THE COVENANT Chart

COVENANT HealthCare

COVENANT MEDICAL STAFF NEWSLETTER | JUNE 2022

New Bill Recognizes Mental Health Crisis Among Healthcare Professionals Plus Resources To Get Help

Dr. Kathleen Cowling
Covenant HealthCare Chief of Staff

Health and wellness among healthcare professionals struggling with increasing workloads, stress and burnout has long been a challenge. Even before the pandemic, physicians and nurses were at twice the risk of burnout and suicidal ideation compared to the general population. The pandemic, of course, has exacerbated the problem by adding the burden of COVID-19-related deaths, blame and front-line anxiety to the mix. Today, we are facing a national crisis of exhausted, isolated healthcare workers who are quitting the profession at historic highs.

Progress

On the positive side, public awareness and compassion for the healthcare crisis has also increased. On March 18, 2022, Congress passed H.R. 1667, the Dr. Lorna Breen Health Care Provider Protection Act. Dr. Breen died April 26, 2020, from suicide. She was the highly respected medical director of the emergency department at New York Presbyterian hospital.

Below is an excerpt from the bill:

> *"This bill establishes grants and requires other activities to improve mental and behavioral health among healthcare providers.*
>
> ***Specifically, the Department of Health and Human Services (HHS) must award grants** to hospitals, medical professional associations and other healthcare entities for programs to promote mental health and resiliency among healthcare providers. In addition, HHS may award grants for relevant mental and behavioral health training for healthcare students, residents, or professionals.*
>
> *Additionally, HHS must conduct a campaign to (1) encourage healthcare providers to seek support and treatment for mental and behavioral health concerns, and (2) disseminate best practices to prevent suicide and improve mental health and resiliency among healthcare providers."*

Understanding the Cost

Burnout manifests itself in many ways: PTSD, anxiety, depression, poor job satisfaction, resentment and more. The impact is felt in three ways: 1) the emotional cost of losing a talented colleague who was afraid to reach out for fear of being ostracized, 2) the cost to the organization (losing just one physician costs about $1 million), and 3) potential medical errors that can affect patient outcomes.

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Indeed, H.R. 1667 is an important step forward. However, it is surprising that 41 members of Congress either failed to vote, or voted against this bill. After two long years of navigating medicine through a pandemic and saving countless lives, are they questioning our resilience and blaming us for the crisis … or do they just not care?

Elvis Presley said, "Before you abuse, criticize and accuse, walk a mile in my shoes." If these legislators were to experience the true nature of healthcare, maybe they would vote differently to help rather than hinder the crisis. Then perhaps together, they could all support realistic solutions that pave the way for positive systemic change.

Taking Action

Success requires more than legislative action. It also takes respect, empathy and trust among all parties. Each healthcare worker must also accept that while we are strong and resilient, we are human and occasionally fragile too. It is smart, not weak, to seek a helping hand.

Please see the "short list" of resources in the sidebar. Reach out if you need personal help, and share this message with colleagues who may be in crisis. Let us stand together to hold each other up. No one should feel alone – EVER.

