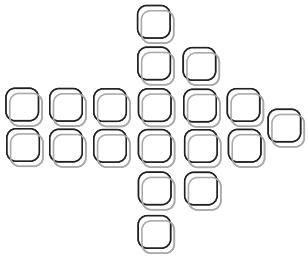

GET IN THE GAME:
A Blueprint for Physician Leadership in Quality and Value

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Doctors and Patients. Preserve the Relationship.®

Introduction

In this time of dramatic change in health care, physicians and their professional organizations must respond quickly to opportunities, or risk being relegated to the sidelines. The ultimate goal is for every physician to reflect on how they might deliver better care, knowing that this is the real basis for value and the strength of the patient-physician relationship.

This "blueprint" for physician leadership in quality and value was discussed extensively by the House of Delegates (HOD) of the Pennsylvania Medical Society in October 2010. The concepts in this document are intended to stimulate and support a new direction for Pennsylvania physicians. The blueprint incorporates much of the input from the HOD.

The PAMED Board will implement the strategic goal described below as one of the goals within the PAMED VISION 2013 Strategic Plan. The Board has begun implementation by disseminating this blueprint to Pennsylvania physicians and stakeholders, and by seeking out physician opinion leaders who have the credibility to get colleagues' attention and convince them to get involved and engaged.

Strategic Goal

In October 2010, the Pennsylvania Medical Society's House of Delegates adopted the following strategic goal and directed the Board to develop an appropriate implementation plan:

> **The Pennsylvania Medical Society (PAMED) must position physicians to lead and shape health care delivery to assure that the evolving system provides quality and value to patients and the community.[1]**

Explanation of Goal and Rationale for New Initiative

It's time for physicians throughout Pennsylvania to get in the game and get engaged.

No one is certain exactly what form the changes in health care will eventually take in each of our local communities. What is certain is that all physicians must be prepared for change and be willing to adapt to change. Now is the time to embrace how we can enhance the value of the care we deliver to our patients and, more importantly, take action to lead.

The bottom line questions that each physician must ask are:
"How can I make my practice and the care that I deliver to my patients even better?"

"Am I willing to get involved in the process to improve the quality and value of my patients' care?"

Physicians across Pennsylvania and the country are facing many new challenges that require them to "prove their worth" in ways that were never previously questioned. PAMED believes that the physicians who provide measurable quality and value in patient care are the ones who will best be able to meet these new challenges, succeed in the new environment, and help guide others in their local communities.

Our work is to ensure that physicians are at the core of the strategic discussions and decisions that will shape the changing health care system.

By launching this new strategic goal, PAMED resolves that the organization ***"must position physicians to lead and shape health care delivery to patients and the community."*** PAMED is committing its resources to support and enable physicians to take full advantage of new opportunities through which they can lead and directly influence the emerging health care environment.

[1] This new strategic goal aligns with PAMED's 2013 strategic VISION plan: "By 2013, the Pennsylvania Medical Society will prove value to physicians in Pennsylvania by being widely recognized as a unifying and pro-active force for the delivery of quality health care in the commonwealth. Membership in the organization will provide access to a variety of resources designed to support and enable physicians, regardless of career path, to successfully navigate the significant transitions occurring within the profession."

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For example, how can patient care fundamentally be improved if physicians are not involved when clinical processes are redesigned, new payment models are implemented, and medical organizations are restructured? With local physician involvement, however, meaningful data can be derived from evaluation metrics, and standards of care can be established that will be credible to practicing physicians; conversely, the exclusion or marginalization of physicians from these efforts can only impede the end goal, which is to deliver better patient care.

PAMED believes that physician engagement is critical ***"to assure that the evolving system provides quality and value."*** As more fully explained in the principles for physician engagement outlined in the next section, physician participation and leadership are essential to ensure care that is safe, timely, effective, efficient, equitable and patient-centered.

