

Preface

Historically, the focus has always been less on physician engagement and more on physician satisfaction. Giving physicians what they wanted—such as access to the operating room and a supportive nursing staff—is what drove good business. Now, however, there is an opportunity through physician engagement—whether with employed or independent physicians—to improve patient access, customer service, quality and costs.

—Stephen Moore, MD, Chief Medical Officer,
St. Luke's Health CHI, "Bridging the Divide," 2020

ENGAGING AN ORGANIZATION'S physicians is truly a critical challenge. When I began to discuss the idea for this book, I was struck by how many healthcare leaders indicated that physician engagement was a priority for them and their organizations. They offered several views of both the challenges and the rewards of furthering physician engagement.

"IT'S THE KEY TO OUR FUTURE"

Most of the leaders I spoke with admitted that they were not doing so well with either physician engagement or developing physician leaders. One healthcare leader told me, "Any suggestions you could give me would be worth their weight in gold." One physician leader remarked, "Everyone looks to me to manage this [physician engagement], and I keep telling them it is a job for all of us. We all have to

work on it.” Several leaders said they were at the point that almost any new idea would be helpful. One CEO simply said, “It’s the key to our future. We must get this right.”

Conclusion: Physician engagement is key to our future.

“IT’S A HOT TOPIC!”

Physician engagement has become a great concern in healthcare. Some writers and speakers have combined this issue with physician burnout, whereas some healthcare executives see engagement as key to managing the changes in payment mechanisms and enhancing quality of care. Other observers believe that engaged physicians are a critical first step toward true population health. Sadly, some people in the healthcare field see engagement simply as a way to control physicians. And some consulting firms have jumped on the physician-engagement bandwagon, conducting surveys to help organizations measure and improve this feature of physician life.

The topic appears in many published surveys of critical issues facing the healthcare industry. A 2019 American College of Healthcare Executives (ACHE) survey listed physician engagement (which the report called “physician–hospital relations”) as one of the top issues faced by healthcare leaders (ACHE 2019). Other issues in the ACHE survey intersect with physician engagement in many ways, especially as it relates to financial challenges, access to care, and patient safety and quality.

Even before the COVID-19 pandemic of 2020, the anticipated changes for healthcare organizations in the few years thereafter were expected to be the most significant ever experienced. The worldwide pandemic has guaranteed that those changes will be massive. As cost and quality pressures continue and as society demands different responses from the healthcare system, many experts predict foundational changes to the healthcare industry. Moreover, much like the introduction of Medicare and Medicaid, these transformations will be profound and will last for decades. To thrive in the

next generation, world healthcare organizations will clearly require high levels of physician engagement.

Conclusion: Physician engagement strategies and tactics are needed more than ever.

“IT IS A KEY DRIVER IN HEALTHCARE”

With some hesitation, this book also raises what may be one of the significant leadership challenges in physician engagement. Many leaders in healthcare are seemingly afraid of, resentful of, and unaccepting of physicians. As one CEO told me, “You can’t live with them, but you can’t live without them.” Another leader remarked, “Physicians just don’t get it! They are just not team players.” And Bradley Knight (2019) wrote, “The differences in perceptions and cultures between doctors and hospital administrators are huge, and represent major obstacles to improving physician engagement.”

Others view physicians as merely widget makers—people who only produce revenue or RVUs (relative value units). One CEO said to me, “They are really just factory workers—just high-priced ones!” Controversial as it may seem, some healthcare leaders are just not comfortable with physicians.

However, I hope that readers will sincerely seek approaches for increased collaboration with physicians. They can be a great help to all of us as we try to remake the field and enhance care, improve quality, and control costs.

Conclusion: Physicians are not an alien species; they can be great collaborators.

“PHYSICIAN ENGAGEMENT IS A COMPLEX MATTER”

The challenge of increasing physician engagement and decreasing the conflict between administration and clinical sides of healthcare is far more complex than most assume it to be. If organizations expect to

successfully deal with pandemic preparation, accountable care organizations, population health management, bundled payment programs, value-based purchasing, cost containment, improved quality and safety, care management, Medicare management, and other complex challenges, physicians must be engaged and involved. Their deep engagement is no longer a luxury. Now is the time to focus on this issue.

