2021

Workforce Well-being & Satisfaction Learning Collaborative

Welcome Packet
Welcome

It is with great pleasure that we welcome you to the Workforce Well-being and Satisfaction Learning Collaborative (WWS LC). This six-month learning collaborative brings together teams from twenty health centers that will collectively discuss, test, and implement strategies to create organizations where workers thrive.

In this learning collaborative we recognize that people and organizations are complex and there is not a one-size-fits-all strategy to making people love their jobs. Our organizations are made up of people who have different strengths, work styles, and aspirations. It is our job to understand how to bring out strengths, provide people with the resources and support they need to work at their best, and create a space where they can work towards and achieve their aspirations.

This learning collaborative is unique in that we will only discuss organization-level change and interventions. We will not address restorative or self-care interventions. While there is a place for restoration and self-care, our goal is to address those organizational attributes that create stress and burnout. We will be asking tough questions about how we can change the pace and culture of our work so that workers enjoy showing up every day and our patients and community benefit from that energy and spirit.

Subject matter experts have been invited to speak on topics ranging from leadership styles to workflows. In between sessions, your team will be asked to reflect openly and honestly about opportunities to address any drivers of burnout that might exist within your organization and share new insight and experiences during dedicated group conversations. A change package is provided to offer examples of small and large steps that your organization can take to work on each topic that we address. We look forward to working with you and hope you find your time spent in this learning collaborative to be meaningful and enjoyable.

Sincerely,
The ACU and JSI Team
Overview of the Workforce Well-being and Satisfaction Learning Collaborative

The Workforce Well-being and Satisfaction Learning Collaborative (WWS LC) is part of a larger Health Resources and Services Administration effort to build and sustain a strong primary care workforce able to meet the demand for health care in underserved communities. Funded by the Bureau of Primary Health Care, and led by John Snow, Inc., this effort includes an environmental scan of workforce satisfaction issues and assessment tools, listening sessions with experts, a learning collaborative, and the development of a new survey to assess workforce satisfaction at health centers.

The WWS LC has two purposes: 1) to serve as a resource for health center teams to assess and improve workforce well-being and satisfaction among their staff and providers, and 2) to inform future learning collaboratives based on the experience and feedback of its participants.
Guiding Principles

- A health center’s workforce is its greatest asset and needs to be cared for and maintained for optimal performance.
- Patient outcomes are best when health center staff are free from burnout and are satisfied in their work.
- Every person in an organization has a role in creating a safe, healthy, and satisfying work environment.
- Health centers strive to be an “employer of choice” meaning that they inspire highly talented workers to join them and stay with them.
- The drivers of workforce satisfaction and burnout are complex and multidimensional. Being an employer of choice requires ongoing attention and refinement to various parts of the organization's infrastructure and culture.
- Every health center is in a different place in their journey to becoming an employer of choice.
- Learning and resilient organizations are responsive to changes in the health care environment including in public health crises.

Guidelines for Participation

- **Listen respectfully and attentively.** Please do not multitask by working on other projects during the learning collaborative sessions. Mute your lines when you are not talking so others can hear the conversation without distraction.

- **Everyone contributes to the learning experience.** We are all responsible for how discussions go. If you have examples or experiences related to a discussion, please share them even if they didn’t lead to the best results.

- **All questions are good ones.** Ask questions of each other no matter how simplistic you might think they are. Chances are there are others who have the same question. The goal of the discussion is to learn and explore.

- **Maintain confidentiality.** In an effort to create a safe space for people to discuss workforce challenges, participants are asked to keep information shared in the group confidential.
Learning Collaborative Process

Learning collaboratives can be powerful tools to test new strategies and problem solve challenges. Each learning collaborative is unique and will have its own goals and group culture. This Workforce Well-being and Satisfaction Learning Collaborative incorporates the following best practices:

- **Strong leadership and facilitation.** Sabrina Edgington, the Director of Learning and Curriculum Design at the Association of Clinicians for the Underserved, is charged with facilitating learning collaborative meetings and ensuring that participants remain focused and energized. Sabrina has received formal training in group facilitation and has significant experience in leading learning networks around the country.

