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5. PHYSICIANS:

A PRESCRIPTION FOR PHYSICIAN REENGAGEMENT

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About the Author

Brian Wong, M.D., is cofounder of The Bedside Project, a Seattle-based company dedicated to reengaging physicians and other healthcare professionals by teaching five fundamentals necessary to control their collective destiny. Dr. Wong's diverse experience has included being a partner and national director of healthcare strategy for a global consulting firm, serving as medical director of a clinic network of 50 primary care physicians, and serving as chairman of medical quality assurance for a 370-bed community hospital. He has also been medical director of a statewide, provider-owned health plan and a board member of Providence Health & Services in Seattle. A board-certified family physician, Dr. Wong received his medical degree from the University of California–San Francisco.

As hospitals struggle to attract, recruit, and keep physicians, the term *physician retention* has become as common in the healthcare field as antibiotics. The difficulty of retaining physicians compounds the already worrisome issue of the physician shortage. The physician shortage and physician retention issues have a strong correlation to another issue getting a lot of press: physician engagement.

Across the country healthcare organizations are grappling with physician disengagement. This loss of cohesiveness and lack of community among members of the medical staff have eroded their commitment to the organization, to one another, and to the medical community as a whole.

What factors drive physician disengagement? They can be broken down into three categories: changes in the way the healthcare system operates, technological advances, and shifts in physician priorities.

Delivery System Changes

Managed care was intended to increase patient use of primary care physicians and decrease the need for specialists. This has not happened. Further, insurance coverage has made getting paid much more complicated for physicians. The paperwork now required of doctors leaves them less time to see patients. In addition, new procedures add intricacies to patient evaluation and treatment, further limiting the number of patients a doctor can see.

Technological Advances

Advances in technology increase physician demand. As more analytical tools become available, more physicians are needed to implement the new technology. Radiologists, for example, are in too short supply to match the ever-accelerating pace of innovation in areas such as MRI (magnetic resonance imaging) and CT (computed tomography) scan technology. Further, with increased patient awareness and so much information available on the Internet, patients are requesting specific new technologies (e.g., "I want my CT angiogram"), which is likely to create more demand for physician services.

Shifting Physician Priorities

As managed care and insurance chip away at the autonomy many physicians seek in their careers, physicians are altering their practices to regain control. Many are choosing very narrow specialties where the pay is greater or are working in fields where insurance is not an issue. Further, many are working in large metropolitan areas, sharing call, shortening their working hours, or limiting the types of patients they will see—for example, refusing to see patients on Medicare or Medicaid or in some cases refusing all insurance.

To make things worse, techniques to keep physicians on board often mean offering them further flexibility in the form of lower hours at higher pay. In effect, the solution compounds the problem. Even in the best scenarios, the resolution most often has to be implemented one physician at a time.

External forces—improved technology, more regulation and paperwork, and higher patient demand and malpractice risk—have led to increased complexity in the healthcare system. Those forces, combined with individual physicians' countermeasures to reassert some control over their lives—reducing hours, scope of services, or panel size; placing restrictions on patients seen; and insisting on compensation for hospital committee work—leave the healthcare system in a difficult bind.

The result is fewer physicians as engaged and productive as we need them to be, too few people choosing careers in medicine to meet the rising demand and need (Council on Graduate Medical Education 2005), and more physicians leaving the profession earlier—all pinned against an unrelenting and ever-accelerating demand for medical services.

A Future Without Physicians?

The *Futurescan* survey results show that the problem is not amenable to any near-term solution. In fact, additional pressures are emerging that will exacerbate the shortage but few trends are on the horizon that will alleviate it.

The recent uptick in medical school enrollment, projected to be as high as 21 percent by 2012 (Association of American Medical Colleges 2008), will not be enough to offset the rising number of practicing physicians seeking new options in their career paths, coupled with the increased demand for services. To complicate matters, the extent of the physician shortage is probably underestimated. The numbers assume that today's physicians will continue to produce at their current levels, yet in reality, many are seeking ways to work fewer hours. The problem may be exacerbated by the fact that more women are entering the field, and they traditionally are more concerned than males about balancing work and family (Croasdale 2004).

