Supporting the District's Primary Care Workforce

Summary of Stakeholder-Identified Drivers, Promising Practices, and Recommendations for Promoting Wellness and Preventing Burnout

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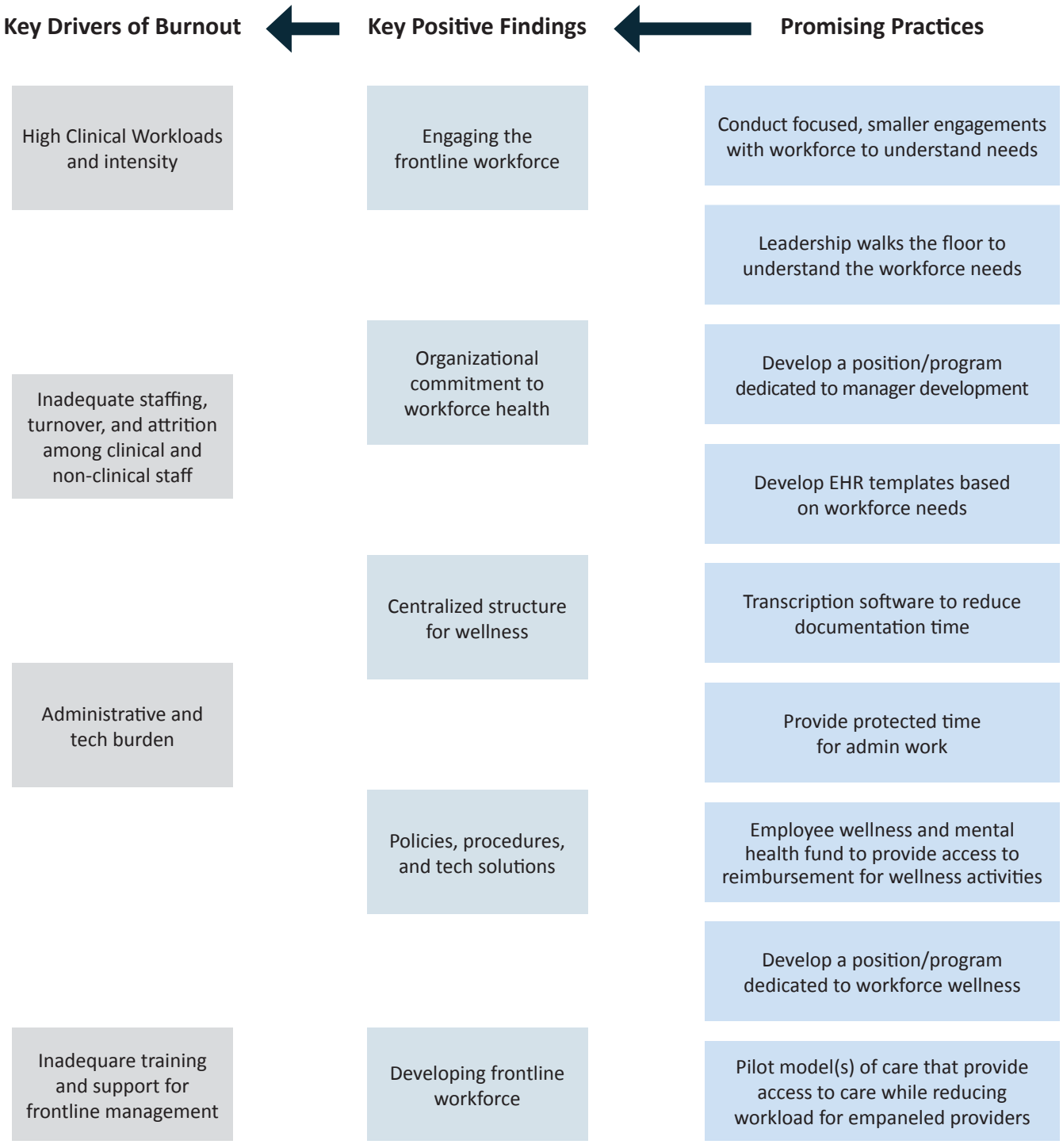
Introduction

In late 2022, the DC Department of Health (DC Health) Primary Care Office (PCO) published a request for stakeholder input on opportunities and approaches to support the District's healthcare workforce, reduce and prevent provider burnout, promote and improve provider health and wellness, and ultimately, increase provider retention in the District. This report presents a summary of the PCO's findings and recommendations.



Background

Burnout and related factors impacting worker health and wellness (e.g., chronic work-related stress, anxiety, depression, exhaustion) have been widely reported among the healthcare workforce and are also often discussed among the primary drivers of healthcare workforce attrition.[1,2,3,4,5]

> *"BURNOUT IS A DISTINCT WORKPLACE PHENOMENON THAT PRIMARILY CALLS FOR A PRIORITIZATION OF SYSTEMS-ORIENTED, ORGANIZATIONAL-LEVEL SOLUTIONS."*
>
> *—U.S. Surgeon General's Advisory on Building a Thriving Health Workforce*

The research literature identifies a wide range of organizational drivers and/or mitigators commonly correlated with burnout, including factors related to organizational culture, climate, and work environment (e.g., leadership, communications, collaboration, safety) and work system factors (e.g., excessive workload, unmanageable work schedules, long work hours, inefficient work processes and environments, administrative and technical burden, and pay).

Recent reports from a National Academies of Sciences, Engineering, and Medicine (NASEM) consensus committee (2019)[6] and the Ontario Medical Association (OMA) Burnout Task Force (2021)[7] put forth wide-ranging recommendations focused primarily on systems- and organizational-level approaches to reducing burnout. However, as noted by the OMA Burnout Task Force, "there is limited robust research on–or evaluations of–*burnout interventions*, particularly the effectiveness of specific organizational interventions, longitudinal research on the impact of interventions, the interventions that are most effective in different groups of physicians, and the combination of individual and organizational interventions."[8]

As such, the DC Department of Health (DC Health) Primary Care Office (PCO) requested input from District stakeholders on:

1. efforts to better understand the current state of workforce health, wellness, and burnout through direct employee engagement;
2. successful models, innovations, or approaches for improving organizational structures and processes impacting workforce health, wellness, and burnout, including constraints and/or barriers to implementation; and
3. specific actions the DC PCO and/or DC Health may take to better support the needs of the District's primary care workforce.

