



Your Data-Driven Road Map for Physician Engagement

14 best practices for maximizing the return
on your engagement efforts

PUBLISHED BY

Advisory Board

advisory.com/research

programinquiries@advisory.com

Physician Executive Council

Project Director

Taylor Hurst, MPH

hurstt@advisory.com
202-266-5935

Research Team

Serena Bernthal-Jones

Gabbie DeCuir

Angelina E. Theodorou, MA

Program Leadership

Steven Berkow, JD

Jennifer Stewart

Design Consultant

Nini Jin

LEGAL CAVEAT

Advisory Board has made efforts to verify the accuracy of the information it provides to members. This report relies on data obtained from many sources, however, and Advisory Board cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, Advisory Board is not in the business of giving legal, medical, accounting, or other professional advice, and its reports should not be construed as professional advice. In particular, members should not rely on any legal commentary in this report as a basis for action, or assume that any tactics described herein would be permitted by applicable law or appropriate for a given member's situation. Members are advised to consult with appropriate professionals concerning legal, medical, tax, or accounting issues, before implementing any of these tactics. Neither Advisory Board nor its officers, directors, trustees, employees, and agents shall be liable for any claims, liabilities, or expenses relating to (a) any errors or omissions in this report, whether caused by Advisory Board or any of its employees or agents, or sources or other third parties, (b) any recommendation or graded ranking by Advisory Board, or (c) failure of member and its employees and agents to abide by the terms set forth herein.

Advisory Board and the "A" logo are registered trademarks of The Advisory Board Company in the United States and other countries. Members are not permitted to use these trademarks, or any other trademark, product name, service name, trade name, and logo of Advisory Board without prior written consent of Advisory Board. All other trademarks, product names, service names, trade names, and logos used within these pages are the property of their respective holders. Use of other company trademarks, product names, service names, trade names, and logos or images of the same does not necessarily constitute (a) an endorsement by such company of Advisory Board and its products and services, or (b) an endorsement of the company or its products or services by Advisory Board. Advisory Board is not affiliated with any such company.

IMPORTANT: Please read the following.

Advisory Board has prepared this report for the exclusive use of its members. Each member acknowledges and agrees that this report and the information contained herein (collectively, the "Report") are confidential and proprietary to Advisory Board. By accepting delivery of this Report, each member agrees to abide by the terms as stated herein, including the following:

1. Advisory Board owns all right, title, and interest in and to this Report. Except as stated herein, no right, license, permission, or interest of any kind in this Report is intended to be given, transferred to, or acquired by a member. Each member is authorized to use this Report only to the extent expressly authorized herein.
2. Each member shall not sell, license, republish, or post online or otherwise this Report, in part or in whole. Each member shall not disseminate or permit the use of, and shall take reasonable precautions to prevent such dissemination or use of, this Report by (a) any of its employees and agents (except as stated below), or (b) any third party.
3. Each member may make this Report available solely to those of its employees and agents who (a) are registered for the workshop or membership program of which this Report is a part, (b) require access to this Report in order to learn from the information described herein, and (c) agree not to disclose this Report to other employees or agents or any third party. Each member shall use, and shall ensure that its employees and agents use, this Report for its internal use only. Each member may make a limited number of copies, solely as adequate for use by its employees and agents in accordance with the terms herein.
4. Each member shall not remove from this Report any confidential markings, copyright notices, and/or other similar indicia herein.
5. Each member is responsible for any breach of its obligations as stated herein by any of its employees or agents.
6. If a member is unwilling to abide by any of the foregoing obligations, then such member shall promptly return this Report and all copies thereof to Advisory Board.

