AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

**Featured topic and speakers**

In today’s episode of Moving Medicine, AMA Chief Experience Officer Todd Unger discusses how health system leaders can reduce burnout and actively support physician well-being with AMA’s director of Practice Transformation Nancy Nankivil.

The 2022 application deadline is 11:59 p.m., Pacific, on March 31. Submit an Intent to Apply for your group.

Questions? Email Practice.Transformation@ama-assn.org for assistance or additional clarification.

**Speaker**

- Nancy Nankivil, director, practice transformation, AMA

**Transcript**

**Unger:** Hello, this is the American Medical Association's Moving Medicine video and podcast. Today we're joined by AMA's director of practice transformation, Nancy Nankivil, who will share how health system leaders can reduce burnout and actively support physician well-being. And that's a great time to have this discussion right now. I'm Todd Unger, AMA's chief experience officer in Chicago. Nancy, thanks for joining us.
Nankivil: Absolutely.

Unger: We know physician burnout was a huge challenge before the pandemic and it’s something that got worse, of course, over these last two years. What are you hearing from health systems right now and are we seeing any improvement as case numbers continue to drop and hospitalizations go down?

Nankivil: Yeah, Todd. It’s a pleasure to be with you today. The word on the street with the health systems we engage with is that, it’s a tough time right now. We’re hearing a lot about staffing shortages. We’re hearing a lot about how organizations and practices reset operations post the pandemic, and we certainly are hearing about the fatigue and the stress and the work overload and the burnout within the workforce. These aren’t easy times but we are here to help support health systems and the workforce as they reengage post-pandemic.

Unger: And this has been a huge area of focus for the AMA for a number of years and we are continually committed to identifying solutions to address burnout but also on a more positive end, to increase joy in medicine, which might sound interesting given where we’ve been with the pandemic for the last two years. I’m really curious from your perspective, what does that mean? Let’s talk about some of the solutions that you’ve identified so far.

Nankivil: Sure. Well, our vision that drives our work is to create the conditions where joy, purpose and meaning are possible within health care. Pretty ambitious and boy did we get a little bit blindsided with the pandemic. We have been working on burnout across the last several years, doing a lot of research work but also, as you said, building out solutions to help support health care systems. And one program in particular is our Joy in Medicine Health System Recognition Program.

Just very briefly, the purpose of that program is about recognition, because groups are doing a lot of heavy lifting right now. But it really is to provide organizations with an evidence-based roadmap to drive system change and to sustain those changes over time. That's the kind of solution work that we're building and bringing to our health systems.

Unger: Now, I know recognition is just an incredibly powerful motivator, so let's talk a little bit more about what does recognition mean in the case of this particular program?

Nankivil: Yeah. Recognition is interesting. The AMA is in such a great position to shine the light on where these best practices are happening within our health systems, how organizations are taking on the issue of improving professional well-being. Recognition is important but as important is the shared learning, recognizing how each other is dealing with health care at this particular point in time and driving solutions forward. The Joy in Medicine Health System Recognition Program and this concept of it being a roadmap, is also built to unite health care leaders to take on the issues that they're dealing with.
Some of the criteria that’s built into this program is, how do you get C-suite-level commitment to this kind of work? How do you make sure your leaders are trained and understand their role in helping people understand and work through burnout? What does it mean to have a robust peer support program? How do you create practice efficiency within your workflows and within the workflow of your care team? So it’s really important to be recognized but also recognize what each other is doing in the spirit of shared learning, so that we can continue to build out these solutions and curve the way for organizations to move forward, rather than figuring things out on their own.

**Unger:** That is an amazing set of resources and I think are a lot of folks out there that don't know that you can tap into those from the AMA and this is such a critical time to do that. For people that are interested in participating in the Joy in Medicine Program and this recognition piece of it, what are the guidelines here? Is it open to anyone.

