The Joy in Medicine Health System Recognition Program

The Joy in Medicine™ Health System Recognition Program can spark and guide organizations interested, committed, or already engaged in improving physician satisfaction and reducing burnout.

Representing the American Medical Association’s steadfast commitment to advancing the science of physician burnout, this program can empower and propel health systems to reduce burnout 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 interested in implementing programs and policies that actively 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 of solutions that promote joy in medicine and spur investment within health systems to reduce physician burnout

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

Recognition criteria

Prior to accessing the full application portal, a system must meet the following eligibility criteria:

Step one
1. Number of physicians/advanced practice providers (APPs) within an organization. This program is intended for health systems with at least 100 physicians and/or APPs.
   a. If an organization includes at least 100 physicians or advance practice providers (e.g. nurse practitioners and physician assistants), proceed to Step Two in attestation.
   b. If an organization includes less than 100 physicians and/or APPs, please sign the “CHARM charter” and engage in the AMA’s STEPS Forward™ webinar series.

Step two
Organizations with at least 100 physicians and/or APPs, must attest to the following criteria before proceeding to the full application:

1. Signed CHARM charter
2. Assessment of physician well-being conducted in the last three years using one of the following validated tools (must select one)
   • Mini-Z
   • Maslach Burnout Inventory
   • Mayo Well-Being Index
   • Stanford Physician Wellness Survey

Only after attesting to these criteria may an organization proceed to the full Joy in Medicine recognition program application portal. All applications should be submitted on behalf of the organization, not individual departments or affiliated practices within the system.
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: commitment, assessment, efficiency of practice environment, leadership, teamwork and support. Through self-assessment and an attestation process, an organization’s achievement level (i.e., Bronze, Silver or Gold) will be designated based on evidence that supports the completion of criteria outlined below in the “Attestation criteria” chart. A review committee composed of national leaders in physician well-being will review all attestations to designate an appropriate award level.

Recognition levels are valid for two years. After two years, an organization must resubmit an updated attestation for review. Organizations will have the option to submit an updated attestation before two years if they believe they now qualify for a higher recognition. All information submitted to the AMA will remain confidential.

**Scoring**
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 attesting to the next highest level (e.g., must meet five of six criteria in Bronze before attesting for Silver recognition).

### Attestation criteria

**For organizations with at least 100 physicians and/or APPs**
The following recently revised criteria will be used for the 2021 Joy in Medicine Health System Recognition Program for organizations with 100 physicians/APPs or more. Supporting documentation is required.

<table>
<thead>
<tr>
<th>Commitment</th>
<th>Assessment</th>
<th>Efficiency of practice environment</th>
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<td>Organization has developed a formalized well-being committee and/or office of well-being. This must be separate from your Employee Assistance Program. <strong>Supporting documentation:</strong> • Provide the composition, structure, charter and key objectives of this committee</td>
<td>Assessment of physician well-being every 12-24 months using one of four validated tools (Mini-Z, Maslach Burnout Inventory, Mayo Well-Being Index, Stanford Physician Wellness Survey) for at least two consecutive intervals. <strong>AND</strong> Organization leadership/board reviews burnout metrics and establishes target for improvement. <strong>Supporting documentation:</strong> • Provide aggregate findings from at least two consecutive survey administrations of burnout assessments • Leadership/board meeting agenda and/or minutes</td>
<td>“Work outside of Work” (WOW) or WOW8 measured via EHR audit log data1 for select specialties.2 <strong>Supporting documentation:</strong> • Narrative statement summarizing the WOW or WOW8 data is reported confidentially to the AMA • Share methodology for calculating WOW8</td>
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<tr>
<th>Bronze (need 5/6 criteria)</th>
<th>Silver (+ 5/6 Bronze criteria)</th>
<th>Gold (+ 5/6 Silver and Bronze criteria)</th>
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<td>Organization identifies formal strategic aim around improving physician well-being as part of organization’s strategic plan. <strong>Supporting documentation:</strong> • Provide formal strategic plan from your organization that identifies physician well-being as a strategic aim</td>
<td>The costs of physician burnout are estimated annually and reported to the organization’s leadership/board. (Consider using the AMA’s calculator which is based on algorithms found here.)</td>
<td>Demonstrate how your organization has developed an intervention based on results from WOW or WOW8 data. <strong>Supporting documentation:</strong> • Provide intervention plan and root cause analysis</td>
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**Supporting documentation**:
- Agenda or slides from “Grand Rounds” or similar events
- Leadership/board meeting agenda and/or minutes
- Board meeting minutes/agenda
- Estimated costs of physician burnout at your organization
- Provide aggregate findings from at least two consecutive survey administrations of burnout assessments
- Leadership/board meeting agenda and/or minutes
- Board meeting minutes/agenda
- Provide intervention plan and root cause analysis

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1. Consider using the AMA’s calculator which is based on algorithms found here.
2. WOW8 data is reported confidentially to the AMA.
### Leadership

**Bronze (need 5/6 criteria)**
- Assessment of all unit leaders using the Mayo Leadership Index or similar instrument, with feedback to leader within the last three years.
- OR
- Appoint staff person to be responsible for leading and completing query to de-implement outdated or unnecessary administrative burdens within the next six months. (See “De-implementation checklist” document for suggestions.)

