



# Medical Director on Demand Call

October 22, 2020

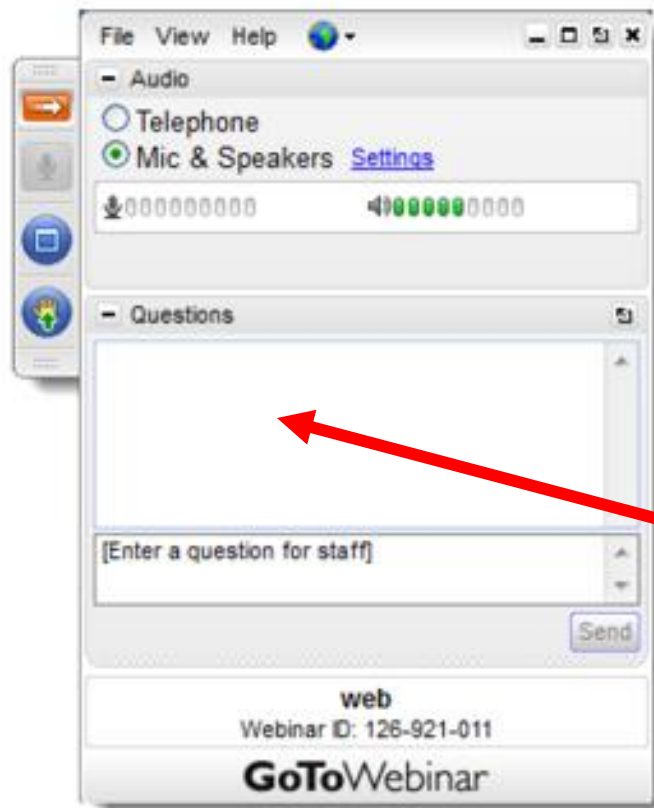
## Representatives

- Jan Berger, MD
- Faiyaz Bhojani, MD
- Scott Conard, MD
- Andy Crighton, MD
- Mark Cunningham-Hill, MD
- Chuck Cutler, MD
- Ray Fabius, MD
- Ryan Jackson, MD
- Ron Kline, MD
- Ned Kusti, MD
- Justin Moore, MD
- Suresh Mukherji, MD
- Stan Schwartz, MD
- Bruce Sherman, MD
- Christa-Marie Singleton, MD

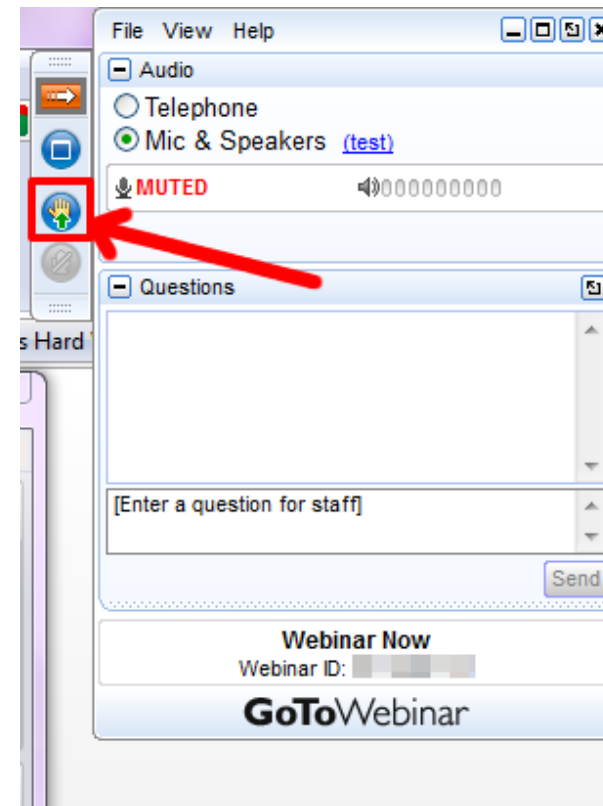
# Agenda

- Welcome –Scott Conard, MD
- Don't Fall Back on "Flu-VID"
  - COVID-19: Around the world update - Mark Cunningham-Hill, MB ChB (MD), FFOM, FACOEM, Medical Director, Northeast Business Group on Health
  - Flu season: Latest updates - Scott Conard, MD, Medical Director, National Alliance of Healthcare Purchaser Coalitions
  - Importance and Effectiveness of Vaccinations: COVID-19, flu and others - Rita Patel, MD, Pediatric Residency Program Director, Payton Manning Children's Hospital
  - COVID-19 Prevention: Masks, immunity, distance, hygiene, data, etc. - Ray Fabius, MD, Co-founder and President, HealthNeXT
- Open Discussion & Wrap Up

## Questions



## Raise your hand



# Why are we talking about Patient-centered Outcomes Research Institute (PCORI)?

- **PCORI'S MISSION IS RELEVANT TO EMPLOYERS**
  - PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community.
- **EMPLOYERS ARE A KEY STAKEHOLDER AND PRIMARY FUNDING SOURCE TO PCORI**

# Why are we talking about Patient-centered Outcomes Research Institute (PCORI)?

- **NATIONAL ALLIANCE HAS BEEN DISSEMINATING PCORI FINDINGS FOR OVER 4 YEARS TO ITS' COALITION NETWORK:**
  - Increase awareness of PCORI
  - Increase employer's utilization of evidence in healthcare decision-making
  - Educate employers on why incorporating research in their policies is critical, especially now!
- **PCORI COVID-ENHANCEMENT FUNDING IS GAME-CHANGER**
  - \$110 Million approved for COVID Research
  - Employers can benefit from this investment
  - National Alliance is recipient of PCORI COVID Enhancement Funding for expanded dissemination through March 2021 – MD on Demand will host two official campaigns including interviews of Principal Investigators of Featured Research Projects.



## Examples of PCORI Resources:

- **COMPARATIVE EFFECTIVENESS RESEARCH (CER) STUDIES + FINDINGS + PEER REVIEWS**
- **EVIDENCE SYNTHESIS**
  - Evidence synthesis evaluates all relevant completed studies on a particular clinical question to clarify what is known and what evidence gaps still exist. It can yield useful information within a year or two, instead of the three to five years typically required for a new research study.
- **PCORI HEALTHCARE HORIZON SCANNING SYSTEM (HCHSS): BI-WEEKLY COVID 19 SCANS**
  - The HCHSS COVID-19 supplement scans for, identifies, monitors, and reports on emerging and available COVID-19-related treatments, diagnostics, preventive measures, management strategies, and systems changes with potential for high impact to patient outcomes—for individuals and populations—in the United States in the next 12 months.

# PCORI Resource Example

- **SEPTEMBER HORIZON SCANNING INCLUDED THIS TABLE:**
  - Over 45 Sources with the most relevant COVID 19 information related to patient-centered treatments, interventions, drugs, process, testing and more.
  - Link will be sent to attendees.

## Appendix A. Scanning Resources for COVID-19

Table A.1. Selected Scanning Sources Most Relevant to COVID-19

| Resource Name                            | Description   | Biologics Biotech | Device | Drug | In Vitro Diagnostics | Procedure/Therapy | Process | Off-label Use |
|--|---|-------------------|--------|------|----------------------|-------------------|---------|---------------|
| 360Dx                                    | Emerging economic and technological trends in the clinical diagnostic market; diagnostics market and reports on regulatory, reimbursement, and policy issues                                  |                   |        |      | X                    |                   | X       |               |
| Advances in Pharmacy ASHP Daily Briefing | Daily email briefing summarizing key medical and health care news from the previous 24 hours; targeted to health system pharmacists   |                   |        | X    | X                    |                   |         |               |
| AHA Emerging Science Series              | Online forum for late-breaking clinical trials, key updates of previously presented trials, late-breaking science, new analyses or substudies, major bench-to-bedside breakthroughs, and more | X                 | X      | X    | X                    | X                 |         |               |
| AMIA                                     | Daily download on the development and application of biomedical and health informatics in the support of patient care, teaching, research, and health care administration                     |                   |        |      |                      |                   | X       |               |
| BioPharma Dive                           | In-depth journalism and insight into the most impactful news and trends shaping biotech and pharma. The newsletter and  | X                 |        | X    |                      | X                 | X       | X             |

# PCORI-funded Research Study Highlight

- **Comparing Patient-Reported Impact of COVID-19 Shelter-in-Place Policies and Access to Containment and Mitigation Strategies, Overall and in Vulnerable Populations**
  - The question: How restrictive policies are actually impacting the populations they serve?
  - The Project: A Citizen Science Cohort over 20,000 individuals across the US who are self-reporting daily symptoms of COVID-19, comparing effectiveness of:
    - Impact of different shelter-in-place/reopening policies
    - county-level containment and mitigation strategies at achieving timely access to testing, healthcare, information, and contact tracing
    - accuracy of different algorithms designed to predict risk of infection and severe COVID-19 among patients with symptoms.
  - These findings will be critical to Healthcare Professionals in developing policies for their workforce. Link to study will be sent to attendees.



