicide.

**J. Corey Feist:** We've developed an acronym, that's CARE, which we think is actually a great starting point. So the first is, C stands for Commit. Health care organizations need to make a visible commitment to their workforce and let them know that they're valued now more than ever. According to some AMA study over this last year, about 50% of the workforce either feels not valued at all or only slightly valued. So the health care workforce needs to hear and see a visible commitment. The second is an assessment. Hospitals and health systems need to assess exactly where their workforce is on this issue. Now, luckily the AMA has launched an amazing Coping with COVID-19 free tool for the health care workforce. We know that literally, I think it's 80,000 plus individuals have filled that out.
That's a tool that we've used in my local institution at the University of Virginia. That gives organizations a roadmap as to where to start.

The next, the R, is Respond according to what those results of the survey are. When you look at the results of the survey, they should provide really detailed about, not only where the problems are, but also what the workforce is looking for in terms of solutions. What we found is based on even the same organization, different area in the building, if you will, folks are looking for different things. And so this is kind of a granular conversation. The last is E which is Education. As I mentioned earlier, that U.S. News and World Report article that we published on September 9, has six areas in it that we feel like every organization in this country needs to publish to their own workforce and separate what are facts versus what are myths for their own workforce.

It's a little thing that organizations can do. And I'll tell you, Todd, I just heard from one last week, it's a 122 hospital system, over 10 states and they're doing this hospital by hospital. What they're finding is incredibly surprising for their own leadership team and they're making changes along the way, as well as publishing the results for their workforce. Again, little things, all in recognition, none of those things is a silver bullet to the issue but they're a starting point. So our idea is the acronym CARE, you've heard me walk through it and it's getting some traction. So hopefully organizations will look to use that for the future.

**Unger:** Excellent. Jennifer, what would you like to say to physicians, whether they're struggling themselves or suspect that one of their colleagues is?

**Jennifer Feist:** Don't be shy. It's interesting, Corey and I just had a meeting earlier today with somebody else and we were saying that this culture needs to change from the top down and the bottom up. It is so critically important that a provider recognizes that he or she should take care of him or herself first, before they can take care of others. It's so important. We recognize and respect the grit and determination and work and years and money that it takes for somebody to get to this position within a hospital, as a physician. But you also need to recognize that before you're a hero, you're a human. You have family who needs you and loves you, and you have a lot to give to this world. So take care of yourself and take care of your coworkers.
Unger: Well, Corey, Jennifer, thank you so much for coming on today. It’s so impressive what you’ve accomplished over the past year and a half. The AMA is also working in this space promoting physician wellness and reducing burnout and you can learn more about this work and hear from Corey and Jennifer Feist as keynote speakers at the 2021 American Conference on Physician Health. The scientific conference sponsored jointly by the AMA, Mayo Clinic and Stanford University, that takes place October 7-9. Registration’s open now and you can find more information at www.physician-wellbeing-conference.org. We hope to see you there. That’s it for today’s episode. We’ll be back with another Moving Medicine video and podcast soon. In the meantime, please take care.

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