**Silver (+ 5/6 Bronze criteria)**
- Annual assessment of all unit leaders using the Mayo Leadership Index, or similar instrument.
- AND
- Implement a leader development program that includes training in transformational leadership, ability to foster productive work environment and guide physicians’ careers.
- AND
- Query physicians and staff about administrative burdens that contribute little or no value to care, impede the work of clinicians, and waste time/resources. (See Steps Forward module for additional information.)

**Gold (+ 5/6 Silver and Bronze criteria)**
- Share an example of how your organization has tailored its leadership program in response to the gaps identified in leadership assessment.
- AND
- Actively dismantle administrative burdens identified in your original query.

**Supporting documentation:**
- Provide name of individual and job description for person responsible for leading query to de-implement unnecessary administrative burdens.
- Enter instrument that your organization uses for leadership assessment.
- Provide name of individual and job description for person responsible for leading query to de-implement unnecessary administrative burdens.
- Provide findings from your organization’s last two consecutive annual leadership assessments.
- Relevant written materials on program and curriculum.
- Provide narrative on your approach to querying for unnecessary administrative burdens within your organization.
- Written example on how your organization has tailored its leadership program in response to gaps.
- Provide narrative on your approach to addressing administrative burdens that provide little value to your organization.

### Teamwork

**Bronze (need 5/6 criteria)**
- Teamwork measured within the last three years in at least four departments using the AHRQ TeamStepps Teamwork Perceptions Survey, Safety Attitudes Questionnaire, PeaceHealth’s Team Development Measure Survey, or similar instrument for select specialties.

**Silver (+ 5/6 Bronze criteria)**
- Teamwork for orders (TW<sub>ORD</sub>) measured in select specialties via EHR audit.
- Teamwork results reported to organization leadership/board.

**Gold (+ 5/6 Silver and Bronze criteria)**
- Demonstrate how your organization has developed an intervention to improve teamwork based on results from survey and/or EHR audit.

**Supporting documentation:**
- Narrative description.
- Description of how your organization has tailored its leadership program in response to gaps.
- Share an example of how your organization has tailored its leadership program in response to gaps.

### Support

**Bronze (need 5/6 criteria)**
- Peer support program that supports dealing with adverse clinical events. (Note: an Employee Assistance Program is not sufficient to meet this criterion.)

**Silver (+ 5/6 Bronze criteria)**
- Peer support program aimed at broader issues of physician support beyond adverse events and could include proactive planning for support during crisis.

**Gold (+ 5/6 Silver and Bronze criteria)**
- Structured program that actively engages physicians to cultivate community at work (Mayo COMPASS physician dinners, peerRXMED, physician lounges, monthly wellness meetings, etc.).

**Supporting documentation:**
- Narrative description.
- Description, web link.
- Relevant written materials on program and curriculum.
- Share an example of how your organization has tailored its leadership program in response to gaps.
- Description of how your organization actively engage physicians to cultivate community at work (Please provide specific information in your supporting documents.)

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1. WOW represents after-hours work on EHR. A surrogate of this measure is provided by some vendors. The optimal method of tracking WOW is to normalize this to 8 hours of patient scheduled time. Organizations with a data base analyst should be able to determine WOW<sub>4</sub> by combining vendor derived EHR-use data with scheduling data. For example, in Epic WOW<sub>4</sub> can be calculated using this formula:

   $\text{WOW}_{4} = \left( \frac{\text{Time Outside Scheduled Hours}}{60 \text{ min}} \right) \cdot \left( \frac{\text{Time on Unscheduled Days}}{60 \text{ min}} \right) \times 8$

   Cerner also has an after-hours measure currently determined by clock time (from e.g., 5:30 p.m. to 7 a.m.). The optimal method of tracking WOW is to normalize this to 8 hours of patient scheduled hours. See Metrics for Assessing Physician Activity for more information.

2. For example, family medicine, internal medicine, pediatrics and at least one subspecialty department.

3. Alternative questions that could be used to include the two following questions: (1) Which statement best describes the consistency of your care team in the ambulatory setting? (a) I typically work with the same clinical support staff (MAs, LPNs, RNs) every day I am in clinic (except for illness or vacation) OR (b) I typically work with individuals from a pool of clinical support staff but the individuals on the team in any given day varies; (2) During a typical ambulatory clinic day, what amount of time do you spend on other tasks that do not require the unique skills of a physician (e.g., order entry, forms completion, processing prescription renewals, visit note documentation) that could be performed by others? (a) less than 60 minutes (b) 1-2 hours (c) 2-3 hours (d) 3-4 hours) more than 4 hours. See Mayo Clinic Strategies to Reduce Burnout: 12 Actions to Create the Ideal Workplace as a helpful resource.

4. Teamwork for orders can be measured by the percentage of orders that have team contribution. See Metrics for Assessing Physician Activity for more information.

**Additional resources to consider:**
- National Academy of Medicine discussion paper: Organizational Evidence-Based and Promising Practices for Clinician Well-Being
Application process

Organizational self-assessment
• Based on the outlined criteria, evaluate the current efforts of your organization to determine your level of recognition. Supporting documentation is required with your application.

Apply for the Joy in Medicine Health System Recognition Program
• A leadership designee from your organization must complete and submit your application. Applications will open on March 1 and will close on May 21.

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

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.

Recognition status
• Recognition is valid for two years. After two years each organization must resubmit an updated application for review. Organizations may re-apply each year to achieve higher levels of achievement.

The AMA practice transformation journey
Moving together toward impact
Helping health systems and clinical practices succeed in their practice transformation 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.