THE FORUM

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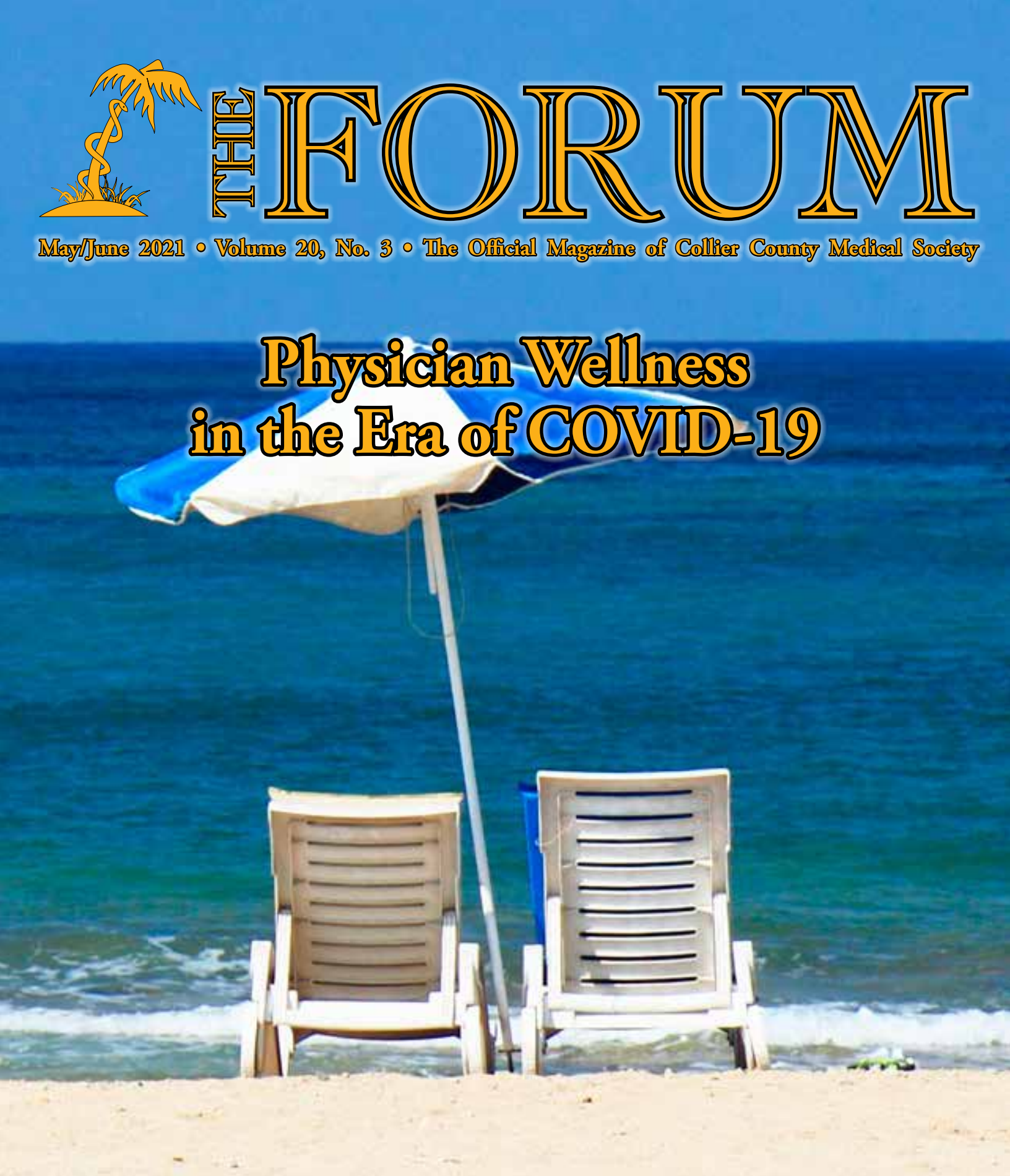
Physician Wellness in the Era of COVID-19



In this issue:

CALENDAR OF EVENTS

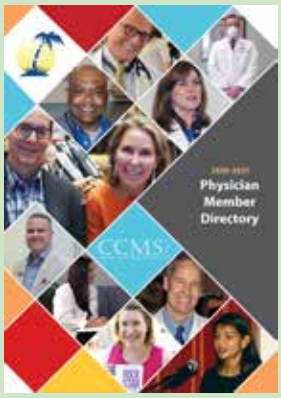
Register at www.ccmsonline.org or call (239) 435-7727

May 20, 6:00pm
CCMS After 5 Social
Valerie's House Naples

July 24, 6:30pm
CCMS Annual Meeting
Stay tuned for details

September 18, 8:00am
Foundation of CCMS Docs & Duffers
Charity Golf Tournament
Bonita Bay Club Naples

CCMS Physician Directory Deadlines in May



Planning is underway for the 2021-22 CCMS Physician Directory. Members with changes to their office information or new photos should email updates to info@ccmsonline.org by May 21st.

