



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

*Episode Transcription*

Speaker 1: Welcome to the ASHP official podcast, your guide to issues related to medication use, public health and the profession of pharmacy.

Christina M.: Thanks for joining us for the Wellness Wednesday podcast. This podcast is a forum where you can listen in as members share thoughtful and successful strategies on well-being and resilience in both their personal and professional lives. My name is Christina Martin and I will be your host for today's ASHP wellness Wednesday podcast. With me today is Charlee Alexander, senior program officer at the National Academy of Medicine. Charlee, thanks for joining us for this Wellness Wednesday podcast. It's great to speak with you again. Some of our listeners have met you in-person or familiar with you from some of our past events.

The first time you joined us was in September 2017 at our ASHP Policy Week. This was the first time we brought burnout, well-being and resilience to our ASHP members and had them engage in conversation on the topic. And then almost one year ago, you traveled to Anaheim with us and shared updates from the National Academy of Medicine at our Midyear Clinical Meeting. We're so excited to have you here again in November of 2019 to share with our listeners more about NAM, the Action Collaborative, and this topic of well-being and resilience.

Charlee A.: Excellent. Very glad to be here. Thank you Christina. I really appreciate all the many opportunities I've had to meet with your folks starting back in 2017 and then your meeting last year and now it's my first podcast. So I'm excited to be giving this exclusive to ASHP, so thank you.

Christina M.: Excellent. Well, how about to kick things off, could you provide us with a brief background on NAM's work and leadership in the area of burnout, well-being, and resilience?

Charlee A.: Yes, absolutely. And before I dive in, I just want to say I'm really grateful for the active engagement of you and your colleague Anna Dopp in the work of the Action Collaborative. I really enjoy working with you all and it's important for me to speak with your folks as one of the only sponsoring organizations of the collaborative that represents pharmacy.



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So yeah, a brief background on the National Academy of Medicine work in clinician well-being. I'll start by saying that Darrell Kirch of the Association of American Medical Colleges and Thomas Nasca of the Accreditation Council for Graduate Medical Education back in 2016 both of those leaders had been responding to multiple incidents of distress and in the worst cases, suicide among medical students and residents. And they reached out to the NAM president Victor Dzau, to see if there was a role for the National Academy of Medicine to convene all of the organizations that have been working on the topic of clinician burnout and well-being in the hopes that we could collectively achieve together more than we could individually. And really as the leaders nicely put in a commentary, the goal was to not only reduce burnout and improve well-being, but also to help clinicians carry out the sacred mission that drew them to the healing professions, which is providing the very best care to patients.

We began this work with a series of planning calls and meetings with interested stakeholders in the U.S. healthcare system from organized medicine and nursing to government agencies to healthcare organizations. And during those calls and meetings, there was widespread agreement that burnout affects the entire healthcare team. And there was an appetite for the National Academy of Medicine as that neutral convener to bring together many different organizations. So ultimately we launched the Action Collaborative on Clinician Well-being and Resilience in early 2017 and we have three main goals. The first is to raise visibility of clinician burnout, depression, stress and suicide to improve baseline understanding of the challenges to clinician well-being. But most importantly to advance evidence-based multidisciplinary solutions that will improve patient care by caring for the caregiver.

Christina M.: An excellent point that leads to our next question. The Action Collaborative is rounding out year three of their work and we also recognize that there is a consensus study titled *Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being* that kicked off a little over a year ago, and during that overlapping time, the two efforts were paralleling each other. The consensus study and the Action Collaborative both heading in the same direction but not quite intersecting. Now that the consensus study report has been released, can you explain how the two initiatives will intersect to bring synergy and provide impact?



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Charlee A.: Absolutely. And you're absolutely right. The Action Collaborative and the consensus report committee, they followed two separate processes, which might sound a little like inside baseball, but I think it's important to make a distinction here for the folks listening. So the consensus process at the national academies is a protected process with strict rules about committee nomination and appointments about confidential deliberations, and then about external peer review. The committee members and the staff team for the consensus study, they were prohibited from discussing any of their deliberations with outside parties, including the staff of the action collaborative.

So fortunately Action Collaborative staff could share everything with the consensus study team, but they could not reciprocate. We launched the Action Collaborative in 2017 because we knew that we needed immediate action to raise awareness of the issue of clinician burnout and to answer some key questions about the drivers of burnout and what the consequences are for clinicians, for patients and the healthcare system overall. However, we also knew that due to the gravitas of the consensus reports to the national academies, we should plan for a consensus report to bolster the work of the Action Collaborative.

We commissioned a consensus study and NAM commission committee to examine the evidence about the causes of clinician burnout and what the consequences are for clinicians and patients to examine the clinical training and work environment and what components in those environments contribute to clinician burnout to identify systems, interventions and tools and approaches to support clinician well-being. And really to propose a research agenda to improve the knowledge base. And now that we have the report, it released on October 23rd, you'll notice that the goal areas in the report they map on really nicely to the Action Collaborative working groups. And so the collaborative will be the primary vehicle to move the recommendations to action.

