

RECOGNIZED ORGANIZATIONS 2025

Mid-Atlantic Permanente Medical Group
Confluence Health • Atlantic Health System
The Permanente Medical Group • Ochsner Health
Henry Ford Health • Advocate Health • Baptist Health
Northwest Permanente • Lehigh Valley Health Network
Sutter Health • CenterWell Senior Primary Care • Geisinger
Jefferson Health • The Southeast Permanente Medical Group
Rush University Medical Center • Bayhealth • Northwell Health
Washington Permanente Medical Group • Hattiesburg Clinic
Sanford Health • Texas Children's Pediatrics

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A cultural reset: Restoring purpose in physician practice

While there has been a drop in physician burnout, the AMA continues to call for systemic changes to improve well-being and bring lasting joy back to medicine—starting with helping doctors feel valued.

By Sara Berg, MS

After years of record-high stress levels, a glimmer of hope is emerging in the world of medicine. Exclusive AMA data shows that the physician burnout rate has dropped to 43.2%, continuing a promising downward trend from 48.2% in 2023 and a staggering 53% in 2022.

These numbers mark real progress, but they also serve as a reminder that the journey toward meaningful, system-wide improvements in physician well-being is far from over. For the AMA, this remains a top priority to transform a culture of exhaustion into one of professional purpose and sustainability.

"Not only is our <u>AMA Organizational Biopsy</u>" national physician comparison report showing

improvement, but also the latest national burnout survey that is done every three years is showing a decrease in the overall burnout rate among physicians back to pre-pandemic levels," says Kevin Hopkins, MD, a family doctor and physician director of health system engagement at the AMA.

"While the measured burnout rate among physicians is at or near the pre-COVID levels, many system drivers of burnout which preceded the pandemic remain," Dr. Hopkins adds. "We need to figure out the best course of action for health systems and practices in order to continue on the quest to help bring joy back to practice."



It's past time for the pendulum to swing back in the other direction. Feeling valued will be a theme that is not only emergent but will be a consistent priority for health systems and practices over the next several years.

Kevin Hopkins, MD

Physician director of health system engagement, AMA

"We still have significant work ahead of us to reduce the level of burnout across the nation. We are making progress and through the commitment of health systems and practices, will continue to drive improvement," says Jane Fogg, MD, MPH, an internal medicine physician and physician director of organizational transformation at the AMA.

That is why, as a leader in physician well-being, the AMA continues to advance its work around reducing physician burnout by removing administrative burdens and providing real-world solutions to help doctors rediscover the Joy in Medicine*.

Focus on feeling valued

"Among many trends, one that stands out is the increasing employment of physicians by hospitals and health systems. When physicians work in ever enlarging health systems, sometimes this leads to a feeling of disconnection from the strategy, mission and goals, and the loss of their voice in shaping the practice," says Dr. Fogg. "Some of our health systems have demonstrated ways to mitigate this phenomenon with proactive measures to listen to and involve physicians in practice transformation and governance."

"Physicians who feel valued by their organization have reported a lower rate of burnout and a lower likelihood of leaving their organization within the next two years," says Dr. Hopkins. "Helping health systems and practices identify ways to support their physicians in feeling valued can be part of a strategy to reduce burnout and burnout-related turnover."

But there isn't a one-solution-fits-all approach to feeling valued.

"For some people it has to do with their salary. For other people it has more to do more with benefits," Dr. Hopkins says. "But to help most physicians feel truly valued, include them in some decision making and give them some degree of increased autonomy."

"It's past time for the pendulum to swing back in the other direction," Dr. Hopkins says. "Feeling valued will be a theme that is not only emergent but will be a consistent priority for health systems and practices over the next several years."

"We talk about the relative benefit of things such as lunch for National Doctor's Day. Well, that doesn't really make you feel all that special," he says. "But a handwritten note from your department chair or an executive leader in your system calling out something unique or special that you did that made a difference for a patient or the system, that will help you feel valued."

"I keep a file of notes and cards that I've gotten from patients and from leaders in our health system in my desk drawer. When I'm feeling challenged or a bit down, I get them out and read a few of them," Dr. Hopkins shares. "To know that you're making a difference for somebody makes it worthwhile. That's what helps us get out of bed and come to work in the morning—knowing that you're making a difference."

"When working in a large system, it's important to feel valued and connected," says Dr. Fogg. "It's important that your voice is heard and that you can participate in improving the practice.

"I'm glad that we focus on practice efficiency because that is a significant driver of burnout. But it's equally important that we help our leadership develop skills to promote well-being," she adds, noting the AMA STEPS Forward "Wellness-Centered Leadership Playbook" can be referenced for examples of "approaches that health system leaders can take that will support physician well-being."

Turn to the AMA for a road map

With the AMA Joy in Medicine® Health System
Recognition Program, says Dr. Hopkins, "a big part of it is the recognition that we give health systems that are prioritizing physician well-being and not only idealizing it and theorizing about it, but actually putting it into action."

"Just as individual physicians want to feel valued and recognized, health systems want to be recognized for the work they're doing," he says. "Beyond providing national recognition, the Joy in Medicine Program includes evidence-informed criteria to actually implement change.

"These criteria can help give direction to health systems and practices just beginning their organizational well-being journey as well as those who are stuck and not sure what step to take next," Dr. Hopkins adds.

Since the Joy in Medicine Program launched in 2019, it has gained national awareness and momentum, having recognized the commitment of more than 160 health care organizations to physician well-being.

"The growth of the program speaks to the continued attention and investment from health system leaders on this important issue," says Dr. Hopkins. "Supporting your physician workforce is the right thing to do. It also makes financial sense and supports high-quality patient care."

Make changes that affect culture, practice efficiency

Organizational well-being may include supporting personal resiliency, but the primary focus should be on system changes addressing drivers of culture and practice efficiency. For example, "making it possible for physicians to take time off without being tethered to the EHR, having a coverage plan in place to cover not only direct patient care, but also the EHR inbox while you're away," says Dr. Hopkins.

This is important to note because a major barrier to taking time off for physicians is not wanting to overburden one of their colleagues to cover their practice or inbox while they are away. Meanwhile, according to AMA Organizational Biopsy data, 49.8% of physicians surveyed also reported that the volume of inbox work they would face on their return is another barrier to taking time off.

But physicians need that time off to rest and recharge, and they shouldn't be going back to an overflowing inbox or having to respond while on vacation.

Ensuring physicians' inboxes are covered "is a tactic that health systems are employing that's very effective in making it possible for physicians to take real paid time off," says Dr. Hopkins. "There are so many physicians who spend half an hour or more on a vacation day doing EHR work and that's not really time off, so you don't get the full benefit of it."

Measure with the AMA

"If health systems aren't measuring burnout in their physicians, it makes it impossible to manage it, to prevent it and to mitigate it," says Dr. Hopkins. "One of our goals is to continue to increase the number of health systems across the country that we work with in measurement and assessment work using the AMA Organizational Biopsy."

"When the AMA does the Organizational Biopsy to assess well-being, we're not just looking at the current



When the AMA does the Organizational Biopsy to assess well-being, we're not just looking at the current state of well-being. We're also examining drivers of well-being. That allows us to find strategies and that makes us stand out from other surveys.

Jane Fogg, MD, MPH

Physician director of organizational transformation, AMA



When we deliver the results to a health system, our AMA faculty meet with health system leaders to discuss their survey findings and talk about next steps. We try to focus on activation and what groups can do to improve well-being, not just where they're at.

Jane Fogg, MD, MPH

Physician director of organizational transformation, AMA

state of well-being. We're also examining drivers of well-being," says Dr. Fogg. "That allows us to find strategies, and that makes us stand out from other surveys which are more about a general assessment of well-being, but not drivers."

"Anyone who is trying to improve any kind of system, you want to first know how the system is functioning and what interventions will improve it," she explains. "We all know that physicians and all health care workers experience some levels of burnout, but understanding the key drivers is essential to developing strategies and solutions."

"When we deliver the results to a health system, our AMA faculty meet with health system leaders to discuss their survey findings and talk about next steps," Dr. Fogg says. "We try to focus on activation and what groups can do to improve well-being, not just where they're at."

But the assessment work doesn't stop there.

"We are continuously improving our survey and resources. We're exploring and planning how we can improve upon our survey by adding additional questions that would address physicians who work in non-ambulatory settings," Dr. Fogg notes. "We are also looking at how to survey other role types in health care because we know it's important that the entire care team is working in optimal conditions to combat burnout."

The AMA is here to help

Throughout each health system's well-being journey, the AMA is there every step of the way. For example, says Dr. Hopkins, "the AMA STEPS Forward resources are valuable tools to educate health system leaders and individual front line physicians on things that we can do to preserve some margin in our professional lives

by being more efficient in workflows and by focusing on work that physicians are uniquely trained and qualified to do."

The AMA "Debunking Regulatory Myths" series is another good resource for health systems and physicians to reference, Dr. Hopkins says. "There are things we do because we've been told they are regulatory requirements. In many cases that's true, but some of these time-consuming, low-value tasks aren't actually regulatory requirements.

"It's an organizational policy or standard put in place to keep us compliant with a real regulatory requirement," he adds. "We encourage physicians to ask questions about why we have to do certain things and why we have to do them in a particular way."

"In addition, we do have boot camps, learning collaboratives, podcasts and a multitude of other free resources in the STEPS Forward materials and we're continually trying to build new materials that address additional needs," says Dr. Fogg. "The learning collaboratives cover topics such as improving clinical technology for practice and reducing administrative burden in the practice setting."

"The research that we support is also an important pathway to understanding the drivers of well-being and strategies," she says. "We're trying to tackle it from multiple ends and offer all of these services in the effort of helping groups improve their current situation."

"The AMA has really shined a spotlight on the value of physician well-being and the detriment of physician burnout," Dr. Hopkins says. "And by developing the Joy in Medicine program, we've provided a road map that health systems and practices can follow to move along the path towards physician well-being."

164 health systems that care for the caregivers

Each year, the 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 below are each organization's recognition level for 2024 and 2025.



2024

GOLD

El Rio Health

SILVER

Bayhealth

Endeavor Health Edward Hospital & Endeavor Health Elmhurst Hospital 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

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

Memorial Healthcare System

MemorialCare Medical Group

Moffitt Cancer Center

Naples Comprehensive Health

Nemours Children's Health

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 Health Science Center at San Antonio

VA Illiana Health Care System

Veterans Integrated Service Network (VISN) 12

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2025

GOLD

Advocate Health

Allegheny Health Network

Baylor Scott & White The Heart Hospital

Children's Mercy Kansas City

ChristianaCare

Confluence Health/Wenatchee Valley Medical Group

Dayton Children's Hospital

Jefferson Health Mayo Clinic

Michigan Medicine Northwestern Medicine

Ochsner Health

Palo Alto Foundation Medical Group The Permanente Medical Group

Sanford Health Stanford Medicine

University of California San Francisco Health

The University of Chicago Medicine

University of Texas Southwestern Medical Center

WellSpan Health

SILVER

Ascension

Atrius Health

Children's Primary Care Medical Group Christus Health, Christus Trinity Clinic

Community Health Network Cook Children's Physician Network Dignity Health Arizona Market

Geisinger

Icahn School of Medicine at Mount Sinai

Lehigh Valley Health Network

Mid-Atlantic Permanente Medical Group

Northwest Permanente P.C.

The Ohio State University Wexner Medical Center

The Queen's Health Systems Rush University System for Health

The Southeast Permanente Medical Group

SUNY Upstate Medical University

University of Utah Health

UPMC

VA Boston Healthcare System

Washington Permanente Medical Group

WellStar Health System

BRONZE

Akron Children's

Albany Medical Center and Albany Medical College

Allied Physicians Group

Ann & Robert H. Lurie Children's Hospital of Chicago

Ballad Health Medical Associates

Banner Health

Baptist Health Medical Group BayCare Medical Group Bon Secours - Richmond

Bristol Health

Broadlawns Medical Center

Carilion Clinic

Cayuga Health

CenterWell Senior Primary Care

Central Ohio Primary Care

Central Virginia VA Health Care System

Children's Hospital Los Angeles

Children's Specialty Group

Connecticut Children's

Cooperman Barnabas Medical Center

Corewell Health

CoxHealth

Duly Health and Care

Emory Healthcare

Eskenazi Medical Group

EvergreenHealth

Forefront Dermatology

The Guthrie Clinic

Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center

Holland Hospital Houston Methodist Huntington Health

Kootenai Health

Lahey Hospital Medical Center

MaineHealth

Mercy

Methodist Mansfield Medical Center Minneapolis VA Health Care System

MultiCare Health System

Onvida Health Parkland Health

Phoenix VA Health Care System

Providence St. Joseph & St. Jude Heritage Medical Group

Reid Health

Ridgecrest Regional Hospital

Robert Wood Johnson University Hospital (RWJUH) and Rutgers Robert Wood Johnson Medical School (RWJMS)

SCP Health

Sea Mar Community Health Centers Sharp Metropolitan Medical Campus

South Shore Health

UC San Diego Health

Spectrum Healthcare Partners Thundermist Health Center

UCHealth UNC Health University Health

The University of Kansas Health System

University of Michigan Health-West

University of Missouri Health Care and University of Missouri School of Medicine

The University of Texas MD Anderson Cancer Center

The University of Vermont Health Network UW Medicine, University of Washington VA Greater Los Angeles Healthcare System

VA Palo Alto Health Care System

VA Texas Valley Coastal Bend Health Care System

Virtua Health

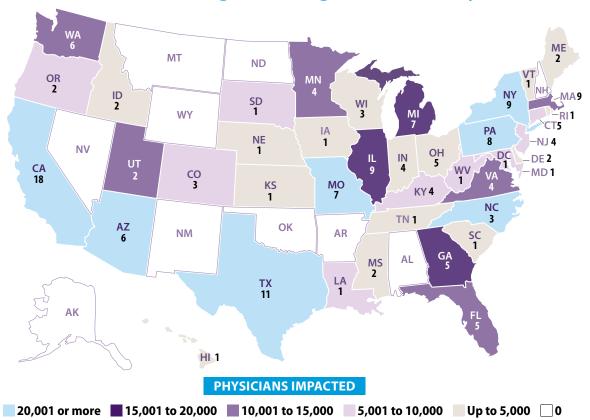
West Virginia University Hospitals

BY THE NUMBERS

449,058 physicians impacted in 40 states and the District of Columbia

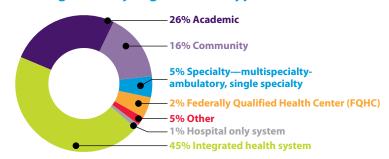
Of the 164 organizations recognized in 2024 and 2025, 81 were returning organizations and of those, 36 increased their recognition level.

Number of recognized organizations, by state



Highest number of impacted physicians	
California	44,682
North Carolina	35,592
Pennsylvania	34,640
New York	32,258
Texas	31,451

Recognition by organization type



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 over time such as the establishment of a wellness committee or office on well-being, appointing a chief wellness officer and 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 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.





2025

ADVOCATE HEALTH

Using consistent measurement tool key to addressing job satisfaction

By prioritizing regular, structured assessments of physician burnout, Advocate Health is tuning into the actual voices of those on the front lines of care.

By Sara Berg, MS

The well-being of physicians is not just a metric, it is a mandate. And that has been clearly established at Advocate Health where assessing physician burnout is not just a data exercise. It's a vital tool for change.

These assessments serve a dual purpose: identifying areas where support is most needed, and amplifying physician perspectives to guide meaningful, systemic improvement. It's not about what leadership assumes is best—it's about what their physicians are saying loud and clear.

That feedback is what drives Advocate Health's "Best Place to Care" strategy where the voices of their physicians don't just inform their well-being initiatives, they define them.

"We use multiple modalities for data, and we use the data that is specifically given to us from the voices of our physicians and advanced practice professionals to inform our Best Place to Care strategy," says Suzanna Fox, MD, an ob-gyn and chief physician executive for the North Carolina and Georgia division of Advocate Health.

"It's the actual voices of our physicians and advanced practice professionals that drive that, not something that we may or may not think is the right thing," Dr. Fox adds. "We take what they tell us and then that's what drives our strategy."

But it is also about "trying to be very conscious of not over surveying our physicians," she says.

Advocate Health currently has a <u>culture of safety</u> and well-being survey that comes out once a year

to everyone. There is a subset of questions around well-being and psychological safety. Then there is an anniversary survey that physicians complete on the anniversary of their hire date. That has been narrowed down to just six questions that focus on well-being, burnout, connection and trust.

"The one that we use the most is the AMA Organizational Biopsy". When we first started on this journey with the AMA, we used the entire Organizational Biopsy over the last few years in the North Carolina and Georgia division and we just launched it in the Illinois and Wisconsin divisions," Dr. Fox says, noting that the "AMA has just been instrumental in helping us craft that and it is probably the tool that we use the most for a couple reasons.

"One is because the AMA has such a great reputation and so we have had a larger percentage of physicians and advanced practice professionals fill that out, so we get a higher response rate for that," she adds. "The second thing is it is absolutely focused on physician and advanced practice professional wellbeing and burnout. So, just hearing that the tool is absolutely tailored to what we're looking for has really helped us."

"When we were selecting our assessment strategy as we grew as an organization, our Illinois and Wisconsin divisions were using the Stanford professional well-being index and we were already using the AMA Organizational Biopsy, and one of our first priorities was we need to get on one consistent



It's the actual voices of our physicians and advanced practice professionals that drive that, not something that we may or may not think is the right thing. We take what they tell us and then that's what drives our strategy.

Suzanna Fox, MD

Chief physician executive for the North Carolina and Georgia division, Advocate Health

assessment tool. So, with that, we moved to the AMA last year for the first time as a huge organization," says Yasemin Moore, associate vice president of clinical leadership and development for Advocate Health.

Beyond that, "the AMA has been instrumental for us in helping mine the data, get the data for us across regions, get it service line specific so we can identify best practices or where people have opportunities," says Dr. Fox. "It has been transformative looking at what we may do well in the North Carolina and Georgia division or what we can learn from the Illinois and Wisconsin divisions."

"We can also see if the initiatives that we implement based on this data is making an impact or not. And if it is, we can continue and expand it. If it's not, then we rethink how we're doing things to ensure we hit the mark," she says.

Choosing the right assessment tool

Working with the AMA "was a natural fit for us because our values aligned so much," Dr. Fox says. "When you're working with an organization that has the same values, then we're all rowing in the same direction."

While a lot of the questions used in the Organizational Biopsy are the same as other health systems, the AMA makes it easy for Advocate Health to add their own questions for what they want to hear from physicians.

"We have a longstanding history of doing engagement and asking adjacent questions around well-being and burnout," says Moore. "But until we started using the Organizational Biopsy, we never had a dedicated burnout measure or job stress measure that we were looking at with this level of frequency."

Looking at trends in well-being

Measuring physician burnout and well-being is one thing. It is also important to look at the trends to determine the next course of action.

"We've got several bright spots, and we are really proud of them. We've got very high job satisfaction, which that recruitment and retention is absolutely connected to that," says Dr. Fox. "We've improved our burnout statistics over time, and we've improved that year over year."

Additionally, physicians at Advocate Health "feel very connected to their leaders," she adds. "We also know that they feel very connected to our mission at Advocate Health, which is that we take care of anyone regardless of their background."

"Then we have significantly decreased the intent to leave by 10%," Dr. Fox says.

While there are so many bright spots from the Organizational Biopsy, some opportunities for improvement have also been identified such as reducing administrative burden.

"No matter all the things that we're doing, we recognize we're doing a lot in that space, but then things keep piling on so that it's less noticed when we keep piling things on," Dr. Fox says. "We're certainly seeing that we need to reduce in-basket messages and that pajama time or work outside of work time."

Sharing data and insights

With trending data identified, Dr. Fox shares insights with appropriate leadership. For example, she recently shared it with board members of Advocate Health.

"We've shared it with our CEO Eugene Woods who is very supportive of this work and when Yasemin

and I presented this past year at the International Conference on Physician Health" in Nova Scotia, a lot of what we heard from several of the organizations that came up to us after we spoke was that their CEO or executive team do not see the importance of this work," says Dr. Fox. "We are very blessed that our CEO and executive teams do see the importance of this work."

"They're willing to support us in that, so we get in front of them," she says. "We also have a large Best Place to Care oversight committee where we go over the data with them and get insights on how we need to move our initiatives along."

"Then with the help of the AMA, we drill down into our service lines. We look at best practices, but then we meet individually with each of our service lines, go over their reports, trending data and where they may or may not have opportunities," says Dr. Fox. "Then our team provides resources and the support they need to enact that change."

Launching well-being initiatives

While a lot has been implemented as a result of the Organizational Biopsy results, "we've got more to do," says Dr. Fox. "First of all, we need to amplify the work that we're doing around decreasing administrative burdens."

"We've got ambient listening tools and now we're working on in-basket management to really decrease the burden that's within the EHR," she says. Also, "we know that—especially in the first biopsy we did—our credentialing process, our onboarding process, are not where they should be, so we've made some sweeping changes there to make it more of a seamless process."

Additionally, Advocate Health has tailored their communication strategy for their physicians and other health professionals to how they want to hear from the well-being team and how often.

"We've been very intentional of saying we heard this, and this is what we've done about it so they don't feel that their requests are going into a void," Dr. Fox says, noting that "it's critically important for me that when I send emails out to our physicians ... that I write them."

"It is a very authentic, somewhat vulnerable way of saying this is where we find ourselves. We recognize what you're dealing with, and this is what we're doing about it," she explains. "That has resonated really well."

Advocate Health also has "a robust series of leadership development offerings that are tailored specifically for our physicians," Moore says. "And the leadership domain questions of the AMA really help us focus in on where we need to have more emphasis.

"We're very proud of the progress we've made specifically in the North Carolina and Georgia division around how effective our clinical leaders are being perceived by their direct reports," she adds. "That's one space that the AMA data has really helped us inform our work."



Listening to physician feedback

Advocate Health has also "introduced a series of networking events," says Moore, noting these events are not only for "networking, but they're also part of our <u>listening tour strategy</u> because it allows our executive teams to meet with our physicians in a relaxed forum."

"They're asking, 'What can we help you with? What barriers are in your way?' And they're meeting them on a more social level," she says. "We've introduced those across the entire organization and then in the greater Charlotte area to feed into the feedback."

Additionally, "we've been having some more family friendly events that have been very popular, and the feedback has been, 'Well, now I don't have to choose between family and work, and it's allowed me to bring the two together," Moore shares. "That's something we hope to grow across the enterprise in the coming years."

Working together every step of the way

"We have a core team and an oversight team that is equally weighted across our Advocate enterprise, and we do the work together. We are very aligned," Dr. Fox says, noting "it also includes our residents and fellows. We have our head of academics for the enterprise help with initiatives that we do for our residents and fellows and our learners so that they have a really good experience and then hopefully we retain them for the organization."

"We've also created a strategic plan across the entire organization, and it's bucketed into the EHR or administrative burdens, onboarding, and then cultural well-being," she explains. "Those are the three main buckets of work that our strategy is focused on and that is pretty much seamless across the entire organization now."

The data has "allowed us to prioritize," Moore says, noting "there was someone who's no longer with the organization who used to always say, related to this work, that 'it's like giving everyone Tylenol, but not knowing who has the headache, and that's really stuck with me."

"It's not so much about getting the questions and getting the survey out. It's what comes after it," Dr. Fox says. "It gives us a lot of information that we would not be able to have if it wasn't for this partnership."



Suzanna Fox, MD

Chief physician executive for the North Carolina and Georgia division, Advocate Health



Turning physician experience metrics into a systemwide action plan

Through regular measurement, Confluence Health isn't just collecting data, it's engaging in a deeper conversation about what it means to care for caregivers.

By Sara Berg, MS

At Confluence Health, the well-being of physicians and care teams isn't just a checkbox—it's a compass guiding the organization's approach to health care delivery. As part of its commitment to improving well-being and reducing physician burnout, Confluence Health is taking intentional steps through assessment to ensure that the voices of its physicians, nonphysician providers and other health professionals are heard and acted upon.