**Nankivil:** Yeah. Well, as I mentioned, this is the Joy in Medicine Health System Recognition Program. This is in no way saying that residency programs or individual physicians or small practices don’t matter but this is really around our health system work at this point in time. We work with health systems that have at least 100 physicians or advanced practice providers within their constituency. That's important because measurement is also a key criterion or part of this work. Sometimes it’s challenging to improve what we haven't measured. You need a volume to be able to understand directionally where you can take action.

We're working with health systems. These can be health systems across the country, they can be academic, they can be community. We even have some federally-qualified health centers that are engaging in the Joy in Medicine work. And so we open up an add-a-station on an annual basis with the criteria laid out for health care organizations to work from. They basically, by the honor system, complete an Add-a-Station form. Again, this isn't a check-the-box or a judging approach. It is really bringing momentum to organizations coming together to drive this work. But there is a rigorous review process so that we understand how people are applying and delivering on the criteria and especially how they're moving across time. So there are also three levels, a bronze, a silver and a gold. It’s not meant to be a race to the finish. It actually just lays out a trajectory for systemic change over time.

**Unger:** Well, just in terms of brass tax in terms of applying, I won't make you say the URL but I am going to tell you, we're going to get you a catchier one. But if you're interested, check out the application page, it's in the description of this particular video but it's americanmedicalassociation.submittable.com/submit. But check out the video and the description of this in our podcast for that actual link. Nancy, can you tell us the details of when people need to apply and any other things they need to know to be a part of this?

**Nankivil:** Absolutely. Todd, the add-a-station period has been open for the last several weeks and organizations that are interested, basically submit their intent to apply. And then they move into the platform to be able lay out their criteria. The last date that this add-a-station period is open is March
31. I'm really pleased to share that in 2021, which was a challenging year, we had 44 organizations that went through the process and received recognition for their commitment and delivery on the criteria. To date today, we have over 50 organizations with their intent to apply already in the queue. So this program is of value for health systems to drive their work. So March 31 is the deadline for add-a-station being submitted.

We then go into our review process with our MD faculty reviewing every submission and then we let people know when we have concluded that process. And hopefully we will have all of those organizations reach some level, bronze, silver or gold, to be recognized, which typically that recognition happens later in the fall as a part of this year, our International Conference on Physicians’ Health. So a good gathering spot for these organizations to come together, continue to share but also celebrate what they’ve been able to do. Again, especially in a very challenging period of time.

Unger: Nancy, can you just give us a top line, look at some of the criteria that you use?

Nankivil: Absolutely. Again, a reminder, this criteria comes from the research and the evidence that we’ve been gathering and also emerging trends. And so there are six domains in the Joy in Medicine Program, briefly I'll hit on them. The first is commitment of your organization. If it doesn't start at the top of this being an initiative at the leadership or the board level, you really can get stalled out. Secondly, you need to measure. So again, using a validated burnout tool to measure how your workforce is dealing with systemic type issues. Third, making sure your leadership is prepped and groomed in ways that they know how to address burnout with their frontline staff, then building out your team, advanced team based care or team relationships to make sure that those are healthy conditions for people to work in.

Fifth, using your EHR data to understand where you have some hotspots like volume of inbox, addition pajama time, and how can you use that data and information to put in interventions? And then the final criteria is around a peer support environment. Helping individuals in the front lines and in leadership, find ways to create that workforce where they feel free to talk about mental health issues, burnout, stress and to gather build solutions. So those are the criteria we look for in the add-a-station process and that we actually coach and support organizations beyond the add-a-station in finding solutions and pathways.

Unger: Well, Nancy, this couldn’t sound like a more important program and especially at this time right now, just encourage everyone to please check out all the resources we have on physician well-being on the AMA website and to apply for this program, so your health system too, can benefit from the kind of recognition that this team can help provide. That wraps up today’s episode. Nancy, again, thanks for being here and sharing this important information. We'll be back soon with another Moving Medicine video and podcast. In the meantime, make sure you click subscribe on AMA's YouTube channel, Apple, Spotify, wherever you listen to your podcast. Or check out all of our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us and please take care.
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