Reserve advertising space for the Directory by May 14th. Rates start at $425. The Directory is a great way to reach the community – at least 7,500 copies are printed each fall. Visit ccmsonline.org/support or call the CCMS office, 239-435-7727 for details.

Premier Circle of Friends

LMCU® Commercial Banking

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kmosteller@markham-norton.com
markham-norton.com

2021 RCC Cards:
CCMS Members receive special $10 pricing on the 2021 RCC Card, which provides discounts at restaurants and merchants. Order a card at ccmsonline.org/membership or call CCMS at 239-435-7727. Cards will be mailed to the office address on file unless otherwise specified.

Up-to-Date COVID-19 Resources:

Visit ccmsonline.org/resources/#covid

Please Note: CCMS Staff are working partially remotely during the COVID-19 outbreak. Please call us before visiting the office in person to verify availability.

Views and opinions expressed in *The Forum* are those of the authors and are not necessarily those of the Collier County Medical Society's Board of Directors, staff or advertisers. Copy deadline for editorial and advertising submission is the 15th of the month preceding publication. The editorial staff of *The Forum* reserves the right to edit or reject any submission.

Member News

New Members:

Charles Adamczyk, M.D.
Naples Women's Center
1265 Creekside Pkwy Ste 200
Naples, FL 34108
Phone: (239) 513-1992 Fax: (239) 513-9022
Board Certified: Obstetrics and Gynecology

Yamil D. Fourzali, M.D.
Radiology Regional
700 Goodlette Rd N
Naples, FL 34102
Phone: (239) 430-1400 Fax: (239) 430-1401
Board Certified: Nuclear Medicine

Branko Strok, M.D.
Korunda Medical Institute
4513 Executive Dr
Naples, FL 34119
Phone: (239) 591-2803 Fax: (239) 594-5637
Board Certified: Internal Medicine

Boyd K. Vaziri, M.D.
Fisher Eye & Laser Center
875 105th Ave N
Naples, FL 34108
Phone: (239) 431-7070 Fax: (239) 431-7075
Board Certified: Ophthalmology

Robert G. Pope, M.D.
Retired
Internal Medicine

Reinstated:

Shawn J. Khan, M.D.
Retired
Ophthalmology

Member Retirements:

John C. Campbell, M.D.
Neurology

Michael D. Lusk, M.D.
Neurological Surgery

Caroline J. Cederquist, M.D.
Family Medicine

Address Relocation:

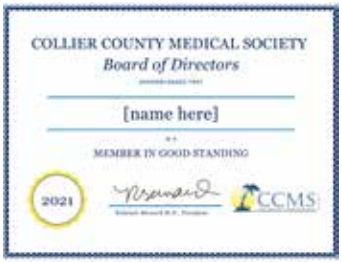
Debra L. Bailey, M.D.
High Tide Dermatology Center LLC
599 9th St N Ste 300
Naples, FL 34102
Phone: (239) 444-3376 Fax: (239) 316-3001

New Practice:

Charles Camisa, M.D.
Onspot Dermatology
5660 Strand Ct Unit #A53
Naples, FL 34110
Phone: (877) 266-7768 Fax (603) 242-1653

CCMS Membership Certificates:

CCMS physician members who have paid their 2021 CCMS member dues can contact the Medical Society to request a 2021 membership certificate to print and display at your office. Email info@ccmsonline.org or call 239-435-7727.



Call for CCMS Officer Nominations:

CCMS members may nominate candidates for the 2021-2022 CCMS slate of officers to the CCMS nominating committee by May 25. Email to april@ccmsonline.org or fax 239-435-7790. For details, visit https://conta.cc/3bc3Hxa

Resolution Submissions for FMA Annual Meeting:

The CCMS Board of Directors invites members to submit resolutions for the 2021 FMA Annual Meeting to the Board for CCMS sponsorship. Email resolutions to april@ccmsonline.org or fax to 239-435-7727 by May 24. For details,visit https://conta.cc/3uoeagQ

A Message from the CCMS President

Rebekah Bernard, M.D., President, Collier County Medical Society

A few weeks ago, I received a message from someone in a physician social media group that a member had taken his own life. Shocked, my instinct was to immediately pull open his Facebook page to try to make some sense of this tragedy. But there was no evidence of emotional distress to be found. Instead, the ER doctor's feed was filled with photos of his dog, cute videos, and positive messages, including an homage to his colleagues for Doctors' Day just the week before.

