

Developing an Action Plan for *Physician Engagement*

ARcare Leadership
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- Introductions
- Provider Engagement
- Strategies for Success
- Feedback
- Break
- Survey Results
- Action Planning
- Lunch

Source: <https://subtracers.com/subtracers-blogs/>



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The hospital CEO's most important job is developing and nurturing good medical staff relationships.



Source: Personal conversation with John Sheehan, CPA, MBA



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- I'm honored to be a rural family physician
- We will discuss over 1 million individuals
- Stereotyping is inherently unfair
- Will you allow me some latitude?



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*We have met the enemy,
and they are ours.*

Oliver Hazard Perry



*We have met the enemy,
and he is us.*

Walt Kelly

CEO Quotes

- This job would be a helluva lot easier if it weren't for those damn physicians.
- They've got pediatric personalities!
- I'm going to drive that SOB out of town.
- The medical staff meeting will be held at the local hotel – we don't want blood on our conference room walls.

Or...

- **I'm blessed by my physicians.**



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- Ubiquitous and longitudinal
- Pervasive and persistent
- Important now more than ever due to shared risk
 - ACO performance measures are primary care
 - Physicians deliver healthcare quality
 - Physicians drive healthcare costs
- Will discuss “physicians,” but “providers” is also appropriate (and I’d argue most clinicians)

Source: https://www.huffingtonpost.ca/nadia-alam/oma-physicians-services-agreement_b_11310200.html



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Physician Engagement:

Proactive physician involvement and meaningful physician influence that lead the organization toward a shared vision and a successful future.

- Although a cultural phenomenon, physician engagement is also:
 - Observable
 - Measurable
 - Improvable

Source: <http://www.markhastings.net/relocation.htm>



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- Culture is a hidden yet unifying theme that provides meaning, direction, and mobilization.
- Culture is the residue of success.
- **What we do; what we believe.**
- Thus, culture is *measurable*
 - Measurement focuses attention
 - Attention is currency of leadership
- Physician engagement is a manifestation of a culture

Sources: Kilman, Sexton, Serpa, 1985 and Edgar Schein, 1999



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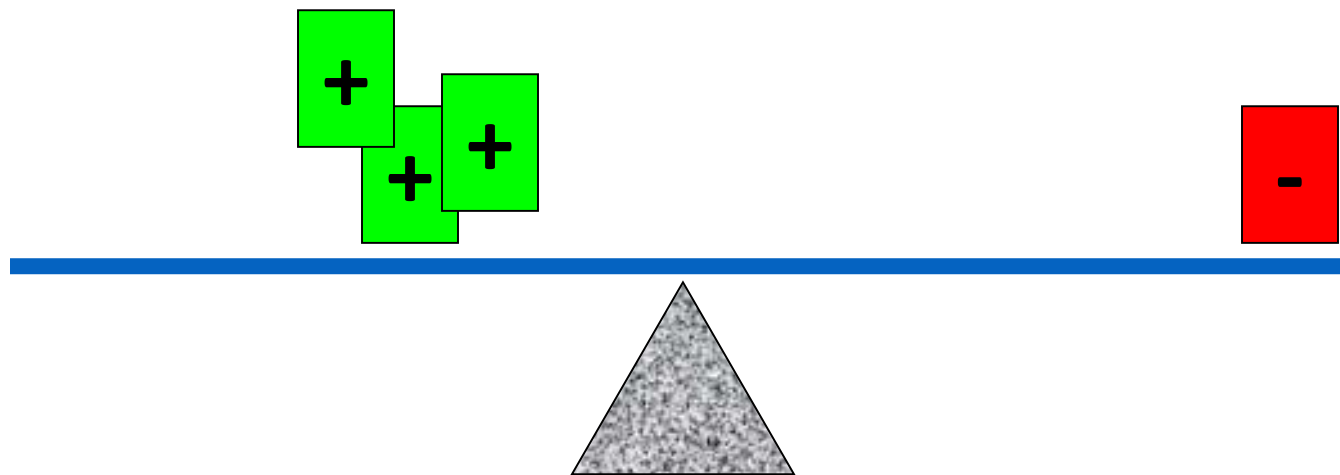
- It's hard to change others
- It's easier to change *your reaction* to others!
- Leadership – people follow because they want to, not because they have to
- Consider physicians (and all knowledge workers) as volunteers
- Remember: it's all about, and always about, relationships built on **trust**

Source: https://www.thetransition.org/site_expectations



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Physician

Doer
Solution-oriented
1:1 interaction
Always “on”
Decision-maker
Autonomous
Patient advocate
Professional ID
Immediate gratification

