

AMA President Jesse M. Ehrenfeld, MD, sounds alert on US physician shortage, health system in crisis

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WASHINGTON, DC – In an address delivered at the National Press Club on Oct. 25th, which RIMJ attended via livestream, American Medical Association President **JESSE M. EHRENFELD, MD, MPH**, spotlighted the growing national physician shortage and corresponding health system in crisis.



American Medical Association President Jesse M. Ehrenfeld, MD, MPH, addressing the National Press Club recently.

He outlined strains facing physicians, including burnout, administrative overload, scientific disinformation, healthcare consolidations, a flawed Medicare payment system, and presented key points in the AMA Recovery Plan for America's Physicians:

- Pass meaningful Medicare payment reform;
- Reduce administrative burdens, ie, the inefficient prior authorization process;
- Pass legislation to expand residency training options, reduce student loan burden;
- Ensure physicians are not punished for taking care of their mental health needs.

(See sidebar: *Five crucial steps to take*)

Physician burnout

Dr. Ehrenfeld spoke from personal experiences about physician burnout, and shared a poignant and tragic example. "Two years ago, a dear friend of mine and medical school classmate, an emergency room physician in California who worked tirelessly on the frontlines throughout COVID, took his own life. He was an energetic and loving soul...a brilliant and caring doctor...who felt the weight of the pandemic on his shoulders. He struggled to get out from under it. I knew he struggled, but I didn't know how to help him. And he didn't know how to ask for help. I am still deeply troubled by his death, just as I am haunted knowing there

Five crucial steps to take

In his address, Dr. Ehrenfeld outlined five steps that must be taken to strengthen the physician workforce "so that our nation can better respond to an aging population, and the next public health crisis we will eventually face."

Step 1: Congress must pass the **Strengthening Medicare for Patients and Providers Act**, H.R. 2474, which would provide physicians with annual payment updates to account for practice cost inflations as reflected in the Medicare Economic Index.

Step 2: Reduce administrative burdens like the overused, inefficient prior authorization process that insurers use to try to control costs by passing the bipartisan **Improving Seniors' Timely Access to Care Act**, which would expand prior auth reforms finalized by CMS.

Step 3: Secure passage in Congress of three bipartisan bills that seek to expand residency training options, provide greater student loan support, and create smoother pathways for foreign-trained physicians:

- The **Conrad 30** and the **Physician Access Reauthorization Act** bills which would make necessary improvements to the J-1 visa waiver programs. The Conrad 30 bill also provides worker protections to prevent doctors from being mistreated.
- The **Healthcare Workforce Resilience Act**, which would recapture 15,000 unused employment-based physician immigrant visas.
- The **Retirement Parity for Student Loans Act**, which allows retirement plans to make voluntary matching contributions to physicians during residency.
- The **Physician Shortage GME Cap Flex Act**, which expands residency training programs in primary care or other specialties that are facing shortages.

Step 4: Stop criminalizing health care that is widely recognized as safe. Predictably, the U.S. Supreme Court's decision last year to overturn *Roe v. Wade* has radically changed the health care landscape in America – for both patients and physicians. Fourteen states have enacted outright bans on abortion, and seven others have enacted partial bans. Unrelated to the SCOTUS decision but just as damaging, 22 states have enacted laws restricting or banning gender-affirming care.

Dr. Ehrenfeld said "these efforts – fueled by misinformation and a heated attack on science and evidence-based care – have sown confusion for physicians and patients and opened deep political rifts between neighboring states. They have made physicians and other health care workers the target of attacks and intimidation."

Step 5: Make sure that physicians aren't punished for taking care of their mental health needs. Seeking care for burnout, mental illness, or a substance use disorder is a sign of strength – an act that takes courage and deserves our health system's unconditional support. And, in fact, the health of our patients, and our nation, depends on more physicians seeking help for their mental health and well-being before they abandon medicine altogether.

are thousands of people in his community who can no longer receive his care.”

He added, “And just the other day, I walked into the physician’s lounge at the Medical College of Wisconsin in Milwaukee where I am an anesthesiologist. There I saw an experienced colleague whom I know well completely break down – so clearly exhausted and overwhelmed.

