

Physician Engagement High-Performing Practice ACTION TOOLS

THE CARE INTERVENTION SUBCOMMITTEE'S HIGH-PERFORMING PRACTICE STUDY IDENTIFIED SIX KEY ATTRIBUTES OF PRACTICES THAT WERE HIGH-PERFORMERS ON ED AND INPATIENT UTILIZATION. PHYSICIAN ENGAGEMENT WAS IDENTIFIED AS A KEY PRECURSOR OF PATIENT ENGAGEMENT AND PARTNERSHIP. THE FOLLOWING TOOLS WERE DEVELOPED TO ASSIST PRACTICES IN IMPROVING PHYSICIAN ENGAGEMENT.

The “Five C’s” of Physician Engagement: Values, preferences and needs differ from person to person and understanding the factors that matter to physicians in your organization helps to understand how to catalyze and support provider success. Factors that might be key to physicians in your organization include:

- 1) **Compensation:** Money and physical reward can be a motivator but has not generally shown to be a primary contributor to engagement. Some physicians are highly compensation-driven and some not at all.
- 2) **Control:** Creating programs and innovations in vacuums or silos and expecting that they be followed is a fool’s errand. For physicians to be engaged in implementation, they must be engaged in design from the outset.
- 3) **Competence:** If you are asking physicians to do something that they don't think has to do with providing great care for their patients, it can be viewed as an arbitrary or merely administrative task. Ensure that there is a link to the provision of meaningful and effective care to new programs and innovations.
- 4) **Collegiality:** Physicians tend to learn best from other physicians (e.g, the “white coat to white coat” model). Having a physician champion or colleague who is viewed as a thought leader can be a powerful catalyst for change. This creates an opportunity for champion physicians to share their experience with pilot implementation and ensure that the providers’ voice is incorporated in new program design.
- 5) **Competition:** Physicians tend to be highly competitive and data matters to them. Openly sharing dashboard performance, and the like in an unblended way both engenders a competitive spirit and enables practices and physicians to learn from top performers.

Assess Your Current State: Begin with surveying the pulse of physician engagement in your practice by asking PCPs discrete questions to better understand clinician perceptions regarding engagement. This can be accomplished by developing a short survey instrument to assess current state. The survey should be led by a physician champion in your organization to ensure that the questions are customized to your practice and will provide the information that you need to determine your baseline levels of physician engagement. Some questions to consider drawn from the High Performing Practice key learnings have been crafted into an instrument that can be found in Attachment One. Alternatively, you may elect to craft your own survey instrument, preferably with physician input.

Aggregate Findings and Share Them with Physicians: Whether you are in a small practice or a large group or system, it is important to share aggregated findings in a safe and protected way, so that individual survey results are not compromised. Sharing aggregated feedback provides transparency and allows people to know that their input matters and that the organization is willing to look in the mirror to acknowledge the current state and work for improvement.

High Performing Practice Physician Engagement Survey (Attachment 1)

1. As a PCP, do you feel that you have a voice in organizational decision making and the design of new innovations and programs?

RATIONALE: As key stakeholders, PCPs must be involved in the development and design of interventions and innovations. Without an opportunity to participate and provide input and guidance, there is little motivation for them to support implementation or program success. Too often finalized programs are “rolled out” to physicians and understandably, seen as additional burdens on already over-taxed practices.

2. Do you feel like you are engaged with your team and satisfied with the way that you care for your patients?

RATIONALE: Studies suggest that patients are more engaged in their care and are more compliant with care plans when they feel that their PCP cares about them and is responsive to them. There is little doubt –physician engagement is the gateway to patient engagement. Patients turn to their care teams and particularly to their physicians for guidance in navigating care, understanding how to stay well, and what to do when health concerns arise. Patient trust and partnership must be earned. Physicians who partner with their teams to demonstrate patient-centeredness and guide continuity in their care win the respect of patients and encourage them to take active roles in managing their health and complying with care plans.

3. Do you feel like you have the resources, materials and equipment needed to do your best work?

RATIONALE: It is frustrating to be asked to partake in change and be accountable for improvement if the resources and tools that are necessary are not present. Assessing physician perception of resource adequacy can be a starting place to better understand both physician awareness of the tools, resources and materials needed to implement change. Try to be as specific about gaining information about what is missing by providing space for open comment so that you can better understand need and perceptions. Sometimes resources exist, but providers might not be aware of their availability or how to access them.

4. Do you feel like you have some degree of autonomy in your workday?

RATIONALE: Organization and scheduling are key to primary care practice. At the same time, there are ways to provide some self-determination and autonomy in the course of

the workday. Many things may need to be accomplished, but having some opportunity to determine how to best use the time in a workday in ways that work for physicians as individuals helps to build a sense of autonomy and control over their work lives.

5. In the past week, have you received recognition or praise for doing good work from a patient or team member?

RATIONALE: Physicians are human and appreciate recognition and assurance that their actions and work make a difference in the lives of their patients. Does your organization or practice have some way of communicating recognition to physicians?

As well, have the physicians in your practice reached out to others on the team (clinical, clerical or administrative) to communicate their appreciation of their teammates? Engaged physicians are confident enough to realize that the team is a vital part of care delivery.

6. Do you feel like you have the support of other clinicians and administrative staff in the practice?

RATIONALE: Asking physicians about their perceptions of whether they trust that their teammates support them and are invested in their individual and team success can be incredibly useful in understanding and building team engagement.