By analyzing trends and listening closely to the people behind the stethoscopes, Confluence Health aims to create a culture where physicians know they matter, and where their well-being is seen as inseparable from that of their patients. After all, a thriving health care team is the foundation of a thriving community.

"It is important to assess well-being and burnout and to use the assessments as an opportunity to listen to our physicians and respond so that they feel they matter and that their well-being is important to the organization," says Makrina Shanbour, MD, a hospitalist and director of provider experience at Confluence Health in Wenatchee, Washington.

This is important because "the health of our patients is tied to the health of the physicians and their teams," Dr. Shanbour adds.

To assess physician well-being, Confluence Health uses the AMA's Organizational Biopsy® every other year, alternating with the Arch Collaborative Survey. This allows the health system to watch trends internally while also comparing results with national benchmarks. Beyond that, Confluence Health does a yearly Gallup Engagement survey, Mayo Leadership Index and ongoing evaluation of EHR data.

"Results are analyzed as a whole and then broken down to the department level, when possible, so that we can see the departments that are doing well and those that could use some help," Dr. Shanbour says. "We also look at departments that are thriving so that we can find out why they are doing well and share best practices."

One highlight from the assessment is that there has been "a significant decrease in burnout in our family practice clinicians and we associate that decrease with the significant work on primary care redesign over the last couple of years," she says.

All data from the surveys are reviewed by the director of provider experience and shared with Confluence Health leaders and the Wenatchee Valley Medical Group board as well as the Provider Experience Committee. It is also shared more broadly with all physicians and nonphysician providers in the organization through newsletters and meetings. Data is also broken down by departments and shared.

Making assessment easy

Assessment is a key first step in addressing the well-being of an organization's physician workforce. But it goes beyond simply just measuring burnout.

"Talk up any assessment ahead of time and promise that you will share results and work on at least one thing that comes up in the assessment," Dr. Shanbour advises. "And then do it! Walk around, gather a team to help increase participation, and incentivize participation, if needed."

Also, "provide easy opportunities to complete the assessment—bring up the QR code for the survey during meetings and give people time to finish it," she says. Then "share the results broadly and bring the results down to the department level, if possible, and share the department results."

But ultimately, it is important to "celebrate the departments that are doing well and find out what they are doing that is helpful and share it," Dr. Shanbour says.

Identifying pain points

"Through discussion with leaders and committee members, opportunities for intervention are identified for focus in the coming year," Dr. Shanbour says.

"Three years ago, one of the biggest drivers of dissatisfaction was staffing," she notes. But "as we dug into this concern further, we realized that staffing meant different things to different people.

"It meant not enough staff or not well-trained staff or staff in the wrong place or not enough physicians," Dr. Shanbour adds. "Understanding the complexity of the concern helped shape communication about what was being done to address staffing that answered the complex nature of the concern."

Additionally, "from our first well-being survey, we identified that our women physicians wanted more opportunities to build community," she says, "and started hosting Women in Medicine events that have been positive opportunities for collegiality and support."

There was also poor satisfaction with the EHR. This "led to optimization efforts at the department level, assessing workflows and addressing inefficiencies that improved physician satisfaction with the EHR," she says.



It is important to assess well-being and burnout and to use the assessments as an opportunity to listen to our physicians and respond so that they feel they matter and that their well-being is important to the organization.

Makrina Shanbour, MD

Director of provider experience, Confluence Health



You need feedback from your team in order to know how you as a leader are doing. I also think it's very important to hear from our colleagues about what is going well and what is not.

Galen Sorom, MD

Internist and physician leader, Confluence Health

Gathering further feedback

Beyond the yearly assessment tools, Wenatchee Valley Medical Group holds all-doctor meetings quarterly as well as town halls twice a year to gather feedback.

"For example, in 2024 we hosted an all-doc meeting to review physician turnover, gathering good data from our physicians about what they love about their work and what would make them leave," says Dr. Shanbour. "A retention committee then researched and presented ideas to the Wenatchee Valley Medical Group Board."

"A more robust communication plan, increased opportunities for collegiality and a review of retirement options are already in the works," she says. "This year, Wenatchee Valley Medical Group is implementing stay interviews with the goal of identifying why physicians might leave before they do, giving us an opportunity to address concerns before they lead to turnover."

Meanwhile, "our Confluence Health colleagues are great at digging into Epic data to find opportunities to decrease administrative burden and share best practices," says Dr. Shanbour. "Overall, our percentage of in-basket messages handled by staff independently is above Epic averages, but we noticed that some departments were well below the average."

To address this, "we identified a flowsheet used by highly functioning departments that was shared throughout the organization," she says. It "resulted in improvement in this metric across the board."

Meeting leadership needs

Assessment has also proven to be helpful with <u>leadership</u>. Confluence Health has taken steps to ensure leaders are best supporting their provider teams by first surveying its physicians.

"We started assessing our physician leaders and providing more robust training and support for them, understanding the strong link between good leaders and well-being in those that are being led," Dr. Shanbour says.

"You need feedback from your team in order to know how you as a leader are doing. I also think it's very important to hear from our colleagues about what is going well and what is not," says Galen Sorom, MD, an internist and physician leader at Confluence Health.

Dr. Sorom emphasizes, though, that they don't approach the leadership survey results as being part of performance reviews for leaders. Instead, they offer the information to educate and provide help to the leaders in their own development.

"Despite changes in recent years, leadership is not a huge part of medical school curricula in general," she says. "And physicians are naturally leaders by working with a clinical team or rising through residency."

Launching well-being initiatives

From the different surveys—such as the Organizational Biopsy, Arch Collaborative Survey, Gallup Engagement survey, Mayo Leadership Index and ongoing evaluation of EHR data—Confluence Health has launched several well-being initiatives to help. One initiative is <u>listening</u> sessions in coordination with EHR practice optimization interventions.

It is all about really listening to the physicians and nonphysician providers "first to find out their pain points and then provide department-level support and training for system changes as well as individual at-elbow support to decrease EMR burden," Dr. Shanbour says.

The surveys also identified a need to increase efforts to improve belonging among physicians throughout Confluence Health. They answered this need by bolstering the new mentoring program, reviewing and updating welcome and bring-back programs, and "providing a more robust array of opportunities to grow,

learn and connect with colleagues," Dr. Shanbour says. Assessments have also led to sharing opportunities for physicians and nonphysician providers "to participate in our local community through volunteer opportunities and nonprofit board representation."

There is also a family support network at Confluence Health that helps connect physicians and other health professionals' families.

This was important because some of the physician turnover experienced is due to their "families not feeling connected to the community," she says, noting that "we provide concierge and counseling services to all our provider families, and a Facebook page to post social and volunteer opportunities and also foster communication about local recommendations, activities, babysitters or dog sitters" and more.

Other initiatives include several augmented intelligence projects to decrease in-basket work and help with chart review and documentation.

"Early data is showing a decrease in work outside of work and time spent in the chart for early adopters," says Dr. Shanbour.

Continuing to follow the road map

"The AMA Joy in Medicine" Health System Recognition Program gives us a road map to work toward health care well-being," says Dr. Shanbour. "Using the AMA cost of burnout calculator has been helpful to gain support of this work with our leaders."

Through the guidance of the program, Confluence Health has been able to establish half of a full-time equivalent position as well as support and a budget to work on physician and nonphysician provider well-being, she says.

Additionally, "we have been able to partner with our CMIO to work on EHR initiatives and measure outcomes and focus efforts depending on need," Dr. Shanbour says. And "we have grown our support structure to include internal peer supporters for adverse events and 24-hour support, including concierge services, counseling and coaching."





Investing in physician well-being through a data-driven approach

Atlantic Health System is addressing doctor burnout through surveys, listening tours, improving workflows and offering mentoring and coaching.

By Sara Berg, MS

They call it the art of healing, yet for many physicians the craft of caregiving often comes with heavy doses of paperwork, digital documentation and the burden of burnout. That is why at Atlantic Health System, physician well-being is not just a priority, it's a necessity. And it starts with assessing the current state of physician burnout at the organization.

For about six years, Atlantic Health System has remained committed to assessing the state of physician burnout and well-being. While the system has used different surveys in the past, they are now exploring the benefit of measuring with the AMA's Organizational Biopsy*.

These assessment insights help drive Atlantic Health System's strategies from workflow redesign to professional development opportunities. The big themes that have been identified through assessment opportunities have been "similar trends as we see nationally," says Shai Gavi, DO, MPH, an internal medicine physician and chief medical officer for Atlantic Medical Group. For example, "Physicians want to feel like they have an opportunity to provide a voice and feel heard."

Then "certainly understandable is the need for work-life balance and being able to disconnect from work when leaving work," Dr. Gavi says. "The other piece is around staffing and resources, making sure that people feel like they have enough staffing and help."

Knowing the results of different assessments and how Atlantic Health System compares nationally "validates that some of the issues are national, not necessarily local," he says. "But at the same time, we also



Everybody is looking at the data to see where the opportunities are and also where the successes are. It's analyzed by a broad scope of leadership, but also from our physician community to make sure we get feedback from them. We need to hear their voices too.

Jeanine Bulan, MD

Associate chief medical officer for primary care and population health initiatives, Atlantic Health System

impress upon physicians that just because something is national and happens everywhere doesn't mean that we don't want to take it seriously and address it.

"That's an important thing that we try to emphasize and even though we do better than national in some of those areas, it's still a priority for us," Dr. Gavi adds.

Analyzing data across all levels

"The data gets looked at from different lenses through the leadership as well," says Jeanine Bulan, MD, associate chief medical officer for primary care and population health initiatives at Atlantic Medical Group.

As a physician-led organization, this also means including members of the board and leaders across Atlantic Health System.

"Everybody is looking at the data to see where the opportunities are and also where the successes are," says Dr. Bulan, adding that "it's analyzed by a broad scope of leadership, but also from our physician community to make sure we get feedback from them. We need to hear their voices too."

"Then going out to the medical group, our governance is in different regions and each region has its own personality, its own needs and so you try to tailor what each region, each department needs," she explains. "It's multifactorial from different levels of the medical group and that further emphasizes the fact that our voice does matter, and our physicians do want to be able to contribute to the overall general mission of the medical group and what we do."

Sharing findings with physicians

"We really spent time analyzing the data and we were able to see that in many of the areas—engagement, quality and safety—we actually do very well and are above national benchmarks and we've been able to really display that data to our physicians in all of the town hall meetings," says Judy Washington, MD, a family physician and associate chief medical officer for Atlantic Medical Group.

"But we also talk about areas where we have the opportunity to improve," adds Dr. Washington. "One of those is looking at decompression and areas where there are concerns about physicians feeling that they're heard by our leadership team. Yet one area really stuck out. Physicians at Atlantic Health System feel supported. However, the numbers varied across physician specialties."

Knowing outcomes helps physician specialty groups identify individual initiatives to help the doctors in their departments. For Dr. Washington, there is a work group for ob-gyns that meets monthly and "we've been able to address some issues there," she shares.

"I presented the data to the senior managers for orthopaedics so they could actually see the data," Dr. Washington says. "And they were really impressed to see the areas where they thought that they could help improve their scores."

"We share the data with our operations partners as well to make sure they have an awareness of what the opportunities are because they are there on the ground supporting our physicians," says Dr. Gavi. "It's important that they're aware of what's working and what are the opportunities."

Seeking physician feedback

"After our engagement scores in 2022—we went on a listening tour that included the Atlantic Medical Group board members, and that was actually very helpful. We learned a lot from our physicians," says Dr. Washington.

"We learned that the EHR was a huge cause of burnout for our physicians. So, we started learning sessions and started to engage more around Epic with our physicians," she says. "We also learned that contracting was something that our physicians were concerned about. And we've done an excellent job over the last several years in improving that."

The assessments also identified other needs around continuing medical education and getting physicians more engaged. This led to recruiting physicians to give talks, but also getting doctors engaged in different committees across Atlantic Health System.

Another way to get feedback from physicians is through "a partnership between our medical and operations and physician leadership where practices are invited to speak," Dr. Gavi says, noting that "a dedicated Friday afternoon is set aside for practices to come in and present data, tell stories of what is happening in their practice, what we can do to support, what is working and what are some opportunities.

"The challenge is with 250 practices, trying to get them all in to hear all the great things that they're doing. Just from a time logistics standpoint, it can be difficult," he adds.

Addressing vacation time needs

With results from assessments in hand, one of the things Atlantic Health System did in 2024 was to remind physicians about their paid time off (PTO).

It seems simple, but it has been shown that there is a direct correlation between taking time off and disconnecting from work and improvement in well-being.

"We sent around a tip sheet that had information about how to find your PTO balance because what we found was many physicians had no idea," Dr. Washington shares. "We communicated that through several means. One of them was our clinician cornerstone that we try to get out every two weeks and then we talked about it in our regional councils."

"The other thing we did was help physicians know that we had a policy about how you could sign out and assign your in-basket when you were away," she notes. "We highlighted that policy in our newsletter, and we had a catchy theme that we used around that, which was 'Burn time, don't burn out."

Improving workflows

"Looking at the well-being data, we've designed various projects to help with workflows in the office and various pilot initiatives using AI technology to help with inbox management," Dr. Gavi emphasizes, noting that Atlantic Health System's "chief medical information officer has led multiple initiatives. One is around ambient voice technology, for example."

"Using the data to see how much time people are spending in the inbox and charting after hours is helpful to direct resources and initiatives," echoes Dr. Bulan. For example, "we've had a nursing pool initiative in one of our regions to help decrease messages and we've been exploring more use of AI in message response."

Atlantic Health System "is committed to finding technologies and resources to help with very tangible solutions to commit to the well-being of the organization," she adds.



If you are doing the assessments, really spend a lot of time on the comments. We do that each year, and it has really helped guide us because we got to know what the physicians valued.

Judy Washington, MD

Associate chief medical officer, Atlantic Medical Group



Offering mentoring and coaching

The survey results also identified a need for professional development opportunities at Atlantic Health System. To meet those needs, Atlantic Health System launched mentoring and coaching programs.

"We led our first cohort of a mentoring program ... and it was a 10-month program," Dr. Bulan shares. "We worked with our regional medical directors, and it was a great way to break down different aspects of mentoring that they could then bring back to their managing physicians and clinicians in their region."

Meanwhile, "with funds from our Overlook Hospital Foundation, it allowed us to choose five of our managing physicians and take them through a six-session coaching program," adds Dr. Washington. "We are calling it coaching for success because sometimes coaching is seen as more punitive, but the feedback has been excellent."

Sharing advice to keep in mind

For other health systems and organizations looking at assessment of well-being, Dr. Washington's advice is to "really spend a lot of time on the comments. We do that each year, and it has really helped guide us because we got to know what the physicians valued."

Additionally, it is "important to listen to what the group wants. You can spend a lot of time on initiatives, but if it's not what people are looking to have for help or for well-being, you may not be targeting the right audience," Dr. Bulan emphasizes. "For us, between having listening tours and town halls and a lot of open forums to hear what people need and want, that's been really helpful and that's shown when we see the engagement in our surveys go up each year."

For Dr. Gavi, it is "helpful to hear from other organizations about what their experience is because it validates that this is difficult and we're not the only ones who are struggling with this."

One way to hear from other organizations is with help from the AMA. For example, the AMA Insight Network is a virtual forum that provides an opportunity for like-minded leaders from across the country to hear about how leading health systems are finding innovative ways to address physician well-being.

But you can also "get some interesting ideas of what other people are doing that we can think about implementing as well," he adds.

As Atlantic Health System continues its journey, one thing remains clear: physician well-being isn't just about preventing burnout—it's about fostering a culture where doctors thrive.



2025

BAPTIST HEALTH

Shifting from reactive to proactive care for meaningful change

Through assessments, Baptist Health Medical Group identifies burnout levels, driving initiatives to improve physician well-being and create a thriving work environment.

By Sara Berg, MS

The question is not whether physician well-being should be a priority. It is how we can measure and act before burnout becomes irreversible. And the answer lies in assessment—not just of medical knowledge or patient outcomes, but of the very conditions that shape a physician's mental and emotional health.

Proactive evaluations of workload, job satisfaction and systemic pressure can illuminate the path toward meaningful change. By identifying stress points and crafting targeted interventions, health systems and organizations can shift from reactive to proactive care for those who dedicate their lives to caring for others. And at Baptist Health Medical Group, the prescription for a thriving physician workforce starts with measuring, understanding and addressing the challenges doctors face every day.

"Assessing physician burnout is important because it allows us to intervene and reduce any negative impacts on work and productivity, while also advancing quality of care and reducing physician turnover," says Isaac J. Myers II, MD, a family physician and chief health integration officer and president of Baptist Health Medical Group.

This is important because "physician well-being is a priority for Baptist Health as part of our commitment to fostering a supportive and inclusive environment," adds Dr. Myers, noting that when physicians "feel understood and supported, they are much more likely to experience higher job satisfaction and lower levels of burnout, which aligns with our mission to provide high-quality care and a healthy work culture."

To assess well-being, the primary tool Baptist Health uses is the AMA's Organizational Biopsy*, "which incorporates five key performance indicators associated with well-being. And within this survey we also use some of the leadership questions and teamwork questions," says Shawn C. Jones, MD, an otolaryngologist in Paducah, Kentucky, and medical director of provider wellness at Baptist Health Medical Group.

The well-being committee for Baptist Health also uses another survey that takes a deeper look "at leadership from an operational perspective as opposed to a physician perspective per se," Dr. Jones says, noting that "we surveyed for the first time in 2020, which was kind of a crazy time to have your first survey. I really wish we'd have gotten one in the year before, but I became medical director of provider wellness in March of 2020, literally as the pandemic was getting going."

While the surveys were completed in 2020, 2022 and 2024, Dr. Jones plans to assess well-being yearly moving forward to continue identifying focus areas to drive physician burnout down across Baptist Health.

Identifying pain points

Through these assessments, says Dr. Jones, some themes emerged that were "pretty standard or run-of-the-mill in the sense that the issues that we have as a system are pretty representative of what the country faces."

"Our emergency physicians, hospitalists and intensivists tend to have the highest levels of burnout. And that's pretty standard across the country," he notes. "We also have a significant level of distress among our family physicians. And it's not that there isn't distress elsewhere, our numbers pretty much reflect what we see nationally—we are at about 53% reported burnout this year."

Beyond which physician specialties are impacted the most, other issues were identified through the surveys.

For example, "we also see issues with the EHR," he says, noting that Baptist Health's chief medical information officer Brett Oliver, MD, "does a great job at getting pebbles out of people's shoes."

"But it seems like every time something is done in a positive way, then another pebble pops up. And in some respects, it's rightfully so," Dr. Jones explains. "Physicians tend to be kind of like Janet Jackson with, 'What have you done for me lately?' because if you remove a pebble, you don't feel the one that's gone—you feel the one that now was there that wasn't bothering you quite so much, but now it seems like a bigger pebble because the other is gone."

"The process improvement is never ending," he notes, "but it makes me wonder where burnout or physician distress would be if we didn't have a significant impetus and drive towards addressing it in a system basis."

"One of the most important things as a system, at the C-suite level, is that at least every decision that's made has to consider physician wellness in that decision," Dr. Jones advises. "It may not be the moving factor, it may not be that it makes a difference in which way the decision goes, but at least to have someone representing the physician voice at that level who says, 'This is how this decision is going to impact our physicians and what do we do about it."

It's an ongoing process

With data from the assessments in hand, Dr. Jones recognizes that it is a detailed process to sift through the information to guide well-being initiatives. At first it was because the results came at the height of the COVID-19 public health emergency, making solutions more reactionary than proactive.

"We did the best we could do with the data that we had, but our burnout rates were about 62%, which was also pretty typical of what was reflected nationally at that time," he says. "So that data was used to try to get our people the appropriate PPE, materials and other resources we needed as a system to help them with the ability to treat their patients."

But one thing stood out the most to Dr. Jones from those initial results: Physicians were reluctant to seek counseling or mental health care from the trauma they had witnessed or sustained.

That is why Baptist Health partnered with the Kentucky Medical Association and one of the senators in Kentucky to craft a piece of legislation that said "any



physician who sought mental health care services—if not for substance use disorders—that it would be private and not be obtained by anyone else. It would be private information to protect physicians and remove some of the stigma around seeking mental health care services," he notes.

Additionally, as a result of the surveys, the prescription drug monitoring program in Kentucky was integrated into the EHR system for easier access for physicians. And for refill authorizations, Baptist Health obtained an opinion from the Kentucky Board of Medical Licensure to make that regulation clearer. It also allowed the system to integrate that into the workflow to take a bit off of family physicians' plates.

To address hospitalists' burnout levels, Baptist Health established physician well-being champions to be located at every hospital in the system.

"That will be a boots on the ground way of reaching people and letting them know that there's someone who cares about their overall well-being and how things are going," Dr. Jones says. "At the same time, these wellness champions will be part of the wellness committee, because even if I wanted to be, I can't be everywhere all the time. This is a way of unifying the organization geographically in a way that we've not been able to do before."

Listen to what physicians need

"Sometimes the data isn't really clear about what the actual issue is," says Dr. Jones, adding that "you have to be curious about why things are the way they are and intentional about trying to address it because otherwise studying the data can be really interesting, but not effective at addressing the problem."

That is why Baptist Health is launching a listening campaign that aligns with the guidelines from an AMA STEPS Forward* toolkit. This will start with the hospitalists in Lexington, Kentucky at Baptist Health.

"We're going to use that as a pilot program for rolling it out in other areas, but that was one group that had a higher level of distress reflected in the assessment," he explains. "So, we're going to grab that low-hanging fruit and see if we can make a difference there and then hopefully as we get the wellness champions in other areas, roll out the listening campaign there as well."

There was already "a system-wide, operational listening campaign with Dr. Myers and the chief operating officer, Shelly Shaughnessy, that is very popular and meets three times a year. So, this will



I don't know how I would even be able to function to some degree without Baptist Health being an AMA organization because there's so much support, advice and help that comes with that. It's really been invaluable.

Shawn C. Jones, MD

Medical director of provider wellness, Baptist Health Medical Group

be the same thing on a more grassroots level at the hospital," Dr. Jones adds.

The AMA is there to help

When it comes to advice for other health systems and their assessment work, Dr. Jones says the No. 1 thing is "the AMA is a tremendous partner."

"The people who are in this space ... are just incredible with their expertise and their willingness to help," he shares. "I don't know how I would even be able to function to some degree without Baptist Health being an AMA organization because there's so much support, advice and help that comes with that. It's really been invaluable."

But beyond the AMA's help, Dr. Jones recommends that whatever assessment tool a health system chooses, "you have to measure where you are, where you're going and where you've been in some sort of fashion that gives you a reasonable idea of how to proceed."





2025

THE PERMANENTE MEDICAL GROUP

Turning feedback into hope: A physician-led well-being strategy

The Permanente Medical Group maintains a commitment to making strides in professional fulfillment, a culture of compassion and growth, and through innovative leadership.

By Diana Mirel

For Amanjot Sethi, MD, a healthy dose of hope lives at the center of all physician well-being initiatives.

As the director of wellness operations for The Permanente Medical Group in Northern California, Dr. Sethi emphasizes the importance of inviting physician feedback and actively looking for ways to address what is shared as part of the ongoing commitment to workforce well-being.

"Empowering your teams with hope doesn't mean ignoring the real challenges we face," says Dr. Sethi. "We can create spaces for hope through open, psychologically safe conversations about the factors that detract from physician well-being. This involves leaders taking account of the challenges, removing barriers and allowing your people to contribute to solutions."

"We recognized that in order to continue to deliver on the high-quality care we provide for our patients, we also need to support the incredible people who deliver that care," says Ellie Farahabadi, MD, associate executive director who oversees physician wellness, human resources, physician recruitment, and physician education and development.

"While supporting our people has always been an important focus area for The Permanente Medical Group, we decided to make our strategies around this as visible and as integrated with operations as possible," adds Dr. Farahabadi.

