AMA
AMERICAN MEDICAL ASSOCIATION

JOY IN MEDICINE

Health System Recognition Program

2024 Program Guidelines

2024 PROGRAM GUIDELINES

An organizational roadmap to reduce burnout

Joy in Medicine Health System Recognition Program

The American Medical Association developed the Joy in Medicine™ Health System Recognition Program to empower health systems to reduce burnout and build well-being so that physicians – and their patients – thrive.

The Joy in Medicine Health System Recognition Program is designed to:

- Provide a roadmap for health system leaders to implement programs and policies that support physician well-being
- Unite the health care community in building a culture committed to increasing joy in medicine for the profession nationwide
- Build awareness about solutions that promote joy in medicine and spur investment within health systems to reduce physician burnout

To learn more, visit ama-assn.org/joyinmedicine or contact us at practice.transformation@ama-assn.org.

→ VISIT OUR WEBSITE

Program Eligibility

The Joy in Medicine Health System Recognition Program is designed for the unique challenges faced by health systems in building organizational well-being. Because this program is built for large health systems, there are eligibility requirements that organizations must meet before applying. Before applying, systems must meet the following eligibility criteria:

1

Sign the Collaborative for Healing and Renewal in Medicine (CHARM) Charter. The CHARM Charter on physician well-being is intended to inspire collaborative efforts among individuals, organizations, health systems, and the profession of medicine to honor the collective commitment of physicians to patients and to each other.

2

The Joy in Medicine Health System Recognition Program is intended for health systems with 100 or more physicians and/or advanced practice providers (APPs). If your organization has at least 100 physicians and/or APPs, proceed to Step 3.

If your system has fewer than 100 physicians and/or APPs, please sign the CHARM Charter in Step 1 and engage with other resources offered by the AMA.

3

Complete an assessment of physician well-being in the last three years using one of the following validated tools:

- AMA Organizational Biopsy® (which includes the Mini-Z)
- Mini-Z (or single item Mini-Z burnout question)
- Maslach Burnout Inventory
- Mayo Well-Being Index
- Stanford Professional Fulfillment Index

Only after attesting to these eligibility criteria can an organization proceed to the full Joy in Medicine Recognition Program. All applications should be submitted on behalf of the organization – not individual departments, GME programs, or affiliated practices within your system.

If you have not yet completed a burnout assessment and would like to do so in preparation for next year's application cycle, learn more about the AMA Organizational Biopsy®, the practice transformation journey, and how to get started using the AMA's no-cost burnout assessment.

Recognition Criteria

This document is designed to guide you through the newly updated criteria and includes: criteria at-a-glance, full list of program criteria and supporting documentation requirements, and an appendix.

We highly recommend also consulting our companion **Joy in Medicine Roadmap**, which includes sample supporting documentation, links to relevant research, and extensive resources to support your application and ongoing well-being work.

The Joy in Medicine Health System Recognition Program is based on three levels of organizational achievement in prioritizing and investing in physician well-being. Each level—**Bronze**, **Silver**, and **Gold**—is composed of six demonstrated competencies: Assessment, Commitment, Efficiency of Practice Environment, Leadership, Teamwork and Support. An organization's achievement level (i.e., Bronze, Silver or Gold) will be designated based on evidence that supports the completion of criteria and supporting documentation outlined in detail below.

→ JOY IN MEDICINE ROADMAP

A review committee composed of national leaders in physician well-being will review all applications and designate an appropriate recognition level.

Recognition levels are valid for two years. After two years, an organization must resubmit an updated application for review. As in years past, organizations must accomplish five of six categories to be eligible for a recognition level. Organizations must also accomplish five of six categories before applying for the next highest level (e.g., must meet five of six criteria in Bronze before applying for Silver recognition).

Important Notes

1. Only activities that have been executed will count in fulfilling each criterion. Activities still under development or planned for the near future (but not yet executed) are not sufficient for recognition. Please only submit information for completed activities.
2. Where criteria require activity within a stated date range (e.g., "within the last three years" or "every two years"), that date range should be counted from January of the application year.
3. Please submit supporting documentation only in the format requested and do not submit links to externally hosted files. Where possible, we have requested written summaries in lieu of raw data. We ask that organizations streamline their submissions to only include the requested and essential information. If reviewers have any questions about your submission during the review process, the AMA will proactively reach out to your organization.
4. For criteria that require sharing information about assessments or interventions, please note that your application will not be reviewed based on rates or results. Rather, reviewers are interested in learning about your overall approach to reduce work outside of work and improve the work environment.
5. All information submitted to the AMA will remain confidential.

Criteria at a Glance

Please note that this chart is meant only to assist organizations in reviewing a short summary of the criteria at each level. Please use the full criteria and supporting documentation when preparing to apply.

