



*The Power of Physician  
Partnership*

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## The Power of Physician Partnerships

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## Introduction

### *The Legacy*

- First do no harm...
- Altruistic
- Physicians' individual position of authority and trust
  - René Laennec – Stethoscope; 1816
  - Joseph Lister – Antiseptic; 1865
  - Willem Einthoven - Electrocardiograph; 1903
  - Howard Florey – Penicillin as an Antibiotic; 1938
  - Christiaan Barnard – Heart Transplant; 1967

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## Introduction

### Currently

- Physicians are now part of a much larger body:  
The Hospital
  - Struggle to remain Autonomous
  - Relinquishing control of their patients
- Multiple conflicts
  - Insurance, Medicaid/Medicare
  - Malpractice
  - Hospital Administration
- Business sense
  - Physicians are expected to partner with hospitals to provide exceptional patient care in addition to maintaining the *business* of patient care.

## Session Objectives

- Discuss the difference between a satisfied and an engaged physician
- Review The Five Partnership Principles™ that build effective partnerships and how to improve in those areas
- Identify the different types of partners and the different levels of satisfaction and engagement associated with each
- Examine ways that staff from every level of the organization can enhance Physician Partnership

## Defining Physician Partnership™

**Webster**

**Voluntary** association of two or more persons for the purpose of managing a business enterprise and sharing its profits or losses.

**Press Ganey**

The Five Partnership Principles™ are the keys to building a successful Physician Partnership. These Five Principles are:

- Satisfaction** {
  - 1. Ease of Practice
  - 2. Quality of Care
- Engagement** {
  - 3. Confidence and Trust
  - 4. Communication and Responsiveness
  - 5. Involvement in Planning

## Five Principles of Partnership

- Satisfaction** {
  - 1. **Ease of Practice:** Timely results, effective and efficient processes, up-to-date and easy to use medical equipment
  - 2. **Quality of Care:** Staff quality, consistency, and reliability, collaboration for care, clinical excellence
- Engagement** {
  - 3. **Confidence and Trust:** Belief in leaders to be transparent, trustworthy, alignment of goals
  - 4. **Communication and Responsiveness:** Open two way dialogue, follow through on concerns, providing full disclosure
  - 5. **Involvement in Planning:** Active physician input in decision making, convergence of ideas

## ***Satisfaction Concerns:*** **Quality of Patient Care**

- **Is the staff concerned for and interested in my patient?**
  - Are they truly invested in the process of patient care?
  - Will they involve themselves?
  
- **Can the staff reliably and consistently recognize significant changes in my patients' status?**
  - If that status changes, will it be noticed?
  - Will those changes be communicated to me?
  
- **Will my orders be followed up on efficiently?**
  - Medications, lab tests, radiology, dietary restrictions, case management, discharge planning, etc.

## ***Satisfaction Concerns:*** **Ease of Practice**

- **The process of admitting my patient**
  - How many hurdles are in place?
    - Emergency Department
    - Radiology and Diagnostic Laboratory
    - Pharmacy
    - Nursing
  - Can I trust that my patient is cared for in a kind, nurturing and professional manner?
  
- **The process of scheduling tests or therapies**
  - Difficult for me = nearly impossible for my patient
  - Once performed, will I receive results in a prompt and efficient manner?

## Defining Engagement

### Engagement:

***Achieved*** by stimulating a physicians enthusiasm for their work and directing it toward organizational success.

- **Investment:** Physicians have an emotional relationship with the hospital, share in its mission and values, and have a sense of pride in their association with the organization.
- **Involvement:** They take an active role in improving hospitals performance such as in patient safety, quality, efficiency, and strategy initiatives.
- **Advocacy:** Doctors demonstrate behaviors that build the brand of the hospital by recommending the hospital to patients, media colleagues, and the community at large.

## Engagement Concerns: Relationship With Leadership

- **Communication**
  - What is the instrument? Is it a solo, duet or a cacophonous symphony?
  - Will my voice be heard and will there be a response?
  - Do the hospital leaders take time to make me aware of significant changes?
  - Is administration responsive to needs and concerns of myself and my colleagues?
- **Do administrators work to sustain my trust in them and the hospital?**

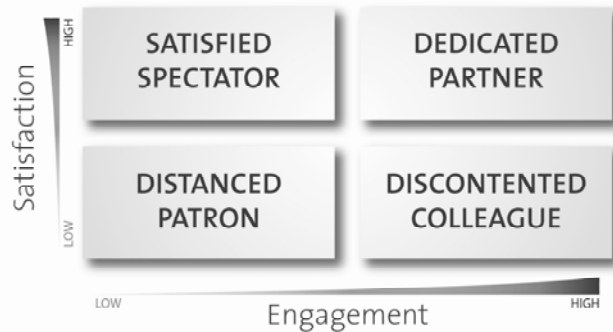
## Engagement Concerns: Overall Assessment

