Overview

Avera Health, an integrated health system based in Sioux Falls, S.D., serves a rural population of nearly 1 million residents across South Dakota, Minnesota, Iowa, Nebraska, and North Dakota. Fueled by seeing physician colleagues develop burnout, Avera’s chief medical officer (CMO) and the employee assistance program (EAP) director sought to not just treat burnout but to prevent it. In 2013, Avera Health created its own program inspired by physician well-being coach, Dike Drummond, M.D., and work at Stanford and Vanderbilt, to support the needs of its clinicians. Avera Health made it a mission to develop a proactive program to address the burnout epidemic among physicians, nurse practitioners, and physician assistants. The program became known as LIGHT: Live, Improve, Grow, Heal and Treat.

“As if we really want to address burnout, we need it as a line item on the budget.”

Tad Jacobs, D.O., Avera Health CMO

As the executive champion of well-being, the CMO first secured funding to start well-being work. During the first year, LIGHT had an operating budget of $150,000. With the EAP director at the helm, a steering committee was formed, composed of physicians, nurses, spouses, Catholic mission leader, and administrators. Committee members were chosen for their passion about well-being, and over quarterly meetings, the members determined where to spend the funding and how to market initiatives.

Impact

Despite Avera Health’s multistate presence, universal awareness grew about the program among staff. LIGHT was not only used for clinicians, but also for hospital CEOs and other administrative leaders. The LIGHT program sparked a movement of community building. Spouses formed a Facebook group to connect Avera Health families and organized in-person activities. Success from the program’s first years led to increased funding by the health system, including a full-time director and reimbursement for peer coaching.

The EAP director and regional “LIGHT champions” helped raise awareness across the geographically spread system. The program has three main components:

1. **Coaching.** Free and confidential executive coaching delivered by the LIGHT director.
2. **Resources.** Website with toolkit of resources, assessments and videos.
3. **Social activities.** Retreats such as a Women in Medicine retreat, couples retreats, and mindfulness conferences; LIGHT lunches where LIGHT
coaches facilitate discussions on well-being and educate about the program’s offerings over lunch breaks; and Schwartz Rounds.

To build physician trust and spread awareness about LIGHT, the program deployed a robust campaign. Presentations were given at all service line leadership meetings, during physician on-boarding, and physician leader academy. Upon invitation, the team would also come to present at clinics, using a dyad physician-LIGHT leader approach. A passionate practicing clinician who participated in LIGHT would share his or her own personal story. These stories opened dialogue about well-being and enabled a LIGHT director to describe program offerings.

“LIGHT is a name that is now embedded in the culture.”

Mary Wolf, LIGHT program director

Results

By the end of their aggressive marketing campaign, LIGHT became so known it was considered an integral part of Avera Health’s culture. In year one, LIGHT held 12 executive coaching sessions. In year two, they held 30 sessions. By year three, the number of coaching sessions had soared to 151 sessions. Seven physicians have become peer strategy coaches, and currently coach for the LIGHT program, increasing program capacity. The Schwartz Rounds were expanded from a pilot in Avera Health’s largest facility to two additional sites, with over 100 health care professionals attending each event. Finally, a list of top clinician issues were identified through coaching, which will aid future programming efforts (see table 1).

There were several lessons learned creating and implementing the LIGHT program. One of the biggest pieces of advice from Avery Health to other organizations is to just start. LIGHT Program Director, Mary Wolf, suggests:

- Start small and doing a few things really well.
- Listen to providers about what would be helpful.
- Engage leadership support.
- Establish a budget and secure funding for well-being activities.

<table>
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<th>Top clinician issues identified from coaching</th>
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<tr>
<td>Battling burnout</td>
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<td>Juggling work and home responsibilities</td>
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<td>Improving communication with colleagues</td>
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<td>Increasing decision-making capacity</td>
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<td>Mitigating workplace conflict</td>
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<td>Strengthening leadership skills</td>
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<td>Timely EMR documentation</td>
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• Be mindful of a potential time lag between marketing and use of resources. Despite an energetic marketing campaign with lunch presentations at clinics, clinicians only started calling months later.

• Involve the spouses from the outset. LIGHT sent personal invitations to spouses for their programming like their couple’s retreat, resulting in high rates of attendance.

**Future Goals**

Avera Health plans to create a clinician mentoring program, address commonly cited workflow inefficiencies through piloting QI projects, and to build capacity in order to expand the LIGHT program to other health professions, such as nursing.

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