

Finding Your Joy in Practice Again

February 13, 2019

Learning Objectives

At the end of this educational activity, participants should be able to:

- Describe factors that may contribute to a decrease in professional joy and how these factors impact patient care and quality.
- List high-level interventions and best practices that may be implemented at an organizational level to engage health care professionals (HCPs) and positively impact their day-to-day practice.
- Identify short- and long-term, evidence-based strategies to help HCPs find joy in their practice again.

Panelists



Moderator

Lewis G. Sandy, MD, FACP

Executive Vice President,
Clinical Advancement
UnitedHealth Group
Minnetonka, MN



Panelist

Charlee Alexander

Director, Action Collaborative
on Clinician Well-Being and
Resilience
National Academy of Medicine
Washington, DC



Panelist

Jacquelyn B. Fletcher

CEO, Heartwood Healing, LLC
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Lewis G. Sandy, MD, FACP



Executive Vice President, Clinical Advancement
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What drives burnout? What are the effects?

Burnout is driven by:

- High work loads
- Workflow inefficiencies
- Increased time spent in documentation
- Loss of the meaning in work
- Social isolation at work
- Cultural shifts from health values to corporate values

Burnout has repercussions at a **personal** and **professional level**

SOURCE: AMA StepsForward (with permission)

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A Multitude of Factors Drive Burnout

- 1 Stigma and fear of vulnerability
- 2 Regulatory environment
Reimbursement environment
- 3 Digital health environment
- 4 Organizational leadership
- 5 Learning environment
- 6 Culture of silence

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Let's build a better system that helps clinicians thrive

Communications toolkit to easily share the knowledge hub

nam.edu/Toolkit

HEALTHY CLINICIANS.

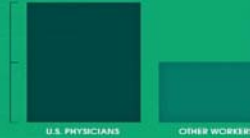
HEALTHY PATIENTS.

Burnout is widespread among U.S. clinicians, putting an unsustainable strain on the health system.

LET'S BUILD A BETTER SYSTEM TO HELP CLINICIANS THRIVE.



BURNOUT is nearly **2X** as prevalent among **U.S. physicians** than among workers in other fields.



43% of inpatient nurses have a high degree of emotional exhaustion.



Medical trainees experience higher rates of **DEPRESSION** and **BURNOUT** than those of age-similar individuals pursuing different careers.



Charlee Alexander



Director, Action Collaborative on
Clinician Well-Being and Resilience
National Academy of Medicine
Washington, DC

NAM Action Collaborative on Clinician Well-Being and Resilience

Charlee Alexander



National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

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What is Burnout?

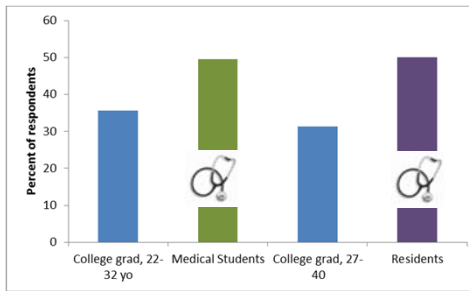
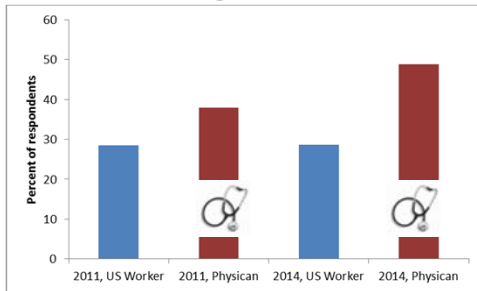
- Syndrome of:
 - emotional exhaustion
 - depersonalization
 - low personal accomplishment
- Leads to decreased effectiveness at work
- Attributed to work-related stress



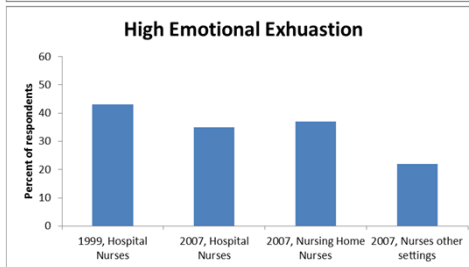
Maslach, C., S. E. Jackson, et al. (1996). Maslach Burnout Inventory Manual. Palo Alto, CA, Consulting Psychologists Press.

