JOY IN MEDICINE
Health System Recognition Program

2023 Program Guidelines
An organizational roadmap to reduce burnout

Joy in Medicine Health System Recognition Program

The American Medical Association developed the Joy in Medicine™ Health System Recognition Program to empower health systems to reduce burnout and build well-being so that physicians – and their patients – thrive.

The Joy in Medicine Health System Recognition Program is designed to:

→ Provide a roadmap for health system leaders to implement programs and policies that support physician well-being

→ Unite the health care community in building a culture committed to increasing joy in medicine for the profession nationwide

→ Build awareness about solutions that promote joy in medicine and spur investment within health systems to reduce physician burnout

To learn more, visit ama-assn.org/joyinmedicine or contact us at practice.transformation@ama-assn.org.
Eligibility

Before applying, systems must meet the following eligibility criteria:

1. Sign the Collaborative for Healing and Renewal in Medicine (CHARM) Charter. The CHARM Charter on physician well-being is intended to inspire collaborative efforts among individuals, organizations, health systems, and the profession of medicine to honor the collective commitment of physicians to patients and to each other.

2. The Joy in Medicine Health System Recognition Program is intended for health systems with 100 or more physicians and/or advanced practice providers (APPs). If your organization has at least 100 physicians and/or APPs, proceed to Step 3.

   If your system has fewer than 100 physicians and/or APPs, please sign the CHARM Charter in Step 1 and engage with other resources offered by the AMA.

3. Complete an assessment of physician well-being in the last three years using one of the following validated tools:
   - AMA Organizational Biopsy™ (which includes the Mini-Z)
   - Mini-Z (or single item Mini-Z burnout question)
   - Maslach Burnout Inventory
   - Mayo Well-Being Index
   - Stanford Professional Fulfillment Index

   Only after attesting to these eligibility criteria can an organization proceed to the full Joy in Medicine Health System Recognition Program application. All applications should be submitted on behalf of the organization – not individual departments, GME programs, or affiliated practices within your system.

   If you have not yet completed a burnout assessment and would like to do so in preparation for next year’s application cycle, learn more about the AMA Organizational Biopsy™, the practice transformation journey, and how to get started using the AMA’s no-cost burnout assessments.
This document is designed to guide you through the newly updated criteria and includes: criteria at-a-glance, full list of program criteria and supporting documentation requirements, and an appendix.

The Joy in Medicine Health System Recognition Program is based on three levels of organizational achievement in prioritizing and investing in physician well-being. Each level—Bronze, Silver, and Gold—is composed of six demonstrated competencies: Assessment, Commitment, Efficiency of Practice Environment, Leadership, Teamwork and Support. An organization’s achievement level (i.e., Bronze, Silver or Gold) will be designated based on evidence that supports the completion of criteria and supporting documentation outlined in detail below.
A review committee composed of national leaders in physician well-being will review all applications and designate an appropriate recognition level.

Recognition levels are valid for two years. After two years, an organization must resubmit an updated application for review. Organizations must accomplish five of six criteria to be eligible for a recognition level. Organizations must also accomplish five of six criteria before applying for the next highest level (e.g. must meet five of six criteria in Bronze before applying for Silver recognition. These criteria must be the same at each level).

Important Notes

1. Only activities that have been executed will count in fulfilling each criterion. Activities still under development or planned for the near future (but not yet executed) are not sufficient for recognition. Please only submit information for completed activities.

2. Where criteria require activity within a stated date range (e.g. “within the last 36 months” or “every two years”), that date range should be counted from January of the application year.

3. Please submit supporting documentation only in the format requested and do not submit links to externally hosted files. Where possible, we have requested written summaries in lieu of raw data. We ask that organizations streamline their submissions to only include the requested and essential information. If reviewers have any questions about your submission during the review process, the AMA will proactively reach out to your organization.

4. For criteria that require sharing information about assessments or interventions, please note that your application will not be reviewed based on rates or results. Rather, reviewers are interested in learning about your overall approach to reducing work outside of work and improving the work environment.

5. All information submitted to the AMA will remain confidential.
Criteria at a Glance

Please note that this chart is meant only to assist organizations in reviewing a short summary of the criteria at each level. Please use the full criteria and supporting documentation when preparing to apply. Organizations must complete five of six criteria in the preceding levels to achieve recognition (e.g., a Gold organization must achieve five Bronze and five Silver criteria. These criteria must be the same at each level.)

