

# Q: How does the board ensure strong collaboration with the medical staff?

The hospital/medical staff relationship should be a trusting partnership, where both the medical staff and hospital work closely together to provide quality care for patients. But hospitals and medical staffs often have differing perspectives and unique cultures, which can lead to a disconnect between the two. There are actions that board members can take to improve alignment to build a high functioning, strong hospital and medical staff relationship.

**A**s the relationship between hospitals and physicians evolves, it is more important than ever for hospital boards to have a strong, trustful relationship with the medical staff. While the financial relationship between hospitals and physicians differs between organizations, there are many challenges related to hospital/medical staff relationships that arise in hospitals of all types and sizes.

First, hospitals and physicians simply have different financial needs and financial pressures. These pressures can result in split interests, and a sense of disconnection. It's important for board members to understand how those financial pressures differ, as well as where they converge.

Second, hospitals and physicians don't always share the same mission, values and vision. The hospital's mission and vision is typically much broader and more community health improvement centered, while physicians' mission is more narrowly focused on individual patients and practice development. This is an area that is growing in alignment as hospitals and physicians increasingly collaborate together, but there is room for improvement.

Finally, like everything that happens in the hospital/medical staff relationship, board inattention to the importance of building a culture of collaboration, cooperation and the pursuit of opportunities with mutual self-interest can contribute to the development of

problems that may remain below the administrative and governance radar screen.

The hospital/medical staff relationship should be a trusting partnership, where both the medical staff and the hospital's executives and governing board work closely together to provide consistently high quality, safe care for patients.

## The Transition to Value-Based Care Makes Hospital/Medical Staff Alignment an Imperative

One of the most frequent criticisms of the nation's health system has been its fragmented, fee-for-service structure. Critics have long argued that this structure encourages providing a greater volume of services over focusing on services that provide superior quality and outcomes and/or reduce costs.

As the U.S. health care system transitions to one based on value, priorities shift toward efficiency, care coordination, transparency about cost and quality, patient access to information, and addressing broader patient and community needs impacted by social determinants of health.

This transition to value-based care, combined with the increase in hospital mergers, acquisitions and other

#### Patient and Physician Loyalty are Tied Together

**“In today’s consumer-driven, value-based health care market, patient and physician loyalty are two of the most important concerns facing health care leaders.”** - Patrick T. Ryan, Executive Chairman, Press Ganey.

**“Physicians want to practice medicine in a setting where they perceive collaboration across the care team, a strong partnership with the organization, and support for delivering safe, high-quality, patient-centered care.”** - Thomas H. Lee, Chief Medical Officer, Press Ganey

A white paper from Press Ganey reports an interdependency between patient and physician loyalty, most notably:

- Patients’ perception of caregiver teamwork is the strongest predictor of patient loyalty in the inpatient and medical practice settings.
- The strongest patient loyalty driver in the emergency department is patients’ perception that the staff cared about them.
- Feeling respected by their physicians, being treated courteously by both physicians and nurses, and perceiving caregiver responsiveness to their concerns are also strong predictors of patient loyalty.

Source: Ganey Identifies Key Relationships between Patient and Physician Loyalty to Focus Improvement Efforts. Press Ganey News. *Based on White Paper “A Unified Approach to Driving Patient and Physician Loyalty.”* June 6, 2019. [pressganey.com](http://pressganey.com).

partnerships, makes alignment between hospitals and physicians even more important.

**True Physician Integration.** Today’s health care transformation encourages more than hospitals and physicians cooperating to care for patients. It requires hospitals and physicians to provide integrated care - care that is coordinated, uses seamless technology, and involves providers across the spectrum working together to care for each patient as an entire “episode of care.”

This is a necessary shift in thinking for many health care leaders. Hospital trustees and leaders should be preparing for that shift now, working jointly with their medical staff and other providers in the community to develop shared solutions and forge partnerships that will provide better care and prepare all health care providers for a successful future.