Finding solutions that can have an impact on each of The Permanente Medical Group's over 10,000 doctors spread across Northern California, starts by recognizing that physician well-being must go deeper than buzzwords like resilience and wellness. It requires a commitment from the organization that covers a variety of strategies over time, such as gaining institutional buy-in, establishing a plan of action and developing wellbeing as part of the overall strategic plan.

"This work can't be centered solely on supporting the resilience of individual physicians," says Dr. Sethi. "Meaningfully addressing well-being in a large organization must involve all of us rolling up our sleeves and doing the work to ensure that our systems are optimized to support the physicians in their practice. It's about making our organization as resilient as possible, so that even in the face of significant challenges, the burden does not fall only on our providers and teams."

"We believe our people are our greatest strength and investing in their well-being is essential for not only the benefit of our people, but also for our patients and for the long-term success of our medical group," says Dr. Farahabadi.

Start with leadership

At The Permanente Medical Group, prioritizing physician well-being begins at the highest levels of leadership with the goal of permeating through every level of the organization. This is a key part of the organization's commitment to workforce well-being that aligns with the AMA Joy in Medicine' Health System Recognition Program.

"We are so fortunate that our CEO and executive director, Dr. Maria Ansari, is a courageous and determined proponent of supporting physician professional fulfillment and well-being," says Dr. Farahabadi."

"Leadership behaviors and how you pick your leaders is important," says Dr. Sethi. "Leaders who



We believe our people are our greatest strength and investing in their well-being is essential for not only the benefit of our people, but also for our patients and for the long-term success of our medical group.

Ellie Farahabadi, MD

Associate executive director, The Permanente Medical Group

show up with an authentic presence, invite new ideas and express gratitude are the ones who build trust—and that helps with any wellness strategy."

From the CEO and executive teams to medical center and departmental leaders, there is a shared commitment to a well-being strategy that is integrated into the organization as well.

"We are prioritizing this work at every level and with the same vigor as our other strategic imperatives such as quality, service and operational efficiency," says Dr. Farahabadi.

To effectively incorporate well-being into the overall strategy, The Permanente Medical Group took a somewhat unconventional approach to the institutional structure. Rather than centering the work around a single chief wellness officer, the organization has two regional leaders, Drs. Farahabadi and Sethi, who work in close partnership with one another, the CEO, senior operational and functional leaders, and the physician-led board of directors in setting the vision and priorities for The Permanente Medical Group's well-being strategy.

Increasing the visibility of well-being as a strategic priority and rooting the related accountabilities throughout various levels of leadership at The Permanente Medical Group was an intentional effort to meet the sprawling system's distinct needs.

"Together, we work to understand the drivers of our physicians' professional fulfillment and well-being," says Dr. Sethi. "We identify our strengths, understand where the gaps are and then we take a very strategic focus on addressing those gaps." Most importantly, this approach ensures that the work to support physician well-being is not trapped in a silo. Instead, it's built into operations across the system.

As Dr. Sethi notes: "The aspirational goal is for all leaders to have the chief wellness officer mentality. In each department and team, we should be thinking about how our operational decisions can enable us to take excellent care of patients while also supporting the people delivering that care."

In addition to engaging operational leaders, there are an array of physician leaders and teams at every medical center who are committed to supporting various aspects of physician well-being.

"This is a huge team effort," says Dr Sethi. "We are grateful to have so many dedicated physician leaders on our physician health and wellness, physician well-being, peer-support, HR and technology teams advancing programs and resources in support of our physicians."

Well-being as a strategy

One of the most impactful ways The Permanente Medical Group instills a <u>wellness-centered</u> mindset into leaders across the system is establishing well-being as a strategic priority.

"Our CEO, Dr. Ansari, believes that supporting our physicians and teams is foundational to our success," says Dr. Farahabadi. "In fact, she has highlighted 'invest in our people' as an integral component of our medical group's overall organizational strategy. "Taking care of our people is one of our top priorities—it's embedded into our highest imperatives," says Dr. Sethi. "We strive to make sure that our wellbeing efforts are clearly visible and integrated into everything we do."

That's why The Permanente Medical Group's strategy focuses on three specific areas to address physician well-being. The first is developing and nurturing a culture to support physicians and help them feel valued, recognized and supported.

"We know that feeling valued isn't some soft concept—it's a core driver of well-being, and it can vary from person to person," explains Dr. Sethi. "So we want to be strategic about understanding the factors that contribute to physicians feeling.valued and take actionable steps to address this."

One way The Permanente Medical Group achieves this is through measurement. This is an important part of the well-being strategy and an avenue to capture what helps physicians feel valued.

Dr. Sethi and his team also work closely with leaders from across the medical group to ensure there is robust programming to support physicians' professional development and growth.

"Our goal is to make sure that our professional development opportunities are as diverse, accessible and visible as possible, both from a regional perspective, but also across medical centers," he notes.

The second category is optimizing the practice environment for physicians to help protect their time and reduce clinical burdens.

Day-to-day challenges help feed the flames of physician burnout. Therefore, The Permanente Medical Group has focused on providing system-level solutions to everyday frustrations such as charting and clerical burdens.

"There is remarkable work being led by our technology leaders across Northern California to understand the technology-related barriers to physician well-being as well as rapidly drive innovation to address these barriers," says Dr. Sethi. "The leadership of Kristine Lee, MD, associate executive director who oversees technology at The Permanente Medical Group, and the dedicated work of her team of technology leaders across Northern California, has been instrumental."

This includes integrating augmented intelligence (AI)-based tools, optimizing EHR functions and removing technology related pebbles that may frustrate physicians.

Recently, in fact, The Permanente Medical Group's technology teams led a massive, systemwide effort to roll out ambient AI technology, which has been a gamechanger in reducing the time that physicians spend in the EHR doing documentation outside of work.

"This technology is helping physicians get home to their families sooner," says Dr. Sethi.

And the third focus area is supporting physicians in their personal health journey. This effort focuses on helping physicians prioritize self-care and nurture well-being, resilience and mental health.

"We need to continue to decrease the stigma around mental and emotional health care, making sure that our physicians are reaching out and using the resources at their disposal," says Dr. Sethi.

One way the organization has helped support physicians is through various peer support programs that are in place across medical centers. One example is Peer Outreach Support Teams—a program launched by Molly Tolins, MD, an emergency medicine physician from The Permanente Medical Group. These teams are voluntary support networks at different medical centers that help support physicians through traumatic work experiences, such as unexpected patient deaths or difficult interactions with patients or family members.

"These types of peer support efforts are helping physicians navigate the extremely difficult symptoms that can persist in the wake of these secondary traumas, such as feelings of burnout and compassion fatigue," says Dr. Sethi.

Feedback is crucial

The driving force behind The Permanente Medical Group's well-being programs is physician feedback. The organization's executive leadership fosters a culture where physicians can share their feedback openly and safely. And they provide operational leaders and chiefs with tools and support systems to help facilitate these conversations.

"Our department chiefs have a lot on their plates, and they don't need to have all the solutions. We ask that they do one important thing: provide the forum and psychological safety for the dialogue," says Dr. Sethi.

Creating a safe, open environment for physicians to share what matters to them also empowers physicians to be part of the solution.

The CEO, system executives and medical center leaders also rely heavily on physician feedback to understand where to invest, what additional support is needed, and what major initiatives are moving the needle.

Additionally, department chiefs and operational leaders use feedback data to guide improvements and enhancements at the department level.

"They use the data to facilitate department-level conversations about the state of physician well-being in each department and specialty," says Dr. Sethi.

Of course, inviting feedback can fall flat without follow-through. That's why The Permanente Medical Group has made substantial investments in infrastructure, processes, communication and education to support the conversation around that feedback.

"We want to make sure that it's not a situation where physicians feel like they shared feedback, but nothing's being done about it," says Dr. Sethi.

These investments help The Permanente Medical Group to track and evaluate well-being initiatives and the progress across the system.

"This allows us to use our continuous improvement process to address physician well-being, just like we do for other organizational imperatives such as quality of care, patient satisfaction and availability of care," Dr. Sethi explains.

Improving well-being one step at a time

While systemwide initiatives set the stage for developing and nurturing a culture around wellbeing, the departmental programs can have the most immediate—and often most significant—effect on physicians.

Throughout the organization, chiefs and operational leaders are addressing workflows, system-level issues and other barriers that are impacting or detracting from well-being. And many have been able to effect change without reinventing the wheel or breaking the bank. Often, slight shifts and reorganization can go a long way in improving day-to-day life for physicians, which ultimately improves well-being long-term.

For example, there are departments that regularly block a small amount of time for the departments' technology leads to coach physicians who struggle with charting and time spent in the EHR. The technology leads help physicians set up their voice dictation functions, integrate ambient AI to reduce their charting time and set up EHR templates.

This small but significant increase in technical support helped physicians get comfortable with the technology and be more efficient with it.

Leaning into efficiency further, several primary

care departments have also integrated a regional desktop medicine initiative to decrease the number of nonclinical messages the doctors receive. In this program, secure messages are delivered to the system where they are reviewed and sorted to ensure that nonphysician-level messages are handled by a local team of medical assistants, pharmacists and other health professionals, rather than all messages being directly delivered to the doctor.

"In some departments, this program has helped reduce the volume of secure messages being sent directly the doctors by about 30% to 40%," says Dr. Sethi.

Along similar lines, when an orthopaedic department did a deep dive on the everyday tasks that were negatively affecting their team's well-being, leaders found that physical therapy orders were seen as a clerical burden.

Working as a team, they developed new ordering templates that allowed medical assistants to easily put in the orders based on the patient being treated.

"This was a small intervention, but it had a tangible impact," says Dr. Sethi.



Show yourself some compassion. There are going to be bumps and bruises along the way, but this work is incredibly important. And the progress, even if slow, has a major impact.

Amanjot Sethi, MD

Director of wellness operations, The Permanente Medical Group

Stay the course

While The Permanente Medical Group continues to make a difference in physician well-being and satisfaction, Dr. Sethi is the first to admit that prioritizing this takes hard work, dedication and endless collaboration, noting "we are excited about our progress, but don't have it all figured out, and there is always more work to do in addressing the drivers of physician professional fulfillment and burnout."

To others tackling this work, he advises: "Show yourself some compassion. There are going to be bumps and bruises along the way, but this work is incredibly important. And the progress, even if slow, has a major impact."

This mindset is particularly important in today's challenging health care environment.

"All organizations across health care are facing challenges right now," Dr. Sethi says. "It's important to remember that moving the needle on well-being doesn't need to involve groundbreaking or costly interventions. It's OK to start small. Ask physicians what matters to them and start removing some of the pebbles in their way."



Amaniot Sethi, MD

Director of wellness operations, The Permanente Medical Group





Embedding physician support into the culture of health care

Geisinger integrates well-being into every level of care, creating a flexible, data-driven culture that supports the whole team—mind and mission.

By Diana Mirel

Through Geisinger's Meeting Peers at the Heart (MPATH) program, physicians and other health professionals don't have to face the daily challenges, setbacks and frustrations of working in health care alone. Instead, program participants are paired with peers who keenly understand their distinct challenges and help support and guide them through both personal and professional storms.

By investing in each other's mental health, MPATH participants play a vital role in building Geisinger's culture of well-being.

"This program builds grassroots trust and helps us build a network of well-being supporters that all drive culture change ... it's been a gamechanger," says Susan Parisi, MD, chief wellness officer for Geisinger.

But Geisinger's commitment to well-being goes far deeper than their peer support program.

In fact, with a combination of leadership buy-in, an operationalized well-being department and crossfunctional collaborations across the system, Geisinger's commitment to improving well-being is at the core of its DNA—and the heart of its strategy.

Prioritizing well-being

While focusing on employee engagement has long been part of Geisinger's culture, the COVID-19 public health emergency—and its aftermath—made it clear that prioritizing well-being was an existential necessity.

System leadership recognized the business case as well as the moral and ethical rationale for well-being programs. The strong evidence of well-being programs improving recruitment and retention, quality and safety, and patient satisfaction made the business case indisputable.



The strategy has flexibility built into it. This allows us to adjust, pivot and anticipate the everchanging landscape of health care at both an organizational and national level. Then, we continue to build our resources to align with these changes and our strategy.

Susan Parisi, MD

Chief wellness officer, Geisinger

Therefore, it was natural for Geisinger leadership to make well-being a top strategic priority. This started with formalizing efforts with the creation of a dedicated well-being department—now known as the Center for Well-being—and bringing Dr. Parisi on board to lead the charge.

When she arrived at Geisinger, Dr. Parisi launched a comprehensive listening tour to uncover barriers to well-being and assess these needs across the entire organization.

"It was important to hear from as many voices as possible," she remembers. "I met with clinical and nonclinical leaders, went to one-on-one meetings, attended committee meetings and did rounds to hear directly from the front lines."

She also started gathering valuable data from several well-being surveys and measuring tools, including:

- The AMA's Mini Z survey to measure physician burnout.
- AMA's <u>Organizational Biopsy</u> to evaluate culture, practice efficiency, self-care and retention.
- Well-being Index to assess distress and well-being organization wide.

After doing a deep dive into the listening tour feedback and well-being assessment data, Dr. Parisi identified common themes, needs and gaps. She then started developing a multiyear strategy and model for well-being around these takeaways.

Building a well-being strategy

To effectively drive change, Dr. Parisi built Geisinger's well-being strategy around four pillars, which serve as the program's North Star. They are:

- · Individual thriving.
- · Mental health.
- · A culture of well-being.
- · Workplace innovation.

"The first two—individual thriving and mental health—largely focus on ensuring that we have healthy individuals. Then, the second two—culture of well-being and workplace innovation—focus on system well-being," explains Dr. Parisi. "All four pillars work synchronously and ensure that we're putting healthy individuals into a healthy system."

While the pillars remain constant, the structure of the well-being strategy allows the team to shift and evolve as needs change.

"The strategy has flexibility built into it," says Dr. Parisi. "This allows us to adjust, pivot and anticipate the ever-changing landscape of health care at both an organizational and national level. Then, we continue to build our resources to align with these changes and our strategy."

Flexibility and collaboration

This flexibility has allowed the well-being team to grow, evolve and reprioritize its programs.

For example, the well-being program recently started shifting more resources toward nurse well-being in an effort to address the stress and burnout plaguing nurses nationwide.

"We're very thoughtful about what's going on with nurses nationally and at Geisinger, and we're building the team to help address these challenges," Dr. Parisi says.



Susan Parisi, MDChief wellness officer, Geisinger

The first step is recruiting a director of nurse wellbeing who will partner with the center's director of physician and nonphysician provider well-being.

"We've already built a plan for nursing well-being into the strategy, so the director of nurse well-being will hit the ground running," says Dr. Parisi.

Having flexibility within the strategy also allows the Center for Well-being to be more creative and innovative in its programming to help bolster Geisinger's culture of well-being. Some of the center's recent well-being efforts include:

- Paws to Reflect. This is a program to <u>combat</u> <u>burnout and trauma</u> by connecting employees with therapy dogs and peer support. "The dogs help you let your guard down, and then peer supports are there to say, 'How are things going?' 'What do you need?' It's been very successful," says Dr. Parisi.
- Advancing Leadership Insight Growth and Nurturing. This is a coaching program that pairs physicians and nonphysician providers with their peers at Geisinger that are formally trained in coaching. "Health care in general has a pretty punitive approach to professionalism, so we're creating a culture of coaching at Geisinger to help create a more supportive environment for our clinicians," Dr. Parisi explains. "We are also trying to acknowledge and correct the system issues that are identified during this process."
- The Committee for Workplace Violence. The Center for Well-being participates in initiatives around workplace violence and patient misconduct. Although workplace violence falls in the security realm, the Center pulls in a well-being lens. "Although workplace violence falls in the security realm, we put a well-being lens on this issue to ensure that we are stacking hands with our security team," says Dr. Parisi. "We are listening to our employees and learning what they need to feel safe, while also supporting employees impacted by workplace violence and patient misconduct."

Dr. Parisi stresses that supporting a wide range of team members across the organization with programs like these is crucial to strengthening the entire system.

"Health care is a team sport. You have to take care of the whole team in order to really do well," Dr. Parisi says.

To cast this wide net, she's focused heavily on building a strong interdepartmental coalition of partners to integrate well-being across Geisinger. Dr. Parisi partners closely with clinical leadership, HR partners, marketing and communication, security, quality and safety, and informatics.

"Collaboration with other departments has been one of our greatest strengths," she says. "Building those relationships is mission critical to this work. Sharing ideas and finding out what the needs and strategies are in the other departments allows us to align and stack hands."

Measuring success

Like any other initiative in health care, data is the key to both assessing and evolving well-being initiatives. Geisinger's Center for Well-being measures the success of its programs by evaluating both qualitative and quantitative outcomes.

From a quantitative perspective, they review:

- Utilization rates to determine how employees are using the programs, how often they're using them, and which groups have the highest and lowest utilization rates.
- Employee engagement and well-being survey results, focusing specifically on results for the questions on well-being.

From a qualitative perspective, they review feedback:

- To open-ended questions that participants answer after training programs and presentations.
- Received from meetings and rounding with departmental leaders and frontline staff.

"I've also heard from our leaders how appreciative they are that our well-being team is showing up in very difficult moments," says Dr. Parisi. "When you hear that from your leaders, it serves as a really good measure of success."

This combination of qualitative and quantitative data has shown Dr. Parisi and her team that Geisinger is on the right track with its well-being initiatives.

"In the last year, we've seen our engagement scores improve, and we've seen well-being scores improve across all the roles we surveyed," says Dr. Parisi. "We're moving the needle in the right direction."

Retention, in particular, is vital in today's demanding health care environment.

"When we're building new well-being programs, one of the things we aim to do is support individuals, so they want to stay in the system," says Dr. Parisi. "We are in a situation in health care right now where we have to try to keep everyone as happy and productive as we can, which is why focusing on their well-being is really important."

Of course, assessing organizational well-being is not a one-and-done task. The Center for Well-being continuously monitors and analyzes the organization's current well-being at both a macro and micro level. For instance, Dr. Parisi and her team regularly meet with individual department heads to ensure the well-being team is meeting different departments' needs, while also helping departmental leadership understand the well-being needs of their employees.

"We share data from the Well-being Index with the clinical and operational leads in each department," says Dr. Parisi. "We show them the data from their departments, what trends we're seeing and what we heard from staff. Then we ask them, 'What are you hearing? What are you seeing?"

These open, honest conversations, which are grounded in data, often lead to ideas and solutions tailored to specific groups. Giving departmental leaders a seat at the table and role in the programs' success strengthens each leader's commitment to well-being initiatives—and, ultimately, benefits teams in every corner of Geisinger.

"This work cannot be done in a silo. We need the collaboration of our leaders, other departments and our frontline employees," Dr. Parisi says. "It's really important to cultivate and build relationships across the organization because this work impacts so many facets of health care and the overall success of the organization."





A commitment to engagement begins with systemwide support

Henry Ford Health's strategic plan revolves around three pillars—to engage, to innovate and to grow—with physician well-being playing a vital role in each area.

By Diana Mirel

For health care systems, it's clear that providing the best care to patients and communities starts by looking within. And better patient care stems from arming physicians and care teams with support and resources to care for themselves so they can be champions for their patients.

Henry Ford Health has taken this philosophy to heart by integrating its ambitious physician well-being initiatives into a robust program that supports its values, vision and system strategy.

"We know we can't live our goals to improve people's lives through excellence in the science and art of health care and healing without investing in our workforce," says Lisa MacLean, MD, a psychiatrist and chief clinical wellness officer of the Henry Ford Medical Group. "Physician vitality is a core part of our strategy, which also includes creating a culture of caring and easing the burdens of practice." Henry Ford Health's well-being initiatives started long before the COVID-19 public health emergency thrust physician burnout further into the spotlight. Marwan Abouljoud, MD, who leads the system's transplant work, is a well-being thought leader who started building the groundwork and support for this work at Henry Ford Health years ago. Then, in 2017, Dr. MacLean came on board to lead and oversee physician well-being efforts for the Henry Ford Medical Group, which includes about 2,000 physicians.

"This work aligns nicely with the AMA's Joy in Medicine" Health System Recognition Program, which empowers health systems to reduce burnout and build well-being so that everyone can thrive," says Dr. MacLean.

Through the years, well-being has evolved into more than just an idea at Henry Ford Health—it is now at the heart of the health system's strategic plan.



We know we can't live our goals to improve people's lives through excellence in the science and art of health care and healing without investing in our workforce. Physician vitality is a core part of our strategy, which also includes creating a culture of caring and easing the burdens of practice.

Lisa MacLean, MD

Chief clinical wellness officer, Henry Ford Health

Integrating well-being into strategy

Henry Ford Health's overall strategy is guided by three foundational pillars: engagement, innovation and growth. And at the heart of each is a strong commitment to well-being.

"A workforce with increased well-being that is healthy, productive and engaged is better equipped to grow the business and achieve system objectives," says Dr. MacLean. "We know if this is done well, well-being can become a source of competitive advantage where people come to your organization because they see you care about their well-being and you care about them as individuals."

The first step to integrating well-being into the system strategy was building a wellness governance infrastructure, which incorporates multiple key stakeholders who work together to improve the well-being of all team members. The system also has a dedicated Office of Physician Well-being led by Dr. MacLean in collaboration with Kimberlydawn Wisdom, MD, MS, senior vice president of community health and equity, and chief wellness and diversity officer at Henry Ford Health.

Over the past few years, the system has committed resources to support the Office of Physician Wellbeing and continues to build upon the work. The office also has a well-being coordinator and a director of graduate medical education well-being. The well-being teams collaborate with human resources, leadership development, employee well-being, employee assistance program and population health. They also work closely with physicians, nonphysician providers, registered nurses and other health professionals.

"These collaborations ... have helped me navigate the system and be a person recognized within the organization as someone committed to this work," Dr. MacLean says. "This visibility has helped break down barriers and opened my door, allowing people who have ideas or need support to enter. Improving the well-being of all is not just the job of one."

Growth and evolution

Today, this strong, collaborative infrastructure supports the foundation for Henry Ford Health's comprehensive well-being program, allowing it to tackle wellness on multiple fronts.

Some highlights of the program include a behavioral health clinic specifically for physicians to receive mental health care, stress and resiliency training, financial advisory support, a peer support program and more.

At the same time, well-being offerings are constantly evolving and growing to meet the moment—and physicians' needs. That flexibility and commitment to serve its teams are some of the hallmarks of the health system's success in this space.

In fact, when Dr. MacLean first arrived at Henry Ford Health, her focus was promoting awareness and education around well-being and internal community building. The work centered on educating teams about the importance of addressing physician well-being and strengthening support for these ideas.

A few years later, however, the COVID-19 public health emergency—and the unprecedented demands, risks and distress that arrived with it—sparked a new urgency to address physician well-being.

"We saw so much pain, suffering and struggling," Dr. MacLean shares. "So, a lot of the work changed to focus on helping our workforce heal after this trauma."

That's when Dr. MacLean and her teams shifted their well-being priorities from awareness into action.

"Since the pandemic, our work has focused on providing physicians with support services, credentialing updates and destigmatizing seeking care," she says.

Leadership support

Securing the resources and buy-in to create effective and engaging well-being programs centers around Henry Ford Health's staunch systemwide support at the highest levels of leadership.

This starts with the reporting structure. Dr. MacLean reports directly to Steve Kalkanis, MD, the CEO of Henry Ford Medical Group. This gives her exposure to one of the highest leaders in the organization—and provides her with the support that comes with reporting to a top leader.

"You really have to report to the right person because if you don't, you don't have a voice," she says.

Through this reporting structure, Dr. MacLean brings her well-being expertise and perspective to several high-profile, influential subgroups within the organization, including the Chairs Council, the Provider Advisory Committee and the Medical Executive Committee.