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High Prevalence of Burnout



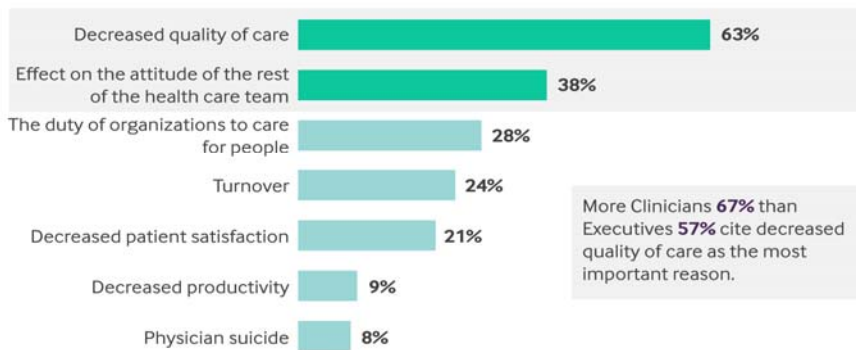
2014, 6880 physicians, all specialties, all practice types
 2012, 5521 medical students & residents
 1999, > 10,000 inpatient RN
 2007, 68,000 nurses



Aiken JAMA 2002;288; McHugh Health Aff 2011;30; Dyrbye Acad Med 89(3): 443-451; Shanafelt MCP 2015;90:1600

Decreased Quality of Care Is the Top Reason to Address Physician Burnout

What are the top two most important reasons to address physician burnout?



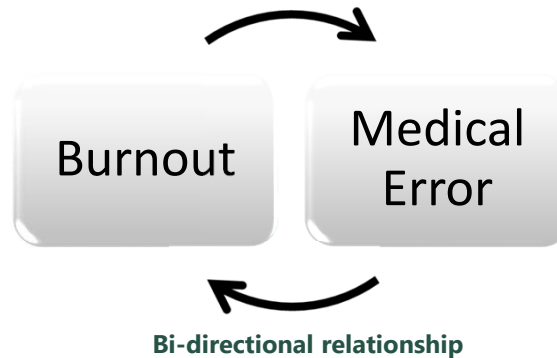
More Clinicians **67%** than Executives **57%** cite decreased quality of care as the most important reason.

Base = 570 (multiple responses)

Swensen S, Shanafelt, Mohta NS. Leadership survey: Why physician burnout is endemic, and how health care must respond. NEJM Catalyst. [ian-burnout-endemic-healthcare-respond/](#)

Quality and Safety

- Medical Error
 - ~8000 surgeons
- Medical Malpractice Litigation
 - ~7000 surgeons
- Health-care associated infections
 - Mean burnout hospital nurses independent predictor
- Patient mortality ratios
- Teamwork scores
 - Mean EE physicians & nurses ICU



Higher levels of burnout associated with increased odds of reporting a medical error in subsequent 3 months
 Self-perceived medical error associated with worsening burnout & depressive symptoms

Shanafelt Ann Surg 2009; Balch J Am Coll Surg 213; West JAMA 2006, 2009; Jones J Appl Psychol 1988; Cimiotti Am J Infect Control 2012; Welp Front Psychol 2015; Welp Crit Care 2016

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Health Care Costs



- | | |
|---|-------------------|
| ↑Medical Errors | ↑Absenteeism |
| ↑Malpractice claims | ↓Job productivity |
| ↑Turnover | ↑Referrals |
| – 1.2-1.3 x salary (\$82-
\$88,000 per RN in 2007) | ↑Ordering |
| – \$500,000 to >\$1 million | |

Jones J Nurs Am 2008; Fibuch Physician Leadersh J 2015; Buchbinder Am J Manag Care 1999; Kushnir, Fam Pract 2014; Bachman Soc Sci Med 1999; Parker J Behav Med 1995, Toppinen-Tanner Behav Med 2005, Hilton J Occup Environ Med 2009

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A Multitude of Factors Affect Clinician Well-Being and Resilience

External Factors

- Rules and regulations
 - Reimbursement environment
- Learning and practice environment
 - Digital health environment
- Organizational factors
- Society and culture
 - Culture of silence
- Stigma and fear of vulnerability
- Health care responsibilities

