

Getting Physicians More Involved: One Hospital's Story

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- **David M. Zechman, FACHE**

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- **Carson F. Dye, FACHE**
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Learning Objectives

- Discover how to design and create a comprehensive program to get more front-line clinicians involved in leading clinical integration efforts.
- Cultivate the ability to identify and empower physician champions who will help minimize the traditional disruption caused by medical staff politics and tension between physicians and administration.

Faculty

- Carson F. Dye, FACHE
- David M. Zechman, FACHE

Agenda

- The Problem – lack of physician engagement & burnout
- Concepts of physician engagement
- Key issues
- A Drill Down Look at One Organization's Efforts

Some Cold Hard Facts

- Just 20% of physicians are actively engaged with their healthcare institutions & likely to go above & beyond their jobs (Survey by athenahealth, July 13, 2016).
- 60% of physicians who are employed are not engaged (*Physician Trends 2016 Report, Jackson Healthcare*)

Physician Engagement



Some Cold Hard Facts

- Advisory Board survey – only 46 percent of physicians working at the cohort's *highest* performers were engaged, along with just one-third of physicians at the median-performing hospitals and health care systems. (Advisory Board July 12, 2016)
- “Doctors Feel Excluded from Health Care Value Efforts.”

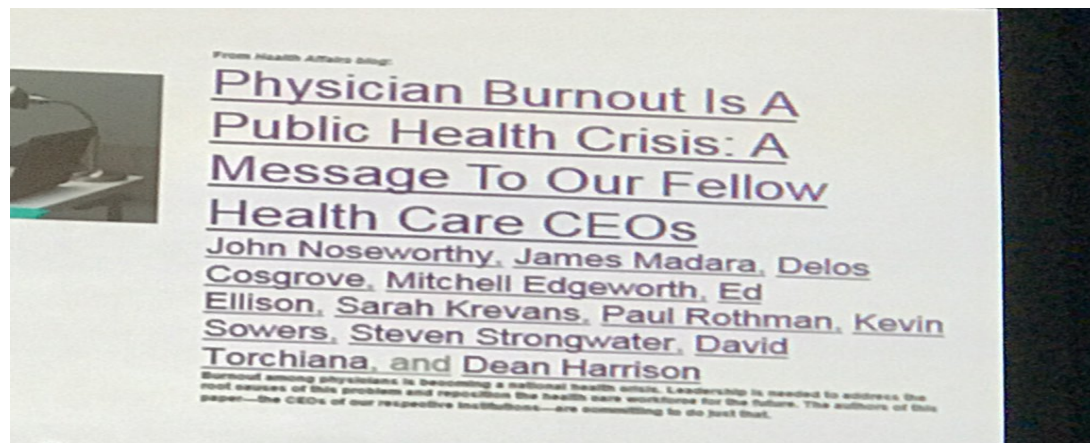
(Tim van Biesen and Josh Weisbrod, Harvard Business Review Blog, Oct 6, 2017)



