
Partnering with Physicians

Institute for Healthcare Improvement



Background to IHI 90 day Innovation cycle on Physician Partnering

The problem we are solving: physicians as a group are highly focused on the care of their individual patients and are often disengaged from the quality mission of the organizations they work in.

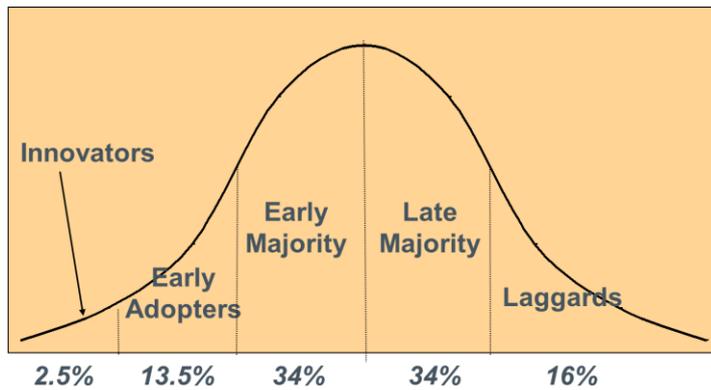
The underlying issues: Physicians often feel overwhelmed by their work, disconnected from the “common good” mission of improvement, and mistrusting of the intentions of health system leaders. As a result, efforts to achieve enterprise-wide quality are hampered by a lack of participation by and failure of partnership with front line physicians.

The constituency for this information: physician leaders who are partnering with IHI, and aim to spread improvement initiatives in their systems.

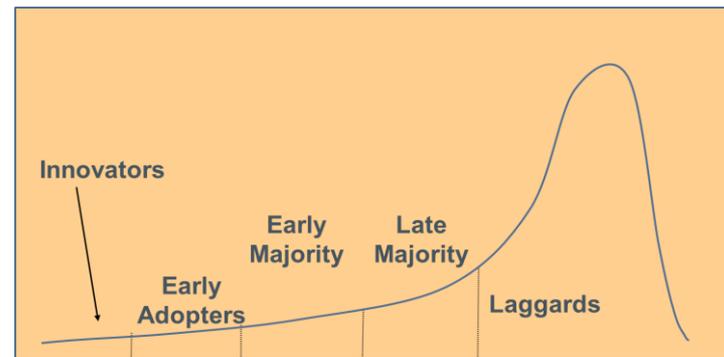
There are two broad groups of physician leaders to consider: System/Improvement leaders, and physicians at the front lines of care. There are also multiple sub-groups of front line physicians to consider (hospital based, primary care, private/public, specialists/generalists, etc)



Another way of looking at the problem.....



is it like this??



...or is it more like this??



Burnout.....it's what happens when there is no “Joy in Work”

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*Burnout is a syndrome of
depersonalization,
emotional exhaustion, and
low personal
accomplishment leading to
decreased effectiveness at
work*

Shanafelt. JAMA Int Med 172:1137.

