

Improving Quality Through Physician Engagement

BY ALICE G. GOSFIELD

IN 2007, ENGAGING PHYSICIANS TO IMPROVE quality was considered a top priority for hospitals. Today, that goal is even more urgent. From accountable care organizations to clinical integration, forging a close bond between physicians and hospitals for improved quality results is now an imperative.

The health reform debates heightened awareness of the need for greater value in the health care Americans receive. Overuse is a major problem in this country and much of what is overused is ordered by physicians.

But value is not just about cost. It is also about the quality of the care delivered. There are many things that do not require physician engagement that hospitals can and should do to improve the value of their services. But to truly deliver top-flight, efficient, effective care, hospitals' passionate engagement of physicians is essential. With their orders, physicians drive almost everything that hospitals do. It is no longer enough to have some physicians engaged in hospital quality projects. Because hospitals will increasingly be held accountable for the results they achieve, solid clinical collaboration with their physicians—whether employed or independent—is crucial.

For trustees, a clear vision and articulation of the goals and strategy for physician engagement can enhance these efforts in profound ways. Recently, many hospitals have found themselves besieged with requests from their physicians to be acquired or employed. Seeking safe haven from the vicissitudes of indepen-

dent practice, and most significantly from a broken reimbursement system, specialists as well as primary care physicians have come to the hospital for help.

Many hospitals have responded by hiring them. However, few hospitals and

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boards have asked themselves the really difficult questions about where they are headed with these decisions, such as: How will quality be enhanced through a closer relationship with physicians?

By the same token, many other systems have resisted the employment model, or their physicians—particularly in essential specialties like cardiology, oncology and orthopedics—have enough confidence in their independence to remain that way. Engagement with different kinds of physicians requires dif-

ferent strategies. The hospital can contract with them for service line management, pay for medical directorships or pay for quality results. However, these strategies may not work in all settings, nor appeal to all physicians. Above all, though, to successfully engage physicians in quality improvement, hospitals should first try to address their most pressing concerns.

Whether physicians are employed by the hospital or health system or remain independent, the most fundamental aspect of engaging with them is to meet them where they live. All physicians are beleaguered by administrative demands from many corners, reimbursement that bears no relationship to quality care, heightened concerns about malpractice liability, often inadequate staffing and their own inefficiencies. All of these factors translate to less time with their patients.

This is not merely a quality of life problem—it is a quality of care problem. When physicians do not have adequate time to spend with patients and to listen carefully to their questions and concerns, quality of care lags. For hospitals, robust collaboration with their physicians begins with this understanding and continues with helping physicians standardize to the science as much as possible, so they can custom-craft the art of medicine.

Direct engagement between the medical staff and the board is associated with superior quality results. Interaction between the board as a group and key medical staff members can change the possibilities for improved quality in surprising ways. Reaching out to physicians

who may not be the elected leaders of the medical staff organization but are highly respected by their peers can be especially useful.

Time and again, we have seen that when the board demonstrates a direct, personal interest in the ability of physicians to deliver quality care, the entire premise for clinical collaboration changes for the better. All trustees should be asking their hospital leaders what they can do to make it easier for their physicians to provide quality care. Indeed, asking the physicians themselves can be a powerful indicator of the board's desired relationship.

As hospitals become accountable for more care in their communities, the same question might be asked regarding pri-

mary care physicians. Even though they may no longer set foot in the hospital because hospitalists and intensivists have assumed their traditional roles, engagement with them is important. They should not be ignored as hospitals respond to the broader scope of their community responsibilities for clinical results. Do these physicians serve on medical staff committees that deal with quality issues? Does the hospital provide them with assistance with their business case for quality, whether with free training in compliance, leasing midlevel providers to them or donating electronic health records?

The best techniques for trustees to ask probing questions about quality and to evaluate quality data have not changed.

What has changed is the need for the board to have a clear strategic underpinning and defined goals for what their engagement with physicians will look like. Boards that do not have this issue front and center in their strategic planning are missing a significant opportunity for improvement. **T**

For more information on how hospitals can effectively engage physicians in quality improvement initiatives, go to www.americangovernance.com and click on "Thought Leadership Podcast Series."

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