AMA

6 ways to measure progress toward physician well-being

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You know your health system or organization needs to focus on physician well-being to curb burnout, but how do you know if what you are doing is making a difference?

In a *JAMA* Viewpoint column, "How to Measure Progress in Addressing Physician Well-being Beyond Burnout," Christine A. Sinsky, MD, the AMA's vice president of professional satisfaction, and her co-authors offer suggestions on how to evaluate whether specific interventions an organization has taken to address occupational distress and enhance professional satisfaction are working.

"Demonstrating outcomes is crucial for understanding the effectiveness of programs to address physician well-being and for making the case for continued investment in well-being to clinic, hospital, system and national leadership," the viewpoint says. "As with the patient safety and quality movements, intermediate outcomes (upstream of the big, important outcomes such as mortality or, in this case, burnout) will be needed to help evaluate specific interventions and assess progress on efforts to enhance physician well-being."

Six useful metrics

The National Academy of Medicine in 2019 laid out priority areas for enhancing clinician well-being, including creating positive work and learning environments, and reducing administrative tasks. The viewpoint suggests that the Agency for Healthcare Research and Quality (AHRQ) has an "opportunity to develop measures that correspond to each of the focus areas."

"The AHRQ could, for example, recommend choosing from a core set of validated, evidence-based intermediate measures in their funded studies focused on physician experience. This could facilitate more standardized evaluation of interventions to improve well-being," the viewpoint says.

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From a table accompanying the viewpoint, here are six examples of intermediate metrics that correspond to key focus areas for enhancing physician well-being that can be measured from existing data or newly collected data.

Positive work environments

Existing data: Physician turnover rates. The percentage of physicians who complete set amounts of time with their organization. For example, two years, five years or 10 years.

Newly collected data: Team communication, such as the presence of regular team huddles. Team structure, such as how many clinical support staff employees there are per physician. Team function, such as skill level and institutionally allowed scope of work. Team stability, such as the frequency of the same individuals working together.

Positive organizational culture

Newly collected data, new structures: Establish a chief wellness officer with a dedicated resource and budget. This also includes regular measurement of burnout and its precursors.

Additionally, track costs of physician burnout and report to senior leadership. There should also be shared accountability among the executive leadership team for the physician workforces' well-being scores.

Positive learning environments

Existing data: Decrease in the number of reports of bias and sexual harassment over time. Percent of positive responses to educational environment responses on the American Association of Medical Colleges (AAMC) Graduation Questionnaire. Increases in percent of positive responses over time.

Newly collected data: Percentage of learners who endorse their clinical preceptors providing regular feedback.

Reducing administrative burden

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Existing data: Active EHR time. Time logged into the EHR. Documentation time. Work outside of scheduled clinical hours. Inbox time. Percentage of orders with team contribution.

Newly collected data, new structures: Percentage of prior authorizations completed by a nonphysician team member. Inbox reduction initiative. Policy de-implementation initiative at the institutional level.

Enabling technology solutions

Existing data: Time spent daily—total and after-hours—on the EHR.

Newly collected data: Number of notes written with documentation assistance.

Providing support to clinicians and learners

Existing data: Percentage of trainees and faculty who successfully progress in and graduate from medical training by gender, race, and ethnicity.

Newly collected data: Number of annual visits to confidential, onsite occupational support resource.

Leverage existing data

Using data that organizations are already collecting and minimizing the amount of time spent on data collection is important.

“Doing so will allow enhanced understanding of the experiences of work without adding to the numerous measurement requirements already faced by physicians,” the viewpoint notes.

Committed to making?physician burnout?a thing of the past, the?AMA has studied,?and is currently addressing, issues causing and fueling physician burnout—including time constraints, technology and regulations—to better?understand and reduce the challenges physicians face.

By focusing on factors causing burnout at the system level, the AMA assesses an organization’s well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.?

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