Healing the healer: Making advocacy personal

Featured topic and speakers

In this Jan. 13, 2022 webinar, "Healing the healer: Making advocacy personal," J. Corey Feist, JD, MBA, co-founder of the Dr. Lorna Breen Heroes' Foundation, discuss the effects that the pandemic and other stressors have had on physicians, and what steps organized medicine and other stakeholders can take now to help physicians get the support and care they need.

Host

- Bobby Mukkamala, MD, chair, AMA Board of Trustees

Moderator

- Gerald E. Harmon, MD, president of AMA

Speaker

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

Transcript

Dr. Mukkamala: Good evening. My name is Bobby Mukkamala. I practice otolaryngology here in my hometown of Flint, Michigan. And it is my pleasure to serve as your chair of the Board of Trustees at our AMA. Thank you so much for joining us tonight. I know we would all rather be together in person in the warm surroundings that Amelia Island, Florida would have provided. Even though our amazing staff worked hard to create a meeting environment that would prioritize the health and well-being of all attendees, this past month has demonstrated the volatility that the Omicron variant and its ability to disrupt even the most carefully made plans and risk mitigation efforts presents.

I think we're all thankful that the variant may not be as deadly as previous strains. But it remains dangerous to those that are particularly susceptible. And there is no question that it continues to wreak havoc in our nation, including causing incredible challenges for physicians and other health care professionals. The risks of meeting in person did not in our estimation outweigh the benefits. During the pandemic, I think we have all learned and adapted and realized that we can still use this virtual format to provide rich, engaging content.

A couple of housekeeping notes. To ask questions or comments during tonight's session, please use only the Q&A function in Zoom. We may need to send out information on the chat. But for your comments and questions, please only use the Q&A function because it's just easier to keep track of them that way. Also, just wanted to remind folks that this event is being recorded as well.

Now for tonight's programming. The 2022 State Advocacy Summit was slated to provide many hours of expert speakers and specific resources to use in the 2022 State Legislative sessions. In the next several minutes, I'll highlight some of them. And we'll also still get those resources out to you in the weeks to come including a January 20 webinar on the No Surprises Act, which I'll discuss in detail in a few minutes. Let's start with the obvious.

Widespread vaccination remains our best pathway out of the COVID-19 pandemic. But political polarization and misinformation about vaccines present significant obstacles to achieving high vaccination rates. We know that there are considerable challenges to increasing vaccination rates, including many political challenges. I urge you to work with the Advocacy Resource Center during the 2022 State Legislative sessions in an effort to, one, support public and private sector COVID-19 vaccine mandates.

Vaccine requirements have been used successfully across the United States and around the world for generations to defeat polio, measles and other vaccine-preventable disease. And now, we urge similar requirements to defeat this COVID-19 pandemic.

Two, to support medical board oversight and discipline of health care professionals that spread disinformation about COVID-19 vaccines and how the virus is transmitted. Deliberately misleading actions by a small number of health professionals pose serious health risks to patients, undermine public health efforts and significantly damage vaccine confidence across the country.

And three, work to eliminate non-medical vaccine exemptions to require vaccines and to limit medical vaccine exemption authority to only licensed physicians. Non-medical exemptions, especially when granted with few restrictions are a high barrier or a barrier to high immunization rates and endanger the health of unvaccinated individuals as well as the community at large.

Right here in my hometown of Flint, we had a local neurosurgeon handing out medical mask exemptions on Labor Day, in the high school parking lot to anyone that wanted one. We know the

challenges that we face as we try to improve public health and our AMA has tools to help you. The pandemic has also underscored the importance of integrating telehealth and its growth during this pandemic has been made possible by the swift implementation of telehealth by physician practices and action by state lawmakers.

2022 promises to have many opportunities to both enact and enhance the state policies. Here are a few key actions the AMA urges you to consider to help ensure patient continues to have access to high-quality telehealth and what states can look forward to in the new year. Continue to support coverage of services supported via telehealth on the same basis as in-person services and at a fair and equitable payment.

Support legislation eliminating separate telehealth networks and removing additional administrative or cost burdens for patients seeking care via telehealth from their regular physicians. And promote equitable access to telehealth especially in rural and historically marginalized communities by expanding broadband infrastructure and affordable internet connectivity, as well as supporting digital literacy programs.

Again, all of these issues and more are covered in the AMA's recently updated model telehealth legislation. We also know that the No Surprises Act is here. While the law offers important patient protections against surprise medical bills, much work must be done to implement this law in a way that protects patients but ensures fair contracting between payers and physicians, as well as doing this in a way that does not place more administrative burden on our practices.

As you know, the AMA and the American Hospital Association, along with several individual hospitals and physicians, filed a lawsuit late last year to prevent implementation of a narrow but impactful provision of the administration's second interim final rule implementing the No Surprises Act. The lawsuit argues that the administration exceeded its congressional authority and put a thumb on the scale in favor of insurers in the dispute resolution process established in the law to resolve payment disputes between insurers and physicians and other providers, including hospitals.

Congress clearly intended in the statute that the independent arbiter consider several relevant factors in deciding the appropriate payment amount. However, contrary to Congress's intent, the administration is requiring arbiters to presume that the health plans median in-network rate is the appropriate out-of-network payment amount. And on top of that, they have created very high barriers for the arbiter to consider any other factors.

The impact of this rule will be a significant cuts to out-of-network and in-network rates, leading to decreased ability for many independent practices as well as a reduction in the breadth of provider networks as insurers have no incentive to contract with many physicians. We are already seeing the consequences and the ink is barely dry. It is important to note that the lawsuit does not attempt to delay or prevent any of the important patient protections in the law. Many other stakeholders, including

organizations on this call, have either filed their own lawsuits or supporting those that have been filed through amicus briefs.

And I know none of us have taken these actions lightly. But now we hope the courts will recognize the unjustifiable deviation from statutory language that took place here and the harms that happened to our patients, physicians and other stakeholders that will result from such a skewed dispute resolution process. At the same time, we also just released a detailed toolkit to help physicians implement the most immediate provisions of the law.

And we will have additional programming next week to dive deeper into this toolkit and implementation and enforcement of the No Surprises Act. Download the resource at the link in the chat. We also know that in 2022, state legislatures, prior authorization and other utilization management reforms will continue as a top issue. Many states are looking at volume reduction strategies like gold carding and reductions and repeat prior authorizations.

