

***A Proactive Approach to
Provider Well-Being:
Successes and Lesson Learned***

OhioHealth

Conflict of Interest

None to disclose

Well-Being at OhioHealth

Well-Being at OhioHealth

WE take care of those who take care of others, so that OhioHealth can continue to provide safe, high quality, patient-centered care.

Our Mission

To improve the well-being of those who serve.

Our Vision

To provide trusted well-being expertise and exceptional care so all may thrive.

Our Strategy



Support mental health and reduce stigma



Create and sustain positive work and learning environments



Institutionalize well-being as a long-term value

Based on National Guidelines

Extrinsic Drivers

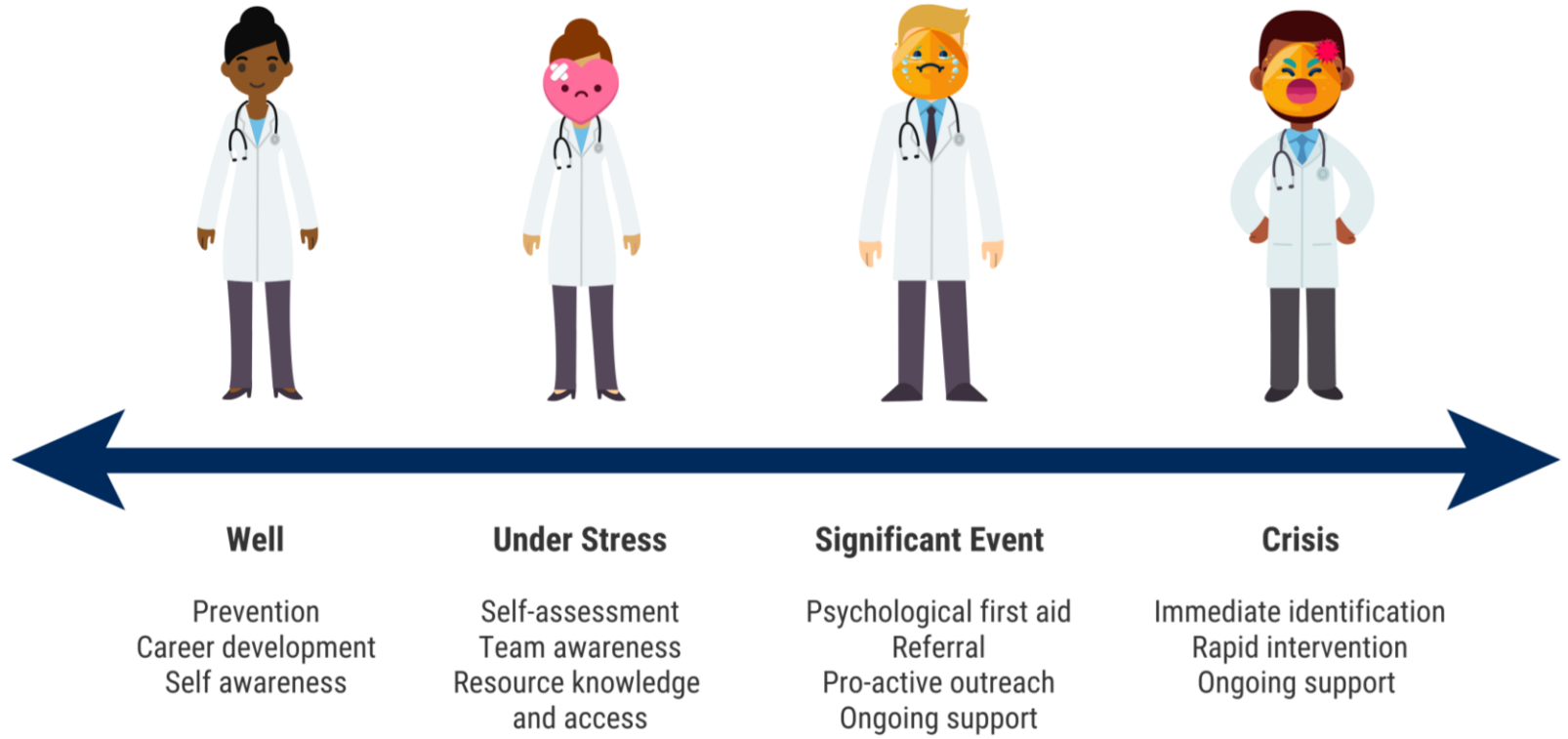
We serve as *internal well-being experts* and “the voice at the table” to help leaders make informed decisions about the things that we **can change**