Christina M.: Wow. This is really exciting. Let's pivot a little bit, Charlee, and can you share with us in your role as the senior program officer at NAM and leading work in the space, you must hear firsthand details about the latest and most effective approaches that healthcare organizations are implementing to support the individual clinician while also addressing system factors that impact and



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affect well-being and resilience. Would you be willing to highlight one or two that have stood out to you during this work?

Charlee A.: Yes. I've seen many examples in the field from healthcare organizations about programs or initiatives that they're undertaking to improve the well-being of their clinicians. And I'll say this is really important work to highlight because as I noted earlier, and as you'll see a little bit more in the consensus report, we don't have as much evidence about what works to improve clinician well-being as we might like. So in the meantime, different healthcare organizations, professional societies, they're piloting initiatives in the hopes of spreading and scaling what is possible.

Before I talk about specifics, I would like to emphasize that there's no quick fix to eliminating burnout. And the report nicely summarizes some guidelines for developing well-being systems. And so those well-being systems, they require an alignment of organizational structure and processes with the organizational and workforce values. The well-being systems have to take a systems approach. And in the design of these systems we need leadership commitment and buy-in at all levels. Well-being systems also need to enhance meaning and purpose and work and provide adequate resources for clinicians to do that work and to facilitate teamwork, collaboration and professionalism.

And we talk about this lot in the Collaborative, but implementing well-being systems is a major organizational change, which can be its own source of stress for clinicians. And so when implementing the systems leaders and program administrators should have a keen eye towards making sure that there is adequate infrastructure, that there is a reward system in place that incentivizes people to take action in the design and implementation of the well-being systems and that we should focus on organizational culture and human centered design processes. I think ultimately clinicians feel like more and more is pushed onto them without their consent. And even when leaders are acting with the best intentions, they don't always ask clinicians for input about what they would like to see. And so having that pushed onto them, even if it's for their own well-being, can be a source of dissatisfaction.



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So this is all to say that we launched a clinician well-being case study series. I would point your listeners to those which are available on the clinician well-being knowledge hub. And the two case studies that we have today focus on well-being initiatives at the Ohio State University and Virginia Mason Kirkland Medical Center in Washington. At the Ohio State University, they've fostered intentional and persistent initiatives to support well-being across the university. This is in the school of medicine, the school of nursing and other health profession schools running from students, trainees through practicing clinicians and those at the medical center. And this is an interesting model because they have so many different initiatives and programs that they've created a culture of wellness and there is buy-in and support from all levels of leadership, which I think is an important model for our folks to take a look at, at their own institutions. Now I will say that the Ohio State University is huge, extremely well-resourced, but I think the case study does a nice job of saying you don't have to be the size of the Ohio State University. You don't have to have all of the financial resources they do, but there is a return on investment for even a modest investment in well-being.

And then the Virginia Mason Kirkland Medical Center, their case study really focuses on workflow optimization, continuous quality improvement and a culture of collegiality, respect and innovation. And it's through these daily cultured checks, reinforcing the respect for people initiative and the opportunity for anyone to stop the line if they see something that's happening that shouldn't be happening. And leadership's value of input from every level of clinician has really affected their culture and they have very high levels of engagement and well-being. And of interest to folks listening to this podcast, the Virginia Mason case study also highlights the role of pharmacists on interdisciplinary teams as key members of the patient care team. So I would say that folks should check out those two case studies.

Christina M.: Absolutely. Thanks for highlighting those and at ASHP we were excited to learn about the Virginia Mason case study, elevating the role and the importance of pharmacists within team-based care. Of interest, we have our own case studies at ASHP and one of our opioid case studies, opioid being another key issue for our membership and our partners. We actually featured Virginia Mason in an opioid case study, so really nice to see that they are doing advanced practice within their site, not only on practice like opioid specific challenges, but



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with their workforce, as well, and ensuring that workforce well-being and resilience.

So as we continue this conversation, how do we ensure that well-being efforts are not siloed, either interdisciplinary or intra-disciplinary and that all members of the healthcare team, medicine, nursing, pharmacy, other ancillary healthcare professionals are being supported?

Charlee A.: That is an important question and I see in the field oftentimes that there are discipline or profession specific initiatives. So for example, they might just focus on physicians or they might just focus on nurses. And the Collaborative, we really take an interprofessional team-based approach because we know that burnout affects the entire healthcare team. And also we don't want a solution for physicians, for example, to exacerbate issues for nurses. And so I would say to avoid siloed efforts, leaders and program administrators should focus on the system of care rather than on any one individual health care professional. And if you have that focus, I think the opportunity to break down silos is much greater.

Christina M.: Absolutely. So we're nearing out the end of 2019 and the Action Collaborative has committed to this work through 2020, are you able to share with us what are some of those items coming down the pipeline for well-being work in 2020?

Charlee A.: Yes. So the Action Collaborative, we started out as a two-year initiative and after our first year we realized two years is almost no time and we didn't want to disrupt the momentum that we had built so far. And so we reached out to our working group participants and our sponsoring organizations to understand the appetite for continuing this work into the future. And there was agreement that we should extend for another two years for a total of four.