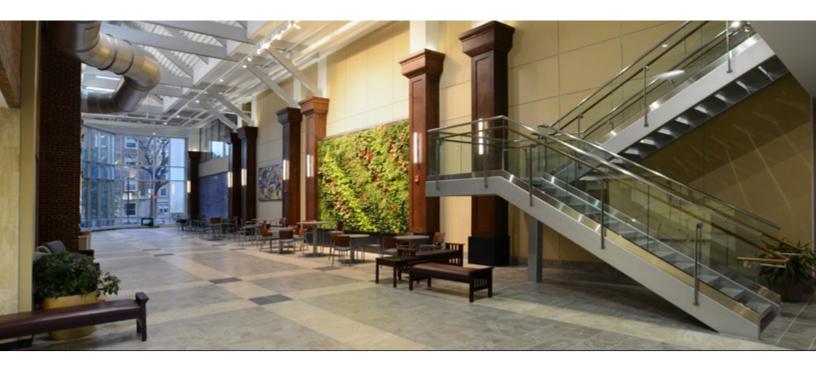
"These opportunities have given me a voice at the table when decisions are being made around our electronic medical records, workplace violence work, credentialing processes and other important policies within the organization," says Dr. MacLean. "It's really important to embed well-being leaders into diverse committees across the system, so they're bringing their voice to people who are actually making decisions about a lot of things that impact physicians."

Another vital part of the organization's wellbeing successes includes having two prominent systemwide executive sponsors for the system wellbeing program. At Henry Ford Health, these executives are Nina Ramsey, executive vice president and chief people officer, and Adnan Munkarah, MD, president of clinical enterprise and chief physician executive.

With executive sponsors at this level, Dr. MacLean has had multiple opportunities to present her work with a significant amount of visibility, which has helped strengthen the programs further.

This structure has also helped Dr. MacLean protect and nurture her own team's sense of well-being, particularly in terms of feeling relevant and secure in today's rapidly changing health care and political environments.

"In different groups we were having conversations about if we feel like our work is being threatened given everything happening politically," she shares.



"Interestingly, our strategic wellness committee just presented to Dr. Munkarah, and we received overwhelming support and a strong commitment to this work. That felt good and helped us feel much more secure."

Having physicians like Dr. Munkarah and Dr. MacLean serve in leadership roles has reinforced a crucial level of support for well-being.

"If you don't have leaders at the highest level of your organization who are physicians, it's harder to get the ball rolling," says Dr. MacLean. "The leaders within our organization—many of whom are physicians—understand how important the well-being of physicians is for our doctors and our entire workforce. That helps us to lean into our vision as a health system, which is to be a trusted partner in health, leading the nation and providing superior care. "

Systemwide collaboration

Although systemwide buy-in and leadership support remain steadfast at Henry Ford Health, there are other challenges that come with integrating a well-being program across a large—and still growing—health system. In fact, Henry Ford Health recently launched a

joint venture with Ascension Michigan. The expanded system, still known as Henry Ford Health, now has a total of 13 acute care hospitals and 50,000 team members at more than 550 care sites across Michigan.

Therefore, one of the biggest challenges today is creating a cohesive approach to well-being that can be adopted comprehensively across the sprawling system, with each site having its own diverse needs.

"It's hard to navigate a large system and really understand all the pockets of work being done in this space," says Dr. MacLean. "No one who leads a program like this can do so in a silo."

The key to this well-being work is collaboration and harnessing the energy and expertise of people across the system who share a deep passion for it.

"The collaborations across the system have been extremely helpful in growing our voice and spreading the work," says Dr. MacLean. "If you tried to do this work alone, the weight of it would feel so heavy. But when you have good relationships with other committed and influential people, you are better together."

Quite simply, she concludes: "My best advice is do not do this work alone."



The collaborations across the system have been extremely helpful in growing our voice and spreading the work. If you tried to do this work alone, the weight of it would feel so heavy. But when you have good relationships with other committed and influential people, you are better together.



Chief clinical wellness officer, Henry Ford Health



EFFICIENCY OF PRACTICE ENVIRONMENT



2025

OCHSNER HEALTH

Fighting physician burnout with innovation and teamwork

Ochsner Health is enhancing doctors' experiences by streamlining workflows, using Al, improving patient communication and prioritizing well-being.

By Benji Feldheim

Physicians enter medicine driven by a deep sense of purpose—to heal, to serve and to make a difference. Yet the increasing administrative burden, EHR requirements, and mounting patient loads have made it increasingly difficult for doctors to focus on their true calling. The result? Rising burnout, stress and emotional exhaustion.

Ochsner Health, a leading health system based in New Orleans and the Gulf South, has taken proactive steps to address these challenges by implementing cutting-edge technology, fostering teamwork and promoting well-being practices designed to lessen burnout and stress in medicine, and make practices more sustainable for physicians and patients alike.

Rethinking efficiency

For Jason Hill, MD, MMM, efficiency in medicine isn't just about absolute time saved, it's also about reducing burdens.

"Anyone who has done their taxes knows that five minutes can feel like an hour, and you can have time where hours fly by and you don't even realize it," says Dr. Hill, an internist and the innovation officer at Ochsner Health. "It's important to drive not just efficiency but to offload tasks that ultimately take clinicians away from patient care. We try to give them the cognitive freedom to be their absolute best."

In looking for methods to build a more sustainable workplace for physicians, teams at Ochsner Health examined ways to cut down on the administrative burdens that ultimately cut back on the time doctors could focus on treating patients.

"Anybody rightfully wants to be in a state of flow, and that's no different for physicians," says Nigel Girgrah, MD, PhD, a transplant hepatologist and chief wellness officer at Ochsner Health. "It's important to talk about purpose, but if we don't address what leads to burnout, we're not helping anyone."

Leveraging technology

One of Ochsner Health's most transformative solutions has been the implementation of ambient listening technology, an augmented intelligence (AI)-driven tool that transcribes notes in real time during patient appointments.

"Ambient listening is one of those few technologies that truly increases human connection. It allows the physician to be fully present in the conversation without the distraction of typing notes," says Dr. Hill. "A lot of AI applications have come and gone and didn't make much of a real impact.

"But I can't go through a single meeting without someone walking up to me to say, 'Thank you so much for doing this. It helps me feel like I don't have to relive my day all over again as I type my notes'," he adds. "It's curative and beneficial for both doctor and patient to have that focused interaction without distraction."

Both Drs. Hill and Girgrah noted that the purpose for adding any technology is to help doctors get back to that original purpose in practicing medicine—directly helping other people.

"It's about allowing doctors to be doctors," says Dr. Girgrah. "They don't want to be scribes. They want to care for their patients."



It's about allowing doctors to be doctors. They don't want to be scribes. They want to care for their patients.



Ochsner Health's preliminary data on the impact of ambient listening technology is promising. Physicians using the tool report higher job satisfaction, lower burnout and a 13.5% reduction in daily note-taking time. Patient satisfaction also has seen a notable 8% increase with the addition of ambient listening and other technology measures. This is because patients feel their doctors are more engaged in conversations.

Dr. Hill and his team found that some departments had higher success rates than others. For example, psychiatry and behavioral health tend to have the strongest numbers. Palliative medicine had a significant decrease in note-taking time as well.

"Those physicians are having long form conversations with patients and families, and it's those long form conversations where you need to be eye-to-eye engaged," says Dr. Hill. "A lot of the qualitative comments we got from patients were: 'I understand my doctor's using AI to take notes, and I think that's great because I feel like I can have a conversation with them again."

Enhancing patient communication

Another area where Ochsner Health has seen success is in reducing patient message overload. Previously, doctors were inundated with <u>portal messages</u>, some of which were simple queries that could be addressed without direct physician input.

To address this, Ochsner Health reengineered their messaging platform to help patients find answers on issues such as medication refills before their questions ever reach a doctor's inbox. This shift has meaningfully reduced physicians' time spent on messaging, while still ensuring that critical messages receive timely and thoughtful responses.

A major improvement in the messaging platform was to consolidate several different text threads between physicians and patients into one for each exchange between a doctor and a patient.

"There just was no structure to it at first," Dr. Hill says, noting that the reorganization has meant that "patients felt like more of their needs were met."

Another example of this approach is the redesign of EHR workflows to minimize administrative overhead. Historically, physicians spent anywhere from 30% to 60% of their day interacting with EHRs, a significant portion of which involved repetitive, nonclinical tasks. By streamlining EHR displays and including notetaking, Ochsner Health has made EHR interaction more meaningful.

"There's a lot of data that says patient engagement in their care is directly proportional with outcomes," Dr. Hill says. "Doctors who are engaged with their patients are more likely to have a relationship where the patient is going to listen and trust that doctor, which I think is what we all want in medicine."

Promoting a culture of well-being

Addressing technology burdens alone is not sufficient, however, to tackle physician burnout. That is why Ochsner Health has made physician well-being a central priority through leadership development, mental health initiatives and fostering a culture of shared accountability.

"Physician well-being is a leading quality indicator," says Dr. Girgrah. "When doctors feel supported, they deliver better care, engage more deeply with patients and experience higher job satisfaction."

One key initiative has been the removal of stigmatizing mental health questions from credentialing applications and peer-reference forms.

"Physicians need to feel comfortable seeking help without fear of repercussions," says Dr. Girgrah. "Normalizing these conversations is critical. And that only happens when physicians see physician leaders talking about their own struggles and their own imperfections. And when that happens, that vulnerability then gives a patient-facing physician a sense of permission to come forward and talk about their struggle."

Another productive change has been to implement team-based care models that redistribute nonphysician tasks to appropriate health professionals.

"We use the AMA's Organizational Biopsy*, where we can track key performance indicators, whether that's job stress, job satisfaction, burnout, feeling valued by the organization, turnover, intent to leave," says Dr. Girgrah. "It allows us to propose an intervention to see if we can improve a problem area and track it with both quantitative data and qualitative responses.

"I remember one primary care physician who finally got home on time, and he said that his wife thought he'd been fired," he adds. "That sort of testimonial is humorous, but it also illustrates that we can make a meaningful difference."

Creating sustainable change

Ochsner Health has also embraced digital health programs to improve access and efficiency. With over 30,000 patients enrolled in remote-monitoring programs for hypertension and diabetes, the health system has adapted virtual care alongside in-person visits to improve both treatment and workflows.

"This allows physicians to focus on complex cases while ensuring that stable patients still receive highquality care," says Dr. Hill. As Ochsner Health continues to evolve its approach to physician well-being, Drs. Girgrah and Hill emphasize that true change requires a multipronged strategy—one that combines efficiency, technology, leadership development and culture shift.

"It's not about making stronger canaries," Dr. Girgrah says, referring to the old analogy of miners using canaries to detect toxic conditions. "It's about redesigning the coal mine."

This evolution also requires health care organizations and leaders to be more accepting of contemporary demands for work-life balance and the changing needs of physicians.

"There will always be pushes for productivity, but am I really a great doctor if I'm jamming 30 patients into my schedule today for non-emergencies?" says Dr. Hill. "I'm probably not a great doctor, but I'd likely be considered a super productive doctor by older standards."

With ongoing investment in innovation, teamwork and well-being, Ochsner Health is restoring joy in medicine and setting an example that other health care organizations can learn from.

"Doctors went into this profession to heal," Dr. Hill says. "By removing the barriers that stand in their way, we're helping them reconnect with that original purpose. And when we do that, everyone benefits—physicians, patients and the entire health care system."



There's a lot of data that says patient engagement in their care is directly proportional with outcomes. Doctors who are engaged with their patients are more likely to have a relationship where the patient is going to listen and trust that doctor, which I think is what we all want in medicine.

Jason Hill, MD, MMM Innovation officer, Ochsner Health



Unplugging with purpose: Changing the culture of always being on

Lehigh Valley Health Network is rethinking support systems and revamping workflows to empower physicians to fully disconnect and recharge.

By Benji Feldheim

Amy A. Jibilian, MD, recently traveled to New Zealand, far away from the East Coast where she serves at Lehigh Valley Health Network (LVHN)—part of Jefferson Health—as the chief wellness officer. During the trip, she felt the pull to check email and make sure her work kept moving while away.

"I really needed to walk the talk and disconnect the way we are encouraging physicians to do when they are off work," Dr. Jibilian says. "It was more challenging than I thought to not give into the habit of regularly checking work email. Physicians must make a proactive decision to truly unplug, but also if we don't have the right support system in place, then no one will feel at ease leaving their work for any length of time." "Based on a survey that we did at LVHN, we learned that about 60% of our physicians are not taking their full vacation time. And 70% of us are working while we're away," says Dr. Jibilian. "The two greatest obstacles that were identified that prevent physicians from taking PTO and not doing patient care related tasks while on vacation were concerns about creating additional work for their colleagues and the amount of work that would be waiting for them when they returned from PTO."

"We are creating a new PTO task force and one of our goals is to give our physicians more peace of mind to take restorative time off and to disconnect from work by developing a support system in place to care for their patients and cover their work while they are away," she adds.

Joy in Medicine® may sound elusive in today's health care environment, but at Lehigh Valley Health Network, that vision is at the heart of a systemic and cultural transformation.

Rather than offering a patchwork of self-care tips or vague wellness initiatives, Dr. Jibilian and her team are actively restructuring clinical workflows, advocating for policy change, and listening to the needs of their physicians and staff. In doing so, they are working to reshape the culture to support physicians in meaningful, measurable ways.

Making technology work

A critical part of Lehigh Valley Health Network's strategy is optimizing technology to reduce the administrative burden that so often leads to physician burnout. Dr. Jibilian points to the EHR as one of the primary sources of after-hours work, or "pajama time."

To take steps to reduce administrative burden, LVHN created an EHR optimization task force, bringing together clinical informatics leaders, nonphysician providers, physicians and "super users" across LVHN.

One success came in the form of streamlining refill requests. Using Epic data to identify common bottlenecks, the team created protocols allowing triage staff to fulfill medication refills that met specific criteria, dramatically reducing interruptions to physician workflows.

"There was an effort to look at refill requests, what's coming into the clinicians, and then creating refill protocols so that the clinical triage team could do the refill and then send a notification to the physician," Dr. Jibilian says.

That change resulted in an 8% improvement in refill request efficiency between 2023 and 2024.

The team also tackled the issue of the overwhelming number of lab and imaging results notifications. Previously, any results from lab or imaging studies that were ordered on a physician's patient, even those ordered by other clinicians, would come to the primary care physician's in-basket.

This required a significant amount of time for physicians to sort through all the results to identify which results they needed to review and manage. Rerouting results ordered by another clinician to a separate in-basket folder helped physicians be more efficient in their daily work.

Even patient messages through the portal—once sprawling, multi-page missives—are now limited to 1,500 characters.

Now, triage teams review messages and answer many questions, provide advice based on established protocols, route them for a virtual visit or schedule inperson care. When a patient advice message cannot be handled by triage staff, it is routed to the physicians. All messages and responses are reviewed and signed off by physicians.

Protocols have also been established for clinical team members to assist in attaining prior authorizations.

Redesigning the workday

The improvement to the EHR is just one piece of a broader campaign to restore physicians' time and bolster their well-being.

"One of the things that came out of the Organizational Biopsy" is how many extra hours per day physicians are doing work that other members of their team could be doing," Dr. Jibilian notes.

In response, LVHN expanded in-basket support in primary care. In general pediatrics, when physicians are out on PTO or away for the day, another doctor or nonphysician provider is assigned to manage eight to 10 in-baskets. This team-based approach prevents backlogs and allows physicians to disconnect fully while off duty.

In the primary care line, there is a dedicated team of nurses who assist with in-basket support.

LVHN is also testing cutting-edge technologies to reduce documentation time. Initially offering in-person and virtual scribes, the organization is now piloting ambient documentation.

"Our ambulatory care team is very committed to helping optimize in-baskets and EHR efficiency," says Dr. Jibilian. "Our hope is that it will cut down on work outside of work."

In addition to scribes, there's elbow to elbow support, EHR educator resources, online tools, "lunch and learns," and recurring super user meetings. Education is the central focus of these initiatives, equipping physicians to work more efficiently rather than simply expecting them to work harder.

Listening to the front lines

All these structural changes are underpinned by a powerful cultural shift at LVHN: genuine listening.



Dr. Jibilian led a "listening campaign" to capture frontline feedback without the filtering effect of hierarchy.

"If you do not hear from the people who are on the front lines doing the daily work, decisions are going to be made that are not effective," she says.

To encourage more open discussion, these sessions excluded division leaders and department chiefs.

"People have historically been less inclined to speak their minds at town halls or other similar forums," Dr. Jibilian explains. "When we conducted the listening sessions, people opened up and people would talk more freely than in other formats."

The campaign became a structured method for identifying distress hot spots and opportunities for improvement. Dr. Jibilian and her team now use that data to begin focusing on high-need areas—such as physicians with in-basket volumes or work outside of work hours that are notably higher than their peers.

"We are all committed to finding the problem points and working on them together," says Dr. Jibilian. "Let's find the group who is really one of the big outliers. And let's look at this team and see what we can do."

Breaking the stigma, building support

Dr. Jibilian emphasizes that improving the practice of medicine also means addressing mental health directly—and breaking the cultural taboos around seeking help. Many physicians are still afraid that admitting they are struggling could jeopardize their careers.

"Part of our temperament and part of our training for years, starting back in medical school, is that we are supposed to be strong and that we should be able to handle anything that comes our way," says Dr. Jibilian. "If we start to recognize that we're struggling with work, we think, 'Oh, I'm a failure."

"It starts with our internal voice," says Dr. Jibilian.
"To combat that internal voice, we need external voices that are coming alongside our physicians and saying it's OK to need and ask for help."

LVHN is actively working to create an environment where asking for help is not seen as a sign of weakness but strength and courage.

"This message should ideally come from the highest level of leadership," says Dr. Jibilian. "Not just your chief wellness officer, but we as a whole institution can bring this out to light."

Confidentiality also matters to help physicians and other health professionals be as comfortable as possible in sharing their difficulties.

"Physicians are hesitant to seek help within their own networks because even if they're told everything's confidential, they don't really believe it," she says. That's why LVHN has partnered with external services offering 24/7 access to confidential therapy, and usage is increasing.

Dr. Jibilian believes systemic support must be baked into the structure of an organization. For example, LVHN has created a wellness committee and integrated the chief wellness officer role—hers—into the leadership team.

"An organization saying this is very important and we're going to attend to this... is a great first step," she says.

A new era of joy in medicine

The cumulative effect of these changes is promising. According to Dr. Jibilian, after the initial wave of EHR in-basket improvements, 32% of physicians reported

improvements in managing their in-baskets—an early but meaningful signal of progress.

"We know that reducing documentation burden can help improve job satisfaction," she says. "We know that to experience well-being, people need to have time for self-care—they need sleep, they need time with their friends and family. They need to be able to invest in other things that give them meaning. And we need to keep listening."

Joy in medicine is not just a slogan used at LVHN. It's a mandate, a movement—and an approach built upon open, honest communication that can be emulated at other health systems nationwide.



We know that reducing documentation burden can help improve job satisfaction. We know that to experience well-being, people need to have time for self-care—they need sleep, they need time with their friends and family. They need to be able to invest in other things that give them meaning. And we need to keep listening.

Amy A. Jibilian, MD

Chief wellness officer, Lehigh Valley Health Network



Advancing physician efficiency while enhancing patient care

At Sutter Health, 78% of doctors and other health professionals using Al-driven documentation solutions reported a significant boost in job satisfaction while 49% saw a reduction in their cognitive load.

By Benji Feldheim

Physicians enter medicine to heal, not to spend hours on paperwork. At <u>Sutter Health</u>, leaders recognized that inefficient workflows, increasingly heavy administrative burdens, and cognitive overload were eroding job satisfaction.

By integrating augmented intelligence (AI)driven tools, refining team-based care models, and rethinking clinical workflows, Sutter Health is ensuring that physicians can focus more on patients while maintaining efficiency and job satisfaction.

Improving inbox management

One of the most significant pain points for physicians is managing the constant influx of patient messages and documentation.

Traditionally, inbox overload has kept doctors glued to the EHR long after clinic hours. However, Sutter Health has implemented a multipronged strategy to combat this, including AI-driven inbox management and structured team-based support that includes medical assistants (MA), nurse practitioners, registered nurses, clinical pharmacists and patient service representatives all stepping in to help.

Jill Kacher Cobb, MD, an anesthesiologist and chief wellness officer at Sutter Health, notes how these improvements have reshaped physician workflows and overall job satisfaction.

"With the advent of generative AI, multiple solutions have been launched leading to significant improvements in physician workflow and decreased work after work," says Dr. Kacher Cobb. A multilayered "message triage" now automatically categorizes patient inquiries, routing nonclinical questions—such as appointment rescheduling or billing—to support staff. Teams of clinical pharmacists and registered nurses also review and process medication refill requests using standardized procedures, which keeps these requests out of the in-basket entirely.



With the advent of generative AI, multiple solutions have been launched leading to significant improvements in physician workflow and decreased work after work.

Jill Kacher Cobb, MDChief wellness officer, Sutter Health

The depth of history and quality of the visit feels rich, yet I am spending less time in each room. I go back to the computer at the end of the visit to show the patient the summary that has been generated. This is a wonderful way to close out the visit, making sure that patients have a clear plan and understand their treatment.



Chief executive officer, Sutter Medical Group of the Redwoods

Additionally, automated response technology drafts suggested replies for routine patient messages, which physicians and other health professionals can review and customize before sending—helping streamline communications while maintaining a personalized touch.

"We've seen a 94% reduction in messages related to appointment cancellations and a 27% drop in scheduling request messages since expanding online scheduling options for patients," says Veena Jones, MD, a pediatrician and vice president and chief medical information officer for Sutter Health. "That's a huge lift off the plates of clinical care teams."

In 2024, Sutter Health patients self-scheduled more than 4 million appointments, a nearly 20% increase from the prior year. Meanwhile, Sutter Health care teams saved about 291,000 hours of work thanks to automated registration, and more than 699,000 FastPass digital waitlist offers helped patients secure earlier appointments.

Laurie Gregg, MD, an ob-gyn and chief wellness officer for Sutter Independent Physicians, highlighted the importance of making sure any new automation or efficiency also maintained or improved patient care.

"The importance of workplace efficiency and patient satisfaction motivated Sutter Independent Physicians to incentivize their physicians to offer online patient scheduling, chart messaging and asynchronous e-visits," says Dr. Gregg. "Recognizing that these additions could increase inbox workload, Sutter Independent Physicians developed initiatives to

support team-based inbox management. Assigning a medical assistant or nurse to collaborate on inbox tasks has been transformative for many physicians."

Leveraging AI to streamline clinical documentation

Physicians spend countless hours on clerical tasks that don't require the same level of expertise that patients need from them to find the medical answers and solutions they need. To help change this, Sutter Health collaborated with Abridge, and has thoughtfully scaled their ambient listening technology, which allows physicians to focus on their patients while notes are transcribed in real time. Sutter physicians describe it as a "game changer" for saving valuable time and reducing cognitive burden.

"Abridge is giving clinicians more time to focus on their patients," says Dr. Jones. "Ambient AI is becoming an invaluable resource for our clinicians, removing the administrative burdens, and freeing up time and bandwidth for direct patient interactions. Clinicians review all AI-generated note content before it is finalized."

"We've seen a strong connection between these changes and improved job satisfaction—78% of clinicians using Abridge reported a significant boost in their overall well-being," she adds. "That's a huge signal that we're on the right track when it comes to easing administrative burden and giving physicians more balance in their day."

Early results show that 49% of physicians using AI-driven documentation solutions have reported less cognitive load. This has not only improved work-life balance but has also enhanced patient satisfaction, as doctors are more present during appointments and connect better with patients to help with their individual care needs.

Meanwhile, nearly 60% of physicians and other health professionals felt the quality of their notes improved as well.

"I find myself listening and learning from patient non-verbal cues and subtleties that I may have missed while behind the computer," says Michael Magnotti, MD, an endocrinologist and chief executive officer at Sutter Medical Group of the Redwoods. "The depth of history and quality of the visit feels rich, yet I am spending less time in each room. I go back to the computer at the end of the visit to show the patient the summary that has been generated. This is a wonderful way to close out the visit, making sure that patients have a clear plan and understand their treatment."

"They leave with a printed or digital summary of their visit that is far more detailed than anything I could create on the fly, and more personable than smart-phrases or patient handouts," adds Amy Famini, a pediatric nurse practitioner and well-being chair at Sutter Medical Group of the Redwoods. "At the end of the day, my notes are complete, and I am able to spend more time with my family."

