

MMS-MHA Joint Task Force on Physician Burnout: Review and Accomplishments 2018-2021

Overview

In 2018, the Massachusetts Medical Society (MMS) and the Massachusetts Health and Hospital Association (MHA) created a first-of-its-kind joint task force to address physician burnout, with a mission to identify and prioritize effective strategies to mitigate burnout and to advocate for statewide adoption of identified strategies and practices. The task force actively worked to raise awareness around the prevalent reality of physician burnout and to identify strategies that will improve the system. The MMS-MHA Joint Task Force Accomplishments Document is a compilation of the task force's goals, notable accomplishments, and collaborations to date.

Notable Publications

The Task Force on Physician Burnout has published papers, held educational programs, and convened important meetings to spread awareness of and seek to reduce physician burnout. Examples of this work include:

- Published Paper: [A Crisis in Health Care Report](#)
- Published Paper: [Changing the EHR from a Liability to an Asset to Reduce Physician Burnout: The Reliant Medical Group Story](#)
- Educational Programming: [Action Collaborative on Clinical Resilience and Wellness](#)

Advocacy Efforts

Although task force workgroups function on their own, there are collaborative advocacy efforts that include all members of the task force. Notable accomplishments include:

- Working with health plans, the Executive Office of Health and Human Services (EOHHS) Quality Alignment Task Force, and the National Committee for Quality Assurance (NCQA) to advocate for the reduced number of quality metrics
- Meetings with the Centers for Medicare and Medicaid Services (CMS) to alleviate administrative burden including documentation, prior authorization, and quality measures
- Advocating for longer-term improvements in legislation and regulation around electronic health records (EHRs)/electronic medical records (EMRs) and health information technology capabilities

Six Workgroup Efforts and Accomplishments

Health Plans, Insurers, and the National Committee for Quality Assurance

This workgroup tasks included advocating for the reduction of prior authorization and quality measure burden by reducing the total number of prior authorizations and the total numbers of quality measures local commercial plans include in contracts for health systems and provider groups, advocating for valid and consistent measures across payers by supporting EOHHS

Quality Alignment Task Force recommended measures, and advocating with national and state stakeholders for a strategy to reduce the number of quality measures. **Workgroup accomplishments** included meeting with state health plans Chief Medical Officers to advocate for streamlining prior authorization, quality measurement, and other administrative hassles, conducting ongoing advocacy with the Health Policy Commission to discuss prior authorization and administrative complexity, and advocating to decrease the burden of prior authorization with Medicare Advantage plans through meetings with the CMS.

The state Quality Alignment Task Force has accepted the Burnout Task Force recommendations to limit the number of measures to 15, when using the state alignment measures. Further, the MMS has begun an initiative with Health Policy Commission backing, and along with payers, MHA and patients via [NEHI](#) to develop a report on Prior Authorization process.

State and Federal Agencies; EHR Vendors

This workgroup tasks included advocating for reduced documentation burden, developing effective EHR implementation strategies, simplifying and streamlining EHR reporting requirements, and promoting user-centered design principles. **Workgroup accomplishments** included meeting with Dr. Andrew Gettinger, chief clinical officer at the ONC, for an informational exchange to discuss advancing interoperability and submitting a statement to the ONC regarding “ONC Strategy on Reducing Burden Related to the Use of Health IT and EHRs”. Advocated for and delivered 2021 E and M coding and documentation changes that are much improved.

Hospitals, Health Systems, and Provider Organizations

This workgroup tasks included advocating for chief wellness officers or equivalent positions within all hospitals, health systems, and provider organizations at the C-suite or other appropriate level and working to add physician burnout as a metric on the C-suite dashboard. **Workgroup accomplishments** included convening all chief wellness–level directors at hospitals and health care systems across Massachusetts to discuss physician wellness, several of these sessions occurred especially during Covid-19 surges, recommending that the MHA board adopt the chief wellness officer role, and ensuring wellness and burnout were recognized as critical issues by health care institutions. MMS-MHA CEO/CMO commitment letter signed by over 120 health systems and physician’s organization supporting measurement of clinician burnout and a goal to be institutional improvement.

Board of Registration in Medicine

This workgroup tasks included urging the Massachusetts BORIM to adopt Federation of State Medical Boards (FSMB) physician wellness and burnout recommendations, recommending clarification around hospital credentialing questions and encouraging BORIM to allow physician well-being programs to count as CME credits. **Workgroup accomplishments** included successfully advocating to get BORIM to adopt the FSMB physician wellness and burnout recommendations and effectively securing BORIM acceptance of 7 out of 10 required risk management credits to be wellness or burnout focused.

Medical Schools and Residency Programs

This workgroup tasks included ensuring support for self-care and counseling services for trainees with adequate staffing during off-hours (24/7) and encouraging mentorship relationships with positive role models. **Workgroup accomplishments** included convening a first-of-its-kind [Medical Student and Residency Program Burnout Roundtable](#) and creating a community for wellness advocates to discuss issues, accomplishments, and goals for resident and student wellness. This workgroup will support systems as they adopt measures and initiate goals for improvement.