Stakeholder Input Process

In October 2022, the DC Health PCO published a *Request for Stakeholder Input* on the DC Health website, providing District stakeholders* the opportunity to submit a written response or schedule a 30-minute meeting with DC PCO staff. As highlighted in the request, the DC PCO's goals were to:

- help inform development of future grant opportunities and future DC PCO programming;
- publish a non-attributable† summary report for the benefit of District stakeholders; and
- advance knowledge on the critical topic of provider retention.

The request was published on the DC Health website and sent via e-mail to stakeholders at more than 40 organizations, along with a request to share with other potentially interested stakeholders; a follow-up e-mail was sent to those who did not respond to the initial request.

Between November 1, 2022 and January 3, 2023, DC PCO received one written response and conducted sixteen listening sessions with an array of stakeholders. Respondents included eleven providers and/or leaders from seven healthcare provider organizations (i.e., FQHCs, community health centers, hospitals, health systems), one private practice provider, and representatives of five professional organizations/trade associations. All calls were transcribed, and a qualitative review of the information gathered was conducted. Respondents were provided the opportunity to review a pre-publication draft of this summary report and provide comments, clarifications, and/or corrections.

Summary Report Overview

This summary report is presented in three primary sections. The first two sections present a summary of the DC PCO's findings related to 1) key drivers of workforce wellness and burnout, and 2) promising practices for improving workforce wellness and reducing/preventing burnout. Based on these findings, the third section provides a list of specific opportunities for employers, payers, and DC Health to improve the health and wellness of the District's healthcare workforce. Links to selected external resources are also provided at the end of the report.

1. Key Drivers of Workforce Wellness and Burnout (pages 7–14) This section presents four key findings related to respondent-identified factors impacting workforce wellness and contributing to chronic work-related stress and/or burnout. Within each key finding area, discussions are presented in four subsections, highlighting:

- *Relevance*: how the finding area relates to workforce wellness and burnout;
- *Problem*: specific issues related to the finding area in need of attention;
- *Impact*: the effect of the problem on workforce wellness and burnout; and
- *Opportunity to Improve*: potential actions to address the problem and reduce impact on the workforce.

* Including primary care providers, Federally Qualified Health Centers (FQHCs), community health centers, hospital-associated primary care clinics, health systems, healthcare professional organizations/associations, educational institutions, workforce training programs, researchers, and other stakeholders

† Most information presented herein is without attribution, as all respondents were guaranteed anonymity to encourage free and open engagement; highlighted promising practices were reviewed by respective respondents prior to publication and are attributed with respondents' consent.

Key findings:

1.1. **High clinical workloads and intensity**, particularly in public health care settings, are key system-level drivers of chronic work-related stress and burnout (page 7).

1.2. **Inadequate staffing, turnover, and attrition among clinicians and clinical/administrative support staff** exacerbate high workloads and intensity, and in turn, chronic work-related stress and burnout (page 9).

1.3. **Administrative and technological burdens**, particularly related to electronic health records (EHRs) and patient portal messaging, were the most cited contributors to worker stress and burnout (page 11).

1.4. **Management training, leadership skills development, and organizational support is often inadequate for frontline managers**, who are critical to promoting organizational wellness and reducing/preventing burnout (page 13).

2. Promising Practices (pages 15–22) To promote diffusion, this section highlights practices implemented at respondent organizations to support the frontline workforce, improve workforce wellness, reduce chronic-work related stress, and prevent burnout.

Key findings:

2.1. **Engage with the frontline workforce** to better understand organizational drivers of chronic stress and burnout (page 15).

2.2. **Demonstrate organizational commitment** to workforce health and wellness by addressing workforce-identified stressors and support needs (page 16).

2.3. **Establish a centralized organizing structure** for coordinating, developing, and implementing initiatives to improve workforce wellness (page 17).

2.4. **Implement policies, processes, and technological solutions** to reduce documentation time and other EHR-related burden (page 19).

2.5. **Develop professional, managerial, and leadership skills** among current and prospective frontline managers (page 20).

If your organization would like to learn more about a cited practice, please contact the DC Department of Health (DC Health) Primary Care Office (PCO) at pcorfa@dc.gov and the PCO will connect you with the program.

3. Opportunities to Improve Workforce Wellness (pages 23–24) This section provides a list of specific recommendations based on the findings presented in the previous two sections; opportunities are grouped by responsible actor, specifically:

3.1. **DC Health** (page 23)

3.2. **Healthcare Provider Organizations** (page 23)

3.3. **Payers** (page 24)

4. Selected External Resources (page 25)

1. Key Drivers of Workforce Wellness and Burnout

Summarizing respondent-identified factors impacting workforce wellness and contributing to chronic work-related stress and/or burnout, this section presents four key findings; under each key finding, relevance, problem, impact, and opportunities to improve are discussed:

1.1. High clinical workloads and intensity, particularly in public health care settings, are key system-level drivers of chronic work-related stress and burnout.

1.2. Inadequate staffing, turnover, and attrition among clinicians and clinical/administrative support staff exacerbate high workloads and intensity, and in turn, chronic work-related stress and burnout.

1.3. Administrative and technological burdens, particularly related to electronic health records (EHRs) and patient portal messaging, were the most cited contributors to worker stress and burnout.

1.4. Management training, leadership skills development, and organizational support is often inadequate for frontline managers, who are critical to promoting organizational wellness and reducing/preventing burnout.

1.1. High Clinical Workloads and Intensity, Particularly in Public Health Care Settings, are Key System-Level Drivers of Chronic Work-Related Stress and Burnout.

