REPORT 15 OF THE BOARD OF TRUSTEES (A-19)
Physician Burnout and Wellness Challenges
Physician and Physician Assistant Safety Net
Identification and Reduction of Physician Demoralization
(Reference Committee G)

EXECUTIVE SUMMARY

At the 2017 Interim Meeting, three resolutions (601-I-17, "Physician Burnout and Wellness Challenges," 604-I-17, "Physician and Physician Assistant Safety Net," and 605-I-17, "Identification and Reduction of Physician Demoralization") with shared components of a central issue were referred for report back together at the 2018 Annual Meeting and presented in BOT Report 31-A-18. Based on testimony in Reference Committee G asking for further clarifications, BOT 31-A-18 was referred back for a report at the 2019 Annual Meeting.

The AMA is committed to addressing the issues of physician, resident, and medical student burnout, stress and suicide. This report addresses the overarching topic, each resolution as it relates to the issue, and the concerns raised at the 2018 Annual Meeting.

This report discusses the numerous efforts underway at the AMA to help identify and provide solutions to the issue and presents recommendations to amend existing HOD Policy related to the issues discussed throughout the report.

REPORT OF THE BOARD OF TRUSTEES

B of T Report 15-A-19

Subject:	Physician Burnout and Wellness Challenges (Resolution 601-I-17); Physician and Physician Assistant Safety Net (Resolution 604-I-17); Identification and Reduction of Physician Demoralization (Resolution 605-I-17)
Presented by:	Jack Resneck, Jr., MD, Chair
Referred to:	Reference Committee G (Rodney Trytko, MD, Chair)

INTRODUCTION

At the 2017 Interim Meeting, three resolutions (601-I-17, "Physician Burnout and Wellness Challenges," 604-I-17, "Physician and Physician Assistant Safety Net," and 605-I-17, "Identification and Reduction of Physician Demoralization") with shared components of a central issue were referred for report back together at the 2018 Annual Meeting and presented in BOT Report 31-A-18. Based on testimony in Reference Committee G asking for further clarifications, BOT 31-A-18 was referred back for a report at the 2019 Annual Meeting. This report addresses the overarching topic, each resolution as it relates to the issue, and the concerns raised at the 2018 Annual Meeting, and presents recommendations accordingly.

Resolution 601-I-17, "Physician Burnout and Wellness Challenges," was introduced by the International Medical Graduates Section and the American Association of Physicians of Indian Origin. Resolution 601-I-17 asks the American Medical Association (AMA) to advocate for health care organizations to develop a wellness plan to prevent and combat physician burnout and improve physician wellness, and for state and county medical societies to implement wellness programs to prevent and combat physician burnout and improve physician wellness.

Resolution 604-I-17, "Physician and Physician Assistant Safety Net," was introduced by the Oregon Delegation and asks the AMA to study a safety net, such as a national hotline, that all United States physicians and physician assistants can call when in a suicidal crisis. Such safety net services would be provided by doctorate level mental health clinicians experienced in treating physicians. Resolution 604-I-17 also directs the AMA to advocate that funding for such safety net programs be sought from such entities as foundations, hospital systems, medical clinics, and donations from physicians and physician assistants.

Resolution 605-I-17, "Identification and Reduction of Physician Demoralization," was introduced by the Organized Medical Staff Section and asks that the AMA: (1) recognize that physician demoralization, defined as a consequence of externally imposed occupational stresses, including but not limited to electronic health record (EHR)-related and administrative burdens imposed by health systems or by regulatory agencies, is a problem among medical staffs; (2) advocate that hospitals be required by accrediting organizations to confidentially survey physicians to identify factors that may lead to physician demoralization; and (3) develop guidance to help hospitals and medical staffs implement organizational strategies that will help reduce the sources of physician demoralization and promote overall medical staff wellness.