“This is a picture of our health care system in 2023, and it is not a happy or uplifting one. Physicians everywhere – across every state and specialty – continue to carry tremendous burdens that have us frustrated, burned out, abandoning hope... and in increasingly worrying numbers, turning our backs on the profession we’ve dedicated our lives to.”

He continued, “Physicians, in fact, die by suicide at twice the rate of the general population, an alarming statistic that puts my classmate’s struggles into context. It’s important to say that not all feelings of professional burnout lead to thoughts of suicide, but the fallout can still have widespread and lasting repercussions for doctors and patients alike. The roots of physician burnout go much deeper than every day frustrations we all experience and, instead, point to systemic issues in our healthcare system that are highlighted in our Recovery Plan for Physicians.

“What’s worse is that physicians are often reluctant to seek help for their mental health over fears that it will jeopardize their license or employment because of outdated and stigmatizing language on medical board and health system application forms that ask about a past diagnosis.”

He said four in 10 physicians in a recent Medscape survey said they have not sought mental health treatment because they worry about their medical board or employer finding out and potential repercussions.

Physician shortage

Dr. Ehrenfeld emphasized that the physician shortage is already here and estimated that more than 83 million people in the U.S. currently live in areas without sufficient access to a primary care physician.

He also shared the story of his parents, who live in Florida and are on Medicare. Because of low Medicare reimbursement, their primary care physician no longer accepted Medicare patients and they were left struggling to find a PCP. In an era of aging Baby Boomers, this is but one example many face or will face, exacerbated by retiring physicians in this cohort.

“Imagine walking into an emergency room in your moment of crisis – in desperate need of a physician’s care – and finding no one there to take care of you. That’s what we’re up against. And so while our current physician shortage is already limiting access to care for millions of people, it’s about to get much worse.”

He concluded by saying that there isn’t much that our two major political parties see eye to eye on right now, but on these issues they do. “We just need the will – and the urgency – to get it done. We need leaders in Congress to step forward and make this happen. Sadly, every day we wait the size of this public health crisis grows. There is no time to waste.” ❖

Rhode Island Hospital launches campaign to end violence against healthcare workers

PROVIDENCE – On Oct. 19th Rhode Island Hospital leadership called for community support in stopping violence against healthcare professionals in the workplace, following the assault of a registered nurse at the hospital on Sept. 8th. The campaign, #ScottStrong, Keep Healthcare Workers Safe, asks the public to sign a pledge to help keep healthcare environments safe and advocate for protections for healthcare workers.

“We were deeply saddened and angered by the assault on Scott, one of our dedicated nurses,” said **DEAN ROYE, MD**, Senior Vice President for Medical Affairs and Chief Medical Officer, Rhode Island

Hospital. “That’s why, with the support of Scott’s family, we are launching this campaign to solicit the public’s help in ending violence against healthcare workers.”

The prevalence of workplace violence in healthcare settings is higher than in most other professions:

According to the U.S. Bureau of Labor Statistics, healthcare workers have the highest rates of workplace violence injuries – they are five times more likely to be injured than other workers.

According to a 2023 national healthcare survey by Premier, 40% of healthcare workers have experienced at least

one incident of workplace violence within the past two years.

To address this issue, Rhode Island Hospital is calling on the public and everyone who enters their facilities to take the pledge to keep healthcare workers safe and support #ScottStrong. The pledge, available at <http://www.scottstrong.org> urges individuals to commit to creating a safe and respectful environment for healthcare workers, patients, families, and visitors.

