2017 TOWN HALL

The missing link? Engaging front line physician leaders to implement quality improvement strategies to transform patient care at the bedside

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Disclosures of Conflicts of Interest

• Shelly McGonigal, DNP, RN has nothing to disclose.

• J. Christopher Post, MD, PhD, MSS, FACS has nothing to disclose.
Objectives

• By the end of the presentation, learner will be able to state 3 activities that lead to physician engagement
• By the end of the presentation, learner will be aware of initiatives that have been successful with physician facilitation
The AGH Legacy

- 576 licensed bed hospital located on the Northside of Pittsburgh
- Founded December 4, 1882
- Level I Trauma
- Cardiac and Abdominal Transplant Center
- Comprehensive Stroke Center
- Medical Staff >800
- Employs over 5,000
- Resident Physicians - >300
- Flagship hospital of the Allegheny Health Network
Embracing the culture

- Lifelong tradition of learning and teaching
- Compliment of medical and specialty services
- Strong sense of pride in the services throughout the organization
  - Physician and nursing
- Research focus
- AHERF impact – leadership challenges
Shifting focus: Health Care Reform – volume to value

- Affordable Care Act – shifting focus from census/volume – to quality/patient centric care
- Value Based Purchasing
- Readmission Reduction Program
- Pay for performance
- Meaningful Use
- HAC Penalty Program
- CMS Star Program
- HEDIS measures in Primary Care
- Payment Model Programs
- Quality payments adding to (or taking away) from the bottom line
2016 Reality….  

• Although we were high performers in the specialties (transplant, cardiac, etc) we were rating below expectations with the governmental programs – esp. CMS Hospital Star Rating Program  
• Strong QI Programs – mainly focused on pay for performance and core measures
Advice from the CEO

• “Get the doctors involved”
  – Dr Jeffrey Cohen
  – President, Allegheny General
Easy to do….right???

• Quality Management Council
  – Service line chairs, administration and QI staff
  – Review metrics and P4V outcomes
  – Data presented as hospital wide data
  – Monthly spotlight of a service line
    • Focus on services provided – not outcomes
    – Lunch provided…..(good attendance)
• Was this meeting sufficient to make sweeping change?
• Were we engaging the physicians or were we just relaying information?
What does the research tell us on physician engagement?

- **Physician engagement: A primer for healthcare leaders.** (2016) A. Clinton MacKinney MD, MS
- **Engaging physicians to transform operational and clinical performance** (2013) Pooja Kumar MD, Anna Sherwood & Saumya Sutaria MD
- **Engaging Doctors in the health care revolution** (2015) Thomas H. Lee MD & Toby Cosgrove MD
- **Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout** (2017) Tait D. Shanafelt MD and John H. Noseworthy MD, CEO
Engaging physicians to transform operational and clinical performance
Kumar, Sherwood & Sutaria published May 2013

• Study of 1,400 US physicians on number of topics including
  – Readiness for reform
  – Waste and inefficiency in healthcare
  – Employment and alignment models
  – Financial risk taking

• 4 Key Barriers
  – Overwhelmed and ill-equipped to implement change
    • Unsure how they contribute to inefficiency and waste
  – Too many providers are focusing only on employment as a driver
  – Overweight compensation as an influencer to physician behavior
  – Poor understanding of payment models, financial risk taking and their ability to drive change processes
Engaging physicians to transform operational and clinical performance
Kumar, Sherwood & Sutaria published May 2013

• 84% of physicians surveyed stated that they are completely or very willing to make changes in their decisions and actions, or to collaborate to change other physician practices if doing so would affect at least one of the following potential waste streams:
  – Avoidable utilization
    • Esp. diagnostics
  – Clinical decision variability
  – Ineffective discharge practices
Engaging physicians to transform operational and clinical performance
Kumar, Sherwood & Sutaria published May 2013

• Despite willingness to change:
  – Less than 10% have altered referral patterns or insurance types they accept
  – Less than 17% had initiated cost saving initiatives
  – 20% had increased their use of evidence based medicine or their tracking of quality measures
Physician engagement: A primer for healthcare leaders.