Table of Contents

	<input type="checkbox"/>	Available Within Your Membership	4
	<input checked="" type="checkbox"/>	Executive Summary	5
	<input checked="" type="checkbox"/>	Advisors to Our Work	6
	<input type="checkbox"/>	Safeguarding Your Most Precious Asset	7
INCLUDED IN THIS EXCERPT	<input checked="" type="checkbox"/>	Communicate Executive Action Through Convenient, Curated Channels	25
		Practice 1: Structured Leader Rounding	28
		Practice 2: Executive-Led Virtual Brownbags	32
		Practice 3: Physician Communication Hierarchy	37
	<input type="checkbox"/>	Translate Market Forces into Physician Terms	43
		Practice 4: Physician Market Intensive	46
		Hardwire Physician Involvement in Strategic Decisions	49
		Practice 5: CEO Cabinet	51
		Practice 6: Physician Think Tanks	56
IN FULL RESEARCH REPORT		Solicit Actionable Input About Physician Irritants	63
		Practice 7: Leader-Driven Solution Sourcing	65
		Practice 8: Simplified Scenario Planning	71
		Practice 9: One-Hour Input Escalation	75
		Embed Meaningful Recognition into Workflow	79
		Practice 10: Challenge Coins	81
		Practice 11: Patient-Driven Recognition	86
		Practice 12: Kudos Button	89
		Create “Bite-Sized” Leadership Opportunities	95
		Practice 13: Physician Sounding Board	98
		Practice 14: Peer-Executive Liaisons	103

Executive Summary

In a perfect world, you would focus your engagement efforts equally on all physicians, but that often isn't feasible. To make a meaningful impact on physician engagement despite limited time and resources, it's critical to scope your engagement ambition to match the resources you have.

You need to take three steps to prioritize your efforts:

1. Take an honest assessment of the resources you can dedicate to physician engagement
2. Identify the high-priority physicians on which to focus your efforts
3. Pursue a limited number of practices that have an outsized impact on physician engagement

While this report helps with all three steps, we focus primarily on Step 3, by pinpointing high-impact practices you can use to drive physician engagement.

Your data-driven road map for physician engagement

To identify which engagement drivers our best practices should advance, we used the Advisory Board's Physician Engagement Survey national database to find the drivers¹ that have the greatest impact on physician engagement.² They are:

- The actions of this organization's executive team reflect the goals and priorities of participating clinicians
- This organization is well prepared to meet the challenges of the next decade
- I view this organization as a strategic partner in navigating the changing health care landscape
- This organization is open and responsive to my input
- This organization recognizes clinicians for excellent work
- I am interested in physician leadership opportunities at this organization

Knowing the top engagement drivers is only the start of a focused engagement strategy. To further focus your efforts, this publication provides 14 proven best practices that map to these drivers. Read this excerpt to get the first 2 insights.

1) For the purpose of this report, we are using "engagement" as an umbrella term to describe both employed and independent physicians. While we use engagement as an umbrella term, we actually use different scales to measure the engagement of employed and independent physicians. For employed physicians we measure engagement, which is defined as: employed and economically affiliated physicians' willingness to expend discretionary effort to advance organizational strategy. For independent physicians, we assess alignment, which measures independent physicians' willingness to support shared business interests by generating profitable volumes.

2) The drivers below reflect those that have the greatest impact on engagement, as well as the greatest improvement opportunity.

Advisors to Our Work

The Physician Executive Council is grateful to the individuals and organizations that shared their insights, analysis, and time with us. We would especially like to recognize the following individuals for being particularly generous with their time and expertise.

Cambridge Health Alliance
Cambridge, MA

Marcy Lidman
Senior Director of Organizational
and Workforce Development

Bree Dallinga, MS, PA-C
Provider Co-Lead for Provider
Engagement

Leah Zallman, MD, MPH
Provider Co-Lead for Provider
Engagement

Capital Region Medical Center
Jefferson City, MO

Randall Haight, MD
Vice President of Medical Affairs

**Children's Hospital of
Philadelphia**
Philadelphia, PA

Joanne McCool
Senior Director of HR Business
Partner Services, HR Operations
& Compliance

