



NHA Critical Access Hospital
Conference on Quality
November 15, 2018

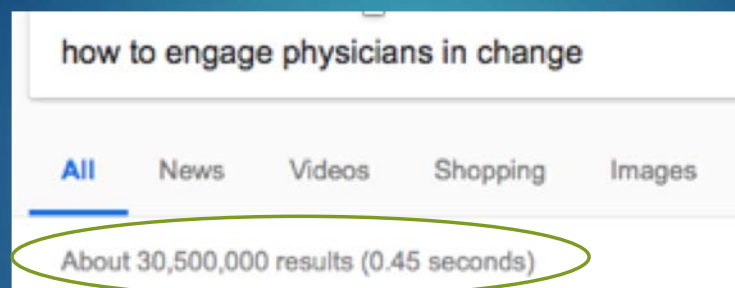
Physicians Are Human... Too...Really

*Strategies to Engage Physicians
(and Other Busy People)*

STEVEN TREMAIN, MD, FACPE

CYNOSURE HEALTH

How Important is Physician Engagement?



What is Different about Physicians?

- ▶ Busy
- ▶ Balancing a practice with other demands
- ▶ Running a business
- ▶ Dealing with all sorts of administrative and bureaucratic challenges



Are Physicians Really that Different than CEO's?



Nurses?



Dads?



Moms?



Yes, Physicians ARE Human, TOO

- Communication and Engagement Challenges are *similar to those with other busy people*

It's Your Turn Now.

Are You Ready?

So What Works for You?

- ▶ Busy people, ~~excluding physicians~~
- ▶ For physician engagement



So What *Doesn't* Work for You?



Recommended Strategies for Engaging... Busy Moms

- ▶ Move beyond traditional media
- ▶ Age is just a number
- ▶ Find ways to help them crunch time
- ▶ Ease anxieties about the future
- ▶ Create community

<https://blog.taboola.com/5-ways-to-engage-modern-moms-with-content/>

What Google Says: Recommended Strategies for Engaging Physicians



- ▶ Let's Travel through Time!
- ▶ 2014-2018

Lee & Cosgrove, "Engaging Doctors in the Health Care Revolution". HBR

- ▶ Know exactly what you want them to engage in
- ▶ Seek a shared purpose: positive, noble, important
- ▶ Articulate the vision of what it will be like after the difficulty of change
- ▶ Appeal to self-interest but reward collaboration
- ▶ Be respectful/Earn credibility
- ▶ Embrace tradition/mobilize it to move change
- ▶ Do small tests of change/Avoid large failures
- ▶ Build will, confidence, competence



<https://hbr.org/2014/06/engaging-doctors-in-the-health-care-revolution>

Sheila Fain, "Engaging Physicians in the Change Process" LaMarsh Global

- ▶ Remember:
 - ▶ Patient First/Change Last
 - ▶ Safety overrules change
 - ▶ Understand the Money
 - ▶ Physicians Value Relationships
 - ▶ Physicians are Scientists



<https://lamarsh.com/engaging-physicians-change-process/>

Sheila Fain, "Engaging Physicians in the Change Process" LaMarsh Global

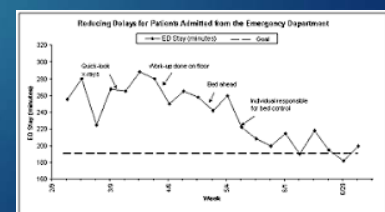
- ▶ Do's VS. Don'ts
 - ▶ Academic Detailing NOT Training
 - ▶ Peer comparison NOT performance assessment
 - ▶ Meetings with aggressive agendas
 - ▶ Timed agendas
 - ▶ Prep with limited key material
 - ▶ Meetings when convenient for them
 - ▶ May not be for you
 - ▶ Respect patient care time and personal time



