



MINNESOTA  
MEDICAL  
ASSOCIATION

# Opportunities to Impact the Well-being of Minnesota's Physician Community

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A Report to Minnesota's Health Systems, Hospitals, and Medical Groups from the Minnesota Medical Association



# Overview

Even before the onset of the COVID-19 pandemic, the National Academy of Medicine (NAM) identified burnout as a national crisis. Its landmark 2019 report revealed that 35-54% of physicians and nurses and 45-60% of medical students and residents reported experiencing symptoms of burnout (*National Academies of Sciences, Engineering, and Medicine, Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-being 2019*).

More recent survey data confirm the persistence of this issue. A study published in *Mayo Clinic Proceedings* co-authored by researchers from the American Medical Association, Mayo Clinic, University of Colorado School of Medicine and Stanford Medicine found that over 45% of physicians currently report at least one symptom of burnout. These findings underscore an ongoing and urgent threat to workforce vitality and care quality.

This issue is not abstract. Burnout, marked by a high degree of emotional exhaustion, depersonalization (i.e., cynicism), and a diminished sense of personal accomplishment at work, erodes the foundations of clinical care. It compromises patient safety, accelerates workforce attrition, increases rates of medical error, and disrupts the physician-patient relationship. Minnesota is not immune.

Importantly, burnout is not the result of personal weakness or a lack of resilience. It is a predictable outcome of chronically strained systems—where excessive administrative burden, misaligned workflows, and inadequate support structures drive exhaustion, disengagement, and emotional fatigue.

The imperative to protect physician well-being is compelling. It transcends moral obligation and encompasses patient safety, workforce sustainability, cost containment, and professional fulfillment. Addressing it requires more than individual resilience training—it demands organizational strategies to improve culture, optimize workflows, and strengthen workplace support.

To meet this challenge, the Minnesota Medical Association (MMA) convened its Physician Well-being Advisory Committee to develop practical, system-level strategies to advance physician well-being across Minnesota's healthcare landscape.

Drawing on the National Academy of Medicine's Health Workforce Well-Being framework and informed by the lived experiences of physicians across diverse care settings, the MMA developed a physician-led, evidence-based set of strategies to advance clinician well-being. These recommendations are designed to strengthen organizational culture, reduce administrative burden, and promote sustainable care delivery.

Formally adopted by the MMA Board of Trustees, these recommendations are intended to complement and strengthen existing well-being efforts in hospitals, clinics, and health systems statewide.



## Strategic Opportunities to Support Minnesota’s Physician Community

To support implementation across diverse healthcare environments, the MMA’s physician well-being recommendations are organized into three categories:

- Foster organizational cultures that prioritize physician well-being
- Protect and optimize physician health
- Reduce work burden through innovation

These recommendations are actionable, scalable, and aligned with the operational realities of Minnesota’s health systems and medical groups. While not every recommendation will apply to every setting, together they offer a roadmap to support physicians in both employed and independent practices.

The recommendations follow:

### A. Foster Organizational Cultures that Prioritize Physician Well-being

The first collection of recommendations is organized around actionable steps to foster organizational cultures that prioritize the well-being and success of every physician.

- **Enable flexible work models to help physicians achieve greater work-home integration**

Support policy and programmatic changes that allow physicians to better integrate work and home responsibilities. This includes flexible scheduling, job-sharing, telehealth options, and part-time roles—each proven to reduce burnout and enhance retention.

- **Embed well-being in organizational strategy**

Prioritize well-being as a core business objective. Ensure it is embedded in strategic plans, mission and vision statements, dashboards, change initiatives, and accountability frameworks across the organization.

- **Appoint well-being leaders to governance structures**

Endorse the creation of a Chief Well-being Officer (CWO) role ( $\geq 0.5$  FTE) with executive authority. This leader should guide strategy, influence operations, and be accountable for clinician well-being outcomes. This aligns with national standards, including the AMA’s Joy in Medicine Recognition Program.

- **Disseminate these recommendations**

Encourage broad distribution of this report to clinical, operational, and governance leaders, and encourage its use as a tool to align workforce support strategies with performance goals.



## B. Protect and Optimize Physician Health

The second collection of recommendations is organized around a framework of actions to help ensure a culture of safety and support so all physicians can protect and optimize their health.

