



January 21, 2022

Rochelle P. Walensky, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027

Re: CDC-2021-0106; NIOSH-344; Interventions to Prevent Work-Related Stress and Support Health Worker Mental Health; Request for Information

Dear Director Walensky:

On behalf of the American Academy of Family Physicians (AAFP), which represents 133,500 family physicians and medical students across the country, I write in response to the request for information, *Interventions to Prevent Work-Related Stress and Support Health Worker Mental Health*, as requested by the September 27, 2021, [Federal Register](#).

The AAFP remains concerned with the high level of physician burnout prior to and exacerbated by the COVID-19 pandemic and we appreciate the CDC's efforts to understand this issue in greater detail. Even prior to the pandemic, burnout among clinicians was a pervasive public health concern, with some studies showing more than half reporting burnout. According to a recent survey, primary care physicians are more likely to experience burnout than specialists.ⁱ Physician burnout during the COVID-19 pandemic has worsened, negatively impacting happiness, relationships, career satisfaction, and patient care. A report published in January 2021 showed that 47 percent of family physicians are burnt out, and 20 percent of all physicians are clinically depressed.ⁱⁱ

Data show that physicians in the United States face higher incidents of suicide than almost any other profession.ⁱⁱⁱ The 2018 Medscape National Physician Depression and Burnout Report showed 66 percent of male physicians and 58 percent of female physicians revealed they were experiencing burnout, depression, or both.^{iv} The study also discussed that many of the professionals were not seeking help and had no plans to do so because of barriers such as stigma and the professional risks associated with disclosing their treatment activities to medical boards.^v

Additionally, COVID-19 has placed additional pressure on female physicians. The Robert Graham Center completed in depth interviews with over 50 family physicians, a large survey, and focus groups with about 10 attendees each. The 2020 findings indicate female physicians were more likely to reduce work hours/go part time and to use domestic help; males were more likely to spend more time on hobbies.^{vi} Women are the fastest growing and fastest burning out demographic in family medicine. Male and female physicians reported similar types of organizational support, such as flexible work hours, protected time to complete non-clinical tasks, access to behavioral health resources, aimed at physician wellness. However, 20 percent reported that their organization did not provide any type of well-being support.^{vii}

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Another study conducted by the Robert Graham Center found that individual-focused interventions, such as recommending physicians practice mindfulness or yoga, can cause more burden. **Targeted institutional and health care system level structural process and policy changes would be most effective in preventing and addressing burnout.** These include flexible work hours and paid leave, convenient access to mental health services, protected time to complete non-clinical tasks, and adequate staffing ratios, though additional research is needed to identify best practices. **As such, the AAFP recommends CDC continuously conduct research and develop evidence-based guidance to inform health systems, employers, and other stakeholders on how they can use institutional policy changes to prevent and mitigate stress and burnout in the health care workforce.** This research and resulting guidance should consider the disparate impact of workplace stress and burnout on health professionals who are women, Black, Indigenous, or other people of color, as well as those who identify as part of the LGBTQ+ community. The CDC should proactively share this research and guidance with other agencies, Congress, and the broader health care community, to help inform policymaking.

The AAFP has long highlighted the role that administrative burden plays in physician burnout. While the CDC may have limited opportunities to address physicians' administrative burden, we believe the agency should streamline requirements for participating in federal vaccination programs as an important step within their purview. The AAFP has heard from family physicians that current requirements for participating in the Vaccines for Children program and for administering COVID-19 vaccines in physician practices are overly burdensome. Primary care physicians are already overburdened with administrative tasks and we are concerned that these requirements could inhibit participation in vaccination programs and worsen burnout. **Given the CDC's role in administering these federal programs, the AAFP recommends the CDC streamline registration, reporting, and other administrative requirements for primary care physicians participating in the Vaccines for Children program and administering the COVID-19 vaccine in their practice. Additionally, we urge the CDC to partner with CMS to develop policies that reduce administrative burden and allow physicians to focus on patient care.**

