

# Fostering Resilience During Stressful Times



UMMC, Resident Well Being and Resilience Retreat

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# Disclosures

- Associate Editor for *Pediatrics in Review*, In Briefs
- Board of Directors for the Cameron Kravitt Foundation
- Co-Chair Johns Hopkins Academy of Advising, Mentoring and Coaching

# Dedication

- To all of you as health care providers who have worked tirelessly to promote the health and well-being of families, patients and co-workers during this pandemic.

# Objectives

- Understand the science of burnout and resilience in health care workers and teams
- Identify individual and organizational drivers that may enhance resilience
- Commit to and implement strategies in your own institution
- Reflect on ways for you to enrich your career and maintain joy in what you do

What inspired you to pursue a  
career as a physician?

# Potential Reasons

- To serve others
- To address suffering and provide comfort
- It was a calling
- Enjoy patient care, research, education
- Intellectual stimulation of scientific discovery

# Culture of Medicine

- Humanism is a foundational principle
- Hippocratic oath- “to treat the ill to the best of one's ability, to preserve a patient's privacy, to teach the secrets of medicine to the next generation”
- Working tirelessly to serve others to provide excellent care
- Achieving the highest ethical and professional standards



-Michalsak-Smith, *AMA J Ethics* 2015

-Thomas LR. Charter on physician well being.  
*JAMA* 2018

# Toxic Aspects of the Culture of Medicine

- Perfectionism
- Self criticism
- Denying vulnerability
- Delaying gratification
- Working in isolation
- Stigma in asking for help

- Martimianakis MA. *Acad Med.* 2015

- Wright SR. *Acad Med* 2019



The word physician comes from “physis”  
which means:

“to study the individual nature of each person”



The word patient comes from the Latin word “patiens” which means “to suffer”



Compassion is derived from the Latin word “to suffer with”

## SPECIAL ARTICLE

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### THE NATURE OF SUFFERING AND THE GOALS OF MEDICINE

ERIC J. CASSEL, M.D.

**Abstract** The question of suffering and its relation to organic illness has rarely been addressed in the medical literature. This article offers a description of the nature and causes of suffering in patients undergoing medical treatment. A distinction based on clinical observations is made between suffering and physical distress. Suffering is experienced by persons, not merely by bodies, and has its source in challenges that threaten the intactness of the person as a complex social and psychological enti-

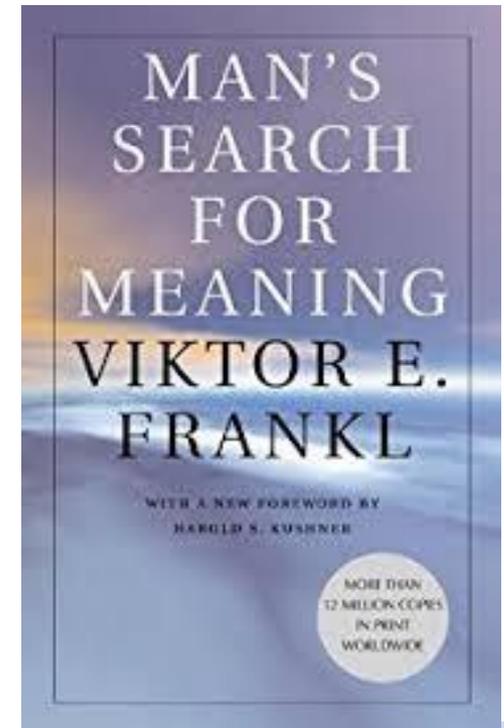
ty. Suffering can include physical pain but is by no means limited to it. The relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick. Physicians' failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself. (N Engl J Med. 1982; 306:639-45.)

- Suffering is an essential part of being human
- Health care providers routinely witness suffering every day and try to relieve it
- The way in which a man accepts his suffering adds a deeper meaning to his life
- Experiencing suffering may help to develop compassion

- Cassel EJ, *NEJM* 1982

# Man's Search for Meaning

- “Forces beyond your control can take away everything you possess except one thing: the freedom to choose how you will respond to the situation..”
- We have a choice in our actions
- Our lives seem most fulfilling when we have meaning



To journey with a patient through their suffering may be the most rewarding privilege of our profession.

# Suffer in Silence



Imagine the following:

# Physicians must address emotional toll of patient's death

by Janet Serwint, M.D., M.S., FAAP



Dr. Serwint

My first experience with a patient's death occurred during my internship. Although her death occurred 22 years ago, I still remember her with amazing clarity.

Heather was a 3-year-old, full of curiosity, who was admitted to the oncology unit secondary to relapse of leukemia. One day during rounds, she coughed a single time. She didn't look sick, but the attending asked that I order a chest X-ray (CXR), which I did. However, I forgot to check the results.

The next morning when I returned to the hospital, I saw Heather and suddenly remembered. I ran to radiology and to my sadness, Heather's CXR showed she had pneumonia. Although the attending and I

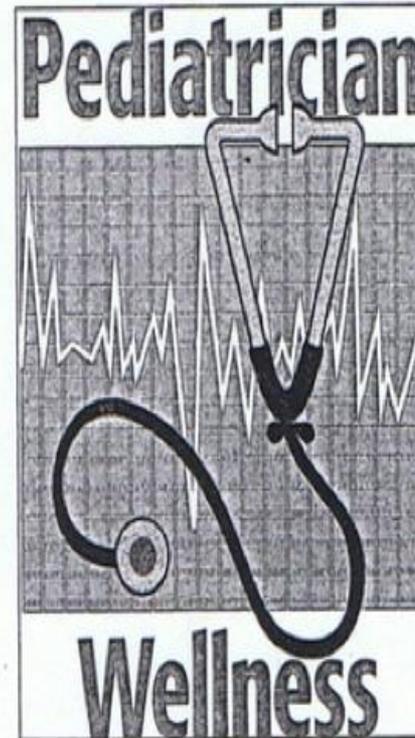
health care provider. I needed an opportunity to review my decision-making, to face the reality that I wouldn't always cure patients, that sometimes patients get worse and sometimes I would make mistakes. Yet, I still had an important role with the family to support them in their suffering.

These topics are rarely addressed in medical school and residency. I don't know which was the bigger failure to me: that I hadn't checked the CXR or I hadn't supported Heather's mother during this tragedy. I had failed to be a healer.

Addressing the emotional needs of both the bereaved family and the health care profes-

ing, feel a sense of responsibility and experience emotions of sadness, anger, guilt and sometimes relief. All of these are normal reactions.

One way to nourish ourselves is to share our experiences with others. We need to have the advantage of others' perspectives, to have an external barometer to process our reactions, to get an external reality check in order to integrate these experiences into our lives. It is beneficial to talk about these experiences for many reasons: to acknowledge and bear witness to the life and death of a patient, a fellow human being, to acknowledge responsibility and review our decision-making if needed,



# Parents suffer: I Wish You Knew... (parent perspective)

- “how scared I was, though I fully tried to put on a show of complete competence.”
- “that as a parent I will review all my decisions over and over and question whether I did the right thing.”
- “how tough things can be for a dad. I felt impotent throughout his life. I felt my job as a father should be to provide and protect my family but I couldn't do this for my son.”

# I Wish You Knew... (parent perspective)

- “how much the simplest acts of kindness meant to me.”
- “how much difference your caring and support can make. We encountered so many people who were truly fighting for us and Ryan while our family was being bombarded. It is these relationships that gave me the strength to be brave, the strength to endure, and in some cases, the inspiration to be a better person.”

