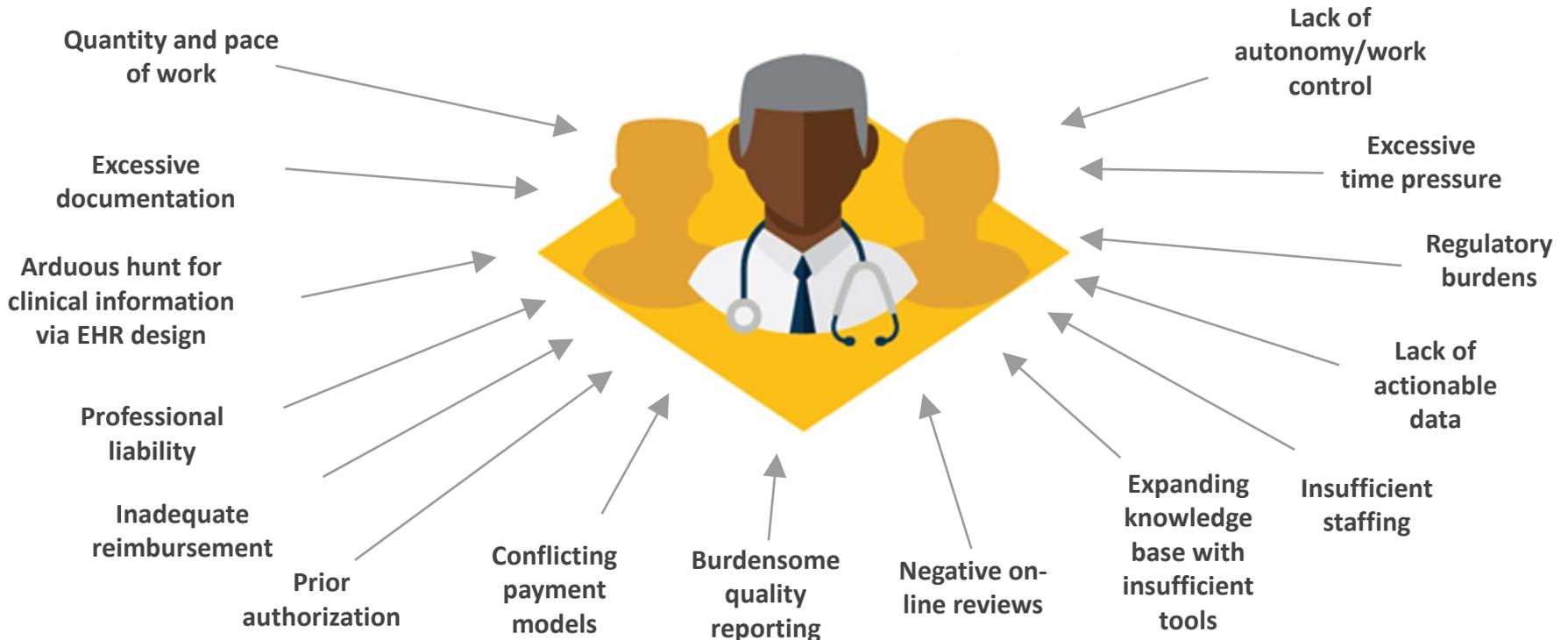# Clinician Wellness Summit:
How do we support our clinicians being able to care for their patients?
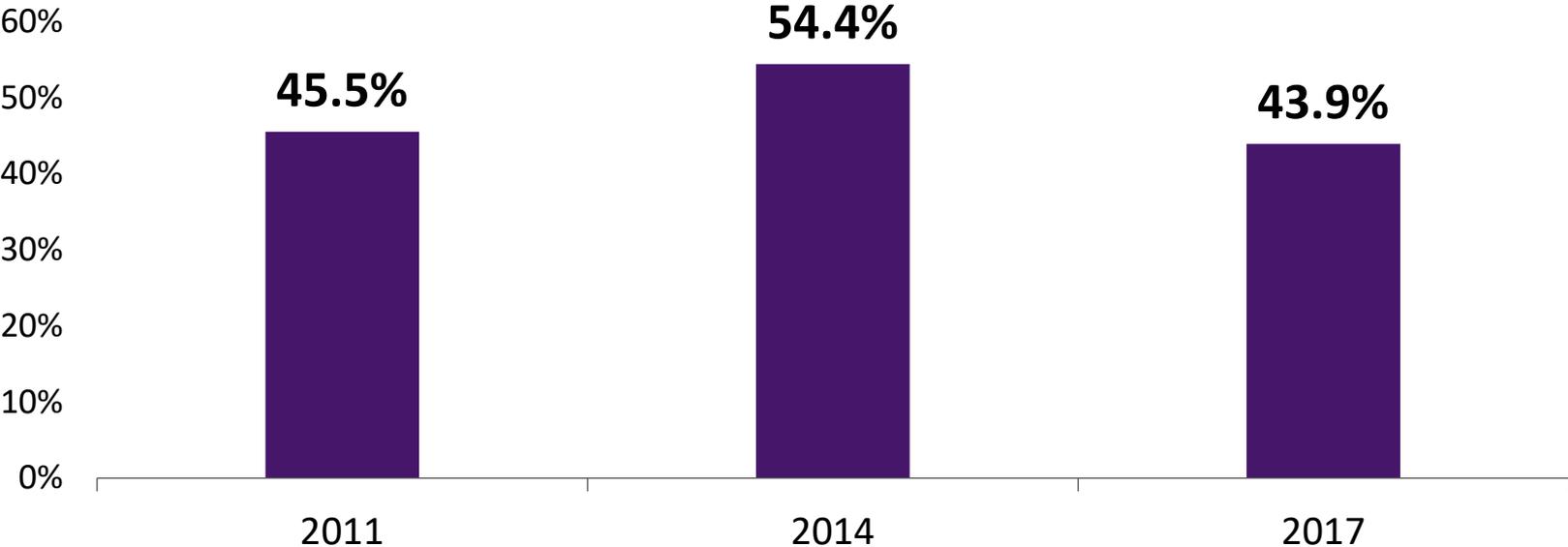
November 1, 2019

Negative forces pressing on physicians
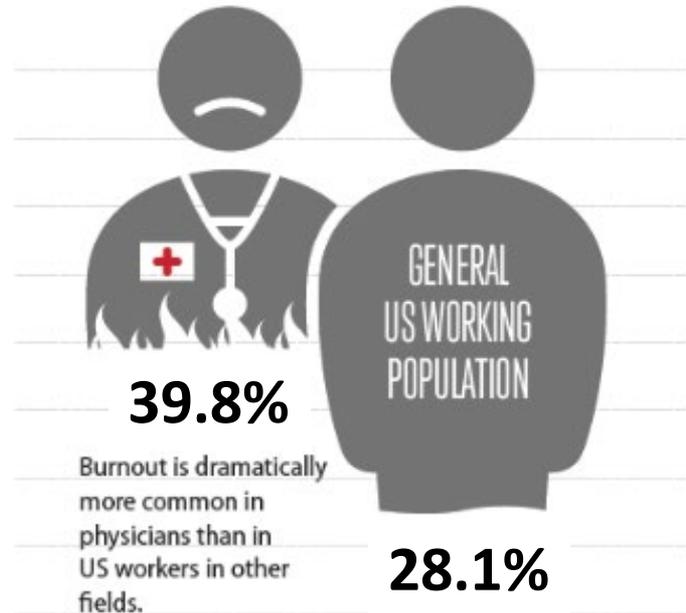

Quantity and pace of work

Excessive documentation

Arduous hunt for clinical information via EHR design

Professional liability

Inadequate reimbursement

Prior authorization

Conflicting payment models

Burdensome quality reporting

Negative on-line reviews

Expanding knowledge base with insufficient tools

Insufficient staffing

Lack of actionable data

Regulatory burdens

Excessive time pressure

Lack of autonomy/work control

AMA

Burnout: Signs of Improvement

Percent of Physicians Reporting at Least One Symptom of Burnout

Bar chart showing:
- **2011: 45.5%**
- **2014: 54.4%**
- **2017: 43.9%**

AMA

How Do Physicians Compare?

