

Physician Engagement: Emerging Approaches, Processes and Practices

A Rapid Review

G Shaw, A Khowaja, N Smith, C Mitton, C Lovato

Context

- While the literature on physician engagement shows that facilities with higher levels of engagement have better patient outcomes (e.g., Spurgeon et al, 2011), there is limited agreement about how best to increase physician engagement through deliberate intervention.
- Health systems are complex, and policies and influences on physician engagement at the facility level may be initiated at many points (e.g., Atkinson et al, 2011).
- Engagement can be viewed in the context of individual practice, work units, hospitals or whole systems

Finding the Evidence

Search strategy included:

- Peer-reviewed and grey literature
- Canadian and international examples
- English-language
- Published between 2012-2017

Types of Studies

(N=36)

Expert Opinion	9
Qualitative Inquiry	9
Process description	8
Literature review	6
Mixed methods	6
Quantitative inquiry	3
Case study	1
Cross-sectional study	1

Theme 1

Assess the Problem: Identify and Acknowledge Barriers to Physician Engagement

- Collect data to understand challenges in context
 - A variety of methods have been used to consult with physicians (both to build trust and to get information to shape the design of interventions)
- Share data in dedicated forums, to engage people in developing solutions

Theme 2

Health organizations should work with physicians to develop meaningful shared targets for healthcare quality and outcomes

- Improve transparency of decision-making processes, and invite physician input into these at the earliest stages
- Set clear, bold targets that are important to physicians and resonant with other health system stakeholders
- Share responsibility for achieving targets with physician leaders and champions
- Establish processes to monitor progress towards results
- Use local data and dashboards; compare to appropriate external benchmarks

Theme 3

Strengthen physician leadership and expand physicians' roles to include realization of organizational goals

- Identify and cultivate champions
- Provide leadership training, monitoring and feedback; evaluate performance to ensure accountability
- Create pathways for physicians to enter leadership
- Ensure credit and recognition for physician participation in leadership activities; celebrate success

Theme 4

Use appropriate rewards and incentives

- Financial incentives for physician engagement can be effective but are limited; non-financial incentives and motivators (e.g., control over work activities) are important as well
- Identify and address existing disincentives to physician engagement
- Incentives need to align physician interests with the strategic interests of the health organization
- Harness physicians' competitive nature and desire to demonstrate excellence
- Clearly explain positive impacts anticipated from workplace innovation on physicians' experience

Theme 5

Align values and strengthen culture, community and communication across the organization

- Invest in social avenues for peer support (e.g., dedicated communal space, shared meals, etc.)
- Formalize channels for two-way communication between physicians and administration, building upon channels traditionally known to work for physicians
- Listen, respond, and close the feedback loop
- Use information technology to foster a learning environment
- Team-building

Conclusions

- The literature in this area is dominated by studies and commentary initiated from an administrative or leadership perspective as opposed to being conceived and implemented from a physician point of view.
- Few studies have explicitly investigated interventions with a focus on changes in physician engagement as an endpoint. Fewer still have investigated the effects of physician initiated activities. Measurement of and evaluation of change is limited.
- A focus on discrete strategies of engagement could neglect the necessary interplay between the different types of institutional structures and institutional work required for sustainable change.
- Given the importance of contextual factors, the transfer of practices across settings should be approached with caution.

References

Atkinson, S., Spurgeon, P., Clark, J. and Armit, K. (2011), Engaging Doctors: What Can We Learn from Trusts with High Levels of Engagement?, NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, University of Warwick, Coventry, retrieved Jan 30, 2017 from http://www.aomrc.org.uk/wp-content/uploads/2016/05/Engaging_Doctors_trusts_with_high_level_engagement_2011.pdf

Spurgeon, P., Mazelan, P.M., & Barwell, F. (2011). Medical engagement:a crucial underpinning to organizational performance. Health ServicesManagement Research, 24(3):114-120.