"How do we successfully navigate our workload, while providing the type of care for patients that is at the root of why we went into medicine in the first place? How do we combine that and stay healthy?"

RELEVANCE

Demand for primary care services is growing each year, driven primarily by population growth and aging—between 2019 and 2034, the total U.S. population is projected to increase approximately 10.6 percent, with a projected 42.4 percent increase among those aged 65 and older and a 74.0 percent increase among those 75 and older.[9] Accompanying the annual growth in overall demand for services, primary care providers continue to face an array of work system factors (e.g., excessive workload, unmanageable work schedules, long work hours, inefficient work processes and environments, administrative and technological burden) that contribute to chronic work-related stress and burnout.

For example, a 2020 study found that according to current clinical practice guidelines, a primary care provider working alone (i.e., not as part of a team-based care model) with an average 2500-patient panel would need 26.7 hours/day to provide preventive, chronic, and acute care.[10] For primary care providers working as part of a team-based care model, PCP time decreases to approximately 9.3 hours/day, driven largely by nearly 11 hours of preventive care counseling tasks shifted to other care team members.

Respondents noted an array of work system factors, including high clinical workloads, high intensity work (particularly in public healthcare settings), inadequate staffing, and increasing administrative and technological burdens among the systems-level drivers of chronic work-related stress and burnout. For example, one primary care provider described pediatricians within their health system seeing upwards of 30 patients per day. Another highlighted particularly high workloads and intensity for younger doctors in larger clinical settings (e.g., hospitals, health systems) leading to burnout, attrition, and in turn, even higher workloads and greater intensity on those who remain—"we can't have good doctors starting out their careers like that," they said.

> *"PROVIDERS FEEL A PRETTY RELENTLESS PRESSURE TO BE MEETING THEIR PRODUCTIVITY NUMBERS"*

"Providers feel a pretty relentless pressure to be meeting their productivity numbers," explained an FQHC-based provider/behavioral health services director, "and in behavioral health, in an FQHC setting in general, regardless of discipline, the clients you're meeting with often have trauma histories, can be really dysregulated, really quite challenging cases; and it's just a lot to be exposed to all the time."

PROBLEM

In 2022, the U.S. Surgeon General called attention to health worker burnout as an urgent and significant U.S. public health challenge needing immediate attention "given the potential impacts on our health care system and therefore, our collective health and well-being."[11] *Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce* highlights that although "burnout is associated with risk of mental health challenges, such as anxiety and depression… [it] is not an individual mental health diagnosis. While addressing burnout may include individual-level support, *burnout is a distinct workplace phenomenon that primarily calls for a prioritization of systems-oriented, organizational-level solutions*."[12,‡]

However, a significant problem is that oftentimes when organizations do attempt to address workforce wellness and/or burnout, efforts are often focused primarily on individual supports (e.g., group yoga sessions, meditation app subscriptions); do little to address system-level drivers of chronic work-related stress and burnout; are piecemeal, decentralized, and uncoordinated; and/or are not guided by a clear mission, vision, mandate, and/or demonstrable C-Suite support.

IMPACT

Consequences of unaddressed chronic work-related stress and burnout among the healthcare workforce are wide-ranging, including increased risk for poor mental (e.g., anxiety, depression, substance use/abuse) and physical (e.g., insomnia, cardiovascular disease, diabetes, occupational injury) health outcomes, relationship and

‡ Italics added for emphasis.

interpersonal challenges and conflict, moral distress and injury, and suicide.[13,14,15] A 2020 survey of healthcare workers[§] found that workload, along with burnout and COVID-19 related anxiety and depression, were each found to be independently related to intent to reduce work hours and intent to leave.[16]

Beyond individual worker impacts, burnout also impacts patients (e.g., decreased time with healthcare workers, delays in care and diagnosis, lower quality of care, medical errors), health care organizations (e.g., retention challenges, increased attrition, increased costs, increased risk of malpractice, decreased patient satisfaction, limited service availability), and communities/society more broadly (e.g., population health outcomes, increased health inequities/disparities, lack of preparedness for public health crises).[17,18]

OPPORTUNITY TO IMPROVE

Primary care providers are being asked to do more than ever, but do not have sufficient structure and support to address these tasks. The workload and intensity is often higher in public health care settings. There are point improvements around individual worker experience, but not regular system level changes to address burnout. This presents an opportunity for organizations to centralize and invest resources in workforce wellness approaches that address systems level needs.

1.2. Inadequate Staffing, Turnover, and Attrition Among Clinicians and Clinical/Administrative Support Staff Exacerbate High Workloads and Intensity, and in turn, Chronic Work-Related Stress and Burnout.

"People are saying, 'we want to work, but we want to do it in a way that's not going to hurt my health, my family; that I'm going to search for and do what I love, and not just to survive.' It's revolutionizing how we see work."

RELEVANCE

Attributable to an array of factors and exacerbated by the global COVID-19 pandemic, workers across all sectors—"especially those who were burning out in demanding jobs that intruded on their ability to care for their families"[19]—are increasingly reconsidering and reprioritizing the role of work in their lives. Between January 2021 and December 2022, nearly 98 million Americans quit their jobs in what has commonly been referred to as the Great Resignation; this includes more than 12.6 million workers in the healthcare and social assistance sector, at a rate of approximately 2.6 percent of the workforce each month.[20]

§ Respondents included healthcare workers in clinical and nonclinical roles across 124 large healthcare organizations (i.e., employing more that 100 physicians).

