

NATIONAL PLAN for health workforce well-being



National Plan Public Launch Event
October 3, 2022



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Taking Collective Action for the Nation's Health

The National Plan's vision is that patients are cared for by a health workforce that is thriving in an environment that fosters their well-being as they improve population health, enhance the care experience, reduce costs, and advance health equity, therefore achieving the quintuple aim.



Adapted from "10 Key Elements to Create a Social Movement to Spread Change on a Massive Scale" by Seth Kahan (seth@visionaryleadership.com)

NATIONAL PLAN for health workforce well-being



Communicate Widely

Activate Change Makers

Inspire Advocacy



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

National Plan for Health Workforce Well-Being



- Led by 14 Steering Committee members representing the health care ecosystem
- Considered nearly 2,000 comments from the public
- Peer reviewed by multidisciplinary experts
- Now available for download:
nam.edu/NationalPlan



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Priority Areas in the NAM National Plan

- 1. Create and sustain positive work and learning environments and culture.**
- 2. Invest in measurement, assessment, strategies, and research.**
- 3. Support mental health and reduce stigma.**
- 4. Address compliance, regulatory, and policy barriers for daily work.**
- 5. Engage effective technology tools.**
- 6. Institutionalize well-being as a long-term value.**
- 7. Recruit and retain a diverse and inclusive health workforce.**



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Actor Groups in the NAM National Plan



Academic Institutions, Clinical Training Programs & Accreditation Bodies



Federal, State & Local Governments



Health IT Companies



Health Systems



Health Workers



Insurers & Payers



Media & Communications



Patients



Private & Non-Profit Organizations



Professional & Specialty Societies







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Using the National Plan

Priority Area: Create and sustain positive work and learning environments and culture.			
Goal 1	Culture of well-being is integrated into program operations, human resource management, services, and curricula.		
Actors		Academic Institutions, Clinical Training Programs, and Accreditation Bodies	Actions
		Health Systems	
		Health Workers	
		Insurers and Payers	
			1A. Instill approaches to decrease workplace stress and burn-out, and improve health worker and learner well-being in strategic plans, organizational values, and human resources policies and procedures.
			1B. Implement well-being onboarding programs for students as they enter health professions schools to build coping and resiliency skills.
			1C. Provide training opportunities for faculty to help integrate well-being into programming.
			1D. Set reasonable productivity expectations and provide adequate resources to support expectations.

Mobilizing Evidence for a National Movement on Health Worker Well-Being

Christine Cassel, MD,
Professor of Medicine, University of California, San Francisco

Vivek H. Murthy, MD, MBA (*Collaborative Co-Chair*)
21st Surgeon General, U.S. Department of Health and Human Services

Darrell G. Kirch, MD (*Collaborative Co-Chair*)
President Emeritus, Association of American Medical Colleges


Moderator: Christine Sinsky, MD
Vice President, Professional Satisfaction, American Medical Association



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Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being