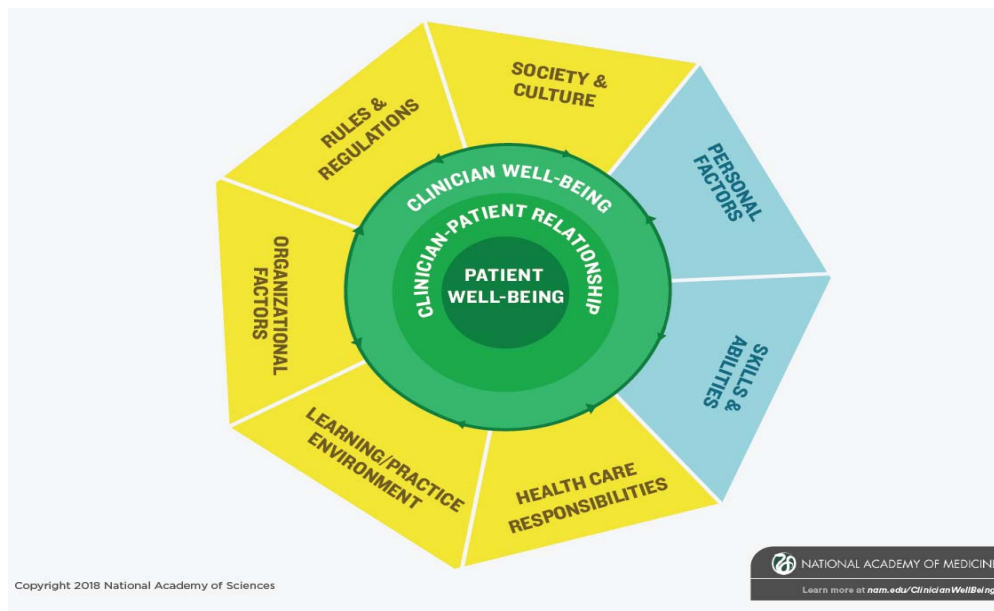
Individual Factors

- Personal factors
- Skills and abilities of the clinician



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Factors Affecting Clinician Well-Being and Resilience



External Factors

SOCIETY & CULTURE

- Alignment of societal expectation and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

RULES & REGULATIONS

- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS

- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and inclusion
- Harassment and discrimination
- Level of support for all healthcare team members

ORGANIZATIONAL FACTORS

- Power dynamics
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

LEARNING/PRACTICE ENVIRONMENT

- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship program
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence

HEALTH CARE RESPONSIBILITIES

- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

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Individual Factors

PERSONAL FACTORS

- Access to a personal mentor
- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS AND ABILITIES

- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Optimizing workflow
- Organizational skills
- Resilience
- Teamwork skills

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Action Collaborative

PERSPECTIVE

COLLECTIVELY CONFRONTING THE CLINICIAN-BURNOUT CRISIS

To Care Is Human — Collectively Confronting the Clinician-Burnout Crisis

Victor J. Dzau, M.D., Darrell G. Kirch, M.D., and Thomas J. Nasca, M.D.

“Through collective action and targeted investment, we can not only reduce burnout and promote well-being, but also help clinicians carry out the sacred mission that drew them to the healing professions – providing the very best care to patients.”

Action Collaborative Goals



- Raise visibility of clinician burnout, depression, stress, and suicide
- Improve baseline understanding of challenges to clinician well-being
- Advance evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver

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Working Groups

1. Research, Data, and Metrics
2. Conceptual Model
3. External Factors and Work Flow
4. Messaging and Communications
5. External Publications and Art Show



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Working Groups

~65 participants representing:

- Medicine, nursing, pharmacy, dentistry
- Professional societies and membership organizations
- Government agencies
- Health IT vendors
- Large health care centers
- Payers
- Researchers
- Trainees and early career professionals
- Patient and consumer perspectives



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Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being

A consensus study from the National Academy of Medicine

An ad hoc committee will examine the **scientific evidence** regarding the **causes** of clinician burnout as well as the **consequences for both clinicians and patients**, and **interventions to support clinician well-being and resilience**. The committee will examine components of the **clinical training and work environment** that can contribute to clinician burnout in a variety of care settings, as well as **potential systems interventions to mitigate** those outcomes. The committee will identify **promising tools and approaches** to support clinician well-being, identify **gaps in the evidence** base, and propose a **research agenda** to address areas of uncertainty.

