

## Warm-up Question #1

- When discussing food and cooking,
  - A. I'll eat whatever's available—doesn't really matter what it is.
  - B. I can microwave frozen dinners when needed.
  - C. I like to cook and can use a recipe card or cookbook. Just call me Betty Crocker.
  - D. I love to cook and invite friends over to try new recipes most weekends.
  - E. I'm saving up start-up funds for my new restaurant—it's the only thing I really want to do!

## Warm-up Question #2

- When talking about football,
  - A. I don't care anything about it—I'd rather be watching Lifetime TV.
  - B. I used to go to football games in high school. Now I watch my son play—because he's playing.
  - C. There's nothing better than spending all weekend in the recliner watching football—NFL, college, anybody who's playing. I really like the game.
  - D. If Howie Mandel offered me a chance to hang out in my favorite team's locker room after *any* game, it wouldn't matter what was in my case—I'd give it back without looking inside!

## Warm-up Question #3

- When considering The Challenge of Engaging Physicians in Healthcare Quality,
  - A. I have no interest in considering it --there is no other session to attend right now.
  - B. Somebody needs to discuss it, but I'm not involved in Medical Staff.
  - C. Tell me what I need to know since I'm here. Maybe I can use or pass along something I hear.
  - D. Physician engagement is a challenge, and it's an important issue. I'm excited about the possibility of taking home some ideas about how to engage the physicians in my organization.

Please remember your answers—  
we'll come back to them later.

# The Challenge of Engaging Physicians in Healthcare Quality— A Physician’s Perspective

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## The Challenge of Engaging Physicians... Questions

- Why is it *so hard* to get physicians “engaged”?
- Do physicians just *not care* about healthcare quality?
- Is there *something about physicians* that prevents them from “engaging?”
- Are there attributes of physicians *that can be utilized* to engage them?

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- Define physician “engagement.”
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- Describe physician attributes which may be used to focus quality efforts and those which may actually derail those efforts if not appropriately managed.
- List and discuss potential strategies for engaging physicians in quality initiatives.

## First Things First....Definitions

To “engage” is to:

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To “engage” is to:

- Bring into conflict or battle with
- Attract and hold the attention of
- Win over
- Draw into, involve
- Commit , as to a cause

## First Things First....

- So, physician “engagement” means

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- So, physician “engagement” is

Getting physicians’ ATTENTION,

And

Getting physicians actively INVOLVED,

And

Getting physicians COMMITTED

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Physicians are

- Data-Driven—show them *their* numbers

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Physicians are

- Competitive—show them their colleagues' and competitors' numbers

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Physicians are

- Intelligent—know your stuff, be able to present it

## So, How Do You Engage Physicians?

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Physicians are

- Very Busy—be professional, be *concise and be relevant*

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- We v. They (Us v. Them)—We weren't asked to participate, it's their idea, let them make it work!
- Unproven "facts"—We do it this way because it works ("We've always done it this way" and "we've never done it that way" in disguise). These may be formal or informal physician leaders and can sabotage your best efforts.

## ...Seek Out Allies

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- Describe physician attributes which may be used to focus quality efforts :
- Recognition of *one* team with *one* purpose—Caring for the *patient* before us
- Realism--We do it this way because we haven't looked at other ways. What can we change to be *better* and create improved outcomes *for our patients?*

## ...Seek Out Allies

One caveat to your best laid plans:

You must assure that the organization's leadership—the C-Suite AND the Board--are also engaged.

## ...Seek Out Allies

You AND the C-suite AND the Board AND your Physicians/Providers must:

- develop a POSITIVE RELATIONSHIP of mutual RESPECT
- TRUST EACH OTHER to make good decisions which consider the best interests of EACH, realizing the goal is to improve healthcare for individual patients
- SUSTAIN the relationship, the respect, the trust throughout the change process and beyond

## ...Seek Out Allies

- If physicians/providers suspect through leadership's actions that "numbers" are the only item of relevance, there will be distrust of anything that leadership puts forth.
- However, Physicians/providers must also be brought to recognize the importance of "numbers"—each representing a patient—to the overall success of the healthcare organization.
- Building a positive relationship of mutual respect and trust occurs over time.