We plan to support physicians in all settings. No single clinical integration and collaboration model is inherently better able to deliver quality and value than any other. A variety of clinical integration and collaboration models should have the opportunity to thrive, including group practices, contractual partnerships linking physicians and other health care providers, physician organizations, physician-hospital joint ventures, and physician employment by health systems.

PAMED recognizes that there are limitations to what physicians can accomplish without changes in other arenas that we may influence but cannot control. This initiative encompasses advocacy to break down barriers to physician efforts to improve quality and value. Among other objectives, we will seek professional liability reform to reduce defensive medicine. Counterproductive administrative hassles and payment disparities must also be addressed.

Statement of Principles

PAMED will use the following principles to guide our advocacy for physician engagement in this era of change:

Principles for Physician Engagement and Leadership

1. **Physicians must be engaged in shaping the evolving health care delivery system:** Physicians cannot be relegated to the sidelines. Physicians must respond with flexible, innovative strategies that will implement our vision of the future.

2. **Physicians have a responsibility to promote both quality and value:** The goal of the health care delivery system must be to deliver care that is safe, timely, effective, efficient, equitable and patient-centered. This requires that we, as physicians, accept our responsibility to use resources wisely to the extent feasible within the constraints of our practice environment (see Principle 9).

3. **Physician engagement is critical for true quality and value:** Physicians must be involved, through their participation and leadership, at the core of strategic decision-making that impacts patient care. Our engagement is essential to assure a changed clinical and business culture that supports quality and value:
    a. **Effective change requires physician knowledge and expertise:** Physicians not only directly influence cost and utilization when delivering and ordering care, we have the knowledge and experience to drive the design of clinical and administrative processes that will improve quality and value.
    b. **Physicians are advocates for quality:** Because of our clinical expertise, ethical responsibility to patients, professional values, and central role within the health care team, physicians are uniquely qualified and positioned to promote quality patient care.
    c. **Physician involvement is necessary for credible data and measures:** Physician input is required to develop scientifically accurate data and measures that will allow

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meaningful comparison and have credibility to physicians for self-evaluation and practice changes.

4. **Physician engagement must be real and meaningful:** For decisions that are imbued with clinical care significance, it is imperative that physicians have substantial and direct participation with real power to influence the outcome. In many cases, this requires that we lead the initiative.

5. **Physician engagement is essential across all organizational structures:** Physicians must be engaged in the decisions and processes that drive the quality and value of the health care provided to their patients, regardless of the structure of the organization that provides the care or the nature of their relationship with the organization.

6. **Physician engagement in the future is dependent on medical student engagement now:** Investments in mentorship, leadership development, participation and educational opportunities for medical students are essential for their future ability to lead and shape health care delivery.

7. **Multiple clinical collaboration and integration models can be effective:** The focus of clinical integration and collaboration should be to provide a platform for physicians to engage with hospitals and other health care providers to align incentives, coordinate care, and implement other measures to maximize quality and value. A variety of clinical integration and collaboration models should have the opportunity to thrive.

8. **Members of the health care team must accept mutual responsibilities for effective physician engagement:** Physicians must be collaborative and accountable. Other stakeholders involved in health care delivery, such as health system governing boards, must accept and promote meaningful and independent physician involvement, regardless of the setting or organizational structure.

9. **Multiple stakeholders play a role in improving quality and value:** Other key stakeholders include patients, other health care professionals and providers, certification organizations, regulators, legislators, insurers, and employers.
    a. **All stakeholders must work together to achieve our common goal:** Physicians and other stakeholders must communicate in a collaborative and transparent manner to assist each other as they perform their roles in improving the quality and value of health care.
    b. **Professional liability and other reforms must be adopted to eliminate barriers to quality and value:** There are limitations to what physicians and other health care providers can accomplish without changes in the practice environment. Professional liability reform is necessary to reduce defensive medicine. Counterproductive administrative hassles and payment disparities must also be addressed.

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