Q&A: Why improving physicians’ well-being is an ongoing journey

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Comprehensive well-being in the workplace is vital for physicians and other health professionals, especially during times of heightened stress such as the COVID-19 pandemic, which has magnified burnout. How health systems support their physicians is crucial. This is where a chief wellness officer (CWO) can play a pivotal role in addressing well-being and the physician burnout epidemic plaguing health care.

For AMA member William Barish, MD, chief wellness officer at Samaritan Health Services in Lebanon, Oregon, his journey to address physician burnout and improve well-being began in 2018. Samaritan is a nonprofit health system that brings together hospitals, physician clinics and health insurance plans, serving more than 265,000 residents.

During a recent interview, Dr. Barish discussed his transition to chief wellness officer and how COVID-19 led to a change in Samaritan’s focus on well-being as well as his outlook for future efforts to address physician burnout.

AMA: What were some of the first well-being efforts you implemented in your role as chief wellness officer?

Dr. Barish: We started looking at various things we could do within the Stanford Model of Professional Fulfillment, which is comprised of culture, practice efficiency and personal resilience. Our CEO is also very interested in changing the culture of Samaritan. As part of that effort, he supported a new effort called Response to Harm, which is comprised of care for the caregiver, open and honest communication, and a strong root-cause analysis.

Everything got derailed with COVID, so we fast-tracked our peer support program. Jo Shapiro, MD, was out here a few years ago and helped start a professionalism committee at our regional medical center. With her guidance, we added the wellness component to that committee and then began
similar professionalism and wellness committees at our other institutions.

We then started bringing in additional resilience efforts. One of the people at my CWO training, Cynthia Stonnington, MD, at Mayo Clinic West in Scottsdale, talked about a program that was being started at her institution directed at physician mothers called Authentic Connection; we started that here. That’s been up and going for about a year and a half, getting small groups of clinician mothers together for support. It’s a 12-week training program, but then it’s an ongoing support group, which has been very successful. We also have a certified MBSR [mindfulness-based stress reduction] trainer and have offered the full, eight-week course since the spring of 2019.

We’ve also been working on practice efficiency through various programs such as Getting Rid of Stupid Stuff. This involves working with our Epic team to try to eliminate things that drive clinicians nuts. We started a virtual scribe pilot program to move towards integrating scribes and redesigning the ambulatory care team. This allows everyone to work at the top of their license while getting physicians and clinicians to do what they’re trained to do.

Now we’re restructuring our wellness efforts and moving to a well-being program that combines both clinicians and the other employees. There are certainly things specific to clinicians while other efforts are geared more to the other employees, but there is overlap between the two. There are programs that will benefit both groups, so we are trying to avoid redundancies and become more efficient in our provision of well-being services.

If other members of the care team are not well, the physician is not well, and the patient will suffer.

**AMA:** Samaritan received a grant from the AMA to pilot a program for managing the in-basket as well as extracting EHR data from Epic. How has that been going?

**Dr. Barish:** The AMA grant started in early 2019 and we’re just wrapping up now—it was a learning experience. We all got something different out of it. I got the organization to agree to hire a total of eight registered nurses into two intervention clinics to assist clinicians with their desktop. By helping to reduce their in-basket burden, the hypothesis was they would have more time to see patients or get home earlier for a better work-life balance.

What we discovered was not so simple. There are some clinicians who have been working with their team for years and have a system that is quite efficient. Adding someone else into that mix for a specific purpose—helping with the in-basket—was not helpful, nor wanted. Each clinician and care team operated a bit differently and each had a diverse set of needs.

What we did discover was that RNs are very good at assessing the team and helping the medical assistants to work at the top of their license; not just send everything to the physician’s in-basket with a “please advise” notation. The RNs can not only help with the in-basket but use their knowledge to
strengthen the MA and their abilities.

The AMA was very interested in collaborating with us to extract data out of Epic in support of an EHR-use metric research project. When that data was shared with clinicians, it was overwhelming. There was so much data the physicians didn’t know what to do with it, and it never really changed anyone’s practice. If we had more time, we might have been able to use it to make our physicians more efficient.

AMA: Is the data around practice redesign and physician efficiency something you will be looking at in the future?

Dr. Barish: We are currently in the process of redesigning all of our primary care teams. We are starting to put RNs into every practice along with care coordinators, community health worker, scribes and pharmacists. That’s going to provide more help to the physician and make them more efficient. All of those RNs we hired for the grant have now transitioned to this redesign of ambulatory care. There are some lessons we learned from this grant project that we’re going to put into this new program for ambulatory care. First of all, we need to make sure every clinician has all the necessary resources. It’s really hard to talk about having an efficient and productive physician when there are not enough MAs. We have to take care of that blocking and tackling before we start using the data we got from the grant project.

AMA: How did the pandemic affect the way you approached well-being?

Dr. Barish: We immediately started pushing the peer support. We also started developing a critical incident response debrief team and holding daily drop-in programs for folks to talk about what’s on their mind. It was also in that year we had wildfires out here, and a lot of people were displaced.

We started doing a lot more offerings to our employees for support. It was all virtual, but it was helpful and gave people an outlet if they needed it. But then it also let them know that we were really concerned about how people were doing—the peer support has been very active and used a lot.

AMA: Are you making any adjustments to your well-being plans as we continue to navigate the pandemic?

Dr. Barish: We started Schwartz Rounds at our regional medical center and are now about to start that in a second hospital. The goal would be to get that up and going in all five of our hospitals. I don’t know if we’ll get it all done by the end of this year, but if not by the end of this year, then for sure by 2022. Also, the professionalism and wellness committee that began in our regional medical center has been implemented at the hospital where I’m located and a third hospital on the coast. We will hopefully have five professionalism and wellness committees—one at each of our institutions.
Basically, the next year will be about expanding our programs to reach everyone, then integrating well-being for both clinicians and employees and developing a strategic plan around that. It’s something that’s going to take at least a year to fully implement.

**AMA:** Do you have any advice for other chief wellness officers?

**Dr. Barish:** This is a journey and we’re never going to get to the pot of gold. Personal resilience efforts are fine, but they’re not for everybody. It’s the cultural change that is going to make the biggest difference.

It is also important to eliminate some of the little irritations, or the pebble in your shoe, that are in our daily lives. If we can just eliminate some of those pebbles, it can make people’s daily lives a little bit better. That is going to be a huge win.