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National Academy of Medicine Launches Effort to Strengthen Health Care Worker Well-Being

By Karen Blum



“It is critical for us to have a coordinated plan at the national level to help shift US health care from the current reality of a workforce shortage and burnout crisis to a future where every health worker is able to experience joy in their workplace and knows that they are valued,” said NAM President Victor Dzau, MD, in a prepared statement. The plan, released June 24, 2022, has seven priority areas, including creating a positive work and learning environment, supporting mental health, and engaging effective technology tools (Table 1). The plan builds on nearly 6 years of work among NAM’s network of 200 organizations committed to reversing trends in health care worker burnout.

Helen Burstin, MD, MPH, MACP, CEO of the Council of Medical Specialty Societies (CMSS), was part of the collaborative, which is co-chaired by NAM, the Association of American Medical Colleges, the American Council for Graduate Medical Education, and the US Surgeon General’s office. Some issues under study by the

group include ensuring access to mental health care, reducing stigma, how to work best with electronic health records (EHRs) and new tools to decrease documentation burden, and system drivers of well-being, Burstin said. Nephrologists can look at the plans to see what fits their health system settings and patient focus, where the sources of burnout exist, and report back to the group on areas where intervention can help, she said. CMSS is also looking at what specialty societies are doing to alleviate burnout and will continue to share best practices, Burstin said. “The classic, ‘Come to this meeting and let’s do yoga and let’s have a pizza party’ is not going to get at the core of this,” she said. “This is really a systemic issue, and it requires a systemic approach. We will continue to identify issues in technology, mental health service availability, or regulatory issues that we can really challenge that would actually make the lives of practicing clinicians better every day so they can take better care of patients.”

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Recognizing the ongoing challenges affecting health care workers nationwide, leading to burnout and moral distress, the National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience has devised the National Plan for health workforce well-being.

Kidney Community Voices Concern over Supreme Court Ruling for Health Insurer That Limited Dialysis Benefits

By Eric Seaborg

The recent rulings from the conservative majority on the Supreme Court are being felt in every corner of American life—including the kidney space.

A June 21 ruling “...laid out a roadmap for insurers to shift the costs of end-stage renal disease to Medicare,” according to judicial analyst Ronald Mann writing for the Supreme Court-tracking website SCOTUSblog (1).

A statement from the National Kidney Foundation (NKF) stated the organization was “deeply disturbed” by the ruling (2) as was Kidney Care Partners, which was “deeply disappointed” and vowed to have Congress overturn the ruling (3).

The case pitted the Marietta Memorial Hospital employee health insurance plan against national dialysis provider DaVita. The issue began in 2018 when Marietta’s plan did not include any in-network dialysis providers, meaning that all patients requiring dialysis would face increased out-of-pocket costs from out-of-network providers. The Marietta insurance plan also drastically cut the rates it paid providers to amounts based on Medicare rates. In contrast to the way the plan generally reimbursed out-of-network providers at a “reasonable” fee determined by health care industry stand-

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The effort is timely and “absolutely a step in the right direction,” said nephrologist Karen Warburton, MD, an associate professor at the University of Virginia in Charlottesville. “We’re essentially in a burnout epidemic right now,” Warburton said, noting that surveys among nephrologists estimate the burnout rate to be between 25% and 50%. A complex patient load, a high administrative burden, work that is protocol driven, and a recruitment crisis are just some of the factors impacting nephrologists in particular, she said. “All of this was brought to the surface before COVID-19, and these same physicians have now been practicing in a pandemic for more than 2 years, which for many of us has meant more work intensity and increased burden because the patients are even more complex,” Warburton added.

This initiative could potentially be more effective than previous strategies tried because it has a clear focus on the health care system and the need to look more proactively at system drivers of burnout and mental health issues among physicians rather than blaming clinicians or asking them to become more resilient, Warburton said. EHR reforms, ensuring that physician values and priorities align with those of the people making the rules, establishing a positive work and learning environment for physicians, and reducing stigma around seeking help for mental health concerns are imperative, she said.

It is positive that well-being is being recognized, added nephrologist Matthew Sinclair, MD, MHS, FASN, a medical instructor at Duke University School of Medicine and a staff physician with the Durham Veterans Administration Medical Center in North Carolina. “The first step to change is always recognition of the problem,” Sinclair said. “People on the front lines have known about this for a very long time, but COVID-19 kind of brought it to the forefront for people not directly involved in medicine or people who typically were able to ignore it,” added Sinclair, who coauthored a mental wellness module offered through ASN’s website for dialysis facility staff overwhelmed by compassion fatigue and work throughout the pandemic. He and others are working on additional content for the module.

However, he said, to truly benefit clinicians, changes would have to be built into the daily structure, such as giving physicians a paid half-day a week away from patient care to catch up on documentation or whatever else they need. Changes cannot require anything extra on top of an already busy schedule, he said. “Part of the reason that we’re so burned out is that there’s not enough hours in the day to do all the things we need to do for our patients and also document and do all the things needed for billing and still take care of ourselves and our families,” he said.

