



Presentation Proposals – Quick View

Physician Well-being and Burnout

Presenter	Title & Affiliation	Presentation Title
1. James Blum, MD	University of Iowa Health Care	<i>Addressing Physician Burnout by Doubling Down on AI</i>
2. Shai Gavi, MD	Chief Medical Officer, Atlantic Health System	<i>Talking Back to Burnout: Empowering Physicians with Communication Tools to Enhance Clinical Outcomes, Personal Well-being, and the Joy of Medicine</i>
3. Suzanna Fox, MD, FACOG	Chief Physician Executive – NC/GA Division, Advocate Health	<i>Becoming a Best Place to Care: A physician-led strategy to care for caregivers in a growing organization</i>
4. Tom Yackel, MD	Chief Clinical Excellence Officer, CenterWell Senior Primary Care	<i>Enhancing EHR Efficiency and Reducing Burnout with AI</i>

Technology and Innovation in Care Delivery

Presenter	Title & Affiliation	Presentation Title
5. Catriona Harrop, MD	Associate Chief Physician Executive, Jefferson Health	<i>Leveraging Technology in the Ambulatory Patient Checkout Process</i>
6. Shannon Hayes, MD	Region Leader, Texas Children's Pediatrics, Texas Children's Hospital	<i>DAX Copilot Trial (Ambient AI)</i>
7. Philip Oravetz, MD	Chief Population Health Officer, Ochsner Health	<i>Avoidable ED visits: Innovation solutions that are making a difference</i>
8. Brian Stein, MD	CMO, Rush Medical Center for Health	<i>From Feedback to Fixes: Using Real-Time Data to Improve Patient Experience</i>

The Role of Organizational Culture

Presenter	Title & Affiliation	Presentation Title
9. Manu Malhotra, MD	Regional Chief Medical Officer, Henry Ford Health	<i>Joining Forces – The Make-or-Break Role of Culture in JVs and M&A</i>
10. Peter Hull, MD	Sutter Health	<i>Developing Physician Leaders – Unique Challenges and Opportunities</i>

Innovative Contracting for Care Coverage

Presenter	Title & Affiliation	Presentation Title
11. John Fink, MD	Vice President, Quality and Medical Affairs, Bayhealth	<i>Innovative Contracting Models to Secure Coverage for Inpatient Obstetrics and Pediatrics: A Case Study in Strategic Problem Solving</i>



Complete Proposals

1. James Blum, MD, FCCM, CDH-E University of Iowa Health Care

Program description:

Addressing Physician Burnout by Doubling Down on AI

University of Iowa Health Care made a substantial investment in clinician-facing AI technologies. These technologies were associated with a substantial reduction in provider burnout as measured by the Stanford Professional Fulfillment Index and a distinct increase in the Arch Collaborative Net EHR Experience Score using a pre-post analysis.

Challenge:

University of Iowa Health Care recognized that our EHR was creating a substantial burden resulting in significant burnout in our physicians as identified by the KLAS Arch Collaborative instrument. According to the Net EHR Experience Score, we ranked at the 62nd percentile of all participants in the collaborative. We subsequently surveyed a subset of 38 providers thought to be at-risk for burnout and found 68% of them were suffering from burnout as identified by the Stanford Professional Fulfillment Inventory (PFI). We identified two key areas of burden contributing to this burnout using the Arch Collaborative instrument: 1) complex documentation resulting in after-hours notes completion and 2) external data integration.

Response:

Rather than "optimizing" our EHR and providing education on how to use the system like many organizations, which frequently has marginal impact, we made substantial investments in AI technologies to circumvent the aforementioned challenges. Through the system-wide implementation of ambient AI documentation and AI-based chart summarization technologies, we sought to address the challenges identified using the Arch Collaborative instrument.

Impact:

We observed an absolute reduction of 26% in burnout according to a repeat Stanford PFI, dropping the percentage of at-risk providers to 42%. Across the organization, we saw an overall increase in performance on the Arch Collaborative to the 81st percentile. Further investigation of the Arch Collaborative data demonstrated that EHR concerns were substantially lower in contributing to burnout than in the initial sample. This was associated with a lower number of physicians contemplating leaving the organization. The impact was observed in the vast majority of specialties across the organization. Similar findings were identified in allied health professionals and nurses across the organization which also have access to these tools.