	Bronze	Silver	Gold
ASSESSMENT *required at all levels	☐ Measure burnout at least once in the last three years. **AND** ☐ Share burnout results with individuals eligible to participate in the survey.	☐ Measure burnout at least twice in the last three years. **AND** ☐ Establish targets for improvement in collaboration with executive leadership.	☐ Measure work intentions (intent to leave) at least once in the last three years. Measurement should also assess reasons for leaving or reducing hours.
COMMITMENT *required at all levels	☐ Establish formalized well-being committee or Office of Well-Being. **AND** ☐ Estimate annual costs of burnout to organization and share with executive leadership.	☐ Establish executive leadership position (0.5 FTE) devoted to well-being. **AND** ☐ Share all relevant survey and EHR results (i.e., burnout assessment, teamwork assessments, TWORD, EHR metrics) with entire executive leadership team.	☐ Develop an organizational strategic plan to address physician well-being.
EFFICIENCY OF PRACTICE ENVIRONMENT	☐ Measure time on EHR via EHR audit data in a minimum of four specialties. **AND** ☐ Share EHR results with specialty leaders.	☐ Normalize two or more EHR metrics to either 8 hours of patient scheduled hours or to appointment volume. **AND** ☐ Actively dismantle at least three administrative burdens that contribute little/no value to care, impede the work of physicians, and waste time/resources.	☐ Normalize EHR$_8$ and WOW$_8$ to 8 hours of patient scheduled hours. **AND** ☐ Implement intervention based on EHR audit results.
TEAMWORK	☐ Assess teamwork once within the last two years.	☐ Measure teamwork via EHR audit data (TWORD). **AND** ☐ Share results with frontline physicians.	☐ Implement intervention based on teamwork assessment and EHR audit results.

CRITERIA AT A GLANCE

	Bronze	Silver	Gold
LEADERSHIP	☐ Implement a leader listening campaign.	☐ Assess leadership skills for all frontline leaders at least once in the last two years.	☐ Implement a leader development program based on the individual needs of each leader identified in the leadership assessment. Leader development program should help individual leaders develop skills that promote the five core leader behaviors.
SUPPORT	☐ Establish peer support program to deal with adverse events. **AND** ☐ Change invasive or stigmatizing language around mental health and substance use disorders in your credentialing applications and process.	☐ Implement two or more programs or policies aimed at broader issues of physician support. **AND** ☐ Communicate changes to credentialing application and process, assuring physicians that it is safe to seek care.	☐ Develop structured program(s) to actively cultivate community at work. **AND** ☐ Review existing policies related to mental health and psychological safety, and, if needed, implement policy changes that further destigmatize mental health and enhance psychological safety inside the organization. **AND** ☐ Provide access to confidential 24-hour mental health services/support.

Applicants for Bronze

Must complete five of six Bronze criteria. Assessment and Commitment are required at each level.

Assessment

Well-Being Assessment

Measure burnout in all physicians at least once in the last three calendar years using a validated tool and share results with individuals eligible to participate in the survey.

Provide aggregate findings from your most recent burnout assessment within the last three years and demonstrate that these data are shared transparently with the individuals eligible to participate in the survey. You will be asked to provide the following information in your application:

- Date(s) of most recent assessment(s)
- Validated tool used to measure burnout
- Aggregate mean burnout scores or burnout rate for organization. If using the Well-Being Index, please provide the aggregate distress score
- Information on how/when results were shared with individuals eligible to participate in the survey

Your well-being assessment must use a validated tool to assess burnout. The following tools will be accepted in your application: Maslach Burnout Inventory, Stanford Professional Fulfillment Index, Mayo Well-Being Index, Mini-Z Well-Being Assessment, Single-Item Mini-Z Burnout Question (MZSI), or AMA's Organizational Biopsy® (which includes the Mini-Z). Measuring physician "engagement" is not sufficient for this criterion. Organizations must assess physician burnout specifically.

Supporting documentation:

- Summary of findings from organization's most recent burnout assessment. This summary should include your most recent burnout rate, the validated tool used to measure burnout, who was surveyed, and any other relevant information you would like to share.
- Description of how results were shared with the individuals eligible to participate in the survey. Please provide details as to how, when, and to whom your burnout results were shared within your organization (e.g., in an all-staff meeting).

The AMA offers no-cost assessments, which include burnout, teamwork, and leadership assessments. To learn more about this opportunity, please visit our website or reach out to us at Practice.Transformation@ama-assn.org

Commitment

Organizational Commitment

Develop a formalized physician well-being committee and/or Office of Well-Being.

Documents related to your well-being committee and/or Office of Well-Being should clearly define the following: committee composition and structure (committee members and their roles), key objectives of committee, scope of committee, cadence of committee meetings, and reporting structure of committee. Your well-being committee and/or office of well-being must be separate from other employee assistance or corporate wellness programs you may have.

AND

Estimate the annual costs of burnout at your organization and share these results with the executive leadership team.

Please use the AMA's "Organizational Cost of Physician Burnout" calculator to estimate costs of burnout based on your current burnout and turnover rates. Please provide information on when and how these results were shared with your full executive leadership team. Results should be shared with the entirety of your executive leadership team or Board (including the CEO). It is not sufficient to have an individual member of the leadership team solely aware of the data. Results are best shared in a meeting where discussion, reflection, and action planning can take place.

Supporting documentation:

- Provide a summary of your well-being committee and/or office of well-being that includes the following: composition and structure of committee (committee members and their roles), key objective(s) of committee, scope of committee, cadence of committee meetings, and reporting structure of committee. All five components listed must be present in your summary.
- Estimated costs of burnout at your organization as an annual dollar value.

Efficiency of Practice Environment

EHR Metrics and Efficiency

Measure physician time (within a minimum of four specialties) on the EHR via EHR audit log data. Measurement must use one or more of the following metrics: Time on Inbox (IB-Time), Time on Encounter Note Documentation (Note-Time), Total EHR time (EHR-time), or Work Outside of Work (WOW).

Applicants should include family medicine and general internal medicine (if these specialties are represented within your organization) in their data pulls.

