

Engaging Physicians

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how to enaae physicians

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[TOCH Blog - How to Engage Physicians ...](#)

Aug 20, 2008 - We are often asked how **physicians** react to TOC implementations; how we get them to collaborate in the projects that emanate from the ...
www.toc-healthcare.com/Default.aspx?tabid=80&EntryID=16

[How to engage physicians and medical staff with social media ...](#)

How to engage physicians and medical staff with social media. With Farris Timimi, Howard Luks, Katie Malbon and Christian Sinclair. October 17 ...
store.ragan.com > Events > Attend Live > Workshops

Hot Topic!!!

[Practical Strategies for Engaging Physicians](#)

Dr. Cohn, a faculty member of the ACHE, speaks on ways to **engage physicians** to improve clinical and financial performance where you work.
healthcarecollaboration.com/.../ache-seminar-practical-strategies-for-engaging-physicians/ - Cached - Similar

[Practicing Excellence: 5 Reasons to Engage Physicians](#)

Practicing Excellence: 5 Reasons to **Engage Physicians**. "An organization that creates a culture of excellence becomes a living, breathing advertisement for ...
www.studergroup.com/newsletter/Vol1_Issue7/fall2006_sec4.htm - Cached

[How should pharma brands engage doctors in social media? - Quora](#)

11 answers - Feb 22
In your comments can you please disclose which market place you are ... Be valuable. Create content freely available that they can use to ...
www.quora.com/How-should-pharma-brands-engage-doctors-in-social-media

[Guerra On Healthcare: How Do You Engage Physicians ...](#)

Jun 27, 2011 - When trying to win support for your hospital's EHR and CPOE from **doctors**, be sensitive to how training will impact their personal and ...
www.informationweek.com/news/healthcare/CPOE/231000458 - Cached

Hospital Strategies to Engage Physicians in Quality Improvement

Issue Brief No. 127

October 2009

Allison Liebhaber, Debra A. Draper, Genna R. Cohen

- “Employment Engages Physicians”
- “Credible Data Motivates Improvement”
- “Committed Hospital Leadership Engenders Physician Support”
- “Physician Champions Foster Broader Participation”
- “Effective Communication Spurs Involvement”

What is the Culture of Physicians?

- “Culture eats process for lunch” Ancient Proverb
- Culture is the shared:
 - Attitudes
 - Beliefs
 - Goals
 - Practices
- I think you’ll agree that nursing culture and physician culture are different—yes?
- Take a look at these...

Myers Briggs

- Nurses—Feeling and Judging
 - ISFJ—Nurturer
 - ESFJ—Providers
- Doctors—Thinking and Judging
 - ISTJ—Inspector
 - INTJ—Mastermind

Google Images—which are doctors and which are nurses?



What is the Culture of Physicians?

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 - Practices
- I think you’ll agree that nursing culture and physician culture are different—yes?
- We have to be good sociologists and approach culture as NOT inherently bad, right?

Physicians Attitudes

- What are some attitudes you have learned that typify physicians?

Physicians Attitudes

- I do not need someone to tell me how to do it.
- If you will listen, I'll help you understand.
- I have achieved my position by working hard.
- I am overburdened by regulations.
- Hospital administrators are suspect.
- I know quite a bit about everything.
- People like me.
- The hospital is fortunate to have me on staff.

Physicians Beliefs

- What are some beliefs you have learned that typify physicians?

Physician Beliefs

- I practice as good as the next doctor, or better.
- “There are lies, there are damned lies, and then there are statistics.”
- Patients who don’t take their medicines are just noncompliant.
- The government is inept.
- Electronic records will slow me down.
- When I write an order, it ought to be followed.

Physicians Goals

- What are some goals you have learned that typify physicians?

Physicians Goals

- Be considered highly competent by peers
- Good relationships with patient
- Improve patients' health
- Engage colleagues
- Get home at reasonable time

Physicians Practices

- What are some practices you have learned that typify physicians?