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<td>Implement a customized leader development program based on assessment results</td>
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<td>Query physicians about unnecessary administrative burdens</td>
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<td><strong>SUPPORT</strong></td>
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<td>Implement two or more programs or policies aimed at broader issues of physician support</td>
<td>Develop structured program(s) to actively cultivate community at work</td>
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Applicants for Bronze

Must complete five of six Bronze criteria. Assessment must be one of the five of six criteria for each level.
Assessment

Measure burnout in all physicians at least once in the last three calendar years using a validated tool and share results with individuals eligible to participate in the survey.

Provide aggregate findings from your most recent burnout assessment within the last three years and demonstrate that these data are shared transparently with the individuals eligible to participate in the survey. You will be asked to provide the following information in your application:

- Date(s) of most recent assessment(s)
- Validated tool used to measure burnout
- Aggregate mean burnout scores or burnout rate for organization
- Information on how/when results were shared with individuals eligible to participate in the survey

Your well-being assessment must use a validated tool to assess burnout. The following tools will be accepted in your application: Maslach Burnout Inventory, Stanford Professional Fulfillment Index, Mayo Well-Being Index, Mini-Z Well-Being Assessment, Single-Item Mini-Z Burnout Question (MZSI), or AMA’s Organizational Biopsy™ (which includes the Mini-Z). Measuring physician “engagement” is not sufficient for this criterion. Organizations must assess physician burnout specifically.

Supporting documentation:

- Summary of findings from organization’s most recent burnout assessment. This summary should include your most recent burnout rate, the validated tool used to measure burnout, who was surveyed, and any other relevant information you would like to share.

- Description of how results were shared with the individuals eligible to participate in the survey. Please provide details as to how, when, and to whom your burnout results were shared within your organization (e.g. in an all-staff meeting).

The AMA offers no-cost assessments, which include burnout, teamwork, and leadership assessments. To learn more about this opportunity, please visit our website or reach out to us at Practice.Transformation@ama-assn.org
Commitment
Organizational Commitment

Develop a formalized physician well-being committee and/or office of well-being.

Documents related to your well-being committee and/or office of well-being should clearly define the following: committee composition and structure (committee members and their roles), key objectives of committee, scope of committee, cadence of committee meetings, reporting structure. Your well-being committee and/or office of well-being must be separate from other employee assistance or corporate wellness programs you may have.

AND

Estimate the annual costs of burnout at your organization and share these results with the executive leadership team.

Please use this calculator to estimate costs of burnout based on your current burnout and turnover rates. Please provide information on when and how these results were shared with your full executive leadership team. Results should be shared with the entirety of your executive leadership team or Board (including the CEO). It is not sufficient to have an individual member of the leadership team solely aware of the data. Results are best shared in a meeting where discussion, reflection, and action planning can take place.

Supporting documentation:

→ Provide a summary of your well-being committee and/or office of well-being that includes the following: composition and structure of committee (committee members and their roles), key objective(s) of committee, scope of committee, cadence of committee meetings, and reporting structure of committee. All five components listed must be present in your summary.

→ Estimated costs of burnout at your organization as an annual dollar value; and summary of how and when costs were shared with executive leadership and/or Board of Directors. Leadership should include the executive leadership or Board as a whole; again, it is not enough to have an individual member of the executive leadership team solely aware of the data.
Efficiency of Practice Environment

*EHR Metrics and Efficiency*

**Measure physician time (within a minimum of four specialties) on the EHR via EHR audit log data. Measurement must use one or more of the following metrics:** Time on Inbox (IB-Time), Time on Encounter Note Documentation (Note-Time), Total EHR time (EHR-time), or Work Outside of Work (WOW).

Applicants are asked to leverage existing audit log data and calculate one or more of the above metrics. Formulas for calculating these metrics using Cerner and Epic audit log data can be found here. Please note that these metrics are NOT synonymous with what may be labeled as “pajama time” in the off-the-shelf metrics of the EHR. If using the Work Outside of Work (WOW) metric, organizations must use time outside of patient scheduled hours, not clock time (i.e. 7 a.m. to 7 p.m.) to define WOW. If you use an EHR other than Cerner or Epic, please provide the metric that most closely aligns with those above and include information about how that metric is calculated in your EHR.

Measurement should be completed for physicians within a minimum of four specialties. Each specialty should include at least 30% of the physicians within that specialty for the calculation (e.g. if you have 100 family medicine physicians, a minimum of 30 should be included in the aggregated calculations as part of your submission). If you have less than four specialties within your organization, the entire physician population should be analyzed and reported in your application.

**AND**

**Share results from EHR audit log with specialty leaders (e.g. Department Chairs).**

Please clearly denote which specialty leaders were provided with your EHR metric results. Results are best shared in a meeting where discussion, reflection, and action planning can take place.