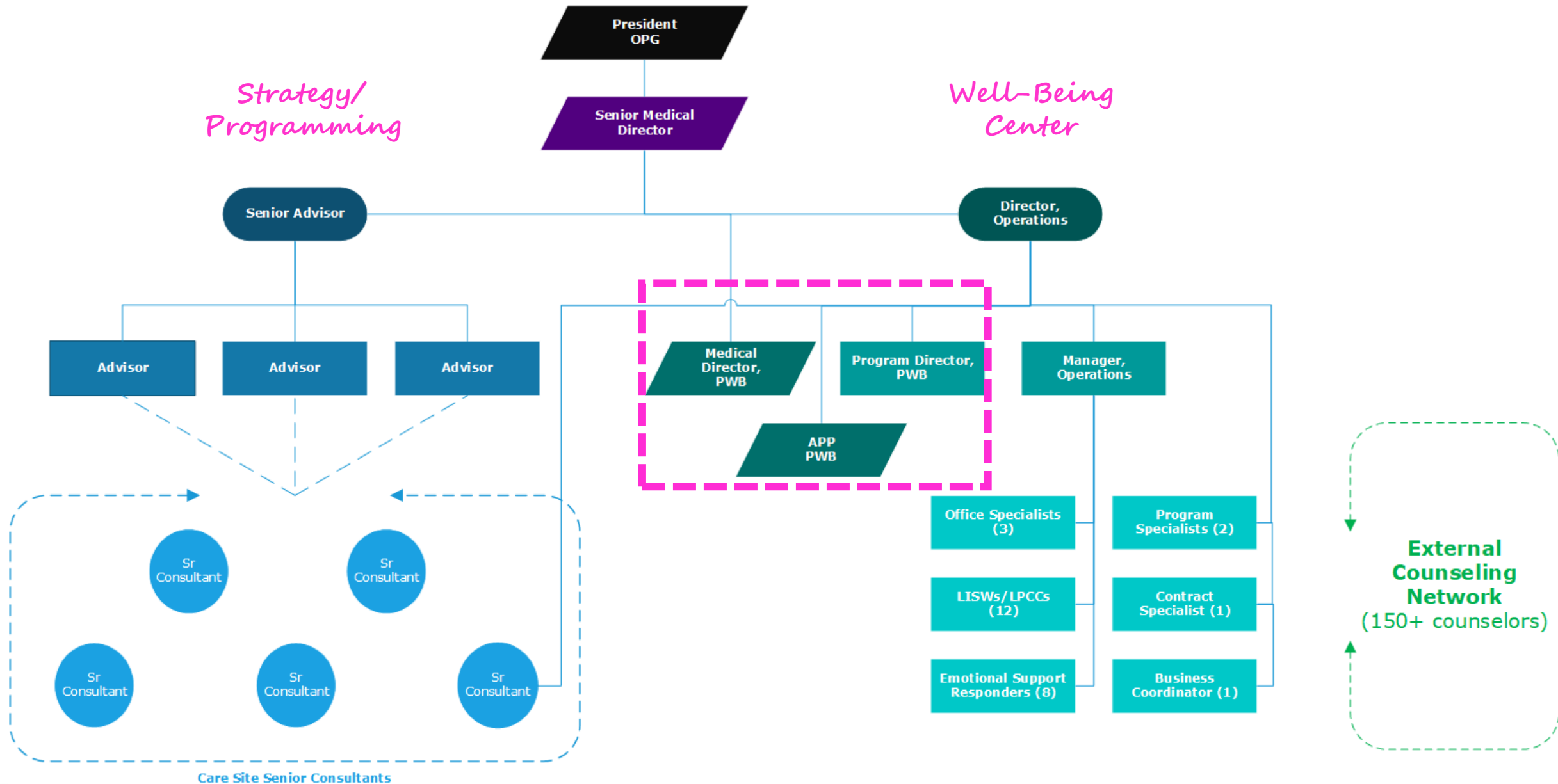
Intrinsic Drivers

We *design and implement* programs that help associates and providers cope with the distressing aspects of healthcare that we **can't change**

The Well-Being Continuum

Well-Being is the optimal state of physical, emotional, spiritual, social and financial health, *not simply the absence of burnout.*





Well-Being Center Services

Highly **confidential** resource available to all OhioHealth associates, physicians, residents, and APPs

To ensure **ease of access**, services are provided **in-person** at the Well-Being Center, **virtually** via HIPAA compliant Zoom platform, and on location **at individual care sites**

Services for All:

SAME DAY SUPPORT

NO COST COUNSELING

WELL-BEING @CARESITES PROGRAM

MINDFULNESS-BASED INTERVENTIONS

WELL-BEING GROUP SERVICES

Additional Services for Physicians, Residents, and APPs*:

EVALUATION AND TREATMENT RECS

EDUCATION AND PROFESSIONAL CONCERNS

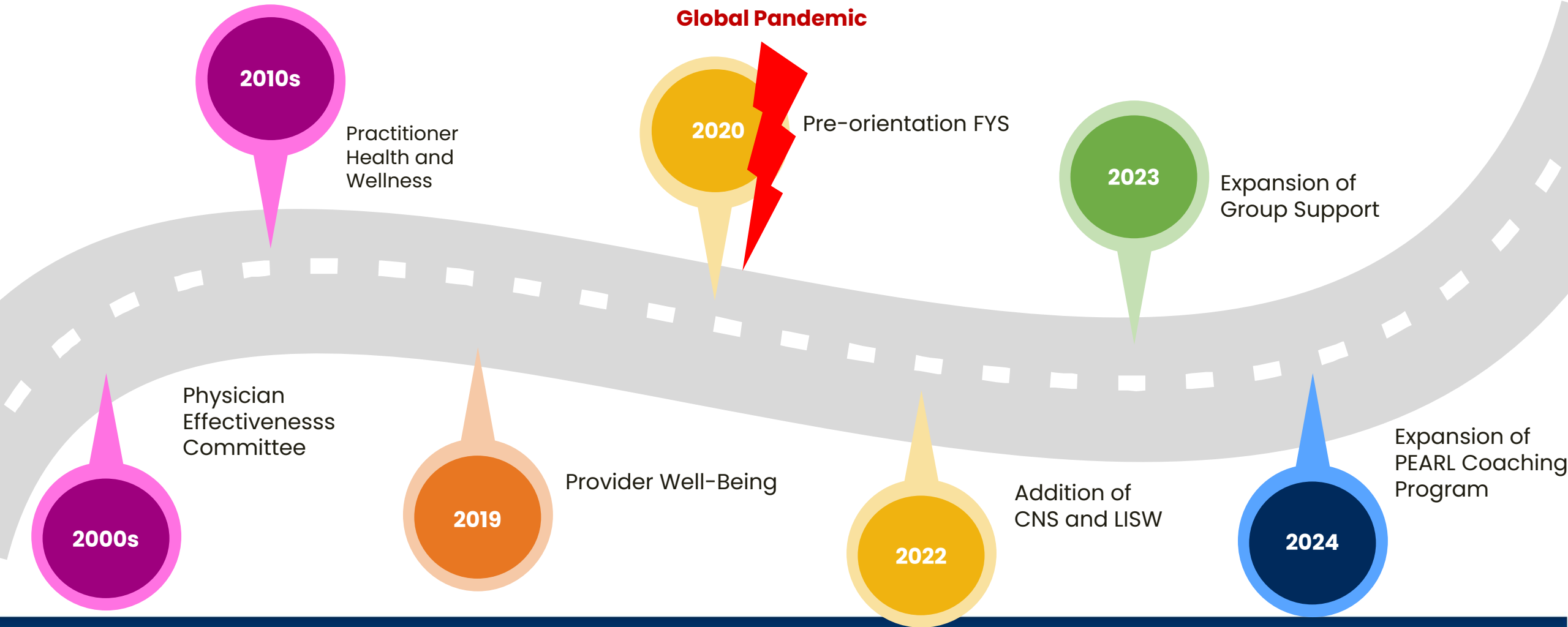
WELL-BEING CHECK-INS

PEARL COACHING PROGRAM

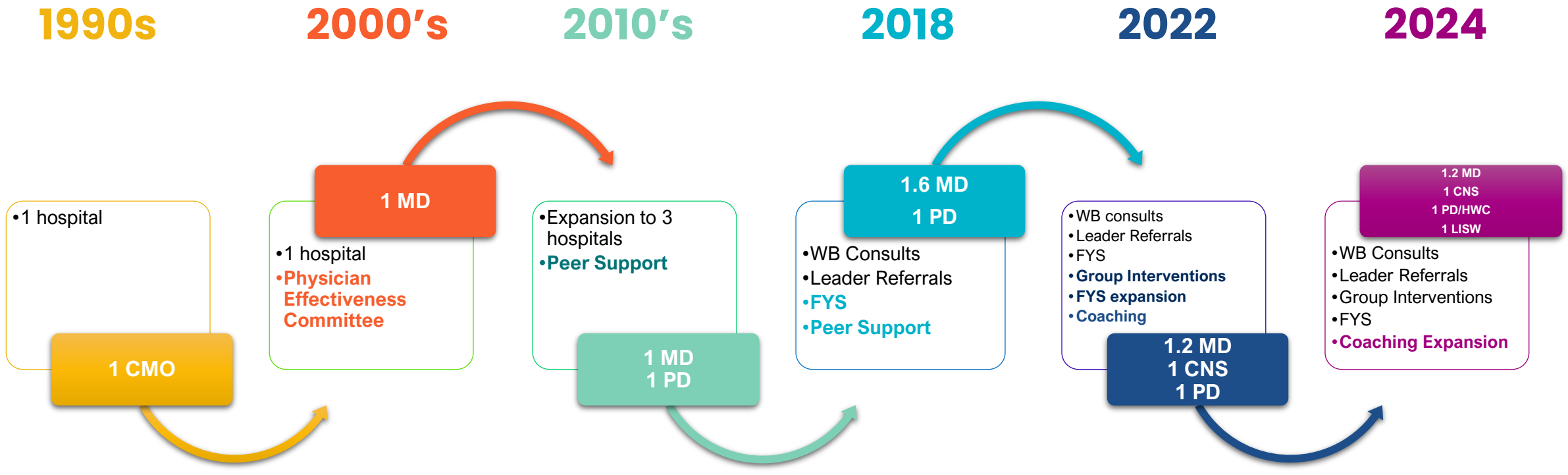
FOR YOUR SUCCESS

Provider Well-Being Journey

Provider Well-Being Journey



Our Program Journey



Our Population Journey

1990's

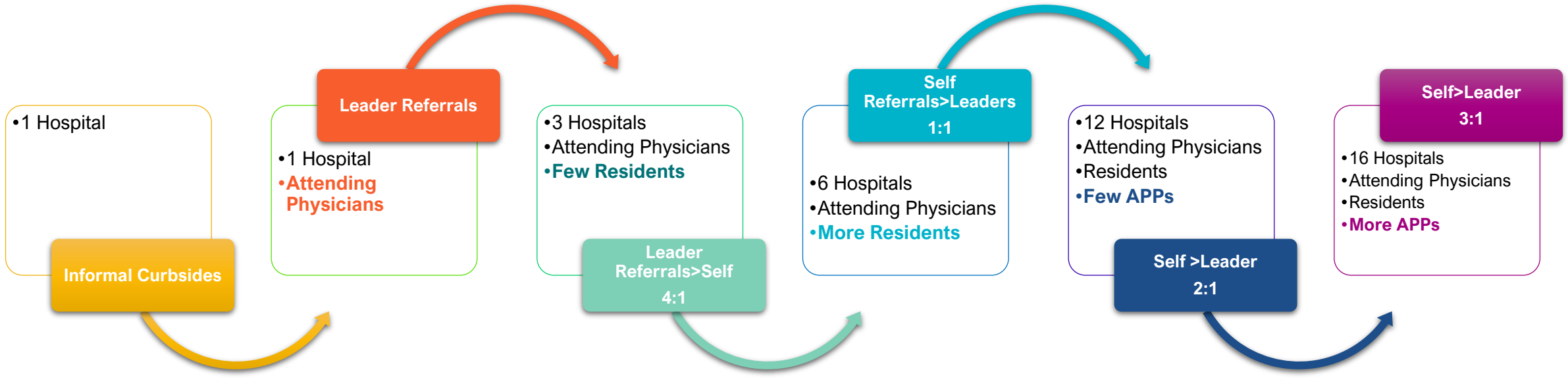
2000's

2010's

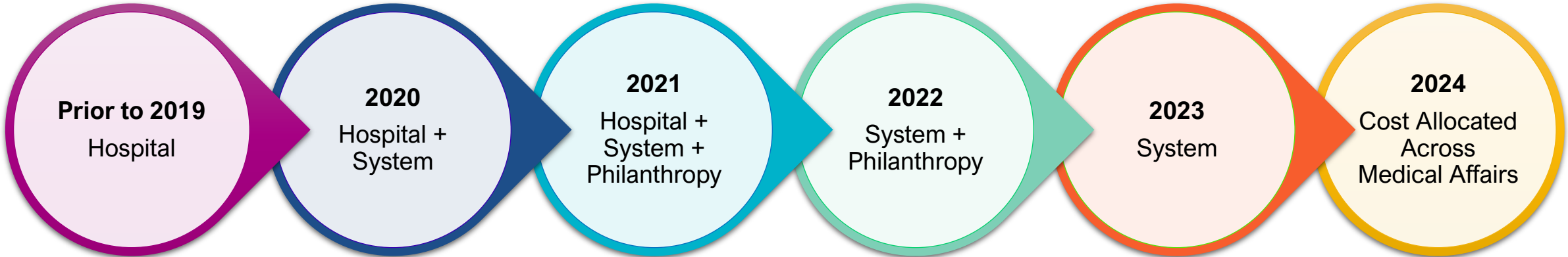