BACKGROUND

Today's physicians are experiencing burnout at increasing rates, expressing feelings of professional demoralization, and feeling professionally under-valued and overburdened by an ever-changing health care system.[1-3] Forty-four percent of practicing physicians report experiencing at least one symptom of burnout, compared to 54 percent in 2014 and 45 percent in 2011.[4] Practicing physicians are not alone in reported symptoms of burnout; resident and medical student burnout is also on the rise. It is recognized that with growing numbers of physicians, residents and medical students experiencing burnout, health care quality will decline and patient safety will suffer.[5] Physician suicide rates have been found to be historically higher than the general population.[6] Stress, depression and burnout can lead to suicidal ideation and sometimes suicide. Resources such as safety nets and hotlines are available for individuals experiencing suicidal ideation and are available from a number of national and reputable sources.

AMA POLICY

The AMA recognizes the importance of addressing and supporting physician satisfaction as well as the impact physician burnout may have on patient safety, health outcomes and overall costs of health care. This commitment to physician satisfaction and well-being is evidenced by AMA's ongoing development of targeted policies and tools to help physicians, residents and medical students, and its recognition of professional satisfaction and practice sustainability as one of its three strategic pillars.

The AMA supports programs to assist physicians in early identification and management of stress. The programs supported by the AMA concentrate on the physical, emotional and psychological aspects of responding to and handling stress in physicians' professional and personal lives, as well as when to seek professional assistance for stress-related difficulties (Policy H-405.957, "Programs on Managing Physician Stress and Burnout"). AMA policy and the Code of Ethics acknowledge that when physician health or wellness is compromised, so may the safety and effectiveness of the medical care provided (Code of Ethics 9.3.1, "Physician Health & Wellness"). In recognizing the importance of access to health and wellness-focused resources, AMA policy encourages employers to provide, and employees to participate in, programs on health awareness, safety and the use of health care benefit packages (Policy H-170.986, "Health Information and Education"). The AMA affirms the importance of physician health and the need for ongoing education of all physicians and medical students regarding physician health and wellness (Policy H-405.961, "Physician Health Programs").

Educating physicians about physician health programs is greatly important to the AMA. The AMA will continue to work closely with the Federation of State Physician Health Programs (FSPHP) to educate its members about the availability of services provided by state physician health programs to ensure physicians and medical students are fully knowledgeable about the purpose of physician health programs and the relationship that exists between the physician health program and the licensing authority in their state or territory. The AMA, in collaboration with the FSPHP, develops state legislative guidelines to address the design and implementation of physician health programs, as well as messaging for all Federation members to consider regarding elimination of stigmatization of mental illness and illness in general in physicians and physicians in training (Policy D-405.990, "Educating Physicians About Physician Health Programs"). The AMA will continue to collaborate with other relevant organizations on activities that address physician health and wellness.

The AMA recognizes physical or mental health conditions that interfere with a physician's ability to engage safely in professional activities can put patients at risk, compromise professional relationships and undermine trust in medicine. While protecting patients' well-being must always be the primary consideration, physicians who are impaired are deserving of thoughtful, compassionate care (Code of Ethics 9.3.2, "Physician Responsibilities to Impaired Colleagues"). AMA policy defines physician impairment as any physical, mental or behavioral disorder that interferes with ability to engage safely in professional activities. In the same policy, the AMA encourages state medical society-sponsored physician health and assistance programs to take appropriate steps to address the entire range of impairment problems that affect physicians and to develop case finding mechanisms for all types of physicians (Policy H-95.955, "Physician Impairment").

Access to confidential health services for medical students and physicians is encouraged by the AMA to provide or facilitate the immediate availability of urgent and emergent access to low-cost, confidential health care, including mental health and substance use disorder counseling services. The AMA will continue to urge state medical boards to refrain from asking applicants about past history of mental health or substance use disorder diagnosis or treatment, only focus on current impairment by mental illness or addiction, and to accept "safe haven" non-reporting for physicians seeking licensure or re-licensure who are undergoing treatment for mental health or addiction issues to help ensure confidentiality of such treatment for the individual physician while providing assurance of patient safety. The AMA encourages medical schools to create mental health and substance abuse awareness and suicide prevention screening programs that would: (a) be available to all medical students on an opt-out basis; (b) ensure anonymity, confidentiality, and protection from administrative action; (c) provide proactive intervention for identified at-risk students by mental health and addiction professionals; and (d) inform students and faculty about personal mental health, substance use and addiction, and other risk factors that may contribute to suicidal ideation. The AMA: (a) encourages state medical boards to consider physical and mental conditions similarly; (b) encourages state medical boards to recognize that the presence of a mental health condition does not necessarily equate with an impaired ability to practice medicine; and, (c) encourages state medical societies to advocate that state medical boards not sanction physicians based solely on the presence of a psychiatric disease, irrespective of treatment or behavior. The AMA: (a) encourages study of medical student mental health, including but not limited to rates and risk factors of depression and suicide; (b) encourages medical schools to confidentially gather and release information regarding reporting rates of depression/suicide on an opt-out basis from its students; and (c) will work with other interested parties to encourage research into identifying and addressing modifiable risk factors for burnout, depression and suicide across the continuum of medical education (Policy H-295.858, "Access to Confidential Health Services for Medical Students and Physicians").

