



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

National Plan for Health Workforce Well-Being Public Event:
Unperfected Transcript

HIGHLIGHTS FROM THE NATIONAL PLAN FOR HEALTH WORKFORCE
WELL-BEING

DARRELL KIRCH, MD, President Emeritus, Association of American Medical Colleges (Collaborative Co-Chair)

I'M DARRELL KIRCH. I HAVE THE HONOR OF BEING THE PRESIDENT OF AMERICAN MEDICAL COLLEGE. I'M SERVING AS ONE OF THE COCHAIRS OF THE INITIATIVE. I WANT TO BRIEFLY TALK ABOUT WHO ARE THE ACTORS. FOR ALL OF US WHO CAN HAVE AN IMPACT HERE? WITH MY COLLEAGUES I WANT TO LEAD OFF BY SAYING, IT ISN'T JUST THE ELECTRONIC HEALTH RECORD. IT ISN'T JUST OUR CEO. IT'S ALL OF US. WE ARE ALL UNINDICTED CO-CONSPIRATORS IN THIS PROBLEM. WE HAVE IDENTIFIED 10 GROUPS. IT'S NOT TOTALLY EXHAUSTED BUT I THINK THESE 10 GROUPS ARE KEY PLAYERS IN THE STATE OF THE WELL-BEING OF OUR CLINICAL WORKFORCE. FIRST OF ALL IT IS AN ISSUE OF HOW WE TRAIN PEOPLE. SO THE ACADEMIC INSTITUTIONS, CONICAL TRAINING PROGRAMS, THE BODIES THAT ACCREDIT THOSE PROGRAMS ARE ABSOLUTELY CRITICAL. IT'S HOW YOU ARE TRAINED THAT INFLUENCES HOW YOU PRACTICE. THE SECOND GROUP WOULD BE THE FEDERAL GOVERNMENT. AND SOME OF MY COLLEAGUES ARE HERE FROM THE VA. THE FEDERAL GOVERNMENT IS AN IMPORTANT ACTOR IN ALL OF THIS. IT'S NOT JUST THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND ALL OF ITS BODIES, LIKE THE CDC AND OTHERS. THINK OF THE DEPARTMENT OF EDUCATION, THE VA. ALL OF THOSE FEDERAL AGENCIES THAT SET REGULATIONS, THAT ADMINISTER LEGISLATION, ARE CRITICAL. WE HAVE THE ELECTRONIC HEALTH RECORD AS AN ISSUE. IT WAS DESIGNED FOR BILLING FOR CLINICAL CARE. BUT WE HAVE A NUMBER OF OTHER I.T. ISSUES THAT IMPEDE CLINICIANS FROM BEING AT BEDSIDE OR IN THE CLINIC AND CREATE OBSTACLES TO THEIR DAILY WORK. I WAS AT A MEETING THIS WEEKEND WITH ABOUT 15 HEALTH SYSTEM CEOS. THEY WERE VERY EAGER TO TALK ABOUT THE FALLING MARGINS, AS THEY ARE EXPERIENCING IN THE MONTHS OF 2022. AT THE SAME TIME I FELT IN THAT DISCUSSION THE FALLING WORKFORCE. PEOPLE ARE LEAVING THE WORKFORCE OR WORKING AT LESS THAN FULL SPEED IN THE WORKFORCE. THOSE WORKERS AREN'T JUST PHYSICIANS AND NURSES. THEY ARE THE PHARMACIST, THE OCCUPATIONAL THERAPIST, THE RESPIRATORY THERAPIST, ON DOWN THROUGH ALL THE PEOPLE WHO TOUCH PATIENTS. INCLUDING FAMILY CAREGIVERS. IN MANY CASES IT IS THE FAMILY THAT IS BEARING THE BRUNT OF PATIENT CARE AND EXPERIENCING BURNOUT IN THE PROCESS. WE HAVE THE INSURERS, WHO HAVE THEIR AGENDA, WHICH IS ALWAYS ALIGNED WITH THE CARE OF PATIENTS. THE INSURERS TEND TO FOLLOW THE PATH OF, GOING BACK TO ONE OF THE EARLIER ACTORS, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. CMS. THEY SET THE TONE. THE INSURERS FOLLOW. AND THE CAREGIVERS HAVE TO WORK WITH AN ENVIRONMENT THAT IS OFTEN MORE FOCUSED ON REIMBURSEMENT THAN ON PATIENT CARE. MEDIA COMMUNICATIONS. WE HAVE LEFT THE WORLD OF TRADITIONAL MEDIA. SOCIAL MEDIA, AND ALL IT HAS BROUGHT, IS A CRITICALLY IMPORTANT ACTOR IN THIS. WE HAVE ALSO ENTERED A WORLD OF NOT JUST INFORMATION BUT DISINFORMATION. WHICH INFLUENCES ALL OF OUR COLLEAGUES IN THIS PROCESS. PATIENTS SHOULD BE AT THE CENTER. OFTEN THEY ARE NOT. PATIENTS AND THEIR FAMILIES SHOULD BE DRIVING THIS PROCESS. DESPITE OUR BEST EFFORTS THEY ARE MARGINALIZED IN THEIR CARE. WE HAVE THE PRIVATE AND NONPROFIT FUNDERS. THIS HAS BEEN ONE OF THE MOST REWARDING EXPERIENCES OF MY