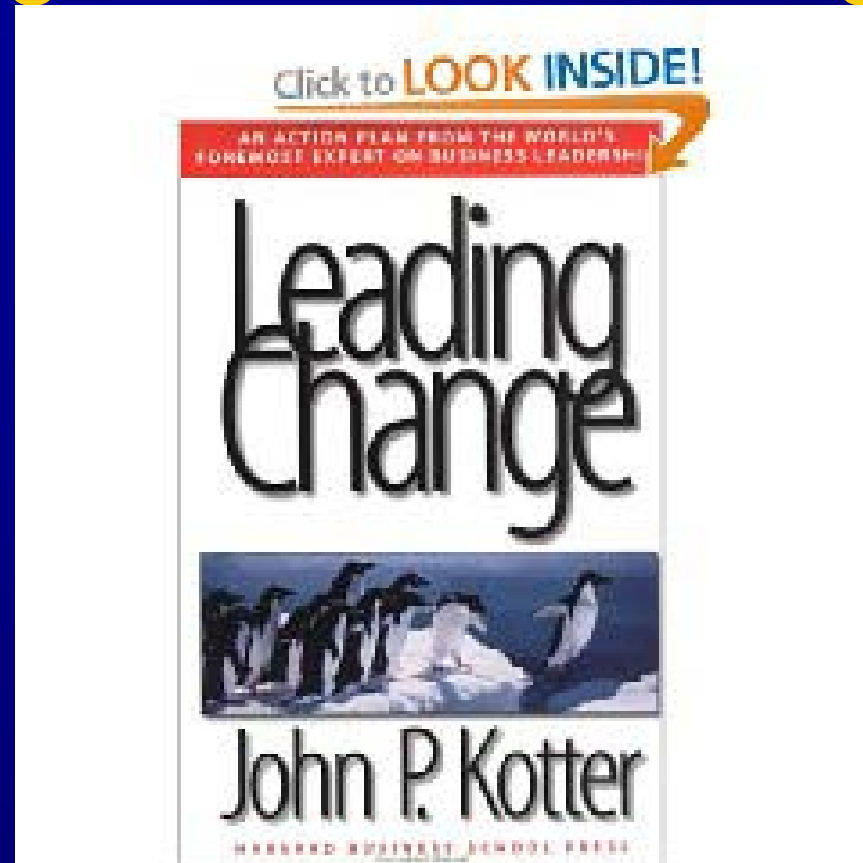
Physician “Practices”

- Compulsive about details
- Organized in daily life
- Discuss concepts
- Routines are important
- Focus on Big Picture
- Make decision and move on

Step 1: Consider yourself an ambassador to another culture

- Based on the Culture of physicians, where are the opportunities to engage them?
 - What are our shared goals?
 - What are the attitudes we can use to get their attention?
 - What are the practices that will provide our team strength?

Kotter's *eight steps* to leading organizational change



Kotter's *eight steps* to leading organizational change

Step one: Establish a sense of urgency

Step two: Create coalition of power

Step three: Develop a vision and strategy

Step four: Communicate the vision

Step five: Empower others to act

Steps six: Generate short-term wins

Step seven: Consolidating improvements

step eight: Institutionalize new approaches

Kotter's *eight steps* to leading organizational change

Step one: Establish a sense of urgency

- I believe Value-based Purchasing is a VERY URGENT issue
- What are the other things occurring in Medicine that are URGENT?

Kotter's *eight steps* to leading organizational change

Step two: Create coalition of power

- Who are the power brokers among the physicians?
- Do they have power under control, or are they destructive?
- Blessed are the meek for they will inherit the earth!

Kotter's *eight steps* to leading organizational change

Step three: Develop a vision and strategy

- Based on what we have been learning, how can we ensure that physicians feel like the “own” the vision and the strategy?
- How much time might it take to develop a shared vision and strategy with physicians here?

Kotter's *eight steps* to leading organizational change

Step four: Communicate the vision

- What kind of communication works with physicians?
- What “language” do physicians speak?
- Considering their culture, what needs to be in the message?