Administrator

Planner/designer
Process-oriented
1:N interaction
Some down-time
Delegator
Collaborative
Organization advocate
Organizational ID
Delayed gratification

Source: Adapted from “The Dual Role Dilemma,” by Michael E. Kurtz, MS

- Physician/Administrator differences
- Unrealistic expectations
- No measurement
- No action plan
- No follow-up
- And leadership fatigue

Source: <https://www.fintechsv.com/blog/vcchat-venture-capital-challenges-with-aligned-partners-ulu-ventures/>

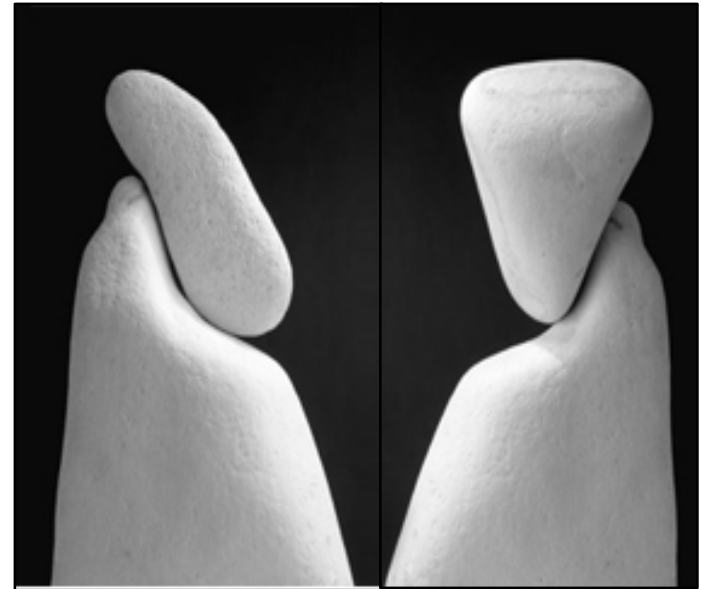
(Compare the “task” of physician engagement to the “process” of building a new clinic!)



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- What has been most challenging when engaging providers?
- What barriers to provider engagement have been most vexing?
- What tactics seem to engage providers?
- What has sustained you during the battles?



- Engagement does not happen by accident!
- Detailed action plan
 - Measures, accountabilities, resources, timeline, due dates
 - ***Be realistic*** – this is tough, but important work!
- Measures
 - Governance
 - Education
 - Compensation
 - Data
 - *Relationships* (measurable?)

Source: <https://www.safeaccessnow.org/washington>



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- ❑ Find mutual interest
- ❑ Manage meetings
- ❑ Nurture leadership
- ❑ Communicate up/down
- ❑ Monitor your progress

Source: <https://imgflip.com/memetemplate/14860786/Success-Baby>



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- ❑ Develop a philosophy of mutual benefit / shared vision
- ❑ Keep the hidden agenda out
- ❑ Solicit meaningful physician input early and often, and then act on it
- ❑ Engage physicians in balancing business and patient priorities
- ❑ Set realistic goals together, go for early wins, celebrate!



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- ❑ Ask, “Is a meeting necessary?”
- ❑ Schedule meetings and select venues appropriately
- ❑ Consider meeting goal(s)
- ❑ Plan and distribute an agenda
- ❑ Differentiate action and discussion
- ❑ Involve physicians in strategic and capital planning
- ❑ Delineate next steps, and always follow-up as promised

- ❑ Identify, mentor, and educate physician leaders
- ❑ Invest in physician leaders
- ❑ Reward physicians in ways they value
- ❑ Attend a leadership conference together
- ❑ Get to know physicians on a personal level – meet one-on-one

Source: Adapted from: LeTourneau, B. From Co-opetition to Collaboration. *Journal of Healthcare Management*. 49:3. May/June 2004.



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During times of change, leaders should triple their efforts at communication

Peter Drucker

- ❑ Ask how, when, and where
- ❑ Multiple media, multiple times
- ❑ Get out and about (MBWA)
- ❑ Provide data transparency, but do not overstate discrete measure importance

Data should be

- Accurate
 - Relevant
 - Comparative
 - Benchmarked
 - Unblinded
 - Transparent
 - And fit within a clear and well-communicated vision
- If we use inaccurate or irrelevant data →
“It’s wrong.”
 - If we provide no comparisons (internal and/or external) →
“We’re unique.”
 - If we present blinded data →
“That’s not me.”

- Although cultural, personal and organizational behaviors are key to success.
- Spreadsheet is a tool only, and it is more objective than it should be.
- Not for comparing administrators!
- What additional domains might assess provider engagement culture?

Measure Domains

Governance

Compensation

Education

Data

Others?