Applicants are asked to leverage existing audit log data and calculate one or more of the above metrics. Formulas for calculating these metrics and normalizing them to 8 hours of patient scheduled hours for Epic or Cerner can be found in Appendix D of the Joy in Medicine Health System Roadmap. Please note that these metrics are NOT synonymous with what may be labeled as "pajama time" in the off-the-shelf metrics of the EHR. If using the Work Outside of Work (WOW) metric, organizations must use time outside of patient scheduled hours, not clock time (i.e., 7 a.m. to 7 p.m.) to define WOW. If you use an EHR other than Cerner or Epic, please provide the metric that most closely aligns with those above and include information about how that metric is calculated in your EHR.

Measurement should be completed for physicians within a minimum of four specialties. Each specialty should include at least 30% of the physicians within that specialty for the calculation (e.g., if you have 100 family medicine physicians, a minimum of 30 should be included in the aggregated calculations as part of your submission). If you have less than four specialties within your organization, the entire physician population should be analyzed and reported in your application.

AND

Share results from EHR audit log with specialty leaders (e.g., Department Chairs).

Please clearly denote which specialty leaders were provided with your EHR metric results. Results are best shared in a meeting where discussion, reflection, and action planning can take place.

Supporting documentation:

- Summary of organization's EHR audit results. Summary should include number of physicians in audit, departments audited, and a summary of results. Do not upload actual data files. Please include results for a minimum of four specialties.
- Summarize methodology for calculating one or more of the metrics outlined in the criteria for EHR activity. If your organization uses an EHR other than Cerner or Epic, please include information on how your EHR calculated these metrics using the audit log data.
- Summary of how and when EHR results were shared with specialty leaders. This should include names of specialty leaders and description of how results were shared with them.

Teamwork

Team-Based Care

Measure teamwork once within the last two years in at least four specialties (e.g., family medicine, internal medicine, pediatrics). Teamwork assessment should measure at least three of the following components: team structure, team function, team stability, barriers to teamwork, or collegiality. Teamwork questions should go beyond generic safety questions or collegiality questions and should seek to better understand how teams operate and the systems barriers to better collaboration, delegation, and support.

Organizations may use AHRQ's TeamSTEPPS assessment (must include team structure, mutual support, and communication subscales), the Safety Attitudes Questionnaire (SAQ) (at least three of the six domains of the SAQ must be used), one of AHRQ's Surveys on Patient Safety Culture (SOPS) (must include at least five of the composite measures from the tool, including the teamwork composite measure), AMA's Organizational Biopsy® or similar instrument.

Measurement should be completed for physicians within a minimum of four specialties. Family medicine and general internal medicine should be included if these specialties are represented within your organization. If you have less than four specialties within your organization, the entire physician population should be analyzed.

Supporting documentation:

- Provide name of instrument and/or list of questions used to assess at least three of the teamwork domains (team structure, team function, team stability, barriers to teamwork, or collegiality).
- Summary of teamwork results by specialty (please include a minimum of four specialties).

The AMA offers no-cost assessments, which include burnout, teamwork, and leadership assessments. To learn more about this opportunity, please visit our website or reach out to us at Practice.Transformation@ama-assn.org

Leadership

Leader Development and Dismantling Administrative Burdens

Implement a leader listening campaign to engage physicians to uncover and address sources of burnout.

Listening campaign should include one or more listening sessions and should be focused on learning insights related to systemic factors that negatively affect the day-to-day work experience of physicians. Helpful tips for how to conduct a listening campaign inside your organization can be found in the AMA's "Listening Campaign Toolkit." Listening campaign can be conducted at either a unit or executive level **but it must be separate and distinct from regularly-occurring department meetings**.

Supporting documentation:

- Provide a brief (3-5 sentences) narrative summary of listening campaign. Summary should include: who led the listening campaign, when the listening campaign took place, and key insights learned from the listening campaign.

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Support

Organizational Support for Individual Resiliency

Implement a peer support program dealing with adverse clinical events.

Peer support program(s) include both informal and formal avenues by which physicians support their physician colleagues after an adverse event. Employee assistant programs (EAPs) are not sufficient for this criterion.

AND

Review and, if present, change invasive or stigmatizing language around mental health and substance use disorders in your organization's credentialing applications/process.

Your organization's approach to changing language may differ from others but the changes should remove stigmatizing or invasive language around mental health and substance use disorders and should refrain from asking physicians about past treatment or experiences with mental health and substance use disorder treatment.

Suggestions for changes can be found in the All In Campaign's toolkit (page 7). The Federation of State Medical Boards also has recommended language, in which they suggest the use of one question that addresses all mental and physical health conditions as one, with no added explanations or fine print:

Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgement or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner? (yes/no)

Additional information can also be found through the AMA's Debunking Regulatory Myths series, the AMA Advocacy Resource Center issue brief, "Confidential care to support physician health and wellness," and the National Institute for Occupational Safety and Health (NIOSH) supportive statement.

Supporting documentation:

- Provide summary description of peer support program as it relates to dealing with adverse clinical events. Your description should include how long your program has been in place and details about how the program operates within your system.
- Provide draft of updated credentialing application, including revised questions based on the recommendations above. Please provide information about when these newly revised questions will be available and implemented in your system.

Applicants for Silver

Must complete five of six Bronze criteria **and** five of six Silver criteria. Assessment and Commitment are required at each level.

Assessment

Well-Being Assessment

Measure burnout in all physicians at least twice in the last three years using a validated tool and share results with the individuals eligible to participate in the survey.

