



JOY IN MEDICINE™

RECOGNIZED ORGANIZATIONS 2024

Atlantic Health System

Bayhealth • Confluence Health • Geisinger

Esburg Clinic • Henry Ford Health • Lehigh

Network • Mid-Atlantic Permanente Medical

West Permanente • Ochsner Health • Palo Alto Founda-

Medical Group • Sanford Health • Sutter Health • Sun-

Independent Physicians • Texas Children's Pediatrics

the Southeast Permanente Medical Group • The Perman

Medical Group • Washington Permanente Medical G

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AMA RESOURCES FOR HEALTH SYSTEMS



Physicians from Joy in Medicine recognized organizations gather at the 2023 American Conference on Physician Health, which is a biennial event sponsored by the AMA, Stanford Medicine and Mayo Clinic that promotes scientific research and discourse on health system infrastructure and actionable steps organizations can take to improve physician well-being.

Leading the charge in physician well-being

Through various well-being efforts, the AMA has set the standard for prioritizing physician burnout reduction across the nation.

By Sara Berg, MS

As the pressures of the medical profession continue to rise, physician burnout has remained a pressing issue, affecting nearly every corner of health care. And it has a ripple effect that is felt throughout the entire health care system, making it a critical issue that demands immediate, ongoing attention.

That is why the AMA has taken this challenge head-on, leading the fight against burnout through innovative programs such as the [Joy in Medicine™ Health System Recognition Program](#).

“The AMA has made alleviating physician burnout a cornerstone of its strategic work for more than a decade, fighting system-level drivers of physician burnout and attacking the dysfunction in health care by removing the obstacles and burdens that interfere with patient care,” says AMA President Bruce A. Scott, MD. “Through our research, collaborations, advocacy and leadership, the AMA is working to make the patient-physician relationship more valued than paperwork, promote access to physician-led care, make technology an asset and not a burden, and make physician burnout a thing of the past.”

In 2023, 48.2% of physicians reported experiencing at least one symptom of burnout, down from 53% in 2022, according to exclusive survey data from the AMA.

More than 12,400 responses from physicians across 31 states were received from 81 health systems and organizations who participated in the AMA’s [Organizational Biopsy®](#) in 2023. The AMA national physician comparison report—which is exclusive data to the AMA—reflects 2023 trends in six key performance indicators—job satisfaction, job stress, burnout, intent to leave an organization, feeling valued

by an organization and total hours spent per week on work-related activities (known as “time spend”).

The purpose of the aggregated data is to provide a summary of organizational well-being and to serve as a comparison for other health care organizations. The results are limited by the health systems that chose to participate.

Physicians also continue to experience job stress, but there has been some positive movement on this key performance indicator too. In 2023, 50.7% expressed feeling a great deal of stress because of their job—down from 55.6% in 2022. A source of that stress? More than one-quarter of respondents said they did not have enough physicians and support staff.

Meanwhile, 50.4% of physicians expressed feeling valued by their organization to a great extent or moderately, up from 46.3% in 2022. And 16% did not feel valued at all by their organization, which is a drop from 18%. This is a key finding for many health systems concerned about retention. Physicians’ job satisfaction also saw a rise from 68% to 72.1%.

While the data from the AMA’s physician comparison report includes signs that physician burnout has fallen since its peak in late 2021, the extent of the problem remains a sobering reality that demands ongoing attention, especially among those who are at highest risk. That is why continued efforts are essential to address the root causes of physician burnout and ensure that doctors get the support they need to thrive in their careers.

“Practicing medicine as a physician is an incredibly rewarding and meaningful profession. The fact that roughly half of all physicians experience burnout is telling, and suggests that the care environment—rather than individual susceptibility—is driving these high rates,” says Christine Sinsky, MD, vice president of professional satisfaction at the AMA.

But “it doesn’t have to be this way,” Dr. Sinsky says. “Our team at the AMA has an important opportunity to help organizations create the conditions where joy, purpose and meaning in work are possible for physicians and their teams, where physicians can spend most of their time providing patients with care that only their physician level of training can provide.

“Physicians in many specialties spend more time on documentation, order entry, prior authorizations and other clerical tasks that could be either eliminated or delegated to skilled team members,” she adds. The AMA believes “that physicians and patients benefit when physicians spend more time listening and talking



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Christine Sinsky, MD

Vice president of professional satisfaction at the AMA

with patients and less time typing. Our resources provide a road map for doing just that.”

Recognizing the severity of this issue, the AMA has taken proactive steps to address burnout and promote a culture of well-being within the medical community.

AMA’s leadership in well-being

The AMA has long been a staunch advocate for the health and well-being of physicians. Through its various initiatives, the AMA has provided the necessary tools and resources for health care systems and organizations to address the root causes of burnout.

“In partnership with researchers from multiple academic institutions, the AMA has contributed to foundational research regarding the prevalence, drivers and consequences of burnout, as well as interventions that systematically reduce the prevalence of burnout,” explains Dr. Sinsky. “We also sponsor eight to 10 research projects each year, the majority of which involve using EHR-use data to further understand and improve the care environment.

“The grantees meet for a series of calls twice a year where they present their research in progress to their peers and get feedback,” she adds.

Beyond that, “the AMA has also contributed to other national efforts, such as the National Academy of



Creating and sustaining a culture of wellness that prioritizes professional fulfillment is the driving force behind the AMA Joy in Medicine Health System Recognition Program. This effort highlights the work of health care organizations nationwide that are promoting physician wellness and job satisfaction through programs and policies that emphasize teamwork and operational efficiency as well as dismantling obstacles physicians face in delivering quality care.

Bruce Scott, MD
AMA President

Medicine’s Action Collaborative on Clinician Well-Being,” Dr. Sinsky shares. And “with Stanford and Mayo Clinic, the AMA co-sponsors the biennial American Conference on Physician Health, and on alternate years, sponsors the Internal Conference on Physician Health with the British and Canadian Medical Associations.”

“The AMA also offers health care organizations a no-cost assessment of physician well-being through our Organizational Biopsy. This assessment gives organizations a dashboard of how they are doing in the realms of organizational culture and practice efficiency, providing comparisons with national benchmarks,” she explains. “This allows leaders to identify their high opportunity areas for intervention, both by location and by topic.”

But one of the most effective programs developed by the AMA is the Joy in Medicine Health System Recognition Program. This program spurs health care organizations to prioritize the well-being of their physicians by implementing evidence-based strategies to reduce burnout.

“Physicians face far too many challenges that interfere with patient care. That’s why the AMA is addressing the issues important to physicians, so they can focus on what matters most—their patients,” says Dr. Scott, an otolaryngologist and head-and-neck surgeon in private practice in Louisville, Kentucky. “The AMA is raising awareness about the numerous challenges physicians face in their practice and our health system. The health of our nation is at stake.”

“At the same time, the AMA is working to reduce the stigma surrounding mental health care and eliminate the barriers that inhibit individual physicians from addressing their own health,” he says. “We continue to work at the state and national levels to identify and eliminate outdated and stigmatizing language on medical licensing board and employment applications that ask about past diagnosis or treatment of a mental illness or substance use disorder.”

In 2019—the program’s inaugural year—the AMA honored 22 organizations’ commitment to cutting physician burnout. The program was paused in 2020 as the country grappled with the COVID-19 pandemic. After that pause, the AMA recognized 44 health systems in 2021 that stepped up as COVID-19 strained the nation’s doctors.

Meanwhile, 28 health care organizations representing more than 80,000 physicians were honored in 2022, all earning bronze recognition. And in 2023, a total of 72 health systems, hospitals and medical groups

were recognized, including 35 first-time recipients. This recognition represents the outstanding efforts these organizations have initiated to address the systemic causes of physician burnout.

By providing a structured framework for addressing physician well-being, the AMA has empowered health systems and other organizations to take meaningful action in creating a more supportive and fulfilling work environment for physicians and their teams.

“There are two primary goals of the AMA Joy in Medicine Health System Recognition Program,” Dr. Sinsky says. “No. 1, recognize health systems that are making the structural changes that promote a work environment where physicians and their teams can thrive—and thus by extension, patient care is optimized.

“And No. 2, provide a road map for organizational leaders who recognize the importance of physician and other health professional well-being and aren’t certain where to start and what to do,” she adds.

While the “program recognizes actions at the health system level to improve the health and well-being of patients by improving the health and well-being of physicians and their teams,” says Dr. Sinsky, it does even more. “Physicians looking for their first or next practice can factor into their decision-making whether an organization has achieved this recognition,” she says. And that recognition says a lot about the culture of an organization.

“Creating and sustaining a culture of wellness that prioritizes professional fulfillment is the driving force behind the AMA Joy in Medicine Health System Recognition Program,” says Dr. Scott. “This effort highlights the work of health care organizations nationwide that are promoting physician wellness and job satisfaction through programs and policies that emphasize teamwork and operational efficiency as well as dismantling obstacles physicians face in delivering quality care.”

Impact is far reaching

Results from the AMA’s efforts are clear: Of the 130 organizations recognized, 44.6% were returning health systems. And of those organizations, 56.9% improved in their recognition level.

Addressing physician well-being as a core component of health care management is a key ingredient for organizations committed to change. By fostering a culture that prioritizes the well-being of physicians, organizations can ensure that their teams feel valued and remain engaged, motivated and able to

provide the highest quality care to their patients.

“Achieving the Quadruple Aim of health care—boosting patient care, cutting costs, improving population health outcomes and promoting the well-being of the health care workforce—cannot be attained without a work environment that promotes professional satisfaction and self-care,” says Dr. Scott.

“We believe that most leaders want to do the right thing and appreciate the guidance as to where to put their efforts with respect to improving physicians’ and other health care workers’ well-being,” Dr. Sinsky says, noting “we have designed the program based on best available evidence and with input from the medical community.”

“Each year we further refine the criteria and the process in response to new evidence and in response to feedback from the medical community,” she says.

Receiving recognition for well-being

The Joy in Medicine Health System Recognition Program is built on a set of rigorous criteria that ensure only the most committed health care organizations receive recognition. These criteria are designed to promote a comprehensive approach to physician well-being, ensuring that organizations are not only addressing burnout but are also creating an environment that fosters joy and purpose in work.

“There are three levels of achievement: bronze, silver or gold,” notes Dr. Sinsky. And “recognition requires achievement of criteria at each level in five of six domains—assessment, commitment, efficiency of practice, teamwork, leadership and support.”

By meeting these criteria, health care organizations can create a supportive environment where physicians feel valued, engaged and able to perform at their best.

“The AMA remains committed to giving physicians every opportunity to deliver quality, evidence-based care and reap the rich rewards of professional job satisfaction in the challenging careers they have chosen based on their drive to help others,” says Dr. Scott.

As more health care organizations adopt these practices, the future of medicine looks brighter, with physicians who are not only well-supported but also deeply fulfilled in their roles.

For health care organizations looking to make a meaningful impact on physician well-being, the AMA’s Joy in Medicine Health System Recognition Program offers a clear path forward. And by prioritizing the health and happiness of those on the front lines, we can build a stronger, more resilient health care system for all.

The six pillars that help build joy in medicine



Assessment

Measuring physician well-being and burnout is critical to understanding and addressing system issues. By measuring the operational effectiveness of your organization and the well-being of your physicians, you can readily identify and target meaningful interventions. It is important that validated measurement tools are used that provide insight into the system drivers of burnout so that organizations can effectively implement system-level solutions.



Commitment

A cross-cutting organizational commitment to workforce well-being is essential to preventing burnout within an organization. Commitment from an organization may include different strategies as the organization's well-being efforts mature, such as starting with the establishment of a wellness committee or office on well-being, appointing a chief wellness officer and eventually developing well-being as part of an organization's strategic plan. Gaining institutional buy-in and establishing a plan of action is one of the first key steps in the Joy in Medicine road map.



Efficiency of Practice Environment

Operational efficiency is key to supporting well-being. Workflow and technology inefficiencies—in addition to documentation requirements—play a central role in driving burnout among physicians. The AMA has outlined several standard metrics derived from EHR event log data that organizations can use to understand the time physicians spend on the EHR, inbox, documentation and work outside of normal scheduled hours. These metrics will support targeted interventions aimed at improving the underlying work environment so that physicians can spend more time doing meaningful work with patients.



Teamwork

Effective teamwork can have a tremendous impact on the overall well-being of physicians and care teams. Effective teamwork has been linked to less stress, higher job satisfaction and improvements in patient care. Teamwork and team-based care must be purposefully cultivated and consider more than just whether team members “get along.” Rather, cultivating effective teamwork and team-based care must consider a wide range of factors such as team structures, role functions and workflows that enhance the ability for teams to work together more seamlessly.



Leadership

Leadership behaviors set the foundation of organizational culture, a primary indicator of organizational well-being. Leaders cultivate teams and directly support their growth, development and overall well-being. Immediate leaders are particularly important in driving professional satisfaction and fostering teamwork. Measuring leader behaviors inside an organization is an important step to understand how leaders are perceived by the teams they lead and where improvements in leader behaviors can have the highest impact. Effective leadership is foundational to the health and well-being of an organization.



Support

Cultivating connections at work is an important means to driving professional satisfaction. These connections may be fostered through both formal and informal programs. These programs may include peer-to-peer discussions (buddy systems), small group dinners, formal peer support programs, or peer coaching programs. Peer support is a key component of building a culture of trust and collegiality.

130 currently recognized health systems that care for the caregivers

Each year, the AMA Joy in Medicine™ Health System Recognition Program recognizes organizations from across the country for their dedication to building organizational well-being and reducing physician burnout in their health system.

There are three levels of recognition in the Joy in Medicine Health System Recognition Program: Bronze, Silver and Gold. Recognition levels are valid for two years. Listed to the right is each organization's recognition level for 2023 and 2024.



2024–2025

GOLD

El Rio Health

SILVER

Bayhealth
Dayton Children's Hospital
Endeavor Health Edward Hospital & Endeavor Health
Elmhurst Hospital
Jefferson Health
Medical College of Wisconsin, Froedtert Hospital and Children's Wisconsin
MyMichigan Health
Northwell Health
Oak Street Health
Samaritan Health Services
St. Luke's Health System
Sutter Independent Physicians
UMass Memorial Health

BRONZE

Atlantic Health System
Bellin and Gundersen Health System
Bryan Medical Center
Catholic Health
Children's Healthcare of Atlanta
The Christ Hospital Health Network
Columbus Regional Health
CommonSpirit Mountain Region
Community Health Network
Dana-Farber Cancer Institute
Denver Health
Gillette Children's
Hartford HealthCare
Hattiesburg Clinic
HealthPartners
Henry Ford Health
Intermountain Health
Johns Hopkins Medicine
Kansas City Veterans Medical Center
Lehigh Valley Health Network
Memorial Healthcare System
MemorialCare Medical Group
Mid-Atlantic Permanente Medical Group
Moffitt Cancer Center
Naples Comprehensive Health
Nemours Children's Health
Northwest Permanente
Novant Health
Nuvance Health
NYC Health + Hospitals
Olive View-UCLA Medical Center

Owensboro Health
 Pediatric Physicians' Organization at Children's (PPOC)
 Penn Medicine Lancaster General Health
 Roper St. Francis Healthcare
 Roswell Park Comprehensive Cancer Center
 Stamford Health
 Sutter Health
 Texas Children's Pediatrics
 TMCOne
 Trinity Health Hospital-Ann Arbor/Trinity Health IHA
 Medical Group
 UCI Health
 UK College of Medicine
 UMass Chan Medical School Baystate and Baystate Health
 The University of Chicago Medicine
 University of Mississippi Medical Center
 The University of Texas School Health Science Center at
 San Antonio
 VA Illiana Health Care System
 Veterans Integrated Service Network (VISN) 12

2023–2024

GOLD

Atrium Health
 ChristianaCare
 Northwestern Medicine
 Ochsner Health
 The Permanente Medical Group
 Sanford Health
 Southern California Permanente Medical Group
 Stanford Medicine
 UHealth
 UT Southwestern Medical Center

SILVER

Allegheny Health Network
 Ascension Medical Group
 Atrius Health
 Baylor Scott & White Health
 Baylor Scott & White The Heart Hospitals–
 Denton, McKinney, Plano
 Centra
 Children's Mercy Kansas City
 Children's Primary Care Medical Group
 CHRISTUS Health, CHRISTUS Trinity Clinic
 Confluence Health
 Corewell Health
 El Rio Health
 Hackensack Meridian Health
 HonorHealth
 Icahn School of Medicine at Mount Sinai

LCMC Health
 Mayo Clinic
 Michigan Medicine, University of Michigan
 MultiCare Health System
 Orlando Health
 RUSH University Medical Center
 Sea Mar Community Health Centers
 Thundermist Health Center
 University of Utah Health
 UPMC
 Upstate Medical University

BRONZE

Banner Health
 Boston Medical Center
 ChenMed
 Children's Hospital Los Angeles
 Connecticut Children's
 Cook Children's
 Dignity Health Arizona Market
 EvergreenHealth
 Family Health Centers of San Diego
 Geisinger
 Harvard Medical Faculty Physicians at Beth Israel
 Deaconess Medical Center
 Kootenai Health
 Massachusetts General Physicians Organization
 Mercy
 MyMichigan Health
 The Ohio State University Wexner Medical Center
 Palo Alto Foundation Medical Group
 Parkland Health
 Providence Medical Foundation: St. Joseph Heritage
 Medical Group, St. Jude Heritage Medical Group
 Providence Oregon
 The Queen's Health System
 Reid Health
 Ridgecrest Regional Hospital
 Rogers Behavioral Health
 The Southeast Permanente Medical Group Spectrum
 Healthcare Partners
 St. Luke's Health System
 Sturdy Health
 Sutter Independent Physicians
 UNC Health
 University of Michigan Health-West
 UW Medicine
 US Acute Care Solutions
 Washington Permanente Medical Group
 WellSpan Health
 Wellstar Health System

2024 BRONZE: MID-ATLANTIC PERMANENTE MEDICAL GROUP

2024 BRONZE: NORTHWEST PERMANENTE

2023 GOLD: THE PERMANENTE MEDICAL GROUP

2023 GOLD: SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP

2023 BRONZE: THE SOUTHEAST PERMANENTE MEDICAL GROUP

2023 BRONZE: WASHINGTON PERMANENTE MEDICAL GROUP

Embarking on a shared journey to achieve excellence in physician well-being

Each Permanente Medical Group is striving to create a more joyful, fulfilling practice environment for physicians, underscoring their dedication to quality patient care and physician satisfaction.

By Sara Berg, MS

In a unified pursuit of excellence, Permanente Medical Groups are setting their sights on a golden goal: recognition from the [AMA Joy in Medicine™ Health System Recognition Program](#). This ambitious journey is more than a quest for accolades, though. It is a shared commitment to fostering a culture where physicians thrive.

