Physician Engagement – An Imperative for Success

Small Rural Hospital Transition (SRHT) Project
HELP Webinar
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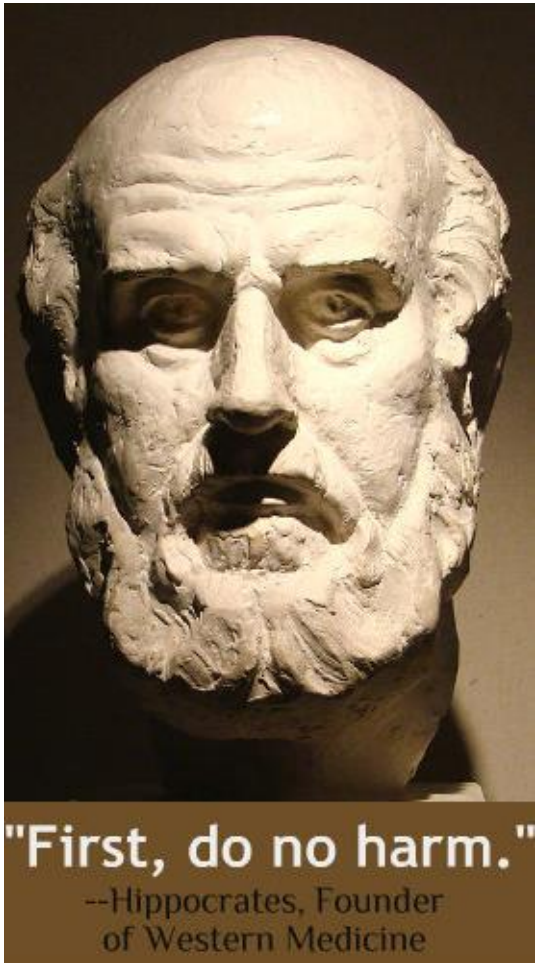
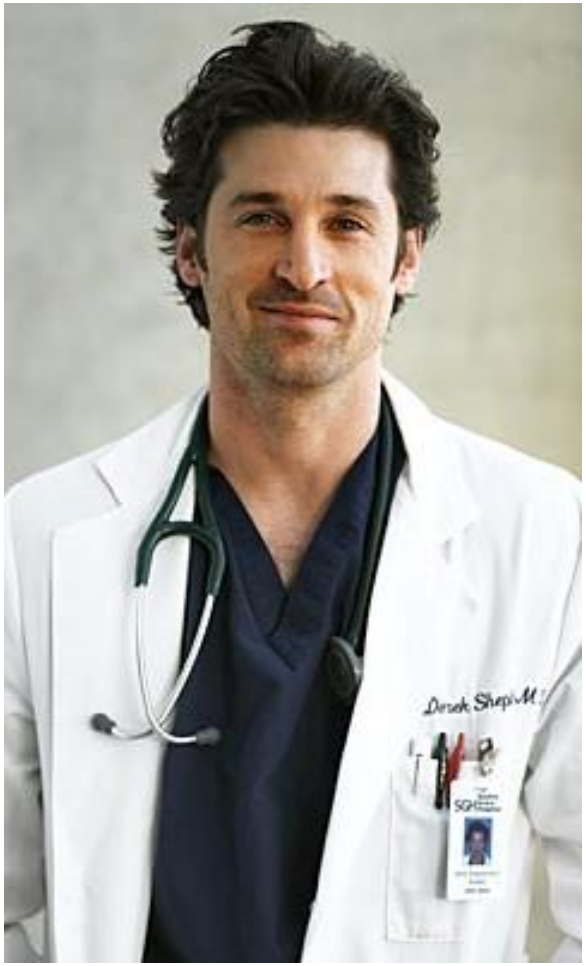
Medicine as a *Profession*