Sincerely,

K Cowling

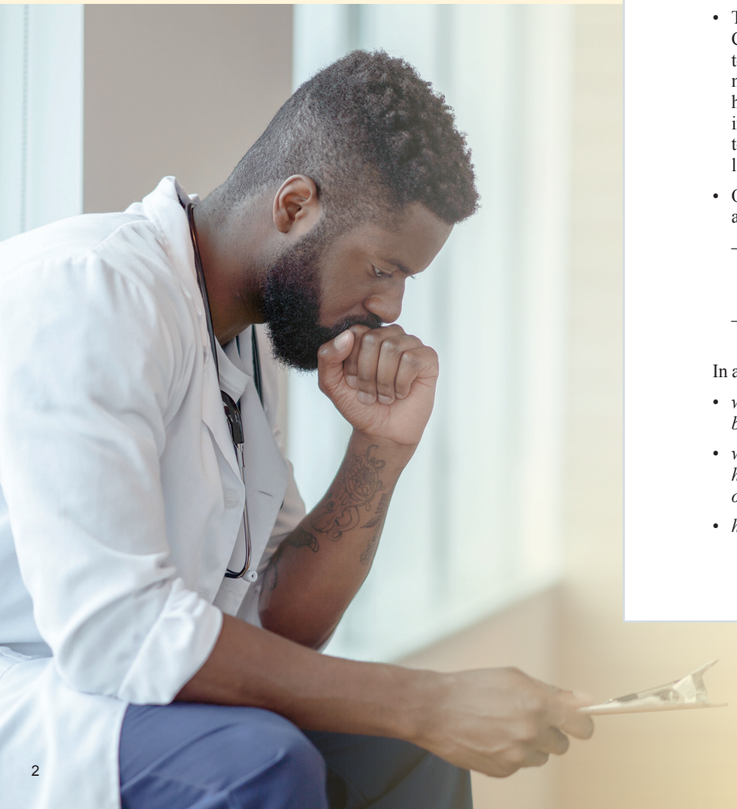
Dr. Kathleen Cowling

Mental Health & Wellbeing Resources

- To help ensure employee health and wellbeing, Covenant HealthCare is working with CUP-Health to provide Covenant employees with free workplace mental health and wellbeing services. Employees now have access to 12 FREE virtual sessions. For more information, see: *www.cup-health.com*, send an email to newclient@CUP-Health.com or call the 24-hour line **616.607.8911**.
- Other free and confidential counseling services are available at:
  - The Physician Support Line, 7 days a week, 8 a.m.-1 p.m. EST at: *www.physiciansupportline.com* or **888-409-0141**.
  - The National Suicide Prevention Lifeline, 24/7: **800.273.8255**.

In addition, please see:

- *www.congress.gov/bill/117th-congress/house-bill/1667*
- *www.ama-assn.org/practice-management/physician-health/how-much-physician-burnout-costing-your-organization*
- *https://drlornabreen.org (I ADDED)*



PROPS Committee Launches CLEAR Communications to All Providers

Dr. Matthew Deibel, Medical Director Emergency Care Center and Christin Tenbusch, Care Experience Administrator

Extraordinary communication leads to extraordinary care. Most patient success stories are linked to effective, thoughtful communications. Conversely, most patient issues are attributed to communications breakdowns. Therefore, clear communications should be a part of every treatment plan, and integral to the oath we take to "First, do no harm."

To promote such a culture, the Provider Recognition and Ongoing Peer Support (PROPS) committee at Covenant HealthCare launched the CLEAR initiative in early 2022 to Covenant providers, advanced practice providers (APPs) and residents whether employed by Covenant or CMU Health, or independent.

The goal? To help everyone communicate more clearly to patients, caregivers, families and colleagues.

What Is CLEAR?

As explained in the sidebar, CLEAR stands for Connect, Listen, Engage, Ask and Respect. The CLEAR approach will:

- Benefit everyone by improving quality, safety, engagement, alignment and culture.
- Help Covenant continue to meet and exceed national standards of care with above-average ratings.
- Drive a better provider-patient understanding of care along with stronger engagement between everyone involved in the patient's care.
- Help improve patient outcomes by reducing misunderstandings and building trust.

CONNECT
– Use eye contact, nodding, introducing yourself, and sitting down when able.

LISTEN
– Summarize your conversation, *"What I am hearing is…"* Also avoid interrupting.

ENGAGE
– Acknowledge the individual's emotions, *"This must be difficult."*

ASK
– Use open-ended questions that encourage conversation such as, *"What questions do you have?"* or *"How are you feeling?"*

RESPECT
– Be sensitive to the individual's needs, values, culture and diversity.

What Providers Are Saying

CLEAR is already earning great support and feedback, as shown in this CLEAR video featuring Covenant staff and independents: *https://www.youtube.comwatch?v=zgy994hLTrY*.

