Strengthening the physician-administrator relationship to improve healthcare value

Palav Babaria, MD, MHS, Chief Administrative Officer of Ambulatory Services, pbabaria@alamedahealthsystem.org
Alameda Health System, Oakland, CA, www.alamedahealthsystem.org

Healthforce Center at UCSF

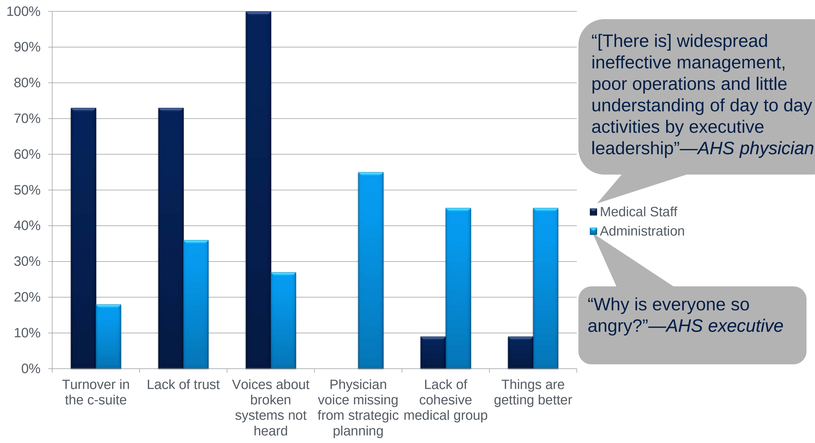
California Health Care Foundation

Problem Statement

Physicians feel disenfranchised and lack trust in administration.
I wanted to explore organizational best practices that would improve trust and allow a greater clinical voice in administrative decisions to improve healthcare value.

Discovery

- ***73*** interviews with internal and external physician and non-physician leaders
- Root causes of disenfranchisement based on ***22*** internal interviews:



"[There is] widespread ineffective management, poor operations and little understanding of day to day activities by executive leadership"—*AHS physician*

"Why is everyone so angry?"—*AHS executive*

Physician/Administration Cohesion Best Practices:

- Physicians in executive and leadership roles
- Allocating dedicated FTE to clinical leaders
- Culture of clinical leadership & trust set by CEO
- Using LEAN principles to drive change and improve value
- Address burnout (undermines efforts to drive engagement)
- Strong dyad relationship between physician and administrative leaders

Goals and Objectives

Goal: Implement a program to provide the medical director-clinic manager dyad role clarity and improve communication to better execute daily management of the clinic.

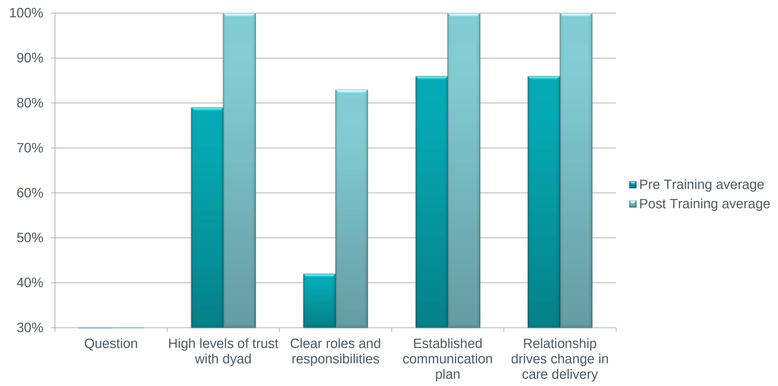
Outcome-oriented Objective: Dyad teams to create specific roles and responsibilities and job descriptions and improve communication scores and understanding of roles and responsibilities by 20% by the end of the 3-month training program (July 2017).

Results

Facilitated Trainings

Pre Survey (month 1) → **Training Session #1: Defining dyad roles and responsibilities** → New manager and medical director job descriptions written with specific roles/responsibilities → **Training Session #2: Dyad top ten list; I love I wish exercise** → Next steps identified for regular dyad meetings, ongoing communication curriculum → **Post Survey (month 4)**

Communication Survey of managers and medical directors (Pre/Post Training)



Lessons Learned

Lessons Learned:

- Distrust and poor communication between physicians and administrators seems to be a pervasive issue for **all** large healthcare systems (to varying degrees).
- Solutions vary but administration needs to value physicians beyond simply seeing patients; commitment to this value matters most.
- Understanding the history of distrust in my organization has made me a more aware administrator; but it is a lesson I keep re-learning.
- Numerous interviewers mentioned that physician burnout is the elephant in the room; until it is addressed, progress is limited. Interestingly, burnout was not mentioned in any internal interviews.

Next Steps:

- Translate updated role/responsibilities into daily practice for clinic leaders to ensure dyad accountability and consistency. Create a way to regularly assess leadership based on communication and quality of care by site.
- Share best practices around evaluating and addressing burnout with system leadership as this issue does not appear to be fully understood or acknowledged in current state.

Mission Model Canvas

Key Partners

Medical Directors
Clinic Managers
Human Resources

Key Activities

Define Medical Director and practice manager roles

Facilitated dyad-building trainings with pre & post evaluation of communication and teamwork

HR support for job description revisions

Key Resources

Facilitator for dyad-building sessions

Engagement surveys annually

Value Propositions

Improving value of care through development of the physician-administrator dyad

To improve communication between medical directors and managers by 25% percent

To use improved communication to better enact change and achieve pay for performance targets

Buy-in & Support

Educating executive leadership on gaps in physician input

Using baseline survey to highlight deficiencies

Deployment

Utilize Ambulatory Operations Council meetings for facilitated trainings

Create leader standard work and leader huddle for implementing roles and responsibilities

Beneficiaries

Executive leadership (CEO, C-suite)
Front line physicians
Front line staff
Administrative leadership working to improve cost, efficiency, value

Mission Budget/Cost

Dedicated time for role definition and team building (opportunity cost)
Facilitator for dyad-building sessions over three months ($5,000/training series)
Dedicated administrative time for physician leaders (0.5 FTE per physician leader; $150,000/year)

Mission Achievement/Impact Factors

Clear roles and responsibilities for physician leaders and administrative partners
Improved patient-centered, clinically appropriate decision making
Improved quality metrics and high-value patient outcomes
Improved financial performance of clinics and pay-for-performance programs (1115 Waiver, etc.)