Our current funding ends at the end of 2020 and we're in conversation now about should we continue on a little further, especially now since we have the case studies and the consensus study and the Action Collaborative. And so we're those conversations. But for now I would say that the collaborative has four primary areas of emphasis, which map on nicely to our working groups. And so the first area is to engage leadership to transform organizations to improve well-



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being. Over the first three years, I would say we've done a great job of engaging frontline clinicians in this issue, but less so with engaging all of the leaders that need to be part of this work. And so we're beginning some of that outreach now and we look forward to updating folks on how that proceeds.

The second aim is to reduce barriers to addressing mental health and advancing new norms, policies, and practices that reduce burnout and improve well-being. So really trying to break that culture of silence where folks do not feel comfortable or safe discussing it doesn't even have to be mental ill health. It could just be they're not sure of what they're doing or they need a little bit more help. They might need a mentor to go to someone to turn to for resources, but there are very real barriers to having those conversations. And so we want to make sure that folks can talk about some of these mental health challenges in a safe way and get the resources that they need in a confidential manner.

We also want to establish guiding principles, promising practices and metrics to improve clinician well-being. So there are many ways to assess clinician well-being. They need different approaches that we could take with interventions and the like. And so we're trying to come up with some guiding principles and promising practices so that healthcare organizations are all working in the same direction, measuring the same things in the same way, using the same terminology so that we can get a baseline understanding of where we are today to see how far we need to move the needle up the field.

And then finally to advance new models of workflow and documentation that support clinician well-being by minimizing administrative burden and streamlining patient care. So we really want to get to a place where the clinician patient relationship is the primary focus and where clinicians feel like they are supported and have the resources to provide that quality patient care to be the healers that they would like to be. And for patients to feel like their clinician is present and that the two of them are working together for quality outcomes.

And so to do this work, we're going to continue working with our working groups. We're going to disseminate the design principles from positive work environments from the consensus report. We will continue to engage and



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convene stakeholder groups to move the recommendations to action and then we will continue with our promising practices and case studies for the field.

Christina M.: Those are all some high level goals for the next year ahead and ASHP and our members, we look forward to where the journey continues. You mentioned there's discussions as we're meeting today about what the future contains for this space and so we'll encourage all of our listeners to continue following along and to be part of that conversation. I want to go back to something you mentioned while talking about the case studies that live on this NAM knowledge hub. Some of our listeners may not have gotten to explore the NAM knowledge hub yet, so if they or their team accesses those resources for the first time, there is a plethora of great information, many resources that have come from the Action Collaborative members themselves. Where do you suggest that they start? What are maybe some of those top three resources that an individual and their team should consider reviewing?

Charlee A.: The clinician well-being knowledge hub does have several resources. In our resource center, we have about 1100 peer-reviewed articles, opinion pieces, initiatives for folks to look at and it was designed to be an easy to navigate repository for folks to either learn more or defined ideas to take action. So rather than combing through that full resource center, I would suggest that folks start with the conceptual model of the factors affecting clinician well-being and resilience, which you and Anna were really instrumental in developing. I would then check out the clinician well-being case studies. And then if you have some time, hop by the resource center and sort by popularity and you'll see you're allowed to up vote which resources you found most helpful. And so if you sort by popularity, you'll get what the field or viewers or visitors to the knowledge hub have found most helpful.

Christina M.: Well speaking of time, I think we have one question left for you, Charlee. Can you share with us how you prioritize your well-being and resilience in the midst of all this support and active work that's required through the Action Collaborative?

Charlee A.: Well, I wouldn't say I prioritize my well-being, but when I think about it, reflect on how I'm doing, I'll just make sure that I take the time that I need to



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be away from work. I'm fortunate to work at a place that offers personal time and I think sometimes there's a bit of a stigma for taking mental health days, but I don't feel that stigma and I need them. So I take them because I have them and then I'll do something. I'll find a task to complete. That's for my well-being and then I'll take a lot of joy and pleasure in completing that task.

Christina M.: Absolutely, and I bet that when you get back to the office and sometimes the buried inbox may take away joy, reflecting on those joyful moments in that time for yourself can help to re-live that positivity in times of challenge and the unending inbox. Well, Charlee, it has been such an honor to have you here at ASHP and on our podcast, our Well-being Wednesday podcast with us. Thank you so much for sharing more about the National Academy of Medicine Action Collaborative, the work-to-date and giving us a taste of what's to come in the year ahead. That's all the time we have today. Thank you again for joining us. Join us here every Wednesday where we will be talking with ASHP members and partners on well-being related topics. Have a well Wednesday.

Speaker 1: Thank you for listening to ASHP official, the voice of pharmacists advancing healthcare. Be sure to visit [ASHP.org/podcast](https://www.ashp.org/podcast) to discover more great episodes, access show notes and download the episode transcript. If you loved the episode and want to hear more, be sure to subscribe, rate, or leave a review. Join us next time on ASHP official.