



NATIONAL  
ACADEMY  
of MEDICINE

# ***CHANGE MAKER IN ACTION SERIES***

**Pivoting with Purpose to Sustain Well-Being**

The NAM's *National Plan for Health Workforce Well-Being* is designed to achieve the “Quintuple Aim” of optimizing health system performance and patient outcomes. Focusing on improving provider well-being is a core objective of the Quintuple Aim, alongside improving population health, enhancing the patient care experience, reducing costs, and advancing health equity. Building a culture that supports health worker well-being helps ensure safe, high-quality health care delivery through times of change.

Sign up to be a  
Change Maker to prioritize  
health worker well-being  
at your organization:  
[nam.edu/ChangeMaker](https://nam.edu/ChangeMaker)

## KEY TAKEAWAYS & STRATEGIES

There will be seasons when it is more challenging to advance well-being initiatives, especially as executives seek to streamline individual efforts. However, this can be an opportunity to reinforce a systems approach by coalescing workstreams around the importance of improving patient outcomes, explicitly aligning with internal partners on shared missions, and leveraging existing infrastructure and resources. Maintaining flexibility when building partnerships is a key component of well-being work that successfully encompasses systems- and individual-level interventions.

### Link Well-Being Programs to Patient Outcomes

Striving for better patient outcomes is a mission that often explicitly unites health care executives and health workers. Organizations can benefit from approaching well-being with the level of rigor and prioritization applied to safety and quality because investments in health worker well-being enable the conditions that support safe care. Leading organizations are increasingly tracking the relationship between patient and provider metrics to better build the business case for investments in both patient safety and workforce well-being.

#### Real-world implementation examples:

- **Ambient documentation technology** is being piloted at ChristianaCare to assess its impact on communication. Preliminary data presented to internal review committees show improved patient experience scores related to communication after physicians in the trial began implementing the tool. These results, combined with measurable gains in efficiency and professional fulfillment, further strengthen the case for advancing the Quintuple Aim.
- Michigan Medicine is developing a **centralized dashboard to integrate and visualize data streams on key areas like patient satisfaction**, using AI and advanced analytics to connect insights that were previously siloed. A study on patient satisfaction with ambient documentation, including direct patient interviews, is ongoing.
- University of Utah Health relies on a **long-running flagship program called Patient Experience**, with a robust team, years of data, and operational experience that helped with refining their well-being program. Collaborations with the Patient Experience team were integral in setting up their well-being surveys and deciding which measures would be most useful to compare with existing employee experience data.

### Aim for Alignment over Addition

Aligning well-being programs with core organizational efforts can boost efficiency by creating shared infrastructure that would be valuable to all partners—and helps reinforce that well-being work is not an “extra” consideration. Well-being programs become sustainable as leaders align existing resources, develop trusted change agents, and make work design as much of a priority as clinical quality.



*We can amplify impact when we all come together to be force multipliers of one another. Our goal is to be more efficient, patient- and clinician-centered, and where we're not duplicating efforts.”*

ELIZABETH HARRY



*It takes all parts of our system working well to have the outcomes we want, and if we have a concern about a quality or safety issue, we should also be thinking about the people delivering that health care.”*

MAUREEN “MO” LEFFLER



*Partnership, partnership, partnership—you can't do this work alone, even if you have the biggest team in the world. Well-being has to be everybody's job who works at the organization.”*

AMY LOCKE

#### Real-world implementation examples:

- Michigan Medicine worked on creating a **collaborative “team of teams” approach** by exploring the relationship between vertical areas (departments or service lines focused on delivering care) and horizontal areas (shared services that support them), with the goal of identifying synergistic areas to amplify impact and areas to prevent duplication.
- University of Utah consolidated multiple surveys into a **single, comprehensive engagement and well-being survey** that was co-sponsored by multiple offices such as Human Resources, Faculty, Marketing and Communications, and received input from system leaders, patient experience, quality and safety, and other key partners.

# FINDING STRENGTH IN INTEGRATION & MULTIDISCIPLINARY PERSPECTIVES

NAM Change Makers reflected on the key roles, collaborative approaches, and personal qualities that strengthen the connections needed for successful well-being work. University of Utah Health and Michigan Medicine shared potential models that cater to varying levels of interest and familiarity with well-being.

## Connections Essential to the Success of Occupational Well-Being Work



### Decision-Maker Engagement

- Senior leaders and leader development
- Board and executive leadership
- Department and section leaders
- Departments with same perspective of focusing on well-being in policies and practices (Human Resources, Chaplaincy, Undergraduate and Graduate Medical Education, Faculty Affairs)



### Peer Networks

- Partners doing local well-being work or working on community resilience model
- External like-interest groups
- Employee buy-in & participation
- Frontline care teams
- Groups like the Clinician Well-Being Collaborative



### Personal Qualities

- Initiative to create spaces to collaborate, connect, and build community
- Robust self-awareness
- Being respected for the work you do
- Open-mindedness

### On developing a model for engaging well-being champions:

Many models are available but creating a more structured program helps ensure consistent, repeatable outcomes, especially as the program evolves and scales across an organization. Intentionally structuring initiatives also benefits non-physician health professionals, ensuring they aren't just participants, but leaders and co-designers.

