

Appropriateness of Care Framework: Physician Involvement Strategy



Physician Involvement Strategy

“The endless pursuit to find the miracle solution simply points to the reality that there isn’t one solution that fits everyone....We are all going to have to work on this one.”¹³

1. Introduction

Successful implementation of the Appropriateness of Care framework is dependent on engagement of a large contingent of stakeholders across the health care system. Physicians play such a key role in the health system, and are so integral to quality of care and patient safety, that a strategy for involving physicians in the Saskatchewan Appropriateness of Care program is essential for the initiative’s success.

“Very few decisions about the clinical care of patients can be made without a physician’s order. They have knowledge that others do not; they are at the heart of care; they have power; they control resources and without them and their support, nothing moves forward.”¹⁴

Many Canadian provinces are addressing quality of care and patient safety in a systemic way, however obtaining physician involvement in system improvement continues to be a challenge.¹⁵ Health system leaders are unlikely to achieve system-level improvement without physicians and physicians cannot bring about system-level performance improvement alone, but can prevent it from moving forward.¹⁶

The term “physician engagement” is currently a popular and overused term that is heard frequently in conversations about health care reform, however the phrase is not always clearly defined or understood, therefore has different meanings to different stakeholders. Often the term physician engagement is used interchangeably with the term physician leadership. In order to successfully improve Appropriateness of Care in Saskatchewan, both physician engagement, defined as physicians’ active interest and participation, and leadership are critical. One of the key guiding principles for the provincial work on improving Appropriateness of Care is for the work to be clinician led; therefore, physicians need to be actively involved throughout the entire journey of implementing the Appropriateness of Care program.

¹³ Knowling Robert. Leading with Vision, Strategy and Values. Chap 15 in Leading for Innovation and Organizing for Results.2010

¹⁴ A Roadmap for Trust: Enhancing Physician Engagement. Amer Kaissi. Written for RQHR 2012

¹⁵ Improving Care for British Columbians: The Critical Role for Physician Engagement. Julian Marsden et al. Healthcare Quarterly 15 (Special Issue): December, 2012.

¹⁶ Seven Leadership Leverage Points. IHI Innovation Series 2005

Physician involvement depends on multiple factors, can be difficult to achieve, and won't happen without focused efforts. Diverse strategies must be considered – the strategies may vary depending on various groups, as well as the dynamics and relationships of the groups. Creating an environment that creates a true partnership with our physicians in improving Appropriateness of Care includes understanding their perspective, seeing health care from their eyes and learning from them, particularly those physicians who are already highly involved.

There is no “one size fits all” or “recipe for success” strategy that can be universally applied for individuals or group of physicians. Trust between physicians and organizations must be established; trust will develop around open communication, creating a shared vision, willingness to share relevant data, and evidence of successful collaboration.¹⁷

There have been numerous publications suggesting the importance of physician engagement and leadership; however few publications discuss the *processes* by which health systems and organizations can convert physician autonomy, knowledge and power into resources for health system performance and improvement.¹⁸ There are very few Canadian publications documenting successful results of engagement strategies.

Many articles suggest one strategy to create a culture of physician engagement is encouraging and empowering physicians to take the lead on a wide range of quality improvement initiatives.¹⁹ What better quality initiative than Appropriateness of Care? One of the first action items already implemented by Saskatchewan senior leaders is recognition that development of the Appropriateness of Care framework requires significant physician input. This has resulted in appointment of two highly regarded physicians who hold senior leader roles as program sponsors, and two highly engaged physicians with significant knowledge of quality improvement theory appointed to lead development of the framework and act as expert resources to guide the process of physician engagement.