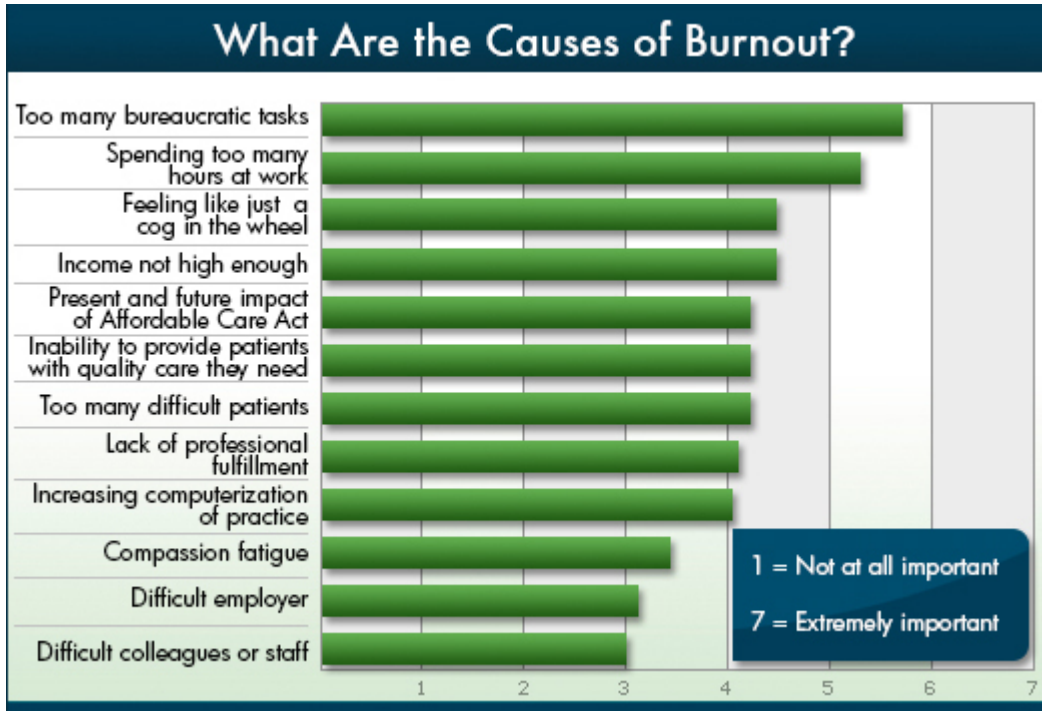
Some Cold Hard Facts

More than half of physicians reported experiencing at least one symptom of burnout—a substantial increase over previous years—indicating that burnout among physicians is becoming a national health crisis

(Physician Burnout Is A Public Health Crisis: A Message To Our Fellow Health Care CEOs. *Health Affairs*, March 28, 2017) American Medical Association CEO James Madara; Atrius Health CEO Steven Strongwater; Cleveland Clinic CEO Toby Cosgrove; Duke University Hospital President Keven Sowers; Johns Hopkins Medicine CEO Paul Rothman; Mayo Clinic CEO John Noseworthy; Northwestern Memorial HealthCare CEO Dean Harrison; Partners HealthCare CEO David Torchiana; Southern California Permanente Medical Group's Executive Medical Director and Board Chair Ed Ellison; Sutter Health CEO Sarah Krevans; & Vanderbilt University Hospitals and Clinics CEO Mitchell Edgeworth.



Physician Burnout



Signs of Physician Burnout

- ◆ Exhaustion
- ◆ Cynicism
- ◆ Lack of efficacy
- ◆ Desperation
- ◆ Internalization
- ◆ Overworking
- ◆ Disruptive behaviors

Summarized from Dr. Jill Kruse



This is not just about engagement & burnout

- It's also about involvement
- And - involvement of *all* physicians
- And it is about an approach that is wrapped in physician leadership development but targeted at involvement and engagement



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.

Wouldn't It Be Nice If.....

- If your physicians were –
 - **All on the same page?**
 - **Marching in lock-step with your vision and strategy?**



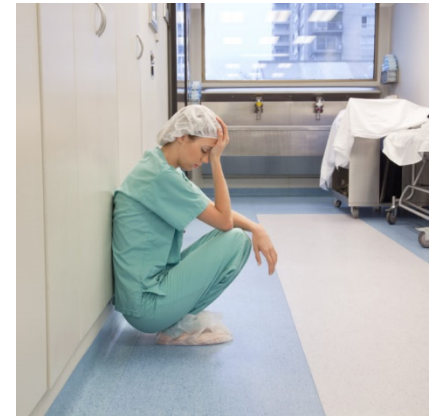
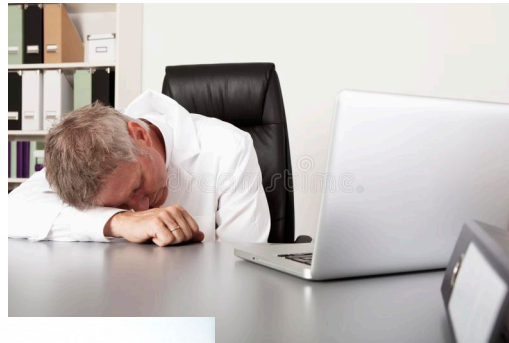
Wouldn't It Be Nice If.....

- If your **front-line** physicians were –
 - Tuned in and supportive of organizational initiatives?



Wouldn't It Be Nice If.....

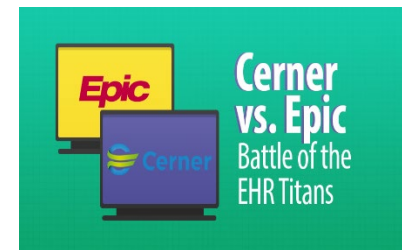
- If physician burnout was not a significant problem in your organization?



Wouldn't It Be Nice If.....

- If your EHR issues were –
 - Behind you (and your physicians)?

The screenshot shows an EHR interface for a patient named 'Demo, Father' (DOB: 05/11/1955). The patient's chart review is dated 20-Jul-2005 10:15. The problem list includes 'TYPE 2 DIABETES MELLITUS' and 'HYPERTENSION'. The ICD pick-list shows various medical conditions with checkboxes. The historical diagnosis table lists several instances of 'TYPE 2 DIABETES MELLITUS' and 'HYPERTENSION' with their respective ICD codes and dates. The visit diagnosis table shows 'TYPE 2 DIABETES MELLITUS' as the primary diagnosis and 'HYPERTENSION' and 'HYPERMETROPIA' as secondary diagnoses. The interface also includes a navigation bar at the bottom with tabs for 'Notifications', 'Cover Sheet', 'Teage', 'Wellness', 'Notes', 'Services', 'Pop/POV', 'Orders', 'Medications', 'Labs', 'D/C Summ', 'Reports', and 'Consults'.