-Wills A, Wills J. I Wish You Knew. *Pediatr Nursing*, Sept-Oct 2009 (5):318-321

# I Wish You Knew... (resident response)

- “that your loss brings me tears”
- “how often I stay up at night second guessing myself on if I made the right decisions today”
- “how much documentation is needed for each encounter, (therefore time stuck behind the computer)”
- “there are days when a child dies in the morning and I have to continue on with my day”
- “how hard it can be to leave sick loved ones at home to come to take care of your loved ones in the hospital”

- Personal Communication

# Reasons for Burnout

- Health care providers always “on”
- Long hours, emotional investment, witnessing suffering
- Loss of autonomy
- EHR (50% of time at computer)
- Increased emphasis on business of medicine; clerical burden
- Loss of meaning in work

- Shanafelt TD *Mayo Clin Proc.* 2016

# Burnout

- Measured by 3 domains:
  - Emotional exhaustion
  - Depersonalization
  - Low personal accomplishment
  
- Maslach Burnout Inventory (MBI) is most commonly used validated measure

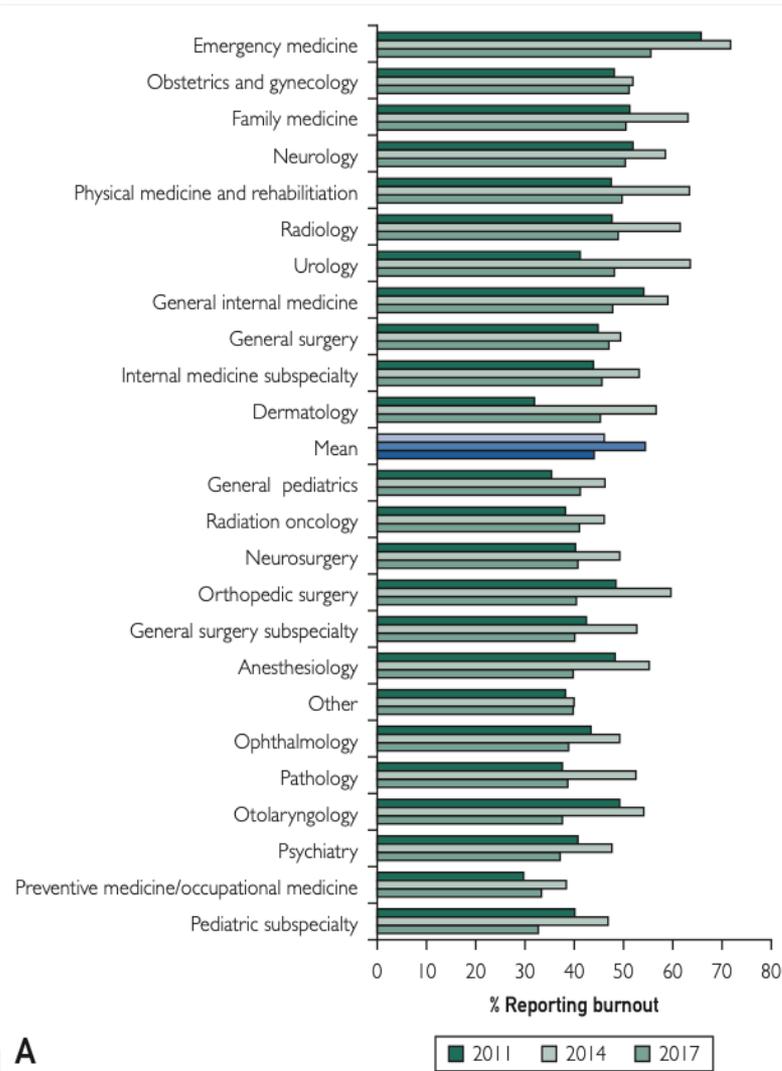




# Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population Between 2011 and 2017

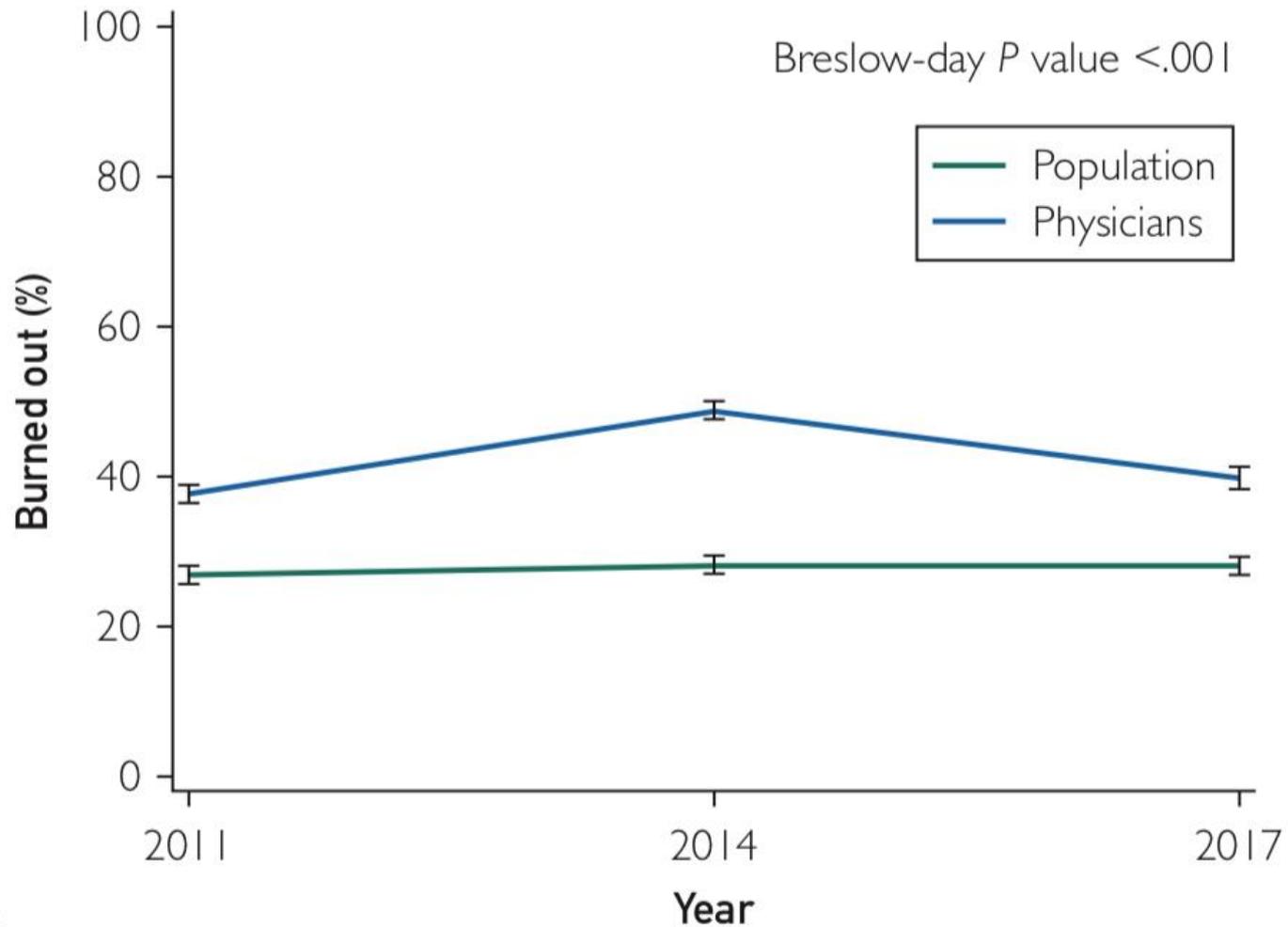
Tait D. Shanafelt, MD; Colin P. West, MD, PhD; Christine Sinsky, MD; Mickey Trockel, MD, PhD; Michael Tutty, PhD; Daniel V. Satele, BS; Lindsey E. Carlasare, MBA; and Lotte N. Dyrbye, MD, MHPE

