Advancing the Hospital and Physician Partnership

Physician Engagement and Integration

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Founded in 1964, ASHHRA is the leading voice for HR professionals in health care - linking people and organizations to leadership practices, best practices to patient outcomes, and outcomes to business results. Headquartered in Chicago, IL, the society has more than 3,600 members and services the needs of over 50 chapters throughout the United States. For more information about ASHHRA, visit www.ashhra.org.

Vision
By joining together, by raising our skills and by speaking with one voice, we, as ASHHRA members will enhance the well-being of our employees, our health care organizations, and the communities we serve.

- **Our purpose**: To establish the expertise of health care HR through our ability to learn and share knowledge, build relationships, and exemplify excellence.
- **Our power**: To influence and impact the future of the health care workforce and those they serve.
- **Our promise**: To keep in our minds and hearts the passion and commitment we have for our profession.

Mission
ASHHRA leads the way for members to become more effective, valued, and credible leaders in health care human resources administration.

Guiding Principles
Collaboration * Service Excellence * Integrity * Innovation * Passion

Value Proposition
We offer high quality and effective resources, educational programs, and networking opportunities to human resources professionals in the health care industry.

The American Society for Healthcare Human Resources Administration (ASHHRA), a personal membership group of the American Hospital Association (AHA), held its sixth Thought Leader Forum on Thursday, July 19, 2012, in San Francisco, California.

Bob Walters, Corporate Director, Human Resources Operations, Health First, Inc., and ASHHRA immediate past president, chaired the proceedings. The discussion was moderated by Larry Walker, president of The Walker Company Healthcare Consulting.

A select group of health care executives participated in the Forum, a two-hour session titled, “Physician Engagement and Integration.”

“Hospitals have to look at all of our processes and see if we’ve eliminated the barriers that are driving the physicians crazy” said ASHHRA president Irma Babiak Pye. “If we can look at it from that perspective, then we can begin to build some trust. And if we can build trust, we can start to erode physicians’ aversion to risk, because they can have faith that we are really all in this together for the good of our patients and communities.”

This Thought Leader Forum executive summary is a strategic overview of the implications of advancing the hospital/physician partnership through successful physician engagement and integration.
The ASHRA sixth Thought Leader Forum focused on the critical role that human resource leaders play in the collaborative alignment and partnership with physicians as the health care system moves toward more integrated care with a greater emphasis on quality and patient safety, greater efficiency and effectiveness, and population management. A panel of nine health care executives discussed the unique role that human resources (HR) leaders can play in hospital/physician relationship-building and physician engagement, and what HR executives can do in their organizations to close the relationship gap as integration and physician engagement becomes a more critical strategic imperative.

The thought leaders’ discussion revolved around the following areas:

- The role of human resource leaders in supporting physicians to become partners in care coordination and delivery of care, and break down of traditional hospital/physician “silos”
- The imperative to ensure that HR relationships, policies, and expectations of physicians are consistent with all employees
- Defining and measuring success in physician engagement and integration
- Advice for human resource leaders as they work to engage and integrate physicians into the organization’s culture.

Relationships with Physicians

The thought leaders discussed factors that affect relationships with physicians, including generational differences, fears of the unknown, and overcoming perceptions of a different expectation for physicians when compared to other employees.

**Generational Differences.** Although generational differences appear among all employee groups, the thought leaders noted that the generational challenges with physicians are more pronounced, in large part because of physicians’ backgrounds. Many older physicians are transitioning from small practices where they have had a large degree of autonomy and independence. This requires a different kind of on-boarding than that used for recent physician graduates, most of whom have an expectation of and desire to become part of a larger organization.

**Fears of the Unknown.** There was general consensus among the thought leaders that physicians fear the unknowns of health care reform and its impact on their practices. In addition, physicians are acutely attuned to the potential impact their actions (or inactions) may have on patients and of the potential for malpractice litigation in today’s hyper-litigious environment.

