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Physicians in the driver's seat

Activating the physician workforce in driving balanced clinical and financial success

Catalyst for physician activation

Future success for health care systems will likely depend on physicians not only successfully adapting to evolving health care regulatory and practice requirements, but also learning how to succeed in this new world.

To address these changes, "physician alignment" has become a common term used by administrators, payers, thought leaders, and physicians alike to describe the activities seeking to generate physician buy-in and to motivate behavior change. Demonstrating just how pervasive this term is in health care today, a web search of "physician alignment" will result in millions of results. Despite widespread adoption of this terminology, tackling the critical changes facing health care organizations today will likely require much more than physicians simply getting in line with health care system priorities—instead they should be active contributors in shaping priorities and setting direction. To truly transform the delivery of health care, systems and physicians should together take steps toward the issue-driven and evidence-based world of physician activation. To activate physicians as leaders in change, health care system leadership and physicians together should acknowledge:

- Physician behaviors are conditioned into their professional persona
- Physician behavioral biases may have unintended impacts on business outcomes
- An evidence-based approach to behavior change may be required to activate physicians to drive clinical and financial success in health systems

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Physician activation defined

Physician activation occurs when health care systems and physicians are motivated and encouraged to evolve their behaviors through deliberate and structured engagement in order to drive business results. The powerful combination of behavior change and aligned incentives can enable organizations to activate their physicians to be the driving force of improving care, experience, and efficiency.

Physician behaviors are conditioned into their profession

Physicians, like all human beings, develop habits to help them process and react to information. Habits are governed by a neurological loop that consists of three elements:

1. **Cue:** the trigger that initiates a behavior (e.g., when a physician steps through the doors into the operating room the lights, the sounds, the patient on the table all serve as a cue towards what the next steps should be)
2. **Routine:** the behavior or set of habitual activities that is set in motion by the cue (e.g., the physician knows that by entering an operating room he or she must put on a gown, mask and gloves and conduct the pre-operation safety check—this occurs almost naturally and instinctively over time)
3. **Reward:** the outcome that indicates to the brain whether or not this particular loop is worth remembering (e.g., the successful removal of a tumor and the knowledge that this patient's life has been profoundly improved)[1]

Historically, health care leaders desiring physician behavior change or adoption of a new way of working have applied an incomplete approach by focusing primarily on the reward component of the habit loop. While this is a critical component, rewards are deeply personal and a one-size-fits-all approach may not always align with individuals' values and needs, rendering efforts unsuccessful over the long term.[2]

Many health care leaders have failed to understand that for desired behaviors to become conditioned habits, they should also focus on the cue and routine. In order to successfully change habits, new routines should be developed that allow all those impacted by changes in the ecosystem—including physicians—to achieve the same or improved outcome (reward) when presented with the same situation (cue).[3]

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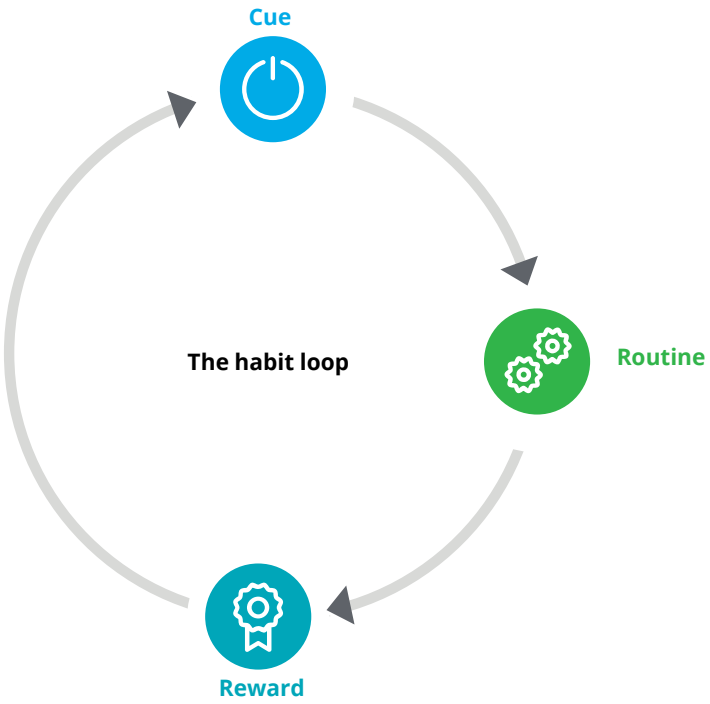

Source: Duping C (2014) The Power of Habit: Why We Do What We Do In Life and Business.