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

PROFESSIONAL LIFE. TO SEE HOW MANY AGENTS, INCLUDING FOUNDATIONS AND OTHERS, CARE ABOUT THIS PROBLEM AS MUCH AS ALL OF US ON THE CALL AND IN THE ROOM TOO. AND FINALLY, THERE ARE THE SPECIALTY SOCIETIES. I'M AT A POINT WHERE I CAN SPEAK THE TRUTH. TOO OFTEN OUR SPECIALTY SOCIETIES, OUR PROFESSIONAL SOCIETIES OPERATE AS GUILDS. PROTECTING THE INTEREST OF THE PRACTITIONERS AS OPPOSED TO THE PATIENTS AND FAMILIES. THIS IS AN ALL HANDS ON DECK SITUATION. I AM REALLY PLEASED THAT THE NATIONAL ACADEMY OF MEDICINE HAS TAKEN A LEADERSHIP ROLE IN ALL OF THIS. I THINK WE ARE MAKING PROGRESS. FINALLY, AFTER YEARS OF DENIAL, WE ARE TAKING THIS PROBLEM ON. I WANT TO INTRODUCE DR. CAROLYN CLANCY. THE ASSISTANT UNDERSECRETARY FOR DISCOVERY EDUCATION AND AFFILIATE NETWORKS. DR. CLANCY.

CAROLYN CLANCY, MD, MACP, Assistant Under Secretary for Health for Discovery, Education and Affiliate Networks, U.S. Veterans Health Administration

