

Physician Engagement: New Approaches for Success

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Disclosure of Relevant Financial Relationships

The following faculty of this continuing education activity has no relevant financial relationships with commercial interests to disclose:

- **Kathleen L. Forbes, MD, MSHM, CPE, FAAFP - None**

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- **Carson F. Dye, FACHE**
 - Health Administration Press; Author; Royalties

Presenters

- Carson F. Dye, FACHE
- Kathleen L. Forbes, MD, MSHM, CPE, FAAFP

Learning Objectives

- Define, measure and enhance physician engagement through leadership and involvement
- Discuss how to get more physicians involved in decision-making processes for greater engagement

Agenda

- Common themes of engagement
- Foundation and why engagement is important
- Presentation of a model to better define & measure physician engagement
- A Closer Look at Several Organizations – ProMedica; Southern Illinois; UNT Health Sciences Center; OSF Health; Premier

Foundational Themes of This Session

1. Frankly, the concept of “Physician Engagement” is not well defined.

- Lots of issues –
 - Engaged in what?
 - What kinds of doctors engaged?
 - How measured?
 - Engagement or alignment – **or control?**
 - **Economics?**
- And – if it is not precisely defined, how can it be properly measured?

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which a televised image
broadcast signal is rec
def·i·ni·tion n. 1.
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of the new words.
of an image (pict
screen

Foundational Themes of This Session

1 (a). And while “Physician Engagement” is not well defined, it is also likely that the evidence supporting some claims are not valid.



Caution on What You Read

- Lots of “claims” and “survey results” (see below) but who is researching these? Validity?



87% of physician executives believe engagement and alignment is critical to their success



Only **33%** of physician executives have a strategy and infrastructure to inform them if physicians are being aligned

Caution on What You Read

- Validity of the measures of physician engagement – for **all** types of situations? – for all kinds of physicians?



What is being Measured?

Levels of Physician Engagement



- Confidence: Physicians believe that the hospital can always be trusted to consistently deliver on its promises.
- Integrity: Physicians believe that the hospital always treats them fairly and will satisfactorily resolve any problems that might occur.
- Pride: Physicians feel good about using the hospital and hospital use reflects upon them.
- Passion: Physicians view the hospital as irreplaceable and as an integral part of their lives and their practice of medicine.

Gallup Business Journal "what the doctor ordered" Sept 8, 2005

How Do You Define Physician Engagement?

1(b). And – not only is the concept of “Physician Engagement” not well defined – but there are multiple definitions.

- Alignment
- Control
- Allegiance
- In economic sync
- “Loyal”



Foundational Themes of This Session

2. Physician engagement is closely related to strong physician leadership



Foundational Themes of This Session

3. *The demand for physician leaders greatly exceeds supply*

- And ---- the risk of a hiring mistake is likely greater



Foundational Themes of This Session

4. With demand > supply, healthcare organizations face a dilemma

Many physicians simply have **no interest in leaving their clinical practices**, yet many are capable of providing great leadership in their organizations



Foundational Themes of This Session

5. The mistake many organizations make is trying to build a leadership model with only full-time physician leaders



VS.



The Primary Theme of This Session

6. Physician engagement can make a significant difference in the success of an organization.

Gallup found that physicians who were fully engaged or engaged were 26% more productive than physicians who were not engaged or who were actively disengaged.

“Want to Increase Hospital Revenues? Engage Your Physicians.” Jeff Burger & Andrew Giger. June 5, 2014.
<http://www.gallup.com/businessjournal/170786/increase-hospital-revenues-engage-physicians.aspx>

Physician Engagement Does Matter

Gallup also found that fully engaged & engaged physicians gave the hospital an average of 3% more outpatient referrals and 51% more inpatient referrals than physicians who were not engaged or who were actively disengaged.

“What Too Many Hospitals Are Overlooking.” Craig Kamins
www.gallup.com/businessjournal/181658/hospitals-overlooking.aspx

Physician Engagement Does Matter

Jackson Healthcare's 2016 physician engagement results mirrored Gallup's results – more productive physicians & greater loyalty to the organization.