Future Implications:

This success has committed the health system to make greater investments in AI technologies that will improve the provider experience. It has also provided support for further engagement with providers and other healthcare professionals to encourage the use of these technologies. Additionally, the organization has committed resources to help further study the impact of these technologies on provider well-being and patient engagement.

Key Learnings:

AI technologies are an effective way to address provider burnout generated by the burden of the EHR.

Rather than focusing on EHR customization and training, new technologies may be an easier, more accessible way to reduce provider burnout and improve the provider experience.

2. Shai Gavi, MD

Chief Medical Officer
Atlantic Health System

Program description:

TALKING BACK TO BURNOUT: Empowering Physicians with Communication Tools to Enhance Clinical Outcomes, Personal Well-being, and the Joy of Medicine.

Challenge:

"Physician communication plays a vital role in shaping patient experience. However, engagement in patient experience initiatives varies among physicians. Many view these efforts as an added pressure—feeling they must prioritize patient satisfaction over evidence-based care. The growing use of patient experience scores to evaluate performance adds to this strain, especially when physicians feel unclear about the scoring methodology or feel powerless to influence the results. Adding to this challenge, patient and family expectations continue to evolve. Physicians are expected to manage complex interactions in high-stress environments, often under tight time constraints, while coping with emotional exhaustion and competing priorities. These pressures can lead to workplace friction, poor morale, and stress that extends beyond the clinical setting—contributing significantly to burnout."

Response:

Improving Clinical Outcomes Through Patient Experience and Communication Training:

We shared evidence-based literature demonstrating that positive patient experiences are closely linked to better clinical outcomes such as pain management in cancer patients, HIV RNA levels, improved mammogram screenings, and ED utilization and costs.

To support understanding and engagement, we explained how to interpret patient experience scores work, their impact on value base care, and shared peer data. To build internal capacity and foster a culture of excellent communication, we have partnered with the Academy of Communication in Healthcare. Through this collaboration, we trained local physicians and staff champions using a train-the-trainer model and a structured communication framework.

We developed a series of communication workshops to strengthen both verbal and non-verbal communication skills. These workshops are grounded in adult learning theory and are designed to be practical, interactive, and relevant to real clinical practice. Each workshop includes role-playing real-life scenarios, evidence-based articles, video demonstrations, group dialogue, and peer learning through shared stories and experiences. By focusing on communication skill development, physicians can better manage today's challenges inside and outside the exam room. These skills go beyond traditional patient interaction and include:

- Enhancing self-awareness in communication
- Conflict resolution
- Active listening
- Saying "No" with empathy
- Nonverbal communication

- Storytelling to impact change
- Psychology of time and communication
- Communicating with non-physician stakeholders

Impact:

"The skills learned today will help me communicate better with my patients," 57.9% Agree, 21.1% Strongly Agree

"I can confidently use the new skills learned today" 63.2% Agree, 21.1% Strongly Agree

Participants Feedback examples:

1. Good program.
2. Helpful
3. Regular installments
4. Good content.
5. Very good
6. Would get rid of role playing
7. Excellent presentation and very helpful in improving the patient experience
8. Very practical and helpful
9. Thanks
10. Very helpful
11. Great training, always good reminders in the course
12. To do it more often to review the concepts.
13. Please continue to do this as a structured curriculum, it's worth doing.
14. Revisit my scores a year later
15. It will certainly help improve my communication with patients.
16. Examples (even more) are helpful in helping me grasp the concepts.
17. Watching people role play rather than role playing itself is more helpful for me so that I don't spend time trying to think about what to role play

Future Implications:

Building these competencies empowers physicians to navigate daily interactions with greater confidence and effectiveness. Investing in communication skills not only improves patient experience scores and clinical outcomes, but it also reduces workplace friction, fosters teamwork, boosts morale, and creates a more enjoyable work environment, enhances personal fulfillment, and the joy of practicing medicine. It transforms physician communication from a performance metric into a tool for improved clinical outcomes, meaningful connections, and resilience.

We have included physicians in the design and development of the patient experience strategies and goals. Include physicians in the design and development of patient experience incentives and goals.

We have now expanded this work to nurse managers, operation directors and our contracting team members.

Key Learnings:

Identify physician champions within your organization to lead this work. These champions exist and would be excited to lead this work.

Partnership with organizations such as the Academy of Communication in Healthcare can provide a curriculum and training materials to develop a train the trainer program and lead the training across the organization and the ability to scale this program.

