

MEANINGFUL ENGAGEMENT, MEANINGFUL CHANGE

RECOMMENDATIONS ON PHYSICIAN ENGAGEMENT IN HEALTH-CARE SYSTEM CHANGE



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POSITION STATEMENT

Nova Scotia's physicians are vital contributors to the health-care system and must be meaningfully engaged, early and appropriately, in all health-care system change initiatives that will impact their patients or the way they practise medicine. In addition to opportunities for individual physician engagement, meaningful engagement respects the medical profession by collectively engaging physicians through their professional association.

GOALS

- To support and encourage stakeholders to seek physician involvement early in matters pertaining to health system planning, policy and patient care
- To promote and support physicians in leading initiatives that contribute to innovative, effective and efficient health-care and public health services
- To have fair representation of various medical specialties, geographical regions and funding models on health-care committees and working groups
- To communicate opportunities for physician involvement and the benefits of that engagement to the entire membership of Doctors Nova Scotia
- To encourage and support positive, collegial engagement between physicians and the Department of Health and Wellness, the Nova Scotia Health Authority and the IWK

INTRODUCTION

Physicians play a critical role in the delivery of health care in Nova Scotia. They direct, coordinate, advocate for and deliver health care across the entire spectrum of patient care and population health. Physicians, as clinicians, business owners and leaders, have a great interest in the ongoing transformation of our

EFFECTIVE PHYSICIAN ENGAGEMENT IS ESSENTIAL TO MAKING CHANGES WITHIN ANY HEALTH-CARE ORGANIZATION AND THE HEALTH SYSTEM AS A WHOLE health-care system and health-related policies to ensure high-quality, safe and sustainable health services delivery for all Nova Scotians. Physicians also contribute to our understanding of the health

of our communities and work with others, inside and outside of the health-care system, to improve population health. It has been well established that the organizations that effectively engage physicians in health system design, change processes and leadership development opportunities are most likely to experience improved outcomes (Denis, 2013). Understandably, physicians do not typically support health care changes or initiatives in which they have not been meaningfully engaged from the outset or when their perspectives have not been considered. Effective physician engagement is essential to making changes within any health-care organization and the health system as a whole.

Physicians control many of the decisions that impact health-care utilization, such as ordering tests, hospitalization and the use of prescription medications. Physicians also work with community and political leaders to create environments that facilitate good health.

WHAT DO WE MEAN BY PHYSICIAN ENGAGEMENT?

"Physician engagement is not only about the appointment of a small group of leaders to roles such as medical or clinical director. It is recognition that leadership is a social func-

EFFECTIVE PHYSICIAN ENGAGEMENT OCCURS WITHIN A CULTURE THAT RESPECTS AND VALUES PHYSICIANS' AUTONOMY, KNOWLEDGE AND ABILITY tion and not just defined by hierarchical reporting lines. Enhanced medical engagement should work towards a model of diffused leadership, where influence is exercised across relationships, sys-

tems and cultures. It should apply to all rather than a few" (Clark, 2008).

Physician engagement has many purposes, including to educate, consult, collaborate with and empower physicians in health-care delivery and health-care system transformation (LIHN Collaborative, 2010). Effective physician engagement occurs within a culture that respects and values physicians' autonomy, knowledge and ability to advocate for their patients and the communities in which they work. Organizations that seek physician input early and often through a variety of mechanisms contribute to a safe, high-quality patient experience within the health-care system.

BEST PRACTICES IN PHYSICIAN ENGAGEMENT IN HEALTH SYSTEM DESIGN

The physician engagement toolkit designed by the LHIN Network in Ontario identified a number of key principles for effective physician engagement based on experience and best available evidence, including:

- Ensure engagement occurs early enough to make a difference
- Dedicate resources to support effective engagement processes
- Monitor the effectiveness of engagement activities
- Ensure the purpose, expectations, constraints and decision-making processes are transparent
- Eliminate barriers to participation
- Engage with the full diversity of stakeholders (for example, a single physician

PHYSICIAN ENGAGEMENT IS BUILT UPON A FOUNDATION OF TRUST AND IS SUPPORTED BY REGULAR AND OPEN COMMUNICATION asked to participate in an initiative cannot represent the diverse perspectives of his or her colleagues)

• Promote a culture of participation (LIHN Collaborative, 2010)

No matter what process is used for physician engagement, the research is clear that trust between physicians and organizations is a key element of successful engagement (Denis, 2013). According to research conducted by Denis (2013), the ability to develop a trusting relationship for engagement comes from "open communication, willingness to share relevant data, creating a shared vision and accumulating evidence of successful collaboration."