For more information on the campaign, visit www.scottstrong.org. ❖

Health workers report harassment, symptoms of poor mental health, and difficult working conditions

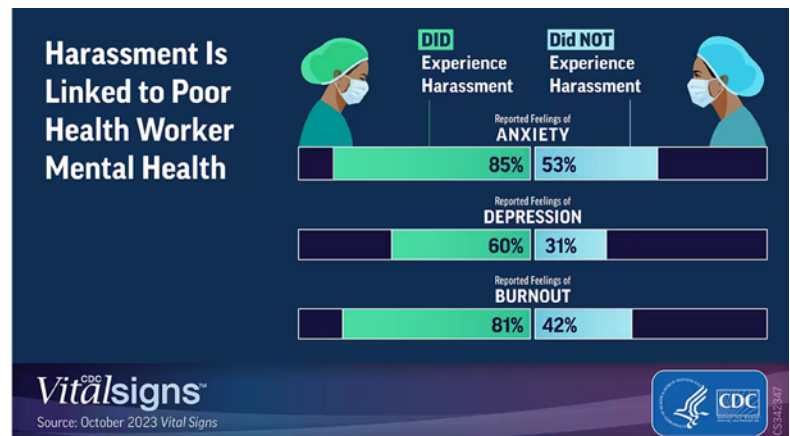
ATLANTA – More than double the number of health workers reported harassment at work in 2022 than in 2018. This may include threats, bullying, verbal abuse, or other actions from patients and coworkers that create a hostile work environment. This finding has important implications for health worker mental health, according to a new CDC Vital Signs report.

Health worker burnout was at crisis levels prior to the COVID-19 pandemic. The new Vital Signs issue reports that the pandemic presented unique challenges that may have further impaired health worker mental health and increased health workers' intent to leave their jobs.

- This report is the first to describe and compare self-reported well-being and working conditions for health workers, other essential workers, and all other workers before the pandemic (2018) and after the start of the pandemic (2022). It shows that health workers have continued to face a mental health crisis. From 2018 to 2022, U.S. health workers experienced greater declines on a range of mental health outcomes than other workers.
- Positive working conditions were found to be associated with reduced feelings of anxiety, depression, and burnout. These conditions may include the ability to participate in decision-making, trust in management, supervisor assistance, enough time to complete work, support for productivity, and lack of harassment.

"We depend on our nation's health workers and they must be supported. Employers can act now by modifying working conditions associated with burnout and poor mental health outcomes in health settings. And, CDC's National Institute for Occupational Safety and Health (NIOSH) will be launching a national campaign – the Impact Wellbeing campaign – to provide health employers with resources to improve worker mental health," said CDC Chief Medical Officer **DEBRA HOURY, MD, MPH**.

These data further support the imperative given in the U.S. Surgeon General's 2022 report, Addressing Health Worker Burnout, which emphasized the need for action to create a system where health workers can thrive.



A Call to Action:

- To promote worker well-being, employers can modify working conditions and change aspects of the organizational structure that are associated with poor mental health. This study suggests such changes could include allowing health workers to participate in decision-making, building trust in management, providing supervisor assistance and enough time to complete work, and preventing and paying attention to harassment reports.
- Employers can learn more about health workers and mental health through NIOSH's Health Worker Mental Health Initiative, and about mental health in general. Visit the NIOSH Total Worker Health® Program and the Healthy Work Design and Well-Being Program to learn more about how work conditions and work design impact worker well-being.
- Supervisors and workers can discuss ways to improve working conditions. For both supervisors and employees, NIOSH has training and resources for health workers on stress, fatigue, burnout, substance use, and suicide.

For more information about this report, go to www.cdc.gov/vitalsigns. ❖

\$4.4M grant to help RI build healthier communities announced

WASHINGTON – U.S. Senators **JACK REED** and **SHELDON WHITEHOUSE** along with U.S. Representative Seth Magaziner recently announced new federal funding that will make Rhode Island a healthier place to live, work, and play by expanding access to healthy foods and increasing opportunities for exercise.

The U.S. Centers for Disease Control and Prevention (CDC) is awarding a five-year \$4.4 million grant to the Rhode Island Department of Health (RIDOH) as part of the State Physical Activity and Nutrition (SPAN) Program to improve physical activity, nutrition, and wellness initiatives.

Rhode Island may use the federal funding to support key components of RIDOH's 2023–2028 Rhode Island Healthy Eating and Active Living (HEAL) Strategic Plan, a statewide strategic plan for physical activity and nutrition which aims to improve community health and decrease the incidence of chronic diseases.