3. Suzanna Fox, MD, FACOG

Chief Physician Executive – NC/GA Division
Advocate Health

Program description:

Becoming a Best Place to Care: A physician-led strategy to care for caregivers in a growing organization

Clinician burnout has been a significant issue in the news for decades. In 2019, our organization created the Best Place to Care strategy, focusing on our physicians and APPs in our NC/GA division (Atrium Health) of Advocate Health. We committed to listening to our clinicians and addressing their frustrations that hinder patient care. This physician-led strategy aims to understand the administrative burdens and other system factors to enhance the work environment and offer support to deepen a culture of well-being. This session will outline how this strategy has evolved to expand across a growing multi-state organization.

Challenge:

In 2019, under the leadership of Dr. Scott Rissmiller, our Chief Clinical Officer, and Dr. Suzanna Fox, our organization created the Best Place to Care strategy, with a unique focus and attention to physician and APP support. Our clinician engagement was lower than expected at that time, and we were committed to doing something to improve it. We were also in the infancy of forming a unified medical group, and clinician engagement and morale were down.

That year, we made a commitment to listen to our clinicians and act on the seemingly little things that were points of frustration and interrupted patient care. What started as a grassroots effort has taken off as an enterprise strategic focus for our organization with the full support of our CEO, Gene Woods.

Our organizational mission is “To improve Health, elevate Hope, and advance Healing – for all.” We realized it was time to turn that mission statement inward and make sure we were also improving health, elevating hope and advancing healing for all our clinicians and teammates, as well as our patients.

The main goals of this program include helping reduce administrative burdens on our clinicians, improving workflow efficiency by leveraging technology, and providing opportunities for mental health and professional development along the career continuum of our clinicians.

Response:

One of our first steps was to really understand the well-being of our clinicians. In 2022, we initiated surveying our clinicians using the AMA Organizational Biopsy. We have multiple surveys to understand the experience of our teammates, but none specific to physicians/APPs.

The AMA Organizational Biopsy was such a natural fit for us when we were exploring survey measures. There are many measures that evaluate the personal experience of the individual, but what the Organizational Biopsy offered that was different—and appealing to us—was how well it aligned with our desire to look at work environment factors, including the experience with the EMR, administrative burdens, and job satisfaction. By using this data and other internal inputs, we began to understand what the top burdens were and how to create actions to solve them.

Impact:

Thanks to the AMA, we are diligently measuring progress and adjusting our strategies to address the

feedback we received. In the NC/GA Division of Advocate Health, where we have more longitudinal data, from 2023 to 2024 we saw:

- Job satisfaction increase by 4.8%
- Burnout decrease by 1.5%
- Job stress decrease by 3.3%
- Intent to leave decrease by 9.6%

Overall, our data shows progress in several key areas, including decreases in burnout and increases in care team efficiency and workload control. We are also seeing reduced attrition rates across our organization, well below national norms. In 2023, Atrium Health (NC/GA Division) received the Gold Joy in Medicine recognition. We also received a grant from the Duke Endowment in North Carolina to advance this work.

Future Implications

This is an infinite game. There is no finish line, and while we celebrate the ‘wins’ along the way, there is not a final winning in our story. We are committed to the way forward. We know we cannot take the best care of our patients without taking care of ourselves first. Our patients deserve for us to be the best we can be.

So, while this work is not always easy, it’s so important to take one step and another to continue making an impact for our care teams. Through our experiences with the Best Place to Care strategy, we continue to grow this work and expand its impact and reach. We are evaluating a future inclusion of other categories of clinicians, such as nursing, as we know there are so many opportunities to enhance our care teams.

Key Learnings

- There is nothing more important than this work to retain our clinicians and provide the best care to our patients. It must be a priority.
 - **Harness the clinician voice:** We want to continue to learn from our clinicians to ensure this strategy reflects what matters most to them. We find both informal and formal ways to do this throughout the year.
 - **“Fix the water pressure”:** As referenced in *Ted Lasso*—fix small things, earn trust, rinse, repeat.
 - **Communication:** The brand of *Best Place to Care* is important and recognizable. We communicate under this brand frequently and authentically. We work hard to close the feedback loop with messages like, “Here is what you said, and here is what we did.”
 - **Collaboration is key:** This work is most powerful when done together. We link arms with partners across the organization to actualize change and drive initiatives forward. Leaning on the resources from the AMA and other health system partners has been invaluable.
-

4. Tom Yackel, MD

Chief Clinical Excellence Officer
CenterWell Senior Primary Care

Program description:

Enhancing EHR Efficiency and Reducing Burnout with AI

This presentation will highlight CenterWell Senior Primary Care's experience in addressing the challenges related to Electronic Health Record (EHR) inefficiencies and provider burnout. We will discuss the specific issues faced, the strategies implemented to overcome these challenges, the measurable outcomes achieved, and the future implications for our organization and others in the healthcare sector.

