Introduction

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People sometimes ask me why physician engagement is challenging for so many health care organizations. It's a funny question because physicians are engaged. They're engaged in doing their job, trying to do the best they can for their patients, with many demands on their time, attention, and energy. Just because the physicians in your organization are not engaged in the project you're putting in front of them, it doesn't mean they don't care about improvement. There is probably something else they care about deeply. And identifying what they care about is the key to physician engagement.

—Carol Peden, MB ChB, MD, "A New Way to Engage Physicians," 2018

Physician engagement is not unidimensional; many factors drive it. And in the preceding epigraph, Peden (2018) clearly alludes to these many factors. Her summary is worth repeating: "Identifying what they [physicians] care about is the key to physician involvement." Perreira and colleagues (2019) also describe the many causes and effects of engagement: "The antecedents of 'physician engagement' include accountability, communication, incentives, interpersonal relations, and opportunity. The results include improved outcomes such as data quality, efficiency, innovation, job satisfaction, patient satisfaction, and performance. Defining physician engagement enables physicians and health care administrators to better appreciate

and more accurately measure engagement and understand how to better engage physicians." It is incumbent on healthcare leaders to study and understand physician engagement and to develop plans and tactics that measure it and enhance it. (For an in-depth look at the defining concepts surrounding physician engagement, see the companion volume of this book: *Enhanced Physician Engagement*, Volume 1, *What It Is, Why You Need It, and Where to Begin*.)

Having a robust and well-developed physician engagement plan is as important as is having a strategic plan. It should not be left to the chief medical officer (CMO), nor should it be a matter that is thought about on occasion. As Chokshi and Swensen (2019) observe, "Health care organizations should have a well-communicated and well-understood formal strategy for clinician engagement."

The fundamentals of this book can be expressed in a few sentences:

- Know what physician engagement is.
- Know that it has many dimensions.
- Know that it is complex.
- Know that improving it can bring many dividends.
- Have a plan of action to address physician engagement that is both strategic and tactical.
- Most important, include many physicians in the development of the plan.

No matter how well your plans are conceived, the physicians themselves have to buy into your strategy. As the Healthcare Financial Management Association concluded in a study of physician engagement, "the success of any physician strategy will depend on its effectiveness in engaging the physicians themselves" (HFMA 2014).

As I invited various other authors to join me in the development of this book, I shared a number of my viewpoints with them. While these were not intended as directives for their chapter content, the ideas were to serve as the foundational precepts for the book. In the next few paragraphs, I summarize these precepts.

Physician engagement has taken on a contemporary importance. Of course, physician engagement has always been vital in the healthcare field. But frankly, COVID-19 has added a sense of criticality and significance that requires us as healthcare leaders to view the topic with a fresh and stronger focus. The changes that will occur in healthcare over the next several years will be historic. Much like the advent of Medicare, the introduction of DRGs (diagnosis-related groups), the Balanced Budget Act of 1997, and the US Institute of Medication's publication of *To Err Is Human* (Kohn, Corrigan, and Donaldson 2000), the changes in our field in the next few years will have great impact. No longer can physician engagement be relegated to the fifth or sixth page of an organization's strategic plans. Physicians—and not just those who function as administrative leaders—must be actively involved in many ways to shape this change. Their active participation in healthcare change requires significant engagement. It is simply a critical initiative.

There are two sides to the physician engagement coin. Physician engagement can be viewed from the perspective of individual clinical care but also from the angle of the dynamics of the larger organization in which those individual patient encounters occur. In some organizations, unfortunately, physician engagement has been defined from the perspective of the annual physician engagement survey. The typical physician, the full-time clinician, is already highly engaged. However, that engagement relates to the care of the patient, the interactions in the clinical setting, and the information gathering that then drives the clinical reasoning done with each individual patient. An informal conversation with practically every physician about clinical care will reveal high levels of engagement. Yet organizational leaders want physicians to view engagement from *their* perspective, which involves the more macro view that converges organizational vision, strategy, and larger-scale operations into the delivery of patient care. But clearly, physician engagement must be far more than "marching in lockstep," following orders given from on high by organizational leaders.