Human resource leaders can play a role in helping physicians overcome these concerns and lead physicians to understand how to work productively as part of a care team that can provide them with some organizational protection from these risks.
Equalizing Cultural Expectations. The thought leaders discussed the importance of ensuring that physicians adhere to the same expectations that other hospital employees and affiliates abide by. They discussed a “gulf” that too often exists between physician and staff behavior and the prevalence of varying tolerances for allowing that gulf to continue. For example, in some hospital cultures there may be no serious consequences for being a “disruptive” physician and serious consequences for being a disruptive employee. Human resource leaders can play a vital role in eliminating this disparity, and ensure consistent expectations for interaction, respect, communication, and common values for all employees.

Making It Personal. Establishing trust-based relationships with physicians provides mutual benefit for both hospitals and physicians. With mutual trust and confidence, hospitals can begin to work with physicians to erode risk aversion as physicians build faith in the organization and can envision their productive role in it.

Focusing on quality and patient safety is a starting place to form lasting relationships and build trust. From that platform, physicians can see that improving quality of care impacts them in a financially beneficial way as well. Part of making the relationship personal also means not overly-emphasizing the hospital’s agenda. The thought leaders discussed the negative impact created when physicians cannot connect what they do to the hospital’s mission and vision. Conversations that focus on how the hospital and its physicians can work together to improve quality of care, improve the patient care experience, and reduce costs are meaningful, and can then be connected to the mission and vision in a practical and productive way.

The Role of Human Resource Leaders in Transitioning to Physicians as Partners and Eliminating “Silos”

The history of parallel administrative and clinical “universes” in hospitals and health systems is coming to an end. This shift opens a new door for human resource leaders who have historically had limited hands-on interaction with physicians. Hospital HR leaders have an opportunity to leverage the leadership and knowledge that physicians bring to the organizations they work with. Although physicians have traditionally operated more autonomously, the future of medicine is a “team-sport” and HR leaders can play a valuable role in advancing the transition from autonomy to full integration.

A Transition to Population Health. The future of health care is about care coordination, and ultimately about population health, whether it is through ACOs or some other form of risk-bearing arrangement. The thought leaders believe that one of HR’s roles will increasingly be to ensure greater communication and clarity of effort across the entire organization. Effective, meaningful communication is important for physicians across the continuum of care, from primary care to long-term care. If one part of the system underperforms, the entire system’s success may be put at risk. HR can be the “glue” that binds all of the various components together.

Giving Physicians a Voice. By facilitating consistent and meaningful two-way communication, HR leaders can discern what may drive physician attitudes, perceptions and actions, and help organizational leaders put operational remedies in place. They can also ensure that physicians’ voices are heard and responded to, which may minimize physicians’ perceptions of a loss of autonomy and control.

A Neutral Voice. HR leaders are experts in bringing together various stakeholders for the greater good of patients and the organization, helping to make each individual’s job more effective and satisfying at the same time. This role will be even more important as organizations become increasingly integrated. HR leaders can play the role of the “meta-leader,” bringing all facets of the organization together.
together to develop shared goals and metrics in areas including care coordination, quality, patient satisfaction, organizational trust, etc.

**Physician Leadership Programs.** Physician leadership programs can not only help physicians understand the larger environment, they can help them thrive in it. The transition from owning and working in small practices to operating in a large organization with handbooks, orientations and policies and procedures can adversely impact physicians’ practices, patient interaction, and the workplace environment. Physician leadership programs can help physicians develop much-needed leadership skills necessary to be successful in a transforming health care environment.

**Physician On-Boarding and Mentoring.** Laura Avakian, past ASHHRA board president, has stated that “the challenge for health care organizations is to help physicians ‘join the village’ without sacrificing their careers or their focus on patients.” The thought leaders discussed the importance of physician on-boarding and mentoring programs to help physicians integrate and be successful in a larger, team-based environment without sacrificing their career goals and patient-centeredness.