**Preparing the Hospital for Increased Care Coordination.** As organizations transition to increasingly coordinated care, trustees should consider the following questions:

- How well aligned is the hospital and its medical staff?

- Are physicians meaningfully involved in hospital decisions that impact patient care and physician practices?
- How vibrant are physicians’ voices in the hospital’s strategic thinking and planning processes?
- Does the hospital work closely with the medical staff and other providers in the community to develop shared solutions and forge new partnerships that will be mutually beneficial in this new era of coordinated care?

#### Historical Causes of Misalignment

The differences in the drivers and mindsets of physicians, administrators and trustees are often significant. But the facts of professional training, experience, needs and expectations must be taken into account as alignment strategies are developed.

The environment in which physicians do their jobs, and the environment in which administrators and board members carry out their responsibilities are very different.

**Traditional Physician Perspectives.** Physicians are trained to react quickly and provide evidence-based diagnoses and treatments. In many cases they're expected to have an immediate response and make rapid decisions under her intense time and emotional pressure. In addition, many work autonomously and independently as advocates for individual patients in their care. Many physicians identify primarily with others in their profession, and by nature think, plan and act independently.

**Administrative Perspectives.** In contrast, organizational leaders and board members tend to think long-term, engaging in broad group discussions about organizational issues that may not be decided for weeks, months or years. They're individuals who delegate much of their work to others and collaborate with broad range of constituents and stakeholders. And rather than focusing on individual patients, they have a fiduciary responsibility to meet the needs of the broad community in both clinical and non-clinical ways. Rather than relying on their independence, they instead value an ethic of interdependence on one another for consensus-based thinking and decision-making.

**Amplifying the Challenges.** While the differing perspectives of physicians and organizational leaders creates challenges, there are other systemic barriers that have historically amplified misalignment:

- Poor communication, often due to cultural divisions and false assumptions between physicians and executives. For example, the false assumption that all physicians are alike.
- Lack of trust, which can be fueled by the potential for hospitals and physicians to have a competitive relationship with one another.
- Lack of appreciation for the challenges physicians face. As providers increasingly face burnout, it is the responsibility of organizational leaders to understand the challenges they face and encourage a culture that understands and supports clinicians as they care for patients.

## Provider Burnout

Reports estimated a provider burnout rate of nearly 50 percent among practicing physicians in the United States before the COVID-19 pandemic hit in 2020.<sup>2</sup> The impact of provider burnout is far-reaching, impacting not only the health of individual physicians but also quality of care and the work environment for the entire care team.

In a comprehensive JAMA analysis, researchers found that physician burnout is associated with:<sup>3</sup>

- **Increased health risk** for cardiovascular disease and shorter life expectancy, problematic alcohol use, broken relationships, depression, and suicide.
- **A two-fold increase in unsafe care**, unprofessional behaviors, and low patient satisfaction.
- **All burnout measures are associated with increased patient safety incidents**, including emotional exhaustion, depersonalization and personal accomplishment. In addition, symptoms of depression or emotional distress in physicians were associated with a two-fold increase in patient safety incidents.

After reviewing 47 studies of more than 42,000 physicians, the authors concluded that their findings “provides evidence that physician burnout may jeopardize patient care; reversal of this risk has to be viewed as a fundamental health care policy goal across the globe. Health care organizations are encouraged to invest in efforts to improve physician wellness, particularly for early-career physicians.”

## Steps to Build Alignment

**Trust.** Trust is an essential part of any successful relationship and is critical for building successful, lasting relationships. Without trust, doubt, uncertainty and reservations will ruin any potential for alignment.