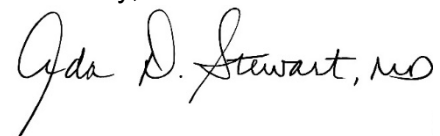
The rampant spread of COVID misinformation has also contributed to clinician frustration and burnout. The costs triggered by misinformation and disinformation are staggering. A recent study by the [Johns Hopkins Center for Health Security](#) estimated that false or misleading information continues to inflict between \$50 million and \$300 million in total harm to our nation since May 2021, when COVID vaccines became widely available. Family physicians are key to combating misinformation, as trusted sources of information, for our patients and communities. In 2021, primary care physicians reported that their relationships with patients helped to combat misinformation and vaccine hesitancy.^{viiiix} However, these efforts are time intensive and typically undertaken in addition to a full clinical schedule, which may be worsening the strain on physicians.^x **To lessen the burden on physicians and help bolster public trust in the medical community, we urge the CDC to increase efforts to combat misinformation.**

Finally, family physicians have reported relying on the CDC's public health guidance throughout the COVID-19 pandemic. The AAFP and our members greatly appreciate CDC's efforts to track and respond to COVID-19, provide evidence-based guidance to the public, and improve vaccine

confidence. We, along with several of our partners, recently [recommended](#) that the Biden administration commit to a long-term, multilayer public health response that emphasizes the importance of vaccination, testing, masking, distancing, and therapeutics in reducing the spread and impact of COVID-19. Our organizations urged the administration to prioritize the mental health and wellbeing of frontline health care workers in the federal COVID-19 response. We also urged CDC to share the evidence supporting any future changes in public health guidance to bolster public confidence in the agency and aid physicians in counseling their patients. The Academy continues to believe that these recommendations will improve the health of our nation and help to support frontline health care workers.

The AAFP appreciates the opportunity to provide comments on this important topic. Should you have any questions, please contact Meredith Yinger, Senior Regulatory Strategist, at myinger@aafp.org.

Sincerely,



Ada D. Stewart, MD, FAAFP
Board Chair, American Academy of Family Physicians

The Physicians Foundation. (2021, August 4). *2021 Physician Survey: COVID-19 Impact Edition: A Year Later*. Retrieved January 18, 2022, from <https://physiciansfoundation.org/wp-content/uploads/2021/08/2021-Survey-Of-Americas-Physicians-Covid-19-Impact-Edition-A-Year-Later.pdf>

ⁱⁱ Kane, L. (2021, January 22). 'Death by 1000 CUTS': Medscape National Physician Burnout and Suicide Report 2021. Retrieved March 05, 2021, from <https://www.medscape.com/slideshow/2021-lifestyle-burnout-6013456?faf=1#28>

ⁱⁱⁱ Kalmoe MC, Chapman MB, Gold JA, Giedinhagen AM. Physician Suicide: A Call to Action. *Missouri Medicine*. May 2019. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6690303/>

^{iv} *Medscape National Physician Burnout & Depression Report 2018*. (n.d.). Retrieved January 14, 2022, from <https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235>

^v *Medscape National Physician Burnout & Depression Report 2018*. (n.d.). Retrieved January 14, 2022, from <https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235>

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- ^{vi} Eden, A. R., Jabbarpour, Y., Morgan, Z. J., Dai, M., Coffman, M., & Bazemore, A. (2020). Gender Differences in Personal and Organizational Mechanisms to Address Burnout Among Family Physicians. *The Journal of the American Board of Family Medicine*, 33(3), 446–451. <https://doi.org/10.3122/JABFM.2020.03.190344>
- ^{vii} Eden, A. R., Jabbarpour, Y., Morgan, Z. J., Dai, M., Coffman, M., & Bazemore, A. (2020). Gender Differences in Personal and Organizational Mechanisms to Address Burnout Among Family Physicians. *The Journal of the American Board of Family Medicine*, 33(3), 446–451. <https://doi.org/10.3122/JABFM.2020.03.190344>
- ^{viii} Larry A Green Center. QUICK COVID-19 PRIMARY CARE SURVEY SERIES 31 FIELDDED SEPTEMBER 10-14, 2021. Available at:
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- ^{ix} Larry A. Green Center. QUICK COVID-19 PRIMARY CARE SURVEY SERIES 30 FIELDDED AUGUST 13-17, 2021. Available at:
https://static1.squarespace.com/static/5d7ff8184cf0e01e4566cb02/t/615653643c3097648325ce4c/1633047398171/C19_Series_30_National_Executive_Summary.pdf
- ^x Chui, A. If not us, then who? Washington Post. February 24, 2021.
<https://www.washingtonpost.com/lifestyle/2021/02/24/doctor-nurse-online-vaccine-rumors/>