



Achieving Active Physician Engagement

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When health systems accumulate multiple practices, they are in essence merging entrepreneurial businesses into classic bureaucracies. When health systems accumulate multiple practices simultaneously, or within a tight time-frame, creating a cohesive organization becomes increasingly complex.

Complicating this dynamic is the fact that historically, relationships between health systems and local physician constituencies have been strained. It is no wonder that the real promise of blending health systems and physicians into an integrated delivery system aiming to achieve the same quality measures and patient experience seems a distant dream.

Steven Covey, one of the world's foremost leadership authorities, states that "When trust is low, in a company or in a relationship, it places a hidden "tax" on every transaction: every communication, every interaction, every strategy, every decision is taxed, bringing speed down and sending costs up... significant distrust doubles the cost of doing business and triples the time it takes to get things done."

The health care marketplace is presently full of health care systems that have built physician networks, but it has very few examples of physician enterprises that have been optimized. This gap is recognized in the industry as a next key hurdle to transforming the delivery system.

At its core, physician engagement holds true that the probability of accomplishing a system-wide agenda is higher if the entire health system is united.

According to the Advisory Board Company 2013 Medical Staff Engagement Benchmark Report:

- Three in five physicians who are employed are not engaged, so the industry is nowhere near exhausting the potential to drive performance through physician engagement
- Engagement, unlike simple alignment, has a broad halo effect on institutional performance

One thing is certain: physician employment does not automatically translate into active engagement.



Even overall physician satisfaction does not automatically translate into active engagement. The difference between being satisfied and being engaged hinges on one's commitment to act personally and the willingness to extend extra effort. This concept is aptly conveyed by Britt Berrett, author of *Patients Come Second*, who states, "Engagement means moving from understanding a concept in a sterile environment and impersonal way, to embracing it with your soul."

The future of physician-physician and physician-facilities collaboration will require an active-state of engagement.

Indicators of achieving a state of active engagement include:

- Physicians exhibit willingness to make decisions in the best interest of the system without a tunneled focus on their individual practice
- The health system actively demonstrates accommodating behaviors aimed at creating an optimized physician experience, even if cultural and organizational structures must be modified

Cooperation between these two groups leads to efficiency and effectiveness, but fundamentally, success is realized upon the quality of the relationships at the many intersections between the health system and physician enterprises. Every tactic initiated by the many who interact with the employed physician enterprise should be viewed through the prism of this relationship.

Three Key Elements of Active Engagement

How a health system embraces a physician enterprise has a dramatic effect on whether physicians are motivated to go beyond the specific practice-level focus. Health system executive leadership plays a decisive role in the extent to which a physician enterprise reaches its potential.

Executive leadership should begin by focusing on three elements:

- *Preparing the culture* – Dealing with the effects of inserting numerous entrepreneurial businesses into a bureaucracy
- *Initiating a critical reason to change* – Driving a burning imperative deep into the organization, with executive sponsorship
- *Understanding individual and collective health system stakeholder expectations* – Predict staff reactions to initiatives and directives

Unleashing the knowledge and drive of physicians can optimize the positive financial impact of a physician enterprise within a health care organization. An effective physician deployment plan must focus on designing leadership and physician management structures that move physicians from small business leaders to leaders within a larger organization. Additionally, it is necessary to create channels of communication that enhance visibility into decision making.

Preparing the Culture

Nothing will lower the overall impact and efficiency of a physician enterprise more than the forces normally contained within a health system bureaucracy. Cultural considerations that tend to affect physician practices as they become integrated include:

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| • No executive decision cascade | • Segmentation |
| • Lack of urgency | • The effect of the weakest link |
| • Compliance to leadership directives | • Paralysis by analysis, or a tendency to rely on process rather than efficiency |
| • Avoidance of difficult issues and employees | |
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A health system should consider the unique character of physician practices while it focuses attention on understanding how these system-wide culture considerations might affect performance and efficiency of the physician enterprise.

Change the Culture, Change the Game explains that culture can't be demanded – true culture change involves everyone and leaders must form the beliefs and shape the experiences that lead to action. Additionally, failing to shape your culture, either through resistance or apathy, can keep your team from achieving improved results.

Initiating a Reason to Change

When a health system and physician enterprise can agree upon an imperative reason to ask their respective individuals to change behavior, those who stand in the way of progress are seen as negatively affecting the whole organization. Teams with a “burning imperative” can be more flexible in their actions and reactions because everyone involved is more confident that team members are all headed in the same direction. This mindset makes it more likely that creative decision making will occur at the ground (action) level, effectively involving the largest number of change agents.