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ENGINEERING
MEDICINE



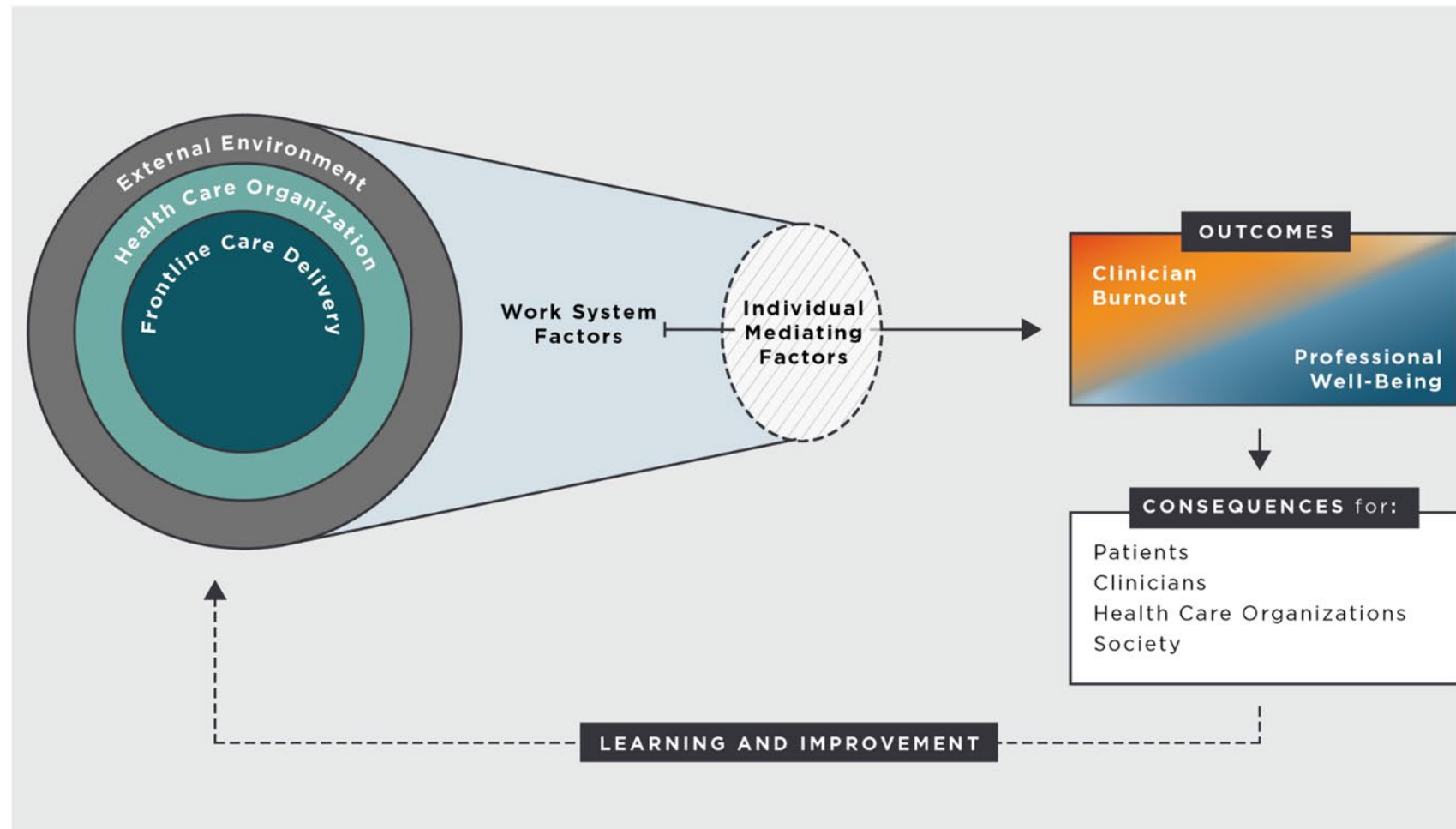
Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being


Study Charge

- Examine the evidence regarding the **causes of clinician burnout and the consequences** for clinicians and patients
- Examine components of **clinical training and the work environment** that can contribute to clinician burnout
- Identify **systems interventions, tools and approaches** to support clinician well-being
- Propose a **research agenda** to improve the knowledge base



A SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING





6 Goals to Reduce Burnout and Foster Professional Well-Being

Goal 1 Create Positive Work Environments

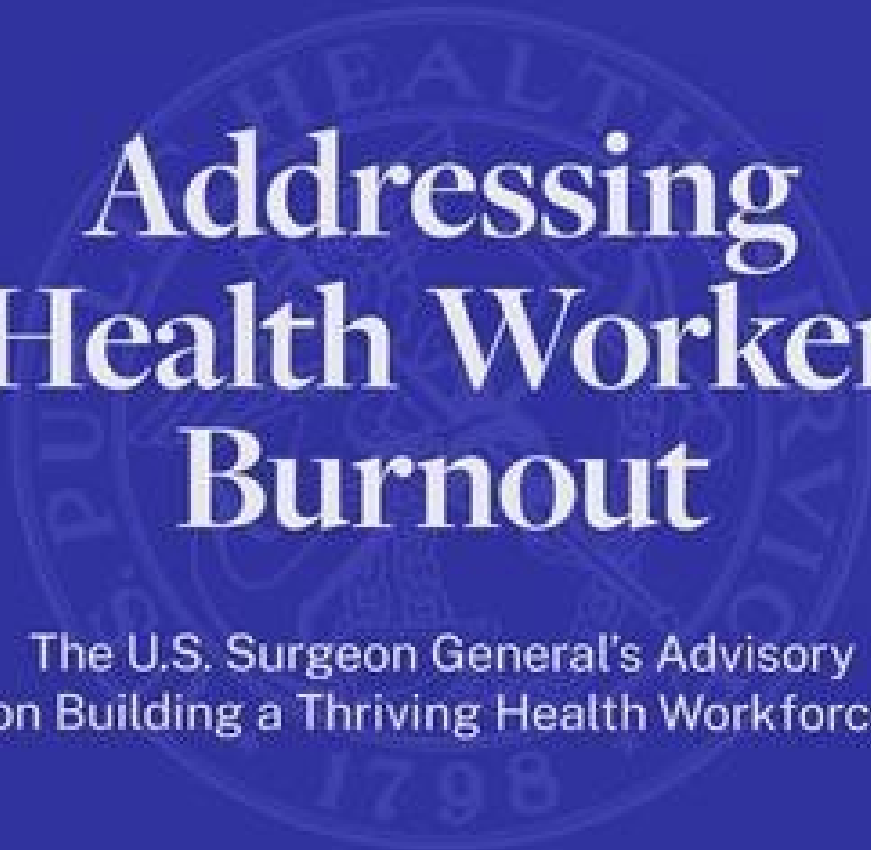
Goal 2 Create Positive Learning Environments