2018

2021

2024



Our Funding Journey



Average cost per provider per year: **\$130**

Note: Services differ for employed vs independent providers

Estimated Cost Savings per year

Coaching: \$40K
Health Care Spend: \$250K
Physician Turnover – \$15–25M

Outcomes

Provider Well-Being by the Numbers

CY 2024

Provider Well-Being
New Consults

135

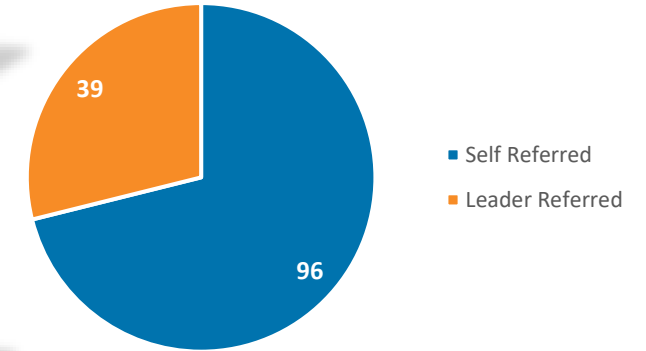
Individual
Appointments

1,469

Coaching
Sessions

213

New Consults CY2024
Self Referred vs Leader Referred



For Your Success
Meetings

389

Check-In Appointments
(Residents)

100

WE Care Check-Ins
(Associates)

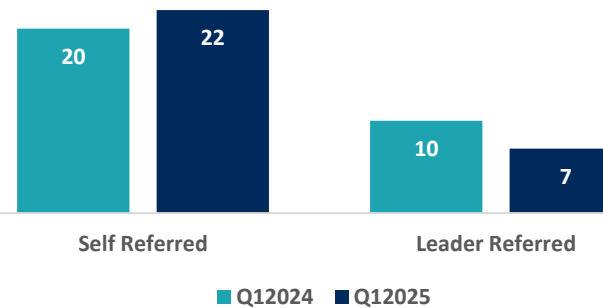
26

Total Receiving
Group Services

7,933

Culture Change!

New Consults – Self vs Leader Referred
Q1 CY24 vs Q1 CY25



Culture Change!

For Your Success

Proactive, opt out meeting at the start of your career at OH. Not diagnostic.

Resource sharing and relationship building.

Pilot in GME programs – started as opt in, with each program deciding to schedule

GME moved to pre-orientation onboarding.

Now 100% participation rate.

Employed Providers moved to opt-out within first 3 months of employment.

98% participation rate.

