

November 19, 2021

John J. Howard, MD  
Director  
The National Institute for Occupational Safety and Health  
Patriots Plaza 1  
395 E Street, SW, Suite 9200  
Washington, DC 20201

Re: Interventions to Prevent Work-Related Stress and Support Health Worker Mental Health; Request for Information

Dear Dr. Howard:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to offer our comments to the National Institute for Occupational Safety and Health (NIOSH) and the Centers for Disease Control and Prevention (CDC) on the request for information on Interventions to Prevent Work-Related Stress and Support Health Worker Mental Health. We would like to express our appreciation for your efforts to support health care workers and first responders who are on the frontlines of the COVID-19 pandemic, working tirelessly to keep our nation healthy and safe.

While burnout manifests in individuals, it originates in systems and is exacerbated by the work-related stress these systems create. **The AMA therefore recommends that NIOSH and the CDC focus on interventions that improve the care environment, rather than on interventions aimed at strengthening the individual to withstand the dysfunctional care environment.**

Physicians and other health care workers face excessive stress on multiple levels in their work, made worse in the past 18 months by the demands and challenges brought on by the COVID-19 pandemic. Nearly half of physicians in the United States experience burnout—40 percent more than the general population ([Prasad, 2020](#); [Shanafelt, 2019](#)). Burnout, characterized by emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment, also affects half of medical students and residents ([Dyrbye, 2008](#); [West, 2011](#)).

The consequences of burnout are far-reaching, impacting patients, physicians, medical practices, and the health care system. Burnout is associated with medical errors ([Tawfik, 2018](#); [Menon, 2020](#)), professional dissatisfaction ([Fargen, 2019](#)), and increased depression and other health concerns ([West, 2018](#)). Studies show patients of burned-out physicians have lower satisfaction with their care and longer recovery times ([Halbesleben, 2008](#)). Physicians who are burned out are more likely to reduce their clinical effort ([Shanafelt, 2016](#); [Shanafelt, 2016](#)), and work stress is associated with higher likelihood to leave practice altogether ([Babbott, 2013](#)), threatening access to care for patients. Burnout is also associated with higher rates of referrals and testing, potentially increasing the costs of care ([Kushnir, 2014](#)). Estimates show that burnout costs the U.S. health care system \$4.6 billion per year in turnover and reduced clinical effort ([Han, 2019](#)).

Physicians exhibit higher resiliency than the general population, but even 30 percent of the most resilient physicians are burned out ([West, 2020](#)). While self-care and self-compassion are important in managing work-related stress, in the last decade research has revealed that the primary contributors to physician burnout and work-related stress are systems issues, rather than individual factors. Electronic health record (EHR) use, increased administrative burden, and clerical work associated with documentation and reporting requirements have contributed to increased rates of burnout ([Shanafelt, 2016](#)). This is not surprising, considering that for every hour a physician spends on direct patient care, they spend nearly two additional hours on EHR and desk work ([Sinsky, 2016](#)). Regulatory burdens, such as insurance authorizations, appeals processes, and other gatekeeping requirements, are also significantly and negatively correlated with physician satisfaction ([Friedberg, 2013](#)). Not having control of one's work environment, feeling undervalued ([Prasad, 2020](#)), and not feeling like values are aligned with management also increase the likeliness of burnout ([Linzer, 2016](#)).

The AMA supports interventions at all levels to reduce burnout and work-related stress, but strongly encourages system-driven solutions that create efficiencies in practice and reduce the amount of time spent on non-clinical aspects of patient care. Advising physicians, who are already highly resilient, to become more resilient is not the most effective approach. It is more effective to investigate and promote changes to the care environment. We make the following recommendations as examples of evidence-based solutions, changes, and interventions to catalyze meaningful change.

- Measurement
  - Organizations can promote the use of assessments to measure physician occupational stress and identify specific drivers of burnout. Surveys can be used to track trends in stress levels and develop supportive infrastructures.
  - Assessment of leadership, practice efficiency, costs of burnout related to turnover, and workforce recruitment and retention can also support efforts to improve workplace culture and reduce adverse effects of work-related stress and burnout.
- Practice efficiency
  - Workflows can be reengineered to reduce waste and to more strategically delegate much of the remaining work to upskilled team members, allowing more time for face-to-face patient care.
  - Policies that allow for support staff and advanced practice providers to manage administrative tasks can go a long way toward reducing stress and burnout for physicians.
  - Organizations can [de-implement](#) outdated or non-evidenced-based policies.
- Organizational culture
  - Leadership structures in which accountability is shared and decision making is distributed across executive leadership better support a work environment and culture where clinician well-being is everyone's responsibility.
  - Organizations should ensure their workforce has access to confidential counseling and/or mental health care.
  - Health care organizations can support clinician well-being by establishing a dedicated leadership position, such as a Chief Wellness Officer, to provide expertise and authority to convene other leaders in the collective purpose.