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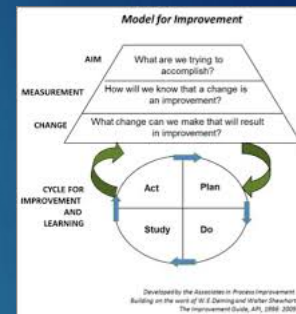
- ▶ Data:
 - ▶ Know exactly what you know and exactly what you don't
 - ▶ Provide just enough data; more can be retrieved if requested
 - ▶ Present actionable information, not data smog
 - ▶ Yes: annotated run charts, performance comparisons
 - ▶ No: too much data, stoplight reports
 - ▶ Know when to blind and un-blind
 - ▶ Always discuss locally first
 - ▶ Provide key articles



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Sheila Fain, "Engaging Physicians in the Change Process" LaMarsh Global

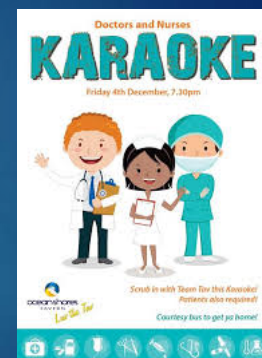
- ▶ Quality Improvement
 - ▶ Expect them to know nothing
 - ▶ Not in their comfort zone
 - ▶ It is different than one on one patient care
 - ▶ Teach them the concepts and tools
 - ▶ Help them understand the data needs for QI/PI and how they are different from journal article data needs
 - ▶ DON'T LET THEM PUBLICLY FAIL



<https://lamarsh.com/engaging-physicians-change-process/>

Michael Schlosser, MD, CMO HCA National "Five Fun (and Effective Ways) to Engage Physicians"

- ▶ Switch up the Atmosphere
- ▶ Get creative with food
- ▶ Make it feel social: use fun icebreakers
- ▶ Take an outing...visit a referral center; meet the docs you have been working on the phone with
- ▶ Karaoke with a twist
 - ▶ Sing a song that reflects your interest or specialty



<https://healthtrustpg.com/clinical-performance/five-fun-and-effective-ways-to-engage-physicians/>

Bobby Rodwig, MD, Ochsner Health, “Secrets of High Engagement”

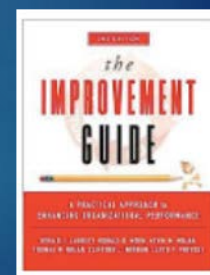
- ▶ Round with physicians: Trust & Relationship Building
 - ▶ Walk in their shoes
 - ▶ Experience the barriers that they face
 - ▶ Fix what can be fixed.
 - ▶ Do it one on one
 - ▶ Do it quarterly



<https://www.studergroup.com/hardwired-results/hardwired-results-22/secrets-of-high-engagement-how-to-engage-physician>

Carol Peden, IHI “A New Way to Engage Physicians”

- ▶ Identify early adopters
- ▶ Get the data: show the data; know the data
- ▶ Provide opportunities to learn basic QI skills
- ▶ Segment the challenges
- ▶ Identify where the best chances to succeed are
 - ▶ Build success by building confidence and competence



<http://www.ihl.org/communities/blogs/a-new-way-to-engage-physicians>

Sounds like Good Advice for...

- ▶ Physicians?
- ▶ Nurses?
- ▶ Execs?
- ▶ Moms?
- ▶ Dads?
- ▶ Other Busy People?



