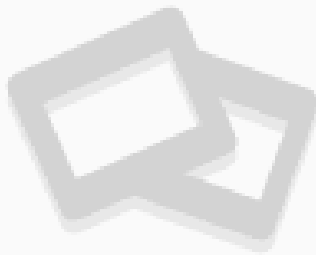




DEVELOPING A SUCCESSFUL PHYSICIAN ENGAGEMENT STRATEGY





[As seen in Becker's Hospital Review.](#)

If your hospital, clinic, or system is struggling with successfully transitioning from a fee-for-service to fee-for-value payment environment, look no further than your physicians to potentially fuel your fiscal growth and improve your quality of care.

Physician engagement is the holy grail of today's healthcare industry, and it's easy to see why. In [a recent Gallup study](#) of a hospital system, physicians rated "fully engaged" and "engaged" delivered an average of 51% more inpatient referrals and 3% more outpatient referrals than physicians rated "not engaged" or "actively disengaged." The bottom-line difference? For this particular system, the most engaged physicians were 26% more productive than their less-engaged peers, adding on average an additional \$460,000 in patient revenue per engaged physician per year.

In terms of quality, research shows that positive physician engagement benefits overall organizational performance; music to the ears of those who run accountable care organizations or manage related value-based purchasing agreements. A report from Great Britain's NHS Institute for Innovation and Improvement details how a medical engagement scale can measure and improve medical influence. This report also addresses the impact of good medical engagement on organizational performance. A similar NHS study found that medical engagement plays a key role in supporting organizational achievement and that leadership is vital for creating the right culture for engagement to flourish.

Easier Said than Done

Most everyone in health care realizes that physician engagement is key (some would say "the key"), to overall clinical performance. This includes improved care coordination and enhanced patient satisfaction. Exponentially more challenging is getting physicians sufficiently engaged to contribute to the greater benefit of their hospital or system, particularly in an era when physicians feel disempowered in their roles. According to [Jackson Healthcare](#), more than 4 out of 10 physicians (42%) are dissatisfied in their medical practice. Perhaps of greater concern, 59% of physicians would not recommend their profession to others.

Physician job dissatisfaction reflects a multitude of factors beyond the power of most individual physicians to make an impact (thus adding to their frustration). This includes the never-ending deluge of regulatory changes, increased patient loads, new computer systems, and additional performance requirements.

Add to the mix the fact that many physicians do not fully understand risk-based payment models or how their individual practices contribute to clinical inefficiency and waste. This creates an environment ripe for physician unhappiness. "Physicians feel powerless," said Walker Ray, MD, vice president of the Physicians Foundation. "They don't feel like their voices are being heard." Ray joins



nearly 13,600 physicians in a sweeping [Physicians Foundation survey](#) that revealed wide, deep, and increasing discontent among the nation's physicians.

What Not to Do

The fact that many hospital and system administrators do not fully understand physician engagement compounds the inherent job challenges of many physicians. Worse yet, this lack of understanding actively if not inadvertently contributes to physician disengagement. Aspects that don't support physician engagement can include:

- **Failing to have an organization-wide strategy for engagement:** Attention to physician engagement should start and stay at the top of an organization, such as at the board and CEO level, and permeate throughout the administrative strategy-setting and decision-making structure. Physicians should have a voice and be involved in the process of setting strategy.
- **Relying solely on compensation:** While competitive compensation is a clearly important baseline for physician engagement, greater compensation will not necessarily buy higher engagement. How physicians are engaged matters more than the income they receive for their expected roles.
- **Providing insufficient data:** Providing little if any supporting data or documentation to physicians when telling them what you want done will not attain buy-in. Trained as scientists, physicians are data-driven. If you want immediate physician buy-in on efforts, such as to reduce readmission rates or improve outcomes, thoroughly buttress your arguments with data supporting your positions.

What Does Work

Physician engagement strategies that can work include:

- **Recruiting effective physician-leaders:** If you don't have effective physician-leaders, recruit them to your organization now. Invest in developing your existing medical staff. Your chief medical officer and other physician leaders should collectively have in-depth knowledge of health care finance and payment methodologies, leading population health strategies, quality management and health care technology.
- **Leaders leading engagement:** Top leadership needs to fully understand and champion the linchpin role of physicians in the new health care economy. Thus, physicians need to be involved in all facets of clinical decision-making. Physicians need to understand and become involved in the organizational strategy and management of the business of health care.
- **Regularly providing physician leadership opportunities:** Empower and embolden your physicians by charging them with leading your organization's population health management efforts. Support the development of your internal physician experts in population health and



ensure they have sufficient resources and accurate data.

- **Linking clinical information/performance/outcomes to financial performance:** If your physicians are struggling with understanding clinical performance and outcomes, educate them and make this information specific to individual performance. For example, show them how the emergency department utilization of their own patients compares with their peers' and industry norms. Linking clinical performance information to severity and financial information tends to get physicians' attention.
- **Providing physician leadership and educational development opportunities:** Leaders are not born; they're made through constant development and re-development. Provide your physicians with ongoing leadership development and educational opportunities that help them better understand the context of their authority. For example, physicians need to know the industry and marketplace trends that are driving changes in the health care environment.
- **Differentiating motivators:** Different physicians are motivated by different things. Some are motivated by a desire to improve performance and patient outcomes and others by financial incentives. Rather than assuming all physicians are alike, ask them what they would like or what might make their roles better. You may not be able to deliver on every request; you will know your physicians' concerns and sentiments.
- **Providing fresh input:** Get a new perspective on your unique situation by bringing in an external consultant experienced in developing and implementing successful organization-wide physician engagement strategies. This can be particularly helpful if your organization lacks the in-house time and/or expertise to conceive and execute physician engagement strategies.

Getting Started

Looking ahead, the organizations most likely to succeed with the fee-for-value world will most often be those that have committed the greatest amount of time, attention, and resources toward physician engagement. You can be among them. As Mark Twain once said, "The secret of getting ahead is getting started."