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, AMA Chief Experience Officer Todd Unger discusses the passage of the Dr. Lorna Breen Health Care Provider Protection Act with J. Corey Feist, co-founder and president of the Dr. Lorna Breen Heroes’ Foundation, and what it means for physicians.

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Speaker

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

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. Today we're joined by Corey Feist, co-founder and president of the Dr. Lorna Breen Heroes’ Foundation in Charlottesville, Virginia, who's going to discuss the recent passage of the Dr. Lorna Breen Health Care Provider Protection Act and what it means to physicians. I'm Todd Unger, AMA's chief experience officer in Chicago.

Corey, as soon as I saw the news about this because we've had the honor of talking to you and your wife, Jennifer, a couple of times over the past year and a half or so, my heart just swelled. And I have to say, I just want to give my personal congratulations to the two of you for what you've been able to
bring into this world. By now, I think most physicians are aware of the name of Dr. Lorna Breen, your sister-in-law and an emergency medicine physician who was on the front lines of the pandemic and tragically died by suicide in April of last year.

You've talked about the huge outpouring of support that you and your wife Jennifer received after Dr. Breen's death. When did you realize that this problem wasn't unique to Dr. Breen but that health care providers across the country needed more support and services and that you could do something about it?

Feist: Todd, thank you. That's an excellent question. And I just want to first thank you and the AMA for your incredible support through this entire process. We could not have done this without you and without your members, so thank you so much. And I will say, I've had a whole career in medicine. And so as an administrator for the medical group of all the doctors, nurse practitioner and physicians assistants at the University of Virginia in Charlottesville. And so I was frankly shocked when following Lorna's death in April of 2020 that we heard that this was such an issue that had been hiding undercover for so many years.

And after the publicity from Lorna's death, we received for a year letters, almost every day to our home from health care professionals, mostly doctors who would say things like, "You don't know how hard it is. You know how many times that I've had to basically step out and make an excuse for stepping out of the room or not coming to work. An excuse that wasn't mental health related but it really was just I couldn't take it anymore. Or if you look at my CV and there's a sabbatical or there's a fellowship that I took there. Well, actually, I was hospitalized but I couldn't tell anybody."

And so that really fueled our engine towards moving in the direction of first creating the Dr. Lorna Breen Heroes Foundation dedicated to reducing burnout and improving the well-being of the workforce. And then working with a bipartisan bicameral group of federal legislators to develop the Dr. Lorna Breen Health Care Provider Protection Act, the first ever health care workforce federal piece of legislation. And we're just so incredibly thrilled.

Lorna was our inspiration for this work. And clearly her death struck a chord with the health care community but we're not doing this for Lorna. This is in her honor but really we have done this for the rest of her health care professional colleagues and friends, and really is a way to extend her light and her deep caring for those individuals.

Unger: That's interesting. I'm curious, there're a lot of ways that you could go about making a difference here. At what point did you say, "We're going to pass an act of Congress here?"

Feist: Pretty early on after the national publicity of her death, we were connected with our senator from Virginia, United States Senator, Tim Kaine, who reached out to Jennifer and I to express his condolences. And he said, "Look, I'm on the Senate Help Committee," which is the labor pension
committee. I can't remember what the E stands for, but he sits on the committee that actually can do something about this.

And he said to me and Jennifer, he said, "If you have ideas about what we can do here, let me know." And I'm not sure he connected the dots that I had had a whole career in health care when he made that offer. And so let's just say the response had a lot of bullet points and it was pretty long by email but what it did was it served as the framework working with over 70 other health care associations and organizations to really develop this first ever legislation. And by doing that, by working across parties and across organizations, we felt like the Lorna Breen Act was an excellent first step towards addressing these issues.

Unger: In these highly politicized days, it's so great to see something bipartisan and really targeting the folks who have born such a brunt of this pandemic. And so that's a big achievement.

Feist: Thank you, we agree. And there's so many things that shouldn't be politicized and this is one of them. And from our beginning, first days we worked intentionally across party lines. There's probably not a member of Congress who doesn't have a hospital or health system or doctors in their own district. And so by sharing these stories with them, this became basically a no-brainer from the perspective of any feedback we ever received from any member of Congress.

In fact, I will share with you Todd, the more that we've spoken with members of Congress and just members of the public, the issues that impact our health care workforce are a surprise to many. And they also feel like that's completely unnecessary and unacceptable just as we do that our health care workforce has to hide behind stigma, can't get the help that they're often prescribing for their own patients. So the intentionality of the bipartisan, bicameral approach was from the inception because we recognized that this was going to impact all and we needed everyone on board to make it happen. And we've done just that.

Unger: Yeah. You see those numbers, sometimes I guess it doesn't connect to the people on the other end of that who are taking care of all of those for folks and the weight that they carry and have been over the last two years. I know that one of your main goals in getting this act pass was to keep others from suffering the way that Dr. Breen did. And one way that it does this is by establishing grants. Tell us a little bit about how those grants work and what they would cover?

Feist: Absolutely. And we're so thrilled because the money is already out. So the Lorna Breen Act has, I'd say four main provisions. The first two are grants, so we'll talk about those first. The first of the two are grants that go to the future health care workforce, those medical students in those nursing students that really need to learn about how to prevent mental and behavioral health conditions, suicide, identify burnout, how to mitigate it and just look at increased access to evidence based treatments for the health care workforce. So that's the first set of grants.
The second set of grants does a very similar thing but it's for the existing compliment of health care professionals. In fact, 46 health systems received the money on January 20, the second anniversary of the first COVID patient in the United States. So 46 health systems already received the money.

