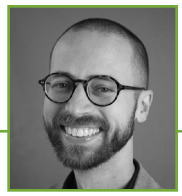
Vol. 13 / No. 4 / Dec 21

The Leadership Forum

a publication from the Association of Chiefs and Leaders of General Internal Medicine (ACLGIM)

"To be the voice of ACLGIM and communicate about leadership challenges and solutions in academic medicine to members, the SGIM community, and other stakeholders."


Maureen Lyons


David Margolius


Lauren Block

Editorial Corner
From the Editors

Maureen Lyons, MD; David Margolius, MD; Lauren Block, MD, MPH

In this issue of the *Leadership Forum*, we bring you a variety of articles highlighting the many facets of leadership in our complex world.

As this issue goes to press, winter is looming closer, bringing with it the risk of increased viral illnesses, including COVID-19. Vaccination conversations and campaigns are ever important, and we share with you two complementary articles on the topic. Bernstein, et al, share the public health perspective on vaccination and the role of policy changes and mandates. Pilapil, et al, discuss a more individualized perspective: how an internist can play a role in increasing the rate of pediatric vaccination.

Leadership strategies have needed to adapt, often rapidly, throughout the pandemic. Longer term changes to leadership are likely to persist through lessons learned during the pandemic. Neda Laiteerapong and Deb Burnet share their lessons learned in leading a GIM Division and Fellowship through the pandemic.

The ACLGIM Winter Summit is scheduled to be in-person this year, and we are thrilled to share an article by Bill Fox, a Keynote speaker at the Summit, on the epidemic of gun violence in the United States and the role of GIM in this realm.

We hope you enjoy the articles and hope to see many friends and colleagues at the Winter Summit!


Caroline Castleman


Veronica McNally


Henry Bernstein

Health Policy and Vaccines
Mandating COVID-19 Vaccines Can Help Secure Community Immunity

Caroline Castleman, BA; Veronica McNally, JD; Henry H. Bernstein, DO, MHCM, FAAP

Ms. Castleman (ccastleman@northwell.edu) is a clinical research assistant in General Pediatrics at Cohen Children's Medical Center/Northwell Health. Ms. McNally (valent29@law.msu.edu) is the assistant dean for experiential education at Michigan State University College of Law and president of the Franny Strong Foundation. Dr. Bernstein (hbernstein@northwell.edu) is professor of pediatrics at Zucker School of Medicine at Hofstra/Northwell and Cohen Children's Medical Center.

Cases of COVID-19 have surged once again due to the more transmissible Delta variant, straining healthcare systems and making the goal of herd immunity even more difficult to achieve. Widespread vaccination can slow the spread of disease and extend protection to vulnerable groups, including children and immunocompromised individuals.[1] High rates of vaccination are needed to better protect both groups.

Mandates can significantly improve vaccination rates and protect against vaccine-preventable diseases. In the 2017-18 influenza season, rates of vaccination among healthcare personnel were much higher (94.8%) in settings where employers required vaccination and much lower (47.6%) when employers did not require or provide vaccines. Coverage was still

continued on page 2

continued from page 1

suboptimal (70-76%) in locations where employers provided or encouraged but did not require vaccination.[2]

All states require children to receive certain vaccines before entering school and many universities require proof of vaccination from their students. Non-medical exemptions from these mandates, while protective of individual autonomy and choice, can compromise community immunity and are offered by many states.[3] Almost all states allow religious exemptions, and the additional availability of personal belief exemptions in some states and the liberal granting of exemptions have both been associated with increased incidence of disease.[4]

Legal actions concerning COVID-19 vaccine mandates and exemptions have had mixed results. In August, the Supreme Court upheld Indiana University's plan to require vaccines. In September, a federal judge temporarily suspended New York State from enforcing its vaccine mandate for healthcare workers who claim religious exemptions. In October, Governor Greg Abbott of Texas banned vaccine mandates for employees and consumers across the state by executive order. FDA approval of at least one COVID-19 vaccine to date lowers some of the legal and ethical barriers to vaccine mandates and could reduce distrust for mandates that might have existed under emergency use authorization.[5]