The issue is especially pronounced in public healthcare settings, such as FQHCs, which serve higher risk patients with greater healthcare and health-related social needs, but generally provide lower compensation than clinicians and other staff may make in private practice or a larger healthcare system. Approximately 71 percent of urban community health center (CHC) respondents to a 2022 survey reported losing 5–25 percent of their workforce within the previous six months, with 19 percent reporting losing 25–50 percent of their workforce; reported turnover rates were highest among nurses, administrative staff, behavioral healthcare providers, enabling services staff, and advanced practice providers.[21]

> *"WE'VE HAD A LOT OF TURNOVER IN THE LAST COUPLE YEARS… WITH A LOT OF PEOPLE REEVALUATING THEIR RELATIONSHIP TO WORK"*

Respondents frequently cited inadequate staffing among clinicians and clinical and administrative support staff as a significant driver of chronic work-related stress and burnout. "The most feedback I get from my clinical staff is we need more staff, so they're not working so many shifts," said a hospital HR director. "We've had a lot of turnover in the last couple years… with a lot of people reevaluating their relationship to work," said an FQHC-based mental health care provider, highlighting particularly high churn among support staff and integrated mental health providers due to an array of factors, including low salaries, inflexible work schedules, and high workload and intensity.

On top of work-related chronic stress, burnout, and other related factors impacting worker health and wellness (e.g., anxiety, depression, exhaustion), retirement has been another primary driver of workforce attrition across sectors in recent years; "In 2021, older workers left their jobs at an accelerated rate, and they did so at younger ages."[22] The primary care workforce is particularly susceptible to this trend; approximately 12 percent of physicians specializing in family medicine, pediatrics, and obstetrics and gynecology are currently 65 or older, increasing to 21 percent by 2026.[23]

PROBLEM

Respondents highlighted a vicious cycle, with inadequate staffing leading to increased workloads and work intensity, and in turn, stress, moral injury, work-life imbalance, burnout, and ultimately, increased turnover/attrition among clinicians and support staff, starting the cycle anew (as highlighted in the figure).

"That's a big source of burnout… not having adequate staff to just have the practice run smoothly," said one health system-based primary care physician/facility medical director, noting facility medical directors who have had to go in on off days to backfill as a receptionist or medical assistant (MA), or even close practice for the day due to inadequate staffing.

IMPACT

Taken together, burnout-related attrition and an aging workforce, along with fewer medical students entering primary care specialties, has resulted in a growing deficit in physician supply relative to current and projected primary care demand. By 2035, HRSA projects a 16.6 percent increase in demand for primary care physicians,¶ outpacing a projected 10.1 percent increase in supply, resulting in a projected 11.1 percent deficit in FTE primary care physicians to meet national demand.[24]

Ultimately, inadequate clinical, administrative, and social support staffing to assist with tasks such as scheduling, patient navigation, appointment scheduling, and connecting patients with other healthcare and/or health-related social needs services and supports, can lead to moral injury, further increasing the risk of burnout. "That weighs on people because it's just incongruous with your mission," noted a health system-based primary care physician, "you want to help the patient in a comprehensive way, but physically, you just can't without other members of the team to be helpful, or to exist."

OPPORTUNITY TO IMPROVE

Burnout can lead to inadequate staffing, which in turn worsens burnout. This cycle will be exacerbated by the projected shortages of primary care physicians. Following the previous section, this presents an opportunity for centralized and resourced investments in non-prescribing providers and team-based workflows to reduce burden and improve workforce wellness.

1.3. Administrative and Technological Burdens, Particularly Related to Electronic Health Records (EHRs) and Patient Portal Messaging, Were the Most Cited Contributors to Worker Stress and Burnout.

"Everything floats upstream to the physician… it's one of the biggest contributors to burnout."

RELEVANCE

The adoption and use of EHRs has increased dramatically over the last two decades; by 2021, approximately 88 percent of U.S. office-based physicians had adapted an EHR in their practice, up from approximately 21 percent in 2004.[25] Over the last decade, the adoption and use of *patient portals*—"a secure online website that gives patients convenient, 24-hour access to personal health information"[26]—have followed suit. In 2020, approximately 59 percent of patients were offered a patient portal (up from 43 percent in 2014), with approximately 38 percent of patients nationwide having accessed a patient portal (up from 25 percent in 2014).[27]

When asked about primary drivers of chronic stress and/or burnout in their workplace, the most common, and often first response was administrative and technological burden, particularly related to EHRs and patient

¶ Includes physicians specializing in Family Medicine, General Internal Medicine, Geriatrics, and Pediatrics

portal messaging. Several respondents referred specifically to *pajama time*, a commonly used term describing physicians' need to continue work on EHR documentation and responding to patient messages at home outside of paid work hours.

PROBLEM

Implementation of health information technologies like EHRs and patient portals can provide great benefit to patients and providers, increasing patient involvement in their care and improving quality of care, care coordination, and patient safety.

> *"WE OFTEN LEARN HOW TO NAVIGATE (THE EHR) WITH ONE-OFFS THAT AREN'T CORRECT"*

However, such technologies are often implemented without sufficient training for those expected to use them as part of their daily work. "We often learn how to navigate (the EHR) with one-offs that aren't correct," noted leadership from a District FQHC. "I'm probably not using (the EHR) to its full potential," stated a health system-based primary care physician, "the problem is when you have to learn on the go… we have some massive training in the beginning, but then there's no refreshers or anything." Highlighting often fewer training resources available than to those in larger health systems, a physician in private practice noted, "it's like we're on an island; we don't know what we don't know, we just know how we've always been practicing."

"Everything floats upstream to the physician," noted one respondent, highlighting another significant problem: available administrative support often does not coincide with the increased, uncompensated workload brought on by the increasing adoption and utilization of such technologies. "Theres a huge disconnect between the amount of time and effort that goes into managing an inbox and the potential for reimbursement that could be harnessed there," noted another.