Physician behavioral biases may have unintended impacts on business outcomes

Physicians in the health care workforce possess unique attributes which include their calling to serve and provide care, their extensive education and training, the authority they are granted to make life and death decisions, and their identity and prominence within most health care systems. It is under these conditions that physicians perfect their craft and concurrently develop strong habits and biases.[4]

As health care systems seek to meet new regulatory and business demands, it is critical that their leaders partner with physicians to identify potential behavioral biases that may have unintended impacts on business outcomes. Physician behavioral biases can play out in many scenarios. An increasingly common example that highlights physician behavioral biases is related to the standardization of medical supplies and devices. Health care systems across the country are looking to reduce supply chain costs by standardizing medical products and enhancing their buying power through vendor consolidation. This can be a complicated and often politically charged undertaking, given that physicians may form strong biases for specific products that are critical to their daily routines.[5]

For cardiovascular surgeons an example of such a product may be an artery stent used in angioplasty procedures. If a health care system has five surgeons who perform angioplasties and each use a different brand of drug-eluting stent, the use of multiple stents across the system likely carries a significant financial cost and also has the opportunity to raise the risk of variability in clinical outcomes.

The angioplasty procedure is the *cue* that triggers a set of conditioned behaviors for the surgeon. Through repetition and practice, the look, feel and functionality of a preferred artery stent becomes conditioned into the surgeon's procedural *routine*. And while the surgeon may have experienced success with that device (reward), they may not recognize that their quality scores are on par with those of other physicians who use a stent that costs approximately tens or even hundreds of dollars less per unit.

In this example, a physician bias favoring the status quo leads to an increased cost for the health care system, without achieving substantially better clinical outcomes. When considering all of the medical devices, products and supplies used across health systems, the financial implications of behavioral biases are only magnified.

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Behavioral biases come in many shapes and sizes, and no one who is human can avoid them entirely. Below are just a sample of a few of the biases that can be overcome with awareness and education:

- **Status quo bias—**tendency to stick with one's current situation (e.g. using a specific medical device they prefer as opposed to the most cost-effective).[6]
- **Affect heuristics—**placing heavy reliance on intuition or 'gut feeling' (e.g. physicians are influenced by visible observations of a patient's symptoms).
- **Confirmation bias—**favoring information that confirms preconceptions rather than the truth (e.g. physicians seeking minimal evidence to support a diagnosis).
- **Anchor bias—**tendency to rely too heavily on a (possibly arbitrary) reference point when estimating a quantity or making a decision (e.g. rely on their own expertise and put too little on emerging evidence-based protocols).
- **Framing bias—**Different ways of presenting the same information evoke different outcomes in people's decisions (e.g. framing the mortality of a clinical trial based on relative versus absolute risk leads to different perceptions of benefit and risk)[7].

Case in point: Using behavior change to drive clinical outcomes and business efficiencies

The challenge: A leading academic health care system in the Southeastern United States had noticed both the trends of rising costs and clinical variation across departments.

The findings and approach: Leadership hypothesized that the lack of standardization in medical supplies across the system was likely a contributing factor to the rise in costs and even a source of variation in clinical outcomes. In conducting a supply chain and vendor analysis, it became clear that the health care system's numerous suppliers of medical supplies was preventing the system from leveraging its economies of scale and purchasing power to reduce costs. Physician preferences for medical supplies, driven by their habits and biases, were found to be a driver in the heightened costs. The Chief Medical Officer and Vice President of Procurement engaged physicians in the process of consolidating the system's supplier footprint—seeking not only their input, involvement and perspective, but also looking for opportunities to evolve their behaviors and overcome biases to attain the sustainable results. The team tapped into the intrinsic motivators of those who have chosen a profession of caring for others. Using data, stories, powerful branding, identification of cues and routines, and a call to action created a sense of ownership in solving the problem among the physicians.

The impact: By creating pride in ownership and taking an issue—and data-driven approach to cost reduction, physicians became advocates for standardization and cost reduction which ultimately led to the health system reducing the number of vendors for medical devices from sixteen to two. In the two years since this initiative took place, the behavior change has proven sustainable. The physician's continue to lead cost savings and cost avoidance initiatives, recently electing to keep their supplier footprint small when the medical device vendor contracts were up for renewal. One of the new capstone habits that the physicians developed is a commitment to data-driven decision making and cost/benefit analysis. As such, this team has launched additional initiatives that have the end goal of achieving $150M in annual savings sustained over time. These savings have enabled the health system in advancing various strategic initiatives by freeing up funds to invest in programs, technology, and their people so that they can set the standard for best-in-class health systems of the future.

