

Project Title: A CBC Approach to Increase Physician Engagement & Alignment at UMass

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Topic Category: Administration

ABSTRACT

Background: Low physician engagement remains a major problem for many academic medical centers nationally and globally. It affects physician productivity and satisfaction, patient experience, and quality of care. Physician engagement also has a significant impact on physician retention as well as the ability to attract the highest quality of physicians and residents to the academic institution. Physician engagement scores in UMMS¹/UMMHC²/UMMMG³ as measured by Press Ganey Surveys over the past 6 years are low and have been consistently decreasing.

Complexity: Physician engagement and alignment has four major domains:

- **Leadership domain:** there are three organizations (UMMS/UMMHC/UMMMG), headed by 3 senior leaders, who may have different goals and expectations from the physicians.
- **Organization domain:** the day-to-day operations of the organization may not be clear to front line physicians, and barriers to complete everyday tasks may be frustrating, resulting in a feeling of physician helplessness.
- **Department domain:** different departments have different needs
- **Staff domain:** physicians need to be able to work well with staff to achieve a healthy and happy working environment.

Project Goal: To Increase Physician Engagement & Alignment in UMMS¹/UMMHC²/UMMMG³

Method: Physician Engagement Committee (PEC) was established to address low physician engagement within our health system. Three new arms of the committee, each tasked to focus on specific areas were formed. Each arm led by three or more co-leaders from our intertwined entities--namely UMass Memorial Healthcare, UMass Memorial Medical Group and UMass Medical School to fully integrate the concept that our physicians, the principal care providers of our patients, are employed members of the Medical Group, are also our valued Faculty members who are educating the next generation of physicians and innovating improvements in health care delivery.

Results: Three arms of PEC were formed and are known as “CBC” that include the following thematic areas: 1) **Communication:** responsible for communications “top-down”, “bottom-up”, and “lateral”. 2) **Burnout:** responsible for physician burnout and wellness. 3) **Community:** responsible for forming a community of personal relationships between physicians from different specialties and subspecialties within the organization. The arm leaders recruited team members that work together to make a difference in their area, known as “front line task force”. The arms were tasked with developing strategic recommendations for their area Departmental engagement champions were assigned to address issues that are department-specific. Buy-in and commitment from senior leadership was established, and physician engagement was chosen as a top priority for UMass for 2018. Thus far, approximately 80 front-line physician faculty have been engaged in the CBC arms, working on recommendations to be considered by the PEC for implementation in the future.

Conclusion: Increasing physician engagement and alignment is a top priority for many academic health centers. Recognizing that academic physicians are valued faculty members is an essential step. The CBC approach has allowed UMass to establish an infrastructure to address key thematic areas as described. The unified focus of the three organizations on physician engagement, supported by a united senior leadership group and front-line clinicians is expected to result in a sustained and significant difference in our organizational performance and provider satisfaction.