The challenge of increasing physician involvement to improve Appropriateness of Care is a process that will take time, will evolve, and will be dependent on persistence and continuous evaluation of what's working well, and what can be done better. Facilitation in shifting the thinking from getting “buy-in” to “ownership” is a key factor and

¹⁷ Exploring the Dynamics of Physician Engagement and Leadership for Health System Improvement: Prospects for Canadian Healthcare Systems. Final Report. April, 2013 Ross Baker et al

¹⁸ A Roadmap for Trust: Enhancing Physician Engagement. Amer Kaissi. Written for RQHR 2012

¹⁹ Policy Paper: Partnering with Physicians: Doctors of BC January, 2014

challenge; however if successful, the results will be extremely influential and beneficial for the initiative.

Implementation of the Appropriateness of Care framework is a process that will take many years to be fully embedded in the daily work of the health care system and physician work flow. The Appropriateness of Care program must provide a compelling argument that attracts physicians' interest and answers the question that physicians will ask themselves, *"What's in it for me and my patients?"* If the answer to that question provides a compelling enough argument, the Appropriateness of Care program will gain traction quickly.

2. Guiding Principles

Guiding principles for physician involvement were developed by Dr. T. Josdal, Chief Medical Officer for Saskatchewan and Appropriateness of Care Program sponsor.