# COVID-19: Global Update



**Mark Cunningham-Hill, MB ChB (MD), FFOM, FACOEM**  
**Medical Director**

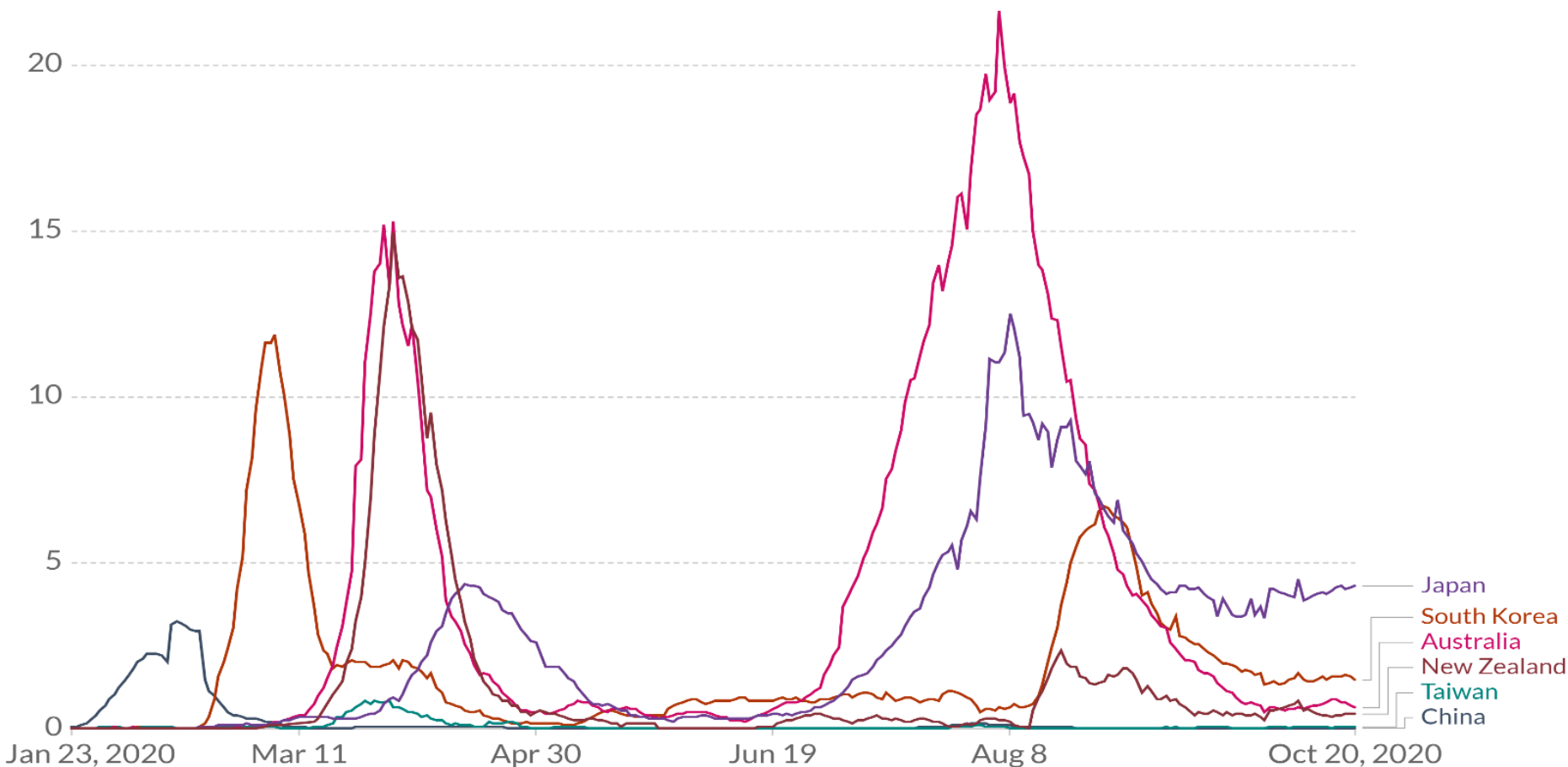
Northeast Business Group on Health

# Diversity of Global Experience

## Daily new confirmed COVID-19 cases per million people

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World  
in Data



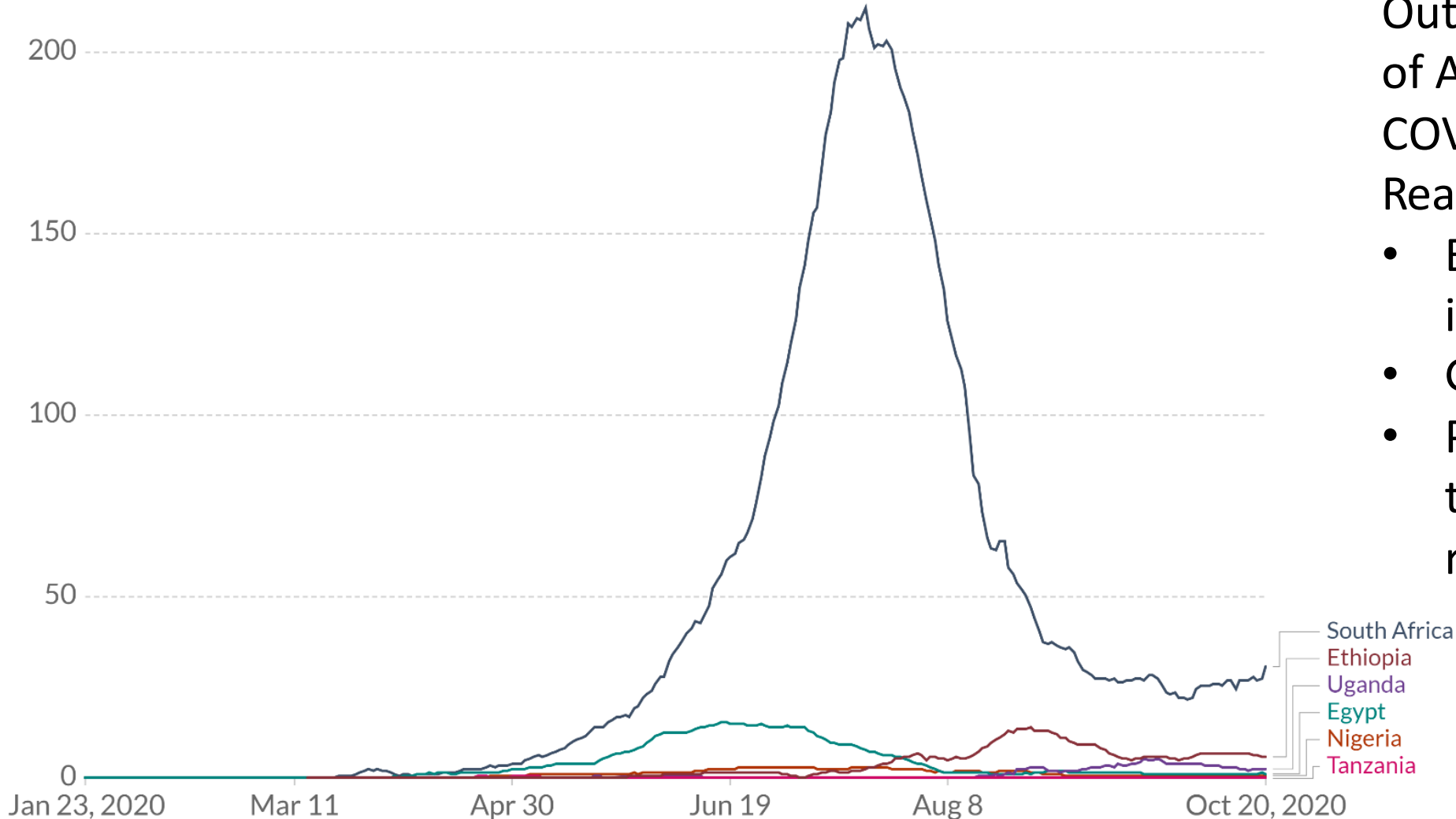
- Initial peak
- Some secondary breakouts
- Overall successful management of the pandemic

<https://ourworldindata.org/>

# Daily new confirmed COVID-19 cases per million people

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World  
in Data



Outside of S Africa most of Africa has seen little COVID-19 activity.

Reasons include:

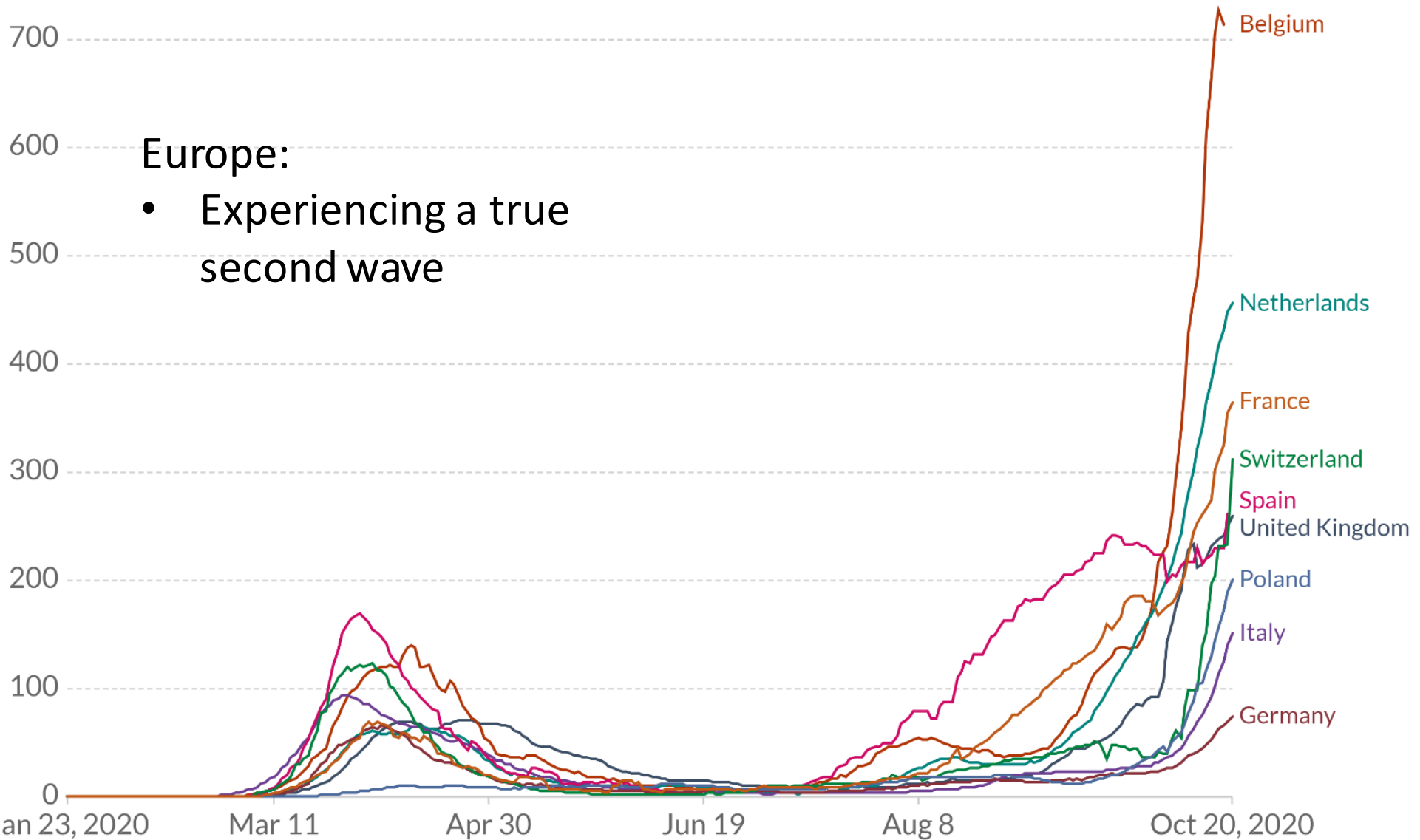
- Experience with other infectious diseases
- Government response
- Potential limited testing and/or data reporting

Source: European CDC – Situation Update Worldwide – Last updated 20 October, 10:35 (London time)