- **Implement a Plan, Do, Study, Act (PDSA) approach to change.** Each session will cover a topic that impacts workforce well-being and satisfaction. Subject matter experts will provide a high-level overview of each topic. Your team will be asked to adopt a change concept related to each topic and identify one or more specific interventions that can be implemented to better align your organization with the change concept. You will be asked to report back to the group or an assigned coach to discuss your success, challenges, and opportunities to improve implementation.

- **Build a foundation of trust and open communication.** Establishing a culture of trust is critical in the first meeting of the learning collaborative. As such, the kick-off meeting serves to not only describe the learning collaborative framework and process but to create a group culture of openness, trust, and support. This is done by conducting exercises that build team cohesion and establishing group norms related to confidentiality, respect, and active listening.
- **Establish a clear goal.** The kick-off meeting will also focus on the process for creating individualized objectives needed to achieve our collective goal of improving workforce satisfaction and well-being. Objectives will be based on session topics and focus on one or more of the change concepts. For example, in our session on Engaged and Supportive Leadership, organizations may have an objective to institute leadership and management styles that allow staff to participate in decision making. One of their interventions might be to provide training to leaders in adaptive leadership. Another organization may feel competent in that area but would like to institute regular opportunities for employee recognition and rewards.

- **Use real-world problems and engage in group problem solving.** Five of the twelve sessions will be used for group discussion and problem solving. Participants will use this time to discuss ideas to address their needs and discuss challenges and opportunities for ongoing implementing and testing strategies. Not only does group problem solving build on the expertise of the group, but those who are interested in implementing an intervention later benefit from hearing the real-world experiences of peers.

- **Use a mix of adult learning strategies to accommodate differences in learning styles.** Learning collaboratives utilize a mix of adult learning strategies ranging from informational sessions to experiential learning. Of note, our sessions will include:
  - Instructional sessions describing various drivers of workforce satisfaction and burnout
  - Experiential learning gained from testing new interventions
  - Peer learning from sharing progress, findings, challenges, and solutions

- **Incorporates a change package that offers examples of change concepts and interventions.** A change package includes concepts and interventions related to session topics that health centers might consider testing as they work towards increasing workforce well-being and satisfaction. Implementation will look different across health center sites based on their needs, priorities, and resources.
• **Assess value and progress throughout.** We will measure value and progress throughout with post-session evaluations that ask about your engagement, satisfaction, and confidence. These brief surveys will allow us to adjust our approach as needed to better support the group.

• **Coaching.** Each health center team will be assigned a coach who will regularly check in to talk about the team’s experience, challenges, and needs. The coach will serve as a champion and to help maintain momentum. Coaches, made up of JSI and ACU staff, will meet regularly to discuss progress made by their assigned organizations and identify across multiple health centers.
ACU Community Discussion Board

Learning Collaborative participants will have access to a private discussion board on ACU Community to continue conversations, ask questions, and share resources.

Each team member will receive an email with their user name and temporary password. Before the kick-off meeting, please complete your account set up by following these instructions:

**Sign in to ACU Community**

1. Go to [https://community.clinicians.org/home](https://community.clinicians.org/home)
2. Click **Sign in** (upper right-hand corner) and enter your user name and temporary password. Click **forgot your credentials?** if you cannot find your email with your user name and temporary password.

**Update your profile**

1. At the top right of the screen, next to the search bar, click on the circle with the image of a human profile in it. In the pop-up box that appears, click **Profile**.
2. Please add your photo, contact information, and any additional information that you would like to share.

**Update your email notification setting**

1. In the menu at the top of the screen, select **Communities** and then select **My Communities** in the drop-down menu.
2. Scroll down and click on **Workforce Well-being & Satisfaction Learning Collaborative**
3. Click the **Settings** button located in the magenta banner next to the name of the group.
4. Update your email notifications to **daily digest** if you prefer to see all discussion board activities consolidated into one email. The default is **real time** which will result in an email notification every time a user engages with the discussion board.
Meeting Schedule

Each of the 12 sessions is one-hour with the exception of the kick-off and closing sessions.

Group conversation sessions are dedicated peer learning where participants discuss their experiences implementing different interventions related to the previous topic(s).