Challenge:

Challenge: CenterWell faced significant challenges with EHR inefficiencies, including difficulty accessing patient data, customizing templates, and excessive time spent on home charting. Additionally, provider burnout was a critical issue, with high levels of cognitive load and mental exhaustion reported.

Response:

To address these challenges, CenterWell implemented several key initiatives:

- **Provider Survey:** Deployed the validated ARCH Collaborative (EHR Improvement) provider satisfaction survey to identify key areas for improvement as well as existing strengths.
- **Abridge AI Integration:** Utilized AI technology to reduce cognitive load and streamline data entry processes for providers.
- **Clinical Excellence Committee:** Formed committees to oversee evidence-based practices, quality improvement, and clinical informatics to enhance providers' voices in decision making that affects clinical care and workflow.

Impact:

The initiatives led to improvements that drove improvement significantly in EHR satisfaction and provider burnout among those in our Ambient AI scribe pilot:

- 54% Reduction in Cognitive Load in documentation
- 64% Reduction in Severe Burnout overall
- 41% Improvement in "No Burnout" Responses: Indicating better overall mental health among staff.

Future Implications:

Future Implications: These experiences have informed CenterWell's provider strategies moving forward, emphasizing the importance of continuous practice workflow optimization, skillful use of AI, and robust support systems for providers. These strategies will help maintain efficiency and reduce burnout, ultimately improving patient care and provider satisfaction.

Key Learnings:

- **Invest in EHR Optimization:** Leverage survey and support from the ARCH EHR Collaborative. Filter these insights through robust EHR governance. Regularly update and customize processes and systems to meet provider needs.
- **Leverage AI Technologies:** Integrate AI tools to reduce cognitive load and streamline workflows.
- **Establish Efficient Protocols:** Develop clear protocols for non-patient care tasks to minimize workload and integrate them into the EHR.

- Support Provider Well-being: Demonstrate and promote the organization's commitment to physician wellness.

5. Catriona Harrop, MD

Associate Chief Physician Executive
Jefferson Health

Program description:

Leveraging Technology in the Ambulatory Patient Checkout Process

Challenge:

Jefferson built a state of the art 19-story ambulatory care building in the heart of Center City Philadelphia, The Honickman Center. The design of the building was maximized for clinical footprint thereby minimizing administrative areas. The Operations Team had to re-think the standard patient workflow, and worked with our partners in IS&T to create an entirely new, first in the nation, virtual checkout process.

Response:

As there is no traditional space for a checkout desk, we designed a process to occur in the privacy of the patient exam room, over a secure telehealth link. There is a large patient "white board" in every exam room, and the virtual checkout agent interacts directly with the patient, setting up follow-up radiological studies and appointments.

Impact:

We have demonstrated that the VCO process does not add significant time to the patient visit, scores high for patient satisfaction, and has decreased the lag time for follow-up visits and referrals to specialists and radiological studies.

Future Implications:

At Jefferson Health, we are growing rapidly, and have plans to deploy this technology in every new ambulatory care setting.

Key Learnings:

Modeling with AI and piloting this change in workflow prior to the move into the new building allowed for patients and staff to acclimate to the new process prior to the move. We were also able to troubleshoot the technology prior to full building go-live.

It is both a great patient and clinician satisfier.

6. Shannon Hayes, MD

Region Leader, Texas Children's Pediatrics
Texas Children's Hospital

Program description:

DAX Copilot Trial

Challenge:

How do we take the charting burden off of the physician?

Response:

We started a pilot using DAX copilot which is an ambient listening AI that does charting for you while you are in the room with a patient.

Impact:

- 88% of providers in pilot covered the cost of the license;
- 88% of providers had increased Encounter per day post pilot
- 1.75 patients was the average increase in encounters per provider
- \$430, 584 potential financial impact of increased encounters per day for pilot providers
- 18.1% decrease in Pajama time
- 47.7% of total encounters were completed with DAX use in the pilot providers.