Edward-Elmhurst Health
Elmhurst, IL

Daniel Sullivan, MD
Chief Medical Officer and Vice
President of Medical Affairs

Cheryl Eck
Associate Vice President of
Strategy and Planning

Fairview Health Services
Minneapolis, MN

Mark Lane Welton, MD, MHCM
Chief Medical Officer

**Froedtert Health & the Medical
College of Wisconsin**
Milwaukee, WI

Charlie Moore
Director of Organizational
Development

Rachel Trower
Administrative Supervisor of
Physician and APP Onboarding
and Patient Experience

**HSHS St. Anthony's Memorial
Hospital**
Effingham, IL

Ryan Jennings, MD
Chief Medical Officer

Inspira Health Network
Vineland, NJ

Steven Linn, MD
Chief Medical Officer

Kettering Physician Network
Kettering, OH

David Doucette, MD
Chief Medical Officer

Legacy Health
Portland, OR

Lewis Low, MD
Senior Vice President and Chief
Medical Officer

Heather Parks-Huitron
Program Director of Physician
Engagement

Northwest Permanente
Portland, OR

Akbar Sultan
Executive Director of Human
Resources

Linda Miller
Senior Executive Consultant

**Spartanburg Regional Healthcare
Services**
Spartanburg, SC

Shane Williams
Director of Organizational
Development

Swedish Covenant Hospital
Chicago, IL

Bruce McNulty, MD
Chief Medical Officer

Hannah Prevost-Schultz
Patient Experience Consultant

▶ Communicate Executive Action Through Convenient, Curated Channels

- Practice 1: Structured Leader Rounding
- Practice 2: Executive-Led Virtual Brownbags
- Practice 3: Physician Communication Hierarchy

This section addresses the engagement driver, “This organization is well-prepared to meet the challenges of the next decade.”

The solvable challenge for this driver is that physicians lack information about actions the executive team is taking in response to market forces.

Physicians often feel uninformed about executive actions. According to national data from Advisory Board’s Physician Engagement Survey, less than half of physicians feel they’re informed about their organization’s strategic plan or believe that organizational updates are useful.

Physicians Often Not Aware of Executive Actions



Performance on Communication-Related Engagement Drivers¹

48% of physicians agree they are **kept informed of the organization’s strategic plans and direction**

48% of physicians agree the administrative **updates they receive from their organization are useful**



Select Responses to 2018 Physician Engagement Survey

“Improve communication!!!! Leadership needs to keep people informed of changes well before they happen.”

“Communication continues to be an issue. Information about the direction of the organization is not readily available.”



1) Based on results from Advisory Board Survey Solutions’ 2018 engagement and alignment benchmarks.

Source: Advisory Board Survey Solutions’ Physician Engagement National Database, 2018; Physician Executive Council interviews and analysis.

The physician-executive communication gap does not result from lack of effort. Nearly all executives dedicate significant time and energy to keeping physicians informed. Yet despite leaders' efforts to communicate through multiple channels, physicians still feel out of the loop.

Current Communication Efforts Often Falling Short

Traditional Communication Channels

- Department meetings
- Electronic and printed newsletters
- Physician portal
- One-on-one meetings
- Email

Common Physician Response



"Nobody told me we were expanding clinic hours!"

Leaders must follow two key principles to keep physicians informed about organizational updates.

First, don't count on physicians to come to you for information. Instead, make it easy for physicians to stay up-to-date by bringing updates to them.

Second, strategically use email to prevent updates from being buried in physicians' inboxes. Send fewer—and more targeted—emails to reach them with important updates.

The three practices in this section show how to proactively share information with physicians and maximize the impact of email communication.

Two Principles to Keep Physicians Informed



Don't count on physicians to come to you

- **Practice 1:** Structured Leader Rounding
- **Practice 2:** Executive-Led Virtual Brownbags



Prevent updates from being buried in emails

- **Practice 3:** Physician Communication Hierarchy

Practice 1: Structured Leader Rounding

Practice in Brief

Leaders dedicate time to regularly round on physicians using a standard list of questions. The goal is to communicate organizational updates to physicians in a convenient, consistent way.