CC BY <https://ourworldindata.org/>

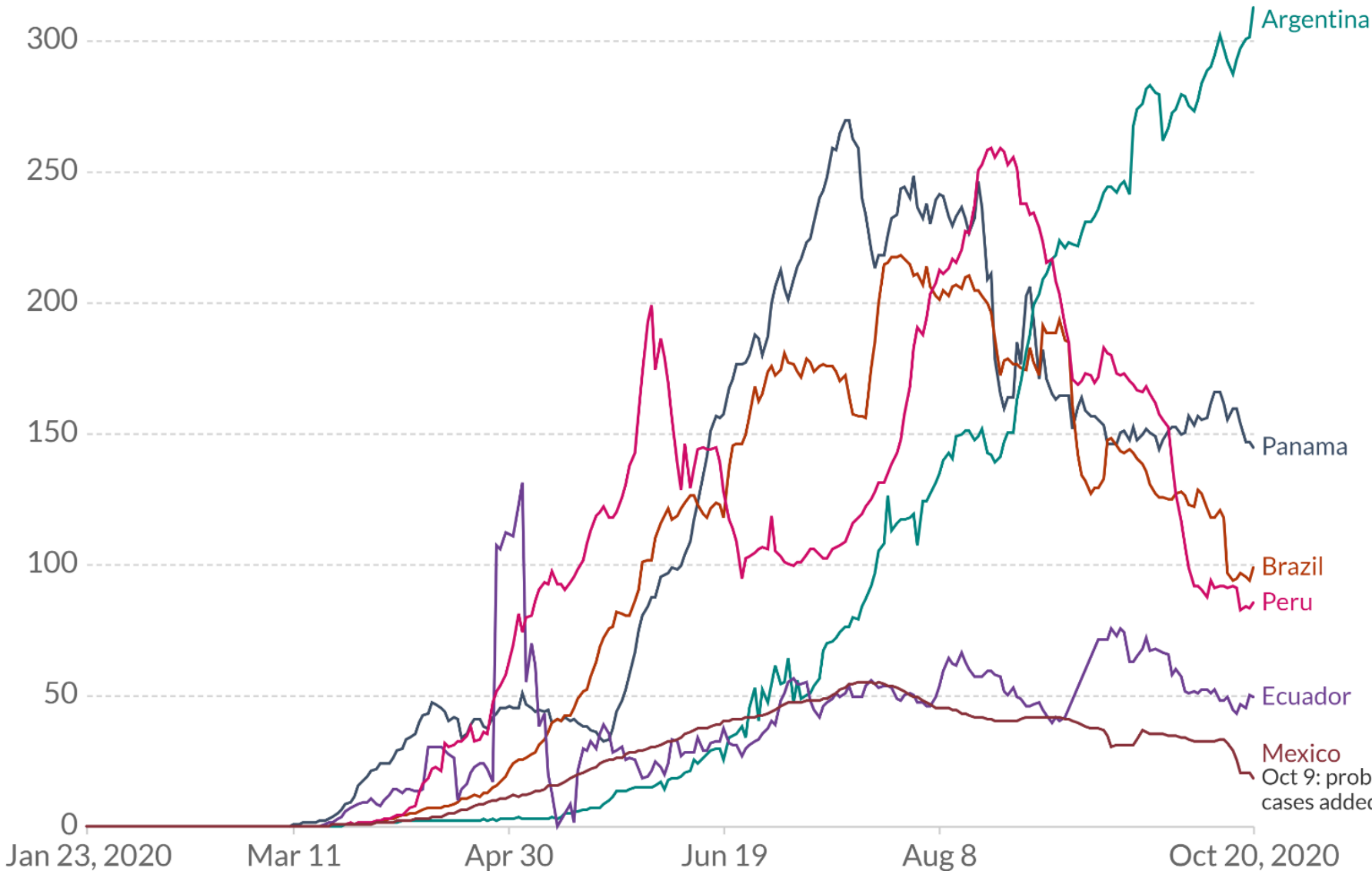
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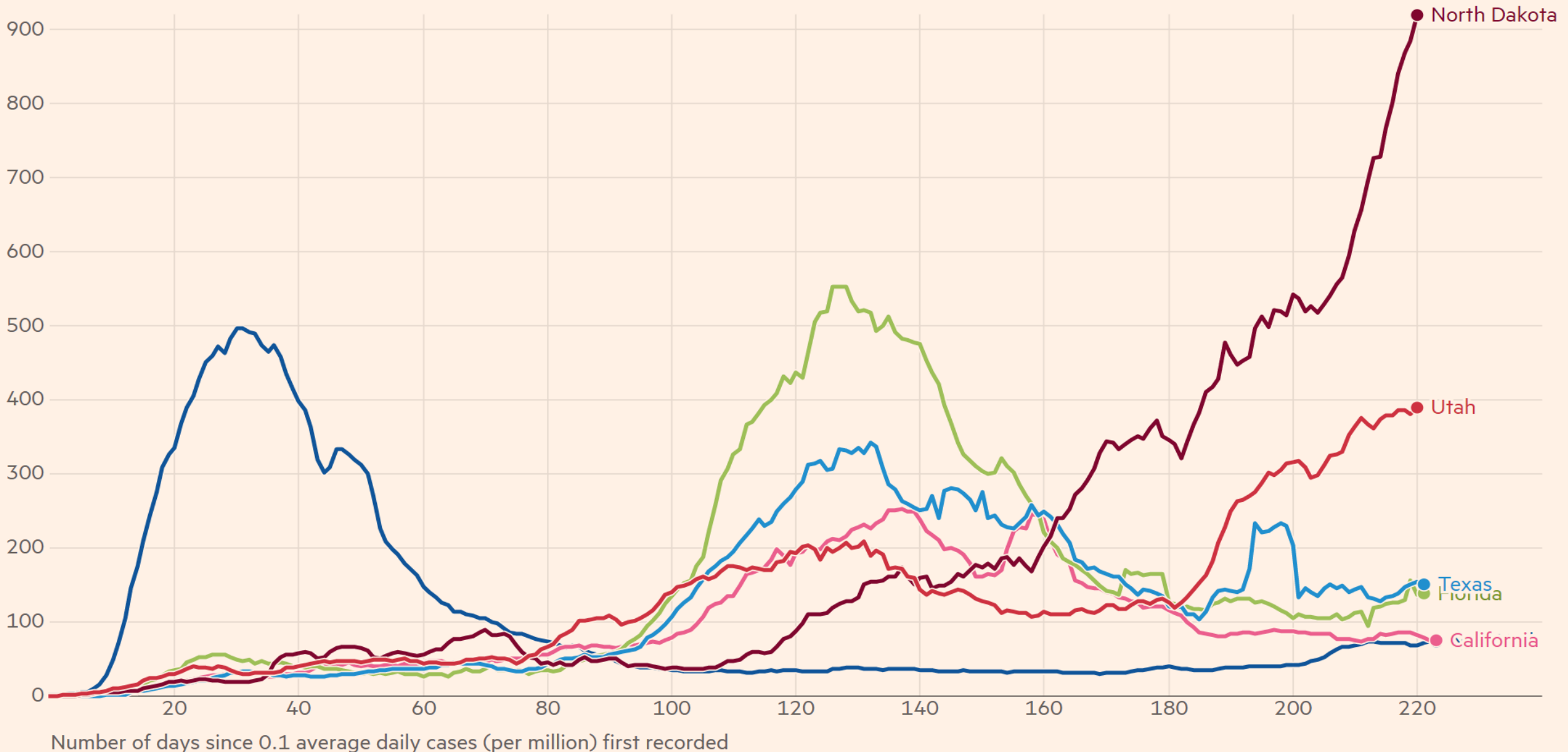
## South America:

- Varied picture
- Ongoing high level of activity
- Mixed government responses

<https://ourworldindata.org/>

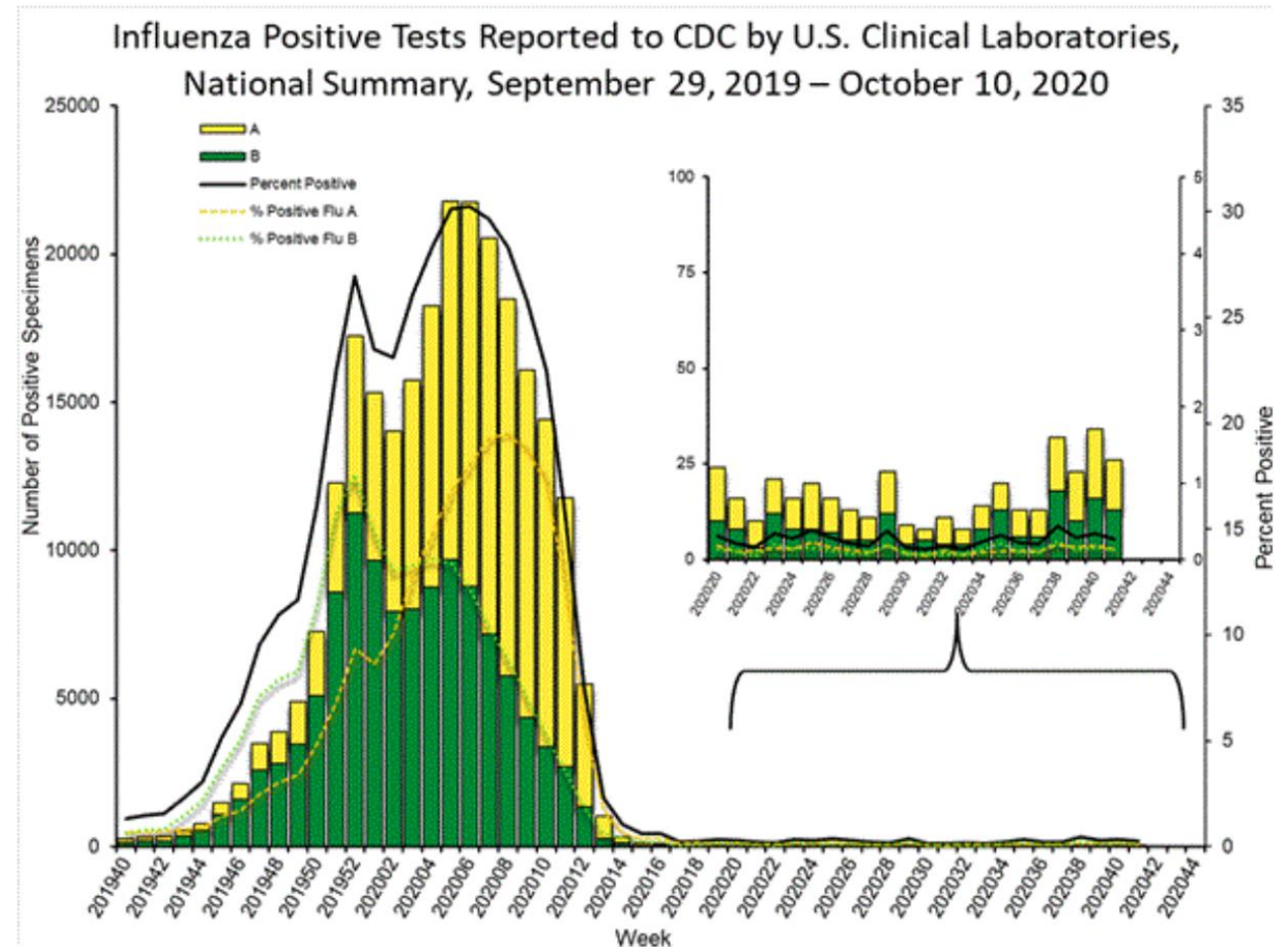
# New confirmed cases of Covid-19 in New York, California, Florida, Texas, North Dakota and Utah

Seven-day rolling average of new cases (per million), by number of days since 0.1 average daily cases (per million) first recorded