The AMA recognizes that burnout, defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness, is a problem not only with practicing physicians, but among residents, fellows, and medical students. The AMA will work with other interested groups to regularly inform the appropriate designated institutional officials, program directors, resident physicians, and attending faculty about resident, fellow, and medical student burnout (including recognition, treatment and prevention of burnout) through appropriate media outlets. In addition, the AMA will encourage the Accreditation Council for Graduate Medical Education and the Association of American Medical Colleges to address the recognition, treatment, and prevention of burnout among residents, fellows, and medical students. The AMA will encourage further studies and disseminate the results of studies on physician and medical student burnout to the medical education and physician community. Finally, the AMA will continue to monitor this issue and track its progress, including publication of peer-reviewed research and

changes in accreditation requirements (Policy D-310.968, "Physician and Medical Student Burnout").

DISCUSSION

The AMA is committed to upholding the tenets of the Quadruple Aim: Better Patient Experience, Better Population Health, Lower Overall Costs of Health Care, and Improved Professional Satisfaction.[7] This is evidenced by AMA policy supporting the Triple Aim and requesting that it be expanded to the Quadruple Aim, adding the goal of improving the work-life balance of physicians and other health care providers (Policy H-405.955, "Support for the Quadruple Aim"). In order to achieve the fourth aim, the AMA acknowledges that interventions at both system and individual levels are necessary for enhancing physician satisfaction and reducing burnout.

The AMA partnered with the RAND Corporation in 2013 to identify and study the factors that influence physician professional satisfaction, as well as understand the implications of these factors for patient care, health systems, and health policy.[8] This seminal work informed subsequent initiatives and a long-term strategy for AMA's Professional Satisfaction and Practice Sustainability (PS2) unit. This dedicated AMA unit is focused on institutional and system-level solutions that aim to resolve root causes of burnout and demoralization, rather than solely focusing on improving individual resilience to alleviate symptoms experienced by dealing with a dysfunctional health system.

Through the PS2 unit, the AMA supports and carries out research efforts aimed at understanding and identifying solutions to the system-level issues that lead to physician demoralization and burnout. In 2017 and 2018 the AMA partnered with leading academic institutions to conduct follow-up research to its 2011 and 2014 national studies on physician burnout and satisfaction, seeking to learn if the rates of burnout have changed over the past 7 years.[9] The AMA has studied how physicians spend their time to quantify the administrative burdens during and after a physicians' workday.[10] The AMA has also completed significant research on the burdens of EHRs, including the time to complete tasks, the usability of products, and the process of EHR development.[11, 12] Furthermore, the AMA has researched the impacts of physician burnout, including the effects on a physician's innate sense of calling[13] and implications for the physician workforce.[14] All of this research has been published in leading peer-reviewed journals to build the evidence base for the factors that cause physician dissatisfaction and burnout and their impacts. This body of knowledge has been a powerful tool for advocating to legislators, regulators, and industry executives to make improvements to address the issues that cause physician dissatisfaction.

The AMA continues to convene members of the research community at the bi-annual American Conference on Physician Health and International Conference on Physician Health. To provide hands-on, real-world demonstration of practice-level solutions, the AMA hosts boot camps that help physicians learn how to plan and implement effective strategies to improve their practice to reduce the amount of time they spend on administrative and clerical work, ultimately improving physician satisfaction and reducing reports of burnout.

