

Action Collaborative on Clinician Well-Being and Resilience

A Look at Our Progress and Achievements

2020

In 2017, the National Academy of Medicine (NAM) launched the Action Collaborative on Clinician Well-Being and Resilience (Clinician Well-Being Collaborative), a network of more than 200 organizations committed to reversing trends in clinician burnout. Working group participants of the Clinician Well-Being Collaborative, representing a diverse set of stakeholders across the health care system, partnered to identify evidence-based strategies to improve clinician well-being at both the individual and systems levels. Many others joined the

Clinician Well-Being Collaborative's network by making a visible commitment to tackle the issue of clinician burnout and support the work and priorities of the Collaborative locally.

The Clinician Well-Being Collaborative is proud to have contributed to the movement to address clinician burnout in the following ways, as observed by individuals within its network. Below is a snapshot of our work together through 2020, presented as a summary of survey findings and direct quotes.*

The Collaborative convenes, publishes, and shapes the national conversation along the priority areas of leadership engagement, breaking the culture of silence, organizational promising practices and metrics, workload and workflow, action on consensus report recommendations, and sustainability.

How Our Network Contributed

- Thought leadership and idea generation
- Content generation through leading and contributing to work products
- Dissemination of the Collaborative's work and priorities
- Implementation and translation of the Collaborative's work and priorities

*SOURCE: The Clinician Well-Being Collaborative fielded a survey to working group members, network organizations, and consensus report committee in early 2020.



Why We Joined the Movement

Our members and network organizations most frequently mentioned being motivated to improve clinician well-being, followed by improving patient well-being. Several mentioned that these two are intrinsically tied together.

"We aspire to a future in which joy is central to a fulfilled and energized health care workforce, sparking meaningful and measurable improvement within organizations that are committed to system-wide change."

"We represent low-income patients who are struggling with various forms of health inequities. This population in particular needs to have strong relationships with clinicians built on good communication, trust, and personalization. Clinician burnout is a barrier to the type of care vulnerable patient populations need and deserve."

"I have lost at least one physician colleague to suicide, and the overall statistics on self-harm are very motivational. In our survey of [our organization's] members, 3% reported being at the end of the proverbial rope, and that data is motivating the organization to take even more action."

"To be part of the solution to reduce professional burnout in healthcare, recognizing that there is more power in numbers and a national strategy."

What We Accomplished Together

Creating and Providing Resources

- Numerous publications to elevate critical issues such as the needs of clinicians on the frontlines of the COVID-19 crisis, drivers of burnout, interventions to address burnout and improve well-being, and research gaps
- Conceptual model used by stakeholders to better understand the factors affecting clinician well-being and resilience
- The Clinician Well-Being Knowledge Hub providing 1000+ comprehensive resources to improve understanding and to facilitate action
- Collecting, curating, and disseminating resources and strategies to support clinician well-being during the COVID-19 pandemic
- Compilation of validated instruments to assess the work-related dimensions of well-being
- Case studies providing actionable guidance for organizations to implement well-being initiatives

Creating Awareness and Influencing Trends

- Breaking the “culture of silence” via stakeholder meetings, art show, and public discourse
- Integration of clinician well-being into the culture of health professions education
- Inspiring new organizational commitment to clinician well-being through new initiatives and priority setting
- Many more organizations measuring well-being and burnout and planning to continue longitudinal assessments
- Driving the proliferation of Chief Wellness Officers in health care organizations

Collaborating with Leaders and Stakeholders in the Field

- 175+ organizational commitment statements
- Engaging Centers for Medicaid & Medicare Services to better align Evaluation and Management coding and documentation guidelines with the current practice of medicine, including accounting for the impact of electronic health record (EHR) use on documentation requirements
- Supporting the Federation of State Medical Boards in revamping guidelines to treat disclosure of physical and mental health conditions equally
- Engaging EHR vendors to make modifications to reduce burden

“Our well-being programming and dimensions of medical student well-being have been informed by this work. In addition, I often look towards the Clinician Well-Being Collaborative’s member institutions to make sure we are on par with others’ efforts.”

“We are able to use the fact that the NAM has this national initiative and this has led to my organization dedicating more attention and resources to addressing clinician well-being.”

“The Clinician Well-Being Collaborative’s focus upon a systems approach to clinician burnout and well-being is critical to bringing about substantive change, particularly given that more clinicians are/become employees of organizations that determine their workload and workflow through resource allocation, task assignment, and organizational priorities.”

“Hearing a collective voice provide validity and a clearer definition of issues has offered legitimacy to what I am doing and support of our systems initiatives.”

“We are focused on local issues, but knowing that our challenges resonate with the larger academic medical community and that we can exchange best practices is very helpful.”

“We’ve certainly achieved the ‘identifying critical issues’ milestone. The involvement of stakeholders in service of ‘efficient implementation’ is just getting underway.”

Where We're Hoping to Go Next

Our members and network organizations are next calling for data-driven solutions to address clinician burnout. They also mentioned the need to focus on implementation and to use the consensus report as a guide in this implementation. Our network has their eye toward big ideas that support comprehensive systems change and data-driven processes.

"Develop a model for clinician and patient partnership in patient care - clinician and patient equal partners in care - teach in medical school; develop metrics for clinician wellbeing impact on patient safety, patient outcomes, and patient engagement in their care."

"Implement system change by engaging the most important 'drivers' of the burnout crisis in health care: regulatory bodies, health information technology, including the electronic medical record, payors and the insurance industry. In addition, continue to foster the development of a medical culture that reduces stigma for help seeking behavior, promotes equity and inclusion, supports transparency and community and encourages the best and the brightest of the next generation to consider careers in health care."

"[Identify] standard, validated, publicly accessible instruments that all organizations use to measure well-being (not satisfaction, or other traditional measures). Hold an annual well-being summit for individuals who have implemented and measured the recommendations (to the full extent of the work system model, not just addressing the individual but the full work system) to present/share/dialogue with others on how improvement is occurring."

"There needs to be increased funding to support solutions-oriented initiatives at the federal, state and local levels. There should become an oversight body similar to PCORI that implements the activities in this regard."

Conclusion

It is evident that many in our network believe that the Clinician Well-Being Collaborative has validated the issue of clinician burnout and emphasized its link to quality patient care, through the Collaborative's leadership and the unique position of the NAM. Many report there is more understanding of the challenges to clinician well-being and that burnout is now being formally measured by their organizations. Most agreed that the Clinician Well-Being Collaborative is spearheading efforts to identify priority issues, serving as thought leaders in the field, and raising the need for systems change. The Clinician Well-Being Collaborative will continue to engage the diverse stakeholders needed to lead a national response to the clinician burnout crisis.

Please visit nam.edu/CW for more information on the Clinician Well-Being Collaborative and bit.ly/CWBnetwork to view our network's commitment statements.