# Changes in Physician Burnout 2011-2017 (Shanafelt, 2019)



A

# Changes in Physician Burnout from 2011-2017 (Shanafelt, 2019)



# Data on Rates of Suicide in Health Care Professionals

- Medical students less than population average (20-28/ year)
- Strong associations between burnout and suicidal ideation
- Physicians in practice (380-420/ year)- exceeds general population

- Santen SA, 2010; Dyrbye LN 2014; Schernhammer ES, 2004; Brazeau CM, 2014; Rotenstein LS, 2016

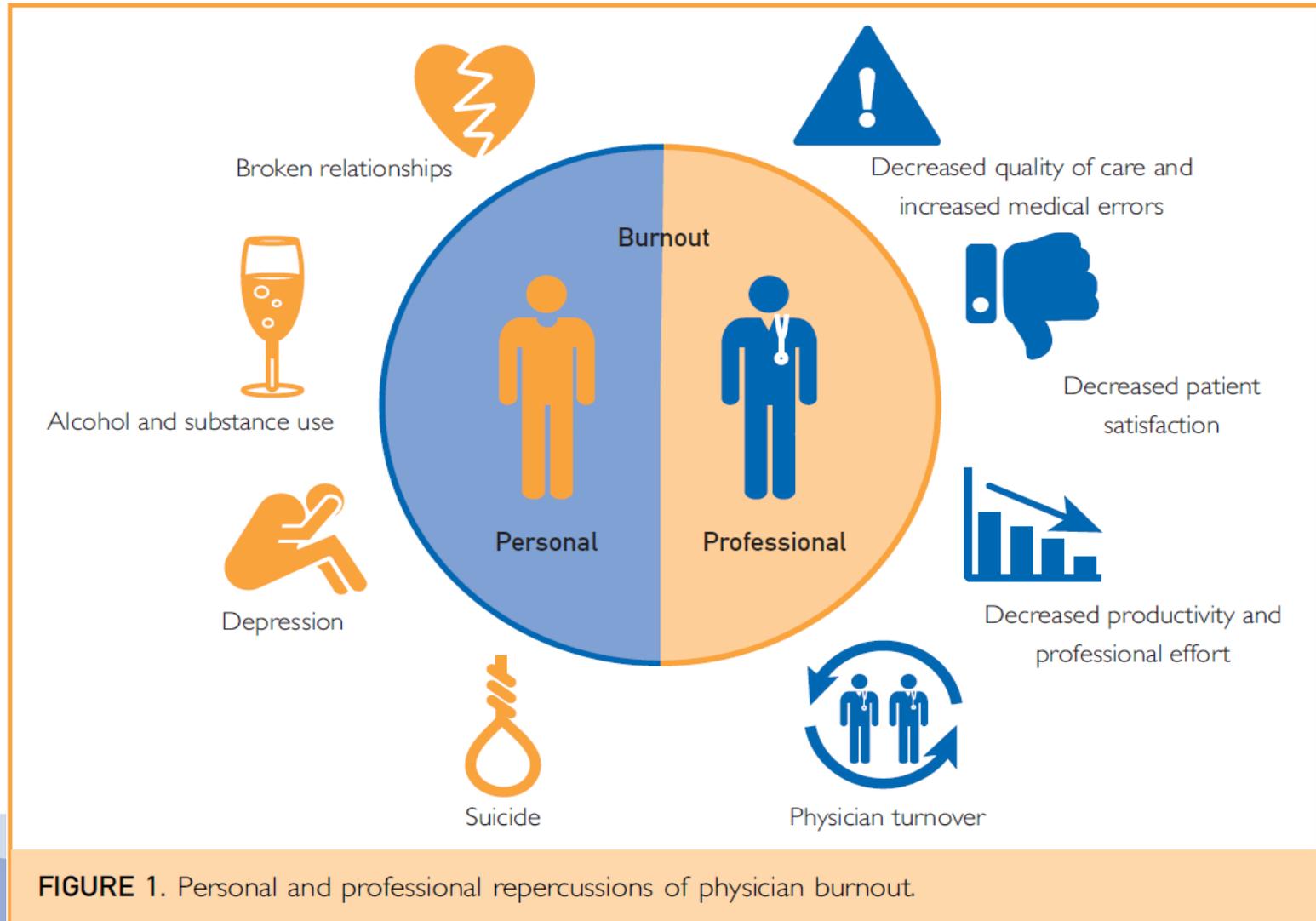
The impact from burnout involves all members of the health care team and across the career continuum

# Members of the Health Care Team

- Burnout
  - Hospital nurses- 34%
  - Nursing home nurses- 37%
  - Nurses other settings- 22%
- Reception staff - 68% experience verbal abuse

