Clinical Integration

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Demise of the Medical Staff

- "The traditional medical staff structure…has outlived its usefulness and is no longer relevant."
- Quality used to be the characteristic of an individual physician—hence the emphasis on credentials and peer review.

Demise of the Medical Staff

- Today quality is a function of systems.
- Care is being reorganized into integrated, multidisciplinary patient-focused service lines, but these service lines require a degree of integration difficult to achieve within the traditional hospital medical staff structure.

Demise of the Medical Staff

- "The traditional marriage of hospital management and physician governance does not achieve the optimal balance between accountability and authority at multiple organizational levels."
  - Bard, M. A., and Epstein, A. L. "Eulogy to the Hospital Medical Staff." Online at http://www.bardgroup.com/

The Dual Nature Problem

- Given that medical organizations are both clinical entities and business entities, it is important to have physician and administrative leadership at every level of the organization

Types of Integration

- Functional—IT, HR, QI etc. coordinated across business units
- Physician—the extent to which physicians and the organized delivery system with which they are associated agree on the aims and purposes of the system and work together to achieve mutually shared objectives

Types of Integration

- Clinical—The extent to which patient care services are coordinated across people, functions, activities, and sites over time so as to maximize the value of services delivered to patients.
  - Shortell, S. M. et. al. Remaking Healthcare in America: The Evolution of Organized Delivery Systems. 2nd Ed. (San Francisco, Jossey-Bass, 2000.)

Hypotheses

- People have characteristic ways of dealing with the world, all of which are designed to bring a level of internal control and comfort to the individual.
- There are a finite number of ways which, when combined, form patterns of behavior.
- Physicians are not randomly selected members of the population

Physician Characteristics

- Seek control through knowledge.
- Prefer concrete goals
- Have demonstrated high persistence levels in attaining goals.
- Prefer direct action.
- Prefer immediate response to their actions.
- Score high on tests for narcissism.

Physician Characteristics

- To function effectively as a clinician you must be able to amass large amounts of data quickly, make a decision quickly, and execute a plan--usually without significant input from anyone else.
- We like it that way--its why we went into medicine in the first place.

Organizational Leadership

- Requires knowledge and persistence.
- Goals are often not concrete.
- Results seen over long time periods.
- Most effective actions are indirect.
- Requires recognizing that other people's role may be more important.

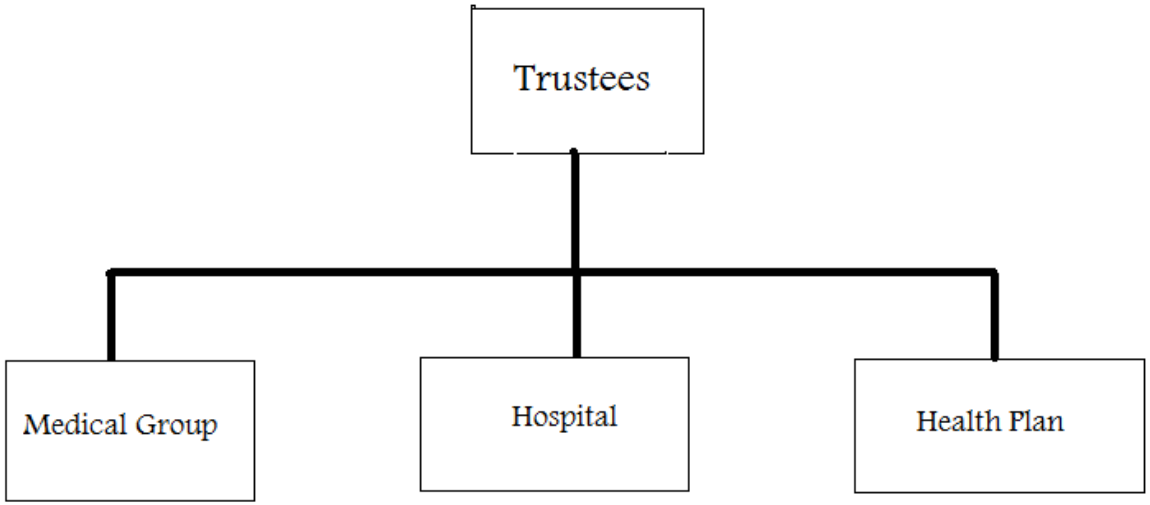
The Results

- The physician may fail to recognize that the leadership role is different from the attending physician's role.
- He/she may try to fulfill the requirements of the role using his/her physician training at times when that is counterproductive.
- He/she may simply refuse to participate.

Combining Strengths

- Doctors have intellectual capital, decision making capability, and flexibility to focus on the individual
- Hospitals have financial capital, organizational infrastructure, and the steadiness to focus on long-term projects

Organizational Structure



Achieving Clinical Integration

- Create partnerships between physician leaders and administrative leaders at all levels of the organization
  - Develop a training program for inexperienced, but interested physicians
- Require consensus
- Focus on the patient

What Stays the Same

- Participation is voluntary
- Integration does not change current medical staff privileges
- The Medical Executive Committee will still deal with its traditional role of approving physician credentials and peer review.