In their research on effective physician engagement, Atkinson et al. (2013) emphasized the necessity of effective communication. Two of their key findings were:

- It is critical to communicate widely and effectively, using many different methods and persistence to ensure messages are both received and understood.
- Frequent face-to-face communication from senior leaders is important. Facilitating "open, honest and frank discussion on a routine basis...with an emphasis on listening and responding, closing the feedback loop to confirm what actions had or hadn't been taken and why...effectively broke down barriers and guarded against a natural tendency to work in 'silos'" (Atkinson, 2013).

Effective physician engagement is built upon a foundation of trust and is supported by regular and open communication. This communication includes making all physicians aware of the work being done by their colleagues on their behalf and the benefits of becoming engaged themselves.

ENGAGING INDIVIDUAL PHYSICIANS AND THE MEDICAL PROFESSION

Individual physicians continue to be engaged

in various health system planning processes in Nova Scotia. This is one appropriate strategy for physician engagement, but it cannot be the only mechanism. It is equally important that health system decision-makers engage physicians collectively in an organized manner. In a series of discussion groups held with physicians in Nova Scotia in late 2015 and early 2016, physicians clearly identified to Doctors Nova Scotia (DNS) that they view their association as a means for them to influence policy, advocate on behalf of physicians and their patients, and contribute to health system decision-making in a meaningful, purposeful way that respects the diversity of physicians' experiences and perspectives.

Doctors Nova Scotia is the voice of all physicians in the province for matters pertaining to compensation, policy, health system reform, physician leadership, and patient care and advocacy. As significant changes are being considered and implemented in the provincial health system, physicians expect health system decision-makers to respect the medical profession by engaging DNS to represent the collective voice of physicians, rather than engaging just a few selected physicians.

RESPONSIBILITIES FOR DOCTORS NOVA SCOTIA

To support meaningful physician engagement, DNS will:

- Support training for physician leaders through a specially designed program, in partnership with the Canadian Medical Association
- Communicate regularly with all members about health system change and the work of engaged physicians, using the association's communication tools (website, emails, e-newsletters and *doctorsNS* magazine)
- Provide staff support to physician leaders when necessary and appropriate to support their role in engaging in health system decision-making on behalf of the association. This would include consideration and support for physicians around barriers to engagement such as compassion fatigue and negative perceptions by their peers (for example, the idea that physicians are no longer representing their colleagues

if they work with the government or the health authority)

- Assist stakeholders in determining what level of physician engagement is needed for a particular initiative (such as the number, specialty, location or area of interest of physicians), appropriate remuneration, and any other recommendations that will create an environment that encourages physicians' input and involvement
- Actively seek opportunities for physician engagement. Check to make sure particular initiatives are engaging physicians effectively and, if not, reach out to stakeholders to determine if DNS can help them to do so
- Remind physicians of the value of engaging at all levels of an organization
- Remind stakeholders to engage physicians at all levels of their respective organizations

RESPONSIBILITIES FOR HEALTH SYSTEM DECISION-MAKERS

Doctors Nova Scotia hopes that the Department of Health and Wellness (DHW), the Nova Scotia Health Authority (NSHA) and the IWK will support improved individual and collective physician engagement by developing and implementing strategies that encourage and respect physicians' participation in health system decision-making.

Recommendations

- The DHW, NSHA, IWK and other health system stakeholders should seek early, appropriate and meaningful physician representation through DNS when creating, implementing, maintaining and evaluating health-care and public health services.
- Engagement of physicians in health system decision-making should be based upon respect for physicians' autonomy,

knowledge and values, as well as the rights of physicians to make recommendations or raise concerns without fear of reprisal when taking part in discussions with stakeholders.