The future means finding alternative providers for care. An overwhelming 99 percent of *Futurescan* survey respondents believe the role of physician extenders in specialty care will continue to expand in response to physician shortages, and 95 percent predict that by 2014 primary care will be provided by advance practice nurses rather than physicians. Respondents were mixed about whether hospitals will be getting additional help from their current physicians: 42 percent believe physicians will be required to provide on-call services as a condition of being granted hospital privileges, while 58 percent thought that was unlikely.

While the gap between physician demand and supply is widening, increased demands are being made on physicians, including further training. For example, 80 percent of *Futurescan* survey respondents thought it likely that "hospitals will have training, mentoring, and evaluation programs for employees to develop cross-cultural communication skills." Eighty-one percent of survey respondents see hospitals providing additional services focused on wellness, which will require additional physician supervision; and 82 percent see medical encounters becoming increasingly confrontational as boomers with long lists of demands meet clinicians with already limited time.

An overwhelming majority of respondents also expect a greater emphasis on quality and patient safety. For example, 97 percent believe it likely that all hospital boards will have a committee or subcommittee on hospital quality and patient safety by 2014. These changes will certainly necessitate additional paperwork, training, and meeting time for physicians already struggling to fit their patients into an increasingly demanding workload.

Getting to the Root of the Problem

Many suggested solutions to the pervasive problem of physician disengagement are short-term fixes, including hospital employment of physicians and joint ventures between physicians and hospitals such as ambulatory surgical and imaging centers. Other ideas include payment for call and new structures such as gain-sharing arrangements, which incentivize physicians by sharing gains realized by cost-saving measures. But as Einstein cautioned, "We cannot solve our problems with the same thinking we used when we created them."

Any meaningful solution to the problem of physician disengagement must begin with an understanding of its root cause. This requires identification of the fundamental drivers of physician engagement. Hospital leaders should ask one question of physicians: What is preventing your professional fulfillment? Only with the answer to this question can one begin to formulate a comprehensive and enduring intervention.

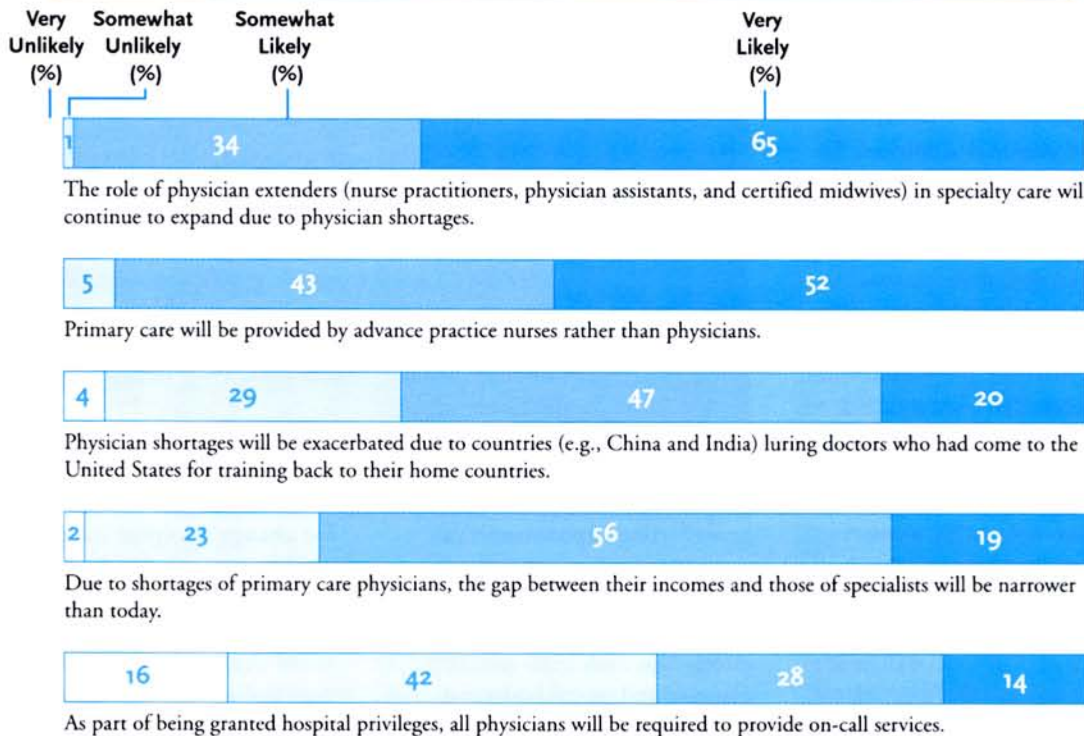
Over the past two years, we have asked more than 1,500 physicians what they seek from their careers. The answers have been astounding, both in their simplicity and their uniformity. It comes down to three simple things:

- Meaningful work that makes a difference
- A sense of community
- Affirmation of their value in the form of regular, reliable, positive feedback

In other words, what physicians lack today is meaning, community, and validation. These three factors are the essence of physician engagement. Address these fundamental drivers, and the problems of physician

FUTURESCAN SURVEY RESULTS: Physicians

How likely is it that the following will be seen in your hospital's area by 2014?



*Note: Percentages in each row may not sum exactly to 100% due to rounding.

What Practitioners Predict

Practitioners achieved almost complete consensus (99 percent) that physician shortages in specialty care will drive an expansion of the roles of physician extenders—nurse practitioners, physician assistants, and certified midwives. Nearly as many (95 percent) agree that advance practice nurses and not physicians will provide primary care in their hospital's area by 2014.

Two out of three respondents agree that physician shortages are likely to be exacerbated by the fact that many foreign-born physicians return to their home countries after training in the United States.

Shortages of primary care physicians, in the view of three-quarters of respondents, will result in a narrowing of the income gap currently evident between specialists and primary care physicians. However, the majority (58 percent of respondents) do not think hospitals will respond to the shortages by requiring all physicians on their medical staffs to provide on-call services as a condition of being granted hospital privileges.

engagement and physician retention are solved. In addition, a vital yet elusive component is restored and rebuilt: trust.

Seem too simplistic? It is not.

Implications for Hospital Leaders

Focus on personal attributes. To address the underlying issues of engagement and trust among medical staff, hospital leaders must change the way physicians are rewarded by focusing on the personal attributes that help physicians achieve what they really want from their careers. These are the same attributes physicians must exemplify to create a successful community. The "TRUSTED Colleague"—a physician who exhibits these attributes—is the first of five fundamentals of organizational change.

The TRUSTED Colleague is a physician who is (1) a **t**eam player, (2) **r**espectful and **r**esponsive, and (3) **u**nderstanding (specifically, is able to listen without passing judgment); who can (4) provide a **s**afe environment and is approachable even in the most difficult situations; and who is (5) **t**alented, (6) able to **e**xecute, and (7) **d**edicated.

When organizations identify physicians who have the potential to become TRUSTED Colleagues, they often begin to realize process improvements even before they have worked through the remaining four fundamentals (finding common ground, having safe conversations, getting to the root cause of every problem, and spreading the wealth).

Start small. By establishing these values with a core group of physicians, an organization can establish lasting change. Often for the first time, the physicians themselves can set priorities for the organization, allowing them the opportunity to see firsthand how effecting improvements can make their professional lives more rewarding. These TRUSTED Colleagues work with the board of directors on such items as strategic planning and capital budgeting. What was previously an adversarial relationship becomes cooperative and productive. As new physicians with these attributes are recruited into the community, the attitude shift spreads across the organization.

The simple truth is this: Once physicians realize they have more in common with administration, the board, and staff, they begin to see themselves as part of a community. Hope is restored as trust is built, one conversation at a time. The continual focus on creating the very best place to practice, work, and receive care energizes the medical community. It makes physicians want to stay and creates the dedication that drives them to participate in ways they otherwise would not. When physicians find joy in their work, they pass that enthusiasm on to future doctors, spurring a renewed passion for the field.

Build organization-wide support for change. Hospital leaders should implement a strategy for building support among board members and other decision-makers for organizational change. Of course, this takes time and intent. Change is accomplished step by step, beginning with a group of TRUSTED Colleagues in every organization. By shifting a critical mass of as few as 20 physicians, any organization can achieve breakthrough success.

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