39.8%

Burnout is dramatically more common in physicians than in US workers in other fields.

GENERAL US WORKING POPULATION

28.1%

Source: Shanafelt T, West CP, Sinsky C, et al. Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population between 2011-2017. Mayo Clin Proc In press.

AMA

Why Burnout?

"Burnout at its deepest level is not the result of some train wreck of examinations, long call shifts, or poor clinical evaluations. It is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice."

Richard Gunderman
The Atlantic
February 21, 2014

HEALTH

For the Young Doctor About to Burn Out
Professional burnout is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice.

RICHARD GUNDERMAN   FEB 21, 2014

Tertius Lydgate from *Middlemarch* by George Eliot   (THE JENSON SOCIETY, NY)

Our health depends in part on health professionals, and there is mounting evidence that many young physicians are not thriving. A recent report in the journal *Academic Medicine* revealed that, compared to age-matched fellow...

AMA

What Causes Dissatisfaction?

*"Burnout was associated with **high stress, low work control, and low values alignment with leaders** "*

Linzer M, Poplau S, Babbott S, et al. Worklife and wellness in academic general internal Medicine: Results from a national survey. J Gen Intern Med. 2016.

*"The **leadership qualities of physician supervisors** appear to impact the well-being and satisfaction of individual physicians."*

Shanafelt TD, Gorringe G, Menaker R, et al. Impact of organizational leadership on physician burnout and satisfaction. Mayo Clin Proc. 2015;90:432-40.

*"The number of hours a physician works is not related to happiness, but the **perceived ability to manage workload** was significantly related to happiness."*

Eckleberry-Hunt J, Kirkpatrick H, Taku K, et al. Relation Between Physicians' Work Lives and Happiness. South Med J. 2016 Apr;109(4):207-12.

AMA

What Causes Dissatisfaction?

*"Physicians who used **EHRs and CPOE** were less satisfied with the amount of time spent on clerical tasks and were at higher risk for professional burnout."*

Shanafelt TD, Dyrbye LN, Sinsky C, et al. Relationship between clerical burden and characteristics of the electronic environment with physician burnout and professional satisfaction. Mayo Clin Proc. 2016.

*"More **after-hours time spent on the EHR** was associated with burnout and less work-life satisfaction."*

Robertson SL, Robinson MD, Reid A. Electronic Health Record Effects on Work-Life Balance and Burnout Within the I3 Population Collaborative. J Grad Med Educ. 2017 Aug;9(4):479-484.

*"Physicians who reported higher % of time spent on **administrative duties** had lower levels of career satisfaction, higher levels of burnout, and were more likely to be considering seeing fewer patients."*

Rao SK, Kimball AB, Lehrhoff SR, et al. The Impact of Administrative Burden on Academic Physicians: Results of a Hospital-Wide Physician Survey. Acad Med. 2017 Feb;92(2):237-243.

AMA

Allocation of Physician Time: Part 1

Annals of Internal Medicine

ORIGINAL RESEARCH

Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tutty, PhD; and George Blike, MD

Background: Little is known about how physician time is allocated in ambulatory care.

Objective: To describe how physician time is spent in ambulatory practice.

Design: Quantitative direct observational time and motion study (during office hours) and self-reported diary (after hours).

Setting: U.S. ambulatory care in 4 specialties in 4 states (Illinois, New Hampshire, Virginia, and Washington).

Participants: 57 U.S. physicians in family medicine, internal medicine, cardiology, and orthopedics who were observed for 430 hours, 21 of whom also completed after-hours diaries.

Measurements: Proportions of time spent on 4 activities (direct clinical face time, electronic health record [EHR] and desk work, administrative tasks, and other tasks) and self-reported after-hours work.

Results: During the office day, physicians spent 27.0% of their total time on direct clinical face time with patients and 49.2% of their time on EHR and desk work. While in the examination room with patients, physicians spent 52.9% of the time on direct clinical face time and 37.0% on EHR and desk work. The 21 physicians who completed after-hours diaries reported 1 to 2 hours of after-hours work each night, devoted mostly to EHR tasks.

Limitations: Data were gathered in self-selected, high-performing practices and may not be generalizable to other settings. The descriptive study design did not support formal statistical comparisons by physician and practice characteristics.

Conclusion: For every hour physicians provide direct clinical face time to patients, nearly 2 additional hours is spent on EHR and desk work within the clinic day. Outside office hours, physicians spend another 1 to 2 hours of personal time each night doing additional computer and other clerical work.

Primary Funding Source: American Medical Association.

- For every hour of physicians clinical face time to patients, nearly 2 additional hours are spent on EHR/desk work.

- Outside office hours, physicians spend another 1 to 2 hours each night doing EHR/desk work.

Allocation of Physician Time: Part 2

Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations

Brian G. Arndt, MD[1]

John W. Beasley, MD[1,2]

Michelle D. Watkinson, MPH[1]

Jonathan L. Temte, MD, PbD[1]

Wen-Jan Tuan, MS, MPH[1]

Christine A. Sinsky, MD[3]

Valerie J. Gilchrist, MD[1]

[1]School of Medicine and Public Health, Department of Family Medicine and Community Health, University of Wisconsin, Madison, Wisconsin

[2]University of Wisconsin College of Engineering, Department of Industrial and Systems Engineering, Madison, Wisconsin

[3]American Medical Association, Chicago, Illinois

ABSTRACT

PURPOSE Primary care physicians spend nearly 2 hours on electronic health record (EHR) tasks per hour of direct patient care. Demand for non–face-to-face care, such as communication through a patient portal and administrative tasks, is increasing and contributing to burnout. The goal of this study was to assess time allocated by primary care physicians within the EHR as indicated by EHR user-event log data, both during clinic hours (defined as 8:00 AM to 6:00 PM Monday through Friday) and outside clinic hours.

METHODS We conducted a retrospective cohort study of 142 family medicine physicians in a single system in southern Wisconsin. All Epic (Epic Systems Corporation) EHR interactions were captured from "event logging" records over a 3-year period for both direct patient care and non–face-to-face activities, and were validated by direct observation. EHR events were assigned to 1 of 15 EHR task categories and allocated to either during or after clinic hours.