The Four Myths of Engagement

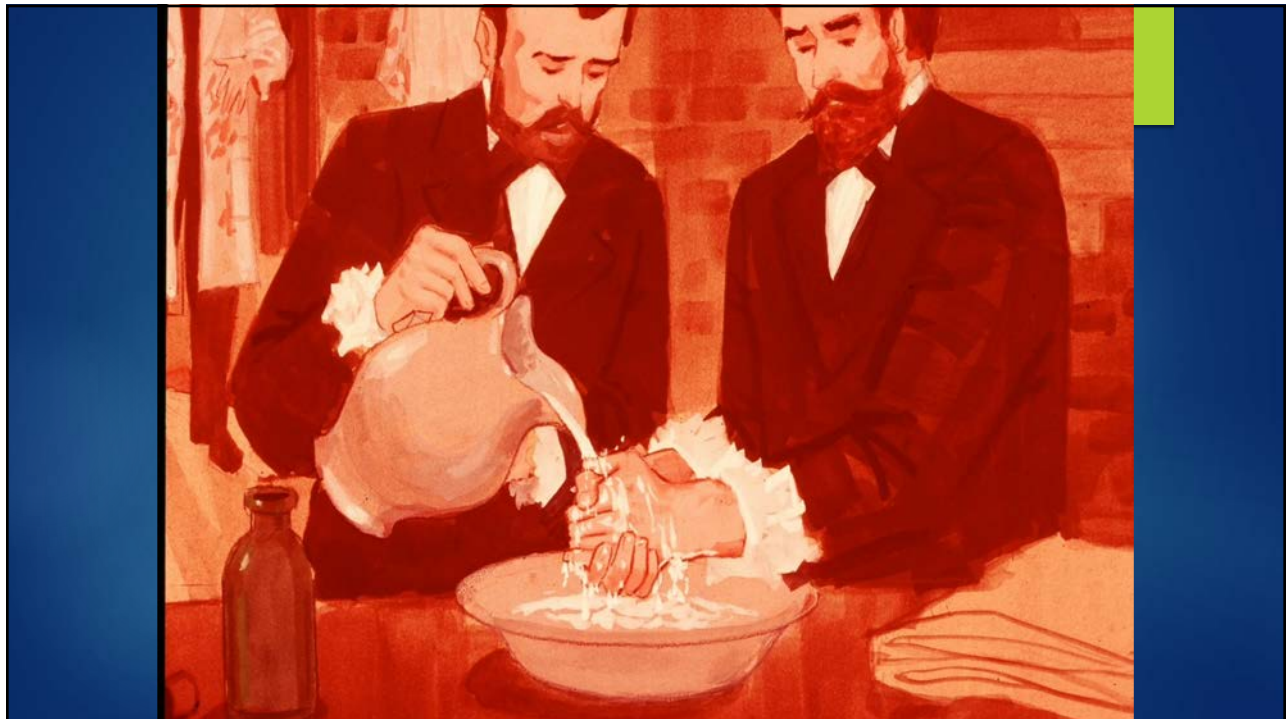
1. Showing the Evidence is Sufficient

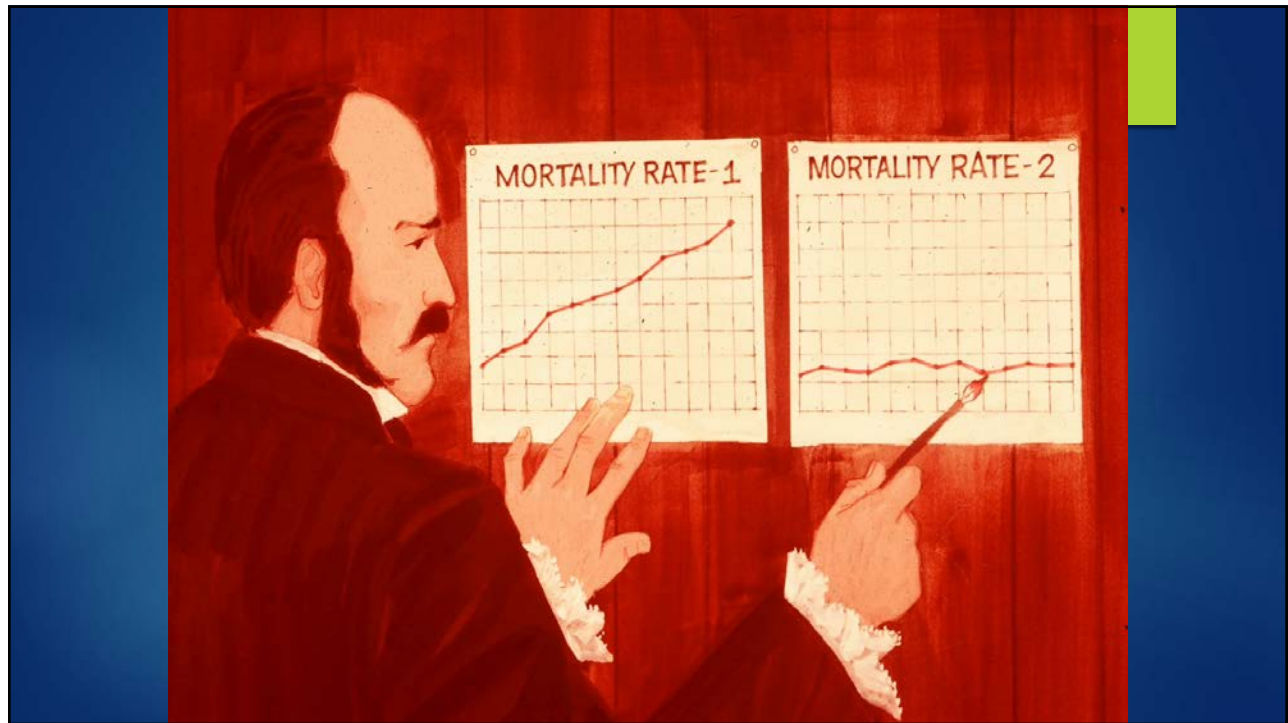
3. The Same Message Works with Everyone

2. Everyone Engages at the Same Time

