



## The Importance of Physician Engagement – An Interview with Dr. Paul Kleeberg

Dr. Clint MacKinney, from the Rural Health Value team, interviewed Dr. Paul Kleeberg on September 24, 2015, regarding physician engagement. For the past five years, Dr. Kleeberg has been chief medical informatics officer for Stratis Health, a nonprofit quality improvement organization based in Bloomington, Minnesota, and the clinical director for REACH, the Minnesota and North Dakota Regional Extension Assistance Center for HIT led by Stratis Health. In that role, Dr. Kleeberg worked with hundreds of rural physicians and healthcare organizations to support adoption and meaningful use of health information technology. Dr. Kleeberg is board certified in family medicine and has been in private practice in rural Minnesota and later in a large integrated delivery system. Dr. Kleeberg received his medical degree from Stanford University and completed his residency in family medicine at the University of Minnesota. He is a fellow in the American Academy of Family Physicians (AAFP) and in the Healthcare Information and Management Systems Society (HIMSS), where he has chaired the board of directors. Dr. Kleeberg is currently medical director for Aledade, Inc.

### **How do you define physician engagement?**

Physician engagement is a commonly used term, but it can be challenging to define. Simply stated, engaged physicians are those who are willing to help when needed. Physicians have traditionally engaged in the care of patients, but lately “physician engagement” has more to do with engagement with an organization. Engaged physicians in this sense are those who are committed to the organization’s mission, vision, and values, and are willing to go the extra mile for the team. They do what is needed and don’t leave the responsibility to someone else. Physicians are loyal to patients and can view anything that distracts them from that loyalty as an obstacle to care delivery. Engaged physicians understand that they are part of a team, and that being effective in today’s healthcare environment requires shared responsibilities. They see value in functioning as a team and can translate that value to enabling patients, or a population of patients, to receive better care. Physician engagement is more than just supporting an organizational strategy. Supporting strategy is not an active process, whereas physician engagement implies active involvement in the formation and implementation of strategy.

### **Why is physician engagement such a challenge?**

I believe there are three fundamental challenges to physician engagement. First, physicians and administrators have very different training. We physicians are taught to research a problem independently and then design a solution. During our mentoring process in hospitals and clinics, superiors quiz us in front of our peers. We learn that our patients’ lives depend on decisiveness. After training and in practice, our patients expect us to know what ails them and respond rapidly with a plan of action. This socialization through medical training and work experience reinforces a demand for physicians to reach conclusions quickly and independently. In contrast, administrative leadership requires team-based action. An administrator often delegates authority. Decision making generally need not be immediate, allowing more time for thoughtful consideration. When I was in practice, I found it very difficult to sit in meetings; the pace seemed so slow and a pile of work (phone calls, med refills,



referrals, return-to-work forms, lab results, etc.) needed completion before I could go home. Second, although physician payment changes are on the horizon, we still practice in a primarily fee-for-service world. No service, no fee. Unless organizations reimburse physicians equally for administrative work as for clinical work, it will be difficult to engage physicians. Just to make a point, I used to say that I was using my vacation time to go to meetings! Additionally, reimbursing physicians for their time, or recognizing physicians in other ways, conveys the message that their input is valued. If physicians do not feel that their time or input is valued, they will not participate. Third, physicians' schedules are not really theirs; emergencies happen, patients arrive late, or the operating room is backlogged. Thus engaging physicians can be challenging. It can be difficult to get them in a room together unless it is early morning. Lunch is usually reserved for catching up with morning calls, refills, and finishing notes.

### **What are the organizational barriers to physician engagement?**

One barrier is simply geography! Physicians and administrators often work in different settings and locations. This physical division can impede the casual communication so important to relationship building. Another barrier is that administrators may not wish to involve physicians in planning or decision making unless absolutely necessary. Although this inclination may come from a true respect for physicians' time, it is a mistake for two reasons. First, it is unlikely that an administrator will fully understand physicians' needs. Second, since physicians are socialized to be in control, they will want to know the rationale behind decisions made on their behalf. If the administrator knows physicians' needs well, it may only take a brief discussion with a physician(s) to hear concerns and answer questions. The poorer the communication between administration and physicians, the more likely there will be mistrust regarding decisions made without physician input.