Building on the many states' successes in 2021, the Advocacy Resource Center has revived its prior authorization model bill and related resources. Additionally, we continue to advocate for passage of federal legislation reforming prior authorization in Medicare Advantage programs the Improving Seniors' Timely Access to Care Act of 2021. Many of our resources as well as opportunities to share your stories and take action are at FixPriorAuth.org.

On the business side of things, we've seen that many of the waves of health care integration have failed, but not all of them. Cities like Pittsburgh, Boston and San Francisco are controlled by just one or two dominant multihospital systems. These systems drive up health care costs and marginalized physicians who want to remain independent. In 2022, we will continue to address what can be done about this, including staying abreast of antitrust concerns and being available to provide recommendations for competition policy and management policy.

Similarly, we know that scope of practice continues to be a top legislative priority for states across the country. One of the reasons the AMA in our state and specialty societies partners are able to defeat inappropriate legislation year after year is because of the multitude of resources available to our federation partners, and the role and power of the scope of practice partnership, and how we can work together to help harness the passion and commitment of physicians across the country to predict physician-led care and stop inappropriate scope expansions.

You are in your state capitals battling the scope issues just like we were in Michigan last year with a nurse anesthetist scope bill but you are not there alone. The AMA and the scope of practice partnership are there with you to share the work that is done elsewhere and to provide the important data and resources you need to advocate on behalf of our patients and our profession. In 2022, we will continue to be there when you need us.

We also know that the nation's drug overdose epidemic will garner significant attention in every state. More individuals than ever are dying from a drug-related overdose, primarily from illicitly manufactured fentanyl, methamphetamine and cocaine. We saw a one year of 56% increase in the rate of drug overdose deaths from synthetic opioids. Progress to remove barriers to evidence-based care for substance use disorder remains a struggle for many reasons, including health insurance companies and other payers' opposition.

Women with substance use disorders face particular stigma and scorn. Patients with pain continue to lack coverage for affordable, accessible nonopioid pain care and they're increasingly cut off from opioid therapy. Harm reduction measures have largely been limited to Naloxone, even as the need increases for additional strategies such as sterile needle and syringe exchange services. The challenges are considerable but medical societies have advocacy options that will increase access to evidence-based care.

I urge you to work with the Advocacy Resource Center to remove all barriers to medications to treat opioid use disorder and for state and federal mental health and substance use disorder parity laws, not just parity on paper but parity and actual practice, and to take specific actions to remove arbitrary treatment barriers for patients with pain.

And while we're at it, we urge you to introduce AMA's model legislation to decriminalize fentanyl test strips, to strengthen your good Samaritan protections and help further needle and syringe service programs. A few key links are in the chat. So, this was just a snapshot of AMA advocacy in our Advocacy Resource Center's work. The attorneys in the center will be the first to say that they rely on the expertise of the talented staff and physicians across the country.

Many of you are aware that to help ensure the Advocacy Resource Center is focused on the issues you face in the states, the ARC conducts a legislative preview survey. We don't have time tonight to go into all the details of the survey but we will provide a report of the results to you on a call tonight. We are grateful for your partnership. And we look forward to working with you to advance your state advocacy and legislative priorities in 2022.

I want to shift now and recognize our AMA president, Dr. Gerry Harmon, who will introduce tonight's keynote address. Gerry.

Dr. Harmon: Thanks, Bobby. As Bobby said, I'm Gerry Harmon, a family medicine specialist here at rural South Carolina and currently president of the American Medical Association. I'm honored to be here. Like Bobby, I'm really disappointed we're not able to meet in person. I wish we could but we're going to do what we have to do. I'm really honored tonight to introduce our featured topic and our guest speaker, Dr. Corey Fiest. Corey has a PhD, is health care executive of more than 20 years.

He's co-founder of the Dr. Lorna Breen Heroes' Foundation, which is dedicated to addressing the crisis of physician and health provider burnout in the United States. AMA is proud to support the Federal Act that bears Dr. Breen's name. And of course, alleviating physician, provider burnout is one of the most pressing issues AMA is working on.

And from our advocacy efforts to eliminate obstacles to care, administrative hassles that we experience all every day to developing tools and resources on our EdHub to help doctors better manage their mental health and to cope with stress during the pandemic.

This includes our work with the state medical societies to urge licensing bodies to remove questions on their applications that may deter for doctors and physicians, other physicians providers from seeking treatment, for mental illness or substance use disorders and our work engaging the Federation of State physician health programs, the Federation of State medical boards and other key stakeholders to support confidentiality and safe haven laws and wellness programs in physician health programs.

We actually have model policy here that we urge you to review and work with us to change the legal and policy landscape within your states. There's no question that the pandemic, we're two years into it now, has added another crushing layer of physical, mental, emotional fatigue for doctors and other health care personnel.

I witnessed it firsthand last fall and a week-long teaching rotation in my community hospital here in South Carolina when I taught the residents for seven days or the family medicine residency and I've seen it again past few weeks. We were at 145% capacity. In my rural hospital, we have people stacked up in the emergency departments waiting for beds. We have other hospitals that are unable to accept our transfers because they're overwhelmed too.

What I've seen in the eyes of young doctors, young clinicians responding to the crisis on the frontlines is a lot like what I witnessed 20 years ago in Iraqi Freedom, Enduring Freedom after 9/11. And I call it battle fatigue. Like combat, the unrelenting demands of responding to COVID patients surge after surge has pushed our health care workforce, literally, almost to the breaking point. We don't even know yet what COVID's long-term effects will be in our physician workforce on our profession. On society as a whole, we're still learning about it.

Again, we're 24 months but only 24 months into it. But I tell you this, if I need help, we need to reach out and get it. I remember we have this archaic ethos said, "You never should admit a chink in your armor, weakness or fear," those classic things. If you need me, I'm on a beeper. But it is a sign of weakness. That's not true. We'd never tell our patients to suck it up. We shouldn't.

We should be clear with ourselves and our colleagues that seeking help for wellness issues for burnout or emotional stress or the threatening substance use disorder, seeking help is a sign of

strength and determination. It means we're acting as appropriately as we should. We're acting worthy of our profession. At the same time, we've got to eliminate policies that harm us if we do seek help. That's what the AMA's doing. That's what tonight's special guest has dedicated his entire life to accomplish.

I'm proud to introduce Corey Fiest. He's helping us create support, a support network that physicians need to find their way out of this darkness that some of us find ourselves in. Corey, I thank you so much for being here and for being a part of this movement in medicine. Thank you.