Goal 3 Reduce Administrative Burden

Goal 4 Enable Technology Solutions

Goal 5 Provide support to Clinicians & Learners

Goal 6 Invest in Research







Addressing Health Worker Burnout

The U.S. Surgeon General's Advisory
on Building a Thriving Health Workforce









2022

Priority Area 1: Create and sustain positive work and learning environments and culture

Goal 1	Culture of well-being is integrated into program operations, human resource management, services, and curricula.		
Actors	 Academic Institutions, Clinical Training Programs, and Accreditation Bodies	Actions	1A. Instill approaches to decrease workplace stress and burn-out, and improve health worker and learner well-being in strategic plans, organizational values, and human resources policies and procedures.
	 Health Systems		1B. Implement well-being onboarding programs for students as they enter health professions schools to build coping and resiliency skills.
	 Health Workers		1C. Provide training opportunities for faculty to help integrate well-being into programming.
	 Insurers and Payers		1D. Set reasonable productivity expectations and provide adequate resources to support expectations.

Priority Area 2: Invest in measurement, assessment, strategies, and research










Goal 2	A national commitment is made to invest in research, strategies, and partnerships to improve health worker and learner well-being.
Actors	 Academic Institutions, Clinical Training Programs, and Accreditation Bodies
	 Federal, State, and Local Governments
	 Health Information Technology (IT) Companies
	 Health Systems
	 Health Workers
	 Insurers and Payers
	 Private and Non-Profit Organizations
	 Professional and Specialty Societies

**ALL NEED TO
INVEST!**

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Priority Area 3: Support mental health and reduce stigma

Goal 3	Stigma and barriers are reduced for health workers and learners to disclose mental health issues and utilize mental health services.		
Actors		Academic Institutions, Clinical Training Programs, and Accreditation Bodies	Actions
		Federal, State, and Local Governments	
		Health Systems	
		Health Workers	
		Media and Communications	
		Private and Non-Profit Organizations	3A. Increase awareness of mental health issues and services through routine communications, such as rounds or regularly scheduled meetings, and other dissemination efforts. 3B. Develop policies and exemplar practices regarding requirements for privileging and credentialing in health care delivery organizations. 3C. Convene state licensing and certification boards to accelerate appropriate changes to mental health reporting requirements, reduce stigma, and normalize the process for health workers to seek help for workplace-related stresses. 3D. Educate the public and health workforce about the benefits of mentally healthy workers.
		Professional and Specialty Societies	









Priority Area 4: Address compliance, regulatory, and policy barriers for daily work



Goal 3	Prior authorization requirements are reimagined in a manner that places a focus on supporting quality patient care while also reducing unnecessary burden on health workers.			
Actors		Academic Institutions, Clinical Training Programs, and Accreditation Bodies	Actions	3A. Eliminate prior authorization requirements if validated clinical decision support tools are used.
		Federal, State, and Local Governments		3B. Reduce the volume of prior authorizations needed and increase transparency requirements.
		Health Information Technology (IT) Companies		3C. Standardize the prior authorization process with a single workflow so that payers can respond within fixed and defined timelines.
		Health Systems		3D. Increase automation when appropriate and deploy health IT to ensure timely care for patients.
		Insurers and Payers		3E. Create rules and regulations that are general and as inclusive as possible. If exclusions are required, ensure they are limited and as specific as possible.

