Developing an Action Plan for *Physician Engagement*

ARcare Leadership
Little Rock, Arkansas
September 14, 2018

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Clinical Associate Professor
College of Public Health
University of Iowa
Agenda

• Introductions
• Provider Engagement
• Strategies for Success
• Feedback
• Break
• Survey Results
• Action Planning
• Lunch

Source: https://subtracers.com/subtracers-blogs/
The hospital CEO’s most important job is developing and nurturing good medical staff relationships.

Source: Personal conversation with John Sheehan, CPA, MBA
Caveats

• 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?
We have met the enemy, and they are ours.

We have met the enemy, and he is us.

Oliver Hazard Perry

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.
History of the Physician Engagement Problem

- 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
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](http://www.markhastings.net/relocation.htm)
Culture

• 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
Expectations When Engaging Providers

• 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
The Balance of Trust
## Never the Twain Shall Meet?

<table>
<thead>
<tr>
<th><strong>Physician</strong></th>
<th><strong>Administrator</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Doer</td>
<td>Planner/designer</td>
</tr>
<tr>
<td>Solution-oriented</td>
<td>Process-oriented</td>
</tr>
<tr>
<td>1:1 interaction</td>
<td>1:N interaction</td>
</tr>
<tr>
<td>Always “on”</td>
<td>Some down-time</td>
</tr>
<tr>
<td>Decision-maker</td>
<td>Delegator</td>
</tr>
<tr>
<td>Autonomous</td>
<td>Collaborative</td>
</tr>
<tr>
<td>Patient advocate</td>
<td>Organization advocate</td>
</tr>
<tr>
<td>Professional ID</td>
<td>Organizational ID</td>
</tr>
<tr>
<td>Immediate gratification</td>
<td>Delayed gratification</td>
</tr>
</tbody>
</table>

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

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

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

Break for Feedback

- 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?
Mindful Action

• 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
Strategies for Success

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

Source: https://imgflip.com/memetemplate/14860786/Su.../Success-Baby
Mutual Interest

- 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!
Meetings

- 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
Physician Leadership

- 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

Communication

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.”
Monitoring Progress

- 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

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

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

Motivations (Ian Montgomery)

Mastery

Membership

Meaning

~ note that they all interact ~

Sources: Kanter, RM. Three things that actually motivate employees. *HBR*. October 23, 2103.
Ariely TED talk
Behavioral Standards

- 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
• 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/
Provider Engagement Survey Details

• 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
Provider Engagement Survey Domains and Measures

• 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
Provider Engagement Survey Context

- 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.
Provider Engagement via Governance

- Board Participation
- Physician Leadership
- Strategic Planning
- CEO/Physician Meetings

Categories: Beginning, Progressing, Intermediate, Advanced
Provider Engagement via Compensation

- Quality Compensation
- Committee Compensation
- Leadership Compensation

- Beginning
- Progressing
- Intermediate
- Advanced

Clint MacKinney, MD, MS
Provider Engagement via Education

- **Leadership Education**
  - Beginning: 45%
  - Progressing: 20%
  - Intermediate: 15%
  - Advanced: 30%

- **Physician Education**
  - Beginning: 10%
  - Progressing: 15%
  - Intermediate: 20%
  - Advanced: 45%
Provider Engagement via Data

Data Type: Beginning 20%, Progressing 10%, Intermediate 15%, Advanced 55%

Data Aggregation: Beginning 30%, Progressing 25%, Intermediate 20%, Advanced 25%

Data Frequency: Beginning 10%, Progressing 20%, Intermediate 30%, Advanced 40%

Data Format: Beginning 5%, Progressing 15%, Intermediate 25%, Advanced 60%
Discussion Questions

• 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?
Engage Physicians!

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
Additional Resources


• The Advisory Board. [https://www.advisory.com/topics/physician-issues/physician-engagement](https://www.advisory.com/topics/physician-issues/physician-engagement)
Collaborations to Spread Innovation

- 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/