

Transcript for Financial Resources for Practices in the CARES Act:  
Part 3  
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6:00 pm- 7:00 pm

Presenters:

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Hugh Tilson:

Good evening. It is 6 o'clock. Let's get started. Thank you for participating in today's webinar on COVID-19. This evening will have a brief update about our discussion on the CARES act and some recent activity. We want to make sure we close the loop on those. We will spend most of our time on you and your practices' resiliency and human capital. Next slide.

Tonight's webinar is co-sponsored by CCNC, NC Pediatric Society, NC Psychiatric Association, the Academy of NC Family Physicians and NC AHEC. It's a third in a continuing informational series designed to respond to the need you identified as you navigate COVID-19. Like to think Tom, Elizabeth, and Greg for their leadership in identifying those needs. For partnership and collaboration on these webinars to respond to them. I like to specifically recognize Robin for her leadership in the panel tonight. It's very timely and really looking forward to it. I'd also like to thank everyone for the work you're doing for your patients, your staff, and your communities every day. We know these are challenging times. We hope the information you get tonight will make navigating these times a little easier. Next slide.

My name is Hugh Tilson I'll be moderating today's webinar. Our panelists this evening are Dr. Allan Dobson who will have a quick update on the CARES Act. And his color commentary on these issues as we progress. Doctor Alan Chrisman, Teresa Garrett, and Karen Melendez. Thank you for making the time to prepare and present to us tonight. Next slide.

After the palest provider updates, we will turn to questions. If you want to submit questions you can do two ways. If you're on the webinar use the Q & A function on the black bar at the bottom. If you are on the phone, you can't do that, so you need to submit your questions through our Gmail, [questionscovid19webinar@gmail.com](mailto:questionscovid19webinar@gmail.com). That's [questionscovid19webinar@gmail.com](mailto:questionscovid19webinar@gmail.com). We will record this webinar and make it available as well is a transcript of it in the slides on the joint CCNC and AHEC website. Hopefully tonight and if not tomorrow morning. Next slide.

Just for a quick rundown of where were gonna go this evening. We talked about Allen's update on federal aid programs. I think we have Shawn Parker on the line. Shawn, thank you if we need you.

Were gonna review lessons learned from the psychological behavioral health responses and consequences in disaster events. Were gonna characterize healthcare worker stress from COVID-19 and define factors that enhance resilience for the medical practices. So timely discussion looking forward to it. Allan Dobson let me turn it over to you for your quick update on the CARES Act.

Allan Dobson:

Thank you and good evening everybody. I think Shawn and I can join us today. We are actually changing. I'm going to give a quick play-by-play and Sean will jump in and give color commentary. Things are really moving fast. We want to make sure you must up to date information. Here's the follow-up. The payroll protection plan felt like is the way most people could look at getting some support for this interim period. That money got fully allocated very quickly. You've probably seen a lot in the news about it. Some being gobbled up by big corporations and whatnot. There are currently no new loans or grants available until Congress adds more money. That's really expected soon. Sounds like that is moving quickly in the senate. I'll ask Shawn on to jump in here in a second. Here is our three take-on points this evening. If your application is already submitted to the bank and approved by the SBA that would be a verbal commitment back from the bank, then you may still get your money. That money has to flow within 10 days after SBA approval when they will give you loan documents and fund your account. So, check with your bank. If your bank has your completed application but you're not sure if it's been submitted to SBA go online or ask your bank because you should be in line if there's new money made available. Your application should be sent to the SBA and be in line for funding. If you have not applied, we really recommend you get your information together as soon as possible and talk to your bank so you can get in line and have that application filled out as soon as applications reopen which we expect they will within a week or so. Shawn, you got any thoughts on that?

Shawn Parker:

This afternoon the U.S. Senate did ask a measure that will put \$310 billion in addition to the payroll protection program one good unique feature about that is an earmark of 60 billion specifically for community banks or smaller banks. A lot of the early participants smaller banks didn't participate. They also put in \$60 billion in loans and grants for the disaster relief fund. We talked about that last time. Both of those programs had dried up the appropriation. It's anticipated that Thursday the house will be able to act on this. Much to your advice, if you are considering doing this you really want to act in. Is not a case where you have to be in the program to figure out whether you would be a part of it or not. There was appropriation to the emergency relief fund for that provider relief fund. There's an additional \$75 billion put in and I believe it was earmarked for hospitals, but I cannot find that specifically in the legislation and another \$25 billion for testing. New money coming through and hopefully based on experience the first time through we will get our providers up front in their bank and make it available for them. One quick follow-up on the emergency disaster loan where we spoke about \$10,000 rapid relief, we are finding it's based on employee count. Not everyone gets a full \$10,000 although it's forgivable or doesn't have to be repaid some people are finding they are only qualified for \$1000

or \$2000 of that portion. A wise decision is those programs coming soon.

