

University of Texas System

Commitment Statement in support of the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience

December 13, 2017

The University of Texas (UT) System consists of 14 component universities which span the State of Texas, including 6 academic health institutions (UT Southwestern Medical Center, UT Medical Branch at Galveston, UT Health Science Center at Houston, UT Health Science Center at San Antonio, UT MD Anderson Cancer Center, UT Health Science Center at Tyler) and 2 medical schools based at academic institutions (Dell Medical School at UT Austin and the School of Medicine at UT Rio Grande Valley).

Combined, the UT System health enterprise provides care annually for 94,000 hospital admissions in UT owned hospitals, 1.6 million hospital days in UT owned and UT affiliated hospitals, and 7.9 million outpatient visits in UT owned and UT affiliated facilities. UT medical schools and health institutions annually enroll 3,900 medical students, and 4,200 residents in ACGME accredited training programs.

In Spring of 2016, the UT System embarked on a physician burnout initiative led by the UT System Faculty Advisory Council (UTSFAC), which is an elected body representing faculty on all 14 campuses and is advisory to the UT System Chancellor and Board of Regents. The UT System retained physician burnout experts Dr. Christina Maslach and Dr. Tait Shanafelt as consultants in this effort. With extensive coordination and support by the UT System administration and each of the health institutions, the goal is to build consensus and promote synergy across campuses. Input is being solicited from critical stakeholders, and in collaboration with practicing clinicians and their home institutions, and is based on the following understanding:

Physician burnout has risen steadily over the past two decades, with many of today's physicians experiencing emotional exhaustion and other symptoms of job burnout. This situation affects not only the health of individual physicians, but also patients, students, and the health care delivery system as a whole.

Many organizations try to address their physician burnout challenge by assisting physicians with individual solutions, such as resiliency and vitality training. While helpful, these approaches address symptoms, but not the root drivers of burnout.

The drivers of physician burnout are first experienced in medical school and continue throughout a physician's training and career, and include work overload, loss of autonomy, increased time spent in documentation, clinical inefficiencies, uneven teaming between clinicians and administrators, and an increased focus on financial stability precipitated by changes in health care reimbursement. In academic health centers, with the additional challenge of reduced state funding, these drivers of burnout are further exacerbated by loss of academic time and increased regulatory demands.

The UT System recognizes that changes in the national health care system and higher education have placed increased pressure on the ability of academic health institutions to balance the fundamental missions of education, research, and service, such as patient care. It is our aim to address the causes

and consequences of physician burnout and promote faculty vitality by sustaining the ability of academic clinicians to balance and promote the core missions of our health institutions.

On September 25-26, 2017, the UT System convened a national symposium, “Beyond Resiliency Training: Organizational Strategies to Alleviate Burnout and Increase Wellness in Academic Medicine” (<https://tinyurl.com/y7v7dsmr>), which was attended by representatives from more than 40 organizations nationwide. The symposium featured thought leaders presenting the best available evidence on organizational solutions to physician burnout centered on 4 key thematic areas: 1) medical education and training; 2) clinical documentation and efficiency; 3) physician leadership, community building, faculty voice; 4) alignment of financial structures and organizational values. A UT System-specific Think Tank, led by Dr. Maslach, was convened after the symposium to identify prioritized organizational solutions to serve as a platform for systemwide study and local campus implementation.

UTSFAC was tasked with reviewing the organizational solutions identified in the Think Tank in order to provide a set of actionable recommendations. The goal of these recommendations will be to positively impact physician wellness on all fronts by: 1) using both broad and targeted approaches; 2) combining system-wide and local implementation depending on the specific intervention; 3) respecting the unique institutions and diverse practice settings present within our system; and 4) collecting sufficient data using established outcome measures to permit dissemination of our findings and leading toward a healthier future.

The UT System hereby commits to support the goals of the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience, by leveraging the size and scope of the UT System and contributing its leading intellectual and organizational resources to restore physician energy, enthusiasm, and confidence.