On Tuesday May 12th, the Massachusetts Medical Society (MMS) hosted a one-hour Virtual Town Hall Forum for members to engage with Medical Society leadership about Physician Wellness during the time of COVID-19. Dr. Maryanne Bombaugh guided the forum with fellow officers, Drs. David Rosman, President-elect, and Carole Allen, Vice-President and MMS Executive Vice-President, Lois Cornell.

Faculty included Dr. Wendy Dean, Co-Founder of Moral Injury of Healthcare, and Dr. Steve Adelman, medical director of Physician Health Services and clinical associate professor of psychiatry at the University of Massachusetts Medical School. Moderator for the evening was Dr. James Baker, Chair of the MMS Committee on Mental Health and Substance Use and physician consultant for MCSTAP (Massachusetts Consultation Services for Treatment of Addiction and Pain).

Forum presentations and summary of highlights

Forum Presenter 1: Dr. Wendy Dean

Dr. Dean spoke about what organizations can do to prepare and support their workforce through the COVID-19 pandemic and beyond. There are three areas that need immediate attention. The first is that frontline staff and frontline teams who need to be checked on regularly, and they also need to have access to a solid leadership presence. Dr. Dean stressed that its most important to ensure the basic needs of staff are met, they have access to food and hydration, they feel like their families are safe and that they have access to separate lodging from their families, if necessary. The second issue that needs attention is ensuring that sidelined staff are regularly checked in on. These staff members may be sidelined because of illness, in which case regular check-ins with their medical team would be appropriate, but they also could be sidelined for a number of other reasons. Regardless of the reason for sideline, Dr. Dean stressed that it is important to ensure there is availability for appropriate crisis care for all staff. The third immediate thing that needs to be addressed is providing adequate contingency plans. Dr. Dean noted that creating plans for instances where PPE is unavailable or where staff is unavailable due to illness is extremely important, as is being openly transparent and honest with staff about what the situation is, and what the practice is doing to address that issue.

Dr. Dean also stressed that while there are immediate issues that need to be addressed, it is also important to address what practices will do in the near term as the surge declines and physicians ultimately become less overwhelmed with their clinical work and begin to have more time to process what they have been through. She noted that as physician’s work subsides, they will have more time to think through their experiences and
will begin to process their emotions. Dr. Dean expressed that it is critical for organizations to respect that there are individual differences in the experiences of stress and that while some physicians thrive off of adrenaline, others will find their experiences extremely overwhelming. In addition, it is critical for organizations to understand that individuals process experiences differently, and that while group therapy may work for some, that will not be the solution for others. Lastly, Dr. Dean stressed that it is critical for organizations to listen to their staff, no matter how unpleasant those conversations may be. Organizations must demonstrate the value of their frontline staff daily by listening to what they need to succeed, facilitate their access to what will fulfil those needs, and develop contingency plans that will completely support clinicians in crisis.

**Forum Presenter 2: Dr. Steve Adelman**

Dr. Adelman spoke regarding the health and wellness of individual physicians and other health professionals in the time of COVID-19 from his perspective as the Medical Director of Physician Health Services. Dr. Adelman noted that in addition to the stress and strain of the pandemic, the workload and other dangers involved in practicing medicine, there is also a lot of economic uncertainty, and physicians historically do not do well with this kind of uncertainty. He stated that he believes that there will be a cascade of financial and economic stress and strains for physicians that result from the COVID-19 pandemic. Dr. Adelman explained the mission of Physician Health Services: to promote and support the health of physicians with significant health challenges that either are getting in the way of their ability to deliver optimal patient care, or have the potential to get in the way of providing care. Physician Health Services sees physicians with problems in five overlapping domains including physicians who are contending with occupational stress, physicians who have problematic behaviors at work and physicians suffering from substance misuse who have a bona fide psychiatric diagnosis. He notes that since the beginning of the COVID-19 pandemic, he has been seeing physicians with stable substance use disorders relapsing, and he believes physicians who are on the frontlines are certainly at risk of exacerbating a substance use disorder. In addition, he notes that PHS has had a number of referrals of physicians who are “recovered” from COVID-19 who go back to work as soon as they can and do not seem quite right. He stresses that it will be important to recognize that a new wave of not-well-understood psychiatric manifestations of COVID-19 may emerge. Dr. Adelman also expressed concerns that teams are not functioning as teams right now, and if teams weren’t functioning particularly well before the pandemic, the likelihood is that they are not going to function better as the situation continues. He notes that currently, PHS is not seeing a large number of referrals for burnout however they are seeing more physicians currently in the program and/or calling in questioning their professional choices. This is particularly prevalent in older physicians who are at higher risk for COVID-19 and are thinking more deeply about their path forward in medicine.