-Bodenheimer T, *Ann Fam Med.* 2014

# Personal and Professional Repercussions of Physician Burnout —Shanafelt 2016



**FIGURE 1.** Personal and professional repercussions of physician burnout.

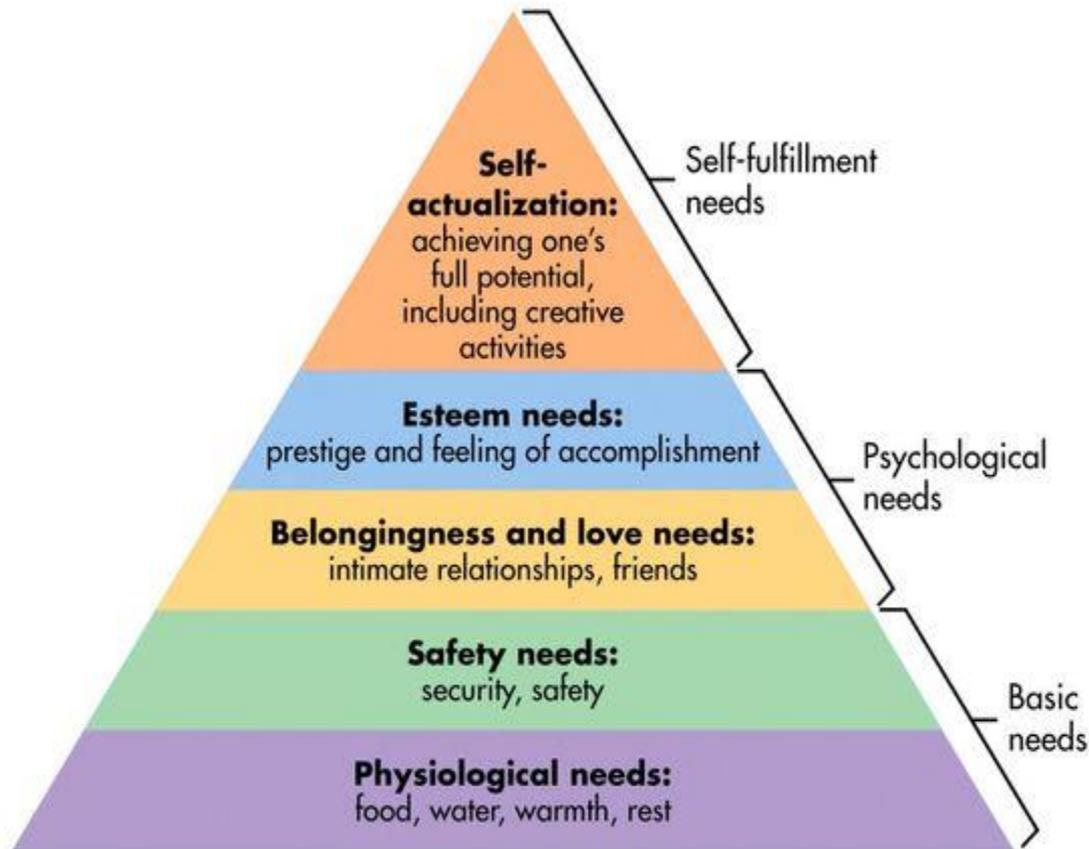
# COVID has intensified the stressors

- Health care workers heroically providing frontline care to COVID-19 patients
- Fear personal safety and that of their families
- Angst regarding working conditions or shortage of PPE
- Financial worries
- Moral distress/racial injustice
- Added responsibility of teaching children/ child care
- Self sacrifice vs. self preservation
- Exacerbated by overwork and exhaustion

# We Are in Battle with COVID



# Maslow's Hierarchy of Basic Needs



# COVID Impact

- **Median self reported stress scores increased from 3 to 8 during COVID by critical care workers**
  - Society of Critical Care Medicine. Clinicians report high stress in COVID-19 response. <https://sccm.org/Blog/May-2020/SCCM-COVID-19-Rapid-Cycle-Survey-2-Report>. Accessed June 22, 2020.
- **-Nurses, and frontline healthcare workers experience the highest psychological burden (China)**
  - Develop mental health outcomes: depression, anxiety, insomnia.
  - Lai J, Ma S, Wang Y, et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. JAMA Netw Open 2020; Mar 2. doi:10.1001/ jamanetworkopen.2020.3976
- **Death by Suicide- MD, RN, EMT, others during COVID**
  - Ages span 20s through 60s, occurred in multiple countries

“64% of households with a health care worker said worry and stress over the coronavirus caused them to experience at least one adverse effect, such as difficulty sleeping or eating, increases in alcohol consumption or substance use, and worsening chronic conditions, on their mental health and wellbeing, compared to 56% of the total population.”

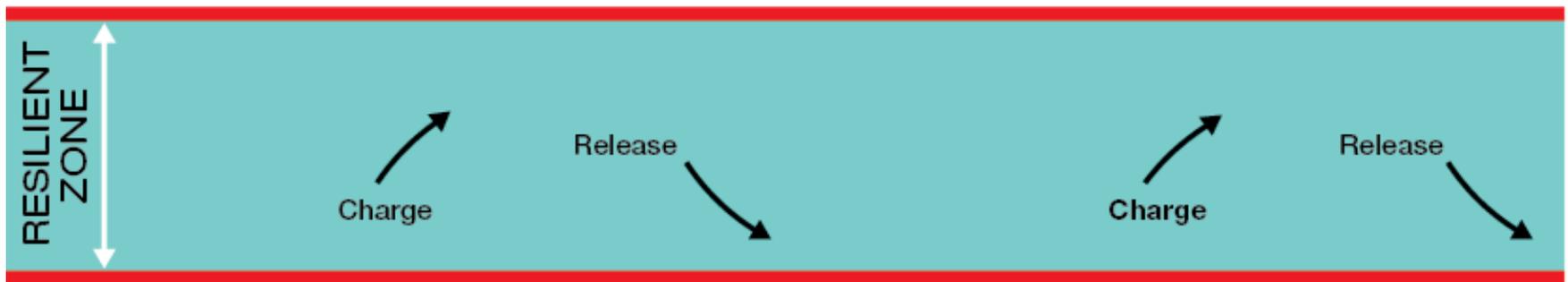
<https://www.kff.org/report-section//kff-health-tracking-poll-late-april-2020-economic-and-mental-health-impacts-of-coronavirus>



# The Resilient Zone

## The Resilient Zone

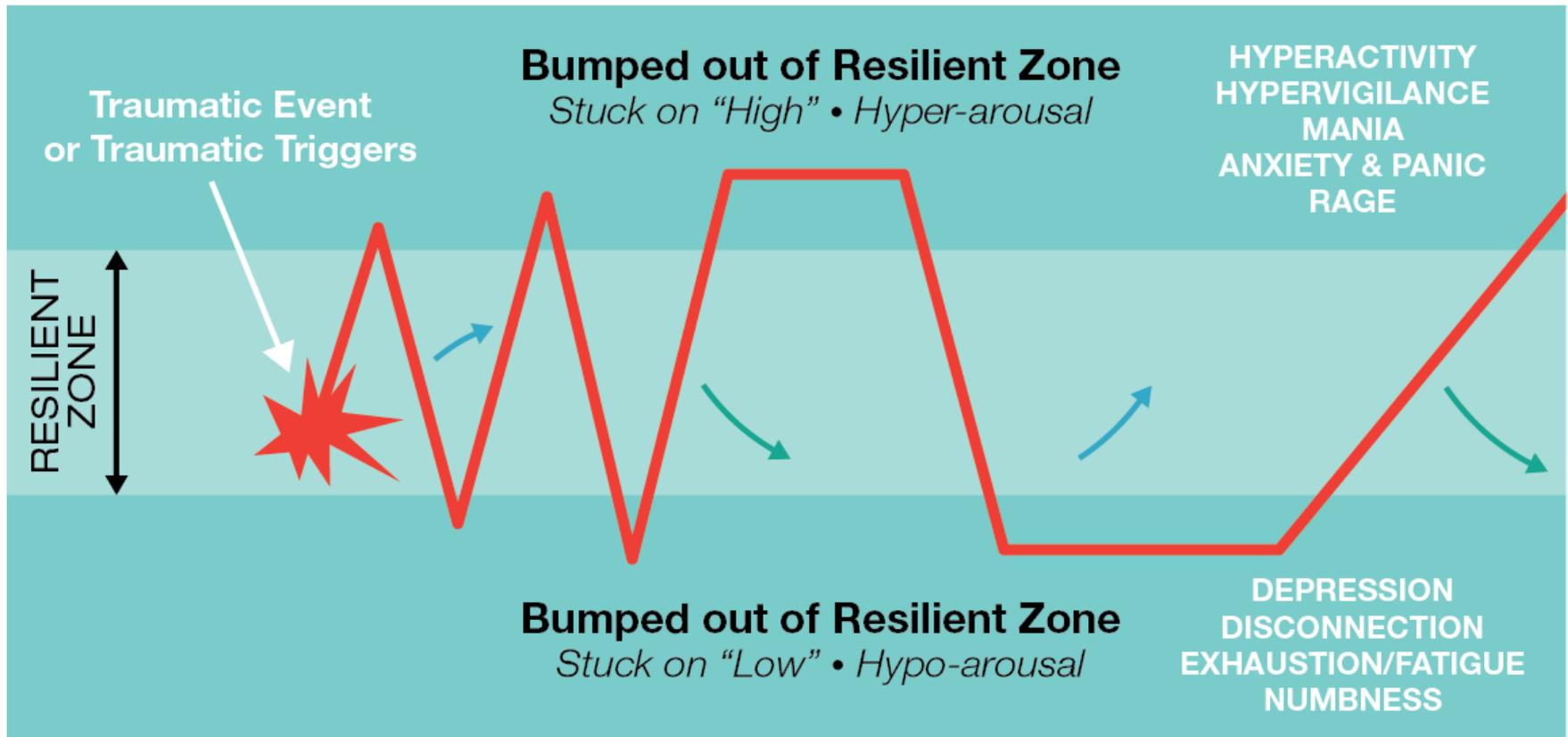
When we are in our “Resilient Zone,” we have the best capacity for flexibility and adaptability in mind, body, and spirit.



