Q&A: She was hired to boost doctors’ well-being—then COVID-19 hit

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Starting a new job is never easy, let alone during a global pandemic. For Amy Frieman, MD, a palliative care physician, that was a reality. Dr. Frieman started her role as chief wellness officer at Hackensack Meridian Health (HMH) in Edison, New Jersey, in January 2020. But with years of working on well-being issues under her belt, she shifted focus when COVID-19 hit hard in the spring and never missed a beat.

During a recent interview, Dr. Frieman discussed the transition into her role as chief wellness officer at the start of a pandemic and her plans for ensuring physician well-being remains top of mind.

**AMA:** How did becoming chief wellness officer so shortly before the pandemic affect your focus and how you developed well-being initiatives?

**Dr. Frieman:** As we look to transform health care, which is one of our primary missions at HMH, this really begins with transforming the clinician experience. It was important that we saw the need for the chief wellness officer role before the pandemic because when the pandemic hit, it allowed me to really be able to focus fully and completely on the well-being of the team.

I have learned so much in the 17 months or so since I’ve taken on this role and what I have seen—and what I’m continuing to see—is that there are a multitude of factors that weigh so heavily on the hearts and minds of our team right now. It’s the nature of health care, especially with COVID—but I would say even before COVID—people are stressed, and they are distressed.

What I’ve found is that for many of our clinicians there is a general lack of connection to their own well-being and even to what they’re experiencing. People know that they’re struggling, but they are not connecting the dots, and they don’t necessarily know what to do about it.

When we fall down and we break a bone, we know how to handle it. We know to go to the emergency department, we get an x-ray, we get it fixed, and the problem is solved. But clinicians aren’t taught


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about emotional intelligence and consequently, they don't connect with emotional issues in the same way that they connect with other issues in their lives and work. This is a really unfamiliar corridor. It's stigmatized and it's scary. As caregivers, they don't necessarily feel that they need to be cared for, or that they should be cared for. And maybe they even see reaching out for help as a sign of weakness.

I can build all the well-being programs in the world, but what I have learned is that it's not about the clinicians coming to me, it's about me connecting them to their own experiences. It’s important to do this so that they reflect and have more insight about the cause and effect of their experiences. When they more clearly recognize the nature of their distress and all its implications, they will be more inclined to seek support. We have to do a better job of normalizing this.

**AMA:** So establishing well-being initiatives is about meeting them where they are?

**Dr. Frieman:** It's about meeting them where they are, but it's first about really connecting them to that experience. One way that we have tried to make that connection is to destigmatize mental health issues and to destigmatize care-seeking behavior. In the midst of COVID, we launched what we call the “Even Heroes Need to Recharge” campaign because there’s just so much fear about seeking help in health care. We worry about our licensure. We worry about credentialing. And we worry about if this going to impact career advancement.

With this campaign, what we’re doing is really using storytelling to be able to connect. We provide real-life examples of physicians and other clinicians who have sought help and who are willing to talk about that experience. And I think it’s really important because they’re willing to say: Look, I got help. I'm still here and nothing bad happened to me. In fact, I'm really doing better.

We also sent a mailing to our entire team with our behavioral health resources and urging not only our team members, but their families to really take advantage of those resources.

**AMA:** Did you have something in mind prior to the pandemic that you had to shift from?

**Dr. Frieman:** COVID was a game changer for all of us. The last 17 months—I call it the 17-month year of COVID—has been very focused on self-care modalities and improving the individual resilience of our team members. So really focusing on the physical, the social, the spiritual and the mental health of the team.
But I think it's really important to say that—although the focus on mental health will continue and it needs to continue—rather than really focusing so much on individual resilience and self-care, the work is really shifting now to system-level interventions, which was my intent as I went into this before COVID happened. I really believe that if we want to solve for burnout, if we want to improve the clinician experience, we can't do it by teaching our physicians and clinicians to be more resilient inside of a broken system. We have to fix the system.

The major intent coming into the role was focusing on system-level interventions related to process and workflow. I would say, because of COVID the need to provide for mental health became even more imperative. I always knew that making sure we had resources available and that our team understands how to access those resources would be important. I never thought that that my first year would have the degree of focus on mental health that it ended up having, but I'm glad that we put the processes, tools and services in place that enabled us to meet the needs of our team.

