Physician Culture Must Transition from Defensiveness to Performance Improvement

written by Thomas Dent, M.D. | October 12, 2016

Physicians undergo long and arduous training, with good reason. Lives are at stake. Learning to make the correct diagnosis, to expertly perform the appropriate procedure and to properly treat conditions is essential. Mistakes or flaws are scrutinized and not tolerated. Being wrong may cause greater harm to the patient—and lead to malpractice litigation. In short, physician culture places a premium on individual performance and responsibility.

Steeped in those values, most physicians take great pride in the quality of care they deliver to patients, in the examination room or the surgical suite. Teams who provide specialized services, such as Emergency Departments, evince institutional pride, as well. Pride is tied to self-confidence, a key quality for physicians who must often act decisively and quickly to help patients. But even the most experienced physician can learn new and more effective means of treatment. Recognizing the importance of physician pride is essential to any effort to invest physicians in process improvement.

Like It or Not, Reimbursements Tied to Physician Performance Are Here to Stay

While physicians are strongly motivated to help their patients (why else go through all those strenuous years of training unless you believe in your mission as a healer?) how well physicians help their patients is increasingly linked to physician reimbursement. Quantitative, data-driven measurement of physicians' success in helping patients, particularly in a cost-effective manner, is forcing a major change in physician culture—albeit with some vigorous resistance.

At the same time, the culture of medicine is shifting its emphasis from the multitude of individuals providing care to the overall system of care. How all members of a clinical team interact, communicate and coordinate (or fail to do so) has become a major focus of Value-Based Health Care reimbursement methodologies. A significant error by anyone on a team reflects on the entire team, with potentially serious revenue implications. Of particular concern are patients who "fall through the cracks," not from poor direct care provision, but from poor communication.

Shaming Physicians for Underperforming Won't Solve the Problem

How physicians perform now and in the near future will soon be public. These measurements may or may not reflect the true quality of care delivered, but for payers, they do. Clinical performance assessment is now part of the health care landscape. For this process to be effective, however, it must not diminish the self-esteem and pride of physicians. Rather, it should motivate physicians to be measurably engaged and committed.

Outcomes should be visible and used to track change, not to bludgeon recalcitrant physicians. Also, assessment of results that depend upon cooperation and communication among the clinicians is necessary. Determining the cause of successes, particularly those that are unexpected, is the initial step. Physician participation in this process is essential. How? In order to answer this, let's first explore what we mean by "physician engagement."

Physician Engagement Is Key to Real Performance Improvement

Currently, physician engagement in clinical performance assessment involves actions taken upon physicians, who remain passive in the evaluative process. We frequently see administrative staff insulating physicians from the chore of quality reporting. While this may have worked in the past, however, it won't work in the future. Efforts to improve performance will be necessary to compete with other providers, both on quality and costs.

Physicians must be actively involved in Performance Improvement initiatives in order to succeed. Actions or interventions by physicians and their colleagues must be based on patients' data. This entails validating performance results. If the results seem incorrect,

particularly outcomes, they should be investigated. Actions or interventions should involve a small number of patients at the onset. Such involvement must engage the curiosity and pride of the physicians, inspiring them to delve further into the inquiry process as a means to provide better care for their patients.

Physicians must be measured and compensated based upon participation and contributions toward the interventions. They must be able to choose the interventions in which they will participate. A good starting point would be getting feedback on causes of patients' favorable results. The physician should seek to determine what was done right and initiate efforts to spread that approach broadly within the practice. Measuring the impact of these interventions returns the "science" to the physician and her organization.

Facilitate Physician Engagement with the Right Tools

What will be most helpful for physicians and encourage their active involvement with Performance Improvement? The right tools that enable easy sharing of data and results. Technology should enable physicians to do the following:

- Visualize performance online. Registries show this performance by individual clinician, practice and organization with role-based access (who can see this data is identified ahead of time). Outcome results should be shown and tracked over time. Clinicians should be able to respond to and validate the results through the online tool. Patients selected from these results should be shown; as mentioned previously, this should be a small sample of patients at the outset.
- Share feedback or observations from multiple physicians on this small select group of de-identified individual patients, in an accessible format for all participating clinicians.
- Define interventions, including when they are implemented and their impact on trended outcomes.
- Develop educational tools that create a social network among the clinicians. While technology is important, social linking and education from an impassioned and knowledgeable moderator will be an essential component.

Physician Engagement Will Change Provider Organizations—for the Better

How will in-depth physician engagement affect provider organizations? Better care, clinical excellence and greater physician professional satisfaction are all good goals, within reach:

- Physicians must be compensated for their contributions to Performance Improvement efforts—to initiate and sustain their engagement, and to reward them for their productive involvement. Participation should be measured by the depth and quality of the activities. Collaboration and mutual support among clinicians will be expected and part of the

compensation.

The needs of patients and society must drive the creation of deeper, shared actions across specialties. When physicians identify what has worked best for them in caring for their patients, they will be inspired to spread their own best practices widely. As they hear of colleagues' successes and implement those in their own practice, their respect and interest in the scientific basis of Performance Improvement will increase, along with their active investment in the process.

Extremely high levels of physician engagement will be necessary for the creation of narrow networks that address resource challenges. These networks will require a level of clinical integration beyond what we have currently seen. Indeed, physicians must be linked to one another in ways beyond sharing of patient EHR data. The proud, full sharing of clinical excellence, which is identified through practice-based research, will, ideally, be a core value for future physicians.

Change is happening rapidly in all aspects of medicine. The traditional physician culture must change, as well. This can happen if we meet physicians on their turf—tracking and studying outcomes—and if they are a part of the team that creates and shares the improvement process.

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