Rationale

Although many organizations use leader rounding to communicate with physicians, few do so effectively. Due to capacity constraints, rounding often doesn't happen regularly enough to be impactful. And, when leaders do meet with physicians face-to-face, few use a consistent list of questions across rounds. Taking a structured approach to rounding enables leaders to more effectively reach physicians with important organizational messages.

Implementation Components

Component 1: Scope your rounding efforts to meet current capacity

Physician executives compare ideal rounding time commitment to current capacity. If current capacity falls short, executives scale back their ambition by prioritizing specific groups of physicians to round on and/or inviting non-executive leaders to help round.

Component 2: Use a standard set of questions across rounds

Rounders use a standard set of questions to gather actionable input and consistently communicate important organizational updates across the medical staff.

Practice Assessment

While this practice requires executives to invest significant time to visit each physician, it is a highly effective way to communicate important updates to physicians face-to-face. In-person rounding is also an impactful way for leaders to surface questions in the moment and quickly address any strategic concerns.

Physician Executive Council Grades

Practice Impact: A

Ease of Implementation: C

Leaders must put a handful of foundational elements in place to maximize the impact of rounding on physicians.

This practice focuses on two of the hardest elements: freeing up leaders' time and standardizing rounding questions.

Foundational Elements for Effective Leader Rounding on Physicians

Checklist for Effective Leader Rounding on Physicians

- Rounder is an executive or senior leader
- All leaders have regular, dedicated time to round
- Rounding locations include ambulatory sites
- Rounders use standardized set of questions
- Leaders debrief with each other to discuss themes and assign ownership of next steps

Component 1: Scope your rounding efforts to meet current capacity

The first component is to scope your rounding efforts to meet current capacity.

In a perfect world, leaders would round on physicians once a month for 15- to 20-minute one-on-one conversations. In reality, this may not be possible for most organizations.

To scope your rounding ambition to match available resources, consider the two strategies presented below.

The first option is to reduce the number of physicians who are rounded-on. Use the list of questions shown at right to determine which physicians to prioritize. For example, seek out physicians who frequently miss team meetings where leaders share organizational updates. Or, focus on a specialty that is critical to your organization's strategic priorities.

The second way to account for limited capacity is to expand the pool of leaders who round on physicians—so rounding consumes less of a leader's time. To expand the pool of rounders, invite non-executive leaders to help round. Consider recruiting medical directors, service line leaders, department chairs, faculty physicians, and HR leaders.

Make Rounding Work, Despite Limited Capacity

Key Questions to Prioritize Which Physicians to Round On

- Are certain subsets of physicians (e.g., specific specialties) struggling with engagement?
- Are there individuals—or groups—who are frequently absent during team meetings?
- Are you rigorously pursuing a value-based care strategy?
- Is there a specific service you're trying to grow in the next year?
- Are you targeting specific clinical areas for cost reduction?
- Have you noticed a shift in referral patterns from a particular physician group away from your organization?

Potential Non-executive Rounders to Recruit



Medical directors



Faculty physicians



Service line leaders



HR leaders



Department chairs

Source: Physician Executive Council interviews and analysis.

Component 2: Use a standard set of questions across rounds

The second component is to use a standard set of questions across rounds.

The benefits of using a standard set of questions are that they focus conversations on high-value discussion and surface trends across the medical staff. Leaders should compare findings across groups to pinpoint practices that need additional support.

Rounders at Spartanburg Regional Healthcare Services use the questions shown here during quarterly physician rounds.

Standard Questions Ensure Conversation Is Valuable

Excerpt of Spartanburg's Standard Rounding Questions

Questions

1. Do you have the tools and equipment needed to do your job today?
2. Are there any existing processes that could run more efficiently? How can we improve them?
3. Do you have ideas for improving quality and safety given our organizational focus?
4. What have patients been saying about their care experience?