While each Permanente Medical Group may chart its own course and reach different levels of recognition, they are bound together by the common vision of elevating the joy and fulfillment found in medicine. Through this collective determination and shared sense of purpose, these groups are redefining what it means to be a physician, ensuring the well-being of their workforce is as excellent as the care they deliver.

“Being recognized at the gold level is not just a recognition of one leader or team. It’s really a credit to all the incredible work being done by so many—the physicians, leaders and teams across our large medical

group, people who are passionate about supporting our people and their well-being,” says Amanjot Sethi, MD, a urologist who directs wellness operations at [The Permanente Medical Group](#). This recognition “validates the work of our teams and helps us know that we’re on the right track.”

“Having this recognition from the AMA at the national level is incredibly meaningful for us,” says Ellie Farahabadi, MD, a hospitalist and associate executive director at The Permanente Medical Group. “It’s a validation of our commitment, the work that we’ve done and the fact that the AMA and Permanente Medical Groups share this united commitment to create momentum and to create the culture change that really needs to happen in health care.”

“The AMA Joy in Medicine Health System Recognition Program framework has been huge,” says Mary Pan, MD, chief wellness officer at the [Washington Permanente Medical Group](#). “We are using it across all Kaiser Permanente regions as a scaffolding to say,



Physician well-being has always been a top priority across all the Permanente Medical Groups. We have long collaborated with each other even before deciding to adopt this Joy in Medicine framework. What the Joy in Medicine Health System Recognition Program offers is a meaningful way for us to align all of our work.

T. Ruth Chang, MD, MPH
Chief People Officer
Northwest Permanente



‘this is what we need to do to move this work forward.’ That’s been very helpful.”

Similarly, “it’s been so meaningful for Northwest Permanente to receive the bronze recognition from the Joy in Medicine program,” says T. Ruth Chang, MD, MPH, chief people officer at [Northwest Permanente](#). “We see it as a symbol of our organizational commitment to well-being. It reflects all the efforts that we have invested to decrease clinician burnout and those unnecessary burdens at work and, ultimately, increase the joy and sense of purpose that we experience in caring for our patients.”

“Our Southern California colleagues had been recognized for their work, and that was inspiring for us. We weren’t sure how we measured up, and, frankly, didn’t have the resources to study it,” says Angela Ippolito, The Southeast Permanente Medical Group’s vice president of human resources and chief people officer.

But Ah Rim Shin, MD, a family doctor at [The Southeast Permanente Medical Group](#) who joined the wellness committee as physician lead in 2022, “rolled up her sleeves and began to study each area of the program.”

“She was really curious, and as she dug in, she began to believe that we could do this,” Ippolito says, noting that once Dr. Shin was “in place and we had a

bigger and better infrastructure around wellness, we thought: Now’s the time. Let’s try it.”

“It was important to us that the recognition match the work. We want people to see the improvements so that the recognition makes sense, that it matters, that people feel valued,” says Reneathia P. Baker, MD, associate medical director for people and culture at The Southeast Permanente Medical Group.

“Across all of Permanente Medicine, we have a very strong commitment to being leaders in reducing physician burnout and supporting physician well-being, and we’re so grateful for this partnership with the AMA because you are providing us with structure, guidelines and resources,” Dr. Farahabadi says. “That has really helped to drive this work forward much more quickly than we would’ve been able to do independently.”

“With the power of all of the Permanente Medical Groups working together, we can create a lot of momentum and shift this culture where prioritizing physician well-being is just as important as all of our other measures,” she says.

“Physician well-being has always been a top priority across all the Permanente Medical Groups. We have long collaborated with each other even before

deciding to adopt this Joy in Medicine framework,” says Dr. Chang. “What the Joy in Medicine Health System Recognition Program offers is a meaningful way for us to align all of our work.

“And through each individual medical group’s pursuit of the recognition program, we’re sharing best practices and learnings from each other,” she adds, emphasizing “it’s been positive peer pressure because we’re all elevating our commitment to well-being in a systemic and consistent fashion.”

Maintaining continuous improvement

“The AMA Joy in Medicine Recognition program is so valuable in that it provides a comprehensive set of evidence-based criteria, which are an important barometer for organizations that are investing in the professional fulfillment and well-being of their people,” Dr. Sethi says. “And with all the work we’re doing here at The Permanente Medical Group, we found great synergy in that. In fact, even the application process was a powerful exercise for us to look internally, critically evaluate our strategy and look at the progress that was being made.”

Looking at each of the Joy in Medicine criteria—assessment, commitment, efficiency of practice environment, leadership, teamwork and support—these focus areas helped guide the conversation across all medical groups.

“It was very reassuring that we’re prioritizing the right things, and we realized that at the gold level, these criteria encourage continued excellence and improvement,” says Dr. Sethi. “So, while we invest purposefully in the work to support our people, we still face challenges and never want to rest on our laurels. Keeping the gold designation is certainly in line with our desire for continuous improvement.”

“We ask for continuous improvement in the other things that are important to us as a health care organization—our strategic imperatives such as the quality of our care, access to care, member perception and satisfaction,” he says. “So why shouldn’t we strive for a similar type of excellence and improvement in the work to support the amazing people who are delivering that care?”

Working together to share best practices

To work together for the common goal of receiving recognition from the Joy in Medicine program, best practices are shared so that each Permanente Medical Group doesn’t have to do this alone.

“We look to other groups and our collaboration has been through a quarterly Permanente Health and Wellness Work Group,” says Dr. Chang. “That work group has been meeting for years even before we collectively agreed to pursue the AMA Joy in Medicine Recognition Program.”

“The group is currently led by Dr. Baker of The Southeast Permanente Medical Group in Georgia. And it’s with this work group that we’ve set that collective goal for all the Permanente Medical Groups to work towards AMA Joy in Medicine recognition,” she explains.

“Both Southern and Northern California have achieved gold recognition in 2023, and they really helped pave the way and have shown the other medical groups that it’s possible to achieve this,” Dr. Chang adds, emphasizing “we have a very systematic way of approaching the work.”

“Through our Permanente Federation and the executive people leaders of each of the medical groups that sit on our committee, we share what areas we want to unite in terms of being able to make a major impact,” says Dr. Farahabadi. “It’s supported by our CEO of The Permanente Federation, The Permanente Medical Group and [Mid-Atlantic Permanente Medical Group](#), Dr. Maria Ansari, who has made a real commitment to supporting this work.”

In the committee, “we talk about measurement strategy, for example. We share information, we talk about different initiatives that we have in place and who has found what to be most impactful,” she explains. “There’s a lot of conversation, best practice sharing, thought partnership and helping support one another for a common goal of improving well-being across our organization.”

“We have a culture of collaboration, a culture of a community that cares about all of our communities,” Dr. Farahabadi says, noting “there’s a lot of informal ways that we share information and support each other at the individual physician level outside of the formal leadership structure.”

Following the guidance

According to Dr. Shin, the Joy in Medicine program guidance “was very helpful, but there were some instances where we weren’t quite sure if something that we were doing aligned with the criteria.”

That is why she “took advantage of the AMA’s drop-in sessions and heard from other organizations.”

“The assistance from the AMA in the application process was crucial,” Dr. Shin says. “The sessions

answered questions that I didn't even know I had and will help us prepare for future applications. The AMA team was so responsive and supportive."

"The AMA framework has helped us talk about burnout within our organization, and clearly explain how we are approaching it," Dr. Baker says.

Dr. Baker says she follows the six criteria from the Joy in Medicine program "all the time to explain why we have to do certain things first. We have to make sure we're assessing it, then get buy-in from senior leaders to support the work," she adds. The process "benefits the entire organization and helps us better meet the needs of our patients."

"Kudos to the AMA who has been super supportive and helpful in our journey by being responsive to questions and working through issues," Dr. Chang shares. "Our organization has historically been strong in our support for individual wellness, but now we're transitioning to the Wellness 2.0 model ... which really focuses on those system-level solutions and the AMA Joy in Medicine framework has provided that road map to achieve the system-wide goals."

"Pursuing this framework is a way to make sure the conversation is happening across all levels of leadership in the organization," she says. "It helps

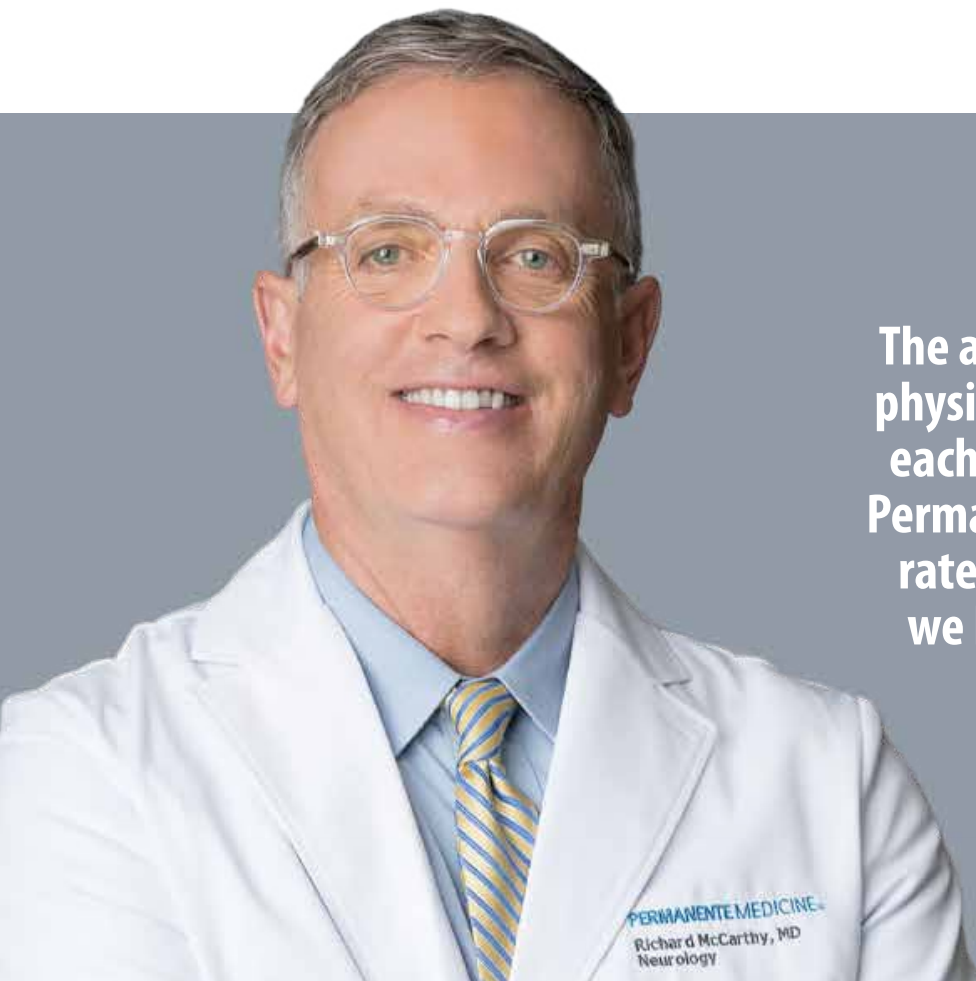
obtain that senior sponsorship. It helps make sure that the whole organization is aligned with this work."

Always work on recruiting

Physician shortages are affecting health systems nationwide, which can have long-lasting effects on public health. And while the physician shortage in the U.S. will become an even bigger concern in the years to come, the Permanente Medical Groups have emerged with notable increases in hiring.

"Recruiting exceptional physicians continues to be a top priority for The Permanente Medical Group and we have made significant progress in the last few years," says Dr. Farahabadi. "We have already hired over 400 physicians in 2024 and our attrition rate has dropped to less than 5% which is at pre-pandemic levels."

Since the start of 2023, nearly 250 physicians have joined the Mid-Atlantic Permanente Medical Group, which cares for Kaiser Permanente members in Maryland, Virginia and Washington, D.C. That is more physicians than Mid-Atlantic Permanente Medical Group has ever hired in a single year. These doctors have experience and expertise from more than 60 physician specialties. "The United States is facing a shortage of up to 124,000 physicians by 2034.



The average turnover rate for physicians is about 8% to 10% each year, and we're lucky in Permanente Medicine that our rates are about half that—we have only 4% turnover, which is great.

Richard McCarthy, MD
Executive Medical Director
Mid-Atlantic Permanente Medical Group

“



We focused on building out change agents—people within the organization to advance the work—across the system and developing a culture of well-being.

Mary Pan, MD
Chief Wellness Officer
Washington Permanente Medical Group

That includes 48,000 primary care physicians,” says Richard McCarthy, MD, executive medical director at the Mid-Atlantic Permanente Medical Group. “Currently, nearly 45% of active physicians in the United States are 55 years or older. Also, about 10,000 Americans are turning 65 every day, creating a major demographic-inspired increase in the demand for health care.”

“Our goal is to make sure that we’re the best place to get care. To accomplish that, we must also be the best place to work,” Dr. McCarthy says. “I don’t think you can do one without the other, since success in delivering exceptional health care requires successful recruitment and retention of excellent physicians.”

“The average turnover rate for physicians in the U.S. is about 8% to 10% each year. At Permanente Medicine, our physician turnover rate is about half that,” he says. “We have also had terrific recruiting success. For example, just last year, almost 250 talented doctors joined us—about 70 primary care physicians and more than 170 specialists.

“Over the coming 12 months, an additional 100 doctors are starting,” he adds.

Dr. Farahabadi recognizes the importance of a comprehensive physician recruitment strategy in a large medical group like The Permanente Medical Group.

“It has been a candidate’s market coming out of the pandemic,” she says. “And competition for physicians has been at an all-time high across the nation.”

By engaging physician recruitment ambassadors and expanding social media and other national marketing campaigns, our recruiters and physicians are partnering to recruit the best physicians in the nation,” Dr. Farahabadi says. Dr. McCarthy agrees.

“Our physician recruiters are one of our keys to success,” Dr. McCarthy says. “We focus on recruitment of open positions and development of a pipeline of qualified physicians who are interested in Permanente Medicine so that we are well prepared when an opening arises.”

“Our recruiting success has led to dramatic improvements in access to care. Current data shows our access is three times faster than in the community,” he says.

Supporting financial and family health

At Northwest Permanente, “we now have the ability to support our physicians in applying for the public service loan forgiveness program. That’s the government program that forgives qualified student

loans,” says Dr. Chang. “We feel that this is really addressing the financial health of our clinicians and physicians. And the doctors who have applied are thrilled.”

“This year we also launched a new paid parental leave program, recognizing that we want to support growing families,” she says. In addition to paid leave for those who give birth to children, it’s also “for parental adoption, foster care and surrogacy. We really want to be very inclusive in how people are building and growing their families.”

Create clear career pathways for physicians

“We are committed to physician career growth and clear trajectories for physician development. For example, we offer opportunities for physicians to take on roles in areas such as quality, technology, research and innovation,” Dr. McCarthy says. “We know that at a certain point in practice, physicians may want to learn more and contribute beyond clinical work.”

Dr. Sethi agrees with the need for professional development.

“Over the last five years we have done a lot of work to increase the visibility and accessibility to professional development and growth programs for physicians,” he says. “Across the organization, there are a diverse array of professional development opportunities and programming. Each medical center has a professional development program and visible leadership around this.”

Reducing physician burdens

“At a number of levels across the organization, we’re looking to optimize how we use technology in every way possible to improve patient care, but also improve the practice of medicine for our physicians, reduce some of the burdens that come along with the EHR and the increase in administrative tasks,” Dr. Sethi says. “We want to make sure that we’re leveraging technology like AI in a way that is helping our physicians spend more of their time actually connecting with patients and providing quality care, which are the reasons many of us were drawn to medicine in the first place.”

For example, at Mid-Atlantic Permanente Medical Group, Dr. McCarthy says, “we have an adult and family medicine idea-generation group that involves front-line physicians solving problems in their practices.”

“We select the best ideas, implement small tests of change to either fail fast or identify successful solutions that we can spread quickly,” he adds.

All of the Permanente Medical Groups are harnessing the power of AI to make doctors’ lives easier, recently going live with ambient listening to improve physician charting. It has been shown to save about an hour every day per physician.

Using the microphone on a secure smartphone, the ambient AI scribe transcribes patient encounters and then uses machine learning and natural-language processing to summarize the conversation’s clinical content and produce a note documenting the visit that the physician can review before sending to the patient. This has decreased physician charting time by half.

The Southeast Permanente Medical Group is also using AI to streamline charting for front-line clinicians, Dr. Baker says.

That is where members of the wellness committee are “helping identify what data we need, establishing current baselines for charting time, understanding how much time clinicians are spending working outside of work hours—things of that nature,” she says. “Then we will help assess how this new technology affects those areas through surveys and other methods.”

Meanwhile, at The Permanente Medical Group, Dr. Sethi says “we’re expanding team-based care to leverage technology, automation and AI.”

“We are approaching team-based care with a goal of ensuring that each of our team members—not just our physicians, but everyone—is working at the top of their expertise and skill sets,” he adds. “So, physicians are doing physician-level work, but also our Permanente Medical Group staff are also feeling like they’re empowered to do work that is meaningful.”

Northwest Permanente is also “leveraging technology to improve better care and better care outcomes with ambient listening,” Dr. Chang says. “This tool really enables our clinicians to reduce time spent in charting, reduce cognitive load while we’re in the exam room and it helps us to be much more present with patients in the exam room.”

“The other thing that we’ve developed, here in the Mid-Atlantic, is an advanced virtual urgent-care program that we call ‘Get Care Now,’” says Dr. McCarthy. “Through that effort, which is linked to the EHR, our patients can have a virtual visit with a doctor, usually within an hour, any time of day or night. Get Care Now not only delights patients, but it also helps reduce the demand placed on our primary care physicians.

“Doctors have the opportunity to change the world more than any other profession,” McCarthy notes.

“Patients will tell physicians things they will tell no one else. They listen to physicians in ways that they don’t listen to anyone else.

“So, if you’re on, if you’re refreshed, if you’re present, if you have a balance between your work life and your personal life, medicine is a tremendously gratifying career where you can change the world one patient at a time,” adds Dr. McCarthy. “Achieving that balance can be difficult given the challenges of a clinical practice.”

“Technology and AI are areas that we’re really going to continue to focus on and we need to strategically determine what those tools are that are really going to help not only elevate patient care,” says Dr. Farahabadi, “but simultaneously reduce the administrative burden on our physicians and teams and try to find that win-win because we know that when our physicians are thriving and feeling good and able to bring their best selves to work, that it has a ripple effect in terms of how the rest of the team feels and then the patient care we’re able to provide.”

Engaging leaders

“A critical aspect of our strategy is the intentional engagement of our operational leaders, such as department chiefs,” says Dr. Sethi. “The Permanente Medical Group is committed to having infrastructure and programs that are meaningful, but we understand that the progress requires coordinating the broader organizational efforts with department level interventions.”