Excerpts include:

- Connect: Dr. Jennifer Romeu, CMU Family Practice: *"I connect with patients by saying their name at the beginning of the appointment. I sit at eye level … find that common ground … build that rapport independent from their medical diagnosis."*
- Listen: Dr. Pramod Kalagara, Hospitalist, *"I make an effort to find a chair and sit with the patients (and listen to their story). I really feel they appreciate that."*
- Engage: Dr. John Sharpe, General and Trauma Surgeon, *"I do my best to make sure they know that I understand what they are going through. If it is something that I have faced myself, I try to relate my own experience to them."*
- Ask: Ryan Murtha, Pulmonology Physician Assistant, *"It is important to ask open-ended questions like, 'Tell me what happened that brought you here' as opposed to 'I heard you have chest pain.' You get a more nuanced story."*
- Respect: Dr. Jennifer Romeu, *"I make sure they know I see them as an individual. I walk them through shared decision-making goals as a team rather than someone delegating a plan."*

Building a CLEAR Culture

Recognizing the hectic schedules of all healthcare providers, the PROPS committee decided to forgo training seminars about CLEAR and instead build awareness through flyers, badge buddies, a video (see above) and other communications vehicles. The hope is that everyone will take the CLEAR approach seriously and commit to practicing it every day in every encounter.

The value of CLEAR will be measured, in part, by tracking performance in annual provider and patient surveys, reviewing safety and quality metrics, and more.

Individuals looking for additional assistance, coaching and tools should use the PROPS Committee as a key resource. Please see the contact information directly below. PROPS uses take-aways from the Covenant Provider Engagement Survey to enhance communications and culture. This team also focuses on provider well-being, working to enhance organizational efforts to recognize physicians and APPs.

For more information, contact Dr. Deibel at 989.583.6022 (mdeibel@chs-mi.com) or Christin Tenbusch at 989.583.7491 (CTenbusch@chs-mi.com). Also contact Christin for tools and coaching.

Multiple Sclerosis Treatable with Many Therapies When Diagnosed Early

Dr. Angala Borders-Robinson, Covenant Neurology

Quite often, when people hear the words "multiple sclerosis" or MS, they mentally jump back 30 years when therapies were few and far between, and disability from the disease was common. The good news is that since the 1990s, around 20 therapies have been developed and diagnostic criteria has been revised multiple times to help confirm diagnosis sooner. The bad news is that MS appears to be increasing over the past five decades, possibly due to better screening methods and environmental factors.

Today, MS is considered a treatable disease, especially if it is diagnosed early to prevent disability. It must be managed closely, however, to personalize therapy during the changing course of the disease. Below are some important facts that can help you deliver the best possible outcomes to your patients.

MS Signs and Symptoms

MS is a demyelinating disease that affects more than 1 million people in the United States. Because the body's immune system attacks the myelin in the central nervous system, symptoms are unpredictable, vary between people and change over time. It typically presents with numbness, weakness, vision problems, walking gait difficulties, spasticity, bladder issues, fatigue and pain.

Physicians should have a high suspicion for patients presenting between the ages of 20 and 45 with neurological symptoms, as MS typically appears in young adulthood. Studies show the disease occurring at a 3:1 female to male ratio, incidence peaking at age 30, and more commonly among those with northern European ancestry.

While research continues, currently no specific test exists to diagnose MS. Instead, it is diagnosed using a combination of information pulled from:

- Medical history, both personal and family
- Neurological examination
- Any known environmental factors
- MRI imaging of the brain and spinal cord
- Laboratory tests to rule out conditions like lupus, Sjogren's, vitamin/mineral deficiencies, infections or rare hereditary diseases
- Lumbar puncture to rule out abnormal proteins