The thought leaders explored the importance of mentorship as an on-boarding technique for accomplishing true collaboration and partnerships with physicians. A recent American Medical Group Association (AMGA) study found that physicians with mentors are more likely to engage in hospital initiatives, are more likely to stay at their current organization, and are more likely to be productive and communicate effectively. The thought leaders agreed with these findings, noting the success of their own physician leadership and mentoring programs. The leaders also noted the importance of developing both formal and informal physician leaders and the critical role that both play in organizational advancement.

**Overcoming Stereotypes.** Physician engagement can be hindered by traditional “they’re the personnel department” stereotypes. Human resource leaders should build relationships with physicians so physicians view them as a trusted resource that brings value to physicians and the patient care experience. HR leaders will need to focus on strategies to overcome stereotypes physicians may have of HR (and that HR may have of physicians), encouraging physicians to ask questions and challenge systems and processes as they adapt to changing practice models. Developing collaborative plans builds communication and relationships that are necessary to create a better care environment and build long-term trust.

**Recognizing Urgency.** The thought leaders agreed that one of the greatest challenges in physician integration is the short time frame in which trustful partnerships need to be formed, nurtured, and strengthened to ensure organizational success through the complex changes ahead.

**Defining and Measuring Success in Hospital/Physician Integration**

According to AHA Senior Vice President John Combes, MD, “you will know you have a good working relationship [with physicians] through the organization’s success, measured in patient-centered care metrics. In other words: better patient satisfaction, more efficient and cost-effective care, and high quality outcomes.” The thought leaders agreed with this...
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assessment, and there was a sense that multiple measures will indicate success. Potential indicators of success in physician integration discussed by the thought leaders included:

- An elevated quality of care
- A sense that physicians feel like they are part of the organization, and that care is truly team-based
- Physicians have a clear and valued voice, from strategic planning and capital planning to operationalizing plans
- Patient feedback that indicates patient preference for the hospital and its physicians.

Advice for Human Resource Leaders

In addition to the other areas already discussed, Thought Leader Forum participants offered advice for health care HR leaders:

- To make a meaningful contribution to hospital/physician integration, collaboration, and partnerships, HR leaders must expand their knowledge about trends and issues in hospital/physician integration and gain a clear understanding of challenges and issues from the physicians' perspective.
- The focus on prevention, wellness, and population health will create even more complex organizational strategies with multiple stakeholders. HR can be the unifying force that can bring all of the key players together around a common mission, vision, and set of values.
- Human resource leaders need to be innovators, be creative, and be problem solvers. They must change, adapt, and reinvent themselves as the HR leaders of the future.
- Proactively engage physicians meeting with them individually, in meetings, and on committees. Developing relationships with individual physicians helps improve physicians’ perceptions of HR, builds trust, and helps HR leaders build a deeper understanding of their issues, challenges, and potential solutions.
- Educate physicians about what HR can bring to the table as a strategic partner.
- Hospitals too often focus on “reinventing the wheel” rather than creating a system of shared knowledge that takes advantage of best practices and effective innovation. HR is the ideal catalyst to provide leadership moving forward in collaboration and sharing of best practices.

Conclusion

Health care human resource executives can be valuable partners and facilitators of physician engagement that results in greater collaboration, and ultimately better patient care and improved financial outcomes, for both hospitals and physicians. With the passage of the ACA and the ensuing direction of health care transformation, now is an ideal time for human resource leaders to be bold and proactive. They must look for opportunities to take the lead in bridging the gap between the traditional roles of hospitals and physicians, facilitating “win-win” partnerships that are beneficial to hospitals and physicians and to patients and the community.

More than ever, now is the time for human resource executives to implement physician engagement and integration solutions that will have a dynamic impact on their organizations in the coming transformation of the health care delivery system.

John W. Ostrom  and  Christopher R. Hyers
**Enhance communication.** Physician pushback is often driven by lack of information and lack of understanding. Develop reliable communication channels with physicians, recognize and repair communication break-downs, and implement immediate solutions.