That is why “we work hard to ensure that our physician wellness strategy is not a strategy that’s living in a silo, that reducing or mitigating burnout isn’t solely the responsibility of a wellness committee or a wellness leader or chief wellness officer, but this needs to be a collaborative organizational-wide approach,” he explains. “After each round of our survey, we share the results with operational leaders, such as department chiefs ... and there’s this expectation that they’re going to use that data to facilitate conversations on the state of physician well-being in each of their departments.”

“The leaders have a lot on their plates, so we ask them to prioritize ideas for operational changes on things that they can control and implement one test of change every six months,” Dr. Sethi says. “And we remind them that it doesn’t fall on that chief to find all the solutions—they have really engaged and passionate department members who can help co-design the interventions. We just ask that our chiefs provide a forum and psychological safety for that discussion.”

Beyond that, leaders are also reminded that “it’s really important to close the feedback loop. So, it’s one thing to get survey data and do something about it, but if you don’t communicate back outcomes, learnings, next steps, it falls flat,” he explains.

Washington Permanente Medical Group has also seen a lot of “movement with leadership behaviors here to lead with humility and authenticity,” Dr. Pan says. “And that builds trust too.”

“Most interventions that can make the biggest difference are largely organizational, cultural transformation—even broad systemic health care issues—and can take time,” she says. “Over the last four years since I took this position, we’ve focused on getting leaders and stakeholders to understand that the issue is a systemic one.”

“Now the biggest challenge is ensuring everyone understands that it’s not an either-or situation—it’s both-and,” Dr. Pan says. “We need to have an eye on the long-term changes that can make a difference as the national movement is really gaining momentum to support health care worker well-being.”

“But at the same time, we need to be providing support to the individual and to the team, as we build a well-being culture and systemic improvements at the organizational level,” she says. “That tends to be the biggest challenge.”

Filling in the gap with IT

The Southeast Permanente Medical Group in Atlanta had a well-being committee in place for years, but a recent change put IT up front in discussions about burnout. Bringing IT to the table began with The Southeast Permanente Medical Group’s previous work to improve operational inefficiencies with its “Pebbles in the Shoe” campaign. This effort set out to identify and reduce inefficiencies and documentation burdens by offering a three-week challenge period for clinicians and staff to submit ideas, or “pebbles,” for improving efficiencies. From there, teams work behind-the-scenes to address these issues throughout the year.

In the first year of the program, 163 pebbles were submitted, “which we loved from an engagement perspective, but hated from an inefficiency perspective,” says Kerri-Lyn Kelly, the medical group’s senior business consultant of people and culture.

That first year, one “pebble” focused on changing the email and meeting culture. After creating a work culture work group, the team implemented “Work Wise,” which provided education, resources and unified

norms regarding improved email use, when to have a meeting and efficiency.

Another pebble suggested offering a waiting list for patients to fill appointment slots created when members cancel an appointment within 24 hours. To solve this, the team launched “Fast Pass,” an automated waitlist that fills open spots with patients who want earlier appointments. It has improved both patient and staff satisfaction.

“Having a campaign like Pebbles in your Shoe helps you to recognize problems and identify potential solutions quickly,” Kelly says.

“Many of the pebbles we received were related to IT—things like our EHR,” says Dr. Baker. “That’s when we had an ‘Aha!’ moment that we needed someone on our wellness committee who understood the complexities and could help solve those problems.

“We really needed someone to provide insight and intel into the background of how those things work,” she adds. “We were very fortunate to add a member to the committee who has experience in that field. She is helping us understand it and work through the various steps.”

Additionally, “we have a committee member who works on what we call our accelerated care transformation team who has access to IT resources, databases and metrics,” says Kelly. That person was “able to help us with our AMA application and access resources we need to drive projects forward.”

Maintaining open communication

For the past two years, Dr. Baker has met with a group of The Southeast Permanente Medical Group physicians who are part of the medical group’s mentoring program—which pairs new employees with mentors who have tenure within the organization—as a year-end wrap up. This special session invites participants to a breakfast with the executive medical director to ask questions. Afterward, Dr. Baker spends time with participants to discuss organizational burnout.

“I use them as a focus group of what our medical group is feeling and experiencing, using the AMA’s framework to walk people through where we are with burnout,” Dr. Baker says. “We talk about our current rate, the work we’re doing in each of those categories, and the opportunities. It’s been a very fruitful conversation.”

“Figuring out how to improve things like in-basket support in our electronic medical record is key,” she



The AMA framework has helped us talk about burnout within our organization, and clearly explain how we are approaching it.

Reneathia P. Baker, MD

Associate Medical Director For People and Culture
The Southeast Permanente Medical Group



Each Permanente Medical Group focuses on system-level solutions for well-being. But there is still space for individual practices like this Permanente physician who is taking a moment to themselves in the doctor's lounge.

says. “We talk about how to help make processes smoother, make them align.”

“It helps clinicians see how it is all interconnected. They see that we really are making progress in so many areas,” Dr. Baker says.

Enhancing workplace efficiency

At Northwest Permanente, “one of the other key areas of work is continuing to look at that efficiency of practice,” explains Dr. Chang. “Through a partnership with our medical informatics team, we’re really looking at how we can reduce that unnecessary administrative burden and keep physicians and clinicians working at top of scope.

“We’re looking at how we make sure our support staff is continuing to pend orders for immunizations, medication refills, help with the team-based care, helping provide discharge instruction and work notes,” she adds. “We’re really leveraging our team-based care model to its fullest degree.”

While Washington Permanente Medical Group had already been measuring engagement for many years, their first time using a validated tool—the AMA’s

Organizational Biopsy—to measure burnout came in 2021 during the COVID-19 public health emergency, which “brought these unique challenges of maintaining community and connection,” Dr. Pan says. “And we knew it was not only important to encourage and empower local action, but also to enact systemic changes and build community.

“Also, throughout the course of the pandemic, the movement to focus on organizational and systemic drivers—and the national movement of addressing burnout and moral injury—has become recognized as imperative,” she adds. “For us, issues of staffing, scheduling and EHR frustrations continue to be prominent over the last few years, so addressing these at the system level really has been a top priority.”

By focusing on the systemic drivers of physician burnout, Washington Permanente Medical Group has seen remarkable improvements since first measuring with the AMA in 2021.

Washington Permanente Medical Group physicians also saw a drop in job stress. For 2023, 44.7% of physicians reported a great deal of stress because of their job, down from 58.9% in 2022 and 64.1% in 2021.

Meanwhile, job satisfaction has continued to climb across the medical group with 73.6% of physicians saying they are satisfied with their current job—slightly higher than the national rate of 72.1%. This is compared with 65.5% in 2022 and 59.4% in 2021.

“We have a lot to do, but we’re also really encouraged to see improvement in our scores and our burnout rates,” says Dr. Pan. Additional survey questions from the AMA also “gives us more depth to the results” and can reveal “progress in areas like culture, practice efficiency and retention.”

But “it starts with our overall strategy to impact clinician well-being,” says Dr. Pan.

“The best practice models drive strategy at the system level while providing support and empowering teams to enact change at the local level as well as policies and practices for enhancing workplace efficiency,” says Dr. Pan. “We also are starting to look at how local teams can model after the scholars of wellness program and use a wellness lens with quality improvement and practice efficiency.”

“We believe in a holistic approach that prioritizes culture, community and systemic changes,” she says. For example, “we focused on building out change agents—people within the organization to advance the work—across the system and on developing a culture of well-being.

“That would be our Health and Wellness Advisory Group, which is four clinicians with training and expertise in clinician well-being. And they help develop and implement our initiatives and programs,” she adds.

Getting feedback from teams

“It’s important to capture feedback directly from physicians and make sure the feedback is actionable,” says Dr. Sethi. For example, “getting a burnout rate is not going to be as helpful as getting a better understanding of the drivers of professional fulfillment and well-being and burnout.”

“So, use that actual feedback to drive tests of change and make sure you’re communicating in a way that’s closing the feedback loop when you do design tests of change,” he explains. “Dr. Maria Ansari, our CEO, uses this feedback to set the organizational strategy. Our executive leaders and each of the medical centers also use feedback. Then we ask our department leaders to use the feedback as well.”

Washington Permanente Medical Group also uses feedback to impact well-being work.



With the power of all of the Permanente Medical Groups working together, we can create a lot of momentum and shift this culture where prioritizing physician well-being is just as important as all of our other measures.

Ellie Farahabadi, MD

Associate Executive Director
The Permanente Medical Group



We are so excited to be recognized as part of this program. It really speaks to the synergy of the work of our organization and what the AMA has identified as some of the evidence-based drivers of professional fulfillment and well-being. And for us it's very encouraging that we're investing in the right pieces.

Amanjot Sethi, MD
Urologist who directs Wellness Operations
The Permanente Medical Group

“Our Health and Wellness Advisory Group helps expand programs that support individual well-being. For example, we’re building out a peer-support program,” Dr. Pan says. “Coaching was also something that we heard people wanted, so we developed a women’s leadership coaching pilot.”

Additionally, “our Health and Wellness Advisory Group equipped local leaders to socialize their team’s Organizational Biopsy results, allowing feedback on what makes the most difference in their day-to-day work and those pebbles and boulders, and consider what they have control over locally,” she explains. For example, “one of our primary care clinics had high burnout last year, so we worked specifically with that group and a couple of the specialties that had the highest burnout as well.

“Facilitating a team-building retreat was one tactic the team employed, which contributed to improvement in retention and Organizational Biopsy scores this year. It’s really significant improvement in our metrics on intention to reduce hours, likelihood to leave practice, and burnout,” adds Dr. Pan. “But regarding the specialties, unfortunately many with the highest burnout in 2021 continued to have that trend.”

“When our cultural transformation group got started, we enacted a cultural advisory group that has individual contributors—what we used to call front-line clinicians and employees—from across the organization,” she explains. “And we elicit their feedback on major organizational changes, including our organizational response to our wellness surveys.”

“The thing is, when you ask clinicians what they need to provide the best care for their patients, they’ll tell us. And they often come up with the most innovative solutions,” Dr. Pan says. “They want their voices to be heard and leaders to be responsive. That helps establish that cultural transformation that we’re looking for.”

“A big thing is bidirectional communication. It’s critical to maintain transparency and communication around initiatives and progress,” she says. “People want to feel heard, but they also want that feedback loop closed. That’s always something that we’ve focused on improving.”

“Part of the challenge, and something that we really haven’t solved for, is that it can be difficult to engage local action planning with groups that are already experiencing high burnout and low engagement,” Dr. Pan notes. “The systemic changes that are needed can take time, and the last thing we want to do is burden those teams with more tasks.

“We want to hear from them what matters to them, but a lot of those teams and specialties—a lot of it is systemic interventions that we’re working on to try and benefit them,” she adds.

And this all comes full circle back to the Joy in Medicine program because receiving recognition from the AMA “helps us to highlight for our physicians how we’re using their direct physician input and feedback to help guide initiatives to reduce administrative burdens, to expand professional development opportunities and enhance resources for professional and personal well-being,” Dr. Sethi explains.

Building up peer coaching and support

Another focus area for Northwest Permanente has been “building up our peer coaching program,” says Dr. Chang, noting that “coaching is very much an effective way to help people achieve goals, professional development and reduce burnout.”

“We already have an existing coaching program, but we’re really excited that we’re going to be committing and building that out,” she explains. “We’re sending an additional seven individuals to go through the NeuroLeadership Institute brain-based coaching certification program to get certified and contribute as peer coaches.”

“In addition to the coaching program is peer support, which is confidential clinician to clinician support, being able to emotionally process situations with a peer when things don’t go well,” Dr. Chang explains. “When patients have unanticipated adverse outcomes or if there are stressors facing a physician, they are welcome to reach out to peer support and we’ve had that in place for almost four years and we want to continue to invest in that program.”

Embracing vacation time

“We want to attract and retain top talent, and one of the things we’re doing is creating that culture where taking PTO is embraced and really being meaningful about it, so that people are planning ahead and being able to block the time, having coverage for the work while they’re gone,” Dr. Chang shares. “That’s going to take a lot of systems work to ensure that everyone feels like they can truly take their PTO and truly disconnect while they’re on vacation.”

“The U.S. as a whole culture, does not have a culture of taking paid time off because there’s no federally mandated time off in this country,” she explains. That is why “we are very much working to

change that culture. It sounds very simple and basic, but it’s going to be a big body of work.”

Finding joy in medicine

In the end, all this work is to help physicians across all Permanente Medical Groups restore their joy in medicine.

“We are so excited to be recognized as part of this program. It really speaks to the synergy of the work of our organization and what the AMA has identified as some of the evidence-based drivers of professional fulfillment and well-being,” says Dr. Sethi. “And for us it’s very encouraging that we’re investing in the right pieces.”

“I love that the AMA is highlighting the value to finding joy in our work again and defining that joy in medicine isn’t simply about being happy,” he explains. “It is creating a practice environment where tools and systems are optimized so that we can reconnect with meaning and purpose of our work. This type of meaningful change, especially in this dynamic and sometimes challenging health care environment, it doesn’t come easy and it requires widespread leadership commitment, goal setting and organized efforts.”



[Hear from more physicians at Permanente Medical Group](#)

How to integrate a systemwide well-being strategy

Atlantic Health System wants to be the best place for physicians to practice in New Jersey. A key to that is elevating physician well-being.

By Sara Berg, MS

As a response to the COVID-19 pandemic, [Atlantic Health System](#) established a committee that was largely focused on physician well-being. It was very effective for the need at that moment and for the time it was in place. But with the health system's goal to be the best place for physicians to practice in New Jersey, they recognized that the work is broader than what could have been done through just that committee structure. Atlantic Health System needed new well-being leadership. Enter Shai Gavi, DO.

While Dr. Gavi has been with Atlantic Health System for some time, he stepped into a new role of chief medical officer to enhance the physician experience and reexamine the well-being work being done. But he isn't doing it alone—he has a strong team to help that still works within the committee structure. This team includes associate chief medical officers, Judy Washington, MD, and Jeanine Bulan, MD.

“Our data—depending on whom you compare us with—could be at the average or even a little bit better than most health systems. However, when we step back and reflect on those numbers, it's unacceptable to us and it should be unacceptable to everyone that there are so many people who are feeling burnout at all,” says Suja Mathew, MD, an internal medicine physician and executive vice president and chief clinical officer for Atlantic Health System.

At Atlantic Health System, 38% of physicians reported having experienced or currently experiencing some symptoms of burnout in the past year. Meanwhile, others expressed difficulty disconnecting and freeing their mind from work.

“Even if we are doing better than most health systems, when we consider that our physician staff have trained for as long as they have to enter this profession with the intention and mission that they come into the profession with, that is not the group that should be suffering,” Dr. Mathew adds. “Even if it was only 10%, that would still be unacceptable. It should be unacceptable to all of us at Atlantic, but also across the industry.”

While “about 25% to 30% of physicians are unfavorable around decompression and disconnecting from work, the data from 2023 indicated that, overall, there is very high satisfaction working for Atlantic Health System,” says Dr. Gavi, who practices hospital medicine there. In addition, “there's a very high culture of safety and a lot of pride working at Atlantic Health System—but there are opportunities.”

Using data to track the progress

Atlantic Health System has used other measurement tools for some time to measure all team members—including physicians—and for patient experience, says Dr. Mathew. These tools “allow us to track our progress.”

But Atlantic Health System will also weave in a new survey to add more depth to the data they can use to guide well-being efforts: the AMA's [Organizational Biopsy](#)®.

“We are moving forward and we're working with the AMA on questions to do the Organizational Biopsy, and that may be in the spring, so we don't overlap with the Press Ganey survey. But we're excited to look at those questions,” says Dr. Gavi. “We went through



We value data. We do recognize the limitations of quantitative data, but that’s one of the reasons we’re committed to doing the Organizational Biopsy with the AMA: so we can get the relevant data.

Suja Mathew, MD
Executive Vice President and Chief Clinical Officer
Atlantic Health System

a series of questions and picked out what questions seemed really pertinent for us.”

“We value data. We do recognize the limitations of quantitative data, but that’s one of the reasons we’re committed to doing the Organizational Biopsy with the AMA: so we can get the relevant data,” says Dr. Mathew. “It’s also why we’re going to continue to do the Press Ganey survey because it allows us to track our improvement over the years.”

“But still, there are always opportunities. Even when we’re doing well, there are areas where we

can improve,” Dr. Mathew says. “So, we do lean very strongly into any data that we’re able to acquire not just once, but also track longitudinally.”

Listening to physicians to guide change

Dr. Gavi routinely performs listening tours with Drs. Washington and Bulan to hear what physicians and other health professionals are looking for. This is also performed by regional medical directors at Atlantic Health System.

“Within about a month or two of starting this role, we’ve had seven virtual town halls,” he says. “In the fall of 2023, we had over 200 clinicians attend where I was able to share results from our clinician survey and at the same time get a lot of feedback and thoughts from others.” In the spring of 2024, “we did another series of town halls and, again, more than 200 clinicians attended, and I had an opportunity to share what we’re doing as a medical group,” Dr. Gavi says. “But, more importantly, the opportunity to hear from our clinicians what is happening, what is working.”

Additionally, “we have multiple committees and work groups where we provide opportunities for dialogue,” he says. “The important thing for us in this shift is actively listening to our clinicians as to what’s important and what we need to do and working in partnership with them.”

Embracing physician work groups

“What we’ve learned is that clinicians want to have input into what’s happening around them, around their practice. They want to be a partner and have some autonomy,” Dr. Gavi says. “We have about 20 committees and work groups for clinicians to be involved with.”

“For example, we’ve created a surgical work group where surgeons from multiple specialties meet monthly

to discuss relevant practice matters that matter to a surgeon,” he says. “We have a women in medicine work group ... to discuss what’s working, what’s not, and share best practices.”

“Another one that we’re really excited about is called the ‘Next Generation Work Group.’ This is a physician work group that is for those who are three years into completing residency,” Dr. Gavi says. “It’s a really exciting work group where they’re meeting together about what it means to go from residency to now being a full physician—that transition to practice.”

Additionally, “we have a physician-led board that helps provide direction and recommendations and input towards vision strategies and others,” he says.

Don’t go at it alone

“I’ve had a long relationship with the AMA for several years, including around the well-being work, and I had the privilege of working with the practice-transformation team when we were envisioning Joy in Medicine years ago,” Dr. Mathew says. “I have such a strong appreciation for this mission work that the AMA does.”

She also noted that working with the practice transformation team has been “a continuous resource for this work” and that working with the AMA Health System Program team has also been impactful because they “help create those connections with others in the AMA that can help meet our needs as a health system.”