Fiest: Thank you so much for having me. It's really an honor to be here. And I want to just make a special note. I wish I would have been with you all in person as well in Florida. It's my home state. So, would have been able to see family. But this is what we're going to deal with because we're all adapting. So, again, thank you so much for having me. I'm going to share my screen and share some slides this evening with you and then we're going to reserve some time for questions and answers at the end. So, here we go.

The Dr. Lorna Breen Heroes' Foundation was founded by my wife Jennifer and I in June of 2020 after Dr. Breen, Jennifer's sister, my sister-in-law died tragically by suicide on April 26, 2020. Prior to that, I had been working on these issues professionally as the CEO of the University of Virginia Physicians Group, which is the medical group practice for all the physicians at the academic medical center, which is the University of Virginia Health System in Charlottesville, Virginia.

I spent a 20-year career there and in fact, I just recently retired at the end of the calendar year so that I could spend all of my time on this important work. I'm going to share with you about the work that we've been doing as well as the advocacy that we need your help in engaging in. "Everyone can tell I can't keep up." Those are the words that Lorna uttered to us on April 1, 2020. That was her first day back taking care of patients after she contracted COVID-19, words we had never heard her utter before in her professional career.

"I can't get out of my chair." April 9 on a call with her sister Jennifer. She's nearly catatonic. She's worked 15, 20-hour shifts in the emergency department in New York. She's pushed through and now she can't get out of her chair. "I'm going to lose my license. My career is over." April 11 from the inpatient unit and psychiatric unit at the University of Virginia on a call with Jennifer to share that.

We had hospitalized her for the first time in her life. It was her first medical or her mental health treatment ever. And her first thought was that she was going to lose her license and then her career was over. She was gone. Here's a little bit more about our story.

Today Show Announcer: We are back as Carson joins us with a tough but very important story that impacts a lot of frontline workers.

Carson: This pandemic has taken so many lives but the early loss of a doctor right here in New York City has served as both a warning sign and a rallying point as well.

Savannah: Yeah, you may remember one year ago this week, Dr. Lorna Breen, an emergency room physician died by suicide. Her sister and brother-in-law opened up to us on the show just days afterwards. And from that moment forward, Jennifer and Corey Fiest have been on a mission laser-focused on trying to make a difference in caring for health care professionals, tackling the mental health taboos in the medical community.

Savannah: It's been just over a year since the unthinkable happened.

Jennifer Fiest: She was my right arm and my left arm. I used to call her my twin, my sister, my other spouse. We were attached at the hip forever. So, it's been a real challenge.

Savannah: A challenge that Jennifer and Corey Fiest are meeting by making it their mission to help other health care workers, creating the Dr. Lorna Breen Heroes' Foundation and working with their senator, Tim Kaine, on legislation that aims to reduce and prevent suicide and burnout among health care professionals.

Kaine: Let's pass this bill and show that we care about our healers and are committed to providing them the resources and the culture they need to keep healing.

Savannah: It took a lot of courage in those first days of just stunned grief for you to speak out. What has driven you all this time and since those early days?

Jennifer Fiest: Savannah, I believe that this could have been avoided. That's what's driven me. And if we can help somebody else in the health care profession avoid an outcome like my sister had, this will have all been worth it.

Savannah: Jennifer's 49-year-old sister Lorna died by suicide last April after first fighting the flood of COVID-19 patients coming into her New York City emergency room.

Fiest: The volume of death and dying that they experienced was something that they'd never seen in their career.

Savannah: And then, battling the virus herself.

The more you learn about Lorna, the more unfathomable this is. What have you come to believe or understand about what led to her passing?

Jennifer Fiest: What I know today is the same thing I knew even before my sister died, which was that she got sick with COVID and it affected her brain. The tragedy is, she had enough of her faculties to know that if she raised her hand as a physician, and said, "I can't think. I can't work. I need help," it could have been devastating to her career. We know now exactly the same thing I knew a year ago, which is that it was the combination of COVID and the culture in medicine that killed my sister.

Savannah: While more than eight-in-10 emergency room physicians like Dr. Breen reported feeling more stress since the pandemic, nearly half polled said they did not feel comfortable seeking mental health treatment with over 70% saying, there's a stigma in the workplace surrounding getting help.

It seems like in our culture, we talk about mental health all the time and that the stigma has really faded away. But in medicine, that stigma is still there.

Jennifer Fiest: It's there and it's strong. It is a well-established premise in healthcare that you do not seek mental health care. You just don't. We've heard—

Savannah: And why? Why?

Jennifer Fiest: It's because of the licensing. It's because of the credentialing. And also, it's because of your potential harm to your reputation as somebody who can't take it. I will tell you, Savannah, one of the real struggles with my sister was that she thought she was going to lose her license. And what we learned after she died is that New York State has some of the best licensing laws in the United States. And so, my question is, why didn't she know that?

Savannah: Doctors are licensed by the state they practice in and in some states the applications ask probing questions about whether they've been treated for mental illness. At times, experts say in violation of the American with Disabilities Act.

Fiest: Only one state and that is the state of Mississippi has the best possible questions. It literally says we recognize there's a connection there between you're taking care of yourself and your quality of care. We want you to attest to us that you're doing that and you're taking care of yourself. We need 49 more of those to happen across the country.

Savannah: The Fiests and their foundation are working to eliminate any barrier to seeking help just as health care workers across the country began to come to grips with what they've experienced in the past year, a year when they've been more than just doctors and nurses.

Jennifer Fiest: We're also asking them to say the rosary with a dying patient, which is a story I heard from somebody who couldn't be with her father when he was dying. And there was a nurse who said the rosary with him every day. So, we're blurring these lines.

Savannah: Are you worried that we're on the verge of a new crisis, a mental health crisis, for health care workers?

Jennifer Fiest: Oh, there's no doubt in my mind and there's significant data to back that up. In the heat of trauma, people are just focused on getting through it. It's when things calm down. It's when you relax. It's when you can take a breath. That's when the real problems start. And so, yes, we are so thankful for the vaccines. And we are thrilled that the fact of the matter is these people have been in the battle for a year now. And now is the time that we really need to focus on the people who have been taking care of us for last year.

Savannah: I look at you two, I think about meeting you a year ago in the depths of your grief. And I look now at what you have already accomplished. What do you think Lorna would have thought of her baby sister and how hard you've worked on her behalf?

Jennifer Fiest: I think she would love it. I think my sister was here for a reason. And maybe this is it. We have made changes, Savannah. We've heard from people who have changed the way they live because they heard what happened to my sister. And I think she would love it.