IMPACT

> *"THE PORTAL MESSAGES PEOPLE GET ARE SUCH A SOURCE OF DISTRESS FOR OUR DOCS, I CAN'T EVEN BEGIN TO DESCRIBE IT"*

EHR use, patient portal messaging, and related administrative/technological burden is commonly cited by clinicians as *the most important stressor* in their practice.[28,29,30] A 2022 scoping review found general use of EHRs, message and alert load, time spent on EHRs, EHR functionality and usability, and organizational support commonly associated with EHR-related burnout.[31] A 2023 literature review categorized significant contributors to EHR-related burnout in primary care specifically into 5 broad categories: time demands, documentation and clerical burdens, complex usability, cognitive load, and electronic messaging volume.[32]

"With the EHR system, there's so many different moving pieces," noted one clinician, positing, "is there a way to actually provide effective care in a more efficient way that works with the technology physicians are being, I'll

use the word forced, to use now?" Another described the patient portal system as "the ax," noting that within their practice, time spent responding to patient messages has increased from approximately 1 hour per week pre-pandemic to upwards of 5–6 hours per week for some clinicians.

"The portal messages people get are such a source of distress for our docs, I can't even begin to describe it," said the director of a health system-based wellness program, "there's been a drastic increase over the past three years since the pandemic unleashed this beast and now there's an expectation (among patients)… I'm not the only person who thinks this is a problem; it's on a lot of radars for people doing well-being work."

OPPORTUNITY TO IMPROVE

Healthcare workers are spending increasing amounts of time clicking and documenting in EHRs, both due to increased requirements for primary care and complexity of EHRs. Individuals may have a best practice for EMR documentation, but these are neither consistently spread across an organization nor the healthcare system. This presents an opportunity to identify and scale technology and workflows that improve patient care and reduce worker burden.

1.4. Management Training, Leadership Skills Development, and Organizational Support are Often Inadequate for Frontline Managers, Who Are Critical to Promoting Organizational Wellness and Reducing/Preventing Burnout.

"The biggest thing that could help our direct service providers is having a really good manager, having really supportive, quality clinical supervision and support."

RELEVANCE

As a key conduit between senior leadership and the frontline workforce, frontline managers translate the organizational vision into day-to-day reality. In addition to clinical and managerial roles and responsibilities, they are often tasked with helping plan, coordinate, and facilitate implementation of new initiatives and innovations; motivating buy-in and engagement among the frontline workforce while providing educational and emotional support; and monitoring, evaluating, and reporting back to senior leadership on progress and impact.[33]

Many respondents highlighted the critical importance of supportive, quality leadership at all levels, and particularly among frontline managers, to improving frontline workforce engagement, satisfaction, and well-being and reducing and preventing chronic stress, burnout, and turnover/attrition. "I need the managers—I'm not talking about my senior leaders, but my managers, supervisors—I need buy-in from them," noted a hospital HR director, "if people see their managers are engaged, then they're more likely to participate."

PROBLEM

However, a significant issue, particularly in public healthcare settings, is that managers are often not necessarily promoted because of their business, managerial, and/or leadership acumen. “People were being promoted because there was a void… and they were not ready for it. But because maybe there was higher pay, or a better title, they took the position, and they got set up for failure,” stated an FQHC senior HR executive. “In nonprofits, many times the middle manager is the last person standing, or the most willing to stick their heads out there,” echoed another FQHC senior executive.

Citing financial and time constraints, respondents reflected on the critical need for a solid structure to invest in management/leadership development. “We didn’t develop their tools,” said a hospital HR director; “I think because everybody’s so busy handling other tasks, it gets pushed to the wayside; and I’d like to see that come back up to the forefront… if they can advance their skills while they’re at work, that would be great, it would make them feel more valuable too.”

IMPACT

Research has shown that leadership behaviors (e.g., engagement, mentorship, recognition of contributions) have a strong relationship with professional fulfillment, career satisfaction, burnout, and intent to leave.[34,35,36] Negative leadership behaviors have been found to correlate with increased levels of burnout,[37] whereas positive leadership experiences, especially at the work-unit level (i.e., immediate supervisor), correlate with decreased odds of burnout and increased odds of satisfaction with the organization.[38] “The middle manager is so key,” noted an FQHC senior executive, “the impact they could have on wellness for the organization is significant, if we could get them more support.”

> *“THE MIDDLE MANAGER IS SO KEY… THE IMPACT THEY COULD HAVE ON WELLNESS FOR THE ORGANIZATION IS SIGNIFICANT, IF WE COULD GET THEM MORE SUPPORT.”*

OPPORTUNITY TO IMPROVE

This leaves mangers who are not consistently promoted for their business, managerial, or leadership acumen, but are a critical interface between senior leaders and frontline workforce and have a substantial impact on frontline workforce wellness. The structure and resources to train and support all managers is inadequate, negatively impacting the workforce. This presents an opportunity to better structure and support professional development for current, new, and prospective frontline managers.

2. Promising Practices

This section presents five key findings, highlighting an array of promising practices implemented at respondent organizations to support the frontline workforce:

2.1. Engage with the frontline workforce to better understand organizational drivers of chronic stress and burnout, and workforce-identified support needs.

2.2. Demonstrate organizational commitment to workforce health and wellness by addressing workforce-identified stressors and support needs.

2.3. Establish a centralized organizing structure for coordinating, developing, and implementing initiatives to improve workforce wellness.

2.4. Implement policies, processes, and technological solutions to reduce documentation time and other EHR-related burden.

2.5. Develop professional, managerial, and leadership skills among current and prospective frontline managers.

2.1. Engage with the Frontline Workforce to Better Understand Organizational Drivers of Chronic Stress and Burnout.

An engaged and responsive frontline workforce is critical to better understanding organizational drivers of chronic work-related stress, employee burnout, and workforce support needs, and in turn, improving workforce health and wellness. "The whole idea is to improve workforce retention and improve how staff are treated," stated the executive director of the MedStar Health Center for Wellbeing, "one of the ways you treat your staff better is you give them a voice."

Surveys were the most common form of frontline workforce engagement, with all but one represented provider organization currently conducting an annual survey of all staff; one FQHC opted for more focused pulse surveys over their typical annual survey throughout the pandemic, though recently opted in to the HRSA Bureau of Primary Health Care's *Health Center Workforce Well-Being Survey*** and is exploring implementation of the *Gallup Q12 Survey* to begin annually tracking employee engagement starting in 2023. Respondents from three provider organizations also noted conducting periodic surveys focused more specifically on well-being, though limited to physicians and/or other clinicians.

