Action Collaborative on Clinician Well-being and Resilience

Victor J. Dzau

July 14, 2017
400 physicians commit suicide each year, a rate more than 2X that of the general population.

Andrew & Brenner, 2015

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder.

Mealer et al., 2007

Physician rates of depression remain alarmingly high at 39%.

Shanafelt, 2015

23-31% Prevalence of emotional exhaustion among primary care nurses.

Gomez-Urquiza et al, 2016

How can we protect the health of the people who protect our own?

National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing
Breaking the Culture of Silence
Paper Series

Breaking Silence, Breaking Stigma
Jasleen Salwan, Sandeep Kishore

Introduction
By Sandeep P. Kishore
The 1540 Perspective paper, "Breaking the Culture of Silence on Physician Suicide" [1], brought together four unique voices from surgery, nursing, medical training, and the clergy to consider what had led Kathryn, a young medical student, to take her own life on April 11, 2013. Drawing from personal experiences, the authors explored what they thought was a culture of silence under intense pressure that pushes physicians and trainees to experience depression and in some cases to tragically end their lives. But these are just four opinions based on four experiences. The authors hope to bring more voices into the conversation by asking others who are comfortable doing so to share their own reactions to situations they have been forced to navigate throughout their education and their careers as health care providers.

Dr. Jasleen Salwan has taken up that challenge and agreed to reprint her entry from the Yale Internal Medicine periodical, the Ilanian Post. The piece, titled "Breaking Silence, Breaking Stigma," [2] provides a strong step in normalizing vulnerability—and will ideally encourage other young physicians to share their experiences, solutions, and paths forward. Anyone else can join the movement by sending their written thoughts, opinions, or personal accounts relating to the culture of silence to sunny.kishore@gmail.com. These written comments will be shared only if the writer and those easily identified in the remarks provide explicit permission to do so.

Breaking Silence, Breaking Stigma
By Jasleen Salwan
Source: Salwan, J. 2017. This piece first appeared in the Ilanian Post, Yale University’s internal medicine housestaff periodical, in April 2017. It is reprinted with kind permission from the Ilanian Post and Dr. Jasleen Salwan. Minor edits have been made to this text since its original publication.

In a late March issue of the New England Journal of Medicine [3], the dean of my medical school published a beautifully written essay on the tragic death of one of my classmates. Kathryn had committed suicide last August. Earnest and humble, Dr. Muller’s piece demonstrates his ongoing commitment to promoting wellness among medical trainees in a way that is not reactionary but rather proactive and sustained. With student input, he and his colleagues are studying ways to enhance work-life balance, relieve the pressure to perform according to unattainable metrics, and expanding access to mental health resources. As I read his thoughtful words, a grave question formed in my mind: Why was a medical school community with deeply compassionate leadership seen two trainee suicides in one year? More broadly, if Hippocrates’s words are true that those who love medicine also love humanity, how does profound suffering pass unnoticed among our peers? Perhaps we residents can play a role in bringing that suffering out into the open. While continuing to expect confidential mental health services, we should at the same time foster a culture that embraces open conversation about experiences with depression and other mental illnesses.

Trainees often worry that stigma against mental illness is rampant in medicine, but in fact, an examination of the evidence suggests this concern. According to one study, medical students who suffered from self-reported moderate to severe depression were more likely to believe that peers and faculty held negative attitudes about the competence of trainees with mental illnesses than were students with minimal or no depression [3]. Thinking about the converse of this finding is heartening: those who did not suffer from depression did not actually harbor the perceived prejudices...
Physical health and mental, emotional, and behavioral health of entering graduate nurse practitioner students: Relevance to supporting student success

Bernadette Mazurek, Promotion, University Coordinator), Lisa Mil (Senior Research Coordinator), and Shoshana Herzig (Online Family Nurse Practitioner). College of Nursing, Ohio State University.

Stress

Burnout at Work Isn’t Just About Exhaustion. It’s Also About Loneliness

by Emma

Addressing Physician Burnout: The Way Forward

The US health care delivery system and the field of medicine have experienced tremendous change over the last decade. At the system level, narrowing of insurance networks, employed physicians, and financial pressures have resulted in greater expectations regarding productivity, increased workload, and reduced physician autonomy. Physicians also have to navigate a rapidly expanding medical knowledge base, more onerous maintenance of certification requirements, increased clerical burden associated with the introduction of electronic health records (EHRs) and patient portals, new regulatory requirements, reported errors, and hospitalization between burnout among different disciplines (cancer, burnout affects outcomes differently).
Multitude of Factors Drive Burnout

- Stigma and fear of vulnerability
- Regulatory environment
  - Reimbursement environment
- Digital health environment
- Organizational leadership
- Learning environment
- Culture of silence
Timeline

**July 2016:** 30+ professional organizations gathered to assess the parameters of clinician burnout and explore collaborative engagement
- Clear need for collective action