A number of key accomplishments and offerings have been realized through AMA's launch of the free, online STEPS Forward™ practice transformation platform. This online resource offers over 50 modules of content developed by subject matter experts and is specifically designed for physicians, practices, and health systems. The STEPS Forward platform has been openly shared with leadership of many state and specialty societies, as well as presented to their memberships in various forums. In addition, the AMA has partnered with health systems, large practices, state

medical societies, state hospital associations and graduate medical education programs to deploy and assess physician burnout utilizing the Mini-Z Burnout Assessment. The assessment offers organizations a validated instrument that provides an organizational score for burnout, along with two subscale measures for "Supportive Work Environment" and "Work Pace and EMR Frustration." In addition to the organizational dashboard, the assessment is able to provide a comprehensive data analysis complete with medical specialty and clinic level benchmarking. The trends and findings from the assessment are shared and targeted interventions are recommended to the surveying organization. The interventions and suggested solutions are curated from existing STEPS Forward content and through specific best practices identified through AMA collaborators.

The AMA is also developing the AMA Practice Transformation Initiative: Solutions to Increase Joy in Medicine. This initiative will support research to advance evidence-based solutions and engage health care leaders to improve joy in medicine through the use of validated assessment tools, a centralized, integrated data lab, grant-funded practice science research, and field-tested information dissemination and implementation support. It will build the evidence base for private and public investment in clinician well-being as a means of achieving the Quadruple Aim. The focus of the AMA Practice Transformation Initiative is distinct from and complementary to other national initiatives addressing clinician well-being. For example, the work of the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience is focused on building awareness. This AMA initiative will move beyond awareness to filling the knowledge gaps that exist regarding effective systemic interventions to reduce burnout. In a similar manner, the 1999 Institute of Medicine (now renamed the National Academy of Medicine) report "To Err is Human" raised awareness of patient safety issues. It was then up to other organizations to build further evidence and disseminate effective interventions. In this vein, the AMA Practice Transformation Initiative will be positioned to lead the medical community in building momentum and disseminating evidence-based solutions to reduce burnout and improve satisfaction. This effort is currently in the pilot phase with broader expansion planned for mid- to late-2019.

Resolution 601-I-17 asks the AMA to advocate for health care organizations to develop a wellness plan to prevent and combat physician burnout and improve physician wellness, and for state and county medical societies to implement wellness programs to prevent and combat physician burnout and improve physician wellness. In addition to HOD policy that affirms the importance of physician health and education about wellness, the AMA has been actively and directly engaged with health care organizations, including state and county medical societies, to build awareness and support for addressing physician burnout. The Physicians Foundation funded an effort to develop a manual on how to create a Physician Wellness Program (PWP) for medical societies called LifeBridge. In addition to a toolkit, the manual includes research and background supporting the need for such a program. Having medical societies provide local, onsite counseling is the cornerstone of the program, in addition to including other aspects of physician wellness resources such as professional coaching, educational topics, resource centers, and ways to address health system barriers and advocate for employer change. With this resource, numerous state and county medical societies are developing and launching physician wellness programs with in-person support. Hundreds of physicians have accessed these resources to date.

The mission of the Federation of State Physician Health Programs (FSPHP) is to support physician health programs in improving the health of medical professionals, thereby contributing to quality patient care. One of FSPHP's top priorities is the development of a Performance Enhancement and Effectiveness Review program called PEER™. The goal of PEER is to empower physician health programs (PHPs) to optimize effectiveness. At the same time, they are developing a Provider Accreditation program that will accredit specialized treatment centers and other providers in the care of physicians and other safety-sensitive professionals. These programs will ensure quality care

and ensure PHPs select providers that have proven compliance with objective standards. The AMA has provided grant funding toward this new effort and has provided a designee to serve on FSPHP's Accreditation Review Council (ARC) that will oversee the strategy and policies of the developing PEER program.

Concerns have been raised that physicians who access wellness programs may be stigmatized if they report feelings of demoralization or burnout. This could subject a physician to loss of employment or to state medical licensing board actions, including loss of license. It is imperative that strategies be developed by state medical associations to encourage physicians to participate in health programs without fear of loss of license or employment. Assuring that de-stigmatization of physician burnout is addressed at the local, state and national levels is an important first step in ensuring those who need support can receive it without fear of adverse consequences.