Wouldn't It Be Nice If.....

- If you could get more **front-line clinicians involved** in leading clinical integration efforts



Wouldn't It Be Nice If.....

- If you had **lots of physician champions** who minimized the disruption & tension between other physicians & you?



We Would Be Lying If We Told You It Was Easy

- But.....we do humbly believe there are some things you can do that will help some



Getting **More** Physicians Involved **More**

- Physician Alignment
- Physician Involvement
- Physician Engagement

*The emphasis above
On the 1st “More”*



It's About Far More Than \$

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

Rick Blizzard “Physician Engagement is Built, Not Bought.”
Gallup News, April 27, 2004

NOT -----



But This -----



About More Than \$ & Token Physician Leaders

Many organizations hope that they can win over physicians by combining good intentions with a few broad interventions, such as putting doctors in leadership roles and creating financial incentives for desired behavior.

But as we have seen too often, such uncoordinated, piecemeal efforts are insufficient.

Thomas H. Lee, MD & Toby Cosgrove, MD. "Engaging Doctors in the Health Care Revolution." Harvard Business Review, June 2014.

The slide features the Harvard Business Review logo in the top left and the word 'WEBINARS' in the top right. The title 'Engaging Doctors in the Health Care Revolution' is centered. Below the title, two speakers are listed with their titles and headshots. The date 'JUNE 5, 2014' is at the bottom left, and the social media handles '@HBRExchange | #HBRwebinar' are at the bottom center.

Harvard Business Review

WEBINARS

Engaging Doctors in the Health Care Revolution

Thomas H. Lee, MD, chief medical officer of Press Ganey and former network president of Partners HealthCare

Toby Cosgrove, MD, CEO of the Cleveland Clinic

JUNE 5, 2014

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Let's Break Down the Idea of Engagement

- What is physician engagement?



It starts with knowing the goal

What, exactly, do leaders want physicians to engage with?

Traditionally, hospitals defined it –

extent to which doctors were intertwined with hospital

Hospitals wanted physicians to **be loyal** —that is, to refer most or all of their patients to them, thereby increasing revenue.



The goal in the “old days”

Traditionally..... the **extent to which doctors saw their future as intertwined with that of the larger organization**

Hospitals wanted physicians to **be loyal**

It did not work!



But now - A Good Goal - A New Deal

“.....it (physician engagement) must further the long-term strategy of improving outcomes and lowering costs—increasing value for patients.”

Thomas H. Lee, MD & Toby Cosgrove, MD. “Engaging Doctors in the Health Care Revolution.” Harvard Business Review, June 2014.



An Agenda Clinicians Will Embrace

“They must articulate a vision of what lies on the other side of the turmoil ahead: health care that will be better—maybe even great—for patients. **Improved patient care has to form the core of any change agenda that clinicians will embrace.**”

Thomas H. Lee, MD & Toby Cosgrove, MD. “Engaging Doctors in the Health Care Revolution.” Harvard Business Review, June 2014.

Engagement

GREAT PHYSICIAN
ENGAGEMENT IS KEY TO
GREAT QUALITY

■ John Byrnes, MD

Tying Quality and Costs

John Byrnes MD – Famous article on quality & costs -

Physician Leadership Journal. 2015 Mar-Apr; 2(2):40-2. GREAT PHYSICIAN ENGAGEMENT IS KEY TO GREAT QUALITY

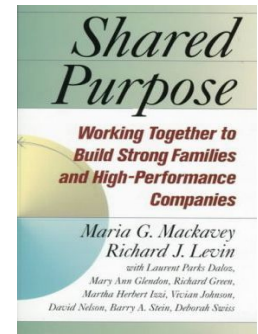
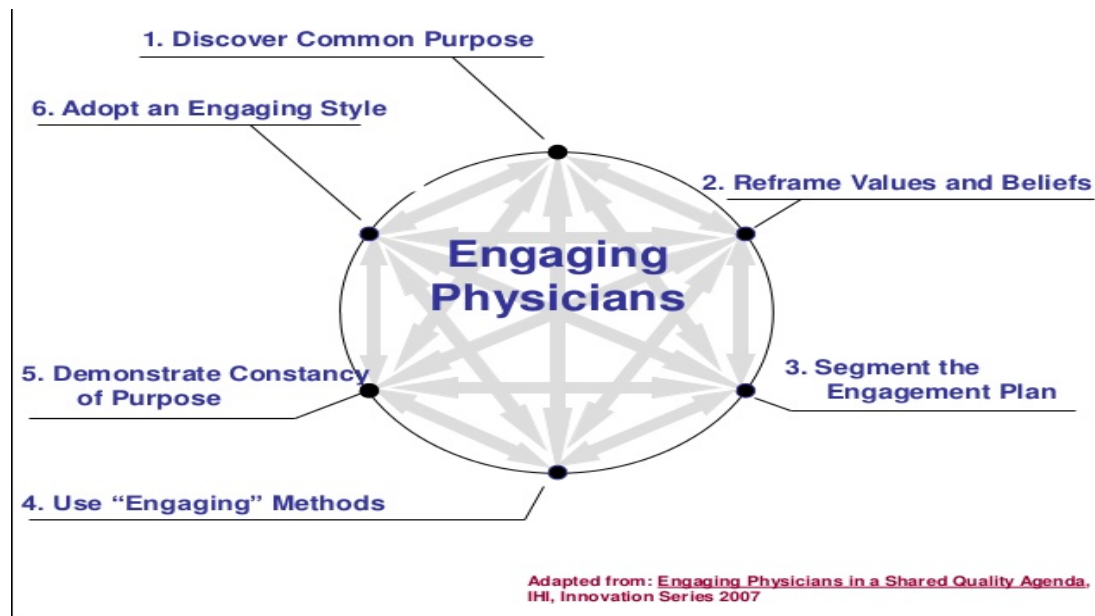
Engagement