<table>
<thead>
<tr>
<th>EVERY OTHER TUESDAY FROM 2:00 - 3:00 PM ET</th>
<th>SESSION TOPIC</th>
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<td>March 2, 2021</td>
<td>Kick off session (1.5 hours)</td>
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<td>March 16, 2021</td>
<td><strong>Session 1: Engaged and Supportive Leadership</strong></td>
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<td>March 30, 2021</td>
<td><strong>Session 2: Team Cohesion</strong></td>
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<td>April 13, 2021</td>
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<td><strong>Session 8: Job Demands Part 1: Productivity</strong></td>
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<td>July 6, 2021 (day after July 4 observed)</td>
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<td>July 20, 2021</td>
<td><strong>Session 10: Job Demands Part 2: Workflow/HIT</strong></td>
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<td>August 3, 2021</td>
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<td>August 17 &amp; 18, 2021 1:00 - 4:00 pm</td>
<td><strong>Session 12: Bringing it all together, addressing roadblocks, maintaining momentum.</strong></td>
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Learning Collaborative Topic Selection

To identify the six trainings topics for the Learning Collaborative, JSI and ACU staff started with the drivers of burnout in the JSI and Mayo Clinic Framework (see Figure For each of the components under each driver, we considered:

- What are the interventions that health centers can realistically implement and test in the six-month time frame?
- Which topics are most prevalent in our work with health centers and raised most frequently in discussions with health centers, Primary Care Associations (PCAs), Health Center Controlled Networks (HCCNs), and National Training and Technical Assistance Partners (NTTAPs)?
- In what areas do we have the most expertise, access to national subject matter experts, and additional gray literature (blogs, news outlets, etc.)?
JSI & Mayo Clinic Framework

Drivers of Burnout

**Individual Consequences**
- Burnout/depersonalization
- Job satisfaction
- Engagement/personal accomplishment
- Intention to turnover
- Substance misuse
- Depression
- Suicidal ideation
- Employee QOL

**Organizational Consequences**
- Absenteeism
- Quality of care/patient safety
- Patient satisfaction
- Turnover rates
- Replacement costs
- Lower productivity

**Workload and job demands**
- Workload/job demands/work content

**Control and flexibility**
- Job stress/abuse/mistreatment
- Decision latitude

**Social support and community at work**
- Social support/coworkers/work community

**Work-life integration**
- Work-life integration/balance

**Meaning in work**
- Importance/meaning of work/mission orientation/psychological empowerment/personal growth

**Efficiency and resources**
- Workflow/resources
- Administrative burdens
- HIT
- Training

**Organizational and cultural values**
- Management
- Team structure
- Workplace culture/cultural sensitivity/diversity/safety culture
- Psychological safety
- Moral distress
Change Concepts and Interventions

Change Concepts are higher-level concepts that health centers aim to achieve within their organizations to increase workforce well-being and satisfaction. Concepts are based on the Health Resources and Services Administration (HRSA) Health Center Workforce Survey Literature Review Summary (hereafter called “literature review”) and draw heavily from the National Academy of Sciences, Engineering, and Medicine’s 2019 report, Taking Action Against Clinician Burnout, and the Institute for Healthcare Improvement’s Joy in Work framework.

Interventions are specific ideas and approaches related to change concepts. These are actionable items that health centers can implement and test in order to make progress towards their workforce wellness goals. The same sources used to identify change concepts were used to identify interventions in addition to feedback from subject matter experts who provide training and technical assistance to health centers on workforce wellness initiatives.
Engaged and Support Leadership

Leadership plays a significant role in driving organizational values and culture. Leaders have the power to instill pride in their team, provide a model for ethical behavior, garner trust and respect, communicate a vision for the future, and foster creativity and independent thinking – all of which lead to increased employee engagement and improved work performance. Employees are most satisfied when organizational leaders are able to unify the diverse perspectives, cultures, and skills that their workforce brings while balancing the need to command decisions and build support for the organization’s direction.