Working with the AMA has “been fantastic. Most of it is mission work and I appreciate it deeply. It’s helped me from one organization to the next to bring those resources and to level the playing field across different organizations and resource levels,” Dr. Mathew says.

“Coming into this role as a new chief medical officer, the AMA was really a tremendous partner to give me the tools and resources to help lead this work,” Dr. Gavi says, emphasizing that the AMA “really has been a tremendous guide in how to move forward with this important work, opportunities to speak to people who have done it, other sites to listen to and learn from webinars as well as the [AMA STEPS Forward](#)® resources—we’re able to share them with our clinicians.”

Additionally, “we gave AMA membership for all our physicians, so they have access to all these tools, which is really important too,” he says. “Secondarily, obviously the Joy in Medicine program and for us to apply, whether it’s the bronze, silver or gold, is a way to really validate the work.”

Then there is “the Organizational Biopsy. To have a tool that really assesses resilience, well-being and others and to be able to do that with the AMA has been tremendous,” Dr. Gavi says. “On so many levels, it’s a great partnership and opportunity for us. We’re very excited.”

Seeking recognition to validate efforts

Receiving recognition from the [AMA Joy in Medicine Health System Recognition Program](#) “is fantastic. We are on a journey to be the very best place for physicians to practice and this is validation that we are on the right track,” Dr. Mathew says. “We’re delighted to receive the bronze level. We have every expectation for ourselves to move along that journey and reach higher levels over time. But it’s really a validation that we are on the right path.”

“It’s an honor and a validation and I’m hoping our clinicians feel supported by the fact that we recognize that there is tremendous work to help support them and it’s validated through the AMA,” echoes Dr. Gavi. “And we absolutely will continue this work towards gold, obviously.”

“I recommend that everyone go through the Joy in Medicine process because it’s very much more than just a recognition. It is, in fact, a road map,” Dr. Mathew says. “Whether you achieve a leveled award or not, it gets you on that journey and that’s how we use it. We use it as a guidebook, a road map for what are the best practices in the industry that if we implement it here at Atlantic, we really should see the fruit of that.”

“Just jump in. Regardless of where you might score the first year, it’s all about your journey,” she says. “Leaders within an organization should be courageous enough to speak to this as a priority and be very explicit about it.”

“We want to be the very best place for physicians to practice here in our region. Speaking to it publicly makes it clear what our goal is, but it also holds us and the organization accountable for that so we’re not mincing words,” Dr. Mathew reiterates. “That has been an important move for us to make to elevate this work appropriately.”



Hear from more physicians
Atlantic Health System

In ways big and small, let doctors know they matter

By avoiding the word “provider” in reference to physicians as a help line for tech troubles, this Delaware health system is showing physicians how valued they are.

By Sara Berg, MS, and Andis Robeznieks

For [Bayhealth](#)—a nonprofit health system with more than 4,000 employees and 400 physicians in Central and Southern Delaware—the work to reduce physician burnout isn’t new. Yet while the health system’s strong commitment to improving physician well-being stretches back to 2015, feedback surveys and AMA assessment have helped shed light on the urgent need for further changes to address the systemic drivers of physician burnout.

After completing the AMA’s [Organizational Biopsy](#)®, 53.9% of respondents at Bayhealth reported burnout in 2023, up from 47.7% in 2021. On top of that, 54.5% have reported job-related stress in 2023, compared with 44% at Bayhealth in 2021. Meanwhile, 64.6% of physicians felt satisfied with their current job in 2023, down from 68.5% in 2021.

These challenging results do not come as a surprise to Bayhealth’s chief wellness officer, Thomas E. Vaughan, MD, and have only spurred him and his colleagues to redouble their efforts to reduce physician burnout and make physicians feel valued.

“If you’re at dinner with four other physicians, two of them don’t want to go to work the next day. They will sit in their car in the parking lot thinking, ‘Do I really have to go in? I just dread going to work,’” says Dr. Vaughan, a radiologist.

This is what physician burnout feels like, and it has been all too common at Bayhealth and throughout health care. But the “Aha!” moment for Dr. Vaughan and his Bayhealth colleagues came in an unlikely way. While working on an initiative in 2015 to improve patient care, Dr. Vaughan and his team realized physician well-being played an essential role in creating

a positive patient experience. With that, physician well-being quickly became a key focus area for Bayhealth.

Making incremental changes

“Our team started with a group of doctors that said, ‘Let’s see what we can do!’” Dr. Vaughan recalls. “Even small things or a single initiative can make a big change.”

With a team of 15 volunteer physician leaders from various specialties across Bayhealth, Dr. Vaughan worked to create incremental changes to improve physician well-being.

One of these was the “Phyxit line,” which was created to address the small nuisances that build up and weigh on physicians and their teams. Through the Phyxit line, representatives helped resolve troublesome technology issues, provided food for staff lounges and moved medical item storage to more convenient locations.

While such early improvements were relatively simple, they were meaningful and helped generate the momentum and desire for greater change at Bayhealth. And that included securing institutional support and resources.

Calling physicians “providers” is not OK

Government and commercial insurance sectors were early adopters of the term “provider” in health care, with Medicare using it since 1965 to describe entities eligible to receive Medicare payment.

But physician leaders at Bayhealth have had enough, and they have put a stop to using the term “provider” when referring to physicians.



Our team started with a group of doctors that said, ‘Let’s see what we can do!’ Even small things or a single initiative can make a big change.

Thomas E. Vaughan, MD
Chief Wellness Officer
Bayhealth



“Some are unaware of it, but some physicians find it a very negative and derogatory term to address them,” says Dr. Vaughan. “It is felt to have come from insurance companies and others who are trying to make medicine transactional, as opposed to a relationship between patients and physicians.”

“We discussed this in a couple of committee meetings and decided that it was an area that we could have an impact and maybe help decrease some burnout among physicians,” he says.

“Maybe it’s a little thing,” Dr. Vaughan says of avoiding the word “provider” to describe physicians. “But our approach with burnout is to take on a lot of the little things because there is not one answer to the problems in today’s medical environment.”

Many think the term “belittles” the education and training required to become a physician, he explains.

The AMA House of Delegates agrees. It adopted policy that considers the generic term “provider” as “inadequate to describe the extensive education and qualifications of physicians licensed to practice medicine in all its branches.”

Similarly, the AMA also has policy urging “all physicians to insist on being identified as a physician, to sign only those professional or medical documents identifying them as physicians, and to not let the term physician be used by any other organization or person involved in health care.”

“Calling medical doctors ‘providers’ does more than inflict moral injury,” says a Bayhealth presentation Dr. Vaughan uses when speaking to health system staff. “It reduces morale, worth, purpose, and results in already overworked doctors finding less meaning in the work that they do. The word ‘provider’ comes between doctors and their patients, thus chipping away the joy in practice.”

At Bayhealth, the word “provider” has been removed from medical staff bylaws and, if it is spotted as a substitute for “physician” in any of the health system’s publications or other materials, a call is placed to “gently explain” the policy, says Dr. Vaughan.

The person using the term is often well-intentioned, so Dr. Vaughan says he approaches the call with sensitivity to avoid putting the other person on the defensive.

“When people see you doing things for them and that you’re advocating for them—whatever it is—I think it’s helpful for morale and helpful for everybody,” says Dr. Vaughan. “It takes a lot of little things to change culture.”

Gaining board approval for resources

To continue its well-being journey, in 2019 Bayhealth leaders turned to the [AMA Joy in Medicine™ Health System Recognition Program](#) for strategic guidelines to structure their initiatives and track successes.

The program’s well-vetted framework that includes six focus areas to boost well-being—along with personal stories from physicians—was integral to winning support from the hospital board to invest in and more clearly elevate issues around burnout.

“We included local stories of people from our medical staff and the issues they’ve been having. ... There was really no choice other than to go down this path” of addressing physician burnout, Dr. Vaughan says.

More resources were also given to the Medical Staff Wellness Committee, which is comprised of a dozen physicians and advanced practice clinicians across a spectrum of specialties and practice types. The committee meets monthly to discuss key issues contributing to physician burnout and guide the overall well-being strategy for the organization.

Other efforts were launched, including a confidential coaching and counseling program and more senior-administration visits with physicians. Open forums were also created to help enhance communication among Bayhealth administration and physicians, and to get medical staff more involved in the decision-making process.

Expanding well-being offerings

The journey to reducing burnout and improving well-being doesn’t end there, though. Bayhealth is expanding its well-being offerings and will continue to do so.

For example, Bayhealth is closely collaborating with Johns Hopkins through a Health Resources and Services Administration grant to develop a peer support program called Resilience in Stressful Events (RISE) program. The RISE program offers free and confidential support 24/7 to team members who experience a stressful, patient-related event. It will be offered to all Bayhealth team members beginning in September.

Additionally, guided by the AMA STEPS Forward® toolkit “Getting Rid of Stupid Stuff,” Bayhealth is working to recreate and enhance their Phyxit line initiative that aims to cut unnecessary administrative burdens and tasks for physicians.

“The culture of the organization is enhanced by the fact medical staff know there are many people who are passionately trying to do things that will help them,” Dr. Vaughan says.



By sharing their survey results in multiple applications to the program across the years, Bayhealth has demonstrated a long-term commitment to assessing organizational drivers of physician well-being. Regular well-being assessment not only provides data and insights for intervention back to the organization, but also gives a voice to physicians.

2024 Joy in Medicine Review Committee



[Hear more from Bayhealth](#)

Taking a team approach to tackle burnout

To improve well-being, staffers at this health system are helping to ease physicians' EHR burdens and address staffing shortages. The effort is being noticed.

By Sara Berg, MS

Physician burnout continues to plague the medical profession. But amid the relentless demands of the health care industry, [Confluence Health](#) in Central Washington is taking bold steps to implement innovative strategies to cut stress, enhance work-life balance and foster a culture of support. And these efforts are being noticed.

Confluence Health has 15 clinics and two hospitals throughout Central Washington, with more than 300 physicians and 170 nonphysician providers.

Receiving silver-level recognition from the [AMA Joy in Medicine™ Health System Recognition Program](#) “shows our dedication to physician well-being. It’s not just something that I’m doing. It’s something that has had support throughout the organization,” says Makrina Shanbour, MD, a hospitalist and director of provider well-being at Confluence Health in Wenatchee, Washington.

“The Joy in Medicine program provides a great road map for developing a program. It’s been helpful for us to see what the next steps are and what other organizations are working on,” Dr. Shanbour says. That guidance helped “us from the beginning and also looking forward at what we may aspire to.”

Additionally, “the AMA STEPS Forward® toolkits have been really helpful and provide a tangible way to implement a new project,” she says, adding that

“we’ve really appreciated the support of the American Conference on Physician Health.

“We’ve sent people there almost every year since it started, and that’s been really inspiring for our people to see that other organizations are working on similar things and there’s so much great collaboration there,” says Dr. Shanbour.

These resources have helped Confluence Health in its efforts to reduce physician burnout and make well-being a priority.

Train up staff to support physicians

Confluence Health’s burnout rate dropped from 46.4% in 2021 to 37% in 2023. That is below the nationwide burnout rate of 48.2% reported by the AMA’s [Organizational Biopsy®](#).

The COVID-19 pandemic assuredly drove up stress levels in the health system, “but we’ve worked on trying to band together and keep community,” Dr. Shanbour says.

“One of the biggest impacts has been to decrease in-basket burden and there’s been a huge strategy for how to do that—utilizing the team to offload some of the messages,” she says. “Out of the in-basket messages that are patient question requests, 70% of those are managed by staff. Only 30% go to the physician and that has decreased the amount of in-basket time

significantly over the last couple of years.” A key to this decrease has been training medical assistants (MAs) to help handle the load.

“We found that during COVID there was such a shortage, and they were hiring people and doing new training every week, but they weren’t getting the amount of training that they had previously,” says Dr. Shanbour. “Our clinical development team has gone back to retrain and bolster the training for our medical assistant staff, which has really helped.”

The medical assistants and nursing staff do so much to “cover and decrease the burden, specifically of the in-basket. That’s something that we’ve been celebrating recently,” she says. “We have also done a big campaign to re-educate our patients about using the patient portal and what appropriate use is. That’s also been helpful.”

Focus on leadership development

Leadership assessment and support was defined as a priority to help physicians and address the concern of a “disconnect with leadership.” That’s when Confluence Health decided to hire a medical director of provider leadership development—a position that had been created prior to the COVID-19 pandemic but left vacant.

“It was funded by our health system, and we realized, especially looking at the leadership piece of the Joy in Medicine application, that we weren’t doing the best service for our leaders,” Dr. Shanbour says. “That was a huge gap in our program, and we felt like it was important to develop that.”

With this position filled, the leadership academy was launched and that included 60 physician leaders, which was well attended and earned great reviews. It helps to bolster leadership assessment, training and communication. Another group will be put together to continue the leadership academy.

“We’re also planning some small leadership groups to help support each other and work on projects together,” she says.

Address staffing shortages

“Staffing shortages were probably the leading cause of burnout across our organization,” Dr. Shanbour says. “Going and talking with our people all across the organization, we found that staffing didn’t just mean that we didn’t have enough staff,” she says. “It also meant that the staff that we had weren’t trained well for the position that they were in, or that they didn’t have the cross-training ability.



The Joy in Medicine program provides a great road map for developing a program. It’s been helpful for us to see what the next steps are and what other organizations are working on.

Makrina Shanbour, MD
Director of Provider Well-Being
Confluence Health

“We also noticed that there was a lot of need for standardization of workflows, which would make it easier for staff, especially when they’re having to work across different departments. So, we’ve been thinking about—and working on—some standardization projects,” adds Dr. Shanbour. “And some of them are really simple, like putting the consent form in the same place before a gastrointestinal procedure.”

“We had another department that worked on standardizing the rooming procedure for urology, and they had significant improvement in the happiness of the staff in that department,” she says.

“This is a team effort. There’s not one person or one department that can make this work,” Dr. Shanbour says. “I really appreciate my team,” which includes the chief medical information officer, director of physician leadership, chief medical officer, board of directors, and the medical group board. “I couldn’t do it by myself,” she adds.



[Hear from more physicians at Confluence Health](#)

How an FQHC's efforts to reduce burnout are succeeding

El Rio Health, a Tucson, Arizona, federally qualified health center (FQHC), has focused on often overlooked ways to cut administrative burdens.

By Sara Berg, MS

El Rio Health in Tucson, Arizona, renowned for its commitment to community health, has become the first federally qualified health center (FQHC) to receive gold-level recognition from the [AMA Joy in Medicine™ Health System Recognition Program](#).

This underscores El Rio Health's dedication to enhancing well-being and combating burnout, setting an example for other federally qualified health centers. Through innovative initiatives and a deep commitment to fostering a supportive work environment, El Rio Health—which includes 14 locations and 1,900 employees—is working to ensure that physicians and other health professionals can thrive, improving the quality of care for the diverse communities they serve.

“We first got involved with the Joy in Medicine program in 2022 through a collaboration between the AMA and the Arizona Alliance for Community Health Centers, or AACHC,” which is the nonprofit primary care association for Arizona that represents community health centers, says Mark Schildt, MD, a family physician and chief wellness officer of El Rio Health in Tucson, Arizona. “Through that collaboration, we started doing the AMA's [Organizational Biopsy®](#) survey in 2020 and have continued with this every year.”

After completing the Organizational Biopsy in 2024, 36.7% of El Rio Health physicians reported feeling some level of burnout, which is a drop from 45.8% in 2023 and 43.7% in 2022. This is far below the Organizational Biopsy's physician burnout rate of 48.2%.

With the survey data in hand, “we were starting to look and say: OK, we have all this data, now what do we do with it? How do we make it meaningful and not just an exercise in collecting data?” Dr. Schildt says. “The

Joy in Medicine framework gave us a good road map for how to get started when you're brand new to the work and you don't know where to begin, what to focus on.”

“It was really helpful in giving us a set of criteria and an easy, understandable road map to follow,” he says. “It also helped to get buy-in among some of the senior leadership in our organization to be able to say: Here's why we're doing this. This is from the AMA. There's recognition that comes with it.”

“We wouldn't be where we're at without the collaboration with the AMA and AACHC because just getting started is half the battle,” Dr. Schildt says. “Having the support of these partners to get the survey up and running and then getting the data reports back and access to the data through the AMA data lab, that was key in getting us started.”

“Starting to survey and measure things is the most important first step because it's hard to know what to work on until you figure out where you're at and what are the pain points and the areas for opportunity,” he says. “That was a crucial first step for us and collaborating with the AMA and AACHC removed many of the barriers to getting started.”

Part of El Rio Health's success was due to simple—yet often overlooked—interventions to remove administrative burdens for physicians and other health professionals.

Identifying pain points

Some examples at El Rio Health have been including electronic signatures on patient letters and setting up a system to deal with faxed documents electronically, rather than on paper.

“It’s easy to overlook—or not be aware of—those little things in the day to day that are just taking an extra minute or two but really add up over the course of the day,” Dr. Schildt explains. “For us, the most important thing is having a way to hear about those and identify those because, in the case of the faxed documents, we already had an organizational workflow in place for this.

“But through one of our listening sessions with clinic teams, it came to light that this one particular clinic site for whatever reason wasn’t using that workflow. They were printing everything,” he adds. “It gave us an opportunity then to say: Let’s get you up to speed and train you on this workflow.”

Minimizing logins

“Other interventions have been identified through getting feedback from our clinicians who are speaking up,” Dr. Schildt says. “One burden in particular that we were hearing a lot about was having to type in your password every time you switched from the exam room computer back to your office workstation.”