GREAT PHYSICIAN
ENGAGEMENT IS KEY TO
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■ John Byrnes, MD

The Secret Sauce?

Creating such a **shared purpose** starts with the same steps used to build consensus in any organization: listening, demonstrating respect for diverse views, and creating processes through which stakeholders can help shape the vision's **implementation**. Thomas H. Lee, MD & Toby Cosgrove, MD. "Engaging Doctors in the Health Care Revolution." Harvard Business Review, June 2014.



Shared Purpose

People were also driven by the clear definition of the goals and an overarching purpose; they could see how their collaboration would benefit a cause larger than that of any individual.

Collaboration is effective only if goals are evident:

What problem are we trying to solve together? What can we do to solve this collectively?

Of course, there needs to be a time-frame: By when do we have to get this done? What's at stake if we don't complete it in time?

Add your presentation content starting here.

Vineet Nayar, "A Shared Purpose Drives Collaboration. Harvard Business Review Blog, April 2, 2014

Engaged

- In one hospital system that Gallup studied, fully engaged & engaged physicians gave the hospital an average of 3% more outpatient referrals & 51% more inpatient referrals than physicians who were not engaged or who were actively disengaged.

Gallup News, "What Too Many Hospitals Are Overlooking." Gallup Business Journal, Feb 23, 2015