There is still considerable variation in mandate status and vaccine hesitancy among states, contributing to different rates of COVID-19 vaccination and SARS-CoV-2 virus transmission. Numbers of COVID-19 cases and hospital admissions are higher in states with lower vaccination coverage.[6] From late June to July 2021, rates of hospitalization and death were 10 times higher in unvaccinated adults ≥18 compared with those who were fully vaccinated.[7]

Tens of millions of adults 18 years of age and older remain unvaccinated. COVID-19 vaccination rates must improve to safeguard community immunity; yet, several states have banned vaccine mandates by law or executive order. As vaccine effectiveness and safety data continue to accumulate, mandates should be considered as an option for protecting individuals in the workplace and the broader community. Until vaccination is more widespread, individual healthcare providers and community members will continue to be tasked with protecting the community by promoting confidence in COVID-19 vaccines.

References

1. Anderson EJ, Daugherty MA, Pickering L K, et al. Protecting the community through child vaccination. *Clin Infect Dis*. 2018 Jul 18;67(3):464-471. doi: 10.1093/cid/ciy142.
2. Black CL, Yue X, Ball SW, et al. Influenza vaccination coverage among health care personnel—United States, 2017–18 Influenza Season. *MMWR*. 67(38):1050–1054. https://doi.org/10.15585/mmwr.mm6738a2.
3. Exemptions Permitted to School and Child Care Immunization Requirements. *Immunization Action Coalition*. https://www.immunize.org/laws/exemptions.pdf. Updated May 2021. Accessed October 12, 2021.
4. Omer SB, Pan WKY, Halsey NA, et al. Nonmedical exemptions to school immunization requirements: Secular trends and association of state policies with pertussis incidence. *JAMA*. 296(14), 1757–1763. https://doi.org/10.1001/jama.296.14.1757.
5. Gostin LO, Salmon DA, Larson HJ. Mandating COVID-19 vaccines. *JAMA*. 325(6), 532–533. https://doi.org/10.1001/jama.2020.26553.
6. Siegel DA, Reses HE, Cool AJ, et al. Trends in COVID-19 cases, emergency department visits, and hospital admissions among children and adolescents aged 0–17 years—United States, August 2020–August 2021. MMWR. 70(36):1249–1254. http://dx-.doi.org/10.15585/mmwr.mm7036e1.
7. Scobie HM, Johnson AG, Suthar AB, et al. Monitoring incidence of COVID-19 cases, hospitalizations, and deaths, by vaccination status—13 U.S. jurisdictions, April 4–July 17, 2021. MMWR. 70(37):1284–1290. http://dx.doi.org/10.15585/mmwr.mm7037e1.

Neda Laiteerapong

Deborah Burnet

Leading during Transition: Fellowship Program Director

Leading a GIM Division and Fellowship in the Post-pandemic World

Neda Laiteerapong, MD, MS; Deborah Burnet, MD, MAPP

Dr. Laiteerapong (nlaiteer@medicine.bsd.uchicago.edu), GIM research fellowship director and PITCH (Primary care Investigators Training in Chronic disease and Health disparities) Fellowship Director at University of Chicago. Dr. Burnet (dburnet@medicine.bsd.uchicago.edu), University of Chicago General Internal Medicine Chief and GIM research fellowship co-director.

The COVID-19 pandemic continues to change how the healthcare system and doctors practice medicine. The pandemic has driven the telehealth transformation, unearthed (or revealed) the politicization and mistrust of science, and deepened our understanding of

continued on page 3

Leading during Transition

continued from page 2

systemic healthcare inequities and structural racism in the healthcare system. Similarly, at academic medical centers, how we lead needs to change because of the COVID-19 pandemic. From our point of view, leading a GIM Division and Fellowship, there have been several major lessons.

