TOM NASCA: Good morning in Washington and across the country. I do have the privilege of serving as the cochair of the action collaborative along with the others. This is more than six your effort and built to a crescendo and are called action in a national movement to enhance and protect clinician well-being and resilience and all with the ultimate goal of enhancement and protection of the well-being of our patients who we all promise to serve. Pre-pandemic burdens placed on those who provide care and the impact of those burdens on their well-being have been magnified during this pandemic and all of those involved in providing or supporting patient care especially during the COVID-19 pandemic deserve honor and respect and I can think of no greater demonstration of gratitude of the collective efforts the martial the collective will and expertise of academia government and the institutions of our professions, healthcare providers, information systems and system scientists in pursuit of regulatory infrastructure, policy and cultural change required to enhance and protect the well-being of the healthcare workforce and patients. Last June the collaborative heard from three of many groups and individuals actively engaged in this important work. I will highlight that the President of the American nurses Association shared his organizations efforts which included efforts to measure nurse burnout at a national level to reach out to nurses with educational tools and information related to the impact of the pandemic on nurse well-being and reduce the stigma and licensing barriers associated with seeking psychologic support and he spoke passionately about the efforts of the profession to enhance diversity in the workforce to more effectively meet the needs of those we serve and closed with a call for all of us to work together to support a healthy workforce it order to meet the needs of our patients. Jeffrey Woods, a second year medical student brought us the perspectives of our future clinicians and brought the energy and clear vision of one coming to the profession after a career of service and well-being and resilience and the Arctic related the desires he shared with all students and health professions to serve others and the pressures brought about by the environment where they learned and performed their professional identities and he spoke passionately about the need to seek diversity in the workforce in order to serve a need for a diverse population and he spoke with gratitude and encouragement for the efforts of the action collaborative to enhance the clinical learning environment. These are just two examples of individuals and organizational efforts toward achievement of workforce well-being and joining us together by video are luminaries not only supportive of this effort but actively seeking solutions to these challenges and the first speaker you will see the video is David Rew the chief medical officer and vice president for healthcare at Microsoft. The second speaker is a former NASA aerospace engineer and now patient advocate for the rescue long society. The third to appear is Jessica Ehrlich, director of the IH I. Together they provide an energizing commitment to our shared future. If we could have the video.

Video Remarks by Andrea Borondy Kitts, Jessica Perlo, and David Rhew

>> I am the global chief medical officer for Microsoft, a physician, technologist and health services researcher and have spent the past 25 years studying how technology improves health outcomes with
access to care and quality care, patient safety and finding ways we can improve the experience for patients and providers.

Hello my name is Andrea a retired aerospace engineer turned patient advocate after losing my husband the lung cancer.

My name is Jessica Furlow, joining you from Institute for healthcare improvement and we are a quality and safety organization and there is no bigger threat than the well-being of her workforce.

We all know that healthcare doesn't work without clinicians and unfortunately our clinicians are leaving the practice at an alarming rate and they are burned out and overworked and frustrated, angry, underappreciated. Technology has helped us to digitize the medical records and also helped us improve communications between patients and providers. Now is the time for us to refocus efforts to let technology work better for clinicians and we need technology to help decrease the administrative workloads that patients face on a daily basis to just documenting into the health record filling out paperwork.

Patient advocates and advocacy organizations need to help raise awareness with the general public about the national plan for health worker well-being. We also need to participate in implementing the national plan elements. Providing input from a patient perspective, especially in the areas of addressing compliance and regulatory and policy barriers. Also in design of effective technology tools.

We have been committed to this journey from the start by participating in the collaborative and participating in leadership and harnessing to offer methods to reconnect the workforce to our values and bring a greater sense of joy and purpose. This year we have three exciting new commitments underway in alignment with this plan. The first is partnership with George Washington University, the work place change collaborative and this is a center focused on supporting the 44 health and public safety workforce and training grantees in their efforts to promote wellness, reduce burnout, and create better work and learning environments. This three-year endeavor was made possible and it is the first of its kind and for the collaborative it involves running a breakthrough series collaborative to support grantees success and we are also contributing to burnout and supporting entities that improve the field's understanding of the importance of system-level changes and also ultimately aiming to make an impact in the workforce and commitment is we are offering the spring and this course is for existing and emerging leaders of all disciplines and professions who are supporting this in their organizations. If focused on this offering a quality improvement and solutions focused lens to building trust and getting results from workforce well-being and finally this year we will be launching a national initiative on equity. They are co-launching this national initiative that brings together multiple sectors and partners with a shared vision to transform the healthcare ecosystem and it includes the American Hospital Association and a growing number of community equity and healthcare organizations and we envision a world in which all people particularly historically marginalized people have the power of conditions and resources to achieve optimal health and well-being.

In terms of the impact that this plan will make for our field and healthcare workers the Academy of medicine and of the national plan provides an overview and strategies to address this issue including tech knowledge he as well as non-technology projects. It is my hope that this will provide the framework
for how we address this pressing and complex issue. It is up to all of us including my colleagues in the tech industry to work together to help solve these problems.

>> This plan with the passage of the Dr. Lorna Breen Health Care Provider Protection Act and the advisory have started a new movement.

>> We also need to join with other stakeholders and advocating for regulatory and policy changes to help reduce barriers for health workers as these also have a big impact. We need to make sure that the public remembers the heroic efforts of health workers during the pandemic to provide care for patients with sacrifices and risks to their own lives and families. We need to help the public understand that their health and safety depends on having healthcare professionals who are healthy and well cared for so they can provide the best care to their patients. We are in the middle of a crisis, a health care workforce crisis and we have to act with the same level of emergency as we have with other crises through inundation, collaboration and a renewed folk this to help the clinicians we can overcome this.

>> I am imagining a world where neither healthcare workers or patients have to advocate these processes. It is a world where prior authorization is limited to the few situations where it is needed for patient safety instead of institutional billing in profits and a world where in person and virtual care are reimbursed, easy to schedule and intuitive to use. I want a world where clinicians can ascribe appropriate services to address the social determinants of health leading to better outcomes. And a world or world where they can sit down and talk to patients and I imagine a world where individuals of all colors and backgrounds are represented in the healthcare world and where each patient is able to find somebody who understands them and makes them feel comfortable during the most vulnerable times and that is a world they want to live in and help make.

We invite all of you to join us in this commitment and they are for all disciplines and possessions and now is the time for collective action.

Call to Action

Tom Nasca

TOM NASCA: And I asked that all of us recognize the realities to do her own part to commit to the vision of the national movement and make it a reality. We must commit to build systems of care and leadership in those systems that nurture a culture that supports and strengthens our well-being. This is essential not only for the well-being of her workforce but essential in order to bring our whole selves to the care of patients we pledge to serve and prepare the next generation of caregivers to live a life of fulfillment and meaning. Change can happen and while individual effort and courage and humility are required, this work can only be accomplished through teamwork, partnership and collaboration in many dimensions as you heard in earlier presentations. An equal or perhaps more important thing is we need teamwork and collaboration throughout each side of care whether a large institution or practice or individual provider practice and most of all we need personal commitment to do the right things for the right reason even when it doesn’t appear to be in her own self-interest and in order to achieve the infrastructure and systems, policy and ultimately the culture that supports the well-being of all involved in supporting and caring for the health and well-being of our society. I encourage to be involved and stay involved in this effort and the task is large, the journey large and the benefits are incalculable so now it's
my privilege to turn the meeting back over to my colleague and friend for his closing remarks, Dr. Victor Dzau. [Applause]