A Spreadsheet to Assess Progress

Domain	Activity	Beginning	Progressing	Intermediate	Advanced	Weighted Percent
Governance	1 Board Participation	<input type="checkbox"/> Providers do not attend hospital Board meetings	<input type="checkbox"/> Providers attend hospital Board meetings as ex-officio (non-voting) members	<input type="checkbox"/> Providers are voting hospital Board members, but represent less than 25% of Board	<input type="checkbox"/> Providers are voting hospital Board members, and represent greater than 25% of Board	0%
	2 Provider Leadership	<input type="checkbox"/> Hospital does not engage a CMO (or similar)	<input type="checkbox"/> Hospital engages a CMO (or similar) <0.5 FTE per 30 active providers	<input type="checkbox"/> Hospital engages a CMO (or similar) 0.5-1.0 FTE per 30 active providers	<input type="checkbox"/> Hospital engages a CMO (or similar) >1.0 FTE per 30 active providers	
	3 Strategic Planning	<input type="checkbox"/> Provider serves as Chief of Staff or similar position	<input type="checkbox"/> Provider(s) lead clinical committees	<input type="checkbox"/> Providers occasionally participate in hospital strategic and capital planning	<input type="checkbox"/> Specific process ensures active provider participation in strategic and capital planning	
	4 CEO/Provider Meetings	<input type="checkbox"/> CEO meets with individual providers only with specific agenda	<input type="checkbox"/> CEO meets regularly and informally with select individual providers	<input type="checkbox"/> CEO meets with all providers individually every 3-12 months	<input type="checkbox"/> CEO meets with all providers individually at least every 3 months	
	Subtotals	0	0	0	0	
Compensation	5 Quality Compensation	<input type="checkbox"/> Provider compensation is not based on care quality	<input type="checkbox"/> <15% of provider compensation based on care quality	<input type="checkbox"/> 15%-50% of provider compensation based on care quality	<input type="checkbox"/> 15%-50% of provider compensation based on quality, satisfaction, and efficiency (e.g., cost savings)	0%
	6 Committee Compensation	<input type="checkbox"/> Providers do not receive additional compensation for committee work	<input type="checkbox"/> Providers receive less compensation (per hour) for committee than clinical work	<input type="checkbox"/> Providers receive equal compensation (per hour) for committee than clinical work	<input type="checkbox"/> Providers receive greater compensation (per hour) for committee than clinical work	
	7 Leadership Compensation	<input type="checkbox"/> Hospital does not engage a paid CMO (or similar)	<input type="checkbox"/> CMO (or similar) receives less compensation (per hour) for leadership than clinical work	<input type="checkbox"/> CMO (or similar) receives equal compensation (per hour) for leadership than clinical work	<input type="checkbox"/> CMO (or similar) receives greater compensation (per hour) for leadership than clinical work	
	Subtotals	0	0	0	0	
Education	8 Leadership Education	<input type="checkbox"/> Hospital does not engage a CMO (or similar)	<input type="checkbox"/> The CMO (or similar) does not have a management degree or certification	<input type="checkbox"/> The CMO (or similar) has a management degree or certification not paid for by hospital	<input type="checkbox"/> The CMO (or similar) has a management degree or certification paid for by hospital	0%
	9 Provider Education	<input type="checkbox"/> Hospital does not support or encourage management education	<input type="checkbox"/> The hospital encourages management education for select providers, but no financial support	<input type="checkbox"/> The hospital funds management education <\$2,000 per year for select providers	<input type="checkbox"/> The hospital funds management education >\$2,000 per year for select providers	
	Subtotals	0	0	0	0	
Data	10 Data Type	<input type="checkbox"/> Hospital does not provide performance data to providers	<input type="checkbox"/> Hospital provides 1 of 3 domains (quality, satisfaction, or cost) data to providers	<input type="checkbox"/> Hospital provides 2 of 3 domains (quality, satisfaction, or cost) data to providers	<input type="checkbox"/> Hospital provides all 3 domains (quality, satisfaction, and cost) data to providers	0%
	11 Data Aggregation	<input type="checkbox"/> Hospital does not provide performance data to providers	<input type="checkbox"/> Hospital provides data aggregated to the entire medical staff	<input type="checkbox"/> Hospital provides data aggregated by specialty or another medical staff division	<input type="checkbox"/> Hospital provides unique and individual provider data with peer group benchmarks	
	12 Data Frequency	<input type="checkbox"/> Hospital does not provide performance data to providers	<input type="checkbox"/> Hospital provides provider performance data yearly	<input type="checkbox"/> Hospital provides provider performance data quarterly	<input type="checkbox"/> Hospital provides provider performance data monthly	
	13 Data Format	<input type="checkbox"/> Hospital does not provide performance data to providers	<input type="checkbox"/> Hospital presents performance data as tables or spreadsheets	<input type="checkbox"/> Hospital presents performance data as tables or spreadsheets and charts	<input type="checkbox"/> Hospital presents performance data as charts with peer group and/or national benchmarks	
	Subtotals	0	0	0	0	