“The Engagement Gap: Physicians Aren't As Engaged as Executives Think.”

<https://www.jacksonphysiciansearch.com/wp-content/uploads/2016/09/resource-1-smaller.pdf>

Physician Engagement Does Matter

Research in journals such as Health Affairs shows that physicians are beginning to take leadership roles in many ACOs, and **where this is occurring the organizations are achieving excellent outcomes**

“Physician leadership key to sustainability of ACOs.” Robert Pearl December 6, 2014)

Physician Engagement Does Matter

John Byrnes, M.D.

“Great Physician Engagement is Key to Great Quality”

Physician Leaders

March/April 2015

Engagement

GREAT PHYSICIAN ENGAGEMENT IS KEY TO GREAT QUALITY

John Byrnes, MD

In this article...

Learn about six attributes that physicians will likely respond to as organizations work to better engage physicians in quality improvement projects.

SOME OF THE MOST SUCCESSFUL QUALITY leaders are those who have mastered physician engagement. But working with physicians in a positive and collaborative manner eludes many health care executives and physician leaders.

I'm not sure why, but whatever the reason, physician engagement is critical to your success as a quality leader. Your ability to partner with your colleagues in a collaborative, collegial, respectful and honest way spells the difference between creating great quality programs or mediocre ones. This is because physicians influence 85 percent of patient outcomes due to the decisions they make and the orders they write.

PHYSICIAN CULTURE — Your road to physician engagement starts with learning about physician culture. By culture I mean their norms, their values and what's important to physicians as a group.

Your ability to engage with any group requires insight into its culture. It's your knowledge of a group's ideas, customs, and behavioral norms that provides the foundation for your engagement plan.

Table 1 lists 17 characteristics of physician culture. Study this list, because when you integrate a handful of these into your daily work life, your relationships with physicians will improve as will your ability to engage them in any number of endeavors. Let's take a look at six that I find the most useful.

TABLE 1 CHARACTERISTICS OF PHYSICIAN CULTURE

17 CHARACTERISTICS OF PHYSICIAN CULTURE	
01.	Quality care is a top priority for every physician.
02.	Quality care is a top priority for every physician.
03.	Physicians are often I have a lot of experience with quality care.
04.	Physicians are often I have a lot of experience with quality care.
05.	Physicians are often I have a lot of experience with quality care.
06.	Physicians are often I have a lot of experience with quality care.
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14.	Physicians are often I have a lot of experience with quality care.
15.	Physicians are often I have a lot of experience with quality care.
16.	Physicians are often I have a lot of experience with quality care.
17.	Physicians are often I have a lot of experience with quality care.

PATIENT WELFARE IS ALWAYS TOP OF MIND — Concern about quality is a primary concern of all physicians. We were taught that quality is paramount and that it's our job to ensure that it's delivered to every patient, every day. So asking physi-

It Benefits Hospitals & Physicians

Benefits to Hospital

- Elevation of issues from the frontline
- Improved overall care quality & patient safety
- More seamless adoption of targeted initiatives can lead to enhanced business value
 - Superior product purchasing & utilization
 - Standardized patient experience
 - Best practice sharing in clinical approaches
 - Embracing & implementing innovative approaches to managing the community health needs

Benefits to Physicians

- Physician wants & needs weighed against business demands
- Strategic decisions recognize the impact on physicians
- Physicians involved throughout change initiatives (i.e., improves quality of the implementation)
 - Identifying problems
 - Designing solutions
 - Smooth implementation

Would you **consider** ----

Finding ways to get physicians ---

- much more actively **involved**
- frequently together (with admin) for discussion & decision-making meetings



Involvement Vs Input

INVOLVEMENT

- Physicians always at decision-making meetings
- **Physicians viewed as partners**
- Executive leadership sees physicians as aligned
- **Physician involvement is on-going**
- Physicians remain in the process

INPUT

- Physicians are occasionally invited
- **Physicians viewed as tokens**
- Execs seeks alignment from docs
- **Physician input is sporadic**
- Physicians are “occasional” players
- *“What we used to do in healthcare”*

Developing Physician Leaders for Successful Clinical Integration,
Carson F. Dye & Jacque Sokolov, MD, 2013 Health Administration Press.