However, many respondents cited low survey response rates as a barrier to better understanding and addressing issues related to workforce wellness, burnout, and support needs, often linking a lack of organizational follow-up on workforce survey results to low response rates. "I don't think we make as much use of (the data being collected) as we could," noted an FQHC-based behavioral health care provider/services director. A health system-based provider more bluntly posited, "there's nothing much done when I say I'm burned out, so what's the point of doing the survey?"

** conducted between November 2022 and January 2023

For organizations struggling to initially implement full-on comprehensive surveys and/or experiencing low response rates, leaders from **MedStar Health Center for Wellbeing** and the **GW Resiliency & Well-Being Center** suggest beginning with more focused, smaller-scale, direct engagement (e.g., listening sessions, focus groups, targeted conversations) with key leaders and stakeholders at all levels from across the organization.

Several health care provider organizations have also either stood up dedicated workforce wellness committees or added wellness to the scope of an existing committee; some included broad representation from across an organization, including frontline workforce, whereas others were departmental or only included clinical professionals or departmental/organizational leadership (e.g., physicians, medical directors). Although some committees were more broadly focused on understanding and addressing the impact of organizational structures and processes on workforce, others were more narrowly focused on developing individual wellness or other activities for staff (e.g., yoga, meditation, after-work outings, in-office non-work gatherings).

At **Mary's Center**, organizational leaders regularly "go on tour," dropping in to different departments and engaging directly with frontline employees about wellness-related needs and pain points, noted their VP of Learning and Leadership Development.

Mary's Center also uses exit interviews to better understand drivers of attrition, and is considering implementing *stay interviews*—an interview conducted with an employee to learn why the employee continues to work for the employer and what could trigger the employee to consider leaving"—as a similar but more proactive measure for increasing workforce engagement and retention, noted a departmental director.

2.2. Demonstrate Organizational Commitment to Workforce Health and Wellness by Addressing Workforce-Identified Stressors and Support Needs.

Multiple respondents noted the critical importance of "closing the loop" to increasing workforce engagement in and developing buy-in and support for organizational efforts to reduce/prevent employee burnout and improve employee wellness. "If people believe that when they answer a survey, it's going to lead to meaningful change, they'll answer the survey," noted the MedStar Health Center for Wellbeing executive director. "You have to come with experience-based co-design and respect for people at the beginning, and it takes a while to build that culture," added the GW Resiliency & Well-Being Center's medical director.

Exemplifying this approach, **Mary's Center** created a new senior HR position and branch dedicated to learning and leadership development (discussed in additional detail, below), which has also played a central role in developing broader wellness-related organizational change efforts, in response to workforce-identified needs.

"We committed to it because of the themes that were continuously coming up with HR around why people were leaving," noted Mary's Center's VP of Learning and Leadership Development; "we're promoting from within more, we are retaining the actual leadership that we've created, that we've sustained, through these leadership support programs."

Given the impact of the COVID-19 pandemic on the healthcare workforce, leaders from MedStar's and GW's wellness programs highlighted a likely acute need to focus on developing individualized supports to address acute distress, "whether burnout, depression, anxiety, trauma, substance use, basically, health and mental health needs," as noted by the GW Resiliency & Well-Being Center medical director. "We stood up the stress first aid program because post-traumatic stress is everywhere in healthcare," echoed the MedStar center's executive director, noting that with a program to address acute needs stood up, they were then able to shift focus more to addressing broader systems-level issues impacting the workforce, such as efficiency of practice, health record optimization, decreasing task loading, and other systemic drivers.

Bread for the City recently developed an employee wellness and mental health fund, in response to common workforce feedback identifying inadequate mental health benefits and a pressing need for individualized supports. "We try to be intentional about making sure that we take care of staff," noted the FQHC's Chief Medical Officer. The employee wellness and mental health fund provides each employee with access to several thousand dollars in reimbursement for mental health support and wellness activities of the employee's choosing.

2.3. Establish a Centralized Organizing Structure for Coordinating, Developing, and Implementing Initiatives to Improve Workforce Wellness.

Leaders from two established workforce wellness centers—MedStar Health Center for Wellbeing and GW Resiliency & Well-being Center—stressed the importance of establishing a centralized organizing structure for coordinating, developing, and implementing organizational workforce wellness efforts. "We had different pockets of people doing a lot of things, and we still do… but there was no real overarching principle," explained the GW center's medical director, suggesting "the first thing that any organization should do is look at your actual landscape; do you have a centralizing point or place in which wellbeing activities are coordinated? And if so, what is the actual scope or mandate?"

Building on earlier foundational work of the GWell Center for Healthcare Professionals, the *GW Resiliency & Well-being Center* was established in 2021 as a centralized structure for creating an inclusive culture of health and wellness across the GW medical enterprise, based on an evidence-based whole person approach. Similarly, following years of foundational wellness activities, the *MedStar Health Center for Wellbeing* was formally established in 2021 "to further develop and promote an innovative and supportive culture that prioritizes professional fulfillment and wellbeing for every MedStar Health associate."[39]

The **GW Resiliency & Well-being Center** provides an array of supports and services focused on improving and sustaining wellness and resiliency across the GW medical enterprise at the individual, departmental, and institutional levels, including:

- educational talks and resources, group workshops, and one-on-one coaching/counseling;
- departmental consultations for tailored approaches, grand rounds, workshops, and retreats; and
- institutional policy and process development and refinement, a GW-focused resources clearinghouse, and leadership development as role models of resiliency and well-being.

The **MedStar Health Center for Wellbeing** has implemented an array of programs and initiatives focused on providing individualized supports, enacting systems-level change, and creating a culture of wellbeing, including:

- stress first aid, mental health coaching and expedited care, peer-to-peer support, and digital infrastructure support services;
- local wellness committees, health fairs, wellness rounds, EHR and other workflow optimization, and group services and consults; and
- wellbeing information and resource hubs, wellness champions, a healthcare professional wellbeing consortium, wellbeing pilot grants, and wellness-related trainings/certifications (e.g., peer-to-peer, stress first aid, nurse wellbeing leader course).