- **Is the hospital administration ready to meet the challenging changes in the healthcare environment?**
  - Trust and commitment to the hospital, community and workforce
  - Vision
  - Opportunistic vs. Retrospective Planning
- **Would I actively encourage a colleague to be here?**
  - Guilt or pride
- **Would I trust that a loved one would be well cared for here?**
  - Altruism to the *n<sup>th</sup>* power
  - *First Do No Harm*

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## The New Approach

### Physician Partnership™



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### “Dedicated Partner”

- Highly satisfied with the quality and efficiency of a hospital’s care and contribute to achieving it
- Positive relationships with physician and administrative leadership
- Perceive their professional futures as supported
- Advocates for the hospital with physician colleagues, patients, and the community



### “Satisfied Spectator”

- Pleased with the care and efficiency of the hospital, but do not become involved with the hospital
- May believe that a hospital functions well *despite* its leadership, or simply have no investment in the hospital’s success
- Commonly lacks confidence or belief in the hospital’s future and are not strong advocates for its success



## Physician Partnership Model

### “Distanced Patron”

- Utilize the hospital but are dissatisfied with both the hospital’s services and leadership
- Typically do not participate in quality initiatives and they may be highly critical of hospital efforts
- May either spend their careers in the mode of disengaged critic or be at high risk of moving their patients or practices elsewhere



## Physician Partnership Model

### “Discontented Colleague”

- Highly involved in the hospital, but chronically dissatisfied
- Improvements efforts are viewed as failing or insufficient
- In a leadership role, they may take the position of constantly pointing out problems, but seldom offering solutions
- Can be powerful catalysts for improvement in the organization if they see that it is a result of their vocal dissatisfaction



## Significance of Partnership

When satisfaction and engagement are high, a total physician partnership with the organization is possible, equating to:

- High communication and feedback
- Collaborative and joint decision making
- Respect, commitment
- Physician confidence in:
  - Patient Care and Patient Safety
  - Leadership
  - Staff



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## Maximizing Organizational Performance

### Create a common language

- What is **YOUR** Instrument?
- Thoughtful and dedicated Communication is paramount.
  - Speaking + Listening = Discourse
- Ensure that both leaders and physicians alike understand what it means to have a partnership and what their role is in creating a *true* partnership.

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### Establish a starting point and a destination

- Determine the level of partnership you already have
  - Identify the level of partnership alignment within your institution
  - Recognize Dedicated Partners and draw on their experience and expertise
  - Understand the challenges Satisfied Spectators, Discontented Colleagues and Distanced Patrons confront
  - Ensure physicians have meaningful interactions with leadership in all of the strategic planning and budget-planning processes

### Establish a starting point and a destination

- Establish an attainable goal for the organization
  - Realistic
  - Responsible
  - Reachable
- Numerical transparency and clarity
  - Provide physicians with full, open disclosure about the organization's financial and market position by service line
  - Ensure physicians understand these numbers by providing guidelines for interpreting the data and proactively providing these guidelines periodically throughout the year

### Make a roadmap and start driving

- Involvement of physician leaders as well as informal leaders from the medical staff
- Develop a plan to achieve your targets in collaboration with your physician leaders and start taking action
- Determine both major actions and small changes that will lead to early success
  - Operational Priority Index
    - ❖ Actionable vs. Outcome Related
  - Leadership Priorities
    - ❖ Communication and personal contact is the foundation

### Make a roadmap and start driving

- Ensure physicians and leadership better understand each other's commitment to high-quality patient care
- Consistent and collaborative communication
  - Both physicians and leadership need to listen more, listen better, and then be prepared to take action on decisions made through their interactions

### Look in the rearview mirror

- Frequent communication on status of plans
  - TALK with physicians, get feedback
  - Both physicians and leadership need to listen more, listen better, and then be prepared to take action on the decisions made through their interactions.
- Shared responsibility in the Action Planning process
  - Committee meetings:
    - Established agenda
    - Accountability of tasks
    - As frequent as necessary
    - As brief as possible

### Look in the rearview mirror

- Showing results
  - Clearly communicate how investments in new medical technologies, staff, and buildings will help physicians provide high-quality care and make it easier for them to practice at your hospital
  - Invite the medical staff to share in the celebration of the milestones along the way to success
- Physicians, leadership and staff are ALL involved in the process



## Who Has the First Question?

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