**September 2016:** Call with July meeting attendees to formalize creation of an action collaborative

**January 2017:** Launch of the collaborative
- Identified potential focus areas and activities
- Developed a framework for action
- Special address by VADM Vivek K. Murthy, former U.S. Surgeon General
Clinician Wellbeing & Resilience Collaborative Goals

• Improve baseline understanding across organizations of challenges to clinician well-being
• Learning collaborative: Share lessons & best practices
• Advance evidence-based, multidisciplinary solutions to reverse these trends, leading to improvements in patient care by caring for the caregiver.
• Raise visibility of clinician stress and burnout
Leadership Team

Victor J. Dzau, President, NAM, chair

Darrell G. Kirch, President and CEO, AAMC, co-chair

Thomas J. Nasca, CEO, ACGME and ACGME International, co-chair
Make up of the Collaborative

- 55 participants representing:
  - Professional organizations
  - Government
  - Technology and EHR vendors
  - Large health care centers
  - Payors
Sponsoring Organizations (1)

ABFM Foundation
Accreditation Council for Continuing Medical Education
Accreditation Council for Graduate Medical Education
Aetna
Alliance of Independent Academic Medical Centers
American Academy of Family Physicians
American Academy of Neurology
American Academy of Pediatrics
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Critical-Care Nurses
Sponsoring Organizations (2)

American Board of Internal Medicine and the ABIM Foundation
American Board of Medical Specialties
American College of Emergency Physicians
American College of Physicians
American College of Surgeons
American Congress of Obstetricians and Gynecologists
American Dental Education Association
American Hospital Association
American Medical Association
American Nurses Association
American Osteopathic Association
American Psychiatric Association
American Society of Anesthesiologists
Sponsoring Organizations (3)

American Society of Health-System Pharmacists  
Association of American Medical Colleges (with support from the Centers for Disease Control and Prevention)  
Council of Medical Specialty Societies  
CRICO  
Federation of State Medical Boards  
IBM Watson Health  
Johns Hopkins Medicine  
Massachusetts General Hospital  
Society for Academic Emergency Medicine and Association of Academic Chairs of Emergency Medicine  
Society of Neurological Surgeons  
UAB Medicine  
UnitedHealth Group
Additional Expertise

- **Government:**
  - Agency for Healthcare Research and Quality
  - Centers for Disease Control and Prevention
  - Centers for Medicare and Medicaid Services
  - Department of Defense
  - Department of Veterans Affairs
- **EHRs/Health IT**
  - Epic
  - IBM Watson Health
- **National Patient Safety Foundation**
- **Researchers, trainees, and early career professionals**
Steering Committee

Victor J. Dzau, National Academy of Medicine
Darrell G. Kirch, Association of American Medical Colleges
Thomas J. Nasca, Accreditation Council for Graduate Medical Education
Steven Bird, Society for Academic Emergency Medicine
Robert Harbaugh, Society of Neurological Surgeons
Art Hengerer, Federation of State Medical Boards
Lois Margaret Nora, American Board of Medical Specialties
Pamela Cipriano, American Nurses Association
Daisy Smith, American College of Physicians
Neil Busis, American Academy of Neurology
Clifton Knight, American Academy of Family Physicians
Sandeep Kishores, Icahn School of Medicine at Mount Sinai
Working Groups

- Research, Data and Metrics
- Messaging and Communications
- Conceptual Model
- External Factors and Workflow

Charged with creating products and activities to effect the factors driving clinician well-being and burnout, and develop organizing principles for the work of the collaborative
Progress in 6 months

• Formed 4 working groups
• Developing a network of 55 partner organizations
• Foundational work
  – Review of evidence base and best practices
Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care

Lotte N. Dyrbye, Tait Shanafelt, Christine A. Sinsky, Pamela F. Cipriano, Jay Bhatt, Alexander Ommaya, Colin P. West, David Meyers

July 5, 2017

The US health care system is rapidly changing in an effort to deliver better care, improve health, and lower costs while providing care for an aging population with high rates of chronic disease and co-morbidities. Among the changes affecting clinical practice are new payment and delivery approaches, electronic health records, patient portals, and publicly reported quality metrics—all of which change the landscape of how care is provided, documented, and reimbursed. Navigating these changes are health care professionals (HCPs), whose daily work is critical to the success of health care improvement. Unfortunately, as a result of these changes and resulting added pressures, many HCPs are burned out, a syndrome characterized by a high degree of emotional exhaustion and high depersonalization (i.e., cynicism), and a low sense of personal accomplishment from work [1, 2].

What is the Extent of Burnout Among Health Care Professionals?

Physicians

More than half of US physicians are experiencing subclinical symptoms of burnout. Physicians working in the specialties at the front lines of care (e.g., emergency medicine, family medicine, general internal medicine, neurology) are among the highest risk of burnout. Burnout is nearly twice as prevalent among physicians as US workers in other fields after controlling for work hours and other factors [1, 2]. Between 2011 and 2014, the prevalence of burnout increased by 9 percent among physicians while remaining stable in other US workers. Several studies have also found a high prevalence of burnout and depression among medical students and residents, with rates higher than those of any similar individuals pursuing other careers [3-9].