- Physicians who choose to pursue leadership roles should be provided with adequate resources, training and support.
- Physicians and other health system leaders should openly discuss and formally commit to clear roles, expectations and accountabilities.
- The data and information used to make health system decisions should be shared in a transparent manner, to enable the development of a mutual level of trust between stakeholders and physicians.

RESPONSIBILITIES FOR PHYSICIANS

Physicians are cognizant of their role in the health system beyond direct patient care, and they desire and respect opportunities for meaningful engagement in improving the health system.

Recommendations

- Physicians will participate in decision-making when opportunities are presented and will provide feedback whenever possible.
- Physicians who pursue leadership roles will take appropriate training in order to ensure they are providing quality leadership for their colleagues, organizations and the health system overall.
- Physicians at each level of physician

engagement, whether front line, service or institutional, will respect, support and value the contributions of their physician colleagues.

- Physicians will recognize and respect that other stakeholders are operating within different cultures, expectations and mandates.
- Physicians will respect those who choose to become engaged and understand that it is advantageous for themselves, their patients and their professional association to have colleagues actively taking part in decision-making at all levels of the healthcare system.

Doctors Nova Scotia is committed to fulfilling the responsibilities listed above by continuing to advocate for more effective physician engagement within our healthcare and public health systems. We will encourage government, other health system decision-makers and physicians to acknowledge the value of physician engagement and leadership, and to consider their respective responsibilities in improving the level of physician inclusion in health system decision-making.

REFERENCES

Atkinson, S., Spurgeon, P., Clark, J., & Armit, K. (2011). Engaging Doctors: What Can We Learn from Trusts with High Levels of Medical Engagement? Retrieved from http://www.aomrc.org.uk/wp-content/uploads/2016/05/Engaging_Doctors_trusts_with_high_level_engagement_2011.pdf

British Columbia Medical Association. (2013). Policy Paper: Working Together: An Exploration of Professional Relationships in Medicine. Retrieved from https://www.doctorsofbc.ca/sites/default/files/bcma_policy_paper_med_prof_ final_web.pdf

Clark, J., Spurgeon, P., & Hamilton, P. (2008) Medical professionalism: Leadership competency—An essential ingredient. *International Journal of Clinical Leadership*, 16(1), 3-9. Retrieved from http://www.mckinsey.com/industries/ healthcare-systems-and-services/our-insights/when-clinicians-lead#0

Cowell, J., McBrien-Morrison, C., & Flemons, W. (2012). Physician Advocacy, Physician Engagement –Two Sides of the Same Coin. *Qmentum Quarterly*, 4(3), 26-29.

Denis, J.L., Baker, G.R., Black, C., Langley, A., Lawless, B., Leblanc, D., Lusiani, M., Hepburn, C.M., Pomey, M.P., & Tré, G. (2013). Exploring the Dynamics of Physician Engagement and Leadership for Health System Improvement. Retrieved from http://www.cfhi-fcass.ca/sf-docs/default-source/reports/Exploring-Dynamics-Physician-Engagement-Denis-E.pdf? sfvrsn=0

Doctors of BC. (2013). Policy Paper: Partnering with Physicians. Retrieved from https://www.doctorsofbc.ca/sites/ default/files/policy-partneringwithphysicians-january212014.pdf

LIHN Collaborative. (2010). Engaging Primary Care Physicians in LIHN Processes: Primary Care Physicians Engagement Resource Guide and Tool Kit. Retrieved from www.nelhin.on.ca/Page.aspx?id=9776

McGuire, S., Kitts, J., Turnbull, J., Worthington, J., & Forster, A. (2012) Developing an Organizational Strategy to Support Physician Engagement and Quality. *Qmentum Quarterly*, 4(3), 14-17.

Norbeck, T. (2012). Drivers of Health Care Costs: A Physicians Foundation White Paper. Retrieved from http://www. physiciansfoundation.org/uploads/default/Drivers_of_Health_Care_Costs_-_November_2012.pdf