Allan Dobson:

Next slide. To follow up, if you didn't get your money and is in your account keep it separate. Allocated and pulled over to be paid for approved expenses. Make sure you document them. Specifically, payroll, rent, mortgage and utilities. Utilities are broadly defined. This is to ensure your practice gets the maximum amount forgiven at the end of the period. Next slide.

Public health and social services emergency fund which we touched on last time and to reiterate what Sean says make sure you get in line with the disaster relief funding and also PPP. You may have received funds of this public health emergency fund. They gave them directly to you based on your Medicare billing. It's really important that you fill out your attestation as required by the CARES Act and you will find that attestation portal and there's a link right here. Please go ahead and do that. Still in development were not sure how this will go because there's a lot of providers out there that are not Medicare providers. Particularly OBs and pediatricians that serve Medicaid. There's a lot of discussion about funding for those providers. This may require using states. They put in a request that they push down money so they can pass it through the Medicaid providers. This work is still in progress and no definitive word yet. We look forward to that occurring. And other good news NC is planning to increase the p.m. p.m. under the Carolyn access program. We don't know exactly when that will start and if it's retroactive. I know that is the intent is stated by the secretary and Doctor Dowler and Dave Richards so we will get that information. There's a recognition that getting money to a provider community is extremely important at this time. I believe that the last slide. Here's the economic disaster loan that Shawn referred to. \$10,000 forgivable upfront money. It's tied to per employees. You should get the full 10,000 dollars. The loan applications are no longer available online. But look for them to be turned back on once congress allocate money. It's a quick application. It's the payroll protection plan. Its separate process. We think we advise you at least to put in your application. the state is also contemplating responses and we heard legislature is considering funding the golden leaf to provide temporary relief to small businesses. We will update you on that as it progresses through. There continues to be advocacy at the state and national levels for paying primary care physicians a retainer or PMP based on average billing. It's measure to fund practices during this time. We will see how that advances. The best bet to provide financial stability for your practice. As always, we Will keep you updated and watch our website and communications for additional information between these webinars. I believe that's it.

Turn it over to Alan Chrisman. Talk about resiliency.

Allan Chrisman:

Thank you, this is Allan Chrisman speaking. Just a little bit about myself here in the beginning. I am currently the chair of the North Carolina Psychiatric Association Disaster Committee. I'm also a retired associate professor from the department psychiatry and behavioral sciences at Duke University School of Medicine. I have some practice for 45 years before I retired. Had quite a different set of

circumstances. I was in the active duty in the Navy after finishing my residency. Then I went to work for the Harvard community health plan, HMO for over 13 years. Then I went to duke where I ended my career doing a variety of teaching, research and clinical practice in both adult and child psychiatry. In addition to being in the NC disaster committee, I'm a member of the American Academy of Child Psychiatry Disaster Committee and I serve on the American Psychiatric Association Disaster Committee. Equally relevant, I've been doing disaster work since Katrina that experience led to my NCBA committee at that time. Next slide.

I think what's important in our introduction here to our circumstances is that not a lot yet is still known how to characterize the risks and protective measures for COVID-19, we turn to the lessons learned from SARS which is more recent pandemic that occurred. There was a large study done in Toronto. Look at the hospitals and healthcare workers in those facilities. What they found is that the intensity of that stress in the circumstances was not only considerable but long-lasting. It had a long range of impacts on workplace performance. The findings were significant in that regard. Is also significant in that there was no significant onset of new major mental illness in individuals and workforce. The healthy component of the workforce remained but it was significantly impacted by the experience. We look at reducing the pandemic related stress. It's best to accomplish interventions designed are going to enhance the resilience and psychologically. There are couple of applicable models to approve the adaptation of healthcare workers in conditions of acute stress due to exposure and the care of these patients. The first one is a stress appraisal type of model which is a team based model to give those teams a chance so they can freely and openly do problem solving together and they can very quickly identify maladaptive mechanism of avoidance and blaming their colleges to reduce stress because greater conic stress is reported by workers that use these strategies of avoidance and blame. Any the other recommended intervention is psychological first aid which is evidence form type of care designed to de-escalate individual experiences and I will get to the detail of that later. Next slide please.

