

Gaurava Agarwal, M.D.:

Hello everyone. My name is Gaurava Agarwal, and I'm a psychiatrist and the Chief Wellness Executive at Northwestern Medicine. I serve as the Wellbeing consultant on the APAF's Center for Workplace Mental Health's Frontline Connect initiative.

It's my great pleasure today to be with Corey Feist. Corey, I'll have you introduce yourself.

Corey Feist, JD, MBA:

Thanks so much for having me. Really, really appreciate being here today.

I'm the President and Co-founder of the Dr. Lorna Breen Heroes' Foundation.

Gaurava Agarwal, M.D.:

Thank you so much. Obviously I've been following your work for a few years now and just really inspired by your story, Dr. Lorna Breen's story, and I think you've already made a gigantic difference in the world, so appreciate you being here with us today.

Corey Feist, JD, MBA:

For sure. It's a pleasure.

Gaurava Agarwal, M.D.:

I think that what we wanted to do is just learn a little bit more about the Dr. Lorna Breen Foundation and then the work that you're doing, and then pivot towards talking about access to care, particularly the idea behind licensure and credentialing. The truth is, we can build all of these resources for access, but if we don't address the barriers that our healthcare professionals feel towards access then I don't think we'll have actually accomplished the mission that I know that you're interested in and that I'm passionate about as well.

Corey Feist, JD, MBA:

Fantastic. Well, again, thank you so much for being here and thank you for your partnership. I think this is one of those issues that is very tangible that we can move forward and really get rid of these barriers to mental health access. But before I get in there, I'll maybe just take a couple of steps back to our organization.

It might help the audience to know that my background was first as an attorney for the healthcare industry, representing large academic medical centers and medical groups, and then the general counsel of the medical group for all the doctors and advanced practice professionals at the University of Virginia in Charlottesville, Virginia. And then I went back to business school and became the CEO of that same organization. So I had multiple decades in academic medicine and in healthcare.

The death by suicide of my sister-in-law, Dr. Lorna Breen, really opened my eyes to a cultural and regulatory environment that not only stigmatizes or reinforces existing stigma on taking a break, getting mental health treatment, but it also just laid bare for me how real this is for so many people. Following my sister-in-law's passing on April 26th, 2020, my wife and I just received so much feedback from the healthcare community about this state of affairs. Remember that timeline. That's right at the beginning of the pandemic. So most of the people were responding to a pre-pandemic kind of state of affairs.

We created this foundation, which is focused on improving the wellbeing of the workforce and envisioning a day where obtaining mental health treatment is a sign of strength. Our two primary goals

for our organization is widespread scaling of wellbeing solutions, heavily focused on the underlying systems change and the system solutions that need to come to bear to address the root cause of much of the burnout and other challenges. And then second, to remove any barriers to mental health access that exist that uniquely apply to licensed healthcare professionals and not people in the general public or lawyers like me.

That's been the work, and we've had a tremendous amount of success, having just been founded in the summer of 2020.

Gaurava Agarwal, M.D.:

That's fantastic. Just again, my condolences first of all to your family, but also the work that you're now doing to make sure that all our healthcare workers receive the support they need is fantastic.

Can you tell me a little bit more about, especially, I didn't actually know that story, the history of you being the attorney for the medical group, can you talk a little bit about how you learned about the licensure and credentialing aspect of it and how you've seen it play out?

Corey Feist, JD, MBA:

Yeah, so tragically we learned about it from Lorna. Very briefly, her story was so tragic because she was at the top of her game, if you will. She was living her dream of being an emergency medicine physician in New York City. She was the leader of a very busy emergency department. And in the span of three weeks went from treating COVID patients to contracting COVID herself, and then coming back too early to try to run at that fire, that burning building.

What she identified to us first was a cultural norm, which preceded the mental health component. I think it's important for your audience to recognize that on her first day back to work, which was April 1, 2020, she identified to us that she could not keep up, that she was seeing and observing more death and dying that she'd never seen in her career, but that she was concerned if she didn't push on that it would be a sign of weakness and would be impacting her professional reputation. And so instead of heeding our advice to go home and further recover from a very serious bout of COVID, she pushed on and she pushed through to a point that she became catatonic on the 9th pretty much of April. She was working 15-hour days, not sleeping, and needed to be medically evacuated.

