



Minnesota Hospital Association

The AHA Physician Alliance provides resources to connect hospitals with work being done across the field to address the individual, environmental, and systemic factors that contribute to burnout and to foster resilience and well-being. You may find more case studies at our [knowledge hub](#).

Overview

The Minnesota Hospital Association (MHA) represents 142 of the 144 hospitals and health systems that provide care across the state. Nearly all of the health systems in Minnesota are nonprofit or government-owned with about half of the state's hospitals being critical access hospitals serving rural areas.

MHA members across the state identified clinician burnout as a universal challenge, so the

organization embarked on a journey to understand whether a statewide quality improvement approach to address this challenge was feasible. In 2016, MHA started building a statewide collaborative action framework

to understand the drivers of health care burnout and identify effective responses.

MHA and senior health care executives across Minnesota are leading this effort, fueled by pursuing the Quadruple Aim: improving patient experience, improving population health, reducing costs, and reducing health care burnout. The beliefs driving this approach are twofold; individual clinicians are not responsible for solving this crisis and a systematic data-driven improvement framework is critical to creating sustainable solutions.



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Impact

A statewide approach to measuring burnout and galvanizing responsive action appears feasible, even for geographically dispersed health systems. Minnesota health systems now have robust annual data to guide burnout mitigation for physicians and other health care professionals. Three-quarters of participating sites developed action plans within six months of the survey.

The journal *Burnout Research* published results of the 2016 baseline survey, in which 56 health systems representing 104 hospitals across Minnesota participated. Articles about Minnesota's journey could encourage other states to embark on similar efforts by sharing the MHA's framework and lessons learned. In addition, MHA is participating in the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience and has submitted a [public formal statement of commitment](#).

Buy-in

MHA staff partnered with all health system CEOs or CMOs to secure initial buy-in for participation. These CEOs and CMOs were asked to lead the effort at their health system or hospital (e.g., sending personalized communications for an annual burnout survey and leading improvement action plans).

Survey

Health systems deployed a validated survey about burnout to employed and independent physicians and advanced practice professionals. A 10-member MHA advisory committee designed the implementation. The committee decided on a research strategy, selected the validated questions about burnout, and added a question on engagement and an open-ended question to ask respondents about their thoughts on the drivers of burnout and their ideas on how to reduce burnout.

After taking the survey, CEOs and CMOs reviewed the data and statewide benchmarks with their leaders and staff. Six months after the survey was completed, MHA asked the health systems to articulate their action plans.

Results

After 75 percent of health systems and hospitals agreed to participate in 2016 (the baseline year) and 80 percent in 2017, the survey was deployed to 13,693 physicians and advanced practice profes-

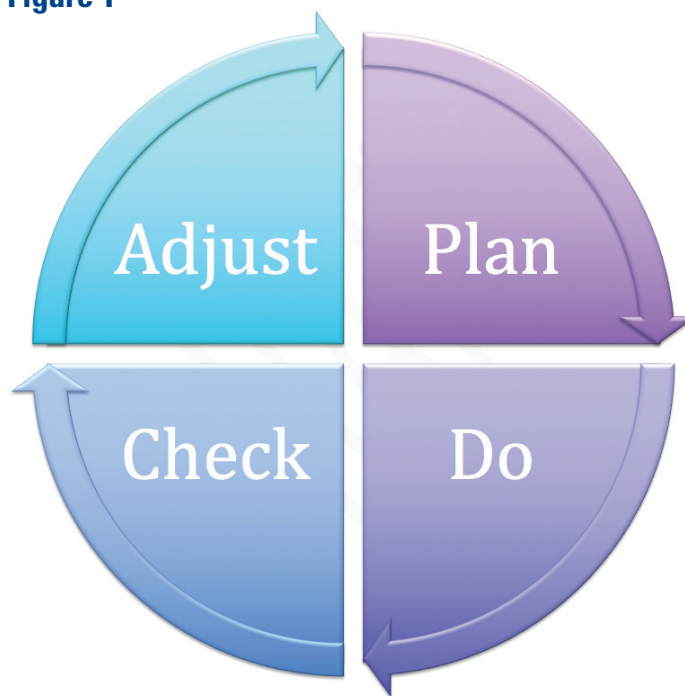
sionals in 2016 and 19,350 in 2017. At the time of this report, the 2018 survey is currently in the field.

Fewer clinicians in Minnesota reported burnout compared to the national average: 34 percent of clinicians in the state reported burnout

compared to over 50 percent of physicians nationwide reporting burnout. Almost 60 percent of Minnesota clinicians reported they felt a great deal of stress. Despite experiences of stress and burnout, most respondents reported high rates of job satisfaction (78 percent) and engagement (78 percent).

With this data, health care systems in Minnesota are working to bend the burnout curve. Compared to

Figure 1



MHA's data-led approach helps health care systems use quality improvement models such as Plan-Do-Check-Adjust to identify interventions and reduce stress and burnout for clinicians.

2016, the 2017 data reveal a 6 percentage point increase in the proportion of respondents who strongly agree that their professional values are aligned with those of their leaders. Comparison data also show a 9 percentage point decrease in those who strongly agree that they feel great stress.

Job satisfaction appears steady between 2016 and 2017, with approximately three-quarters of respondents reporting they either strongly agree or agree that they are satisfied with their current job. Data from 2017 reveal 75 percent of physicians and advanced practice professionals spend excessive or moderately high time working in the electronic health record, a substantial increase from 2016. Changes like these occurring year over year underscore the need for frequent, regular measurement of burnout and the drivers of stress, leveraging a model similar to other quality and safety measurement in health care.

Lessons Learned

To ensure meaningful health system participation and clinician engagement, C-suite leaders must initiate and drive local efforts. A data-led approach across the state allows health care systems to test strategies and interventions, identify those that are truly reducing stress and burnout, and then share and spread those best practices broadly, a classic quality improvement model of Plan-Do-Check-Adjust (*see Figure 1*). With lower rates of burnout than the national average, health systems and hospitals in Minnesota have a window of opportunity to bend the burnout curve and avoid crisis level. Strong relationships and frequent contact between MHA and health system CEOs and CMOs help uphold clinician well-being as a statewide and organizational priority.

Future Goals

MHA will continue to publish results from its annual burnout survey to help health systems and hospitals identify specific strategies and actions effectively reduce burnout and stress on health care professionals. MHA will also continue to disseminate best practices and conduct multi-system interventions across the state to identify evidence-based strategies that improve clinician wellness and, in turn, patient health outcomes.

Contact

Rahul Koranne, M.D. MBA, FACP
Chief Medical Officer
rkoranne@mnhospitals.org