Expanding team-based care

Sutter Health has also streamlined how care teams distribute tasks, allowing physicians to spend more time with their patients. Medical assistants, registered nurses and clinical pharmacists now handle much of the administrative workload that previously fell on physicians.

A prime example of this approach is the Multidisciplinary In-Basket Support Team, which ensures that nonclinical messages, prescription refills and appointment coordination are handled before reaching a physician's inbox.

Robert Altman, MD, an ob-gyn and president and CEO of Sutter Gould Medical Group, says this type of "cross coverage" of the in-basket has been notably beneficial for care teams.

"When multiple MAs cover the in-baskets of several providers it helps level the load across the MA team while also making the in-basket work visibleand therefore manageable—across multiple clinicians," says Dr. Altman.

Additionally, referral navigation teams ensure that when patients are sent to specialists, all necessary records and lab results are gathered in advance, eliminating potentially lengthy and avoidable backand-forth to confirm.

The future of physician efficiency

Looking forward, Sutter Health plans to further refine its AI tools and team-based efforts to improve physician efficiency while enhancing patient care.

"The most impactful workflow change, psychologically—in my more than 20 years of leadership and 30 years of being a physician—is the introduction of Abridge," says Michael Conroy, MD, an internist and president at Sutter Medical Group. "It significantly improves documentation efficiency and decreases the cognitive burden for patient visits."

Sutter Health is monitoring data from all of these initiatives to continue offering practical, scalable and genuinely beneficial services that support patients, physicians and other health professionals in meaningful ways.

"At Sutter Health, three medical groups—Sutter Independent Physicians, Palo Alto Foundation Medical Group and Gould Medical Group—demonstrated their commitment to workplace efficiency and physician well-being by collaborating on organizational support initiatives to enhance individual resilience," says Dr. Gregg. "Together, these groups, in partnership with the Joy of Work team, streamlined credentialing applications and expanded peer support resources across the organization, benefiting not only each group individually but also the Sutter Health system as a whole."

By embracing innovative technology, while continuing to maintain standards as available technology evolves and improves, and investing in team-based care, Sutter Health is setting a high standard for practice efficiency—one that allows physicians to spend more time doing what they do best: caring for their patients.



2025

CENTERWELL SENIOR PRIMARY CARE

More time with patients restores joy in medicine for physicians

At CenterWell Senior Primary Care, building in enough time for doctors to develop deeper knowledge of their patients' needs is bolstered by dividing tasks within a team.

By Benji Feldheim

Giavonne Rondo, MD, stepped into medicine full of energy and optimism, looking ahead at a career of saving lives, and helping patients through their individual struggles.

But as the years passed, the administrative burdens kept growing, as did the amount of time she spent treating patients and managing her practice. During this time, Dr. Rondo also became a mother and primary caretaker for an ailing partner. She found herself exhausted and questioning her passion for health care.

"With different things coming into my life, like my growing family and responsibilities, it just became really, really difficult to practice and to continue that joy of medicine," says Dr. Rondo, an internist, who now treats patients with CenterWell Senior Primary Care in Clarksville, Indiana.

"Some parts of this type of experience, you just don't have control over—the way medicine is changing and evolving," she adds. "But some of those changes make it so that it feels like you're a cog in a wheel, and it's drudgery."

Dr. Rondo continued practicing but knew that a change was needed for her to regain that joy and passion for practicing medicine, and continue with the career she envisioned. But to arrive there, changes would first have to be made to how she worked.

"Having a better life-work balance became so essential for me," says Dr. Rondo. "We're taught in medical school that this is your life. This is what you do, you focus on this, and this is who you are. And really, that shouldn't be."

When Dr. Rondo first walked through the doors at CenterWell Senior Primary Care, she felt a significant difference in pace and approach. While there were plenty of patients in need of care, and waiting for appointments, there wasn't the same rushed urgency as in past medical centers.

"We talked about their model of really getting to know your patients and not just know them from a superficial place," says Dr. Rondo about her first impression of CenterWell. "Let me talk about your diabetes and your high blood pressure, and really getting a chance to know who they are as people. That was very attractive because one of the reasons why I was really busy was I spent a lot of time with my patients in the other setting. That often led to me being behind for the day."

Getting to know patients allows for a more personalized approach, and CenterWell's value-based care model positioned Dr. Rondo to be able to do just that.

"They pretty much mandate that when you see a patient for the first time, you're going to get a whole hour with them," says Dr. Rondo. "That lays the foundation for really getting to know them and what's important to them."

The power of team-based care

One of the key efficiency drivers at CenterWell is its emphasis on team-based care. Physicians are no longer solely responsible for handling every aspect of a patient's journey. Instead, they work alongside nurses, care coordinators and other health professionals to ensure patients receive comprehensive, proactive care.

Building in enough time for doctors to develop deeper knowledge of their patients' needs is bolstered



Having a better lifework balance became so essential for me. We're taught in medical school that this is your life. This is what you do, you focus on this, and this is who you are. And really, that shouldn't be.

Giavonne Rondo, MD Internist, CenterWell Senior Primary Care

by dividing tasks within a team. This division of labor means patients see health professionals for longer periods of time at appointments, which is shown to produce better health outcomes and greater patient satisfaction with their care.

"We have the opportunities to send our patients to a dietitian, a behavioral health therapist, a licensed clinical social worker," says Dr. Rondo. "We have amazing medical assistants who have different skills that they can bring forth too."

Dr. Rondo recalled a patient who had just lost his wife, who had managed all his medications. The assistant helped to set up his medicine regimen just like his wife had done, helping to fill a combined medical and emotional need.

"His wife was his world," says Dr. Rondo. "This amazing medical assistant made a point to really sit down and go through every medicine that he is on and set him up for an entire month—just like she did."

CenterWell teams have regular daily huddles where they can fill each other in on needs for specific patients who are scheduled to come in that day. Anticipating their needs and being ready for each patient leads to more quality care time as well.

By distributing responsibilities among a collaborative team, CenterWell reduces the administrative burden on physicians, allowing them to spend more time building stronger, more therapeutic relationships with patients.

Maximizing time with patients

A major goal for CenterWell care teams is to make sure physicians can make the most of their time away from the clinic, without being too burdened by administrative tasks and record checking that couldn't be completed during the day.

"We never want that, because when you go home, you should no longer be a physician," says Reginald Ross, MD, an internist at CenterWell in Prairieville, Louisiana. "You should be a mom, a dad, a boyfriend, a girlfriend at home."

One of the major ways CenterWell enhances efficiency is through its patient panel size. Unlike traditional practices where physicians often juggle thousands of patients, CenterWell keeps panel sizes smaller, allowing for longer appointments and more personalized care.

"The smaller panel allows us to be really focused," says Dr. Ross. "It really allows you to get to know the patients and be proactive in managing their care and prevent downstream complications. We're all trying to keep people out of the ER and older patients require more time."

Longer appointment times allow physicians to address both acute and chronic conditions in a single visit, reducing the need for frequent follow-ups and improving overall patient outcomes.

"Building the kind of trust that comes from longer and more focused appointments really helps with their care," says Dr. Ross. "If they really trust me as their physician, they're going to call me before going to the ER."

Cutting administrative burdens

EHRs have been a double-edged sword in modern medicine. While they provide valuable documentation and accessibility, they also contribute to physician burnout by increasing clerical work. CenterWell has

taken strategic steps to improve EHR efficiency and reduce documentation fatigue.

One new initiative is virtual scribes to help capture information during appointments, while allowing physicians to be fully engaged with their patient.

"I can be fully present, talking with them and talking about their condition," says Dr. Rondo. "But more importantly, they can be telling me their story and we can really engage in the relationship as opposed to me just looking at my computer. That whole interference that the computer can play in terms of our interaction has been lessened. So that has been amazing."

Additionally, the organization has streamlined inbox management, ensuring that nonurgent messages are routed to the appropriate team members rather than overloading physicians with administrative requests.

"I was taught to look people in the eyes while I talk with them," says Dr. Ross. "The support is all incredibly powerful to help me really spend quality time with my patients."

Recognizing that work often extends beyond scheduled hours, CenterWell has launched initiatives to protect physicians' personal time. By refining documentation requirements and offloading nonessential tasks to support staff, CenterWell ensures that physicians can maintain a healthier work-life balance.

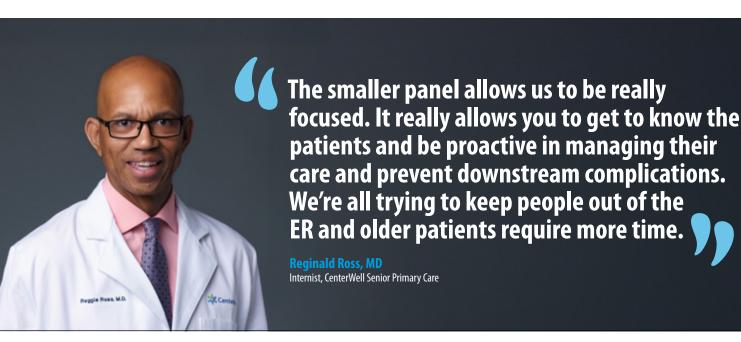
"They really take our feedback, even the bad feedback, and they really try to come up with plans to make the physicians' lives easier," says Dr. Ross. "If you want patients to be happy, you have to look after the physician."

Looking ahead

The efficiency-driven model at CenterWell isn't just about making physicians' lives easier, it's about creating a health care system that delivers better patient outcomes. By allowing doctors to focus on meaningful work, patients receive higher-quality care, and physicians experience renewed job satisfaction.

With a continued commitment to workflow optimization, technology improvements and team-based care, CenterWell is setting a new standard for primary care efficiency—one that benefits both physicians and the patients they serve.

"We are at a point where we don't really have enough primary care doctors to meet the needs of an aging population," says Dr. Ross. "Organizations really need to pay close attention to physician wellness, especially as fewer and fewer people are choosing to go into primary care. If we are supported and given proper work-life balance, it might even motivate more people elsewhere to do the same."







2024

JEFFERSON HEALTH

Empowering nonphysician providers transforms patient care, boosts teamwork

Jefferson Health tackles staffing gaps creatively, giving medical assistants and other health professionals expanded roles that improve care and reduce physician burnout.

By Jennifer Lubell

Nonphysician providers make up at least 30% of the clinician workforce at Jefferson Health, a multi-state nonprofit health system that serves the Greater Philadelphia and South Jersey region. But—like many health care organizations—Jefferson Health faced support staff challenges in the health system's outpatient settings.

To address this care gap, Jefferson Health decided to deploy two new care models: Same Day, Next Day Cancer Care and Virtual Medical Assistants in Primary Care. Physicians appreciate this additional support in clinic, and the physician assistants and nurse practitioners appreciate the autonomy that doctors allow in this model.

"Teamwork is rooted in trust that you have in your care team to do the right thing and do the job they were hired to do. When the team is working efficiently together it will provide a great patient experience," says Nicole Escobedo, M.Ed, senior director of clinician wellbeing at Jefferson Health, which encompasses 700 sites of care, including 32 hospital campuses and 25 urgent care centers.

Jefferson Health's approach to teamwork evolves from the clinic—seeing how things are happening, understanding the relationships and the level of respect that everyone has for each other, and assessing each role on the care team.

Maximizing the expertise of nonphysician providers and fulfilling their advanced role to serve patients in the greatest capacity that they can are two of

Jefferson Health's key objectives. Making this happen strengthens the overall care team, says Escobedo, who leads enterprise-wide initiatives to enhance well-being, improve the work environment and drive systemic change.

Jefferson Health embraces initiatives that's made this health system a leader in teamwork and seamless workflows to improve patient care and reduce physician burnout.

Same Day, Next Day cancer care

One of the cornerstones of Jefferson Health's teamwork initiatives is its Same Day, Next Day program. While the primary purpose of this program was to reduce the wait time from diagnosis to first oncology appointment, the business case for clinician well-being has always been a secondary need, Escobedo admits. Primary care physicians and other health professionals "can act immediately on next steps upon delivering a diagnosis, oncology advanced practice clinicians are working top of license and physician oncologists have what they need to begin treatment sooner."

This program allows for seamless communication between the primary care team that diagnoses a patient with cancer and the medical oncology team.

"Primary care physicians feel personally responsible to help the patient as much as possible with a new diagnosis. They would take those anxieties home, knowing it was a difficult and lengthy path Teamwork is the trust that you have in your care team to do the right thing, do their job, make things run smoothly, provide a great patient experience.

Nicole Escobedo, M.Ed Senior director of clinician well-being, Jefferson Health



to get in to see an oncologist," says Escobedo. "With the program, the patient leaves their primary care physician with an oncology appointment in the next two days."

The magic really happens in the teamwork space when a nonphysician provider contacts the patient, walks them through their results and gathers all necessary information within 24 hours or the "same or next day," she says. They also call in any additional required testing that gets patients into the pipeline.

"They are the first line of contact for the patients in the oncology space," which leaves them feeling very proud and empowered, says Escobedo.

Everyone has a very clear, delineated role in this model, making it possible to get patients through the health care system in such an expedited manner.

The nonphysician provider does the entire workup on the patient and then the physician will come in and see the patient. This sometimes takes as long as 12 days, but in those 12 days, the patient has gone in for additional diagnostics and results have come in.

Nonphysician providers at Jefferson Health have "really taken charge on that entire process to date. When the physician sees the patient for the first time, there's already a care plan in place," Escobedo explains. A key part of this process is the nonphysician provider and physician will talk about the care plan and refine it further if needed.

Jefferson Health's nonphysician providers have particularly excelled in providing in-depth histories, plan formation and workups. After all the information is available to provide a solid treatment plan, the care team can review a patient's eligibility for a clinical trial.

"It's a very well-oiled machine, considering we've only been doing this for a year. We are looking at growing this program into other specialties as well because of the positive feedback that we've heard," she notes.

Virtual medical assistants have specific focus

Jefferson Health also employs a team that works from home and handles specific tasks such as referrals and prior authorizations across multiple clinics. From a quality-of-life standpoint, this is attractive for individuals who want to be employed but can't make it to the office because maybe they have child care or adult care issues, unreliable transportation or cannot work traditional office hours.

These employees, in return, have strengthened operations from a teamwork perspective.



Teamwork looks different in every department and clinic across our five regions. It varies by the culture of your clinic.

Nicole Escobedo, M.Ed

Senior director of clinician well-being, Jefferson Health

For example, prior authorizations for glucagonlike peptide-1 (GLP-1) receptor agonists are lengthy and cumbersome. "It is difficult to complete these correctly when also managing rooming patients and completing other in-office tasks. The appeal process was falling back on the physician to taking an estimated 30 minutes per appeal of physician time," explains Escobedo.

Patients whose medications were declined would flood the inbox with questions or requesting another appointment.

The at-home team Jefferson Health built is specifically trained to handle these tasks. They work uninterrupted to focus on prior authorization, taking the burden away from in-office staff.

"This is a specific example of teamwork you're strengthening a skillset for one group of individuals and consolidating tasks for other individuals. The end result is that everyone is more successful and fulfilled in their daily tasks," says Escobedo.

Now that they have these administrative tasks off their plate, physicians in clinic can focus more on patient care, which they are enjoying. Physicians are also happier that they have fewer inbox messages on prior authorization rejections. In the first two months of hire, orders with team contribution have doubled.

Training program

By measuring with the AMA's Organizational Biopsy*, Jefferson Health's data uncovered a distrust between medical assistants (MAs) and care team members. And not having adequate staff was a barrier to teamwork, because "we were unable to solve all the staffing issues across all of our clinics," says Escobedo. The solution: train current staff to improve their skills with the hope of retaining them for longer.

In 2024, Jefferson Health rolled out a medical assistant professional development program. To draft the curriculum, the health system surveyed its physicians and nonphysician providers, asking what critical areas were needed to strengthen competencies of their medical assistants.

"They gave us a list of 12 or so competencies," says Escobedo, adding that "we then went to the MAs and asked, 'What training have you not received that you think would be beneficial for you in your role?' And based on both responses, we created a training program."

It's a six-month hybrid program, where two sessions are held in person and four sessions are held virtually. There were 32 medical assistants who went through the first cohort, and the second cohort hopes to enroll close to 50 MAs.

"To minimize disruption to clinic workflows, we are only pulling one MA out of a clinic at a time," says Escobedo. "It will take some time to train our entire MA staff, but it will be worth it."

Teamwork program needs vary

"Teamwork looks different in every department and clinic across our five regions. It varies by the culture of your clinic," says Escobedo. A blanket program would not necessarily address and strengthen all the components of teamwork.

"It's certainly a good start, but if you really want to change it, it needs to be departmental or clinic specific," she adds.

Health systems looking to improve their teamwork structure should review the data, Escobedo advises. "Review EHR utilization and see what the EHR is telling you. Use burnout and operational assessments such as the AMA's Organizational Biopsy. Then sit down with clinics or departments and discuss the barriers to teamwork."

"I would also recommend going to the departments or clinics that excel in teamwork. Learn from them and see where you can apply those best practices," she says.



Robust teaming is the "secret sauce" for delivering value-based care

The Southeast Permanente Medical Group credits strong collaboration and clearly defined team roles as key drivers of excellence and better outcomes.

By Jennifer Lubell

Like many other health systems, The Southeast
Permanente Medical Group struggled during the
COVID-19 public health emergency with decreases in
staff levels and nursing support.

"We had to reimagine what teamwork looks like and redefine how our teams connect and work together," says Nikki Baker, MD, a pediatrician and associate medical director for People and Culture with The Southeast Permanente Medical Group, which serves 323,000 patients in metropolitan Atlanta and Athens, Georgia.

Ensuring that everyone on the care team did the right work set for their scope of practice and defining standard work for the nursing teams were two big pieces of this restructuring.

"Our people are our 'secret sauce," says Dr. Baker. "Through robust teaming and collaboration, we deliver second-to-none value-based care."

Much of the standardization work the medical group embarked upon in 2023 and 2024 resulted from the "Top Scope" project, which did a gap analysis to assess the work physicians and nurses were presumed to be doing versus the actual work they were doing.

"What we found is over time there was sort of a drifting away of what each medical staff support was actually doing," says Dr. Baker.

Physicians were doing administrative tasks such as faxing a document or filling out a form. "We needed to make sure that those administrative tasks were falling



Our people are our 'secret sauce.' Through robust teaming and collaboration, we deliver second-to-none value-based care.

Nikki Baker, MD

Associate medical director for People and Culture, The Southeast Permanente Medical Group into the right bucket and that the right person was assigned to do that work," says Dr. Baker.

The goal was to define the physician's work as well as the supporting roles of nursing and other health professionals on the team, then creating some standardization to that work so that it didn't shift or change for the doctor regardless of what office they were working in or which work support staff was supporting them.

Structuring teams to improve efficiency

The Southeast Permanente Medical Group is one of the largest multispecialty medical groups in the Southeast, employing 725 physicians and 322 advanced practice and allied health clinicians.

As part of its restructuring, the medical group created caregiving medical teams of physicians and other health professionals, supported by licensed practical nurses, registered nurses or a medical assistant.

Each person on the team has a specific role they are required to do to optimize the care of the patient. For example, in addition to rooming the patients, the nurses and medical assistants are responsible for previewing and updating their charts and informing the patient of any gaps in care such as the need for immunizations, cancer screenings or other lab work.

They also make sure that medication reconciliation goes through a first pass before the physician gets to the chart.

It's important to standardize certain duties of the nursing teams so that each physician has a similar experience regardless of what nurse they might be partnered with for that day or even the clinic they may be working in, stresses Dr. Baker. "If it's part of standard work for the nurse to pre-print that form or fill out that form before the physician encounter, then that's a part of that work."

The medical group also created standing orders that don't require clinician action, empowering the nurse to provide the right care at the right time. Common standing orders include things like flu shots or fecal blood screenings.

Creating a "pre-time" for the patient to come for their appointment has also enhanced efficiency. If a patient's appointment is at 8 a.m. and that patient comes in at exactly 8 a.m., it cuts into the clinical assessment time. If a patient comes in early, the nurse has adequate time to do his or her job, reviewing the patient's chart to ensure all appropriate orders are

pended, and doing medication reconciliation prior to the actual visit.

The medical group also employs virtual nurses who can do some of the pre-rooming work before the patient gets to the face-to-face encounter with the physician.

Reducing burnout, saving lives

Doing things ahead of time, delegating it to the right person to do the work rather than the physician, all reduce administrative burden for the physician, which is one of the biggest drivers of burnout.

It also builds a sense of teamwork, says Dr. Baker. The nurse and the physician are working together to ensure the patient is getting the best care regardless of what care they are seeking. Someone could come in for an ankle sprain, for example, and leave with their mammogram scheduled for the next day.

"What makes us stand out is the fact we actually tie this work to lives saved," says Dr. Baker.

In 2024, The Southeast Permanente Medical Group estimated it saved 72 lives by closing the care gap for colorectal screening, eight lives by closing the care gaps for cervical screening and four from breast cancer screening.

"This aids in creating real value and purpose to work for our support staff and our clinicians, thus creating real joy at work and further mitigating burnout," she says.

Automating the in-basket

The Southeast Permanente Medical Group has also done work in the digital transformation space to further reduce physician burnout by reducing administrative burden and creating care pathways for the most common medical conditions.

One tactic is to equip nurses to answer patient email messages that physicians would ordinarily have to answer on the first pass. The percentage of messages nurses answered increased from 43% in 2023 to 46% in 2024, with a goal of getting to over 50% by the end of 2025.

Automation tools are another strategy to help manage the in-basket, says Dr. Baker. For example, we now have bots that can address cancelled orders and overdue results in the in-basket.

Additionally, at least 72% of physicians are taking advantage of an ambient listening tool to enhance physician notetaking. The physician can listen to the patient and not have to worry about managing the EHR

or charting. Not only has this improved patient and physician satisfaction, it has also strengthened patientdoctor bonding.

Through its EHR, The Southeast Permanente Medical Group can direct message its nurses, which helps to streamline communication between the physician and the nursing staff.

"In the past, a lot of those commands would've been verbal or trying to find the nurse in the clinic to tell him or her that you needed something done," says Dr. Baker. Direct messaging leads to fewer errors, better communication and better teaming between the physician and nurse.

Collaboration leads to improvements

A unit-based team ensures that care teams work collaboratively to improve the way they do their work.

"It's really centered around process improvement, and it's also centered around making our place of work the best place to work, helping us to deliver the highest quality in patient care and improving affordability in patient care as well," says Dr. Baker.

The team comprises physicians, nursing support and management, all working together to collectively solve any problems that a care team might be experiencing in terms of operations.

Whether it's looking at patient throughput in a particular clinic, or a better way to administer vaccines or handle the paperwork that may come in from patients, "our teams are looking at that together and discussing it to work through how we might improve that process," she says.

The medical group is also engaging in a collegiality survey to measure how its teams interact with each other.

"We've done a lot of work to understand how our patients interact with the physicians, but we want to actually see how physicians are working together and how they're teaming together and doing their work from department to department and within each department," Dr. Baker explains.

The survey launched in the beginning of this year, and she's hoping to see some results by the middle of the second quarter of 2025.

That work will recognize teams and departments that are working collegially together, while providing an opportunity to address the teams where there are opportunities for better collaboration through coaching and other interventions.

"What we are finding is that patient care is becoming so complex that you need that interdisciplinary approach," says Dr. Baker.

To drive improvements, do the work

All medical entities are facing challenges around staffing.

"When you're facing that, it's really important that you assess what the work is, scope it appropriately, and find creative ways to manage that work," advises Dr. Baker.

This could mean bringing in digital transformation to remove administrative burden, automating processes and making sure that people are working at the very top of their scope are also imperative, as health systems work through the staffing deficits that everyone is facing, she says.



It's really centered around process improvement, and it's also centered around making our place of work the best place to work, helping us to deliver the highest quality in patient care and improving affordability in patient care as well.