Check-Ins

Modality

- Self schedule
- Virtual
- Phone

Timing

- Months 3-9 in GME
- Monthly in OPG newsletter

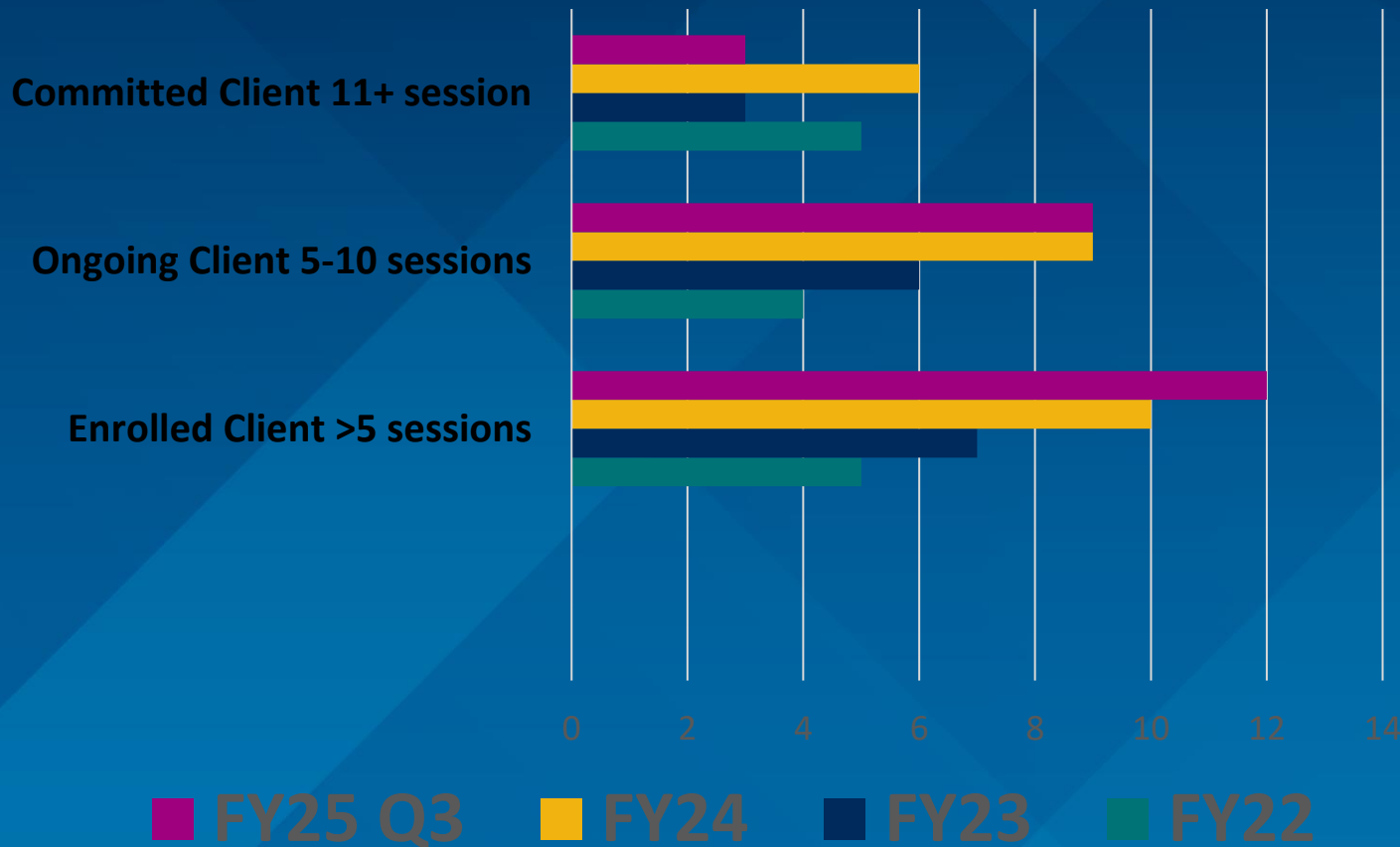
Outcomes

- ~90/year
- Lead to connection with additional resources

Moving to opt-out for GME



Coaching



- **41 Resident/Fellows**
- **28 Attending Physicians**
- **12 APPs**

Coaching Themes

Personal Goals

- Healthy Habits
- Substance Use

Professional Goals

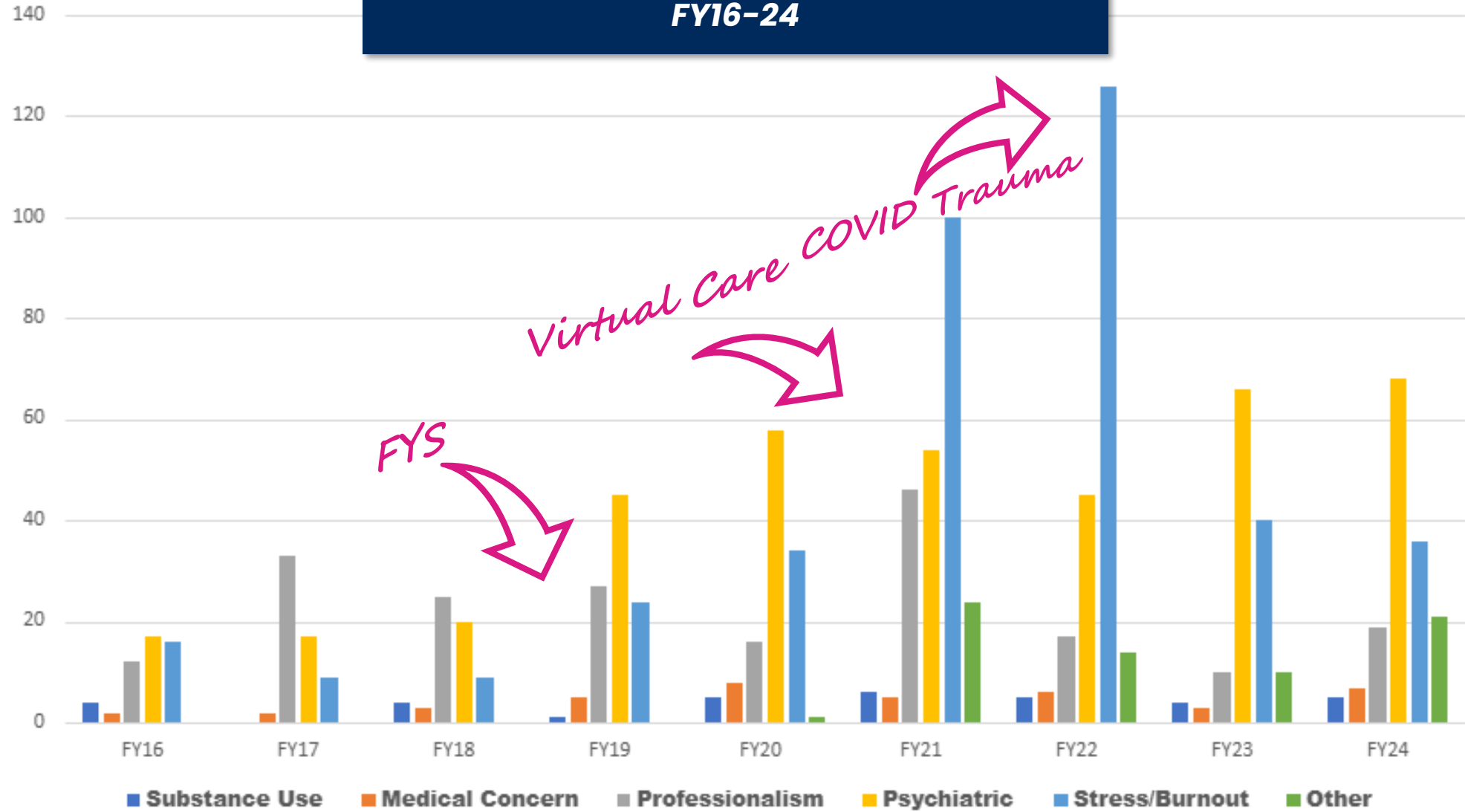
- Career Transition
- Professional Behavior
- Non-Negative Employment Screen

Both

- Burnout
- Communication Style
- Decisional Balance
- Boundaries
- Self-Management

New Clients

FY16-24



Intangible

Lives Saved



**“We all need support,
please take my advice as
a peer and colleague – it’s
confidential and will be so
helpful to you”**

**“It will make you a better
doctor, a better
partner...more honest
practitioner. Actions speak
louder than words, so
walk the walk and take
care of yourself first”**

“And for the first time in my life...I was failing. I can't remember ever being so unable to meet expectations. I am so thankful that my attending's noticed and got me connected... I never thought I would NEED counseling or therapy. But I did. And after I ended up exactly where I wanted to be on the other side.”

Lessons Learned



LESSONS LEARNED

ESTABLISH **CONFIDENTIALITY** AND **TRUST**

FIND THE **TRUE BELIEVERS**

UTILIZE A **PROACTIVE AND NON-PUNITIVE**
APPROACH

BECOME **MULTI-MODAL**

KNOW YOUR **RESOURCES** – INTERNAL AND
EXTERNAL

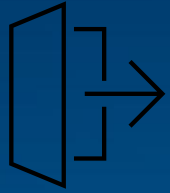
MEASURE SUCCESS AND THE **IMPACT ON**
ORGANIZATIONAL GOALS

Questions?



