



JOY IN MEDICINE

Health System Recognition Program

Practice Transformation

Solutions to Increase
Joy in Medicine™



An organizational roadmap to reduce burnout

Joy in Medicine Health System Recognition Program

The Joy in Medicine™ Health System Recognition Program can spark change and guide organizations interested, committed, or already engaged in improving physician satisfaction and reducing burnout.

Representing the American Medical Association's steadfast commitment to advancing the science of physician burnout, this program can empower health systems to reduce burnout so that physicians—and their patients—thrive. The Joy in Medicine Health System Recognition Program is designed to:

- **Provide a roadmap** for health system leaders to implement programs and policies that support physician well-being
- **Unite the health care community** in building a culture committed to increasing joy in medicine for the profession nationwide
- **Build awareness** about solutions that promote joy in medicine, and spur investment within health systems to reduce physician burnout

To learn more, visit ama-assn.org/amaone/practice-transformation. Or contact us at practice.transformation@ama-assn.org.



Eligibility

The Joy in Medicine Health System Recognition Program is intended for health systems with 100 or more physicians and/or advanced practice providers (APPs). Before submitting an application, systems must meet the following eligibility criteria:

- STEP 1** | If your system includes at least 100 physicians and/or APPs, proceed to Step 2.
If your system has less than 100 physicians and/or APPs, please sign the [Collaborative for Healing and Renewal in Medicine \(CHARM\) Charter](#) and engage with other resources offered by the AMA.
- STEP 2** | Organizations with at least 100 physicians and/or APPs must meet the following criteria before proceeding to the full application:
Sign the [CHARM Charter](#). The CHARM Charter on physician well-being is intended to inspire collaborative efforts among individuals, organizations, health systems and the profession of medicine to honor the collective commitment of physicians to patients and to each other.
- STEP 3** | Complete an assessment of physician well-being in the last three years using one of the following validated tools:
- Mini-Z (or single item Mini-Z burnout question)
 - Maslach Burnout Inventory
 - Mayo Well-Being Index
 - Stanford Professional Wellness Survey

Only after attesting to these criteria can an organization proceed to the full Joy in Medicine Recognition Program application portal. All applications should be submitted on behalf of the organization, not individual departments, GME programs or affiliated practices within your system.

If you have not yet completed a burnout assessment and would like to do so in preparation for next year's application cycle, [learn more](#) (PDF) about the practice transformation journey and how to get started using the AMA's no-cost burnout assessment.

Recognition

For organizations that meet the eligibility criteria

Recently revised criteria will be used for the 2022 Joy in Medicine Health System Recognition Program for organizations that meet the eligibility criteria. Supporting documentation is required throughout the application.

The Joy in Medicine Health System Recognition Program is based on three levels of organizational achievement in prioritizing and investing in physician well-being. Each level—**Bronze, Silver** and **Gold**—is composed of six demonstrated competencies: Commitment, Assessment, Efficiency of practice environment, Leadership, Teamwork and Support. Through self-assessment and an application process, an organization’s achievement level (i.e., Bronze, Silver or Gold) will be designated based on evidence that supports the completion of criteria outlined in detail below.

A review committee composed of national leaders in physician well-being will review all applications and designate an appropriate recognition level.

Recognition levels are valid for two years. After two years, an organization must resubmit an updated application for review. Organizations may submit an updated application before two years if they believe they now qualify for a higher recognition. All information submitted to the AMA will remain confidential.

As in years past, organizations **must accomplish five of six categories** to be eligible for a recognition level. Organizations must also accomplish five of six categories before applying for the next highest level (e.g., must meet five of six criteria in Bronze before applying for Silver recognition).

Criteria at a glance

Each recognition level builds on the demonstrated competencies of the previous level. Therefore, if your organization seeks Silver recognition, you must meet the criteria and provide documentation for Bronze and Silver; if your organization seeks Gold recognition, you must meet the criteria and provide documentation for Bronze, Silver and Gold.