Provide aggregate findings from at least two burnout assessments in the last three years and demonstrate that these results are shared transparently with the individuals eligible to participate in the survey. You will be asked to provide the following information in your application:

- Dates of most recent assessments
- Validated tool used to measure burnout
- Aggregate mean burnout scores or burnout rate for organization (per assessment/year). If using the Well-Being Index, please provide the aggregate distress score
- Information on how/when results were shared with the individuals eligible to participate in the survey

Your well-being assessments must use a validated tool to assess burnout. The following tools will be accepted in your application: Maslach Burnout Inventory, Stanford Professional Fulfillment Index, Mayo Well-Being Index, Mini-Z Well-Being Assessment, Single-Item Mini-Z Burnout Question (MZSI), or AMA's Organizational Biopsy® (which includes the Mini-Z). Measuring physician "engagement" is not sufficient for this criterion. Organizations must assess physician burnout specifically.

AND

In collaboration with the executive team, set a target for improvement (e.g., establish well-being directors in six of the largest clinical departments).

Articulate improvement goals/targets. You must also include a brief summary (2-3 sentences) of how your organization established its target for improvement.

Supporting documentation:

- List of months/years that you conducted two burnout assessments in the last three years.
- Name of validated tool used to measure burnout.
- Summary of findings from at least two burnout assessments. This summary should include burnout rates within your organization and any other relevant information you would like to share.
- Articulate improvement goals/targets. You must also include a brief summary (2-3 sentences) of how your organization established its target for improvement.

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Commitment

Organizational Commitment

Establish an executive leadership position (at least 0.5 FTE) that is directly responsible for physician well-being.

The 0.5 FTE allocation should be devoted to well-being and not a more generic role within medical administration. This individual must report directly to a C-suite leader (e.g., CEO, CMO). The 0.5 FTE allocation should not be split across multiple individuals or multiple roles.

AND

Share all well-being metrics from the Bronze and Silver criteria included in your application with the executive leadership team and/or Board of Directors in a meeting where results can be discussed.

Results from all surveys noted in Bronze and Silver as applicable should be included in this discussion, including burnout assessment results, teamwork survey results, metrics, TW_{ord} results, etc. Results are best shared with the entirety of your executive leadership team or Board (including the CEO). It is not sufficient to have an individual member of the leadership team solely aware of the data. Results should be shared in a meeting where discussion, reflection, and action planning can take place (sharing results via email is not sufficient).

Supporting documentation:

- Provide name of individual in executive leadership position, FTE allocation for time related to well-being work, job description, and reporting structure.
- Summary of how and when well-being metrics were shared with executive leadership and/or Board of Directors. Leadership should include the executive leadership or Board as a whole. Please clearly denote which metrics were shared.

Efficiency of Practice Environment

EHR and Efficiency

Measure physician time (within a minimum of four specialties) on the EHR via EHR audit log data and normalize two or more of the following metrics to either 8 hours of patient scheduled hours or to appointment volume: Time on Inbox ($IB\text{-}Time_8$), Time on Encounter Note Documentation ($Note\text{-}Time_8$), Total EHR Time (EHR_8), or Work Outside of Work (WOW_8).

The AMA recommends the normalization to 8 hours of patient scheduled hours to account for part-time physicians. This normalization ensures that part-time physicians are accurately counted and do not skew the data. If you are unable to normalize these metrics to the recommended 8 hours of patient scheduled hours, please share your methodology for normalizing your measures to account for part-time physicians. The AMA may be unable to accept your methodology if it does not accurately account for part-time clinical physicians.

Formulas for calculating these metrics and normalizing them to 8 hours of patient scheduled hours for Epic or Cerner can be found in Appendix D of the Joy in Medicine Health System Roadmap. You may also see Table 2 in this article in the Journal of American Medical Informatics Association. If using Work outside of Work (WOW_8), please note that organizations must normalize the metric to time outside of patient scheduled hours or appointment volume, not clock time (i.e., 7 a.m. to 7 p.m.) to define WOW_8. Normalization to "workday" is also not sufficient.

If you have not normalized these metrics to 8 hours of patient scheduled hours, please tell us how you normalized your measures to account for part-time physicians. If you use an EHR other than Cerner or Epic, please provide the metric that most closely aligns with those above and include information about how the metric is calculated in your EHR (in addition to your normalization methodology).

Measurement should be completed for physicians within a minimum of four specialties and should include family medicine and general internal medicine if these specialties are represented in your system. Each specialty should include at least 30% of the physicians in that specialty for the calculation (e.g., if you have 100 family medicine physicians, a minimum of 30 should be included in the aggregated calculations as part of your submission). If you have less than four specialties within your organization, the entire physician population should be analyzed.

AND

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Actively dismantle three specific administrative burdens that contribute little or no value to care, impede the work of physicians, and waste time/resources. These initiatives should be focused on removing administrative burdens that provide little or no clinical value, not simply workflow optimization efforts.

Interventions or dismantling should focus on specific suggestions by physicians that support streamlining their workflows or addressing outdated policy issues. See the AMA's De-implementation checklist, Inbox Reduction Checklist, or the "Getting Rid of Stupid Stuff" toolkit for guidance. Please provide a specific example of each activity. This can include a local-level initiative within a department or division or a system-wide improvement effort. These examples should go beyond workflow optimization efforts. Rather, they should seek to remove or dismantle burdens that provide no value to care.