The loss of someone we know—even if just a "Facebook friend"—by suicide is extremely distressing. Besides the pain of losing someone from our lives, we often ask ourselves if there was anything that we could have done to have helped, or if there was something that we missed, some sign or signal. But I've learned from my psychiatry colleagues that there are often no outward signs of an impending suicide. In fact, people who go on to demonstrate suicidal behaviors often present themselves to the outside world with a mask that "everything is alright." They tend to hide their negative thoughts and feelings from others, which is why suicide often comes as such a shock.

So, what can we do to help our friends and colleagues to prevent this devastating outcome? According to our physician wellness psychologist, Steven Cohen, PsyD, the key is identifying signs of depression or emotional stress in our colleagues, and then helping them to acknowledge and share their negative feelings before they spiral into hopelessness and despair.

How to recognize a physician in need

Doctors dealing with depression may experience any of the typical anhedonia symptoms we observe with our patients – lack of interest in activities they used to enjoy. They may report fatigue, somatic or physical complaints, appetite or weight changes or be short-tempered or irritable.

A common sign of physicians in distress is a change in their typical pattern of behavior. For example, a physician who is usually cheerful suddenly becomes irritable and cranky. Or a person who is always on time is now suddenly rushed and last minute, or an organized person is now constantly misplacing things.

Another sign of physician distress is isolation from others. They may withdraw from interacting with friends or colleagues. They may come in late or exceptionally early to work to avoid small talk with colleagues or time with family. Or they may ignore or fail to respond to texts, phone calls, or emails.

How to respond

Many times, physicians may notice a colleague in distress, but fail to act due to a variety of concerns. Some refer to this as a *"conspiracy of silence,"* in which our natural tendency is to rationalize or ignore a colleague's impairment. We may fail to act because we assume that our colleagues will be able to work out their problems on their own, because we fear stigmatizing other physicians, or because we assume that someone else will address the situation. We may not reach out because we don't know what resources are available or what to do if a colleague does share mental health issues. We may also fail to act because we are uncomfortable with feelings and emotions.

If your gut says that something is wrong with a colleague, believe it. If you hear others talking about a physician acting unusual, address the concerns with the physician directly. Don't assume that someone else will step up, as often no one will – a phenomenon called *"bystander effect"* where everyone assumes that someone else will take charge, and no one actually does anything.

Find a time when the physician is not rushed and when you have enough time to give your complete attention. Pick a private area, like the physician's office. Start by asking in a general way: *"How are you?"* or *"I notice that you seem to be stressed lately – is everything ok?"* As they answer, watch them carefully for their facial expression and body language, and listen to their tone of voice.

Because opening up feels like a weakness to many physicians, they will often respond with *"Everything's fine,"* but you may see certain cues to indicate that the physician is not fine, such as a head shake from side to side after answering or ending the statement in a questioning tone, as if they are trying to convince themselves.

It can be difficult for a depressed physician to even believe that a colleague really cares because of the cognitive distortions associated with depression. This is where the use of empathy can be helpful to really show that we are concerned. We can respond to the answer that *"everything's fine"* by saying: *"Everything's fine? OK, I just feel like something is off and I was worried about you."* This lets the physician know that we really do want the answer to how they are doing, and not just a token reply.

If the physician does start to open up or give hints as to their emotional distress, be prepared to listen and show empathy. No matter what, don't start trying to problem solve!

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Listening and emotional validation is the key

Often when a physician does start to open up about emotional stress, they do it in a more general and "safe" way, like listing the problems that they are facing at work. For example: *"I'm just sick of this pandemic."*

Our natural inclination may be to try to start problem solving: *"What about taking a vacation?"* but this isn't actually addressing the root of the problem. The physician needs to be able to start sharing, and when you shift into *"problem solving"* mode, you actually shut down the flow of emotion. We need to allow the physician the opportunity to continue to express feelings and emotions, and validate those feelings, without trying to "fix" them.

This is tough! When others share their feelings, we get uncomfortable. We feel helpless. We want to fix things. We want to fix the emotion. But we can't fix feelings, and we don't have to. The feeling isn't broken. The feeling just is.

Instead, simply allow the physician to continue to share feelings and validate those emotions. Listen to the *"feeling"* words or descriptors that the physician says, and repeat them back, or use a synonym.

If the physician says, *"I'm just totally drained dealing with my patients,"* you can respond: *"I'm guessing you feel like you're never going to get through it all."*

You will know if you are getting it right if the physician responds in an accepting way, in agreement, and continues talking and sharing.

Encourage professional help

Once a colleague has started to open up about concerns, this is a good opportunity to encourage them to talk to a professional, like one of our physician wellness psychologists. It is our responsibility to reduce the stigma towards mental health care. Say something like *"You're going through a tough time – take advantage of the resources out there."* Remind them that it's not a weakness to ask for help, and that it takes more courage to accept help. Getting help makes you a better person and a better physician.

Even if the physician isn't ready to accept a referral for further help right now, just starting the conversation may open the door for future consideration. It also lets the physician know that you care about them and are available if they ever need to talk.