BRONZE	SILVER	GOLD
Commitment Formalized well-being committee	Commitment Executive leadership (0.5 FTE) position devoted to wellness	Commitment Establish formal strategic aim to improve well-being
Assessment Burnout assessment within last three years	Assessment Burnout assessment for two consecutive time periods Burnout results shared with executive leadership and future targets established	Assessment Estimate costs of burnout to organization and share with executive leadership
Efficiency of practice environment Measure time on EHR via EHR audit data	Efficiency of practice environment Normalize two or more EHR measures to an 8-hour workday EHR audit data shared with executive leadership	Efficiency of practice environment Normalize EHR _s and WOW _s to an 8-hour workday Intervention based on EHR audit results
Leadership Assess leadership skills for all leaders within last 24 months	Leadership Assess leadership skills for all leaders annually Implement leader development program Query physicians about unnecessary admin burdens	Leadership Tailor leadership development program based on leadership assessment(s) Actively dismantle admin burdens identified from query
Teamwork Measure teamwork within the last three years	Teamwork Measure teamwork via EHR audit data	Teamwork Develop intervention based on teamwork assessment and EHR audit data
Support Peer support program to deal with adverse events	Support Peer support program to deal with broader issues beyond adverse events	Support Structured program to actively cultivate community at work

Applicants for Bronze recognition

Must complete *five* of six Bronze criteria

Commitment

Organization has developed a formalized well-being committee and/or office of well-being. This must be separate from other employee assistance programs your organization may have.

Supporting documentation:

- Provide composition, structure, and key objectives of committee and/or office of well-being

Assessment

Provide aggregate findings from your most recent burnout assessment within the last three years and demonstrate that these data are shared with your organization. Measuring physician “engagement” is not sufficient for this criterion. Organizations must assess physician burnout.

Supporting documentation:

- Summary of findings from organization’s most recent burnout assessment (This summary should include your most recent burnout rate, the validated tool used to measure burnout, who was surveyed, and any other relevant information you would like to share.)
- Description of how results were shared within your organization (Please provide details as to how, when, and to whom your burnout results were shared within your organization.)

Efficiency of practice environment

Organization is measuring time on EHR via EHR audit log data using one or more of the following metrics: WOW, WOW8, Inbox, Inbox₈, DocTime, DocTime₈, EHR time, or EHR₈. Measurement should be completed for all physicians within a minimum of four specialties. To learn more about the EHR metrics, please see [here](#).

Please note that these measures are NOT synonymous with what may be labeled as “pajama time” in the off-the-shelf metrics of the EHR.

Supporting documentation:

- Summary of organization’s EHR audit results (Summary should include number of physicians in audit, departments audited and a summary of results. Do not upload actual data files. Include results for a minimum of four specialties.)
- Summarize methodology for calculating time on EHR (If your organization used off-the-shelf metrics from your EHR vendor, please denote that here.)

Leadership

Assessment of all unit leaders at least **once within the last 24 months** using the [Mayo Leadership Index](#) (or similar instrument). Assessment of unit leaders should be completed by the physicians who report to the unit leader and should include, at a minimum, questions about the unit leader's leadership skills as a physician's **immediate supervisor**. Feedback from assessment must be shared with each unit leader.

OR

Appoint staff person with responsibility for leading and completing query to de-implement outdated or unnecessary administrative burdens within the next six months. Intended query should go beyond an open-ended question about suggestions to improve work. Rather, the query should actively seek input on local policies that can be modified. (See the AMA's "[De-implementation checklist](#)" or the AMA's STEPS Forward™ "[Getting Rid of Stupid Stuff](#)" module for guidance.)

Supporting documentation:

- Name of instrument your organization uses for leadership assessment (Please include the full question set, including questions asked of physicians about their immediate supervisor.)
- Provide information about who takes leadership assessment, and how results are shared with immediate supervisor for further discussion and possible improvements
- Name and job description of individual responsible for leading query to de-implement unnecessary administrative burdens

Teamwork

Teamwork measured within the last three years in at least four specialties (e.g., family medicine, internal medicine, pediatrics, and at least one subspecialty department) using the AHRQ TeamSteps [Teamwork Perceptions Survey](#), [Safety Attitudes Questionnaire](#), PeaceHealth's [Team Development Measure Survey](#) or similar instrument.

Supporting documentation:

- Provide name of instrument, list of questions, methodology used to assess teamwork (Methodology should include the list of at least four specialties used in the teamwork assessment.)

Support

Peer support program that supports dealing with adverse clinical events. (Note: having an employee assistance program is not sufficient to meet this criterion.)

Supporting documentation:

- Provide summary description of peer support program as it relates to dealing with adverse clinical events

Applicants for Silver recognition

Must complete *five* of six Bronze criteria and *five* of six Silver criteria

Commitment

Establish an executive leadership position (at least 0.5 FTE) that is directly responsible for physician well-being. The 0.5 FTE allocation should be devoted to well-being and not a more generic role within medical administration. This individual must report directly to a C-suite leader. The 0.5 FTE allocation should not be split across multiple roles.