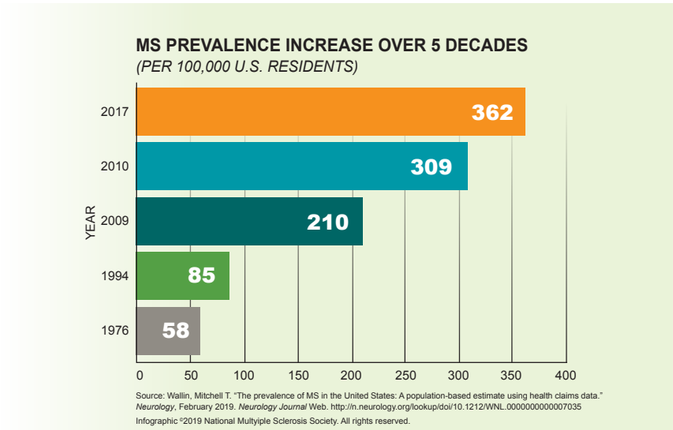
The Revised McDonald Criteria (2017) includes specific guidelines to speed the diagnostic process.

Management Strategies

MS is not curable. Treatment typically uses medications to augment the immune system. As mentioned, about 20 therapies are available which vary in their side effects and impact on the immune system, and on the disease stage.

According to the National Multiple Sclerosis Society, care must be comprehensive and become part of a patient's overall healthcare strategy, like routine health screenings and dental care. Typically, the four parts of MS management together target diet, emotional and physical well-being as follows:

1. **Modifying the disease course:** About a dozen medications treat relapsing and primary-progressive forms of MS.
2. **Treating exacerbations:** Several medications along with rehabilitation help patients manage their symptoms and stay physically strong.
3. **Promoting function through rehabilitation:** Rehab programs seek to improve or maintain the ability to stay independent and safe at home or work. The focus is on fitness and energy management, and on addressing unique problems such as mobility, swallowing and cognitive functions.
4. **Providing emotional support:** Mental health programs provide additional support, education and treatment for mood changes common to MS.



Summary

When you break a bone, you treat it immediately to promote healing and avoid future problems. MS should be approached the same way. When this disease is suspected, please do not wait for symptoms to get worse before screening for MS. Instead, **screen immediately** for MS and/or refer to a specialist. If MS is indeed diagnosed, ensure that treatment starts immediately to manage, slow and modify the disease course, prevent disability and ensure quality of life.

MS no longer needs to be a diagnosis marked by a fast decline in health. Hundreds of thousands(?) of people are living well with MS and have fit and active lifestyles for decades after diagnosis. Please see https://www.nationalmssociety.org/ for details.

For more information, contact Dr. Borders-Robinson at 989.583.3150 or angala.borders-robinson@chs-mi.com.

Helping Young Transgender Patients Face Unique Challenges

Dr. Tessa Dake, Family Medicine

The transgender youth population comprises about 1% of the U.S. population and continues to grow as more kids "come out." These patients experience significant challenges, including an elevated risk for depression and suicide due to the familial and societal obstacles they face.

Ensuring that they have equal access to transgender-inclusive and -specific healthcare can help save lives, but only if health-care providers and systems educate themselves and their staff.

Transgender Challenges

"Transgender" refers to people who feel their gender is the opposite of that assigned at birth. This can result in gender dysphoria, which impacts how they act in terms of interests, clothing, speech patterns, body language and more.

Most people are not transgender. However, children who are transgender or show gender dysphoria are especially vulnerable when parents are unsupportive and abusive. Sadly:

- They experience four times greater rates of poverty than the national average.
- 25% experience refusal of healthcare services, partly due to provider bias.
- 33% report harassment and violence experienced in the healthcare setting.
- 40% attempt suicide versus 4% of the general population.

Provider Challenges

Some providers feel awkward around transgender people, uncertain how to communicate. Transgender people often feel the same way, afraid of being stigmatized. To promote a safe and caring environment, physicians can take these simple actions right now:

- **Educate yourself and staff** to become a gender-inclusive practice. Studies show that this can reduce the depression by 60% and the suicide by 73%. Simply using a transgender youth's chosen name and pronouns can make a dramatic difference, as can inclusive language on forms and office signage.
- **Give parents access to information and resources** to help determine a clear path forward – from medical care and counseling to support tools and groups. Encourage family acceptance, which is proven to improve mental health and quality of life.