These principles will be used to guide involvement of physicians:

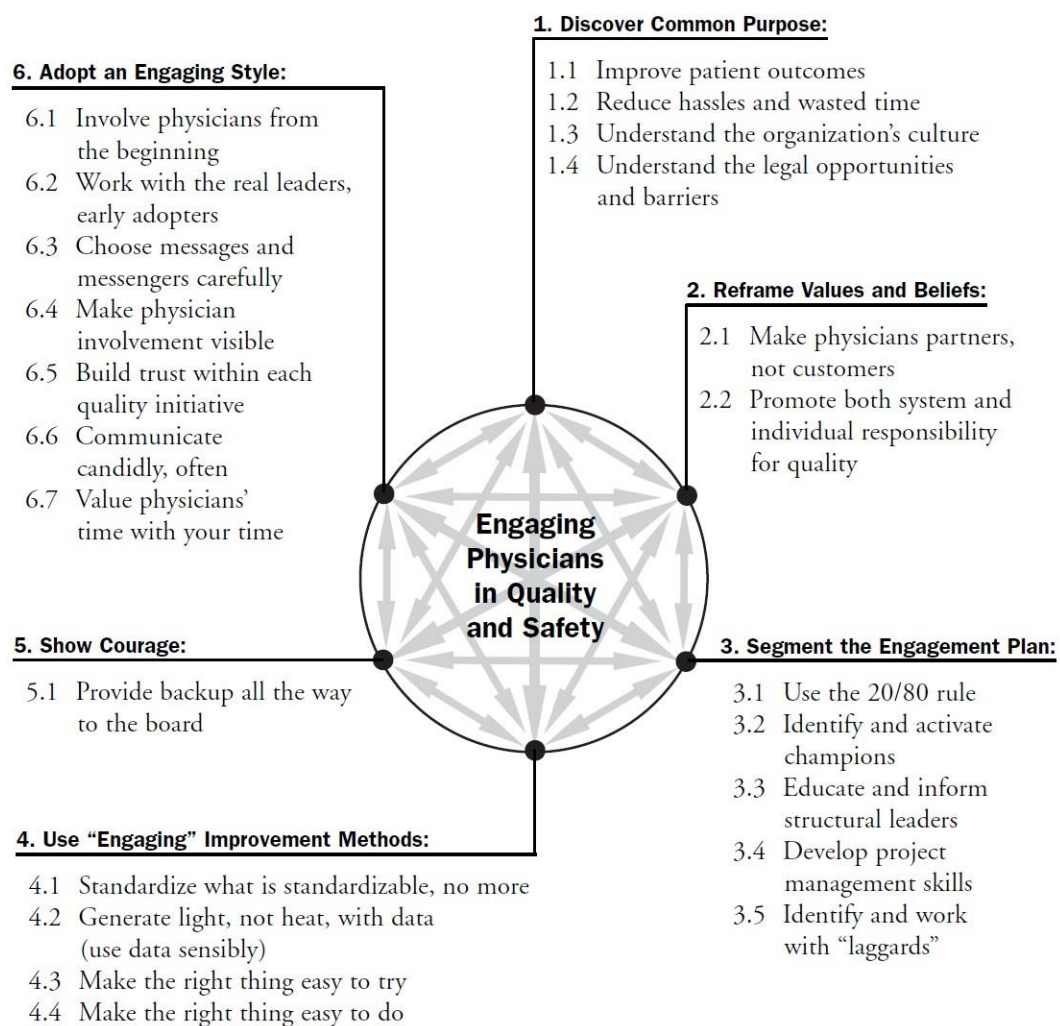
- Physician Engagement is defined as "the initial, ongoing, energetic, and committed involvement of physicians in their diverse working roles within the health system."²⁰ If an initiative or process is likely to affect physician workflow, or clinical work, they must be involved.
- Involve physicians from the beginning, and continuously thereafter.
- Dialogue and involvement create an atmosphere conducive to engagement but do not constitute engagement by themselves. The alignment with organizational goals is a key part of engagement.
- Dyad (physician leader integrally coupled with an operations leader) and other co-leadership partnerships create meaningful working relationships. Their value is beyond engagement, and benefits operations and patient safety.
- Strong evidence, in proposals for change, dramatically helps to engage physicians in changes to clinical processes.
- Reduction of hassles and wasted time are strong catalysts to assist with change.
- Understanding the culture of the physician group is essential in order to move forward. If there are significant outstanding unresolved issues, engagement will not likely occur.
- Clarity around responsibilities of the health system/RHA, and of each and all physicians is fundamental to alignment with the quality agenda.
- Making it easy to do the right thing is a win-win situation for all, and should be a cornerstone for many quality improvements.