Some examples may include:

- Decreasing password-related burdens in the EHR
- Minimizing alerts
- Reducing note bloat (i.e., reducing the number of embedded links in a visit note documentation that automatically pull in from other parts of the EHR that provide little to no clinical value)
- Reducing signature requirements
- Evaluating required annual training and attestations

Supporting documentation:

- Summary of organization's EHR audit results for at least two metrics in a minimum of four specialties. Summary should include number of physicians in audit, departments audited, and a summary of results. Do not upload actual data files.
- Summary and rationale of methodology used to normalize metrics to account for part-time clinical physicians.
- Provide summary of at least three administrative burdens you are actively working to dismantle. Please be as specific as possible: What burdens are you addressing? How are you addressing them? What challenges do you continue to face in doing so? Please provide a specific example of each activity. This can include a local-level initiative within a department or division or can include a system-wide improvement effort.

Teamwork

Team-Based Care

Measure teamwork for orders (TW_{ORD}) in a minimum of four specialties (must include family medicine and general internal medicine) via EHR audit within the last 2 years. Share results with frontline physicians from each specialty included in measurement.

Formulas for calculating TW_{ORD} using audit log data from Epic or Cerner can be found here. Measurement should be completed for physicians within a minimum of four specialties. Each specialty should include at least 30% of the physicians in that specialty for the calculation (e.g., if you have 100 family medicine physicians, a minimum of 30 should be included in the aggregated calculations as part of your submission). If you have less than four specialties within your organization, the entire physician population should be analyzed.

If you use an EHR other than Cerner or Epic, please provide the metric that most closely aligns with those above and include information about how the metric is calculated in your EHR.

Results must be shared with all frontline physicians from each specialty included in measurement.

Supporting documentation:

- Summary of organization's TW_{ORD} results from EHR audit. (Please do not upload actual data files)
- Share methodology for calculating teamwork for orders.
- Describe when and where TW_{ORD} results were shared with frontline physicians.

Leadership

Leader Development and Dismantling Administrative Burdens

Measure core leadership behaviors that support physician well-being in all frontline leaders at least once in the last two years and share results (in a psychologically safe manner) with the leaders who were evaluated.

Assessment of leaders should be completed by the physicians who report to the leader, not the general administration of the organization. Assessment should measure the five core leader behaviors and should go beyond generic leadership questions. These questions should be aimed at understanding how leaders support their direct reports and should clearly map to the following five core leader behaviors, as outlined below:

- Include: Treat everyone with respect and nurture a culture where all are welcome, and everyone is psychologically safe
- Inform: Transparently share what you know with the team
- Inquire: Consistently solicit input from those you lead
- Develop: Nurture and support the professional development and aspiration of team members
- Recognize: Express appreciation and gratitude in an authentic way to those you lead

Organizations may use the Mayo Leadership Index, AMA's Organizational Biopsy® (see Appendix), or similar instrument. If you use an assessment other than the Mayo Leadership Index or the AMA Organizational Biopsy®, you will be asked to provide the questions used to assess each of the five leadership behaviors above. Results should be reported by specialty. Family medicine and general internal medicine should be included if they are represented in your system.

Supporting documentation:

- Provide name of instrument and/or list of questions used to assess five core leader behaviors that support physician well-being and summary of leadership results by specialty (please include a minimum of four specialties. Family medicine and general internal medicine should be included if they are represented in your organization).

Support

Organizational Support for Individual Resiliency

Implement two or more programs or policies aimed at broader issues of physician support beyond adverse clinical events. This can include proactive planning for support during a crisis (e.g., pandemics, natural disasters, violence against staff, etc.).

Some examples may include:

- Create a plan in coordination with hospital incident command system leadership to proactively respond during times of crisis.
- Develop a policy in select specialties for inbox/patient portal cross-coverage so physicians do not feel pressure to work on their inbox while on vacation
- New PTO/vacation policies
- Other examples based on information collected through organizational assessments and survey feedback

AND

Communicate changes made to credentialing application and credentialing process, assuring physicians that it is safe for them to seek care.

Communication should be direct, specific, and transparent and should include supportive language, assuring physicians that it is safe for them to seek care. Applications should be available and easily accessible (e.g., on your website). Communication templates can be accessed via the All In Campaign's toolkit.

Supporting documentation:

- Provide description for at least two programs or policies that have been implemented to support physicians beyond adverse clinical events. Description should include rationale for implementation of policy or program, relevant details for the program, and how long the program or policy has been enacted.
- Share brief summary about how you have communicated credentialing changes, including samples communication materials used.

Applicants for Gold

Must complete five of six Bronze criteria, five of six Silver criteria, and five of six Gold criteria. Assessment and Commitment are required at each level.

Assessment

Well-Being Assessment

Measure work intentions (intent to leave organization and/or intent to reduce hours) at least once in the last three years. Measurement should also assess reasons for leaving or reducing hours.

Provide aggregate work intentions findings from assessment completed in the last three years. Findings should include results related to intention to leave current organization and/or reduce hours. Additionally, measurements should also assess reasons for leaving or reducing hours.

Work intention questions are accepted from the AMA's Organizational Biopsy®, or by including the work intentions questions included in the Appendix in your annual assessment. If you use a different set of questions to measure work intention, please provide these questions in your application.

Supporting documentation:

- Instrument used to assess work intentions. If you used questions other than those in the AMA Organizational Biopsy® (see Appendix) please provide the question(s) used to measure work intentions.
- Provide summary of work intention results from at least one assessment in the last three years. Summary should include assessment on WHY people intend to leave or have left the organization.

The AMA offers no-cost assessments, which include burnout, teamwork, and leadership assessments. To learn more about this opportunity, please visit our website or reach out to us at Practice.Transformation@ama-assn.org

Commitment

Organizational Commitment

Develop an organizational physician well-being strategic plan.

Your strategic plan for physician well-being must be approved by leadership and integrated into the organization. Your submission should clearly define well-being goals and tactics for your organization and the resources required to reach stated goals.