Useful Resources

- **AMA:** ***https://www.ama-assn.org/delivering-care/population-care/creating-lgbtq-friendly-practice***
- **National Center for Transgender Equality:** ***https://transequality.org/issues/resources/supporting-the-transgender-people-in-your-life-a-guide-to-being-a-good-ally***

- **Dispel preconceived myths about treatment.** For example, hormone therapy or surgical intervention are never recommended for youth. Be prepared to make referrals to professional transition care for both the patient and family. Occasionally, temporary puberty blockers are recommended to give transgender youth the time they need to cope before making adult decisions about irreversible treatments.
- **Give all relevant care** for transgender patients, keeping in mind their birth and transgender history (e.g., cervical cancer screenings for female-to-male patients).

Having the Conversation

Children under 18 have the right to discuss their personal health alone with their doctor. Such discussions should be confidential unless the child indicates self-harm or is being harmed. Any treatment (such as counseling) requires the consent of a parent or guardian.

Ask open-ended questions and take a neutral approach. Studies show that most transgender patients want to discuss their issues, as do many parents. Creating a comfortable environment for dialogue sets the tone for future discussions.

While transgender healthcare has a way to go, we are making progress. Nationwide, counselors, educators and healthcare providers are getting the training they need to make a positive difference. See the sidebar for resources to get you and your staff started too.

For more information, contact Dr. Dake at 989.790.3697 or Tessa.Dake@chs-mi.com.

18-Year-Old Trans-Male Experience

Misdiagnosis: "When I was younger, I went to my doctor with chest pain. They knew me, my gender and history. Instead of doing an exam, they told me to go the ER because they thought I was dying from a blood clot in my lungs. The X-ray there showed I had broken ribs from binding my chest. My mom and I had both thought I was dying."

Insensitivity: "I always worried in the waiting room that they'd call out the "girliest" name. When a man with facial hair (me) gets up and says, "that's me," it is uncomfortable for me and everyone else."

Progress: "Now, it finally feels like I can see rainbows in the middle of a storm. Today, I usually get gendered (and treated) correctly."

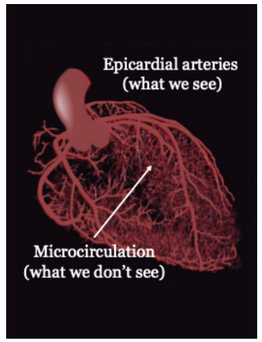
Is Your Patient's Chest Pain Due to Coronary Microvascular Dysfunction?

Dr. Manoj Sharma, Covenant Cardiology

Between 25-50% of patients with typical chest pain and "normal coronary arteries" on angiography may have coronary microvascular dysfunction (CMD). Smokers, diabetics and women are more likely to develop this disease. Recognition is important as these patients may have a worse prognosis when compared to patients with normal microvascular function. Treatment of CMD and prevention of cardiovascular events is similar to that for atherosclerotic heart disease.

Solving the Angina Question

Chest pain, or angina, can be caused by a variety of conditions. Sometimes, the coronary angiogram may not show any significant obstructive CAD and yet the angina continues. Coronary microvascular dysfunction (CMD) may be the culprit. CMD is referred to as spectrum of structural and functional alterations at the level of coronary microcirculation, leading to an impaired coronary blood flow (CBF) and ultimately leading to myocardial ischemia. This raises a red flag because:



CORONARY MICROCIRCULATION

- Even without evidence of blockages in the major heart arteries, people with ongoing chest pain have high five-year rates of a cardiovascular events.
- Undetected, CMD may contribute to later development of CAD and myocardial infarction (MI).
- Getting ahead of the problem can thus prevent major issues that impact quality of life.

