Principles of Engagement: Understanding The Physician Mindset

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Understanding the Physician Mindset

- Responsibility for individuals
- Accountability for life and death
- What they do is what they are
- Legal captain of the ship: fear of liability
- Collegiality and "groupiness"
- Suspicion of interpreted data
- Faith in due process

Why Is the Physicians' Business Case for Quality So Important ?

- Physician centrality
  - Plenary legal authority
  - Portal to the system
- Hospitals have no business without them (AMA paper)
- Expertise (Reinertsen's Axioms)
  - Explain, predict and change patient futures: the healing relationship

"Every system is perfectly designed to achieve the results it gets."

Donald Berwick, M.D.

Hazards to Time and Touch

- Irrelevant documentation of many types
  - E&M codes; false claims exposure; medical necessity of services; ministerial minutiae (CMNs for DME)
- Health plan programs
  - 1-800-nurse-from-hell; redundant safeguards (capitation and prior authorization and encounter forms and post-payment audits); inconsistent formularies
- Self-induced
  - Defensive medicine; inefficiencies; clinical science as individual sport

Time and Touch Hazards (cont'd)

- Rampant consumerism
  - Olympic caliber web surfing; alternative therapies; direct to consumer advertising
- Administrative demands from hospital and medical staff
- Messaging and work flow interruptions
  - Pharma reps; prescription management--writing, renewing
- Burgeoning physician report cards
- Disease management approaches
- Explosion of knowledge base

Keep their problems and needs in mind at all times when you interact and engage with them

Principles of Engagement

- Involve physicians from the earliest moment.
- Identify the real leaders, early adopters.
- Choose messengers and messages carefully.
- Make the involvement of the physicians visible.

More Principles

- Build and then rebuild trust: do what you say, say what you do, consistently over time.
- Use open, frequent and candid communication.
- Value the process and their time with yours.
- Pay them ---- sometimes.

Qualities of Physician Leaders

- Practice in the trenches.
- Enjoy peer respect.
- Demonstrate integrity in the view of physicians.
- Avoid personal or specialty specific goals.
- Good communicators and conduits
- Willingness to learn and teach their roles as leaders

Messages and Messengers

- Keep in mind your assessment when you choose the messenger.
- Make your messages speak in terms that respond to the *physicians'* agenda and business case (e.g., nurse empowerment vs. saving them time in the day).
- Give them the raw data and rationales.
- Avoid words with baggage.
- Write down your new vision and agreements along the way.

Questions to ask and reask?

- Is there a better way to say or ask this?
- Did we consider the malpractice implications?
- Did we consider what our most vocal critics are likely to say about this?
- How will this contribute to time stealers or help physicians do better?

Some Tensions

- Highest and best physician use
- Credible, transparent information
- Full participation
- Building support with broad consensus
- It’s what you do, not what you write that matters

- Their need for broad participation and trust
- Confidentiality of strategic data
- Patient care above all
- Efficiency and urgency of action
- The bylaws are the staff constitution

Engagement Beyond Quality

- A potential dialectic between physician engagement around quality and more involvement generally.
- Each can foster the other.
- It’s not always about quality projects.

A Continuum of Physician Involvement

- Imperatives
  - Selection and application of CPGs; any system you want physicians to use (e.g., EHR, CPOE, profiles, data for QI); incentives in payment and compensation (e.g., gainsharing, medical directorships); anything with data about them that will be made public
- Important
  - Risk management; capital budgets; human resources allocations; strategic planning
- Useful
  - Financial and administrative reports you want them to be able to use; advertising and marketing about quality
- Not a priority
  - Human resources policies, marketing and advertising generally, claims payment management

Prioritizing for Change

- Early, visible success is critical. Remember your history.
- Small and more physician-relevant steps may be more effective to start than a major new strategic approach.
- Consider a ‘bank shot’ effect.
- Segmentation is not just about the roles physicians play but also about which physicians need what.
- Consider the dynamics of broader physician involvement generally in relationship to a deep quality culture rather than specific quality ‘initiatives’.

Physicians Engaging Responsibly

- Consistent attendance, support from your practice colleagues
- Maintain confidentiality of sensitive information.
- Trust your leaders.
- Lead openly, be a conduit.
- Demonstrate courage.
- Support the process.
- Value process more than structure.
- When structure needs change, fix it.

Avoid Organizational Silence

- 'Cultural censorship': untoward events are recognized but 'concealed' as expected medical variation
- 'Consensual neglect': the tendency of decision makers to tacitly ignore problems which are discovered so as to achieve unity of purpose and harmony
  - --Henricksen and Dayton
- BUT ---- Do not fall prey to monovoxoplegia – paralysis from one loud, negative voice.

Courage

"With courage you will dare to take risks, have the strength to be compassionate, and the wisdom to be humble. Courage is the foundation of integrity."

--Keshavan Nair

Resources

- Henriksen and Dayton, "Organizational Silence and Hidden Threats to Patient Safety," Health Services Research 2006 Aug; 41(4) Part II:1539-1554