

Physician engagement: Moving beyond physician satisfaction

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Most administrators and clinical support staff would agree that having satisfied physicians greatly increases the creation of a positive work environment. Reducing call burdens and providing bonuses and incentives can provide short-term improvements in physician satisfaction. However, without well thought out organizational strategies, these measures will likely fall short of sustained satisfaction.

To keep physicians engaged, leading-edge organizations have implemented updated approaches to physician partnerships that include long-term financial incentives, updated physician-hospital partnership models, and encouragement of physician participation in problem solving and management.

Compensation and benefit plan reviews

In terms of compensation and benefit plan reviews, market-competitive compensation is key to retention. By not having this fundamental objective in place, organizations will find it difficult to focus on any other physician-based initiatives – let alone address whether or not they will be successful.

Benefits are becoming a key component to physician satisfaction. No longer are physicians looking solely at compensation, but instead the total package that is provided. Important benefits include retirement, continuing medical education (CME) days/reimbursement, and vacation/paid time off (PTO).

From the 2008 Large Clinic Physician Benefits Survey published in July, the average contribution to a physician's retirement is 7.4 percent, and almost half of the participants are providing some form of pension. Another hot topic in physician benefits is the number of days and the amount of CME reimbursement provided to physicians. On average, groups are providing 12 days of CME at a reimbursement rate of approximately \$3,600.

As the workforce changes and work/life balance becomes a growing concern, vacation/PTO plans are in the spotlight. Based on the results of the 2008 Benefits survey, all groups provided a traditional vacation plan with time off ranging from 20 to 28 days per year. Because many groups are on a production-based plan, this area of benefits continues to be fine-tuned as physician shortages continue and groups fight to keep key talent.

Physician-hospital affiliation

We are more than a decade past the initial rush for hospitals and physicians to align into integrated delivery systems, and we can reflect on what was created. Many health systems offered rich compensation packages and goodwill payments for physicians who joined them.

However, hospitals often lacked expertise in managing physician practices. This situation undoubtedly created dissatisfaction and strained physician-hospital relations. Some "purchased" physicians left to return to private practice and productivity declined for some employed physicians, which led the industry to consider changes to its long-term strategy.

In response to this disconnect, new physician-hospital employment or affiliation models are being implemented. Physicians may "sell" their practice to a hospital or health system, and the transaction may include the hospital employing the practice's staff and physicians. The hospital organization takes on the financial and operating risks of running the practice. Relative to the old practice acquisition models, a key differentiator in these new breeds is the popularity of developing a physician-driven operating or governance board that allows, or even requires, physicians to continue to have material influence on practice management decisions.

The carrot for these models is no longer a large goodwill payment or the promise that the doctors can focus solely on patient care. The models are very realistic — they promote the expectation that some of the financial and operational risks are supported by the resources of the hospital, but the physicians have the expertise that is critical to effective practice operations and their participation in management and governance is a necessity.

These models hold the potential to improve physician satisfaction by reducing administrative burdens for the physicians, but not totally diluting the role of physicians in practice management. Difficult payer contracting negotiations, for example, cause stress. Transfer of these administrative requirements to health system managers allows physicians to focus more time on patient care. For larger practices with a full-time administrator, affiliation with the hospital can provide a supportive peer group for the practice manager.

Engagement of physicians in clinical care improvement efforts and long-term strategic planning are activities that truly hold potential for improved physician relationships. Physician leaders should be involved in budget planning, but they don't need to review every line item. Advanced physician-hospital partnership models recognize where physicians can provide the most management benefit without all the administrative burdens. Physicians can maintain some operational autonomy, increase support through affiliation with the hospital, and focus on patient care delivery and future planning through these updated partnership models.

Many of these benefits can also be realized through models that employ various purchased services or management services agreements. While management services organizations (MSO) of the past worked in some cases, but failed in others, the new-era purchased services agreements (PSA) should clarify how the physicians will remain involved in leadership roles. The hospital business office can submit claims electronically for a practice, but its staff is less effective than a physician leader when trying to influence physicians who may be slow to adjust to changing guidelines.

Independent members of the medical staff

While employment or formal affiliation models can reduce the burdens for employed physicians, they may not provide direct benefits for independent members of the medical staff. These physicians must manage their own practices and meet all of the obligations that come with medical staff membership.

One option is the development of a council that evolves the traditional medical directorship. The common element is that the groups move beyond the basic role of reporting operational and quality indicators to truly engaging physician leaders in organizational problem solving.

The structure of these councils generally includes physician leadership for each major department within the hospital. These councils bring doctors together frequently and always with the hospital senior leadership team. Some of these groups meet every week, and the physicians are often compensated for their time. Collectively, the councils address issues that cross administrative and clinical lines.

These councils may be more powerful when management and the physicians hold each other accountable. The relationship is not among one medical director, one clinical service line and one administrative leader. Each clinical department's issues, whether they include nurse staffing challenges or high rates of incomplete medical records, are aired in front of the entire group. One conflict-averse medical director or department administrator cannot continue to "overlook" the department's issues. The physician-administrator council applies pressure for improvements to fix the problems – regardless of where they occur. The council also provides support and may allocate some resources to fix problems. It is not a committee that rubber stamps recommendations that may never reach full implementation.

When the physicians are involved in the efforts to solve nurse staffing shortages and budget shortfalls, they appreciate the challenges for the administrative team. The collaboration can lead to a sense of empowerment among the physicians and administrators that may be missing in some traditional hospital committees.

Conclusion

In every medical organization, whether it is a 10-physician clinic or a 1,000-bed medical facility, there are elements of being a physician that can cause frustration and impair satisfaction. However, by being innovative within this dynamic market, many leading organizations have found powerful solutions to these challenges.

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