**TRM skills help deepen the Resilient Zone**

[www.traumaresourceinstitute.com](http://www.traumaresourceinstitute.com)  
[www.hopkinsmedicine.org/armstrong\\_institute/training\\_services/workshops/Caring\\_for\\_the\\_Caregiver](http://www.hopkinsmedicine.org/armstrong_institute/training_services/workshops/Caring_for_the_Caregiver)

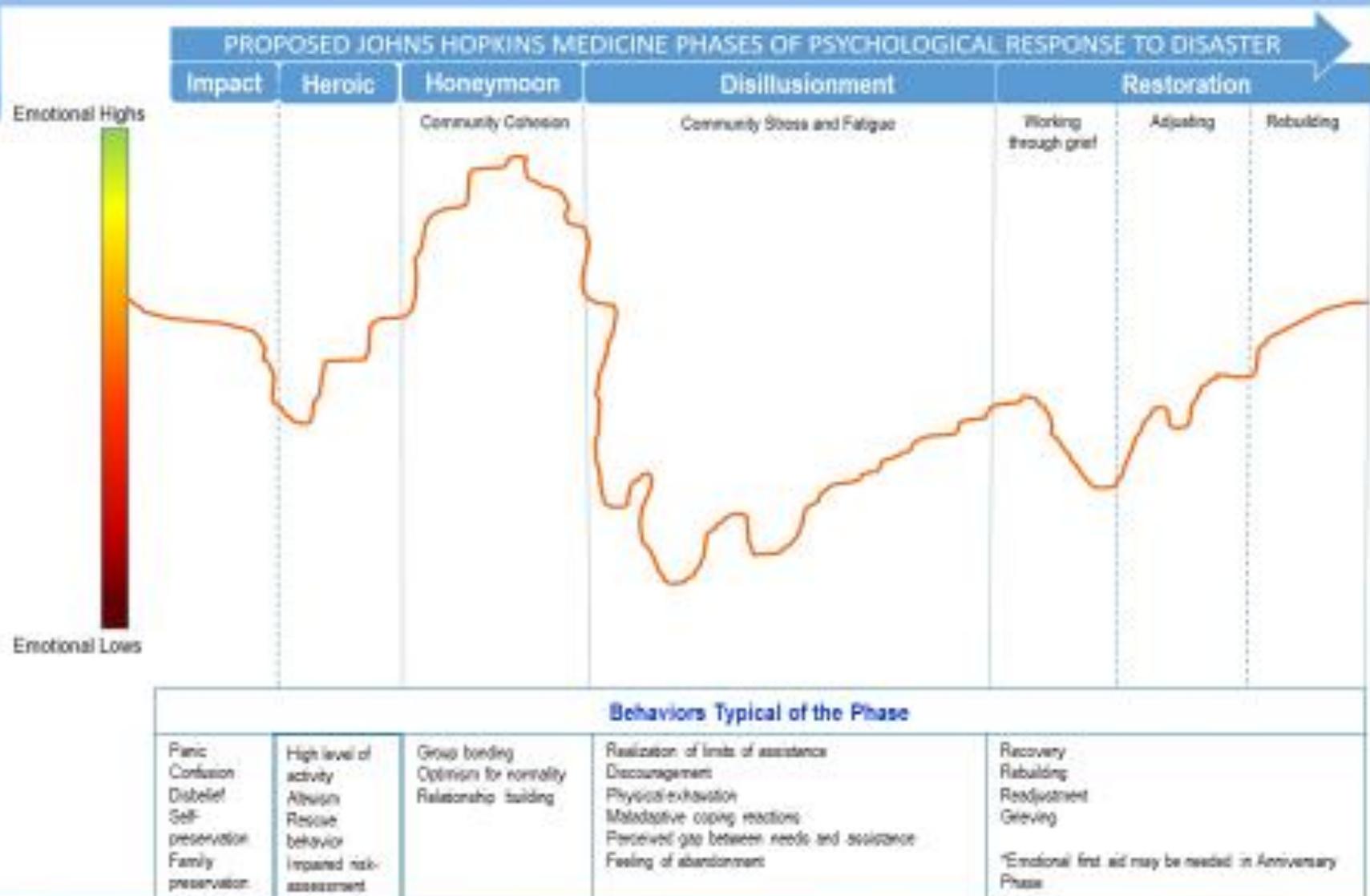
# The Resilient Zone



Adapted from Trauma Resource Model ([www.traumaresourceinstitute.com](http://www.traumaresourceinstitute.com))

[www.traumaresourceinstitute.com](http://www.traumaresourceinstitute.com)[https://www.hopkinsmedicine.org/armstrong\\_institute/training\\_services/workshops/Caring for the Caregiver](https://www.hopkinsmedicine.org/armstrong_institute/training_services/workshops/Caring_for_the_Caregiver)

# Disasters follow predictable psychological patterns



# National Organizations Support a Focus on Clinician Well-Being and Resilience



ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

*Symposium on  
Physician Well-Being*

November 17-18, 2015

Summary and Proposal to the  
ACGME Board of Directors



**National Academy of Medicine**

Action Collaborative on  
Clinician Well-Being and Resilience

# Resilience

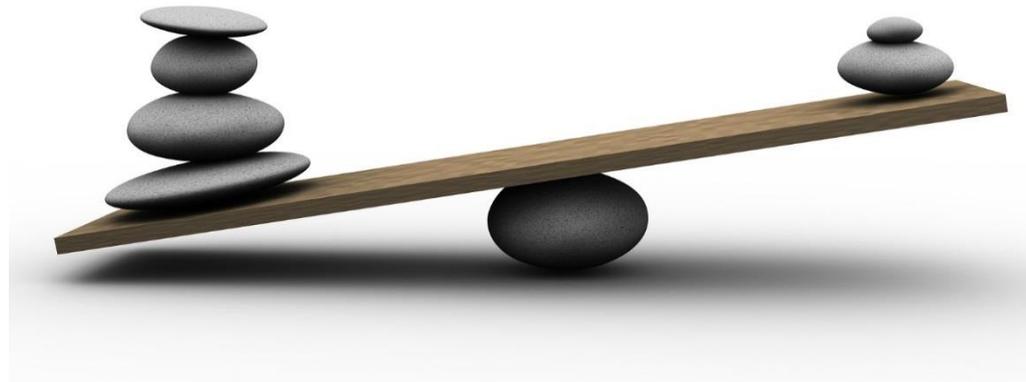
- Responding to a stress in a healthy way
- Adapting well in the face of adversity
- Achieving goals at minimal psychological costs
- Resilience incorporates strategies to maintain well-being



-Epstein R, *Acad Med*, 2013

# Balance in favor of resilience

Reducing burnout and promoting resilience is a shared responsibility of individuals and healthcare organizations



# What is Well-being?

- Well-being is more than the absence of disease. Defined as “a dynamic and ongoing process involving self-awareness and healthy choices resulting in a successful, balanced lifestyle.”
- Well-being includes being challenged, and thriving in both one’s personal and professional life.