An evidence-based approach to behavior change may be required to activate physicians in driving balanced clinical and financial success

Developing a case for change that articulates why transformation must occur to achieve desired clinical and business outcomes and associated implementation plans may seem easy to tackle in theory. However, anyone who has ever tried to change a habit—whether that be on the individual level (e.g., exercise five times per week) or on a team/organizational level (e.g., build a culture of safety) knows that there is nothing easy about changing the way in which people behave and operate. Reconditioning habits and creating new routines requires the efforts of an action-oriented, intentional change management approach and strategy. Activating physicians, whether they are employed or affiliated, to be owners and drivers of change while fundamentally evolving the way that work is done is a hefty task. It is well documented that approximately 70% of all change efforts fail. This can be attributed to focusing on the tactical and forgetting that getting humans to work differently, even extraordinary physicians, is very difficult.[8]

So how does an organization make this work? There is no one-size-fits-all approach because each organization and the people within the organization are different; however, the following elements should be foundational to activating physicians as agents of change:

- **Involve physicians early and often:** Given the central role physicians play throughout the lifecycle of hospital, clinic and ambulatory operations and revenue generation, their behaviors can significantly impact clinical and business performance—both positively or negatively. As such, it is critical to not only have physician representation on the executive leadership team, governing bodies and committees, but also give them decision-making authority to help drive organizational change efforts. Beyond governance it is critical that physicians are active contributors in shaping priorities and setting direction for change initiatives. Success of these change efforts will require strong physician support as they will have a disproportionate role in implementing change.
- **Diagnose with data:** In resolving business challenges, whether that be gaining market share, caring for a population, improving clinical outcomes, or enhancing financial margin, health care leadership should look to organizational data to diagnose issues. Thinking about and using existing data in new ways can inform a hypothesis on what behaviors or biases are causing or are linked to the business issues. Depending on the issue at hand, financial, operational, quality and patient data should be examined to identify potential root causes of organizational issues and the behaviors that contribute to them.
- **Verify the behavior:** As with any hypothesis, truly understanding how behaviors and biases are related to or influence organizational issues require testing and validation. After the data has been leveraged to develop a hypothesis, it is necessary to begin socializing and testing the case for change with those on the front lines—namely physicians and clinicians. Strategic focus groups, surveys, interviews, and observations will all be important components to identify the behaviors in question and validate the data-driven hypothesis.
- **Develop the case for change:** Putting together the quantitative and qualitative information to tell a compelling story is mission critical for behavior change efforts. This will be the call to action that enlists, inspires, and activates the physicians to understand why behavior change is of paramount importance.
- **Make change stick:** Replacing old behaviors with new ones is the secret sauce to any change effort. Detailed and specific action plans with clear and measurable steps are critical. This is also the time to call upon the networks and key influencers within the organization and empower physician leaders to set the example and share their successes. This effort will take dedicated time and focus and continuous reinforcement for new habits to remain in place, so it is important that there are realistic timeframes for improvements to occur.
- **Monitor progress of change:** When any effort is implemented it is important to track progress over time to either celebrate and reinforce successes or adjust the approach in order to drive the desired results. Rewarding future-state behaviors is critical. Using both intrinsic and extrinsic motivators will be key for developing and sustaining physician behaviors that drive business results.[9]

Bottom line

Activating the physician workforce to drive change requires a shared vision and strategy and a new, collaborative, and inclusive approach to work. Through an approach that is grounded in the science of human behavior, health care systems and physicians have the opportunity to achieve new breakthroughs in transforming health care delivery and securing a competitive marketplace advantage.

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References

1. Duping C (2014) The Power of Habit: Why We Do What We Do In Life and Business.
2. Ibid.
3. Rosenstein AH (2016) Understanding the Psychology behind Physician Attitudes, Behaviors and Engagement as the Pathway to Physician Well-Being. J Psychol Clin Psychiatry 5(6):00312. DOI: 10.15406/jpcpy.2016.05.00312.
4. Perneger T (2011) Doctors and Patients' Susceptibility to Framing Bias: A Randomized Trial. J Gen Intern Med (12): 1411-1417. DOI: 10.1007/s11606-011-1810-x.
5. Based on Deloitte client experience.
6. Deloitte Consulting LLP: "Making decisions that matter: How improving executive decision-making can lead to better business outcomes."2012.
7. Perneger T (2011) Doctors and Patients' Susceptibility to Framing Bias: A Randomized Trial. J Gen Intern Med (12): 1411-1417. DOI: 10.1007/s11606-011-1810-x.
8. Carucci R (2016) Organizations Can't Change If Leaders Can't Change with Them. Harvard Business Review.
9. Deloitte Center for Health Solutions 2013 Survey of US Physicians.

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