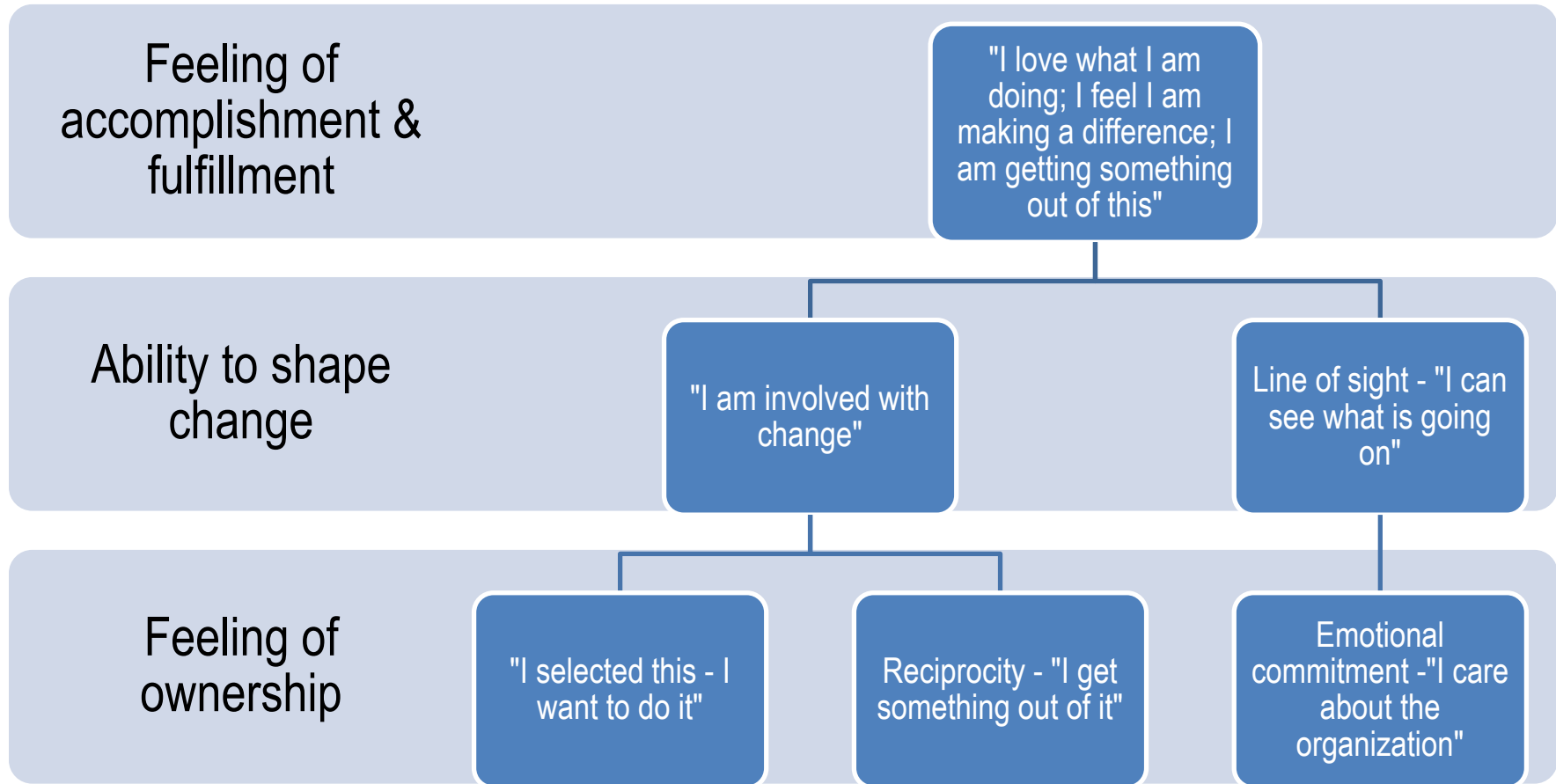


One More Look -- Let's Break Down the Idea of Engagement

- What is physician engagement?

Physician Engagement is -

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



So We Come to a Huge Conclusion

- Our approach is to engage, involve, include, take in, enmesh, affect, interest, encompass, embrace, appeal, stimulate, animate, excite, enthuse, arouse, awaken, thrill, energize, motivate.....

.....every physician



Cascading physician leadership to the individual physician

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.



And – Not Done This Way!

- OK, everyone, get engaged.....



Our Thoughts

- Could we take a small group of physicians who are already somewhat engaged & get them further engaged?
- Could we address the curious nature of these physicians about what is happening in healthcare?
- Could we create a physician leadership development program that would provide the additional benefits of increased involvement?

