

Engaging Your Docs: Strategies for Initial and Ongoing Retention of Key Physicians

By Stacey Lang

Cardiovascular administrators, cath lab and interventional radiology managers, and neuro interventional suite managers are all likely familiar with the significant challenges associated with recruiting the physician talent necessary to staff a fully functional lab. What Corazon often finds, however, is that the post-recruitment organizational efforts related to physician on-boarding and engagement can be lacking. A shortage of focus in this regard can unfortunately lead to the early disillusionment of newly recruited physicians and existing staff, and in turn, negatively impact retention rates, which only compounds the issue.

The upfront and ongoing investment, as well as the viability and sustainability of any interventional program, demands a different (better) approach to physician on-boarding and engagement. Corazon believes an approach that ensures a productive and collaborative partnership will serve to advance not only the physician's own professional goals, but also the programmatic goals of the organization — a win-win for all involved!

Securing new physician talent is only half the battle. The annual turnover rate for physicians nationally is 7%, the highest since the American Medical Group Association (AMGA) began collecting data in 2005.¹ Unfortunately, this

turnover rate increases to a high of 12% in years 2-3 of practice.² Corazon finds the most common causes for physician departure are related to misaligned expectations and unfulfilled organizational commitments...detractors that can be easily remedied with a solid physician strategy in place. In fact, it has never been more important to protect your organization's investment in this most valuable resource by approaching physician engagement strategically, especially for interventionalists, which are in increasingly short supply.

Countless articles have been written about the value of physician alignment in service line development, and both data and Corazon's national experience support the importance of this effort. Utilizing an alignment strategy that recognizes physician contributions related to program development and management can be a powerful motivator in ensuring ongoing progress and physician involvement in program growth.

However, an organization can establish mutually-aligned goals with physicians, but still have a disengaged medical staff. This distinction is an important one. In order to achieve long-term mutually-beneficial and synergistic relationships with physicians, Corazon believes both engagement and alignment are necessary (Figure 1).

Figure 1 - Physician "Engagement" vs... "Marriage?"



Figure 1. The tone and quality of a program leader and physician leader's working relationship should be established well in advance of the first day that the physician enters the lab. A level of mutual trust and professional respect must be developed during the recruitment process in order to smooth the on-boarding process and provide the foundation for future conflict resolution.

Many times, Corazon is asked to assist programs that, despite well-trained physicians, committed leadership, and adequate resources, are unable to accomplish key programmatic goals. These goals or strategic initiatives

have typically either been developed through a Corazon-led strategic planning process or through a less-formal internal process. Often, this lack of progress is directly related to a lack of physician engagement.

In order to develop the level of collaboration necessary to be truly effective in leading a program forward, effective communication is essential. It is important to consider the nuances of each participant in order to most effectively manage the interaction and most importantly, achieve the desired outcome.

Corazon encourages program leaders to consider the following when developing a unique communication style:

1. **Cultural considerations:** Some physicians may be unaccustomed to administrators wielding the majority of power in an organization. Since different organizations structure leadership in many different ways, trust must be earned and decisions made collaboratively so that progress can be made as a team with the full support of the physicians involved.
2. **Physician age and administrative experience:** These factors must be considered when planning the best approach for maximum physician engagement. While both novice and seasoned physicians may lack understanding of the many roles and responsibilities of hospital administrators, new graduates in particular may struggle in this area. Limited understanding of the finances of healthcare, along with a lack of knowledge about program market capture, utilization rates, and the competitor landscape can lead to misaligned priorities. In contrast, the more experienced academic physician may understand these concepts, but may not have an appreciation of the shared responsibility that exists between

administration and physician(s) in identifying opportunity and driving business. Younger, less experienced physicians may be significantly more driven to succeed and seek to prove themselves clinically, whereas senior physicians can be accustomed to acting autonomously with a great deal of power and authority in decision-making. Both of these scenarios can make compromise difficult. Thus, Corazon recommends that program leaders identify what program goals are most important to the involved physicians early in the process.

3. **Physician experience with program development:** Corazon strongly suggests that program leaders discuss physician involvement in past development projects. What role did they serve? How did they measure success? What were their specific responsibilities? Past experience is often considered a positive attribute however, in the case of physician engagement; Corazon suggests caution, as the attributes that are often found in exceptional physicians can be counterproductive to those needed in project work where a high degree of collaboration is necessary. In essence, the benefits of leveraging physicians who have program development experience to the greatest advantage will bring the greatest result. Clearly defining roles and responsibilities to assure a mutually-beneficial outcome, and drawing on individual physician strengths, will do much to ensure programmatic success (Figure 2).