THANK YOU SO MUCH. GOOD MORNING, EVERYONE. I WANT TO EXPRESS MY THANKS TO YOU, VIVEK MURTHY , VICTOR DZAU , FOR YOUR INCREDIBLE LEADERSHIP ON CLINICIAN WELL-BEING AND BURNOUT. FOR THE NEXT FEW MINUTES I JUST WANT TO SHARE VA'S PERSPECTIVE AS WELL AS HEALTH WORKER WELL-BEING. I WANT TO NOTE A FEW KEY STEPS TO CONSIDER AS WE MOVE FORWARD WITH THIS NATIONAL PLAN, THIS NATIONAL MOVEMENT, AS VICTOR DZAU SAID. WE HAVE BEEN TRACKING BURNOUT SINCE 2013. WE HAVE A PRETTY IN-DEPTH ALL EMPLOYEES SURVEY THAT GETS FIELDDED EVERY YEAR. I WILL JUST SAY THAT WE DO EVERYTHING THAT IT TAKES. AND MANY OF YOU KNOW WHAT THAT IS, TO GET A GOOD RESPONSE RATE SO THAT WE HAVE RELIABLE RESULTS. OUR MOST RECENT SURVEY FROM FISCAL YEAR 2021 SHOWED THAT 5% OF OUR VA COLLEAGUES HAD VERY SEVERE OR HIGH BURNOUT. NEARLY HALF OF THE EMPLOYEES, THESE ARE EMPLOYEES WHO WORK IN THE HEALTH SYSTEM, HAD REPORTED EXPERIENCING AT LEAST ONE SYMPTOM RELATED TO BURNOUT. 5% MAY SOUND LOW. BUT IF YOU THINK ABOUT THE OTHER HALF AS BEING POTENTIALLY MOVING ON TO THAT LEVEL IT IS PRETTY SCARY. WE ALSO LEARNED THE PERSISTENT GAP BETWEEN PHYSICIANS AND NURSES ON BURNOUT HAS WIDENED. THIS IS AN IMPORTANT REMINDER IF WE NEEDED IT THAT BURNOUT IS HARDLY LIMITED TO PHYSICIANS AND IT REAFFIRMS THE INCREDIBLE ROLE NURSES HAVE PLAYED THROUGHOUT THE PANDEMIC AND CAUTIONS US ABOUT THE FUTURE. PRIOR TO THE PANDEMIC, ACCORDING TO A 2019 REPORT, 54% OF NURSES IN THIS COUNTRY SAID THEY HAVE EXPERIENCED BURNOUT. AND TODAY, GIVEN ESTIMATED RETIREMENT NUMBERS, WE WILL BE SHORT ABOUT A MILLION NURSES BY THE END OF 2022. CAN YOU IMAGINE IF WE HAD BEEN SHORT 1 MILLION NURSES IN MARCH OF 2020? IT'S BEYOND OUR CAPABILITY. AT THE VA THE SECRETARY HAS MADE THE WELL-BEING OF THE VA EMPLOYEES A TOP PRIORITY. IN FEBRUARY HE ANNOUNCED A 10 POINT INFRASTRUCTURE PLAN TO MAKE EVERY VA JOB A GOOD JOB. SO THAT EVERY VA EMPLOYEE IS EMPOWERED TO PROVIDE VETERANS WITH WORLD-CLASS HEALTHCARE. MANY ASPECTS OF THAT PLAN, AS WELL AS SEVERAL OF OUR OWN INITIATIVES AND PROGRAMS, DIRECTLY ALIGNED WITH THE ACTION PLAN. FOR EXAMPLE, STEP SEVEN OF THE SECRETARIES PLAN FOCUSES DIRECTLY ON SUPPORTING EMPLOYEE WELLNESS AND REDUCING BURNOUT- AND LED TO A NEW EMPLOYEE TASK FORCE. MY AWESOME COLLEAGUE IS HERE. ONE OF THE LEADERS OF SOMETHING CALLED, REBOOT. REDUCING EMPLOYEE BURNOUT AND OPTIMIZING ORGANIZATIONAL THRIVING. HIS ABILITY TO INSPIRE MEANS THAT ACROSS OUR SYSTEM I CAN'T EVEN TELL YOU HOW MANY EMPLOYEES BELIEVE THAT THEY ARE LEADERS IN THIS MOVEMENT FOR OUR SYSTEM. AND THEY ARE. THEY HAVE BEEN LOOKING AT THINGS LIKE, HOW DO WE IMPROVE WORKING CONDITIONS? HOW DO WE PROMOTE WORKLIFE