By “collaborating with our IT team, we were able to implement the tap-in badge login. We had that in the exam rooms, but we didn’t have it out at the workstations,” he says. “We had the partial solution, but it wasn’t optimized yet. So, that was a matter of

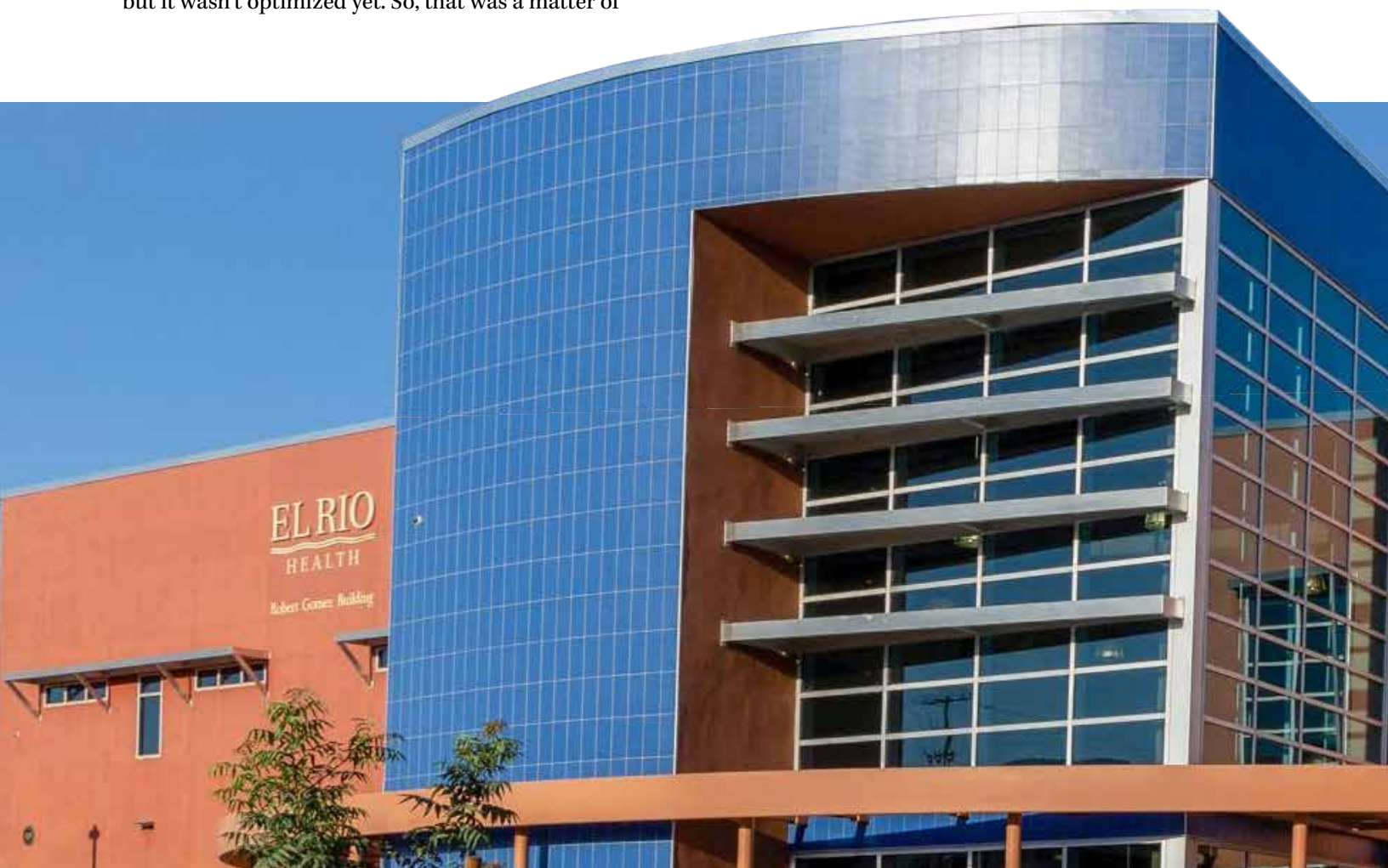
advocating and collaborating with our IT team to install this on every computer that our clinicians touch during the day. That was a big win and a very popular intervention among our clinicians.”

“When we were able to do this, it coincided with the time when our IT department was implementing more robust password requirements,” Dr. Schildt says. “So, it was good timing because everybody had just been forced to pick a more complicated, lengthy password than they were using before.”

Transitioning to a new EHR

About three years ago, El Rio Health transitioned from their legacy system to Epic. The switch “was a game changer as far as allowing us to measure clinician efficiency and optimize the EHR workflows to help reduce some of that EHR burden that we wouldn’t have had the technical ability to do with our legacy system,” Dr. Schildt says.

“There are certain things that are much harder to do at smaller FQHCs. But one of the potential resources that we have as FQHCs is the federal support that we get,” he says. “We’ve been able to make use of some federal grants to help support some of the work with the EHR.”



Additionally, “here in Arizona, we’ve been able to collaborate and partner with some of our sister FQHCs through our common connection to the AACHC,” Dr. Schildt says. “In that way, we’ve been able to share best practices with each other and advance the work more broadly.”

Implementing order defaults

El Rio Health also created a team that regularly monitors EHR order defaults to identify ones that are requiring excessive “clicks” and used data to inform this project from the outset to fruition.

“This has been an ongoing effort benefiting from the robust efficiency data that Epic is able to provide to us,” Dr. Schildt says. “Once a month they provide us with an order friction report, and it tells us a list of the top orders with the most friction—additional clicks that are needed before you can sign the order from the time that you bring it up.”

For example, “it could be something as simple as you’re going to order a medication, and the quantity isn’t filled in for you,” he adds. “You have to pick each time what quantity you want to prescribe, where for a lot of medications we want to prescribe a 90-day supply every time we order it. So, we can just default that in and then save a click every time you order it.”

“This project has been a wonderful example of the power of collaboration between our clinical informatics team, and our IT and pharmacist partners to create a multidisciplinary group that once a month looks through this list, identifies orders that we can fix or improve upon and then make those changes and track our progress,” Dr. Schildt says. “We can tell we’ve been successful because now when we meet and review the report, we can’t find much to do because of all the issues we’ve previously identified and fixed.”

“Through this process we’ve been able to demonstrate a steady decrease in the number of clicks required per order across the organization,” he says, noting “that over the last couple of years this initiative has saved clinicians at our organization over 2 million clicks during that time.”

Creating a culture of support

At El Rio Health, 86.8% of physicians reported feeling satisfied with their job, which rose from 77.1% in 2021 and 81% in 2022.

There are a lot of factors that feed into and affect physician job satisfaction at El Rio Health, says Dr. Schildt. “But, at the end of the day, clinicians want to



What it boils down to is how do we as an organization create a culture where people feel connected to the work that they’re doing and feel a high sense of meaning and that they’re making a difference.

Mark Schildt, MD
Chief Wellness Officer
El Rio Health

come to work, be able to see their patients and feel like they are able to make a meaningful difference in people's lives and have a minimum number of barriers that get in the way of that."

"What it boils down to is how do we as an organization create a culture where people feel connected to the work that they're doing and feel a high sense of meaning and that they're making a difference," he says, adding it's all about "how we as an organization address and remove things that get in the way of that, whether it's efforts to reduce EHR documentation time, providing schedule flexibility, or optimizing support staff workflows to enhance team-based care."

Establishing a sense of value

There are high feelings of value across El Rio Health, which can be attributed to the federally qualified health center's mission and values. According to its Organizational Biopsy, 73.7% of physicians reported feeling valued by their organization, which is up from 69.2% in 2023 and higher than the AMA's national comparison of 50.4%.

"I attribute much of this to each clinician's immediate clinical leader. That's the most important place where that sense of value is established," says Dr. Schildt. "While we certainly try and send that message from the very top of our organization, what makes the biggest impact with clinicians is their relationship with their direct clinical leader.

"If that leader is providing them with the support that they need to do their job well," he adds, "and demonstrating that they care about them as a person, supporting their professional development, communicating transparently with them and giving them recognition and feedback, that all contributes to that sense of value."

And it shows in the survey results—77.7% of respondents say leadership "supports me in my work" and 70.5% says their leader supports their career development. Meanwhile, 69% reported that their leader "solicits and follows up on my ideas and perspectives" and "shares organizational information openly with me."

"One of the real strengths of our organization is that we have strong clinical leaders and that really sets the tone for our organization and our clinicians," Dr. Schildt emphasizes.

Stay true to the mission

"Last fall we went through a strategic planning process with our clinician well-being council and brought in an outside facilitator," Dr. Schildt says. "As a group we came up with our mission and vision statements for our well-being program."

"Our mission is to advance the organizational culture and systems to cultivate a workplace in which our clinicians can thrive, both professionally and personally," he says. "And we have a vision to be a national model of an innovative, evidence-based and sustainable well-being program that makes El Rio the place where everybody wants to work."

"As an FQHC, our organizational mission is central to everything that we do. Many of our clinicians have specifically chosen to work at an FQHC because of that mission to care for the underserved and to meet the needs of the historically marginalized people in our communities," Dr. Schildt says. "That creates a higher baseline coming in of people's commitment to the mission and support for that mission.

"There are some challenges with that too," he adds. "We're caring for a population that is often significantly under resourced and so our clinicians are more likely to face scenarios where there are structural or systemic challenges to having the patient get the most appropriate care they need and it's not always possible depending on the circumstances which can create moral distress at times for clinicians."

"However, as an organization, we do a lot to eliminate those barriers and provide additional resources to address social drivers of health," Dr. Schildt says. "In addition, we provide a variety of resources to our clinicians for peer support and building personal resilience such as clinician dinner and discussion groups, professional mentoring and coaching in collaboration with MAVEN Project, and compassion-based mindfulness trainings in collaboration with Compassion Institute and Capacitar International."

To shift well-being strategy, look to physicians for guidance

Since starting at Geisinger as CWO, Susan Parisi, MD, has seen the peer-support program grow from 17 participants to 400, greatly impacting well-being.

By Sara Berg, MS

When Susan Parisi, MD, first stepped into her role as chief wellness officer (CWO) at [Geisinger](#) in 2022, the country was just emerging from the deadliest phase of the COVID-19 pandemic that contributed to record physician burnout rates in the U.S. That required Dr. Parisi to jump right into the deep end to take Geisinger's well-being strategy to the next level and help bring the health system out of a time where physician burnout rates nationwide were at an all-time high of 63%.

Dr. Parisi did have some experience under her belt, though. She had done some work on burnout at a prior organization and also attended the CWO course led by Tait Shanafelt, MD, in 2019. This helped lay the groundwork for what she would do when she got to Geisinger. The first step was to assess where things stood.

"Unless you know where you are, you're not going to really know what you need to do or where you're going to go," Dr. Parisi says. "One advantage of being new to Geisinger was the opportunity to come in with fresh, unbiased eyes to make an objective assessment."

"The bottom line was the first thing was assessing the current state using both qualitative and quantitative data," she says. "A disadvantage of being both new to Geisinger and in a new CWO role at Geisinger was the challenge of quickly getting to know leaders, physicians and employees while at the same time building the degree of trust necessary for open, transparent conversations. There were one-on-ones talking to people and rounding."

"My team was also participating in conversations. Some of it was done by our well-being navigators who were hearing the front-line voices while rounding and

asking different questions," Dr. Parisi says. "We do a lot of team interventions, so hearing what the different teams were doing was helpful, too."

"Additionally, the social workers on the team were hearing from individuals who were really struggling and identifying where we had adequate resources and where others were needed," she says. "Looking at all this qualitative data together was really helpful to see our current state."

"Some of the quantitative data was process metrics and utilization metrics for programs that were already in place," Dr. Parisi says. "We had some quantitative data from the engagements survey, which was helpful. But we knew that in order to do this work and know our current state of well-being, we also needed to have a well-being survey. That's when we did the AMA's Organizational Biopsy® and the Well-Being Index.

"It delayed things a little bit, but ultimately it gave us a really solid picture of where we were as an organization in terms of the culture, the programs and resources, and where we could build on the existing programs," she adds. "There were some programs in place that were solid programs, but they needed to be improved or they needed better visualization—one of them was the peer support program."

From there, Dr. Parisi looked at where there were gaps and a need to create resources. Then it's about "where do we need to go as an organization and learning what the organization needs," Dr. Parisi says.

Be fluid with well-being strategy

"My charge in coming here was to create a well-being strategy that aligned with Geisinger's overall strategy,"

Dr. Parisi says, noting “we had some existing structure already and advocacy for this work through the Center for Professionalism and Well-Being.”

But “the real challenge as a leader in health care today, and as a new CWO, was to create a strategy that served the needs of the organization, but also was fluid, agile and dynamic enough to flex with the rapidly changing health care environment,” she says. “I was previously with organizations that had merged or been acquired, so I was familiar with that reality and knew that in order to create a solid strategy, I was going to have to build in that fluidity and flexibility to serve Geisinger’s needs.”

“Then, shortly after arriving, we became the inaugural member of Risant Health, so I am really happy that I went in with eyes open approach to needing to do what is right for Geisinger, but also be agile enough for the future,” Dr. Parisi says.

Embrace peer support

To move from getting your feet wet to going knee-deep in well-being work means “building those relationships and strengthening relationships in other departments that are going to help do the work,” Dr. Parisi says, noting that building relationships also helps in breaking down silos.

“We knew if we were constantly putting out fires, we weren’t going to be able to start to drive our strategy forward,” Dr. Parisi says. “So, part of the initial baseline strategy was to get those supports in place and a good example is our peer-support program.”

When Dr. Parisi first entered her role as CWO at Geisinger, there were 17 people enrolled in the peer-support program. This signaled a need to expand.

“We looked at the peer-support program and we said: What can we do to improve it?” she says. “We revamped the entire curriculum and the entire training program and made it shorter, more accessible and did a recruitment campaign.”

“In the course of two years, we’ve gone from 17 to 400 peer supporters, and it’s made a big difference when we’re responding to issues,” Dr. Parisi says.

Turn to the AMA for guidance

“Working with the AMA has been wonderful. I could not do the work that I do without the AMA and my national partners,” Dr. Parisi says. “Obviously, I need the supportive leadership at Geisinger too and they’ve been wonderful, but because this is a developing field, it really is just so helpful to have those partnerships.”



We knew if we were constantly putting out fires, we weren’t going to be able to start to drive our strategy forward. So, part of the initial baseline strategy was to get those supports in place and a good example is our peer-support program.

Susan Parisi, MD
Chief Wellness Officer
Geisinger

The [AMA Joy in Medicine™ Health System Recognition Program](#) guidance also has helped set the course for Dr. Parisi and her colleagues.

“What has been really helpful for us is to be able to say that these are the best practices that the AMA recommends,” Dr. Parisi says.

For example, “knowing that a well-being assessment is included in the Joy in Medicine program helped promote a regular well-being survey as a best practice,” she says.

While earning recognition from the Joy in Medicine program is nice, “it’s not so much the recognition, but showing our employees and our leaders we are doing the work,” Dr. Parisi says. “What’s meaningful to me from the Joy in Medicine recognition is we are on this journey. We are digging in, we are diving in, we are knee-deep and really rolling up our sleeves and doing this work in a meaningful way.”



2024 BRONZE: HATTIESBURG CLINIC

Embracing data to build on well-being success

Job satisfaction at this Mississippi system far exceeds national physician comparison rates. Now leaders are addressing the needs of early career physicians.

By Sara Berg, MS

As a physician-owned and -governed multispecialty practice, [Hattiesburg Clinic](#) gets the best of both worlds—the benefits of a large health system and private practice. This has likely contributed to the organization’s outstanding performance on measures of physician burnout, job satisfaction and stress. Yet Hattiesburg Clinic still has more to accomplish on its well-being journey.

After completing the AMA’s Organizational Biopsy®, 84.6% of Hattiesburg Clinic physicians reported feeling satisfied with their job, which is higher than the national physician comparison rate of 72.1% in 2023. On top of that, 48.2% of physicians have reported job-related stress, compared with 50.7% nationwide.

Meanwhile, just 36.4% of physicians at Hattiesburg Clinic reported feeling some level of burnout, far below the 48.2% rate of doctor burnout across the nation. And 21.9% reported plans to leave the organization within two years.

Those impressive figures cannot be attributed to Hattiesburg Clinic physicians’ taking on lower workloads, says internist Rebecca Lauderdale, MD. She is also the physician well-being champion at Hattiesburg Clinic, which has more than 450 physicians and nonphysician providers located in 17 counties in South Mississippi.

In terms of workload and relative value units (RVUs), “we’re high volume across our organization. It’s not that there’s not as much work to do or that the workload is lower. It’s that physicians get to participate in designing their work and in organizing their work the way that they want it to be within constraints,” says Dr. Lauderdale.

In a physician-owned and -governed organization such as Hattiesburg Clinic, it may be harder for doctors “to admit to having any sort of stress or difficulty because they know they’re talking to somebody else who does similar work,” she says.

Nevertheless, Hattiesburg Clinic physicians “are talking about these things more frankly and explicitly than we ever did before over the past few years,” adds Dr. Lauderdale. “I hope that that’s made a difference. I know that I feel like people are more likely to spontaneously talk about the difficulties that they have or just the everyday stresses and support each other.”

The data helps guide conversations

“The AMA helped us with understanding our data when we sat down and talked about the data after we gathered it,” Dr. Lauderdale explains. “From those insights that we got, we recognized that our early career physicians needed help and we wouldn’t have known that in any other way.”

“We also wouldn’t have known that physicians really want to spend time with each other. They want opportunities for that, so we invested in that,” she says, noting a fun group outing to the zoo that drew nearly 3,000 physicians, staff and family members.

“We want to do more things like that and also do some things that are just physician-focused. ... But we wouldn’t have jumped on those things had we not had that confirmation that that’s really what’s important for everybody,” adds Dr. Lauderdale. “It may end up having a ripple effect throughout the whole organization in a really positive way.”

Create more social opportunities

One area of well-being that could use further improvement, though, is physicians’ reported sense of feeling valued. At Hattiesburg Clinic, 45.5% of physician respondents reported feeling valued by their organization.

“Our early career physicians actually said they felt valued, even though they were the ones with the most burnout,” Dr. Lauderdale says, speculating that the onboarding academy and other efforts have positively affected this metric among younger doctors.

The plan is to incorporate similar activities with other physician cohorts.

“When we asked them about what the top three things that we can do to improve your well-being are, the very top answer was more social activities with other physicians. And then under that was they wanted a place to exercise, which—that one surprised me,” says Dr. Lauderdale. “We did a series of physician-engagement groups back before the pandemic. We did a couple rounds where we had physicians sign up and join a group that met for a few months together once a month at a restaurant and the organization paid for the meal.”

“They had a topic to discuss that had to do with well-being in some way. And those were really well received, but the pandemic shut that down. We tried to do it virtually, but everybody was so Zoomed out that our attendance and interest in that went away,” she says, noting they are thinking about how to have dinners again where everyone is invited to “talk with each other about how they can be better partners to each other.”

Guidance for younger physicians

With Hattiesburg Clinic’s Organizational Biopsy results in hand, another need “that we found was that our

early career physicians had the highest rates of burnout in the organization,” Dr. Lauderdale says. “They were 10 percentage points higher than the average and we really set out to understand that better.”

For physicians who were one to five years out of residency or fellowship training, 48% reported symptoms of burnout compared with 23% of those with 16–20 years in practice. On top of that, 72% of younger physicians reported feeling satisfied with their current job. All the other physician cohorts had higher levels of job satisfaction that even exceeded the overall rate among Hattiesburg Clinic doctors.

But 52% of these early career physicians did feel valued by their organization, which is higher than the overall rate at Hattiesburg Clinic and much higher than those 11–15 years out of training, of whom only 29% reported feeling valued.

“One of the things that we could do better—and that we are actively tackling—is making sure that as we have new physicians join, that they understand that they do have autonomy,” says Dr. Lauderdale. “I don’t know anyone who was trained in a residency environment that taught them to take charge and design their own work.