Resolution 604-I-17 asks the AMA to study a safety net, such as a national hotline, that all United States physicians and physician assistants can call when in a suicidal crisis. Testimony heard in the reference committee hearing further clarified the request for a task force to research, collect, publish and administer a repository of information about programs and strategies that optimize physician wellness. The AMA, through its ongoing work in the Professional Satisfaction and Practice Sustainability (PS2) strategy unit, acknowledges the importance of addressing and supporting physician mental health and has developed and published numerous resources to help physicians manage stress and prevent and reduce burnout. Since its inception in 2011, the activities have been aided by a PS2 Advisory Committee composed of a diverse membership representing the AMA physician membership as well as the business of medicine. Meeting quarterly, the PS2 Advisory Committee provides strategic insight and direct feedback to the PS2 staff on activities ranging from practice transformation and burnout to digital health, payment and quality. The composition of the PS2 Advisory Committee ensures the committee provides content expertise in the subject matter areas on which the PS2 group focuses.

While an online search indicates there is no current, easily identifiable suicide prevention line exclusively for physicians or health care workers, there are many national, state and locally operated hotlines available that are open to all individuals regardless of profession. A list of many of these resources is available in the STEPS Forward module "Preventing Physician Distress and Suicide." The AMA is evaluating Employee Assistance Program (EAP) service providers to explore the option of piloting a service to AMA members as a membership benefit. Some EAP services provide participants with 24/7 telephone or video access to qualified and trained counselors, wellness services, and critical incident support. This evaluation is in early stages and a decision to pursue various options will be considered. In addition, the AMA will continue to update the list of available suicide prevention resources in its related STEPS Forward module.

The AMA is also developing a dynamic education module that will help physicians, physicians in training, and medical students learn about the risks of suicide for physicians, identify characteristics to look for in patients who may be at risk of harming themselves, and recognize the warning signs of potential suicide risk in colleagues. The module, to be offered with continuing medical education credit on the AMA's Education Center, will also provide tools and resources to guide learners in supporting patients and colleagues at risk for suicide.

In addition, the AMA regularly reviews and updates relevant modules of the STEPS Forward program and identifies validated student-focused, high-quality resources for professional well-being, and will encourage the Medical Student Section and Academic Physicians Section to promote these resources to medical students. In addition to the "Preventing Physician Distress and Suicide" module, the STEPS Forward platform provides other relevant modules to address

physician well-being, specifically “Improving Physician Resiliency” and “Physician Wellness: Preventing Resident and Fellow Burnout.” In conjunction with STEPS Forward modules, the Mini-Z Burnout Assessments provide organizations the option to embed the PHQ-2 Depression Screening Tool. This allows organizations to gain a deeper understanding of those physicians experiencing more severe levels of depression and disinterest and correlate those responses to burnout. The survey also offers a free text section for physicians in need of services to self-identify and receive direct outreach and support. Additionally, the Mini-Z tool provides information on the National Suicide Prevention Lifeline for organizations to utilize in their physician wellness and burnout efforts.

Current efforts and strategic priorities demonstrate that the AMA recognizes the importance of assessment and attention to depression in physicians, residents and medical students, as well as the relationship that depression can have with suicidal ideation. Current AMA research and strategic initiatives are focused on enhancing workflows within the system and clinical setting with the intent to increase efficiency and reduce feelings of burnout among physicians. The AMA’s role in sharing burnout and depression screening data is to assist physician employers in understanding individual physician burnout and connecting physicians with employee assistance resources. Considering the AMA’s current efforts and ongoing commitment to providing resources on the topics of burnout, distress and suicide prevention, stress reduction, and wellness, convening an exclusive task force separate from the AMA staff already dedicated to this work would be duplicative. Making existing relevant AMA resources available to physicians seeking help can be accomplished and is part of current AMA practices. The AMA will continue to direct physicians to its current resources and those that are being developed by state and county medical associations to learn about strategies, programs and tools related to this topic, and will further explore options for providing more direct assistance for physicians in need.

