

## RESOLUTION

Subject: Identifying Factors of Physician Stress and Utilization of Telehealth to Reduce Strain

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Referred to: Reference Committee

WHEREAS, a stressed-out physician is “angry, irritable, impatient, has increased absenteeism, decreased productivity and decreased quality of care”<sup>5</sup>; and

WHEREAS, increased physician stress will result in an increase in costs, lower quality of care, errors in diagnosis, and ultimately worse outcomes<sup>5</sup>; and

WHEREAS, factors such as working long hours to complete non-clinical tasks, absence of respect amongst colleagues, inadequate compensation, and decreased clinical autonomy can all lead to increased physician stress<sup>10</sup>; and

WHEREAS, with the lack of physicians practicing within sub-specialties (such as psychiatry, pediatrics, neurology, etc.) in rural Kentucky, there is a broader scope, and therefore, more strain put on rural physicians<sup>11</sup>; and

WHEREAS, by 2025, Kentucky will have a shortage of 960 primary care physicians practicing, the third most significant decrease in the United States<sup>11</sup>; and

WHEREAS, 61% of the physician shortage is located in rural areas of Kentucky<sup>11</sup>; and

WHEREAS, in rural Kentucky, there are multiple barriers to accessing healthcare, including education, distance, accessibility, and socioeconomic factors<sup>1</sup>; and

WHEREAS, the rise of COVID-19 and the issue of a mandatory stay-at-home order in March 2020 led to the increased use of telehealth for cardiology consultations in Kentucky<sup>7</sup>; and

WHEREAS, in a survey conducted of Kentucky patients who had a visit scheduled during the COVID-19 telehealth-only time frame, reduced travel time, lower visit wait time, and cost savings were seen as significant advantages for the use of telehealth visits<sup>7</sup>; and

WHEREAS, in the same survey of Kentucky patients, both in-person and telehealth visits were viewed favorably, but in-person visits were rated higher across all domains of patient satisfaction<sup>7</sup>; and

WHEREAS, poor internet connectivity was rated as at least somewhat of a factor by 33.0% (35/106) of respondents<sup>7</sup>; and

WHEREAS, the COVID-19 pandemic and suspension of elective neurosurgeries lead to increased use of telehealth visits for the University of Kentucky, Brain Restoration Center<sup>2</sup>; and

WHEREAS, in a survey conducted to determine if telehealth visits could be sustained as an alternative to in-person visits, it was determined that telehealth visits were challenging due to the need for in-person physical examinations for neurosurgery<sup>2</sup>; and

WHEREAS, in the same survey, it was determined that video telehealth visits worked well for non-urgent issues, such as minor visual examinations<sup>2</sup>; and

WHEREAS, in a study conducted by the Department of Psychological & Brain Sciences at the University of Louisville on the use of telehealth visits for those with eating disorders, it was determined that a multi-disciplinary telehealth eating disorder intensive outpatient program (IOP) is feasible and has comparable outcomes to in-person IOP treatment<sup>5</sup>; and

WHEREAS, in the same survey, a recommendation was made to expand telehealth IOPs to reach underserved populations, especially in rural areas where treatment is often difficult to access<sup>5</sup>; and

WHEREAS, in a study conducted in rural Germany, the use of video consultations in nursing homes was determined to reduce the burden and additional workload for health care workers and increase the efficiency of care provision for nursing home residents<sup>6</sup>; and

WHEREAS, telehealth consultations can be utilized to address the shortage of medical specialists in rural areas<sup>6</sup>; and

WHEREAS, increasing the availability of telehealth throughout Kentucky would allow more physicians the ability to seek mental health treatment, reduce the workload on physicians, and decrease physician stress levels; now, therefore, be it

RESOLVED, that KMA will conduct a survey to investigate what factors cause stress in the physician population; and be it further

RESOLVED, that KMA will advocate to Congress for the loosening of telehealth regulations at a federal level through COLPA; and be it further

RESOLVED, that KMA will continue to advocate for legislative bills expanding telehealth infrastructure and healthcare networks both at a state and federal level; and be it further

RESOLVED, that KMA work with the Kentucky Foundation for Medical Care and other appropriate health-related organizations to help Kentucky residents living in rural areas learn about telehealth and its benefits.

## References:

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