Physician Engagement in Quality and Safety
What does physician engagement in quality and safety mean to you?

Who do you want involved and how do you want them involved?

What would the ideal world look like to you when it comes to physician involvement?
“Our task is not to fix the blame for the past but to fix our course for the future.”

– John F. Kennedy

This is not an exercise in blaming leadership, society or physicians for the present situation but an attempt to understand it so that we can move forward.
Engaging Physicians
The Challenges

- Cultural Issues
- Training/Education Issues
- Structural Issues
- Leadership
Culture

- Autonomy
- Highly trained Individuals
- Mental models
- Solely focused on the individual patient in front of them and not on a population
- Small numbers “problem” when it comes to patient safety and quality
- Blame and shame culture in society and health care
- Old compact
- Aversion to information technology??
Training/Education Issues

- The focus is on technical training and clinical conditions
- The training centers on an individual patient
- Limited instruction on working in a system
- Limited teamwork training
- Limited human factors training
- Limited training on system thinking
- Limited statistical training
- Limited understanding in regards to clinical processes and outcomes measurement
Structural / Process Issues

Health care organizations:

- Have limited information systems
- Have poor understanding of information management
- Lack robust measurements that are meaningful to physicians
- Physicians are too busy / time constraints
Structural / Process Issues

- Physicians are not compensated for helping to reduce financial pressures
- Poor knowledge management support systems (Hard to keep up with the known science)
- Malpractice issues (USA especially)
- Legal constraints versus aligned financial incentives
- Three-part power structure with archaic divided responsibilities (Board, MAC, Administration) based on a wrong theory of quality
Leadership:
Quality and Safety Are Not Seen as the Business Drivers of Healthcare

- Administration doesn’t have a compelling argument for physician involvement
- Poor communication / listening skills to make a compelling case for a specific change; perception of lack of leadership commitment to quality and safety
- Limited ability to create and foster alignment relationships and values
Leadership

- The power problem: Admin leaders often seem to want it both ways — get the doctors engaged in quality, but keep them out of the major decisions

- Improvement viewed as a “project” or, worse, a series of science projects unconnected to the real business needs

- Leadership lacks understanding about system thinking
Leadership

- Change is imposed – Perception of lack of involvement with front line physicians in the organizational decision making process

- Lack of models for spread and innovation; limited understanding of innovation spread and leadership roles

- Quality Improvement Initiatives with doctors not involved from the outset

- Limited understanding about physician needs to support their work
In order to engage physicians in quality, what must change about our patterns/culture, structures, and processes, and how should leaders go about changing those things?
New Culture

- Create a just learning culture including clarification of accountability
- Create a culture of collaboration by developing a shared vision – involve senior medical staff at the outset
- Create a new doctor compact
- Create transparency
Leadership

Develop Physician Champion

(…allow adequate time for them to do the work by providing financial support…)
Physician Champion

Choose a physician champion who has early adopter characteristics

- Respected as a Physician
- Good at communicating
- Willing to stand up when needed (has courage)
- Good social skills and relationships
Physician Champion

Be sure you have a physician champion who can:

– Make the case for the change
– Show potential gaps in performance
– Constantly communicate your message in multiple ways to multiple groups
– Recognize that when you talk with one physician you have talked to “one physician”
Supporting Physician Champion

You need to keep her / him informed

You have to have clear alignment and support (no waffling when a heavy producer starts to squawk)

You need to pay him/ her for their time