²⁰ Anchoring Physician Engagement in Vision and Values: Principles and Framework. G. Dickson for RQHR 2012

- Communicate well and appropriately, never wasting a physician's time. Links to information are useful, and can be selected, or not.
- Distributed Leadership, where a committee or group empowers and assists each member to become a conduit for communication and feedback. This fosters leadership and engagement of not only the member of the committee/group, but also the physicians contacted by the committee member.
- Leadership education and training helps leaders to hone skills around engagement, while recognizing that informal leaders are also very helpful in engaging physicians.
- Action Plans and Timelines are essential pieces when engaging physicians, because they have a keen sense of wasted time and energy when applied to quality initiatives.
- Celebrate successes. Demonstrate success in eliminating wasted time and energy, while improving care and making work easier for clinicians.
- Create time spaces that work for clinicians if you wish them to become engaged. This applies to meeting times and travel.
- Private physician overhead costs must be considered when planning to engage physicians.
- Trust and follow-through are essential values for the promotion of ongoing engagement. If a physician feels betrayed and becomes disengaged, re-engagement is difficult or impossible.

The above listed principles mirror IHI's Framework for Involving Quality and Safety very closely.

Figure 1: IHI’s Framework for Involving Physicians in Quality and Safety- checklist²¹

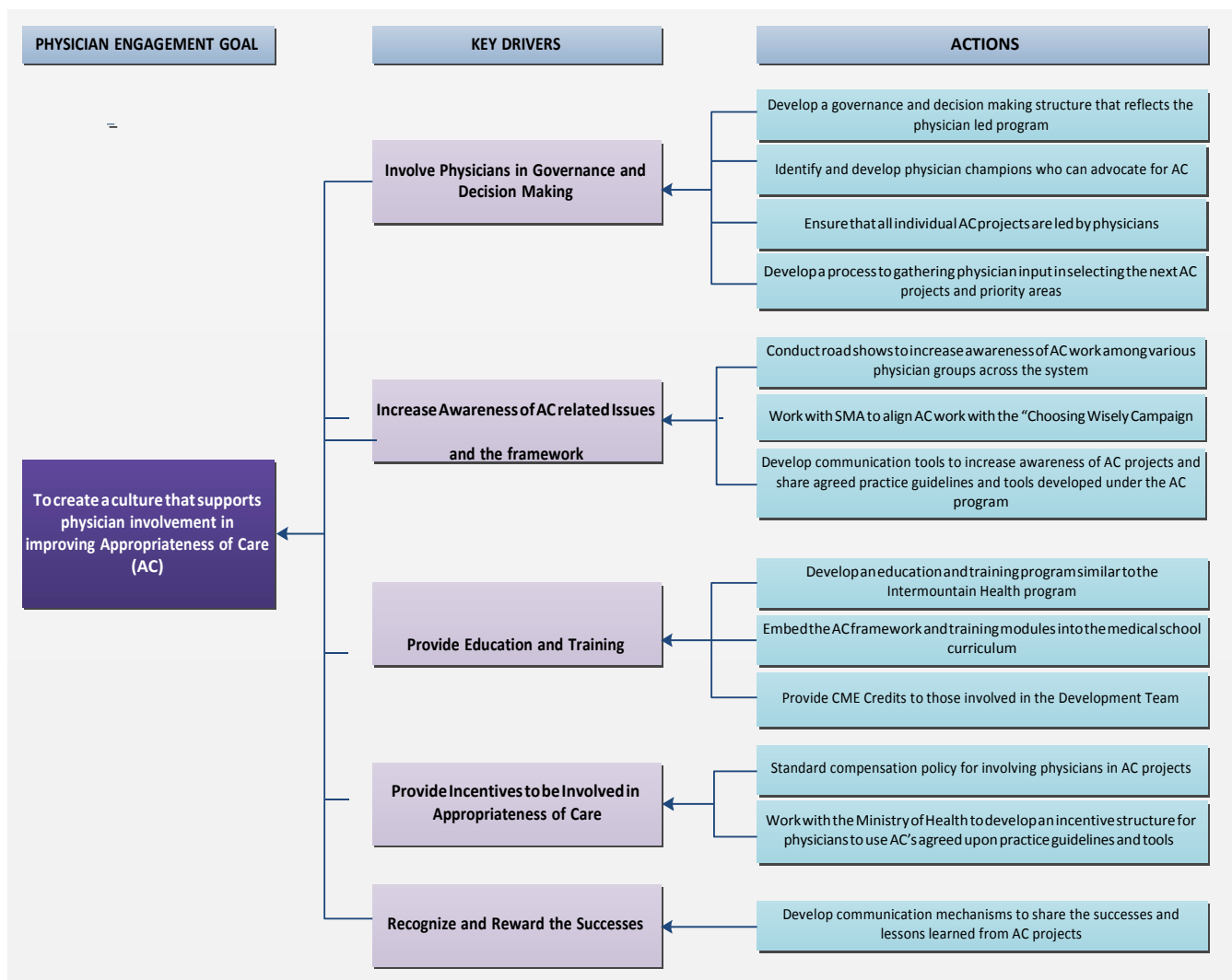


3. Key Drivers and Actions

These Guiding Principles, IHI’s Framework for Engaging Physicians in Quality and Safety checklist, and the Driver Diagram illustrated in Figure 2 below have been used to develop the physician engagement action plan for the Appropriateness of Care program.

²¹ Reinertsen et al 2007 IHI

Figure 2: Physician Involvement Strategy



- Involvement in Governance and Decision Making**

Involving physicians in formal leadership roles and formal decision-making or governance bodies is important (however that strategy alone won't result in greater physician engagement). Recent research focused on developing more effective clinical practice settings suggests that structure *can* play an important role in generating physician engagement and physician leadership. It also suggests that engaging the medical profession and developing its leadership cannot be limited to initiatives located at the strategic apex of the organization or system.

