

Strategic Imperatives for Physician Engagement and Wellbeing

January 15th, 2019

Promoting Health Care Professionals Engagement and Wellbeing

- 83% of clinical leaders and healthcare executives view physician burnout as a problem at their organizations.
- The consequences can include patient safety, quality of care, and health care costs.
- 21% of CEOs, 18% of CMOs, and 21% of COOs were doing formal assessments of physician burnout at their organizations.

STRATEGIC PLAN



The Financial Imperative:

- Replacing a physician who retires or leaves early can cost between \$500,000 and \$1M.
- For every 1-point increase in physician burnout, there is a 43% increase in the likelihood a physician will reduce clinical effort in following 24 months.

The Quality Imperative:

- Physician burnout can lead to:
 - a. Increased patient harm and medical errors
 - b. Reduced patient satisfaction
 - c. Reduced patient access to care

The Educational Imperative:

- Poor wellbeing can begin as early as medical school and continue through residency and practice.
- Physician burnout can affect all specialties, but perhaps is worst in the “front line” areas of medicine.

The Regulatory Imperative:

- As of 2017, the ACGME requires all program sites to address well-being more directly and comprehensively.
- Institute for Healthcare Improvement guides for pursuing the Quadruple Aim, which includes attaining joy in the workplace.

Strategic Priorities: Comprehensive Dashboard

Erlanger Health System Physician Wellbeing Dashboard

| STRATEGIC PRIORITY | METRIC | Current Month | | | Actual vs Budget | Actual vs Budget | FY19 YTD | FY19 YTD | FYTD19 Actual vs Budget | | YTD Actual vs Prior Year |
|------------------------------------|---------------------------------------|---------------|--------|------------|------------------|------------------|----------|----------|-------------------------|--------------|--------------------------|
| | | Actual | Budget | Prior Year | Variance | % Difference | Actual | Budget | Variance | % Difference | % Difference |
| Quality, Safety, Service | HCAHPS "Quality of Care" Score | | | | | | | | | | |
| Quality, Safety, Service | HCAHPS "Patient Satisfaction" Score | | | | | | | | | | |
| Quality, Safety, Service | Root Cause Analysis Events | | | | | | | | | | |
| Associate and Physician Engagement | Associate Engagement Survey Score | | | | | | | | | | |
| Associate and Physician Engagement | Physician Engagement Survey Score | | | | | | | | | | |
| Financial Performance | Voluntary Physician Turnover Rate | | | | | | | | | | |
| Financial Performance | EMG Physicians Recruited | | | | | | | | | | |
| Operational Excellence | EMG Physician Productivity Percentile | | | | | | | | | | |

Alternate version includes only % change columns.

GREEN - GREATER THAN 2% POSITIVE TREND

YELLOW - BETWEEN 2% DECLINE TO 2% INCREASE

RED - GREATER THAN 2% NEGATIVE TREND

I. Priority: Preliminary Metrics

Metrics to track progress of strategies in Strategic Priority: Improve Quality, Safety, Service

EHS Current State (2018)

- HCAHPS “Quality of Care” Score –
- HCAHPS “ Patient Satisfaction” Score –
- Root Cause Analysis Events -

EHS Future State (2023)

- HCAHPS “Quality of Care” Score –
- HCAHPS “Patient Satisfaction” Score –
- Root Cause Analysis Events -

II. Priority: Proposed Metrics

Metrics to track Progress of Strategies in Strategic Priority: Enhance Associate & Physician Engagement



III. Priority: Proposed Metrics

Metrics to track Progress of Strategies in Strategic Priority: Improve Financial Performance



IV. Priority: Proposed Metrics

Metrics to track Progress of Strategies in Strategic Priority: Advance Operational Excellence