Savannah: I love how Jennifer talk—

Fiest: Always hard to watch. But important to hear from Jennifer, particularly when it comes to these issues that Lorna was struggling with around licensure and stigma. Because even though we believe very strongly that COVID-19 contributed significantly to Lorna's cognition, these issues are real. And we heard on the other side of Lorna's passing from literally hundreds and hundreds of doctors and nurses from across the country, which is why we started our foundation.

In Lorna's honor but to support all of the clinicians who are hurting and for those in the future to really reduce the burnout of our health care professionals, safeguard their well-being and job satisfaction. Envisioning this world where seeking mental health services is universally viewed as a sign of strength for health care professionals. They deserve as much. You all deserve as much. So, we've focused our

work since the inception of our foundation in June of 2020 in three primary areas.

Awareness, advocacy and advancing solutions. And I'm going to go through with you in each one of these areas what we've been doing and also pay particular attention to the advocacy piece because I know that's a big part of why we should be in Florida altogether right now. From an awareness perspective, this story has been covered now over 300 times in significant news outlets. You can see them on the right.

In addition, we've published now in over 11 national publications about these issues and as well as advising on solutions for every hospital in this country. I've now participated in well over 70 panels and keynote addresses and certainly, podcasts galore. And my kids are very underwhelmed by the number of social media followers that we have. But we have started a conversation and built this community of support, which we find to be incredibly important.

And so, I know I'm talking to a bunch of physicians. So, one of the things that you may not be aware of but that we weren't aware of until after Lorna's passing is that September 17 is actually a day that is dedicated to physician suicide, is one of the details that we didn't know before Lorna's passing is that physicians in this country die at a rate twice that of the general public, twice. Four hundred physicians a year die by suicide every year before the pandemic.

And so, in honor of National Physician Suicide Awareness Day together with First Responders First and the Physicians Foundation, we've launched a resource guide, not only giving hospitals and health systems the opportunity to host activities on the day but also and more importantly, resources to help prevent suicide, again, in collaboration with American Foundation for Suicide Prevention as well as other national leading organizations. So, these are for individuals as well as for hospitals and health systems.

I know I'm talking to a bunch of doctors. And so, data is always important to all of you. So, let me share some. So far we have reached with this story well over 150 million. But even more important than that number, I think is the feedback that we get. And I'm going to share with you a quote from a physician who reached out on the eve of Thanksgiving in November.

This is from a clinician who said, "Today I want to say how thankful I am that the Heroes' Foundation exists. Lorna's death was what pushed me to get help. The details of which I still don't talk about because I continue to fear it will be held against me. Every time I see a picture of her, I see myself. I see my residents. I see my colleagues." We receive comments like that almost every single week from physicians, from nurses who have recognized in themselves and others and made a change in their behavior and supported others for themselves.

In addition to that, we have spent a tremendous amount of time from an advocacy perspective. As you saw in the video, Senator Tim Kaine has helped us with a bipartisan, bicameral as in house and

senate bill that has now unanimously passed the United States Senate.

It is passed by the House of Representatives with over 140 co-sponsors, 80 organizations across the health care spectrum, including the AMA, who have endorsed the legislation, and provides $140 million of new programming, which actually Senator Kaine was able to get early release before the law even passed. And it's being allocated right now by HRSA.

So, the law, the Dr. Lorna Breen Health Care Provider Protection Act, has to go back to the Senate now for one minor tweak in the difference in the study provision between the House bill and the Senate bill. As soon as that's passed and hopefully that will literally be any day now, it will go to the president. So, let me tell you a little bit about what the bill does. It's really got four key components.

The first is it provides programmatic funding to support the future health care workforce, those doctors and nurses in training, as well as dental students, any health care student. That's in the form of grants to those academic health systems and curricular support to be able to train on these issues and prevent these issues from happening. In addition, there's programmatic funding for hospitals right now to support the well-being of their workforce.

Third, it provides funding to the Centers for Disease Control to scale a nationwide awareness campaign with best practices included it. We're going to talk a little bit about those a little later. And then, finally, it has a comprehensive study provision, which we believe will provide a roadmap for future legislation and future solutions on a federal level. So, that's the federal work we've been doing. And stay tuned because we believe this is going to pass any day now. And we're really could not be more excited about it.

If you happen to know or come into contact with a member of the House of Representatives in your area or a member of the United States Senate, thank them for their sponsorship here. Thank them for taking the time to come together in a bipartisan way to support the well-being of the healthcare workforce. This is first of its kind legislation. It's never been done before.

And it's important that the federal government hear how important it is to use this as a building block that we can create future legislation, again, to support the workforce. In addition to that, we've been providing a tremendous amount of advocacy at the state and local level. We're going to talk about that in more detail because this is really where we need your help.

As we discussed in that today's showpiece, there are at least six barriers that we've been able to identify that are regulatory in nature, which we believe violate the Americans with Disabilities Act. The first four on the list are bolded because they're very similar in nature. They all involve questions, questions that you're asked as a physician when you apply for a state license, for hospital credentialing, to be paid by a commercial insurance company or to have your malpractice.

There are questions that asks about any of your past history or might even be considered appropriate questions often are cohorted in the questionnaire with crimes. In fact, I was speaking with a physician today in a state who said that the mental health questions in their state's application is next to the question on pedophilia. Think about that for a minute. Is that the message that we want to be sending? Even if the question is appropriate, it continues to reinforce that getting mental health treatment is not okay.

I just left my work at the University of Virginia and every year we would have an incoming class of medical residents in about a dozen of which would stop taking their medications. They would stop going to therapy for fear of some myth or, in some cases, reality that they could have their license or their credentialing or their insurance impacted.

In addition to that as was discussed by Gerry at the beginning, there are safe haven laws that need to come into place because there's a legal discovery process in this country in many states that allows your mental health medical record, you as the treating physician, that to be obtained in a malpractice lawsuit where you're named defendant. Think about that for a minute. Your mental health medical record can be obtained in a lawsuit. That is going well far and beyond anything that I would deem appropriate.

And there are laws in states like Virginia that are called safe haven laws that protect those from being disclosed in a lawsuit. In addition, the health plan design of many hospitals and health systems requires or at least highly incensed physicians and others who are on their insurance to use their own medical care. It makes a ton of sense from a business perspective.

But let me pause for a second and point out one big problem we've got with it. Which is that when you limit the mental health services to the hospital, where the doctors work, what that means is that they're walking by their own colleagues to get that care. And even though we would hope that the stigma would be lifting around mental health treatment, we know it's great. Less than a year ago, Jennifer and I were on a call with the widow of Dr. Scott Jolley from Utah.