“So many people enter from the standpoint of being a student, being a trainee and then they come to us and are likely to do whatever the people around them are doing,” she adds. “Knowing that they have options, that they can innovate and helping them with their imagination is the biggest thing that we can do. And getting them more information.”

To help younger physicians, Hattiesburg Clinic launched an onboarding academy in 2021. A cohort of physicians who are new to the practice attend meetings once a month for a year on a rolling basis. Each meeting focuses on a different topic, ranging from resilience and burnout to the operational structure of the organization and finances.

“That has made a big difference in their ability to understand the organization from the beginning instead of feeling later on like they’re not really sure who to talk to about certain questions or things that they need help with,” Dr. Lauderdale explains. “We’re getting better and better at that.”

Having a supportive culture destigmatizes physicians getting help

By revising its credentialing form, this Detroit-area health system sends physicians a powerful signal about the real value of their well-being.

By Andis Robeznieks

Momentum is growing for a nationwide effort to remove stigmatizing mental health questions from applications for state licensing and credentialing applications used by medical groups, hospitals and health plans.

The goal is to remove the barriers that have been shown to deter physicians from getting the care they need, if and when they may need it.

Psychiatrist Lisa MacLean, MD, led the effort to change the question on the credentialing application at [Henry Ford Health](#), where she is the chief clinical wellness officer of the Henry Ford Medical Group.

“The stigma is real,” says Dr. MacLean. “The fear is real. It’s hardwired in many physicians—this idea that they don’t have the time or that it’s a sign of weakness to seek care.”

Dr. MacLean says the feedback she received after the credentialing form was changed at Henry Ford Health has been overwhelmingly positive.

“There isn’t anyone who doesn’t say that it was a necessary change,” she says, adding that one comment she hears often from staff is, “I feel like you’ve got my back.”

“There’s a sense of delight and people say, ‘I’m so glad that I work for an organization that is making these kinds of changes,’” Dr. MacLean says. “It makes them feel excited and proud that we were an early adopter of changes like this.”

Along with changing its forms and helping others do the same, Henry Ford Health has been a leader

in promoting physician well-being. This earned the system a 2024 spot in the [AMA Joy in Medicine™ Health System Recognition Program](#), which empowers health systems to reduce burnout and build well-being so that physicians and their patients can thrive.

“We are so excited to be recognized by the AMA for our wellness work,” Dr. MacLean says. “We anticipate much excitement around the announcement. Being recognized certainly makes me feel proud to be part of this organization and this body of work.”

The AMA advocates to support the mental health of medical students, residents and physicians. This includes ensuring that state licensing, credentialing, employment and other related applications do not contain stigmatizing language that inappropriately asks about past diagnoses or treatment for mental health or a substance-use disorder.

A nationwide three-step movement

Getting invasive questions about past mental health diagnosis or treatment removed from licensing and credentialing applications can be an effective way of supporting well-being and removing a barrier to physicians getting the help they need.

Twenty-nine states have removed or modified such questions on their licensing applications, representing a 16% increase from last year, according to the Lorna Breen Heroes’ Foundation. So have 34 licensure boards and 375 hospitals, which is a 400% increase from last year’s 75 hospitals, representing more than 1.1 million



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licensed and 115,000 credentialed health professionals across the country—often with the effort led by chief wellness officers such as Dr. MacLean.

“That is definitely a work in progress, and it is the foundation’s goal that all 50 states no longer ask these questions,” Dr. MacLean says. “If anyone can do it, these guys can.”

To implement the changes, Henry Ford Health followed the three-step toolkit that can be found in the [“Take Action”](#) section of the Dr. Lorna Breen Heroes’ Foundation website.

The three steps are:

- Audit.
- Change.
- Communicate.

Regarding the audit process, Henry Ford recommends the following to-do list:

- Review every single application your organization issues, including training, renewal, initial, educational, supplemental or addendum, peer-reference and peer-review forms.
- Look for questions that contain invasive or stigmatizing language and disclosure requests about a physician’s health and well-being.

This includes:

- Questions that ask about a physician’s history of “time off” or “breaks in practice.”
- Language that references mental health explicitly in any way that is not supportive.
- Questions that ask about usage or past experience of treatment.

An often-overlooked location for intrusive questions is a system’s peer-review form that is used when staff physicians provide a personal reference for physicians being considered for staff positions.

In fact, it’s believed to be the last remaining place in Henry Ford Health’s catalogue of documents where the intrusive question remains.

“We’re in the process right now of changing the peer-review form because we were asking whether the person who we were using as a reference was aware of the [candidate] physician having had any mental health conditions that would prevent them from practicing medicine,” Dr. MacLean says.

“We’re changing that question, and we’re going to scrub it to just say: Is there any medical condition—as if a mental health disorder is not a medical condition—that impairs their ability to practice medicine?” Dr. MacLean explains. “I don’t think a mental health condition should necessarily be specified in a different way.”

A few words make a big difference

Originally, the Henry Ford credentialing application included this question: “Have you ever been diagnosed with and/or received treatment for a physical, mental, chemical dependency or emotional condition which could impair your ability to practice medicine?”

That question has been revised and now asks: “Are you diagnosed with or receiving treatment for any condition (physical, mental, emotional or substance dependence related) that currently impairs your ability to practice medicine?”

Dr. MacLean recommends that “someone needs to own the process end to end” to ensure that the logistical process of updating relevant documentation is executed and goes live.

It was a lesson she learned the hard way. Henry Ford Health was garnering some positive publicity for making the change on its credentialing form only to learn from an outside party that the question was still on the form.

“In that moment, you just feel like a little bad kid,” Dr. MacLean recalls. “You feel warm all over and then you’re like: ‘What the heck? What do you mean it’s not changed?’”

After investigating, she learned that the approved change was never communicated to “the person who owned the document.”

“It just goes to show how complex this is,” Dr. MacLean says. “I then went back and, in a more forthright way, said: ‘Hey, I thought we changed this question.’ So we pulled up the form and we changed the question.”

Dr. MacLean acknowledges that she hates telling that story but notes that she uses it in presentations because it illustrates the follow-through that’s needed. “It’s not done till it’s done,” Dr. MacLean says.

Getting invasive questions about past mental health diagnosis or treatment removed from licensing and credentialing applications can be an effective way of supporting well-being and removing a barrier to physicians getting the help they need. But even after these changes are made, the impact can be blunted if doctors are unaware of them.

After the change is made, she said the next step is to “communicate, communicate, keep communicating, recommunicate,” Dr. MacLean says as she recalled how a young surgical resident recently told her that he was feeling as though he should seek help, but he was afraid it would affect his medical licensure.

“You can’t communicate enough, and you have to continue to tell people on a regular basis,” she says.

Change grounded in policy

“People feel supported that we’ve made these changes,” Dr. MacLean says. “Interestingly, when you start talking about it, they start talking about even more ways that we can break down those barriers.”

Dr. MacLean learned of the issue in 2018 when she served as a member of the American Psychiatric Association Assembly when it approved guidance in recommending that “general screening inquiries about past diagnosis and treatment of mental disorders are overbroad and discriminatory and should be avoided altogether.”

“The first time this credentialing question came up was in an action paper that supported the idea that it was discriminatory for states and licensing boards to ask questions about the history of mental health treatment,” she says. “At the time I learned that the Department of Justice had said, not only is it discriminatory, but it goes against the American Disabilities Act to discriminate against someone for having had a history of mental health treatment.”

Similarly, [AMA policy](#) encourages state licensing boards to:

- Exclude from license application forms information that refers to psychoanalysis, counseling, or psychotherapy required or undertaken as part of medical training.
- Require disclosure of physical or mental health conditions only when a physician is suffering from any condition that currently impairs his/her judgment or that would otherwise adversely affect his/her ability to practice medicine in a competent, ethical, and professional manner, or when the physician presents a public health danger.

Georgia is one of the states whose medical board has taken steps in this direction. The Georgia Composite Medical Board has changed its licensure applications to ask:

“Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?”

Previously, the state’s licensure application asked about “physical, psychiatric or substance-use disorder” going back seven years. The [AMA continues to advocate](#) (PDF) for the removal of questions regarding physician physical or mental health or related



We don't want to discriminate against people getting help. We want to shift that way of thinking to getting help as a sign of strength. It is not a sign of weakness. We want people who need help to get help, and we don't want anything to get in the way of that.

Lisa MacLean, MD
Chief Wellness Officer
Henry Ford Health

treatments on initial or renewal hospital credentialing applications.

The Joint Commission—which accredits hospitals and other health care organizations—and the Federation of State Medical Boards also support removing intrusive mental health questions from licensing and credentialing forms.

“They strongly encourage them to refrain from including these types of questions when collecting professional information from clinicians for credentialing, privileging or other purposes,” according to the latest research that the AMA has done through its “Debunking Regulatory Myths” series.

If a state medical board does prefer to include questions that ask about a physicians’ mental health to gather information intended to protect patients, the Federation of State Medical Boards advises them to do it in a way that:

- Limits inquiries to current impairments.
- Doesn't discourage physicians from seeking treatment.
- Avoids publicly disclosing a physician's diagnosis and offers nonreporting options to physicians who are getting treatment and are in good standing with a recognized physician health program (PHP) or other appropriate health care professional.

While she believes the credentialing-form change has made a big difference, Dr. MacLean says it's difficult to measure.

“Because I'm a psychiatrist and I'm also doing wellness work, I have an opportunity to see a lot of physicians as patients, and I can tell you I'm very busy,” Dr. MacLean says. “It's hard to know whether it's cultural or what role changing that question played.”

The goal behind both is to create a supportive environment and to destigmatize getting help and “changing the questionnaire is just one part of that story,” she says.

“We are striving to live in this culture that says: ‘We do care about your wellbeing and we're putting our money where our mouth is,’” Dr. MacLean explains.

“We don't want to discriminate against people getting help,” she adds. “We want to shift that way of thinking to getting help as a sign of strength. It is not a sign of weakness. We want people who need help to get help, and we don't want anything to get in the way of that.”



[Hear from more physicians at Henry Ford Health](#)

Get well-being guidance from the right people— at the right time

Fighting physician burnout and finding ways to improve well-being is hard work. That's why Lehigh Valley Health Network turned to the AMA for guidance.

By Sara Berg, MS

When Amy A. Jibilian, MD, a pediatrician, took on the role of chief wellness officer (CWO) at [Lehigh Valley Health Network](#) (LVHN) in July 2023, there was already a solid foundation in place to address the epidemic of burnout and promote physician and nonphysician provider well-being.

This work began under the leadership of previous chief wellness officers along with the Well-Being Council and Wellness Committee. As she began her new journey as CWO, she quickly realized physician burnout was an extremely complicated and multi-faceted dilemma.

“We collected a significant amount of data over the past several years, and our Wellness Committee was exploring how to understand the system-level drivers of burnout and how to catalyze transformation at LVHN,” Dr. Jibilian says. “After being introduced to the [AMA Joy in Medicine™ Health System Recognition Program](#), it seemed this would be a great opportunity for us to learn from the AMA, engage our leaders and begin to tackle this dilemma with an organized and collaborative approach.”

The decision to participate in the AMA program was also motivated by a desire to have recognition both internally at Lehigh Valley Health Network and at a national level for the work that had been accomplished at the health system.

“Because this recognition comes from the AMA, it adds credibility to the importance of our Wellness Committee and Well-Being Council work and provides

a strong framework for moving forward toward our goal of reducing burnout and promoting professional fulfillment,” Dr. Jibilian says.

“The road map provided a clear, methodical approach to evaluate the impact of physician burnout and begin to develop and implement new programs and policies to support physician and nonphysician provider well-being,” she says. “I also believe the AMA Joy in Medicine recognition will help us attract talented physicians who are looking for a health system that values physician well-being.”

As Dr. Jibilian began the work with her team of meeting the criteria for each of the six competencies, presenting the data from the AMA's organizational cost of burnout calculator was powerful.

“When I presented this data to executive and senior leaders, the data brought a new spin to the conversation about physician burnout,” she says. “In one meeting, as I shared the potential cost of physician attrition due to burnout, and that the approximate cost to replace one physician is \$800,000, leaders lifted their heads, raised their eyebrows and became more engaged in the dialogue. I have used this information in many conversations since.”

Receiving recognition

“When I looked at the road map and criteria, I thought we could meet the requirements for bronze level recognition with moderate effort since much of the work had already been done,” Dr. Jibilian says. “But I

also wondered if it was possible because I was brand new in my position as CWO.

“So I took advantage of the drop-in sessions the AMA provided to coach us and guide our work,” she added. “I solicited help from members of the Wellness Committee, informatics colleagues, our Epic optimization team and other leaders across the health network, and with this collaboration we were able to attest to all the eligibility criteria. It was a team effort.”

Receiving recognition from the AMA “is going to be inspirational,” Dr. Jibilian says. “I hope our wellness committee members are encouraged and energized by this recognition to continue in their efforts to mitigate burnout.”

“I also believe that this will demonstrate to our physicians, nonphysician providers and leaders that there is a committed group of colleagues working on their behalf to reduce occupational stress and restore joy to the practice of medicine,” she adds.

Finding her way as CWO

“I had been a primary care pediatrician for decades when I was presented the opportunity to become CWO at LVHN. During my career, I personally witnessed and experienced the impact of occupational distress on my friends, colleagues and in my own life,” Dr. Jibilian says. “I knew when I accepted the position, it would be meaningful to join a team working to alleviate this distress, and while I was passionate about the role, I knew there was a significant learning curve ahead of me.”

“Early on I turned to the AMA STEPS Forward® toolkits for guidance,” she adds, noting that the “Chief Wellness Officer Road Map” and “Establishing a Chief Wellness Officer Position” toolkits were very helpful.

“As I was digesting all this information, I was surprised to find out how easy it was to reach out to the AMA for support,” Dr. Jibilian notes. “I have been incredibly impressed with everyone I have been in contact with. The personal connections have been so important to me, and the support has been invaluable.”

Listening to physicians for feedback

“We launched a listening campaign this year to meet the criteria for leadership competency,” Dr. Jibilian says, noting that “we have had three departments engage their physicians and nonphysician providers in listening sessions.”

The first department to promote listening sessions was pediatrics but has since grown to include emergency medicine and orthopaedic surgery.



Because this recognition comes from the AMA, it adds credibility to the importance of our Wellness Committee and Well-Being Council work and provides a strong framework for moving forward toward our goal of reducing burnout and promoting professional fulfillment.

Amy A. Jibilian, MD
Chief Wellness Officer
Lehigh Valley Health Network

“It has been exciting to see leaders in these areas receive feedback from physicians and work on action steps to address the department-specific drivers of burnout,” she says. “We are hoping to implement listening sessions across every department and health institute, focusing first on the groups that are experiencing the highest rate of burnout.”

“I hope to be instrumental in restoring the passion and excitement we experience when we use our unique talents, gifts and skills to heal, comfort and care for our patients,” Dr. Jibilian says. “It is time to heal the hearts of our healers, and have physicians rediscover joy, meaning and purpose in their lives as they follow their calling to care for their fellow human beings in this most noble and honorable profession.”



[Hear from more physicians at Lehigh Valley Health Network](#)

Make every physician a leader in the battle against burnout

Ochsner Health is giving physicians the leadership skills they need to improve well-being. The results are in: job satisfaction is up, burnout is down.

By Sara Berg, MS, and Georgia Garvey

Before the pandemic, AMA member Nigel Girgrah, MD, PhD, chief wellness officer at [Ochsner Health](#) in New Orleans, and other members of his team learned about a leadership program in North Carolina that led to a rise in engagement scores—a measure of interaction and interest in an organization—from the 50th percentile to the 95th percentile at that health system.

Dr. Girgrah decided to attend. On the first day of the leadership program, there were chairs set up in circles, and on each seat was a box of Kleenex. “I was nonplussed, to say the least,” says Dr. Girgrah.

But he gave it a chance, and the leadership program was so life-changing that even Dr. Girgrah’s wife commented on the difference she saw in him. That’s why Dr. Girgrah decided to implement what he learned at Ochsner Health.

Addressing the heart of leaders was to be the next major focus in a well-being strategy for Ochsner.

“At a high level, our strategy for well-being is anchored around five strategic pillars and we’ve tried—to every extent possible—to make this evidence-based,” says Dr. Girgrah, who is also a transplant hepatologist and medical director of the Ochsner Multi-Organ Transplant Institute.

The five pillars for well-being at Ochsner Health, according to Dr. Girgrah, are practice efficiency, leadership development, organizational culture, resilience and mental health.

“This personal leadership program is one of many things that we’re experimenting with at Ochsner,” Dr. Girgrah says. “The program aligns nicely with three of those five strategic pillars—leadership development, organizational culture and resilience.”

The leadership program pilot required pulling physicians away from campus for three days, and this was followed by a one-day capstone.

“It’s very intensive work and it’s all about the idea that you can’t manage others until you’re managing yourself,” says Dr. Girgrah.

By following the five pillars of Ochsner’s well-being strategy, there have been improvements in the health system’s key performance indicators, measured through a voluntary survey completed by 892 respondents at Ochsner Health. The respondents were 60.2% physicians, along with 25.8% nurse practitioners, 8.1% physician assistants and 5.9% other nonphysician providers.

After completing another [Organizational Biopsy](#)® with the AMA, job satisfaction rose from 73.2% in 2022 to 75.1% in 2023. There was also a drop in burnout, from 47.4% to 44%. That compares with a 48.2% rate of burnout nationally, which is based on data from AMA assessment of health systems across the country. Job stress also dropped from 51.2% to 48.8% over the past year at Ochsner Health.

In addition, Ochsner Health has seen fewer respondents saying they plan to cut back the number of hours they work. That rate of “intention to reduce hours” fell from 31.4% to 29%—which compares with a 36.4% rate nationwide. Intent to leave within two years also dropped from 33.4% to 31.2% compared to 40.5% at the national level.