4. Every Intervention is Equally Easy/Hard to Implement

Myth #1: Showing the evidence is sufficient





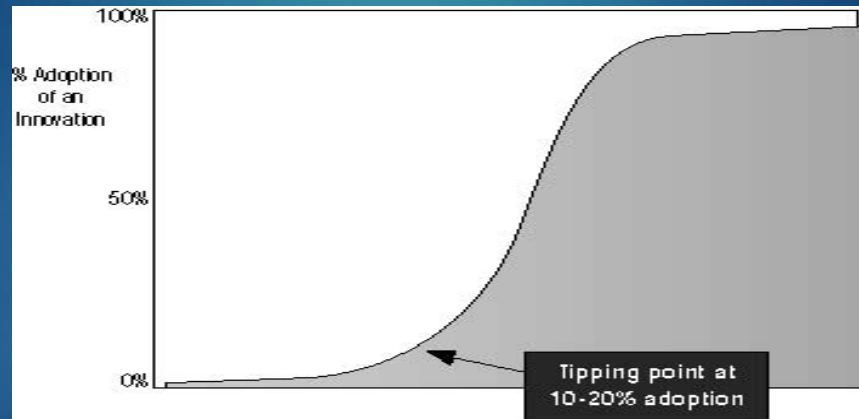
Myth #2:
Everyone engages at the same time