One major lesson is that strong mentorship can still be provided using virtual meetings. But we have found that the frequency of meetings needs to be increased and the meetings themselves can be shorter. Also, a major plus of using virtual meetings is that mentorship can effectively happen before new fellows arrive.

A second major lesson is that recruitment is more equitable in the virtual world. It is very expensive to travel to interviews in terms of time and money, which can decrease the diversity of the candidate pool. We plan to continue conducting primarily virtual interviews to remove some of these social inequities. The same rationale applies to invited speaking, which is now easier than ever.

The last major lesson we'll share is that the principles of outstanding leadership are even more important in these highly stressful times. For example, public recognition of individual faculty accomplishments has been especially important this past year. Acknowledgement and open discussion of challenges is key. Emphasizing the clinical, educational, research, and advocacy missions has helped motivate and sustain our faculty.

As a result of these changes in leadership, we have seen our Division continue to thrive and hope that these lessons will resonate.

Mariecel Pilapil

Pearl Subramanian

Sophia Jan

Vaccine Conversations with Parents about Childhood COVID-19 Vaccines

"Are Your Kids Vaccinated?": The Role of the Internist in Counseling Parents about Pediatric Vaccination

Mariecel Pilapil, MD, MPH; Pearl Subramanian, BA; Sophia Jan, MD, MSHP

Dr. Pilapil (mpilapil@northwell.edu) is associate professor of medicine and associate professor of pediatrics at Northwell Health. Ms. Subramanian (psubramanian1@pride.hofstra.edu) is a medical student at Zucker School of Medicine at Hofstra/Northwell. Dr. Jan (sjan1@northwell.edu) is chief of general pediatrics at Cohen Children's Center at Northwell Health.

Internists play an important role in encouraging vaccination not only in their adult patients but also the entire family unit. Although pediatricians counsel parents on childhood vaccination as part of routine care, the biggest driver of whether children are vaccinated is whether their parents are vaccinated.[1] Perceived risk of vaccines, social norms, and mistrust about vaccination, especially among racial minorities and under-resourced communities, are some of the barriers to vaccination in adults and children.[2]

The Advisory Committee on Immunization Practices (ACIP) defines *vaccine hesitancy* as the intention to delay or avoid vaccines that are recommended for a particular individual. Primary care providers can employ strategies to encourage vaccination, dispel myths about vaccines, and communicate the rationale for this important public health measure.

Achieving high levels of childhood vaccination requires partnership between internists and pediatricians. Frank, open, honest conversation and using motivational interviewing techniques are crucial to addressing concerns that parents might have about vaccines. Techniques including the presumptive delivery strategy ("We will be doing some shots today") and cohorting vaccines together (for example, HPV, Tdap, and Meningococcal at 11 years old) have been shown to increase vaccine uptake.[3] Similarly, influenza and COVID-19 vaccination can also be given together and no longer requires a waiting period of 14 days. As parents often have long lasting relationships and trust in their providers, internists are a crucial first line for combatting hesitancy and misinformation among patients and their families.

The role of general internists in promoting vaccination in adult patients and their children is particularly important as COVID-19 vaccination is at the forefront of combatting the pandemic. Like other vaccines, a significant predictor of a parent's willingness to vaccinate his/her child against COVID-19 is whether the parent is already vaccinated. Young mothers (18 to 35 years old) are most likely to be hesitant.[1] As of September 2021, the Pfizer Bio-N-Tech COVID vaccine has been authorized for use in 12-18 year olds. The emergency use authorization (EUA) of the Pfizer vaccine for children 5 to 11 years is expected soon. Furthermore, data about the use of the Moderna vaccine in children and the Pfizer vaccine in those less than 5 years old is also anticipated.