Leaders from both centers also highlighted the importance of demonstrable organizational and leadership commitment to enacting workforce-informed, systems-level changes to reduce/prevent burnout and improve workforce wellness. "Everything starts with C-suite leadership, everything, they set the tone for middle management," noted the MedStar Health Center for Wellbeing executive director. "It's very clear what our priorities are from our budget," noted the GW Resiliency & Well-Being Center's associate director, highlighting the need for dedicated, sustainable funding.

In standing up an organizational wellness program, leaders from **MedStar Health Center for Wellbeing** and **GW Resiliency & Well-Being Center** stressed the need for:

- a designated senior leader to own organizational wellness, with a direct line to the CEO and at least a small, dedicated support team;
- a strategic plan based on an overriding framework (e.g., whole person care model, trauma informed care, Stanford Model of Professional Fulfillment); and
- a clear mission, vision, and mandate, focused on implementing systems-oriented, organizational-level solutions for workforce-identified leading causes of burnout.

2.4. Implement Policies, Processes, and Technological Solutions to Reduce Documentation Time and Other EHR-Related Burden.

As discussed above, administrative burdens, particularly related to the EHR and patient portal messaging, were the most cited pain point among respondents. "Taking the friction out of daily work for our docs is front and center for me," said the MedStar Health Center for Wellbeing executive director, positing, "how do we make it easier for people to get through their day of work, so they spend more time doing the stuff they care about?"

Providence Health Services, a division of Ascension health system, has taken multiple steps to reduce EHR-related burden and make documentation easier, including:

- the creation of EHR templates based on organizational- and user-identified needs;
- a weekly EHR Lunch Hour, during which EHR experts and IT are available to meet with any provider to discuss and problem solve EHR-related issues;
- integration of Dragon dictation software in the EHR, which significantly reduced time spent in the EHR; and
- providing clinicians and support staff four hours of protected time each week for administrative work.

Regarding protected time, a Providence Health Services senior executive noted, "this is very helpful for physicians to catch up, so they don't have to spend time after hours finishing notes, contacting patients, preparing patient letters."

Several respondents highlighted recent efforts using advanced practice providers and clinical/administrative support staff to reduce clinical workload and administrative burden. Examples include the use of NPs to triage patient labs, so the physician only sees abnormal results; engaging retired clinicians to work through patient

portal inboxes; and training and empowering support staff (e.g., MAs, receptionists) to manage/triage inboxes, provide simple referrals, and assist with other administrative work.

In 2020, **MedStar Health** began piloting a **Connected Primary Care**[40] model "aimed at enhancing patient access, provider experience, and practice efficiency through technology, workforce, and workflow innovation." This model connects a pod of geographically-grouped primary care practices (~20–25 providers) with one fully remote NP and MA to provide same/next day video appointments for patients with an urgent need, remote patient monitoring of patients with chronic health conditions, lab follow up, and patient portal message management.

The initiative has continued to expand throughout the pandemic, and is on track to achieve system scale in FY23; between March 2022, when scaling efforts started, and June 2023, Connected Care team members provided more than 14,000 telehealth visits and remote patient monitoring for hypertension for more than 200 patients per month, improving next available appointment time by 42 percent and reducing after-hours EHR time by 35 percent for participating providers.[40]

Finally, as discussed above, several respondents noted inadequate training and support accompanying the implementation/adoption of new technologies. "The problem is when you have to learn on the go," noted a health-system based primary care provider, "we have some massive training in the beginning, but then there's no refreshers or anything."

To address this, the provider highlighted a promising approach to training at a District-based FQHC[††] at which they previously worked, which included an initial training, a refresher training after a month or two of actual use, and protected time on staff's schedules to participate in trainings. "That was really good, because then you at least know what the question is," they explained, "in the big training in the beginning, you have no idea what even to ask; this way, you still have experts around to ask questions, once you figure out what your questions are."

2.5. Develop Professional, Managerial, and Leadership Skills among Current and Prospective Frontline Managers.

As highlighted above, many respondents discussed the critical importance of supportive, quality, middle managers to the frontline workforce and organizational wellness. "People leave their managers, not their jobs," noted the MedStar Health Center for Wellbeing executive director, "anything around leadership training is going to be huge… there's amazing ROI on that." However, the structure and resources to train and support all managers is often inadequate, negatively impacting the workforce and creating an opportunity to better structure and support manager professional development.

†† Representatives of which did not respond to our request for stakeholder input.

In March 2020, **Mary's Center** stood up a **Learning and Leadership Development Branch** in HR in response to regular frontline workforce feedback on the desire for training, development, and growth opportunities. "People are hungry for training and coaching, and I'm not talking consulting, I'm talking deep coaching, where you focus on the present and future of that person," noted the VP of Learning and Leadership Development.

To date, the program has instituted an array of leadership development initiatives for current managers, including

- weekly leadership trainings;
- peer-to-peer support groups;
- new manager onboarding and check-ins;
- individualized whole-life coaching; and
- a mentorship program (available to all staff).

Additional programs planned to roll out in 2023 include

- relationship systems coaching program (i.e., coaching relationships between people in small groups);
- readiness for being promoted assessment for all staff interested in advancement; and
- internally developed 360-degree performance assessment, including supervisor-, supervisee-, peer-, and self-feedback components.

The results have been promising, the VP noted: "we're promoting from within more; we are retaining the actual leadership that we've created, that we've sustained, through these leadership support programs." Two formal evaluations of these efforts are also planned for 2023.

Summary of Highlighted Promising Practices and Organizations

The table below provides a summary of promising practices and organizations highlighted in this section. If you or your organization would like to learn more about a practice cited, please contact the DC Department of Health (DC Health) Primary Care Office (PCO) at pcorfa@dc.gov and the PCO will look to connect you with the program.