Nikki Baker, MD

Associate medical director for People and Culture, The Southeast Permanente Medical Group



2025

NORTHWEST PERMANENTE

Where doctors lead and lift each other, burnout takes back seat

Northwest Permanente's cancer center fosters teamwork and lowers turnover with nurse navigators, community support and Al-powered tools.

By Jennifer Lubell

"Dumping phenomenon" is a common occurrence at some practices. This is when the hardest work will be deferred to someone else, knowing they'll get paid the same for an easy or difficult consultation. Kaiser Permanente Northwest Cancer Center aims to avoid those scenarios, says Christine M. Barnett, MD. "We are very much a team," and everyone is a team player, she said of the center's multiple departments.

That is why department leaders only hire people who fit in with the culture of the organization.

"We're very big here about supportive culture. We've turned people down because they just weren't the right fit, and we felt like they wouldn't necessarily support the other physicians," says Dr. Barnett, medical director and chief of hematology and medical oncology at Kaiser Permanente Northwest Cancer Center.

The culture means team members have each other's backs, and if someone needs coverage for a shift, "there's always somebody to switch with you," she says.

Kaiser Permanente Northwest Cancer Center is part of Northwest Permanente, which is the largest independent interspecialty medical group in Oregon and Southwest Washington with over 1,500 physicians and other health professionals. The cancer center has a peer support program and a wellness advisory committee that includes physicians from Northwest Permanente.

"Cancer is rewarding in the work that we do with patients, but it also can take a toll on all physicians and the teams that take care of patients," says Tasha McDonald, MD, the cancer center's chief of radiation oncology and associate medical director.

The department of radiation oncology fosters teamwork through daily huddles, potlucks and

reflections on patients who have died. Teams also get together and do things outside of work.

"We have special meetings outside of our daily patient care to talk about hard issues and to support each other," says Dr. McDonald.



Cancer is rewarding in the work that we do with patients, but it also can take a toll on all physicians and the teams that take care of patients.

Tasha McDonald, MD

Chief of radiation oncology and associate medical director, Kaiser Permanente Northwest Cancer Center

Team structure is physician-led

Organizations often place the onus on physicians to address burnout. But burnout is not a physician problem, meaning they shouldn't have to figure out how to solve it, according to Dr. Barnett.

Oncologists often spend a great deal of time in discussions with insurance companies to get an MRI or certain chemotherapy approved for their patient—tasks that don't involve medicine and lead to job frustration and burnout.

Northwest Permanente is unique in that it takes care of these tasks for the physician, says Dr. Barnett. Other organizations are either led by hospital administration or venture capitalists.

"But we're physician led. Any decisions that are made that affect the work life of the physician are made by a physician," she says.

The cancer center's leadership is a collaborative effort between multiple department leads. This includes Drs. Barnett and McDonald and a surgical oncologist.

"We always take the consideration of multiple different teams into account when we're moving a project forward," says Dr. Barnett.

Physicians are supported by a team of nurses and medical assistants (MA), which help with in-basket management and patient communication.

"We want our patients to have access to us and to be able to ask questions and to send us messages. We rely on our staff to answer them promptly for us, in addition to handling paperwork," says Dr. McDonald. "As cancer physicians, we have a lot of people taking off time, and the paperwork can take up all your time." This delegation of tasks reduces physician burden, so they can spend more face-to-face time with patients.

"One of the things I try to tell my doctors is: Are you doing physician work?" says Dr. Barnett. "If you're finding yourself doing a lot of a tasks over and over again, or you're not getting the support that you need to do something that maybe a registered nurse could help with or an MA, then we need to rethink our workflows."

Physicians work a lot of hours and should be doing the work they were trained to do, she adds.

Navigators, community workers help

A robust nurse navigation program that covers all departments is another tool to support doctors. The navigators are assigned groups of patients in specific programs such as breast cancer, head and neck cancer, or lung cancer.

Their role is to guide patients through diagnosis, tests and treatment. This is to ensure that patients have support—that they don't show up at the cancer center scared and angry, with no communication source to help them through the process.

"We don't want a frustrated patient to start from ground zero. That's never good," says Dr. McDonald.

Physicians, nurse navigators, radiologists and pathologists participate in "case conferences" to ensure that everyone is informed about a patient's workup, including orders for tests. This way, everything is taken care of before the patient arrives for care, which makes things more efficient and reduces the administrative burden.

The cancer center has also been running a trial with community health workers with an aim to reduce physician burden and improve patient care.



We always take the consideration of multiple different teams into account when we're moving a project forward.

Christine M. Barnett, MD

Medical director and chief of hematology and medical oncology, Kaiser Permanente Northwest Cancer Center "One of the frustrating things that can just be so hard for a physician—and especially those of us in oncology—is when your patient has tons of social needs that you don't even know how to address, such as getting child care to be able to come to chemo," says Dr. Barnett. A doctor can prescribe a drug but may not know the quickest way to get a taxi or ride share for a patient.

Community health workers who have access to resources can meet the patient where they're at, helping them with aspects of their health that the physician may not be equipped to deal with.

Al helps with documentation

On the technology side, Northwest Permanente has adopted an augmented intelligence (AI) scribe and documentation tool that has provided relief for physicians from administrative burdens.

"I know some primary care doctors who have said this literally saved them from burnout," says Dr. Barnett. It has also helped to improve documentation at the cancer center.

Another technology platform used through the EHR, Health Connect, enables patients who are undergoing chemotherapy to manage their symptoms themselves to minimize phone calls or emails, which contributes to inbox burden. The technology is integrated, meaning that it protects patient data and keeps everyone informed.

"If my patient gets admitted for any reason, I'm notified because it's all on Health Connect together, under one roof," says Dr. Barnett.

Surveys track improvements

Northwest Permanente—on an organization-wide scale—assesses teamwork through annual engagement surveys where all employees participate, says Dr. McDonald.

"We gather data to find out what departments might be struggling with, how engaged are the teams, what are the barriers and what can we do for them?" she says. The health system uses those results to determine what initiatives might improve certain performance metrics.

"It's a really dedicated program to analyze how physicians and people within our practice are doing on an annual basis," says Dr. McDonald.

The surveys have done a great deal to improve the safety culture at Northwest Permanente. For example,

across the country there is a lot of violence in medicine, specifically in the emergency rooms.

"You read in the newspaper that somebody came to an ER or a clinic with a gun, and that's a scary thing. It's no wonder that physicians can feel nervous, that they don't have enough support or security," says Dr. McDonald.

The survey data revealed there wasn't enough security or support in certain locations if something went wrong. Northwest Permanente with Kaiser Health Plan closely analyzed those results to see how teams could work together to support each other, while improving security measures.

The return of "face-to-face" time

Northwest Permanente's efforts to improve retention rates have yielded results. Turnover decreased from 8.8% in December 2022 to 6.7% in April 2025, according to recent statistics.

"Our departments have amazing retention rates. People stay here basically for their career. That's a decent measure of physician burnout," says Dr. Barnett. "If you have good retention rates, then clearly people don't feel like the grass is greener."

Instituting more face-to-face time is the next goal to foster better connection, say both physicians.

Collaboration, encouraging collaboration and ideas so that physicians are engaged in the work that they do, making it easy for physicians who are struggling to confidentially find help, are all key ingredients in fostering teamwork, says Dr. McDonald.

Another important point: Make sure to have physician leaders at the table.

"If you're not a physician-run group, a lot of times it's all administrators who aren't actively practicing physicians. If they're the only ones making the decisions, that can be hard to translate to the frontline physician level," says Dr. Barnett.



Giving physicians a seat at the table, and a team to optimize care

Texas Children's Pediatrics improves thriving scores by 14% through support teams, well-being programs, and enhancing the physician voice on committees.

By Jennifer Lubell

Pediatricians have the fifth-highest burnout rate for physician specialties, according to exclusive survey data from the AMA's Organizational Biopsy*. Texas Children's Pediatrics is striving to improve those statistics through team-based care.

Spanning 350 pediatricians across 66 locations, Texas Children's Pediatrics uses teamwork initiatives to reduce physician burnout and improve well-being and job satisfaction.

"It's a priority in pediatrics in general to reduce burnout and increase work satisfaction of the physicians," says Liz May, MD, a pediatrician and chair of Texas Children's Pediatrics' engagement and wellness committee. While physicians from all specialties experience burnout, pediatricians have the added challenge of taking care of whole families—coordinating with parents and other caretakers and specialists while keeping up with the many children who need to be seen.

"It's about trying to balance and juggle it all at one time," says Dr. May.

In an interview, Dr. May discussed the structures, roles and workflows Texas Children's Pediatrics uses to promote seamless teamwork. The result: improved well-being scores and job satisfaction.

No matter what the individual title, everyone has well-defined roles on the team, Dr. May adds, noting



It's a priority in pediatrics in general to reduce burnout and increase work satisfaction of the physicians.

Liz May, MD

Chair of engagement and wellness committee, Texas Children's Pediatrics

that, for nonphysician health professionals, that often means "supporting the physician effort that's outside of face-to-face or direct patient care."

Freeing up time for direct patient care

Texas Children's Pediatrics bases its patient-care model on a <u>team-based method</u>. A team member is always there to assist, from the time a patient enters a clinic until after the appointment, explains Dr. May.

Each of its clinics has teams that include office managers, front-office staff, medical assistants and nurses. Clinics also have access to social workers and behavioral health specialists. The model ensures that teams take care of the scheduling, follow-up on prior authorizations, triage and other behind-the-scenes work so that physicians can spend most of their time providing face-to-face care with the patient.

Research has shown that physicians who perceive that they are providing high-quality care can help facilitate the delivery of that care. They also report better professional satisfaction, which plays a huge role in how people rate their well-being. In Dr. May's view, this is what the team-based care approach accomplishes. By having that face-to-face time with patients, job satisfaction rises, she says.

In addition to the clinical teams, operations teams look at the day-to-day financials to make sure things are running smoothly. A quality team assesses how the health system can improve things to help ensure the delivery of high-quality and evidence-based care.

Additionally, there is also physician and executive leadership. Each layer of leadership is dedicated to ensuring the highest quality of care and that the physicians have the tools they need to provide that care, says Dr. May, noting that Texas Children's Pediatrics recently expanded its leadership structure. The health system added three associate medical

directors who support its chief medical officer and regional physician leaders.

Physicians are an integral part of Texas Children's Pediatrics' committees, which cover compensation, quality improvement, practice management and engagement and wellness. This means "there's almost always a physician voice at the table," Dr. May notes.

Having physician perspectives on operations, quality engagement and more has strengthened capabilities for teamwork and improving physician satisfaction, she emphasizes.

Reducing burden with MyChart, Al scribes

Specific workflows and processes at Texas Children's Pediatrics enhance efficiency and minimize administrative burden. One of those strategies is for nurses to answer medical questions sent through the Epic MyChart <u>patient portal</u>—in the office and remotely. Many times, the nurse can adequately answer a patient's question, give advice or help coordinate appointments to determine if a patient needs to be seen in person.

Other structures have improved patient access to care. To address the long wait times to see certain pediatric subspecialists, Texas Children's Pediatrics relies on e-consults to more quickly dispense workups or treatment plans to a patient from those specialists.

Physicians with Texas Children's Pediatrics and Texas Children's Urgent Care can e-consult specialties for specific clinic questions to help guide care or determine if specialist referral is needed. These are placed through the EHR and responded to by a physician in that specialty within two business days. The physician specialties that participate in the e-consults are neurology, gastroenterology, pediatric gynecology, rheumatology, hematology and oncology, allergy and immunology, endocrinology, infectious

diseases and dermatology. In 2024, 1,400 e-consults were utilized. Since starting the e-consults, almost 2,500 have been set-up.

Texas Children's Pediatrics has also taken advantage of emerging technologies to reduce physician burden and improve quality of care. Any time a physician or other health professional logs into the EHR, they can use a "chat" function to talk to others who have access to the electronic health record.

"It can function in the clinic and for expanded teams, because we do have patients who are being taken care of by various specialists," explains Dr. May.

A pilot has also been underway to use augmented intelligence (AI) scribes and AI-response technology for EHR responses. If a physician is searching for something or if a visit is needed, an automated response takes some of the administrative burden away, Dr. May says.

Another burden-reducing tool is an advice app called TCPAdviceApp—that patients can download that answers specific questions often asked during a patient visit, she adds.

Improving inbox efficiency

Texas Children's Pediatrics has been making improvements to its MyChart system. This is useful from a team-based approach because a specific type of visit will route directly to the physician instead of other team members having to sift through multiple messages.

Addressing the ubiquitous problem of inbox overload, Texas Children's Pediatrics is working with an interdisciplinary team to implement the AMA STEPS Forward° reducing EHR inbox burden toolkit.

While this aims to cut administrative burdens for physicians, says Dr. May, "I'm hoping it's going to have a good downstream effect for the entire team as well because we all access MyChart in some capacity."

"By reducing the inbox burden, hopefully we're all able to have more time to do what's most important in our roles," she says.

Keeping a pulse on mental health

Texas Children's Pediatrics also expanded its mental health training with diagnostic and therapeutic patient support for physicians, "which has been able to help and efficiently move patients in and out of clinic with expedited referrals or even being treated in clinic," says Dr. May.

Any physician or care team member can take the Patient-Centered Mental Health in Pediatric Primary Care training through The REACH—Resource for Advancing Children's Mental Health—Institute. This gives them the training, skills and confidence to diagnose and treat many mental health conditions in the primary care setting, says Dr. May. It also trains participants on how to effectively triage and determine if a patient needs a higher level of care.

When there is a medical emergency, Texas Children's Pediatrics' mobile assessment team alerts a physician on call for immediate assessments and triage, either in person or through telemedicine for acute mental health crises or concerns.

Texas Children's Pediatrics also partners with the Texas Child Psychiatry Access Network, which offers real-time access to a multidisciplinary network of mental health experts in the region such as child psychiatrists for peer-to-peer consults by phone and vetted and personalized referrals and resources. The network also provides behavioral health CME credits.

Showing improvements in burnout, job satisfaction

Each year, Texas Children's Pediatrics surveys its physicians on well-being and satisfaction to see what their needs are in carrying out this team-based



By reducing the inbox burden, hopefully we're all able to have more time to do what's most important in our roles.



Chair of engagement and wellness committee, Texas Children's Pediatrics

approach. The latest survey results reflect the hard work devoted to improving teamwork and reducing physician burdens.

Data from 2023–2024 showed marked improvement in well-being scores among physicians as well as nonphysician providers, says Dr. May. Across primary and urgent care settings, Texas Children's Pediatrics saw a 36% decrease in distress scores and a 14% improvement in thriving scores. These are part of an anonymous evaluation that uses nine questions to gauge the level of distress or thriving based on yes or no responses and sliding scaled questions. A follow-up survey will take place this year for comparative data for 2024 to 2025, she says.

Texas Children's Pediatrics also collects data after every patient visit, to assess teamwork and patient care.

In addition, "the president of our company does an honor roll that recognizes by name anyone who was mentioned... specifically for teamwork, but recognized by a patient or caregiver," says Dr. May.

Boosting well-being through writing, pickleball

Texas Children's Pediatrics continues to think outside the box to promote well-being among its employees. To help foster work-life balance, Texas Children's Pediatrics participates in writing workshops through Houston-based Inprint.

"We've started a book club in the past year to discuss self-care and leadership development. Texas Children's Pediatrics provides books as well if people are interested in being a part of book club," notes Dr. May. Annual physician leadership meetings offer a relaxed venue with fun activities while allowing people to provide feedback about systemic problems or think through better ways of doing things.

"Last year we had pickleball socials in Houston and Austin. We're trying to plan more social events that engage physicians and other staff members on the team," she adds.

Individual clinics are also encouraged to plan social events and celebrations for well-being and engagement that support their teams and fit their individual culture.

"We all function under the same umbrella with the same mission and same goals. However, we are all in different areas. We all have different patient needs and cultures in the clinic," says Dr. May.

A voice to prioritize teamwork

Any pediatric health care organization looking to enhance teamwork and support physician well-being needs to engage leaders who are excited about this topic, Dr. May advises.

"Everyone has their expertise, their side of their story or recommendations on what means the most to them," she says. Having the voices that prioritize teamwork, well-being and engagement, giving physicians a seat at the table, and asking the hard questions—either in surveys or in person—are all important ingredients to a successful program.

"Collect data, make a plan to change and take action to build trust within the teams," Dr. May says.







Investing in physician leadership helps everyone thrive

South Dakota-based Sanford Health has found that physician well-being improves when leaders are given the tools to develop effective leadership behaviors.

By Georgia Garvey

To make powerful, lasting change to physicians' well-being, start with people and their relationships," says Heather Spies, MD.

"We have found that investing in leadership and the growth of our leaders in a health system is crucial for the well-being of our physicians because they're who often most influence their department and practice," says Dr. Spies, physician director of clinician experience and well-being for Sanford Health.

"Every day, short term, long term—everything is affected by whether physicians have a good relationship with their leader or not," she adds.

Dr. Spies recounts Sanford Health's experience with one specialty in the health system whose members were struggling with low well-being, low satisfaction and high burnout. Their leader—inspired in Sanford Health clinician leadership training to dig into the group's problems—used AMA-structured <u>listening sessions</u> and assessment tools to spearhead a remarkable turnaround within six months. Over that time, the group's well-being and satisfaction achieved one of the highest changes for the better in the entire health system.

"During a really hard time as a department chair, he had all those other leaders in the program alongside him to bounce ideas off in a safe space, and to say, 'I'm trying this. Why is this not working?" she shares. "Having that lateral mentoring of those colleagues was key in leading that group into being in a much better place."

Link between leadership and well-being

The state of physician well-being in the nation continues to be troubling, with far too many physicians reporting burnout and intent to leave their jobs.

Though figures have dropped off from the historic

highs seen during the COVID-19 public health emergency in 2022, when three out of five physicians reported symptoms of burnout, much remains to be done to turn the tide.

Leadership is a key component of increasing well-being among physicians, and effective leadership represents one of the six pillars of the AMA Joy in Medicine® Health System Recognition Program.

Investments in leadership training and skill development and building relationships in the process pays dividends, Dr. Spies says.

"If we invest and really keep wellness-centered leadership as a component of what we want all of our leaders to be, both our physician leaders and nonphysician administrative leaders, everybody who affects physicians' practices, we know that we're going to positively impact the way their day-to-day clinical practice goes and then, ultimately, how they are able to care for patients," she says.

Wellness-centered leadership includes building trust, giving and receiving feedback, prioritizing wellbeing and making unit-level changes effectively.

Though medical schools and residency training programs are more often incorporating leadership skills than in years past, Dr. Spies says, most of a budding physician's education will be focused on medicine, not business or management.

"A lot of physicians aren't trained in leadership formally. However, we really expect all physicians to be leaders when they come out into their practice," she says. "We're expecting them to lead their teams. We're expecting them to lead other physicians depending on what roles they evolve or grow in or have an opportunity to do, but a lot of times we haven't always provided them with the tools to do so well or formal education."

Finding ways to help leaders succeed

Sanford Health has had a leadership program in place in some form since at least 2010, says Dr. Spies, and since 2021, has supported its Reaching others, Innovating and making an impact, Strategizing to support and sustain the organization, Elevating and empowering others, Serving our colleagues and communities (RISES) leadership program for clinicians.

RISES is a two-year program with curriculum and ending with a presentation of a small-group impact project. The members of the group meet in person six times a year, for an entire day.

"Our organization serves a large geographic footprint," she says. "It's a really big commitment for clinicians in the group to travel and come together for these leadership sessions, but they find such value in meeting in person that we hear that it's one of their favorite times of the month."

At the meetings, they start with a "wellness check" where all 25 clinicians give updates on their previous month—what is going well, what they have struggled with, both for their teams and for them personally.

"We look at this group as being support for each other—sharing similar problems, lifting each other up, celebrating the wins and encouraging each other through the hard things," Dr. Spies notes.



Our organization serves a large geographic footprint. It's a really big commitment for clinicians in the group to travel and come together for these leadership sessions, but they find such value in meeting in person that we hear that it's one of their favorite times of the month.

Heather Spies, MD

Physician director of clinician experience and well-being, Sanford Health

The meetings each have a particular focus, on topics such as adaptive leadership, conflict management, emotional intelligence, or leading change for example, with small-group breakout sessions, case studies and guest speakers all on the same theme. We also include topics such as health care finance, law, and government relations. To end each of the meetings, they discuss their takeaways and what they plan to implement upon their return to work.

"Then we hold them to that commitment when they come back the following session by having them write on a sticky note and post in the room 'What did you put into practice from last time? What are you doing differently and how is that going?" she says.

The impact projects that come with the leadership program have turned out to be helpful too, Dr. Spies says. One example is a group that implemented listening sessions into their departments. They then measured the impact of the listening sessions on the group in which they were used.

"We highlighted that project at our annual meeting for Sanford physician leaders and administrative leaders, and everybody wanted to know how to do those listening sessions and how to use them in their groups," she says. "It just really spread across the whole organization."

Sanford Health is currently in cohort three of the RISES program and had nearly 80 applicants for the 25 spots. The selection process, she says, is thorough.

"We're very intentional that the participants selected are there to really be engaged and learn and contribute to the group," Dr. Spies says. "We're really clear on what the expectations are and what the program's all about, so everybody coming in knows what to expect and what exciting things we have in store for them."

Delivering the right help for the right leader

Sanford Health also uses data from engagement surveys and leadership performance assessments to help both administrative and physician leaders grow. They highlight nine skill sets that make effective leaders. When surveys show room for growth in an area, there are targeted learning methods available to help a leader, then others that allow them to measure their progress.

"If their clinicians are saying, 'I really don't feel like I'm updated on changes.' They can focus on specific modules to get better at communicating and leading



Heather Spies, MD

Physician director of clinician experience and well-being, Sanford Health

through change," she says. "And then, at any time, on their own timeline, they can take another assessment and say, 'Am I making some progress here?"

It's also important to broaden the search for new leaders, Dr. Spies says.

"Sometimes you get the same people always being in leadership positions and you worry that someone's being missed who might be interested or would be a really great leader, but for some reason—maybe they're just so busy in their clinical practice—they haven't been identified," she says.

Sanford Health has, therefore, tried to publicize open positions on its clinician well-being council, for example, and used its internal coaching program to encourage more than just the usual suspects to step into leadership roles.

They've also ensured that annual check-ins between physicians and their department chairs and clinic directors are not only taking place but are also leveraging the strategies that work well in other departments.

It's all part of making the job of a leader more fulfilling and more effective, giving them the tools to thrive and help their teams do the same.

"When I was a younger leader, someone had said to me being a leader is one of the loneliest things that you'll experience in your career," Dr. Spies says. "I'm really committed to making sure that's never the case. We're seeing the positive impact of investing in our leaders, supporting and empowering them with tailored leadership development opportunities, connecting them with other colleagues who are dedicated, kind and passionate—and ultimately helping them to thrive and find joy in their practice and leadership roles."

How do good leaders unlock their team's power? Relationships

Rush University System for Health believes that good leadership means creating and fostering human connections to enhance job satisfaction and reduce physician burnout.

By Georgia Garvey

Physicians-in-training spend more than a decade after high school preparing to practice medicine, learning about everything from microbiology to how to perform physical exams. But there's one critical part of their jobs in which they often get little, if any, formal education: leadership.

"The training that we get in medical school, residency and fellowship is mainly concentrated on the clinical and technical aspects of our fields. It allows us to execute very effectively in our specific areas of expertise, but what we don't get educated on is the ability to influence and lead people and to be agents of positive change," says Luis Garcia, MD, president of the Rush Medical Group in Chicago and a surgeon who specializes in advanced laparoscopic and bariatric surgeries.

But Dr. Garcia says that physicians often have the weight of expectations on their shoulders, whether they've been trained in management or not.

"By having MD behind our name, everybody expects that we are going to be good leaders," he says.

In his career, Dr. Garcia has held a variety of leadership positions at organizations including Sanford Health in South Dakota, which received designation in 2023 from the AMA Joy in Medicine® Health System Recognition Program. Rush University Medical Center also received recognition in 2023.