Physician Wellness in the Era of COVID-19

Steven Cohen, PsyD, The Center for Psychology

The COVID-19 pandemic has taken a toll on our mental health, with 42% of all Americans reporting depression or anxiety symptoms in December 2020, compared with just 11% the previous year (nature.com/articles/d41586-021-00175-z). Physicians and other healthcare workers may be at higher risk for psychological distress as they must not only cope with their own feelings, but must also respond to the emotional needs of their patients. A survey of healthcare workers found that 93% reported stress, 86% had anxiety, 76% reported exhaustion and burnout, and 75% felt overwhelmed. Caregivers also reported significant problems with insomnia, appetite changes, and physical symptoms like headaches and stomach pains (mhanational.org/mental-health-healthcare-workers-covid-19).

While we may not be experiencing the same stressors that we faced at the beginning of the pandemic—anxiety over personal safety and the health of our family members due to a lack of PPE, financial insecurity, and "lockdown" isolation—there are constantly new challenges to overcome. Over the last year, we have been forced to develop new lifestyles, learning to working virtually, having kids at home, and avoiding in-person social activities with friends and family.

Throughout this phase, physicians have also been exposed to another challenge—public skepticism of COVID-19. Whether it is a debate about masking, vaccines, or whether or not COVID-19 is even "real," doctors must navigate a world in which acceptance of scientific authority is no longer a given. This is particularly difficult for physicians who are working on the frontline, exposed to the harsh realities of the disease.

Now that the COVID-19 vaccination effort is ramping up, we find ourselves in a third stage—a tentative pivot towards pseudo-normality. We are starting to go back into the office, getting kids back in school, and tentatively engaging in activities with others, all while wondering—is it really over? Are we really 'safe?'

Fortunately, there are steps that we can take to improve our mental well-being as we continue to navigate the (hopefully) post-pandemic world.

1. Accept that having negative feelings and emotions is normal.

Emotional reactions occur automatically. They are neither good nor bad—they just 'are.' While we cannot control these feelings, we CAN control how we choose to think about them.

2. Pay attention to your emotions.

The worst thing that we can do is to try to suppress or ignore our negative feelings and emotions. While we don't need to dwell on them, we do need to learn to identify them and give them a label. "I feel angry that my patient refused to believe that COVID-19 is real," or "I feel overwhelmed and exhausted with seeing so many sick patients." While it may feel uncomfortable to acknowledge these feelings, push through the discomfort. Take it a step further by asking yourself if there is anything more that is triggering your feelings. For example, "When patients don't believe in COVID-19, it means they don't believe in science which means they don't believe in me as a doctor." "There are so many sick people. It feels like there will never be an end to this disease."

3. Challenge your beliefs.

Now, ask yourself if there is any truth or evidence to support your negative thoughts. For example, if you find yourself thinking, "this disease will never end," evaluate the thought logically. Do you know for a fact that the disease will never end? Consider the fact that all pandemics eventually end, and life gets back to normal. Critically analyze any negative thought that you have in this way.

4. Ask yourself how you want to feel, and practice cognitive reframing.

No one wants to feel angry, worried, or stressed. We want to feel calm, in control, and at peace. Visualize how you want to feel and ask yourself how you can achieve that goal. One step is to practice deliberate cognitive reframing, in which you consider alternate explanations for your beliefs and then choose to think in a more positive way. For example, if you become angry at a patient who calls COVID-19 a "hoax" and find yourself thinking that your patient doesn't trust you as a doctor, make the decision to choose an alternate belief. Perhaps, "right now, this patient is in denial because it is too emotionally painful for them to accept that COVID-19 is real, but it doesn't mean that they don't trust me as a doctor. After all, they came to the office to see me. It is very likely that with patience, I will be able to help them see things differently." To learn more about how to practice cognitive reframing, you can make an appointment with me or another mental health specialist, or

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read the book *Physician Wellness: The Rock Star Doctor's Guide* (amazon.com/Physician-Wellness-Doctors-Thinking-Improve/dp/0996450939/).

5. Practice mindfulness daily.

Studies show that even brief sessions of mindfulness activities improve mental health. Consider using an app like HeadSpace, Calm, Insight Timer, or just set a timer for 5-10 minutes and focus on your breathing. Allow yourself to feel discomfort of wanting to check the timer or quit early, and resist the urge, drawing your attention back to your breathing—this is where your growth occurs. The key is to practice every day, ideally at a set time that is conducive to being alone and quiet. Another way of practicing mindfulness is going outdoors and paying attention to nature, even if it's just in your backyard. Try doing yoga or other exercise and note how your body feels during these activities.

