

5 points to cover when establishing a chief wellness officer

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There has never been more attention to physician burnout and well-being than since the onset of the COVID-19 pandemic. Yet this troubling phenomenon isn't new—doctor burnout has been a problem in health care for decades.

It's time for organizations to place physician well-being front and center. To drive change, organizations must develop and implement a strategy that addresses the factors that drive occupational distress. Appointing a chief wellness officer (CWO) to lead development and execution of that strategy is often a critical step to organizational progress. Knowing the key steps to take as an organization for establishing a chief wellness officer position will be key.

“We need to begin to think about health care professional well-being as an organizational priority, much like we think about quality is not the responsibility of the chief quality officer,” AMA member Tait Shanafelt, MD, said during an AMA STEPS Forward™ webinar about how to establish a chief wellness officer position. “It's the responsibility of every employee in the organization, every leader, every nurse, every physician.”

Dr. Shanafelt is professor of medicine, associate dean and chief wellness officer at Stanford Medicine. During the webinar, he shared what organizations should consider when establishing a chief wellness officer.

Set the stage for the CWO role

First, recognize “the current state of the organization—what are the things that we're already doing that can serve as a foundation on which to build?” said Dr. Shanafelt. “It can then often be helpful to put together a task force ... to think through the organizations ambitions, expectations, and what structure and process it would take to achieve them.”

Define who the CWO reports to

“You need sufficient authority to drive change and where you report needs to be positioned in to enable you to work across silos and engage other key leaders,” said Dr. Shanafelt. “It is important that you have a reporting structure that allows you to engage other C-suite leaders—chief operating officer, chief financial officer, chief medical officer, chief quality officer— and chairs.”

Dr. Shanafelt also indicated that defining the scope of the program is critical and that scope and resources are inter-connected.

“Your scope determines what resources you need. Likewise, if resources or already specified, your resources should influence your scope,” he said.

Create a framework and strategy

“I frequently find that organizations think they have a strategy, and they don't,” said Dr. Shanafelt. “What they have is a collection of tactics. ... A collection of tactics will not lead to effective, meaningful organizational change.”

“You need to have a tailored strategy for your organization based on the priorities and opportunities to make the greatest impact at your center now,” he said. “Then you can determine the tactics to advance that strategy.”

Follow metrics for success

There needs to be a “distinction between organization-level outcome metrics, and metrics evaluating the effectiveness of the CWO and their team,” Dr. Shanafelt explained. “The burnout rate, turnover rates, the proportion of physicians cutting work effort, satisfaction with the EHR, values alignment between individuals and the organization” are organization-level outcome metrics and “all organizational leaders are accountable for performance on those measures.”

“Alternatively, the CWO and their team should be directly evaluated on the things they control and are expected to deliver,” he said. For example, the chief financial officer (CFO) “is not accountable for whether the organization hits its financial performance measure.

“That outcome is dependent on whether the clinical team sees an adequate number of patients, the payer mix, cost containment across a number of units, and a number of other factors beyond the control of the CFO—it is an organization performance metric,” Dr. Shanafelt added. “The CFO is accountable for ensuring accurate accounting, measuring progress toward plan, identifying when the organization is off target and why, and providing suggestions to help get back on plan, which other leaders may or may not choose to implement.”

“The distinction between organization performance metrics and CWO performance metrics is analogous,” he said.

Identify pitfalls to avoid

One is thinking that it’s unnecessary to conduct a baseline well-being assessment at your organization specifically, instead relying on national measures of distress and professional fulfillment, Dr. Shanafelt said.

“When I arrived at Stanford, we had just completed the 2017 national survey and one of the specialties that had the lowest risk of burnout nationally ... was the department with the highest rate of burnout at Stanford,” he added. “As leaders, we need to devote time, attention and energy to the areas of greatest need.”

“We would have never focused on the right areas if we had based our deployment on the national data,” said Dr. Shanafelt.

AMA’s STEPS Forward™ open-access toolkits offer innovative strategies that allow physicians and their staff to thrive in the new health care environment. These courses can help you prevent physician burnout, create the organizational foundation for joy in medicine and improve practice efficiency.

The CME toolkit, “Chief Wellness Officer Road Map,” is enduring material and designated by the AMA for a maximum of 0.5 *AMA PRA Category 1 Credit*.

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