Priority Area 5: Engage effective technology tools








Goal 1	Health IT is user friendly and affordable, and meets standards co-designed with users .		
Actors	 Academic Institutions, Clinical Training Programs, and Accreditation Bodies	Actions	
	 Federal, State, and Local Governments		
	 Health Information Technology (IT) Companies		1A. Promote necessary interactions of stakeholders to design and improve documentation systems and leverage better technology solutions that are health-oriented and human-centered.
	 Health Systems		1B. Conduct research on how to develop and apply health IT that supports health workers in care delivery, including pre-vention services and contact tracing.
	 Health Workers		1C. Define standards for all health technologies to be clinically useful and accurate. Include standards for the following domains: usability/user experience before and after implementation of technology, degree of cognitive load, and degree of clinical decision-making support.
	 Insurers and Payers		1D. Create market advantages for producing technologies that are human-centered and highly user friendly .
	 Patients		
	 Private and Non-Profit Organizations		

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Priority Area 6: Institutionalize well-being as a long term value



Goal 1	Health worker and learner well-being are prioritized and reflected in, and operationalized, in strategic plans and core values.	
Actors		Academic Institutions, Clinical Training Programs, and Accreditation Bodies
		Federal, State, and Local Government
		Health Systems
		Health Workers
		Insurers and Payers
Actions		1A. Define the organization's ideal future state, guided by a culture that institutionalizes well-being as a core value.
		1B. Communicate that health worker well-being is essential for safe, high-quality patient care.
		1C. Commit to infrastructure, resources, accountability, and a culture that supports well-being.
		1D. Ensure a systems approach for appropriate work system redesign and implementation.
		1E. Provide training for health workers and learners that offers interactive, engaging formats that build communication and collaboration and goes beyond mandatory e-learning.
		1F. Provide coverage and compensation for direct care workers to engage in meetings and other decision-making forums.
		1G. Develop hybrid work policies to enable health workers to complete their work from home.
		1H. Plan for sufficient reserves of personal protective equipment (PPE) and other resources in preparation for future emergencies.

Priority Area 7: Recruit and retain a diverse and inclusive health workforce



Goal 1	The size and composition of the health workforce reflects the demand and diversity of the U.S. population.	
Actors		Academic Institutions, Clinical Training Programs, and Accreditation Bodies
		Federal, State, and Local Governments
		Health Systems
	1A. Train, hire, and retain people from underrepresented and marginalized communities in health care and public health (see actions to support diverse, equitable, accessible, and inclusive settings in Chapter 1).	
	1B. Provide debt relief opportunities for students and workers through employer programs and expanded eligibility for loan forgiveness.	

Actions

- 1C. Invest in educational pathways and programs such as:
 - pipeline programs and partnerships among high schools, technical schools, and universities to allow emergency medical technicians, certified nursing assistants, and armed forces medics to apply work hours toward clinical professions;
 - targeted scholarships or tuition support for nursing students or nursing educators to increase workforce numbers; and
 - onsite graduate school and professional development programs to retain experienced nurses.
- 1D. Allow extensions to residency cap-building periods for new graduate medical education programs to address recruitment, resource availability, and program operations.
- 1E. Fund graduate nurse education programs to address significant worker shortages across the health system.
- 1F. Expand and scale support for a national Reserve Nurse Training Corps using the military's Reserve Officers' Training Corps as a model, including undergraduate tuition payment and service commitment.
- 1G. Leverage the role of the U.S. Surgeon General to prioritize and communicate the significance of addressing health workforce well-being.

DISCUSSION

Christine Cassel, MD,
Professor of Medicine, University of California, San Francisco

Vivek H. Murthy, MD, MBA (*Collaborative Co-Chair*)
21st Surgeon General, U.S. Department of Health and Human Services

Darrell G. Kirch, MD (*Collaborative Co-Chair*)
President Emeritus, Association of American Medical Colleges

Moderator: Christine Sinsky, MD
Vice President, Professional Satisfaction, American Medical Association



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KEYNOTES

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Call to Action: National Commitments to Continue Building Momentum

Thomas J. Nasca, MD, MACP (*Collaborative Co-Chair*)

President and CEO, Accreditation Council for Graduate Medical Education

David Rhew, MD

Global Chief Medical Officer and Vice President of Healthcare, Microsoft

Andrea Borondy Kitts, MS, MPH

Patient Advocate, Rescue Lung Society

Jessica Perlo, MPH

Director, Institute Healthcare Improvement



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CLOSING REMARKS

Victor J. Dzau, MD (*Collaborative Co-Chair*)
President, National Academy of Medicine

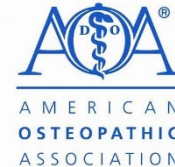


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Supporters of the National Plan



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Where Are We Going Next?



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**“Knowing is not enough; we must apply.
Willing is not enough; we must do.”
-GOETHE**

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