In addition to these organizational changes, opportunities exist for payers and regulators to improve processes and policies that contribute to physician burnout. For example, payers should reduce or

eliminate burdensome prior authorization and documentation requirements. State licensure boards need to address the ongoing concerns about inappropriate application questions that may deter physicians from seeking needed care.

The AMA recognizes that a healthy workforce translates to a safe and productive health care system that provides the best patient care to our population. For nearly 10 years, the AMA has dedicated significant resources to identify, study, and address the drivers of burnout and the systems issues that contribute to workplace stress and demoralization. We remain committed to this and continue to build a system of practice science and evidence-based education and resources to guide organizations in developing and maximizing improvements in their practices to reduce stress and burnout among their care teams.

### **Toolkits and assessments**

The AMA offers over 70 educational toolkits on its [STEPS Forward](#) platform that provide practical guidance for physicians and practices in improving a variety of elements of medical practice, including some specifically focused on practice efficiency, organizational culture, and individual self-care. We also provide an expanded burnout assessment along with [two no-cost surveys](#) to help health care organizations monitor the impact COVID-19 has on their workforce during this pandemic.

### **Advocacy**

We have [shaped more than 40 policies and secured 12 regulatory victories](#) that have reduced documentation burdens, such as the streamlined 2021 guidelines for establishing level of service for ambulatory evaluation and management services. The AMA provides [regulatory clarification](#) to physicians and their care teams to aid physicians in their day-to-day practice environment, and the AMA's [Joy in Medicine Health System Recognition Program](#) provides a roadmap for health system leaders to implement programs and policies that support physician well-being. In 2021, 44 health systems were recognized at either the bronze, silver, or gold level for their efforts to improve physician well-being by assessing local rates of burnout and taking action within the domains of teamwork, practice efficiency, leadership, and support.

### **Research**

As a trusted thought leader, the AMA bases our work on rigorous research, partnering with leading researchers across the nation to build a broad and diverse body of evidence. Our seminal research on physician burnout has helped shape a collective understanding of its underlying causes, drivers of burnout, and the impact burnout has on physicians, patients, and health care organizations.

The AMA has been at the forefront of research to better understand the impacts of the COVID-19 pandemic on U.S. health care workers. Our published studies have highlighted the resulting stress and anxiety, both in the early days of the pandemic and across work roles, race, and gender.

Through our [Practice Transformation Initiative](#), the AMA provides guidance to health system leaders on how to create conditions in which joy, purpose, and meaning are possible for physicians and care teams. We provide support through educational resources, subject matter expertise, and coaching to enable organizations to succeed in their practice transformation interventions.

The AMA has partnered with research teams from around the country to further understand the impact of EHRs on professional satisfaction and to illuminate the promise of objective EHR use metrics to quantify

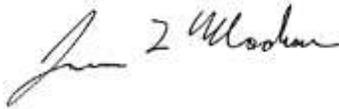
elements of efficiency of practice and teamwork. The 2021 research grant recipients include Stanford University, Yale University, University of California San Francisco, University of Wisconsin, and AllianceChicago.

### **Convening**

The AMA partners with Stanford Medicine, WellMD, and Mayo Clinic to host the biennial American Conference on Physician Health, a scientific conference that elevates research and discourse on health care system infrastructure and how organizations can help combat burnout and promote physician well-being. In addition, the AMA collaborates with the British Medical Association and the Canadian Medical Association for the International Conference on Physician Health, which provides a forum for practitioners and researchers alike to present innovative methods and support systems, educational programs, and recent research findings in the area of physician health.

The AMA continues to build on this important work, and appreciates the work of other organizations, including the CDC and NIOSH, to better our health care system for the professionals that keep it working. We thank you for the opportunity to provide information and input on this important topic. If you have any questions about the AMA's resources, research, or advocacy efforts, please contact Margaret Garikes, Vice President, Federal Affairs at [margaret.garikes@ama-assn.org](mailto:margaret.garikes@ama-assn.org) or (202) 789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD