Physician Champions for Quality and Patient Safety

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Why do we need Physician Champions?

“Physician led Process Redesign Creates Better Value”
What is value, anyway?

Value = Quality / Cost

Quality = Service + Outcome

Service = Patient satisfaction, Service delivery times
Outcome = Mortality, Complications, Length of Stay

Cost = Lab, Radiology, Pharmacy, LOS

75% of healthcare costs are controlled by doctors
Unsustainable Costs of Healthcare

Rising healthcare costs will put tremendous pressure on the federal budget in the next few decades and beyond. In the CBO’s judgment, the health legislation enacted does not substantially diminish that pressure.

Director, CBO
Aug, 2011
But why are our health care costs higher than other countries?

...who said that?
Fee For Service Has Created Our Tragedy

• FFS rewards throughput, ancillary utilization and radical autonomy
• Does not reward:
  
  Best measurable outcomes
  Cost effectiveness
  Coordination of care/team care
  Standardization around best science available
  Participation in team initiatives
  Preventive care
Government’s Response to Cost Escalation Under Fee For Service

IF it grows – Cut it.

IF it continues to grow – Cut it MORE
Healthcare delivery
The new normal

• *Fee for service* will not be the primary payment mechanism for healthcare providers
• *Physician autonomy* and the private practice of medicine will not be rewarded
• There is no new money
• Providers who do not deliver value, will fail
Where do we go from here?

• Healthcare delivery is fragmented and chaotic. We need a new breed of leaders to tame this chaos.

• These leaders must organize doctors into teams; measure their performance by outcomes; apply financial and behavioral incentives; improve processes; and dismantle dysfunctional cultures.

• By organizing care delivery around patients’ needs, these leaders will raise quality, efficiency and value of the services they provide
How Can Physicians Impact Healthcare Delivery?

“Physician led Process Redesign Creates Better Value”
Inpatient Fall Rate

% falls/1000 patient days

Jan'11 Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan'12 Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan'13 Feb Mar Apr

Mean 2.6

UCL = 4.6
Notable Successes at Methodist Hospital

- CPOE: 87% medication orders by M.D.
- SCIP: 100% antibiotics within 1 hour
- HAPU: 50% reduction in Stage 3,4.
- Blood management: 98% compliance
- No VAP in 4 years
Partnership for Patients
Healthcare without complications

Sustained improvement over 12 months in 7 of 10 HACS
  Falls
  Ventilator associated events
  Catheter associated urinary tract infections
  Early elective delivery
  Preventable readmissions AMI

Methodist Hospital

Commendation from CMS as one of top three hospitals in California
Physician Champions at Methodist Hospital

CPOE (Dr. David Ratto)
Blood management program (Dr. Hani Sami)
SCIP (Dr. Rishi Garg)
Falls reduction (Dr. Chandrasekhar)
HAPU (Dr. Elizabeth Lee)
Orthopedic infections (Dr. Rishi Garg)
ICD-10 (Dr. Steve Soldo, Dr. Rishi Garg)
Physician Background

Primary focus in own practice (business model)
Traditions are deeply imbedded
Focus on individual patient, not the system
Value autonomy, protection and entitlement
The invisible hold of the status quo is very strong
Understanding Physician Values

Accountability/liability

Doctrine of “Captain of the ship”
Physician Champion Primary Role

“To serve in a leadership capacity promoting and implementing changes in healthcare delivery that create value and benefit their patients.”

Designer
Educator
Analyst
Liaison
Barriers to Physician Engagement

- Time
- Physician interest / denial
- Lack of resources to support doctors
- Physician knowledge in Quality Improvement
- Difficulty with communicating message
- Lack of urgency
- Suspicion, concern for “critiquing”/ “policing”
Barriers to Physician Engagement

- Burnout
- Culture of autonomy and individualism vs teamwork
- Lack of training in teamwork and systems thinking
- Lack of a **shared vision** for improvement
Lack of Shared Vision has Consequences for Change Implementation

• Self interest rules, especially when resources shrink
• Change initiatives seem disconnected to or come out of the blue.
• Physicians and others do not engage if the destination isn’t one they aspire to…particularly if it means self sacrifice
Challenges To A Shared Vision

• Relationship between administration and physicians are strained
• Physicians do not readily acknowledge their interdependence
• Vision process is often superficial (eg., PR)
• No clear method to achieve vision
Investing in Shared Vision

• Helps reduce anxiety and bring focus to the work
• Meets the needs of the newer generation
• Responds to a hunger for a better life

PHYSICIAN CHAMPIONS need to connect the dots
Who are these Champions for change?

Usually, a minority of Medical Staff
Highly respected for clinical expertise
Willing to challenge the status quo
Capacity to command the attention of others
Ability to ignite passion in others for QI
“Always the same people”
Technology Adoption Curve

- Innovators: 2.5% gp
- Early adopters: 13.5%
- Early majority: 34%
- Late majority: 34%
- Laggards: 16%

Adoption gap
Where physician champions live

Agile is here

Innovators

Early Adopters

Chasm

Early Majority

Late Majority

Laggards

People demanding proof are here

Where physician champions work
Approaching Potential Physician Leaders

Need a good response to the following:

Why me?
Why now?
Why should I care?
What is in it for me?
WHY ME?

Perceived as credible and respected
Highly knowledgeable in area of expertise
Willing to share knowledge with others
Willing to support and advocate for change
Good communicator
Leads by example
Unafraid to influence
Wide peer and social network
Able to defend self against aggressive incursions
“Establishing a sense of urgency is crucial to gaining needed cooperation. With complacency high, transformation usually fails because few people are even interested in working on the change problem….People will find a thousand ingenious ways to withhold cooperation from a process that they sincerely think is unnecessary or wrongheaded.”

-John Kotter, *A Sense of Urgency*
WHY NOW?

- Cost of doing nothing exceeds cost of change
- Cold, hard facts on performance and lack of sustainability
- Gap between aspiration and reality (where are we in relationship to stellar organizations)
- The personal impact of incidents (stories of near misses or complications)
Good data not enough to ensure quick adoption

Natural diffusion of new knowledge takes too long to reach general practice:

- Prevention of EED < 39 weeks (1998)
- VTE prophylaxis in ICU (1982, adopted 2001)
- IV antibiotics < 1 hour of cut time (1992, adopted 2005)

Champions will accelerate the rate of adoption, going further faster
Discover A Common Vision Or Purpose
What is in it for ME?

All human motivations can be placed into three categories after basic needs are met

**Financial**: Money, free time, avoidance of costs

**Social**: Peer pressure, prestige

**Ethical**: Respect for one’s self
Reframe values/beliefs

Communication of Vision and Goals

Physicians will embrace a vision when:
- They are at the table when vision is created
- It benefits them in a specific way
- Communication is delivered by respected leaders
- It is physician led
- Destination is an aspiration goal
Physician Buy-In

Patient is at the center
Improves patient compliance
Improves clinical outcomes
Improves patient satisfaction
Reduces malpractice risk
Improves physician satisfaction
Activate the Physician Champions

Engage early adopters
  Understand their motivation
  Assess readiness for change
  Assess their educational deficit
  Provide support (meetings, clerical, etc.)
Ask naysayers for their input early (could become early adopters)
Communicate Often

Build trust at each step
  Transparency, share data, be consistent over time
Value physician time
Promote physician role in QI/safety
  Medical staff bulletins
  Doctors’ lounge
  Community newsletters
Encourage presentation to medical staff
  Explanation of rationale for final decision
  “New rules of the game” clearly articulated
Innovation Adoption S-Curve
CELEBRATE SUCCESS
Thank you

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