When we obtained mental health treatment for her for the first and only time in her life, then she started to describe to us these concerns around licensing. And again, as the lawyer for all of the doctors, the University of Virginia and the nurse practitioners and others, this was something that I had not heard from my constituents. We got her formal mental health treatment. And one of the last things she shared with us before dying by suicide was this concern that now that she'd obtained mental health treatment, she would not be able to practice.

We then heard that echoed across the country by hundreds of physicians and nurses. And that has been now supported by multiple surveys, published by Medscape annually around January of each year, where they're asking questions of healthcare professionals, physicians in particular, why aren't you getting treatment for your burnout and depression? Number one answer is either culture or licensure impact. Pick one. They seem to flip flop, but they're both right up at the top. And then we learned that the CDC funded some research, the American Hospital Association published in October of 2021, that identified three key drivers of suicide of the healthcare workforce at large. And in that list, the very top of the list is concerns around stigma and loss of license. That's the data landscape. We have, unfortunately, also heard from just dozens of family members who survived a loved one dying by suicide, whose loved one also identified this state of affairs.

What we know now is that there are at least six barriers to mental health access for healthcare workers. Four of the six are exactly the same issue. We've published a toolkit that is scaling the country right now, and organizations at a local level and at state level are all leaning into this conversation using that toolkit and changing and removing these questions.

Gaurava Agarwal, M.D.:

I just love how tactical it is. I've spent my life in the wellbeing world. It's big. It's so big that it oftentimes leads to paralysis from starting somewhere. And so it's such a brilliant strategic idea to pick one thing, we're all in, let's fix this because anything after that won't be as effective unless we fix this. So really brilliant leadership and we've benefited firsthand from that, and I'll speak to that in a moment.

I think you highlighted something that I think is important for our audience and our leaders to understand is that this licensure and credentialing issue works at different system levels, right? There's a state level, there's the local level, there's a malpractice question level. Can you speak to a little bit of that and how you're trying to address those? And if I'm a leader, is there a different way to address state issues versus those local issues?

Corey Feist, JD, MBA:

I really appreciate the question. I appreciate the list. Let's go through the list of six because I think everyone who listens here has an opportunity to change all of them.

As I said, the first four are questions that appear on applications that physicians and their peers have to fill out. These are licensing applications and specialty society applications. They are commercial insurance credentialing applications. They are malpractice insurance applications, and they're hospital credentialing applications. Beyond that, I don't have this exhaustive list, but there are states where the mental health medical record of a physician or nurse can be subpoenaed in a civil lawsuit and is not protected by HIPAA unless there's a safe haven protection like there is in Virginia. And then finally, the health plan design of an institution that requires or heavily incense their employed workforce to use their healthcare services, need to have alternative pop-off valves for mental health treatment outside of the normal institution so that the stigma is not felt by the recipient of the mental health treatment.

Going through the first of four of those, what everyone needs to know is, as you said, it's very tactical. There needs to be three-steps in the process; review the questions against what the Federation of State Medical Boards and others have said is compliant with the ADA. And spoiler alert; there's just two words you need to know. Those two words are current impairment. The questions can only ask about current impairment to comply with the ADA. If you want to go beyond that, you can either have no questions or you can do what North Carolina and Mississippi do on state licensing, which is ask for an attestation of wellbeing, which is the ultimate, I would say, wellbeing support statement, which is we care about you and we want you to take care of yourself so you can do the best job taking care of patients.

So step one, audit. Step two, change. Look at what you got, compare it to what I just said, change it if you need to. But regardless, even if you don't have to change it, the most important step in this whole process is step three, which is the communication piece. We have heard from many, as I said, spouses and loved ones of healthcare professionals who died by suicide, who thought the facts were not in their favor when it came to licensing. This is the same thing that happened to Lorna. She assumed that New York, the only place she ever worked for multiple decades, had questions on their licensing application that they did not.