Project website:

<https://www8.nationalacademies.org/pa/projectview.aspx?key=HMD-HCS-17-09>



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Lewis G. Sandy, MD, FACP



Executive Vice President, Clinical Advancement
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What are the effects of burnout on an organization?

Health professional burnout is a threat to the **clinical, financial, and reputational success of an institution for quality, humanitarian, and financial reasons.**

- High work loads
- Workflow inefficiencies
- Increased time spent in documentation
- Loss of the meaning in work
- Social isolation at work
- Cultural shifts from health values to corporate values

SOURCE: AMA StepsForward (with permission)

QUALITY
Each 1 point increase in burnout correlates with a 3-10% increase in likelihood of physicians reporting medical errors
HUMANITARIAN
Greater rates of dissatisfaction, divorce, drug and alcohol abuse, and depression
FINANCIAL
Replacement costs <u>per physician</u> costs between \$500,000 to \$1 million * Over \$5 million annually

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External Factors

SOCIETY & CULTURE

- Alignment of societal expectation and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
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Three Domains of the Stanford Wellness Framework

Culture of Wellness

- Creation of work environment with a set of normative values, attitudes, and behaviors that promote self care, personal and professional growth, and compassion for colleagues, patients, and self

Efficiency of Practice

- Value added clinical work accomplished divided by the time and energy spent

Personal Resilience

- Set of individual skills, behaviors, and attitudes that contribute to personal physical, emotional, and social well-being, including the prevention of burnout



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SOURCE: AMA StepsForward (with permission)

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Nine steps to help clinicians thrive through organizational changes

Culture of Wellness

- 1 Engage senior leadership
- 2 Track the business case for well-being
- 3 Resource a Wellness infrastructure
- 4 Measure burnout and the predictors of burnout longitudinally
- 5 Strengthen local leadership
- 6 Develop interventions and evaluate their impact

SOURCE: AMA StepsForward (with permission)

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Nine steps to help clinicians thrive through organizational changes

Efficiency of Practice

- 7 Improve workflow efficiency and maximize power of team-based care
- 8 Reduce clerical burden and tame the EHR

Personal Resilience

- 9 Support the physical and psychological health of the workforce

SOURCE: AMA StepsForward (with permission)

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For additional resources, frequently asked questions and implementation support, visit stepsforward.org

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Jacquelyn B. Fletcher



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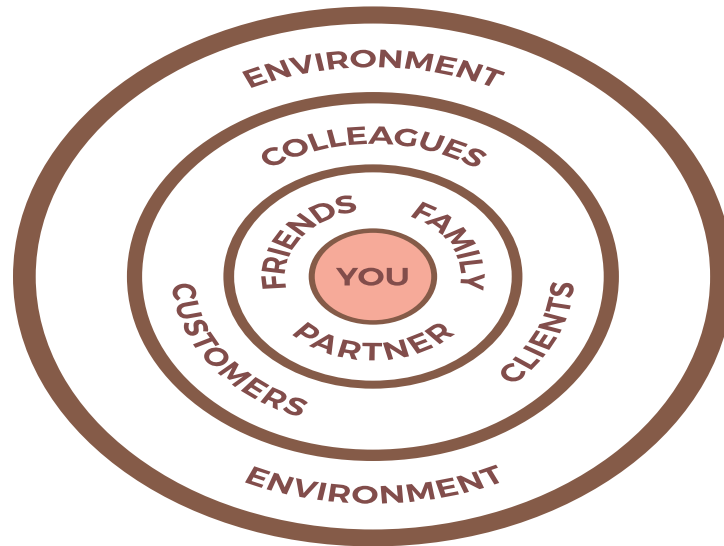
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**To maintain compassion for others requires
nourishing ourselves.**



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Rings of Self-Mastery



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What keeps you full?



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Top Evidence-Based Resilience Practices

- Sleep
- Exercise
- Nutrition
- Social Connection
- Control Mind-Wandering

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Top Evidence-Based Practices for Happiness

- Kindness to others
- Social Connection
- Time affluence
- Mind control
- Healthy practices (sleep, exercise, nutrition)

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Mind Wandering



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Breathing Exercise



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Discussion



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Q & A



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Thank You!

If you have any questions or concerns please contact OptumHealth Education at moreinfo@optumhealtheducation.com.

