

Four Keys

to Engage Physicians

in Reducing Unwarranted Care Variation

Relentless margin pressures and growing evidence of unwarranted variation in clinical practice have made physician-driven care standardization a top strategic priority for most health care providers. However, common engagement models such as employment, productivity incentives, and privilege negotiation haven't led to proactive and sustained engagement among physician leaders or those on the front lines.

Clinician Engagement Below the Industry Average

41.1%	34.8%	34.2%	28%
industry average	nursing staff	employed physicians	independent physicians

Taking physicians from reluctant participants to motivated pace-setters of care variation reduction requires hospital executives to emphasize the intrinsic motivators that drive physicians. Tapping into the core values that initially attracted physicians to clinical practice will yield the culture of engagement and accountability necessary to sustain reliable care delivery. Here are four keys to physician engagement that health systems should consider.

Common Practice Pitfalls

No connection between performance goals and core values

Most physicians went into medicine because they wanted to provide the best care to sick patients. Relying solely on financial incentives fails to leverage this intrinsic motivation, which is essential for deeper and lasting engagement. Health systems must lead with a patient-centric message tailored to the unique physician culture and set an aspirational vision beyond arbitrary short-term goals.

New campaigns lack compelling evidence

Trained as scientists, physicians are taught to take nothing at face value, to question and corroborate evidence. Upon entering the leadership ranks, they are asked to lead campaigns with minimal supporting data. Physician leaders rightly hesitate to recommend practice changes in the absence of compelling evidence to convince frontline physicians, as it erodes their clinical credibility. Getting physicians to change their practice requires more than just a top-down assertion from the C-suite, but rather an appeal to their scientist mindset.

There are only so many hours in the day

Piling on new "campaigns of the month" without recognition of the existing demands on physicians' time alienates rather than engages them. Burnout is at an all-time high, and change overload is a big contributor. Between juggling clinic hours, procedures, documentation, literature reviews, and quality initiatives, physicians are unable to stretch any further unless new standards simplify care delivery.

Misaligned financial incentives

To reduce care variation among physicians, hospitals must monitor performance and provide incentives based on adherence to care standards, quality outcomes, and cost impact. Yet most physicians are still incentivized for productivity, documentation, and patient volumes rather than evidence-based care. Further, many incentive plans focus on individual specialties and put different care team members at cross-purposes to one other.

Tactics to Unlock Physician Engagement

HEARTS: Lead with a value-focused message

Determine the right branding for the overall program



Craft a patient-centric elevator pitch



Use terminology that aligns physicians with the cause

X	✓
Cost reduction	Clinical optimization
Reducing physician variation	Providing reliable care

MINDS: Upskill physician leaders with data and training

Train emerging clinical leaders on health care economics and science of high reliability



Cost Shifting
Reducing average cost/care. Ex. Negotiating lower prices for supplies.



Cost Narrowing
Changing clinical practice to reduce care variation, narrowing the cost per case toward a common amount

Arm leaders with ironclad data that makes the case for practice change

- 1 Share clear evidence supporting the proposed best practice in the form of peer-reviewed studies or practice-based evidence
- 2 Provide regular access to data on individual practice patterns, variation from common standard, and associated impact on cost and quality

Entrust physicians with leadership of care standardization efforts

Banner Health's care management structure



WATCHES: Find ways to reduce, not add, to workload

Replace intrusive EHR alerts with user-friendly guided workflows with "fewer clicks"

Goal: To get physicians to order a flu shot for all pregnant women



Intrusive Alert:
Interrupts physician every time patient's record is opened



Smarter Workflow:
Flu shot order is automatically preloaded for the first fall/winter visit

Raise the bar for triggering critical alerts

With traditional sepsis criteria	≈300 alerts/day
With stricter sepsis criteria	0.3 alerts/day

Number of Sepsis alerts fired daily at Yale Hospital

≈100% alert response rate

Stagger change initiatives through enterprise change calendars

	INITIATIVE	
	Antibiotic stewardship	Glycemic control
DEC '17	Medium	
JAN '18		High
FEB '18	Low	Medium

WALLETS: Ensure financial incentives are aligned

Enact performance-based bonus potential for employed physicians

Contract options for hospital based physicians

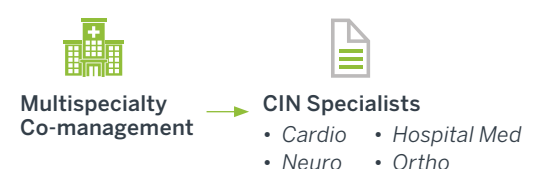
- Level of Integration ↓
- Incentive-based professional services agreement
 - Exclusive provider contract
 - Management services agreement
 - Co-management agreement
 - Clinical integration network
 - Health system employment

Select clinically appropriate metrics for independent and affiliated physicians

Memorial Hermann's neurosurgery incentive metric categories



When possible, execute multispecialty contracts to promote team-based care



- **Collaborative:** All inpatient-focused specialties incentivized to reach same outcomes, yielding higher degree of collaboration
- **Inclusive:** All specialties inflecting inpatient outcomes included in contract, eligible for rewards
- **High-Impact:** Incentives focus specialist on hospital improvement areas with greatest ROI