**Supporting documentation:**

- Summary of organization’s EHR audit results. Summary should include number of physicians in audit, departments audited, and a summary of results. Do not upload actual data files. Please include results for a minimum of four specialties.

- Summarize methodology for calculating one or more of the metrics outlined in the criteria for EHR activity. If your organization uses an EHR other than Cerner or Epic, please include information on how your EHR calculated these metrics using the audit log data.

- Summary of how and when EHR results were shared with specialty leaders. This should include names of specialty leaders and description of how results were shared with them.
Teamwork

Measure teamwork once within the last 24 months in at least four specialties (e.g. family medicine, internal medicine, pediatrics). Teamwork assessment should measure at least three of the following components: team structure, team function, team stability, barriers to teamwork, or collegiality.

Organizations may use the AHRQ’s TeamSTEPPS assessment (must include team structure, mutual support, and communication subscales), the Safety Attitudes Questionnaire (SAQ) (at least three of the six domains of the SAQ must be used), AMA’s Organizational Biopsy™ (see Appendix), or similar instrument. If you use an assessment other than the TeamSTEPPS survey, SAQ, or the AMA’s Organizational Biopsy™, you will be asked to align your specific questions with the dimension of teamwork being assessed. It is not enough to simply ask about collegiality or cooperation across departments, nor is it enough to ask a generic question such as “Is there teamwork in this organization?”

Measurement should be completed for physicians within a minimum of four specialties. Each specialty should include at least 30% of the physicians within that specialty for the calculation (e.g. if you have 100 family medicine physicians, a minimum of 30 should be included in the aggregated calculations as part of your submission). If you have less than four specialties within your organization, the entire physician population should be analyzed.

Supporting documentation:

→ Provide name of instrument and/or list of questions used to assess at least three of the teamwork domains (team structure, team function, team stability, barriers to teamwork, or collegiality).

→ Summary of teamwork results by specialty (please include a minimum of four specialties).

The AMA offers no-cost assessments, which include burnout, teamwork, and leadership assessments. To learn more about this opportunity, please visit our website or reach out to us at Practice.Transformation@ama-assn.org
Leadership
Leader Development and Dismantling Administrative Burdens

Measure core leadership behaviors that support physician well-being in all frontline leaders at least once in the last 24 months and share results (in a psychologically safe manner) with the leaders who were evaluated.

Assessment of leaders should be completed by the physicians who report to the leader. Assessment should measure the following five core leader behaviors:

- **Include**: Treat everyone with respect and nurture a culture where all are welcome and everyone is psychologically safe
- **Inform**: Transparently share what you know with the team
- **Inquire**: Consistently solicit input from those you lead
- **Develop**: Nurture and support the professional development and aspiration of team members
- **Recognize**: Express appreciation and gratitude in an authentic way to those you lead

Organizations may use the Mayo Leadership Index, AMA’s Organizational Biopsy™ (see Appendix), or similar instrument. If you use an assessment other than the Mayo Leadership Index or the AMA Organizational Biopsy™, you will be asked to provide the questions used to assess each of the five leadership behaviors above.

**Supporting documentation:**

- Leadership assessment: Provide name of instrument and/or list of questions used to assess five core leader behaviors that support physician well-being and summary of leadership results by specialty (please include a minimum of four specialties).

- Query on administrative burdens: Summary of organization’s approach to querying for unnecessary administrative burdens and lessons learned from query. Query should go beyond an open-ended question about suggestions to improve work. Rather, the query should actively seek input on local policies that can be modified. Please use the AMA’s “De-implementation checklist” or the AMA’s STEPS Forward™ “Getting Rid of Stupid Stuff” toolkit for examples.

Complete a query to physicians and staff about administrative burdens that contribute little or no value to care, impede the work of physicians, and waste time/resources.

Query about administrative burdens should go beyond an open-ended question about suggestions to improve work. Rather, the query should actively seek input on local policies that can be modified. (See the AMA’s “De-implementation checklist” or the AMA’s STEPS Forward™ “Getting Rid of Stupid Stuff” toolkit for guidance.)
Support
Organizational Support for Individual Resiliency

Implement a peer support program dealing with adverse clinical events.

Peer support program(s) include both informal and formal avenues by which physicians support their physician colleague after an adverse event. Employee assistant programs (EAPs) are not sufficient for this criterion.

Supporting documentation:
- Provide summary description of peer support program as it relates to dealing with adverse clinical events. Your description should include how long your program has been in place and details about how the program operates within your system.
Applicants for Silver

Must complete five of six Bronze criteria and five of six Silver criteria. These criteria must be the same at each level. Assessment must be one of the five of six criteria for each level.
Assessment
Well-Being Assessment

Measure burnout in all physicians at least twice in the last 36 months using a validated tool and share results with the individuals eligible to participate in the survey.

Provide aggregate findings from at least two burnout assessments in the last 36 months and demonstrate that these results are shared transparently with the individuals eligible to participate in the survey. You will be asked to provide the following information in your application:

- Dates of most recent assessments
- Validated tool used to measure burnout
- Aggregate mean burnout scores or burnout rate for organization (per assessment/year)
- Information on how/when results were shared with the individuals eligible to participate in the survey

Your well-being assessments must use a validated tool to assess burnout. The following tools will be accepted in your application: Maslach Burnout Inventory, Stanford Professional Fulfillment Index, Mayo Well-Being Index, Mini-Z Well-Being Assessment, Single-Item Mini-Z Burnout Question (MZSI), or AMA’s Organizational Biopsy™ (which includes the Mini-Z). Measuring physician “engagement” is not sufficient for this criterion. Organizations must assess physician burnout specifically.

AND

Share assessment results with executive leadership team and/or Board of Directors in a meeting where results can be discussed. In collaboration with executive team, set a target for improvement (e.g. establish well-being directors in six of the largest clinical departments).

Results are best shared with the entirety of your executive leadership team or Board (including the CEO). It is not sufficient to have an individual member of the leadership team solely aware of the data. Results should be shared in a meeting where discussion, reflection, and action planning can take place (sharing results via email is not sufficient).

Supporting documentation:

- List of month/years that you conducted two burnout assessments in the last 36 months.
- Name of validated tool used to measure burnout.
- Summary of findings from at least two burnout assessments. This summary should include burnout rates within your organization and any other relevant information you would like to share.
- Articulate improvement goals/targets. You must also include a brief summary (2-3 sentences) of how your organization established its target for improvement.
- Summary of how and when burnout assessment results were shared with executive leadership and/or Board of Directors. Leadership should include the executive leadership or Board as a whole.

The AMA offers no-cost assessments, which include burnout, teamwork, and leadership assessments. To learn more about this opportunity, please visit our website or reach out to us at Practice.Transformation@ama-assn.org

AND
Commitment
Organizational Commitment

Establish an executive leadership position (at least 0.5 FTE) that is directly responsible for physician well-being.

The 0.5 FTE allocation should be devoted to well-being and not a more generic role within medical administration. This individual must report directly to a C-suite leader (e.g. CEO, CMO). The 0.5 FTE allocation should not be split across multiple roles.

Supporting documentation:
- Provide name of individual in executive leadership position, FTE allocation for time related to well-being work, job description, and reporting structure.
Measure physician time (within a minimum of four specialties) on the EHR via EHR audit log data and normalize two or more of the following metrics to 8 hours of patient scheduled hours: Time on Inbox (IB-Timeₐ), Time on Encounter Note Documentation (Note-Timeₐ), Total EHR Time (EHRₐ), or Work Outside of Work (WOWₐ).

The AMA recommends the normalization to 8 hours of patient scheduled hours to account for part-time physicians. This normalization ensures that part-time physicians are accurately counted and do not skew the data. If you are unable to normalize these metrics to the recommended 8 hours of patient scheduled hours, please share your methodology for normalizing your measures to account for part-time physicians. The AMA may be unable to accept your methodology if it does not accurately account for part-time clinical physicians.

Formulas for calculating these metrics and normalizing them to 8 hours of patient scheduled hours for Epic or Cerner can be found here. You may also see Table 2 here. If using Work Outside of Work (WOWₐ), please note that organizations must use time outside of patient scheduled hours, not clock time (i.e. 7 a.m. to 7 p.m.) to define WOWₐ.

If you have not normalized these metrics to 8 hours of patient scheduled hours, please tell us how you normalized your measures to account for part-time physicians. If you use an EHR other than Cerner or Epic, please provide the metric that most closely aligns with those above and include information about how the metric is calculated in your EHR (in addition to your normalization methodology).

Measurement should be completed for physicians within a minimum of four specialties. Each specialty should include at least 30% of the physicians in that specialty for the calculation (e.g. if you have 100 family medicine physicians, a minimum of 30 should be included in the aggregated calculations as part of your submission). If you have less than four specialties within your organization, the entire physician population should be analyzed.

Share EHR audit results with executive leadership team and/or Board of Directors.