Supporting documentation:

- Provide a copy of organization's formal strategic plan to support physician well-being. The plan should have clearly stated objectives, resources required to achieve goals (e.g., staff), and key metrics.

Efficiency of Practice Environment

EHR and Efficiency

Measure total physician time on the EHR (EHR_8) and Work Outside of Work (WOW_8) within at least four specialties, including family medicine and general internal medicine, normalized to 8 hours of patient scheduled hours.

Formulas for calculating these metrics and normalizing them to 8 hours of patient scheduled hours for Epic or Cerner can be found in Appendix D of the Joy in Medicine Health System Roadmap. You may also see Table 2 in this article in the Journal of American Medical Informatics Association. If using Work Outside of Work (WOW_8), please note that organizations must use time outside of patient scheduled hours, not clock time (i.e., 7 a.m. to 7 p.m.) to define WOW. If you use an EHR other than Cerner or Epic, please provide the metric that most closely aligns with those above and include information about how the metric is calculated in your EHR in addition to the normalization to 8 hours of patient scheduled hours.

Measurement should be completed for physicians within a minimum of four specialties. and should include family medicine and general internal medicine if these specialties are represented in your system. Each specialty should include at least 30% of the physicians in that specialty for the calculation (e.g., if you have 100 family medicine physicians, a minimum of 30 should be included in the aggregated calculations as part of your submission). If you have less than four specialties within your organization, the entire physician population should be analyzed.

AND

Develop and implement an intervention based on results from EHR audit.

Please note that the chosen intervention cannot be based solely on an EHR training program. The goal of this criterion is not to train physicians to be more proficient EHR users. Rather, it is to change the work environment so that fewer tasks are required of the physician. Examples might include improving teamwork, task delegation, or changes to the EHR software itself that improves WOW_8, EHR_8, or $Note\text{-}Time_8$. These are all things that can positively affect the work environment.

We kindly ask that you do not provide a list of all improvement efforts that are in development. Rather, this criterion should be focused on a specific intervention in pilot or advanced stages that has been executed (with data to measure its effectiveness) to support improved practice efficiency. Details should include: short description of intervention and rationale, date of intervention, and pre- and post-results.

Please note that your application will not be reviewed based on successful intervention and improved results. Rather, reviewers are interested in learning about your overall approach to reduce work outside of work and improve the work environment.

Supporting documentation:

- Summary of organization's EHR_8 and WOW_8 results, normalized to 8 hours of patient scheduled hours.
- Summary of intervention. Summary should include overview of intervention, target group, length of intervention, and any improvements or challenges you have experienced throughout the intervention. Summary should also include pre- and post-results of the intervention.

Teamwork

Team-Based Care

Develop and implement an intervention to improve teamwork based on results from teamwork assessment and TWORD results.

This criterion should be focused on specific interventions in pilot or advanced stages that have been executed (with data to measure their effectiveness) to support improved teamwork and practice efficiency. Details should include: short description of intervention and rationale for intervention, date of intervention, and **pre- and post-results**. Rationale for intervention should be rooted in data from the assessment and EHR.

We kindly ask that you do not provide a list of all improvement efforts that are in development. Please note that your application will not be reviewed based on successful intervention and improved results. Rather, reviewers are interested in learning about your overall approach to reduce work outside of work and improve the work environment.

Supporting documentation:

- Summary of intervention. Summary should include overview of intervention, its intended impact on teamwork, target group, length of intervention, and any improvements or challenges you have experienced throughout the intervention. Summary should also include pre- and post-results of the intervention.

Leadership

Leader Development and Dismantling Administrative Burdens

Implement a leader development program based on the individual needs of each leader identified through the leadership survey completed by physicians within that leader's unit.

Leader development program should also help individual leaders develop skills that promote the five core leader behaviors and should support leaders in enhancing their core leader behaviors based on the specific feedback they received from physicians in their unit through the leadership assessment.

This program should include content that supports leaders in building skills for managing people and relationships, managing teams, communication, change management, fostering a productive work environment, and guiding physicians' careers. This program should not solely focus on the business of health care. Rather, it should support leaders in developing the five core leader behaviors that support physician well-being. Leader development program should support leaders in enhancing their core leader behaviors based on the feedback they received in the leadership assessment.

Supporting documentation:

- Description of leader development program. Description should include information on the overall curriculum, objectives of the program, and who is eligible to complete the program and how customized feedback and coaching is provided to individual leaders based on survey responses from physicians in their unit. Description should clearly include a summary of skills that physicians will gain by participating in the program and should show how the curriculum supports leaders' development in the five core leader behaviors. The documentation should also show how leadership assessment results were incorporated into leader development program so that leaders can use feedback to improve leadership skills.

Support

Organizational Support for Individual Resiliency

Develop and implement a program that actively engages physicians to cultivate community at work and allow for deeper social connections between team members.

Some examples may include:

- Formal peer support program wherein peer supporters are trained to use empathetic listening, question-asking, and sharing of personal experiences
- COMPASS physician dinners
- Developing meeting and/or breakroom spaces and providing lunch and dinner for physicians to connect with one another throughout their shifts

AND

Review existing policies related to mental health and psychological safety and, if needed, implement policy changes that further destigmatize mental health and enhance psychological safety inside the organization.

Share any changes made to existing policies to further reduce mental health stigma and expand access to mental health services.

AND

Provide access to 24/7 mental health services/support.

Briefly describe how your organization provides access to 24/7 confidential mental health services.