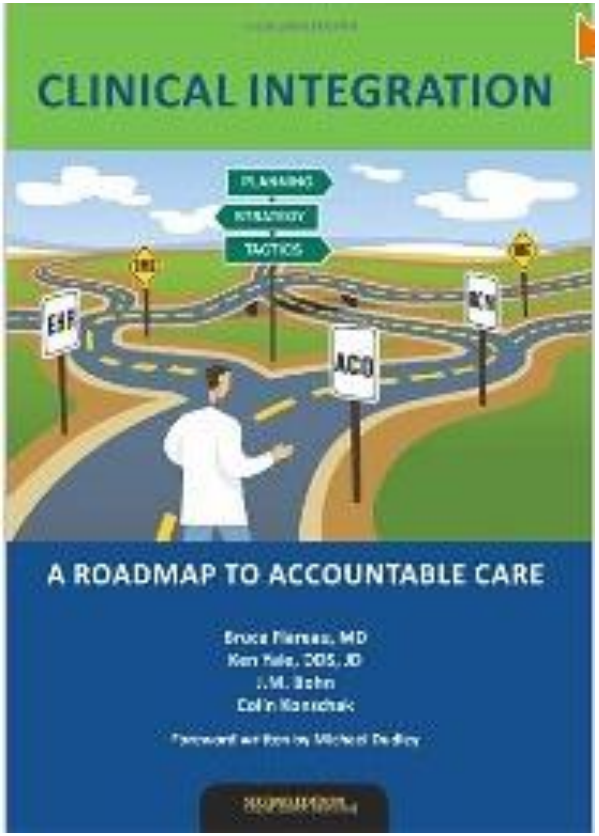


Four Converging Forces

- Price reduction threats and volume reduction pressures
- Increasing quality of care measures and accountabilities
- Massive healthcare provider consolidations
- Recognition that engaged physicians are essential to clinically integrated networks

Clinical Integration

- Clinical data sharing in real-time
- Standardized clinical care protocols
- Consistent clinical performance measures and reporting
- Clear team member responsibilities across multiple sites of care
- Sense of professional camaraderie among disparate organizations
- Aligned incentives for regional ***population health*** improvement



Yesterday's Promises

- **Autonomy**
- **Protection**
- **Control**

Adapted from: Silversin, J and Kornacki, MJ. *Leading Physicians Through Change: How to Achieve and Sustain Results.* American College of Physician Executives. 2000.

Today's Imperatives

- Patient safety
- Quality improvement
- Patient satisfaction
- Cost reduction
- Electronic health records
- Physician recruitment
- Teamwork
- Community health

Adapted from: Silversin, J and Kornacki, MJ. *Leading Physicians Through Change: How to Achieve and Sustain Results.* American College of Physician Executives. 2000.

Physician Negotiations?

Inspiration: Ian Morrison's presentation "Moving Forward or Turning Back?"

The Enemy

We have met the enemy, and they are ours.

Oliver Hazard Perry

We have met the enemy, and he is us.

Walt Kelly

Strained Relationships

CEO Quotes

- This job would be a helluva lot easier if it weren't for those damn physicians.
- They've got pediatric personalities!
- I'm going to drive that SOB out of town.
- The medical staff meeting will be held at the local hotel – we don't want blood on our conference room walls.

Or

- **I'm blessed by my physicians.**

Never the Twain Shall Meet?

Physician	Administrator
Doer	Planner/designer
Solution-oriented	Process-oriented
1:1 interaction	1:N interaction
Always “on”	Some down-time
Decision-maker	Delegator
Autonomous	Collaborative
Patient advocate	Organization advocate
Professional ID	Organizational ID
Immediate gratification	Delayed gratification