Results are best shared with the entirety of your executive leadership team or Board (including the CEO). It is not sufficient to have an individual member of the leadership team solely aware of the data. Results are best shared in a meeting where discussion, reflection, and action planning can take place.
Teamwork

Measure teamwork for orders (TW_{ORD}) in a minimum of four specialties (e.g. family medicine, internal medicine, pediatrics) via EHR audit.

Formulas for calculating TW_{ORD} using audit log data from Epic or Cerner can be found [here](#). Measurement should be completed for physicians within a minimum of four specialties. Each specialty should include at least 30% of the physicians in that specialty for the calculation (e.g. if you have 100 family medicine physicians, a minimum of 30 should be included in the aggregated calculations as part of your submission). If you have less than four specialties within your organization, the entire physician population should be analyzed.

If you use an EHR other than Cerner or Epic, please provide the metric that most closely aligns with those above and include information about how the metric is calculated in your EHR.

And

Share teamwork assessment and TW_{ORD} results with executive leadership team and/or Board of Directors.

Results should be shared with the entirety of your executive leadership team or Board (including the CEO). It is not sufficient to have an individual member of the leadership team solely aware of the data. Results are best shared in a meeting where discussion, reflection, and action planning can take place.

Supporting documentation:

- Summary of organization’s TW_{ORD} results from EHR audit. (Please do not upload actual data files.)
- Share methodology for calculating teamwork for orders.
- Summary of how and when teamwork assessment results and TW_{ORD} results were shared with executive leadership and/or Board of Directors. Leadership should include the executive leadership or Board as a whole; again, it is not enough to have an individual member of the executive leadership team solely aware of the data.
Leadership
Leader Development and Dismantling Administrative Burdens

Design and implement a leader development program that helps leaders build skills and behaviors that promote physician well-being.

This program should include content that supports leaders in building skills for managing people and relationships, managing teams, communication, change management, fostering a productive work environment, and guiding physicians’ careers. This program should not solely focus on the business of health care. Rather, it should support leaders in developing the five core leader behaviors that support physician well-being.

AND

Complete a query to physicians and staff about administrative burdens that contribute little or no value to care, impede the work of physicians, and waste time/resources.

Query about administrative burdens should go beyond an open-ended question about suggestions to improve work. Rather, the query should actively seek input on local policies that can be modified. (See the AMA’s “De-implementation checklist” or the AMA’s STEPS Forward™ “Getting Rid of Stupid Stuff” toolkit for guidance.)

Supporting documentation:

→ Description of leadership development program. Description should include information on the overall curriculum, objectives of the program, and who is eligible to complete the program. Description should clearly include a summary of skills that physicians will gain by participating in the program.

→ Summary of organization’s approach to querying for unnecessary administrative burdens and lessons learned from query. Query should go beyond an open-ended question about suggestions to improve work. Rather, the query should actively seek input on local policies that can be modified. Please use the AMA’s “De-implementation checklist” or the AMA’s STEPS Forward™ “Getting Rid of Stupid Stuff” toolkit for examples.
Support
Organizational Support for Individual Resiliency

Implement two or more programs or policies aimed at broader issues of physician support beyond adverse clinical events. This can include proactive planning for support during a crisis (e.g. pandemics, natural disasters, violence against staff, etc.).

Some examples may include:

→ Create a plan in coordination with hospital incident command system leadership to proactively respond during times of crisis

→ Develop a policy in select specialties for inbox/patient portal cross-coverage so physicians do not feel pressure to work on their inbox while on vacation

→ New PTO/vacation policies

→ Other examples based on information collected through organizational assessments and survey feedback.

Supporting documentation:

→ Provide description for at least two programs or policies that have been implemented to support physicians beyond adverse clinical events. Description should include rationale for implementation of policy or program, relevant details for the program, and how long the program or policy has been enacted.
Applicants for Gold

Must complete five of six Bronze criteria, five of six Silver criteria, and five of six Gold criteria. These criteria must be the same at each level. Assessment must be one of the five of six criteria for each level.
Assessment

Measure work intentions (intent to leave organization and/or medicine and intent to reduce clinical hours) in at least four specialties at least once in the last 36 months.

Provide aggregate work intentions findings from assessment completed in the last 36 months. Findings should include results related to intention to leave current organization and/or the field of medicine.

Work intention questions are accepted from the AMA’s Organizational Biopsy™, or by including the work intentions questions included in the Appendix in your annual assessment. If you use a different set of questions to measure work intention, please provide these questions in your application.

Supporting documentation:

→ Instrument used to assess work intentions. If you used questions other than those in the AMA Organizational Biopsy™ (see Appendix) please provide the question(s) used to measure work intentions.

→ Provide summary of work intention results from at least one assessment in the last 36 months.

The AMA offers no-cost assessments, which include burnout, teamwork, and leadership assessments. To learn more about this opportunity, please visit our website or reach out to us at Practice.Transformation@ama-assn.org
Commitment
Organizational Commitment

Develop an organizational physician well-being strategic plan.

Your strategic plan for physician well-being must be approved by leadership and integrated into the organization. Your submission should clearly define well-being goals and tactics for your organization and the resources required to reach stated goals.

Supporting documentation:

→ Provide a copy of organization’s formal strategic plan to support physician well-being. The plan should have clearly-stated objectives, resources required to achieve goals (e.g. staff), and key metrics.
Efficiency of Practice Environment

*EHR and Efficiency*

**Measure total physician time on the EHR (EHRₐ) and Work Outside of Work (WOWₐ) within at least four specialties, normalized to 8 hours of patient scheduled hours.**

Formulas for calculating these metrics and normalizing them to 8 hours of patient scheduled hours for Epic or Cerner can be found here. You may also see Table 2 here. If using Work Outside of Work (WOWₐ), please note that organizations must use time outside of patient scheduled hours, not clock time (i.e. 7 a.m. to 7 p.m.) to define WOW.

If you use an EHR other than Cerner or Epic, please provide the metric that most closely aligns with those above and include information about how the metric is calculated in your EHR in addition to the normalization to 8 hours of patient scheduled hours.

Measurement should be completed for physicians within a minimum of four specialties. Each specialty should include at least 30% of the physicians in that specialty for the calculation (e.g. if you have 100 family medicine physicians, a minimum of 30 should be included in the aggregated calculations as part of your submission). If you have less than four specialties within your organization, the entire physician population should be analyzed.

**And**

**Develop and implement an intervention based on results from EHR audit.**

Please note that the chosen intervention cannot be based solely on an EHR training program. The goal of this criterion is not to train physicians to be more proficient EHR users. Rather, it is to change the work environment so that fewer tasks are required of the physician. Examples might include improving teamwork, task delegation, or changes to the EHR software itself that improves WOWₐ, EHRₐ, or Note-Timeₐ. These are all things that can positively affect the work environment.

We kindly ask that you do not provide a list of all improvement efforts that are in development. Rather, this criterion should be focused on a specific intervention in pilot or advanced stages that has been executed (with data to measure its effectiveness) to support improved practice efficiency. Details should include: short description of intervention and rationale, date of intervention, and results.

Please note that your application will not be reviewed based on successful intervention and improved results. Rather, reviewers are interested in learning about your overall approach to reduce work outside of work and improve the work environment.

Supporting documentation:

- Summary of organization’s EHRₐ and WOWₐ results, normalized to 8 hours of patient scheduled hours.
- Summary of intervention. Summary should include overview of intervention, target group, length of intervention, and any improvements or challenges you have experienced throughout the intervention.
Teamwork

Team-Based Care

Develop and implement an intervention to improve teamwork based on results from teamwork assessment and TW_ord results.

This criterion should be focused on specific interventions in pilot or advanced stages that have been executed (with data to measure their effectiveness) to support improved teamwork and practice efficiency. Details should include: short description of intervention and rationale for intervention, date of intervention, and pre- and post-results. Rationale for intervention should be rooted in data from the assessment and EHR.

We kindly ask that you do not provide a list of all improvement efforts that are in development. Please note that your application will not be reviewed based on successful intervention and improved results. Rather, reviewers are interested in learning about your overall approach to reduce work outside of work and improve the work environment.

Supporting documentation:

→ Summary of intervention. Summary should include overview of intervention, its intended impact on teamwork, target group, length of intervention, and any improvements or challenges you have experienced throughout the intervention.
Leadership

Leader Development and Dismantling Administrative Burdens

Design and implement a customized leader development program that can be provided to each leader with specific content based on the feedback they receive in their leadership assessment.

This customized program should include content, training workshops, and coaching to specifically support leaders in sharpening leadership skills identified in their leadership survey results.

AND

Actively dismantle three specific administrative burdens identified in your original query.

Please use the AMA’s De-Implementation Checklist and the Getting Rid of Stupid Stuff toolkit for guidance.

Supporting documentation:

→ Provide a narrative summary on how your leadership development program is customized to leaders based on feedback they receive in their leadership assessment.