Having the issue made visible by such large organizations should help encourage universities and hospitals to jump on the bandwagon, said nephrologist Charuhas Thakar, MD, FASN, Robert G. Luke, MD, Endowed Chair in Nephrology and director of the Division of Nephrology and Hypertension at the University of Cincinnati College of Medicine in Ohio. It has been disheartening to see early-career faculty wanting to cut their time to balance work and family life or facing burnout early, Thakar said. “We need some structural changes if we are going to maintain and sustain a physically and mentally healthy workforce for the next decade and beyond,” he added.

Work for most university physicians has expanded from 40 hours a week to 55 to 60, Thakar said. Physicians have about 30 minutes for new patient appointments and 15 minutes for established patient appointments, which means that they are either forced to be on the computer documenting during appointments, potentially losing face time, or making up the documentation time after hours at home—one of the biggest contributors to burnout.

EHRs also mean that the doctor is now always available, Thakar added. For example, if a clinic patient calls an after-hours line at 10 p.m., the on-call triage line sends an EHR message to the patient’s nephrologist. Many physicians are anxious when they see their inboxes full of alerts before going to bed, he said. “If we sleep on it, literally, then we worry and risk that something can get missed. The real answer is that to meet current and future work expectations, we need a much larger workforce,” he said. “We will have to invest in more doctors if we are going to structurally change people’s efforts and allow them the time they need to complete the work that the health system expects us to complete in a timely manner.”

Yet, there are several reasons to believe this and other efforts can lead to meaningful change, said L. Casey Chosewood, MD, MPH, director of the Office for Total Worker Health at the Centers for Disease Control and Prevention (CDC). As part of the American Rescue Plan of 2021, the CDC’s National Institute for Occupational Safety and Health received \$20 million in congressional funding

to deliver a national awareness and education campaign, aimed at employers, to safeguard and improve the mental health of health care workers. The nation recognizes the challenge that health care workers have faced, which is encouraging, Casey Chosewood said. People also realize that there is no quick fix, and experts are turning to training programs at medical and nursing schools to empower students to ask for better health conditions. “The other thing that’s on our side is there’s a shortage of workers in this country, and in general, that is an important lever to move [toward] better working conditions,” he said. The shortage of workers after World War II, he explained, led to workplace health care benefits, and many health care workers are unionized, especially in large metropolitan areas. “That gives us hope that we really can make a difference.”

For more information about the National Plan for health workforce well-being, see <https://nam.edu/initiatives/clinician-resilience-and-well-being/national-plan-for-health-workforce-well-being/>. ■

Table 1. NAM Action Collaborative on Clinician Well-Being and Resilience national plan priorities

- 1 Create and sustain positive work and learning environments and culture.** Transform health systems and health education and training by prioritizing and investing in efforts to optimize environments that prevent and reduce burnout, foster professional well-being, and support quality care.
Sample actions: Instill approaches to decrease workplace stress and burnout. Invest in adequate, flexible staffing plans that allow for safe patient care and needed backup. Review leadership pathways to ensure they promote diversity and are equitable and inclusive.
- 2 Invest in measurement, assessment, strategies, and research.** Expand the uptake of existing tools at the health system level, and advance national research on decreasing health worker burnout and improving well-being.
Sample actions: Measure the prevalence and drivers of health worker and learner burnout and distress. Create and manage a national registry of evidence-based interventions to facilitate research and innovation aimed at eliminating health worker burnout. Convene conferences to share strategies for improving well-being.
- 3 Support mental health, and reduce stigma.** Provide support to health workers by eliminating barriers and reducing stigma associated with seeking services needed to address mental health challenges.
Sample actions: Provide supportive mental health services for health workers involved in medical errors and safety events. Train and recruit additional mental health professionals to provide care for the health workforce. Increase reimbursement, and re-evaluate prior authorization for mental health services so health workers receive the care they need.
- 4 Address compliance, regulatory, and policy barriers for daily work.** Prevent and reduce the unnecessary burdens that stem from laws, regulations, policies, and standards placed on health workers.
Sample actions: Remove low-value tasks from processes. Involve direct care workers in the development of hybrid workplace policies. Increase automation and deploy health information technology (IT) to ensure timely care for patients.
- 5 Engage effective technology tools.** Optimize and expand the use of health ITs that support health workers in providing high-quality patient care and serving population health, and minimize technologies that inhibit clinical decision-making or add to administrative burden.
Sample actions: Use technology tools to maintain personal safety when treating communicable diseases. Automate processes to streamline the health care team’s workflow. Create market advantages for producing technologies that are highly user friendly.
- 6 Institutionalize well-being as a long-term value.** Ensure COVID-19 recovery efforts address the toll on health worker well-being, and bolster the public health and health care systems for future emergencies.
Sample actions: Provide coverage and compensation for direct care workers to engage in meetings and decision-making forums. Facilitate adequate time off without stigma or punishment. Arrange meetings that focus on best practices to improve workforce well-being.
- 7 Recruit and retain a diverse and inclusive health workforce.** Promote careers in the health professions, and increase pathways and systems for a diverse, inclusive, and thriving workforce.
Sample actions: Train and retain people from underrepresented communities in health care and public health. Provide debt-relief opportunities for students and workers. Limit the use of mandatory overtime to emergent situations.