Developing a Sustainable Physician Strategy

Kenneth H. Cohn, M.D., MBA, FACS
CEO, HealthcareCollaboration
ken.cohn@healthcarecollaboration.com
http://healthcarecollaboration.com
978-834-6089

Overview

• Physician engagement
• Case presentation: Cultural transformation
• Independent vs. employed physicians
• Preparing for Accountable Care Organizations
• Ten steps toward building a sustainable physician strategy

I. The Double Meaning of Engagement

• The act or state of interlocking
  – Pledge, contract, promise
  – Betrothal
  – Employment

• Conflict
  – Battle

http://dictionary.reference.com/browse/engagement
II. Case Presentation: Cultural Transformation

Definition:
• Beliefs
• Habits
• Assumptions
• Attitudes
• Values
• Stories


Cultural Relevance

“Strategy may be nice, but culture eats strategy for lunch.”

Culture is the only sustainable source of competitive advantage because it is the only thing that no competitor can copy or steal.”


The Paradox of Culture

• Strong culture allows leaders to delegate tasks
• Key to becoming a dominant presence in a competitive marketplace
• Yet, bottom-up processes resonate with physicians, who prefer being inspired to being supervised

Case Presentation

Dilemmas:

• New hospital–what services?
• ASC: $5 MM/yr
• Outpatient pain and GI centers
• Hospitalists: freed PCPs
• Burden of call: “You’re nothing but...!”

Results

• Orthopedics: consolidation of vendors, uniform pricing - $5.5 MM savings
• Sepsis mortality decreased from 47% to 19%, saving an estimated 40 lives annually
• OR staff won 2009 GE Healthcare Centricity Perioperative Customer Innovation Award
• Acute stroke care center cares for over 300 patients per year with outcomes that consistently exceed other stroke care centers
• President, VP, and Secretary of MEC emerged from roles as MAP panelists and presenters

In his own words

• I am not a bureaucracy person
• For this process to work, the hospital had to undergo a cultural enema
• I enjoyed the data-driven presentations
• We obtained a new perspective of the hospital and the complexity of hospital operations

His own words, II

• We evolved from what the hospital should do for us to how we could work with the hospital to improve care for our patients
• The reason for my change in outlook is that I am making my time count
III. Keeping the Peace Between Employed and Independent Physicians

- Ask a physician task force to suggest ways that the hospital can streamline processes and optimize care, so that everyone can be more productive
- Use wikis as a web-based repository of contacts and information and blogs as a virtual meeting place to implement task-force recommendations in a timely fashion


Keeping the Peace Between Employed and Independent Physicians, II

- Assist physicians with recruiting new physicians in areas that have a documented community need
- Use a multidisciplinary physician retention task force to identify issues proactively, before physicians leave the area
- Develop multidisciplinary institutes and medical staff models that permit a variety of practice infrastructures

Cohn KH, Brennan MF. “Collaborative Opportunities in Disease-Based Care,” in Collaborate for Success: Breakthrough Strategies for Engaging Physicians, Nurses, and Hospital Executives. Chicago. Health Administration Press, 99-106.

Peace Between Employed and Independent Physicians, III

- Apply for federal and state grants to be part of a regional health information network
- Subsidize the costs of electronic health record implementation
- Share information across inpatient and outpatient settings
IV. Engaging Physicians in ACOs

- Reframe anger as pain
- Remember WIIFM (What’s In It for Me?)
  - Meaningful work that makes a difference in patients’ lives
  - A sense of community
  - Regular, reliable, positive feedback that affirms their value
- Reach out to physician champions

http://www.hospitalimpact.org/index.php/2011/02/23/a_physician_s_role_in_acos?blog=1&c=1&page=1&more=1&title=a_physician_s_role_in_acos&tb=1&pb=1&disp=posts

Physician Champions: Overview

- Have earned the respect of their peers
- Clinically savvy: the doctors’ doctors
- Come from all fields of medicine
- Have a vision of the greater good
- Willing to invest social capital
- Want to remain invested in their communities