Dr. Adelman highlighted that one “silver lining” of the COVID-19 pandemic is that PHS is beginning to do things more efficiently by making use of telehealth solutions wherever they can. They have found that physicians are attending support groups more regularly because they are easier to get to when physicians can just log on. PHS immediately rolled out virtual support groups when the pandemic began and he is grateful that physicians have embraced these support groups, although it has yet to be seen whether these are more effective than in person groups. He ended by emphasizing that PHS is active, open for business and willing to help always and that PHS expects to remain a relevant source of assistance, direction and triage throughout the pandemic.
Responses to questions received from members during the MMS Virtual Member Forum

- **Dr. Baker**: How do physicians become involved in virtual support groups? What's the first step?
  
  **Dr. Steve Adelman**: The Physician Health Services website has general information about support groups that are offered. Dr. Adelman recommends calling PHS and leaving a voicemail with your name and email address with a brief explanation of your interest in virtual support groups. PHS will get back to you with information via email. To contact PHS, please call 781-434-7404.

- **Dr. Baker**: In attaining or seeking help from employee assistance programs -- there often is a lack of trust that the information will remain confidential and should not be shared with others on the team. Can you imagine another paradigm or structure that preserves physician privacy?
  
  **Dr. Steve Adelman**: Dr. Adelman stated that this issue certainly doesn’t happen at PHS nor at the handful of institutions that have an in-house mental health service. It is his impression that they’re very careful about keeping private health information separate from the employer. He does believe that for physicians and other health professionals who want to establish some kind of ongoing mental health care it’s preferable to seek regular care outside of one’s institution. He noted that this is the kind of advice PHS can give to physicians. A third of physicians who come to PHS come of their own accord, and often are seen once or twice before PHS makes a referral outside of the program. Dr. Adelman noted that PHS is a very safe destination for making those sorts of triage decisions.

- **Dr. Baker**: What strategies can we use as individuals to prevent moral injury in the places we cannot control?
  
  **Dr. Wendy Dean**: The key to prevent moral injury in places that can’t be controlled is to “shrink the change”. When you fix one problem, move on to the next. Build a coalition of colleagues who are interested in working on those problems with you. The key to moral injury is action and not being passive about where you are, being curious about why that situation exists, and then being, again, curious and thinking creatively with other people that you don’t usually interact with about how you could potentially change it. Incrementally.

- **Dr. Baker**: What do you see as different needs based on different age groups or different specialties?
  
  **Dr. Wendy Dean**: In terms of different specialties, its really about who has been on the frontlines and who has been on the sidelines. The stressors have been significantly different. Some of those stressors are financial with loss of revenue and visits. On the frontlines, it is about giving providers the ability and the space to process what they have been through and having the supports in place. This will be happening at the same time the healthcare system is looking to get back to business as usual. Working with the system to renegotiate expectations is going to be critical.

  **Dr. Steve Adelman**: Physicians with comorbidities and those who are in the age groups where COVID-19 is more likely to lead to a horrific outcome are struggling more than others during this time. Physicians who are currently being seen at PHS seem to be questioning where they go from here, especially for those for whom telemedicine really isn’t an option.
• **Dr. Baker:** Physicians are doing a lot of their work virtually and some feel they have lost that warm personal “healing touch”. In addition, physicians are also lonely. How do we address those issues?