Scott was an emergency medicine physician in Utah and got mental health treatment for the first time ever after experiencing an overwhelming traumatic experience taking care of COVID patients. He was literally wheeled by his colleagues on his way out of his first and only inpatient admission in his hospital for mental health treatment. He died by suicide only a handful of days later. These are all barriers that we know exist.

In addition to which, there's the overarching cultural barrier that Gerry talked about at the beginning, which is establishing an environment in a culture in medicine where it's okay to take a break or it's okay to take your own self-care as the priority so that you can take care of patients.

One of our calls to action here on the six barriers is something that Jennifer and I feel very strongly about. As you heard in that piece and as you heard in my opening remarks, Lorna was convinced that she was going to lose her medical license in New York State. And she was incorrect about that. Tragically incorrect. And in that Today Show piece, Jennifer said, "So why?"

So, one of the things that we've thought of as a simple solution, and we did it at the University of Virginia before I left, is publishing to the workforce just what the facts are in your own institution and in your own state. Let the workforce know. Let the doctors know. Is the state favorable from a licensure perspective on questions that relate to the mental health of the doctors?

Are there any questions in your credentialing application? Are there questions in commercial insurance application? Many hospitals and health systems and medical groups are now self-insured or have captive insurance. Make sure those questions don't exist if they do. But regardless, let the workforce know that facts, just published them.

In May of 2020 just about two weeks after Lorna died, the Joint Commission put out this advisory that made it explicitly clear from their perspective that it is not appropriate to require the disclosure of mental health treatment but for current impairment. The only limitation on that is current impairment. Those are the two keywords that need to apply. And that's what we ended up doing at the University of Virginia, where we changed the language in our credentialing application to current impairment.

We pulled it out. We took a look at it. We saw that it was out of date. And we changed it. It took two days. It wasn't a big deal. Everyone needs to step into this if we're going to eliminate the barriers around the stigma. Now on to solutions. We've talked a lot about stigma. We've talked a lot about the work that we've been doing. So, how are we going to solve this?

One of the things that our foundation has done is we've come together with a group of the best and brightest, if you will, to develop tools for all health systems in this country at no cost. We've launched the initiative called, "All In Wellbeing First for Healthcare," together with the organization First Responders First. And you might say, "What is that? I've never heard of it." Well, it's that group on the right side of your screen. It's the Thrive Global Corporation.

It's Harvard School of Public Health. It's a Creative Artists Agency, which is the world's largest talent agency. And it's Johnson & Johnson. And they've come together with us to launch an initiative with a steering committee that spans health care—nurses, emergency physicians, hospital. The AMA is involved. The American Nursing Foundation, the Collaborative on Healing and Renewal in Medicine. You may not know what CHARM is. It's all the chief wellbeing officers in the country.

Johnson & Johnson is there. Medicine Forward, which is a grassroots physician organization, the Schwartz Center for Compassionate Care, the Philippine Nurses Association, the National Black Nurses Association. That's our steering committee and that's a group we've gotten together around

the table to help us develop solutions.

Two goals for this work. Advance solutions to improve the well-being of the health care workforce. We know we need to get solutions in the hands of the workforce right now. And number two, create systemic change by identifying and working to eliminate persistent mental health and well-being challenges that disadvantage our health care workers.

Earlier this evening, I was going over this with our steering committee. And someone said, "Well, tell me what those disadvantages really are." And I said, "Well, don't get me started. There's at least two buckets." One, I gave them the list that we just went over. And the second is a cultural piece. Those are the persistent mental health and wellbeing challenges that disadvantage our health care workforce and we've got to eliminate them. And we need your help in doing so.

So, how we're doing this work is by convening experts by accelerating a cultural shift that prioritizes health care workforce well-being and creates systems of accountability. Unless there's someone in charge, we know there's not a lot of accountability in place. You can't get things done. We've got to put people in charge of this and own it. We are also working to amplify and recognize role models. We know they exist.

We also know that hospitals and health systems are often very siloed from each other to understand what those best practices are. This is an issue we can't get competitive on. This is an issue where we need to lean in together and share best practices. Our initiative also has created a fund for those in need to be able to launch some of these solutions where you need to go out and actually add resources.

So, we've developed a fund from frankly, some of the dollars that were donated to our foundation after Dr. Breen died, as well as from our large corporate sponsors. We also know that in health care, you've got to do everything without data. It's got to be you've got to have data to demonstrate what you've done and you need to be able to share it. And that's incredibly important.

And then, finally, we're doing this through advocacy as well. So, our progress today, we've launched this wonderful website, which is not just a static tool. I would encourage you all to log into allinforhealthcare.org and sign in and sign up. It costs exactly nothing, $0. But it's got a hotbed of resources, tons of resources for you that are curated in a way and by our steering committee that can help actually bring solutions right now in the workplace.

We have over 300 individuals and organizations who've signed on to All In. We've created this fund and funded it. And so, now we have an invitation-only grant-making process that's happening. We've launched this solutions library. We've also created a community where people are sharing best practices, what's working, what's not working. In Virginia, we took this down to a local level.

And I helped to coordinate all the hospitals in Virginia together with the Virginia Hospital Association, the Medical Society of Virginia and the Nursing Association, in the past 12 months to put our arms around each other and together to say, "We need to care for our caregivers. And we need to come and align on what tools we're going to use and we're going to share best practices around all the Virginia hospitals."

And then, finally, we've been able to shape the impact campaign for the movie, The First Wave. Now you may have seen this advertised on Hulu. It's up for an Academy Award. And I want to tell you a little bit about it. The movie The First Wave is a documentary on the first four months of the pandemic in New York City. And what's incredibly important about it from our perspective is it shows everyone who has not been inside a hospital during the last 24 months, what it has been like for the health care workforce.

And so, our work with you All In campaign was to inform the real marketing, not just marketing but also the actions that National Geographic, as well as Participant Media are taking to help support the movie but also the workforce. And we've been able to get them involved in this advocacy work that we're talking about today because of the conversation and relationship that we have with Participant Media as well as National Geographic. We're taking this conversation now outside of the formal house of medicine.

We're taking it into the common sphere for people to learn and understand. We've also helped to develop resources for hospitals to use this movie as a therapeutic device and created discussion guides with the National Alliance on Mental Illness, which can be used by any hospital or health system or medical group across the country to help you all have discussions about what you've seen and how you can support each other.