The federal grant – which is scheduled to be distributed in annual awards of \$888,000 this month and over the following four years – is designed to help fight obesity and promote healthy nutrition, wellness, and physical activity.

Rhode Island may tap the federal SPAN funds to implement statewide and local initiatives and activities in multiple settings, including in schools, childcare facilities, senior centers, worksites, or other community setting to address several target areas, such as increasing physical activity; boosting the consumption of fruits and vegetables; or decreasing the consumption of sugar sweetened beverages. The federal funds will help address health disparities related to poor nutrition, physical activity, and obesity.

RIDOH will use the federal funds in partnership with local stakeholders to continue progress toward making it easier for residents to eat well and move more. The funds can also help make neighborhoods more walkable and increase opportunities for physical activity by connecting pedestrian, bicycle, or transportation networks. The federal funds may advance the state's Complete Streets policies with the goal of creating safe and convenient public transportation and walkable and bikeable communities to help integrate physical activity into everyday life. ❖

RIH receives \$12M grant for its COBRE Center on addressing Opioids and Overdose

PROVIDENCE – Rhode Island Hospital received a \$12 million federal grant on September 8th to continue The Center of Biomedical Research Excellence (COBRE) on Opioids and Overdose. The Center, which was established in 2018 with \$11.8 million funding to address the nation's opioid crisis, has received its second five-year grant award from the National Institute of General Medical Sciences (NIGMS).

Led by principal investigator and director **JOSIAH RICH, MD, MPH**, and **TRACI GREEN, PhD, MSc**, the Rhode Island Hospital COBRE on Opioids and Overdose will continue to work in partnership with Brown University and The Miriam Hospital to grow and sustain a critical mass of investigators specializing in opioid use disorder.

Aside from COVID, the overdose crisis is the worst public health crisis in over 100 years, killing over 100,000 Americans a year. Rhode Island Hospital's COBRE on Opioids and Overdose was the first NIGMS-funded research center in the country with this focus.

"The purpose of the Center is to bring together leaders across institutions to support the research we need to address the rapidly evolving opioid and overdose crisis with science, community, compassion, and high impact," said Dr. Rich. "We are grateful to the National Institutes of General Medical Sciences for the support for this project and recognizing its importance in our communities."

"We've spent the first five years of the COBRE seeding a Center with supports that can help the community and our junior scientists address the evolving crisis. In its next five-year phase, we aim to tighten those ties to science and community and meet the entrenched and new challenges of the opioid crisis like the need for widely available, effective treatment, housing instability, the rise in stimulant use, and xylazine," said co-director Dr. Green.

To learn more about the Center of Biomedical Research Excellence (COBRE) on Opioids and Overdose, visit their website: <https://opioidcobre.org/>. ❖

RIDOH launches enhanced, daily overdose surveillance system

PROVIDENCE – As part of efforts to leverage data to prevent overdoses and save lives, the Rhode Island Department of Health (RIDOH) is activating an enhanced system to track non-fatal overdoses throughout the state daily, and to get alerts out into the community in real time.

Before this system enhancement, RIDOH would send out any community overdose alerts on a weekly basis after analyzing data from two datasets: overdose-related emergency department visits in Rhode Island, and overdose-related Emergency Medical Services (EMS) runs in Rhode Island. With the enhanced system in place, alerts can now go out daily to first responders and other healthcare professionals, harm reduction organizations, local leaders, and residents in impacted areas. RIDOH will also have the ability to monitor daily opioid overdose

trends statewide, regional hot spots, and the utilization of emergency medical care.

“The faster we can get overdose data to our community partners, the more effective their overdose prevention strategies will be,” said Interim Director of Health **UTPALA BANDY, MD, MPH**. “Using data to inform action is a key strategy in our work to prevent overdoses and save lives in Rhode Island.”

Rhode Island is divided into 11 overdose regions, based on past overdose trends. Each region has its own overdose threshold, based on the previous year of overdose data. Overdose Spike Alerts are sent based on exceedances of these thresholds.