6. Engage in some degree of in-person communication.

It's time. We have been isolated for over a year, and most of us in the healthcare field have been vaccinated for COVID-19. At this point, we have developed new patterns and habits that can make interacting with others difficult. We need to get out of the virtual world and start to ease ourselves back into in-person socialization and relationship-building with our friends, family, and colleagues. Even if it's as simple as talking outside in your yard with a neighbor or having coffee with a friend, start making plans to interact with others.

7. Know that you are not alone, and that distress can get better.

When we have negative emotions, we sometimes feel isolated and alone, and that we are the only people who are feeling this way. Sometimes we feel like these feelings will never get better. Please know that you are not alone, and that you do not have to continue to feel this way. Talk to a trusted friend or family member. Reach out for support from your colleagues. Even better, schedule an appointment with one of the CCMS Physician Wellness Program's psychologists. You don't have to wait for a crisis or emergency to call. It's far better to talk about your feelings early before they reach a critical state. The service is completely free to physician members and confidentiality is assured. Learn more at ccmsonline.org/physician-wellness.

Wellness Resources

CCMS Physician Wellness Program
Visit ccmsonline.org/physician-wellness or call member-only PWP appointment line at 239-208-3984

FMA Physician Wellness Resources
Visit https://bit.ly/2P9ibH8

Physician Wellness: The Rock Star Doctor's Guide
Preview and order at amazon.com/Physician-Wellness-Doctors-Thinking-Improve/dp/0996450939

Mindfulness Apps
- headspace.com
- calm.com
- insighttimer.com

Fitness
- Sign up for medical-corporate discounted rate at any Collier County Fitness Center, locations listed at colliergov.net/your-government/divisions-f-r/parks-and-recreation/parks/fitness-centers
- Discounted rate at NCH Wellness & Fitness Centers for all physician affiliates - 239-624-2750 downtown and 239-624-6870 North Naples, or email WellnessEnrollments@nchmd.org

Educational Modules
- AMA STEPS Forward™ - edhub.ama-assn.org/steps-forward
- The Doctors Company - thedoctors.com/articles/physician-burnout-perspectives-stories-and-solutions/

CCMS / SWFL Physicians Private Facebook Group
facebook.com/groups/swflphysicians (admins approve valid requests to join)

Physician Wellness Burnout Self-Assessment
Visit https://form.jotform.com/81224360045143

Doctor Lifeline / Physician Support Line:
- Visit doctorlifeline.org
- Call 888-409-0141

Introduction and Update from the Florida Department of Health–Collier County

Kim Kossler, MPH, RN, CPH, Administrator, Department of Health–Collier County

Kim Kossler, MPH, RN, CPH was appointed Health Officer of the Florida Department of Health (DOH) in Collier County in December 2020. She has worked for the Florida Department of Health since 2005. Throughout her career, she has held several varied and responsible public health positions in epidemiology, emergency planning and response, quality improvement, and for the past five years oversight and management of disease control programs for DOH-St. Lucie. She values the opportunities public health brings, along with the rewards and challenges, all the while making a difference in people's lives.

The Florida Department of Health in Collier County (DOH-Collier) is a dynamic department that provides public health programs and services focused on preventing communicable, infectious, and chronic diseases as we work to promote and protect the health of our community. We serve our community through clinic services and programs, through wrap around services, home visiting programs, regulatory inspections, and strong community partner relationships. Essential public health services are provided at two sites; the main office at the government complex in Naples and a satellite office located in Immokalee. Our mission is to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts. This mirrors the Florida Department of Health's mission, and vision to be the Healthiest State in the Nation, as we are an integrated public health system.

DOH-Collier has a long-standing history of excellence in service delivery and strong involvement with the community. We manage and deliver services as a team and recognize that public health is not only a responsibility for our agency but also a responsibility for our community partners and general population which results in a strong public health system. We are dedicated to working with individuals and organizations both public and private, to create and sustain a healthy environment and to promote physical, mental, and socio-economic well-being for all people. Supporting and improving people's health is what we do, and our work is important for the health of the community. Our efforts help to reduce and prevent chronic diseases by promoting healthy lifestyles, investigating diseases, injury prevention, and responding to infectious diseases or outbreaks in our community.

We are available 24/7 and the lead agency for Emergency Support Function (ESF) 8 Public Health and Medical Services in response to a public health and medical disaster, potential of actual incidents requiring a coordinated Federal response, and developing or potential public health threats. Throughout the COVID-19 pandemic response, DOH-Collier has been instrumental in contact tracing, testing, keeping the community informed, providing education and outreach, and more recently, vaccine roll-out. DOH-Collier developed and shared a local process to encompass several organizations within the county that had interest in supporting vaccination efforts. Ongoing coordination continues with multiple partners and agencies including State and local County Emergency Management, hospitals, medical providers, EMS/Fire, municipalities, faith-based, nonprofit, and community-based organizations. We continue to collaborate to target underserved communities and help ensure equitable opportunities for access of the vaccine. In partnership with Collier County Medical Society, dedicated days have been provided for health care workers to receive vaccine along with sharing of important updates.