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<u>Domain</u>	<u>Activity</u>	<u>Beginning</u>
Governance	1 Board Participation	Physicians do not attend HCO Board meetings
	2 Physician Leadership	HCO does not engage a CMO (or similar)
	3 Strategic Planning	Chief of Staff or other physicians do not participate in strategic planning
	4 CEO/Physician Meetings	CEO meets with individual physicians only with specific agenda

A Spreadsheet to Assess Progress

Beginning

Progressing

Intermediate

Advanced

<input type="checkbox"/> Physicians do not attend HCO Board meetings	<input type="checkbox"/> Physicians attend HCO [#] Board meetings as ex-officio (non-voting) members	<input type="checkbox"/> Physicians are voting Board members, but represent less than 25% of Board	<input type="checkbox"/> Physicians are voting Board members, and represent greater than 25% of Board
<input type="checkbox"/> HCO does not engage a CMO (or similar)	<input type="checkbox"/> HCO engages a CMO (or similar) <0.5 FTE per 30 active physicians	<input type="checkbox"/> HCO engages a CMO (or similar) 0.5-1.0 FTE per 30 active physicians	<input type="checkbox"/> HCO engages a CMO (or similar) >1.0 FTE per 30 active physicians
<input type="checkbox"/> Chief of Staff or other physicians do not participate in strategic planning	<input type="checkbox"/> Chief of Staff participates in strategic planning	<input type="checkbox"/> Physicians occasionally participate in HCO strategic and capital planning	<input type="checkbox"/> Process ensures active physician participation in strategic and capital planning
<input type="checkbox"/> CEO meets with individual physicians only with specific agenda	<input type="checkbox"/> CEO meets regularly and informally with select individual physicians	<input type="checkbox"/> CEO meets with all physicians individually every 3-12 months	<input type="checkbox"/> CEO meets with all physicians individually at least every 3 months



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DOMAIN	DEFINITION
Mastery	Comprehensive knowledge of or skill in work: being good and getting better at what you do
Autonomy and power	Control over your own work and environment; power to control the work of others
Relatedness	Belonging to a team or organization; contributing to shared goals
Social purpose	Having a positive impact on customers (patients) and coworkers
Hygiene factor	Avoiding demotivation by reducing stress and anxiety, improving work-life balance, and making work easier
Financial motivators	Direct or associated financial reward for performing tasks, behaviors, or achieving performance targets

Source: Phillips-Taylor, M, Shortell, SM. More Than Money: Motivating Physician Behavior Change in Accountable Care Organizations. *Milbank Quarterly*. Vol. 94, No. 4, 2016.



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Mastery

Membership

Meaning

~ note that they all interact ~

Sources: Kanter, RM. Three things that actually motivate employees. *HBR*. October 23, 2103.
Bailis, R. Two simple, scientific approaches to motivational leadership. *Forbes*. October 29, 2014.
[Ariely TED talk](#)



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- Disruptive physician or employee
- Impaired employee – EAPs
- Hostile work environment
 - “... a work environment that would be intimidating, hostile, or offensive to reasonable people.”
 - Employer liability – legal and HR assistance
 - Mandatory training to prevent
- Behavior standards
 - Mirror organizational values; define specific behaviors
- Consistent application and due process

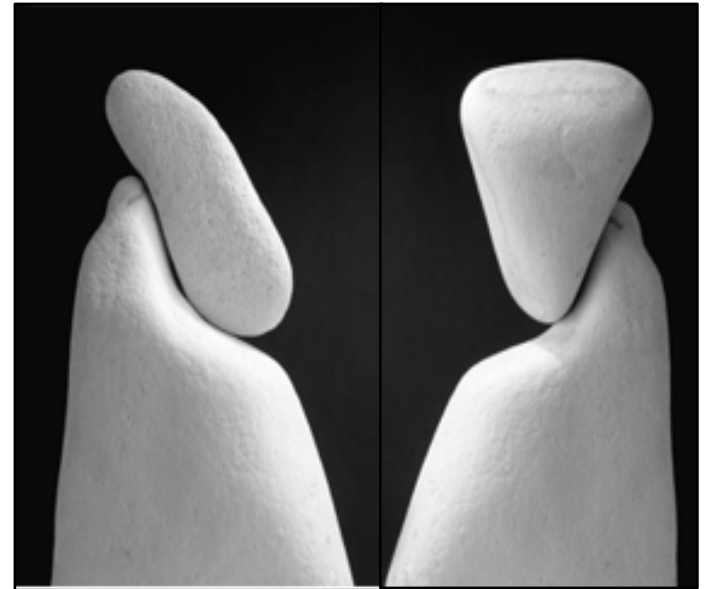
Source: http://www.keepcalmandposters.com/poster/4797548_keep_calm_and_behave_well