Supporting documentation:

- Summary description of how your organization actively engages physicians to cultivate community at work (please be specific) and include rationale for implementation of programs (e.g., needs assessment).
- Brief description of your organization's process for reviewing existing policies related to mental health and psychological safety. Describe any changes made to existing policies to further reduce mental health stigma and expand access to mental health services.
- Brief description of how your organization provides access to 24/7 confidential mental health services.

Application Process

1 Review the Joy in Medicine Roadmap

The Joy in Medicine Health System Recognition Program is meant to serve as a strategic roadmap for organizations to support physician well-being. The first step in this process is to familiarize yourself with the Joy in Medicine Roadmap and associated resources to support your Joy in Medicine journey. Based on the outlined criteria, evaluate the current efforts of your organization to determine your level of recognition. Supporting documentation is required throughout your application.

→ REVIEW THE ROADMAP

2 Submit an Intent to Apply form

Organizations interested in applying for recognition can submit an Intent to Apply form for 2024 or future application cycles at any time of the year via our application portal. By submitting an Intent to Apply, your organization will automatically receive updates on upcoming application cycles and will receive access to the application when the cycle opens.

→ VISIT APPLICATION PORTAL

3

Apply for the Joy in Medicine Health System Recognition Program

The main point of contact for well-being work at your organization must complete and submit your application. Applications will open Jan. 12 and will close March 1, 2024.

4

Review process

A review committee composed of recognized national leaders in physician well-being will review all applications to affirm an appropriate recognition level.

5

Achieve recognition

Organizations meeting the criteria for a designated level will be recognized for their achievement. Recognized organizations will be highlighted in press releases, on the AMA website, and spotlighted through AMA podcasts, videos, and news stories.

Organizations that do not achieve recognition will receive feedback on their application and opportunities to connect with the AMA about preparing for future applications.

6

Recognition status

Recognition is valid for two years. After two years, each organization must resubmit an updated application for review. Organizations may renew to maintain their current level or apply for recognition at a higher level. We encourage organizations to thoughtfully consider when to apply for a higher level of recognition and expect that some organizations may take multiple application cycles to apply for a higher level.

→ SUBMIT YOUR APPLICATION

AMA Practice Transformation Journey

Moving together toward impact

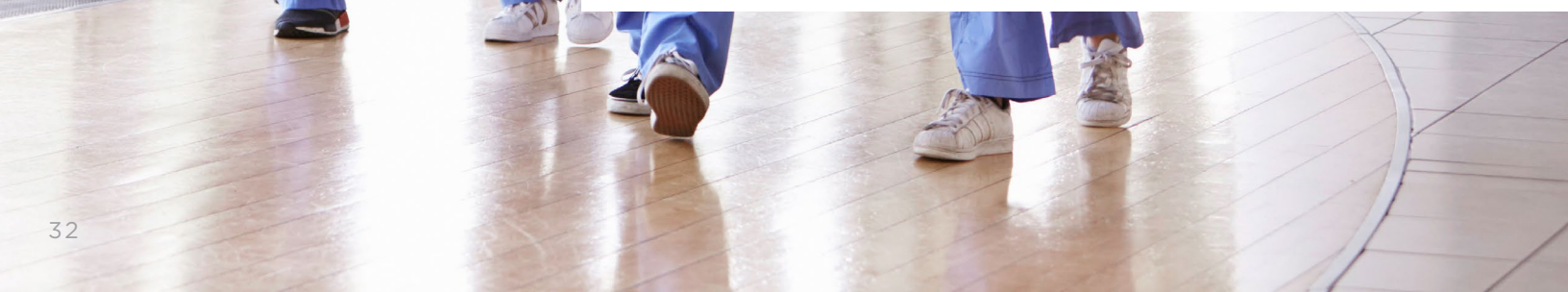
The Joy in Medicine Health System Recognition Program is one part of the AMA practice transformation journey.

Helping health systems and clinical practices succeed in their journey is critical to the AMA. That's why we offer evidence-based, field-tested solutions to guide physicians and care teams each step of the way.

Increasing efficiencies, improving patient care and enhancing professional satisfaction—these are what increase Joy in Medicine™ and make the journey worthwhile.

To learn more about the practice transformation journey, visit us at ama-assn.org/practice-management/sustainability/practice-transformation.

→ PRACTICE TRANSFORMATION JOURNEY



Appendix

This Appendix includes sample questions accepted in assessment, teamwork, and leadership domains of the Recognition Program. The following questions are denoted from the AMA Organizational Biopsy®.

You may also choose to use the questions noted below in an already-existing survey at no cost, with credit provided to the AMA. Please note that these are not the only acceptable questions for the listed criteria but are a no cost option provided by the AMA.

Work Intentions Questions

Assessment - Gold

INTENT TO REDUCE WORK HOURS:

What is the likelihood that you will reduce the number of hours you devote to clinical care over the next 12 months?

- None
- Slight
- Moderate
- Likely
- Definitely

What would keep you in your role with at least the current amount of clinical %FTE? (check all that apply)

- Enhanced workflow efficiency
- Fewer EHR hassles (i.e., less EHR work out of office hours)
- Greater sense of team
- Consistent staffing
- Support for non 'top of license' activities
- Better ability to help patients (fewer roadblocks)
- Less documentation/less work outside of work
- Greater opportunities to teach
- Greater opportunities for leadership
- Greater opportunities for research
- Greater alignment of personal values with organizational values
- Higher compensation (i.e., higher pay)
- Other (please specify)

INTENTION TO LEAVE

What is the likelihood that you will leave your current organization within two years?