Now, I'm going to leave you before I open it up for questions with some of my recommendations around the immediate actions that you all can take as well as your health systems can take right now. First, commit the organization to the well-being of the workforce. Second, train leadership at all levels to understand the impact of the work on the worker.

Number three, assess the workforce right now. Understand where their pressure points are, and fix them. Number four, reduce unnecessary waste. That's a term we use in lean management thinking and I'll get to an explanation of what I'm talking about there in just a minute. And then, finally, provide mental health resources for the workforce. With regard to committing the organization, we believe every organization in this country should join us in the All In Wellbeing First for Healthcare Initiative.

We also recommend they communicate to the workforce that they see you, they hear you and you're here to help. We understand that health care leaders and everyone in health care right now is tired. We also know that patients need to be taken care of by clinicians. And you all need to be taken care of first and foremost so that you can do that hard work. And it's important for hospital leadership and

physician leadership to make sure that those who are closest to the patients right now understand that they are being seen and heard.

We also are recommending along that line to appoint a responsible chief if you will. There's a movement across the country to have chief wellbeing officers. Even if you don't have a chief wellbeing officer in your area, have someone designated. And this is not just someone who's designated to be responsible for making sure there are therapeutic interventions to support the workforce. No, no, no. This is about operational and organizational redesign. We have got to have someone who can see that full-spectrum and who has authority over that full spectrum.

And then, finally, in here, visibly commit the organization by integrating standard key performance indicators. Every hospital in this country uses key performance indicators around finances and quality and access. We need to incorporate key performance indicators that go up to boards of directors that show those boards of directors and the workforce, just how things are going from the perspective of the wellbeing of the workforce.

Number two, train leadership, promote this culture of well-being, make it okay for everyone to get help. Everyone needs to take a break at some point. Make it okay to do that. This is one where I was in a meeting in Arizona and a physician from the West Coast took me aside. He said, "Corey, I just want to ask you a question." He was a senior neurologist. And he said, "So, do you think the culture should be a do ask, do tell culture?"

I sat up. And I said, "Well, that's an interesting way of putting it." And he went on to say, he said, "Let me just ask you a question. When Lorna said that she couldn't keep up and that people could recognize it, if someone had the courage to tap her on the shoulder and say, "You need to go home," would we be having this conversation today?" And I paused and I said, "I don't think so. I don't think we would be having this conversation." So, this culture is literally life-saving culture.

On the other side of that spectrum, before I left at the University of Virginia, I heard a great story about how a nurse manager was looking at one of her colleagues and that person just looked a little off that day. Well, that nurse manager took the individual aside. That individual was having suicidal thoughts. And that individual got help. Sometimes just taking the courage to tap someone on the shoulder and ask them how they're really doing, in an empathetic way, can save a life.

The other parts about the training of leadership that I think are so important is that leadership needs to understand how the work impacts the worker. Working with chief technology officers is a great example of this. I've worked with so many across the country who don't realize that that electronic medical record that they work in has an actual impact on the well-being of the workforce. It does but unless you connect that dot for them, they don't necessarily intuitively understand it.

Number three here is assess the workforce. There are a number of ways to assess the workforce, whether that's by looking at the electronic medical record reports that come out right now, which are a really good proxy for it. I'll talk about that in a second. Or the burnout surveys and the well-being surveys. They can be deployed. They're about five or 10 minutes survey. They're an excellent roadmap for where the pockets of attention need to be right now.

Reduce unnecessary waste. This is one that absolutely boggled my mind. The Advisory Board did this study in 2016. They re-upped it in 2019. Doctors only spend 27% of time with patients. A quarter of your time is spent doing patient care. What are you possibly doing that is more important than using your medical degrees on patient care?

In lean management thinking, we would call that waste, folks. Some of it is important, some of it is required but a lot of it isn't. And so, now more than ever, we need to remove administrative burdens on clinicians. There's a workforce shortage because the workforce is walking out. If the workforce was doing more of its time, actually doing the work it trained for, maybe it wouldn't be walking out.

Along these lines, there's a lot to be done here with the electronic medical record. And I know you might be thinking these things are huge multibillion-dollar systems or multimillion-dollar systems and they take a long time to fix. Well, I can tell you from personal experience, there are inefficiency reports that are automatically generated and almost every electronic medical record that identify a roadmap for where the problems are. Those are very easy tools that can be looked at and used and solutions that are not very costly and high beneficial can be utilized and really make a big difference.

Provide mental health services and resources, a full spectrum method. We know from our survey data, working with actually the AMA, that peer support is the number one thing that doctors want in this country right now. I speculate a lot of that is because doctors want to talk to doctors. And, oh, by the way, there's a stigma around mental health too. We've talked about that a lot. And there's a lot of barriers around it. But peer support is something that we are recommending right now be implemented across the country.

And then, finally, publishing for the workforce, just what are those facts and what are those myths around those barriers we talked about a few moments ago? Is your state one that actually is favorable from the perspective of mental health questions on the licensure report? If it is, you need to be singing that from the rooftops or at least publishing it on a report card for all to see who work in your institution. So, that's my list. Those are my actions, my recommended actions.

I want to thank you all so much for your time this evening. More importantly, I want to thank you for what you do each and every day. You can find out more information about our foundation at drlornabreen.org. For those of you on social media, that's our Twitter handle there, DrBreenHeroes. My email is also below if you'd like to get in touch. With that, I'll open it up to questions.

Dr. Harmon: Corey, thank you so very much. Such a somber moment. A lot of your recommendations, watching the videos in the media presentations, put chills up my spine. And I appreciate so much what you're doing. Most of us on this webinar and presentation have all experienced. I'm sure many of the symptoms that your sister-in-law experienced. And sometimes we're afraid to report it. Sometimes we're afraid even to feel it. But it means a lot to all of us. I want you to know how much we appreciate that.

A couple of questions have come through on the chat. I'd like to address some of them. And don't hesitate to put those on the chat. I'll be a bit of a filter. And then, we'll wrap it up in a little while. But one interesting one, and you talked about it here and I've seen this as a request, it said, "With public reporting of physician well-being measures by institutions have a role in motivating institutions to make changes, much like the public reporting that we see on hospitals, is that a possibility? And what do you think that might help, Corey?"

Fiest: So, in July of 2020, I published my first ever article in US News & World Report, and I published it on best hospitals in America Day. And I told them that I would publish with them if they let me call out the rating agencies and say, you need to factor in the well-being of the workforce and what it means to be a good hospital, to be the best hospital. So, I would agree wholeheartedly that this data needs to be published. It needs to be transparent just like what we've done with quality data.