"As physicians, our biggest concern is the quality and the outcomes of our care, and we have the most sincere commitment to our patients—that if they're trusting us with their most valuable asset, which is their life or their health, that we are going to deliver to perfection," Dr. Garcia says. "That puts a lot of responsibility in the shoulders of a physician and a lot of stress."

"The added administrative tasks, documentation and regulatory requirements just add to that stress," he says, "making a recipe for burnout."

To lead well, communicate

"As we develop support systems for our clinicians, we aim to get them to feel that our profession is a profession and not a job—get them to understand that in everything we do, there is a value that is much more powerful and much bigger than any administrative task," Dr. Garcia says. "That value is to deliver on that promise to our patients."

Relatively new to the position at Rush, Dr. Garcia says he's focusing on building a framework for positive leadership using an approach that focuses on trust, respect and honesty. Some key leadership skills, he says, are the abilities to communicate, energize, define common goals and guide change—both with patients and with colleagues.

"A lot of people think that being a high-level executive or a leader is top-down management, where I may come in, I declare my vision, and people are going to follow me," he says. "It really doesn't happen that way. ... It requires relationship-building. It's a lot of communication. It's a lot of identifying the opportunities that are going to create positive change at the same time that you respect the legacy of the organization. You build credibility, trust and respect first and then you start tackling the bigger challenges."



A physician by nature is considered the leader of the team, so we need to create an environment where a physician feels empowered to lead people and generate positive change in alignment with the strategic vision of the organization.

Luis Garcia, MDPresident, Rush Medical Group

He says it's particularly important for leaders to go back to people to discuss why a desired goal was not achieved.

"I may be successful 90% of the time, and in the 10% that I am not, I owe you back an explanation," Dr. Garcia says. "I owe you clarity. I owe you honesty.

"What I have found is that even in situations where you have to make a difficult decision, if your team understands that you advocated for them and you fought for them, it enhances the relationship, collaboration and trust," he adds.

For leadership to thrive, there also needs to be buy-in for interventions, programs and changes at the highest levels in a health care organization—sometimes quite literally.

"A physician by nature is considered the leader of the team, so we need to create an environment where a physician feels empowered to lead people and generate positive change in alignment with the strategic vision of the organization," Dr. Garcia says. "Developing physician leaders requires resources, but more importantly, it requires the recognition that developing emerging leaders brings long term value to the organization."

Don't rely on just data for change

To get results, says Dr. Garcia, gathering data is essential and there must be a process for quantifying leadership—something Rush accomplishes with both informal and formal evaluations. There are twice-yearly performance evaluations that he likes to call "checkins," which emphasizes their two-way nature.

"More than reviewing data, that interaction is an opportunity for me to communicate with the leader about their performance, but it's also an opportunity

for them to communicate to me feedback about my own performance," he says. "But also in between formal check-ins—and what I found to be of the greatest value—is the informal interactions that you have on a recurrent basis, on a consistent basis."

"If you create an environment of positive behavior, an environment of support, an environment of safety, your data is going to reflect that," Dr. Garcia says.

Relationships are key to leadership

It's all part of an effort to build the kind of connection that leads to higher performance and more job satisfaction, and hence less burnout—despite a demanding environment where decisions can have life-or-death consequences. Expectations may be high, Dr. Garcia says, but so is autonomy, and he believes in making clear to others that he trusts and supports them no matter what.

"I believe in you. I believe in your talent. I believe in your ability to solve these issues. Now, if you run into a problem, call me back and I'll back you up," he says. "But be comfortable taking risks. Be comfortable being yourself. Be comfortable executing in your talent. And then the last thing is, don't be afraid to make a mistake."

Dr. Garcia has discovered over the years that the key to unlocking strong leadership is human connection. And leadership, he says, is a mindset far more than it is a job title written on a business card.

"To execute on leadership, we do not necessarily need to be tied to a title," Dr. Garcia says. "Every day is an opportunity to generate positive change. Every day is an opportunity to support those who see us as role models. Every day is an opportunity to elevate the mission of our profession. And for that, you don't need a title."



Developing physician leaders for every stage of their career journey

At Mid-Atlantic Permanente Medical Group, physicians are supported with tailored opportunities to grow, connect and lead—from the moment they are hired until the day they retire.

By Georgia Garvey

When it comes to developing quality leadership skills at Mid-Atlantic Permanente Medical Group, Ameya Kulkarni, MD, says that it's critical to keep in mind the physician's chief aim—patient care.

"What makes a good physician leader is really focusing on the patient at the center of the experience," Dr. Kulkarni says. "Great physician leaders have to be clinically excellent, and they need to be able to see beyond the world that's in front of them—not the narrow lens of only the patient in front of them but being a good steward of the system."

Dr. Kulkarni is an interventional cardiologist and associate medical director with Mid-Atlantic Permanente Medical Group (MAPMG), which includes nearly 1,800 physicians in more than 60 medical and surgical specialties, caring for about 800,000 patients in Maryland, Virginia and Washington, D.C.

Positive leadership can protect physicians from some of the damaging effects of stress in their profession. This, in turn, can reduce physicians' chances of experiencing burnout and leaving their jobs or the field of medicine entirely. That's why leadership is a pillar of 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.

Building a framework for a career

With a strong case built for the need for good physician leaders, it's important to have an organizing principle. At MAPMG, that's the "hire to retire" strategy, which takes into consideration what career phase physicians are in when targeting them for training, support and opportunities.

"Basically, the strategy says from the moment a physician is hired in our practice until the moment they retire, every part of that journey, there are different needs at different career stages," Dr. Kulkarni says. "Then, everything we do for physicians to build connection or build leadership are in the context of where they are in their journey."

Dr. Kulkarni says that as a foundational strategy, "hire to retire" is about three years old, but as an idea it has existed in the organization for much longer as a driver for career fulfillment and retention.

"We formalized the strategy as the core of how we think about where physicians are and what they need," he says. "Now it underlies everything—our events, our social connections, our professional development of leadership, our pathways. It's the thing that we build everything on."

The strategy has four stages with "enculturate" being the first, which begins as soon as a physician accepts a position with the medical group and



Great physician leaders have to be clinically excellent, and they need to be able to see beyond the world that's in front of them—not the narrow lens of only the patient in front of them but being a good steward of the system.

Ameya Kulkarni, MD

Associate medical director, Mid-Atlantic Permanente Medical Group

ensures that a good first impression is made and logistical, clinical, professional and social support is given. Years one through three are the "engage" stage, which brings awareness to the various interest-based micro-communities within the larger medical group community that physicians can get involved with.

For physicians interested in leadership roles, opportunities like the "Emerging Leaders Program" exist for them to hone their leadership skills. The next stage, "energize," is mid-career where helping physicians with career longevity is vital. There are opportunities here for mentorship to help physicians tailor their careers to their personal goals and for physicians on a leadership journey, a 12-month leadership institute and executive leadership training are offered.

Finally, the "extend" stage is where physicians are encouraged to share career expertise with younger generations to help train new leaders as they wind down their own career.

"What we say is that, even if the thing you want to do most is care for patients and you do that really well, you should still be on a 'hire to retire' journey that reflects your interests," Dr. Kulkarni says. "Some people want to be clinical experts, and there is a pathway in our system to get to that point, but you have to start by meeting people where they are. It's a different story if you are two years into practice and 10 years into practice. You require different things, and so we're sensitive both to where you are on your pathway and what you want to do."

When to use data and when to use relationships

In a large organization, data from surveys, assessments and evaluations can be helpful in determining where physician leaders have challenges and where they are thriving.

"We use a lot of surveys, a lot of qualitative data, because that's the best version of data to understand people on their physician leadership journey," Dr. Kulkarni says.

MAPMG uses the 360-degree evaluation format, which gathers feedback from multiple sources. They also have recently begun to use a Hogan Assessment, which guides organizations in career development through a suite of personal assessments.

"We're using data at every point of the physician journey," Dr. Kulkarni says. But there's more to good leadership than just statistics.

"One of the things we're trying to teach our young leaders is how to find the balance between using data to do the things you have to do to manage things like performance and when's the right time to understand what the needs of your physicians are and use those personal relationships to really understand and support," Dr. Kulkarni adds. "And you're constantly balancing between the two."

Growing both communication and connections

MAPMG also offers a three-day residential program, "Communication Skills Intensive." This retreat immerses each cohort of 20–24 learners—core

physicians and leadership—in an exploration around a communication model known as the Four Habits. Led by physician faculty, learners practice and refine their skills in breakout sessions using real-life scenarios with professional patient care actors. The outcome leaves physicians anchored in how to facilitate efficient, meaningful conversations with patients, colleagues or staff to ensure alignment and connection.

"It's an opportunity to help physicians enhance their communication with patients, but the tools that you learn there are universally good across the board," Dr. Kulkarni says. "It becomes a really useful foundation for people who are leaders or going to become leaders."

The emerging leaders program has also helped physicians not only hone their skills in those areas but also built the kind of peer connections that will support them throughout their careers.

"It's fascinating. We had this program for new leaders where we have an intensive summit, where all the new leaders get together and learn about how to be a leader and then they'd be on their own," Dr. Kulkarni says. "It's evolved into this periodic program, where over several months, you're being informed by the experience of being a new leader and bringing that back to these conversations.

"So, it has become this journey that everyone who is a new leader takes together. And people who were new leaders ... now, as they're growing, you're sharing similar challenges," he adds. "And because you've set that habit of periodic check-ins, you have a ready circle of people to talk to."

Peer support is crucial, says Dr. Kulkarni, alleviating alienation that can come in a leadership role and giving physician leaders the chance to hear hard but necessary feedback from someone they trust.

"One of the hardest things about being a physician leader is it's lonely. You have to make these decisions that separate you from the physicians that you lead," he says. "Having a peer group of people who are feeling that same thing and sharing the struggles is incredibly important."

"Also, for people to tell you when you are not acting as your best self. Nobody's perfect. And to have somebody who's willing to say, 'Hey, listen, the way that that interaction went down, I love and support you, but there is an opportunity to do that better," Dr. Kulkarni adds.

Physician-focused leadership strategies lead to success

MAPMG's status as a physician-owned and -managed health system leads to benefits in a variety of ways, says Dr. Kulkarni. "We are so unique in the medical marketplace. We practice medicine, I think, differently than most of the world. We're truly a value-based integrated care delivery system."

Reducing turnover by keeping physicians happy is a key goal, he says. "We invest a lot for people to understand our way of practicing medicine, and so we want them to gain the benefits of that practice style as long as possible."

It's easier for physicians to understand and relate to the struggles and joys of practicing medicine in today's climate, Dr. Kulkarni says, and to anticipate where help or freedom are welcomed.

"At every leadership stage, we are led by physicians," he says. "That is a really important part of this physician leadership journey and also in terms of things like protecting physicians from burnout because it really forces that thoughtful balance of physician needs, patient needs and the system needs."

Among physician needs are preserving their ability to make decisions for themselves and for their patients—whenever possible without outside interference.

"Physicians want autonomy more than anything else," Dr. Kulkarni says. "We spend a lot of time thinking about how to empower physicians to own their own journey—with tons of support. Because what we don't want to do is say, 'Own your own journey and you're on your own.' So, we build the support."

But what it all comes down to, he says, is that physicians want to take the best care possible of their patients. When they do that, they're satisfied, and when they help the physicians on their teams do that, they're good leaders.

"The stuff that we talk about in being a physician leader also applies to being a good physician," Dr.Kulkarni says. "It's the same aspects of trust and leveraging data at times and personal relationships at times."



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Breaking down barriers to mental health support

By removing stigmatizing credentialing questions and creating a peer support network, Bayhealth is aiming to help physicians feel comfortable seeking the behavioral health care they need.

By Tanya Albert Henry

Bayhealth—a nonprofit health system with more than 4,000 employees and 400 physicians in Central and Southern Delaware—has been on a well-being journey with a strong commitment to reducing doctor burnout for a decade now and their efforts are contributing to a more satisfied, less stressed physician workforce.

The well-being drive started in 2015 with a committee exploring what Bayhealth could do surrounding the issue. It expanded to a <u>chief wellness officer</u> (CWO) being named about five years ago and executives incorporating well-being into the organization's strategic plan.

About a year and a half ago, Bayhealth expanded its efforts to create an interprofessional wellness council that has full support from the organization's executives

for the projects and initiatives the council believes will benefit physician and other health professionals' well-being.

"The collaboration of the groups is the essential part to foster the commitment to well-being. Even if you have leadership support, which we do, you still need to work with people and collaborate," says Thomas E. Vaughan, MD, a radiologist and CWO for Bayhealth. "A lot of it comes down to relationships. When you have good relationships, you collaborate and trust each other."

Those relationships and collaborations among different health professionals at Bayhealth—physicians, nurses and others—allow the organization to help foster better support for physicians and others who are stressed and experiencing burnout symptoms.



The collaboration of the groups is the essential part to foster the commitment to well-being. Even if you have leadership support, which we do, you still need to work with people and collaborate. A lot of it comes down to relationships. When you have good relationships, you collaborate and trust each other.

Thomas E. Vaughan, MD Chief wellness officer, Bayhealth

It is common for physicians to feel overwhelmed from time to time. That is why Bayhealth emphasizes the importance of well-being with appropriate treatment and support for all health conditions and encourages physicians to seek help when needed.

Two big ways Bayhealth has supported physicians most recently: Changing the credentialing application questions to help break down systemic barriers that may prevent a physician from seeking mental health care and implementing the Resilience in Stressful Events (RISE) Peer Support Program, a multidisciplinary team that serves as an emotional peer support structure for physicians or others who were emotionally impacted by a stressful patient-related event or unanticipated adverse event.

Destigmatizing required forms

To improve physicians' mental well-being, it's important that they are comfortable seeking the behavioral health care they need. That's something that has traditionally been stigmatized in health care, including on the questions physicians must answer for credentialing, licensing and professional liability insurance.

Changes like these are an important step because an American Hospital Association report lists stigma associated with talking about and seeking behavioral health care—including fear of losing hospital privileges via the credentialing process—as a key driver of suicide in the health care workforce.

Other research has found that physicians working in a state where the initial licensing application or

the renewal application probes overly broadly about mental health history were 20% likelier to be reluctant about seeking help. Overall, about 40% of physicians reported reluctance to seeking formal medical care for treatment of a mental health condition.

As efforts by the Dr. Lorna Breen Heroes' Foundation, the AMA and the Federation of State Medical Boards brought the dangers of these questions to light, Bayhealth made the decision to have the Dr. Lorna Breen Heroes' Foundation review their initial credentialing application and their reappointment application to see if they may be asking questions that discouraged physicians from seeking needed care.

Dr. Vaughan said they took the foundation's recommendation to Bayhealth's legal council and got 90% of what they wanted in the changes to the language. From there they presented the language to the credentialing and medical executive committee and ultimately the full medical staff.

"We got pretty much unanimous support from everyone to change them," Dr. Vaughan says.

He noted that while the work started with the credentialing applications, they soon realized that invasive questions also permeated other forms physicians are asked to complete. For example, forms that employed physicians must fill out, forms from the human resources department and professional liability insurance forms.

"We're still in the process of trying to weed out all of those," Dr. Vaughan says, noting they don't have control over everything that needs to be changed. "It's like an onion. You peel off the front and you think: OK, well this was taken care of. All of the medical staff is on board," he says. "And then you find out ... we hadn't thought about that or there's something we didn't even know existed."

The organization's work on the credentialing forms earned them recognition from the Dr. Lorna Breen Heroes' Foundation as a Wellbeing First Champion, a designation that means Bayhealth's credentialing applications are free from overly broad and invasive mental health questions.

What has changed

Prior to November 2023, Bayhealth's initial and reappointment credentialing applications included this question: "Do you presently have a physical/mental health condition including alcohol or drug dependence that may affect your ability to exercise the clinical privileges requested?" (Yes/No)

When answering this question, physicians were asked to consider any condition which is infectious, affects motor skills, cognitive ability or judgment, or may adversely affect their ability to care for patients or to interact appropriately with patients, patients' families and other care givers.

If the physician chooses "yes," they were to provide full details on a separate sheet, including a description of any accommodation that could reasonably be made to facilitate their performance of such functions without risk of patient compromise.

To improve the initial question, Bayhealth changed the wording to read: "Do you presently have a condition (including for example injury, infectious disease, impaired motor skills, cognitive ability or judgement, or alcohol or drug dependence) that currently affect your ability to competently and safely exercise the clinical privileges requested or which may adversely affect your ability to care for patients or to interact appropriately with patients, patients' families and other care givers. (Yes/No)

If the physician chooses "yes," they can explain in a separate document by including a description of any accommodation that could reasonably be made to facilitate your performance of such functions without risk of patient compromise.

It is common for physicians to feel overwhelmed from time to time. That is why Bayhealth emphasizes the importance of well-being with appropriate treatment and support for all health conditions and encourages physicians to seek help when needed.

Providing peer support

In addition to removing a systemic barrier to care, Bayhealth also has worked to make mental health care easily accessible to physicians and others in the health system.

The RISE Peer Support Program—developed at Johns Hopkins Hospital and taught to other institutions with the help of grants—provides confidential care for the caregiver. Experts came in from Johns Hopkins to teach Bayhealth physicians, nurses, C-suite leadership and others how to be a peer resource for colleagues who, for example, have experienced grieving with a patient, made a human error, experienced violence in the workplace or other stressors.

Bayhealth hoped to get 10 or 15 people willing to go through the eight-hour training to be a peer responder.

"We ended up with 150 applications. The training was also offered to all Bayhealth leaders to enhance their peer support skills. When Dr. Albert Wu and the Johns Hopkins team came for training day, we had over 200 people show up," Dr. Vaughan says.

But the response didn't end there. Dr. Vaughan heard from so many people who couldn't come to the initial training day that they hosted a second training day.

About 150 people showed up.

Rochelle Balan, wellness and safety specialist for Bayhealth, said RISE helped their team members feel a sense of connectedness.

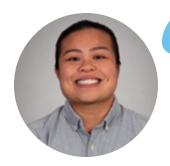
"Whether it's a physician, nurse, environmental service worker, a food service worker, they feel a sense of belonging when they come to work. RISE is that extra layer of, 'Hey, I can make a difference, not only in my job, but with another individual," Balan says. "Supporting with human connection is something that AI can't replace. A journal can't replace that. A book can't replace that."

How RISE works

Peer support can be organic conversations, but physicians and others at the health system also can scan a badge that contains a QR code to signal they want to talk to a peer.

After a soft launch of the program, Bayhealth has issued badges with QR codes for their 4,500 employees. People have badge buddies and leaders monitor scanned badges who can pair the individual with a person who may be the best fit to help the person in need. Typically, the person who scanned the badge gets a response within two hours.

The program recognizes that resiliency is possible by saying, "Hey, you're struggling. I've struggled too.



Knowing that people are not going to have it together all the time is important. Accepting that, making it normal, is OK.

Rochelle Balan

Wellness and safety specialist, Bayhealth

Let's have a conversation. Let's go have an organic conversation in the coffee shop, the Starbucks upstairs. You made a human error and that's okay because you're human," Balan says.

Meanwhile, the organization "has taken a multipronged approach to educate people about RISE," says Dominic Kayatta, senior director of patient experience for Bayhealth. "There's an intranet site where people can see the depth and breadth of what the program entails. And in addition to talking about the RISE program as part of general orientation, there are flyers up in the hospital reminding people about it. It is also talked about in huddles and staff meetings."

And Bayhealth has taken steps to make sure physicians and others trust the program.

"We've been very fortunate to have about six to eight physicians who went through the training," Kayatta says. "So, we're going to put them in a responder group all by themselves because we know it's important to do that physician-to-physician interaction

"And having a chief wellness officer who happens to be a physician ... provides a level of credibility and safety and security," Kayatta says.

A culture shift

Balan says Bayhealth has done a great job destigmatizing mental health by opening it up on the leadership level and letting it trickle down to a grassroots approach and creating a culture that reduces shame around talking about mental health.

Brittany Oakey, MSN, RN, NPD-BC, nursing professional development manager at Bayhealth Medical Center, said destigmatizing the need for help, especially for physicians and other health professionals is a huge win in the effort to ensure caregivers receive care.

"It's about a welcoming environment. It's about a culture of safety and understanding. It's about explaining what the program is and really building throughout the organization so that people believe in the program and want to utilize it," Oakey says. "I know a lot of what's helped us here has been word of mouth, people sharing their personal experiences, being vulnerable and authentic."

And the fact that it's support from a peer is especially helpful for physicians and health care professionals, she added.

"The experience of having someone you can talk to who is unbiased, who may have been where you've been is such an incredible gift," Oakey says.

It's OK to not be OK

The result of the RISE program is that physicians and other health professionals are reaching out to talk through their concerns.

"It's really made a difference in the organization as a result of just creating a culture shift that it's OK not to be OK," Kayatta says. "There's somebody around the corner who gets you, has walked in your shoes, has worn your hat, worn your color scrubs and can relate to what you're going through even though knowing you might have a very individualized kind of reaction or response to it, at least somebody felt very comfortable sharing what their challenge was."

"Physicians experience an overwhelming amount of on-the-job stress leading up to their careers. The new generation of physicians are recognizing that one doesn't have to hold it all together all the time, Balan says. "That is not an effective way of processing and managing stress."

"You can hold it all together, be professional, but we can also be human," she says. "Knowing that people are not going to have it together all the time is important. Accepting that, making it normal, is OK."

Dr. Vaughan is optimistic about RISE's future at Bayhealth, saying that "it's in its infancy, but I think it's going to be a very popular program. It's been a great thing to bring the whole community together."



Making changes big and small to protect physician well-being

Ensuring physicians feel safe and supported in seeking mental health care became a personal mission for a Northwell Health physician leader.

By Tanya Albert Henry

Leaders at Northwell Health know that caring can't just be focused on the more than 2 million patients they treat annually.

Physicians also need support for themselves so they can heal whatever ailments they may be personally facing and that includes being able to, without fear, seek care for mental or behavioral health concerns.

Northwell Health—New York's largest health system with more than 4,000 physicians and 900 hospitals and care centers—has worked to remove barriers that would stop its employees from accessing mental health care when they need it.

As part of that journey, Northwell Health replaced intrusive and irrelevant credentialling questions with questions that don't impede physicians and other credentialed providers from seeking care, which is part of the support pillar of the AMA Joy in Medicine® Health

System Recognition Program. The Dr. Lorna Breen Heroes Foundation also recognized Northwell Health in 2023 and 2024 as ALL IN Wellbeing First for Healthcare Champions.

It was during the COVID-19 public health emergency that Annabella V. Salvador, MD, an emergency physician, senior vice president of medical affairs and deputy chief medical officer at Northwell Health, began spearheading an effort to change some of the credentialing questions the health system asked their credentialed providers, including the physicians.

She led the charge after she heard about the heartbreaking loss of New York City emergency physician Lorna Breen, MD, who died by suicide in the early days of the COVID-19 pandemic.

The effort started even before the Dr. Lorna Breen Heroes Foundation was created because Dr. Breen's story was personal for Dr. Salvador, who was already very passionate about physician well-being. Dr. Breen completed her residency in emergency medicine and internal medicine at Northwell Health's Long Island Jewish Medical Center and Dr. Salvador collaborated with Dr. Breen on multiple regional meetings for the American College of Emergency Physicians.

Dr. Breen treated patients with COVID-19 at New York Presbyterian, working 12 hours shifts in the emergency department and frequently staying after her shift ended to take care of patients. She didn't have a history of depression or anxiety, but the long hours and her own bout with COVID-19 took a toll. She feared seeking help, though, because she worried that she could lose her medical license or be ostracized in the medical community.

"I felt like it was our obligation to make changes to address the issues surrounding physician burnout and physician wellness," Dr. Salvador says.

Some of those issues: A culture that looks at mental health care as a weakness and one where licensing boards often require physicians to disclose current or past mental health care and hospitals often require it for credentialling.

"When we heard about her loss and—having known her—it really left a mark on me. To honor her, I felt like it was our duty to make changes to the credentialing questions," Dr. Salvador says.

