Navigating Coronavirus Series

You and Your *Practice* Resiliency:
“Protecting Your Practice’s Human Capital”
April 21, 2020
This webinar series brought to you by

NORTH CAROLINA AHEC

COMMUNITY CARE PHYSICIAN NETWORK

NCAFP

NORTH CAROLINA Psychiatric Association

ncpeds

Community Care OF NORTH CAROLINA
Information, not legal advice

- Agency interpretations, guidance, and the regulations are evolving constantly. We have tried to include the latest information in this presentation, but some details could have changed while we were preparing it or could change later.

- We strongly suggest you review agency materials carefully and talk to your practice CPA and/or attorney prior to applying for aid under these federal options.
Today’s Presenters

- **L. Allen Dobson, Jr. M.D.**  
  CEO, Community Care of North Carolina

- **Allan Chrisman, M.D.**  
  Chair, NCPA Disaster Committee

- **Therese Garrett, M.D.**  
  Co-Chair, NCPA Disaster Committee

- **Karen L. Melendez, M.D.**  
  Chair, NCPA Practice Transformation Committee
Goals for Tonight’s Presentation

1. Update on recent developments in the federal aid programs available to medical practices
2. Review lessons learned from the psychological and behavioral health responses and consequences of disaster events.
3. Characterize health care workers’ stress from COVID-19
4. Define factors to enhance resilience for the individual and medical practices
CARES Act follow up

Payroll Protection Plan (PPP)

Money has been fully allocated so no new loan/grants are available until Congress adds money – but this is expected very soon

1. If your application was already submitted/approved by SBA, then you may still get the money. Money generally flows within 10 days of SBA approval, so check with your bank.

2. If your bank has your complete application, but you’re not sure that it’s been submitted to SBA, go online when the new money becomes available to confirm that you are “in line” with a complete application.

3. If you haven’t yet applied, get your info together ASAP and talk to your bank so you get in line when applications reopen.
CARES Act follow up

Accounting for PPP funds

- If you did get PPP money, we suggest you keep these funds separate and allocate as needed for approved expenses.
- Be sure you can document expenses for payroll, rent (or mortgage interest) and utilities.
- This will ensure that your practice will have the maximum amount forgiven!
You should have already received funds directly to your account based on your Medicare billings.

Attestation is required on the CARES Act Provider Relief Fund Payment Attestation Portal. Here is the link: https://www.hhs.gov/provider-relief/index.html

Still in development: there is continuing discussion about funding other providers through Medicaid. This may require using states. This is a work in progress with no definitive word yet.

Other good news: NC is planning to increase the PMPM for medical homes under Carolina Access. Nothing you need do to draw down these funds – just stay tuned.
Economic Injury Disaster Loans

- The $10k emergency advance grants have been distributed and those funds are now depleted. The program is awaiting additional appropriations expected in the next stimulus legislation.

- Disaster loans applications are no longer available online. Applications should resume very quickly once fund are appropriated by Congress.

- The State is still contemplating their specific response with CARES money received.

- There is continued advocacy at state and national levels for paying PCPs a retainer or pmpm based on average billing as an interim emergency measure.
Allan Chrisman, M.D.
DLFAPA, DLFAACAP

Chair NCPA Disaster Committee
Associate Professor-Emeritus
Duke University School of Medicine
Lessons Learned of SARS to Pandemic Influenza

- Reducing pandemic-related stress may best be accomplished through interventions designed to enhance resilience in psychologically healthy people.

- Applicable models to improve adaptation in individuals include:
  - stress appraisal that coping through escape-avoidance and self-blame are maladaptive in healthcare workers responding to infectious disease (Greater chronic stress was reported by workers who coped using strategies of avoidance and self-blame)

- **Psychological First Aid**

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Stress Experienced by Healthcare Workers

- Two aspects of these healthcare workers’ experience distinguish the stress of an infectious disease from other disasters.

- First, Covid-19 contributes to social isolation for several reasons: infection control procedures increased interpersonal distance; stigma and interpersonal avoidance diminished social and community interaction.

- Second, while family support usually buffers stress, healthcare workers with children experienced higher levels of distress during a pandemic, presumably due to the perceived risk of infecting loved ones and concerns about caring for children if the parent is ill.

Seven Crucial Research Findings that Can Help People Deal with COVID-19

Lessons learned from the psychological and behavioral health responses and consequences of disaster events.