Closing Comments

- Discuss any tough questions you need to address or have heard during rounding.



Case in Brief: Spartanburg Regional Healthcare Services

- Four-hospital health system located in Spartanburg, South Carolina
- Began rounding program in 2015 after engagement survey revealed physicians wanted a larger voice in the organization
- Rounds are 30 minute, one-on-one conversations with physicians
- Three CMOs have rounding responsibilities: one CMO rounds on ten hospitalists per month, and the remaining two CMOs each round on 30 physician practices quarterly
- Rounders use a standard list of questions to gather actionable input and consistently communicate important organizational updates across the medical staff
- Rounders capture feedback in a stoplight report to identify common questions that should be addressed in future communications and ensure timely follow-up



To review "Spartanburg's Standard Rounding Questions," members can visit advisory.com/pec/physicianengagement.

Practice 2: Executive-Led Virtual Brownbags

Practice in Brief

Hospital executives lead regularly scheduled virtual conversations, or “brownbags,” with physicians to discuss organizational initiatives. The goal is to communicate important updates in an accessible, interactive format that speaks directly to physician priorities.

Rationale

Due to scheduling conflicts, physicians often can’t attend in-person meetings where organizational updates are shared. Brief, executive-led virtual meetings enable physicians to quickly learn about the organization’s strategic decisions without having to set aside time to attend longer, in-person meetings.

Implementation Components

Component 1: Choose an interactive virtual platform to convene physicians

Choose a virtual platform that allows attendees to both chime in on the phone and share their video.

Component 2: Plan virtual brownbag topic calendar around physician preferences

Select topics that are relevant to frontline physicians’ top-of-mind concerns and/or timely due to recent organizational updates. Schedule sessions every two to four weeks for 30 minutes.

Component 3: Use the agenda to drive attendance and encourage discussion

Send a detailed calendar hold one to two weeks before each session. The calendar hold should include discussion questions and a short executive bio so attendees know what will be covered and come ready to participate in the conversation.

Component 4: Prepare executives to effectively facilitate brownbags

Before the virtual session, connect with the presenter for 30 minutes to reinforce the goal of the session: to be highly interactive. Executives should spend only 5 to 10 minutes introducing the topic, then ask open-ended questions to spark discussion.

Practice Assessment

While coordinating brownbags requires up-front time and resources, this practice is an effective way to share organizational updates with physicians who are unable to attend in-person meetings, with minimal executive time investment.

Physician Executive Council Grades

Practice Impact: B

Ease of Implementation: B

Cambridge Health Alliance (CHA) created executive-led virtual conversations to better communicate with providers practicing outside the hospital setting. Every two to four weeks, an executive virtually updates providers on a relevant organizational priority, from upcoming mergers in the market to CHA's ACO strategy.

The goal is to update physicians through an interactive, two-way conversation with executives.

Virtual Meetings Bring Executives to Provider Offices

Overview of Cambridge Health Alliance's Virtual Brownbags



Executives use videoconferencing to meet with providers across organization



Brownbags held every 2-4 weeks for 30 minutes



5-10 minutes dedicated to opening remarks, remaining time used for Q&A and discussion



Case in Brief: Cambridge Health Alliance (CHA)

- Three-hospital health system located in Cambridge, Massachusetts
- Began piloting virtual brownbags in fall 2017 so executives could regularly share organizational updates with providers who can't attend in-person meetings
- Executives use Google Meet to facilitate conversation with providers on a predetermined topic relevant to providers (e.g., upcoming mergers in the market, ACO strategy)
- Brownbags scheduled for 30 minutes every 2-4 weeks during the lunch hour
- 77% providers who have attended these sessions agree or strongly agree they received relevant information through this forum