Figure 2 - Understanding the Drivers

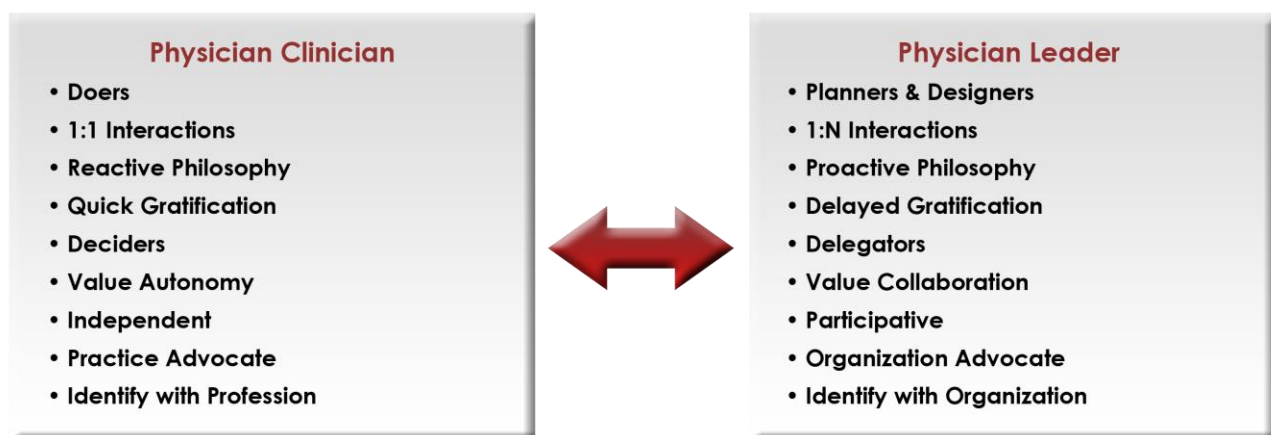


Figure 2. It is important to recognize that an exceptional clinician may struggle when expectations around engagement in program growth and development are expressed. Understanding the drivers of physician behavior allows program leaders to tailor goals, plans, and communications in a way that reduces the potential for conflict and clearly demonstrates the benefit for all involved.

4. **Physician background:** Consider the differences between an academic background or one in physician private practice. Also: what are the individual motivators? What led him/her to join the organization? Is the physician passionate about research? Outcomes tracking and performance metrics can be powerful tools for data-driven development plans, whereas a younger physician intent on growing diverse clinical experience may be motivated by volume growth initiatives. Open and honest discussions about background and personal/professional goals for the future can do much to solidify a foundation for mutual achievement going forward.

The Ideal

The best way to ensure a fully engaged medical staff is by securing only those physicians that will fit the organization from a cultural perspective, as well as a clinical one. Too often, particularly with hard-to find specialists, accommodations are made for exceptional clinicians with less-than exceptional interpersonal skills, just due to the pressures associated with keeping a program functioning. Corazon encourages hospital partners to move beyond the traditional recruitment and interview process to incorporate the following:

- Hiring physicians whose goals are aligned with the vision and culture of the system.
- Make physician career success and satisfaction a priority (in addition to clinical success), which will:
 - Help to identify and develop physician leaders
 - Create an adaptable, innovative, and collaborative medical staff
 - Increase retention and career satisfaction
 - Improve clinical outcomes
 - Improve productivity
 - Reduce costs
 - Prevent disruptive behavior

Ideally, the process of physician engagement should begin well before the physician enters the lab. But, if less-than optimal relationships already exist, it is never too late to adjust course and enhance efforts to engage medical staff.

Corazon recommends several initiatives as valuable additions to physician contracting and onboarding. First, inclusion of metrics and expectations will serve as the foundation for a fully collaborative partnership between administration and physicians — a framework for a “physician success program” that can lead to awareness of strengths/weaknesses/goals on Day 1. Then this awareness can set the stage for a plan to develop growth areas, while leveraging the strengths, as a means to meet both organizational and individual goals. Second, attributing value beyond the bedside works well to give the

physician(s) the opportunity and recognition to excel not only clinically, but also with achievements in collaboration and consensus building. And finally, actively involving them in staff education brings greater satisfaction, as they can contribute to the overall performance of the clinical team.

Physician engagement undoubtedly requires a high degree of mutual trust, respect, accountability, and transparency on behalf of the hospital, its leadership, and the team as a whole. This will not occur without strong commitment and a clear understanding of the long-term benefits of working together. Once goals are aligned, mutual benefit is understood, and trust is achieved, program quality and success is virtually guaranteed, with the result being better patient care — and that is a goal that both physicians and the hospital can stand fully behind.

References

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