

Preface

“How can I get our physicians to become more engaged?”

“Well, just pay them, and they’ll be engaged.”

“We do, and they aren’t.”

“Well, pay them more.”

“We can’t.”

“Oh, that’s bad. Maybe you should just get them more involved.”

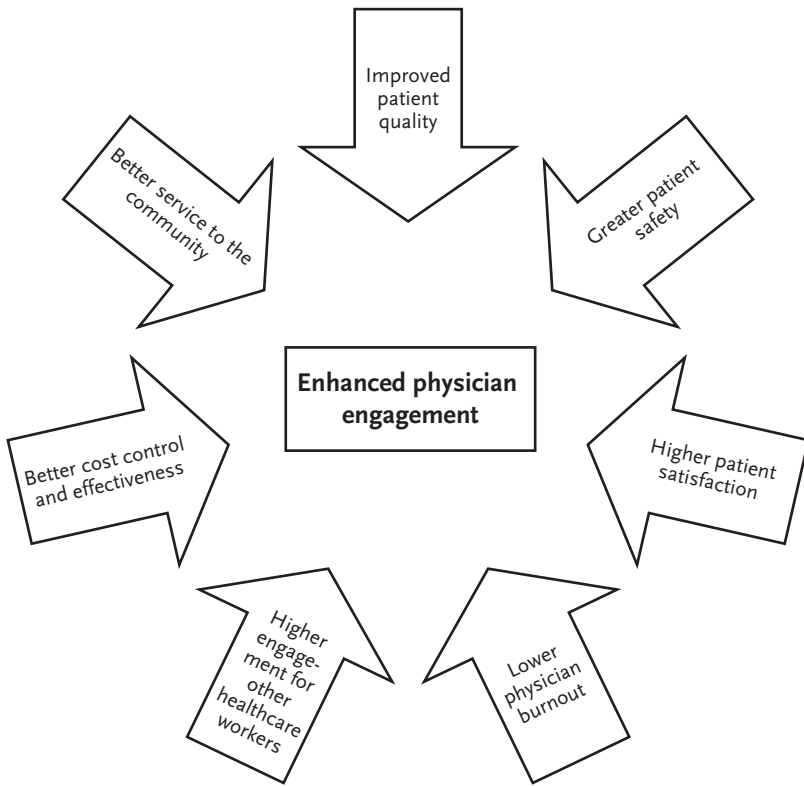
“We tried that, and it’s just the same few who get involved.

The others say they’re too busy.”

AS THE PRECEDING SCENARIO of a typical conversation between healthcare leaders goes, physician engagement has long challenged healthcare organizations. There may currently be no more important topic than the need for greater physician engagement. The healthcare world has been turned upside down with COVID-19, and the challenges to cost, quality, and consumer value press hard on industry leaders. With physicians controlling or at least driving the bulk of cost and quality, it is imperative that they be heavily involved as major changes occur over the next decade.

Consider exhibit P.1. Healthcare leaders throughout the industry see physicians as a key element for all these measures of performance. As go physicians, so goes the organization. That is not to say that other healthcare workers are not important; in fact they are. But it is physicians who form the core of our healthcare system and process. Lee and Cosgrove (2014) say it well: “Fixing health care will require a radical transformation, moving from a system organized around

Exhibit P.1 Physician Engagement Is the Linchpin in All Aspects of Healthcare



individual physicians to a team-based approach focused on patients. Doctors, of course, must be central players in the transformation: Any ambitious strategy that they do not embrace is doomed.” Physician engagement is the linchpin to success in all aspects of healthcare. A key question to ask is, If I agree with that premise, what should I do? Where should I start?

The topic of engagement is a somewhat confusing one. While there is very little evidence-based information about employee engagement, there is even less about physician engagement. Some observers would say that these are one and the same, but they are probably not.

Physicians enter the workforce after far more education and training than do most other employees, and they are held more accountable than are other employees. Although most physicians today are employed by some larger corporate entity, they do not function the same way that typical employees do. And most healthcare leaders recognize that physicians are typically independent—in both their thinking and their action. To consider physicians the same way we consider most other employees in an organization is not only foolish but also an approach that will usually backfire. Additionally, the legal expectations of physicians are far broader than those of all other employees.

Physician engagement comes in many shapes and sizes—just like physicians. Early in their careers, physicians are likely to feel engaged by incentives different from those of physicians nearing retirement. Office-based physicians may have needs and interests different from proceduralists or hospitalists who work mostly in an acute-care setting. Some physicians show interest in becoming more involved in the management and leadership aspects of their healthcare organizations, whereas others have none. And though understanding the motivational aspects of physician engagement is certainly important, many healthcare leaders simply want specific tactics. This book examines all these differences and presents a variety of approaches and tactics healthcare leaders can use to enhance physician engagement.

MULTIPLE VOICES OF PHYSICIANS

The clear intent of this book is to present the multiple voices of many kinds of physicians. Although I am not a physician, I have made a great effort to enlist the support, viewpoints, and counsel of experienced and knowledgeable physicians. I enjoyed a great deal of interaction with each individual chapter author. The process was not as simple as “Send me your chapter, and I will include it.” Instead, there was extensive collaboration between and among the various contributors and me. Ultimately, this collaboration led to a

more robust presentation of different ideas and viewpoints. While there are no major conflicts in the book, the points of view and approaches to the issue differ. Physician engagement is a complex topic; after reading the various viewpoints, the reader should have a broader and deeper understanding of the subject.

Readers may not find the exact answers to all their questions, but most angles are covered in some manner in the book. Often, the small kernel of a basic idea can take root and help propel substantive strategic initiatives that will pay great dividends. This book should help address such questions as these:

- How can burnout affect physician engagement, and what steps might we take organizationally to reduce physician burnout?
- How can we best assess physicians for leadership positions to ensure that their engagement is part of the process?
- Knowing that the electronic health record (EHR) has caused great consternation among physicians, how can we get them more engaged in this useful technology?
- How do the various ways of organizing leadership, such as through dyads and triads, affect physician engagement?
- How should we go about developing a physician leadership development program?
- How can we manage some physician behavior problems so that they do not diminish physician engagement?

Readers may also consider the book's companion volume, *Enhanced Physician Engagement, Volume 1, What It is, Why You Need It, and Where to Begin*. Volume 1 provides an in-depth discussion of the various theories and precepts surrounding physician engagement, including motivational and leadership aspects. The foundational support in volume 1 will help readers skillfully deploy the strategies and tactics found in volume 2.

Carson F. Dye

REFERENCE

Lee, T. H., and T. Cosgrove. 2014. "Engaging Doctors in the Health Care Revolution." *Harvard Business Review* 92 (6): 104–38.