HEALTHDOERS NETWORK

Takeaways from Engaging Physicians in Providing High-Value Care

In order to improve the US healthcare system, it is well accepted that we must influence how care is delivered. Engaged physicians and care teams are critical to providing quality and experience of care, as well as lower costs.

But how, in an environment rife with physician burnout, do we engage providers in this important work?

The Network for Regional Healthcare Improvement (NRHI) and Stanford's Clinical Excellence Research Center (CERC) partnered on Engaging Physicians in Providing High-Value Care to discuss how health systems are succeeding in engaging physicians and physician leaders.

Dr. David Margolius of MetroHealth System in Cleveland, Ohio and Dr. Samir Sinha of Sinai Health System in Toronto, Canada, discussed how their respective systems are working to engage providers to impact change at the point of care.

"Improvement moves at the speed of trust," moderator Diane Stewart of PBGH, California Quality Collaborative (CQC) said when paraphrasing Dr. Michael Parchman at the session start. The key elements discussed throughout the presentation are rooted in trust:

- Building solid relationships
- Creating meaningful measures & data transparency
- Protecting physician's administrative time

Dr. Margolius introduced the SCARF model of collaboration: a model that discusses human behavior in terms of how people approach or avoid depending on how information is presented. Status, Certainty, Autonomy, Relatedness, and Fairness (SCARF) all apply to how we might talk with physicians about changing the way we, and they, work.

Is it the physician's role to fix the healthcare system? Dr. Sinha recounted the history of Canada's healthcare system. 50 years ago, when Canada's median age was 27, the single payer system went into effect and covered physician visits and hospital services. It did not include home care, skilled nursing, or pharmacy costs, as those were not needed at the time. Now, Canadians are looking at what changes need to be made to accommodate an aging population.

"Providers are frustrated," Sinha said. While it may not be the physician's "role", they have an opportunity to make changes. As a geriatrician, Sinha spoke about the original steps of collaboration that occurred between himself and an orthopedic colleague. "Our offices were next door to each other," and when his colleague was challenged with older patients, a relationship between the physicians was born.

"There used to be physician's lounges," Dr. Margolius chimed in. There were opportunities for providers to create community (Relatedness in the SCARF model), and problem solve as a team. Physicians, care teams, and administrators must continue to support these opportunities for connection whether it is through email communication (physician-to-physician updates), facilitated forums, team-based trainings, and mentoring relationships. "We need to get out of the clinic and grab coffee in the cafeteria."

Face-to-face interactions, and building relationships between physicians as well as with other participants in the healthcare system, is paramount. Dr. Margolius talked about how MetroHealth has succeeded in taking care teams offline to do trainings together. "It builds trust, allows physicians to see the skills of team members, and bonds the team."

The New England Journal of Medicine's recent Physicians Leading| Leading Physicians conference reiterated the importance of relationships among team members this summer; caring about your team members (physicians, nurses, staff) translates to better outcomes for patients.

Relationships provide a strong underpinning for the work, as do results.

If you want to see a number or metric move – focus on it. Meaningful measurement is helpful in understanding where pain points lie. MetroHealth utilizes the Gallup Q12 to understand the level of provider engagement. The Sinai Health Acute Care for Elders (ACE) Strategy reported a 26% reduction in length of stay, 14% reduction in readmissions, and overall avoidable cost savings of more than $6.7M in one year. The ACE strategy is executed by a monthly forum of providers gathering together to identify and manage improvements. This entirely volunteer forum has met for 10 years and the participant list has grown from four to 40 during that time.

"Once providers see that their program is launching, or that numbers are improving, they want to get involved," Dr. Sinha noted.

However, protecting administrative time to allow physicians to do this work is difficult. In order to keep this at the forefront, it's important to measure it. MetroHealth tracks the number of open charts five days after each visit to understand if providers are able to get their charting done in a timely manner. "It's not always money that needs to be the incentive," both physicians agreed. Having reasonable working hours, mutual respect, and tools to support our work is equally, if not more, important.
And the advice for sticking with it?

"R & D. Rob and duplicate," Dr. Sinha laughed. "If you see people who are doing it well, ask them how. People are open to sharing what works. Find a buddy, find a mentor."

"What does it take? Patience and positivity," Dr. Margolius suggested. It's a long game.