I am honored and excited to have the opportunity to lead the DOH-Collier team during the COVID-19 pandemic and beyond. COVID has brought more challenges than anyone could ever imagine. As we move ahead, there are many lessons to be learned that I am hopeful we can all take from these enduring circumstances and make positive impacts in our lives and community. I would also like to extend a big thank you to all our staff, medical providers, and community partners for their continued support with the ongoing COVID response and vaccination effort. It is a true honor to be able to provide and assist with vaccinating our community especially the frontline workers who have been instrumental in the fight against COVID-19.

DOH-Collier's 2020 Annual Snapshot

DOH-Collier responds to COVID-19 Public Health Emergency:

- Lead agency in Collier County for ongoing COVID-19 response efforts
- Working in unified command structure with Collier County Emergency Management and Collier County Sheriff's Office
- Continued response efforts include deployment of Collier County Emergency Management, Emergency Medical Services, Collier County Fire, Collier County Sheriff's Office, Healthcare Network, and Collier County Parks and Recreation
- DOH-Collier staff completed a total of 35,164 COVID-19 tests in 2020
- Testing continues to be available by appointment; close contact and outbreak testing ongoing
- County-wide business outreach – DOH-Collier Health Educators provided outreach by visiting 1,064 businesses, distributed 5,917 educational materials, and 6,820 masks
- Promotora Program – local bi- and tri-lingual residents served Immokalee by providing outreach to 4,700+ households, distribution of 6,894 educational materials, and 2,876 masks
- DOH-Collier Call Center activated 7-days a week; responded to hundreds of thousands of inquiries
- Disseminated vital COVID-19 information to the community; 2,000+ Media touchpoints including local, regional, and national outlets
- Operations pivoted to an appointment basis; 117,595 individual services were provided
- The Immokalee Clinic staff was awarded the Florida Tax Watch award for their "Forget Me Not Project", which reduced the no show rate for Family Planning patients by 32%

Moving Away from a Team of One in Primary Care: Behavioral Health Considerations and Solutions

Courtney L. Whitt, Ph.D., Director of Behavioral Health, Healthcare Network

Primary care has become a de facto part of the continuum of mental health services. Seventy percent of visits to primary care are psychological in nature (APA, 2014; Collins et al., 2010). Pediatricians, general practitioners, and obstetrician-gynecologists have been found to write 59% of the prescriptions for psychotropics in the U.S., and this does not account for those prescriptions written by physician assistants or nurse practitioners practicing in these settings (Mark, Levit, & Buck, 2009). Forty-five percent of individuals who die by suicide were found to have contact with a primary care provider one month before death (Ahmedani et al., 2014). This is relative to only 20% who saw a mental health provider.

This should not surprise us. For one, 29% of those with a medical condition have a co-morbid mental health condition, and 68% of individuals with a mental health diagnosis have one or more medical conditions (RWJ, 2011). Furthermore, we have socialized patients to the primary care model. That is, primary care is typically the "first stop" when a concern arises, and primary care providers (PCPs) can address a multitude of health needs "in house," across systems, and within a whole-person health lens (IOM, 2006). The ongoing relationship a patient has with a PCP and the trust that often characterizes it promotes vulnerability and disclosure. When referrals to specialists, such as psychiatrists or therapists, are made, few establish or maintain in care, whether due to stigma, vacillating motivation and readiness, costs, or due to a lack of available providers and services in communities.

In effect, many medical providers may feel they lack adequate training for assessing, engaging with, and prescribing for the array of mental health, substance, and safety-related concerns they confront in practice. They may feel they lack the time resources to address these concerns. They may even feel dissatisfied with this aspect of their practice as this was not a specialty they chose to pursue. This does not even take into the account the psychological or behavioral aspects of lifestyle health behaviors, management of chronic health conditions, and treatment engagement and adherence, which may cause providers to question their adequacy in achieving positive health outcomes or meeting various quality metrics when patients are not changing behavior, showing improvement, or reaching "controlled" targets. These and other factors may contribute to the burnout experienced by an estimated 42% of physicians (AMA, 2020).

Integrated primary care, or "the care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families using a systematic and cost-effective approach to provid[ing] patient-centered care" (Peek et al., 2013) is an effective model of service delivery that can promote positive health outcomes for a multitude of health concerns, reduce costs, and promote provider satisfaction. Within this model, a behavioral health consultant is on site and immediately accessible as a resource to the patient/family and PCP to provide a targeted assessment, treatment recommendations, and brief evidence-based intervention when concerns are identified.