A. Clinton MacKinney, MD MS

• **Physician engagement is proactive physician involvement and meaningful influence that move a healthcare organization toward a shared vision and a successful future**

• Physicians are trained to be autonomous, independent and in control

• Changes in practice are leaning towards team-based, collaborative, chronic disease management and post acute/community care focus. Physician is the “captain of the ship” – but the crew is driving the ship…. 
Changing the culture: embracing 4 categories of engagement

- **Governance:** the degree to which physicians are proactively and meaningfully involved in strategic decisions
  - In the room – not outside looking in
  - More than facilitating a meeting or chairing a committee
  - Involved in strategic planning – where is the organization going? What is important? How are resources being allocated?
  - Governing Board participation
  - Physician leadership and voice at all levels

- **Education:** physician education and mentorship on leadership and quality philosophy.
  - Leadership theory – what works? What doesn’t?
  - Quality tools and techniques
  - Education on governmental programs – ACA, Readmissions, NHSN guidelines
  - Mentoring new physicians/residents – our next generation
Changing the culture: embracing 4 categories of engagement

- **Compensation:** Rewarding for outcomes and participation
  - Mirroring the goals/vision for the organization
  - Rewards for objective and measurable behaviors
    - Includes compensation for committee time/work
  - Compensation for chief medical officer role

- **Data:** Scientifically based, accurate, reliable data relating to clinical outcomes
  - Must be meaningful and quantifiable (eliminate hunches and speculation)
  - Must be actionable – “data rich – knowledge poor”
  - Few key notes:
    - Comparative performance data to physicians/service lines
    - Defined frequency – weekly, monthly, quarterly
    - Easy to interpret format
Harvard Business Review: Engaging Doctors in the health care revolution

Thomas H. Lee, MD & Toby Cosgrove MD

• “In the face of ever increasing complexity, the hard work and best intentions of individual physicians can no longer guarantee efficient, high-quality care.”

• Reality: endless stream of patients – but the feedback is much they do is waste. This has led to denial and anger….

• Way to reverse – trust and involvement

• Leaders: optimism, courage and resilience
Harvard Business Review: Engaging Doctors in the health care revolution
Thomas H. Lee, MD & Toby Cosgrove MD

• Leadership strategies to engage physicians:
  – Clarify the goal
    • Improving outcomes, decreasing costs – more value to patients
    • Focus on Shared Purpose – quality patient care
    • “Full collaboration in relentless improvement “
– Shared Purpose
  • Listening
  • Demonstrating respect
  • Collaborating to meet the goal
  • Again, focus on the patient
– Appeal to self interest
  • What are the metrics? How are they collected?
  • How are metrics used to gauge performance
  • What does it all mean to patient care and outcomes
  • Financial incentives for performance
Harvard Business Review: *Engaging Doctors in the health care revolution*
*Thomas H. Lee, MD & Toby Cosgrove MD*

- **Earning respect**
  - Positive feedback on comparisons
  - Unmasking data – providing feedback on how to be a top performer

- **Embracing Tradition**
  - If a physician values membership in an organization – that pride can be a strong motivator for change and improvement
• What about creating incentives?
  – May be effective when aligned with the organizational purpose
    • Avoid attaching large sums to any single target
    • Watch for conflict of interests
      – Avoid incentives that focus only on cost savings
      – Conflicts when physicians “gain” by patient shortcomings
    • Reward collaboration
    • Communicate
      – Transparency
Mayo Clinic: Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout

Tait D. Shanafelt, MD and John H. Noseworthy, MD CEO

• Healthcare challenges have had a direct impact on physicians
  – “today’s health care leaders face these challenges with an increasingly exhausted and disillusioned physician workforce”

• Productivity expectations
• Improve efficiency
• Reduce expenses
• Technology changes
  – Electronic Medical Record – Positive/Negative
• How do we prevent physician burnout and promote engagement?
  – First – be aware of the 7 Drivers…
    • Workload/patient demand
    • Efficiency and resources
    • Meaning in Work
    • Culture and Values
    • Control and Flexibility
    • Social Summary and community at work
    • Work Life Integration
Mayo Clinic: *Executive Leadership and Physician Well-being*
*Tait D. Shanafelt, MD and John H. Noseworthy, MD CEO*