Revamping invasive questions

Before the Dr. Lorna Breen Heroes Foundation was founded and created a toolkit to help organizations make changes, Dr. Salvador took a look at the credentialing questions with a team of people at Northwell Health and began editing to make them physician well-being friendly.

"We're lucky that we live in New York where our questions of our licensing board and even our health

system's questions weren't as intrusive as others," Dr. Salvador says. "But we still felt there was an opportunity to make them even better and that's why we did that."

It was a first step.

When the Dr. Lorna Breen Heroes Foundation created its badge recognition program, Dr. Salvador and her committee worked with representatives from the foundation as well as AMA experts to revamp the questions again and make them even better and even less intrusive.

"We were very proud of that. We did this across our entire health system. Not only at Northwell Health, but we also partnered with our Northwell Go Health Urgent Care," Dr. Salvador notes.

Before changes were made, the question physicians were asked on the credentialing applications read like this: "Do you have a physical or mental condition that would affect your ability to exercise the clinical privileges requested?" (Yes/No).

"It called out mental condition, which is the part that bothered me because, as a physician, it doesn't matter if it's physical or mental—it should be do you have any conditions that affect your ability to carry out your privileges," Dr. Salvador explains. "Because if you're a surgeon and you have a tremor and you can't operate, that's going to affect your ability to carry out your privileges."

She also didn't like that it was specifically calling out any mental conditions because these conditions can be temporary. For example, women who give birth and suffer from postpartum depression.

"If it resolves in a couple of months and they never have the issue again, why should they always have to mark yes?" Dr. Salvador questions.

To avoid those types of situations, the current question on the Northwell Health's credentialing application reads like this: "Do you have a current





I felt like it was our obligation to make changes to address the issues surrounding physician burnout and physician wellness.

Annabella V. Salvador, MD

Senior vice president and deputy chief medical officer, Northwell Health

condition or are you taking medication that would affect your ability to practice or provide safe patient care for the privileges you are requesting?" (Yes/No).

If a physician chooses "yes," then they need to answer a second question that asks: "Do you require a reasonable accommodation to exercise your requested privileges safely and competently?" (Yes/No). If they answer "yes" to these questions, then they are referred to Employee Health Services for further evaluation.

Overhauling other forms too

After making changes to the credentialing application, Northwell Health leaders came to a realization: Intrusive and stigmatizing language that created barriers for physicians to seek care appeared in other documents throughout the health system too.

For example, intrusive questions were identified in their employee health services documentation.

"We said to our employee health service partners, 'Hey, look at these questions. We are going to change our questions in the credentialing application, do you want to partner with us and look at your questions and see how we can make them less intrusive?' And they were willing and excited about changing them as well," Dr. Salvador says.

Northwell Health has continued the hunt for intrusive language, changing language in the bylaws and rules and regulations of all the hospitals in the system.

Going beyond credentialing "was one of our biggest lessons that we learned," Dr. Salvador says.

How they made changes

Once Dr. Salvador decided to make changes to the credentialing-application questions at Northwell Health, she says it became "probably one of the easiest initiatives" that she's worked on, and that people were extremely supportive.

It still required work. They brought on their legal counsel and there were a few meetings to discuss changing the questions and how to do it, which was "why it was important for us to also meet with the AMA to get their support," Dr. Salvador says. With all the stakeholders on board, "it was just a matter of having the team change the questions and then, operationally, beginning to roll it out."

Her advice to others who may want to make changes in their organization is to get a senior leader to be your executive sponsor so that you can move the process along quickly and to work with the AMA



One of the facts that always sticks in my mind is that we lose about 400 physicians a year to suicide. ... Our Hofstra Medical School is 100 students per class, so the entire school is 400 students. So, if you think about it, every year we lose a similar number of physicians as an entire school of medicine.

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and Dr. Lorna Breen Heroes Foundation where experts understand how to make changes and are there to help you.

"They answered all of our questions immediately and were very, very helpful. We had a great experience," Dr. Salvador says.

Changing mental health culture

Altering credentialing questions and language in other documents removes a big hurdle holding physicians from seeking care for their mental health, but there are many other reasons that someone still may choose not to pursue help.

One large factor is the stigma that has swirled around mental health care for so many years. The pandemic helped alleviate some of those beliefs, but they are not entirely gone. Some physicians are hesitant to seek help because they don't want their peers to know.

"They feel like they need to be resilient," Dr. Salvador says. She adds they have seen people want to go outside of the health system to seek help, they've heard stories of people paying cash for their care so it won't be documented and they've even heard of people in other states leaving that state because they didn't want to answer licensing board questions.

"We didn't want people to feel that way," Dr. Salvador says.

In addition to changing credentialing questions, Northwell Health:

- Annually hosts an event for Physician Suicide Awareness Day.
- Provides Stress First Aid workshops in partnership with the health system's Center for Traumatic Stress, Resilience and Recovery that help physicians create a plan to improve recovery from stress reactions for themselves and their colleagues.
- Gives physicians access to Team Well Physicians, a tool created by and for physicians that provides resources to help them take care of their well-being.
- Offers opportunities for physicians to meet up through the Connect the Docs program, where physicians across the health system host special meals for their colleagues. It gives them a place to discuss work life and daily stressors and helps them start friendships in a social setting.

Dr. Salvador says it's important for their physicians to know that leadership is fighting for them. The badge they received from the Dr. Lorna Breen Heroes Foundation appears on their credentialing applications. She also gives updates to the staff on physician-related well-being initiatives.

"We want to make it better. It's our moral obligation to do that. We want people to get the help they need," she says. "We want you to be able to get help when and where you need it. You shouldn't have to drive miles away to get help or you shouldn't have to even go outside our own organization."

Keep making important changes

This work is important and Northwell Health and others across the nation need to keep pushing to make changes that promote physician well-being, says Dr. Salvador.

"It's important when you're making these changes to find the right leader to push it along. It's important to have follow through to ensure that it is getting done because sometimes everyone is busy and it can get lost," she says.

It's also important to be speaking about the changes, be enthusiastic about them and proud, she says.

"One of the facts that always sticks in my mind is that we lose about 400 physicians a year to suicide. We're not even talking about all the other mental health illnesses that they face," Dr. Salvador says. "Our Hofstra Medical School is 100 students per class, so the entire school is 400 students. So, if you think about it, every year we lose a similar number of physicians as an entire school of medicine."

It's important that physicians and health system leaders do anything that can be done to prevent that: "It's important for all of us to take action and to be spokespeople because we need to change."



We want to make it better. It's our moral obligation to do that. We want people to get the help they need. We want you to be able to get help when and where you need it. You shouldn't have to drive miles away to get help or you shouldn't have to even go outside our own organization.

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2025

WASHINGTON PERMANENTE MEDICAL GROUP

A culture of care starts with leadership that listens and acts

Washington Permanente Medical Group leaders are driving real change by elevating physician voices and delivering targeted, system-wide support.

By Tanya Albert Henry

Change can start with one person. But for true reform to come about, an organization needs to make changes that are systemic and cultural in nature, that permeate the highest levels and take root in every corner of the institution.

Mary Pan, MD, a family physician and chief wellness officer at Washington Permanente Medical Group, focused on connecting with senior leadership when she accepted her role in spring 2020. She had buy-in from those leaders from the very start.

"That was imperative," says Dr. Pan. "You need to make the case about the importance of well-being. It is a long-term investment that you are making in people."

The looming health care worker shortage, increased needs of the patient population and other challenges nationwide are reasons why physician well-being needs to continue to be at the forefront for all organizations, including Washington Permanente Medical Group, Dr. Pan says.

Wide-reaching systemic and cultural changes that support clinicians and others' well-being have long been a goal at <u>Washington Permanente Medical Group</u> in greater Seattle.

The evidenced-based AMA Joy in Medicine® Health System Recognition Program has provided a framework that has helped the organization embark on its journey to greater well-being.

"It is important to address this issue at all levels. Individual supports, team, and a system-wide approach are very important right now," Dr. Pan says.

There is the question of professional fulfillment for the individual, but also the imperative for thriving teams. How is the team culture, teamwork, and community? And how can we best address issues at the broader system level?

"We really want to address it at all three levels," says Dr. Pan, who notes that a wholistic approach to clinician well-being has been a primary focus for the last five years.

"This year, we are specifically also focusing a lot on leaders—local leaders, operational leaders, as well as our executive leaders—because we know that leaders both at the senior level and at the local level make the biggest difference on workforce well-being," she adds.

Efforts are moving the needle at Washington Permanente Medical Group.

Wellness-centered leadership

Because leader behaviors make a difference in frontline clinicians' well-being, Washington Permanente Medical Group has created Wellness Centered Leadership and onboarding programs to support new leaders in the organization. They also offer well-being workshops and retreats and team building workshops for teams that surveys show have low engagement rates or are at high risk for burnout.

"We want to offer them specific supports, so we tailor the support based on what their surveys and what their frontline people say that they need and want," Dr. Pan says.

Perhaps a team needs help with better managing the EHR. Or maybe a team is feeling discouraged because they have had people leave and are not fully staffed. Dr. Pan's well-being team can connect with the operational leader to discover what their primary goals are and develop an evidence-based retreat to reach those goals. Perhaps it is around developing boundaries, supporting each other through uncertainty, building teamwork or camaraderie, or developing self-compassion, hopefully improving their day-to-day work environment.

In some cases, they have used medical improvisation during team building retreats. It's an opportunity for professionals who tend to be analytical to be put into an environment where they can connect with team members in a different way while breaking down barriers.

"A lot of it is around community building," Dr. Pan says.

Maintaining a "wellness lens"

Part of changing the culture to be more conscious of—and supportive of—well-being involves equipping leaders in the organization with a wellness lens.

"The broader goal is to really encourage all leaders to apply that wellness lens to a policy decision they're making or a process that is being changed or implemented and think about how it is going to impact the well-being of our people," Dr. Pan says.

Sometimes just having a physician who focuses on well-being in the room where decisions are being discussed—even if they don't say a word—can make others stop and think about how an action or change may impact physician well-being.

Getting everyone at Washington Permanente Medical Group to look through that lens has leaders in areas such as informatics, quality, safety, operations, inclusion, and other areas across the organization pausing to think about how a particular change may impact clinicians.

"I have heard our senior medical directors be thoughtful about 'OK, how is this change in what we're doing with MRI utilization going to impact our people or how are making changes around what hospitals we are partnering with going to impact our people," Dr. Pan says. The north star is to provide the highest quality care for every patient. In order to do that, there's a growing recognition that investing in the health care workforce is essential.

When considering augmented intelligence (AI) tools, such as ambient AI, leaders considered the impact the technology has on freeing up clinicians to be able to focus on the patient in the exam room. It also helps reduce the time they need to spend on clinical notes at the end of their day. Feedback from clinicians who use it has supported those ideas.

"It decreases their cognitive load and their workload, which make them feel valued," Dr. Pan says.

For example, when an organizational leader was making changes to how employees went about requesting vacations, the wellness lens encouraged him to pause and consider how any process change would impact people. Ultimately, the leader suggested piloting the change to get feedback before implementing it more broadly.

"He really advocated to have a pilot before rolling this out to the entire organization," Dr. Pan says. "That was because he recognized that 'Hey, this is a big change for our people and how they request time off. That's a big deal to people."

Narrowing the gender gap

After looking at and comparing data on burnout broken down by gender—even after the overall burnout rate had dropped a bit—Washington Permanente Medical Group discovered that women clinicians were more likely to experience symptoms of burnout, feel less valued at work and have lower job satisfaction than male clinicians.

To diminish that gap, Dr. Pan says the medical group looked at how they could better support women clinicians. To do that, Washington Permanente Medical Group rolled out coaching programs for women, including for those who were in leadership roles or aspired to be in a leadership role. This includes group and individual coaching and the use of an asynchronous platform that clinicians can use for their specific professional and personal development needs. There are also programs for women in senior leadership positions.

The offerings have been popular, Dr. Pan says, and the results show it is working. Between 2022 and 2023, the overall well-being score improved while gender gap scores narrowed significantly. The 4.6% gap in 2022 became a 0.9% gap in 2023.

In 2004, Washington Permanente Medical Group also created the Yin of Medicine program that is specifically for women and nonbinary clinicians, which included a retreat to explore opportunities and barriers related specifically to women and gender nonbinary leaders.

"Participants in these groups express that they feel an increased sense of belonging and connection and well-being," Dr. Pan says.



It's not just the retrospective look at surveys, but how can we be more proactive in supporting our people in a way that makes a difference to them?

Mary Pan, MD

Chief wellness officer, Washington Permanente Medical Group

Building community

Community wellness funds, money that leaders can use at their discretion to develop community within their group, have been a great way to foster a deeper sense of connectiveness in the organization.

Leaders have gotten creative, Dr. Pan says.

For example, there have been catered team retreats, cooking classes, stand-up paddleboard classes, escape room outings, trivia nights, sporting events, book clubs, and hiking in national parks. There also have been groups that gather people once a month for dinner or another activity that allows people to connect around topics that can be difficult in health care.

There's even a group that connects employees based on the neighborhoods in which they live. The Mercer Island group continues to meet monthly for activities and has grown so large they are considering breaking into two groups.

"The clinicians are from all different specialties, and they even had people who were from outside Mercer Island who wanted to come join the group because they are doing such fun things," Dr. Pan says. "They are connected and love to get together for different activities."

Putting well-being front and center

In an effort to make well-being more visible and actionable for leaders, Washington Permanente Medical Group is creating a wellness dashboard.

It will be centered around what is meaningful for teams and individual well-being, a visual tool that leaders can look at and see what levers need to be pulled in different areas to make a difference. For example, what is the work being done outside of work hours?

"It's not just the retrospective look at surveys, but how can we be more proactive in supporting our people in a way that makes a difference to them?" Dr. Pan says. "This is all part of embedding the well-being lens for everyone in the organization so that it's really visible and actionable for that particular operational leader and for those who are making the bigger decisions at the organizational level."

Turning the tide

Dr. Pan has been in her position for five years and Washington Permanente Medical Group's well-being journey as an organization started about three years prior.

"We are really seeing the fruits," she says. "Part of that is we've been inundated with requests for support from leaders for team workshops and consultations."

Requests also came from the senior and executive leaders, who recognize the impact the programs were having on frontline teams throughout the organization.

"It really is more embedded into the culture," Dr. Pan says. "Maintaining clinician well-being is still so challenging, but we feel like we're finally seeing a little bit of movement within the culture."



Where doctors feel heard, supported and inspired to stay in care

Hattiesburg Clinic helps physicians reconnect with their purpose through autonomy, belonging, and meaningful personal and professional support.

By Tanya Albert Henry

Supporting physicians is of utmost importance at Hattiesburg Clinic, a multispecialty physician-owned and governed practice located in 17 counties in Mississippi.

From onboarding new physicians to advocating for them both inside and outside the clinic walls, no matter where they are in their careers, there's a conscious effort to make physicians at Hattiesburg Clinic feel part of a community—one where they are connected to one another and have a say in how that community functions.

Surveys show that the efforts make a difference in helping physicians feel less burned out and retain more of the joy that spurred them to go into medicine in the first place. Among the 110 Hattiesburg Clinic physicians who completed the AMA's Organizational Biopsy*, most were in family medicine. The responses from physicians at Hattiesburg Clinic showed that:

- 84.6% reported feeling satisfied with their job.
- 48.2% disclosed job-related stress.
- 36.4% expressed feeling some level of burnout.
- 21.9% stated plans to leave the organization within two years.

Hattiesburg Clinic CEO Bryan Batson, MD, says that supporting physician well-being is a continual effort, but that helping physicians retain joy in medicine is an ever-changing and evolving piece of what their organization tries to do.



It's really about a cultural fit and a cultural feel. Certainly, project plans are important, but this is bigger than any one person or one committee or one project plan.

Bryan Batson, MD CEO, Hattiesburg Clinic

"One of the things we've learned over the last several years, especially coming out of the pandemic," says Dr. Batson, "is that the focus on physician well-being and having joy in the practice of medicine has more to do with culture and feeling valued and grounded in the principles that are consistent with their core beliefs on why they went into health care in the first place."

"It's really about a cultural fit and a cultural feel. Certainly, project plans are important, but this is bigger than any one person or one committee or one project plan," he says. It's important to have a culture where there is a feeling "of collaboration and belonging and being part of the mission and vision and values of an organization."

"It's about a sense of feeling valued—being part of a greater calling and an organization that recognizes and supports that," Dr. Batson adds.

Setting a foot in the door

With Hattiesburg Clinic offering a physician-owned, independent setting rather than a practice where a doctor is employed, community building really starts in the recruitment process. They take the time to understand a candidate and determine whether they will be a good fit for the 62-year-old organization that has a very different mindset than a practice with an employment arrangement.

In 2021, Hattiesburg Clinic launched an <u>onboarding</u> academy to help younger physicians new to the practice. They attend meetings once a month for a year, with each meeting focusing on a different topic. Some are more practical such as explaining the operational structure and finances of the organization. Others look at resilience and burnout.

The clinic has developed incentives for the physicians to engage in extra training on the EHR. At the end of their first year, Hattiesburg Clinic physicians are eligible to become a shareholder and owner of the organization.

"EHR training is just one aspect of the three-year onboard process. Susan Slaughter, Director of Physician Relations at Hattiesburg Clinic, recently provided an interview about our onboarding academy," Dr. Batson says.

Once they are shareholders and owners, physicians find a plethora of opportunities to continue to feel support and foster community.

Communication is key

When fostering community, it's important that physicians are hearing accurate updates about what is happening within the clinic. It's also important for them to have a way to communicate their opinions, feedback, or even concerns.

Hattiesburg Clinic is tackling communication in a number of ways.

One piece of it includes a clinic-wide intranet update from Dr. Batson the first week of every month. It includes information from the clinic's board and from its administration on what is happening that month. The news can be smaller pieces of information or larger scale projects.

That ties in to their "First Friday," which is a very brief 15 to 20 minute online update every month where Dr. Batson can introduce new physicians and give highlevel updates.

The clinic also has quarterly shareholder updates—three online and the summer update in-person where the annual shareholder and board member elections are held. The quarterly meetings that are virtual are about an hour long and allow Dr. Batson and each of the chiefs to give an update from their area of responsibility. While that is happening on the physician side, the operations team is communicating information to the staff.

"I meet with the chiefs once a week and then they meet with their directors and the directors meet with the managers and we try to make sure that the information is cascading down in a consistent fashion so that everyone throughout the organization is getting roughly the same information around the same cadence as everybody else," Dr. Batson says.

Physicians are also encouraged to communicate their ideas on how to improve the clinic through an online suggestion portal. A user can choose a category—for example, employee experience or patient care and workflow—to share their suggestion and offer a potential solution. The information goes to the best person based on the category the user chooses. This has led to changes in workflow in the EHR.

Getting physicians involved

Physicians are highly encouraged to get involved in committee work at the clinic. There are about a dozen committees for the organization, where physicians are the decision makers.

"We've put a lot of focus on the committees' engagement and doing that day-to-day heavy lifting," says Dr. Batson. "It allows physicians the opportunity to pursue additional special interests that they might have. If they like marketing, if they like social media, they're able to really get in the weeds with the Marketing and Communications Committee and exercise that part of their brain."

"For those who love financial investment, they can participate in the Benefit Plan Committee and those who love tech can work on the Electronic Medical Record Steering Committee," he says.

Dr. Batson also believes these opportunities help add to the joy of the practice of medicine because these meetings give them a break from the day-to-day clinical practice where the pressures can be very intense. It also engages the physicians who are practicing every day to their administrative support to assist in collaboration in the organization.

"The decisions are being made by the people who are plugging in and investing their time to help understand the problems and then make recommendations, ultimately, to the board," Dr. Batson says. "Rarely does the board override something that comes up from a committee because there is a respect and acknowledgement that the work being done in those committees is real and valuable."

Breaking down silos

A few years ago, coming out of the COVID-19 public health emergency, Hattiesburg Clinic decided to try some small group dinners held at restaurants throughout the areas where the clinic operates. The idea stemmed after a survey of physicians in the organization showed that there was a longing for social connections.

Signup sheets went up around the offices during the summer months. They invited eight to 10 physicians to sign up for an optional dinner together. Physicians from different specialties and who were in varying stages of their career sat around a table together at local restaurants to learn about one another and share their experiences.

Leaders received a lot of positive feedback hearing that the dinners were fun and were a great way to meet other physicians in the organization that they hadn't met before. Hattiesburg Clinic has continued to host the dinners each year in the summer months.

"It helped them connect on a personal level, which is especially important given that the workweek often involves high-pressure situations and complex challenges that can sometimes lead to differing opinions or perspectives," Dr. Batson says. "It helps us come back to the common theme of 'why did we go to medical school in the first place,' and be able to connect on that shared purpose. We can put some of the day-to-day pressures from work on the back burner for just a little while and get to know each other as people."

Social opportunities for all

Along the lines of the dinners, the clinic has created opportunities for physicians, other health professionals and their families to have fun together outside of work, including a trip to the local zoo.

Coming out of the worst of the public health emergency, Hattiesburg Clinic held an event to build the social connection that had been lost and to celebrate the great things that physicians and other health professionals accomplished during that difficult time.

They held a T-shirt design contest leading up to the zoo day and sold the winning t-shirt before the event to raise money for the local clinic that provides free medical care. More than 800 shirts were sold, and they had 3,500 people RSVP for the zoo outing.

"It was great, and the feedback was really positive. People enjoyed the opportunity to spend time together outside of work, connect with each other's families, enjoy our wonderful local zoo, and give back to the community through the T-shirt fundraiser," Dr. Batson says.

He hopes to plan another large event like that in the future. Meanwhile, the clinic has been the top-title sponsor for the community's half marathon, 10K and 5K race the past three years.

"It's another way for us to come together outside of work, celebrate health and community, and contribute financially to charitable causes in our community," Dr. Batson says, noting that the race supports about eight to 10 local charities each year.

Hattiesburg Clinic offers a wide variety of other employee engagement opportunities. When the clinic sponsors community initiatives, they raffle tickets to physicians and employees, such as local university events, festivals, rodeos, and other outings. There is also an annual awards banquet to acknowledge the work of employees throughout the year. These have all been ongoing projects since the COVID-19 public health emergency.

Support in the exam room

The organization is also striving to support physicians within the clinic walls in ways that reduce burnout.

For example, Hattiesburg Clinic offered its physicians the opportunity to try out two ambient AI scribe technology vendors. It was an effort to cut down on the time that physicians spend putting notes into the EHR—letting them more directly focus on the patient rather than typing—to gain back time in their day.

Physicians who were interested were encouraged to try both vendor products at no cost. So, it wasn't just a top-down decision. In the end, about half of the physicians who tested the system went with one vendor and the other half chose the other vendor. More physicians continue to adopt the technology as they see it work for the early adopters.

"Our approach to this was consistent with one of the core principles we strive to uphold as an organization—ensuring that the physician voice is heard and plays a key role in driving these processes," Dr. Batson says. "Some of our early users have said that it's been life changing for them and their families."

"They are able to finish their work in a timelier fashion and when they leave the office, they don't have the anxiety of knowing that the work was not complete," he adds.

Connections continue to evolve

Whether it's being connected to information, decision making, patients or socially, Hattiesburg Clinic

I do not believe that we have this solved, but at the end of the day, I'm thankful for the many people who have kept this a focus for Hattiesburg Clinic—not just in the last five years since the pandemic, but throughout the entire 62 years of the organization's history. We continue to learn and evolve as new variables enter this complex world of health care, physician wellness and the joy in medicine.

Bryan Batson, MD CEO, Hattiesburg Clinic

strives to make sure their physicians feel supported professionally and personally. And they want to ensure that doctors continue feeling joy in medicine.

"I do not believe that we have this solved, but at the end of the day, I'm thankful for the many people who have kept this a focus for Hattiesburg Clinic not just in the last five years since the pandemic, but throughout the entire 62 years of the organization's history," Dr. Batson says. "We continue to learn and evolve as new variables enter this complex world of health care, physician wellness and the joy in medicine."

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.