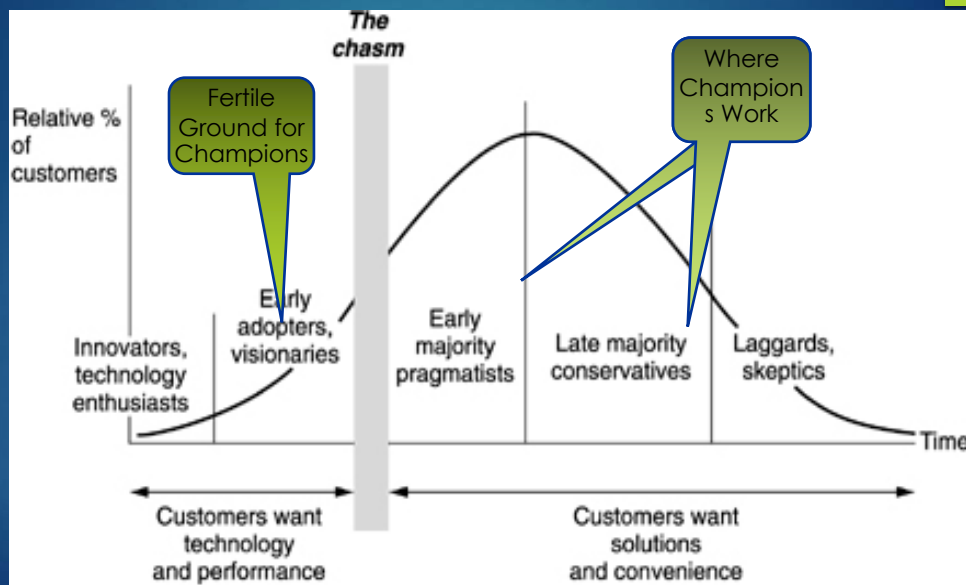
Engagement is Non-linear

A Core Concept

Innovation Adoption S-Curve



Adopters and Who to Persuade First



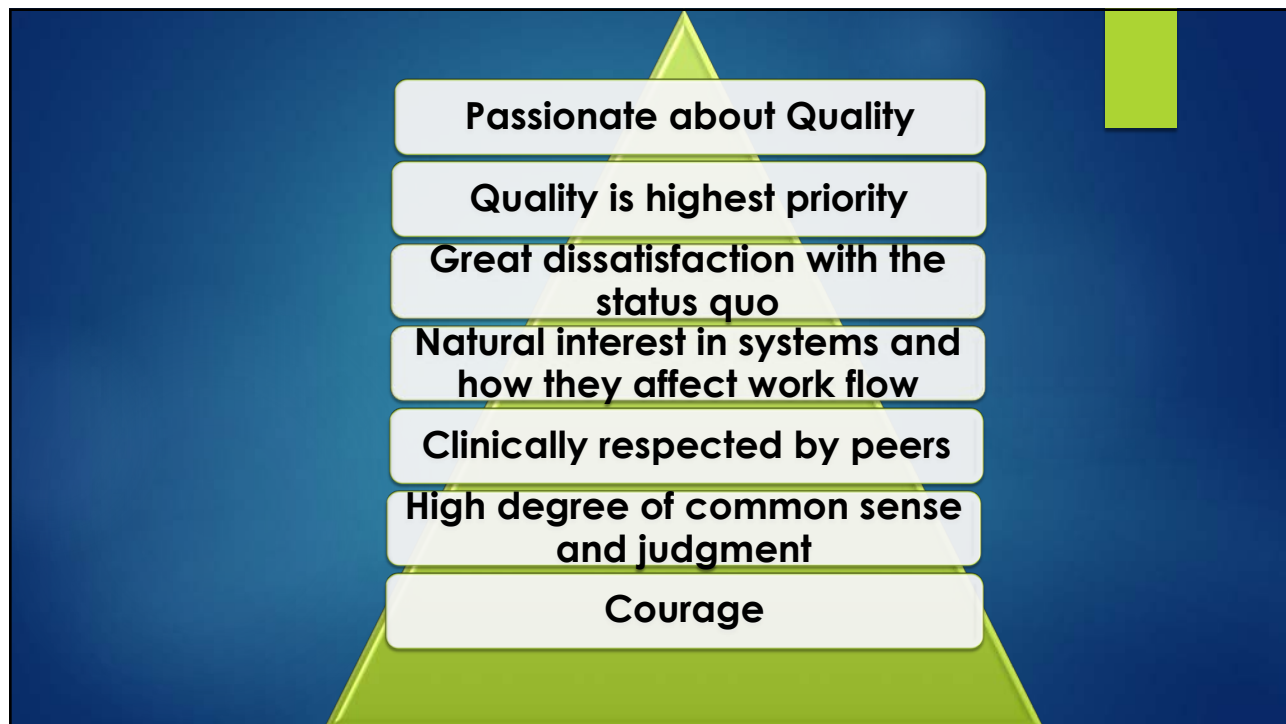
Category	Characteristics
Innovators (2%)	<ul style="list-style-type: none"> Venturesome Socially Isolated High Tolerance for Risk
Early Adopters (14%)	<ul style="list-style-type: none"> Well respected Extensive social network Judicious use of innovation
Early Majority (34%)	<ul style="list-style-type: none"> Deliberate Interconnected Modest risk taking
Late Majority (34%)	<ul style="list-style-type: none"> Skeptical Responsive to social norms & economic necessity Low tolerance for uncertainty, risk
Laggards (16%)	<ul style="list-style-type: none"> Traditional, suspicious Relatively isolated

