

Physician Wellness National Academy of Medicine Commitment Statement
Christus Physician Group
December 11, 2017

Narrative

Physician Wellness is consistent with Christus Health values statements. Activities that support it are effective to improve collaboration, quality and **physician engagement**.

Due to concerns throughout leadership, physician burnout was assessed and program initiation began in August 15, 2016. Today it has grown as described in the phases below, and its value is recognized at a system leadership level where it has robust support.

What is the Extent of Burnout Among Health Care Professionals?

Recently AHRQ reviewed the factors contributing including clerical burden and inefficiency, loss of control over work, problems with work-life integration and erosion of the meaning of their work. Current study of EHR use shows 49% of a physician's time is in record and 35% with patient.

Why Should We be Concerned About Burnout Among Health Care Professionals?

Burnout results in increase in self-reported errors, higher mortality in the hospital and decreasing **patient satisfaction** scores and **turnover** of physicians. Physician loss is costly. Burnout is directly connected to **loss of productivity** and more than 200% increased odds of **intent to leave**. This distress has also been directly tied to **overutilization, poor network integration and patient outcomes** and worse a rising suicide risk.

In looking at interventions that sustain improvement, **system** level changes were 60% more effective in continued improvement at 1 year and often these were simple **and inexpensive**.

We have chosen to initially target processes that involve **communication** and more efficient use of the **EHR**. These are the two most often cited ranked causes and they lend themselves to metrics to measure progress. We have also provided personal resources and mentoring **for work life balance**.

Phase I (August 15, 2016)

Identification and mobilization of team members and structure.

Target top two causes, Communication quality and EHR.

Active listening.

Phase II (November 15, 2016)

Target to improve communication implemented including:

Standardizing regional clinician meeting content with Physician leaders presenting.

DYAD management. (Recommended by AHQA and Advisory Board)

Press Ganey modification with improved scores.

Improve EMAIL tiering, and positive messaging.

Physician Principles of Practice (set basis to discuss professionalism and excellence)

DASHBOARD, Physician Newsletter, face to face contract renewal

Target EHR including:

Enhance clinician EHR data entry collaboration.

Improve threshold for extra training with EHR vendor reports.

Support staff documentation at the top of their license**Phase III (April 10, 2017-present)**

EHR Physician Council that collaborates with IM/EHR vendor.

Identify physician leaders, DYAD.

Target cultural fit and values alignment.

Target lack of control over work.

Target work-home imbalance with personal resource sheet, monthly hints, and expansion of Finding the Meaning of Medicine groups, Gratitude exercises, targeted recognition.

Endpoint measures reviewed.

Future strategy

Nurture a culture of **professionalism**, expanding resources to integrated network physicians, clinic charity events, work flow examination and develop crisis management and **peer support**.

Already quality measure management, physician participation and collaboration within the hospital system has improved. We have found that clinicians are willing to contribute time to a collegial community, if that time is meaningful and their participation is valued.

Christus Physician Group is committed to ensuring that patients receive safe, quality care and that our clinicians and health professionals have a supportive, collaborative environment consistent with our mission to extend the healing ministry of Jesus Christ. We are pleased to actively contribute to the work of the NAM's Action Collaborative on Clinician Well-Being and Resilience.