Nurses and Other Health Care Professionals

Studies of nurses report a similarly high prevalence of burnout and depression. In a 1998 study of more than 16,000 registered nurses, 43 percent had high degree of emotional exhaustion (8). A subsequent study of approximately 92,000 registered nurses in 2007 reported that 33 percent, 37 percent, and 22 percent of hospital nurses, nursing home nurses, and nurses working in other settings had high degree of emotional exhaustion (9). The prevalence...
Vision for the Future

• Evidence based solutions
• Leveraging networks of organizations committed to improving & implementing clinician well-being
• Grow the network to create a larger community of empowerment
• A campaign of system change
Establishing Clinician Well-being as a National Priority

Meeting Objectives

• Provide an overview of the magnitude, drivers, and effects of burnout among health care professionals
• Present the mission, goals, and progress of the working groups
• Explore promising approaches to promoting clinician well-being
Action Collaborative Staff

- **Charlee Alexander**, Program Officer, NAM (cmalexander@nas.edu)
- **Kimber Bogard**, Senior Officer, NAM
- **Kyra Cappelucci**, Communications Associate, NAM
- **Laura DeStefano**, Associate Director of Communications, NAM
- **Molly Doyle**, Communications Specialist, NAM
- **Sharyl Nass**, Director, Board on Health Care Services, Health and Medicine Division (HMD)
- **Mariana Zindel**, Senior Program Assistant, HMD
Fellows

Rajadhar Reddy, Archer Fellow, University of Texas at Dallas (Jan-April, 2017)

Jake Thomas, DukeEngage Fellow, Duke University (May-July 2017)

Skye Tracey, DukeEngage Fellow, Duke University (May-July 2017)
Action Collaborative on Clinician Well-Being and Resilience

Every year in the United States, about 400 physicians take their own lives — a rate more than double that of the general population. Physicians experience high rates of depression, burnout, and poor work-life balance. This phenomenon cuts across all ages, stages, and career paths — from trainees to senior practitioners. And these challenges are not unique to physicians. Nurses and other clinicians experience similar effects on performance, health, and well-being.

Bottom line: The people we rely on to keep us healthy may not be healthy themselves. This fact is not only worrying in and of itself — it also has serious implications for patients. Clinician burnout has been linked to increased medical errors and patient dissatisfaction. How can we ensure that our care workforce is healthy.

Sign up for the listserv at nam.edu/ClinicianWellBeing
Appendices
July 2016 NAM Convening

30+ professional organizations

Focus: Assess the parameters of “clinician burnout” and explore collaborative engagement

Objectives:
1. Improve baseline understanding across organizations of challenges to clinician well-being
2. Consider activities currently underway to address these issues
3. Explore opportunities for collaborative engagement
4. Consider the potential role of the NAM in leading an initiative to address these issues
Action Collaboratives at the NAM

- Perspectives
  - NAM Discussion Papers (white papers)
  - Commentaries
- Terrain mapping
  - Data analysis and synthesis
  - Targeted surveys
- Tools development
  - Implementation tools
  - Digital applications
- Incubating capacity
  - Organizations
  - Networks
Research, Data and Metrics

1. Standardization of a menu of questions to use across pre-existing survey instruments

2. NAM Perspectives papers:
   • Designing a longitudinal study to assess stress, burnout, and depression
   • The financial cost of replacing health care providers (HCPs)
   • Potential “natural experiment”— compare the well-being of HCPs in practices before and after implementing EHRs

3. Identify metrics and measures to track the collaborative’s progress in reducing burnout and improving the well-being of HCPs
Messaging and Communications

1. Key audience groups: public/patients; HCPs; and influencers (policymakers, CEOs, payors, regulators, health IT vendors)

2. Messaging principles:
   - Create key messages that are communicated differently based on audience group/stakeholder
   - Take a proactive tone
   - Be positive
   - Share nuances of well-being

3. Knowledge hub
   - An open access repository of information, resources, models, and tools to be used at the individual and organizational level.
Conceptual Model

1. Define a wide range of terms related to HCP well-being, both positive (“joy in medicine”) and negative (“moral distress”)

2. Create an all-encompassing conceptual model that reflects the domains affecting HCP well-being (work env., learning env., personal/professional factors), culture, values, care delivery
   - Unifying model to communicate to outside stakeholders alongside key messages
   - Narrow in on specific areas for action/opps to create systemic change

3. NAM Perspectives paper series with personal stories and possible solutions from collaborative participants
External Factors and Workflow

1. Mapping exercise - ensure we have a comprehensive look at the drivers of stress, burnout, depression

2. Stakeholder analysis to identify groups directly/indirectly involved in promoting well-being

3. 2x2 table identifying individual, systemic, short-term, long term solutions
   - Practical, off the shelf; aspirational, long-term

4. NAM Perspectives papers
   - Health IT (identify pain points for each profession, make recommendations for improvements)
   - Regulatory pressures (modernizing guidelines to fit current env.; deactivating dated protocols)
   - Administrative burdens (alternative payment models)