Feedback from the reference committee at A-18 expressed concern about the earlier report’s lack of proposals for prevention and treatment programs to address physician burnout. By its current policies, through the work of AMA business units, and in the Code of Medical Ethics, the AMA recognizes the importance of programs that prevent and treat stress, depression and other conditions that can lead to burnout. We also realize that the AMA is not a direct provider of health care services; however, the AMA supports and will continue to encourage the development of and participation in programs to assist physicians in early identification and management of stress, burnout and demoralization.

Resolution 605-I-17 asks the AMA to (1) recognize that physician demoralization is a problem among medical staffs; (2) advocate that hospitals be required by accrediting organizations to confidentially survey physicians to identify factors that may lead to physician demoralization; and (3) develop guidance to help hospitals and medical staffs implement organizational strategies that will help reduce the sources of physician demoralization and promote overall medical staff wellness. Testimony in the reference committee hearing recognized that “burnout” is a commonly used term favored by many physicians, and while there is some preference for the use of another term instead of “burnout,” there was no consensus on what that term should be. The AMA recognizes that burnout is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness. These feelings can result from a multitude of driving factors, such as administrative burden, excessive EHR documentation and systemic cultural deficiencies. The term “burnout” is often used to encompass the multiple driving factors of physician dissatisfaction as well as the resultant feelings and behaviors associated with being overworked, excessively scrutinized and overburdened with unnecessary tasks. As the term “burnout” is used broadly, this allows for many variations in the interpretation of its meaning. The AMA does not define the term “burnout” as an individual “resilience deficiency” or character flaw.

The AMA supports and voices a position that burnout is derived from system and environmental issues, not from the individual physician. In other words, physician burnout is a symptom of system dysfunction. This position is evidenced by AMA resources and services targeted at system-level approaches to intervention.

The AMA has numerous efforts underway to address the system-driven sources of physician demoralization and burnout, such as the increasing volume of administrative requirements like quality reporting and prior authorization, the lack of transparency and interoperability with EHRs, and the complex and ever-changing payment environment. The AMA, as part of its prior authorization reform initiatives, convened a workgroup of 17 state and specialty medical societies, national provider associations and patient representatives to develop a set of Prior Authorization Principles. The AMA has used these principles to spur conversations with health plans about "right-sizing" prior authorization programs. One outcome of these discussions was the January 2018 release of the Consensus Statement on Improving the Prior Authorization Process by the AMA, American Hospital Association, America's Health Insurance Plans, American Pharmacists Association, Blue Cross Blue Shield Association, and Medical Group Management Association. The consensus document reflects an agreement between national associations representing both providers and health plans on the need to reform prior authorization programs in multiple ways, including advancing automation to improve transparency and efficiency. The AMA, in addition to providing an evidence-base demonstrating the need for prior authorization reform, offers multiple resources to help physicians understand prior authorization laws and improve processes within the practice.

It is well-documented that the use of EHRs is a source of dissatisfaction for physicians. The AMA's research includes multiple time-motion studies to determine how much and in what ways physicians spend time completing tasks in their EHRs. This research demonstrates evidence highlighting the need for system-level changes in the demands placed on the EHR as a tool for reporting and patient care. The AMA has also published eight EHR usability priorities, which outline and support the need for better usability, interoperability, and access to data for both physicians and patients. If followed, these priorities will enable the development of higher-functioning, more efficient EHRs, contributing to a reduction in the burden that EHR use places on patient care. Multiple collaborations are in place to help foster better EHR design and innovative HIT solutions to help make the EHR user experience better and more efficient. The AMA has established partnerships with the SMART Initiative, AmericanEHR Partners and Medstar Health's National Center for Human Factors in Healthcare to help foster innovative HIT design and transparent testing solutions which will ensure EHRs are designed and implemented with physicians and patients in mind. In addition, the AMA actively participates in The Sequoia Project, Carequality, and the CARIN Alliance, all aimed at enhancing interoperability in health care. The AMA is also working to address specific cost drivers, such as connecting to clinical data registries and prohibitive fees that amount to data blocking. The AMA's Physician Innovation Network is connecting physicians and health care technology entrepreneurs to ensure that the physician voice is integrated into health care technology solutions coming to market. Finally, the AMA is working with other high-profile stakeholders, including five EHR vendors, to develop a Voluntary EHR Certification framework which will help catalyze an industry wide shift to higher-quality EHR systems that enable better, more efficient use.