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- Give your brain, and your back side, a rest.
- “Sitting is the new smoking!”
- We’ve discussed
 - Provider engagement definition
 - Provider/administrator differences
 - Strategies to engage providers
- When we return, we’ll discuss ARcare provider engagement survey results
- Begin thinking about what the survey *misses*



To *quantitatively* assess provider engagement culture

- How do providers participate in organizational decision-making?
- How are providers compensated by the organization?
- How does the organization support physician leadership education?
- What data does the organization provide to providers?

Source: <http://empleo.gijon.es/noticias/show/>



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- Online survey of ARcare leadership
- August/September 2018
- 14 responses to 22 survey invitations (64% response rate)
- Survey inquired about ARcare provider engagement in four domains
 - Governance
 - Compensation
 - Education
 - Data



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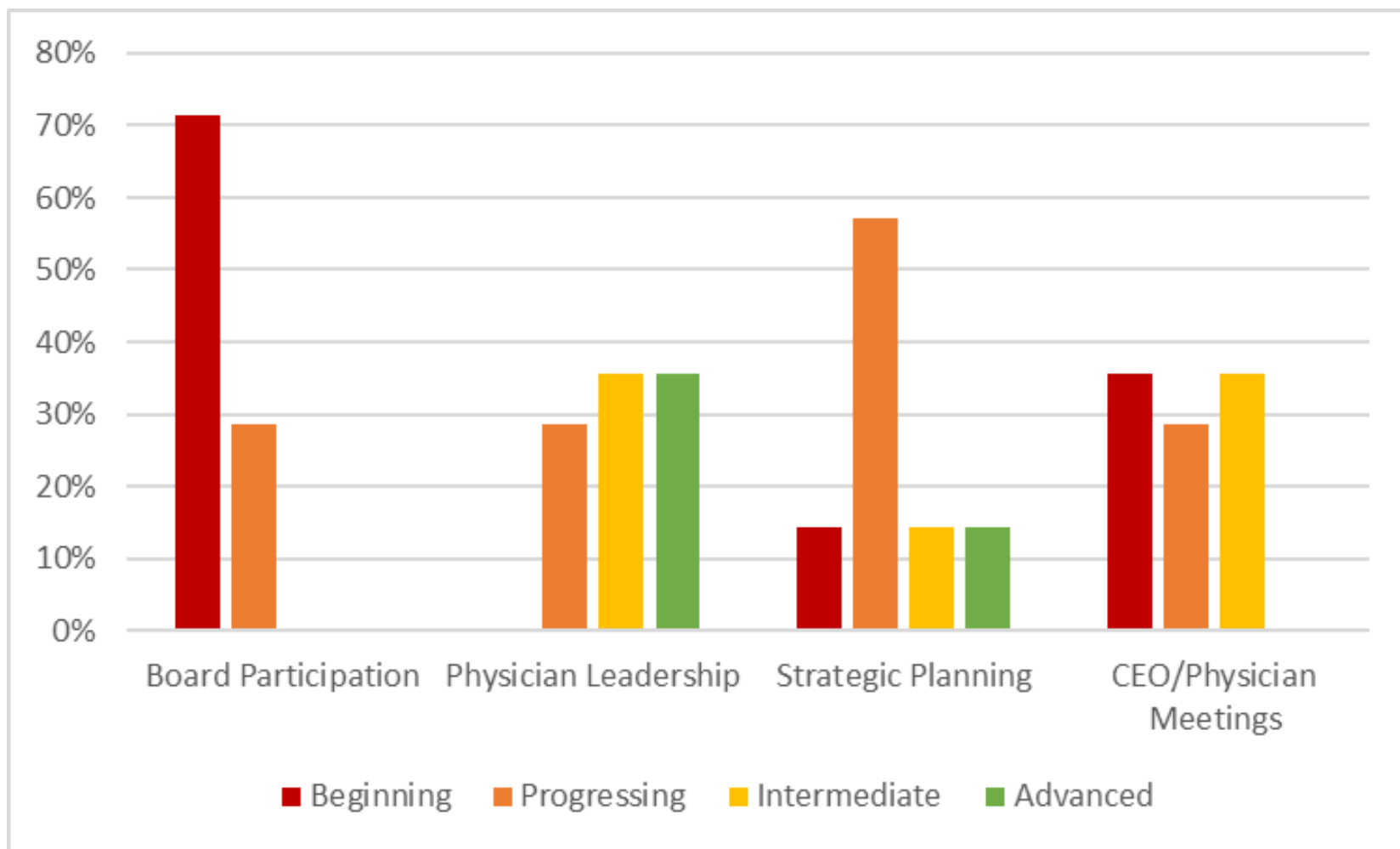