# Influenza

- Influenza activity currently low
- Expected to increase Q4
- COVID protections may reduce influenza this winter
- Still need to support flu vaccination









# Flu season: Latest updates



**Scott Conard, MD**  
**Medical Director**

National Alliance of Healthcare Purchaser Coalitions

# Flu Season – Looking Back

- Pre and Post Holidays
- Southern Hemisphere
- Flu Vaccine
- What we've seen in US so far in 2020
- Sources:
  - <https://www.cdc.gov/flu/weekly/index.htm#ILIMap>
  - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7276009/>
  - <https://www.sciencemag.org/news/2020/08/how-will-covid-19-affect-coming-flu-season-scientists-struggle-clues>

# Flu Season – Looking Forward

- Implications of flu vaccine for COVID-19
- Getting access
- When you have a flare this fall
- Other thoughts

# Vaccines: as much as I can tell you about them in less than 10 minutes



**Rita Patel, MD MPH**  
**Pediatric Residency Program Director**  
Peyton Manning Children's Hospital  
Indianapolis

# It all started with milkmaids...



- English doctor Edward Jenner observed that milkmaids who had gotten cowpox did not seem to get smallpox
- Recruited milkmaid Sarah Nelmes and James Phipps, the 9 year-old son of Jenner's gardener. Dr. Jenner took material from a cowpox sore on Nelmes' hand and inoculated it into Phipps' arm.
- Jenner exposed Phipps a number of times to variola virus, but Phipps never developed smallpox



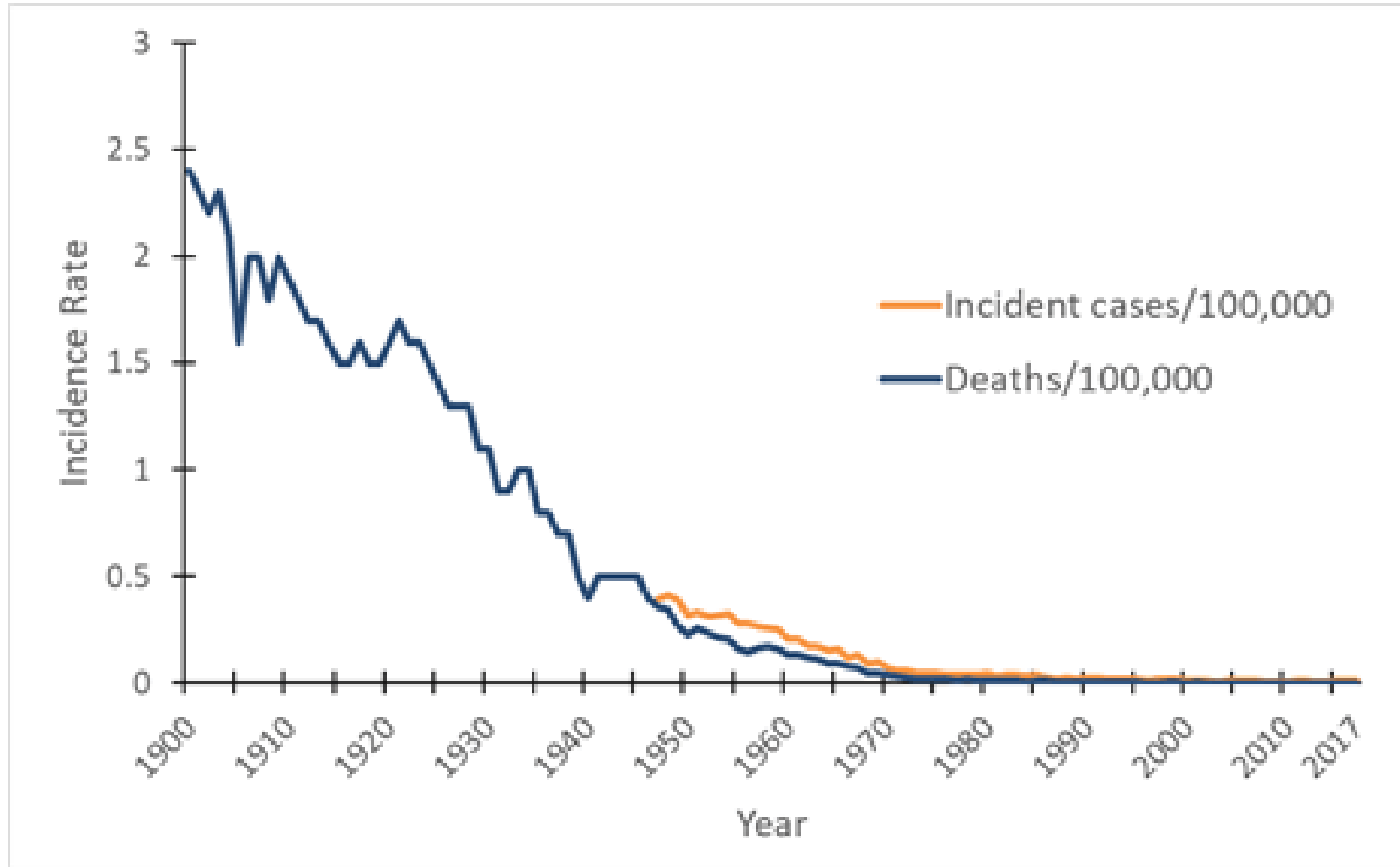
[cdc.gov](https://www.cdc.gov)

# A True Success Story

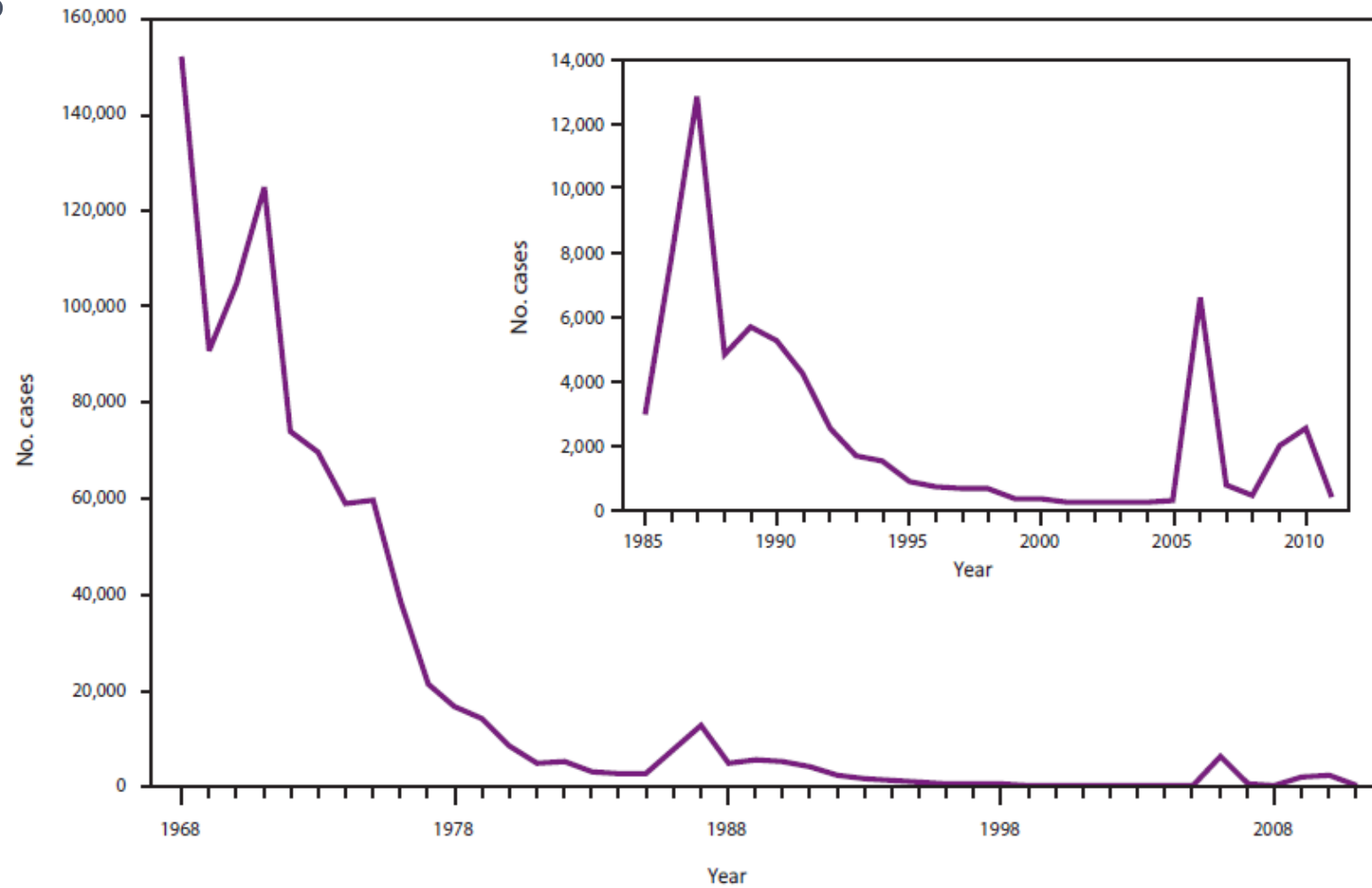
- 1796 Jenner – smallpox
- 1885 Pasteur – rabies
- 1952 Salk and Sabin – polio
- Since then vaccines have saved millions of lives and eradicated entire diseases (Smallpox eradicated 1977, Polio in 1991 in the US)



