

# 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?

$$\text{Value} = \text{Quality} / \text{Cost}$$

$$\text{Quality} = \text{Service} + \text{Outcome}$$

Service = Patient satisfaction, Service delivery times

Outcome = Mortality, Complications, Length of Stay

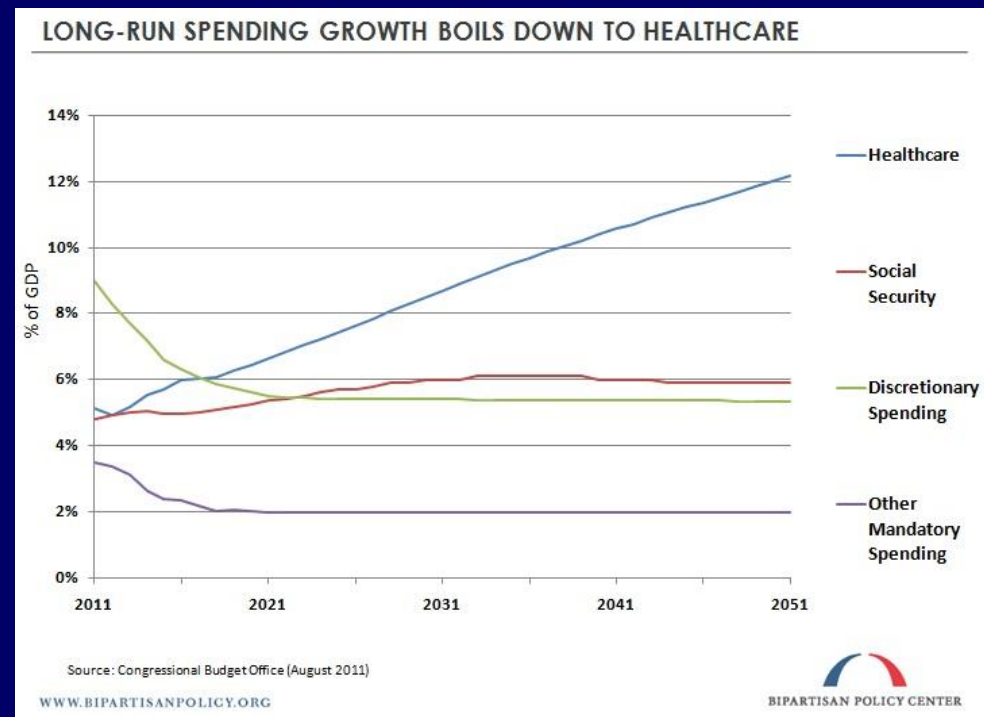
Cost = Lab, Radiology, Pharmacy, LOS

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?...



VOT  
HANDELSHMAN  
Newsday

# 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

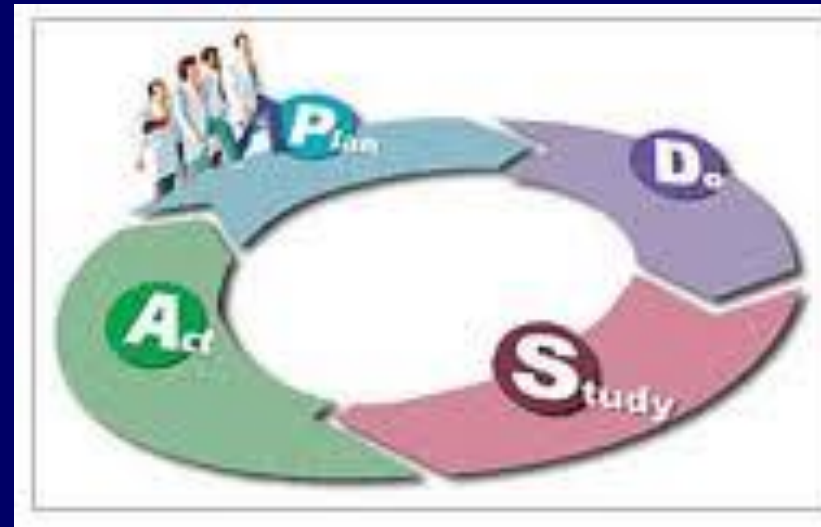


# Where do we go from here?

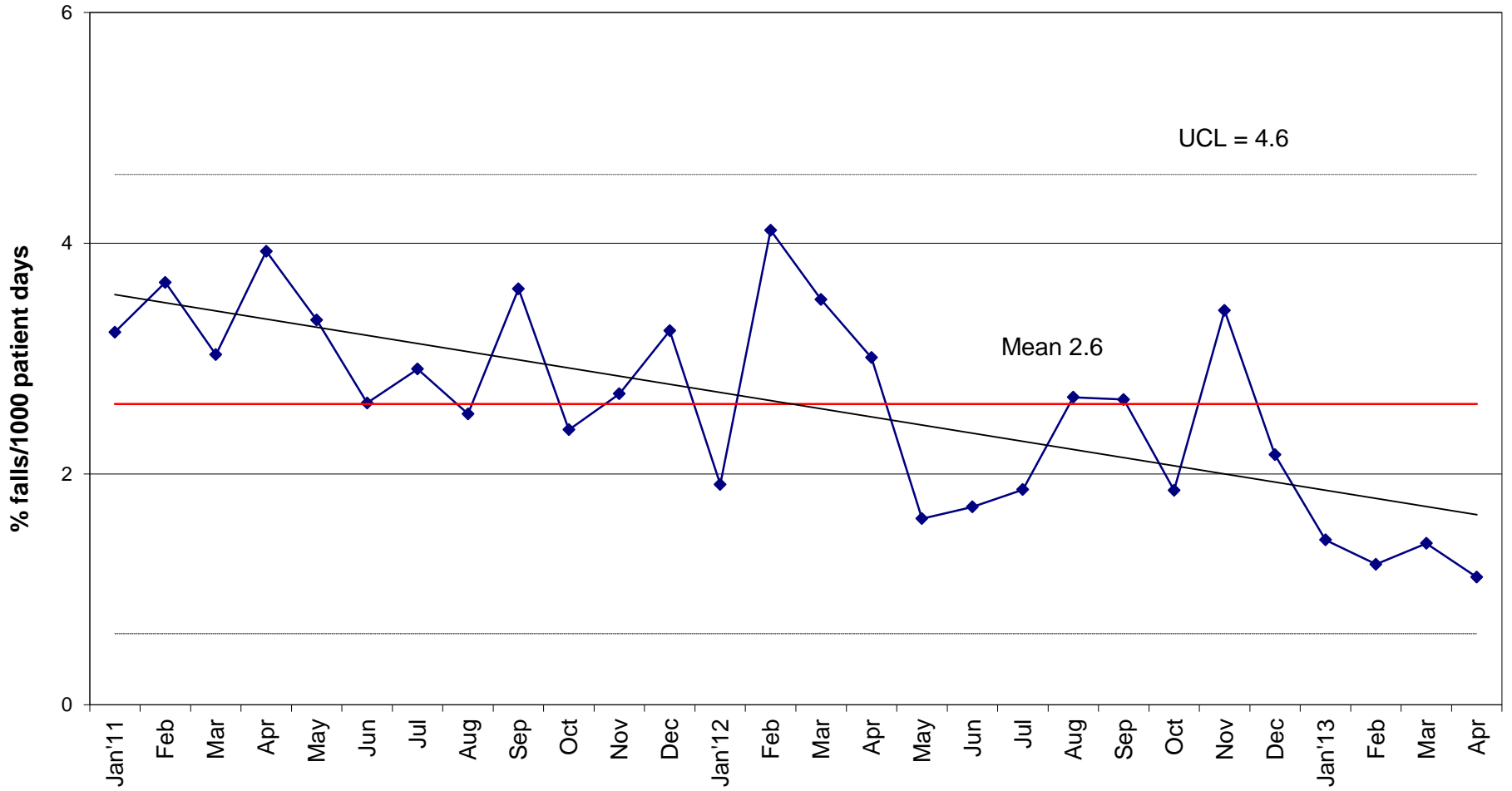
- Healthcare delivery is fragmented and chaotic. We need **a new breed of leaders** to tame this chaos.
- These leaders must organize doctors into teams; measure their performance by outcomes; apply financial and behavioral incentives; improve processes; and dismantle dysfunctional cultures.
- By organizing 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



# 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”

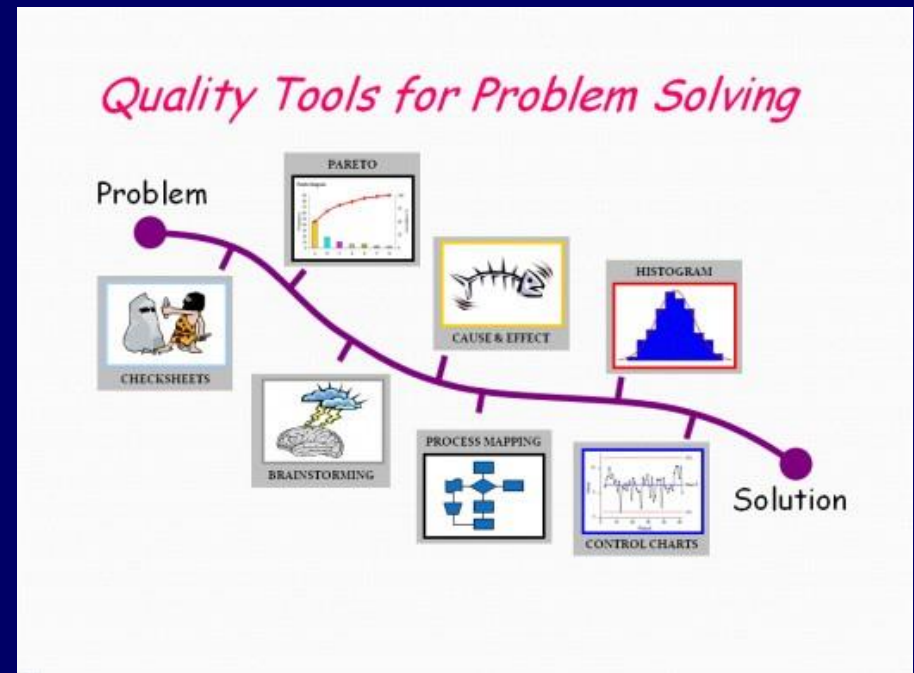




# Physician Champion Primary Role

“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

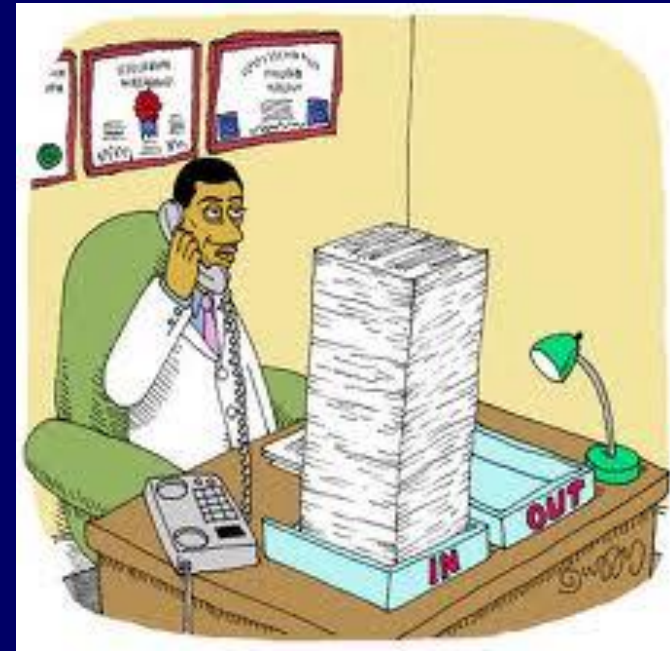
Difficulty with communicating message

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

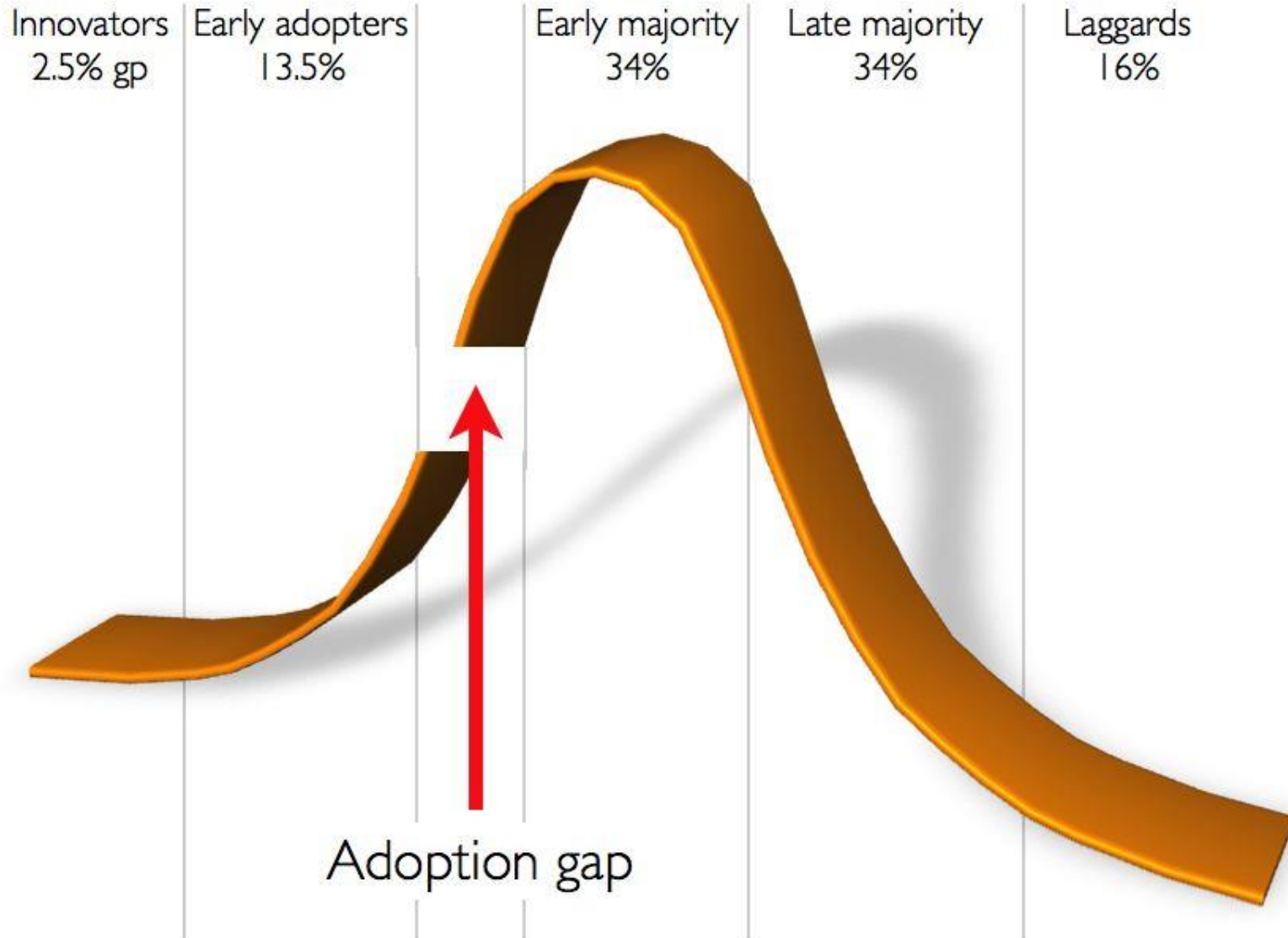
Capacity to command the attention of others