Causes and Signs

Many researchers think CMD shares certain risk factors with arteriosclerosis, including elevated cholesterol, high blood pressure, smoking, diabetes, obesity, inactivity, poor diet, age and family history of heart disease. The potential mechanisms of CMD appear to be heterogenous, including enhanced coronary vasoconstrictive reactivity at the microvascular level, impaired endothelium-dependent and independent coronary vasodilator capacities, and increased coronary microvascular resistance secondary to structural factors.

Unlike CAD, in which symptoms are typically first noticed with physical activity, CMD angina is usually first noticed during routine daily activities or times of mental stress and can occur at rest too. Other signs include shortness of breath, sleep issues, fatigue and lack of energy.

Diagnosis and Treatment

Non-invasive tests include a PET scan or cardiac MRI, however, the most accurate and efficient diagnostic approach is to perform additional invasive testing at the time of the initial coronary angiography to measure blood flow and resistance. Please see the table below for different scenarios prompting a visit to a catheterization lab.

Covenant HealthCare, which is certified to use the Coroventis™ CoraFlow™ Cardiovascular System, is one of the few hospitals in Michigan to accurately perform this test and make a CMD diagnosis. After the angiography, CoroFlow™ is used to assess for CMD – which only adds 10 minutes to the procedure time. It is safe, proven and effective at developing the best line of treatment. CMD is diagnosed when Coronary Flow Reserve (CFR) is < 2.0 and Index of Myocardial Resistance (IMR) is >25.

The primary goal of treatment is to reduce pain and prevent further complications. Nonpharmacological treatment includes weight loss, exercise and smoking cessation. Medical treatment is with calcium channel blockers, nitrates, antiplatelet agents, statins, and diabetes and BP control.

CMD may play a role in other cardiovascular conditions such as nonischemic cardiomyopathies, takotsubo syndrome and heart failure. While research is ongoing for CMD prevention, diagnosing and treating this condition can make a world of difference in patient health and well-being.

For more information, contact Dr. Sharma at 989.583.4700 or msharma@chs-mi.com.

INDICATIONS FOR INVASIVE CORONARY MICROVASCULAR ASSESSMENT IN A CARDIAC CATHETERIZATION LAB

WHEN	WHY
Scenario 1: Patient has abnormal stress study results and angina but no significant epicardial coronary disease	To diagnose the source of ischemia/symptoms and provide further medical treatment
Scenario 2: Patient has undergone successful percutaneous coronary intervention (PCI) but continues to have angina	To diagnose the source of residual ischemia/ symptoms and provide further medical treatment
Scenario 3: Patient presenting with acute coronary syndrome	To assess the degree of microvascular damage for risk stratification and early adjunctive treatment
Scenario 4: Stable patient undergoing PCI	To identify patients at higher risk of periprocedural myocardial infarction
Scenario 5: Patient after heart transplantation	To identify patients at higher risk of adverse outcomes
Scenario 6: Research setting	To evaluate new therapies

Reversing Radiation Damage with Hyperbaric Oxygen Therapy

Dr. David Gustavison, Covenant Wound Healing

While radiation effectively treats cancer and saves lives, it can cause delayed injuries in some patients. The use of hyperbaric oxygen therapy (HBOT) to treat necrosis following radiation treatment was first reported in the 1970s. Since then, HBOT has vastly improved, and today is the only available treatment for most cases of radiation-induced necrosis.

HBOT is a non-invasive, low-risk treatment in which patients usually experience a notable reduction or complete resolution of their symptoms. In some cases (such as osteoradionecrosis), patients can avoid the need for restorative surgery by preventing the worsening of injury and in other cases (such as breast or facial cancer) it can help prepare them for reconstructive surgery.

How It Works

Radiation damage can occur anywhere on or within the body including the head and neck, chest wall, abdomen or pelvis. The level of damage depends on a patient's sensitivity to radiotherapy, the type and dose of treatment and the cancer's location. Scarring, infection and a lack of blood supply to treated areas can damage or kill surrounding tissues.