Renew trust and create an alignment between the hospital and medical staff by understanding the needs of both entities and using a board-driven alignment strategy

#### AHA Well-Being Playbook: Reducing Provider Burnout

The American Hospital Association's Physician Alliance "Well-Being Playbook: A Guide for Hospital and Health System Leaders" provides seven steps to address provider burnout:

1. **Create infrastructure for well-being.** Create a sustainable culture of well-being, starting with a commitment from top leadership. This includes a dedicated budget for well-being practices.
2. **Engage your team.** Facilitate opportunities for engagement, including small group sessions and open-ended surveys to get feedback from front-line providers, non-clinical administrators and clinician executives.
3. **Measure well-being.** Measure well-being at least annually to benchmark and evaluate ongoing initiatives. Encourage employees to respond honestly, and follow up with issues raised.
4. **Design interventions.** Once you know the top drivers of stress and burnout, develop solutions that are feasible and effective. The AHA suggests that solutions fall into the following categories: improving employee input, increasing employee recognition, improving quality, improving efficiency, increasing resiliency (providing training and coaching), and cultivating community.
5. **Implement programs.** Start with initiatives that are easily implemented and help build buy-in and momentum, and advance to more complex interventions.
6. **Evaluate program impact.** Continually evaluate the impact of programs, and make modifications as necessary.
7. **Create a sustainable culture.** Continue to survey employees and review the effectiveness of programs, and celebrate wins often. Consider developing a dashboard of well-being projects to keep all engaged.

Source: Well-Being Playbook: A Guide for Hospital and Health System Leaders. American Hospital Association Physician Alliance. May 2019. [www.aha.org/physicians](http://www.aha.org/physicians).

Specific ideas for establishing trust include:

- Make a clear commitment to support physicians in the turbulent economic and operational challenges they face.
- Answer commitments with concrete actions to make the hospital a more productive, efficient environment for physicians.
- Include physicians in various stages of planning and budgeting to give them more responsibility for the hospital or health system.
- Respond to physician input about quality and the general practice of medicine at the hospital.
- Keep the board up-to-date on increasing restrictions and economic challenges that physicians face. Allow opportunities for the medical staff to share these issues with board members directly.

**Communication.** Communication is a critical first step to improving any relationship, and a foundation for building trust. Communication should be encouraged throughout the organization, such as team huddles. Similarly, communication at the system level helps leaders understand the burdens providers face and gives physicians an opportunity to share their viewpoints and have greater representation in leadership thinking.<sup>2</sup>

Specific ideas for strengthening communication include:

- Make the CEO regularly available to physicians through dedicated time listening to and communicating with members of the medical staff.
- Create systems that alert physicians of critical issues. Allow the medical staff an opportunity to provide input with the board about these issues before decisions are made.

## Critical Questions Every Hospital Board Needs to be Able to Answer

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### Ensuring Board Support and Collaboration with the Medical Staff

- Create a means for regular communication with the entire medical staff.
- Provide physicians with a forum to provide input into important decisions before they are made.

**Voice.** Allow physicians to share their expectations, experiences and ideas in order to encourage a relationship built on trust and communication. Provide physicians with a voice by:

- Giving physicians adequate representation on the board and on relevant board and hospital committees and subcommittees.
- Including medical staff leaders at meetings where critical issues are discussed.
- Creating a formal program for training physician leaders.

**Relationships.** Building positive relationships between physicians and executives is critical. Strategies to improve relationships include:

- Conduct an assessment of the current relationship and identify strengths and weaknesses that need to be addressed.

- Provide assistance to help physician groups develop organizational maturity.
- Address conflict at the earliest possible stage.
- Monitor the relationship and look for opportunities to constantly improve it.
- Host informal social gatherings to promote relationship growth between administrators, board members and medical staff.
- Create opportunities for community events where executives, physicians and board members can see first-hand the impact of their joint initiatives.

**Training.** Many physicians have received little training in the leadership and team skills required in today's collaborative environment. For example, physicians may be interested in training in Lean and Plan-Do-Study-Act principles help shape their thinking to strengthen patient satisfaction, ultimately overall care. Physicians should also be offered coaching and mentorship to help implement the leadership skills they learn as well as manage the stress encountered in their daily practice.<sup>2</sup>

## Sources and Additional Information

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