Supporting documentation:

- Provide name of individual in executive leadership position, FTE allocation for time related to well-being/burnout work, job description and reporting structure

Assessment

Assessment of physician burnout every 12–24 months using one of four validated tools (Mini-Z, Maslach Burnout Inventory, Mayo Well-Being Index, Stanford Physician Wellness Survey) for **at least two consecutive time periods**. Measuring physician “engagement” is not sufficient for this criterion. Organizations must assess physician burnout.

AND

Executive leadership team and/or board reviews burnout metrics and establishes target for improvement.

Supporting documentation:

- List of month/years that you provided burnout assessments) listing at least two consecutive time periods, e.g., June 2020 and June 2021
- Summary of findings from at least **two** consecutive burnout assessments (This summary should include burnout rates within your organization, the validated tool used to measure burnout, and any other relevant information you would like to share.)
- Articulate improvement goals/targets (For example, “Reduce burnout by 10% in two years.” You must also include a summary of how your organization established its target for improvement.)
- Summary of how/when burnout results were shared with executive leadership team and/or board (Leadership should include your organization’s executive leadership team or board as a whole—i.e., it is not enough to have an individual member of the executive leadership team solely aware of the data.)

Efficiency of practice environment

Organization has normalized **two or more** EHR measures to an 8-hour workday (WOW₈, Inbox₈, DocTime₈, or EHR₈). Measurement should be completed for a minimum of four specialties. (To view formulas on how to normalize measures to an 8-hour workday for Epic, please see [here](#). To view information on how to normalize measures to an 8-hour workday for Epic and Cerner, please see Table 2 [here](#).)

AND

EHR audit results are reported to executive leadership team and/or board for review.

Supporting documentation:

- Summary of organization's EHR results for the measures listed above after normalization to an 8-hour workday
- Executive leadership team and/or board meeting minutes/agenda (Organizational leadership should include executive leadership team or board as a whole. It is not enough to have an individual member of the executive leadership team solely aware of the data.)

Leadership

Annual assessment of all unit leaders using the [Mayo Leadership Index](#), Viewpoint Engagement Survey, IHI Leadership Investment, or similar instrument. Assessment of unit leaders should be completed by the physicians who report to the unit leader and should include, at a minimum, questions about the unit leader's leadership skills as a physician's immediate supervisor. Feedback from assessment must be shared with each unit leader.

AND

Implement a leader development program that includes training in transformational leadership, ability to foster productive work environment and guide physicians' careers.

AND

Query physicians and staff about administrative burdens that contribute little or no value to care, impede the work of clinicians, and waste time/resources. (See STEPS Forward module for additional information.) Query should go beyond an open-ended question about suggestions to improve work. Rather, the query should actively seek input on local policies that can be modified. Please use the AMA's "[De-implementation checklist](#)" or the AMA's STEPS Forward "[Getting Rid of Stupid Stuff](#)" module for examples.

Supporting documentation:

- Summary of findings from organization's last two consecutive annual leadership assessments (Summary should include overall findings, targeted assessment group, and timeframe of assessments. Please be specific about how results are shared with immediate supervisors for improvement.)
- Description of leadership development program (Description should include information on the overall curriculum, objectives of the program, and who is eligible to complete the program. Other relevant materials—syllabus, flyers, etc.—may be uploaded.)

Leadership continued on next page ...

Leadership *continued*

Supporting documentation:

- Summary of organization's approach to querying for unnecessary administrative burdens and lessons learned from query (Query should go beyond an open-ended question about suggestions to improve work. Rather, the query should actively seek input on local policies that can be modified. Please use the AMA's "[De-implementation checklist](#)" or the AMA's STEPS Forward "[Getting Rid of Stupid Stuff](#)" module for examples.

Teamwork

[Teamwork for orders](#) (TWORD) measured in a minimum of four specialties (e.g., family medicine, internal medicine, pediatrics, and at least one subspecialty department) via EHR audit.

AND

Teamwork results reported to executive leadership team and/or board.

Supporting documentation:

- Summary of organization's TWORD results from EHR audit (Please do not upload actual data files.)
- Share methodology for calculating teamwork
- Summary of how/when teamwork results were shared with executive leadership team and/or board. (Leadership should include the executive leadership or board as a whole. It is not enough to have an individual member of the executive leadership team aware of the data.)

Support

Peer support program aimed at broader issues of physician support beyond adverse events—this can include proactive planning for support during crisis.

Supporting documentation:

- Summary description of peer support program and its activities/programming

Applicants for Gold recognition

Must complete *five* of six Bronze criteria, *five* of six Silver criteria and *five* of six Gold criteria

Commitment

Organization identifies formal strategic aim to improve physician well-being as part of the organization's overarching strategic plan.