We would ask that you **consider** ----

- ❑ getting physicians – & several of them, not just one -- regularly participating in visioning, strategy, & tactical decision making
- ❑ making your organization much more physician-centric
- ❑ paying – **yes, paying** – for this physician involvement

We would ask that you **consider** ----

- ❑ Leadership development programs & activities for **full time clinicians**





How to Define & Measure Physician Engagement?

“Engagement is not necessarily based on concrete, rational factors; rather, engagement **stems from emotional attachment.**”

Gallup, “Physician Engagement is Built, not Bought? April 27, 2004



Gallup Approach to Factors

Much of their viewpoint somewhat built on employee engagement research

- **Leadership and decision-making** - level of physicians' trust in the hospital's leadership & extent of physician involvement in making decisions about clinical or administrative policy.
- **Reactions to the changes in healthcare** - hospital's success in handling recent economic, technological & regulatory changes.
- **Schedules and time management** - time available for clinical, academic & research pursuits & level of control physicians feel they have over their own schedule.
- **Resources and support** - quality of communication across the hospital & extent to which it can provide physicians with the staffing & support they need.
- **Personal health and well-being** - existence and accessibility of programs that support work-life balance & physicians' health and well-being.

How to Define & Measure Physician Engagement?

“Physician engagement is an **intangible process** that depends on the degree to which doctors are proud, loyal, and committed to a hospital’s mission, vision, and values. **It differs from alignment**, which is a tangible, time-delimited state reflecting compensation and contractual mandates.”

Tom Atchison & Greg Carlson, *Leading Healthcare Cultures: How Human Capital Drives Financial Performance*, Health Administration Press, 2008

How to Define & Measure Physician Engagement?

“Physicians should be deemed “engaged” if they feel a sense of job satisfaction, exhibit pride about their organization, enthusiastically exert extra effort, tell others about the trustworthiness of their organization for care, how good it is to practice medicine there, and **rarely think about forging a career someplace else**”

Rethinking The Art and Science of Physician Engagement Metrics.” David Rowlee, PhD, INTEGRATED Healthcare Strategies.

<http://www.integratedhealthcarestrategies.com/documents/articles/a991c999-59eb-4449-a2d6-f0bf34ac5231.pdf>

Engagement or Alignment?

- This –



- Or This?



How to Define & Measure Physician Engagement?

Advisory Board - Engagement defined by “drivers” – such as--

Recommend org to a friend or relative; Org supports professional development; Org open & responsive to my input; Org provides excellent service to patients; Interest in physician leadership; Org well prepared to meet challenges of next decade; Have not been asked to compromise my values; Org supports work-life balance; Org gives autonomy in my individual practice

Bill Hudec, Advisory Board, “The 12 statements that define your physicians' engagement,” June 25, 2015.
<https://www.advisory.com/research/medical-group-strategy-council/practice-notes/2015/june/who-is-to-blame-for-physician-burnout>

NOTE: The above drivers pertain to ***employed physicians***

Advisory Board 12 Drivers

1. I would recommend this organization to a friend or relative to receive care.
2. The actions of this organization's executive team reflect the goals and priorities of participating clinicians.
3. This organization supports my professional development.
4. This organization is open and responsive to my input.
5. This organization provides excellent service to patients.
6. I am interested in physician leadership opportunities at this organization.

Bill Hudec, Advisory Board, "The 12 statements that define your physicians' engagement," June 25, 2015. <https://www.advisory.com/research/medical-group-strategy-council/practice-notes/2015/june/who-is-to-blame-for-physician-burnout>

Advisory Board 12 Drivers

7. This organization is well prepared to meet the challenges of the next decade.
8. Over the past year I have not been asked by this organization to do anything that would compromise my values.
9. This organization provides excellent clinical care to patients.
10. This organization supports the economic growth and success of my individual practice.
11. This organization supports my desired work-life balance.
12. I have the right amount of autonomy in managing my individual practice.