And in fact, there's such a direct linkage here between burnout and quality. There's a 200% increase in medical errors when the workforce is burned out. This to me is a no-brainer now that it's not automatically extractable. So, it needs to be reported. But there are tools that can do it. And so, I would 100% agree with that.

Dr. Harmon: Thanks. Thanks. You mentioned some of the collaborative agencies you've worked with and some impressive credentials among those agencies. One questioner says, and I think it's a very good question, "Have you had the opportunity to make this presentation and to engage with the Federation of State Medical Boards?" Clearly, that would be something that we as physicians, there'll be a good audience to engage in and perhaps share this as an educational process.

Fiest: Yes, I've spoken with the Federation of State Medical Boards and they're really excited about collaborating here. They're a recommending body. They're very careful to say we're a recommending body. But in 2018, they came out with these recommendations, which are referenced in that Joint Commission statement. And I guess in the last six or seven months, there was a JAMA analysis on those recommendations compared to what the states are doing now. And the country didn't get a failing grade but almost got a failing grade on that.

So, there needs to be more there with the Federation of State Medical Boards and they are really excited to help. And so, I would turn that question back around to say, how can we all encourage our own state medical boards, as well as the Federation to work together to really make these changes at

scale right now.

Dr. Harmon: Yeah. And I know Hank Chaudhry, who's the CEO, right? He would be very receptive and clearly, he has been, I'm sure.

Fiest: Absolutely. And he and I talked.

Dr. Harmon: And this is a good question. It hadn't occurred to me. Have you had any opportunity to engage folks like the State Bar Association, the American Bar Association? It seems that the attorney groups might be a good audience also to provide some by-end to this because they are after patient safety and quality. It may help us all if we had some input or some collaboration with those folks.

Fiest: Absolutely. In fact, on my slide about those six myths or the report card slide, I actually worked with the American Bar Association Health Law Section. And they've created a model, document that they're actually taking through their governance for approval. But absolutely, we need to get more lawyers involved. I am a lawyer. So, I hesitate to advertise for more lawyers but the help of more lawyers in solving these issues.

One thing folks might be interested in is in Virginia, when Virginia went to the safe haven protections for doctors on mental health treatment, they were really worried that the lawyers, particularly those representing plaintiffs and malpractice actions, would be upset and would really try to block it. And in fact, they found exactly the opposite.

So, I think we're making a change here and engaging the lawyers and helping to find solutions here would be a good step. And I have begun that work.

Dr. Harmon: Thanks. One of the most current questions I see I think you've answered but I might solicit more commentary from ... you mentioned the safe havens. One of the questioners says, "In many states, some providers are required to report impaired colleagues." And of course, that's one of the barriers that we all find, peer support. We want to talk to someone, but as you said, we want to talk to doctors and then doctors may have a legal obligation to report current impairment. And that may be a good answer to reiterate for this audience today.

Fiest: And I am not an expert here and exactly what those reporting are in there. They're different in every state. What I do understand is that for peer support programs, you can structure them under the quality program in your hospital. And as you know, all of that is protected from disclosure. What I don't know is, if it's still protected from what the question really is addressing there but that would be the way that I would structure those peer support programs.

Dr. Harmon: Well, thanks.

Fiest: Sure.

Dr. Harmon: A lot of what you're hearing, a lot what I'm hearing in my local area, is that we are working with the health care institutions. In my small community, the biggest employer is the hospital health care system. With the independent physician practices, they really don't have any place to go. It's not just in my area but across the country that if you're employed by a hospital or working with a hospital, have hospital privileges as a physician or health care worker, you could do that.

But if you're a small, what we call mom-and-pop operation, there's not a real good peer group to turn to sometimes. Do you have any thoughts about that? Is the foundation have an arm that might help us with that, Corey?

Fiest: There are a number of resources that have come up over the last year and a half that are available to any clinician, regardless of whether they're employed or not. And so, the physician support line is one that a psychiatrist in the Philadelphia area launched, that's one that I think is an excellent, an excellent resource and it provides free support services for any physician.

And then, what I would say is, if you're looking for other tools, other ways other than therapeutic tools, look in our All In initiative. Our All In initiative has got resources galore in there for anyone to access. So, those would be my two answers there. But I would direct folks to Dr. Mona Masood in Philadelphia in the physician support line.

Dr. Harmon: Great answer. I have one question, a questioner who's asking regarding unnecessary waste. You've talked about that from your expert opinion. We have AMA studies that show. We have 16 hours a day of prior authorization on hold. I did that a little while ago. I can tell you this. It's a continued grind to overcome the barrier of prior authorization.

We have studies that show the average physician spends 56 hours annually just waiting to log on, not only to electronic record or whatever website you're trying to log on to, power authorization, insurance, governance, you name it, just waiting for the website to let you in. So, I know that's an incredible waste.

How much do you think we can improve upon that? And how much of a role does this play in physician dissatisfaction provider burnout?

Fiest: So, in 2018, the Harvard School of Public Health published an article. It's actually on our website under the issue section, which identifies that the electronic medical record was the number one contributor at that time to burnout. And as you go and you read it, basically, anything that gets between a physician and her/his patient is really contributing towards that burnout, as you just described, spending hours on the insurance companies.

What I would suggest to you is, I do think there is an opportunity now. Think about what we have just done in accelerating. We were talking about this earlier. Accelerating the use of telemedicine in the pandemic. We've dropped all regulations to make it okay and easily accessible. In fact, in some cases, you're allowed to cross state lines now. But we have the ability to do this.

I think the AMA is uniquely positioned and has the strength, frankly, to go and speak with insurance companies and say, "Look, we are looking at prior authorization. You need to drop X, Y or Z." And I would not boil the ocean here. I would try to figure out what are those top things. But I do think we have to connect. We've got to connect it to the fact that ... I don't know an insurance company that doesn't want high-quality care being provided by the doctors.

And quality is now part of the payment in almost every commercial insurance contract that I've ever drafted in the last 10 years, certainly in federal contracts. And so, connecting for the insurance company, you realize you're actually burning out the workforce and decreasing the quality of care because of your policies. I know it's an uphill battle. But now more than ever, I think we've got to band together on this and really not take no for an answer.