Profit J, Sharek PJ, Amspoker AB, et al. BMJ Qual Saf. 2014 Apr 17

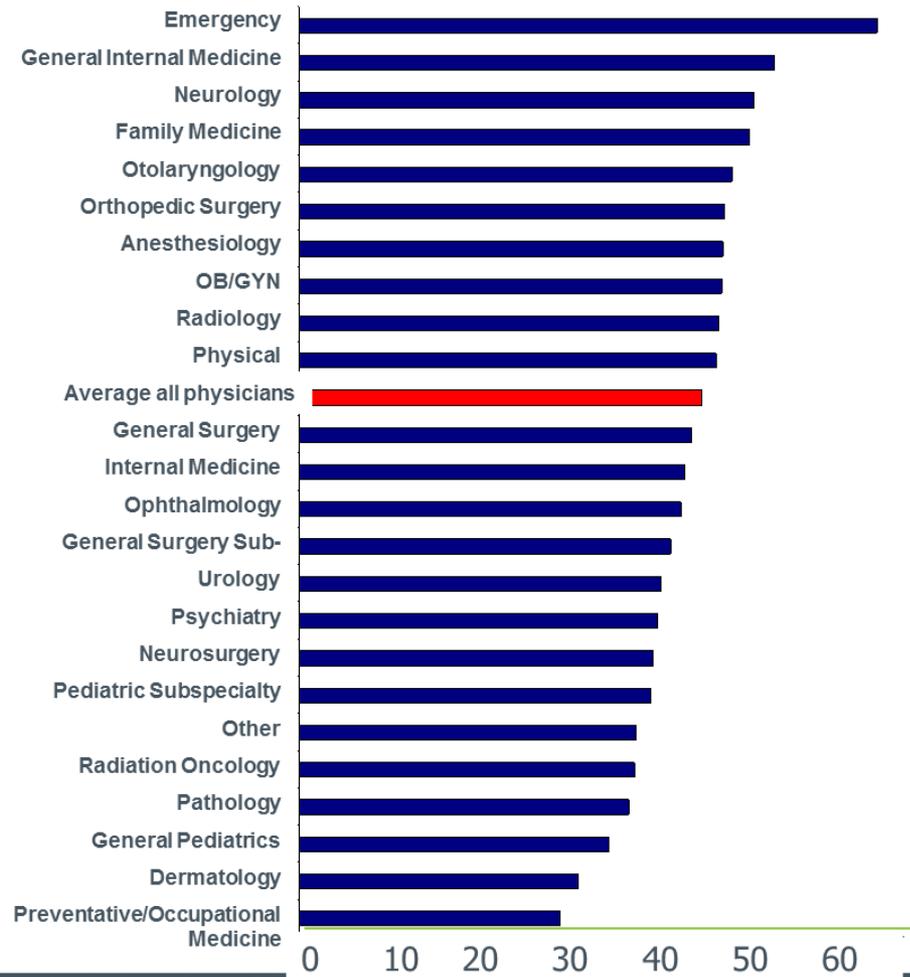
Burnout.....it's what happens when there is no “Joy in Work”

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Major consequences on many aspects of Physician performance

- Professionalism^{5 6}
- Medical errors¹⁻³
- Patient Satisfaction⁷
- Reduce hours/turnover⁹
- Suicidal Ideation^{9 10}

Burnout (% of Physicians) by Specialty 2011



N=7288



What are the drivers of Burnout?

1. Work Load
 - *How much work do I have to do?*
2. Work Efficiency
 - *How successful do I feel in accomplishing my work?*
3. Work-Life Integration
 - *To what extent do I feel work-life balance?*
4. Flexibility
 - *To what extent do I control my own schedule?*
5. Meaning and Purpose
 - *How does my work fulfill me?*



Physician Leader Survey

Build Will			Execution-Make space for the change				Professional Training/ Leadership	
		Focus on what they care about-- clinical matters - and eliminate what they regard as waste of their time	Make Improvement "Dead Easy"-- Part of Everyday work	Give them Data that is meaningful and helpful	Decrease their work load to make it feasible	Build infrastructure to do what matters most to them	Critical Support from many physician leaders	Train the physicians and their coaches
	Prime the pump with rewards	Use Improvement to promote their career pathway						
A	X		X					
B			X					
C		X		X			X	
D		X	X	X		X		
E		X	X		X	X		
F		X		X		X		
G	X	X				X	X	
H	X					X	X	X
I	X	X	X	X			X	
J		X		X				
K		X		X		X	X	



