

# A Quality Opportunity: Engaging Physicians in Outcomes Improvement

With scrutiny of the quality of patient care increasing, the time is ripe to get physicians involved in improving clinical outcomes. Here are some tips on getting started.

There has never been a better time for healthcare executives to enlist and engage physicians at their facilities in the push for quality improvement. Not only is there an opportunity to do so; arguably, there is a great need to pursue this effort. The market is requiring it, and many entities are demanding it. Additionally, the incentives seem to be aligned to provide the impetus and the rationale for instigating and implementing a concerted initiative to involve doctors in the quality improvement movement. There are a few key driving forces that make this dynamic doable at this time.

## Doctor, Doctor, Give Me the News

Perhaps the biggest reason why physicians today are willing to pursue greater involvement in quality improvement initiatives is the public reporting and release of data. Although this is nothing new, there is added urgency, detail, and pronounced involvement this time around. Perhaps most important, many states and multiple organizations are now involving the medical profession in the gathering and reporting of medical outcomes. Most individual physicians have had a bye up to now, but that could change in the near future with an increased interest in more-specific quality data.

In addition, consumers are becoming more involved in healthcare decision making. At least two key market forces are driving this increased involvement: heightened consumer financial accountability, and increasing access to information via the Internet. As Jeff Goldsmith has noted, the Internet is ushering in what has been called the “democratization of American medicine.” With democratization comes not only improved access to information, but also increased interest in obtaining it.

## Is It Pay or Pray for Performance?

Another force driving physicians to get involved in quality initiatives is the move to incentivize higher performing organizations. This affects physicians in several ways. The two most obvious involve the overall performance of the hospital, which is highly dependent on the caliber and practice patterns of its physicians, and the concerted move by hospitals to hire more physicians.

Physicians these days are under greater scrutiny when it comes to quality and the value they provide. This emphasis on transparency is manifesting itself on several fronts, from recent decisions by major payers to publish their negotiated fees, to the state-specific practice of publishing quality performance results. What once appeared to be only the concern of hospitals and health systems – “pulling back the curtain” on quality outcomes – is now very much a consideration and an issue for those on the medical side of the aisle.

This trend represents a valuable opportunity for healthcare

executives to involve and engage members of the medical staff in their own quest for quality, and in their concerted efforts to improve the clinical outcomes of their facilities. The fact that major funding organizations, including the Centers for Medicare and Medicaid Services, have announced their intent to link quality achievement to financial performance is one more incentive for physicians to become integrally involved in the quality improvement effort. With the move toward greater physician employment, increased joint venture enterprises, and more physician/hospital affiliations, physicians’ financial future is becoming inextricably linked to the financial future of the hospital or health system where they practice.

## How to Make It Happen

The true gurus of quality will say that there are three key things to do to enlist and engage physicians in quality improvement. First, and most important, is to have a physician head up the effort. Most physicians will listen only to other physicians when it comes to monitoring and improving their quality. Anyone who believes otherwise is simply not paying attention.

**Find a champion.** The all-important step of finding a physician to marshal the ranks requires either identifying a physician champion who is highly regarded and well qualified to lead the effort, or working through a physician executive. The latter strategy can work, but it will be a more difficult road than the former, as physicians tend to have a certain level of distrust of and skepticism about physician executives. Nonetheless, in several systems that are on the vanguard in quality improvement around the country, physician executives are the driving force behind the foray into physician-led clinical amelioration.

**Start small.** The second key component of a physician-directed effort is to start small with a workable and provable project. If we have learned one thing about the fickle field of healthcare, it is that incrementalism is the optimal approach on nearly everything. As with all things in healthcare, if the effort is too pervasive or extensive at the outset, it will fall on its face in a matter of months and be more damaging than beneficial.

As several unfortunate hospitals and health systems have already learned through their own angst-ridden experience, it is better not to undertake a project than to overextend resources and executive time and to fail colossally. As Mark Twain wisely noted, “It’s easier to stay out than to get out.” This truism definitely applies to a physician-led quality improvement effort, where failure, or even a lack of meaningful success, will lead to diminished morale, mistrust, and far-reaching skepticism.

Consequently, the key is to start with a disease category or specific protocol that has proven research, strong physician support, and the existing infrastructure to demonstrate substan-


tive improvement. One example that has worked for several systems is the prophylactic treatment for deep vein thrombosis (DVT). The treatment protocol for DVT meets all the criteria mentioned above, and is one that not only can demonstrate marked improvement in clinical outcomes, but also is relatively noncontroversial among medical staffs.

**Keep the spotlight on.** The third element of a successful physician-led quality improvement effort relates to the high-profile nature of the initiative. Many health systems have board quality oversight committees. These high-octane groups bring both cachet and consistency to the quality improvement effort, with involvement from not only trustees, but also physicians and hospital executives. Such committees guarantee that the physicians leading the effort will be highly visible and oft scrutinized in their responsibilities.

In this case, scrutiny by the oversight body is a good and motivating factor in helping the organization achieve its goals in moving the quality needle. Quality oversight is one of the key responsibilities of the board, but more often than not it is restricted to areas such as medical staff credentialing, which, though very important, are not that tangible or skill-specific to most board members. Monitoring quality on a periodic basis, using reasonable and relevant metrics, is something all board members can sink their teeth into, and the physicians leading the charge can provide their expertise on. It is a strategy that fires on all cylinders.

### The Never-Ending Quest for Quality

In the past few years, we have seen an increasing challenge to the quality of care delivered by American healthcare institutions. The value of healthcare services has been categorized, compared, and challenged. This scrutiny will only intensify in the months and years ahead as costs rise and access to care diminishes. The savvy healthcare executive will recognize that now is the time to seize the brass ring of opportunity and will get busy involving physicians in his or her organization's quality improvement efforts.

As progressive health systems have already demonstrated, without physician engagement, the organization will always be hamstrung in its ability to demonstrate marked clinical improvement. With true physician engagement, the innovative organization can both increase its competitive position and enhance its community value. 

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