-Shanafelt *Am Med J* 2003

How do we renew ourselves to maintain the joy and meaning in our work?



# Interventions to Prevent and Reduce Physician Burnout: a Systematic Review and Meta-analysis

- Identified 15 randomized trials and 37 cohort studies
- Improvements in burnout, depersonalization, emotional exhaustion
- Individual focused improvements with evidence to support:
  - Mindfulness-based training
  - Self care and stress management
  - Communication skills
- **Organizational strategies are more effective**

# Individual Strategies to Promote Well Being

- One size does not fit all
- Individual and personal journey
- Each of us must find strategies that work for us



# Well-being Strategies

- Individual
  - In the Moment
  - After the event
  - Long term
- Organizational
- Intrinsic
  - Humanism/altruism
  - Sense of calling

-Vyoon J, 2011, Shanafelt 2016

# Immediate, In the Moment Strategies

If you are anticipating a challenging or emotional encounter:

- Center yourself. This may include deep breaths, silent commitment to your patients and profession
- Prepare yourself as to what may occur
- Not a script but an anticipation of what might happen and how you may respond
- Be present
- Develop self insight into your response to strong emotions
- Pause and modify your response to respond rather than react

# Strategies Following an Event

- Reflect on what you might have changed, what may have been out of your control
- Reach out to valued colleagues to discuss
- Play a favorite song
- Check calming photos on your phone/computer
- Do something nice for yourself- treat self to tea, chocolate bar, walk outside
- Password for phone/computer- reminder of your values and why you went into medicine- humanism\*

# Long Term Strategies-Maintenance of Your Well Being

- Ritual of transition from work to home
- Maintain sense of humor
- Connect with family
- Time for play
- Celebrate successes
- Self-compassion
- Journaling



# Self compassion

- Way to minimize the self criticism and self judgement that is counter productive
- Support ourselves at times of suffering
- “Treat ourselves as we would treat a friend”
- Attempt to stop judging something as good or bad, but just ‘how it is.’

# 3 components of Self-compassion

- 1.) Self-kindness - actively comforting ourselves while stopping self judgment
- 2.) Recognition of our common humanity- connecting with others through our suffering
- 3.) Mindfulness- balanced awareness of seeing clearly and nonjudgmental acceptance of what's occurring in the present moment.

-Neff, K. D. *Self and Identity* (2003b)



# Dr. Rachel Naomi Remen – the 3 question gratitude journal

- What surprised me today?
- What touched my heart today?
- What inspired me today?

<http://www.rachelremen.com/growing-new-eyes/>

# Spirituality/Religion/Values

- Belief in something beyond self
- Community of efforts
- Prayer
- Reflect on values
- Meditation



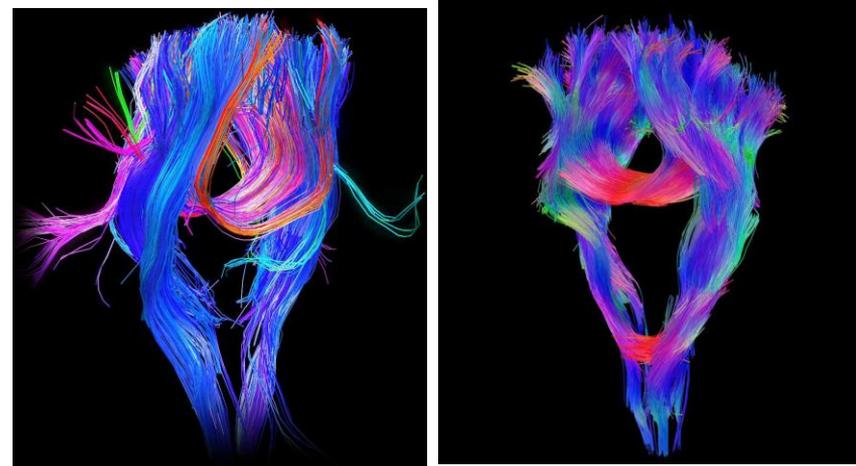
# Mindfulness Meditation

- Conscious intention to be present in the moment
- Mindfulness is used to observe negative thoughts and feelings in a nonjudgmental way to detach from them. This allows the person to observe these thoughts and feelings in an objective way without reacting to them
- One gains insight and awareness, minimize judgement

# Mindfulness Practice

Participation in MBSR is associated with:

- changes in gray matter concentration in brain regions
- these regions involved in:
  - learning and memory processes,
  - emotion regulation,
  - self-referential processing
  - perspective taking



-Holzel BK, *Psychiatry Res* 2011

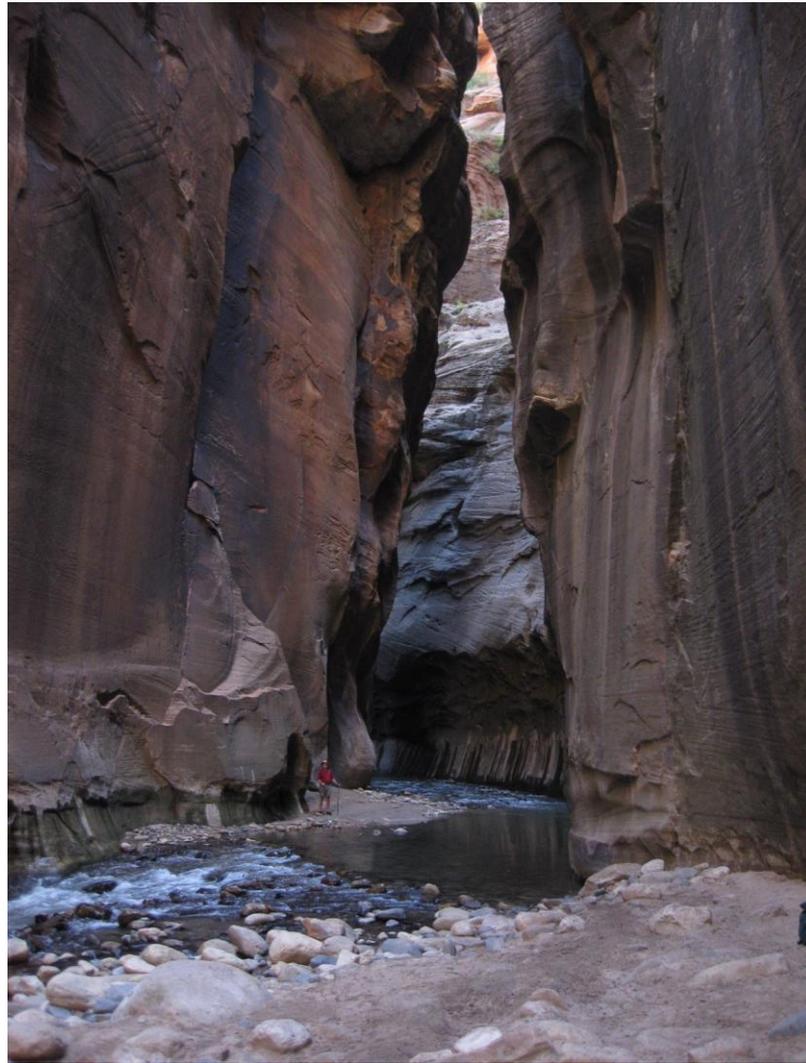
# Mindfulness Practices in everyday activities

- Waiting for the elevator
- Showering
- Time with pets- Also pet therapy
- Eating a meal or snack
- Taking a walk
- Time in car in traffic