# Tetanus



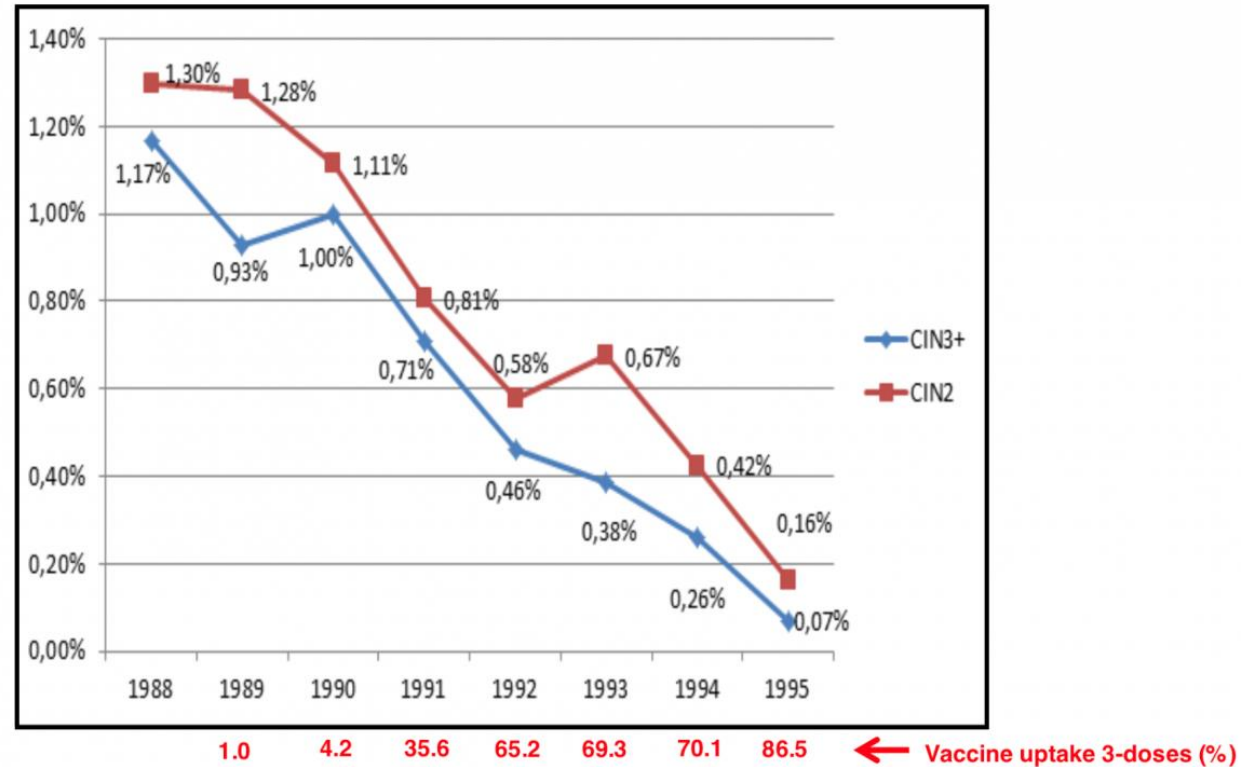
# Measles





# HPV

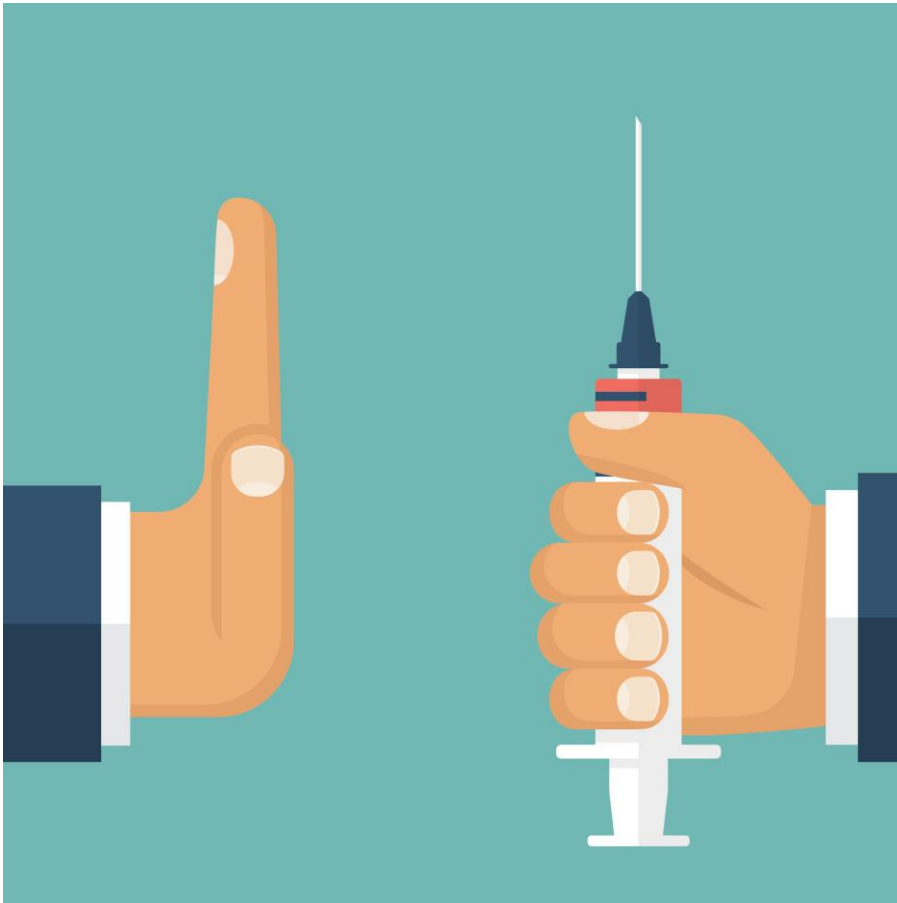
## Percentage of 20 year old women diagnosed with CIN 2 / CIN3+ by birth cohort year



# Vaccines routinely given today

- DTaP/TdaP/Td
- IPV
- Hib
- PCV
- Hepatitis B
- Hepatitis A
- MMR
- VZV
- HPV
- Meningococcal ACWY
- Influenza
- Meningococcal B
- PPSV23
- Zoster





## STOP GOVERNMENT COERCION

States Attempt Forcing  
Dangerous Flu Vaccines  
on Students & Faculty



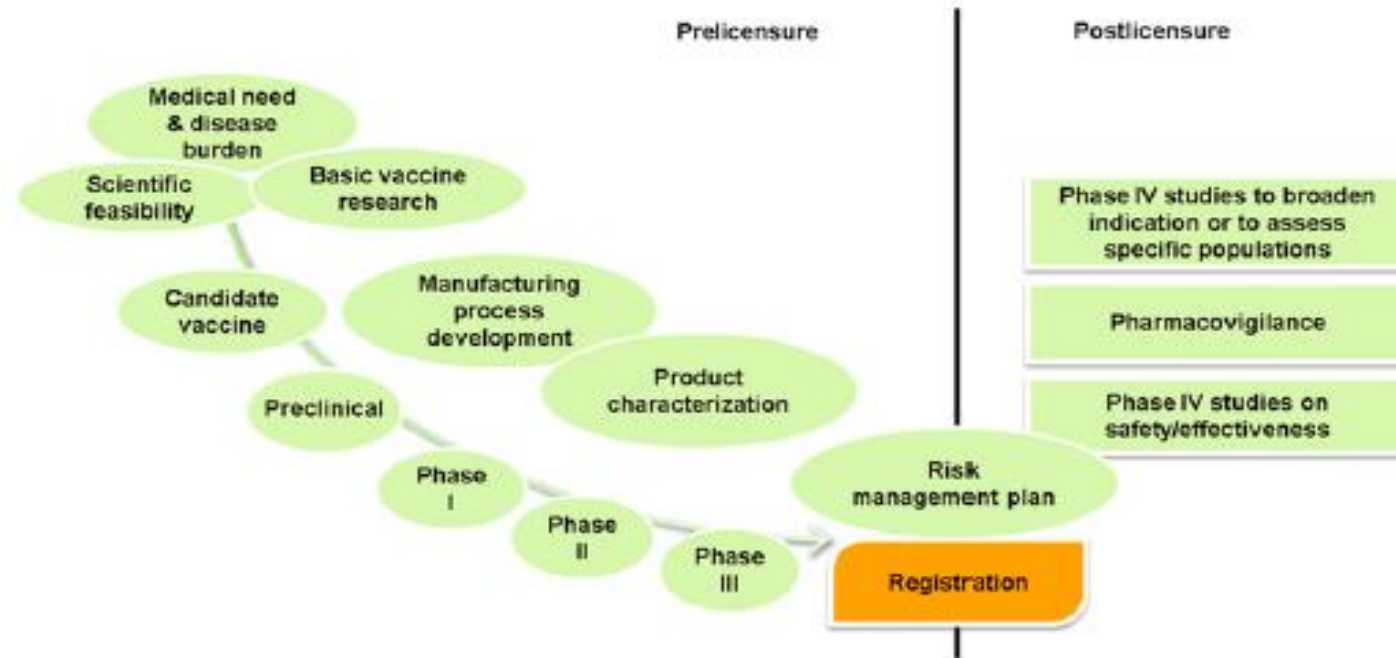
[nationalhealthfreedomaction.org/  
opposeflushotmandate](http://nationalhealthfreedomaction.org/opposeflushotmandate)



Massachusetts parents and children  
protest at the Boston State House  
against the Flu Shot Mandate.

Protest organized by:  
Health Choice 4 Action MA,  
Oppose Overreach, and  
No Mandatory Flu Shot MA

# Myth: Vaccines aren't tested



**FIGURE 1**

Vaccine pipeline: prelicensure and postlicensure vaccine development activities. From Hardt K, Schmidt-Ott R, Glismann S, Adegbola RA, Meurice F. Sustaining vaccine confidence in the 21st century. *Vaccines*. 2013;1(3):204–224. Copyright © 2013 by the authors; licensee MDPI, Basel, Switzerland. Reproduced under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/3.0/>).

# Myth: Vaccines cause autism



- Group of families with kids with autism sought to sue the vaccine manufacturer
- The lawyers funded a study done by Andrew Wakefield which was published in The Lancet in 1998
- That study has fueled much of the argument given by vaccine-hesitant parents, particularly with MMR
- 12 years later...



## Early report

# Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

## Summary

**Background** We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

**Methods** 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

**Findings** Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities, ranging from lymphoid nodular hyperplasia to granuloid ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ( $p=0.03$ ), low haemoglobin in four children, and low serum IgA in four children.

**Interpretation** We identify associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

*Lancet* 1998; **351**: 637–41  
See Commentary page

**Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology** (A J Wakefield FRCS, A Anthony MB, J Linnell PhD, A P Dhillon MRCP, S E Davies MRCP) and **the University Departments of Paediatric Gastroenterology** (S H Murch MB, D M Casson MRCP, M Malik MRCP, M A Thomson FRCP, J A Walker-Smith FRCP), **Child and Adolescent Psychiatry** (M Berelowitz FRCPsych), **Neurology** (P Harvey FRCP), and **Radiology** (A Valentine FRCS), **Royal Free Hospital and School of Medicine, London NW3 2QG, UK**  
**Correspondence to:** Dr A J Wakefield

## Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features, of these children.

## Patients and methods

12 children, consecutively referred to our department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (diarrhoea, abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for a week, accompanied by their parents.