A Look at McLaren's Approach to Getting Physicians Engaged

David Zechman, FACHE
President & CEO

 McLaren

 McLaren

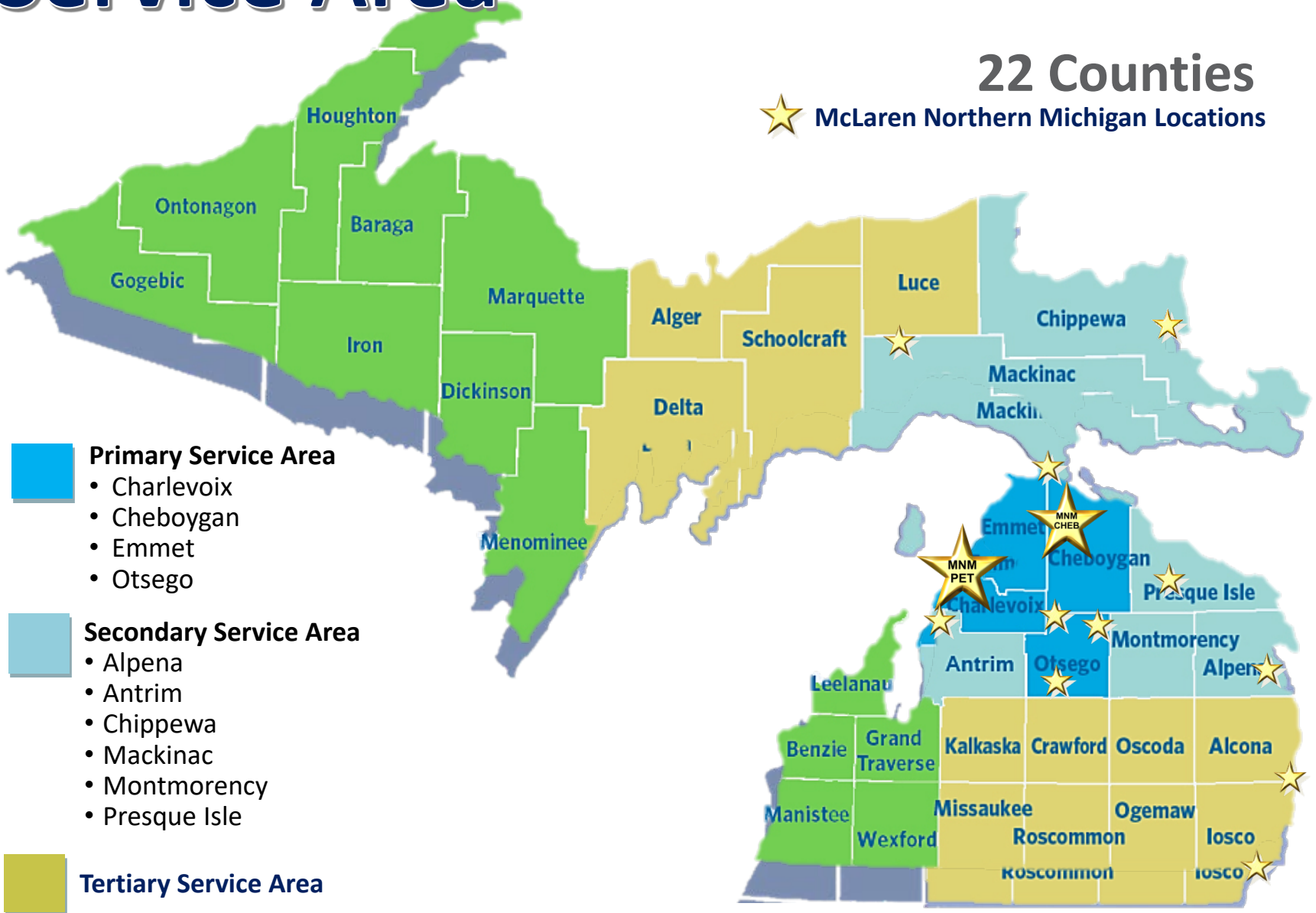
Service Area



Service Area

22 Counties

★ McLaren Northern Michigan Locations



Service Area

- **Declining Population**
 - Auto industry fallout compounded by 2008 recession
- **Dichotomy of Populations**
 - Wealthy resorters vs. high resident Medicaid
- **Aging Population**
 - Higher acuity

The Organization

- **Inpatient Acute-care Hospital**
 - 202 beds
 - 230+ Physicians
 - 1,700 Colleagues
 - 10,000 Inpatients
 - 10,600 Surgeries
 - 25,000 ED Visits



Regional Referral Center

Nearly Every Specialty

Acute Rehabilitation	Infectious Diseases	Physical Medicine
Allergy	Integrative Medicine	Plastic Surgery
Cardiothoracic Surgery	Internal Medicine	Podiatry
Cardiology	Nephrology	Preventive
Dermatology	Neurology/Neurosurgery	Psychiatry
Ear, Nose & Throat	Obstetrics	Psychology
Emergency Medicine	Ophthalmology	Pulmonary/Sleep
Family Practice	Oncology	Radiation Oncology
Gastroenterology	Oral Surgery	Radiology
General Surgery	Orthopedics	Rehabilitation
Gynecology/Infertility	Pain Management	Rheumatology
Hematology/Oncology	Pathology	Urology
Home Health/Hospice	Pediatrics	Vascular/Endovascular

➤ The Organization

- **Cheboygan Campus**

- 10,000 ED Visits
- Outpatient Surgery
- PT / OT / Speech
- Rehab Therapy
- Imaging
- Primary Care
- Sleep Center



➤ The Organization

- **Wellness Services**
 - Donor funded facility
 - Cardiac & Pulmonary Rehab
 - PT / OT / Speech
 - Aquatic Therapy
 - Support Groups
 - Community
 - Primary Care



➤ The Organization

- **Post-Acute Care**

- Boulder Park Terrace
 - Nursing and Rehab Facility
 - Share ownership
- VitalCare
 - Home Care
 - Hospice
 - HME
 - Private Duty
 - Adult Day Care



The Organization

- Inpatient Acute-care Hospital
Quality Achievements

- Magnet Designation ANCC
- 5-Star Hospital
- Top 10 in Michigan
- US News & World Report (170 Hospitals)



- 5-Star Nursing Home CMS (Boulder Park Terrace)
- 4-Star Home Health
- Get with the Guidelines



