

Engaging Physicians in Quality Improvement Initiatives



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Aims for this presentation

- Provide some insight into a physician's worldview
 - (asterisk: highly biased towards my own experience)
- Articulate why physicians' involvement with safety and quality may lag behind other health professionals
- Offer some practical improvement ideas to help engage physicians in quality and safety
- Introduce a framework to improve physician involvement with safety and quality



Outline

- How physicians think
- How to move forward now
 - The physician champion
 - Working with physicians at your institution
 - Continued engagement
 - Compensation for QI work (monetary or otherwise
 - i.e. publications, tenure track points, bonuses, recognition)
- How to move forward in the future
 - Start QI training early in their careers
 - Results speak volumes:
 - Safer systems / culture of safety will increase buy in
- Pearls (practical tips to use today)



Understanding Physicians (the cynical view)

- Do physicians feel entitled?
 - 4 years of undergrad
 - No fun, lots of library time
 - 4 years med school
 - Relationships on hold, weekends are a myth, hair thinning faster than your non-medical peers
 - 4 years of residency
 - Sleep deprivation, hierarchical work environment, reminded daily of your incompetence
 - \$250,000 in debt, Friends all have kids & a house by now



Understanding Physicians (another perspective)

- Physicians truly care about and feel responsible for their patients
 - Patient trust
 - Bird's eye vision of the care plan
 - Detail oriented, careful, skeptical
 - Protecting your plate
 - Time with patients matters most
 - Money matters least
- Nearly limitless dedication, if the cause is worthy and the level of engagement appropriate



Pearl: Master your individual patient argument

- Some physicians are population health minded, but many emphasize the individual patient
- Most QI work is designed to benefit the population, but there is always a way to work in the individual patient benefit



What to look for in an effective “physician champion”

- Respected as a Physician
- Good at communicating
- Willing to stand up when needed (has courage)
- Good social skills and relationships
- Primary care or *truly* team-based specialty background is a bonus



How to keep your physician champion engaged

- Compensate them
- Be strategic in their involvement (do they need to be present for every meeting? Best to engage when it involves changing practice)
- Don't abuse their time
 - Shift huddle, Curbside consult, stand-up meeting >>> 1-hour daytime meeting
- Best way to thank them is with small gestures that save them time or improve their family relations
 - Coffee card, badger tickets, flowers or hospital swag for their spouse, baby-sitting vouchers, get admin to block their last appt of the day



How to lose your physician champion

- Too many meetings, especially meetings during clinical time
- Pushing for interventions that are overly burdensome to clinical work flow
- Putting them in an adversarial position with their peers
- Anecdotes and story-telling (up for discussion)



Pearl: Choosing physician-friendly metrics

- Physicians like metrics that
 - Encourage high yield interventions (Aspirin for acute MI)
 - Remind them to do things they want to do, but often forget (blood cultures)
- Physicians dislike metrics that
 - Can work against good clinical care (pain scale, patient satisfaction)
 - Are not based on solid evidence (Blood cultures for PNA)
- Delivery matters
 - Great metrics can be ruined by hard stops in the EHR or other delays



So why are the laggards lagging?



Physicians may feel they *are already* very involved in QI

Proactive quality and safety activities are often simply added to myriad competing duties, such as dealing with:

- Physician credentialing
- Peer review
- Patient complaints
- Reactive regulatory quality and safety efforts (i.e. National Patient Safety Goals)



How prepared are your physician champions' colleagues to effect change?

- **Pre-contemplation** – consciousness raising
- **Contemplation** – emphasize benefits
- **Preparation** – provide support
- **Action** – continue support in addition to encouragement and praise
- **Engagement** – let them thrive with periodic check ins and focus your efforts on others



Prochaska et al 1992



Pearl: *If you meet resistance...*

- Do
 - Back off and regroup
 - Add some levity to the request
 - Use physician peers to your advantage
 - Stay optimistic (you have the patient in mind!)
- Don't
 - Blame, shame, or intimidate
 - Nag / Continue with the same approach
 - Give up



The Future of Physician QI & Safety Engagement

Physicians

- Create MD-MSc (QI) tracks
- Budget protected time for physician QI engagement
- Lure physicians with grant \$, not bonuses

Collaboration

- Focus on achieving measurable results to demonstrate progress
- Quality and safety dashboards for physicians should reflect what is important rather than what is expedient

Quality Professionals

- Improve infrastructure to support QI work
- Better define QI job descriptions in healthcare
- Formalize QI professionals roles in medical schools



Pearl: *Emphasize the Science of Quality*

- At its core, quality work is implementation science
- QI topics are largely chosen based on advances in the medical literature...good science that's not being done
- Use some medical jargon—i.e. Biostats & Epidemiology—speak (incidence, prevalence, rates, statistical significance)
- Don't be afraid to present your knowledge with confidence... We know medicine, but *you* know quality

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