Connected via a "warm hand off" (i.e., an introduction of the behavioral health consultant to the patient, the transference of PCP trust) from within the same exam room, behavioral health consultants address: traditional mental health/substance abuse conditions; health behaviors, including their contribution to chronic medical illnesses; adverse life events/psychosocial stressors; stress-related physical symptoms; ineffective patterns of health care utilization/treatment adherence concerns; linkage to services for those requiring a higher level of care or needing community resources. This model of care delivery capitalizes on the patient-PCP relationship and on patient motivation. It also serves to elevate mental health to the level of physical health and reduces stigma by promoting whole-person health, all under one roof.

Bringing *integrated* primary care behavioral health into practice requires time, infrastructure and leadership support, and an understanding that there will be a cost offset aspect of the funding structure as fee-for-service may be necessary but insufficient for fin ancial solvency. Whe ther an int ermediary step or an alternative, other approaches to bridging the behavioral health gap in primary care include implementing *SBIRT* (Screening, Brief Intervention, Referral to Treatment), identifying, coordinating care with, and having a routine exchange of information and interactive dialogue with an external mental health provider. The greater the PCP familiarity and *collaborative* approach with the therapist, the more likely the patient is to trust and have confidence in the provider and to follow-up with the referral. Another approach involves *co-located* care in which the healthcare practice contracts with a mental health professional to provide office space and serve as a referral source, promoting convenient access to mental health services while reducing stigma and promoting increased communication.

Addressing mental health in addition to all else required of a primary care provider is a tall ask. However, it is also an incredible opportunity to offer compassion, instill hope, motivate change, and perhaps even save a life. It does not have to be done in isolation. It does not have to be a team of one. In addition to being patient-centered and high quality care, developing close working relationships with mental health providers, whether externally, on site, or through primary care practice transformation as with integrated primary care, allows for a shared assessment, shared treatment plan, shared management, shared risk, shared reward.

For more information on collaborative and integrated models of primary care, email Dr. Whitt at cwhitt@healthcareswfl.org.

Telehealth from the Field: Case Study Involving Remote Monitoring Problems

Sue Boisvert, BSN, MHSA, Patient Safety Risk Manager II, The Doctors Company, and Chad Anguilm, MBA, Vice President, In-Practice Technology Services, Medical Advantage, Part of the TDC Group of Companies

Even before the COVID-19 pandemic, the use of remote patient monitoring was expanding. The atechnologies offer many benefits, but they may also create potential malpractice risks. Consider the following case example and strategies that can help mitigate risks.

Case Example

During an annual physical, the physician recommended ambulatory electrocardiography for a patient with a history of prior cardiac arrhythmia. The physician told the patient he would receive the ambulatory monitor by mail and that the package would contain everything he needed.

About a week later, the monitoring package arrived. The patient was in the process of moving and set the package aside. Several weeks later, after completing the move, the patient found the box. He opened it, read the instructions, and applied the device. After a few hours, the device fell off. He reapplied it multiple times, but the device continued to fall off. After several calls with the device manufacturer, the patient gave up, tucked the device in the box, and mailed it back to the manufacturer.

A week later, the patient received a letter from the physician, stating that his monitoring results were normal. The patient—who was surprised to receive these results—followed up. During the discussion, the physician told him that the device manufacturer downloaded and evaluated the results and provided a report that the physician then shared with the patient. The physician was surprised to learn that the patient had not completed the monitoring period and the device had not performed as expected, but the results were still reported as normal. The patient lost confidence in both the physician and remote monitoring technology and did not return to the practice.

Patient Safety Strategies

Whether you have already implemented remote patient monitoring or are thinking about it, consider the following strategies:

- Use a deliberate process to evaluate potential monitoring devices.
  - Determine if the equipment is classified as a medical device by the U.S. Food and Drug Administration (FDA). Often, FDA classification as a medical device is required for billing, and it is a sign that the device has been objectively evaluated.
  - Ask the device manufacturer for a list of current clients and contact them to review their experiences with the company and the device.
  - Schedule an in-person product demonstration and consider ease of use from the patient's perspective. Make sure that patient instructions are clear. Evaluate whether the device is manageable in terms of size, portability, and application.

  In the case scenario, the device did not adhere properly to the patient's skin.

- Determine how the data will be collected, transmitted, and stored.
  - Use a secure (encrypted) method for data collection, transmission, and storage. Data from remote patient monitoring devices are subject to privacy and security regulations.
  - Use caution with applications that transmit data directly into the electronic health record (EHR). Determine the frequency and volume of data transmission. Test the process to confirm that the information populates appropriately and does not negatively affect EHR function.
  - Determine who will review the data and how frequently, and verify what data will be incorporated into the patient's medical record. When patient information will be extracted, analyzed, and reported by a third party, it is incumbent on providers to ensure that the process is rigorous. How is the information parsed and interpreted? Is there a process for identifying and rapidly communicating critical or highly concerning results? Is there an internal quality review process?

  In the case example, the data were stored in the device, which was returned to the manufacturer for extraction and reporting. When the physician followed up with the device manufacturer about the report, the manufacturer was unable to provide a satisfactory answer as to why the result was reported as normal when the entire reporting period had not been completed.