Change Concepts

- Diversity, equity, and inclusion is incorporated into every aspect of the organization’s work
- Leadership and management styles consider staff perspectives and insight
- The health center has opportunities for continuous skill development to cultivate capable and talented leaders
- The health center regularly recognizes and rewards employees for their work
- Health center leaders understand the drivers of burnout and provide visible and sustained leadership to promote workforce satisfaction and work-life balance

Interventions

- Let all staff know that their wellness and satisfaction is an organizational priority. Do this through regular communications and by sharing information about efforts the organization is taking to support staff
- Implement informal recognition into day-to-day activities. Simply saying “thank you” goes a long way towards workplace satisfaction.
- Implement formal recognition programs such as peer recognition, years-of-service, performance awards, and special accolades (e.g., ‘President’s Award’)
- Build in time for leaders to regularly check-in with staff and engage them in conversations to understand what they value
Interventions continued

- Practice active-listening and problem solving and help supervisors build and practice these skills when they have one-on-one meetings with supervisees and when conducting stay interviews

- Promote opportunities for continuous learning and improvement consistent with the organization's mission and to support a skilled and agile workforce

- Provide platforms for staff to identify opportunities for improvement and to define action plans, e.g. staff surveys, suggestion boxes

- Develop staff-driven task force to identify activities to improve joy in work

- Train leadership and existing/aspiring managers on inclusive leadership approaches such as transformational leadership, adaptive leadership, and participatory management

- Measure the effectiveness of the training programs for leaders and teams

- Train supervisors to effectively conduct stay interviews with their supervisees to understand the aspects of your employees' jobs that they enjoy and where they want to grow. Stay interviews conducted by someone in your HR department or a third-party is appropriate and may help with objectivity

- Hold leaders at all levels of the organization accountable for improving the work environment within their scope of responsibility

- Create opportunities for mentorship and coaching for staff at all levels

- Create and maintain, at the health care organization executive level, a leadership role and function responsible for improving and sustaining professional well-being across the organization*

- Identify opportunities for advancement within the organization for staff who are interested in assuming new roles at the organization (e.g., medical assistants interested in nursing)

- Ensure budget allocations align with equity goals, plans, policies and/or values

- Conduct reporting, at a minimum annually, overseen by the governing board, on the professional well-being of the organization's workforce, including the outcomes of interventions

- Share reports on the professional wellbeing of the organization's workforce including the outcomes of interventions to leadership, managers, and all staff
Diversity, Equity, & Inclusion Interventions

- Develop an equity statement that is communicated and enforced regularly
- Offer trainings that encourage diversity, equity, and inclusion (e.g., cultural humility, implicit bias, anti-racism trainings, LGBTQIA+ cultural competency and ally trainings)
- Assess diversity, equity, and inclusion in the organization
- Identify professional development, promotional pathways, and mentorship opportunities to support advancement among BIPOC staff
- Invite staff to establish affinity groups
- Audit organizational policies and written materials that reflect a culture of DEI
- Invite staff to participate in a DEI work group
- Conduct a compensation audit to identify any pay inequities among minority populations
- Incorporate racial justice knowledge, skills and practices into performance objectives (such as job descriptions and work plans) and staff appraisals/evaluations
- Establish effective formal and informal complaint procedures for people who experience bias and discrimination
- Assess the extent to which communities of color and other minority groups are formally recognized as key stakeholders in organizational decision-making
- Make diversity, equity, and inclusion a standing item in staff, leadership, and governance meetings
- Establish an authentic and early process for noticing, naming, and addressing racism and other forms of discrimination within the organization
- Institute equity-based decision-making
Team Cohesion

Teams that work well together do better in achieving performance outcomes and yield higher rates of job satisfaction. Cohesive teams recognize the value that their teammates bring in achieving a common goal and have clear systems in place to support their collective work. While health center leaders should implement formal systems that support team cohesion, they should also consider opportunities to foster and nurture team cohesion organically, collaboratively, and independent from C-suite involvement.