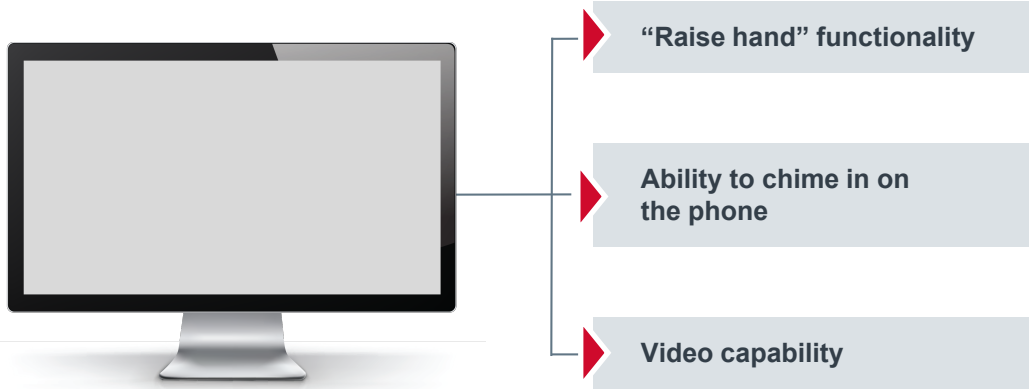
Component 1: Choose an interactive virtual platform to convene physicians

The first component is to choose an interactive virtual platform to convene physicians.





Leaders must use a platform that enables two-way dialogue to meaningfully share organizational updates.

At CHA, the Provider Engagement Steering Committee (PESC)¹ chose Google Meet as their virtual platform because it allows attendees to converse with one another through chat, phone, and video. Many other common virtual platforms have similar interactive functionality, including Skype, WebEx, and GoToMeeting.

Must-Have Characteristics of Virtual Platform



Common Virtual Platforms with Interactive Functionality

 Google Meet	 Skype	 WebEx	 GoToMeeting
--	--	--	--

1) The PESC includes provider representation from every discipline, including physicians, PAs, nurses, and pharmacists.

Source: Cambridge Health Alliance, Cambridge, MA; Physician Executive Council Interviews and analysis.

Component 2: Plan virtual brownbag topic calendar around physician preferences

The second component is to plan the virtual brownbag topic calendar around physician preferences.

To make brownbags relevant to providers, CHA chooses topics and schedules sessions based on their input. The PESC hosts brownbags every two to four weeks during lunch since it's the most convenient time for the majority of their providers. Leaders also scope topics based on physician feedback about their top-of-mind concerns.

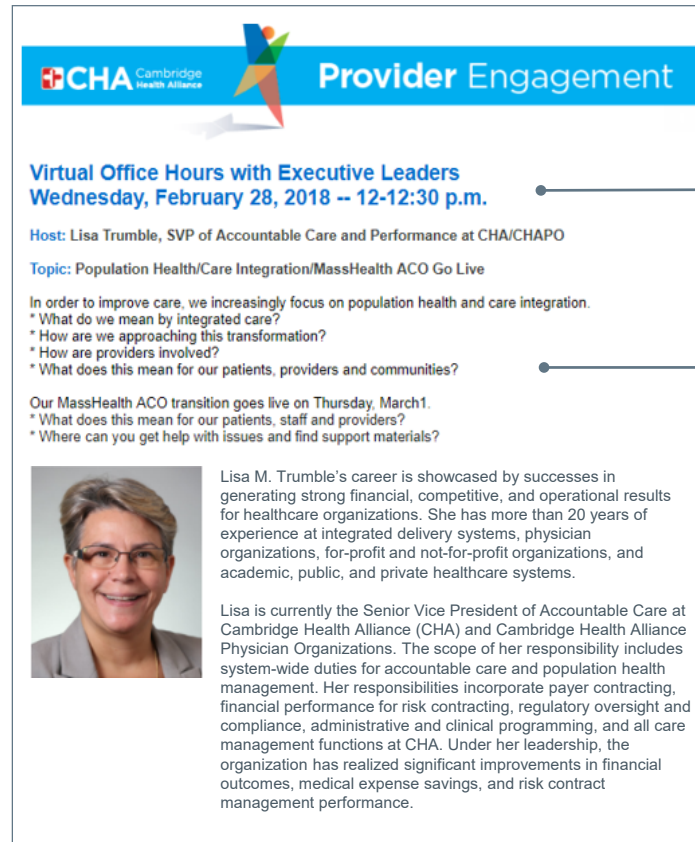
Component 3: Use the agenda to drive attendance and encourage discussion

The third component is to use the agenda to drive attendance and encourage discussion.