Physician engagement is multifaceted. While it is admirable that organizations do conduct formal physician engagement surveys and attempt to address issues that are identified therein, physician engagement is much more than the sum of the answers on these surveys. Engagement is a complex subject and involves both tangible and intangible elements. Interestingly, there is little academic evidence for a single definition of physician engagement. Perreira and colleagues (2019) state it well: "The term 'physician engagement' is used quite frequently, yet it remains poorly defined and measured."

Healthcare leaders would do well to dive deeply into the topic and learn its many dimensions. This book's examples underscore this advice and suggest that there are many ways to engage physicians. Moreover, there are many types of physicians; they cannot simply be lumped together as one sort of personality. Engagement approaches that work well with some physicians have no effect on other physicians. Younger physicians have different motivations than do older physicians; specialists have different needs than generalists have. One size does not fit all.

Multiple efforts are required. Because of these differences among physicians—and organizations—institutions need a variety of plans and initiatives to drive enhanced physician engagement. This book recognizes that healthcare leaders will need a bigger toolbox and more tools to aid their efforts to boost physician engagement. Some of the chapters herein may have little application to some healthcare leaders, while other chapters may provide the spark of an idea that could be quite beneficial to an organization.

All clinical providers are considered. While this book mainly addresses the issues that affect *physician* engagement, we recognize that advanced practice providers (APPs) also provide clinical care in many areas. We also understand that all healthcare workers face challenges in trying to be engaged and that they have come through some of the most challenging times in memory. All of us who helped develop this book recognize and appreciate everyone who serves and helps in healthcare. Our focus on physicians is not intended as a slight in any way. But because of the unique nature of physicians

and because physicians drive practically all the clinical decisions in healthcare, this book is targeted at them.

Full-time clinicians can be engaged in broader strategic matters. While we have suggested that full-time clinicians are usually deeply engaged in their individual patient activities, healthcare leadership can also get them involved in and excited about organizational strategies. For too long, organizations have viewed physicians from the lenses of their physician leaders—the chief medical officer (CMO), medical executive committee members, or the medical directors in various departments. Many organizations relegate the job of improving physician engagement solely to these physician leaders. That is a shortsighted approach. Organizations that view their full-time clinicians as *organizational partners and collaborators* will see great value in broadening their approaches. And the organizations that have recently developed physician leadership programs have learned how incredibly engaged their full-time clinicians can be—even when these clinicians may have absolutely no leadership roles. Providing education and exposure to the various issues of healthcare finance, public policy, and organizational management can often help physicians who feel overwhelmed with the changes in the field. And as new expectations emerge for all physicians to help shape future changes in how care is delivered, the physicians who have a broader understanding of healthcare will be better equipped to provide meaningful input on those changes. And that dichotomy between administration and clinical physicians that exists in many organizations—the them-versus-us attitude—can be minimized or even eliminated.

It is *not* about herding cats. Whether it is called herding cats or some other more benevolent description, the idea of managing, directing, controlling, or manipulating physicians has no place whatsoever in developing physician engagement. Jacque Sokolov and I argued strongly in our 2013 book, *Developing Physician Leaders for Effective Clinical Integration*, that phrases like "herding cats" should be avoided because we simply did not accept or believe it. We wrote, "Phrases such as this create a negative environment, fail to be

constructive, and cause a distorted representation of reality." Physician engagement encompasses a recognition of physicians as true partners and not animals to be trained and herded. Organizations who have strong physician engagement do not take this approach; instead, they collaborate, they work together in partnership, and they develop common goals together.

