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Physician well-being rises to the C-suite — 4 featured session takeaways

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Health systems across the country are facing mounting workforce pressures — from physician burnout and retention challenges to rising turnover costs and growing care complexity. At Becker's 13th Annual CEO + CFO Roundtable in Chicago, four senior leaders made a powerful case for why physician well-being must be treated as a strategic and financial priority, not just a cultural aspiration.

The session, titled *"From the desk of the CEO: The business case for physician well-being,"* featured executives from Rush University Medical Center, Henry Ford Health, Jefferson Health and the American Medical Association. They discussed how their systems are embedding well-being into the fabric of leadership, technology and operational strategy.

Four takeaways:

Note: Quotes have been edited for length and clarity.

1. Well-being is a strategic investment

Panelists agreed: Investing in physician well-being is a business imperative.

Joseph Cacchione, MD, CEO of Philadelphia-based Jefferson Health, emphasized the financial toll of clinician turnover. "If we turn a doc over because of being unhappy, it costs us around \$600,000," he

said, adding that retaining clinicians pays off in continuity, quality and trust.

Steven Kalkanis, MD, executive vice president of Henry Ford Health and CEO of both Henry Ford Hospital and Henry Ford Medical Group in Detroit, echoed that message.

“This directly impacts access, revenue and sustainability,” he said. “Well-being metrics are at the top of our list...right alongside productivity and quality.”

2. Organizational DNA matters more than isolated programs

To make well-being sustainable, leaders said, it must be embedded across culture and operations. It can't be siloed in human resources or delegated to committees.

At Henry Ford, Dr. Kalkanis highlighted a multipronged approach, including a peer support program, “Connect the Dots” engagement events and systemwide adoption of ambient documentation tools.

“We started with a goal to reduce pajama time,” he said, referring to after-hours EHR burden. “It's also improved patient satisfaction scores because physicians are looking patients in the eye and not typing.”

3. Recognition and rising attrition risk

Heather Farley, MD, vice president of professional satisfaction at the American Medical Association, detailed the structure behind [AMA's Joy in Medicine® Health System Recognition Program](#). Recognition is awarded based on performance across six domains, including assessment, commitment, leadership and practice efficiency.

She also flagged rising attrition risk: “Two out of five physicians intend to reduce their clinical hours,” Dr. Farley said. “That's already playing out now.”

4. Start somewhere, and build over time

Luis Garcia, MD, president of Rush Medical Group in Chicago, acknowledged that measuring the ROI of physician well-being efforts can be difficult. Still, he pointed to an internal estimate: “At Rush, just 1% turnover reduction saves \$7 million a year.”

Instead of waiting for perfect metrics, he advised leaders to start with what they can control. At Rush, that included the creation of an Office of Clinician Experience that supports initiatives to resolve friction points like a seamless onboarding process and streamlining CME reimbursement process, freeing physicians from administrative friction.



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