Future Implications:

- Decreased burnout in physicians
- Increased productivity
- Improved chart closure time

Key Learnings:

We are still growing in this system and have launched a second pilot group in February. This has the potential to significantly help physicians spend more 1:1 time with their families while also making them more efficient and improve charting.

Some problems we have had:

- Epic integration is good but we have times when the DAX copilot does not record. It is usually fixed within hours.

Some physicians find it awkward but with time most end up loving it.

7. Philip Oravetz, MD

Chief Population Health Officer
Ochsner Health

Program Description:

Avoidable ED visits: Innovative solutions that are making a difference

Challenge:

High use of (avoidable) ED visits

Response:

Developed an innovative solution - Virtual ED that had a significant impact on performance

Impact:

Lower ED utilization across value populations.

Future Implications:

Now scaling across the system

Key Learnings:

Other systems are now implementing Ochsner's solution

8. Brian Stein, MD

CMO, Rush University System for Health

Program Description:

From Feedback to Fixes: Using Real-Time Data to Improve Patient Experience.

Challenge:

As consumer expectation changes, we need to adapt to the expectations they have of other industries.

Response:

Introduced additional digital capabilities around delay notifications, service recovery, and immediate feedback from patients during clinical encounters.

Impact:

Have watched our patient experience increase. Particularly in domains around delays. We've also been able to tap into pain points for our patients in order to drive improvement.

Future implications:

Has clearly demonstrated the benefits of digital engagement with patients in real-time during their clinical interactions. We've been expanding the technology across the Rush system.

Key learnings:

We're often collecting the data that could be leveraged for real-time improvement. Finding ways to leverage it may lead to additional improvement efforts around patient satisfaction or identifies latent inefficiencies that may be driving patient satisfaction downward.

9. Manu Malhotra, MD

Regional Chief Medical Officer
Henry Ford Health

Program description:

Joining Forces - The make-or-break role of culture in JVs and M&A

Joint ventures, mergers, and acquisitions all bring together two or more entities in an attempt to build

something greater than the sum of its parts. Yet, we know that in the overwhelming majority of cases, the predicted synergies vastly underdeliver or fail to materialize altogether. In this presentation, we explore the role of culture as an enabler of those synergies in the context of the Henry Ford Health/Ascension SE Michigan joint venture."

Challenge:

As Henry Ford Health formed a joint venture with Ascension SE Michigan hospitals, we went from five hospitals with a dominant Henry Ford Medical Group presence to thirteen hospitals with now two medical groups and a majority of private physicians. The challenge was to align the visions of the various physician stakeholders, build trust, and forge a new and cohesive culture which would enable the promise of improving quality and access in the communities we serve.

Response:

HFH invested heavily in bringing together the physician leadership and frontline from both legacy Ascension and Henry Ford and spent time, effort, and resources to prime the pump for cultural alignment. We spent time examining what we believe our culture to be, how it aligns or doesn't with our new partners, and created the forums and platforms to bring physicians together well in advance of the definitive agreement so they could help forge the path forward. This included a Physician Advisory Council comprised of leaders of both legacy systems, large-scale in-person meet-and-greets, town halls, service line meetings, and weekly joint JV update newsletters, etc.

Impact:

- There have been several areas where the impact of these efforts can be seen - some objectively and some more qualitatively.
- Through negotiation, Ascension medical group was able to be successfully brought under the umbrella of the Henry Ford Medical Group as a clinical affiliate category with various options available for the legacy Ascension physicians to choose on the spectrum of alignment.
- Strong retention of employed physicians.
- Baseline engagement survey completed, will repeat next year.
- Volume stable or growing at new acute care sites added in the JV.
- Alignment of private, employed, and PSA physicians through engagement with service lines and clinical councils.
- Recruitment/open positions.
- Clinical delivery system revenue growth.

Future Implications:

It has reinforced the value of leaning into and leading with culture. Our organization continues to invest heavily in the culture of safety and engagement work as a core part of our efforts around recruitment, retention, and employee satisfaction. We have outperformed the local market in these domains in no small part due to our efforts around culture.

Key Learnings:

Investments in culture of safety, engagement, and belonging all yield dividends in recruitment, retention, and employee satisfaction. Times of upheaval like joint ventures, mergers, or acquisitions amplify the influence of culture and can make or break a transition.