With this goal in mind, a “critical reason to change” mantra designed with a broad enough to appeal to a wide constituency is an effective tool to keep people focused.

When leadership actively and continuously refers to the critical reason to change, it builds both sponsorship and consistency, which play an important role in the efficient acceptance of any new business model.

Understanding Stakeholder Expectations

Individual perspectives on how a physician enterprise will affect those directly involved, particularly physicians and system staff in supporting roles, will vary greatly. Understanding these perspectives gives leaders the ability to predict behavior while shaping communications.

Both physician stakeholders and non-physician stakeholders should be questioned in order to identify key components used to define broad success. Ideally, these assessments should take place prior to integration,

Emotional Hooks

In order to vest physicians in the success of the physician enterprise venture, they must actively participate in a redesign of the relationship.

The health system can spark the energy needed to begin this process by involving physicians in the creation of written commitments that will guide behavior, adding physician context to both the value proposition and organization-wide vision, understanding physician expectations and predicting physician reactions to initiatives and directives.

before determining strategies and tactics, thus including these stakeholders in the decision-making process. Even if assimilation of a physician enterprise is well on its way in the organization, stakeholder assessments are still of value. Results will identify key characteristics that should be used to model the physician enterprise and modify the health system.

Examples of key components of success as found through stakeholder interviews include:

- Environment that involves physicians in decision making roles including service-line strategy
- Consistent communication including face-to- face interaction with health system leadership
- Clear delineation of responsibilities including practice management
- Timely and reconcilable view of financial performance including practice P&L
- Unity of purpose gained when physician participants understand where their practice and specialty falls within the greater strategy of the physician enterprise.

After stakeholder assessments are complete, strategic business initiatives can be formulated to close the gap between existing plans, participant expectations and the health system vision.

Communication as the Cornerstone to Active Engagement

In order for physicians to fully commit and invest in the success of the physician enterprise venture, they must actively participate in a redesign of the relationship. Effective communication and communication infrastructures will make it possible to balance the relationship and create a unified organization.

Communication Builds Trust

Layered communication seeks to enhance visibility into decision making and garner trust-building interaction with the physician enterprise. Even if physicians are employed, cynicism between the health system and physicians often is present. Long-term, consistent communications are important from a practical and emotional basis in order to move away from cynicism and towards trust.



As a means to build trust and openness within a physician enterprise, a communication process should be established with specific communications channels. This layered communication plan includes mass communication, targeted written materials, practice level interaction and socialization.

Communication infrastructures also contribute to the speed of culture change. These infrastructures include, but are not limited to:

- Expanding the leadership pool
- Participatory governance
- Mutual commitments
- A successful value proposition

Expanding the Leadership Pool

Physicians typically have experience leading in small business environments. Developing a physician leadership model can help unleash physician creativity and energy within the health system by teaching them how to lead within a large organization.

At its core, physician engagement holds true that the probability of accomplishing a system-wide agenda is higher if the entire health system is united. The goal with a physician leadership development model is to provide tools that lead to a unified working environment.

Since the ability to incorporate change will be the currency of the future, there is special benefit to a health system unleashing the entrepreneurial forces within a physician enterprise, as long as physicians have developed the skills they need to navigate their new work environment.

Participatory Governance

Interconnected governance directly incorporates the physician enterprise into the decision-making process of the health system. This creates an incentive for physicians to align behaviors that will ultimately lead to the



success of the combined health system/physician enterprise. It modifies the traditional relationship paradigm from “practicing alone together” to sharing risk and reward.

Effective governance will enhance the chances of expanding the scope of thought for both the physician and health system beyond that of their respective departments to the unified whole.

The following will help guide the development of interconnected governance among stakeholders:

- Define the current decision-making structures and design how they would best be modified
- Determine direct and indirect physician decision influences at the practice and management services organization (MSO) levels; includes services that support the physician enterprise, the development of an ACO and the development of clinically integrated networks
- Create objectives for physician councils and identify physician leaders who will participate
- Develop processes for involving physicians in the choice of a physician enterprise physician president, including creating the job description

Mutual Commitments

An effective compact, or mutually-defined, written statement of commitments from both the physician enterprise and health system, will depict the expectations of both physicians and the health system. It is intended to eliminate misunderstandings about what is to be delivered in the future relationship.

Once a compact has been transcribed, the challenge is living the compact, day in and day out. It’s important that all messages, whether delivered in meetings or hallway conversations, be consistent and reinforce a few key messages regarding what’s changing, what’s not changing and why the change is necessary.