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

BALANCE? HOW DO WE INCREASE FLEXIBILITY AMONG OTHER KEY CONSIDERATIONS? WE HAVE SEEN AN ENORMOUSLY POSITIVE RESPONSE TO THAT. WE HAVE ALSO BEEN FOCUSING ON TOOLS THAT WE CAN DEPLOY RIGHT NOW. AND HELP EMPLOYEES AND VETERANS. WE HAVE AN EMPLOYEE WEBSITE WITH MANY RESOURCES, INCLUDING ABSENT VIDEOS TO HELP BOTH EMPLOYEES AND VETERANS TAKE CARE OF THEMSELVES. ONE OF THEM IS A COLLECTION OF VIDEOS WHICH FOCUSES ON YOGA, MINDFULNESS, TAI CHI, ACUPRESSURE FOR LOW BACK PAIN, AND SO FORTH. ANOTHER SECTION. THIS IS ONE OF MY PERSONAL FAVORITES. IT'S CALLED, VALUE AND APPRECIATIONS. IT INCLUDES A SPECIALIZED EMAIL LESSON. IT'S QUITE A LOVELY FEELING TO GET ONE OF THESE VA GRATITUDE MESSAGES. THE HASHTAG IS VA GRATITUDE FOR SUPERVISORS AND EMPLOYEES TO SEND TO ONE ANOTHER. IN ADDITION TO THAT ALL OF US HAVE SEEN HOW DRAMATICALLY AND INCREDIBLY THE HEALTHCARE SYSTEM RESPONDED TO THIS PANDEMIC. LIKE A LIGHT SWITCH. WE WENT FROM OUR USUAL BUSINESS TO FIGURING OUT HOW TO PROTECT PATIENTS, HOW TO PROTECT EMPLOYEES. FOR A VARIETY OF REASONS DID A VERY GOOD JOB. WE WONDER WHAT HAPPENS NEXT WHEN WE GET TO WHAT IS CALLED THE PANDEMIC PHASE. SOME OF OUR INNOVATION CALLINGS ARE REIMAGINING OF VETERAN HEALTH. THEY ARE USING A HUMAN CENTERED DESIGN APPROACH WITH EMPLOYEES AND VETERANS TO TRY TO ENVISION HOW WE TRANSFORM POST PANDEMIC. NUMBER THREE SAYS IT ALL. TAKE CARE OF US AS WE TAKE CARE OF VETERANS. THAT IS A MESSAGE THAT I THINK WE NEED TO FOOT STOP AND ARTICULATE CLEARLY TO THE PUBLIC, EMPHASIZING VIVEK MURTHY'S POINT. AS WE LOOK FORWARD TO THE NATIONAL PLAN RELEASE, I WANT TO MAKE TWO CONSIDERATIONS KNOWN. AS WE SEEK TO STRENGTHEN OUR HEALTHCARE WORKFORCE I BELIEVE WE HAVE TO REALLY EXPAND OUR DEFINITION OF THAT TERM. FOR THE VETERANS HEALTH ADMINISTRATION THIS IS EVERYONE- IT BRINGS NEW MEANING TO A TEAM SPORT-- IF WE EVER FORGOT THAT, THE PAST TWO AND HALF YEARS HAVE REALLY REMINDED THAT. SECOND, AND TO REALLY EMPHASIZE THE POINT THAT VICTOR AND DARRELL MADE EARLIER, WE CAN NEVER UNDERESTIMATE THE POWER OF PARTNERSHIP WHEN IT COMES TO ACHIEVING HIGH-PRIORITY GOALS. WE ARE BEYOND APPRECIATIVE OF THE 200+ ORGANIZATIONS THAT HAVE PARTICIPATED IN THE DEVELOPMENT OF THE PLAN. I WANT TO MAKE A SPECIAL SHOUT OUT TO CATHERINE, CHARLIE, AND KIMBER. I DON'T HAVE WORDS FOR THE EXCITEMENT OF EVERYONE ORCHESTRATED TO CONVERGE ON ONE GOAL. THE VA STANDS WITH YOU TO HELP SPARK AND BUILD THAT NATIONAL MOVEMENT FOR WORKFORCE WELL-BEING. THANK YOU FOR INVITING ME TO JOIN YOU TODAY. NOW IT IS MY GREAT HONOR TO INTRODUCE DR. RACHEL VILLANUEVA. SHE IS THE 122ND PRESIDENT OF THE NATIONAL MEDICAL ASSOCIATION AND A CLINICAL ASSISTANT PROFESSOR OF GYNECOLOGY AT THE NYU SCHOOL OF MEDICINE.