Kotter's *eight steps* to leading organizational change

Step five: Empower others to act

- How are you going to empower physicians?
- Believe it or not, the past 20 years have led physicians to feel fairly powerless in the hospital.
 - When people feel powerless, what do they do? How do they act?
 - Withdrawal? Bad behavior? Rebellion?
- What can you do differently to empower them?

Kotter's *eight steps* to leading organizational change

Steps six: Generate short-term wins

- What short-term wins do you think physicians would appreciate? What kind of wins, based on their culture would engage their support?

Kotter's *eight steps* to leading organizational change

Step seven: Consolidating improvements

Step eight: Institutionalize new approaches

- These are steps that will only occur if you are successful in steps 1-6.
- Considering the culture of physicians, what are the hazards that might jeopardize your relationships at this point?
 - Recognition
 - Losing their engagement—what's next?

Schon: Change in Social Systems

- Schon wrote about the *Stable State*.
- Groups believe in a Stable State because it protects them from the anxiety of *Uncertainty*.
- Institutions have *Dynamic Conservatism*, and fight to stay the same.
- In Reality, there is NO stable state. Social Systems are constantly in flux.

Schön, D. A. (1973) *Beyond the Stable State*.

Your Stories

- What has engaged physicians at Your Institution in the past? How did it happen? What were the positive (and negative?) outcomes?

What is Saint Luke's Care?

- We are a physician-led organization.
- We place clinicians in the “driver’s seat” to impact care delivery in their clinical settings.
- SLC improves patient outcomes by implementing evidence-based medicine and standardizing practice.

What is Saint Luke's Care?

- Ten Evidence-based Practice Teams (EPTs) have developed and deployed over 200 standardized order sets, nursing guidelines, and physician education modules.
 - organized around specialty and product-line.

Evidence-Based Practice Teams

- Medicine
- Anesthesia
- Critical Care
- Neuro
- Cardiovascular
- Ob/Gyn
- Emergency Med
- Pediatrics
- Surgery
- Radiology

...or should we say
Value-based Purchasing Teams?

What is Saint Luke's Care?

- We obtain ideas for our initiatives from national quality recommendations and the most up-to-date, high-quality research.
 - Subgroups of clinicians from our EPTs develop these ideas into projects,
 - Disseminated to SLC members seeking their comments and feedback.
 - Data on the effects of the projects are tracked by SLC and presented back to the EPT for further refinement.

What is Saint Luke's Care?

- Over 60% of SLHS staff physicians have volunteered to be members of SLC.
 - Only a third of these are employed by SLHS.
 - 85% of our admitting physicians are SLC members
- In order to improve patient outcomes, member engagement is critical.
 - We update physicians through email, newsletters, EPT meetings, and informing our Board of Directors.

Why Physicians Join Saint Luke's Care

- In Summary...
 - SLC is an innovative organization focused on improving quality and efficiency of medical practice.
 - SLC is a physician-led team.
 - SLC physicians are recognized publicly for a commitment to quality.
 - SLC physicians are involved in the development and implementation of system-wide best practices.

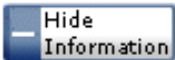
SLC Membership in 2009 said:

- 91% of the physician respondents *would recommend* Saint Luke's Care membership to others.
- 86% believed that Saint Luke's Care initiatives have *improved patient care!*
- 86% ranked their satisfaction with the six Evidence-based Practice Teams (EPT) as "good" to "excellent".