Health systems should be cautious of using existing committee structures to lead the process of creating a new compact. Instead, they should be used to merely supplement conversation. The process should include:

- Conducting detailed interviews with physicians, staff and leadership related to the purpose of the physician enterprise at the practice and enterprise levels

- Establishing how the physician enterprise will support, and in return be supported by, the health system at both the facility-and system-wide levels
- Gaining health system buy-in at the highest levels of authority and do the same from physician leadership (both formal and informal leadership)
- Formulating a process of communicating the compact upon initial completion and consistently throughout time; including during the recruiting process

Creating a Successful Value Proposition

In order to willingly change behavior, physicians must feel confidence that their employer will win in the marketplace of the future. If physicians are confident, they are willing to create a personal connection, which is necessary to achieve engagement.

Any physician enterprise will consume time and resources. Because a shared vision is a crucial motivator, understanding how this business relationship brings value to physicians and health system staff turns this burden into an investment.

A value proposition that resonates with the majority of physicians will depict how the proposed business model and partnership with the health system will create a future in which the physician can clinically thrive.

Additionally, this value proposition should reflect that the probability of accomplishing a system-wide agenda, or an ideal individual physician legacy, is higher if it is in unity with that of the whole. Steps should also be taken to ensure the value proposition is unique to the local environment.

Keys components of an effective value proposition include:

- Combines data with information collected from physician focus groups to ensure the result is locally relevant
- Designed to vest the participants in the conclusions through continuous feedback

- Agreed upon value proposition elements, such as:
 - Characteristics of physician participants
 - Case-for-change and call-to-action
 - Deliverables
 - Advantages and benefits
 - Cost and time

The Effects of Active Physician Engagement

The Advisory Board Company's 2013 Benchmark Report states that "Engagement positively correlates with nearly every priority on the value-based care agenda; including cost control, reduced medical errors and patient satisfaction."

For the enterprise, the expected manifestations of physician engagement include,:

- Retention of physician
- Attraction of physicians
- Referral management
- Attainment of quality & safety measures
- Reduced patient readmissions
- Increased patient admissions
- Increased patient satisfaction
- Efficient, less costly management environment
- Better revenue cycle results

Summary

True physician engagement facilitates cooperation between hospital organizations and physicians, maximizing efficiency to drive maximum output. A combination of the right elements can create an experience that will engage physicians, thus optimizing the impact of a physician enterprise.

The case for change:

- The current reimbursement model is unsustainable. Health care providers face decreasing reimbursements, and there is an immediate need to drive down costs and improve quality of care. Physician employment does not equal engagement; alignment sets the table for engagement, which is critical to increase efficiencies and drive down costs.
- Physician alignment should be approached like a merger of equals.

The offering:

- Engagement means the health system makes accommodations to optimize the physician experience; the physicians have in mind the best interest of the hospital system, rather than just their individual practice. Products should be designed to facilitate the cooperation needed to drive efficiency and achieve maximum impact, as well as improve clinical operations, quality of care and financial results.

The results:

- The engagement process gets the organization thinking like a team, where everyone is working with the best interest of the hospital system and the community in mind.
- As a more unified organization, the hospital system and physicians can collaborate to provide the cost-effective quality care that the organization as a whole is delivering.
- The result is an improved bottom line, better clinical quality, access to care and service, and enhanced patient satisfaction scores.



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About the Author

Steve Corso serves as Managing Director, Physician Engagement, for MedSynergies. He focuses on physician engagement strategic planning, development of engagement tools, design of governance within physician enterprises, design of physician employment agreements and implementation of the MedSynergies Physician Engagement process as part of the company's MSIGHT solutions suite. Mr. Corso has spent 30 years in the healthcare business, sixteen of which with MedSynergies. Mr. Corso is considered part of the founding management team of MedSynergies since he merged his own physician management group into MedSynergies within months of each entity's start-up. Throughout his time with MedSynergies, he has held various positions, including leadership of client services account management. He also participated in sales and new business development utilizing his ability to design solutions in turnaround situations. Prior to joining MedSynergies in 1997, Mr. Corso served in leadership positions directing the financial and operational analyses and practice management for multispecialty healthcare organizations in both hospital and practice settings. Mr. Corso received his bachelor of science in Business Administration from Indiana University. He resides in Longwood, Florida with his wife, Kimberly and two daughters.

About MedSynergies

MedSynergies partners with health care organizations and physicians to align their operations by providing revenue cycle management, practice management, consulting services, business process analysis and software integration solutions. Leveraging its knowledge and experience in hospital-physician alignment, MedSynergies improves processes, optimizes technology and builds on trusted patient relationships, enabling hospitals and physician practices to offer quality health care. Founded in 1996, MedSynergies is privately held and headquartered in Irving, Texas. MedSynergies currently partners with hospitals and health networks and serves more than 9,300 providers across the United States.