Today’s value-focused healthcare environment is demanding closer relationships between hospitals and physicians. It is unlikely that a one-size-fits-all model will emerge for successfully building these relationships. However, it is clear that hospitals and physicians will need to move along the path from alignment to engagement to integration in order to achieve the higher levels of cost and quality performance that delivering better value and outcomes requires.

In their recent publication *Organizational Culture, Clinician Engagement and Physician Integration: Keys to Success* authors William F. Jessee, MD, FACMPE, and David D. Rowlee, PhD, define and discuss key influencers of physician engagement. Jessee, senior vice president and senior advisor, and Rowlee, senior vice president of the engagement opinion survey service line with INTEGRATED Healthcare Strategies, also believe that providing the leadership needed to achieve greater physician engagement begins with the organization’s chief executive.

“Understanding an organization’s culture and identifying the variables that influence engagement are factors that governing board members are unlikely to discover on their own,” Jessee says. “As the leader of the organization, the CEO must raise these issues with the board, facilitate ongoing discussion about their relationship to performance and establish the expectation that the board will hold itself and executive leadership accountable for continuous improvement.”

Some healthcare boards and executives overlook the power of engaged physicians to affect business outcomes. “Physician engagement can be empirically linked to and a strong predictor of decreased turnover, better clinical outcomes, increased patient satisfaction, higher profitability and market expansion,” Rowlee says. “Boards understand these types of linkages—more engaged physicians and staff lead to more positive organizational performance.”

In order to enhance physician engagement, CEOs should work with their boards to understand the factors that affect engagement so they can take action to improve it.

In recent months, says Rowlee, his and Jessee’s research suggests that competitive position, the organization’s preparedness to succeed, innovate and lead, and governance, physicians’ relationships with and performance of senior leadership and the board, are becoming more important influencers of physician engagement. Paradoxically, as the importance of the governance influencer appears to be increasing, physicians’ perceptions of hospital leadership appear to be less than positive. Response scores from physicians to a new INTEGRATED survey question, “Do hospital leaders understand the issues facing physicians today?” are lower than on other survey items, Rowlee says.
While INTEGRATED is developing physician engagement metrics that can help healthcare boards and executives better understand and positively influence engagement among subsets of physicians, building trust and maintaining personal contact are time-honored strategies that are often overlooked.

“As healthcare organizations become bigger and more complex,” Rowlee says, “the physical distance between CEOs and physicians is growing. In some larger systems, senior leaders no longer have their offices at the hospital. This makes activities such as management rounding or being visible at the hospital every day difficult to accomplish and decreases the opportunity for the personal interaction that is so important to relationship building.”

Providing the leadership needed to achieve greater physician engagement begins with the organization’s chief executive.

Jessee and Rowlee suggest nine steps hospital boards and executives can take to foster an organizational culture that supports greater engagement and better performance.

1. **Assess organizational culture**: Employees and physicians of award-winning and high-performing healthcare organizations rate culture and level of engagement more favorably and consistently than their counterparts in other healthcare organizations.

2. **Measure engagement of employees, physicians and volunteers**: Identify a baseline level of engagement and factors that influence it to identify actions to increase engagement and improve performance.

3. **Deploy clinical integration tools**: EHRs, disease management
programs and e-visits for routine medical problems are tools that can improve care coordination and integrate clinicians into the daily operations of the healthcare organization.

4. Recruit for cultural fit: Seek physicians and employees who share the organization’s values to minimize culture clashes down the road.

5. Actively manage culture conflicts: Conduct cultural assessments of potential physician practice acquisitions and compare results with those from the same survey of the acquiring organization to evaluate cultural consistency and determine issues that must be addressed.

6. Set clear expectations: Set behavioral and performance expectations that will be used in evaluating both physicians and staff. Include measures of team effectiveness.

7. Provide performance feedback: Provide ongoing feedback on individual and organizational performance that is timely, meaningful and accurate.

8. Don’t tolerate cultural misfits or poor performers: Failing to act and act consistently to discipline or terminate poor performers can undermine morale and engagement and decrease organizational performance.

9. Align compensation and performance measures: Linking compensation to individual, team and organizational performance measures can motivate and reinforce improvement.

CEOs should provide their boards with regular updates on progress toward achieving these steps. For instance, they can discuss with the board’s quality and safety committee implications of culture and engagement assessment results for quality, safety and financial performance; have physicians present to the board about how using clinical integration tools improves care coordination and patient satisfaction; or conduct a board education session about how the organization sets and uses culture expectations to drive hiring and performance evaluation. These are a few ways CEOs can help board members understand the power of a cohesive culture and strong engagement and their influence on organizational success.

Organizations that have improved physician engagement exhibit the following markers of success, according to Jessee and Rowlee:

- Fewer formal meetings between physicians and management—those that are held have a clear purpose and agenda.
- Leaders who are visible with physicians and employees.
- An “excess” of communication with and from organization leaders—writing, talking, attending medical staff meetings and sharing not only what leaders are doing, but also what they are thinking about doing to allow physicians to have input.
- A shift in the drivers of engagement from minutiae to big-picture strategy and direction.
- Consistency in viewpoints among physicians.

While achieving a more fine-grained understanding of physician engagement and how to influence it will help healthcare organizations improve their overall performance, hospital leaders must still focus on the basics of building trusting relationships.

“Trust is a critical, yet fragile commodity,” Jessee says. “To build and sustain it, healthcare leaders and boards must be willing to do what they say they are going to do, not change their minds without explaining why and apologize when they make mistakes.” Violations of trust can have long-lasting effects.

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