## Clinical investigations

We took histories, including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.<sup>1</sup> Developmental assessments included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

## Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.<sup>2</sup> Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antiendomysial antibodies and boys were screened for fragile-X if this had not been done



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# Myth: Vaccines cause autism

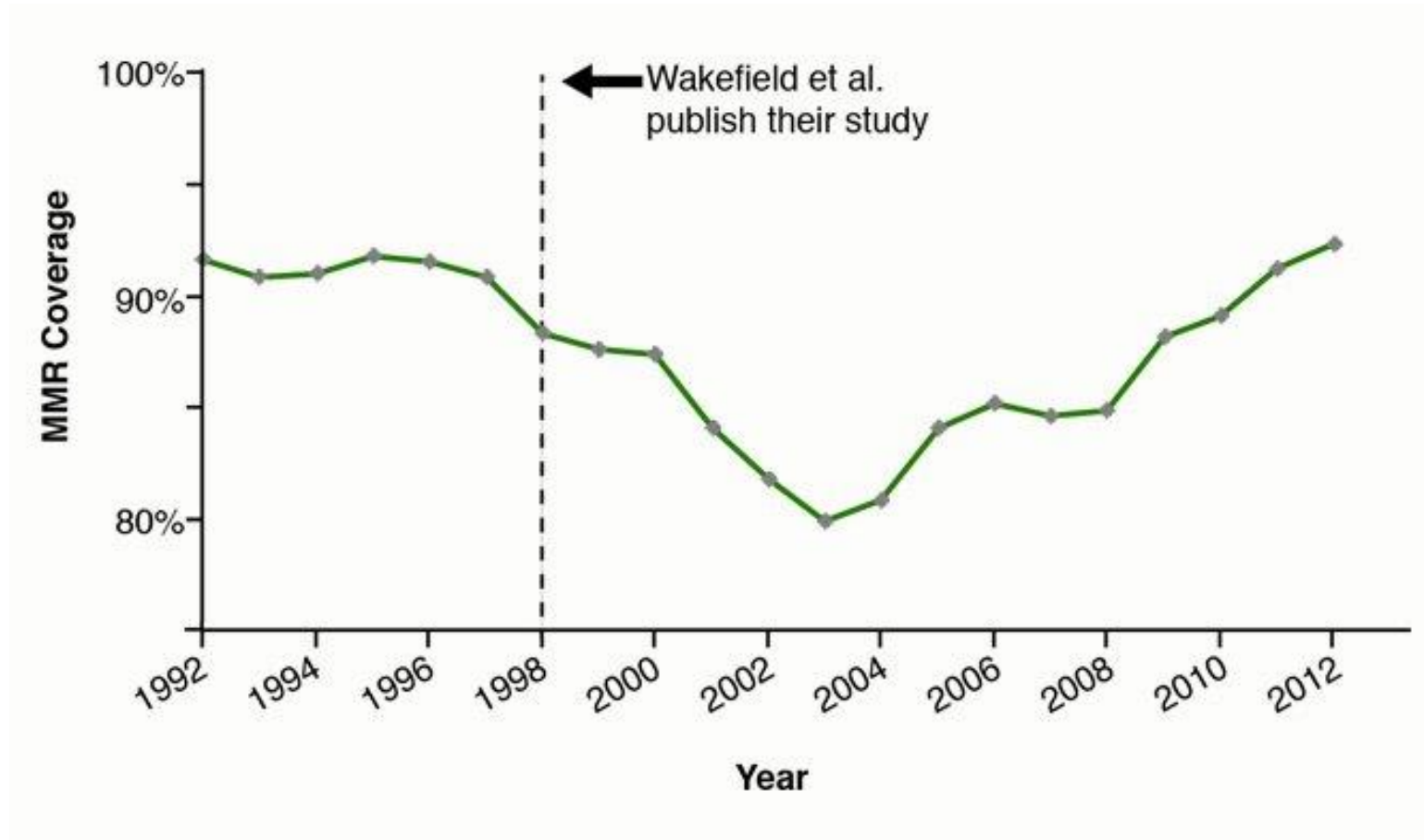
- Denmark: Retrospective cohort 537,303 children, 838 with autism, 82% received MMR. No association
- United Kingdom : incidence of autism before and after MMR vaccine introduction in 1988. Identified 498 cases. No causal relationship
- Montreal: 27,749 kids born 1987-1998 - rate of ASD increased as MMR vaccination rates decreased

NEJM 2002;347:1477

Lancet 1999;353:2026

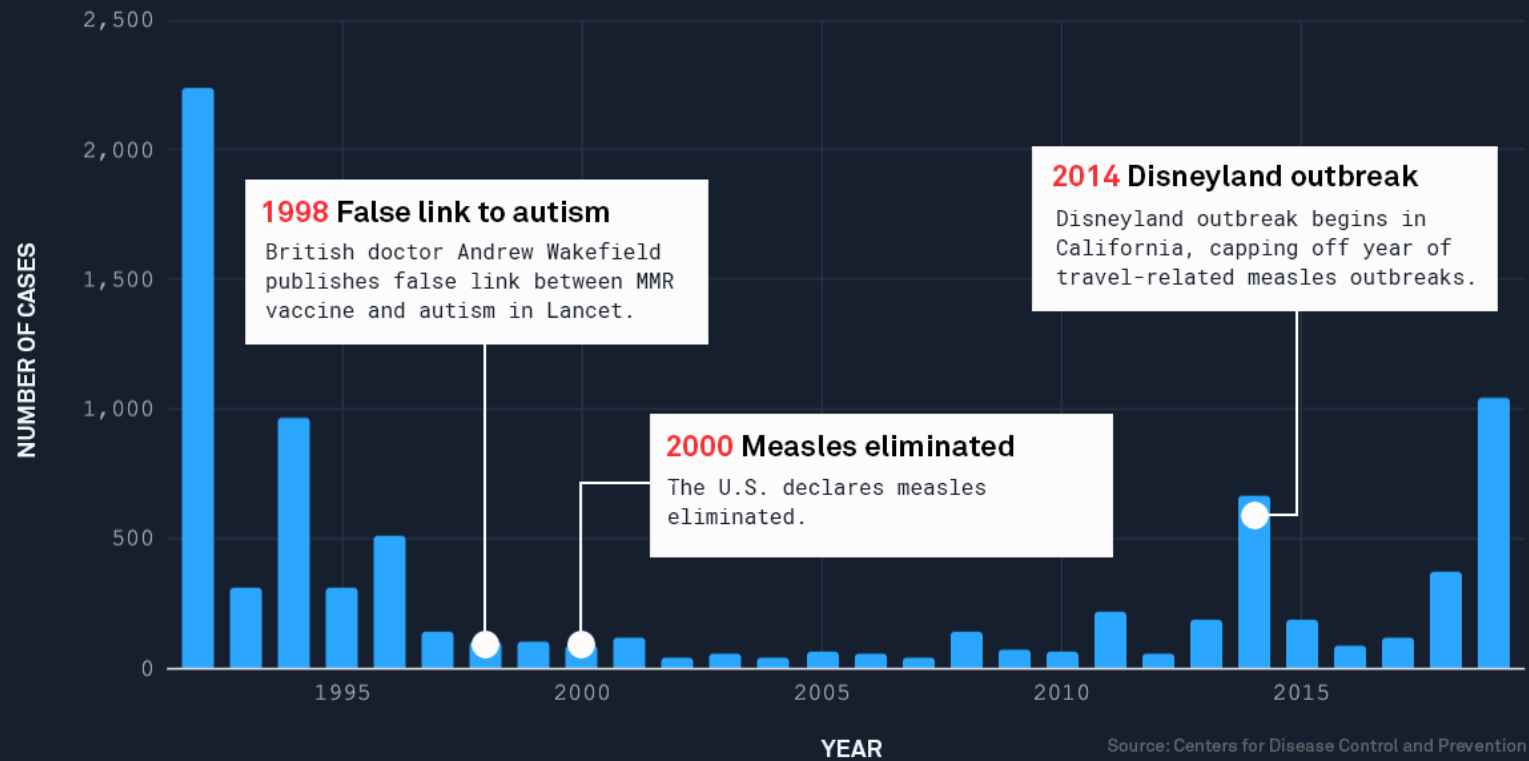
Pediatrics 2006;118:e139

## But the damage was done...





# 1992 to 2019: Measles is eliminated but bounces back



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PUBLIC HEALTH

# Vaccine Refusals Fueled California's Whooping Cough Epidemic

September 30, 2013 · 9:57 AM ET

NANCY SHUTE

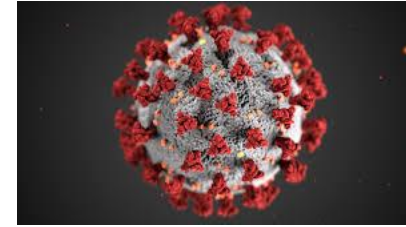
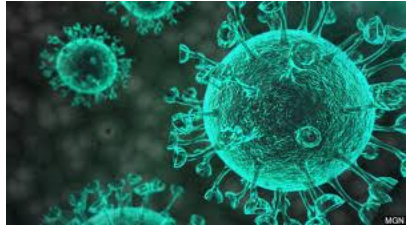


When the whooping cough vaccine was invented in the 1940s, doctors thought they had finally licked the illness, which is especially dangerous for babies. But then it came roaring back.

In 2010, a whooping cough outbreak in California sickened 9,120 people, more than in any year since 1947. Ten infants died; babies are too young to be vaccinated.



# Where are we with a SARSCoV-2 vaccine?



- **Operation Warp Speed (OWS)** – partnership between Department of Health and Human Services, the Department of Defense, and the private sector
- Goal to safely develop and deliver a vaccine by 2021
- **4 platforms:** mRNA, replication-defective live-vector, recombinant-subunit-adjuvanted protein, attenuated replicating live-vector
- **6 candidates**

# Where are we with a SARSCoV-2 vaccine



- **ACT Accelerator:** WHO and other global agencies collaborating to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines
- **169 COVID-19 vaccine candidates** under development, with 26 of these in the human trial phase

# Where are we with a SARSCoV-2 vaccine



- Two most promising vaccines in phase 3 trials
  - Moderna: mRNA-1273
  - Pfizer/BioNTech: BNT162b2
- Other contenders
  - Novavax: NVX-CoV2373
  - Johnson and Johnson: JNJ-78436735
  - AstraZeneca and University of Oxford: ChAdOx1 nCoV-19

# Flu Vaccine

- Influenza is a bad disease even in the best of times with millions infected and tens of thousands deaths
- With the threat of a “twindemic”, this year is critical to optimize vaccination rates
- Can get either a trivalent or quadrivalent vaccine
- Immunity kicks in about 2 weeks after administration
- 2018-2019 flu vaccination prevented an estimated 58,000 flu-related hospitalizations.

# I don't get the flu vaccine because...

- I always get the flu after I get the vaccine
  - Your body is making antibody to the vaccine
  - You caught the flu before the vaccine kicked in
- The vaccine doesn't work
  - Efficacy changes each year, but overall pretty effective (last year 47%)
  - You caught another virus - **not all viruses are the flu**



# I don't get the flu vaccine because...

- I don't like getting a vaccine every year
  - The flu virus functionally mutates every year. Right now, we don't have another way to handle that
- I get the flu all the time – it isn't so bad
  - Most people get pretty sick from the flu so you may have gotten other viruses
  - Every year is a new virus – are you willing to chance it?
- I would rather get the disease naturally





## Take home points

- Vaccines are safe and effective AND are the best tool we have against a lot of bad diseases
- A lot of smart people are extremely motivated to get a vaccine for SARS CoV-2 out ASAP BUT the vaccines are still going through all the same trials as other vaccines before them
- Get your flu shot!!!!



# Questions??

Benjamin Franklin, a prominent early antivaccination campaigner, regretted his skepticism about vaccination after his 4-year-old son died from smallpox, writing:

“I long regretted bitterly, and still regret that I had not given it to him by inoculation. This I mention for the sake of parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it, my example showing that the regret may be the same either way, and that, therefore, the safer should be chosen.”

"I hate the term anti-vax.  
It's so negative."