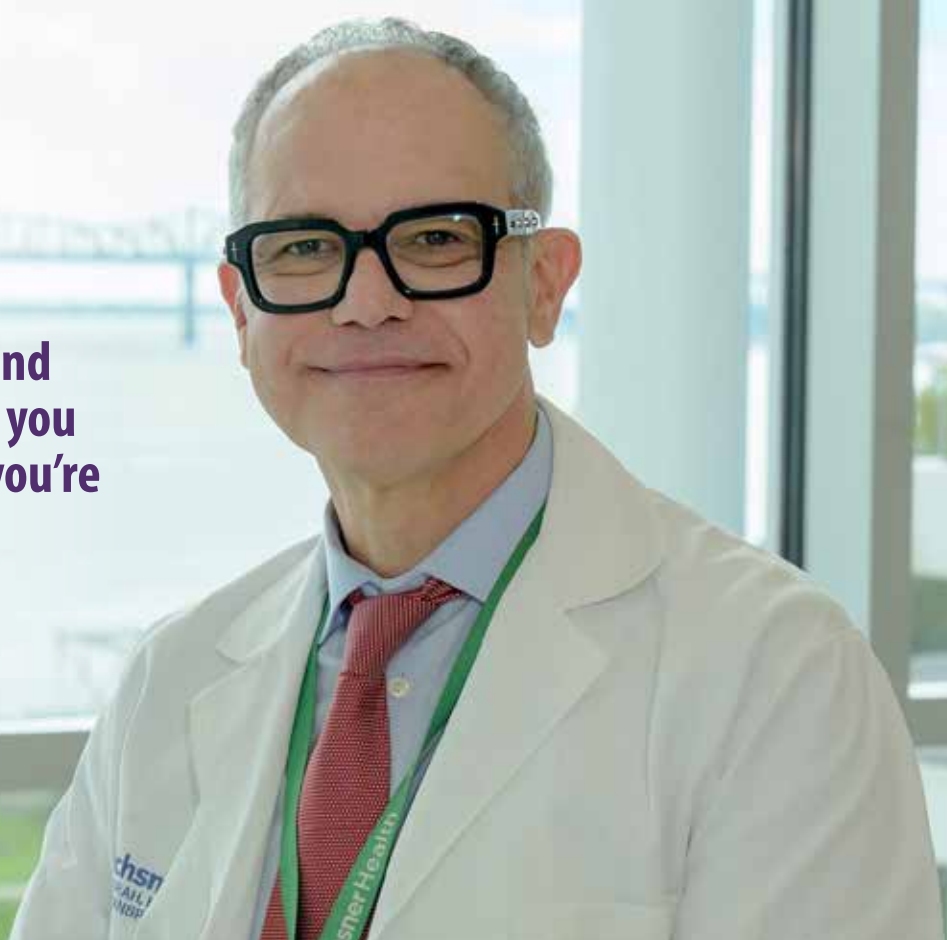
When it came to measuring burnout and improving well-being, Ochsner Health chose the AMA because of one key factor: trust.

AMA burnout experts Nancy Nankivil and Christine Sinsky, MD, “made themselves available



It's very intensive work and it's all about the idea that you can't manage others until you're managing yourself.

Nigel Girrah, MD, PhD
Chief Wellness Officer
Ochsner Health



before I knew there was any formal partnership with the AMA, and they were very generous with their time,” Dr. Girrah says. But it is more than just using the Organizational Biopsy to measure burnout. It’s about following the [Joy in Medicine™ Health System Recognition Program Guidelines](#) (PDF) too, which provides program criteria, resources, cases examples and submission samples.

These AMA experts have been working with Ochsner since 2019 on its well-being journey. This year marks Ochsner Health’s sixth year in a row surveying about burnout.

“It’s great to be able to measure our progress over five years, and measure against national benchmarking,” Dr. Girrah says.

With this focus on leadership, Ochsner Health is improving the well-being of its physicians and other health professionals.

Give leaders the right training

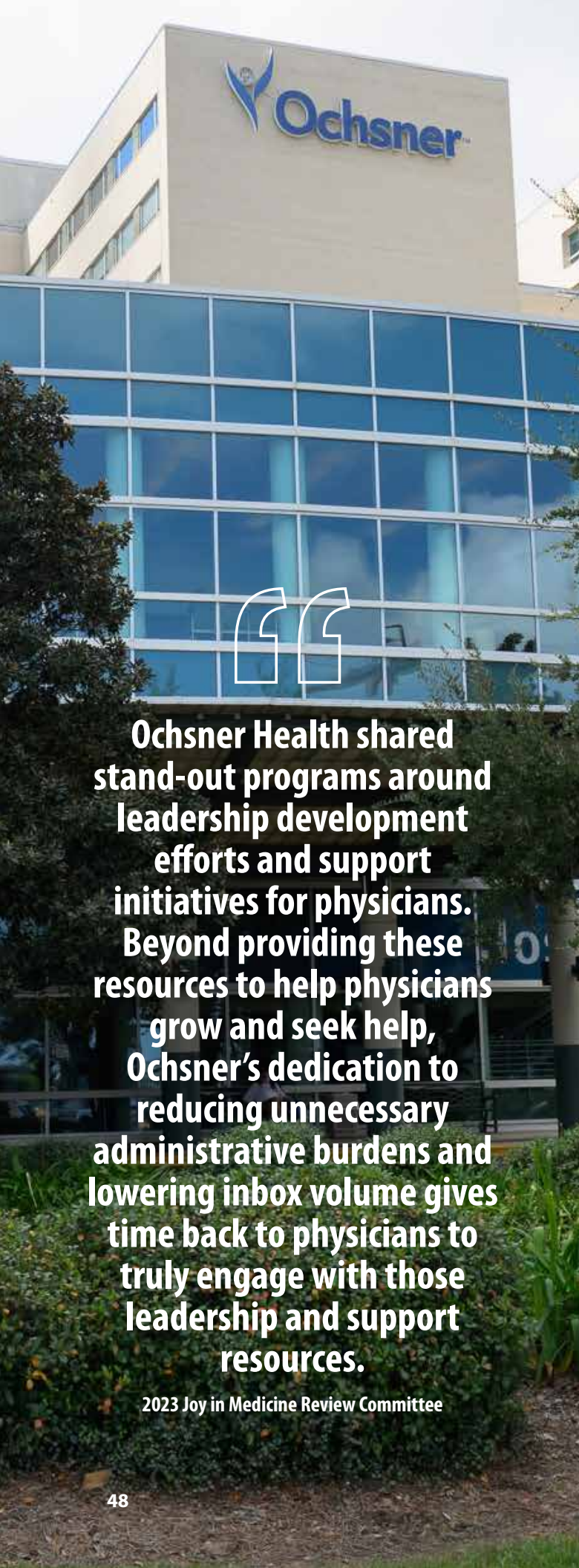
As part of the Organizational Biopsy, Ochsner canvassed leaders from several different areas of the institution. One survey item asked respondents about their trust that leaders will keep them safe and found a slight rise from 78.3% to 78.5%.

Overall, though, 72.6% felt their specialty leader—for example, a chair of their department—supported them in their work. This is an ongoing area for improvement at Ochsner Health, hence the leadership program that launched in 2020. So far, 11.7% of respondents have participated in the personal leadership program. Nearly 100 leaders have completed the program, which is now open to all physicians and nonphysician providers at Ochsner Health.

The leadership program is meant to take a hard look at who you are, “to understand how the experiences that you’ve had in your life—even your childhood—have shaped your belief systems and developed your biases,” says Dr. Girrah. “The goal for individual participants is to eventually develop a plan and a commitment to that plan to try and change actions. And it’s tough. It’s pretty intensive.”

Initial Organizational Biopsy survey “data suggests that there’s a nice correlation with some of the outcomes that Ochsner wants,” Dr. Girrah says, noting that overall, burnout in the health system is 44.4%, but for those who have gone through the leadership program, it’s 26.5%.

Data helps in “recognizing that we have limited bandwidth in terms of what we can offer, but knowing



Ochsner Health shared stand-out programs around leadership development efforts and support initiatives for physicians. Beyond providing these resources to help physicians grow and seek help, Ochsner’s dedication to reducing unnecessary administrative burdens and lowering inbox volume gives time back to physicians to truly engage with those leadership and support resources.

2023 Joy in Medicine Review Committee

who to go to first and which demographic areas within our physician group practice has the greatest need,” Dr. Girgrah says.

Include all leadership levels

“We’ve made a commitment to bring more of the rank-and-file physicians to the program to see whether it’s making a difference,” he added, noting when you compare the first leadership program cohort against other chairs or more senior leaders, there was lower burnout, and more of a sense of being valued by the organization.”

Additionally, working internally with the Ochsner Leadership Institute, curricula was developed for all leadership levels. This includes physicians and other health professionals who may not have a formal leadership level title but take on additional roles and responsibilities in their departments to lead the care teams.

There will also be additional leadership courses, but the question Dr. Girgrah asks is, “How do we measure the impact of these courses on not just the leaders that go through it, but their direct reports? We want not just quantitative data, so we need to be doing focus groups with the direct reports.”

Assess organizational commitment

Ochsner is a gold recipient of the [AMA Joy in Medicine™ Health System Recognition Program](#), which “validates that we’re heading in the right direction,” says Dr. Girgrah.

“As we’ve progressed from a non-medalist to a bronze to a gold, there has been a correlation in terms of hard outcomes in not just burnout, not just joy in medicine score, but some of the other secondary measures of burnout that we try and track as well,” he says.

Cut inbox volume

To keep physicians and other health professionals in their roles full-time, respondents noted they needed enhanced workflow efficiency, less documentation and work outside of work, and fewer EHR hassles.

“Other business units are rallying around the inbox-volume ideas,” Dr. Girgrah says. “To hear our leaders say their two-year goal is to reduce inbox messages by 30% ... is really gratifying. We’ve done a lot of work in the last year around primary care inbox management and we’re starting to see a lot of gains in that area.”

For example, Ochsner Health established a pharmacy-refill center, which has safely removed 70% of medication-refill requests from primary care physicians' inboxes. The "ask a question" button has also been removed from the bottom of all test results, reducing test-related questions by one-half to two-thirds.

Additionally, Ochsner Health has changed "the patient messaging menu to steer many things away from 'ask the provider' and started asynchronous e-visits, which has the benefit of reducing messaging thread," Dr. Girgrah notes.

Ochsner Health also uses augmented intelligence (AI)—often called artificial intelligence—to help. Through a pilot program across its 46-hospital system, Ochsner Health uses generative AI listening tools to help reduce the administrative burden on physicians.

In the program, physicians use ambient AI to listen while they converse more freely with patients during encounters and help produce clinical notes in the EHR for the physician to review, approve and sign. AI can also provide help for physicians responding to inbox messages.

"Generative AI will actually propose a response to a message," Dr. Girgrah says, in which it can "mine the charts" and offer an answer. Physicians approve and sign off on all communication and health records, but the reduction in time spent in the EHR, known to be a driver of burnout, can help free up valuable time both in and out of the office.

"The early data has been incredibly positive in terms of those who have gone through the pilot," says Dr. Girgrah.

One quote from a physician in orthopedics demonstrated the success. The physician said, "It's 2 p.m. in a busy clinic, and all my notes are done." Patients have also reported being happy with how engaged their physicians are in their care.

There is a "commitment to scale very quickly" the pilot program across the health system, says Dr. Girgrah.

Advocating for health care workers

Almost two years ago, Ochsner Health had a highly publicized assault of one of its nurses.

"I've done a number of focus groups with our nurses—not just our nursing leaders, but front-line nurses—and when you open things up to Q&A, about eight of 10 questions were: What are you doing for my personal safety?" says Dr. Girgrah.

Ochsner's response to the assault was to help Louisiana lawmakers draft legislation making patient mistreatment of health professionals a felony act. It became law in 2023.

The legislative victory is "a great example of Ochsner being an influencer within the state," Dr. Girgrah says.

In addition, Ochsner's leadership has long advocated for the removal of questions about mental health from the state board's licensure-application process, and finally that change was enacted in 2023.

Address high-impact specialties

While the overall trends are encouraging, Dr. Girgrah and his colleagues aim to help hard-hit specialties make greater progress in reducing physician burnout.

"When you drill down on departments that I'm really worried about—primary care, internal medicine—and look at the ongoing day-to-day stress that they're feeling, there's a lot more work to be done," he says. "It's nice to celebrate what's going on from a 30,000-foot level, but you've got to recognize that there are large pockets within your organization that are really still struggling."

That's why Ochsner Health is working to identify high-impact areas, which are "either levels of burnout or the level of influence they have on other areas of the organization, and really target them," Dr. Girgrah says. "For example, in our general internal medicine group, 60% have burnout. They're suffering the most with inbox volume.

"So, there's a lot more work that needs to be done to enhance their professional satisfaction," he adds.



[Hear more from Ochsner Health](#)

Making new physicians feel welcome at first—and for the long haul

Tracking well-being on numerous dimensions and addressing the factors that prompt physicians to look for work elsewhere are key.

By Sara Berg, MS

When [Sanford Health](#) measured well-being and physician burnout in 2022, they found that the levels remained much the same from what they had been in 2019, despite very intentional, nationally recognized systemwide efforts to bring more joy to practice.

That outcome was, initially, disappointing to some leaders. But after speaking with the AMA organizational well-being team about the survey findings, leaders at the Sioux Falls, South Dakota-based health system realized their numbers told a different story.

Sanford Health is a physician-driven health system that includes 45 hospitals, over 200 clinics, 2,900 clinicians, and 160 Good Samaritan Society senior living centers.

After completing the AMA's [Organizational Biopsy](#)® in 2022—part of their biannual surveying—49.7% of respondents at Sanford reported burnout. While that was up from 43.1% in 2019, it was lower than the overall AMA 2022 national benchmark of 53%. For 2023, the AMA national comparison report indicates that 48.2% of physicians report at least one symptom of burnout, which is slightly lower than Sanford Health's overall rate measured in 2022. Sanford Health will survey again this year.

Yet 74.2% of physicians at Sanford Health reported feeling satisfied with their current job, which was higher than the 2022 national benchmark of 69%. On top of that, 48.9% reported job-related stress in 2022,

compared with 47.5% at Sanford in 2019 and 55% nationwide.

“When we reflected on our results and met with the AMA, we actually felt reassured that we stayed the same despite the pandemic, the budget stressors and all the different things that have impacted health care tremendously since 2019,” says Heather Spies, MD, an ob-gyn and physician director of clinician experience and well-being at Sanford Health. “We’ve shifted focus to that to say: OK, we’ve held our ground and at least held things steady through some really trying times.”

“We still want to keep improving because we want our clinicians to be well and we want to figure out ways as an organization to support them,” Dr. Spies says. “But overall, for our results ... we held stable and that was a little bit better than the national benchmark.”

Even with rates remaining roughly the same, Sanford Health continues to innovate in its efforts to improve well-being and reduce physician burnout.

Follow the data

At Sanford Health, 30.7% of physicians reported an intent to leave in two years. Data from sources such as the upcoming Organizational Biopsy at Sanford Health can help determine what physicians need to thrive in a high-stress, high-stakes environment.

Their previous Organizational Biopsy results have shown, says Dr. Spies, that “the highest turnover rate is in those first couple of years after joining a practice.”

As a result, Sanford Health has invested heavily in new physician orientation and creating a longer onboarding program to make sure everyone feels as though they are being integrated into the organization's culture. It also helps physicians adapt to the community where they live and gets them connected to a mentor or coach if helpful to them.

"Our goal with our clinician-experience strategy is to continually look at ways to be intentional about assessing the needs of our clinicians so that if there is a need, we can try to be proactive and provide for that need rather than getting to the point where we're retroactively trying to find out why people are leaving," Dr. Spies says. "The data is really part of the whole picture of how we need to absolutely support the well-being of our clinicians and at the organizational level, continue to always be watching for those red flags of what might be causing people to want to leave."

"We want Sanford to be a place where clinicians come and a place where they retire," she says. "So, it's really important to us that we're looking at that whole career spectrum and what we can do in each phase of that spectrum to keep making it better."

"We have to be ready as leaders in this work to pivot and keep finding ways to reduce administrative burdens and keep the focus on the care of the patient, keep finding ways to recognize clinicians for the great work they do and keep finding ways to help our colleagues have joy in their work," adds Dr. Spies.

Provide real-time feedback

While Sanford Health used its enterprise all employee survey—which is done every six months—to gauge clinician satisfaction and obtain feedback in 2023, Dr. Spies emphasized the importance of completing surveys when available.

"Even though it's one more thing to do and everybody's time is super valuable, we literally go through every single comment," she says. "Then we are blasting out information to our department chairs and our physician-executive councils and asking them to spread the word to all the clinicians that we are listening to what they say in the surveys. If you take the time to do the survey, we're actually going to read it. We're going to pay attention to it."

"Real-time feedback is so important. People want feedback. Sometimes things that people give feedback on we can't change right now, but at least being able to speak to why is important," Dr. Spies says.



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Heather Spies, MD

Physician Director of Clinician Experience and Well-Being
Sanford Health



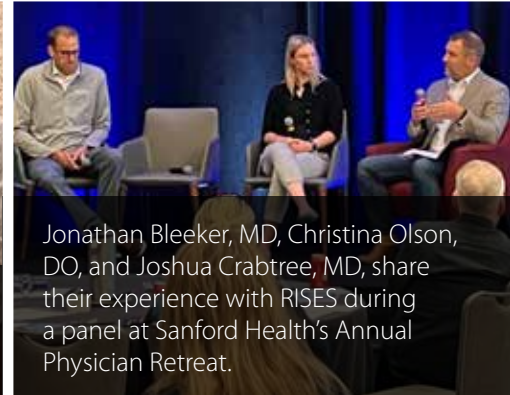
Second cohort of the Sanford Health RISES program 2023–2025.



First RISES cohort presents their impact project to the second cohort.



Dev Mannuru, MD, and others discuss servant leadership in a small group discussion during a RISES Leadership Program session.



Jonathan Bleeker, MD, Christina Olson, DO, and Joshua Crabtree, MD, share their experience with RISES during a panel at Sanford Health’s Annual Physician Retreat.



Often the leaders and teams we work with greatly impact our well-being as physicians. Sanford Health shared in their application strong efforts to develop leaders and increase teamwork, ultimately improving the well-being of caregivers.

2023 Joy in Medicine Review Committee

Don’t reinvent the wheel

“We have an awesome partnership with the AMA. First of all, we now have given all of our physicians in our entire health care system the benefit of AMA membership,” says Dr. Spies. Additionally, “whenever we have anything that we’re working on, we reach out to our partners at the AMA and they’re always very supportive and responsive.”

For example, Sanford Health formed a council to promote physician well-being. At annual retreats held the last two years, the council has “collaborated with team members at the AMA to come and give an update on national trends and then where Sanford Health sits in relation to those national trends,” she says. The council’s “members have found a lot of value in that.”

“It gives them ideas to speak to too as they’re advocating for well-being in their different areas,” says Dr. Spies, noting that the AMA will also connect them with other physicians, leaders or health systems doing great work with well-being.

Annual check-ins with leaders

For midcareer physicians who were “doing just fine,” leaders still know the importance of transparent, timely and authentic communication. The same goes for physicians who are doing amazing things or doctors

who are struggling. How can you check in with them and give them the tools they need?

“We want everyone to be at the best that they can be. ... If you don’t have those check-ins regularly with your direct team or leader, that could be something that gets lost,” says Dr. Spies. “Over the last couple of years, we’ve implemented annual check-ins for every clinician and it’s still evolving.”

Every year, a designated hour is set aside for each physician to meet with their direct leader one-on-one to discuss how things are going in their practice, get feedback, discuss what they may need, and what their goals are for the next year.