Dr. Harmon: Great answer. And that's something that I think many of us can identify with and take to heart, not trying to boil the ocean. Real quick, an important question here and a good question. In your opinion, what advocacy is best at the state level versus at the federal level? And I think that's a very good question. All of us have two venues that we could approach this and AMA is working at both levels as well. And this is the state advocacy conference. So, good question. What's best out of the state and what's best on a federal level?

Fiest: Well, since I'm a lawyer I can tell you there's state laws and federal laws. So, it's going to guide and what I would say is, so the state law, licensure, those questions, those are all state issues. Those are not federal issues. The federal government doesn't license doctors. The states do. So, that's a really key dividing line there in terms of professional regulation. What I think the federal government can be doing is, it can be doing things through the Medicare program, which can impact through the conditions of participation for hospitals.

It can impact some of these things. The federal government through CMS could say, and its conditions of participation, it could say that it is now a requirement that all credentialing applications be free from any questions on prior mental health treatment. It can do that. That's appropriate for the federal government. But pretty much anything around this whole conversation we've been having around license, this is all a state-level issue.

Dr. Harmon: Yep, it really is. Thank you. I'm going to congest a couple of questions and consolidate them. One of the questions basically says, "Given demands on our clinical staff and the lack of staff resources that are available, given staffing shortages, how does one impact well-being when we're hearing that staffing is a root cause and it does feel like a never-ending cycle?" One of the things that

you were clear about I took personally away was that you need to have someone who's in charge of this at any institution or any medical function, a chief wellbeing officer or just a chief in general.

And I think one of the roles I've tried to assume and help here as a physician leader is all of us are wellness officers. All of us are wellbeing officers but it is nice to have someone in our organization who takes ownership and helps establish metrics and things like that. But it is. It seems to be an institutional problem chord that we're dealing with and it says, it's a never-ending cycle. And staffing is going to continue to make us overstressed, overworked. A difficult question. If there were an easy answer, we probably already be there.

Fiest: You're exactly right. And yet I'm going to try. I'm going to try. Let me give you two things. One is the staff needs to be heard right now. So, we can't just throw more people at this problem. I remember years ago, we had a problem in our billing team. And someone came and said, "Well, we just need overtime to solve the problem." And after a month of overtime, it didn't solve the problem. So, we threw more resources at it. We had a broken hamster wheel that we were putting people on.

And I think that's what we're doing by recruiting in more travelers or whatever, you're putting them in environment that they're going to fail. And so, we have to go to the root cause and we have to change that. The number one thing you do when you approach a problem like that is you go to the source of the problem, and you say, "How do we fix your environment?" And that requires listening. So, listening to those closest to the problem and say, "What are your biggest problems? We care about you. How can we take the burden off of you?"

That's that whole waste elimination. I think we have to do that. And no, we cannot boil the ocean here. We cannot solve all the problems. But we can start and I think even though it's really, really easier said than done from my house and not an ICU bed, there are things that we need to be doing right now to improve the operations of environment. That's number one.

Number two, the other thing that I would say, and I got this from a nurse leader, we introduced peer support around at the University of Virginia in the last year. And one of our senior nurses took me aside and said, "Where has this been my whole career?" This one thing is changing the way that we are interacting. We're checking on each other. We are in this together. We're having conversations. So, those are two things that I would suggest. Now, I gave you a five at the end of my slides. And none of this is easy.

But one of the things I know will guarantee to perpetuate what we've got right now, which is sticking our head in the sand and not doing anything about it. So, we've got to try. And I think we've got to do that first by letting the workforce know that we care about them and that we're listening to them right now.

Dr. Harmon: I think you did it. And your five summary statements were very well formulated and I think executed well but not easily as you said. I've been asked to wrap this up now. And we've had some more questions and some of the questions in the chat to be answered by our staff, such as bill numbers and actual websites and all.

And I would tell you that since this is a group of the AMA and representing many state and medical specialty societies, of those five things, are there any two or three, or one or two most critical things that we at AMA can take ownership of now and collaborate with your organization, your group to help you move forward in a more executable fashion of those five?

I know they're all important but what would you want us to have as our takeaways from organized medicine right now?

Fiest: Wow. This is like a kid being asked what his Christmas list is here. I love this. This is fantastic. The state-level issues are really important. And I cannot do that from Charlottesville, Virginia by myself.

I think that this concept of getting hospitals to just understand and publish what the current state is of these barriers are this myth versus fact report card concept that we have, getting that launched and then taking that data and using that data to change the laws more favorably for the doctors, I think that's a very tangible thing that I've actually already spoken with the AMA staff about how we can engage with them. So, that'd be really the priority that I would say for the AMA right now.

Dr. Harmon: As president of AMA, I could speak for the AMA, which is a real authority. I'll tell you we at the AMA, the colleagues on this call, those who are on this call, or may not be our traditional AMA folks but are very interested in health care and physician and help provider well-being, we can make an impact at the state level. We have among our patient populations, our community leaders, we have physicians who can have an impact that legislative regulatory change at the state level for sure.

So, I think that's one important takeaway I'm taking notes on for sure is, no one has a better impact than someone with a personal story that goes before the legislator that goes before a regulator. And so, let me tell you what happened last week. Let me tell you what's going to happen next week if we don't have a change. And it can influence rapid change.

Dr. Harmon: Corey, the legacy, your sister-in-law that you and your organization will bring to medicine, it will be very long-lasting. It's incredibly important. I know it's exacerbated by the COVID pandemic. There are rarely silver linings to anything. But your sister-in-law's legacy, your organization's legacy will have an impact through participation at something like this conference and your relationship with health care providers and with the AMA in particular.

I thank you very much. I'd like to turn it back over to Chairman Mukkamala for closing comments. But, Bobby, we've been honored to have Corey Fiest here with us this evening.

Fiest: Thank you so much.

Dr. Mukkamala: Thank you, Gerry, to Corey, the physicians and staff on today's call. On behalf of Dr. Harmon, your Board of Trustees and everyone at the American Medical Association, thank you for joining us tonight. The 2022 State Legislative sessions have begun. Tonight was just a sample of the resources that we can help bring to your efforts. The Advocacy Resource Center deserves a round of applause for the work that they do and for helping coordinate tonight's presentation. Thank you.

At the risk of sounding overly optimistic, I'd like to say or shall I say pray that we will meet in person at the 2023 State Advocacy Summit. This pandemic is challenging but we are up to that challenge. As Corey said, we are all in this together. And I firmly believe that that is our strength. We must continue to rely on each other and depend on one another, whether in our practice, in our personal lives or in the legislature. So, with that, I say thank you. Stay healthy and good night.
