PHYSICIAN ENGAGEMENT

A necessary ingredient for the transformation of health care
As part of a series of events titled “Critical Conversations on the Changing Health Environment,” the American Hospital Association and its subsidiary AHA Solutions invited a group of clinicians and hospital administrators to Pasadena, Calif., to discuss physician engagement and physician leadership and the role they play in the transformation of health care. Presenters included representatives from the American Hospital Association and the California Hospital Association, experts in leadership development and data analysis technology, as well as hospital administrators who have successfully engaged physicians at their organizations. The following coverage of the event has been excerpted and edited for clarity.

The Triple Aim of improved quality and patient satisfaction, improved population health and reduced costs requires a team approach, a new way of looking at relationships in health care. It requires a concerted effort that involves administrators, clinicians, communities and patients. A key ingredient for the success of these efforts is physician engagement.

Integrated care models require integrated leadership in which decisions that affect quality improvement and population health are determined jointly by physicians and hospitals. Technology and teamwork will play a big role in facilitating this, but it won’t happen without physician engagement and physician leadership.

“Physician engagement is actually a physician leadership imperative,” said John Combes, M.D., chief medical officer and senior vice president of the AHA and president of the Center for Healthcare Governance. “Leadership is a part of our professionalism as physicians, and that includes leadership not only of our own practices, but also in the delivery of health care to communities and to populations. Physicians have to lead this engagement effort themselves.”

“Our mission is to enable the clinical transformation,” said Mo Kasti, founder and CEO of the CTI Physician Leadership Institute. “You can’t get to those exceptional outcomes if you don’t have an
engaged culture and clinical leadership. When medicine meets leadership, everything changes.”

THE ROAD MAP TO PHYSICIAN ENGAGEMENT

Engagement is a long-term process that takes hold best in a culture of trust and aligned values. It can be difficult to achieve, especially in a competitive, high stress, time-pressed environment such as health care.

At any organization, Kasti explained, about 20 percent of people will be engaged in a given task and 20 percent will be resisters. The remaining 60 percent are just doing their jobs, neither putting in extra effort nor working against it. “It’s not a straight line to go from a disengaged state to a future engaged state. It takes purposeful effort,” he explained.

A common impulse when seeking engagement is to focus first on getting the disengaged on board, but it’s more effective to start with the engaged physicians so that they can get the others involved.

Those seeking physician involvement must find what it is that will compel physicians to get involved. It might be a quality issue, work/life balance or the opportunity for advancement. While aligning reimbursement incentives can help to encourage engagement, physicians will feel more motivated toward involvement in an environment where they can improve their professionalism, career growth and personal goals around patient care.

An important first step is to identify whose engagement is needed to make an impact on a specific issue. Physicians may feel engaged in some issues, but not others. Those who are directly impacted by the issue not only have more reason to get involved, they also have more influence on other physicians.

Another way of engaging physicians is to let them choose the issues to focus on. Administrators at Thibodaux (La.) Regional Medical Center selected six active physicians — including one of the hospital’s busiest internal medicine physicians — and took them off-site for project-focused leadership training. The administrators were surprised by the issues that bothered the physicians the most: wound care, blood cultures and radiology scheduling. But instead of shifting the physicians’ attention to other matters, the hospital let them come up with solutions and approaches. The result was six actively involved physicians who were able to articulate goals and solutions to their colleagues and improve care.

Success stories can be powerful influencers. When physicians start talking to their peers and telling them how a new procedure or protocol made a difference, real change can occur.

Dana Rodrigue, compliance officer at Thibodaux Regional, saw this firsthand when trying to get physicians at her hospital to implement the sepsis bundle recommended by the Surviving Sepsis Campaign. At first, physicians resisted the protocol, especially administering fluids to patients who might be at risk for congestive heart failure. Although the literature supported the protocol, it went against previous recommendations. “All it really took was for one patient to do well and for that story to get around,” said Rodrigue.

FUELED BY DATA

Individual success stories are powerful, but they need to be backed up by reliable and relevant data. Fortunately, thanks to electronic health records and efforts to track health care quality and costs, there is no lack of data in health care. The key is to turn data into actionable knowledge and to inspire others to achieve. “Clinicians, quality officers, IT department, and quality management software vendors, they all need to work together” to make this happen, said Zahid Butt, M.D., CEO of Medisolv.

Various technology solutions help hospitals and physicians to turn quality, claims and other available data into actionable information. Thibodaux Regional, a Medisolv client, uses predictive models included in their quality management and reporting software package to rate patients’ risk for readmissions and to flag situations
As Thibodaux (La.) Regional Medical Center embarked on its efforts to improve sepsis care, it tracked bundle usage with mortality and updated results on a daily basis. Just by looking at the dashboard, clinicians could easily see the relationship between the two: when clinicians follow the bundle protocol, mortality rates went down. The numbers told the story — and made the difference.

Going into the project, Thibodaux had a mortality rate of 12 percent for sepsis patients — lower than the national average of 22 percent, but still higher than it wanted it to be. As the team worked to encourage physicians to implement the sepsis bundle, the mortality rate moved to 11 percent, then 9 percent — a 16 percent improvement — in just two years. The efforts paid off — literally — a 20 percent savings in the cost of care and a huge boost in patient experience ratings — from an 87 to 99 percent satisfaction rate.

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This type of information speaks to physicians, said Bill Mohlenbrock, M.D., medical director of Verras LLC. “[Physicians] are in the business of managing clinical information,” he explained. If they have the data and they believe its validity, it doesn’t take much more than that to inspire important changes in behavior that increase the quality of care and reduce unnecessary clinical variation.

AHA’s Combes pointed out that transparency and information like this can be an excellent way to bridge the lack of trust between physicians and hospital administrators. “You sit down, you look at the information and at better ways to do your work and decide jointly how to proceed, and you hold yourself accountable,” he said. “This appeals to the professionalism within the physician, and that’s the first step of engagement.”

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