Bill Hudec, Advisory Board, "The 12 statements that define your physicians' engagement," June 25, 2015.
<https://www.advisory.com/research/medical-group-strategy-council/practice-notes/2015/june/who-is-to-blame-for-physician-burnout>

Emotional Commitment

Engagement refers to one's emotional commitment to their organization and the organization's goals. It *leads* to discretionary effort.

Kevin Kruse, Forbes, "*How Do You Measure Love (Or Employee Engagement)?*" July 14, 2013



Affective
Domain

Values
Motivation
Attitudes
Stereotypes
Feelings



Cognitive
Domain

Synthesis
Recollection
Comprehension
Evaluation
Analysis

Original image by Karin Kirk, SERC

But --- Caution!

Trying to define & measure physician engagement can be confounded by various factors –

- is engagement the same to a family practice physician as it is to a surgeon
- Community-based as it is to a hospital-based?
- to an employed hospitalist as it is to a contracted hospitalist?
- A physician who sits on org committees to one who does not?
- to a 60 year old as it is to a 38 year old?
- and so on?

So Many Different Types, Shapes, Kinds, Varieties



Types Of
Doctors



The 12 Medical Specialty Stereotypes

ORTHOPEDECS: The meatheads

Ugh! New knee no fit!
Why no hammer harder, you?
Me hammer hard already! Need me bigger mallet!

Dude!
Dude!
Tell you me bench press 350 yesterday?

Green Day on iPod

NEUROLOGY: The armchair intellectual

...For you see, with the onset of dysarthria, an ipsilateral Horner's syndrome, and diminished sensation to the contralateral body, we can isolate this stroke to the posterior circulation, specifically a lateral medullary infarct.

What can you do about it now?
Nothing. Still fascinating, isn't it?

EMERGENCY MEDICINE: The Cowboys

Patient's leg is bleeding! No time to call Surgery! Tourniquet and amputate! Quick, throw me a scalpel!

This patient looks like she can't breathe!
Yes I can.
No time! Scat fache! Get me a straw!!

Celtic Tattoo

NEUROSURGERY: Workaholic Egomaniacs

Come on, people! Let's get the patient in the room! Am I the only person who does work around here?

I still have six more craniotomies scheduled for today!
Get the drapes up! Come on, it's not BRAIN SURGERY.

Favorite 'joke'

FAMILY MEDICINE: Hippy Dippy country doctor

Now, I could give you some antibiotics for that skin infection, or I could make you a poultice of herbs.

Do you want to pay for that in pies or in produce?

Jesus hair
tie dye
Texas with socks

PSYCHIATRY: The fake doctor

Can't you see that all of the patients' depression stems from his latent sexual attraction to his childhood au pair?

Yeah, but I think he's also pretty depressed about his diabetes being under pool control.

His what?

DERMATOLOGY: Glamazon.com

Knows lots of adjectives
Impetigo contagiosa is a superficial, intra-epidermal, unilocular vesicopustular infection.
Let me scrape off some of the pus and send it for culture to be sure.

mic hair
designer clothes
diamond ring size of a chicklet
high heels

OB-GYN: Overworked bitch Goddess

OK, now... PUSH! PUSH PUSH PUSH GO GO GO GO GO...

For Christ's sake what the hell is wrong with you? I've been awake for 72 hours and even I can push harder! What do you want me to cut you? Because I'll do it!

Splash Guard

RADIOLOGY: Rich in the dark

clink clink
Sound of counting gold doubloons

PEDIATRICS: If Patch Adams and Mister Rogers mated.

Hey kids!! Who's ready for their shots?

Or as I like to call them, 'pointy kisses!'