RESULTS Clinicians spent 355 minutes (5.9 hours) of an 11.4-hour workday in the EHR per weekday per 1.0 clinical full-time equivalent: 269 minutes (4.5 hours) during clinic hours and 86 minutes (1.4 hours) after clinic hours. Clerical and administrative tasks including documentation, order entry, billing and coding, and system security accounted for nearly one-half of the total EHR time (157 minutes, 44.2%). Inbox management accounted for another 85 minutes (23.7%).

- Physicians spent an average of 5.9 hours out of an 11.4-hour workday working in the EHR.

- Clerical and administrative tasks accounted for 44 percent of the total EHR usage time

Brian G. Arndt, John W. Beasley, Michelle D. Watkinson, Jonathan L. Temte, Wen-Jan Tuan, Christine A. Sinsky, and Valerie J. Gilchrist, *Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations,* Ann Fam Med September/October 2017 15:419-426

"Pajama Time": Saturday nights belong to EHRs

142 FM
3 yr
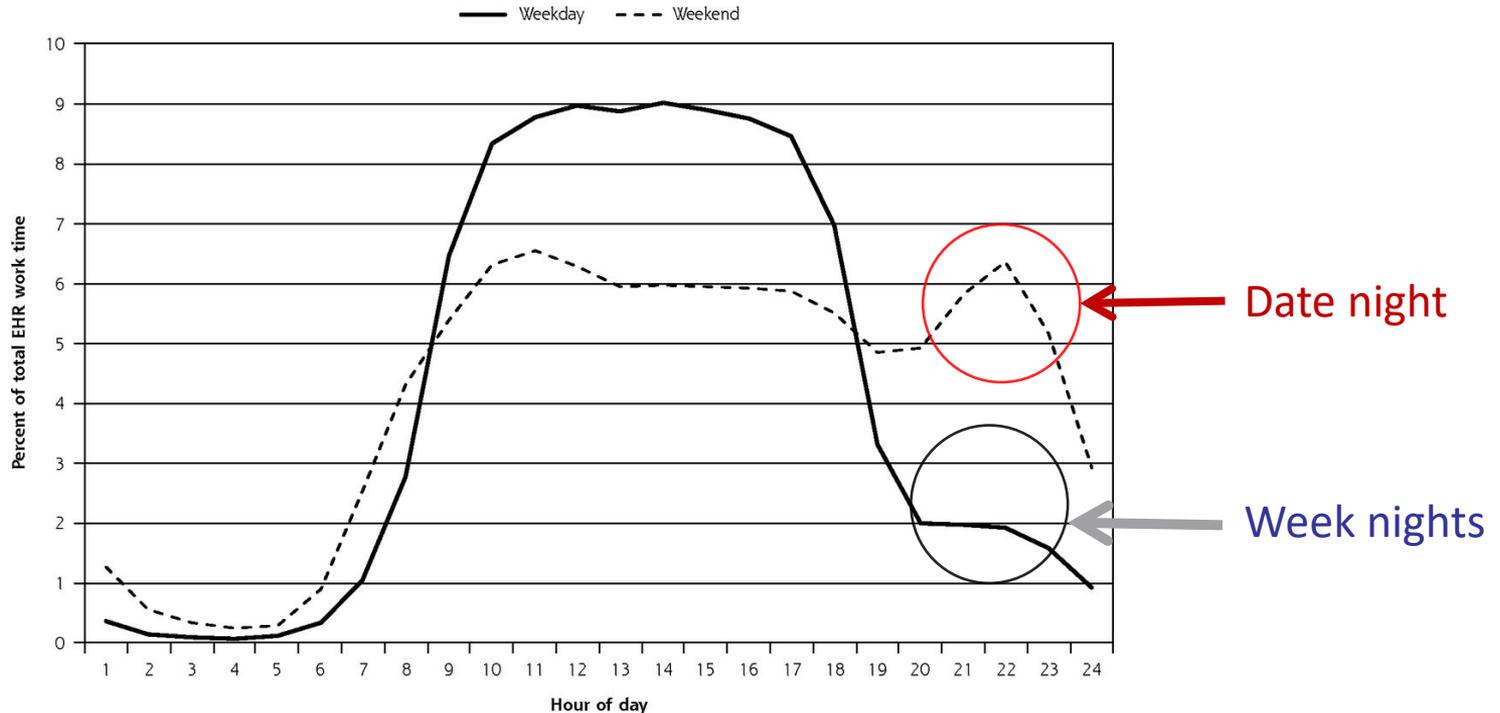
Brian G. Arndt, John W. Beasley, Michelle D. Watkinson, Jonathan L. Temte, Wen-Jan Tuan, Christine A. Sinsky, and Valerie J. Gilchrist, *Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations,* Ann Fam Med September/October 2017 15:419-426

AMA

Summary of Burnout Drivers

Burnout is driven by:

- high workloads

- workflow inefficiencies

- increased time spent with documentation/administration

- loss of meaning in work

- social isolation at work

- misalignment of values

Burnout has repercussions at a personal and professional level

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Why Does Burnout Matter?

"We found support for the notion that the depersonalization dimension of physician burnout was associated with <u>patient outcomes of lower satisfaction and longer post discharge recovery time</u> (after controlling for severity of illness and other demographic factors)."

Halbesleben JR, Rathert C. Linking physician burnout and patient outcomes: Exploring the dyadic relationship between physicians and patients. Health Care Manage R. 2008;33:29-39

"<u>Physician burnout, fatigue</u>, and work unit safety grades were independently <u>associated with major medical errors</u>."

Tawfik D, Profit J, Morgenthaler T, Satele D, Sinsky C, Dyrbye L, Tutty M, West CP, Shanafelt T, Physician Burnout, Well-being, and Work Unit Safety Grades in Relationship to Reported Medical Errors, Mayo Clinic Proceedings, Volume 93, Issue 11, 2018.

AMA

Three More Studies: Patient Outcome Implications

"...**Dense EHR communication patterns** *not supplemented by dense face-to-face interactions* **were associated with less effectively controlled cholesterol levels and more emergency department visits** *for the team's patient panels.*"

Marlon P. Mundt, Valerie J. Gilchrist, Michael F. Fleming, Larissa I. Zakletskaia, Wen-Jan Tuan, and John W. Beasley. Effects of Primary Care Team Social Networks on Quality of Care and Costs for Patients With Cardiovascular Disease. *Ann Fam Med* March/April 2015 13:139-148; doi:10.1370/afm.1754

"**Patients preferred** *and perceived the F2F [*face-to-face*] physician as more compassionate and professional and as having better communication skills (compared to those who use an examination room computer)*"

Haider A, Tanco K, Epner M, et al. Physicians' Compassion, Communication Skills, and Professionalism With and Without Physicians' Use of an Examination Room Computer: A Randomized Clinical Trial. JAMA Oncol.2018;4(6):879–881. doi:10.1001/jamaoncol.2018.0343