Ability to ignite passion in others for QI

“Always the same people”

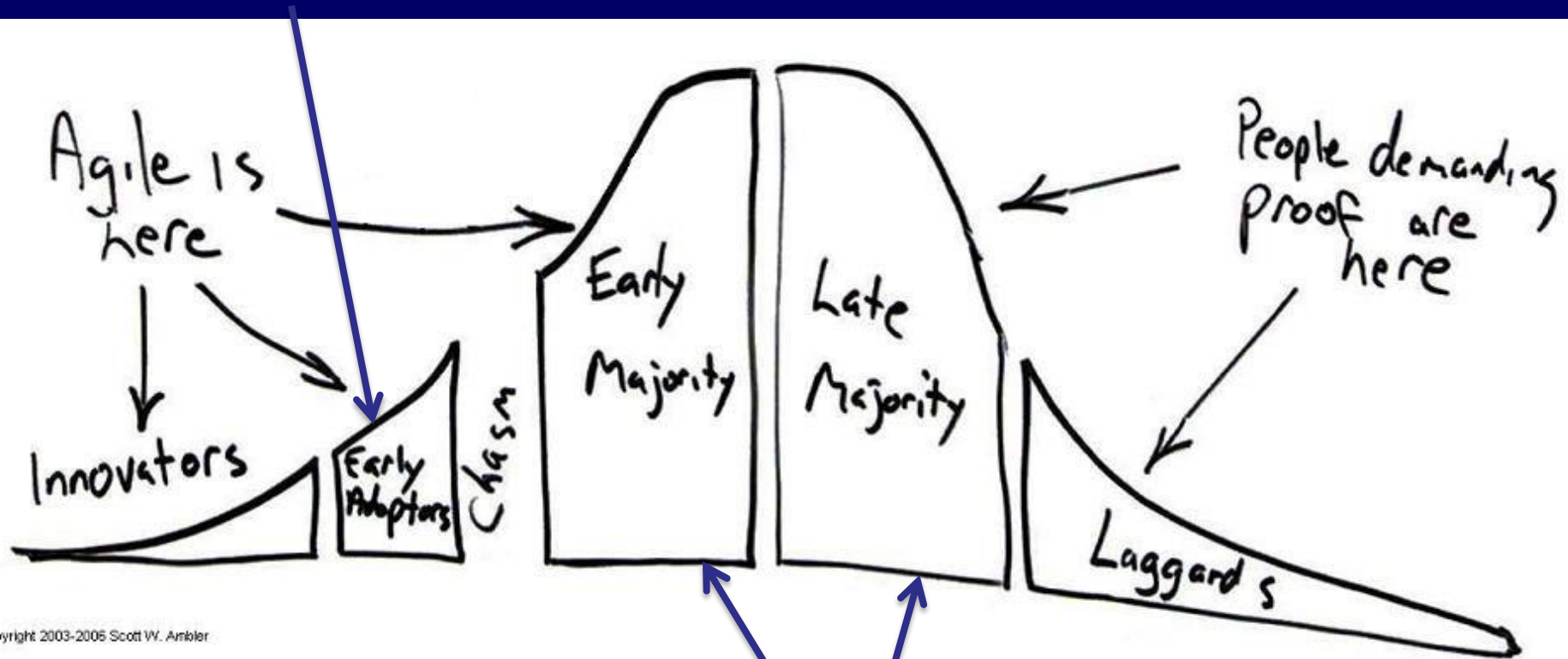


# Technology Adoption Curve





# Where physician champions live



Copyright 2003-2006 Scott W. Ambler

# 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

# WHY NOW ?

“ 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



Abraham Maslow; *Motivation and Personality*, 2<sup>nd</sup> ed., Harper & Row, 1970