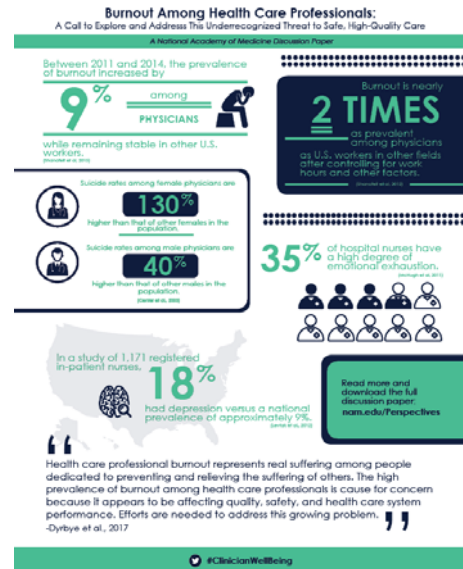
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Appendix – Working Group Resources



Research, Data, and Metrics

- Completed:
 - Discussion Paper: "[Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care](#)"
 - Compilation of validated [survey instruments](#) to assess work-related dimensions of well-being
 - Discussion Paper: "[A Pragmatic Approach for Organizations to Measure Health Care Professional Well-Being](#)"
- Forthcoming:
 - Financial cost of burnout among nurses
 - Gender differences in burnout and related factors



Validated Instruments to Assess Work-Related Dimensions of Well-Being

A key organizational strategy to improving clinician well-being is to measure it, develop and implement interventions, and then re-measure it. A variety of dimensions of clinician well-being can be measured including burnout, engagement, and professional satisfaction. Below is a summary of established tools to measure work-related dimensions of well-being. Each tool has advantages and disadvantages and some are more appropriate for specific populations or settings. This information is being provided by the [Research, Data, and Metrics Working Group](#) of the National Academy of Medicine [Action Collaborative on Clinician Well-Being and Resilience](#).

Burnout

»» Maslach Burnout Inventory – Human Services Survey for Medical Personnel

»» Oldenburg Inventory

»» Physician Work-Life Study's Single-Item

»» Copenhagen Burnout Inventory

Composite Well-Being

»» Stanford Professional Fulfillment Index

»» Well-Being Index

Depression and Suicide Risk

»» The Patient Health Questionnaire-9 (PHQ-9)



A Pragmatic Approach for Organizations to Measure Health Care Professional Well-Being

NAM Discussion Paper

Authored by Liselotte N. Dyrbye, David Meyers, Jonathan Ripp, Nupur Dalal, Steven B. Bird, and Srijan Sen

Table 1 | Characteristics of Pragmatic Approaches

Characteristic

Dimensions of well-being important to stakeholders: Measures domains of well-being or distress prevalent in the population of interest, costly, and challenging

Low organizational burden: Brief, simple to analyze, and low or no cost

Actionable measures: Scores are easy to interpret, have norms or benchmarks, relate to other important outcomes, and lead to a response by organizational leadership

Sensitivity to change: Can be used longitudinally to assess the impact of interventions or changes over time

Psychometrically strong: Validity of the findings

Broadly applicable: Questions are relevant to more than one group of employees (i.e., can be applied to both physicians and nurses within a health system)

External Factors and Work Flow

- Completed:
 - Discussion paper: [Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout](#)
 - Discussion paper: [“A Vision for a Person-Centered Health Information System”](#)
 - Discussion paper: [“Implementing Optimal Team-Based Care to Reduce Clinician Burnout”](#)
 - Streamlined suggestions to CMS re. E/M documentation guidelines



Care-Centered Documentation in the Digital Environment: Solutions to Alleviate Burnout
A National Academy of Medicine Discussion Paper
#ClinicianWellBeing nam.edu/Perspectives

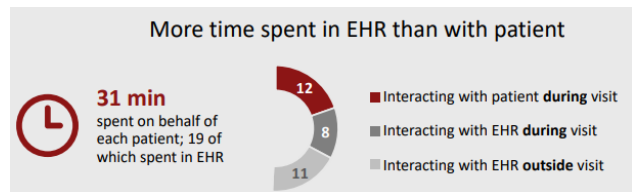
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The person-centered health information system of the future leverages information technology **enhanced by artificial intelligence to support better, safer, and more affordable health care.** This system has less cognitive and administrative burden on clinicians than current systems, and provides **seamless usability for patients and the multidisciplinary teams that care for them.**