→ Provide summary of at least three administrative burdens you are actively working to dismantle. Please be as specific as possible. What burdens are you addressing? How are you addressing them? What challenges do you continue to face in doing so?
Support
Organizational Support for Individual Resiliency

Develop and implement a program that actively engages physicians to cultivate community at work and allow for deeper social connections between team members.

Some examples may include:

- **Formal peer support program** wherein peer supporters are trained to use empathetic listening, question-asking, and sharing of personal experiences

- **COMPASS physician dinners**

- Developing meeting and/or breakroom spaces and providing lunch and dinner for physicians to connect with one another throughout their shifts

- Other examples based on organizational assessments and survey feedback

Supporting documentation:

- Summary description of how your organization actively engages physicians to cultivate community at work (please be specific) and include rationale for implementation of programs (e.g. needs assessment).
Application Process

Review the Joy in Medicine guidelines

The Joy in Medicine Health System Recognition Program is meant to serve as a strategic roadmap for organizations to support physician well-being. The first step in this process is to familiarize yourself with the Joy in Medicine guidelines and associated resources to support your Joy in Medicine journey. Based on the outlined criteria, evaluate the current efforts of your organization to determine your level of recognition. Supporting documentation is required throughout your application.

Submit an Intent to Apply form

Organizations interested in applying for recognition can submit an Intent to Apply form for 2023 or future application cycles at any time of the year via our [application portal](#). By submitting an Intent to Apply, your organization will automatically receive updates on upcoming application cycles and will receive access to the application when the cycle opens.
Apply for the Joy in Medicine Health System Recognition Program

The main point of contact for well-being work at your organization must complete and submit your application. Applications will open Jan. 20 and will close March 17, 2023.

Review process

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

Achieve recognition

Organizations meeting the criteria for a designated level will be recognized for their achievement. Recognized organizations will be highlighted on the AMA website and spotlighted through AMA podcasts, videos, and news stories.

Organizations that do not achieve recognition will receive feedback on their application and opportunities to connect with the AMA about preparing for future applications.

Recognition status

Recognition is valid for two years. After two years, each organization must resubmit an updated application for review. Organizations may renew to maintain their current level or apply for recognition at a higher level. We encourage organizations to thoughtfully consider when to apply for a higher level of recognition and expect that some organizations may take multiple application cycles to apply for a higher level.
The Joy in Medicine Health System Recognition Program is one part of the AMA practice transformation journey.

Helping health systems and clinical practices succeed in their journey is critical to the AMA. That’s why we offer evidence-based, field-tested solutions to guide physicians and care teams each step of the way.

Increasing efficiencies, improving patient care and enhancing professional satisfaction—these are what increase Joy in Medicine™ and make the journey worthwhile.

To learn more about the practice transformation journey, visit us at ama-assn.org/practice-transformation.
This Appendix includes sample questions accepted in assessment, teamwork, and leadership domains of the Recognition Program. The following questions are denoted from the AMA Organizational Biopsy™.

You may also choose to use the questions noted below in an already-existing survey at no cost, with credit provided to the AMA. Please note that these are not the only acceptable questions for the listed criteria but are a no-cost option provided by the AMA.
Work Intentions Questions

Assessment - Gold

**INTENT TO REDUCE WORK HOURS:**

What is the likelihood that you will reduce the number of hours you devote to clinical care over the next 12 months?

- None
- Slight
- Moderate
- Likely
- Definitely

What would keep you in your role with at least the current amount of clinical %FTE? (check all that apply)

- Enhanced workflow efficiency
- Fewer EHR hassles (i.e. less EHR work out of office hours)
- Greater sense of team
- Consistent staffing
- Support for non ‘top of license’ activities
- Better ability to help patients (fewer roadblocks)
- Less documentation/less work outside of work
- Greater opportunities to teach
- Greater opportunities for leadership
- Greater opportunities for research
- Greater alignment of personal values with organizational values
- Higher compensation (i.e. higher pay)
- Other (please specify)
INTENTION TO LEAVE

What is the likelihood that you will leave your current organization within two years?

- None
- Slight
- Moderate
- Likely
- Definitely

Are you considering leaving your current organization to retire altogether?

- Yes
- No

Are you retiring earlier than you had anticipated retiring?