# Self Care

- Medical/ mental health care
- Sleep hygiene/ good nutrition
- Exercise/yoga/tai chi
- Hobbies
- Relaxation/vacations
- Time in nature







# Commit to Your Individualized Wellness Plan

- To maintain our work as humanistic providers, consider developing an individualized wellness plan
- Can lead to life-long strategies for both personal and professional lives
- Set priorities and find a purpose
- Accountability buddy
- <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/hospice-palliative-care/Pages/Resilience-Curriculum.aspx>

# AAP Curriculum on Resilience in the Face of Grief and Loss

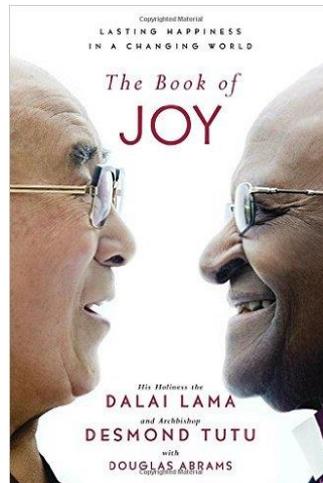
Serwint JR, Bostwick S, Burke AE et al. *Pediatrics*  
2016;138(5):e20160791

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/hospice-palliative-care/Pages/Resilience-Curriculum.aspx>

# Attention to self care is not self-centered

“If we don’t take care of ourselves we  
cannot survive”

Dalai Lama, Desmond Tutu, Book of Joy



# Organizational Strategies More Effective than Individual Ones

- Professional need to act
- Can no longer blame the individual “victim”
- Individual strategies easier to implement
- Yet must remove the responsibility from individuals
- With burnout rates so high- indicates institutional responsibility and work environment issues
- A highly resilient individual in a challenging environment can not thrive long term



SPECIAL ARTICLE

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# Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout

Tait D. Shanafelt, MD, and John H. Noseworthy, MD, CEO

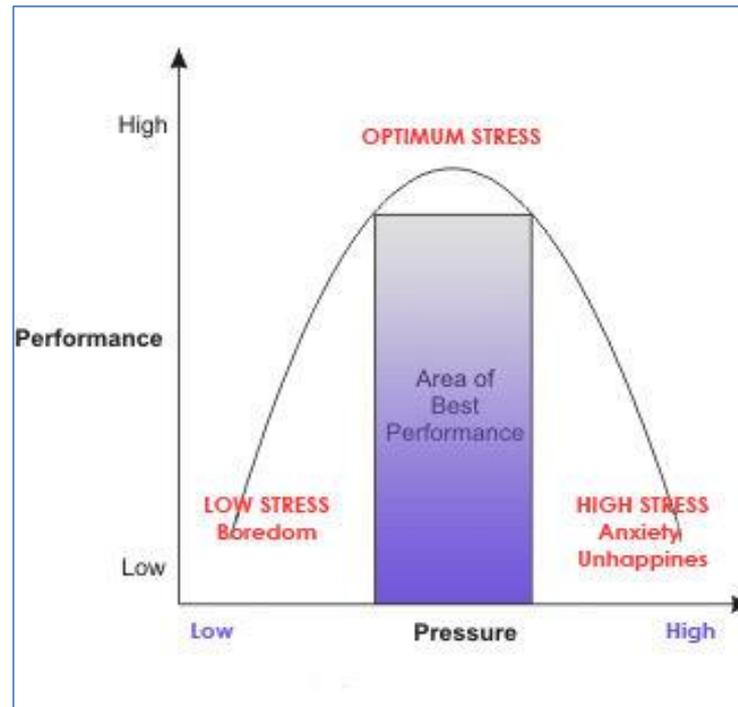
Mayo Clin Proc. 2016

# Organizational Key Drivers of Burnout and Resilience

Driver dimensions



# Workload (Yerkes-Dodson Curve -1908)



**Overload results when physical, cognitive and emotional demands exceed a person's resources.**

**Yerkes RM, Dodson JD (1908) The relation of strength of stimulus to rapidity of habit formation. J Comparative Neurology and Psychology 18:459-482**

# Workload and Job Demands

- What is the optimal balance of number of patients and acuity?
- Productivity based compensation increases risk of physician burnout
- Support staff- tasks match training
- Efficiency of documentation (EHR)
- Consider emotional burden



# Debriefing: Forum for Discussion of Challenging Experiences

- Debriefing comes from the military
- Acknowledge and articulate emotional impact; “moral injury”
- Direct and deliberate dialogue to integrate a challenging experience

- Talbot *STAT News* 2019, *Osta Acad Ped* 2019



# Moral Injury

## **Moral Injury:**

- One's own actions- doing something you felt you should not have done
- Inactions - failing to do something you felt you should have done, or other people's actions or inactions (e.g., feeling betrayed by other people's actions or inactions)

## **Moral distress**

- feeling constrained from doing what you know to be right in a particular situation (Jameton, 1993).
- An example of a prevention intervention may include creating a triage committee to determine which patients are assigned ventilators which could have prevented moral injury

-Psychological Trauma: Theory, Research, Practice, and Policy  
In the public domain 2020, Vol. 12, No. S1,

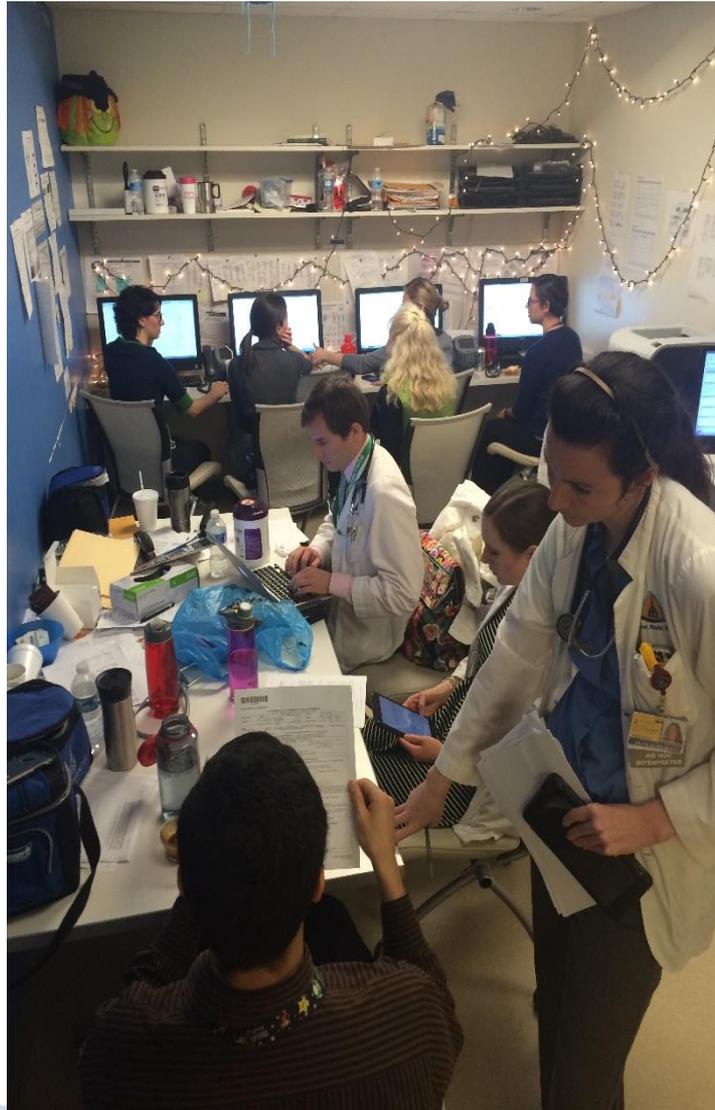
“We have an obligation as educators to share with learners how we have coped with feelings of anger, anguish, shame or uncertainty in caring for patients.”