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

RACHEL VILLANUEVA, MD, FACOG, 122nd President, National Medical Association

GOOD MORNING. THANK YOU, CAROLYN. THANK YOU FOR THE OPPORTUNITY TO SPEAK. I WANT TO FIRST THINK THE COCHAIRS OF OUR COLLABORATIVE FOR LEADING THIS. I HAVE COME LATE TO THIS PROJECT, ABOUT A YEAR IN I THINK. IT HAS BEEN AN INCREDIBLE EXPERIENCE AND REALLY SOMETHING THAT IS A PART OF OUR ASSOCIATION NOW. WE WERE BORN IN 1895 OUT OF THE NEEDS OF AFRICAN AMERICAN PHYSICIANS AND PATIENTS. I ALSO WANT TO RECOGNIZE ONE OF OUR PAST PRESIDENTS, DR. EDITH MITCHELL. A LONGTIME MEMBER HERE AND AN ACTIVE PARTICIPANT. -- OUT OF THE NEEDS OF AFRICAN-AMERICANS AND PATIENTS THAT WERE SUBJECTED TO DISCRIMINATORY PRACTICES THAT STILL IMPACT OUR HEALTHCARE SYSTEM TODAY. WE NOT ONLY REPRESENT THE INTEREST OF THOSE BLACK PATIENTS AND PHYSICIANS BUT ALSO ALL OF THE UNDERSERVED AND UNDER RESOURCED INDIVIDUALS IN OUR SOCIETY. WHILE THE ISSUES OF WORKER WELL-BEING AND BURNOUT PREDATED THE PANDEMIC, THE PANDEMIC HAS FORCED THE URGENCY OF THIS SITUATION. SPECIFICALLY THE PANDEMIC DISPROPORTIONATELY IMPACTED WORKERS OF COLOR. BOTH PROFESSIONALLY AND PERSONALLY. THEIR COMMUNITIES WERE DISPROPORTIONATELY IMPACTED BY DEATH IN NUMBERS. WHILE ALL OF THE PRIORITY AREAS OF THE NATIONAL PLAN, WHICH IS A TRULY INCREDIBLE PLAN, ARE CRUCIAL TO THE OVERALL WELL-BEING. I'M GOING TO HIGHLIGHT A FEW THAT I THINK ARE IMPACTFUL AS FAR AS ALIGNING WITH THE MISSION AND THE ORGANIZATION GOALS OF THE NATIONAL MEDICAL ASSOCIATION. RECRUITMENT AND RETENTION OF A DIVERSE AND INCLUSIVE HEALTH WORKFORCE. CREATING AND SUSTAINING POSITIVE LEARNING ENVIRONMENT AND CULTURE. SUPPORT OF MENTAL HEALTH AND REDUCING STIGMA. AS WE UNFORTUNATELY ALREADY KNOW ONLY 5% OF PHYSICIANS ARE AFRICAN-AMERICANS. OUR PHYSICIANS DISPROPORTIONATELY WORK IN