•259/515 (51%) of members responded

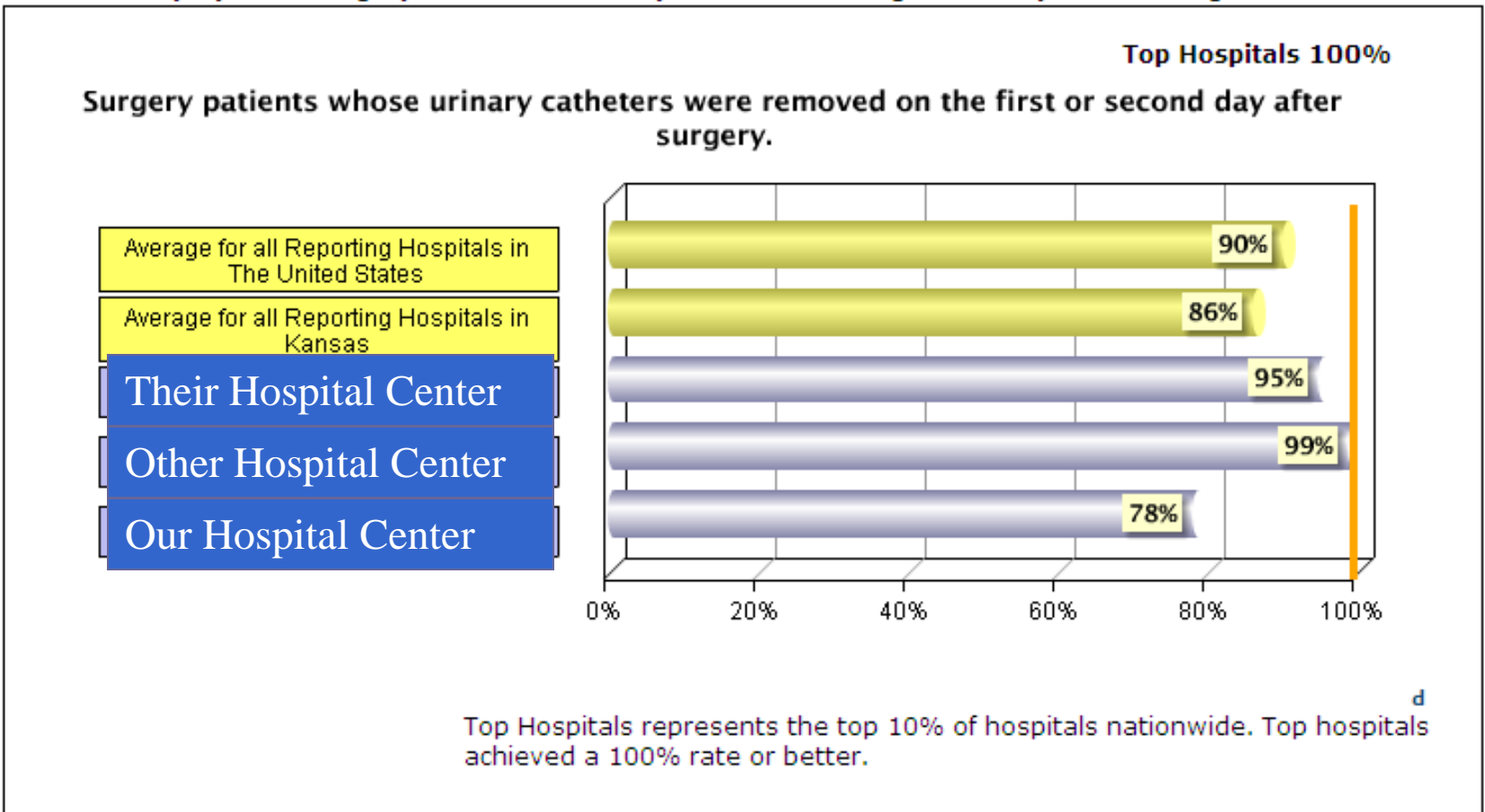
Case Study: What could you do to engage your physicians?

- Your CNO is concerned about urinary catheters. The CMS Value-based Purchasing plan for 2014 includes a new process measure of Post-op Urinary Catheter Removal (SCIP-INF-9).
- CAUTI is already NOT reimbursed by CMS.
- Data at CMS for our hospital shows:



Surgery patients whose urinary catheters were removed on the first or second day after surgery

The rates displayed in this graph are from data reported for discharges January 2010 through June 2010.



Case Study: What could you do to engage your physicians?

- CNO comes to your group and asks you to develop an initiative that will:
 - Decrease foley catheter days
 - Ensure foley catheter removal by POD #2
 - Decrease CAUTI
- Taking what you have learned today into consideration, how can you engage the doctors and meet these goals?