"**Clinicians on the high-use [of EHR] ICUs** *experienced "silo" effects with potential safety and quality implications...Situational awareness, communication, and patient satisfaction were* **negatively affected** *by this siloing.*"

Leslie, M. , Paradis, E. , Gropper, M. A., Kitto, S. , Reeves, S. and Pronovost, P. (2017), An Ethnographic Study of Health Information Technology Use in Three Intensive Care Units. Health Serv Res, 52: 1330-1348. doi:10.1111/1475-6773.12466

Physicians Leaving Practice and Profession Due to Burnout

Because of Burnout >

$$\frac{1}{5}$$

Physicians intend to reduce clinical work hours in the next year

$$\frac{1}{50}$$

Physicians intend to leave medicine altogether in the next 2 years to pursue a different career.
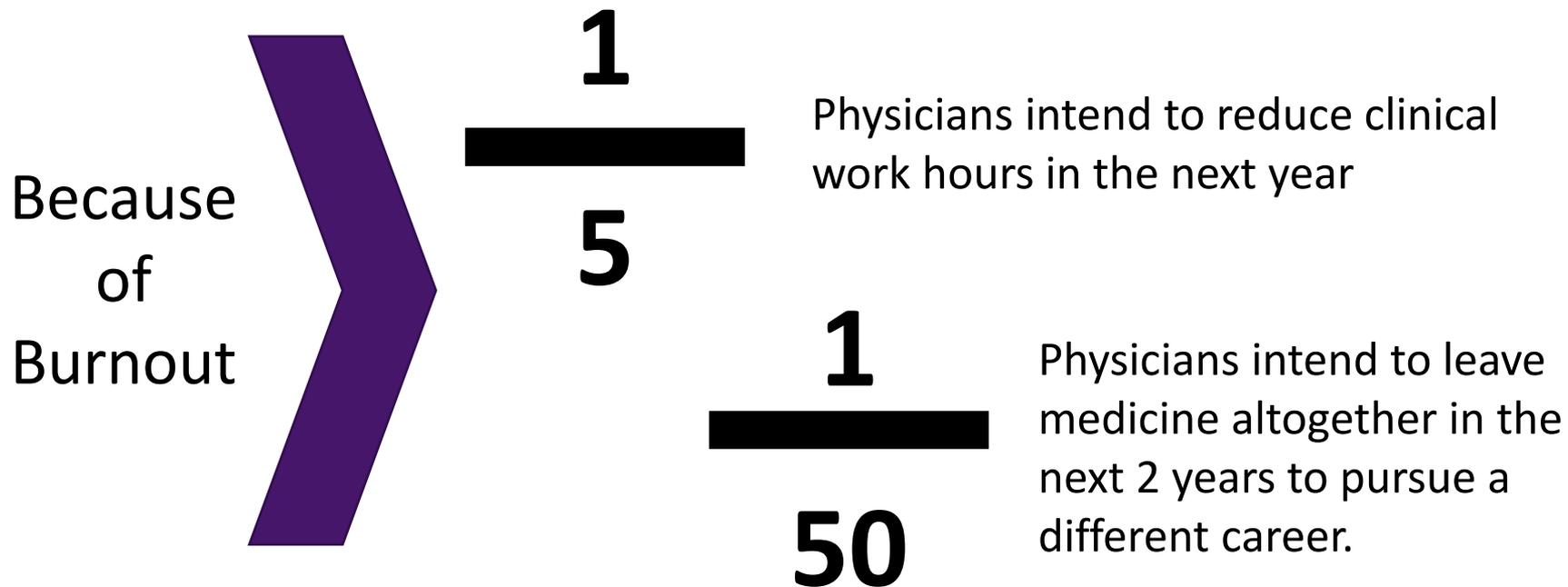
Source: Sinsky, Christine A. et al., Professional Satisfaction and the Career Plans of US Physicians, Mayo Clinic Proceedings , Volume 92 , Issue 11 , 1625 - 1635
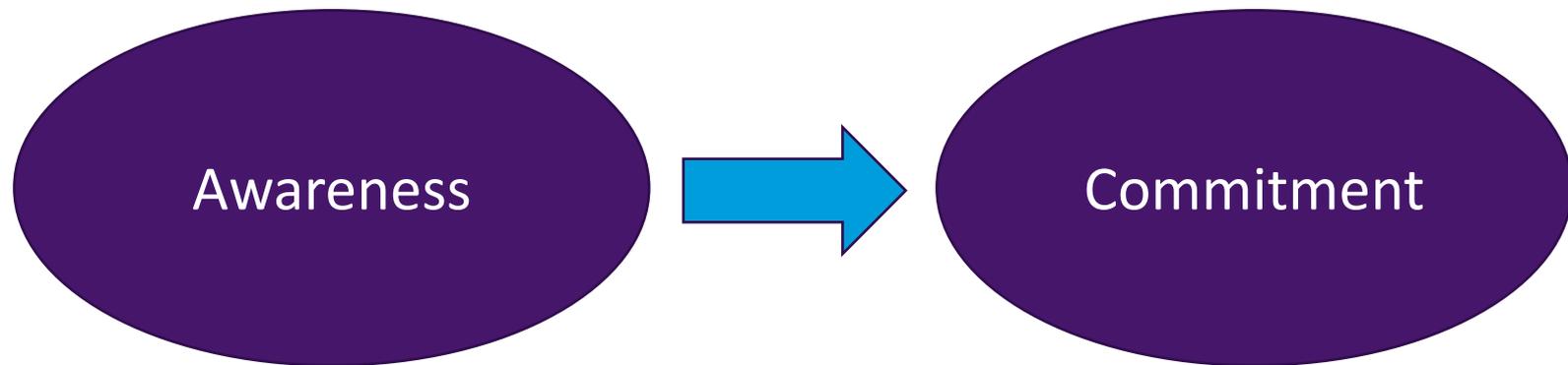
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Projected physician shortfall of between 42,600 and 121,300
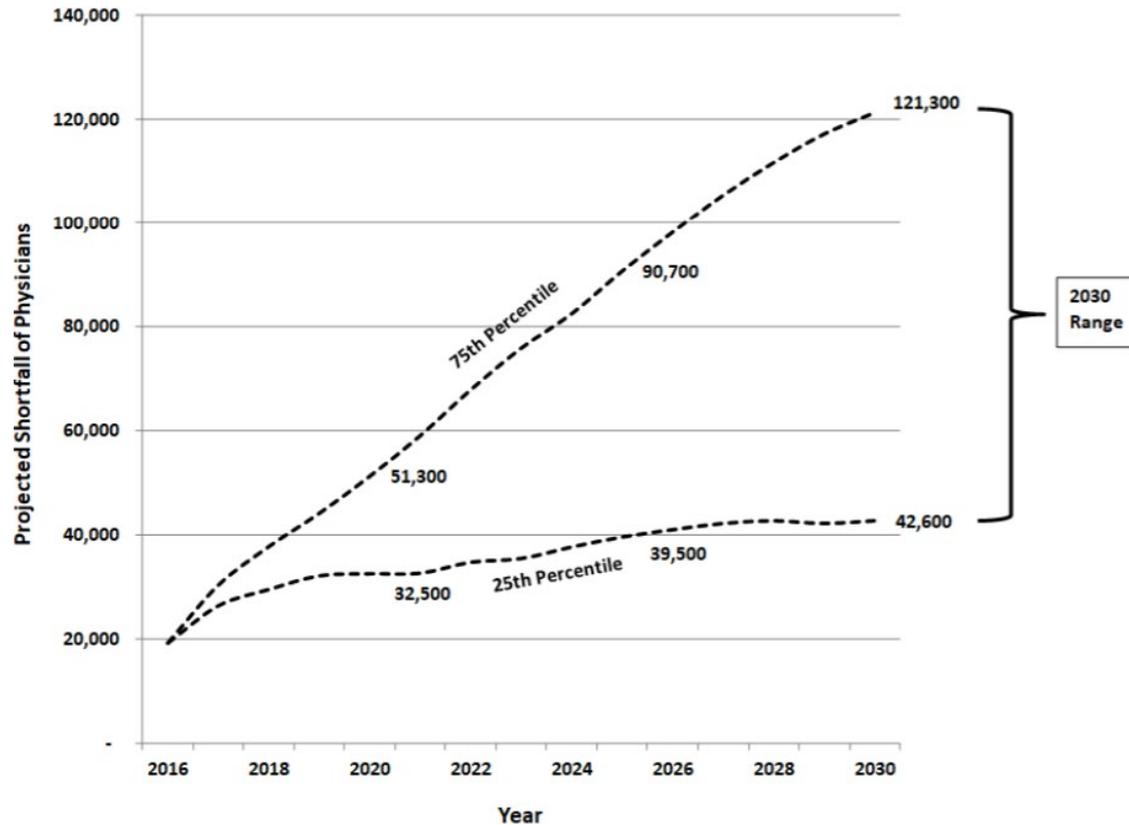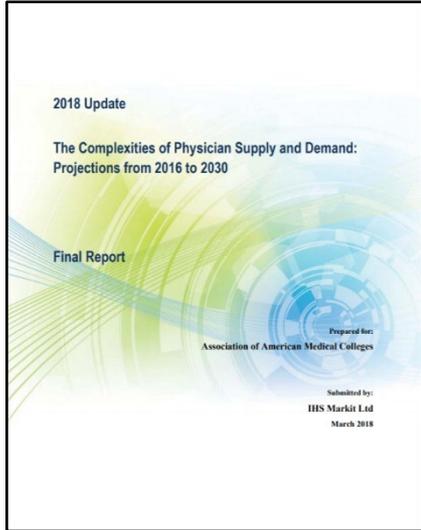
Source: 2018 Update - The Complexities of Physician Supply and Demand: Projections from 2016 to 2030 - Final Report, Association of American Medical Colleges