10. Peter Hull, MD

Sutter Health

Program description:

Developing Physician Leaders – Unique Challenges and Opportunities

Challenge:

With younger physicians entering the workforce, how do you engage their interests in becoming leaders? In California, our health system cannot directly employ physicians. As such, Sutter Health is required to be creative when building leadership programs. Additionally, it is important to understand the nuanced differences in a younger generation that has a different perspective on work-life balance.

Response:

We have re-imagined our leader development programs incorporating a broad-based approach to introductions to our education offerings. Recognizing a newer generation of physicians may see leadership not as an opportunity but as a burden was important.

Impact:

We see our efforts having long-range dividends and benefits but measuring retention of our newest physicians as a key indicator.

Future Implications:

Understanding our offerings will need to iterate as the culture demands is critical. Mentorship is crucial for young learners as well as coaching to augment formalized pathway to leadership.

Key Learnings:

- Investment in program development, with an understanding of when to build versus buy expertise.
- Listen to feedback on the engagement in the offerings and be relentless in pursuit of improvements to ensure on-going effectiveness of the programs.
- Strive to build your own bench strength, recognizing you may become a resource for other healthcare entities as your leaders choose to pursue outside opportunities.

Below are additional program notes offered by Dr. Hull separately

Developing Physician Leaders-Challenges and unique opportunities

- **Generational Differences**-detail with appropriate studies throughout
 - Communication styles
 - Work expectations and values
- **Healthcare Environment**
 - Rapid technological advancements
 - Increasing complexity of healthcare systems

Increasing Need for Clinical Leaders

- **Leadership Skills Gap**
 - Need for continuous learning and adaptability
 - Balancing clinical duties with leadership roles

Opportunities for Growth and Development

- **Mentorship Programs**
 - Cross-generational mentorship
 - Benefits of diverse perspectives
- **Leadership Training**
 - Formal education and workshops
 - Focus on emotional intelligence and resilience
- **Technology Integration**
 - Leveraging digital tools for leadership development
 - Telemedicine and remote leadership

Strategies for Effective Leadership Development

- **Fostering Collaboration**
 - Encouraging teamwork across generations
 - Building a culture of mutual respect and understanding
- **Continuous Learning**
 - Promoting lifelong learning and professional development
 - Adapting to new healthcare trends and technologies
- **Empowering Future Leaders**
 - Identifying and nurturing potential leaders early
 - Providing opportunities for leadership roles and responsibilities

Case Studies and Examples

- **Successful Leadership Programs**
 - Examples from healthcare institutions
 - Lessons learned and best practices-attention on quadruple/quintuple aim
- **Personal Stories**
 - Testimonials from physician leaders
 - Impact of leadership development on career growth

Conclusion

- **Recap of Key Points**
 - Importance of understanding generational differences
 - Addressing challenges and leveraging opportunities
 - Effective strategies for developing physician leaders
 - **Call to Action**
 - Encouraging systems to dedicate and invest in leadership development
 - Promoting a culture of continuous improvement and collaboration
-

11. John Fink, MD

Vice President, Quality and Medical Affairs
Bayhealth

Program description:

Innovative Contracting Models to Secure Coverage for Inpatient Obstetrics and Pediatrics: A Case Study in Strategic Problem Solving

Challenge:

Healthcare organizations across the country, especially in underserved areas like ours, face growing challenges in maintaining coverage for essential inpatient services. Bayhealth faced these issues twice in one year, first when it transitioned its inpatient obstetric coverage internally from a national hospitalist group and then again after a regional partner ended its agreement for coverage of inpatient pediatrics and neonatology.

Response:

The Bayhealth team- made up of key leaders in physician services, nursing, finance, human resources, and legal affairs- successfully secured coverage for these services by leveraging a mix of physician contracting models. These included full-time and part-time direct employment, direct contracting agreements, call coverage stipends for community physicians, and collaborative agreements with partner systems.

Impact:

Most importantly, we were able to secure 24/7 coverage in each of these areas by using this model for care.

Future Implications:

Our experience with the transition for our obstetric hospitalist program helped us significantly with the approach to providing pediatric and neonatology coverage. It has also shaped a greater understanding for future coverage models, in particular how we must account for physician well-being and work-life balance when building coverage models.

Key Learnings:

Flexibility with physician contracting models helps to build a broader team with greater engagement and less reliance on third party resources. As healthcare in America seems to be shifting to distinct entities of inpatient and outpatient care, the physician who covers both is becoming a rare breed. Health care systems are needing to build models of care that establish coverage for patients in both areas and can no longer rely on physicians "taking call" as their approach.