Possible Roles for Physician Champions

- Present and discuss clinical data with physicians
- Create a safe environment for learning
- Minimize physician-hospital battles
- Help to build transparency and trust
- Through the process of discovery, act like owners
- Leave a lasting legacy
IV. Ten Steps Toward Building a Sustainable Physician Strategy

1) Engage your top performers, regardless of irascibility

2) Have ground rules to which the group commits, such as building on others’ ideas, refraining from personal criticism, sharing responsibility for deadlines, developing win-win solutions, and respecting confidentiality

3) Focus both on workplace pains that lead to suboptimal outcomes and past successes where people transcended silos to achieve outstanding results

4) Quantify the costs of continuing the status quo in terms of productivity, revenues, expenses, outcomes, and workplace morale

Ten Steps, II

5) Write each step of a frustrating process on a large post-it note; put the notes on a wall; ask the group how should, does, and could the process work, removing non-value added steps

6) Prioritize efforts by first improving processes that will result in quick wins

7) Have your Chief Information Officer and programmers be on floors when physicians are rounding

Ten Steps, III

8) Chunk complex tasks into a series of outcome measures that have deadlines of no more than 2-3 weeks and specific people accountable for results

9) Celebrate success and build on the goodwill that success generates

10) Repeat the process monthly in the beginning and at least quarterly thereafter
Potential Pitfalls to Avoid

• “We don’t usually do it that way”
• Impatience with consensus-building, which decreases buy-in and shared ownership
• Inability to implement solutions in a timely fashion
• Needing to be in control

Change Reframed

Change is disturbing when it is done to us.

Change is exciting when it is done by us.

Rosabeth Moss Kanter
Professor, Harvard Business School

Strategic Choices Regarding Next Steps

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<th>Product-driven</th>
<th>Market-driven</th>
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<td>I. Externally focused</td>
<td>II. Externally focused</td>
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<td>III. Internally focused</td>
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**Strategic Choices IV**

Internally Focused, Market-Driven

- **Outcome-centered**
- **Data-driven**
- Activities: face-face dialogue, physician champions
  consensus-based recommendations
  interdisciplinary task forces
- **Strengths:** improved physician-physician communic.
  better practice environment
  improved recruitment and retention
- **Concerns:** requires active listening
  possible to influence, impossible to control
  never-ending journey
- **Metaphor:** Flywheel, virtuous cycle

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**The Collaboration Multiplier**

Outstanding People, Programs, and Facilities

- Enhanced Collaboration
- More Effective and Efficient Practice Environment
- Easier Recruiting and Retention
- Increased Revenue
- Decreased Expenses
- Improved Clinical Outcomes

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**How do we administrators engage physicians if they do not want to have anything to do with us?**

- That will only happen if they perceive that you have nothing to offer or they do not trust you...To me it is all about building trust and identifying areas of passion for them, and areas where you can improve their lives (processes) or their incomes (JV’s etc)...you have to come up with something of interest to them...what can you do for them, not what they can do for you

- If they do not want to have anything to do with you, ask them why not!!......that is a definable set of reasons and (mis)perceptions you might have to dig out of them, realizing that you might not like and may not want to hear what they say, but once understood gives you something to work with
The Benefit of Collaboration

Improved physician-physician and physician-hospital collaboration is the only low-hanging fruit that managed care and government regulations have not, and cannot, take away from us.

What can we do to resolve our issues: The genius of Einstein

"We can't solve problems by using the same kind of thinking we used when we created them." Albert Einstein

QBQ Prayer

God grant me the serenity to accept the people I cannot change, the courage to change the one I can, and the wisdom to know... it's me!"

Miller JG. QBQ: The question behind the question. Putnam, NYC, 2004
Conclusion

• Improving physician-physician and physician-hospital communication is an iterative journey

• Differences in background, outlook, and training plus disruptive change in the healthcare marketplace make conflict inevitable

• The journey to a sustainable physician strategy begins with physician engagement