Another source of discontent for physicians are the myriad changes in payment models and quality reporting requirements facing practices. The AMA recently published a follow-up study to its 2014-2015 RAND research on the effects of payment models on physician practices in the U.S. The findings of the 2017-2018 study help the AMA, other industry stakeholders, and policymakers understand that the challenges experienced in practice due system complexity continue, and much

improvement is still needed. To help physicians and practices navigate these challenges, particularly those spurred by the MACRA Quality Payment Program, the AMA offers a variety of educational resources and practical tools, including step-by-step tutorials on QPP reporting, a MIPS Action Plan, and several others. Additional resources are in development to help physicians navigate the changing payment system that is increasingly putting an emphasis on cost and quality measurement.

Physicians who work irregular or long hours, or physicians in certain specialties, may experience a lack of work-life balance, which can further exacerbate burnout and professional dissatisfaction.[15] Forty percent of physicians report not feeling that their work schedule leaves enough time for personal and/or family life.[9] Furthermore, female physicians are more likely to be dissatisfied with work-life balance.[15] To help physicians improve work-life balance, the AMA Women Physicians Section is working together with the American Academy of Pediatrics to explore the workforce issues and help physicians find practice options that work best for them and their families. For example, a physician may consider reducing work hours to accommodate their schedule. The AMA provides a self-assessment tool that helps physicians explore work/practice options and address career goals. The AMA hosts a series of educational resources that offer strategies on how to increase practice efficiency, understand physician burnout and how to address it, as well as develop a culture that supports physician well-being. Examples of education include online CME modules: "Creating the Organizational Foundation for Joy in Medicine™: Organizational changes lead to physician satisfaction," "Creating Strong Team Culture: Evaluate and improve team culture in your practice," "Physician Wellness: Preventing Resident and Fellow Burnout," "Preventing Physician Burnout: Improve patient satisfaction, quality outcomes and provider recruitment and retention," and "Improving Physician Resiliency: Foster self-care and protect against burnout."

In addition, the AMA will continue to advocate for organizations to confidentially survey physicians to understand local levels of burnout and opportunities for strategic improvement. It should be noted that the AMA's Mini-Z Burnout Assessment is deployed confidentially and takes protective safeguards very seriously to ensure accurate and safe reporting of results. To date, numerous health systems, physician practices, and residency programs have completed AMA's burnout measurement program. This program will continue to be marketed and scaled to expand the use of measuring physician dissatisfaction and burnout. Through leveraging ongoing AMA media channels, hosting educational webinars, live speaking engagements, and the Transforming Clinical Practices Initiative (TCPI) grant through the Centers for Medicare and Medicaid Services (CMS), the AMA is striving to scale awareness and intervention to advance physician satisfaction and help address the burnout epidemic.

CONCLUSION

The AMA is committed to addressing the issue of burnout and enhancing joy in practice for physicians, residents and medical students. The AMA will continue its focus on research, advocacy and activation to address the issues presented in each of the resolutions discussed herein. The AMA will continue to work diligently to address the issues through its existing work, partnerships, resource development and policies. We present the following recommendation to not only emphasize the work already being done, but also to further address the issues brought forth in these three resolutions.

RECOMMENDATIONS

The AMA Board of Trustees recommends that the following recommendations be adopted in lieu of Resolutions 601-I-17, 604-I-17 and 605-I-17, and that the remainder of the report be filed:

1. That our American Medical Association reaffirm the following policies:
    1. H-170.986, "Health Information and Education"
    2. H-405.957, "Programs on Managing Physician Stress and Burnout;"
    3. H-405.961, "Physician Health Programs;"
    4. D-405.990, "Educating Physicians About Physician Health Programs;"
    5. H-95.955, "Physician Impairment;" and
    6. H-295.858, "Access to Confidential Health Services for Medical Students and Physicians." (Reaffirm HOD Policy)

2. That our American Medical Association amend existing Policy H-405.961, "Physician Health Programs," to add the following directive (Modify Current HOD Policy):

    1. Our AMA affirms the importance of physician health and the need for ongoing education of all physicians and medical students regarding physician health and wellness.
    2. Our AMA encourages state medical societies to collaborate with the state medical boards to a) develop strategies to destigmatize physician burnout, and b) encourage physicians to participate in the state's physician health program without fear of loss of license or employment.

