Solutions to Increase Joy in Medicine™

Health System Recognition Program
The Joy in Medicine™ Health System Recognition Program has been designed by the American Medical Association to spark and guide organizations interested, engaged, and committed to improving physician satisfaction and reducing burnout.

Representing the AMA’s steadfast commitment to advancing the science of physician burnout, this program can propel and empower health systems to reduce burnout so that physicians—and their patients—thrive. The Joy in Medicine Health System Recognition Program aims 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, contact us at practice.transformation@ama-assn.org or visit ama-assn.org/amaone/practice-transformation.

**Award criteria**

Prioritizing and investing in physician well-being

The Joy in Medicine Health System Recognition Program is based on three levels of organizational achievement. Each level comprises six demonstrated competencies: commitment, assessment, leadership, efficiency of practice, teamwork and support. Through self-assessment and a simple attestation process, an organization must meet **five of the six** competencies within a designated level for recognition.

**Eligibility**

Our recognition program is intended for health systems with more than 100 physicians and/or advanced practice providers—e.g., NPs and PAs. Applications are submitted on behalf of the organization, and not individual departments. (*Note: Practices with less than 100 physicians and/or advanced practice providers are encouraged to sign the CHARM Charter to note their commitment to promoting and advancing physician well-being.*) There will be future opportunities for organizations with fewer than 100 physicians or advanced practice providers, which will be announced later in 2020.

Health system that have 100 or more physicians and/or advanced practice providers must also sign the CHARM Charter and must have assessed physician well-being in the last three years using **one of four** validated tools (i.e., Mini-Z, Maslach Burnout Inventory, Mayo Well-Being Index, or the Stanford Physician Wellness Survey) in order to apply for the 2020 Recognition Program. Please note that **all three** eligibility criteria must be met.
### Three levels of recognition
Supporting documentation is required with all applications

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| **Commitment** | Organization has developed a formalized well-being committee and/or office of well-being. This must be separate from your Employee Assistance Program.  
**Supporting documentation:**  
• Please provide the composition, structure, charter and key objectives of this committee | Establish an executive leadership position (with at least 0.5 FTE) that is directly responsible for physician well-being. This individual must report directly to a C-suite leader.  
**Supporting documentation:**  
• Provide name of individual and job description | Organization identifies formal strategic aim around improving physician well-being as part of organization’s strategic plan.  
**Supporting documentation:**  
• Organization Strategic Plan that identifies physician well-being as strategic aim |
| **Assessment** | Provide aggregate findings from your most recent burnout assessment and demonstrate that these data are shared with your organization  
**Supporting documentation:**  
• Agenda or slides from “Grand Rounds” or similar events | Annual assessment of physician well-being using one of four validated tools (Mini-Z, Maslach Burnout Inventory, Mayo Well-Being Index, Stanford Physician Wellness Survey)  
**AND**  
Organization leadership/board reviews burnout metrics and establishes target for improvement.  
**Supporting documentation:**  
• Provide aggregate findings from at least two consecutive years of burnout assessments.  
• Leadership/board meeting agenda and/or minutes | The costs of physician burnout are estimated annually and reported to the organization’s leadership/board.  
**Supporting documentation:**  
• Estimated costs of physician burnout at your organization |
| **Leadership** | Assessment of all unit leaders using the Mayo Leadership Index or similar instrument, with feedback to leader within the last three years.  
**AND**  
Appoint staff person to be responsible for leading and completing query to de-implement outdated or unnecessary administrative burdens within the next six months.  
**Supporting documentation:**  
• Enter instrument that your organization uses for leadership assessment  
• Provide name of individual and job description | 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.  
**Supporting documentation:**  
• 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 | 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:**  
• 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 |
## Three levels of recognition (continued)

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<td><strong>Efficiency of practice environment</strong>&lt;br&gt;“Work outside of Work”<em>(e.g., WOW)</em> measured via EHR audit log data for select specialties.&lt;br&gt;<strong>Supporting documentation:</strong>&lt;br&gt;• WOW* data reported confidentially&lt;br&gt;• Share methodology for calculating WOW*&lt;br&gt;WOW* results reported to organization leadership/board.&lt;br&gt;<strong>Supporting documentation:</strong>&lt;br&gt;• Board meeting minutes/agenda&lt;br&gt;*<em>Demonstrate how your organization has developed an intervention based on results from WOW</em> data.**&lt;br&gt;<strong>Supporting documentation:</strong>&lt;br&gt;• Provide intervention plan and root cause analysis</td>
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<td><strong>Teamwork</strong>&lt;br&gt;Teammwork 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.&lt;br&gt;<strong>Supporting documentation:</strong>&lt;br&gt;• Provide name of instrument or methodology used to assess teamwork&lt;br&gt;Teamwork results reported to organization leadership/board.&lt;br&gt;<strong>Supporting documentation:</strong>&lt;br&gt;• TW* data reported confidentially to the AMA&lt;br&gt;• Share methodology for calculating teamwork&lt;br&gt;• Meeting minutes/agenda&lt;br&gt;<strong>Demonstrate how your organization has developed an intervention based on results from survey and/or EHR audit.</strong>&lt;br&gt;<strong>Supporting documentation:</strong>&lt;br&gt;• Root cause analysis and implementation plan</td>
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<td><strong>Support</strong>&lt;br&gt;Pear support program that supports dealing with adverse clinical events. An Employee Assistance Program (EAP) is not sufficient to meet this criteria.&lt;br&gt;<strong>Supporting documentation:</strong>&lt;br&gt;• Narrative description&lt;br&gt;Pear support program aimed to build collegiality*. This program must not solely be intended to respond to adverse clinical events.&lt;br&gt;<strong>Supporting documentation:</strong>&lt;br&gt;• Description, web link&lt;br&gt;<strong>Structured program that actively engages physicians to cultivate community at work (Mayo COMPASS physician dinners, physician lounges, monthly wellness meetings, etc.).</strong>&lt;br&gt;<strong>Supporting documentation:</strong>&lt;br&gt;• Description of how your organization actively engage physicians to cultivate community at work</td>
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1. WOW = Time on the EHR outside of scheduled patient hours per 8 hours of patient scheduled time. Please 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 assess teamwork could include the 2 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 (MA, LPN, RN) 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 min (b) 1–2 hours (c) 2–3 hours (d) 3–4 hours (e) more than 4 hours

4. Teamwork for Orders can be measured by the percentage of orders that have team contribution. Please see [Metrics for Assessing Physician Activity for more information](#).

5. Please see [Mayo Clinic Strategies to Reduce Burnout](#) as a helpful resource.
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 will be required in 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 become available when the COVID crisis has abated. Launch dates will be shared by January 2021.

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 new stories.

Recognition status
• Recognition will be 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.