Supporting documentation:

- Provide copy of organization's formal strategic plan that identifies physician well-being as a strategic aim or describe strategic aim through a narrative statement

Assessment

The costs of physician burnout are estimated annually and reported to the executive leadership team and/or board. (Consider using the [AMA's calculator](#), which is based on [algorithms found here](#).)

Supporting documentation:

- Estimated costs of physician burnout at your organization (Please present this as an annual dollar value.)
- Summary of how/when costs related to burnout were shared with executive leadership team and/or board (Leadership should include the executive leadership or board as a whole; again, it is not enough to have an individual member of the executive leadership team solely aware of the data.)

Efficiency of practice environment

Organization has specifically normalized EHR₈ and WOW₈ to an 8-hour workday. Measurement should be completed for a minimum of four specialties. (To view formulas on how to normalize measures to an 8-hour workday for Epic, please see [here](#). To view information on how to normalize measures to an 8-hour workday for Epic and Cerner, please see Table 2 [here](#).)

AND

Organization has developed an intervention based on results from EHR audit. Please note that the chosen intervention cannot be based solely on an EHR training program. The goal of this criterion is not to train physicians to be more proficient EHR users, rather it is to change the work environment so that fewer tasks are required of the physician. (For example: improving teamwork, task delegation, changes to the EHR software itself that improves WOW₈, EHR₈, or DocTime, etc., are all things that can positively affect the work environment.)

Efficiency of practice environment continued on next page ...

Efficiency of practice environment *continued*

Supporting documentation:

- Summary of organization's EHR₈ and WOW₈ results, normalized to an 8-hour workday
- Summary of intervention and root cause analysis (Summary should include overview of intervention, target group, length of intervention, and any improvements or challenges you have experienced throughout the intervention. *Please note that your application will not be reviewed based on successful intervention. Rather, reviewers are interested in learning about your overall approach to reduce WOW and improve practice efficiencies.*)

Leadership

Share an example of how your organization has tailored its leadership program in response to the gaps identified in leadership assessment.

AND

Actively dismantle three specific administrative burdens identified in your original query. Please use the AMA's "[De-implementation checklist](#)" and the AMA's STEPS Forward "[Getting Rid of Stupid Stuff](#)" module for guidance.

Supporting documentation:

- Summarize how organization has tailored leadership program in response to gaps identified by formal leadership assessment (Please be specific.)
- Summarize organization's approach to reducing administrative burdens identified in original query (Please be as specific as possible—What burdens are you addressing? How are you addressing them? What challenges do you continue to face in doing so?)

Teamwork

Demonstrate how your organization has developed an intervention to improve teamwork based on results from survey and/or EHR audit.

Supporting documentation:

- Summary of intervention and root cause analysis (Summary should include overview of intervention, its intended impact on teamwork, target group, length of intervention, and any improvements or challenges you have experienced throughout the intervention. *Please note that your application will not be reviewed based on successful intervention. Rather, reviewers are interested in learning about your overall approach to reduce WOW and improve practice efficiencies.*)

Support

Structured program that actively engages physicians to cultivate community at work (Mayo COMPASS physician dinners, PeerRxMed, physician lounges, monthly wellness meetings, etc.).

Supporting documentation:

- Summary description of how your organization actively engage physicians to cultivate community at work (Provide specific information in your supporting documents.)

Application process

Organizational self-assessment

Based on the outlined criteria, evaluate the current efforts of your organization to determine your level of recognition. Supporting documentation is required with your application.

Apply for the Joy in Medicine Health System Recognition Program

A leadership designee from your organization must complete and submit your application. Applications will open Jan. 14 and will close March 31, 2022.

Review process

A review committee composed of recognized national leaders in physician well-being will review all applications to affirm an appropriate recognition level.

Recognition

Organizations meeting the criteria for a designated level will be recognized for their achievement. Recognized organizations will be highlighted in press releases, on the AMA website, and spotlighted through AMA podcasts, videos and news stories.

Recognition status

Recognition is valid for two years. After two years each organization must resubmit an updated application for review. Organizations may re-apply each year to achieve higher levels of achievement.

AMA practice transformation journey

Moving together toward impact

Helping health systems and clinical practices succeed in their practice transformation journey is critical to the AMA. That's why we offer evidence-based, field-tested solutions to guide physicians and care teams each step of the way.

Increasing efficiencies, improving patient care and enhancing professional satisfaction—these are what increase Joy in Medicine™ and make the journey worthwhile.