COMMUNITIES THAT ARE UNDERSERVED AND RESOURCE. OUR PROVIDERS OF COLOR PROVIDE CARE IN THOSE CARE DESERTS, AND THOSE RURAL AREAS, IN THOSE PLACES THAT DON'T NECESSARILY ALWAYS HAVE GREAT ACCESS TO CARE. WE KNOW THAT IMPROVING HEALTH OUTCOMES COMES WITH IMPROVING THAT WORKFORCE. RESEARCH HAS ALWAYS SUPPORTED IMPROVING DIVERSITY OF MEDICINE, HEALTHCARE DELIVERY IN OUR EDUCATIONAL SYSTEMS, AND IMPROVING CULTURAL COMPETENCY. ADDRESSING SHORTAGES AND INCREASING RESEARCH AND EXPANDING LEADERSHIP AND MENTORSHIP AS WELL. SO WE UNDERSTAND THAT PHYSICIAN BURNOUTS AND SHORTAGES WILL DISPROPORTIONATELY IMPACT RURAL COMMUNITIES AND COMMUNITIES OF COLOR, EXACERBATING THE ALREADY EXISTING DISPARITIES. AND WE RECOGNIZE ALSO THAT THE HEALTH ECOSYSTEM IS NOT JUST PHYSICIANS AND NURSES. IT REALLY COMPRISES A WHOLE HOST OF HEALTHCARE WORKERS THAT KEEP THE SYSTEM ALIVE AND WORKING. MANY OF THOSE COME FROM MARGINALIZED COMMUNITIES. THE INTENTIONALITY OF THIS NATIONAL PLAN IN CULTIVATING A DIVERSE, EQUITABLE, AND INCLUSIVE PLAN FOR THE WHOLE OF THE WORKFORCE, AND NOT JUST PHYSICIANS AND NURSES, SPEAKS TO THE HEART. IT'S NOT JUST THE HEALTHCARE SYSTEM BUT INVESTING IN EDUCATIONAL PROGRAMS. PATHWAY PROGRAMS TO HEALTHCARE OPPORTUNITIES AND CAREERS. IMMUNITY PARTNERSHIPS. AND RECOGNIZING THAT THE SOCIAL DETERMINANTS OF HEALTH DON'T ONLY IMPACT OUR PATIENTS BUT ACTUALLY IMPACT THE HEALTHCARE WORKERS AS WELL AND THEIR ABILITY TO REACH OPTIMUM POTENTIAL. THE PLAN TAKES A GLOBAL UNDERSTANDING OF THE NEEDS OF THE WORKFORCE AND INCORPORATES THOSE UNRECOGNIZED AND OFTEN FORGOTTEN WORKERS OF COLOR THAT SUPPORT THE SYSTEM. STRUCTURAL RACISM AND BIAS STILL PERMEATE OUR HEALTHCARE SYSTEM, AFFECTING HEALTHCARE OUTCOMES AND EXACERBATING INEQUITIES. OUR HEALTHCARE WORKERS SIMILARLY SUFFER NEGATIVELY IN THEIR EDUCATION TRAINING AND WORKPLACE ENVIRONMENTS.