-Novack DH, *Acad Med*, 1999

# Control and Flexibility

- **Provide basic needs- PPE**
- Maximize health care workers' involvement in decisions
- Accommodate reasonable schedule requests
- Early dissemination of schedules so can plan personal time
- Transparency of decision making- fairness
- Improve personal space- office, work rooms, call rooms





# Balance between effort and reward

- Respectful and professional work environment
- Appreciation from patients
- Appreciation week/days-
  - Resident Appreciation Week, Nursing, Social Work
- Receipt of coaching/feedback/education
- Sense of meaning and purpose- Mission statement

# Balance between effort and reward

- Respectful and professional work environment
- Appreciation from patients
- Appreciation week/days- Physician, Nurses, Social Workers Appreciation Week
- Receipt of coaching/feedback/education
- Sense of meaning and purpose- Mission statement



# NY City Applauds Frontline Workers



# Team Mission Statement

- Incorporates values of individuals
- Reminder of why doing this work
- Serves as a compass during stressful times
- Unifies the group and demonstrates common goals/values
- Each member has input



# Team Mission Statement

## Zinkham Team Mission Statement- July 2015

We are dedicated as a team to:

- provide excellent, **high quality care**,
- to demonstrate **compassion** and **empathy** in patient encounters,
- to value and understand the **perspectives** of all those with whom we work,
- to **support** each other within our core team, and
- to strive to continually learn and improve within a **respectful and supportive environment**.

# Social Support: Create a Culture of Caring within Your Team/Community

- Inclusion and diversity- EVERY LIFE MATTERS
- Every person, every time
- Work colleagues as “family”
- Build a culture of shared purpose
- Gain comfort in asking for help
- Tell our stories
- Protected time to meet with colleagues- explore meaning of our work:
  - Balint groups, Schwartz Center Rounds



# From Where Do you Get your Nourishment?



# Create a Culture of Caring

- Check in on how everyone is doing along the way
- How are you?
- Are you thriving? From where do you get your nourishment? What are you doing to cope?
- Reach out to those who may be struggling
- Take time to talk, send a card, note, email
- Requires trust and receptiveness for honest disclosures

“Doctors, more often than not, are left alone to struggle with their suffering. Many find it hard to ask for help, to acknowledge needing it: they are trained to be independent, to be accountable for decisions that cost or save lives, and to assume an undue portion of the miseries of others.”

- Jamison KR, Night Falls Fast, 1999

# Suicide Prevention, Depression Awareness

- Total of 964 residents/ fellows and 918 faculty invited to complete the Wellness Survey- UCSD, UC Davis
- 158 (8%) completed screening
- Received anonymous feedback by user ID
- Offered chance to talk face to face, by phone or anonymously
- Resident/fellow: 45% high risk, Faculty- 33% high risk
- <25% currently receiving treatment, 4 attempted suicide
- Most would not have taken action without prompt

- Haskins J et al. *Acad Psych* 2016

# Assure access to medical and mental health providers

- Need to destigmatize seeking help, optimize health
- Know how to access services- directory
- Targeted education against self prescribing
- Importance of confidential web-based screening- burnout, emotional exhaustion, depression
- Offer work coverage for appointments
- Confidential referrals

# The Business Case for Investing in Physician Well-being

Costs associated with:

- Physician turnover- cost of replacement is 2-3 times the physician's annual salary
- Lost revenue associated with decreased productivity
- Financial risks and threats to organization's long term viability
- Lower quality of care
- Problems with patient safety

-Shanafelt, *JAMA Internal Medicine*, 2017

# The Business Case for Investing in Physician Well-being

- Example:
- N= 450 physicians, BO rate of 50%, TO of 7.5%
- Cost of turnover \$500,000 per physician
- Projected cost of physician turnover per year due to burnout= \$5,625,000.

-Shanafelt, *JAMA Internal Medicine*, 2017

# Renew the Meaning in Our Work

## Finding Joy



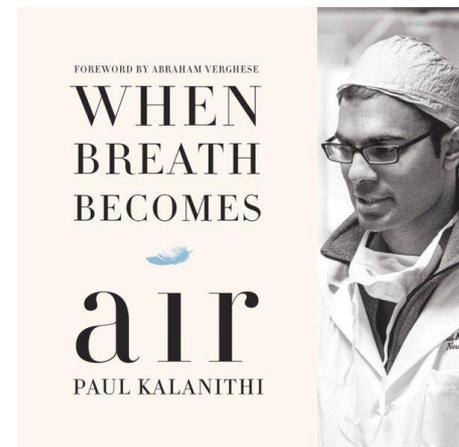
# The Concept of Calling

- “A career that involves having an external summons, provides a sense of meaning or purpose, and is used to help others in some capacity.”
- Intrinsic versus extrinsic motivation
- Nourishing a proper sense of self-fulfillment
- Westerman M, *Perspect Med Educ* 2014, Dik and Duffy, *Couns Psychol* 2009, Verghese A, *NEJM* 2005
- -

# Back to Bedside: Residents' and Fellows' Perspectives on Finding Meaning in Work

- Appreciative inquiry exercise
- Participants: 37 resident and fellow members of ACGME's Council of Review Committee
- 1) Discuss best of what is 2) Dream about what might be 3) Design what can be 4) Develop a path to what should be
- Review of When Breath Becomes Air
- Identified themes

- Hipp DM. *J Grad Med Educ.* 2017



# Themes-Finding Meaning in Daily Work

- 1) More time spent at bedside
- 2) Shared sense of teamwork
- 3) Reduced time on nonclinical or administrative tasks
- 4) Supportive, collegial environment
- 5) Learning environment conducive to developing clinical mastery and progressive autonomy

# Forever Moments

- Pivotal experiences reaffirm our commitment
- Remind us of the privilege of our profession
- Reflect on these values and how they shape us as a doctor

-Merriman N, *STAT news*, 2016

What are your forever  
moments?



# Institute for Healthcare Improvement: Framework for Improving Joy in Work

- 1) Ask staff, “What matters to you?”
- 2) Identify unique impediments to joy in work in the local context (the pebble in your shoe)
- 3) Listen rather than react or defend
- 4) Commit to a systems approach to making joy in work a shared responsibility
- 4) Use improvement science to test approaches to improving joy in work

- Perlo J, IHI White Paper, 2017

# We are at a critical juncture: What is one thing to which you will commit?

Seize this opportunity!

- Individual
- Organizational
- Leadership
- Change policy
- Research Science



# Summary

- Promoting well being is a system issue, not only an issue of individuals
  - Burnout affects health care workers across the continuum
  - Promotion of resilience will have impact on present and future generations
- To maintain our resilience, it is essential to develop individual and organizational strategies for well being and continued attention to humanism and relief of suffering

“Courage does not always  
roar. Sometimes courage  
is the quiet voice at the end  
of the day saying  
I will try again tomorrow.”

Mary Anne Radmacher



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# From Triple to Quadruple Aim

1. Improve the health of populations
2. Enhance the patient experience of care
3. Reduce the per capita cost of health care
4. Care of the patient requires care of the provider

-Berwick, 2008; Bodenheimer, 2014