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, babysitting 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

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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

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<th>Physicians</th>
<th>Collaboration</th>
<th>Quality Professionals</th>
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| • Create MD-MSc (QI) tracks  
• Budget protected time for physician QI engagement  
• Lure physicians with grant $, not bonuses | • Focus on achieving measurable results to demonstrate progress  
• Quality and safety dashboards for physicians should reflect what is important rather than what is expedient | • 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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