Physician Allies in Quality

Stratis Health
Conference Call
September 12, 2013

A. Clinton MacKinney, MD, MS
Deputy Director and Assistant Professor
RUPRI Center for Rural Health Policy Analysis
University of Iowa | College of Public Health
clint-mackinney@uiowa.edu
Value – IOM Six Aims

Health care should be:

- Safe
- Effective
- Patient-Centered
- Timely
- Efficient
- Equitable

The Triple Aim

- Population Health
- Experience of Care
- Per Capita Cost

Clint MacKinney, MD, MS
Value Equation

Value = Quality + Experience

Cost

- Safe
- Effective
- Patient-Centered
- Timely
- Efficient
- Equitable

“Triple Aim”

- Better care
- Better health
- Lower cost
We have met the enemy, and they are ours.

Oliver Hazard Perry

We have met the enemy, and he is us.

Walt Kelly
Health Care’s (Dr.) Evil

Health System Culture
- Steep hierarchies
- Authority resource
- Prioritized autonomy
- Memory reliance
- Feeble teamwork
- Iron man mentality
- Human fallibility denial
- Punitive approach

Clint MacKinney, MD, MS
Why Not Quality Improvement?

All industries
- To busy to do anything more
- Can’t afford it
- Different approach already in place
- Already in the top 10%
- Need more (or different) people
- Do not get paid for it

Why Not Quality Improvement?

Health Care Organizations

- Other industries don’t apply to us
- Patients are heterogeneous, once size does not fit all
- Medical care is about relationships, not numbers
- No process improvement knowledge to make system changes
- We are (or are not) a teaching hospital
- Strict rules will anger the doctors

Why Not Quality Improvement?

Missing Ingredient: Leadership

- Mandates a blame-free culture
- All expected to share and learn from mistakes
- All expected to participate in quality (performance) improvement
- Requires curiosity, creativity, transparency
- Fosters an integrated effort of all contributors to quality improvement

Quality science and tools – easy.
Quality culture – hard.

Changing beliefs and self-images
- Professionalism: Belief that committed, competent individuals provide high quality care.
- Quality science: Belief that to err is human. Systems facilitate or obstruct high quality care.

New Belief: My ethical obligation to my patient requires me to improve quality for all patients.

Worst Barrier to Change

Because we’ve ALWAYS done it that way!

Source: Sharon Vitousek, MD
North Hawaii Outcomes Project and IHI
The health leader’s most important job is developing and nurturing good medical staff relationships.

Source: Personal conversation with John Sheehan, CPA, MBA
CEO Quotes

- This job would be a helluva lot easier if it weren’t for those damn physicians.
- They’ve got pediatric personalities!
- I’m going to drive that SOB out of town.
- The medical staff meeting will be held at the local hotel – we don’t want blood on our conference room walls.

Or

- I’m blessed by my physicians.
Why bother?

- Provide most medical care
- Deliver intrinsic value
- Knowledgeable and influential
- Powerful potential ally
- Apathy or antagonism will undermine any QI plan
- Without them, hospitals are expensive hotels!
The socialization of a physician
- Culture is the residue of success
- Cultural anthropology – a guild

Highly individualistic
- Like Fight Club!
- Generating patients and revenue

Physicians culture: independent, autonomous, and in control!
- The antithesis of teamwork
- Instead we need:
  - “Individuals play the game, teams beat the odds” (Navy Seals)
  - “Need fewer cowboys, more pit crews” (Atul Gawande)
Top Gun Physicians

- The aviation evolution
  - Chuck Yeager to John Glenn
- Safer, but boring and commoditized medicine?
  - No! Practice science as teams, art as individuals
- Clinical systems require physician construction and upkeep
- Physicians participation in QI is essential to delivering value

Rural Physicians

- More need
- Reduced oversight
- Less integrated
- Fewer colleagues
- Distant backup
- Burdensome call
- Multiple work venues

The result?

- Independence
- Autonomy
- Iron man mentality
Never the Twain Shall Meet?

### Physician
- Doer
- Solution-oriented
- 1:1 interaction
- Always “on”
- Decision-maker
- Autonomous
- Patient advocate
- Professional ID
- Immediate gratification

### QI Professional
- Planner/designer
- Process-oriented
- 1:N interaction
- Some down-time
- Delegator
- Collaborative
- Organization advocate
- Organizational ID
- Delayed gratification

Source: Adapted from “The Dual Role Dilemma,” by Michael E. Kurtz, MS
Yesterday’s Promises

- Autonomy
- Protection
- Control

Today’s Imperatives

- Patient safety
- Quality improvement
- Patient satisfaction
- Cost reduction
- Electronic health records
- Physician recruitment
- Team work
- Community health

Differing Views Lead to Mistrust

QI Director view
I’m concerned about quality of care; docs are only concerned about their income.

Physician view
I’m concerned about quality of care; QI Directors are only concerned about reports.

No shared vision!

The Consequences of Mistrust

- Physicians set up office labs and x-ray
- Hospitals set up urgent care centers

- Mistrust = competition
- Duplication = ↑ costs
- ↓ community confidence
- ↑ patient outmigration
How Docs Resist Change

- Don’t pay attention
- Attack the data
- Maintain absolute confidence
- Follow the pack
- Defer to experts
- Bring in the lawyers
- Blame patients
- Pull rank
- Simply refuse

Our Challenge List

- Differing personalities
- Absent shared vision
- Collaboration unnecessary
- Cottage industry obstacles
- Physicians not invited
- Competition
- Yet physicians are essential for quality improvement!
“I think you should be more explicit here in step two.”
Creative Problem Solving

Source: Discussions with Hartzell Cobb, Mountain States Group

Clint MacKinney, MD, MS
Mutual Interest

- Develop a philosophy of mutual benefit and shared vision
- Keep the hidden agendas out
- Solicit physician input early and often, and then act on it
- Balance quality, individual patient, and physician priorities
- Set realistic goals together, go for early wins, *celebrate!*

During times of change, leaders should triple their efforts at communication

Peter Drucker

- Ask how, when, and where
- Multiple media, multiple times
- Get out and about (MBWA)
- Focus on interest, not position
- Provide data transparency, but do not overstate discrete measure importance
Meetings

- Is a face-to-face meeting necessary?
- Invite physician agenda-setting input early
- Schedule meetings and select venues appropriately
- Develop an action-oriented agenda
- Delineate next steps
- Always follow-up as promised (explicit or implicit promises!)
Data

- Present information, not data
  - Actionable
  - Important
  - Individual

- Charts, not spreadsheets
  - Visually engaging and simple
  - But keep supporting spreadsheets in your back pocket!

- To discuss charts, ask questions
  - Charts should be self-explanatory
Physicians can be astonishing allies

Starts and ends with relationships built on trust

- Trust – engages the mind
- Truth – engages the heart
- Teamwork – realizes the vision