### **What healthcare organization leadership characteristics lead to physician engagement?**

Physicians respond positively to a genuine interest in understanding physician issues and a respect for what physicians provide the organization. Some characteristics (or more accurately, behaviors) that administrators should employ include:

- Be visible, hang around the clinical areas, and seek both physician and staff input on issues. Listen intently.
- Demonstrate value in physicians' time, but be willing to involve physicians early in a decision-making process. If you are talking to physicians between patient visits, be sensitive to the patient schedule. Compensate physicians for the time invested in meetings and projects. Publicly recognize physicians for their input.
- Empower physicians who make suggestions by being open to new ideas and willing to explore options. Keep physicians informed regarding issues important to them.
- Be transparent with organizational performance data and decision-making processes. Recall that physicians are scientists. Valid and reliable data can be persuasive.
- Celebrate victories, even small ones, with public recognition and reward (if appropriate).

### **What is unique about healthcare organizations that engage physicians well?**

Health care organizations that treat physicians as equal members of the team are unique, and likely successful! In some instances, I've seen administrators who do not want to bother physicians because



they are so busy. In other instances, administrators may be reluctant to engage physicians because they fear pushback. Organizations that treat physicians as part of a team, involve them in major decisions (especially strategic planning and capital budgeting), honor their opinions, and respect their time will find it easier to engage physicians. Additionally, engaged physicians will be more respectful of the organization and the organization's goals. Organizations that engage physicians well are more pleasant places to work for physicians, administrators, and staff. Moreover, employee satisfaction is directly correlated with patient satisfaction. Thus, satisfied physicians result in satisfied patients. Mutual respect and a common set of goals make these organizations unique.

### **What data are important to physicians and how might these data engage?**

In a well-functioning organization, where physicians feel part of the team, they like to know how they are doing. Important data reflects how well physicians are managing their patients and how well physicians are achieving self-identified personal goals. Once appropriate performance data are identified, physicians appreciate recognition and appreciation for what they do well. In fact, recognition for making a positive difference may be more important to physicians than performance-based compensation. Compensation is important, but esteem is more so.

### **What role does physician compensation play in physician engagement?**

Compensation is important for time spent doing tasks for the organization. Since most physicians are paid for production, it is important to recognize that time spent in meetings, or time spent on process improvement, usurps patient care time; that is, revenue generation time. As the payment system transitions to payment for value, as opposed to payment for services, this may become less of an issue. But in today's fee-for-service world, it is important to compensate physicians for time spent assisting the organization. Yet, compensation alone will not engage physicians. Once again, the most important elements of physician engagement are mutual respect, openness, honest recognition for a job well done, and shared goals.

### **What tips you have for healthcare organization leaders committed to engaging physicians?**

The most important recommendation I would make is to be visible. Spend time on the hospital floors or in the clinic, and chat with physicians. Listen to their concerns. After listening carefully, and promising action (either explicitly or implicitly), always follow up. Keep physicians informed regarding the progress of promised changes. Invest your time and resources to be visible, listen, and follow through on promises.

### **What tips do you have for physicians committed to a healthcare organization's success?**

It is very difficult for physicians to understand the nature of administrative change. For us, when we wish to make a change for a patient, we write an order and magically it happens (usually). We also believe that the needs of our patients are very urgent, thus we can become frustrated when administrative "red tape" gets in the way of doing our job. It is important for physicians to understand that administrative processes are a lot more complicated than we might realize. Just as we wish to be heard when we express our concerns, it is also important for us to listen to leadership and understand their constraints. Physicians tend to see a problem, diagnose it, and design a solution. That is what we do every day in the hospital and clinics. The administrative process of problem recognition and solution



implementation is not so neat; many people and perspectives need consideration. Consequently, decisions take more time. It requires concerted effort on everyone's part to come up with a successful solution. To quote the Rolling Stones, "You can't always get what you want. But if you try some time, you just might find, you get what you need." That is the way to win-win.