NAM.EDU/PERSPECTIVES
#ClinicianWellBeing

Stanford Medicine Harris Poll: The Impact of EHRs

- 71% agree EHRs greatly contribute to burnout
- 69% agree that using an EHR takes valuable time away from interacting with patients
- 59% think EHRs need a complete overhaul
- 8% say the primary value of EHRs is clinical



Stanford Medicine Harris Poll: How Doctors Feel About Electronic Health Records, 2018

Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout

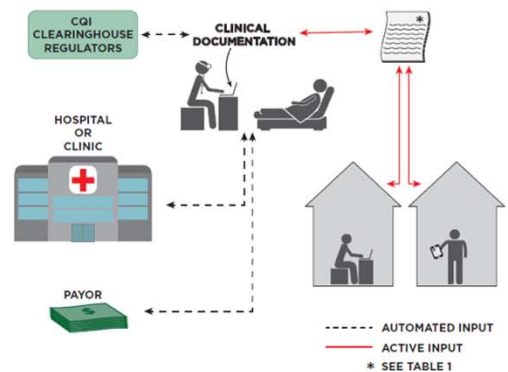
NAM Discussion Paper

Authored by Alexander K. Ommaya, Pamela F. Cipriano, David B. Hoyt, Keith A Horvath, Paul Tang, Harold L. Paz, Mark S. DeFrancesco, Susan T. Hingle, Sam Butler, and Christine A. Sinsky

Box 1 | Recommendations

- Clinicians should be responsible only for essential primary data entry that is required to support the care of a patient.
- EHR developers should increase the development of capabilities that allow clinicians to understand the previous medical, health, and social history of the patient.
- CMS should deemphasize documentation requirements as a condition of payment for health care services.
- CMS should clarify that elements of the HPI drafted by an assistant, and confirmed with the patient by the provider, should count for reimbursement.
- An authoritative body, such as the NAM, should initiate a study focused on redesigning clinical documentation suited to the modern digital age, with a primary focus on informing clinical management and improving patient outcomes and health.

SOURCE: Ommaya et al., "Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout," National Academy of Medicine.



A Vision for A Person-Centered Health Information System

NAM Discussion Paper

Authored by Keith Horvath, Patricia Sengstack, Frank Opelka, Andrea Borondy Kitts, Peter Basch, David Hoyt, Alexander Ommaya, Pamela Cipriano, Kensaku Kawamoto, Harold L. Paz, J. Marc Overhage

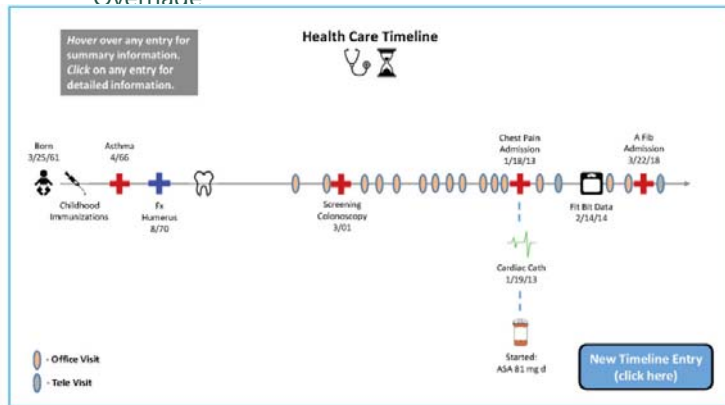


Figure 1 | Longitudinal Graphic Display for a Patient's Health Care Over Time

”
 The person-centered health information system of the future leverages information technology **enhanced by artificial intelligence to support better, safer, and more affordable health care.** This system has less cognitive and administrative burden on clinicians than current systems, and provides **seamless usability for patients and the multidisciplinary teams that care for them.**

NAM.EDU/PERSPECTIVES
 #ClinicianWellBeing

Implementing Optimal Team-Based Care to Reduce Clinician Burnout

NAM Discussion Paper

Authored by Cynthia D. Smith, Celynne Balatbat, Susan Corbridge, Anna Legreid Dopp, Jessica Fried, Ron Harter, Seth Landefeld, Christina Y. Martin, Frank Opelka, Lew Sandy, Luke Sato, and Christine Sinsky

Key Features of High Performing Teams

- Mutual trust/psychological safety
- Effective communication
- Clear roles
- Shared, measurable goals

Teamwork and Patient Outcomes

- Studies in various settings (ambulatory, emergency department, nursing home, and hospital based care)
- Correlation between team-based care and improved health care quality