HBOT revitalizes damaged tissues by bringing nutrients and oxygen to the areas that need it most. The patient is given 100% oxygen in a pressurized hyperbaric chamber. This greatly enhances the ability of white blood cells to kill bacteria and reduce inflammation while allowing new blood vessels to form, increasing circulation. In other words, it speeds and promotes healing.

Considerations

HBOT can offer excellent relief to patients experiencing pain, open wounds and other tissue injuries. Some of the more common radiation-related injuries are necrosis of the maxilla and mandible (head and neck cancer), chest wall necrosis (breast cancer), proctitis/enteritis and cystitis, and neurological injuries from radiation treatment of brain cancer.

Ensuring positive outcomes and safety requires the following considerations:

- Treatment for radiation cystitis has better outcomes when started within six months of onset of hematuria.
- Patients with cataracts may see accelerated cataract growth.
- Patients may have a temporary worsening of myopia or short sightedness, which usually resolves in a few months.
- Diabetics need to have adequate control of their glucose levels as the HBOT may cause a significant drop of blood glucose levels during treatment.
- Patients may also experience barotrauma of their tympanic membranes if they are not able to equalize ear pressure.
- Patients are monitored closely for use of petroleum-containing lotions, cosmetics and other combustible materials.

Treatment and Benefits

Patients need to commit to a standard course of 20 treatments (or more), depending on their situation. Typical sessions occur five times per week at 2 atmospheres pressure for 90 minutes, with an additional 20 minutes to adjust chamber pressures.

HBOT can benefit patients in many ways, including less pain, improved quality of life and reduced infection at vulnerable sites. HBOT has, for example, helped many patients become symptom-free after months or years of pain. Examples:

- One post-radiation, uterine-cancer patient had suffered from blood in her stool and severe pain with bowel movements for years. The problem completely resolved after 20 treatments with HBOT.
- Male patients with hemorrhagic cystitis from radiation treatments have had remarkable results, with all becoming asymptomatic with no hematuria after HBOT. While not a guarantee, treatment has been positive for patients with this condition.

Put HBOT on Top

HBOT is often not the first thought when treating patients suffering from radiation-related injuries and nonhealing wounds. Patients may even forget they had radiation treatment for cancer as a child or teenager, so they may not associate new problems with that experience.

Take a minute to ask your patients if they have a history of radiation, then monitor them for worsening pain, discomfort or delayed open wounds in the treated area. If they are having issues, put HBOT first as a potential treatment and make a referral as soon as possible for an assessment. It could prevent, or end, years of pain and other symptoms.

For more information, contact Dr. Gustavison at 989.583.4401 or david.gustavison@chs-mi.com.

COVENANT HealthCare

Extraordinary care for every generation.

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989.583.4051 (office).

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The Chart Spotlights

Congratulations Providers of the Month!

Your patients and colleagues are saying extraordinary things…

APRIL 2022

Dr. Kristin Nelsen, Diagnostic & Interventional Radiology

"Dr. Nelsen is careful and thorough in her care and interpretations. She is always happy to take time to review a film and discuss interventions."

"She is a true professional and provides exceptional quality in her work! She's amazing at what she can pick up from imaging. Dr. Nelsen is a great resource for us in the ECC."

"Dr. Nelsen is easy to work with and I am thankful she's on our team."

MAY 2022

Dr. Olivia Phifer-Combs, Obstetrics & Gynecology

"This OB doctor was very kind and patient with me during my difficult labor. My baby was delivered safe and healthy, and I am forever grateful."

"I would highly recommend Dr. Phifer. She was very attentive, thorough and listened to my needs!"

"Dr. Phifer was kind and caring. We had a wonderful experience!"

JUNE 2022

Vicki Ott, Family Nurse Practitioner, Digestive Care Department

"I really liked Vicki. She showed empathy and genuine concern with my health. She was also optimistic and goal-oriented toward a resolution of my health concerns."

"I appreciated the time Vicki gave me to discuss my issues and questions regarding medication. I was very comfortable with her."

"Vicki was very pleasant and attentive."