Decreasing Risk Tolerance

Finding Physician Champions

32





Where to Find Them

Hospital committees

Medical Executive Committee

Quality and Improvement Task Forces

Journal Clubs

Ask the Nurses!

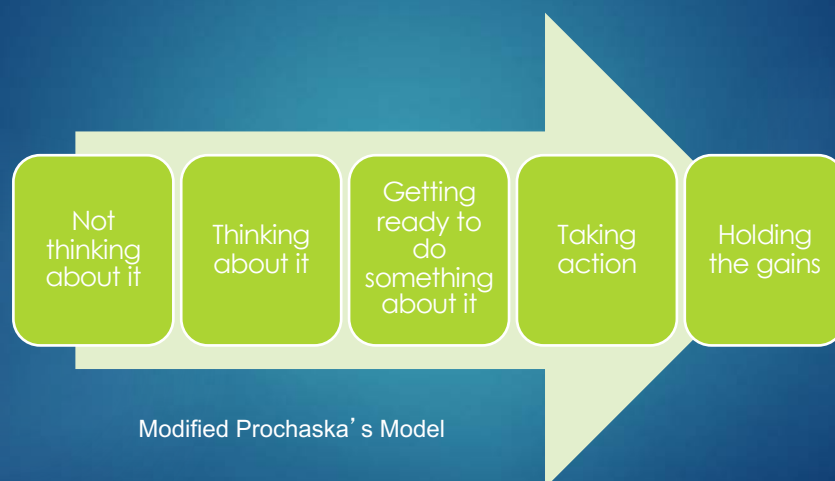
Myth #3:
The same message works with everyone



Know Your Audience: The “How was Your Day?” Ice Breaker

- ▶ “What makes a good day?”
- ▶ “What makes a bad day?”
- ▶ *Where is the passion?*

How Ready is Ready?



The Message Matters



Why Some Ideas Survive and Others Die...

MADE to STICK

Chip Heath & Dan Heath

Simple
Unexpected
Concrete
Credible
Emothional
Stories

*Have you
ex - **foley** - ated
today?*



The Messenger Matters

- ▶ Relationship matters
- ▶ Respect matters



The Medium Matters



Customize the WAY You Communicate

SHARE INFORMATION

SHAPE BEHAVIOR



General
Publications
flyers
newsletters
videos
articles
posters

Personal
Touch
letters
cards
postcards

Interactive
Activities
telephone
email
visits
seminars
learning sets
modeling

Public
Events
Road shows
Fairs
Conferences
Exhibitions
Mass meetings

Face-to-face
one-to-one
mentoring
seconding
shadowing

Adapted from Ashkenas, 1995

(C) 2001, Sarah W. Fraser

Elevator Speeches

DO's

- ▶ Be brief (< 1 minute)
- ▶ Be clear
- ▶ Know your audience and be specific to it
- ▶ Start with a hook
- ▶ Highlight the benefit
- ▶ Make it compelling but not overly dramatic ("crisis")
- ▶ Extend an invitation to talk further

Jacqueline Whitmore
<https://www.entrepreneur.com/article/249750>
 Jayson DeMers
<https://www.entrepreneur.com/article/246522>
 Martin Zwilling
<https://www.entrepreneur.com/article/248375>

DON'Ts

- ▶ Make it formal
- ▶ Ramble
- ▶ Lead with emotion (lead with facts)
- ▶ Leave the punch line for the end
- ▶ Make it too rehearsed
- ▶ It focuses on your idea (focus on the what and the how, not you)
- ▶ Omit context and background
- ▶ Talk too fast; try to 'cram it in'

Elevator Speeches

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Myth #4: Every intervention is equally easy/hard to implement



Which is easier to implement?