- Dispel a few myths….barriers to organizations taking action
  - Belief that the drive for physician well being will not dovetail with organizational initiatives
  - The “cost” will be prohibitive from an organizational standpoint – needs to be done on an individual level

- Reality: we need to partner with the medical staff to reach and exceed organizational outcomes
Mayo Clinic: Executive Leadership and Physician Well-being
Tait D. Shanafelt, MD and John H. Noseworthy, MD CEO

• 9 organizational strategies to promote well-being (and improve engagement)

- Acknowledge and assess the problem
- Harness the power of leadership
- Develop and implement targeted work unit interventions
- Cultivate community at work
- Use rewards and incentives wisely
- Align values and strengthen culture
- Promote flexibility and work-life integration
- Provide resources to promote resilience and self-care
- Facilitate and fund organizational science
Operationalizing physician engagement at AGH

• Appointment of a Medical Director of Quality
  – Different than CMO
  – Responsible for strategic planning, implementation of initiatives and engagement of the medical staff in quality initiatives in the organization
  – Dedicated time to quality improvement activities versus “add in” responsibility
Assessment of Current Condition

- Physician engagement in specialty quality improvement was impressive – organizational quality improvement was limited

  - Examples of specialty involvement:
    - Stroke, Transplant, Trauma, Cardiothoracics, Ortho

  - Where did we need help?
    - Hospital acquired infections
    - Complications (Patient Safety Indicators)
First step: Clarifying the goal

- Evaluated current initiatives, attendance and performance
  - What is being spotlighted?
  - What is high priority to the patients and the organization?
  - What is an “easy fix” versus a long term solution?
  - Publically reported?
  - What are physicians passionate about?
  - Shared purpose…..
Identifying key stakeholders

• Visible, front line physicians
• Had to have “skin in the game”
• Collaborative spirit – ability to work with the team members and lead discussion
• Expertise – valuing the physician contribution and knowledge
• Respected by physician colleagues
Support for the front line work and process for improvement

• Logistics
  – Administrative support to schedule meetings and telephone conference lines
  – Quality Staff support to do the “leg work” with the projects
  – Data Analyst support

• Resources
  – Time – respecting time management to meet objectives in a time efficient manner
  – Technology – assistance with obtaining requested technology to support initiative
Physician-led Hospital Acquired Infection review process

- Identified key physicians to lead teams to review cases and recommend practice changes
  - Surgical Site Infections: Matthew Noorbakhsh MD, Trauma/Acute Care Surgery Surgeon
  - Central Line Associated Bloodstream Infections: Peter Linden, MD, Critical Care Medicine, Zaw Min, MD, Infection Prevention
  - Clostridium Difficile Infections: Thomas Walsh MD, Infectious Disease
  - Catheter Associated Urinary Tract Infections: Herman Bagga MD, Urology Surgeon

- Initiated small interdisciplinary teams, including Infection Preventionists that meet every two weeks to review cases and make recommendations for improvements
Spotlight: CDI process

- How does physician engagement make a difference in CDI?
  - Realized early in the process that physician education was needed – ordering specimens, antimicrobial stewardship
    - Quick turnaround with attending and resident education on the ordering process
    - Ability to facilitate changes in the EMR to include an ordering algorithm
    - Initiated an AMS newsletter per month for all staff
  - Ability to evaluate cases of colonization v. infection
  - Collaborated with the CDC on definitions and guidelines for CDI
    - Accept NHSN Criteria
  - Initiated a fellow research project on CDI
  - Obtained UV Technology to assist with environmental cleaning
  - Partnered with the Department of Nursing and Environmental Services Department
What is the outcome?