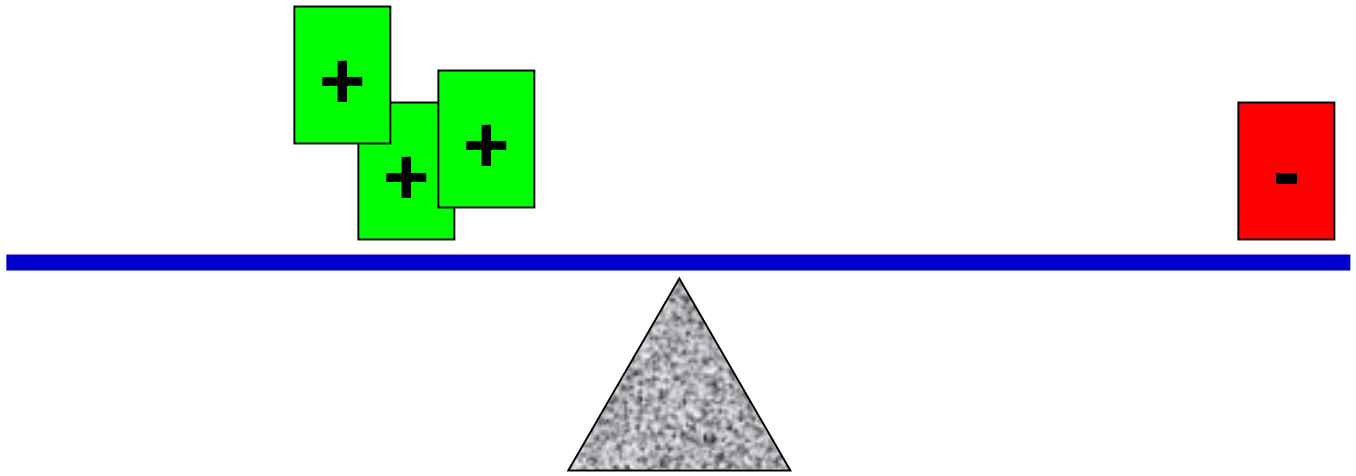
Source: Adapted from “The Dual Role Dilemma,” by Michael E. Kurtz, MS

Differing Views Lead to Mistrust

- Administrator view
- I'm concerned about quality of care;
- docs are only concerned about their income.
- Physician view
- I'm concerned about quality of care;
- administration is only concerned about money.
- **No shared vision!**

Source: The Advisory Board Company. Physician Survey. Washington, DC. 1999

The Balance of Trust



Clint MacKinney, MD, MS

The Consequences of Mistrust

- Physicians set up office labs and x-ray
- Hospitals set up urgent care clinics

- Mistrust = competition
- Duplication = ↑ costs
- ↓ community confidence
- ↑ patient outmigration