Structures creating greater alignment for improvement, accountability and cost containment may represent fertile ground for developing physician

involvement.²² Actions taken to date and future actions to involve physicians in governance and decision making include:

- The Appropriateness of Care program sponsors include two physicians who are senior provincial leaders- the provincial Senior Medical Officer and the current Chair of the Saskatchewan Health Quality Council.
- The Appropriateness of Care Steering Committee was established to provide strategic direction and oversight for the provincial Appropriateness of Care program. The Steering Committee is comprised of the above listed physicians as well as senior leaders from the health system, including senior medical officers from the Regina Qu'Appelle health region (RQHR) and the Saskatoon health region (SHR) as well as the Dean of the College of Medicine.
- Two physicians have been appointed as co-leads for development of the framework, as well as an administrative co-lead, working in a dyad leadership model.
- Formation of the first Appropriateness of Care Development Team for MRI of lumbar spine includes physician representatives who are the key stakeholders in utilization of this modality of testing. The group is comprised of representatives from orthopedic surgery, neurosurgery, radiology and family practice.
- A necessary next step will be to identify how the Appropriateness of Care project team can provide support to the key stakeholders (i.e. RHAs and SCA) as they start work on various Appropriateness projects- what structures and supports will be required in each agency to ensure success?

- **Awareness of Appropriateness of Care and the framework**

The Appropriateness of Care program aligns strongly with physician's clinical work. Quality initiatives that impact clinical work are more appealing for physician involvement. Continuing to raise the level of awareness about the Appropriateness of Care program may increase the desire to be involved.

Actions to date and in the future actions include:

- A series of presentations to raise awareness of Appropriateness of Care was initiated in late 2014-15. Information has been presented to several groups of physicians including: SHR Department of Radiology, SMA Section of Family Practice, SHR Practitioner Affairs Committee, RQHR Department Head Council and Practitioner Affairs Committee, SaskDocs, and Saskatchewan International Physician Practice Assessment (SIPPA).

²² Baker, Dr. Ross et al. *Exploring the Dynamics of Physician Engagement and Leadership for Health System Improvements: Prospects for Canadian Healthcare Systems Final Report*. April 2013

- This action will continue throughout 2015-16 reaching out to various other physician communities to increase awareness of the Appropriateness of Care framework, share agreed upon clinical practices and tools with physicians as well as successes and lessons learned from Appropriateness of Care projects.
 - Ongoing collaboration with SMA in aligning Appropriateness of Care with the Choosing Wisely Canada campaign
 - Developing and implementing a mechanism to hear physicians' voices and concerns about the implementation of Appropriateness of Care (e.g. annual physician surveys)
 - Developing awareness of Appropriateness of Care related issues includes collaborating with groups that have the ability to influence others to advance the agenda of improving patient/client/resident care (See Section 5: Using Physicians to Influence Change)
- **Education and Training**

Education about Appropriateness of Care, as well as training in the improvement methodology will increase physician involvement. Actions to date and future actions include:

 - Develop a lecture on Appropriateness of Care to be tested in the College of Medicine in 2016-17
 - Provide advice/assistance to RHAs and SCA in setting up a quality improvement structure to undertake Appropriateness of Care projects within their organization
 - Provide education and training to RHA and other health care organizations about the Appropriateness of Care framework and how to implement it in clinical areas
 - Work with HQC and the SMA in supporting physicians to enroll in the Intermountain Health Advanced Training Program (ATP)
 - Align with the SMA to develop mechanisms and tools to educate the public about Appropriateness of Care by leveraging patient information developed by the Choosing Wisely campaign (e.g. posters, brochures, media advertisements, website, social media)
 - Develop a Saskatchewan based educational program for physicians who are interested in participating in Appropriateness of Care projects i.e. Intermountain sister course (2017-18)
 - Work with the College of Medicine to embed education regarding Appropriateness of Care into the medical school curriculum (2018-19)

- **Provide Incentives to be Involved in Appropriateness of Care Work**

There must be a compelling incentive for physicians to become involved in Appropriateness of Care work, which may mean financial incentives, time, and the opportunity to improve efficiency of daily workflow.

 - Remuneration will be provided to physicians participating in Clinical Development Teams. A standard process and rate will be applied.
 - Policies regarding physician remuneration may have to be revised.