- None
- Slight
- Moderate
- Likely
- Definitely

Are you considering leaving your current organization to retire altogether?

- Yes
- No

Are you retiring earlier than you had anticipated retiring?

- Yes
- No

What would make you reconsider and stay in your current organization? (check all that apply)

- Enhanced workflow efficiency
- Fewer EHR hassles (i.e., less EHR work out of office hours)
- Greater sense of team
- Consistent staffing
- Support for non 'top of license' activities
- Better ability to help patients (fewer roadblocks)
- Less documentation/less work outside of work
- Greater opportunities for career advancement
- Greater opportunities to teach
- Greater opportunities for leadership
- Greater opportunities for research
- Greater alignment of personal values with organizational values
- Higher compensation (i.e., higher pay)
- Other (please specify)

Teamwork Assessment Questions

Teamwork - Bronze

TEAM STRUCTURE

Please describe the team (MA, LPN, RN, or others) who works directly with you for patient visits during a typical ambulatory clinic workday.

- I have 2 or more clinical support staff fully dedicated to me (6)
- I have more than 1 but less than 2 clinical support staff fully dedicated to me (5)
- I have 1 clinical support staff fully dedicated to me (4)
- I share a clinical support staff with 1 other physician or advance practice provider (3)
- I share a clinical support staff with 2 other physicians or advance practice providers (2)
- I share a clinical support staff with 3 other physicians or advance practice providers (1)
- Other (please specify)

TEAM FUNCTION

On a typical ambulatory clinic day, including after-hours work, how much time do you spend on tasks that do not require the unique skills of a physician or APP and that could be performed by others? (e.g., order entry, medication review, visit note documentation, forms completion, processing prescription renewals)

- Less than 60 min (5)
- 1-2 hours (4)
- 2-3 hours (3)
- 3-4 hours (2)
- More than 4 hours (1)
- Other (please specify)

On average, the proportion of face-to-face visit during which I am able to give my patients my undivided attention (i.e., multi-tasking with concurrent chart review, documentation, order entry, other tasks, or interruptions).

- <10% (1)
- 10-25% (2)
- 25-50% (3)
- 50-75% (4)
- >75% (5)

What proportion of the time are the following tasks typically done by someone other than you in your ambulatory practice?

Never (1), Less than 25% of the time (2), 25-50% of the time (3), More than 50% but less than 75% of the time (4), More than 75% of the time (5)

- Conducting medication reconciliation (review medication name, dose, frequency, route) with patient and comparing to medical record
- Entering orders for diagnostic tests into the computerized order system
- Entering orders for follow-up visits or referrals
- Communicating test results to patients outside of regular office visit
- Initial triaging patient portal messages and inbox messages (e.g., rerouting concern to appropriate team members, etc.)
- Assisting with processing prescription refill requests
- Prior authorizations
- Tracking follow-up visits or referrals

TEAM STABILITY

I mostly work with the same MA(s) or Nurse(s) every day I am in clinic (i.e., >75% of the time).

- ■ Yes
- ■ No

BARRIERS TO TEAMWORK

What prevents you from delegating more order entry, medication review, or visit note documentation, forms completion, processing prescription renewals to support staff? (LOGIC: >1 hour on Q D-9)

Agree strongly (1), Agree (2), Neither agree nor disagree (3), Disagree (4), Strongly disagree (5)

- ___ My EHR isn't built to support this delegation
- ___ My institution's culture or policies don't support/allow such delegation
- ___ State and federal policies don't allow such delegation
- ___ I do not trust my MA or nurse to reliably do the work well
- ___ I do not have enough MAs or nurses

COLLEGIALITY

In our organization:

Agree strongly (5), Agree (4), Neither agree nor disagree (3), Disagree (2), Strongly disagree (1)

- We have a strong sense of belonging
- I believe my teammates have my back
- Diversity, equity, and inclusion are highly valued by my colleagues

How often do you encounter negative experiences (e.g., being denied work opportunities, being isolated or treated as If you were not competent, experiencing repeated, small slights at work, or other forms of discrimination or a colleagues' refusal to pitch in because of an "it's not my job" mentality) at work?

Frequently (1), Fairly often (2), Infrequently (3), Rarely (4), Never (5)

- Due to your gender?
- Due to your race?
- Due to your sexual orientation?
- Due to role type conflict? (e.g., conflict between nurses and physicians)

Respectful communication exists between:

To a great extent (4), Somewhat (3), A little, Not at all

- Physicians/APPs and care team
- Physicians/APPs and practice manager or other leaders
- Physicians/APPs and consulting colleagues

Leadership Assessment Questions

Leadership - Bronze

Please indicate to what degree do you agree or disagree with the following statements: My immediate specialty leader (i.e., Division Chief/ Department Chair)…

Agree strongly (5), Agree (4), Neither agree nor disagree (3), Disagree (2), Strongly disagree (1)

- Supports me in my work (i.e., by clearing obstacles to patient care)
- Supports my career development (i.e., by holding career development conversations)
- Solicits and follows up on my ideas and perspectives (i.e., for improving workflows, teamwork, policies, practices)
- Shares organizational information openly with me (i.e., regarding finances, quality metrics, reasons behind decision-making)
- Recognizes my contributions

2024 Program Guidelines

Published September 2023

LEARN MORE

- Visit us at ama-assn.org/joyinmedicine
- Contact us at practice.transformation@ama-assn.org

To view or download an interactive PDF version of these guidelines, scan the QR code below

AMA AMERICAN MEDICAL ASSOCIATION

JOY IN MEDICINE
Health System Recognition Program