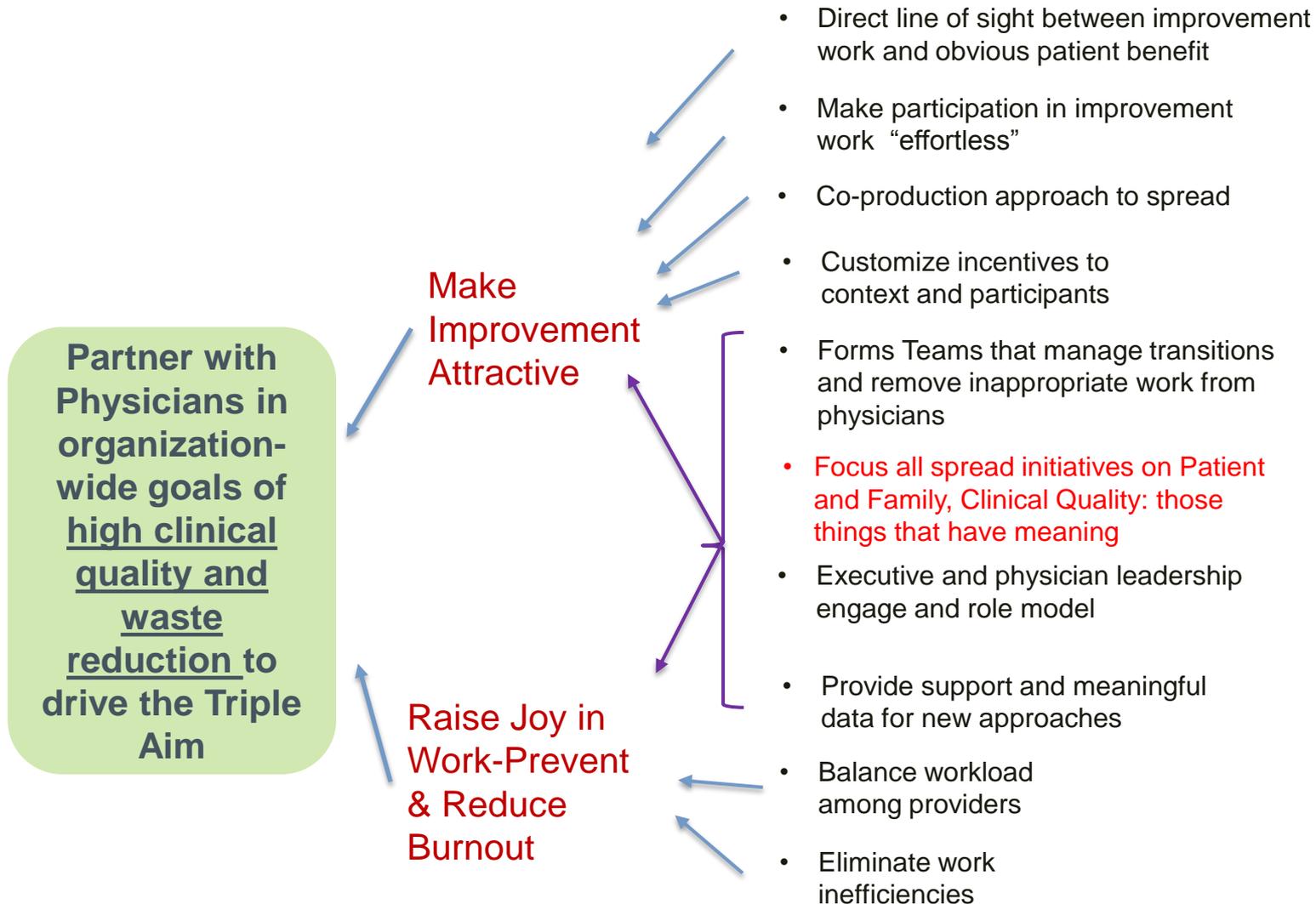
Four Key assumptions when considering “Partnering with Physicians”

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1. The changes that we are trying to scale up will have obvious advantage over the status quo, simple to understand, malleable to the physician’s own practice, and easy to implement.
2. We should not expect front-line physicians to participate in innovation or multiple tests of change. They will need however to adapt changes to their own environment, using a well-established change package
3. Front line physicians should experience strong leadership support and be well-supported by the infrastructure needed to implement the change.
4. A lack of “joy in work” (i.e. burnout) is a major barrier to system leader/physician partnerships. Physicians are under increasing stress in their workplace, making them more vulnerable to adverse safety outcomes and less likely to want to partner with system leadership in improvement.
5. Involvement of leaders in the change process is key. Highly visible endorsement and activities of system leaders is a necessary first step in engaging front line physicians



Partnering with Physicians on High Quality Care - 1st December



Outcome

Primary Drivers

Secondary Drivers



Open Questions

Open Questions:

- What is the organization commitment to building support systems and adoption systems so that the new intervention is “dead easy” for the physicians, not added work?
- To what extent can we align physicians’ primary goals (patient centered) with organization’ goals (population centered)?
- How can we build a mutually supportive team so that the physician is not asked to do work that others could/should be doing?
- Will increased “joy in work” result in increased partnership with system wide goals?
- Can we balance patient centered and provider centered efforts to maximize both?
- What is the role of financial incentives – will they work, will they disrupt non-incentivized work, and will their effect last?