▪ Social media may escalate anxiety more than traditional media
▪ Too much media of any kind can undermine mental health
▪ Trustworthy information sinks in
▪ A lack of control fuels stress
▪ Managing stress ASAP can prevent long-term troubles
▪ Don't forget the needs of health-care workers
▪ Quarantines and isolation may increase the odds of negative outcomes

Source: Article from American Psychological Association

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Five Key Principles for Physicians Concerned with the Psychological Welfare of their Practices

1. **Promote a Sense of Safety**
   Physicians can help restore a sense of relative safety and help minimize psychological consequences

2. **Promote a Sense of Self- and Community-Efficacy**
   Individuals, families, and organizations be empowered to take control of the situation to the extent possible

3. **Promote a Sense of Connectedness**
   Social support is a crucial resource in dealing with all stressors.

4. **Promote a Sense of Calming**
   Personal contacts and public messages can help make a stressful time feel less turbulent

5. **Promote a Sense of Hope**
   Provide hopeful messages related to positive aspects of the large-scale response and inspirational stories of healing and transcending challenging circumstances.

*National Center for PTSD* [www.ptsd.va.gov](http://www.ptsd.va.gov)
Psychological First Aid (PFA) Core Actions

- Contact and engagement
- Safety and Comfort - physical/social, protect from trauma, media
- Stabilization
- Information Gathering: current needs and concerns
- Practical Assistance
- Connection with social supports
- Information on distress reactions and coping
- Linkage with collaborative services

NCTSN PFA Field Manual
Therese Garrett, M.D.

Co-Chair, NCPA Disaster Committee
NCCCAP President
Medical Director, Carolina Outreach
Corporate Medical Director, WellCare
Resilience

Resilience of the Individual

- Resilience refers to an individual’s ability to cope effectively and adapt well to difficult challenges such as tragedy, adversity, or significant stressful experiences.
Resilience

- The potential for resilience is not a unique trait that one has or does not have.
- The capacity for resilience is inherent in all people.
- Resilience is not a single dichotomous outcome measured at a point.
- We can simultaneously experience post-traumatic stress and growth, and these (and other) outcomes dynamically evolve throughout our lives.
- Resilience is neither lucky nor passive.
- It takes deliberate effort.
Resilience

Practice Resilience

1. Length of the Adverse Situation
   - Short-term, referred to as a “challenge”
   - Long-term, referred to as a “crisis”

2. Practice experience of individuals and group
   - Chronic stress is lower in workers with longer healthcare experience

3. Internal or External Sources of Support
   - Chronic stress is lower in those who felt effectively trained and supported by their practice

Traumatic or Stressful Event

Stuck on **HIGH** Hyper-arousal

Stuck on **LOW** Hypo-arousal

- Hyperactivity
- Worry
- Anxiety
- Panic
- Rage
- Pain

Adapted from the work of Elaine Miller-Karas

- Depression
- Isolation
- Exhaustion
- Fatigue
- Numbness

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Resiliency is when the scale tips toward the good even when there are stressors and hard things.
Karen L. Melendez, M.D.

Medical Director, Support Incorporated
CCPN Board Member
CCNC Network Psychiatrist
Don’t expect distress tolerance skills to make you “feel better.”

The fact is that you often may feel better, but that is not the purpose of the skill.

The skills are so you won’t make the situation worse.

If the skills prevent the crisis getting worse but don’t make you feel better, DON’T STOP – if you do, things may get worse.
What Can We Do For Our Staff?

- Acknowledge the stressors
- Provide information
- Remind staff of available resources – EAP, PTO, Telehealth options available through medical insurer, etc.
- Encourage Self Care
- Keep celebrating the wins
What Can We Do For Ourselves?
Distraction is deliberately turning your attention away from the crisis

Remember, wise mind ACCEPTS

Activities
Contributing
Comparisons
Emotions
Pushing away
Thoughts
Sensations
Self-Soothe with Five Senses

**Vision**
Decorate your space, go somewhere inspiring

**Sound**
Music, soothing voices, nature sounds

**Smell**
Cooking, lavender, the beach

**Touch**
Comfortable clothes, pet animal, foot massage

**Taste**
Favorite food, hard candy or mint, good cup of coffee
IMPROVE the Moment

Skills to accept pain and reduce suffering

- Imagery
- Meaning
- Prayer
- Relaxation
- One thing in the moment
- Vacation/Pleasant Activities
- Encouragement
Online resource for medical practices

Questions?