Teamwork and Clinician Well-Being

- Some evidence of an association between high performing teams and improved clinician well-being
- More research is needed to fully understand the relationship between team-based care and clinician well-being



Barriers to Implementing Optimal Team-Based Care to Reduce Clinician Burnout

NAM Discussion Paper

- **Regulatory** barriers to team-based care, virtual teams and telehealth
- Lack of uniform **educational requirements & standards** for team-based care and conduct
- **Current payment system** not designed to offset the costs associated with forming, training and sustaining clinical teams
- CMS **regulations and documentation guidelines** do not empower all members of the clinical team to meaningfully participate
- **Outdated workflows** and current **EHR structure** that do not support clinical teams

Solutions to Implementing Optimal Team-Based Care to Reduce Clinician Burnout

NAM Discussion Paper

- **Better align licensing and regulation** of health care clinicians with **new concepts and standards** for team-based care → telehealth and virtual teams
- Prioritize **training & assessment** of clinical team structure & function across the continuum of training
- Better align the payment system with team-based care incentives
- **Modernize documentation guidelines** to allow for team documentation and to clearly indicate that functions such as medication reconciliation can be performed by team members*
- **Re-imagine EHR operability and workflows** based on most successful team based care models available*

Working with CMS

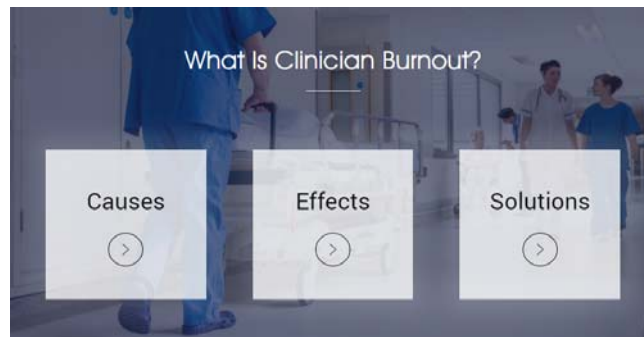
- Excessive documentation requirements have made it difficult for physicians and other health care professionals to locate important information about the patient's current condition, recent changes and the plan of care in the medical record.
- Difficulty locating information can impact patient care.
- How to better align E/M coding and documentation with the current practice of medicine and how to account for the impact of the use of EHRs on documentation requirements



The screenshot shows the homepage of the Clinician Well-Being Knowledge Hub. The background features a photograph of a male doctor in a light blue lab coat, looking thoughtful with his hand to his chin. The website layout includes a navigation menu at the top with links for 'About', 'Causes', 'Effects', 'Solutions', 'Resource Center', and 'Conceptual Model'. The main heading reads 'Sharing Knowledge to Combat Clinician Burnout', followed by the subtext 'Find articles, research studies, and other resources'. A search bar is present with the placeholder text 'Search for Resources...' and a blue 'Search Resources' button. At the bottom, a white banner contains the text: 'Healthy clinicians provide better patient care. Let's build a better system that helps clinicians thrive.' followed by the URL nam.edu/clinicianwellbeing.

Knowledge Hub is organized around three main topics

- **Causes:** Organizational factors, learning environment, practice environment, society and culture, personal factors, rules and regulations
- **Effects:** Safety and patient outcomes, clinician well-being, turnover and reduction of work effort, health care costs
- **Solutions:** Organizational strategies, measuring burnout, individual strategies



Resource Center

This resource center provides a searchable database for research, toolkits, educational materials, and other resources relevant to clinician well-being and resilience.

- > 550 resources
- Searchable database
- Rate helpfulness of resources
- [Feedback survey](#)

Calling for additional resources!

The resource center is a work in progress and resources will be added on an ongoing basis at the discretion of the National Academy of Medicine.

If you would like to suggest a resource to include, please submit the resource using the [new resource submission survey](#).

Forthcoming: Case Studies



The Clinician Well-Being Knowledge Hub is intended to provide an easy-to-navigate repository of helpful resources for those seeking information and guidance on how to combat clinician burnout and promote well-being in their organizations and in their personal lives. Resources will be added on an ongoing basis.

If you would like a resource to be added to the knowledge hub, please submit the resource below. If you would like to share multiple resources, please upload a Word document with the title and links to the resources.