Change Concepts

- Team members have the knowledge and collaborative skills to work in team-based care
- Team member roles are clear and understood by all members of the team
- Team members have the resources to support effective communication
- The physical space is conducive to team cohesion

Interventions

- Encourage teams to get to know each other better through lunches, outside activities, check-ins to start meetings
- Employ huddles (planning) and debriefs (learning, problem solving and celebrating)
- Help physicians recognize the value and contributions of non-physician team members and to respect their professional judgement
- Help patients understand and respect the professional judgement of each member in the health care team. Consider something as simple as a team card for patients that explains the role of each member of the team
- Consider team role play activities to demonstrate how physicians might introduce team members and explain their roles to patients in order to foster patient respect for the health care team
- Identify training needs for staff to support team cohesion and alignment with organizational and cultural values (e.g., conflict resolution training, active listening and problem-solving)
- Create shared goals and ensure they are clearly articulated, understood, and supported by all team members
Interventions continued

- Develop clear expectations for each team member’s functions, responsibilities, and accountabilities that optimize efficiency

- Regularly assess teams to identify role overload, role conflict, or needs for role clarity

- Optimize team opportunities for both shared learning and sharing of knowledge through the use of peer-to-peer coaching, staff-led courses or trainings, rounds, and other time for interdisciplinary interaction

- Ensure effective training programs for all roles

- Get all levels of staff input on how best to redesign workflows to ensure everyone is working effectively and at the highest level of their training

- Assess the physical space to determine if it encourages silos and isolation as opposed to collaboration and integration

- Hold retreats to have important conversations, highlight linkages between departments, focus on problems, and begin talking about solutions

- Celebrate and communicate your improvements, and build infrastructure to spread and sustain team-based care in your organization

- Develop consistent channels for candid and complete communication language, which are used by all team members across all settings
Meaning in Work

For many people, purpose and professional identity are inextricably linked. Those who are drawn to health centers are often passionate about providing health care to low-income and underserved people and this work may be a way of providing service and connecting with their communities. To amplify meaning in work, it’s important that health center leaders connect the day-to-day work to bigger social justice issues and create a space where staff members can lean into the parts of their work that they are passionate about.

Change Concepts

- The health center has a mission-driven culture which is reflected in day-to-day practice
- The health center celebrates community empowerment and laments injustice
- The health center connects the work to systemic issues
- Health center leadership invests in staff members’ passions

Interventions

- Integrate a “mission moment” into staff meetings to allow one or more staff members to share an experience that connected their work to the mission
- Use time during staff meetings to recognize systemic injustices, the organization’s role in addressing these, and to check-in with staff
- Identify opportunities to consistently and continuously communicate the direct connections between the organization’s goals and everyone’s work
- Use time during supervision meetings to have a “what matters to you” conversation
- Create a “coffee break” for staff to come together to discuss an article of interest related to ethical and systemic issues that impact patient health
- Provide opportunities for informal learning through activities such as a social-justice book club or documentary viewings. Consider structured times when clinicians can participate (hold off on one or two patient appointments).
- Conduct trainings to help staff, management, and leadership understand moral distress and steps that can be taken to support each other
Interventions continued

- Identify opportunities for staff to engage in local and regional advocacy (e.g., Hill Day during Health Center Week)

- Allow staff to participate in committees, advisory groups, and boards for other groups that are tackling ethical and systemic issues that impact patient health

- Find opportunities to engage patients in sharing their stories in a way that is accessible to the staff and community and that links the mission to the work

- Use information gained from supervision meetings and stay interviews to build in more time for employees to focus on the aspects of their work that they are passionate about

- Find ways to increase the amount of time staff members can spend doing the aspect of their work that brings them joy

- Engage staff in a critical assessment of the organization’s mission to determine if it reflects organizational values

- Align incentives, compensation, and reward systems for staff and work units with justice and equity-minded values
Positive and Safe Work Culture

Psychological and physical safety is another layer that defines an organization’s culture and values. Staff members who feel psychologically safe at work feel empowered to vocalize their thoughts and observations regarding the care process, and thus are more engaged in their work. Interventions to promote psychological safety generally fall within the realm of team and interpersonal dynamics, focusing on communications and team empowerment. Taking additional steps to address staff members’ physical safety also serves to create a culture where staff members feel valued and protected in their work environments.