So we know that simply communicating what the rules are is a life-saving exercise. And this is not just anecdote. This is very, very well known. It is just ingrained in culture that you can't, for some opaque

reason, unclear reason, it's probably licensure, I'm not really sure, but we have to start with actually communicating the rules. Healthcare professionals, just like anyone else, deserve to know what the rules and ramifications are. And right now, as I said, they're opaque.

That's the three-step process that we've taken. The other thing that I would just say as a recognition moment here is that we've created a national campaign called ALL IN: Wellbeing First for Healthcare, which is inclusive of organizations across the healthcare landscape. And as part of that, we've created an ALL IN in recognition badge for organizations that follow our toolkit and change their questions to comply with these Federation of State Medical Boards and AMA recommendations.

The reason we did that was because we are trying to create a visible marker of safety for the healthcare workforce. Just like Lorna didn't realize that she had no implications on her license in New York, we want to make it abundantly clear to healthcare workers across the country where at a local level and at a state level it is safe to get mental health treatment without fear of some kind of professional repercussion. We owe it to our healthcare workers to do that.

Gaurava Agarwal, M.D.:

It's such a great point. The rumor mill also just died so hard. I was having a conversation with somebody in Illinois. They said, "Oh, Illinois' licensure is a certain way." And I said, "Well, actually, we're in compliance and we're not one of those states." So the misinformation issue is so prevalent here, and I think it's important. There's misinformation. There's also just old information. And even now, you've been so successful already in changing several states that if someone doesn't know that you've made those changes recently, they would be misinformed about it. So I think you're 100% right that the communication part is such a huge, huge part of this.

Corey Feist, JD, MBA:

Can I just elaborate on that just for two seconds? By the way, never trust a lawyer who says he's only going to talk for two seconds. But anyway.

I was recently teaching a class of medical students at a large university around wellbeing. I asked them, I said, "Well, your medical school has a designated mental health professional for you as a class. You have full access and you can use it." There are 50 of them in the room. They all shook their head. And I'm doing a little Socratic method. Why is that? How could that possibly be? And to a person, each one of those medical students said, "No, no, no, no, no. We've been told we will have an impact on our license either where we want to be or in this current environment." And I said to them, "Well, where are you all from?" I polled them all and said, "We're all from different states pretty much, a little overlap." But what was shocking was that each one of them was wrong and not one of them had even bothered to know what the rules were. They just assumed the facts weren't in their favor.

We've got to swim upstream here. We got a mountain to climb. Pick an analogy. But these are all very doable. And I think it takes all of us leaning into the conversation to really just share what the rules are. It starts at medical school. It goes into residency. So long as there are any local barriers to mental health treatment, individuals are not going to risk their career's work and their life's work for something like taking care of themselves. It's almost antithetical to your wiring as to why you went into medicine. So we really need to make it as clear and understandable as possible.

Gaurava Agarwal, M.D.:

That's right. You are a former CEO. I'm the Chief Wellness Executive. I think we both know there's a process and how we might go about this.

Does it have to be a C-suite level person, or can someone else start this journey at a local hospital? And if so, if it can be someone else, what would you tell them they should do first to get the ball rolling in their local level?

Corey Feist, JD, MBA:

Yeah. Thank you. I think all of this change work is bottom up and top down. It is very effective when you have someone who is in a position of leadership who can carry this message through whatever relevant committees need to happen. And anyone and everyone needs to lean in, grab this toolkit. If you're at a hospital system, go to the credentialing office or the medical staff office, whatever you call that office, take the toolkit. Go to a member on the medical staff executive committee or whatever your committee is that oversees the credentialing process, take the toolkit to them. If you're on a board of licensure or a specialty board, take the toolkit and say, "Have you looked at the questions lately?" I will guarantee you, unless they've never heard from me, and a lot have, often what we find is that, "No, of course not."