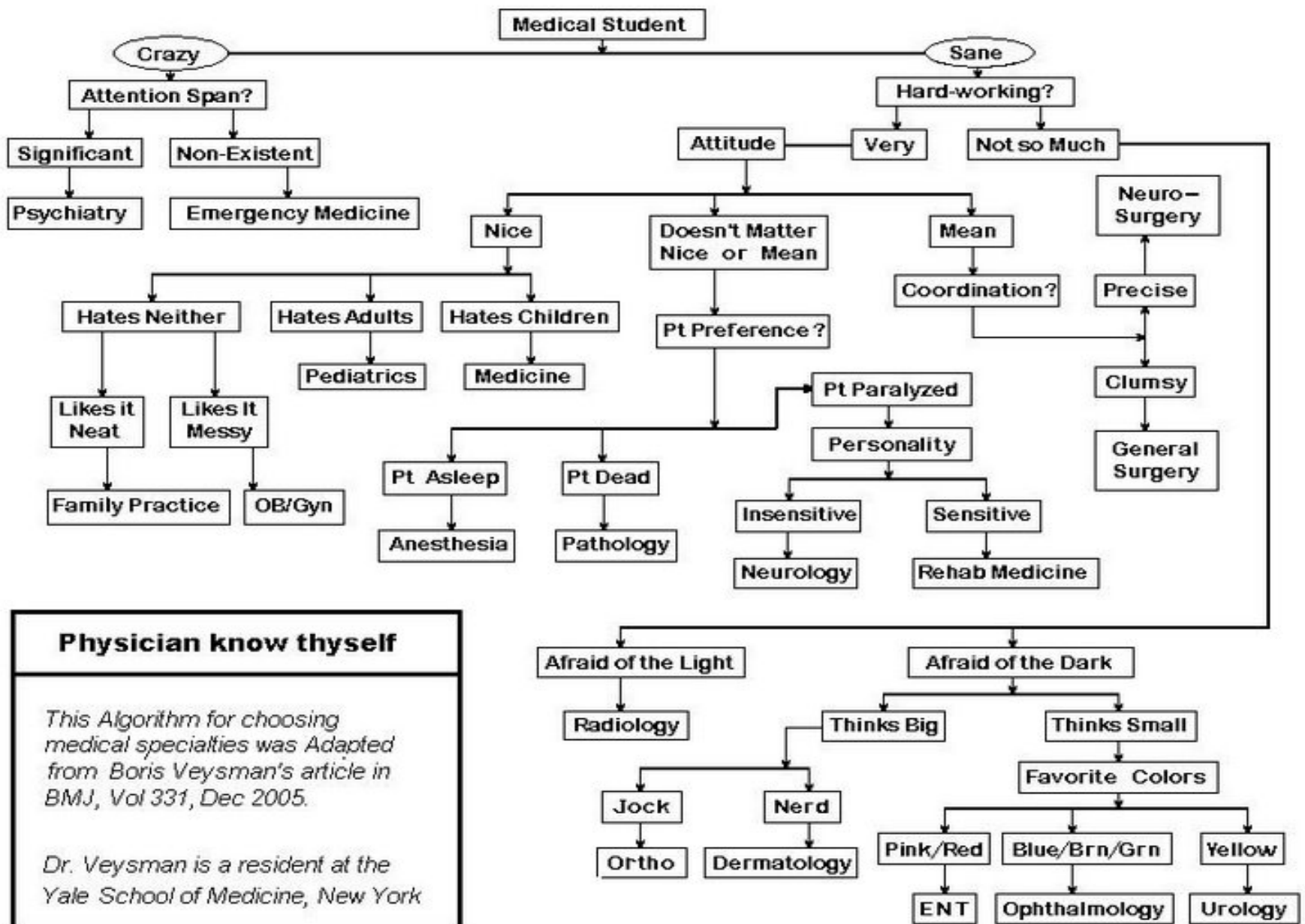
Bear costume
Stickers
Sponge Bob Band-aids

RADIATION ONCOLOGY

Who?

ANESTHESIOLOGY: Lazy bums

zzzzz....