- Yes
- No

What would make you reconsider and stay in your current organization?
(check all that apply)

- Enhanced workflow efficiency
- Fewer EHR hassles (i.e. less EHR work out of office hours)
- Greater sense of team
- Consistent staffing
- Support for non-‘top of license’ activities
- Better ability to help patients (fewer roadblocks)
- Less documentation/less work outside of work
- Greater opportunities for career advancement
- Greater opportunities to teach
- Greater opportunities for leadership
- Greater opportunities for research
- Greater alignment of personal values with organizational values
- Higher compensation (i.e. higher pay)
- Other (please specify)
Teamwork Assessment Questions

Teamwork - Bronze

TEAM STRUCTURE

Please describe the team (MA, LPN, RN, or others) who works directly with you for patient visits during a typical ambulatory clinic workday.

- I have 2 or more clinical support staff fully dedicated to me
- I have more than 1 but less than 2 clinical support staff fully dedicated to me
- I have 1 clinical support staff fully dedicated to me
- I share a clinical support staff with 1 other physician or advance practice provider
- I share a clinical support staff with 2 other physicians or advance practice providers
- I share a clinical support staff with 3 other physicians or advance practice providers
- Other (please specify)
TEAM FUNCTION

On a typical ambulatory clinic day, including after-hours work, how much time do you spend on tasks that do not require the unique skills of a physician or APP and that could be performed by others? (e.g. order entry, medication review, visit note documentation, forms completion, processing prescription renewals)

- Less than 60 min
- 1-2 hours
- 2-3 hours
- 3-4 hours
- More than 4 hours
- Other (please specify)

On average, the proportion of face-to-face visit during which I am able to give my patients my undivided attention (i.e. multi-tasking with concurrent chart review, documentation, order entry, other tasks, or interruptions).

- <10%
- 10-25%
- 25-50%
- 50-75%
- >75%

What proportion of the time are the following tasks typically done by someone other than you in your ambulatory practice?

Never, Less than 25% of the time, 25-50% of the time, More than 50% but less than 75% of the time, More than 75% of the time

- Conducting medication reconciliation (review medication name, dose, frequency, route) with patient and comparing to medical record
- Entering orders for diagnostic tests into the computerized order system
- Entering orders for follow-up visits or referrals
- Communicating test results to patients outside of regular office visit
- Initial triaging patient portal messages and inbox messages (e.g. rerouting concern to appropriate team members, etc.)
- Assisting with processing prescription refill requests
- Prior authorizations
- Tracking follow-up visits or referrals
**Team Stability**

I mostly work with the same MA(s) or Nurse(s) every day I am in clinic (i.e. >75% of the time).

- Yes
- No

**Barriers to Teamwork**

What prevents you from delegating more order entry, medication review, or visit note documentation, forms completion, processing prescription renewals to support staff?

Agree strongly, Agree, Neither agree nor disagree, Disagree, Strongly disagree

- My EHR isn’t built to support this delegation
- My institution’s culture or policies don’t support/allow such delegation
- State and federal policies don’t allow such delegation
- I do not trust my MA or nurse to reliably do the work well
- I do not have enough MAs or nurses

**Collegiality**

In our organization:

Agree strongly, Agree, Neither agree nor disagree, Disagree, Strongly disagree

- We have a strong sense of belonging
- I believe my teammates have my back
- Diversity, equity, and inclusion are highly valued by my colleagues

How often do you encounter negative experiences (e.g. being denied work opportunities, being isolated or treated as if you were not competent, experiencing repeated, small slights at work, or other forms of discrimination or a colleagues’ refusal to pitch in because of an “it’s not my job” mentality) at work?

Frequently, Fairly often, Infrequently, Rarely, Never

- Due to your gender?
- Due to your race?
- Due to your sexual orientation?
- Due to role type conflict? (e.g. conflict between nurses and physicians)

Respectful communication exists between:

To a great extent, Somewhat, A little, Not at all

- Physicians/APPs and care team
- Physicians/APPs and practice manager or other leaders
- Physicians/APPs and consulting colleagues
Leadership Assessment Questions

Leadership - Bronze

Please indicate to what degree do you agree or disagree with the following statements: My immediate specialty leader (i.e. Division Chief/Department Chair)...

Agree strongly, Agree, Neither agree nor disagree, Disagree, Strongly disagree

- Supports me in my work (i.e. by clearing obstacles to patient care)
- Supports my career development (i.e. by holding career development conversations)
- Solicits and follows up on my ideas and perspectives (i.e. for improving workflows, teamwork, policies, practices)
- Shares organizational information openly with me (i.e. regarding finances, quality metrics, reasons behind decision-making)
- Recognizes my contributions
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LEARN MORE

→ Visit us at ama-assn.org/joyinmedicine

→ Contact us at practice.transformation@ama-assn.org

To view or download an interactive PDF version of these guidelines, scan the QR code below.