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Economic Factors



Between 2021–2022,
more than
145,000
healthcare providers
left the industry

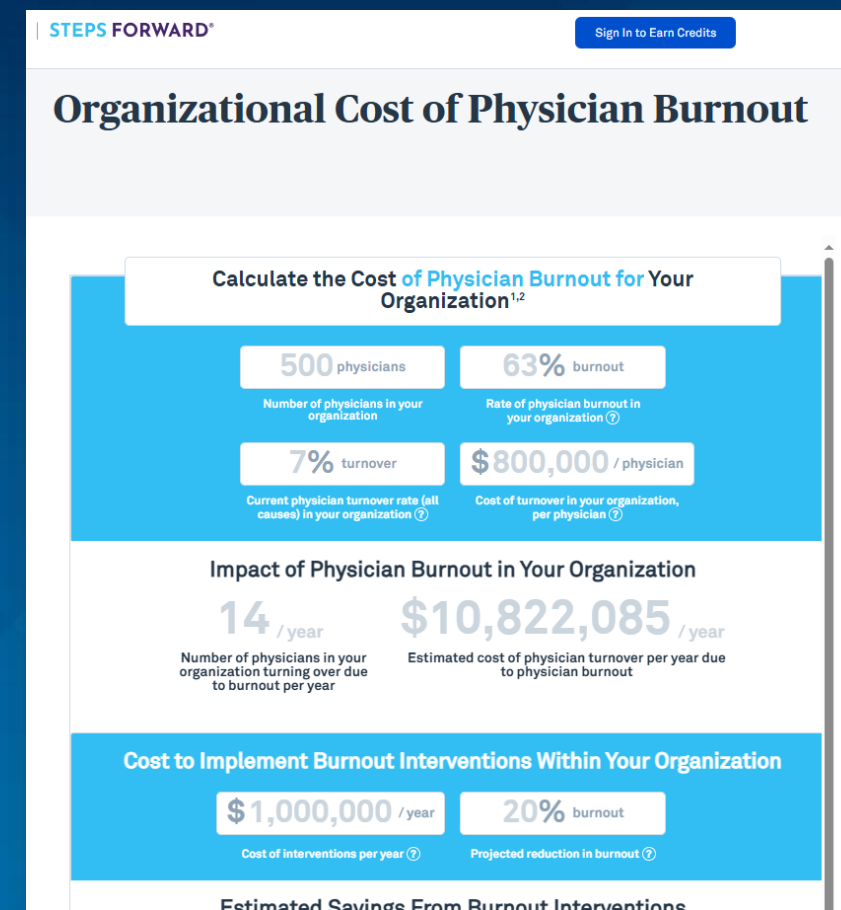


In 2023, **1 in 2**
healthcare workers
experienced symptoms of
burnout

Societal costs
attributable to *health
worker burnout*
are estimated to
exceed
\$4.6 billion
annually

Estimated Turnover Costs

	Physicians	Nurses
Estimated Turnover Cost per Clinician	<ul style="list-style-type: none"> \$500,000 to \$1,000,000 ¹ 	<ul style="list-style-type: none"> \$38,000 to \$61,100 (avg \$49,500) ² \$42,000 to \$64,000 ³
Included: Hiring Costs	<ul style="list-style-type: none"> Recruitment and advertising Travel and interviewing Locum tenens physician to cover vacancy Payroll, paperwork and employment processing, including background check and physical exam Hiring bonuses and moving expenses 	<ul style="list-style-type: none"> Recruitment and interviewing Agency/travel nurses to cover vacancy Overtime/premium pay to regular staff to cover vacancy Payroll, paperwork and employment processing, including background check and physical exam Hiring bonuses
Included: Training Costs	<ul style="list-style-type: none"> Labor cost for new physician while in training Trainer labor costs (EHR training) Classroom/simulation supply and equipment costs 	<ul style="list-style-type: none"> Labor cost for new RN while in orientation Educator labor costs Preceptor labor costs Classroom/simulation supply and equipment costs Training costs for external courses (e.g. certification review courses)
Included: Productivity/ Revenue Costs	<ul style="list-style-type: none"> Lost revenue while position is vacant Lost revenue during onboarding Decreased productivity until new physician reaches optimal efficiency (Note: OhioHealth standard is 3 year ramp-up to full productivity) 	<ul style="list-style-type: none"> Decreased productivity of supervisor and team while position is vacant Decreased productivity of new hire while in "learning" phase (post orientation until competent) Decreased productivity of preceptor while with new hire
Not Included	<ul style="list-style-type: none"> Decreased productivity in 3-months prior to turnover Extended vacancy period for hard-to-fill positions (e.g. procedurally based subspecialties) Lost referral revenue 	<ul style="list-style-type: none"> Decreased productivity in 3-months prior to turnover Bed closures due to RN vacancies Patient deferrals due to RN vacancies
Barriers to Calculating Turnover Costs Specific to OH	<ul style="list-style-type: none"> Wide variability based on specialty, experience of clinician, geographic location Requires extensive data collection that crosses multiple departments in the organization Productivity data is not routinely tracked or quantified (for RNs) 	
Additional Notes	<ul style="list-style-type: none"> The majority of turnover costs (~75%) are due to the vacancy itself – i.e. lost revenue for physicians¹ and temporary staffing costs for RNs⁴ Estimated costs noted above do not account for the impact that turnover has on patient satisfaction, safety, and quality of care Teams who experience a turnover event are at increased risk for burnout (and subsequent turnover) for the next 12 months 	



<https://edhub.ama-assn.org/steps-forward/interactive/16830405>