Engaging the Frontline Workforce
• MedStar Health Center for Wellbeing • GW Resiliency & Well-being Center • Mary's Center
Demonstrating Organizational Commitment to Workforce Health and Wellness
• Mary's Center (systems-level change) • Bread for the City (individualized supports)
Standing Up an Organizational Wellness Program
• MedStar Health Center for Wellbeing • GW Resiliency & Well-being Center
Reducing EHR and Other Administrative Burden
• Providence Health Services • MedStar Health Center for Wellbeing
Developing Frontline Leaders
• Mary's Center

3. Opportunities to Improve Workforce Wellness

Through this process, the DC PCO identified an array of potential opportunities to improve workforce health and wellness, reduce and prevent burnout, and increase support for and retention of the District's primary care workforce. These opportunities are summarized below, grouped by responsible actor (i.e., DC Health, healthcare provider organizations, and payers).

However, as previously highlighted in the introduction, it is important to again note that "there is limited robust research on—or evaluations of—*burnout interventions*, particularly the effectiveness of specific organizational interventions, longitudinal research on the impact of interventions, the interventions that are most effective in different groups of physicians, and the combination of individual and organizational interventions."[41] As such, the opportunities highlighted below should not be read as exhaustive or as a DC Health or DC PCO endorsement of any specific action(s), but as a guide for potential opportunities worthy of further exploration and consideration. For additional information, links to selected external resources are also provided in the following section.

3.1. DC Health will:

- Convene interested stakeholders to discuss, develop, and recommend operational improvements related to efficiency of practice, practice and payment models, and other identified operational needs.
- Provide grant funding to support EHR optimization and burden reduction, including implementation of technology solutions to reduce EHR documentation time and training/technical assistance.
- Help diffuse successes and innovation between organizations by highlighting and connecting organizations who have an emerging/best practice with those that are ready to implement said practice.

3.2. Healthcare Provider Organizations can:

- Identify one formal senior leader to own organizational wellness; this executive should report directly to the CEO and have the support of at least a small, dedicated support team, relative to the size and scope of the organization. The senior leader should develop a centralized organizing structure for workforce wellness, with a focus on implementing systems oriented, organizational-level solutions for leading causes of burnout (e.g., HR policies; administrative/technological burden; work processes and environments; organizational culture and communication).
- Engage frontline workforce to better understand organizational drivers of burnout and wellness and support needs; consider starting with smaller-scale direct engagement efforts (e.g., listening sessions, focus groups, targeted conversations) with key leaders and stakeholders in different positions throughout the organization.
- Implement technological solutions to reduce documentation time and other EHR-related burden, such as development of templates for common EHR tasks (based on organizational and user-identified needs) and integration of EHR transcription software.
- Implement standing EHR office hours during which EHR experts and/or IT staff are available to discuss and problem-solve EHR-related issues.

- Empower advance practice providers, medical assistants, and other support staff to reduce clinical and administrative burden (e.g., urgent visits, telehealth appointments, review/triage lab results, review/respond to/triage patient portal messages, provide patient referrals).
- Ensure protected time for organizational training activities, particularly related to technological supports (e.g., electronic health records).
- Ensure weekly protected non-clinical time for clinicians and support staff to complete administrative tasks; organizations could also consider protected time for other non-clinical activities, such as engaging in self-care, pursuing related interests (e.g., teaching, community work), and other workforce-identified activities that improve individual health and wellness, reduce and prevent stress/burnout, and increase joy in work.
- Focus on formal management and leadership skills development for current, new, and prospective frontline managers, including training, mentorships, peer-to-peer support programs, and individualized whole-life coaching. Management and leadership skills include strategic planning; systems thinking; project management; process and quality improvement; data analytics; performance coaching; communication; relationship management and team building; conflict management and resolution; diversity, equity, and inclusion; and emotional intelligence.
- Enact alternative/flexible scheduling policies, enabling staff to adapt schedules based on individual/family needs.

3.3. Payers can:

- Implement value-based payments that support and incentivize evidence-informed approaches to organizational wellness.
- Pay prospectively for integrated, interprofessional primary care teams that provide adequate support to healthcare workforce in delivering high quality, person-centered care.
- Shift primary care payment from exclusively fee-for-service models that devalue important tasks outside of direct patient encounters to hybrid models (part fee-for-service, part capitation) that give healthcare organizations flexibility to invest in direct care (e.g. optimizing care delivery teams) and indirect care (e.g. time for documentation, care coordination.)

4. Selected External Resources

AMA Joy in Medicine Program

https://www.ama-assn.org/practice-management/physician-health/joy-medicine-health-system-recognition-program

Campaign for Trauma-Informed Policy and Practice: Trauma-Informed Workplaces

https://www.ctipp.org/post/toolkit-trauma-informed-workplaces

George Washington University Resiliency and Well-Being Center

https://rwc.smhs.gwu.edu/

Medical Society of the District of Columbia (MSDC) Physician Health Program (PHP)

https://members.msdc.org/page/PHP

MedStar Health Center for Wellbeing

https://www.medstarhealth.org/innovation-and-research/medstar-institute-for-innovation/about-us/medstar-health-center-for-wellbeing

MedStar Health Connected Primary Care

https://www.medstarhealth.org/news-and-publications/articles-and-research-reports/connected-primary-care

National Academies of Sciences, Engineering, and Medicine—Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being

https://nap.nationalacademies.org/catalog/25521/taking-action-against-clinician-burnout-a-systems-approach-to-professional

Ontario Medical Association Burnout Task Force—Healing the Healers: System-Level Solutions to Physician Burnout

https://www.oma.org/uploadedfiles/oma/media/pagetree/advocacy/health-policy-recommendations/burnout-paper.pdf

Stanford Model of Professional Fulfillment

https://wellmd.stanford.edu/about/model-external.html

U.S. Office of the Surgeon General—Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce

https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf

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