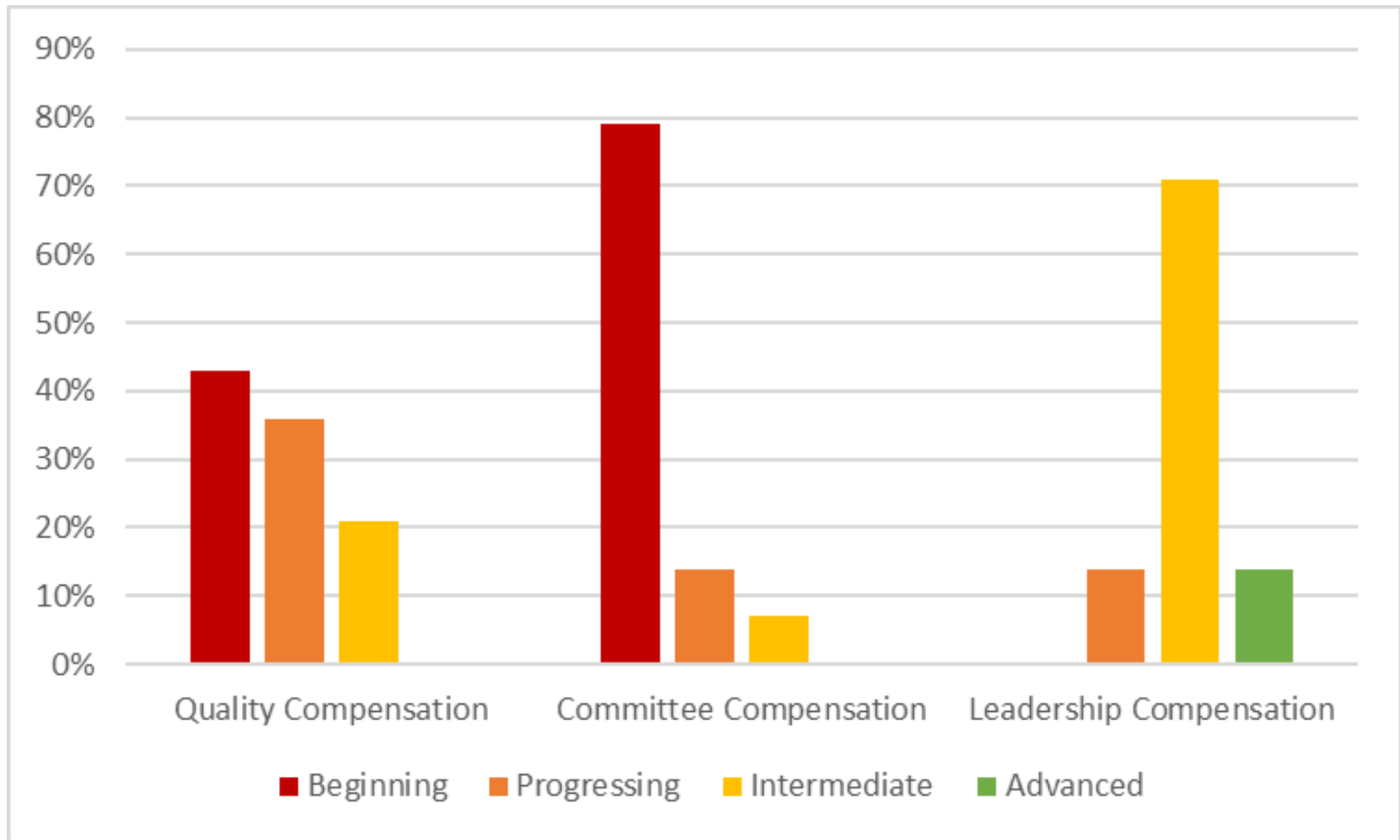
- Governance
 - Board participation
 - Physician leadership
 - Strategic planning
 - CEO/provider meetings
- Compensation
 - Quality compensation
 - Committee compensation
 - Leadership compensation
- Education
 - Leadership education
 - Physician education
- Data
 - Data type
 - Data aggregation
 - Data frequency
 - Data format