**Remove barriers to performance and satisfaction.** Physician performance and satisfaction is linked to mastery, purpose, and autonomy. HR leaders should examine how their physician engagement and integration strategies are providing the autonomy, mastery, and purpose that physicians seek while still maintaining the importance of the “team.”

**Facilitate physician leadership, collaboration, and engagement.** Leverage the influence of physician leaders. Utilize physician leaders as a bridge to the broad medical staff and work with these physicians to extend and leverage their knowledge and leadership role. Use physician leaders as catalysts for reengineering health care delivery structure and processes that utilize physicians in the highest value way.

**Nurture essential relationships as population health becomes more prominent.** As the system moves toward a greater focus on prevention, wellness, and population health, hospitals will need to increasingly collaborate, build partnerships, and have shared goals with a broad range of physicians, both inside and outside of the hospital. HR leaders can help develop and nurture those relationships and provide a bridge toward a common mission and vision.

**Leverage human resources as a neutral facilitator and communicator.** Human resource leaders see and interact in multiple ways with employees throughout the organization and with individuals working in joint ventures and other partner organizations. HR leaders should be a vital conduit of information and intelligence up and down the organization.

**Provide guidance through the transformation.** Physicians are highly autonomous; operating in a system structure is a dramatic change for most physicians and requires new attitudes, practices, procedures, and accountabilities. HR leaders should work hand-in-hand with physicians to ensure that their expectations and needs are understood and ensure a smooth pathway through the health care delivery system transformation.

**Ensure adequate and appropriate education, training, and orientation.** A “physician leadership academy,” or formal physician leadership development program, can help physicians adapt to working in a more structured and value-driven organizational environment and then thrive as a leader in that environment.

**Mentor physicians.** A mentoring program for physicians whom the organization identifies as potential leaders is an ideal way to provide them with trusted, continuous access to a seasoned perspective and seasoned experience they can use to guide their leadership development.

**Play an integral role in defining incentives.** Take the lead in developing financial incentives that reward quality of care and that are aligned with the hospital’s mission, vision, and values.

**Focus on the core purpose.** Mission, vision, and values must be relatable, enabling physicians to understand what it means for their practices and their future. HR leaders should ensure organization-wide clarity on organizational expectations and where the organization is headed. Define core values and don’t allow people to violate them without consequences. Allowing even rare violations sends the message that the values are just words, rather than a true foundation for organizational behavior.

**Learn the essentials for physician engagement and integration success.** Ensure that human resource leaders are well-educated in the factors affecting successful physician integration, collaboration, and partnerships. Use ASHHRA resources, attend educational conferences, conduct informational interviews, and seek the ideas of HR colleagues. HR leaders must be willing to adapt and in some cases reinvent their traditional role to include being a facilitator in physician collaboration and care integration.
Thought Leader Forum Participants

Jack Cox, MD  
Sr. VP and Chief Quality Officer  
Hoag Memorial Hospital Presbyterian  
Newport Beach, California

Ron Greeno, MD, FCCP, MHM  
Chief Medical Officer  
Cogent Hospital Management Group  
Brentwood, Tennessee

Christopher R. Hyers, MBA, FACHE  
VP Business Services  
Covenant Medical Center  
Waterloo, Iowa

Grace Blair Moffitt  
VP, Corporate HR  
Cone Health  
Greensboro, North Carolina

John W. Ostrom, SPHR  
HR Director  
Intermountain Medical Group  
Salt Lake City, Utah

Irma Babiak Pye, SPHR  
Sr. VP and CHRO  
Valley Baptist Health System  
Harlingen, Texas

Michael Robinson  
CEO  
Bon Secours-Richmond Community Hospital  
Mechanicsville, Virginia

Diana Smalley, FACHE  
Regional President  
Mercy - Oklahoma Communities  
Oklahoma City, Oklahoma

Robert Walters, SPHR, Chair  
Corporate Director, HR Operations  
Health First, Inc.  
Melbourne, Florida
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For more information about TIAA-CREF, contact:

Kevin Nazworth
TIAA-CREF Financial Services
knazworth@tiaa-cref.org