3. That our AMA amend existing Policy D-310.968, "Physician and Medical Student Burnout," to add the following directives (Modify Current HOD Policy):

    1. Our AMA recognizes that burnout, defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness, is a problem among residents, fellows, and medical students.

    2. Our AMA will work with other interested groups to regularly inform the appropriate designated institutional officials, program directors, resident physicians, and attending faculty about resident, fellow, and medical student burnout (including recognition, treatment, and prevention of burnout) through appropriate media outlets.

    3. Our AMA will encourage partnerships and collaborations with accrediting bodies (e.g., the Accreditation Council for Graduate Medical Education and the Liaison Committee on Medical Education) and other major medical organizations to address the recognition, treatment, and prevention of burnout among residents, fellows, and medical students and faculty.

    4. Our AMA will encourage further studies and disseminate the results of studies on physician and medical student burnout to the medical education and physician community.

    5. Our AMA will continue to monitor this issue and track its progress, including publication of peer-reviewed research and changes in accreditation requirements.

    6. Our AMA encourages the utilization of mindfulness education as an effective intervention to address the problem of medical student and physician burnout.

7. Our AMA will encourage medical staffs and/or organizational leadership to anonymously survey physicians to identify factors that may lead to physician demoralization.

8. Our AMA will continue to offer burnout assessment resources and develop guidance to help organizations and medical staffs implement organizational strategies that will help reduce the sources of physician demoralization and promote overall medical staff well-being.

9. Our AMA will continue to (1) address the institutional causes of physician demoralization and burnout, such as the burden of documentation requirements, inefficient work flows and regulatory oversight; and (2) develop and promote mechanisms by which physicians in all practices settings can reduce the risk and effects of demoralization and burnout, including implementing targeted practice transformation interventions, validated assessment tools and promoting a culture of well-being.

Fiscal note: Minimal – Less than $500

REFERENCES

1. Firth-Cozens, J. and R.L. Payne, Stress in Health Professionals: Psychological and Organisational Causes and Interventions. 1999: Wiley.
2. Balch, C.M., J.A. Freischlag, and T.D. Shanafelt, Stress and burnout among surgeons: understanding and managing the syndrome and avoiding the adverse consequences. *Arch Surg*, 2009. 144(4): p. 371-6.
3. Lee, F.J., M. Stewart, and J.B. Brown, Stress, burnout, and strategies for reducing them What's the situation among Canadian family physicians? *Canadian Family Physician*, 2008. 54(2): p. 234-235.
4. Shanafelt, T.D., et al., Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2017. *Mayo Clin Proc*, E-published February 2019.
5. Dyrbye, L.N., et al., Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care. NAM Perspectives, 2017.
6. Schernhammer, E.S. and G.A. Colditz, Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). *Am J Psychiatry*, 2004. 161(12): p. 2295-302.
7. Bodenheimer, T. and C. Sinsky, From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med*, 2014. 12(6): p. 573-6.
8. Friedberg, M.W., et al., Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy. RAND Corporation, 2013.
9. Shanafelt, T., et al., Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population between 2011-2017. *Mayo Clin Proc*. 2019.
10. Sinsky, C.A., et al., Allocation of physician time in ambulatory practice: A time and motion study in 4 specialties. *Ann Intern Med*, 2016. 165(11): p. 753-760.
11. Arndt, B.G., et al., Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations. *Ann Fam Med*, 2017. 15(5): p. 419-426.
12. Ratwani, R.M., et al., A usability and safety analysis of electronic health records: a multi-center study. *J Am Med Inform Assoc*, 2018. 25(9): p. 1197-1201.
13. Jager, A.J., M.A. Tutty, and A.C. Kao, Association Between Physician Burnout and Identification With Medicine as a Calling. *Mayo Clin Proc*, 2017. 92(3): p. 415-422.
14. Shanafelt, T.D., et al., Potential Impact of Burnout on the US Physician Workforce. *Mayo Clin Proc*, 2016. 91(11): p. 1667-1668.
15. Shanafelt, T.D., et al., Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med*, 2012. 172(18): p. 1377-85.