Conclusion: Physician engagement is not tied to an on-off switch; it is a multifaceted, intricate subject.

WHY THIS BOOK?

Physician engagement is hard to define, and the literature on the topic is short on details. Despite a good deal written about it, no universal agreement exists on its definition. With this book, the other contributors and I hope to rectify this ambiguity about physician engagement and address other challenges to healthcare leaders' views of this aspect of healthcare.

The upcoming changes in healthcare will be profound. The COVID-19 pandemic will certainly drive many of these changes, but so too will economic and other escalating challenges.

First, the field needs a better definition of engagement. I hope that a focused definition and broader understanding of physician engagement will enhance the readers' ability to make meaningful and long-lasting changes in their organizations. Currently, there are multiple definitions and complicating aspects of physician engagement. The contributors and I hope that this book can be a clarifying beacon that will benefit the field.

Second, we also want to provide innovative ideas to enhance engagement. Without the involvement of physicians, the changes coming to healthcare will fail to achieve all that is needed to improve the industry. We hope that, much like the 1999 report by the US Institute of Medicine, *To Err Is Human* (Kohn, Corrigan, and Donaldson 2000), this book can be a rallying cry and a focal point for the field as we enlist the support and enthusiasm of our physician cadre to face the changes ahead.

Third, the book aims to help its readers see individual physicians as just that—individual physicians. We also try to attack and dispel the stereotype that all physicians are alike. This pigeonholing can be harmful in many ways, and a deeper understanding of engagement will help address this inaccuracy.

Finally, we would like this book to start a dialogue in the field—a dialogue centered on a healthy respect for what physicians provide to the healthcare industry and one that does not view physician engagement as “herding cats,” a phrase that is, frankly, inaccurate at best and offensive at worst. Physician engagement is not one or more actions that force physicians to change their behavior. Nor is it an action that aligns financial incentives or an attempt to create a regimented, marching group of doctors. For too long, too many healthcare leaders have tried to manipulate and control physician behavior in a somewhat autocratic manner. Many leaders simply do not view physicians as engaged individuals, thinking instead that physicians have to be cajoled and otherwise encouraged to behave certain ways to support healthcare organizations. To the contrary, I believe that the vast majority of physicians are highly engaged individuals. While many may not be engaged in the broad strategic aims of healthcare organizations, they are deeply engaged in patient care. We must move away from the forced behavior that we have seen imposed on physicians in all too many healthcare organizations.

Roy Smythe, MD, said it well in “Let’s Stop Trying to Change Physician Behavior”: “Proving to them [physicians] that new behavior will allow them to deliver better patient care, and accomplish more of their original goals of ‘helping people’—as trite as this sounds—can be powerful in this era of 8 minute primary care visits” (Smythe 2017).

MULTIPLE VOICES OF PHYSICIANS

It is the clear intent of this book to present the voices of several kinds of physicians. Although I am not a physician, great effort was made to enlist the support, viewpoints, and counsel of experienced

and knowledgeable physicians. I entered into a great deal of back-and-forth with each chapter author. The process was not as simple as “Send me your chapter, and I will include it.” Instead, there was much collaboration between and among the various authors and me. Ultimately this teamwork led to a more robust presentation of different ideas and viewpoints. While there are no major conflicts in the book, there are different points of view and different approaches to issues. Physician engagement is a complex topic; as more viewpoints are given, the counsel should be broader, deeper, and more textured.

As you read, think and reflect on the material to build your own sense of the issues. Be open-minded as you reflect on questions such as these:

- Exactly what is physician engagement? Is there a common definition?
- What does successful physician engagement look like? What are the elements of physician engagement?
- How can physician engagement be measured? Are the measurements valid, reliable, and pertinent?
- What does increased physicians’ presence in governance, leadership, and management positions do for engagement levels?
- Is there a difference between input and involvement?
- What role does physician engagement play in quality, costs, value creation, and a unified culture?
- To what extent does economics play a role in physician engagement?

Readers may also consider the companion volume of this book, *Enhanced Physician Engagement, Volume 2, Tools and Tactics for Success*. The second volume demonstrates various models and strategies to promote and sustain enhanced physician engagement. The

foundational concepts in this volume 1 are seamlessly applied in the practical strategies found in volume 2.

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