Change Concepts

• Psychological safety is established through effective communication and by creating a culture of trust
• Physical safety for both patients and staff is a priority and is reflected in the work environment
• Health center leadership identifies and promotes the use of support systems inside and outside of work to promote resiliency

Interventions

• Dedicate a budget line item to support activities that promote joy in work
• Establish standards for trust, respect, and inclusion; hold staff, managers, and leaders accountable for meeting these standards
• Identify and share external social support resources that foster staff resiliency
• Create frequent opportunities for staff to celebrate one another and to continuously share positive feedback with one another
• Use team-building exercises to build trust and familiarity among staff
• Organize culturally-appropriate social events for staff and families
• Provide opportunities for staff to volunteer during work hours (e.g., two hours a week)
• Develop safety policies for working out in the field
Interventions continued

- Conduct staff trainings on situational awareness and other strategies for being safe if a patient encounter feels unsafe (e.g., de-escalation trainings, self-defense)

- Offer mandatory wellness time on top of sick and vacation time (e.g., 1-day every 3-months)

- Establish a policy to offer flex time

- Incorporate a “human first” approach into organizational practices including in HR policies and reinforce these during staff onboarding and supervision

- Train staff in using trauma-informed principles at work

- Offer trainings to increase understanding of microaggressions and eliminate it from the work environment

- Identify coaches who can work with staff, managers, and leaders who need support modeling standards for trust, respect, and inclusion in the workplace

- Identify opportunities to improve working conditions and invest in improvements

- Deeply understand work environment challenges for the staff

- Create spaces that naturally bring people together (e.g., shared eating space, lounge areas)
Job Demands Part 1 - Productivity

Excessive workloads are a primary reason for staff burnout and turnover. Productivity expectations along with rigorous documentation requirements leave little time for staff members to engage in work-related activities that might facilitate joy, such as committee involvement, community partnerships, and time for relationship-building with patients. Health centers should be continuously monitoring workloads, identifying opportunities to increase efficiency, and ensuring adequate job resources to ensure their staff members are not overworked and have time to lean into their work-related passions.

Change Concepts

- Health center leadership works to balance productivity expectations and administrative burdens with patient/provider needs (consider policy, regulation, and financial responsibility)
- Health center leadership engages in policy and payment reforms to address the systems that are creating significant and unnecessary burdens
- Health center leadership assesses job demands and resources through a continuous feedback loop

Interventions

- Use validated measurement tools to assess the extent of burnout and the potential contributory factors within the organization
- As new decisions are being made, evaluate the impact on job demands (e.g., additional clerical and administrative burdens on support staff, competing demands on clinicians, unnecessary stress) and job resources (e.g., supportive managers and leaders, useful and usable technologies, effective teamwork), patient care quality and safety, and levels of burnout within the organization
- Measure job demands using objective organizational metrics such as shift duration, rotation, frequency, and patient load (e.g., panel size, patient encounters, staffing ratios), as well as with measures of patient complexity or acuity
- Accurately assess total workload and the complexity of the work expected of workers including professional networking, community outreach, continuing professional education, maintenance of certification, required institutional learning modules, research, and teaching
Interventions continued

- Use structured methods to reduce work inefficiencies across the entire organization (e.g., “waste walks” are a structured approach to identifying waste)
- Engage staff in developing and implementing solutions to address burnout.* Construct a feedback loop system; keep a running list of “pebbles in their shoes” with the status of each (e.g., escalated in the organization, improvement in progress)
- Ensure all leaders have the required skills to lead improvement in daily work, are skilled in identifying and eliminating waste, and can coach teams to participate in improvement activities
- Implement workflow interventions where needed (e.g., reassigning clinic staff work, changing call schedules)
- Implement changes in real time, if possible; use a fast-paced approach to testing changes to show progress quickly
- Use visual tracking of successes and failures of interventions
- Identify ways to increase autonomy, job control, decision making
- Allocate the necessary resources to support assessment of the effects of regulations, policies, and standards on workers in various care settings
- Apply human-centered design and human factors in systems engineering approaches in developing regulations, policies, and standards, including those related to payment and performance to minimize the potential risk for adverse effects on health care workers and patients
- Provide advocacy trainings for leaders (targeting payers and policy-makers)
- Identify opportunities to allow staff to engage in advocacy opportunities to address payer and public policies that contribute to administrative burden (federal health center funds may not be used to engage in advocacy)
- Consider how revenue streams might be redesigned to reduce demands
Interventions

- Tie HIT efforts to the organization’s quality improvement program

- Identify HIT-specific factors associated with burnout by asking staff to nominate anything in the EHR that is poorly designed, unnecessary, and doesn’t contribute to patient-care. Implement formal structures that allow staff to provide feedback at the point of experience using the EMR