Please note that additional resources will be added at the discretion of the National Academy of Medicine.

Let's build a better system that helps clinicians thrive.

Communications toolkit to easily share the knowledge hub
nam.edu/Toolkit



Case Studies in Spring 2019

- 5-8 case studies highlighting programs that are engaging in promising practices to reduce clinician burnout and improve well-being
- Goal is to provide actionable guidance for organizations seeking to implement clinician well-being programs
- Diverse array of programs
- Four criteria for inclusion
- Community of shared learning; webinars



Making the Case for a Chief Wellness Officer: Call to Action (Health Affairs – 10.26.18)

Chief Wellness Officer: Potential Requirements and Responsibilities

Reports to

Senior Leadership (CEO, President, or Dean)

Minimum Requirements

Resources, including team members, to (i) implement and evaluate evidence-based interventions at the individual, group and system level; and (ii) ensures implementation and continuous feedback.

Coordinates with other executive leaders (e.g. CQO) to ensure well-being is prioritized and integrated into executive leadership activities.

Works closely with marketing and/or communications team to ensure that community-wide messaging is supportive of the well-being for the community served.

Specific Responsibilities

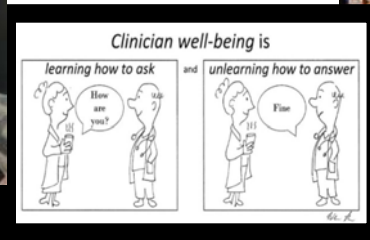
- Provides strategic vision, planning, and direction to the development, implementation and evaluation initiatives to improve health and well-being outcomes
- Regularly monitors and reports outcomes, including measures of engagement, professional fulfillment, health and well-being, return on investment, value on investment, and tracks how they change with the introduction of interventions
- Raises awareness and provides education about the impact of professional burnout and the benefit of building resiliency and coping skills in clinicians.
- Implements effective evidence-based individual-level interventions, group-level interventions and system-wide interventions
- Implements system-level interventions on efficiency of practice, participatory management, and empowering of healthcare professionals to develop their voice on culture
- Pursues/advances well-being research efforts where appropriate.
- Coordinates and works with mental health leaders to decrease stigma and improve access to and awareness of mental health services.
- Creates a culture of wellness to improve organizational health and well-being at the system level.
- Conducts evidence-based quality improvement efforts that support clinician well-being.
- Oversees the business plan development for implementation and delivery of programs and services that support clinician well-being.



Expressions of Clinician Well-Being

nam.edu/expressclinicianwellbeing

- > 350 submissions including paintings, music, and written word
- 10 art pieces available for traveling art show
- 100 featured in a permanent digital gallery



Now you can host the *Expression of Clinician Well-Being* traveling art gallery!

If your organization is interested in hosting the gallery at your next event, send a request to clinicianwellbeing@nas.edu



Join the movement!

nam.edu/SupportClinicianWellBeing

To provide an opportunity for organizations to discuss and share plans of action to reverse clinician burnout and promote clinician well-being, the NAM is collecting statements describing organizational goals or commitments to action.

"ACP is committed to ongoing measurement and tracking of internist burnout and well-being to help guide efforts in this area."

The ACP is committed to combating clinician burnout. Join them!
Submit your statement at nam.edu/SupportClinicianWellBeing

More than 130 organizations have committed to combating clinician burnout.

Will you join them?
nam.edu/SupportClinicianWellBeing

"The FSMB is committed to considering the impacts that licensing and disciplinary policies and processes can have on physicians."

The FSMB is committed to combating clinician burnout. Join them!
Submit your statement at nam.edu/SupportClinicianWellBeing

Attend our next public meeting!

Redesigning the clinical learning environment

Wednesday, May 29th at the ACGME headquarters in Chicago, IL

For meeting updates, visit nam.edu/CW





Subscribe to our mailing list
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Share your thoughts using
#ClinicianWellBeing

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Questions?

ClinicianWellBeing@nas.edu

Resources



The Heartwood Newsletter

Get free weekly self-mastery resources to help you create sustainable health and wellbeing. You'll learn evidence-based techniques in psychology, mindfulness, resilience, creativity, grit, habit change, self-compassion, and much more. Get access to a free meditation by Jacquelyn Fletcher when you sign up. Or connect directly with Jacquelyn at hello@heartwoodhealing.com.

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Sign up at HeartwoodHealing.com.