Again, looking at the stress experienced by healthcare workers there were two aspects of this stress. That distinguishes the stress of infectious diseases from other disasters and that's highly relevant presently. Normally we look at explanation for disaster stressors like a pyramid like a community and works its way up to individuals for the kind of level experienced the image we are now using in this pandemic is where there's a large put at has come and stepped on top of that flatten that out. We've talked about flattening the curve for the infection search. It's applicable in the sense that flattening that pyramid has brought to all people in intense levels of stress. What we see that goes with that? We see there's a social isolation and now were all shelter in place. The ways in which people have to interact in all levels. If there still central workers in the workplace but otherwise in the community. Infection control procedures therefore increase the interpersonal distance and there's a stigma in interpersonal avoidance with the diminished social and the committee interaction that occurs as a consequence. Secondly, particularly for healthcare workers, we usually expect family support as a buffer. Those that have children at higher levels of distress they are

particularly perceived of affecting their loved ones. They were tremendous concern about caring for their children if the parent is ill and of course there's other elderly in the family. Next slide.

So, there are seven crucial research findings that we can apply to deal with COVID-19. We are looking at first year being social media mass anxiety more than traditional media. In the virtual world where social media tends to dominate a lot of opinions and experiences and you have to be careful about the exposure there. Too much media can undermine mental health. We know from studies after 9/11 exposure to media repeatedly getting catastrophic images. It increases anxiety and depression. We need to use trustworthy information. Particular aspect of trustworthy source helps the accurate information to be used. We have a circumstance where there's a lack of control and that fuels stress. All the current conflicting views held by individuals versus the science that we are hearing about is an example of how people are trying to assert some control even when they don't have a reasonable way to do it. We look at managing stress as a separate requirement. We know what long-term troubles will accrue if we don't address it. Of course, the mental healthcare workers are included in this. The quarantine in isolation will increase the odds of negative outcome. There is a very good review from the English Journal that showed the length of time quarantine becomes a major factor in wheatear it has a negative impact. Next slide.

So, there are five key principles for physicians who are concerned with the psychological welfare of their practice. I know that you all are. This comes out of a lot of research. And review. Getting information from folks like yourself and the National Center for PTSD at the VA has put this information out. You look at the motion of the sense of safety you have a way you can do that for yourself, your family and your practice. Physicians can help restore safety and minimize psychological consequences. You can promote a sense of self and community efficacy. So individual families and organizations get empowered to get take control. You want to support connectedness. Is a crucial resource in dealing with all stressors. I idea Physical distancing should not mean social distancing. There are ways in which you can walk outside and talk to your neighbors at an appropriate distance. You can do as we are now, connectedness electronically through phone, telehealth has taken off in a big way. A lot of community practice outreach with family friends and your patients is really valuable in the circumstance. We can promote a sense of calming. Physician contacts and messages make a stressful time feel less turbulent. Bear in mind you are all trusted sources of information so the accuracy of the information that you get from trusted resources will make a huge difference. Finally, promoting a sense of hope. Provide hopefulness is related to positive aspects. In relation to North Carolina, we are very fortunate to have a very actively engaged government very fortunate to have a very actively engaged government and agencies that have tremendous transparency. The information is freely available so the full aspect of this response is something well-advertised and we should take advantage of that. We look at for inspirational stories of healing and transcending challenges in our current circumstances. Next slide.

Psychological first aid comes back here, our old friend. The key components of this our contact and engagement, safety and comfort that

include social, physical protection from trauma, stabilization, information gathering we talked about the current way in which accurate information is conveyed by you to those around you is can be important. Practical assistance finding out what people's basic needs are and how they met. Connection with social support. Encouraging that. Information on the stress reactions and coping. It's the educational opportunity with plenty of handouts available at the Red cross. Mental health response we actively do that number in disaster. Finally, linkage with collaborative services is widely important. All this information is available in online training. I don't know if you will have time to do that. Different sources with the National traumatic network do have a free online training. It does take six hours, a fair amount of time. It's well worth it if you're able to do that. Next slide.

I'm going to hand it over to doctor Therese Garrett.

