

## **“What’s the Physician’s Role in Strategy to Deliver Healthcare Quality and Value?”**

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When it comes to a healthcare organization’s strategy for climbing the value-based performance hill, don’t stumble over regulatory dictates.

That was one of the points Dr. Michael Hein made in his Nebraska Rural Health Association Conference presentation on the relationship between physicians and other players in developing a path to value-based, top quality care in a rural community.

“Don’t confuse regulatory performance with clinical performance,” he told his Kearney conference audience. Dictates that begin with the phrases such as: “CMS says we..., Administration says we...,” and “To meet the core measure, we have to...” work against engagement. Rather, Dr. Hein said, engagement comes through approaches such as: “The AHA/ACC suggests that..., The ACP is promoting..., and “How can we always achieve the best outcome for your patients?”

Under the intriguing title of “Inside the Physician’s Mind,” the Chief Medical Officer at CHI Health St. Francis Medical Center emphasized the importance of a broader approach than focusing narrowly on dictates such as the aforementioned ones. His broader view includes cultivating professional relationships, trust, and connection to the broader community through communication, such as staff bulletins, Twitter, and other avenues that bring physicians into the mix with all who have a hand in delivering patient care.

Dr. Hein has 20 years of healthcare experience, including 10 years of formal physician leadership.

“Integration—that’s going to be our future,” he told his audience at the Kearney conference whose theme this year was “The Integration of the Rural Health System.”

Asked after the conference if that integrated approach includes partnering with other healthcare providers in the community—the dentist or pharmacist, for example—in an interdisciplinary strategy for high quality, value-based healthcare, Dr. Hein answered: “Absolutely, and resoundingly ‘yes.’ In fact, I believe that the only way forward is by working together as a team. Sometimes, the physicians will lead those teams; sometimes they will be a member of those teams. Our path forward in healthcare requires leaders from all disciplines, working together to create value for our patients.”

It’s about partnering, he said. Rather than the “pizza methodology” of a physician being asked to join others—over pizza, for example—in acquainting the physician with an agenda, a better approach would be working out an agenda together as a team with physicians, he said. “I believe we are about half way there,” he said, in moving from the “Pizza methodology” to a “winning methodology” developed through partnering, Dr. Hein said. “There are a lot of things that pit physicians against hospitals.”

That comes back to relationship-building and trust. It comes down to such things as follow-through in returning phone calls. “That builds trust,” Dr. Hein said. He enumerated the several elements of relationship-building, including: Communicating effectively, demonstrating competency, being professional, being empathetic, listening to understand, following through—always, being respectful, maintaining dignity, and being available and responsive. He noted that the old culture of physicians being independent is giving way to one of being team-oriented, especially among younger physicians.

Dr. Hein cautioned against misusing data. “We (physicians) are data hounds,” he said. Physicians’ lives revolve around data—from grades in medical school to data such as blood pressures and pulse rates in their daily lives. “That resonates with us.”

Use data that illuminates, as opposed to data that “causes heat,” he emphasized. Accurate, verifiable data that produces knowledge, such as variation between facilities looking at clinically “meaningful” outcomes, is an example of data that engages. Physician-specific performance metrics with questionable quality or quantity is an example of data that disengages.

We have a lot of data, but it doesn’t always produce knowledge, he said. Data that develops integration and buy-in hinges on being quickly understood and well presented. When it comes to engaging physicians, that’s important, Dr. Hein said. “We do tend to believe the world revolves around us (as physicians).” But as a leader, physicians need to work as a team, he added.

He continued that a physician may be a good clinical leader but not necessarily have the skill set to be a good leader in broader settings. Leadership development is important to getting physicians to become leaders, Dr. Hein added. “We need all kinds of leaders in healthcare,” he said, including not just physicians but also nurses, administrators, and others.

In a concluding PowerPoint slide, Dr. Hein spelled out the leadership demands of the future: Integration, high performance, and efficiency. That encompasses a team-based care culture, a care continuum (ambulatory, acute, post-acute), team-based leadership culture, patient-driven decisions, transparent cost and quality, shrinking inpatient numbers, a growing chronic disease burden, and reduced volume-based reimbursement.

Those physicians who become leaders, Dr. Hein said, will need to be integrators across the healthcare continuum, be quality drivers, be liaisons, be patient-centered advocates, and go from clinicians to leaders and partners with administrative and nursing leaders.

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