Even though providers can log in to the session from any location, it can still be difficult to recruit providers given their busy schedules. To drum up interest and proactively block time, CHA sends a detailed calendar hold to providers one to two weeks before each session. The calendar invite includes discussion questions and a short executive bio so attendees know what will be covered and can prepare questions in advance.

Proactively Share Agenda to Drive Attendance

Sample Virtual Brownbag Provider Calendar Hold



The graphic is a calendar hold for a virtual brownbag session. At the top, it features the CHA Cambridge Health Alliance logo and the title "Provider Engagement". The main heading is "Virtual Office Hours with Executive Leaders" followed by the date and time: "Wednesday, February 28, 2018 -- 12-12:30 p.m.". Below this, it lists the host as Lisa Trumble, SVP of Accountable Care and Performance at CHA/CHAPO, and the topic as "Population Health/Care Integration/MassHealth ACO Go Live". There are two bullet points with discussion questions: "In order to improve care, we increasingly focus on population health and care integration." followed by "What do we mean by integrated care?", "How are we approaching this transformation?", and "How are providers involved?"; and "What does this mean for our patients, providers and communities?". Below the questions is a short bio for Lisa M. Trumble, stating her career successes and current role as Senior Vice President of Accountable Care at CHA. The bio mentions her 20+ years of experience in various healthcare settings and her current responsibilities at CHA, including payer contracting, financial performance, regulatory oversight, compliance, administrative and clinical programming, and care management functions.

Calendar hold sent to providers 1-2 weeks in advance to help boost attendance

Invite includes discussion questions and short executive bio to set context for the session

To view "CHA's Virtual Brownbag Topic Calendar," Physician Executive Council members can visit advisory.com/pec/physicianengagement.

Component 4: Prepare executives to effectively facilitate brownbags

The fourth component is to prepare executives to effectively facilitate brownbags.

To facilitate a session, keep the conversation casual and ask open-ended questions to spark discussion. At CHA, leaders hold a 30-minute prewire call with each executive presenter to share the guidance shown here.

The discussion-based format benefits brownbag presenters and attendees alike. Not only is the interactive format engaging for providers, but it lightens the load on executives because they only need to prepare five minutes of content.

As of spring 2018, CHA piloted eight brownbag sessions, and early results are positive. According to post-brownbag evaluations, providers agree attending was a valuable use of time.

Although attendance is currently lower than they would like, CHA leaders anticipate more providers will join as word spreads about the value of executive-led virtual brownbags.

Equip Executives to Run Brownbags Effectively

Guidance for Executives Facilitating Virtual Brownbags



Keep it casual; do not use a formal presentation



Spend 5-10 minutes (no more and no less) introducing the topic and setting context



Ask open-ended questions to spark conversation



Communicate questions and answers from the provider perspective

Brownbags Keep Providers in the Loop



Results from Provider Evaluations¹

80%

of providers agreed or strongly agreed that the meeting was worth their time

77%

of providers agreed or strongly agreed that they received relevant information

68%

of providers agreed or strongly agreed that their questions were answered

1) n=31 providers across eight virtual brownbag sessions.

Advisory Board helps leaders and future leaders in the health care industry work smarter and faster by providing provocative insights, actionable strategies, and practical tools to support execution.

With more than 40 years of experience, a team of over 250 experts, and a network of nearly 5,000 member organizations, we spend more time researching the now and predicting the next than anyone else in the health care industry.

We know that together we can change the business of health care for the better. Join us by visiting advisory.com.