Therese Garrett:

Hello. I am Therese Garrett. I am the cochair of the North Carolina Psychiatric Association Disaster Committee in addition to being the current North Carolina Council on child and adolescent Psychiatry and in my practice I been working with community mental health as a medical director of Carolina outreach which provides outpatient resources as well as act services to predominantly Medicaid and uninsured folks. We have some Medicare and private insurance in the public sector and I recently started a and private insurance in the public sector and I recently started a role as the medical director for well care and I have been involved in the Red Cross and some of the disaster mental health responses to the hurricane we've had in the past few years. Next slide.

I'm going to speak today about resilience. There are a few different levels of resilience. One of them often times we think of is the resilience of the individual. That refers to an individual's ability to cope effectively and adapt well in difficult situations which may include tragedy, adversity, or significant stressful experiences. Obviously, the situation we are all in right now is one that calls for resilience on many different levels. Next slide.

One of things that often times people think is that resilience is something you either have or don't have. The potential for resilience that is not true and not a unique trait you either possess or don't possess. All of us have the capacity for resilience and the capacity for being able to adapt to situations. It's not a single outcome we can measure. Also, it's not true that one can experience both posttraumatic stress and post dramatic growth. They can coexist and dynamically involve throughout our lives. Often times, some of stresses can evolve into ways in which we can grow and change over time. It's something that takes great deal of deliberate effort. It's not something that just happens to folks that are lucky and it's not something that's passive. Next slide.

Some of things in terms of a practice that can be relevant for ways for your practice to be real more resilient are looking at what you see in terms of the length of the average situation. Obviously, this pandemic it's hard for us to know exactly what the length is that we're going to be impacted in the practice. Short-term adverse

situation would be short term and is more crisis. This is likely to be something in longer-term. How do we address the needs of the people were working with. It's important for us to be aware of the experience of the individuals within our practice as well as the group that forms a practice. We've seen from the previous studies that chronic stress is lower and there's longer healthcare expenses in comparison to folks with shorter healthcare experiences. We also have evidence that shows individuals that felt effectively trained and supported have those supports show lower stresses. There's also been evidence outside the pandemic situation that has shown people in higher situations of stress or burnout are more likely to make mistakes. We want to be aware of what's going to individuals at our practice. One thing that can make this more difficult is if many of our staff are doing telehealth many of the maybe at home. We don't have opportunities to run into them at the office. Some of them are still the office depending on what type of practice. Are there ways you can carve out specific time to check in with individuals that are in your practice to try to find out how they're doing and what support they need. Next slide.

This is just showing about where resilience lies in terms of the flight or fight response and our level of arousal. We can be stuck in the low place of being numb and being hyper aroused that's not a place that supports resilience or we can be stuck in a high place of hyper arousal. Being over responsive to things and not able to sleep and caught up with anxiety and panic. That is not an area where we tend to be more resilient. Are there ways we can bring ourselves in practice into a place with in the two dotted lines to foster resilience and ourselves as well as those around us. So that is through the practice of co-regulation of emotions. If were able to see within our practices that resilient zone we're able to respond and manage the stress of the individuals within our practice. Next slide.

Resiliency is a balance of many things. There are some things that are inherent to you that impact how you are going manage a situation. Some of those are related your genetics and DNA. Some are related to prior traumatic experiences or your ACE score. Your adverse childhood experience score. Some may be related to other aspects of your history and life story. There certain aspects of personality that can influence how we respond situations. What were stuck with is how do we balance the stressors with the good things. The stressors that can build up over time being financial being around food, violence, health problems and housing. This doesn't feel safe or not having stable housing due to financial stressors. And balancing that with the resources of people you can count on, transportation that's reliable, and having a living situation that is safe and consistent. Having a doctor healthcare provider, you can trust and having stable enough financial situation to be able to feel like you're able to move through the situation. Next slide. Next, Doctor Melendez is going to speak for us.

Karen Melendez:

Thank you. Thank you everyone for joining us on this call. I know after a long practice day. We appreciate your time. I'm Karen Melendez. I'm the chair for the Practice Transformation Committee for North Carolina Psychiatric Association as well as medical director of Support Inc. The health agency with outpatient services as well as

enhanced services for children and adolescents. We do outpatient services and some enhanced services, and we do see some adults especially family members of the children received. And also, community care network board member and a CCNC network psychiatrist for regions 1, 2, and 3. Next slide.