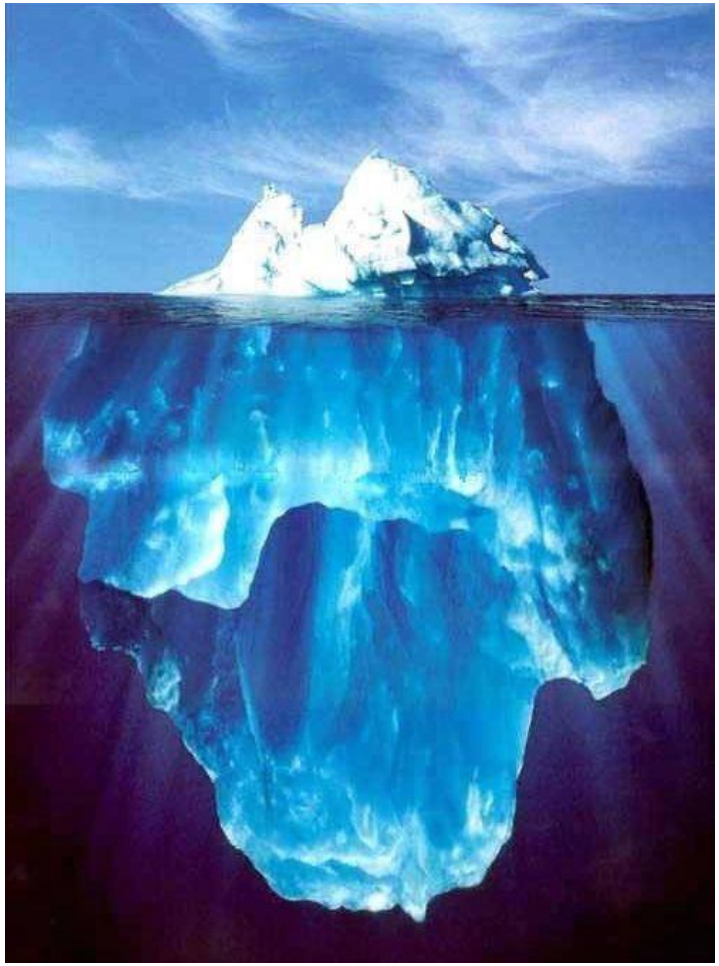
Engage Physicians

The hospital CEO's most important job is developing and nurturing good medical staff relationships.

Source: Personal conversation with John Sheehan, CPA, MBA

Culture

- Culture is a hidden yet unifying theme that provides meaning, direction, and mobilization.
- Culture is the residue of success.
- **What we do; what we believe.**
- Thus, culture is *measurable*
  - Measurement focuses attention
  - Attention is currency of leadership
- Physician engagement is a manifestation of culture



Sources: Kilman, Sexton, Serpa, 1985 and Edgar Schein, 1999

Engage Physicians *Meaningfully*

Physician Engagement:*

Proactive physician involvement and meaningful physician influence that move the organization toward a shared vision and a successful future.

- Although a cultural phenomenon, physician engagement is also:
  - Observable
  - Measurable
  - Improvable

* or provider

Mindful Action

- Does not happen by accident!
- Detailed action plan
  - Measurement, accountabilities, resources, timeline, and due dates
  - ***Be realistic*** – this is tough, but important work!
- Measures
  - Governance
  - Education
  - Compensation
  - Data
  - *Relationships* (measurable?)

Strategies for Success

- Monitor your progress
- Find mutual interest
- Nurture leadership
- Communicate up/down
- Manage meetings

Measuring Engagement

Domain	Activity		Beginning		Progressing		Intermediate		Advanced	Weighted Percent
Governance	1 Board Participation		Providers do not attend hospital Board meetings		Providers attend hospital Board meetings as ex-officio (non-voting) members		Providers are voting hospital Board members, but represent less than 25% of Board		Providers are voting hospital Board members, and represent greater than 25% of Board	
	2 Provider Leadership		Hospital does not engage a CMO (or similar)		Hospital engages a CMO (or similar) <0.5 FTE per 30 active providers		Hospital engages a CMO (or similar) 0.5-1.0 FTE per 30 active providers		Hospital engages a CMO (or similar) >1.0 FTE per 30 active providers	
	3 Strategic Planning		Provider serves as Chief of Staff or similar position		Provider(s) lead clinical committees		Providers occasionally participate in hospital strategic and capital planning		Specific process ensures active provider participation in strategic and capital planning	
	4 CEO/Provider Meetings		CEO meets with individual providers only with specific agenda		CEO meets regularly and informally with select individual providers		CEO meets with all providers individually every 3-12 months		CEO meets with all providers individually at least every 3 months	
	Subtotals	0		0		0		0		0%
Compensation	5 Quality Compensation		Provider compensation is not based on care quality		≤15% of provider compensation based on care quality		15%-50% of provider compensation based on care quality		15%-50% of provider compensation based on quality, satisfaction, and efficiency (e.g., cost savings)	
	6 Committee Compensation		Providers do not receive additional compensation for committee work		Providers receive less compensation (per hour) for committee than clinical work		Providers receive equal compensation (per hour) for committee than clinical work		Providers receive greater compensation (per hour) for committee than clinical work	
	7 Leadership Compensation		Hospital does not engage a paid CMO (or similar)		CMO (or similar) receives less compensation (per hour) for leadership than clinical work		CMO (or similar) receives equal compensation (per hour) for leadership than clinical work		CMO (or similar) receives greater compensation (per hour) for leadership than clinical work	
	Subtotals	0		0		0		0		0%
Education	8 Leadership Education		Hospital does not engage a CMO (or similar)		The CMO (or similar) does not have a management degree or certification		The CMO (or similar) has a management degree or certification not paid for by hospital		The CMO (or similar) has a management degree or certification paid for by hospital	
	9 Provider Education		Hospital does not support or encourage management education		The hospital encourages management education for select providers, but no financial support		The hospital funds management education <$2,000 per year for select providers		The hospital funds management education >$2,000 per year for select providers	
	Subtotals	0		0		0		0		0%
Data	10 Data Type		Hospital does not provide performance data to providers		Hospital provides 1 of 3 domains (quality, satisfaction, or cost) data to providers		Hospital provides 2 of 3 domains (quality, satisfaction, or cost) data to providers		Hospital provides all 3 domains (quality, satisfaction, and cost) data to providers	
	11 Data Aggregation		Hospital does not provide performance data to providers		Hospital provides data aggregated to the entire medical staff		Hospital provides data aggregated by specialty or another medical staff division		Hospital provides unique and individual provider data with peer group benchmarks	
	12 Data Frequency		Hospital does not provide performance data to providers		Hospital provides provider performance data yearly		Hospital provides provider performance data quarterly		Hospital provides provider performance data monthly	
	13 Data Format		Hospital does not provide performance data to providers		Hospital presents performance data as tables or spreadsheets		Hospital presents performance data as tables or spreadsheets) and charts		Hospital presents performance data as charts with peer group and/or national benchmarks	
	Subtotals	0		0		0		0		0%