I'll just tell you very quickly. I was speaking with a large academic medical center executive vice president recently at a meeting. He took me aside, and he said, "We've tried everything. I don't even know what else we can do." And I said, "What do your credentialing questions look like in your health system?" And he looked at me and he kind of went, "Oh, I guess we need to look at that." And I said, "And let's look at your quality umbrella. Are you incorporating quadruple quality aims?" And we kind of went on the operational thing. But the very first thing he said was, "Well, we can do that."

That's the point of all of this. It can be done, as you say. This was an intentional decision by us to focus first on this and this licensing and credentialing piece. Let me just round out the answer by saying this. Right now, the healthcare workforce across the country is not seeing the visible commitment to their wellbeing by healthcare leaders, and that is not because the healthcare leaders aren't trying their best. This is a very tangible thing that every healthcare leader can do to make a visible commitment to the workforce, that they want to create an environment where the workforce can thrive because they care about them as individuals.

Gaurava Agarwal, M.D.:

It's in circle of control. I was going to save this for later, but through your inspiration, we just got ours changed in Northwestern Medicine, uses a toolkit. You're 100% right. Going through the medical executive office, medical staff office, the office of general counsel, the CMOs, find your allies, those are generally the players that you all need and it can get done it. You say this in the toolkit, and when you start it's overwhelming, but this can be done in two weeks. Honestly, this can be done in less than two weeks.

Corey Feist, JD, MBA:

Let me tell you the record. Sorry to speak over you. The record was one health system, which also had a health plan, looked at these questions on Friday, worked at them over the weekend, and by Monday they had made the change. Not even a full business day. Now in healthcare, Saturday and Sunday, of course, are business days, but for the business world, they're not.

That's why I said this is top down and bottom up. If you have a leader who recognizes this and can carry this forward, amazing. But in the absence of a leader who can do it, any of the listeners here who sit on a medical staff of any hospital system can carry this forward. The toolkit is free, so it's not going to cost them anything. It'll cost them time. And look at the great scaled impact that you'll have by making the change and then letting everyone know what the rules are.

Gaurava Agarwal, M.D.:

What would you say to a leader who's saying, "Listen, I hear what you're saying, but I have a responsibility to our patients, to my organization, to make sure that we're putting folks on the field that are not impaired, that are healthy, that won't put patients at risk, and I'm afraid of the ramifications?" What would you say to that person to help them get over that hump?

Corey Feist, JD, MBA:

That's why the focus can be and should be on current impairment. It's not about asking, "In the last five years, have you ever gone to a therapist?" Those questions just reinforce stigma and don't really get at what you're trying to get at. And to be honest with you, an untreated medical condition can be as serious from a patient perspective as an untreated mental health condition. It's all the same. So that's why the questions need to be on current impairment, which is what the ADA requires.

What I would say to that individual is your ideal state is for people to take care of themselves so that whatever their condition, mental or physical, and we know that these are all related, but right now we're bifurcating them for the moment, any condition they have is treated, is being managed so that they can do their job safely. That's the ultimate goal. What I would also say to that healthcare leader is the law of unintended consequences is at play here. What you don't realize is substance use around healthcare workers is at an all-time high due to the pandemic because they don't have a natural outlet. That's not the state of affairs we want. We want a state of affairs where the workforce is healthy and can take care of themselves, and that, that directly relates to high quality patient care, which is why we're in this business.

Gaurava Agarwal, M.D.:

As a psychiatrist, what I always tell people is we can provide great care when the problems are smaller, actually. Our outcomes are so much better if we hit it early, just like in most medical problems. What we're actually doing is we're causing delayed care, more serious illness, which is much more treatment refractory. And so if you care about safe patient care, then to nip things in the bud early is actually the best thing that you can do. So that's a great answer, and I think really important for people to underscore.

I have to tell you, for me, there was a big nudge to get this done quickly when I realized Illinois was in compliance. If I'm a hospital where the state isn't in compliance, and you're like, "Well, what difference does it really make if I change the local because the state is still going to ask them that?" What are the steps to begin the state process? I imagine that's a little more complicated and can't be done over a weekend.