- Ensure HIT upgrades are being performed to optimize its use

- Partner with your local/regional Health Center Controlled Network or HITEQ to support HIT improvements and to engage with vendors to make needed changes in HIT products

- Identify ways to increase autonomy, job control, decision making using HIT

- Apply human-centered design and human factors in systems engineering approaches in developing and implementing HIT protocols

- Reduce alert workload and subsequent burnout, provide protected time for alert management, fewer unnecessary alerts, and improvements to the EHR system

- Reduce click fatigue by identifying opportunities to reduce the number of passwords

- Conduct workflow mapping/systems planning to identify opportunities to increase efficiency

- Implement strategies that increase EHR efficiency and reduce burden including standardized prescription renewal and automated prescription phone lines, pre-visit planning, pre-appointment lab tests, share care (spread responsibility and authority across team), assistant order entry, in-box management, verbal messaging, and employing scribes to assist with documentation

- Implement periodic leadership (e.g., compliance officer) reviews of laws, regulations, policies and standards related to the work environment for alignment and usability with new technology
April Lewis
CEO, A. Lewis Academy
Session: Engaged and Supportive Leadership

April Lewis empowers individuals to be the highest versions of themselves so they can be healthy, happy and high-performers. She is the CEO of A. Lewis Academy, a Florida-based consulting firm. She has an extensive communications and healthcare background and takes an “inside – out approach” to personal and professional transformation. She excelled in various roles in operations, training, and technical assistance for Community Health Centers and PCAs, before ending her tenure at the National Association of Community Health Centers. Lewis now serves as a keynote speaker, executive coach and trainer for Fortune 500 companies, healthcare organizations, and education institutions. She is a best-selling author and host of "The April Lewis Experience" airing on Roku spring of 2020. You can learn more about April at www.aprillewis.com.
Dr. Kemi Alli, MD
CEO, Henry J. Austin Health Center
Session: Team Cohesion

Dr. Alli has been the CEO of Henry J. Austin Health Center since 2015 where she previously served as Chief Medical Officer from 2008. She has been a Pediatrician with Henry J. Austin for over 22 years. Dr. Alli obtained her medical degree and completed her pediatric residency from Robert Wood Johnson Medical School.

Dr. Alli has done countless webinars, speaking engagements and conference presentations across the country on healthcare systems improvement including topics on Advanced Access, Integrated Care and telemedicine. She led several primary care enhancement initiatives to reduce health disparities, improve patient health outcomes and access to care for those most underserved. She is continuing to lead this transformative re-design of the health care delivery process at Henry J. Austin with a team of senior directors, implementing an integrated health care system including treatment for both substance use disorders and behavioral health care illnesses in the primary care medical home. She has participated in numerous advisory panels across the country most recently serving on the Health Resources and Services Administration, Workforce Well-being Technical Advisory Panel and the NJ Department of Health’s, Integrated Healthcare Advisory Panel helping to shape the regulations for integrated care and substance use treatment services for the state of New Jersey.

Dr. Alli is devoted to the Trenton community founding innovative organizations like the Trenton Health Team and serving on Boards like Thomas Edison State University, the Central Jersey Family Health Consortium, the New Jersey Primary Care Association, and the New Jersey Health Care Quality Institute. Throughout the years through all her work, Dr Alli’s sole goal has been and continues to be, to help improve the quality of life for those who are disenfranchised and too often marginalized by our healthcare system.
Michael Durham
Technical Assistance Manager, National Health Care for the Homeless Council
Session: Meaning in Work

Michael Durham has served the National Health Care for the Homeless Council since 2013. He manages technical assistance for health centers serving people experiencing homelessness nationwide through a cooperative agreement with the Health Resources and Services Administration. Michael regularly speaks to national and local audiences on structural analyses of homelessness and poverty, human rights, health disparities, and Diversity/Equity/Inclusion issues. He holds a bachelor’s degree in Political Science from the University of Tennessee at Chattanooga and a Master of Theological Studies from Vanderbilt Divinity School where he focused his studies on interfaith activism. He resides in his hometown, Nashville, along with his two daughters, Genevieve and Adelaide.
Aisha Moore, MPH
Senior Consultant, John Snow, Inc.
Session: Positive and Safe Work Culture