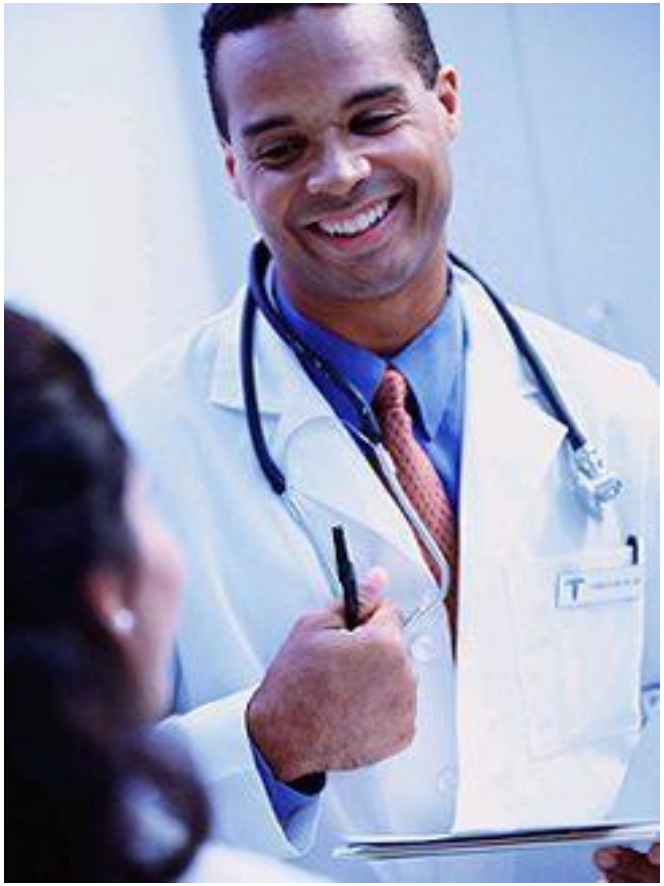
Mutual Interest

- Develop a philosophy of mutual benefit / shared vision
- Keep the hidden agenda out
- Solicit meaningful physician input early and often, and then act on it
- Engage physicians in balancing business and patient priorities
- Set realistic goals together, go for early wins, **celebrate!**

Adapted from: LeTourneau, B. From Co-opetition to Collaboration. *Journal of Healthcare Management.* 49:3. May/June 2004.