*University of Utah Health has a **three-tiered well-being program.***

- **Tier 1:** Those who are interested in the topic can come to a full-day training, aimed at community building and information sharing. Participation does not require a formal commitment.
- **Tier 2:** A Facilitator Training helps participants and their existing work teams choose a project aimed at improving occupational well-being. They are celebrated with a poster session at the end of each year.
- **Tier 3:** A structured curriculum outlines roles and responsibilities for leaders whose job includes working on occupational well-being.

*Michigan Medicine has a **Well-Being Influencers Network.***

- Faculty and staff apply to a two-year developmental program with a local well-being challenge that they want to address. Over the course of the program, they receive training in change management, improvement science, and systems thinking, and they have dedicated mentorship and peer support.
- **Expectations:** Each influencer leads a local project, shares lessons with the broader network, and contributes to organizational learning.

**On the expertise needed to lead well-being programs:** Anyone involved with occupational well-being (e.g., experts in nursing, midwifery, psychology, nutrition, exercise, public health, environmental health, engineering, and systems) is well-positioned to contribute to well-being conversations. Involving a range of professional backgrounds enables a system to address workforce needs in a comprehensive way, rather than just focusing on the perspective of a single profession. For example, human factors engineers help identify how to reduce cognitive load, nurses bring frontline insights into workflow and safety, and psychologists contribute expertise in resilience and behavioral health.

*Disclaimer: The external resources on this page do not necessarily represent the views of any one organization, the Clinician Well-Being Collaborative, or the National Academies of Sciences, Engineering, and Medicine, and have not been subjected to the review procedures of, nor are they a product of, the National Academies. We are sharing this curated list based on the expert guidance of Change Makers to serve as resources.*

# ABOUT THE CHANGE MAKER IN ACTION SERIES



The National Academy of Medicine's (NAM) Change Maker in Action Series is designed to foster dynamic information-sharing and collaboration, highlight the impact of ongoing initiatives, and elevate effective solutions to shared challenges. Each webinar focuses on a specific topic relevant to the NAM Change Maker community, promoting ongoing efforts to embed well-being as a long-term value. Through this series, the NAM aims to inspire continued progress and drive the national movement to support the well-being of the health workforce.

**Learn more at [nam.edu/ChangeMaker](https://nam.edu/ChangeMaker).**

## WEBINAR SPEAKERS:



**MODERATOR:**

**Maureen "Mo" Leffler, DO, MPH**  
Chief Wellbeing Officer

### ChristianaCare

Headquartered in Wilmington, Delaware, ChristianaCare is one of the country's most dynamic healthcare organizations, centered on improving health outcomes and innovating to make high-quality care more accessible, equitable and affordable. ChristianaCare is nationally recognized as a great place to work. ChristianaCare is rated by Newsweek as one of the World's Best Hospitals and is continually ranked among the best in the U.S. in national quality and safety ratings. ChristianaCare is a nonprofit teaching health system with more than 260 residents and fellows. With its groundbreaking Center for Virtual Health and a focus on population health and value-based care, ChristianaCare is shaping the future of health care.



**Elizabeth Harry, MD**  
Chief Well-Being Officer

### Michigan Medicine

Michigan Medicine is the academic medical center for the University of Michigan (U-M). This includes the clinical arm (University of Michigan Health) and the education arm (University of Michigan Medical School). Rounding out the tripartite mission is research, which is strengthened by the collaboration between U-M, its clinical services, its various schools and colleges, centers and institutes. In 2025, Michigan Medicine is home to nearly 3 million outpatient clinical visits, 870 survival flight missions, 100+ residency & fellowship programs and almost 2,000 active clinical trials. This is all done in the organization's mission to advance health to serve Michigan and the world because discoveries change care, and care changes lives.



**Amy Locke, MD, FAAFP**  
Chief Wellness Officer

### University of Utah Health

University of Utah Health (U of U Health) is the only academic medical center in the state of Utah and provides patient care for the people of Utah, Idaho, Wyoming, Montana, western Colorado, and much of Nevada. It also serves as a training ground for scientists and the majority of the state's physicians, nurses, pharmacists, therapists, and other healthcare professionals. Staffed by more than 27,000 employees, U of U Health is recognized nationally as a transformative healthcare system and regionally as a provider of world-class care.