AMA: How can health care destigmatize seeking help for mental health?

Dr. Frieman: It's important to take a data-driven approach to well-being. It's about tracking well-being over time. It's about holding ourselves accountable for the results in the same way that we do other key performance indicators. We actually have physician well-being as a network strategic goal and I'm very proud of that because I think it speaks to the commitment of the network to improving well-being. So, it's about measuring. It's about tracking. Then it's about putting interventions in place and seeing if they work and then iterating upon them and trying something else or changing them a little bit to see how much impact we can really have.

The measurement piece is important—we're actually in the middle of utilizing the well-being index survey, which is a tool that originally came out of the Mayo Clinic. We're working to get participation, not just of our physicians, but of our nurses, advanced practice providers and residents right now.

Another important piece that came from COVID and the connection to mental health is that we've really streamlined our processes and moved beyond the employee assistance program model so that we can really make it easier for our team to make a connection. During the first wave of COVID we heard feedback that our resources are complicated and people who are struggling don't want to sift through a website to figure out what number they need to call.

So we heard that, and what we created is a support-and-navigation line that serves two purposes. It's there for crisis management, to help someone in a moment of crisis or to support somebody who just needs to vent on the way home from a long and difficult shift. The second purpose is that the line serves to connect people directly to longer-term resources. Now they just have to know one phone number and the behavioral health specialists on the other end of the line will connect them directly and tell them how they can benefit from our employee-assistance program, or benefit from our peer-
AMA: How many hours a day is that line available to physicians and other health professionals?

Dr. Frieman: It's a 24/7 line. When the line started, it was purely volunteers who staffed it. It was our behavioral health team, 24/7 volunteering to take care of their colleagues, which I thought was incredible, but I also knew that it couldn't fall on the backs of the behavioral health team and the goodness of their hearts to volunteer long-term.

What we've been able to do is transition that into a sustainable, funded line where we still have our behavioral health team taking calls, but now they're actually compensated for doing that. So now we know this model will be sustainable and it will continue on long after, hopefully, COVID is in our rear-view mirror.

AMA: What influenced you to advocate for physicians’ and other health professionals’ well-being?

Dr. Frieman: I was really drawn to well-being work because of my own experience with burnout during my medical training. It all sort of came to a head during a medical intensive care unit rotation. And although it was a really dark moment for me, I'll say that the experience definitely shaped me in a very positive way because it turned me into a palliative care doctor, and it made me want to make sure that nobody ever felt the way that I felt during that time in my training.

It also drove me to really want to include well-being and clinician experience work as a focus of my career. And I think the skill set of a palliative care physician absolutely lends itself to well-being work because, in palliative care, we're really focused on communication, conflict resolution, multi-disciplinary teamwork and team dynamics.

Given the nature of palliative medicine, where we're caring for very sick, very vulnerable, very complicated patients, as well as difficult family situations, it sets up a high potential for burnout. So, a focus on well-being is really critical to sustaining a palliative care team. In my role, prior to the role of chief wellness officer, I was building palliative care teams for our network and making sure that well-being was front and center as an important part of what we do in palliative care. It came naturally to expand that past palliative care to the rest of our network.

AMA: When you were feeling burned out, what were some of the emotions you were feeling?
Dr. Frieman: I went into medicine as I think most physicians do, with this very altruistic notion of wanting to take care of people, help people and connect with people. It was those relationships that really drove me, and I had reached a point in training where I just was very disinterested. Everybody was sort of a check box, and there was one particular interaction where I really spoke to a family of a dying patient in a way that really lacked compassion.

That was a wake-up moment for me, where I was like: Whoa—who is this person? This is not the physician that I set out to be. It was a moment of stepping back, taking stock and realizing that I had reached a place where I needed to recharge.

AMA: What else should physicians and others know about being a chief wellness officer?

Dr. Frieman: Every decision that we make as a leadership team, as we make those decisions, we have to think about the impact on our clinical team members because their well-being is essential, and it has to be integrated into everything that we do. It can't be a stand-alone project off to the side. It has to be a part of everything that we do as a network.