Physician Leadership

- Identify, mentor, and educate physician leaders
- Invest in physician leaders
- Reward physicians in ways they value
- Attend a leadership conference together
- Get to know physicians on a personal level – meet one-on-one

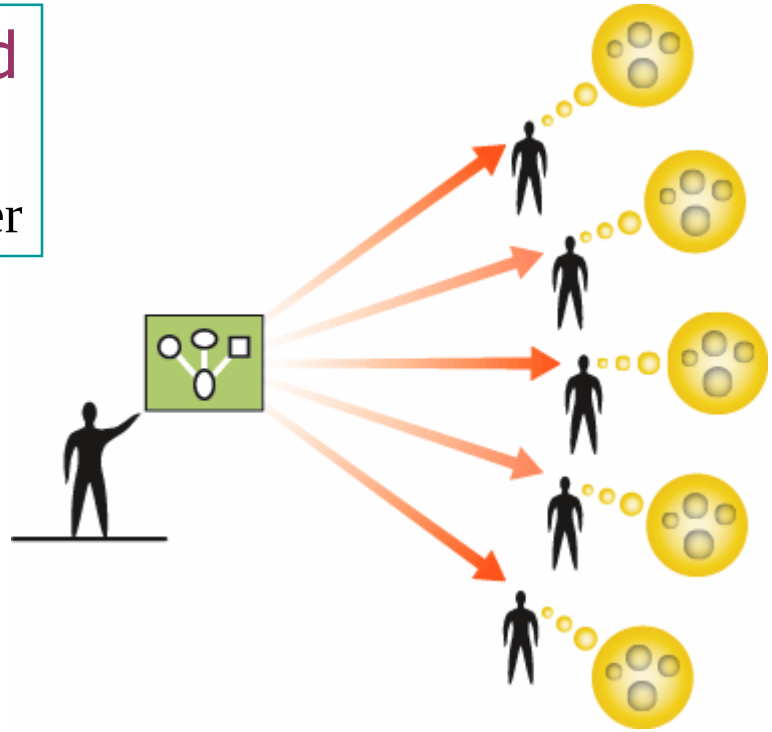


Adapted from: LeTourneau, B. From Co-opetition to Collaboration. *Journal of Healthcare Management.* 49:3. May/June 2004.

Communication

During times of change, leaders should triple their efforts at communication

Peter Drucker



- Ask how, when, and where
- Multiple media, multiple times
- Get out and about (MBWA)
- Focus on interest, not position
- Provide data transparency, but do not overstate discrete measure importance

Meetings

- Invite physician input early
- Involve physicians in strategic and capital planning
- Schedule meetings and select venues appropriately
- Present actionable information, not data
- Delineate next steps
- Always follow-up as promised

Rural Health Value Project

- Check out www.RuralHealthValue.org
  - Tools and resources
  - Profiles in innovation
  - Guide to value-based rural grants
  - White papers and pertinent articles
  - Presentations and more!

- New 2015 Tools & Resources
  - Value-Based Care Strategic Planning Tool (August)
    - To receive value-based payment, hospitals must deliver *value-based health care*
    - The Tool assesses 121 value-based care *capacities* in eight categories
    - May be used for board/leadership learning and strategic action planning
  - CAH FFS/CBR Financial Pro Forma (September)
  - Shared Savings Contract Pro Forma (late 2015)

Additional Resources

- Lee, TH and Cosgrove, T. Engaging doctors in the health care revolution. *Harvard Business Review.* June 2014.
- Beeson, SC. *Engaging Physicians – A Manual to Physician Partnership.* 2009.
- Silverson, J and Kornacki, MJ. *Leading Physicians Through Change – How to Achieve and Sustain Results.* 2000.
- Kurtz, ME. The dual role dilemma. *The Physician Executive.* 1988.
- The Advisory Board. https://www.advisory.com/topics/physician-issues/physician-engagement

Engage Physicians!

Physicians can be astonishing allies

Starts and ends with relationships built on trust

- Trust – engages the mind
- Truth – engages the heart
- Teamwork – realizes the vision