Aisha Moore is a senior consultant at JSI with 20 years of public health experience. Throughout her career, she has been a trainer and facilitator in the areas of HIV, substance use, adolescent health, and health communication. Throughout these varied experiences, she observed everyone from school nurses to high-level government officials were experiencing stress and burnout. After her own experience of burnout, she became a wellness expert and started working with organizations to address staff wellness issues. Her systems and tools are featured in the book Happy Healthy Nonprofit: Strategies for Impact Without Burnout. Aisha brings energy, expertise, and thoughtful questions to every interaction based upon varied experiences.
Dr. Yalda Jabbarpour, MD  
Medical Director, Robert Graham Center for Policy Studies; Assistant Professor of Family Medicine, Georgetown University  
Session: Job Demands Part 1: Productivity

Dr. Yalda Jabbarpour is Medical Director of the Robert Graham Center for Policy Studies in Washington, DC, assistant professor of family medicine at Georgetown University and a practicing family physician. She graduated from the Georgetown University School of Medicine in 2008 and completed her residency at the Georgetown University/Providence Hospital Family Medicine Residency Program. Upon graduation she worked as a family physician for Scripps Health Medical Group in San Diego, California. She returned to Washington, DC in 2015 to serve as the Robert L Phillips Health Policy Fellow at the Robert Graham Center. During this time, she practiced clinically at Unity Healthcare, the largest Federally Qualified Health Center in Washington DC. After fellowship, Dr. Jabbarpour was full time faculty at the Georgetown University School of Medicine before moving to the Robert Graham Center in 2018. Her research focuses on primary care workforce issues such as diversifying the pipeline of applicants into medicine and physician burnout.
Dr. Shannon McDevitt, MD, MPH
Physician, Expansion Division, Office of Policy and Program Development, Bureau of Primary Health Care, HRSA
Session: Job Demands Part 2: Workflows and HIT

Shannon McDevitt, MD, MPH is a board-certified family physician working to promote innovative and effective primary care. She has expertise in quality improvement, workforce development, and population health. Dr. McDevitt currently serves as a physician in the Office of Policy and Program Development in the Bureau of Primary Health Care at the Health Resources and Services Administration (HRSA). In her roles at HRSA, she has developed and led the implementation of funding opportunities, and supported the advancement of Administrative priorities such as COVID-19 response, Ending the HIV Epidemic, Healthy People 2030, health information technology, the opioid epidemic, integrated practice models, and precision medicine. Dr. McDevitt received her Doctor of Medicine degree from Wayne State University School of Medicine and her Master in Public Health from the University of Pittsburgh. She completed family medicine residency training at Moses Cone Memorial Hospital and a faculty development fellowship at the University of Pittsburgh Medical Center-St. Margaret.
Candace Webb, MPH
Public Health Analyst, Bureau of Primary Health Care, Office of Quality Improvement, Strategic Partnerships Division, HRSA
Session: Job Demands Part 2: Workflows and HIT

Candace Webb, MPH is a public health analyst with experience in community engagement and education, governmental public health, health policy, and program development and evaluation. She has expertise in clinician and learner well-being and resilience; quality improvement; intersectional praxis to advance health equity; and the safety-net health care system. Ms. Webb currently serves on the Health Information Technology and the National Health Center Training and Technical Assistance Partners Teams in the Office of Quality Improvement in the Bureau of Primary Health Care at the Health Resources and Services Administration (HRSA). In her tenure at HRSA, she has administered several federal public health programs working toward eliminating disparities and improving access to high quality care for underserved and vulnerable populations. Prior to rejoining federal service in 2020, she served as a senior program officer within the Office of the President of the National Academy of Medicine (NAM) where she directed the Action Collaborative on Clinician Well-Being and Resilience and shepherded the NAM Perspectives paper on Electronic Health Record Optimization and Clinician Well-Being: A Potential Roadmap Toward Action. Ms. Webb earned her Bachelor of Science degree from the University of Florida and her Master of Public Health degree from the University of South Florida. She completed training in global health at the University of Cape Town and in public policy analysis at The George Washington University’s Evaluators’ Institute.