# 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

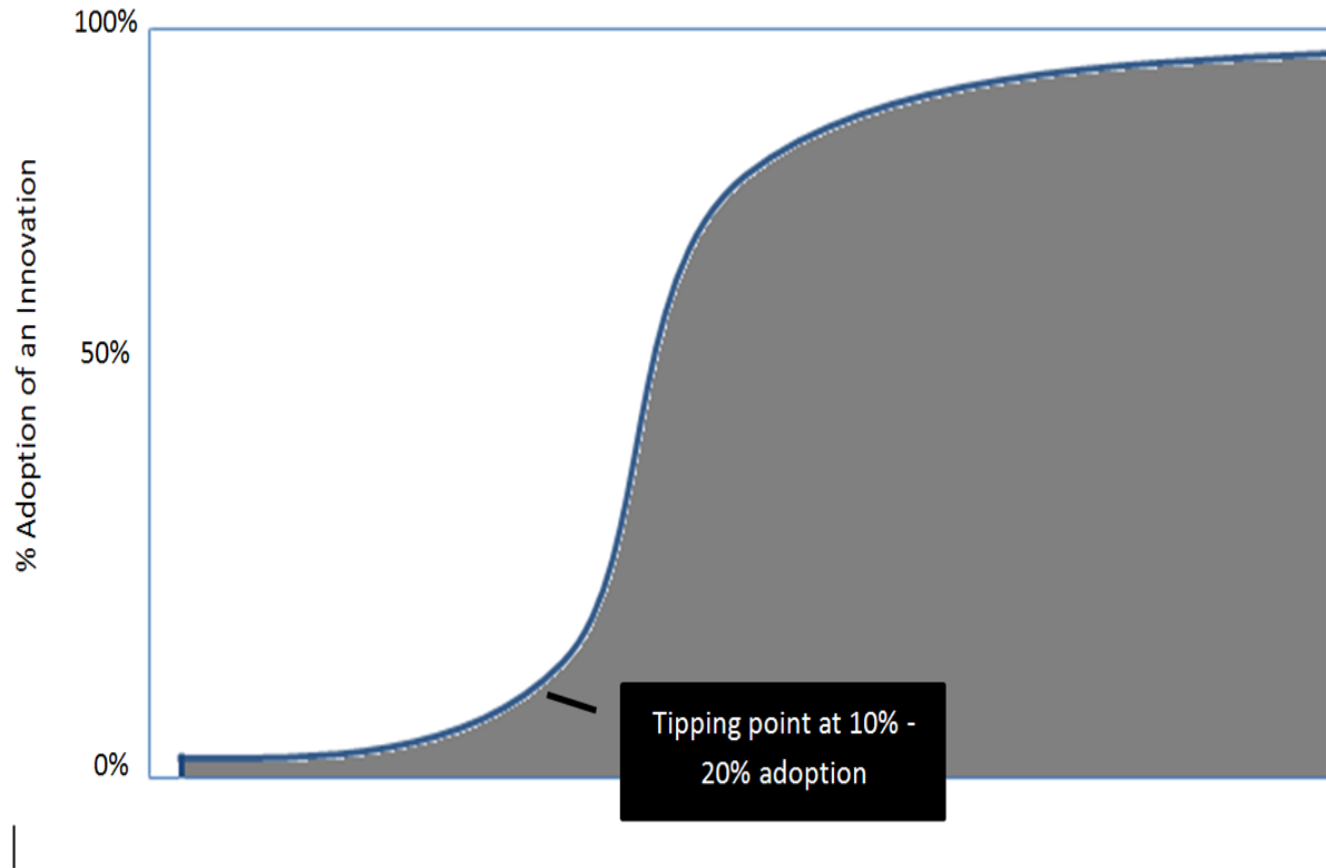
Encourage presentation to medical staff

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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