A lot about what we've been talking about is going to distress tolerance. We're all distressed currently. I know for me the last 30 days since school has closed in North Carolina has been one of the most stressful times I can remember. All of my work history has been on vacation including medical school, undergrad. These last 30 days have taught me some lessons. A lot of the skills we need to implement for ourselves and also for our staff has to do not with making the distress completely go away because we can't but maintaining what we need to do is maintain our level functioning where it is. Just keep going and moving forward. That's truly the goal of distress tolerance. Next slide.

What can we do for staff? The biggest things we can do is acknowledge the stressors. Talk about it. Talk about the stress and how do we do that? It can be very small snippets of information. You might do a weekly or biweekly update for staff. Attending webinars like this and summarizing to an email the next day or email once a week with the resources you've learned, or the skill sets you've learned but sharing that information with staff. Doctor Garret is right on point. Some folks are still working in the office. You want to do that personal one-on-one check in if at all possible. You also want to let staff know what resources are available through HR department, EAP, is the PTO that they can still take, if they need it? Telehealth options available through their medical insurer including therapy visits that are offered after hours or what have you. You want to encourage self-care and keep celebrating the win. If traditionally your office has celebrated birthdays? If traditionally they have celebrated staff milestones keep doing that. You have to keep so the normalcy there for your practice. Next slide.

What can we do for ourselves? None of us is going to function well if we don't practice what we preach. I know for me as a physician, as a mom, I usually put myself all last. It's very hard to take that time and pull away because I feel a great sense of responsibility to my patients my staff and my children. Totally get it and understand but we have to do this for ourselves as leaders. Next slide.

Some of the things going to review today are directly taken from dialectical behavioral therapy and lots of resources online. You can look it up and do it deeper dive in some of these things. One of the big things you can do is distraction. Remember wise minds ACT. Activities. You want to engage in exercise or hobbies. To cleaning, do gardening. Watch YouTube videos and learn a new skill or something you want to try. You want to contribute. Fill someone else's cup. Think about volunteer work. Or do something spontaneous and nice for someone else. Even with the physical distance and going on we can still do a surprise e-card or something thoughtful for someone else. Will be comparison. Something that's helpful to me is regardless of the level of stress I'm under there's always someone that has it worse than me. You put your situation into perspective. If it's not perspective in your household or in your town think about it globally. We have an



amazing amount of resources living in this country versus other countries. My family is from a third world country. It's really putting and counting all the fortunate things you have in life. If you're feeling sad try watching a comedy. Try to push those different emotions that are not productive and not good. Distract yourself by actively doing something that inspires different emotions. You want to push the situation away by leaving it there. Leave the situation mentally. Try to quiet down the ruminating thoughts. When a thought is overwhelming and stressful, we can try things like counting to 10, counting colors in the painting or tree working puzzles, watching TV, there's an intense sensation try to do something completely opposite of that sensation. You might want to try a hot shower or bath or hold ice in your hands. Putting a rubber band at your wrist and pulling at it. There are different skills for that. Next slide.

You also want to look at working from home have you decorated your space? Or you could go and take a walk in something inspiring. Go somewhere if you're connected to nature or refill you can relax sound is important. Is the music you like or inspiring to you? Are there certain smells? Aromatherapy is helpful for me. Certain touch. Are you wearing comfy clothes? If you have a pet that you can keep either side. Taste? Is their favorite food? Is a good strong cup of coffee you enjoy? You want to look at improving the moment. So you can practice imagery, transporting yourself to a safe space in your mind. You can find meaning. What is important in your life. What are your values, shifts, thoughts to focusing on that. Even just finding meaning in our current distressing situation. Prayer doesn't have to be a religious thing. It can be a mantra, a quote, a song, it can be something that keeps you grounded and focused. Relaxation can reduce bodily tension. Deep breathing. Stretching progressive muscles relaxation, you can try all these things. One thing in the mail. Can use mindfulness skills to deliberately focus on one thing at a time. You can only deal with one thing at a time. A vacation, not in the traditional sense. Deftly during this time. Again, that's where imagery can come in. Just take a brief respite from your regular routine. You don't usually take a bath take a bath. Set yourself of to do something different than normal. You can do a mini vacation at home which is what many of us are being forced to do currently. Also, encouragement. Provide realistic your goals. Start the day off with things like positive affirmations. These are all extremely helpful things to just keep going through your day. These are all skills. If you are a few the skills, you can discuss when you do those one-on-one check ins or have conversations, or you know when your staff members are struggling. You can talk about the skill set. So, I just want to point out there are several online resources for medical practices on the CCNC website. This is the link. Thank you so much.