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Physician burnout is a symptom of system dysfunction

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How do we change?

Awareness → Commitment

AMA

"It's not that I'm so smart, it's just that I stay with problems longer."

- Albert Einstein

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How do we support our physicians being able to care for their patients?

US Health System

Organizational

Environmental

Individual

AMA
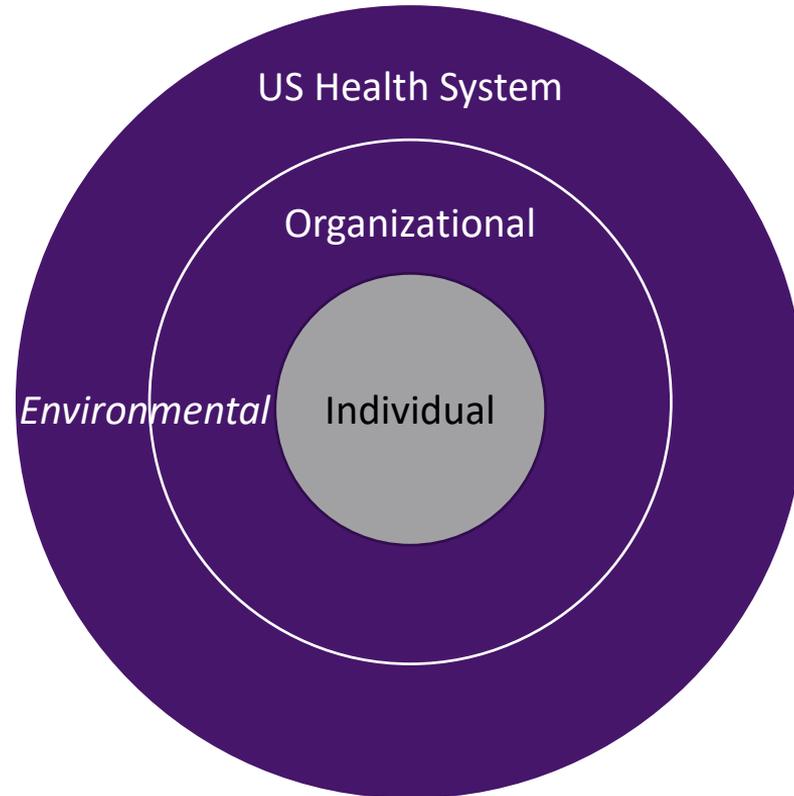
"We always hope for the easy fix: the one simple change that will erase a problem in a stroke. But few things in life work this way. Instead, success requires making a hundred small steps go right - one after the other, no slipups, no goofs, everyone pitching in."

- Atul Gawande, Better: A Surgeon's Notes on Performance

AMA

For the Individual

AMA

STEP 1: Take a deep breath and get organized

1 Put yourself on your own schedule

2 Take stock of your desires, feelings and actions that may be contributing to stress or burnout

3 Identify and prioritize your values and compare them to how you spend your time

Source: STEPS Forward "Physician Well-Being: Protect Against Burnout and Encourage Self-Care" https://edhub.ama-assn.org/steps-forward/module/2702556

STEP 2: Think about your practice or training from a different perspective

4 Write your individual mission statement

5 Write down inspiring patient stories

Source: STEPS Forward "Physician Well-Being: Protect Against Burnout and Encourage Self-Care" https://edhub.ama-assn.org/steps-forward/module/2702556

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STEP 3: Think about the big picture

6 — Consider the legacy you want to leave behind

7 — Start a gratitude journal

8 — Learn to manage your time and finances

9 — Develop your spiritual practice

Source: STEPS Forward "Physician Well-Being: Protect Against Burnout and Encourage Self-Care" https://edhub.ama-assn.org/steps-forward/module/2702556

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STEP 4: Find support and guidance in outside groups

9 Consider a support group

10 Enlist your peers to provide support

11 Seek professional help

12 Connect with local resources

Source: STEPS Forward "Physician Well-Being: Protect Against Burnout and Encourage Self-Care" https://edhub.ama-assn.org/steps-forward/module/2702556

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STEP 5: Find meaning outside of work

13 Volunteer

14 Learn something new

15 Take a mindfulness class

16 Connect with your body

Don't forget to have fun!