- **Recognize and Reward Successes**
 - Provide thanks to Development Team members, including formal acknowledgement by CEOs, VPs, and senior physician leaders in the form of a letter of thanks, or an email.
 - Find ways to share the results/outcomes for each Clinical Development Team (e.g. websites, newsletters, email, social media- depending on the results and targeted audience)
 - Tap into professional newsletters to share outcomes (i.e. SMA and College of Physicians and Surgeons of Saskatchewan newsletters)
 - Celebrate success through sharing the results in local, provincial and national publications
 - Nominate outstanding work for local and provincial quality awards

4. Lessons Learned to Date

- Physician input is critical for selection criteria and the decision making process for upcoming/future Appropriateness of Care improvement projects.
- Identify physicians with a keen interest in the clinical area (physician champions)
- Ask for volunteers to participate in the Development Team; some may need to be tapped on the shoulder
- Obtain endorsement of senior physician leaders, and then make them aware of physicians who are involved
- Keep senior leaders regularly updated on progress, successes and challenges
- Ensure that senior leaders provide the authority for Development Teams to make decisions and that Development Teams are aware of that authority
- Provide related data and a best practice literature search as a conversation starter
- Provide an orientation for Development Team members: make it brief with clear statement of purpose; outline accountabilities
- Include terms of reference- discuss how decisions will be made
- Arrange meetings by consensus: time, date, frequency
- Consider using Telehealth as an alternative to face to face meetings

- Shorter more frequent meetings may be better received than lengthy meetings, depending on meeting purpose
- Be concise with information provided: meeting agendas and deliverables; circulate material ahead of time
- Allow time for discussion and for team members to voice their opinions
- Ensure that Development Team members are aware of the remuneration rate for participation and provide support for the process to obtain payment
- Provide information regarding Continuing Medical Education credits that physicians may be eligible to claim by participating in this work
- Be transparent if there are concerns with discussions
- Don't preplan meeting outcomes
- Providing food/beverages is a nice gesture depending on meeting time
- Identify potential problems, discuss them, and work on solutions collectively
- Record meeting minutes, decisions and action items and distribute in a timely manner
- Develop an overall physician communication plan: the plan should include specific written communication (such as newsletters, e-mail updates, Intranet); face-to-face communication in meetings, physicians' offices or lounges
- Distribute key messages using a multi-modal methodology

5. Using Physicians to Influence Change

Using the influence of key physicians and physician groups is another strategy that may increase physician involvement in Appropriateness of Care improvements. Table 1 below provides a list of key physician groups within health care organizations that may be used as a reference when implementing Appropriateness of Care projects. The table provides a suggested chronological order to approach various physician groups based on level of hierarchy or influence and their roles and responsibilities for making decisions within their organization:

- **Required Approval:** includes those who must provide approval for recommendations/actions;
- **Required Support:** includes those who don't have authority but should be consulted to get their support;
- **Required Leadership/Steering:** includes those who provide oversight and directions to the project team;
- **Active Involvement:** includes those who are actively involved in the project, make recommendations, and act on the actions; and
- **Informed:** includes those who must be informed when a decision is made or work is completed.

Table 1

Physician Engagement Driver	Chronological Order for Support	Required Approval	Required Support	Required Leadership/Steering	Active Involvement	Informed
Senior Medical Officers	1	✓	✓	✓		✓
Medical Department Heads	2	✓	✓	✓		✓
Medical Division/Section Heads	3		✓	✓		✓
Service Line Clinical Experts/Physician Leaders	3			✓	✓	✓
Key Physician Champions	4		✓	✓	✓	✓
Informal Physician Leaders	5		✓		✓	✓
Development Team members	5		✓		✓	✓
Saskatchewan Medical Association	6		✓			✓
MD Residents	7		✓			✓
College of Medicine	8					✓
College of Physicians and Surgeons	8					✓
SIPPA	8					✓

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