"How about pro-disease."



# Prevention in the Age of COVID



**Ray Fabius, MD**  
**Co-founder and President**  
**HealthNeXT**



# CDC Recommendation

## COVID-19 Prevention

- Clear message to stay home if you are sick
- Avoid contact with people who are sick
- Maintain screening of those entering workplace
- Require masks in worksite and public settings
- Physically distance from others – adjust workplace
  - Create pods to avoid losing whole departments to the virus
- Clean & disinfect commonly touched objects or surfaces
- Frequently wash hands for 20 seconds with soap & water
  - Post signage in rest rooms
  - Avoid touching eyes, nose, mouth with unwashed hands
- Use alcohol based hand sanitizer with at least 60% alcohol if soap & water are not available
  - Distribute throughout workplace
- Cover your cough or sneeze with a tissue and then rapidly dispose of it



# Importance Guidance

## *Relative Risk of Behaviors*



### Recognize why it is hard

Isolation can be mitigated while still exercising caution

### Focus on others

Civic responsibility to not spread this virus

Commit to caregiving others in need of help

### Risk is not all or nothing

Opening the mail versus going to a bar



# In Lieu of Cures or Vaccines

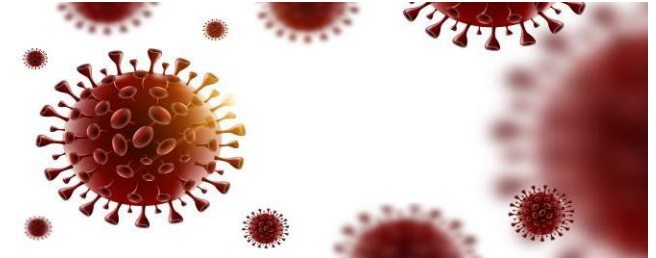
## *Vitality is the Best Medicine*

- **0** tobacco use
- **1** call a loved one daily
- **3** times a day express gratitude
- **5-9** fruits & vegetables daily
- **7-8** hours of sleep
- **10,000** steps
- **25** BMI
- **30** minutes of exercise
- **100%** seat belt use
- **100%** vaccination especially flu this year
- **100%** have a medical home
- **100%** wellness screenings –

**Control your**; cholesterol, fasting blood sugar, blood pressure, BMI with your health care provider



## *The Coronavirus is not an equal opportunity infection*



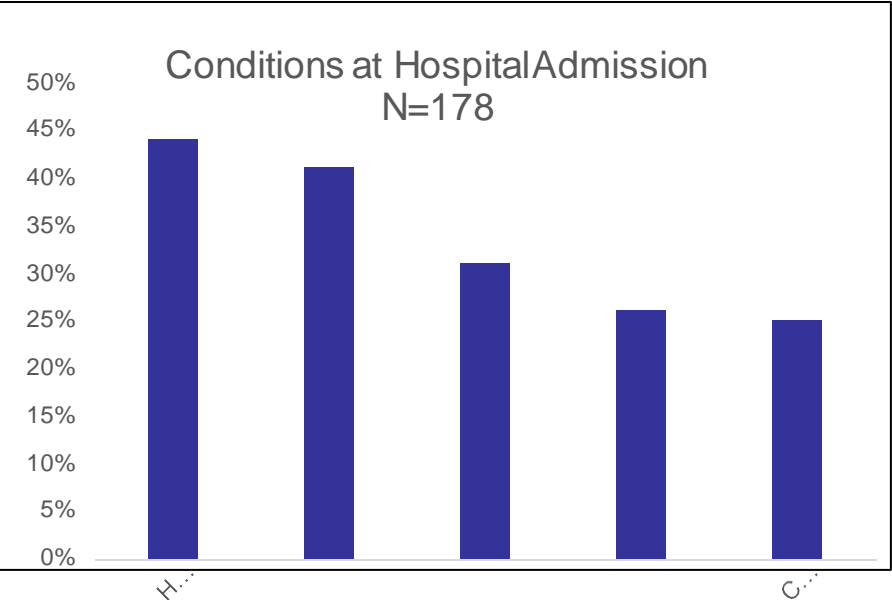
- More commonly infects the elderly
- More commonly infects the poor
- More commonly infects people of color
- More commonly infects people with health risks and pre-existing conditions
- AND These categories experience more serious consequences such as hospitalization and death as well

• 5

**The Pandemic is Teaching us the Importance of Social Determinants of Health**

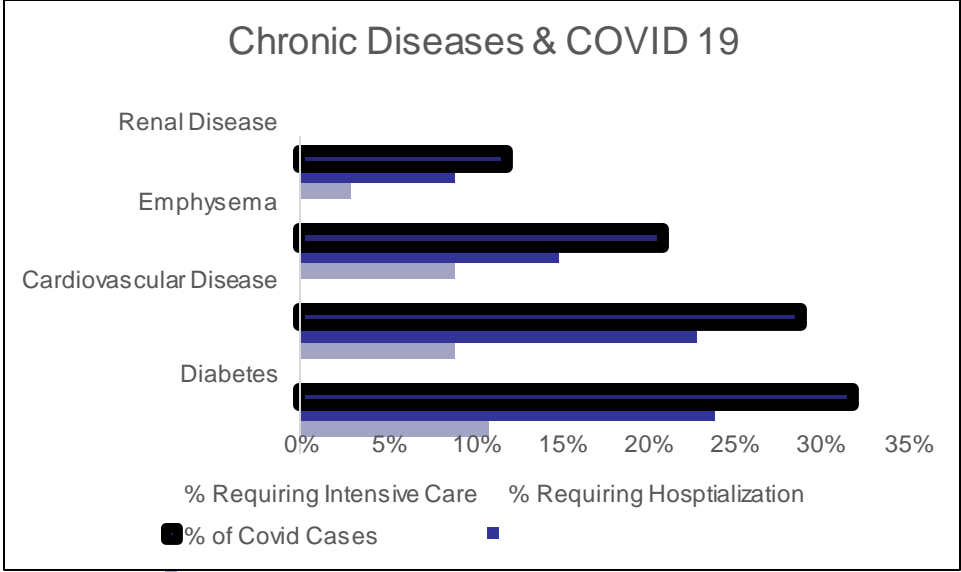


# During the COVID-19 pandemic, we have learned that underlying health conditions and chronic disease impact resistance and resilience



COVID-19 **obese** patients under 60 are:

- 1.5x more likely to be hospitalized
- 2x more likely to enter the ICU
- 3x more likely to die



COVID-19 **hypertensive** patients are:

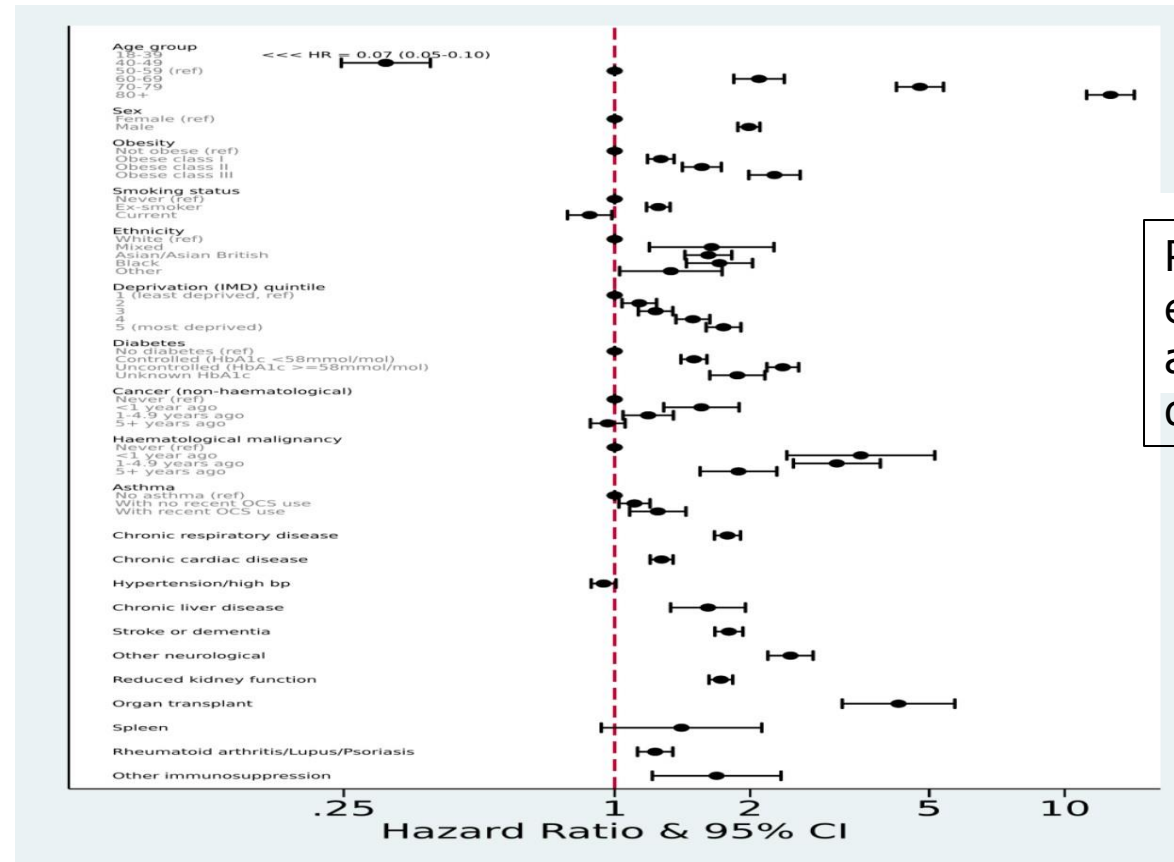
- 1.6x more likely to be hospitalized
- 2x more likely to enter the ICU
- 1.4x more likely to die