Source: STEPS Forward "Physician Well-Being: Protect Against Burnout and Encourage Self-Care" https://edhub.ama-assn.org/steps-forward/module/2702556

AMA

For the Organization

AMA

Evidence: organizational changes have bigger impact
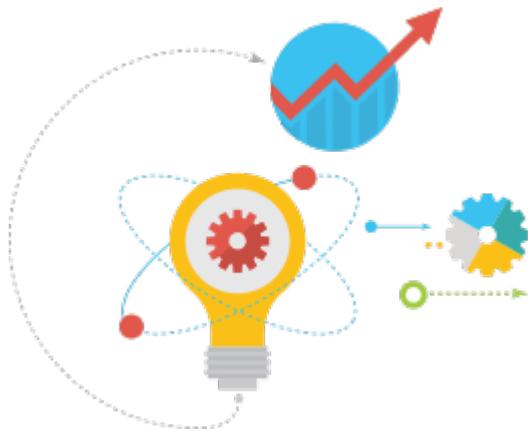
"Twenty independent comparisons from 19 studies were included in the meta-analysis...

...This finding provides support for the view that _burnout is a problem of the whole health care organization_, rather than individuals."

Panagioti M, Panagopoulou E, Bower P, et al. Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis. JAMA Intern Med. 2017 Feb 1;177(2):195-205.

AMA

Seven steps to prevent burnout in *your* practice

1) Establish wellness as a quality indicator for your practice

2) Start a wellness committee and/or choose a wellness champion

3) Distribute an annual wellness survey

4) Meet regularly with leaders and/or staff to discuss data and interventions to promote wellness

5) Initiate selected interventions

6) Repeat the survey within the year to re-evaluate w

7) Seek answers within the data, refine the intervent improvements

Steps Forward *Physician Burnout Improve Physician Satisfaction and Patient Outcomes*
https://edhub.ama-assn.org/steps-forward/module/2702509

Burnout Costs Medical Practice
— "If any physician leaves, for us it's a $1-r

What can medical practices do to lessen physician burnout
two separate tracks: promoting wellness both at an individ
organizational level, said Kadrie. "We are following the [Am
Association's] '7 Steps to Prevent Burnout' -- I recommend
powerful," he said. "We rely heavily on data to inform us as
organization; we try to employ resources based on an evid
But they also know that data isn't everything and that the

AMA | MINI Z ASSESSMENT

Measuring your organization's well-being

How healthy is your health system?

Not knowing can cost you.

Practice Changes

"Organizations may be able to improve burnout, dissatisfaction and retention by <u>addressing communication and workflow, and initiating QI projects</u> targeting clinician concerns."

Linzer M, Poplau S, Grossman E, et al. A cluster randomized trial of interventions to improve work conditions and clinician burnout in primary care: Results from the Healthy Work Place (HWP) Study. *J Gen Intern Med*. 2015;30:1105-11.

"...A shift from a physician-centric model of work distribution and responsibility to a shared-care model, with a <u>higher level of clinical support staff per physician and frequent forums for communication</u>, can result in high-functioning teams, improved professional satisfaction, and greater joy in practice."

Sinsky CA, Willard-Grace R, Schutzbank AM, Sinsky TA, Margolius D, Bodenheimer T. In search of joy in practice: A report of 23 high-functioning primary care practices. Ann Fam Med. 2013;11:272-8.

Transform Your Practice to Save 3-5 hours/day

Practice Re-engineering

• Pre-visit lab	½ hour	
• Prescription management	½ hour	
• Expanded rooming/discharge	1 hour	
• Optimize physical space	1 hour	
• Team documentation	1-2 hours	
	3+ hours/day	
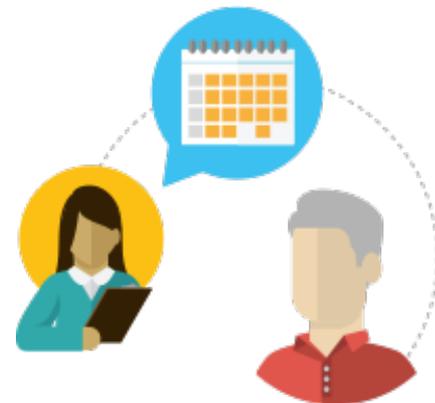
Team-based Documentation

James Jerzak, MD
Family medicine, Bellin Health System, Ashwaubenon Center

"**_Adding personnel_ to perform more administrative components of office practice was associated with less pre- and post-session physician time... and _higher patient satisfaction_.**"

Reuben DB, Knudsen J, Senelick W, Glazier E, Koretz BK. The Effect of a Physician Partner Program on Physician Efficiency and Patient Satisfaction. JAMA internal medicine. 2014;174(7):1190-1193. doi:10.1001/jamainternmed.2014.1315.

"*I never document at home, everything is done and closed by the time I leave the office.*"

"**_...a new model of care delivery with an enhanced role for medical assistants_ during the office visit increased physician-patient face-to-face time.**"

Misra-Hebert, Anita D. et al., A Team-based Model of Primary Care Delivery and Physician-patient Interaction, The American Journal of Medicine , Volume 128 , Issue 9 , 1025 - 1028

One Solution to Returning Joy to Practice

www.stepsforward.org

Impact Calculators

Burnout Impact Calculator

Your Practice

100 physicians

Number of physicians at your center

54 % burn out

Rate of burnout of physicians at your center ⓘ

7 % turnover

Current turnover rate per year ⓘ

$ 500000 per physician

Cost of turnover per physician ⓘ

Burnout Impact

2.5 per year

Number of physicians turning over due to burnout per year

$1,227,273 per year

Projected cost of physician turnover per year due to burnout

Intervention ROI Calculator

Intervention Cost

$ 100000 per year

Cost of intervention per year ⓘ

20 %

Anticipated reduction in burnout ⓘ

Intervention Savings

4.5%

Turnover without burnout

$245,455

Savings due to reduced burnout

Annual Return on Investment

145.5% per year

Return on Investment (ROI)

Conferences on Physician Health

American Conference on Physician Health
(Odd Years)
September 19-21, 2019 – Charlotte
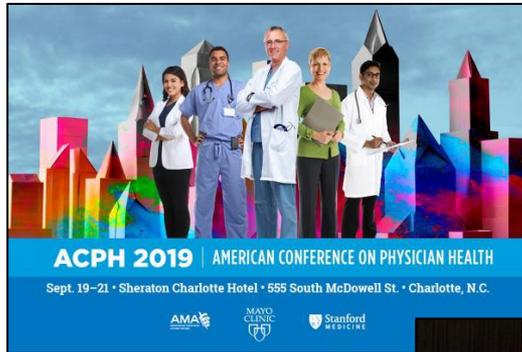
International Conference on Physician Health
(Even Years)
September 14-16, 2020 - London