- **Ensure the patient is ready to participate.**
  - Check with the patient periodically during the monitoring process to determine if the device was received and is in use. This also provides an opportunity to assess the patient's level of comfort and answer any questions.
  - Advise patients to call the office about any device problems or concerns.

  In the case example, the patient was planning to move. Since the patient's condition was stable, it may have been more convenient for him to delay the monitoring until after the move. Instead, the patient forgot about the monitor, delayed application for several weeks, and then experienced problems using the device.

Plan and Prepare

This case study highlights the importance of careful planning and preparation when incorporating remote technologies into the patient care services offered by a medical practice. Providers who recommend products and services to their patients have a responsibility to apply due diligence in confirming that the device manufacturer is reputable, the device is safe, and the information it produces is accurate and reliable. Once a decision is made to use remote technology, the next steps should be to develop appropriate use guidelines that include preparing patients, managing device concerns/troubleshooting, tracking results, and following up with patients.

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What is a silver lining of the dark cloud known as Covid-19?

Aivars Lode, StreamVitals

The Covid-19 pandemic has highlighted the need for significant change in our healthcare system. Whilst Remote Patient Monitoring (RPM) is not new, it is taking on a more significant role in healthcare and the evolution of technology is making for some interesting RPM advancements. The best RPM systems use Artificial Intelligence (AI) and Machine Learning (ML) to provide more sophisticated monitoring capabilities resulting in more meaningful data to enable better management of patients with chronic conditions.

According to the CDC, 90% of the nation's $3.8 trillion spent on annual healthcare is for people with chronic health conditions (cdc.gov/chronicdisease/about/costs/index.htm). Monitoring the progression of chronic diseases and proactively managing the healthcare plans for these people can reduce these costs.

Cardiac arrhythmia, or abnormal heart rhythm, is just one of the chronic conditions that can be better managed through remote monitoring technologies. Atrial fibrillation, the most common form of cardiac arrhythmia, is also a leading indicator of stroke, with about 15 percent (or 105,000) of strokes occurring in people with atrial fibrillation. According to the CDC an estimated 12 million people in the USA will have AFib by 2030 (cdc.gov/heartdisease/atrial_fibrillation.htm).

It is well recognized that RPM has the potential to transform how health care providers and their patients–particularly seniors with chronic conditions–communicate and manage their conditions.

The physiological data provides a more complete picture of the patient's health over time providing better insight into trends and alerting the physician when intervention is required. This technology can not only improve the quality of care given to patients, it also reduces the need for frequent visits to the doctor's office, costly emergency room visits, and unnecessary hospitalizations. RPM is particularly beneficial for people discharged from hospital since it can monitor and identify early signs of deterioration and signal the necessity for intervention before readmission is required.

A study in *Telemedicine and e-Health* assessed the impact of RPM in Medicare beneficiaries on hospitalized patients with heart failure (liebertpub.com/doi/abs/10.1089/tmj.2011.0095). It concludes that "hospitalization time was shorter in RPM groups than in control groups, and RPM groups had lower hospitalization costs." This observation is due to the early detection of exacerbations thanks to RPM.

How does AI and ML fit into RPM?

Newer RPM systems will go beyond basic data tracking and alerts. They will use AI to gather information about every aspect of patient interaction to produce statistics and identify trends, to create strategies to improve patient engagement. They will use ML to interpret data trends and predict the probability of future deterioration in patients that warrants proactive treatment.

Features of a comprehensive RPM

- Easy to use devices with cellular technology (no fussing about connecting to Wi-Fi or Bluetooth)
- Workflows for patient, practice and care coordinators, designed to improve patient outcomes
- Auto Alerts when monitored parameters exceed thresholds and appointments automatically set with care providers
- Sophisticated system that uses AI and ML powered predictive analytics
- Dashboard which presents the data in a simple format for use by patients, care team and even family
- Automated and Integrated Billing system

Medicare New Codes

Medicare patients can enjoy remote monitoring service in addition to practice, and hospital visits, that are usually provided in person. Care providers can reduce staffing burdens, enhance patient care and increase their revenue by providing services that can be billed using the following CPT codes.

Code 95453 - Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up, and patient education on equipment use.

Code 95454 - Initial device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.

Code 99457, 99458 - 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.

Being aware of technological advances and knowing how to implement a comprehensive intelligent RPM system optimizes patient care and allows care teams to be notified of any clinical changes that could harm the patient's health. This allows for early diagnosis, timely action in the event of any irregularity or predicted health issue, more accurate and proactive treatments, and enhanced doctor-patient communication.

The pandemic has confirmed it. RPM was seen as the future, but the future is already here.

THE FORUM

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COLLIER COUNTY MEDICAL SOCIETY

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