CMS



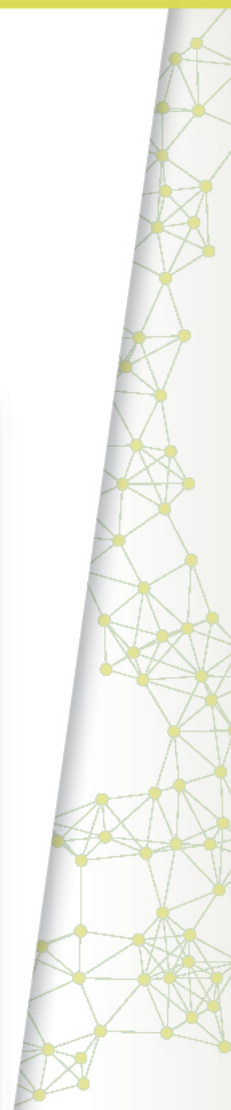
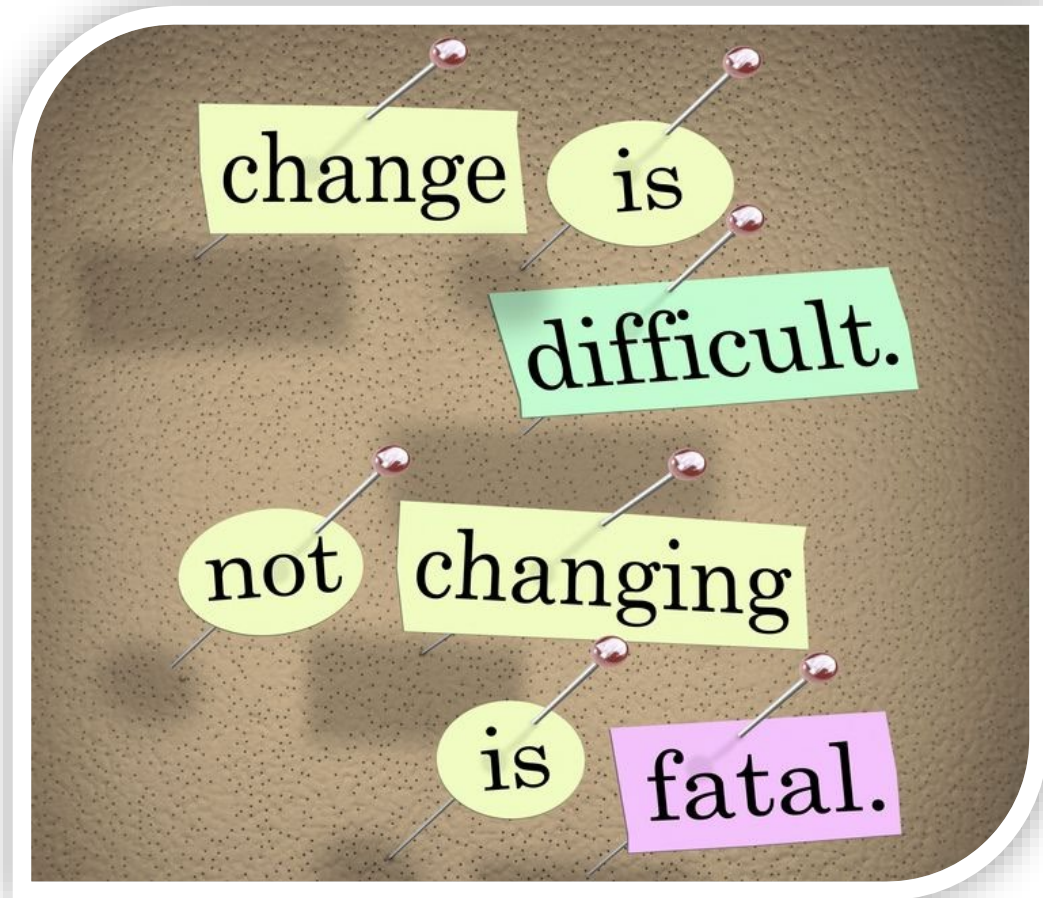
AHA / ASA





NORTHERN MICHIGAN

**Times
Are
Changing**





NORTHERN MICHIGAN

Physician Leadership Academy



Program Overview – 8 Monthly Sessions

- Physicians as Leaders
- Quality and Patient Safety
- What's Happening In Washington & in Healthcare?
- The Financial World of Healthcare
- Finance at McLaren
- Community Leadership
- From Autonomy to Teamwork – Physician Leadership
- McLaren Northern Michigan Strategic Positioning

Program Overview

- 12 participants; all full time clinicians; all younger physicians
- Selected by administration – personalized invitations to join
- Leadership Assessments & individual coaching provided at beginning of program
- Several books/textbooks provided
- 5 outside faculty; 3 inside faculty
- 5:00 – 9:00 pm
- Light dinner served

Program Overview – 8 Monthly Sessions

- 5 outside faculty; 3 inside faculty
- 5:00 – 9:00 pm
- Light dinner served
- Programs informal w/ open discussion



Our Program Goals

- Build a cadre of physician leaders who will be equipped to help lead McLaren Northern Michigan & enhance physician engagement with the medical staff.

***The initial goal
was solely leadership
development***



Our Program Goals

But this changed.....almost from the start....

Let me tell you about our “kick-off” meeting. (“one stormy evening”)



“One stormy evening” we all met to discuss the program and its content.....and.....



(Back to) Our Program Goals

- Provide the physicians in the academy with an overview of current issues impacting the health care industry and how they impact McLaren Northern Michigan



Our Program Goals

- Learn what the current buzzwords such as pay for value, triple aim, value-based care, and population health mean.



Our Program Goals

- Provide an opportunity to learn from outside experts as well as each other in a highly engaged learning environment.
- *Importance of outside faculty*



Our Program Goals

- Give the physicians an opportunity to work with meaningful projects which will enhance their team skills & provide real-world experience in leadership.