450+ Attendance

More Research Needed on Organization Solutions
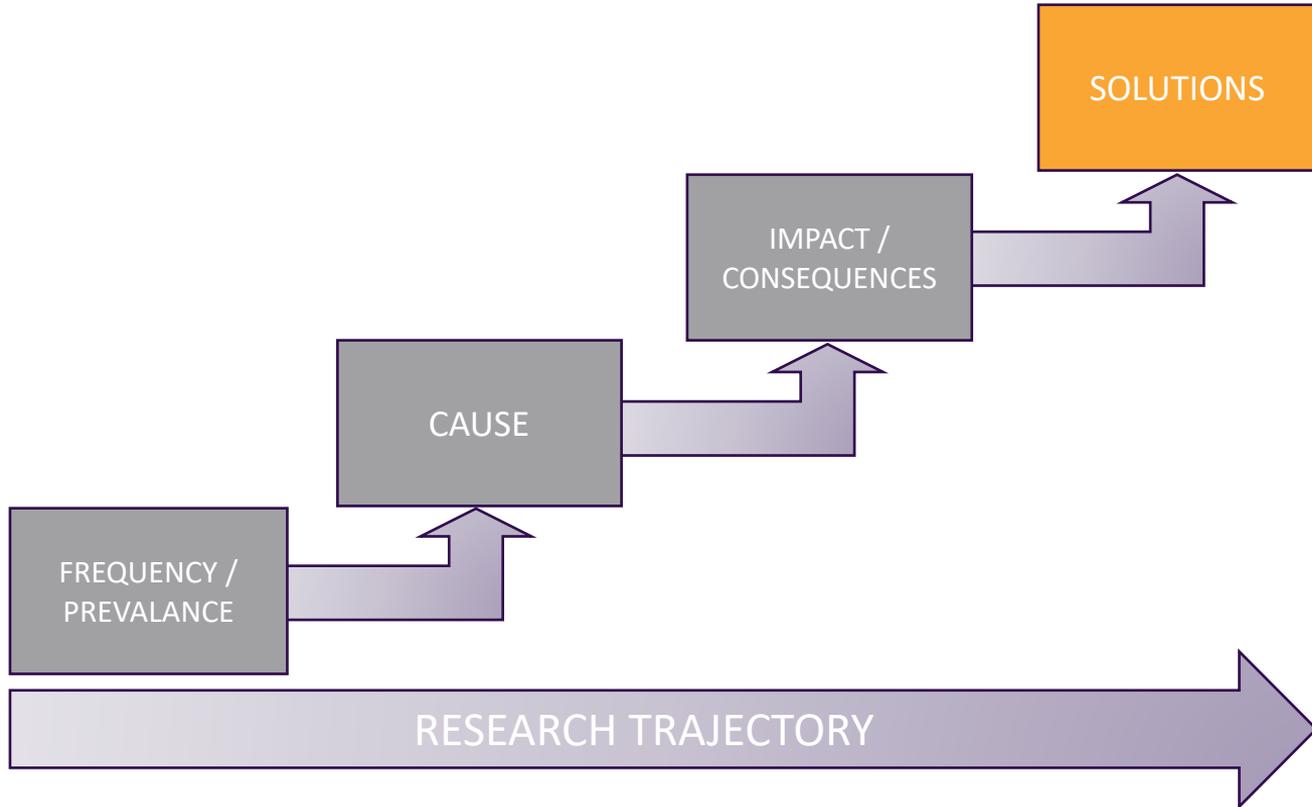
Joy in Medicine Recognition Program

JOY IN MEDICINE
Recognition Program

Practice Transformation Initiative
Solutions to Increase Joy in Medicine
Moving together toward impact

JOY IN MEDICINE
RECOGNIZED ORGANIZATION
2019

The Joy Award: Recognition program criteria—levels of transformation

The Joy Award is based on **three levels** of organizational achievement (bronze through gold). Each level is comprised of six demonstrated competencies: Commitment, assessment, leadership, efficiency of practice environment, teamwork and support.[1] Through self-assessment and a simple attestation process, an organization must meet **five out of the six** competencies within a designated level to be recognized for The Joy Award.

Joy Award recognition criteria

	Bronze	Silver[2]	Gold
Commitment	Sign charter Establish a well-being committee	CWO on the executive leadership team (report directly CEO/dean) and with at least 0.5 FTE Organization identifies struggling units and/or individuals and supports interventions.	Organization has a center for physician workforce well-being
Assessment	Annual assessment of physician well-being using a validated tool[4]	Burnout results reported to board along with a specified goal[3]	The costs of physician burnout are estimated
Leadership	Annual assessment of all unit leaders using the Mayo Leadership Index or similar instrument, with feedback to leader	Leader development program that includes training in transformational leadership, ability to foster productive work environment and guide physicians' careers Professional coaching to leaders who are in the bottom quartile two consecutive years	
Efficiency of practice environment	"Work outside of Work" (WOW,)[5] measured via EHR audit log data for select specialties[6]	WOW,[5] results reported to organization board and physicians Local units involved in root case analysis and development of intervention	
Teamwork	Teamwork measured annually using AHRQ Teamwork, Safety Attitudes Questionnaire or similar instrument or for select specialties[8]	Teamwork also measured in select specialties[8] via EHR audit[8] Results reported to organization's board and physicians	
Support	Peer support program that supports dealing with adverse clinical events (i.e., second victim)	Peer support program that supports distressed physicians	

1. These criteria are anticipated to evolve in ensuing years
2. Fulfills bronze level criteria
3. Fulfills bronze level criteria plus silver criteria
4. E.g., Maslach Burnout Inventory, Stanford Professional Fulfillment Index, Mayo Well-Being Index, Mini-Z
5. WOW, = time on EHR outside of scheduled patient hours, normalized to a unit of eight hours of patient
   24 scheduled patient hours per week and a total of 12 hours of EHR time after hours, would have WOW,
6. E.g., general internal medicine, family medicine, pediatrics and cardiology
7. These results will be anonymous and will be aggregated to create a national benchmark
8. Teamwork can be measured by the percentage of orders that have team contribution or by the percentage of keystrokes for a patient visit
   are performed by a team member (and not the physician)

Attended In-Person
- Mayo Clinic
- Southern California Permanente Group
- Beth Israel Deaconess Medical Center
- DOD, National Capital Region
- Stanford Health Care

ASCENSION MEDICAL GROUP

BETH ISRAEL DEACONESS MEDICAL CENTER

BOSTON MEDICAL CENTER

CLEVELAND CLINIC

GEISINGER

GOULD MEDICAL GROUP

HEARTLAND HEALTH CENTERS

ICAHN SCHOOL OF MEDICINE MOUNT SINAI

MAYO CLINIC

NATIONAL CAPITAL REGION

NORTHWESTERN MEDICINE

OAK STREET HEALTH

OCHSNER

SOUTHERN CALIFORNIA PERMANENTE GROUP

ST. VINCENT MEDICAL GROUP - INDIANA

STANFORD

UNC HEALTH CARE

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

UNIVERSITY OF PITTSBURGH MEDICAL CENTER

UNIVERSITY OF ROCHESTER MEDICAL CENTER

VIRGINIA MASON MEDICAL CENTER

WAKE FOREST

AMA

"A critic looking at these tightly focused, targeted interventions might dismiss them as Band-Aid solutions. But that phrase should not be considered a term of disparagement. The Band-Aid is an inexpensive, convenient, and remarkably versatile solution to an astonishing array of problems."

- Malcolm Gladwell, The Tipping Point: How Little Things Can Make a Big Difference

AMA

For the US Health System

AMA

Debunking Regulatory Myths

Debunking regulatory myths

The AMA provides regulatory clarification to physicians and their care teams in an effort to aid physicians in their day-to-day practice environment.