Central Line Bundle

100% Hand Hygiene

VAE Bundle

Medication Reconciliation

Reducing Readmissions

Normothermia in Colorectal Surgery

Rogers' Diffusion Model

Key factors

The innovation must be perceived to have:

Relative Advantage



an advantage over the "old" way of doing things

Complexity



low complexity, i.e., easy to learn, use, teach or implement

Observability



visible, observable improvement over the "old" way of doing things

Compatibility



compatibility with current ways of doing things

Trial-ability



the ability for the innovation to be tried in pieces or without a full commitment

Diffusion Checklist – iPod

Key Factor	Likelihood (1-5)
Relative Advantage	5
Complexity	4
Observability	5
Compatibility	5
Trial-ability	3-5



The Four Rules of Engagement

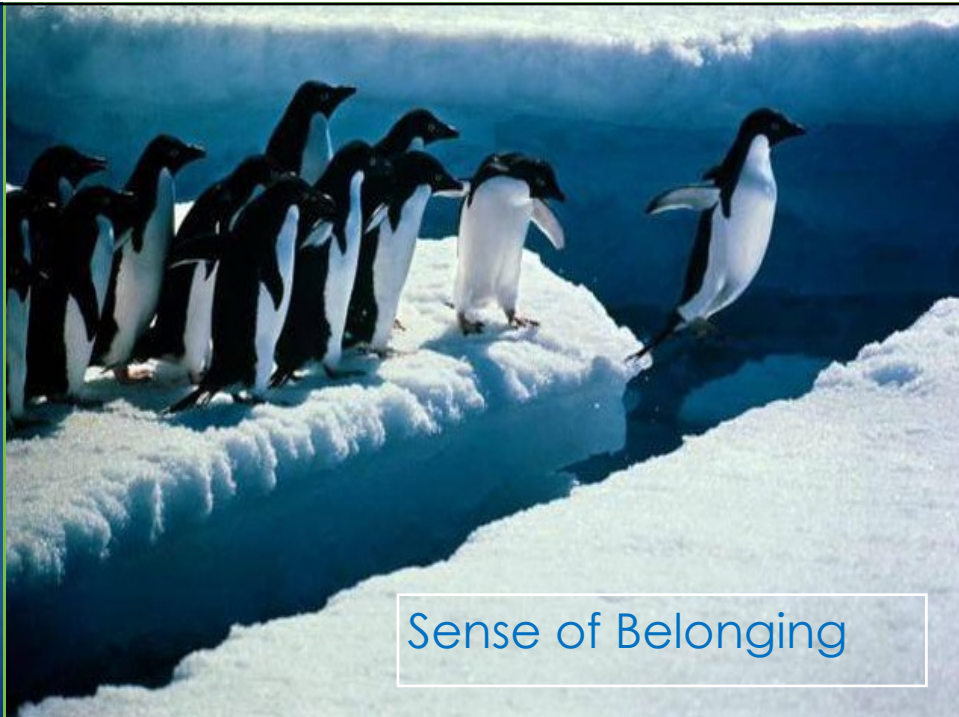
1. Connect to the Core

3. Customize Communication

2. Engage the Engaged

4. Align and Segment

1. Connect to the Core

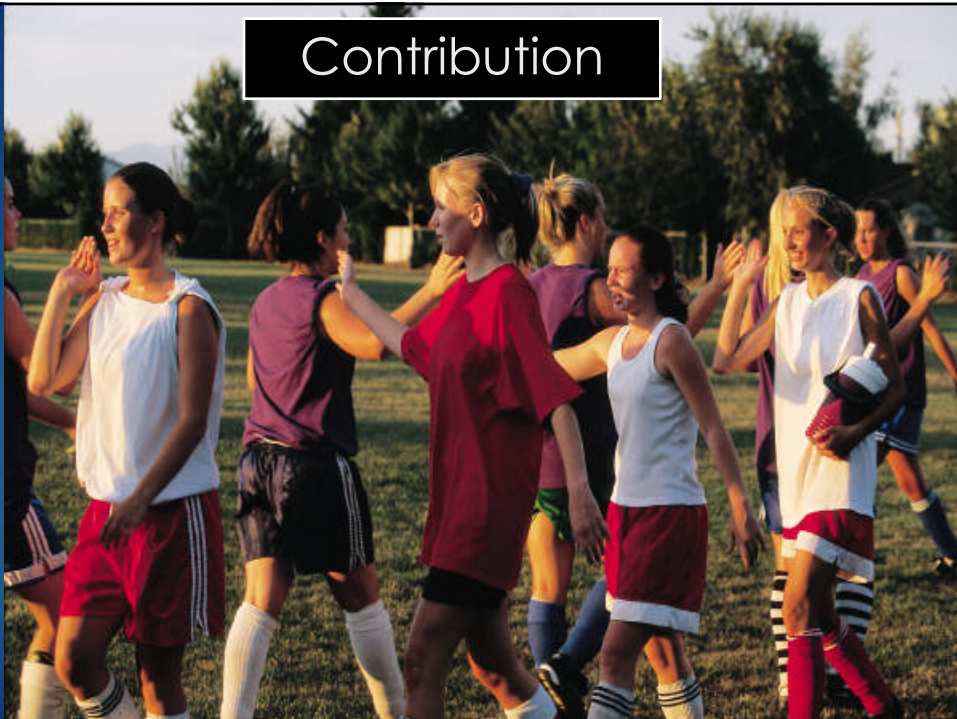


Sense of Belonging

Meaningful Journey



Contribution



Rule # 1: Connect to the Core

Non-Engaging Methods

- ▶ Sharing medical literature passively
- ▶ Doing something just because TJC says you must
- ▶ Creating and disseminating a policy

Engaging Methods

- ▶ Describing how a project fits into the bigger picture (realistic future state)
- ▶ Aligning the project with professional identity
- ▶ Showing how staff work has impacted the project

Rule #2: Engage the Engaged





Start Small





Rule # 2: Engage the Engaged

Non-Engaging Methods

- ▶ Starting with an entire department
- ▶ Getting “buy-in”
- ▶ Trying to convince a laggard first