**Unger:** You mentioned something in there, I just wanted touch base a little bit of evidence-based. And you mentioned too, also people are just not aware of the significance of this particular problem. How are you addressing that? Part of that is an awareness and education campaign that is evidence-based targeting health care professionals? Tell us more about that.

**Feist:** Yeah. And so that's the third big leg of the legislation is this national campaign, which is established to encourage health professionals to seek support and treatment for mental health and behavioral health concerns. There's also a huge education and awareness component to it. And I will tell you when we first created the draft of this law, if you would've said to me, "Hey, it's important to have a national awareness campaign." I probably would've said, "No, all the doctors understand this, all the hospitals understand this."

But I have come to learn in the last two years that couldn’t be further from the truth. And what I've learned particularly about talking about mental health with health care professionals is that once something like this happens to you, something unspeakable happens. Whether that be suicide or something that is in the stigma space of mental health and you speak about it. What it does is it gives others permission to speak about it too, and come out of those shadows.

So this national awareness campaign that we are hoping the CDC launches imminently will do just that and try to help not only help the health care workforce identify these issues but also find out how to obtain treatment for mental health conditions, as well as just burnout, which is not technically a mental health condition, but certainly a part of the problem.

**Unger:** Well, just lastly, obviously the AMA has a huge focus on physician wellness, been working in the space for many years prior to the pandemic. We all know that the pandemic itself has like many things worsened this particular aspect of it. Are there parts of the legislation that recognize and do something to address what has just been a brutal two years coming out of the situation?

**Feist:** Yes. And in fact, I want to come back to what you started the question with. Prior to the pandemic, we knew burnout was incredibly high and mental health challenges and the stigma of mental health were also high among health care professionals, particularly physicians. In addition to that, before the pandemic, almost a doctor a day died by suicide, 400 a year. And that was probably an understatement.

So when we looked at the root cause of this and remember when we created the Lorna Breen Act, this was pretty early in the pandemic. This was right in the middle of the first wave. So it hadn't had the scale and the impact that it's had on the workforce. But what we did was we looked at the literature...
and we looked at what are the root causes of these issues. And one of the big ones was administrative burden on the health care workforce.

And so one of the things that the Lorna Breen Act does as we’ve talked about is it has these grants and the whole point of these grants is to help understand the root causes of these issues at a programmatic level. And then the law goes beyond those grants to actually conduct a three-year comprehensive research study that looks at root cause, and really helps us create a roadmap for even future legislation. So we're really thrilled that the law is going to do that.

But I also want to just come back to one thing and connect the first part of my answer to the back here. On January of 21, Medscape produced a study of about 13,000 physicians. And it asked those physicians, "What is the rank order of issues creating burnout for you?" And the number one issue that they identified was administrative burden. COVID is 10 out of 10 on the list. So it's important for us to recognize that as you say, COVID magnified this issue but these issues predated COVID and we need to go right back to addressing them in the wake of now this, I guess, fourth wave of COVID.

**Unger:** Wow. I would not have guessed that's where COVID would have sat on that particular list but that just goes to show you what a big problem this was going into the pandemic. And I know through the research that our team does here at the AMA that identified that 80% of those issues around burnout are our system level issues that can be fixed. And so I'd encourage folks to check out our STEPS Forward modules, where we outline those. Corey, for physicians and other health care organizations who are interested in getting more involved in these issues, where should we send them?

**Feist:** Yeah, so we have launched a nationwide initiative in collaboration with the AMA called "ALL IN: WellBeing First for Healthcare." The website is allinforhealthcare.org. And I will tell you that website is full of resources from the AMA and others but I think what's more important than that is to get involved even at a grassroots level.

Ask these questions in your organizations about what are we doing to monitor the well-being of the workforce? What are we doing in our key performance indicators that we report to our boards of directors to demonstrate the connection between the well-being of the workforce and the well-being of a patient. There're tangible things that our health care providers, our professionals can engage in without being part of the big national movement. We'd love you to be part of the national movement but there's a lot that we can do on a local level.

And the last thing that I would just share with you on that is just to recognize the humanity of this moment, to recognize in yourself and in your colleagues what it means to be able to take a break. Whether that be a formal mental health break or just a break from the grind. We know that staffing levels are short. We know that the challenges of health care persist, however, if we don't give ourselves permission to take a break and that of our colleagues, what will end up with is more Lornas.
And we don't want that. That is not what our goal is here. Our goal is to prevent this from happening in the future.

Some of these things, and some of these answers are complicated but some of them are quite simple. And they really start with reaching out to colleagues, looking yourself in the mirror and making a change in the way that you’re going to approach your own self-care and that of your colleagues.

Unger: Well, Corey, thank you so much to you and Jennifer for all the work you've done. The AMA released a statement congratulating Congress for passing this act and recognizing the work and dedication of the two of you and making this a reality for our health care workforce. As the statement reads, "The AMA is grateful to the Breen family who advocated for this legislation and the Congress that listened. It's a fitting legacy for Dr. Breen."

Thanks for joining us today, Corey. Please give my regards to Jennifer. Congratulations again to you and we'll talk to you soon. That's it for today's Moving Medicine video and podcast. We'll be back with another episode soon. In the meantime, don't miss another great episode here. Make sure to click subscribe on this YouTube channel or check out all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us. Please take care.

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