Pain assessments

Are clinicians required to ask patients about pain during every consultation, regardless of the reason for the visit?

Ancillary staff and/or patient documentation

Who on the care team can document components of E/M services and what is the physician required to do?

Medical student documentation

Are teaching physicians required to re-document medical student entries in the patient record?

Computerized Provider Order Entry (CPOE)

Can a nurse, certified medical assistant (MA) or non-credentialed staff enter orders in the EHR as requested by the physician?

Want to debunk a regulatory myth?
Share your regulatory myth.

Contact Us

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AMA Prior Authorization Survey

- A strong majority **(88%** and **86%)** of physicians report that the number of PAs required for **prescription medications** and **medical services** has increased over the last five years

- Almost seven in 10 **(69%)** physicians report that it is difficult to determine whether a prescription or medical service requires PA

- An overwhelming majority **(85%)** of physicians report that PA interferes with continuity of care

AMA survey of 1,000 physicians in December 2018

100+ additional stakeholders have signed on in support
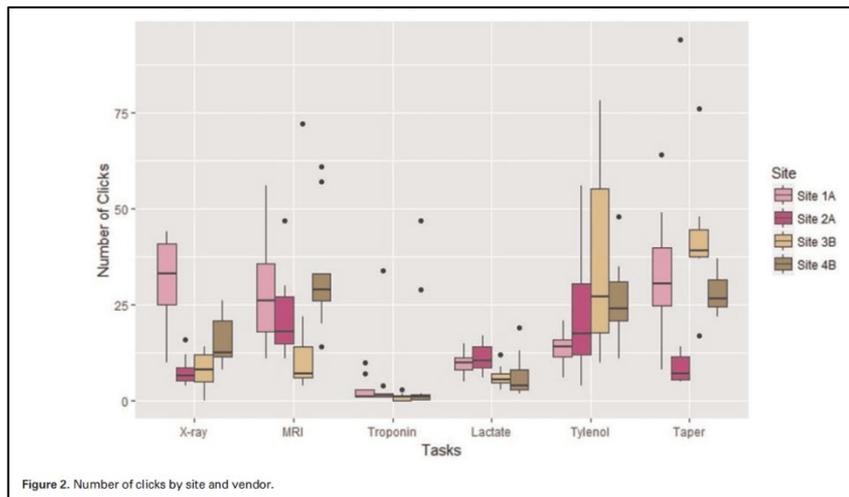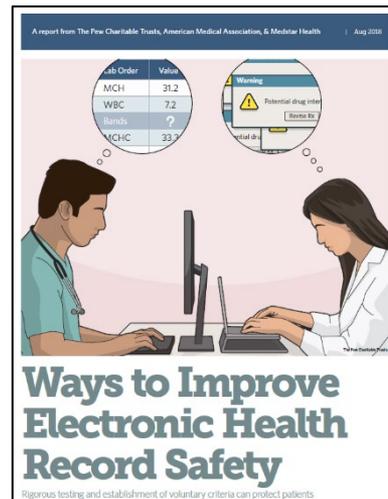
AMA EHR Efforts

EHR Usability Study

Figure 2. Number of clicks by site and vendor.

- Looked at types of errors and rates, number of clicks and total time spent performing common EHR tasks
- Significant variation across vendors and between sites

Voluntary Certification Tenets and Test Cases

- EHR Voluntary Framework with Test Cases
- Pew Charitable Trusts, AMA, & Medstar Health

AMA

Wave of New Technologies

New Technologies Driven By Medical Science

- Software
  - Predictive analytics
  - Big data
  - Artificial Intelligence
- Hardware
  - Sensors
  - Cameras
  - Battery life
  - 3D printing
- Infrastructure
  - Wireless
  - Broadband

AMA

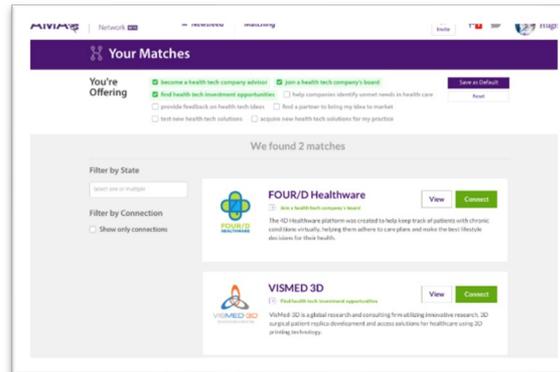# Influencing the Development of New Healthcare Digital Technologies

Industry: Xcertia

Interoperability: IHMI

Product Development: Physician Innovation Network

Innovation: Health 2047

Practice Support: Digital Health Playbook

"There is good evidence to suggest that membership and engagement in professional societies…is an important step toward overcoming physician burnout."

A sense of belonging and community can mitigate physician burnout *Bulletin of the American College of Surgeons,* August 1, 2019.

Identifying Opportunities in Vermont
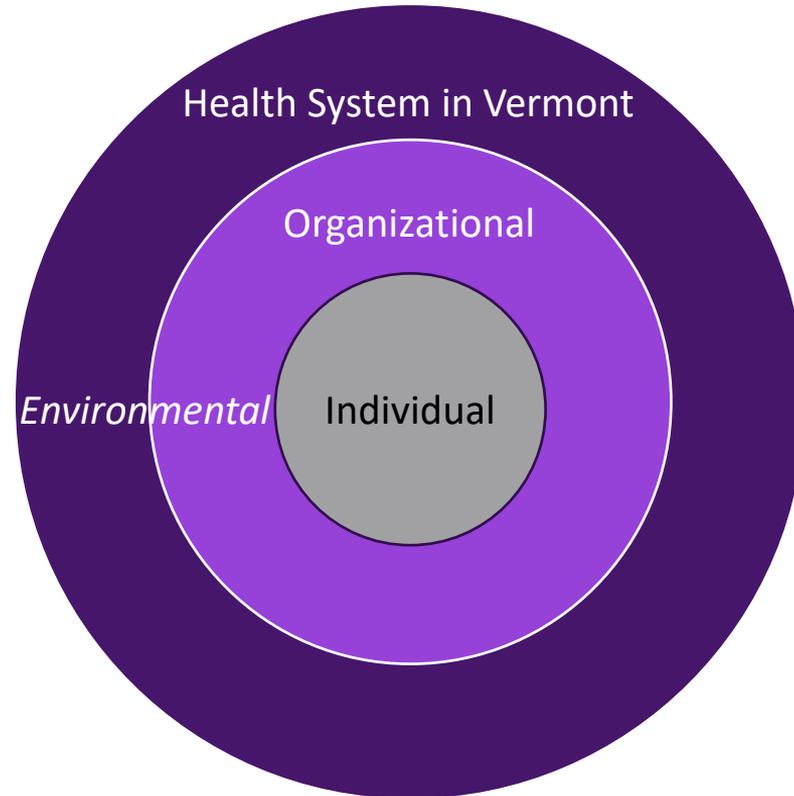
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