Engaging Physicians in Quality Improvements
By Eric Lister, M.D.

Eight key strategies help motivate physicians to take part in quality initiatives.

Increasingly--finally, many would say--hospitals are taking the twin problems of health care safety and health care quality much more seriously. In large measure, we can thank leading organizations such as the Institute of Medicine, the National Quality Forum and the Institute for Healthcare Improvement. These organizations have provided leadership from within the provider community.

The quality movement has received a major boost from the payer community, which is increasingly refusing to accept current error rates and outcomes. Led by the Leapfrog Group and CMS, we are confronting, with pay for performance (P4P), a dramatic reinvention of reimbursement strategies. Rather than simply reflecting volume, RVUs or DRGs, payment will be linked directly to quality and safety.

All too often, however, a lack of physician engagement makes progress difficult. Physicians have grown disenchanted with hospital regulations and lower reimbursement, and tend to focus elsewhere--on their own practices, or on balancing work with family life. Fortunately, hospital leaders have tools at their disposal to entice physicians to take an active role in improving safety and quality.

The Physician's Point of View

As individuals earning wages in the top 5 percent--sometimes the top 0.5 percent--of Americans, physicians do not readily qualify for boundless sympathy. But hospital leaders should not be quick to judge physicians who choose to be uninvolved in hospital quality projects.

Older physicians have seen the world change under their feet. Administrative, regulatory and legal complexities have made ambulatory practice as complex as hospital practice used to be. The public is demanding more. Payers are reimbursing less. Social status has fallen. For many physicians, the advent of hospitalists and mushrooming of outpatient facilities for procedural care mean that hospitals are not nearly as necessary as they once were. No longer a home, the hospital has become a commodity, one bristling with burdensome expectations.

While younger physicians are less upset over the way medical practice has changed, these more recent graduates are much more reluctant than their elders to feel institutional commitment, volunteer time or serve in leadership roles. Focused much more than any other generation on work-life balance, they often tell us that they simply want to do their work, then go home.

In addition, physicians young and old are often affronted by discussions of the quality problems in American health care.
medicine, taking these criticisms personally, rather than as statistical evidence of widespread problems. This can give rise to feeling victimized rather than energized by the quality and safety movement.

**Hospital Strategies for Success**

Given the relentless pressure to demonstrate real change--to insurers, to payers, to the public--hospital leaders urgently need to penetrate these barriers of distraction, disinterest and defensiveness. Nine key strategies are offered below.

**Understand.** Be careful not to blame your physicians. We know that most quality and safety problems are system problems, not instances of individual incompetence. Eschew “witch hunt” approaches in favor of building better systems. Physicians, too, will see their reimbursement shift to P4P, so help them get ready.

**Learn together.** With very few exceptions, physicians are committed to doing the right thing. Older physicians, particularly, have not been taught statistical approaches, do not appreciate the power of system solutions and are suspect of what engineers call “process control.” But they can learn. The power of having skeptical physicians attend a national quality conference cannot be overstated. Credible experts who visit your institution for extended workshops can also make a difference. Engage the public to teach your staff--including physicians--about the critical importance of communication.

**Win loyalty through service and outreach.** When asked what they want from their hospitals, physicians talk about the basics. They want a hospital where nurses are friendly and competent. They want to be able to get patients admitted and tested without hassle. They want operating rooms that turn over quickly. And physicians want to be included--in strategic planning, in recruitment decisions, in capital allocation decisions. Unless hospitals provide service and inclusion, physicians are reluctant to become allies of the hospital. Many institutions have increased physician engagement by hiring staff to visit physicians in their offices with the simple agenda of asking: “How can we help?”

**Don’t aim for 100 percent engagement.** While the strategies above are directed toward improved relationships with all your physicians, we know in practice that not all physicians are equally likely to be engaged. Some may have deep antagonisms to the hospital or significant competitive interests. Don’t waste time trying to get everyone on board. The quality and safety journey is not one in which the weakest link defines the strength of the chain. Offer everyone an opportunity, but work most actively--and preferentially--with the physicians who will join you in making profound commitments to quality and safety. This is not unfair or arbitrary “favoritism.” It is simply good sense, good business and good health care.

**Use medical directors.** Most hospitals have medical directors on their high-intensity and high-acuity units such as the ED. Although corporate compliance requires that there be duties to substantiate stipends, these duties are seldom spelled out with any rigor, and it is quite rare that these duties involve driving exemplary levels of quality and safety. Leading hospitals have learned how to “induct” medical directors into the management structure, teaching them skills and articulating clear accountabilities for driving quality and safety.

**Use exclusive contracts and employment vehicles.** Increasingly, physicians are seeking employment relationships and hospitals are engaging in exclusive contracts to ensure they have essential services such as anesthesia. Both of these business arrangements offer perfect opportunities to indoctrinate physicians into the quality imperative while embedding rigorous expectations for quality.

**Mobilize your board.** The moral authority of the board has a powerful impact on physicians. While physicians are often mistrustful of administrative initiatives, there tends to be a much greater deference to the governing body. For this reason, board committees and task forces are likely to engender interest and commitment from physicians.
Use physician time wisely. Many physicians with an interest in administrative matters have been disillusioned by one ineffective meeting after another. Make sure that your quality-focused committees and task forces are well-run, focused and time-limited. When you can guarantee that time will be well-spent, it is vastly easier to gather volunteers.

Make an unwavering commitment. Quite understandably, physicians cast a jaundiced eye toward the “administrative program du jour.” Be very careful in how you describe your commitment to quality. If it sounds like yet another fad, expect no participation. If the passion of involved leaders rings true in a consistent and persistent way, you will attract the attention of your physicians as well as their curiosity, energy and respect.

There is very little that compares in importance to the drive for quality and safety in American medicine. Success calls for uncommon levels of physician-administrative collaboration, and the ideas outlined above should help readers begin their work toward building that essential partnership.

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Physician and workforce engagement is one of the eight dimensions of quality identified by the AHA Quality Center, a resource created to assist hospitals in accelerating their quality improvement processes. Further information can be found at www.ahaqualitycenter.org.

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