Corey Feist, JD, MBA:

Well, maybe. It's a lawyer's dream and a lawyer's nightmare. Every state's a little different. The steps are the same. Going to the licensing board is your first starting point and finding someone who is on the licensing board, and understanding that those boards of medicine are very aware of these issues now. In fact, I will be going to their annual meeting. If you're handing out the first round of those badges, those same badges, we'll have the majority of states now on the medical licensing side. One way to go is directly to your licensing board. And some states have an allopathic and an osteopathic board. So it's a mix, but some just have one.

Another approach is the approach that we took in Virginia. In Virginia, all healthcare professional licensing rolls up to one body. The Virginia General Assembly this year took up legislation, which you can

read about on our website, which limits to two questions regardless of what healthcare profession you're in. So it directs all licensed healthcare professional boards to limit their questions to just two.

I will just share with you that after I testified in favor of that legislation, the chair of the committee looked to his peers who were sitting on the diocese with him and said, "Would anyone here dare speak against this?" It passed unanimously in the House and the Senate of Virginia. And I know you're from Illinois. Illinois just reinforced in law what was already the case at the medical licensing level, which is to comply with the ADA in their medical licensing. And that unanimously passed the House and the Senate.

So going to members of your state legislature, some of whom are physicians who will get this in one half of one second, which is what happened in Illinois, is another approach other than a licensing board. For us, it was a very quick process. For us, in Virginia, I should say. It even had an emergency clause, which meant that the second the governor signed it became law as opposed to waiting for when most legislation becomes law, which is July 1. The governor signed it in mid-March in Virginia of 2023, and it's now law across all licensed healthcare professionals.

You can take two approaches; go to licensing board, go to your legislature. Either way, you can do this and you will find almost no resistance to the process. So now it's just a matter of trying to get upstream of all the stigma conversation and really trying to make sure we communicate to current and future workforce what the rules are so they can take care of themselves.

Gaurava Agarwal, M.D.:

That's fantastic. Another level is I had a trainee who just signed her first contract. Super exciting moment, of course. Said that, "The malpractice insurer was now the one that was asking very, very intrusive questions. Probably the most intrusive I've seen." What's the process there? Are you all in that space right now?

Corey Feist, JD, MBA:

Yes, we are. I've gone to the national meetings of several of these organizations. Like I said, at the top of the hour, it's the same process. So it's a matter of going to the malpractice agency and saying, "You can't ask these questions. Please use this toolkit."

I would also say, and I thought this is where you're going to go, a lot of times peer reference forms at whatever the level is, licensing, credentialing, malpractice, will have questions in peer reference forms. I would just encourage all the listeners not to answer those questions. I hear from people all the time that they get these questions. Respond that that's not an appropriate question to ask.

Gaurava Agarwal, M.D.:

That's great. That's great advice. I love that. Excellent.

Well, I really, really appreciate all the work that you're doing. Again, for our listeners, we just used this toolkit. To be perfectly honest, lots of toolkits are overwhelming. They're difficult to use, and this one isn't. Very actionable, short, sweet. Every time I'd be like, "What's the next thing I need?" All I had to do is turn the page in the toolkit and it tells you. It gives you templates of emails, communication tools. It's plug and chug, and we got it done. And I really do believe our listeners can get it done too.

Thank you, Mr. Feist, for your leadership and being with us today.

Corey Feist, JD, MBA:

It's my pleasure. Maybe one last comment, which is that we're currently working with CDC and NIOSH, their occupational safety arm, on a national education and awareness campaign that was funded under the Lorna Breen Act, the new federal law that we helped create. May 18th, 2023, is going to be a huge call to action for the entire healthcare community to use this toolkit. So your listeners will hear all about this. They will continue to hear all about this because the CDC NIOSH mini campaign, that's going to launch mid-May 2023, will have a lot of information about this, but it's all going to be the same message. We're creating this echo chamber, an echo chamber of action and support, and we are just thrilled to be a part of it.

Thanks so much for having me, and thanks to you all for just taking a few minutes of time to make the world a better place for our healthcare workforce. You all, as healthcare professionals, need it and deserve it.

Gaurava Agarwal, M.D.:

Thank you so much. What a great thing to have for May Mental Health Month. Appreciate that.