**CY 16 v. CY17**

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CLAB Prevention

- Initiated a similar process as CDI with physician leadership including Dr. Peter Linden, Critical Care Medicine, Dr. Zaw Min, Medical Director for Infection Prevention and Dr. Post, Quality Medical Director
- Review process with the NHSN Guidelines
- Education component with physician and nursing staff
- Collaboration with Nursing Lean Teams for unit focused education and strategy implementation – Jason Yaglowski, RN
CLAB Spotlight

CY 16 v. CY17

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Complication Review – Patient Safety Indicators (PSI)

- Physician led review of cardiothoracic complications by George Magovern MD, Chair of AHN Cardiothoracic Service Line
- Identified documentation opportunities with the new EMR
- Provided education to the coding staff
- Mentor physicians and residents on the importance and impact of publically reported programs
Outcome?
Additional examples

- Employee Injury Review Team
- Substance Abuse Team
- VTE Prevention Team
- Environmental Services Collaborative Team
Mentoring the next generation

- Patient Safety Residency Program
  - Facilitated through Graduate Medical Education
  - Engaging residents and fellows in improving care at the bedside

- Nurse Residency Program
  - Patient Safety/Quality Project
Back to the research….

- Shared purpose: Matching initiatives to passionate physicians
- Governance: Physician-led and in the room v. outside looking in
- Education: leadership strategies, regulatory guidelines (what counts – what doesn’t), QI tools
- Reward/recognition: acknowledge time factors and respecting expertise
- Data: meaningful and actionable
- Embracing tradition: organizational pride in improving outcomes
Next generation of engagement: GME/Nurse Residency

GME Patient Safety/Quality Improvement Resident Research Challenge

- 1st Place: Shailendra Singh, MD—Gastroenterology
  Title: “Implementing a Multidisciplinary Conference Improves Patient Selection and Shortens Time to Surgery for Resectable Pancreatic Cancer”
  Coauthors: Bharat Rao, Abhishek Gulati, Manav Sharma, Mrinal Gang, Abhijit Kulkarni, Suzanne Morrissey, Harry K. Williams, Suzanne Schifman, Dulabh Monga, Anthony Lupton, Anthony, Donald Atkinson, Alexander Kirichenko, Manish Dhawan, Shyam Thakkar

- 2nd Place: Rikinder Sandhu, MD—Infectious Disease
  Title: “Environmental Decontamination of Medical ICU Suites Using High-Intensity Narrow-Spectrum Light”
  Coauthors: Monika A. Murillo, MD, Delia Wyatt MS, MSN, Nitin Bhanot MD, MPH, Zaw Min MD, John Thomas, PhD

- 3rd Place: Monika Murillo, MD—Infectious Disease
  Title: “Impact of Antimicrobial Stewardship Program Guidance on the Management of Uncomplicated Skin and Skin Structure Infections in Hospitalized Adults”
  Coauthors: Tamara L. Trienski, PharmD; Derek N. Bremmer, PharmD, BCPS; Noreen H. Chan-Tompkins, PharmD, BCPS-AQ ID; Lynn Chan, PharmD; Chelsea I. Konopka, PharmD; Michael J. Burkitt, MD, MPH; Matthew A. Moffa, DO; Courtney Watson, MPH; Thomas L. Walsh, MD
What have we learned? Shared purpose through physician engagement

Core Behaviors

Customer First
We place the customer at the center of everything we do!
- We put ourselves in the customers' shoes
- We anticipate our customers' needs
- We simplify the customer experience
- We deliver solutions that go a step beyond
- We appreciate our customers' loyalty to Highmark Health

Transformational Leadership
We are driven to create the future of health care!
- We inspire through vision and action
- We are proactive in driving change
- We are authentic in who we are and what we do
- We embrace courageous conversations
- We challenge ourselves to continuously improve

Trust Working Together
We collaborate to achieve shared success!
- We involve the right partners at the right times
- We treat each other with honesty and respect
- We influence through relationship and not through position
- We trust one another to make the right decisions and do the right things
- We share risks and rewards

Purposeful Execution
We value outcomes, not activity!
- We set clear priorities and expectations
- We take ownership of our commitments
- We take calculated risks
- We are relentless in our pursuit of excellence
- We recognize and celebrate results

Passionate about patients
Outcome driven
Questions?
References

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