In addition to daily monitoring of overdose activity, RIDOH has implemented a three-tiered approach to address increases in local overdose activity. This plan,

called the Levels of Response, deploys public health strategies based on the overdose activity occurring in a particular region. These levels range from an initial overdose spike, a sustained overdose spike, or a sustained high rate of burden in that region.

If a region has a sustained overdose spike or a sustained high rate of overdose burden, RIDOH will respond with additional targeted notification to the area, including involving community partners for increased outreach and convening an emergency community meeting. The burden rate can also help inform funding priorities and/or program implementation.

To view these data, visit RIDOH’s Drug Overdose Surveillance Data Hub at health.ri.gov/od-data. To learn more about local drug overdose prevention resources, visit PreventOverdoseRI.org. ❖



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AI-powered arm band to detect opioid use disorder, withdrawals in development at UMass Chan, URI

BOSTON, MA; KINGSTON, RI – The ability to detect if patients are taking their medications for opioid use disorder is the driving force behind a wearable device being developed at UMass Chan Medical School in collaboration with the Wearable Biosensing Lab at the University of Rhode Island. The goal of the device is to help improve medication adherence and prevent overdose deaths.

Called the MINDER-band, the upper-arm device will use an artificial intelligence-assisted sensor system that will continuously monitor physiologic changes and data to accurately identify buprenorphine use and withdrawal.

“We identified a clinical problem with buprenorphine, a medication for opioid use disorder that works really well if people take it. For several reasons, people stop taking it, develop opioid withdrawal and go back into the same routines they were in before,” said **STEPHANIE CARREIRO, MD, PhD**, associate professor of emergency medicine and principal investigator on the development of the MINDER system.

“So we designed a device that can help identify when people are in withdrawal or when they haven’t taken their medication.”

In the future, the MINDER device will use notifications to alert clinicians that a patient might need extra support or positive reinforcement, such as supportive interventions, to ensure patients are adherent to their buprenorphine as prescribed.

Dr. Carreiro received a \$2.6 million award over four years from the National Institute of Biomedical Imaging and Bioengineering to support the development of the device.

During the first year of the grant, the team will focus on the development of the arm band and gather feedback from people who use medications for opioid use disorders to make sure their needs are being met with the device. This summer, they will conduct focus groups with clinicians and interviews with patients.

Over the next three years, investigators will focus on putting the device on people in a lab setting and having them take their medication in the lab for evaluation.

“The lab work will help us tweak our algorithms to make sure that we can use that data to understand



URI professors **Dhaval Solanki, PhD**, left, **Krishna Venkatasubramanian, PhD**, center, and **Kunal Mankodiya, PhD**, in URI’s Wearable Biosensing Lab in the Fascitelli Center for Advanced Engineering. [URI PHOTO/NORA LEWIS]

when people take the medication and what they’re feeling in terms of withdrawal. Then we’re going to deploy it in the outpatient setting, put the MINDER-bands on people who are at home taking their medications and have them video themselves taking the medications,” Dr. Carreiro said. “That data will help develop the app that will go with the arm band and then it will be ready for interventions and clinical trials.”

Dr. Carreiro and **DAVID SMELSON, PsyD**, professor of psychiatry and director of the Center of Excellence in Addiction, are overseeing the clinical testing, patient recruitment and data collection for the MINDER system. At the University of Rhode Island, **KUNAL MANKODIYA, PhD**, associate professor of electrical, computer and biomedical engineering, **DHAVAL SOLANKI, PhD**, assistant teaching professor of electrical, computer and biomedical engineering, and **KRISHNA VENKATASUBRAMANIAN, PhD**, assistant professor of computer science and statistics, are developing the MINDER device and application.

“The band will measure physiological signals and use that information to determine if the person has taken the buprenorphine,” said Dr. Venkatasubramanian. “Normally this is learned from a blood or urine test. We are trying to do this non-invasively. If we can learn in real time or close to real time that the person has gone off their medication and get that information to clinicians, interventions can be brought in to help the person.” ❖



Design-schematics of the MINDER-band. The MINDER system will also include a mobile app and an online clinician-facing portal. [UMASS CHAN MEDICAL SCHOOL]



Stephanie Carreiro, MD, PhD, at UMass Chan Medical School.