“What we’ve found is that ... people are getting to know each other, and they may have worked together for a few years and not ever had that designated time,” she says. “The hope is that people continue to see the value and look forward to them.”

Build authentic relationships

In 2021, Sanford Health launched the RISES leadership development program, whose acronym stands for Reaching others, Innovating and making an impact, Strategizing to support and sustain the organization, Elevating and empowering others, Serving our colleagues and communities.

Each cohort includes 25 clinicians who have been nominated by other clinician leaders and accepted into the premier program by a selection committee, which is “a big honor and we’re recognizing them as valuable leaders and investing in them,” Dr. Spies says.

The second cohort began in 2023. There are six sessions per year for two years that are curriculum based. The third year of the program involves group impact projects.

“It’s very intentionally laid out so that we are incorporating all aspects of medicine and being a leader in medicine. But with that we have a throughline of well-being and being an authentic leader,” Dr. Spies says, noting “every single session starts with a wellness check-in as a group of 25. It’s considered a safe space for all the clinicians from all the different regions of Sanford to come together.”

“Then we start with what you have put into practice from our last session. ... And we actually have them write it on a sticky note and we put it up on a board. Then we talk through some of the things,” she says. “At the end of every session, whatever they learn that day they commit to what their leading practice is going to be over the next month until we meet again.”

The first cohort is in year three and implementing projects in the health system’s four regions. The projects “must be something they can do in one year that will impact the culture, well-being and efficiency in practice,” Dr. Spies says, noting that the projects will be presented to their clinician leaders and the next RISES cohort.

“The goal of RISES is to have these groups network with each other and really get to know each other and lift each other up,” she says. “But then, also, as we overlap a little bit from each cohort—to continue to build more and more relationships.”

Keep moving forward

At Sanford Health’s annual Clinician Well-being Council retreat, the AMA provided Jennifer Bickel, MD, chief wellness officer from Moffitt Cancer Center, to speak on recognition and feeling valued, “and the [Joy in Medicine™ Health System Recognition Program](#) has been a huge part of that,” Dr. Spies says, noting this includes “the tools that we can use and the six core areas that we want to focus on.”

The AMA has connected Sanford Health leaders with “people who have been at the gold level and tried things, proven by them to be effective, so that we can then learn from them to continue moving forward in that journey,” she says.

“Sometimes when you’re in the everyday work of it, you feel like things aren’t moving fast enough,” says Dr. Spies. “It was really rewarding when we actually sat down to consider and reflect on all the things we’ve done since 2021—we have added or enhanced a lot of things.”

“This only means that we have more work to do. We have to stay committed to all of this. We have to make it even better,” she says. “This type of work is always going to be changing because the environment and the culture of medicine is constantly changing.”

“But I love it because it’s a challenge. It keeps us accountable, and it continues to keep us in touch with all the people who have the same passion for it and are doing well with it,” adds Dr. Spies, emphasizing “it’s just a huge honor to know that we can continue to collaborate in those groups.”



[Hear from more physicians at Sanford Health](#)



Private practice physicians of Sacramento Valley for Sutter Independent Physicians.

2024 SILVER: SUTTER INDEPENDENT PHYSICIANS

2024 BRONZE: SUTTER HEALTH

2023 BRONZE: PALO ALTO FOUNDATION MEDICAL GROUP

Slash EHR, inbox work to give doctors back their “pajama time”

Learn how Sutter Health has helped doctors cut pajama time by 14%, and the number of portal messages reaching their doctors by 40%.

By Sara Berg, MS

In 2023, Palo Alto Foundation Medical Group and Sutter Independent Physicians both received bronze-level recognition from the [AMA Joy in Medicine™ Health System Recognition Program](#). And this year, the place where the physicians in these two medical groups deliver care—the Sutter Health system—also took the next step in well-being by receiving recognition from the AMA.

“This is a really big deal for us. It demonstrates that Sutter Health is dedicated to the well-being of our clinicians and workforce,” says Jill Kacher Cobb, MD, an anesthesiologist and chief medical executive for Sutter Health. She is also a Sutter Health system physician wellness lead.

At [Sutter Health](#), 29.1% of physicians and nonphysician providers reported experiencing symptoms of burnout in 2023, which is a drop

from 33.9% in 2022 and 32.5% in 2021. This is also significantly lower than the national rate of 48.2%, according to the AMA’s physician comparison report. These burnout rates at Sutter Health—a nonprofit health care system that includes more than 57,000 employees and clinicians, and 12,000 affiliated physicians in Northern California—are in part due to the ongoing work to reduce EHR burdens across the system.

“At Sutter Health, we are focused on becoming the best place to work and the best place to practice medicine. And receiving the Joy in Medicine recognition really ties into this,” Dr. Kacher Cobb says. “We’ve put a lot of work into this, including developing a systemwide interdisciplinary well-being program, which creates an infrastructure of well-being across all of our Sutter Health hospitals and medical groups.”

“The AMA does a great job at recognizing the organizations that receive the Joy in Medicine recognition and then the people at the organizations recognize the work that goes into achieving that honor,” says Laurie Gregg, MD, an ob-gyn in Sacramento, California, and chief wellness officer for Sutter Independent Physicians. “The recognition highlights the workplace improvements that Sutter Health implements that make it the best place to work. We believe the recognition will aid in retention and recruitment efforts.”

“It’s critically important for us to focus on system-based root causes of burnout, and systemwide solutions for supporting joy in medicine for our health care workforce. The AMA’s recognition program is a wonderful road map to support organizations on that journey of discovery and change,” says Lauren Weger, MD, a pediatrician and vice president of primary care operations at Palo Alto Foundation Medical Group.

Receiving the AMA recognition “means that our medical group’s commitment to supporting our clinicians goes beyond words. We are looking at data, identifying opportunities and taking concrete steps to move the bar towards a sustainable and enjoyable practice for all of our people,” adds Dr. Weger. “And it means that we’re connected to many other organizations throughout the country who are doing the same. I feel very proud that we’re a part of this.”

“Coming together with all the different medical groups and hospitals to submit it as one was pretty exciting considering this is the first time we’ve done this,” says Sarina LeSieur, MHA, well-being program leader for Sutter Health. Earning recognition from the AMA “for caring about the people who care for our patients is pretty incredible.”

But this could not have been accomplished without guidance from the AMA, which “reviewed the literature on well-being, tapped experts in all the different systems and created a very helpful road map” Dr. Gregg says. “The AMA had webinars every month that helped with answering questions as we traveled the road map and the recognition application process.”

The AMA recognition “really gets the name of Sutter Health out there and also—even if the medical groups do not apply for the award individually—it really does put them on the map for being a great place to work as the award represents what we all are doing collectively,” Dr. Kacher Cobb notes. “And it helps with recruitment and retention, so it’s really fantastic that the AMA outlines a pathway for organizations



We’ve trained our medical assistants—who are usually our chaperones—to be our documentation specialists. It makes it not only a more efficient time period, but more comfortable for the patient.

Laurie Gregg, MD
Chief Wellness Officer
Sutter Independent Physicians



In the past two years, we have quadrupled the number of physicians who are receiving documentation support, and it has had a tremendous impact.

Lauren Weger, MD

Vice President of Primary Care Operations
Palo Alto Foundation Medical Group

to improve well-being and achieve this recognition.” Central to Sutter Health’s approach is a bold commitment to slashing the administrative burden that often weighs heavy on physicians, providing them with relief from the relentless demands of the EHR after hours. By cutting these burdens, they honor their doctors’ time and passion for healing.

That’s because “80% of burnout is due to systems issues and utilizing the data from surveys such as the AMA’s Organizational Biopsy® ... to find out where some of these opportunities are and then putting our resources towards making operational improvements really helps our clinicians,” Dr. Kacher Cobb says.

Through efforts at Sutter Health, physicians have seen a decrease in time spent on the EHR each day, dropping from 54.53 minutes to 46.69 minutes a day—a 14% reduction.

Help with documentation

“In ob-gyn ... having a chaperone in the room is very important as it is with other fields. So, in 2022, we morphed the scribe and chaperone and called them documentation specialists,” says Dr. Gregg. “That has already helped us because we have to bring a chaperone in anyway.”

“We’ve trained our medical assistants—who are usually our chaperones—to be our documentation specialists. It makes it not only a more efficient time period, but more comfortable for the patient,” says Dr. Gregg, describing the change at her practice in Sutter Independent Physicians. She also notes “there’s a medical assistant the patient knows who is documenting in the EHR, helping with procedures and chaperoning. That is a big multitasking win.”

Turn to physician champions

“Also ... we are big on incentivizing our physicians to be more efficient, so we have EHR-optimization visits through physicians who are EHR champions,” Dr. Gregg says. “We give incentive pay for physicians to sit with other physicians one-on-one for an hour to learn some tips and tricks.”

“We incentivize them to do it because we feel it’s so important,” she says. Physicians have been taking advantage of that and once they have a session with an EHR champion, “they really notice that they’ve cut their time going forward.”

Physicians who need help with the EHR can reach out to the champions to set up a session. But it isn’t just for physicians who struggle with using the EHR. It can

also be helpful for physicians who want to become even more adept at using the EHR.

Educate on note bloat

With the help of the AMA's "Debunking Regulatory Myths" series, Dr. Gregg learned more about using time rather than documentation elements for patient visits. The myth on documenting time for each task during outpatient visits demonstrated how physicians can now choose to bill based on documentation of medical decision-making or the total time spent on the encounter.

"Now that we can use time-based billing instead of note-documentation billing, that has really made the difference for me and a lot of my colleagues," Dr. Gregg says. But not enough physicians knew about this, so "we educate to that a lot."

Use AI for documentation, responses

Sutter Health has also used augmented intelligence (AI)—aka artificial intelligence—to help with documentation and patient portal messages.

"AI listens to the patient-physician visit and drafts the visit note," Dr. Gregg says, adding that AI also "can craft an initial response to a patient message that the physician revises and sends back."

Using AI in this way has generated "amazing feedback," Dr. Kacher Cobb explains, noting that Sutter Health is "rolling it out to dermatology and other outpatient offices now and eventually will be rolling it out to the acute care facilities too."

"Supporting our clinicians in their efficiency of practice gets me excited as a leader. We have many opportunities to make a meaningful difference," says Dr. Weger, noting that "providing more documentation support for our clinicians has been a key area on which we have focused."

"In the past two years, we have quadrupled the number of physicians who are receiving documentation support, and it has had a tremendous impact. I hear regularly about the positive difference this is making in our clinicians' lives," she adds.

The initial pilots of AI throughout the Sutter Health system have shown some promise and are still being analyzed and perfected.

Build a team for inbox management

Every six months, physicians at Sutter Independent Physicians are encouraged to complete innovation projects. If physicians can't think of innovation projects



Teresa Nauenberg, MD, is a concierge medicine physician with the Palo Alto Foundation Medical Group.

to do, "we give them preprepared innovation projects," Dr. Gregg says.

"Team inbox, as we call it, is one of those preprepared ones and we don't dictate exactly how they do it," she says. "We say over six months, if you can create something where not only the doctor touches the inbox, but at least somebody else—medical assistant, nurse—then that meets one criteria for the innovation project and it's another incentive for them."

Palo Alto Foundation Medical Group is also "addressing the in-basket burden that we face, especially in our ambulatory practices," shares Dr. Weger. "Within our primary care and pediatric teams, we have implemented a multidisciplinary in-basket support team, also called MIST."

"The MIST team receives patient messages upstream, before they reach our primary care and pediatric departments. Frequently, that team is able to fully address the patient's needs, reducing the volume of messages that our in-office teams experience. Otherwise, they tee the message up, saving time for our front-line clinicians," she adds. "This has reduced the percentage of messages that reach our primary care physicians and pediatricians by about 40%, which is huge."

All this work sets the stage for Sutter Health to reach its goal.

"We want to be the best place to work and practice medicine, and creating a robust, healthy culture for our physicians is key to that," says Warner Thomas, president and CEO of Sutter Health.

Helping pediatricians rediscover joy and meaning in medicine

While the national rate of burnout among pediatricians has dropped in the past year, Texas Children's Pediatrics shows no signs of slowing their efforts to improve well-being.

By Sara Berg, MS, and Marc Zarefsky

Picture a pediatrician whose days were once filled with the joy of helping children who is now struggling to find meaning in medicine. Imagine an emergency physician, the epitome of calm under pressure, feeling the weight of unrelenting stress. This is doctor burnout, and certain physician specialties have become particularly vulnerable to this pervasive problem.

While the percentage of pediatricians experiencing burnout dropped from 55% to 46.9%, only 48.7% said they felt valued by their organization.

But why are pediatricians facing burnout? "It's multifactorial," says Sapna Singh, MD, a pediatrician and medical director of physician engagement and wellness at [Texas Children's Pediatrics](#).

"When you look at us coming out of the COVID-19 pandemic particularly, there were a lot of different aspects of our job that changed," says Dr. Singh. "One of the biggest drivers is answering patient portal messages, trying to resolve more and more issues over either telemedicine or even just a message request as opposed to having patients wanting to come in for visits, which was traditionally how we practiced."

"We really saw our patients face-to-face in clinic as much as possible because—for children in particular—it's very difficult sometimes to assess what's going on without seeing them and examining them in person," she says. "But the expectations changed through the pandemic and more and more patients now want the convenience of messages answered online.

"All of that work—the hours of time that we are now investing in keeping up with those messages, phone calls, requests for refills, the work of insurance

requirements for prior authorizations, drug shortages—add to the burden," adds Dr. Singh. "As physicians, there is just a lot of burden on pediatricians in terms of how we care for patients and do it in a way that's sustainable and that allows us to still be able to maintain some work-life balance. That's becoming harder and harder to do."

"As a general example, for every 15 minutes that a patient is being seen in a visit, that physician in primary care is probably spending an additional hour of work on other needs for that patient outside of the visit," she says. "So, burnout in pediatrics is really coming from multiple different places now."

"It can really start to feel like we're coming into work and doing more and more and getting less and less back," Dr. Singh says. "And sometimes some physicians begin to feel very undervalued and underappreciated."

That is why Texas Children's Pediatrics is finding ways to tackle the systemic drivers of physician burnout.

Hearing physician concerns

After Dan Gollins was named president of Texas Children's Pediatrics and Urgent Care, during the pandemic, one of his first action items was to travel across Texas to the more than 80 locations under the organization's umbrella. His goal was to listen to how pediatricians and staff were doing and what they needed. Their answers were crystal clear.

"What I heard was people felt abandoned during COVID," says Gollins. "They felt alone, they were tired and were looking for us to help support them."

In response, two years ago, Texas Children's Pediatrics organized an engagement and well-being committee to open lines of communication between physicians and leadership so that needs and challenges could be better understood and more easily addressed.

Dr. Singh was voted medical director by her peers to serve as a bridge between the medical staff and the organization's leadership team.

"We've assessed burnout across the system twice now. We just completed our second assessment this past March and we saw improvement," says Dr. Singh. "Our distress scores dropped dramatically from 2023 to 2024, and our thriving scores improved."

"Some of it may be just COVID being a little further away in our rearview mirror, but I'd like to say that we can take some credit," she says, noting "the committee's work has helped allow us to have a discussion about what physicians need at every level of the organization and that's critical to being able to tackle burnout."

"You can't just form a committee and then go out and give people cupcakes and meditation classes. You need to go in and have the Epic team work on how we can improve EHR inefficiencies," Dr. Singh says. The committee also looks at "how does our staff support the work of the clinical team better? ... How can leadership come in and support us when we need help with supplies, equipment, scheduling, online resources that we might need assistance with?"

Identifying solutions together

During earlier phases of the COVID-19 pandemic, Dr. Singh routinely found herself struggling with the rise in depression and anxiety among child patients.

Texas Children's Pediatrics in turn invested in a workshop designed to teach primary care physicians how to handle psychiatric care in the clinic. The program was offered to all physicians and advance practice providers across Texas Children's Pediatrics, and so far, more than 230 have participated. The results, says Dr. Singh, have been life-altering.

"I was able to—within one week of having had that course—go into a clinic room, see a child who had an issue, and have a solution," she says. "That one act alone was so incredibly helpful to us in our day-to-day work and in the work that I do with my patients."

Show you're invested

While their well-being work was not done for recognition, for the first time this year Texas Children's

Pediatrics applied for the [AMA Joy in Medicine Health System Recognition Program](#).

"We followed the Joy in Medicine road map and it was pleasantly surprising. We had actually done a lot of the work that the road map was asking for, even prior to looking at that and using that as a guiding format for what we wanted to accomplish," Dr. Singh says. "That recognition would be wonderful because it helps people see we're invested, and we really do want to help physicians do better."

"The program that the AMA has put together is really fantastic, especially if you're an organization that's just getting started," she says. "That road map is a really good way to work through the system level things that are really causing burnout."

Maintain open communication

"The most important thing is that we've got to really listen to our clinical care teams ... to provide quality patient care, which should be everybody's priority," says Dr. Singh. "The people who take care of those patients day in and day out really need to have a voice."

"And anybody who doesn't take feedback seriously is probably going to have more issues with burnout and attrition within their system," she says. "What our organization has done really well is we've opened up the conversation, we've got avenues for feedback and discussion and on top of that, we have action."

"People are taking action on ideas that we've asked for. We're not at the end by any means yet and there are a lot of other factors that contribute to this that aren't in our control," Dr. Singh adds. "But at the end of the day, pediatricians have a lot to offer."

"If a system opens up the conversation and allows people to start contributing, you're going to get a lot of great ideas," she says. "And hopefully those are the things that'll help physicians feel engaged, appreciated and valued."

"Those three things are going to help you with burnout," says Dr. Singh. "Just allowing people to be heard makes a big difference."

AMA resources that guide health systems

Whether you're looking to implement well-being programs, foster a culture of resilience or explore innovative strategies to enhance physician satisfaction and make system-level changes, there's an AMA resource to match. These resources are tailored to help physicians thrive in today's demanding environment. Dive into these expert-curated toolkits, playbooks and podcasts that have helped health systems who have received recognition from the Joy in Medicine program to empower their teams and build a healthier, more sustainable workforce.

Resources include:



Leadership

Cultivating Leadership
Chief Wellness Officer Road Map
Listening Campaign



Culture

Peer Support Programs for Physicians
Creating the Organizational Foundation for Joy in Medicine™
"Real PTO" for Physicians
Scholars of Wellness



Team-based care

Medical Assistant Professional Development
Simplified Outpatient Documentation and Coding
Team Culture



Administrative burdens

Getting Rid of Stupid Stuff
Annual Prescription Renewal
Saving Time Playbook
Taming the EHR Playbook



Debunking regulatory myths

AMA Debunking Regulatory Myths Series
Reducing Regulatory Burden Playbook



Scan to uncover resources that may benefit your health system.