A New Path to Engagement
Rapid-cycle decision-making draws physician participation in process and policy changes

by Mark Van Kooy, M.D.

Most of the challenges health care organizations face – ICD-10 conversion, electronic health record deployment, delivering accountable care and improving population health – require strong physician engagement. Yet, physician engagement can be elusive.

Physicians can be a very difficult group to engage. They occupy a uniquely influential position in health care organizations, yet their time and attention are beyond the direct control of the management team. The medical staff exerts tremendous collective influence but individual physicians often have divergent opinions and interests. However, failure to successfully engage physicians in important projects risks delayed implementation, low levels of adoption, and a lack of support for the effort from some of the most critical participants.

Barriers to physician engagement include insufficient time to participate in meetings, meetings at times when physicians are clinically busy, conflicts between times that physicians can be available, unplanned emergencies and other last-minute conflicts, the financial pressure of substituting meeting time for revenue-generating activities, physician work-life balance and simple fatigue. Physicians may struggle to cede decisions to colleagues who represent them. Discussions in physician groups may be dominated by a few vocal individuals or may fragment into a series of topics of concern to specific constituencies. Lastly, physicians may insist on being invited but fail to participate after the invitation is extended.

The challenge is to find constructive and effective tactics that address the realities of physician workflow, attitudes and behaviors, and engage this important customer and partner constituency in a manner that creates excitement, genuine involvement and effective outcomes.

An Unconventional Approach
It’s possible to take major, even project-threatening challenges and reframe them as opportunities for physician involvement. The key is to structure the experience to meet the needs of the participants, deliver the needed information and use organizational resources efficiently.

Rapid-cycle, virtual decision-making can be an effective approach. Consider the following example. One health system anticipated substantial changes in workflow, policies and procedures as it implemented an electronic health record. Instead of using traditional methods, health system leaders deployed rapid-cycle decision-making to increase physician involvement, which led to important improvements in overall engagement.

A virtual process was set up in which the project steering committee (comprising senior organizational leaders from all key areas and two representatives of the medical staff president) chartered a group of 90 individuals, including 60 physicians representing all sections and departments. Each issue was framed by a small group of key stakeholders into a template overview of no more than one page. Each document was circulated to the group by email, and votes were cast by reply email. Contentious issues were cycled based on additional input. More than 30 controversial issues were addressed including telephone and verbal orders, code status orders and physician-administered medications. Most issues were forwarded to the steering committee as consensus recommendations. The few issues for which consensus was not achieved were sent with thoughtful statements of the competing positions and were decided by the steering committee. The virtual group never met physically, and all exchanges were handled by email.

Physician participation was high. There was agreement that nonparticipation committed the individuals to support group decisions. The few physicians who had not participated after five rounds were contacted. They confirmed that the issues to date did not touch their areas directly, and they were comfortable supporting the
group’s decision.
Physicians appreciated the transparency of the process, broad-based participation, efficient use of their time and ability to participate actively. They valued the opportunity to participate in any subject of interest yet pass on issues that were not relevant to them.
The process addressed the specific, unique needs of physicians, resulted in surprisingly good participation and led to unsolicited, overt expressions of gratitude for the concern for physician time and opinions. This translated into a positive go-live experience and has carried through into the early phases of optimization.

Barriers as Opportunities
It’s unlikely that the future will bring either a reduction in the need for physician engagement or an increase in physician time for these ambitious developments in health care information technology. New, sometimes unconventional approaches to physician engagement that are customer-sensitive but still highly effective will be essential to the continued success of these efforts.

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A Doc’s Ideal Experience

By addressing the fundamental barriers to broad-based physician engagement, it’s possible to reach most physicians, use fewer resources and obtain physician goodwill and engagement. What would an ideal engagement experience feel like from a physician’s perspective? Consider this list of principles.

Efficient. Use the least amount of time necessary for the participant to understand the issues, weigh the alternatives and arrive at a decision.

Meaningful. Address issues that are relevant to the participant and create a sense of urgency about the outcome under consideration.

Inclusive. Assure representation of all key physician stakeholder groups.

Discretionary. Participation is based on the perception of the participant. If the participant doesn’t see the issue as important or feels he or she doesn’t have expertise to contribute to the analysis, withholding participation should be an acceptable option. At the same time, lack of participation cedes decision-making to those who do engage on a particular issue.

Genuine. Participation should result in authentic influence on outcomes. Phony empowerment creates cynicism and disengagement. Make clear distinctions between informational issues and those for which input and influence are invited.

Transparent. The activity includes clear processes for eliciting input, sharing perspectives and arriving at decisions. Ground rules are established and followed and undue influence is avoided.

Asynchronous. The activity enables the group to raise areas of disagreement in a comfortable, respectful manner and work toward consensus without the need for face-to-face meetings.

Conclusive. Assure that the process yields definitive outcomes. Maintain momentum toward decisions and clearly define issue closure. There also must be a clear path for resolution of disagreements.

Persistent. The results of the process should be binding. Decisions that are revisited, revised or reversed diminish the value of participation. Results should be documented carefully and easy to retrieve. — M.V.