**Emphasizes the importance of taking care our ourselves**



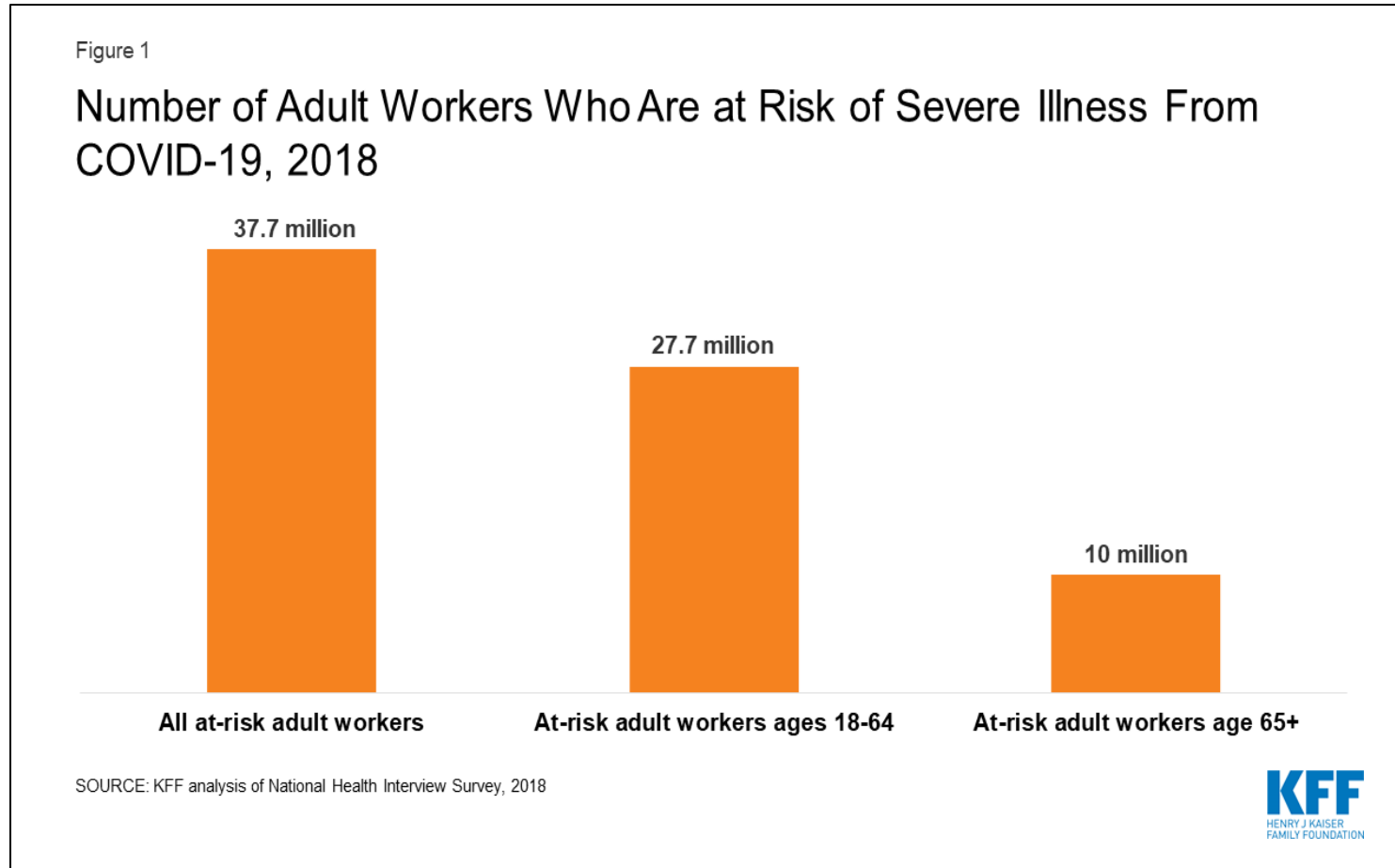
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# More Important than a Mask: Getting the vulnerable members of the DTE family in the best shape possible to mitigate the mortality from COVID-19



People with pre-existing conditions are at the greatest risk of dying.

# Almost one in four adult workers is vulnerable to severe illness from COVID-19



# COVID-19 Hospitalization and Death by Race / Ethnicity

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers)

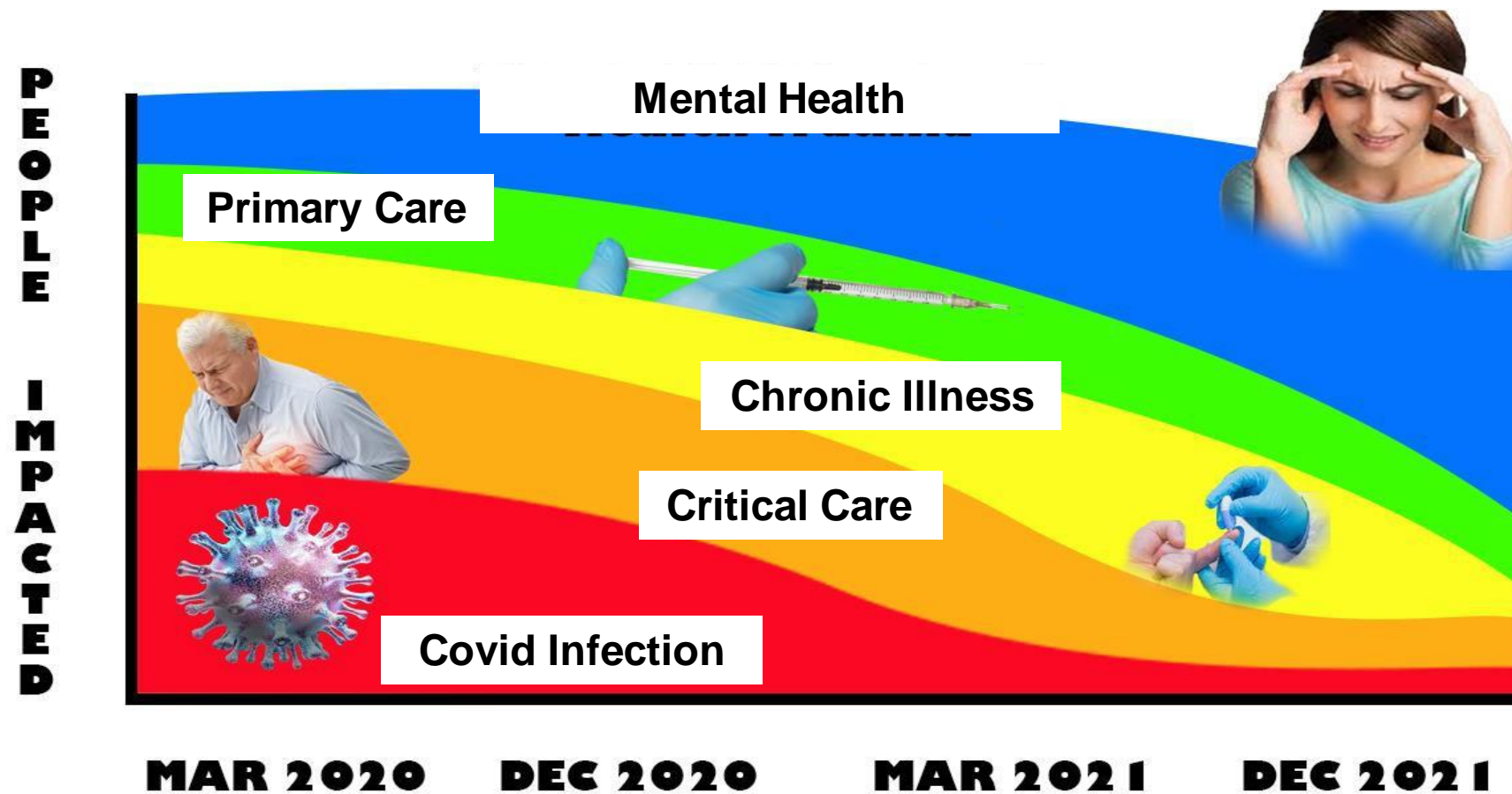
| Rate ratios compared to White, Non-Hispanic Persons | American Indian or Alaska Native, Non-Hispanic persons | Asian, Non-Hispanic persons | Black or African American, Non-Hispanic persons | Hispanic or Latino persons |
|---|--|-----------------------------|---|----------------------------|
| Cases <sup>1</sup>                                  | 2.8x higher  | 1.1x higher                 | 2.6x higher                                     | 2.8x higher                |
| Hospitalization <sup>2</sup>                        | 5.3x higher  | 1.3x higher                 | 4.7x higher                                     | 4.6x higher                |
| Death <sup>3</sup>                                  | 1.4x higher  | No Increase                 | 2.1x higher                                     | 1.1x higher                |

## 400% Accountability

- Take care of ourselves
- Take care of our loved ones
- Take care of our co-workers
- Take care of others in our communities



# Impact of Covid 19 Across the Continuum



# The Bifurcation of Health Care Delivery

## Employer Guidance – “It is safe to access care”





# Important Guidance

## *Promote Well Visit, Immunizations, Preventive Screenings, Chronic Care Management*

- ☐ **Appropriate ER use**
- ☐ **Medical Home**
- ☐ **Build relationship with PCP(s)**
- ☐ **Annual Checkup**
- ☐ **Recommended Vaccines**
- ☐ **Recommended Preventive Screenings**
- ☐ **Biometrics**
- ☐ **Manage chronic conditions**
- ☐ **Medication Adherence**



# Important Guidance

## *Encourage Support All Avenues of Resiliency & Stress Reduction*



### TIPS FOR GETTING BY

-  **Try to see your experience as strength.** When bad things happen they can be painful to go through, but as you continue to live your life without the person, thing, or situation you once had, you become a stronger person. Going through a loss and learning to carry on helps give you the skills to deal with tough situations in the future.
-  **Learn from others.** You are not alone! There may be support groups in your community to help you get through whatever loss or tragedy you've gone through. If you're not ready to talk about things face-to-face or can't find the right kind of support group, the internet is full of places where people gather online to talk about their shared experiences. Share your story. Ask questions about how other people got through tough times to remind yourself that if they can do it, you can do it too.
-  **Look for opportunity amid adversity.** Sometimes loss opens us up to new possibilities. You may feel guilty or selfish at first for exploring these thoughts, but there is nothing wrong with looking for ways to improve or change your life after something tragic has happened. The end of a romantic relationship or death of someone that you had been caring for may free you up to spend more time with friends or pursue interests that you've been putting on the back burner. If you've lost your home to disaster, you might consider relocating to that place you've always dreamed of living.
-  **Remember the good times.** When you've lost something you love, it is almost automatic to focus on the pain that you are feeling about your loss. By remembering the good times you had in a certain place, with a pet, or with a person, you're practicing gratitude for having had those experiences. It can be even more helpful to have someone else who is sharing your loss join you in reminiscing. Maybe you'll even be able to share a laugh together.
-  **Do what makes you happy.** Pampering yourself can help you remember how to feel good after dealing with a negative or tragic situation, and bring you back to a place where you can appreciate all the positive things that life has to offer. You might choose to do something exciting or something relaxing—it's all about doing whatever you love.
-  **Find ways to honor your loss.** By memorializing the loss of a loved one, you help keep their memory alive. You may choose to create a fundraiser for a special cause in their name, plant a tree in one of their favorite places, hang their pictures in your home, create a memorial web page or Facebook page, do some of the activities they enjoyed, or even get a tattoo that reminds you of them.
-  **Don't be afraid to get help.** It's perfectly normal to have trouble adjusting to life after something bad has happened to you, but if you find it's been weeks or months and you can't seem to function or just don't know what to do to feel better, it's time to get help. Your employer may have an Employee Assistance Program (EAP), you can get a referral for a mental health professional from your primary care provider, or if you don't have insurance you can look for services with payment assistance at [findtreatment.samhsa.gov](https://www.samhsa.gov).

Sources  
Weiland, (2019). *Grief: Beyond the 5 Stages* conducted by AmeriSpeak. Retrieved from <https://www.weiland.com/special-reports/grief-stages/20190711-the-grief-experience-survey-shows-its-complicated>.  
NAMI.

# Open Discuss & Wrap Up