OVERVIEW OF CHAPTERS

The book opens with a wide-ranging discussion of engagement by Margot Savoy, MD. Chapter 1, "Preparing Physicians to Be Engaged," is foundational to a broad understanding of engagement and sets up the rest of the book to delve into more specific approaches. An increasing topic of concern, physician burnout, is closely related to physician engagement. It does seem somewhat logical that if physicians were highly engaged, they would likely be less burned out. Chapter 2, "Physician Engagement as an Antidote to Burnout," written by Kevin Casey, DO, tackles this matter directly.

Chapter 3, "The Electronic Health Record," hits directly at an issue that many claim has caused high burnout and low engagement—the introduction of the electronic health record (EHR). Author Walter Kerschl, MD, provides expert insight into the issue and makes several excellent suggestions to avoid potential problems.

Many healthcare leaders place the responsibility for physician engagement at the feet of their chief medical officers (CMOs). In chapter 4, "Making the Most of the Chief Medical Officer," Terry McWilliams, MD, describes the dilemmas that CMOs often face in the conflict between the clinical and the administrative sides of healthcare. He discusses how CMOs can help smooth this conflict. Certainly a key way to enhance physician engagement is to get more physicians involved in leadership. In chapter 5, "Dyads, Triads and Quads, Oh My!" Dr. McWilliams provides insight into how the use of the dyad model and its various derivations can provide additional

opportunities for physicians to learn leadership and to be involved in leadership. In chapter 6, "Assessing Physicians for Leadership," Kevin Casey, MD, gives ample thoughts on how more physicians can become involved in leadership roles. He offers suggestions for how to enlist them and develop them as leaders.

As mundane as it might sound, highly effective healthcare leaders realize that supply-chain issues can be both a headache for their organizations but also an great opportunity for increasing the engagement of some physicians. In chapter 7, "Supply Chain Issues," Scott B. Ransom, DO, drills down on how to enlist physicians in managing the supply chain. Dr. Ransom also discusses how their involvement will give them a more expansive view of the healthcare organization.

Chapter 8, "The Roles of Boards of Trustees," by Bhagwan Satiani, MD, and Mary Dillhoff, MD, provides a contemporary look at the role that physicians can and should play on boards. In chapter 9, "Using Quality to Drive Engagement," author John Byrnes, MD, presents support for why quality and patient safety may be one of the most effective ways to get many physicians involved and highly engaged. A less positive but nevertheless important topic is covered by Lily Henson, MD. In chapter 10, "Disruptive Physician Behavior," Dr. Henson shows how this significant issue can have a deleterious impact on physician engagement across any organization. She describes the possible causes and ways to prevent this problem or address it.

Following up on chapter 6's introduction to physician leadership, chapter 11, "Physician Leadership Development," gives specific suggestions and descriptions of physician leadership development programs. Authors Dr. Satiani and Dr. Eiferman also give resources for healthcare leaders looking to set up such curricula.

Since the start of the COVID-19 pandemic, the entire issue of telehealth has come front and center. Chapter 12, "Telehealth," by Kevin Post, DO, examines the many issues of telemedicine and how it affects physician engagement and patient, community, and population health. In chapter 13, "Engagement Ideas from the Front Lines," I present and summarize the survey results from many

healthcare leaders I asked to share their best ideas for how they grow physician engagement. In chapter 14, "Measuring Physician Engagement," Katherine A. Meese, MD, and I assert that if physician engagement is indeed necessary for high-quality patient care and the flourishing of healthcare systems, then healthcare leaders need to measure this essential factor. We answer three fundamental questions about measurement: why measure, how to do it, and who and what to measure.

In the conclusion, I summarize all the contributors' chapters in a few brief paragraphs. It is hoped that readers will finish this book with a stronger understanding of how to advance and sustain physician engagement in their organizations.

This book also has a companion volume, *Enhanced Physician Engagement*, Volume 1, *What It Is, Why You Need It, and Where to Begin*, which explores the primary concepts and theories surrounding physician engagement and leadership. Readers may want to review this volume first if they have not done so already.

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