NAM Action Collaborative on Clinician Well-Being and Resilience

February 2, 2018

Webinar

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

Charlee Alexander, Director, Action Collaborative on Clinician Well-Being and Resilience, National Academy of Medicine

Neil Busis, Member, Wellness Task Force, American Academy of Neurology

Robert Harbaugh, Past President, Society of Neurological Surgeons

Arthur Hengerer, Past Chair, Federation of State Medical Boards

Daisy Smith, Vice President, Clinical Programs, American College of Physicians
Agenda

• Overview of the NAM Action Collaborative on Clinician Well-Being and Resilience

• Working group updates
  – Research, Data, and Metrics
  – Conceptual Model
  – External Factors and Work Flow
  – Messaging and Communications
  – Publications and Art Show

• Q&A
Questions

• Questions are welcome throughout the webinar and will be addressed after the presentation

• Please use the following format:
  – GENERAL: How can I get involved in the work of the collaborative?
  – RESEARCH: What instruments are included in the list of validated instruments?
Join the conversation!

Tweet with us @theNAMedicine! #ClinicianWellBeing
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 @theNAMedicine

400 physicians die by 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)
Action Collaborative Goals

• Raise visibility of clinician burnout, depression, stress, and suicide

• Improve baseline understanding of challenges to clinician well-being

• Advance evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver
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
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
Neil Busis, American Academy of Neurology
Pamela Cipriano, American Nurses Association
Robert Harbaugh, Society of Neurological Surgeons
Art Hengerer, Federation of State Medical Boards
Sandeep Kishore, Icahn School of Medicine at Mount Sinai
Clifton Knight, American Academy of Family Physicians
Lois Margaret Nora, American Board of Medical Specialties
Daisy Smith, American College of Physicians
Make up of the Collaborative

~60 participants representing:

- Medicine, nursing, pharmacy, dentistry
- Professional societies and membership organizations
- Government agencies
- Health IT vendors
- Large health care centers
- Payers
- Researchers
- Trainees
- Early career professionals
- Patient and consumer perspectives
Working Groups

1. Research, Data, and Metrics
2. Conceptual Model
3. External Factors and Work Flow
4. Messaging and Communications
5. Publications and Art Show
Perspective

To Care Is Human — Collectively Confronting the Clinician-Burnout Crisis

Victor J. Dzau, M.D., Darrell G. Kirch, M.D., and Thomas J. Nasca, M.D.

• Published January 25, 2018
• Available at: http://www.nejm.org/doi/full/10.1056/NEJMp1715127
Submissions close on February 16, 11:59pm Pacific U.S. Time

WHAT DOES CLINICIAN WELL-BEING LOOK, SOUND, AND FEEL LIKE TO YOU?

Express Clinician Well-Being: An Art Exhibition

Submit your artwork & learn more at: nam.edu/ExpressClinicianWellBeing
Save the date!

- Establishing Clinician Well-Being as a National Priority – Public Meeting 2
- When: Wednesday, May 2, 2018
- Where: Washington, DC
- Additional details forthcoming
Join the movement!

To provide an opportunity for organizations to discuss and share plans of action to reverse clinician burnout and promote clinician well-being, the NAM is collecting statements describing organizational goals or commitments to action.

"ACP is committed to ongoing measurement and tracking of internist burnout and well-being to help guide efforts in this area."

The ACP is committed to combating clinician burnout. Join them! Submit your statement at nam.edu/SupportClinicianWellBeing

More than 130 organizations have committed to combating clinician burnout. Will you join them?

nam.edu/SupportClinicianWellBeing

"The FSMB is committed to considering the impacts that licensing and disciplinary policies and processes can have on physicians."

The FSMB is committed to combating clinician burnout. Join them! Submit your statement at nam.edu/SupportClinicianWellBeing
NAM Consensus Study

• Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being

• If interested in financially supporting the study, please send a note to ClinicianWellBeing@nas.edu
A Vision for the Future

• Building a campaign of systems change
  – Network Organizations
    • Leveraging organizations committed to improving and implementing clinician well-being
    • Commitment statements

• Peer reviewed publications

• Public meetings
Sign up for the listserv at nam.edu/ClinicianWellBeing

Action Collaborative on Clinician Well-Being and Resilience

National Call for Commitment Statements

To provide an opportunity for organizations across the country to discuss and share plans of action to reverse clinician burnout and promote clinician well-being, the National Academy of Medicine (NAM) is collecting statements describing organizational goals or commitments to action.

To learn more and submit your own commitment statement, please click here.

Clinician well-being is essential for safe, high-quality patient care.

However, clinicians of all kinds, across all specialties and care settings, are experiencing alarming rates of burnout. Among the most telling of statistics, more than 50 percent of U.S. physicians report significant symptoms. Burnout is a syndrome characterized by a high degree of emotional exhaustion and depersonalization (i.e., cynicism), and a low sense of personal accomplishment at work.

Clinician burnout can have serious, wide-ranging consequences, from reduced job performance and high turnover rates to—in the most extreme cases—medical error and clinician suicide. On the other hand, clinician well-being supports improved patient-clinician relationships, a high-functioning care team, and an engaged and effective workforce. In other words, when we invest in clinician well-being, everyone wins.

Supporting clinician well-being requires sustained attention and action at organizational, state, and national levels, as well as investment in research and information-sharing to advance evidence-based solutions.
Research, Data, and Metrics

• Compilation of validated survey instruments to assess burnout, wellbeing, depression, and suicide risk
• Annotated bibliography of individual and organizational interventions from recent systematic reviews
Conceptual Model

• Conceptual Model of Factors Affecting Clinician Well-Being and Resilience

• Discussion Paper: “A Journey to Construct an All-Encompassing Conceptual Model of Factors Affecting Clinician Well-Being and Resilience”

• Terms and Definitions
FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS
- Alignment of societal expectations and clinician’s role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

REGULATORY, BUSINESS, & PAYER ENVIRONMENT
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS
- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collector requirements
- Diversity and Inclusion
- Level of support for all healthcare team members
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

LEARNING/PRACTICE ENVIRONMENT
- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence

INDIVIDUAL FACTORS

HEALTH CARE ROLE
- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

PERSONAL FACTORS
- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS AND ABILITIES
- Clinical competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Mentorship
- Optimizing work flow
- Organizational skills
- Resilience
- Teamwork skills
External Factors and Work Flow

• **Discussion Paper**: “Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout”

• **Discussion Paper**: “Implementing Optimal Team-Based Care to Reduce Clinician Burnout”

• Next steps: Identify specific actions for the collaborative that build on this evidence base
Messaging and Communications

• Message testing
  – High level lessons
    • Emphasize people over profits
    • Focus on fixing the system, not blaming clinicians
    • Keep messages brief
    • Use statistics and specifics
    • Use images that convey the seriousness of burnout
    • Frame the issue positively (promoting well-being vs. combating burnout)
Messaging and Communications

• Knowledge Hub on Clinician Well-Being and Resilience to launch this spring
Questions?

• Please use the following format:
  – GENERAL: How can I get involved in the work of the collaborative?
  – RESEARCH: What instruments are included in the list of validated instruments?
Thank You

For any questions, please be in touch with Charlee Alexander
ClinicianWellBeing@nas.edu