## How Do You Engage Physicians?

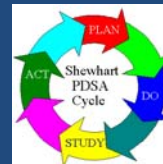
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## How Do You Engage Physicians?

- How do you approach any challenge in quality?

**Seek to understand it.**

- Figure out how to correct it—Plan
- Implement your plan—Do
- See if your plan worked—Study/Check
- Continued implementation/revision—Act



## Audience Participation

### Part 1

- Recall your responses to the 3 warm-up questions.
- So, how does how you feel about food/cooking, football, and being here have anything to do with engaging physicians?

## Audience Participation

- Physicians can have similar reactions when the topic of healthcare quality arises. Some hate the idea, some are indifferent, some do what they have to do, some understand why engaging in quality efforts is essential and are passionate about improving care. Those are the ones you choose as champions or “fire-starters.”

## How Do You Engage Physicians?

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- So, how do you approach the challenge of engaging physicians?

**Seek to understand them.**

## Seeking to Understand (Plan)

- Why *are* physicians the way they are?
- Innate personality or training?
- The way physicians are taught: From physician to physician...see one, do one, teach one...
- Many physicians will not listen to non-physicians (non-peers--related to years of education, advanced/specialized training?)
- Focus on quality needs to start in training of medical students and residents (mentors must recognize and emphasize the necessity of quality initiatives and of a *team approach* to patient care)

## Seeking to Understand (Plan)

- So physicians are the way they are—is there a way to change them (at least their behaviors)?
- ACGME has 6 “core competencies” (Patient Care, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-based Practice)
- Must be inherent in the culture of the organizations a physician joins (professional organizations, physician group practices, hospital systems) → Credentialing (Medical Staff)

## Approaching to Engage Physicians (Do)

- The rules are changing, and physicians may soon be forced to acknowledge the expertise of non-physicians in:
- Making sense of Provider Report Cards (competitive)
- Providing *physician-specific* data (not department, not group, not specialty); let the data speak for itself; show physicians how the data represent *their* patients (data-driven, intelligent)

## Approaching to Engage Physicians (Do)

- The rules are changing, and physicians may soon be forced to acknowledge the expertise of non-physicians in:
- Personalizing quality—patient stories like Josie King's (very busy, concise and relevant); physicians hate mistakes!
- Checking the bottom line (Utilization Review)-- non-payment for unproven care. They'll engage because they must.

## Approaching to Engage Physicians (Do)

Remember,  
Positive reinforcement is best;  
tattle as a last resort.  
Step-wise, towards engagement  
(discussed at end)

## What to Expect When Physicians Fail to Engage (Study, Act)

- Denial/Anger—“My data’s better than that!” or “If *that* is my data, it’s not because of *me!*” or “I’m not going to do it. Period.” Watch for disgruntled naysayers (saboteurs).
- Bargaining—“What I need to do what *you* want is...” (more staff, an integrated EMR, more hours in the day...)
- Acceptance/Resignation— “If everyone else is doing it, I guess I will. But I don’t have to like it!”

.... thanks & apologies to Kubler-Ross....

## What to Expect When Physicians Engage (or not)

- The price of non-engagement: continued failures in patient safety, wrong site surgery, placing blame, poor outcomes
- Doing the right thing: the cost of acceptance  
It may not cost much, but it *isn't without* cost. Acknowledgement that what we’ve been doing could have been done better.
- What happens when physicians get involved: culture shock, cultural change, cultural transformation

## Step-wise, Towards Engagement (Do)

- List and discuss potential strategies for engaging physicians in quality initiatives.