Physician know thyself

This Algorithm for choosing medical specialties was Adapted from Boris Veysman's article in BMJ, Vol 331, Dec 2005.

Dr. Veysman is a resident at the Yale School of Medicine, New York

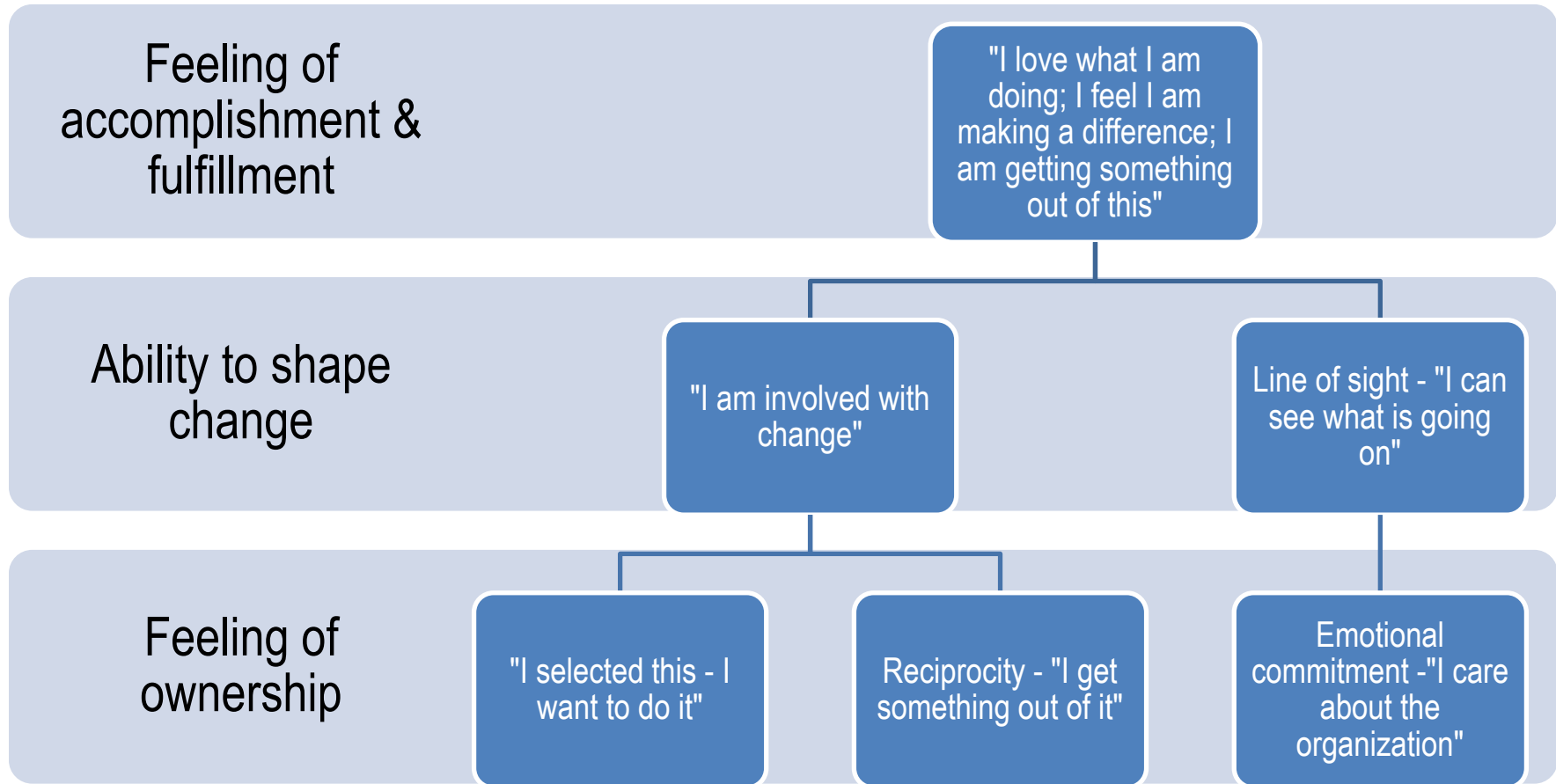
Consider this definition & model

Engagement is:

- Dedication
- Contribution
- Rewards
- Involvement
- Choice
- Reciprocity
- Line of sight
- Emotional commitment

Engagement is -

- "I love what I am doing" - Dedication
- "I feel I am making a difference" - Contribution
- "I am getting something out of this" - Rewards
- "I am involved with change" - Involvement
- "I selected this - I want to do it" - Choice
- "I get something out of it" - Reciprocity
- "I can see what is going on" - Line of sight
- "I care about the organization" - Emotional commitment



Define it - Then - Measure It!

- Organizationally-developed measures vs. those from an outside vendor
- Compare the org to itself over a period of time vs. to other organizations

How Do You
Measure
Engagement?



Develop Questions to Measure These Factors

- "I love what I am doing; I feel I am making a difference; I am getting something out of this" - **Choice**
- "I am involved with change" - **Involvement**
- "I selected this - I want to do it" - **Choice**
- "I get something out of it" - **Reciprocity**
- "I can see what is going on" - **Line of sight**
- "I care about the organization" - **Emotional commitment**

Let's Look at Some Specifics



ProMedica Health – Toledo Ohio

First, the concept of “***Belong, Believe, Build***” – a leadership structure that promotes feeling by all physicians of belonging, the belief that the system can work, and an understanding that the relationship with the organization can build exponentially

Oostra, Randall, “Physician Leadership: A Central Strategy to Transforming Healthcare.” Frontiers Vol 32 No 3 Spring 2016



ProMedica Health – Toledo Ohio

- Second Concept of “***Cascade, Connect, Champion***” –physicians connect with their colleagues & cascade information while championing mutually beneficial individual, organizational, and community needs



Southern Illinois Health, Carbondale, IL

- Physician Leadership Development Academy - educating some full time clinicians alongside full and part-time physician administrators



**SOUTHERN ILLINOIS
HEALTHCARE**

TriHealth, Cincinnati, OH

- Recognizing the need to create significant alignment with community physicians understanding the legal barriers and the market opportunities, TriHealth created a pluralistic approach to physician engagement:

Clinical Co-management opportunities

MSO Services

Medical Director Stipends

Service Line Leadership Opportunities

Academic Opportunities

Joint Partnership Opportunities

Employment

Professional Service Agreements



TriHealth, Cincinnati, OH (cont.)

- Physician Advisory Councils
- Physician Leadership Academy created
- TriHealth Physician Enterprise launched with a well-defined strategy and governance process



UNT Health Science Center, Ft. Worth, TX

- Loss of a University Hospital and the need to become relevant in the Fort Worth, Texas market
- Very Competitive Market with few collaborative partnerships
- The need for growth of the physician faculty for clinical services, UGME and GME teaching opportunities



UNT Health Science Center, Ft. Worth, TX (cont.)

- Redesign: Structure, Governance, and Contracts
 - Board Committees Added
- Community Hospital Partnerships established
- Centers of Excellence/Service Lines created requiring substantive physician leadership
- New Multispecialty sites launched requiring significant physician engagement
- Developed a partnership with UT in Dallas for both a physician leadership certificate program, and two master degree opportunities



OSF Healthcare System – Peoria, IL

- Significantly Changing Provider landscape
 - Fewer Independent Physicians
 - Desire to be employed or tightly aligned
 - OSF selected as a Pioneer ACO organization requiring physicians to be engaged in a shared agenda
 - Strong EPIC Platform



OSF Healthcare System – Peoria IL (cont.)