General internists can help increase pediatric COVID vaccination by the following:

1. *Encouraging parents to get vaccinated*: As mentioned previously, whether parents vaccinate their children is directly related to their own vaccination status. Therefore, counseling adult patients to get the COVID-19 vaccine can inherently impact their likelihood to vaccinate their children.
2. *Discussing household risk*: It is critical to counsel patients regarding the importance of vaccinating all eligible household members against COVID-19 to prevent spread. Though children are not typically the index case in households, once infected, young children are the most likely to transmit COVID to household members; secondary transmission can occur in up to 27% of households after a pediatric index case.[4]
3. *Promoting the safe return of children to school and routine pediatric care*:

continued on page 4

The Leadership Forum

a publication from the Association of Chiefs and Leaders of General Internal Medicine (ACLGIM)

1500 King St., Suite 303, Alexandria, VA 22314

Vaccine Conversations with Parents
continued from page 3

Although children generally have milder symptoms if infected with COVID-19 than adults, there remains a risk of severe complications from COVID-19, MIS-C, and long COVID-19 in children. School closures during the COVID-19 pandemic have already affected children's learning outcomes and mental health. Vaccinating children will enable their safe return to school and the resumption of routine pediatric care, both of which were disrupted by the pandemic.

As general internists, the long-term relationships we have built with our patients offer the unique opportunity to counsel patients not only about the importance of COVID-19 vaccination to their own health but also the critical importance of vaccinating young family members.

References

1. Simonson M, Baum M, Lazer D, et al. The COVID states project: Covid vaccine hesitancy and resistance among parents. *OSF Preprints*. https://osf.io/e95bc/. Published March 18, 2021. Accessed November 15, 2021.
2. McGregor S, Goldman R. Determinants of parental vaccine hesitancy. *Can Fam Physician*. 2021 May; 67(5): 339–341. doi: 10.46747/cfp.6705339.
3. Domachowske J, Suryadevara M. Practical approaches to vaccine hesitancy issues in the United States: 2013. *Hum Vaccin Immunother*. 2013 Dec 1; 9(12): 2654–2657. doi: 10.4161/hv.26783.
4. Paul L, Daneman N, Schwartz K, et al. Association of age and pediatric household transmission of SARS-CoV-2 infection. *JAMA* Pediatr. 2021 Aug 16;e212770. doi: 10.1001/jamapediatrics.2021.2770. Online ahead of print.

William Fox

Violence and Public Health: What Is GIM's Role
Firearms Safety: The Role of the Physician

William Fox, MD, FACP

Dr. Fox (wefox@hotmail.com) practices primary care internal medicine at Fox & Brantley Internal Medicine and is the immediate past chair of the American College of Physicians Board of Governors.

When it comes to firearms, the United States is not the most violent country in the world—that unfortunate distinction belongs to such countries as El Salvador, Venezuela, Guatemala, and Columbia. However, the United States is the clear outlier among our high-income peers, boasting not only the highest number of civilian firearms ownership per capita but also a gun violence death rate that is two and a half times that of the next most deadly country. Some 40,000 Americans die by a firearm annually, and that number is growing.

"The understanding and prevention of disease and injury should be the first strategy of medicine and that treatment, no matter how necessary, is not the logical first line of attack." These words, from public health official William Haddon MD MPH, were meant to serve as the underpinning of a decades-long campaign to reduce death from automobile accidents.[1] However, the statement applies equally, if not more strongly, to our nation's current firearms death and injury epidemic.

Under the umbrella of public health, medical organizations, such as the American College of Physicians (ACP), have long advocated for sensible firearms safety. When ACP published updated guidelines on this topic in 2018, the National Rifle Association (NRA) tweeted "Someone should tell self-important anti-gun doctors to *stay in their lane*." The backlash was both swift and damning. "Where are you when I'm having to tell all those families their loved-one has died," responded one trauma surgeon.

The medical community is well positioned through both its training and its unique role in patients' lives to reduce firearms-related injury and death, and it has a rich tradition of advocating to improve the health of the public. Physicians have spoken in a unified voice: the gun violence epidemic is indeed "in their lane."

References

1. William Haddon dies. *Washington Post*. https://www.washingtonpost.com/archive/local/1985/03/05/william-haddon-dies/e7b8bd4c-a1b7-4cfb-a0fc-8564fbee5c3f/. Published March 5, 1985. Accessed November 15, 2021.