- ▶ Utilizing an early adopter who has little credibility

Engaging Methods

- ▶ Seeking champions who are opinion leaders (may not have a formal title)
- ▶ Starting small on a project with a few key participants
- ▶ Spread after early adopters work out most of the bugs
- ▶ Use early adopter peers as spokespersons for spread

Rule #3: Customize Communication



Rule # 3: Customize Communication

Non-Engaging Methods

- ▶ Not worrying about the messenger
- ▶ Assuming only people with a title can communicate
- ▶ Using only e-mail to "get the word out"
- ▶ Using the same speech and arguments for change to everyone

Engaging Methods

- ▶ Choosing the messenger wisely
- ▶ Adapting your message to the stage of implementation and the readiness of your audience
- ▶ Simplifying your message

Rule #4: Align and Segment



Rule # 4: Segment & Align

Non-Engaging Methods

- ▶ Trying an intervention on the hardest group of patients
- ▶ Developing a rigid work plan based on prior experience
- ▶ Running multiple simultaneous projects with the same strategy

Engaging Methods

- ▶ Rolling out a project where it is most likely to be successful
- ▶ Developing an organizational goal with all levels participating
- ▶ Adapting implementation approaches to the specifics and challenges of each intervention

Conclusion

Myths of Engagement

Showing Data is Sufficient to Change Behavior

Everyone Engages at the Same Time

The Same Message Works with Everyone

Every Intervention is Equally Easy/Hard to Implement

Rules of Engagement

Connect to the Core

Engage the Engaged

Customize Communication

Align and Segment

Thank you!



stremain@cynosurehealth.org