Sample Projects:

1. Improve documentation to ensure all comorbidities are documented for each carotid surgery patient to improve the predicted rate.
2. Use dashboard(s) to measure & report complications for this surgical population. The data can be reported at the hospital & physician level.
3. Develop preop assessment & post op protocols to ensure they are doing everything possible to prevent the most frequent complications in this surgical population.

Our Program Goals

- Help prospective physician leaders develop their own unique styles and approaches to medical leadership.

Importance of leadership assessments – Hogan leadership assessments

Ample opportunities for self reflection

Our Program Goals

- Provide bonding opportunities for the academy participants and build strong esprit de corps among the group.

Perhaps the greatest benefit



Outcomes Thus Far

- Yes, higher engagement
- More interaction regarding broader, more strategic issues
- Better understanding of administrative issues



Outcomes Thus Far

- Renewed enthusiasm & excitement for learning
- Improved commitment to planning meetings & active involvement



Summary Thoughts

- Developing physician leaders can be a differentiator that sets organizations apart.”

”The Importance of Physician Leadership.”April 13, 2015, Trustee, John Morrissey

- In the military, leadership must be evident on the battlefield. Likewise, physicians can serve as leaders on the front lines of care. Health systems would be wise to enlist and develop many of their clinicians as leaders.

*“Developing Front-Line Physician Leaders,” CF Dye,
Healthcare Executive, Jan/Feb 2017.*

Carson F. Dye, FACHE

- 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 2018 presentation marks his 31st consecutive year of Congress presentations.
- Dye earned his B.A. degree from Marietta College & his M.B.A. from Xavier University.
- Carsondye@exceptional-leadership.com 419-350-8383

David M. Zechman, FACHE

- David M. Zechman, FACHE, joined McLaren Northern Michigan in November 2013. His 35 years of health care and leadership experience combined a proven track record in hospital and health system executive management with a passion for quality and service excellence.
- Prior to joining McLaren Northern Michigan, Zechman served as President and CEO of Ozarks Medical Center (OMC) in West Plains, Missouri beginning in 2008. Formerly, he served as the President and CEO of the recently renamed Lakeside Medical Center, the sole county hospital in Palm Beach County, Florida. In addition, he has held senior management positions at Jewish Hospital and St. Mary's HealthCare in Louisville, Kentucky, and at St. Luke's Health System in Kansas City, Missouri. Through these past roles, he was successful leading a health system offering a full continuum of care, and perhaps more importantly, has a thorough understanding of the challenges facing health care delivery in the rural environment.
- Zechman is a Fellow in the American College of Healthcare Executives (ACHE) and served the Missouri Hospital Association (MHA) as president of the Southwest District, member of the Finance Committee, and secretary of the Management Services Corporation Board. He has an undergraduate degree in Education from Miami University and a Masters of Public Administration from Cleveland State University.
- Zechman has taught at prior Congress meetings as well as other national meetings.
- Phone: 231.487.4011 Email: dzechman@northernhealth.org

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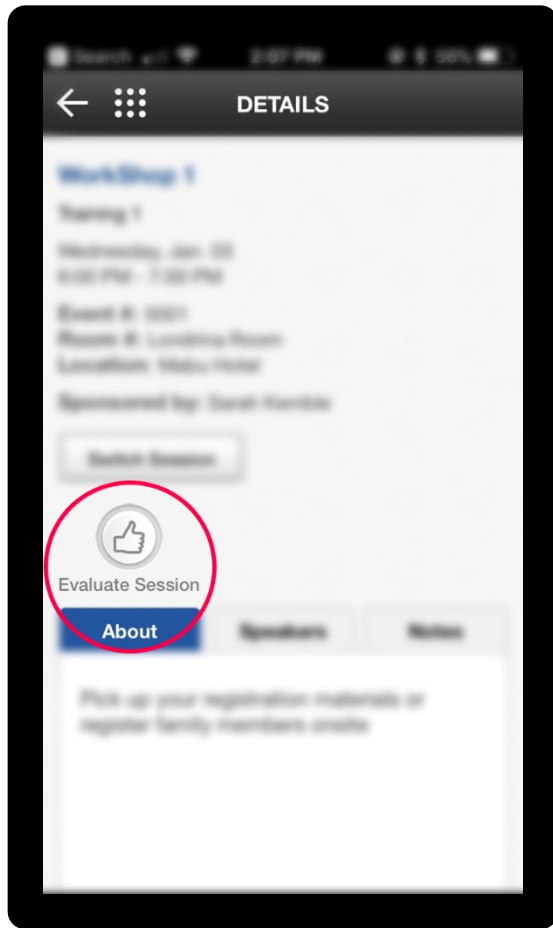
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Two Ways to Evaluate This Session

Through the ACHE 365 App

Through Your Email



OR