  **Dr. Wendy Dean:** One thing physician’s need to remember is that what has happened in the last two months is not going to last forever. There will be a period of adjustment where we all will learn to live in a slightly different way, however we are not going to be living this way indefinitely. While we are in this situation, it is important to really connect with your peers and family as well as reaching out to mentors and distant friends to stay connected and reduce distress. She also expressed that she is not sure that telemedicine is here to stay forever because she does not believe that patients nor physicians will be satisfied with this level of telemedicine indefinitely.

• **Dr. Baker:** How are Physician Health Services paid for? What about if there is a need for referral to an outside therapist? Can this be paid for and remain anonymous and/or private?

  **Dr. Steve Adelman:** The process at Physician Health Services involves the physician coming in for an intake and allowing the team to perform a more thorough assessment. There is no charge associated with this process or the support groups that PHS provides because that is all part of PHS’s charitable mission. PHS relies on very generous contributions from the Massachusetts Medical Society, large malpractice carriers and many large health systems to meet its budget every year. If there is any good to come out of the situation, it would be ideal to see physicians get the kind of mental health benefits they require. He believes we need to fix that so that funding does not become a barrier.

• **Dr. Baker:** How would you think about stressors on parents, especially single parents of young children?

  **Dr. Wendy Dean:** This is one of the items where checking in with staff is critical. Child care is a particularly unique stressor at this point and will require some very creative approaches to address. There are so many gaps in health care that are being exposed right now and child care is one of the most important. Childcare is a topic for the medical community to have some advocacy and activism around, as this is a stressor that can’t just go back to business as usual after the pandemic.

• **Dr. Baker:** Many times, physicians try to tough it out. What’s the best way to bring department heads to understand the importance of identifying doctors at risk and encouraging them to seek support earlier rather than waiting for a breakdown to trigger an intervention?

  **Dr. Steve Adelman:** This is a very important question and a very real phenomenon. As leaders, the physician community has to keep its ears to the ground. If someone doesn’t seem well, physician leaders need to find a quiet moment to take them aside and ask them how they are doing. There should be opportunities to do this every single week, if not every single day. Physicians really need to take the time to check in with one another and push in the direction of mental health self-care when there is a clear issue or problem.

• **Dr. Baker:** What can the Massachusetts Medical Society do to facilitate connecting people who need help, or are seeking help with the care they need?

  **Dr. Maryanne Bombaugh:** One of the many strengths of the Massachusetts Medical Society is that we proactively reach out to members and really want to know what we can do to support
them. The Society listens sincerely to what is brought forward and acts on it. This is how the Society tries to lead and be a leader for its members and this hopefully allows members to receive the care and support that they need for overall wellness.

- **Dr. Baker:** Do you have any tips, knowing that physicians are reluctant to reach out for help, about how we can be proactive in letting physicians know that help is available, and we want to provide it?

  **Dr. Steve Adelman:** The best way to do this is to continually offer the opportunity to provide physicians with safe options outside of their workplace, perhaps in other types of groups. Continually communicate with physicians to let them know these options are available to them.

- **Dr. Baker:** What would you say to the Massachusetts Hospital Association if someone representing that organization were listening to you on this webinar? What would you tell them?

  **Dr. Wendy Dean:** Dr. Dean would ask the Massachusetts Hospital Association to and their member Hospital Systems to listen to their physicians and think about how they can support them each and every day to succeed.

  **Dr. Steve Adelman:** Dr. Adelman would Stress the importance of offering physician coaching to all members. Physicians are much more comfortable contacting coaches than they are contacting therapists or psychiatrists. He believes there is a great opportunity to help a lot of physicians if hospitals and health systems provide their employed and affiliated physicians with a coaching benefit.

On behalf of all the leadership of the MMS, Dr Bombaugh thanked the speakers for sharing their insights and perspectives and the members for their questions and participation in the forum.

**Resources and Information**

Physician Health Services Website: [http://www.massmed.org/phshome/#.Xr1heC-ZOqA](http://www.massmed.org/phshome/#.Xr1heC-ZOqA)

Moral Injury Website: [https://fixmoralinjury.org](https://fixmoralinjury.org)

Articles

“**Physicians are Not Burning Out, They are Suffering Moral Injury:**

“**Suicides of two health care workers hint at the Covid-19 mental health crisis to come**”