- **Adopt a physician-patient compact defining expectations in healthcare interactions**

Support the development and adoption of a standardized compact outlining mutual expectations for physicians, patients, families, and visitors. The MMA will lead the development of this compact in consultation with physicians, patient representatives, legal experts, and clinical leaders.

The compact will address key dimensions of clinical interaction—respectful communication, safety, trust, privacy, and professionalism—and reflect a shared commitment to creating healing environments for patients and safe, respectful workplaces for clinicians. By clarifying expectations, this tool can reduce conflict, mitigate violence and harassment, and rebuild trust within care delivery.

Once finalized, the MMA recommends that organizations adopt the compact into onboarding, signage, and ongoing workforce education.

- **Remove stigma in credentialing processes**

Standardize language in credentialing applications that protects physician privacy and removes stigmatizing inquiries. Build on Minnesota's 2024 legislative success to apply these protections consistently across the care team. This change will help reduce barriers to seeking care and promote a culture that prioritizes clinician mental health.

- **Utilize and expand the *Treat Yourself First* campaign**

Sustain and scale this statewide campaign to normalize help-seeking, reduce stigma, and promote self-care as a professional norm. Link campaign efforts to available system supports. This initiative affirms self-care as a professional standard and a key driver of sustained clinical effectiveness.



## C. Promote Innovations to Reduce Work Burden

The final collection of recommendations presents a framework of strategies designed to leverage the MMA's role in assisting its members in adapting to the swiftly changing landscape of healthcare delivery.

- **Adopt care delivery models that prioritize the physician-patient relationship**

Advocate for delivery models that minimize administrative friction and prioritize time for direct patient care. Streamlined workflows lead to better outcomes and improved clinician morale.

- **Eliminate low-value documentation requirements**

Partner with MMA and similar national entities to advocate facilitate collaboration with EHR systems developers and regulatory bodies to reduce the burden of documentation requirements, inefficient workflows, and regulatory oversight. Support advocacy to develop and promote mechanisms by which physicians in all practice settings can reduce the risks and adverse effects of demoralization and burnout, including implementing targeted practice transformation interventions, applying validated assessment tools, and promoting a culture of well-being.

- **Involve physicians in the development of clinical workflow support products**

Establish physician input as an industry standard in the development of clinical workflow support tools. Inclusive design improves usability, satisfaction, and patient care.

## Collective Action for a Resilient Physician Workforce

The MMA invites health systems, hospitals, and medical groups to adopt these recommendations as part of a shared commitment to creating environments where physicians can thrive. We are committed to being a proactive partner— offering practical tools, guidance, and forums for shared learning to support implementation.

Advancing physician well-being requires shared accountability—from healthcare systems, policymakers, and clinicians alike. We urge organizations to integrate these recommendations into current initiatives or use them as a springboard to launch new efforts that strengthen both workforce and organizational performance.

Together, we can build a healthcare system that attracts and retains top talent, delivers exceptional care, and secures Minnesota's place as the best place to practice medicine.

## Appendix A: Acknowledgements & Advisory Committee Members

The MMA thanks members of the Physician Well-being Advisory Committee and guests from the MMA Policy Council who generously shared their time, insight, and expertise. Without their significant contributions, this report would not have been possible.

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## Appendix B: National Academy of Medicine National Plan for Health Workforce Well-being

In October 2022, the National Academy of Medicine released the *National Plan for Health Workforce Well-Being*, acknowledging the critical importance of addressing health workforce well-being to ensure the resilience of the U.S. health system. Serving as a catalyst for collective action, the plan aims to restore the health of the nation's healthcare workforce. The MMA Physician Well-being Advisory Committee utilized the National Plan as the cornerstone of its efforts.

The National Plan identifies the following seven priority areas for health workforce well-being:

- Create and sustain **positive work and learning environments and culture**.
- Invest in **measurement, assessment, strategies, and research**.
- Support **mental health** and reduce **stigma**.
- Address **compliance, regulatory, and policy barriers for daily work**.
- Engage effective **technology tools**.
- Institutionalize **well-being as a long-term value**.
- Recruit and retain a **diverse and inclusive health workforce**.

*Priority areas for health  
workforce well-being*

[nam.edu/NationalPlan](https://nam.edu/NationalPlan)