## Step-wise, Towards Engagement (Do)

- Acknowledge the value of physician experience
- *Invite* physicians to participate
- Include physicians *early* (i.e., from the beginning!)
- Identify a physician *champion* (respected peer, passionate physician leader, “fire-starter”)

## Step-wise, Towards Engagement (Do)

- Communicate (both ways) *throughout* the process
- *Listen* to physician concerns and ideas
- Create trust, offer rewards, demand accountability

## Step-wise, Towards Engagement (Do)

- Build *partnerships* (quality department, administration, non-physician and physician colleagues) through collegial interactions
- Create culture change together
- *Share* the credit for improved outcomes

## Audience Participation

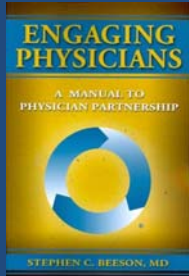
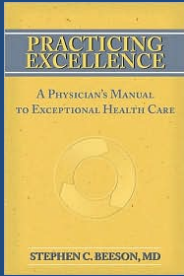
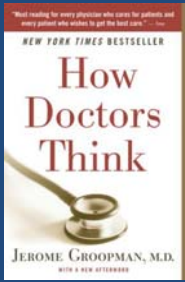
### Part 2

List and discuss strategies you have utilized for engaging physicians in quality initiatives.

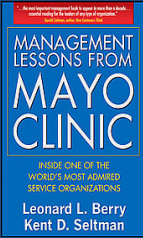
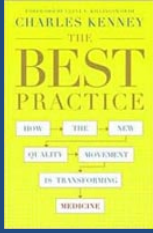
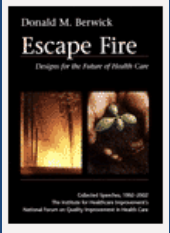
## Audience Participation

### Part 2

What have you and your organization tried to engage physicians in your organization's quality efforts?



# Reading List



## References & Reading List

- ***Practicing Excellence, A Physician's Manual to Exceptional Health Care***—Stephen Beeson, MD. Fire Starter Publishing. Gulf Breeze, Florida; 2006.
- ***Engaging Physicians, A Manual to Physician Partnership*** —Stephen Beeson, MD. Fire Starter Publishing. Gulf Breeze, Florida; 2009.
- ***Influencer, The Power to Change Anything***—Kerry Patterson, et al. McGraw-Hill. New York, New York; 2008.
- ***How Physicians Think*** —Jerome Groopman, MD. Houghton Mifflin Company. New York, New York; 2007.

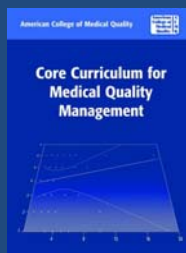
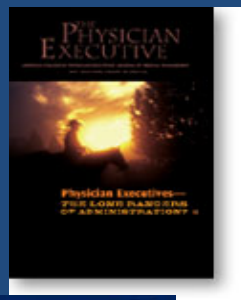
## References & Reading List

- ***Engaging Physicians in a Shared Quality Agenda***—IHI Innovation Series white paper, Reinertsen JL, Gosfield AG, Rupp W, Whittington JW. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2007.
- ***Chapter 4: Engaging Physicians***—Robert Woods Johnson Foundation, from Section 2 of *The Transforming Care at the Bedside (TCAB) Toolkit*; Christopher Ng, MD; 2008.
- ***Physician Quality Officer: A New Model for Engaging Physicians in Quality Improvement***--Walsh KE, Ettinger WH, Klugman RA. *Am J Med Qual* 2009;24(4):295-301.

## Supplemental Reading List

- ***Good to Great and the Social Sector***—Jim Collins. HarperCollins Publishers, Inc. New York, New York; 2005.
- ***Escape Fire***—Donald Berwick, MD. John Wiley & Sons, Inc. San Francisco, California; 2004.
- ***The Best Practice***—Charles Kenney . Public Affairs, Perseus Books Group. New York, New York; 2008.
- ***Management Lessons from the Mayo Clinic***—Leonard Berry, MD and Kent Seltman, MD. McGraw Hill, New York, New York; 2008.
- ***Medical Quality Management Theory and Practice***—ACMQ, Prathibha Varkey, MD, Editor. Jones and Bartlett Publishers. Sudbury, Massachusetts; 2010.

## Supplemental Reading List



Must-See VIDEO→



## Supplemental Reading List

- *American Journal of Medical Quality*—ACMQ
- *Journal for Healthcare Quality*—NAHQ
- *The Physician Executive Journal of Medical Management*—ACPE
  
- *The Josie King Story (video)*—from Sorrell King's speech to IHI Conference; The Josie King Foundation; 2002.