Hugh Tilson:

**Thank you all so much. That was really helpful. I want to remind everyone you can submit questions using the Q&A feature on the black bar at the bottom of the screen. One question we got, what do you all do to deal with these issues and what is helping you the most? How are you approaching these challenging times results?**

Allan Chrisman:

This is Alan, I would be happy to say that having a regular schedule that keeps me focused and includes getting at the same time every day,

walking the dog, making sure I've a good breakfast. Doing that before I would even look at anything as far as any media contact or not. And socialize as best I can with neighbors on the walk and make sure I get adequate sleep at night. My house is filled with relaxing music during the course of the day as well.

Therese Garrett:

This is Therese. One of the biggest things that I do is get out of the house, step away from things I had been continuing to go to the clinic for quite a few weeks. I would use my time on the commute back to do some distressing. Now that I'm not home every day, making sure I'm getting outside as much as possible. Either during a break or at lunch time, being able to go for walk, trying to figure out with my husband other times each of us can have a little bit of time alone. I tend to be someone who likes a little bit of quiet time to rest and recharge and being at home with my spouse two small children means there's not much very quiet time here. I think also, recognize we are in a time that's unprecedented and no one knows their way through. We are all doing the best we can. Not expecting perfection. Being aware both of us continued to work full time homeschooling for kids. It's allowing us to continue our practices. The biggest thing is giving yourself grace and permission to be imperfect. Try to figure your way out through there and identify where are the places to get support. There may be very different thanks from before. Before you that recharging going out to dinner with friends you're not going out with friends. If you were doing other activities are not able to do findings are able to do that can help you to recharge.

Hugh Tilson:

**We have a question about how do you help people deal with the fact that there's not enough PPE? How do you help your staff deal with the fact that they may not be safe and that even the system is all letting them down right now. How to help your staff and yourselves deal with those issues?**

Karen Melendez:

This is Karen Melendez, part of it is trying to find solutions for that. I think that's on the forefront of everyone's mind. Personally, I have gone into my office still because I don't think its right to still ask my staff to be there and I'm not there. I'm not working from home currently. It's a piece we have we've read use them. We have been very -- we have at least two masks that we are spraying down and let air dry overnight. Our executive director his father-in-law owned a T-shirt factory, so he still had a lot of fabric there and he has gone and cut masks himself. We been looking at multiple YouTube videos were in outpatient practice. Still the fear was real for our staff. We were getting question. We are trying to find solutions. I know community care physician network is working feverishly on this topic of accessing PPE including looking at 3-D printers and people who are able to create PPE for us. Defiantly at the forefront of everyone's mind.

Allan Dobson:

This is for Allan. I think societies at CCNC are anxious to see if we can get access to see if we can get access to -- am I still on?

Yes. We can do group purchasing, talk to state, anything we can do to leverage representing the providers for the community. My contribution is you have to acknowledge the anxiety of your staff and let them verbalize it. The worst thing you can do is feel helpless. Anything you can do we've had patients in the community volunteer to make us masks. With the right information you are not totally helpless. That's worth doing. Something I found is this is not forever. Sometimes carving out a little bit of the day to talk about when this is over what we want to practice being like? What we want to be doing different. There's something out there for people hold onto. Crises are also opportunities. My take of that is great presentation. It's acknowledging people's fears and helping them through it but also giving them the tools to not feel helpless and see something in front of them. Just the constant negativity and fear.

Hugh Tilson:

**We talked about some of the tools that are available. Two quick thoughts about that. Are there any particularly helpful in leading these conversations. The other is how to use them in a virtual environment. Is we're not together as often, how do you get tools that may be better applied on a face-to-face perspective and apply them virtually?**

Therese Garrett:

You mean with the stuff you're working with? That's where were trying to find out with the people you work with what's the best way to communicate. With a like to talk on the phone? With a like have a Zoom meeting with you? What's the best way to communicate and get a sense of what's happening, what they might need. If you are continuing to go in the office are there simple ways you can acknowledge people and meet the needs. I know Karen had spoken a lot about continuing to celebrate birthdays or anniversaries or various things in your practice. Sometimes just bringing in food on a more regular basis acknowledges to people that are cared for and that someone is appreciating them. One most important things of identifying tools is that it's going to be different for everyone. What works for you to destress or recharge may be the same or complete opposite of what works for the nurses or MA or physicians in your practice. Being aware of those things and respecting the differences between different individuals and finding there may be some people that may want to talk about it and others that don't. That's okay as well. So how are the ways you can help folks move through it. The point made about acknowledging people's anxiety around PPE and fear of getting this and what is that look like is a very important thing. Its continued ongoing conversation. Just being creative about other ways depending upon the practice and what you do that you can limit contact or decrease the need for PPE. One of things we've done for many of our visit as much as possible is change them even within the office. Even so far as, if we have individuals come in unless we really need to be in the same room with them, which are times we do, we will room them in a different room and you tele-psychiatry in a different room. With individuals are high risk we would prefer not to come in the building. We will do some parking lot visits if we need to or let someone use an iPad in the car out in the parking lot so we can do the visit. Trying to think about other ways to shift and change the practice outside of what normally would make sense to maybe decrease some the need for PPE

in certain situations to help increase the safety as well as the perceived safety to staff you're working with.

Allan Chrisman:

This is Allan. We haven't mentioned in the presentation that's worth considering is the buddy system of sorts. We do that with the Red Cross. You have within your practice some people that are more mature, more experienced. In their personality or their healthcare experience. They can help mentor and coach other people in the practice who feel less secure and less certain about how to handle certain circumstances and the other aspect of what Therese was talking about is the team approach. Again, going back to the slide I had with model for teams working together. The fact that you have to come up with creative solutions unique your practice in terms of protective measures would ideally not be determined on a pure administrative level by just you as the physician, but that people can come up as a group with creative ideas. It's probably a good idea to have some mandatory regular meeting for the team and I know if you look at stress in the way high intensity stress situations are at psychiatry, suicide prevention being an example, people who do that kind of work need to have a regularly scheduled meeting with their teammates to talk about what's going on with them. The issue here is very much a part of the fact that there's a natural tendency for people to want to avoid talking about things are stressful. In these circumstances withdraw and avoid talking about things is going to make it worse. Those combination of things can make a difference.

Hugh Tilson:  
That's great.

Allan Dobson:

One thing that's worth doing is sometimes it's worth taking the pulse. One of the biggest stressors is being a caregiver, being thrust into a caregiver yourself. This has upended everyone's world. Inquiring and knowing if your staff is suddenly a caregiver and worrying about parents were elderly grandparents. Others in the family may be stuck at home or someplace, all those things are important to support your work-family.

Hugh Tilson:

**Somebody asked about, how long do you think it's going to be before we have a 10 to 15-minute testing in North Carolina. That will help providers and staff feel safer. There are two pieces to that. Number one is will that happen and the second is how are you going to deal with changes in your practice and helping your staff to involve. The new normal. As these things happen how do you help them recognize the changes. In moving forward and adapting them to new practice environment.**

Allan Dobson:

The first question around testing people are going hard at that. Our hope is that that will be forthcoming. I know there's a task force in the state level, there's a lot of work going on and lab companies to come up with a tests and ways to do it. Question will be how quickly we can get it validated so we can feel certain the test we are using are accurate and meaningful which has been a problem to start with. I hope soon. That's really needed. If we can coalesce around that that

would be very important. I can let others chime in on the process to look at changing your workflow and whatnot. It's part of talking about the new normal. Even as we get the other side the crisis, we need to examine what that new normal looks like and not react to it and be proactive. What would our practice look like if we could do telemedicine and talk to patients differently? How would we redesign a workflow everyone under the inherent stresses of the old system? What do we want to do different in the future?

Hugh Tilson:

I think we're about out of time. With a comment that tomorrow's administrative assistance day. Secretaries day. The great opportunity to treat your staff tomorrow. I thought that was a lovely way to end our conversation tonight. A reminder of looking for those opportunities to celebrate, so thank you for that suggestion. I want to thank our presenters for this really helpful conversation. Thank you for leading us through this topic. Thank you everyone on the line for joining us tonight for the work you're doing. Before hanging up let me just ask if anyone has any parting comments that you guys want to make?

Allan Chrisman:

I just want to acknowledge that we are all in it together. The information we have shared with you is available on the resource webpage for the North Carolina Psychiatric Association and we are all actively trying to use the feedback from the experiences of the successes and difficulties you're having in the way we craft our message and we reach out. That's something we continue to encourage you to do.

Allan Dobson:

Thank you everyone on the front lines of this for your incredible work and let us know how we can help.

Hugh Tilson:

Thank you so much. Hope you have a great evening. Take care. [Event concluded]