- Creation of new Physician Leadership positions and Governance (e.g. CCO, CEOC, Physician Enterprise)
- Service Line with Dyadic Leadership
- Growth in Academic Partnerships for Teaching and Innovation
- ACM and Bundled Payment Initiatives
- Institutes (e.g. Vascular)
- Leadership Academy



Premier Health System – Dayton, OH

- “Physician Led – Professionally Managed”
 - Investment in Physician Leadership roles
 - New board committee: Physician Partnership committee
 - large physician employed enterprise with physician governance
 - Service Line development with Dyadic Model



Premier Health System – Dayton, OH (cont.)

- Population Health Strategy to include independents through care compacts
- Bundled Payment Strategies, Clinical co-management agreements and joint partnerships
- Clinical Transformation requiring many clinical activity physician champions
- Physician Leadership Institute certificate & MBA
- Business of People Training



Summary Thoughts

Unlocking physician leadership is not only about physician ownership or representation on governing boards, but also about cascading physician leadership down from the C-suite to the individual physician. Aligning organizational structure for population health, assigning clear accountability for results through pods of practices, & supporting leadership development at the individual practice level may serve as a model for a transformation of health care led by physicians themselves from the inside out.

Health Affairs Blog. "Structuring Physician Leadership To Promote Accountable Care." Shantanu Nundy & John Oswalk, April 17, 2015.

Summary Thoughts

“Physicians go where they are welcomed....
....remain where they are respected,
.....and grow where they are nurtured”

Bill Leaver, CEO Iowa Health System



Engagement

Historically, the focus has always been less on physician engagement and more on physician satisfaction. Giving physicians what they wanted — such as access to the operating room and a supportive nursing staff — is what drove good business. **Now, however, there is an opportunity through physician engagement — whether with employed or independent physicians — to improve patient access, customer service, quality and costs.**

Stephen Moore, MD, CMO CHI St. Luke's Health

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Presenter Biography & Contact Info

- Dye is President & CEO of Exceptional Leadership LLC. With over 40 years of experience in executive leadership, executive search, & physician leadership development, his firm helps organizations in executive search, physician leadership development and leadership assessment. Before his consulting career, he served 20 years in executive positions with St. Vincent Medical Center, Toledo; Ohio State University Medical Center; & Children's Hospital Medical Center, Cincinnati. Dye serves as faculty for The Governance Institute & the University of Alabama at Birmingham (UAB).
- Author of 10 books, 3 of them ACHE Book of the Year Winners (2017's *The Healthcare Leader's Guide to Actions, Awareness, & Perception*, 2013's *Developing Physician Leaders for Successful Clinical Integration* and 2001's *Leadership in Healthcare: Essential Skills*. Dye is a frequent presenter on physician leadership & has presented to 40 state and local hospital associations.
- This 2017 presentation marks his 30th consecutive year of Congress presentations.
- Dye earned his B.A. degree from Marietta College & his M.B.A. from Xavier University.
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- Kathleen Forbes, M.D. serves as Premier Health System's Chief Integration Officer. She provides clinical and operational oversight of the Physician Enterprise; graduate medical education: value-based services inclusive of Premier Physician Group (PHO); innovation & research and telehealth services; leads the care transformation process and strategies; and the development of methodologies to assume population health financial risk. Prior to Premier, Dr. Forbes served as the Chief Clinical Officer for OSF Healthcare System where she led the clinical agenda, clinical strategy, clinical operations, innovation, GME and research for the health system. Dr. Forbes joined OSF Healthcare from the University of North Texas, Fort Worth, where she served as the EVP of Clinical Affairs and Business Development for UNT Health Science Center and the President and CEO of UNTHHealth. Prior to that she was the SVP Chief Medical Officer for TriHealth system in Cincinnati. Prior to becoming a healthcare system executive, Dr. Forbes has over 11 years providing patient care in private clinical practice having started a group practice in Cleveland, OH
- Dr. Forbes earned her MD from the Medical College of Ohio, Toledo, and completed her Family Medicine Residency at Aultman Hospital in Canton, OH. She is a Diplomate of the American Board of Family Medicine. She earned a Master of Science in Healthcare Management (MSHM) degree from the University of Texas, Dallas and is a board certified physician executive.
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