National Academy of Medicine

Action Collaborative on Clinician Well-Being and Resilience

UNFORTUNATELY RACISM IS EMBEDDED IN OUR HEALTHCARE AND EDUCATIONAL SYSTEMS. WE CAN NO LONGER DENY THAT THOSE THAT WORK WITHIN IT ARE NOT SUBJECTED TO THE ILL EFFECTS OF IT. MEDICAL STUDENTS RECOGNIZE RACE AS A SIGNIFICANT CONTRIBUTOR TO STRESS DURING THEIR EDUCATION. MINORITY PHYSICIANS EXPERIENCE WORKPLACE HARASSMENT BY BOTH PATIENTS AND SUPERIORS. THERE IS IMPLICIT BIAS OVER RACISM. STEREOTYPING AND MICRO AGGRESSIONS. ALL THINGS THAT LEAD TO FEELINGS OF SELF-DOUBT AND ISOLATION FOR THOSE INDIVIDUALS AFFECTING CAREER AND WORK SATISFACTION, EXACERBATING STRESS, AND LEADING TO INCREASED BURNOUT AND COMPROMISING MENTAL HEALTH. BUT THE NATIONAL PLAN, IMPORTANTLY AND ADEPTLY, TACKLES THESE VERY SENSITIVE ISSUES AND EXPERIENCES BY PRIORITIZING A HEALTHY WORK ENVIRONMENT AND CULTURE. EMPHASIS IS NOT ONLY PLACED ON RECRUITMENT OF A DIVERSE ENVIRONMENT, BUT THE RETENTION OF IT AS WELL. TURNOVER. MENTORSHIP. CREATING MECHANISMS TO ADDRESS DISCRIMINATORY BEHAVIORS. CULTURAL TRAINING. NOT ONLY CREATING A CULTURE THAT IS DIVERSE BUT INCLUSIVE. SPECIFICALLY SUPPORTING MENTAL HEALTH AND REDUCING STIGMA IS CRUCIAL TO HEALTHCARE WELL-BEING, PLAYS A SIGNIFICANT ROLE IN COMMUNITIES OF COLOR WHERE STIGMA IS DEEPLY SEATED IN CULTURE. SEEKING MENTAL SUPPORT IN THE BLACK COMMUNITY IS OFTEN SEEN AS WEAKNESS. WHILE PEOPLE OF COLOR EXPERIENCE HEALTHCARE STRUGGLES, MENTAL HEALTH CARE STRUGGLES, AND SIMILAR PROPORTION TO THE GENERAL POPULATION, WE DON'T SEEK OR OBTAIN TREATMENT IN SIMILAR NUMBERS. ABOUT ONLY ONE THIRD OF US SEEK THE TREATMENT THAT WE NEED. SOME BARRIERS INCLUDE, IN ADDITION TO STIGMA, INCLUDE A LACK OF DIVERSITY OF PROVIDERS, INSURANCE ISSUES, AND RACISM. AS A PLANNED PRIORITY THE IMPORTANCE OF NORMALIZING MENTAL HEALTH STRUGGLES, NORMALIZING THE SEEKING OF ASSISTANCE AND CARE IS ESPECIALLY IMPORTANT IN COMMUNITIES OF COLOR AND WILL BE IN TROUBLE TO DEVELOPING OPTIMAL HEALTH FOR ALL. AS A FRAMEWORK THE PLAN IS A LIVING AND BREATHING DOCUMENT. IT DOES NOT PLACE THE ONUS ON WORKER WELL-BEING IN ONE PARTICULAR ORGANIZATION, LEADER, OR ACTOR. IT REQUIRES THE WHOLE SYSTEM. EVERY PRIORITY AREA NEEDS A COMPREHENSIVE PLAN, INCLUDING ALL ACTORS. WE RECOGNIZE THAT THESE ISSUES THAT WE ARE DEALING WITH ARE DEEPLY ENTRENCHED IN OUR SOCIETY AND HEALTHCARE SYSTEM AND CHANGE WILL NOT BE IMMEDIATE. WE ARE PROUD TO BE A MEMBER OF THE STEERING COMMITTEE AND ARE PROUD TO PARTICIPATE. WE WILL HIGHLIGHT THE NATIONAL PLAN DURING ONE OF OUR SIGNATURE PLANNER IS, WHICH IS TITLED, SURVIVING AS A BLACK PHYSICIAN. WELL-BEING, RESILIENCE, AND VIABILITY. IT WILL ALSO ADDRESS SYSTEMIC RACIST ATTACKS BY BOARDS THAT HAVE BEEN FACED BY RECENT PHYSICIANS. INCREASINGLY FACED BY PHYSICIANS. ORGANIZATIONALLY WE ARE COMMITTED TO A CORPORATION OF ADDRESSING WELLNESS AND BURNOUT IN OUR UPCOMING STRATEGIC AGENDA. MOREOVER, THE NMA WILL REMAIN COMMITTED TO THE SUCCESS OF THIS ONGOING WORK ADDRESSING EXPENSES AND STRATEGIES TO IMPROVE THE WELL-BEING OF OUR HEALTHCARE SYSTEM AND OUR WORKFORCE. BUT FOR CULTURAL RESPECT AND HUMILITY TO IDENTIFY UNIQUE EXPERIENCES OF MARGINALIZED POPULATIONS WITHIN THAT HEALTHCARE SYSTEM. THAT'S WHEN WE WILL HAVE A TRULY COMPREHENSIVE NATIONAL PLAN THAT WILL PROMOTE A POSITIVE, INCLUSIVE WORK ENVIRONMENT. THAT WILL PROVIDE THE CULTURAL SHIFT IN OUR HEALTHCARE SYSTEM. NOT ONLY TO BENEFIT THE PATIENTS THAT WE SERVE BUT THE WELL-BEING AND LONGEVITY OF THE INDIVIDUALS THAT WORK WITHIN IT. THANK YOU SO MUCH.