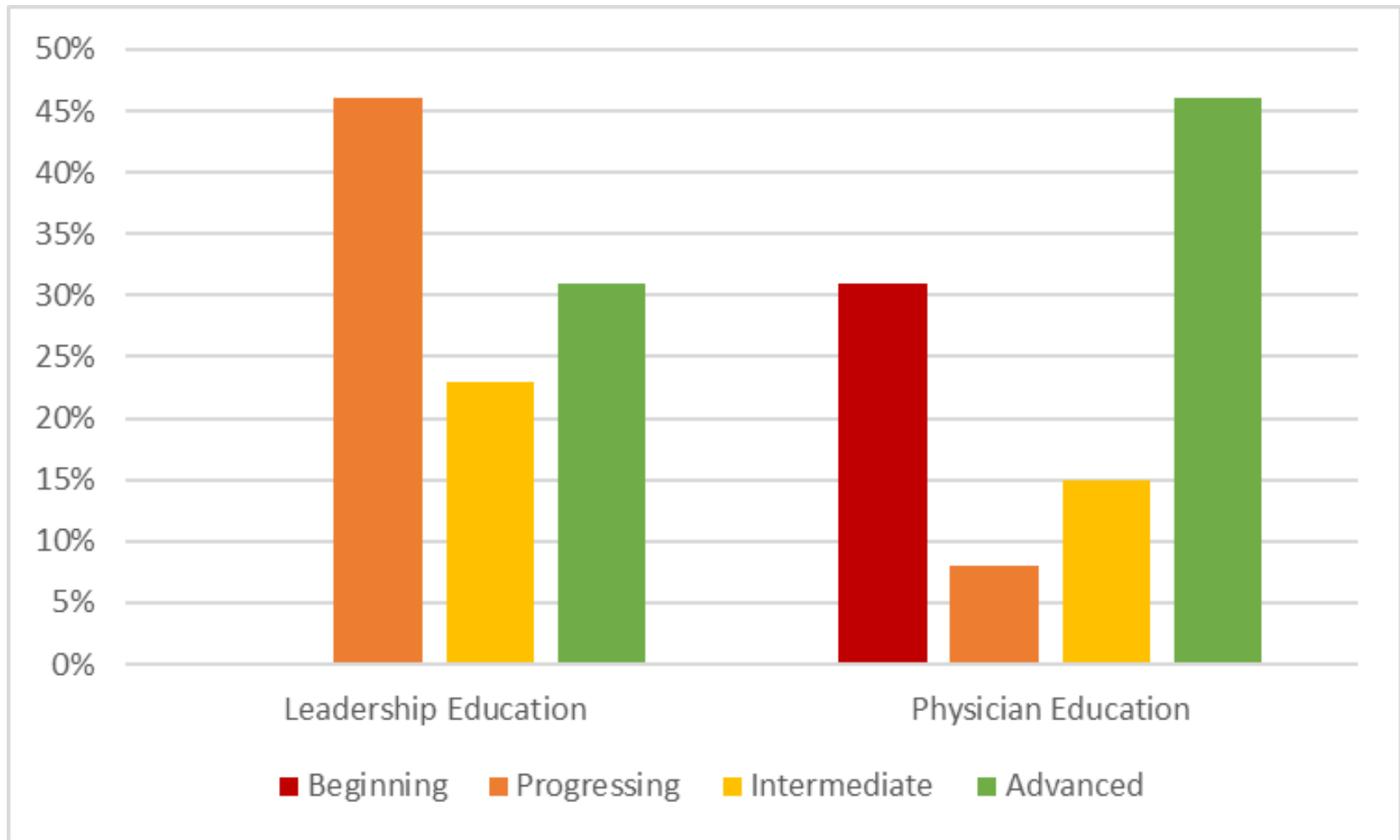


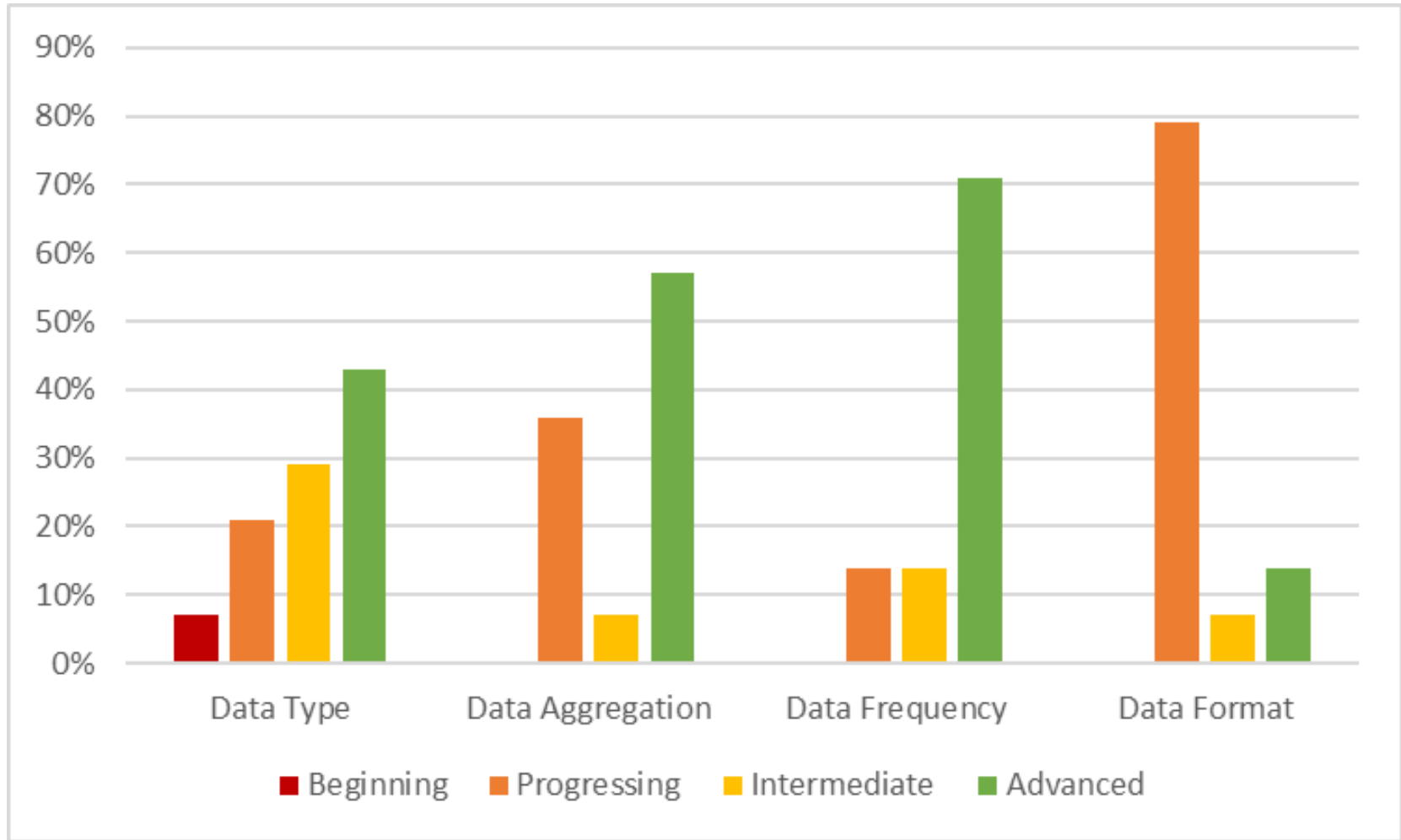
- We assume the organization's mission focus is *value*
 - Higher quality
 - Improved satisfaction
 - Lower cost
- Survey's purpose is to assess objective (i.e., measurable) *organizational* behaviors
- If the goal is *trust*, then less measurable factors are also at play.
- Thus, survey is incomplete.

CONTEXT
MATTERS









- Why might provider engagement be important to ARcare's future success?
- The survey responses vary fairly significantly by the individual. What might that mean?
- What is the difference between provider performance and provider engagement? Why is that difference important?
- Let's assume the survey measures important organizational policies. Where is ARcare performing best? How do we know that?
- When assessing provide engagement, what does the survey miss?
- What are the opportunities to engage providers more fully?
- If improved provider engagement is desired, what should ARcare leaders do next?



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**Physicians can be
astonishing allies**

Starts and ends with **relationships**
built on **trust**

- Trust – engages the mind
- Truth – engages the heart
- Teamwork – realizes the vision



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- Silverson, J and Kornacki, MJ. *Leading Physicians Through Change – How to Achieve and Sustain Results*. 2000.
- Kurtz, ME. The dual role dilemma. *The Physician Executive*. 1988.
- The Advisory Board. <https://www.advisory.com/topics/physician-issues/physician-engagement>



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- ✓ Rural Health Value Project
<https://ruralhealthvalue.org>
- ✓ Rural Policy Research Institute
<https://www.rupri.org>
- ✓ The National Rural Health Resource Center
<https://www.ruralcenter.org/>
- ✓ The Rural Health Information Hub
<https://www.ruralhealthinfo.org/>
- ✓ The National Rural Health Association
<https://www.ruralhealthweb.org/>
- ✓ The National Association of Community Health Centers
<http://www.nachc.org/about-nachc/>



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