Effective Working Relationships Between Hospitals and Physicians

Part 2: A Practical Approach to Enhancing the Relationship
Introduction

As health care transformation progresses, the hospital-physician relationship is particularly important; hospitals and physicians must navigate through changes as partners in order to effect positive change. The first article in this series, Part 1: Key Themes from the Literature highlighted seven considerations for leaders to reflect upon to successfully foster and maintain positive relationships with each other. This article, which is the second in the series, builds on the previous article by providing practical approaches to enhancing relationships between hospitals and physicians.

The Ontario Hospital Association (OHA) recognizes that there is variation across the province with regard to the ‘health’ of the hospital-physician relationship. Where improvement in hospital-physician relationships is desired, it should be recognized that such change is unlikely to occur spontaneously. An active process, supported by all leaders across the organization, is needed to effect a cultural transformation.

Recognizing that cultures, policies and practices vary across hospitals, each organization must develop a strategy that best meets its individual needs and circumstances. Regardless of which strategies are used, the value is in the open dialogue and collaborative journey that leaders, physicians and staff undertake to work towards a more cooperative relationship.

The Role of Organizational Culture and Leadership

Ultimately, the success of any initiative to enhance hospital-physician relationships is rooted in the culture, attitudes and actions of all team members and leaders.

Providers must lead the way in making value the overarching goal.


…the core values of physicians and hospital CEOs are very similar, and both groups have common ground for successful interprofessional collaboration.


Originally meaning to cultivate and nurture, culture is a shared pattern of behaviours, interactions, constructs and understandings that are learned by socialization and evolve over time. Developing a culture that successfully enhances hospital-physician relationships requires an inclusive process to foster new learning and adaptive change by all involved. It is likely that all members of the organization will require some change in order to leave behind old expectations and move forward together with mutual understanding to reflect the new dynamic. Both development of the new culture and sustaining the changes attained will require the ongoing support of leaders across the organization, including the board, hospital management and physicians.

The demographics of physicians in Canada are evolving to reflect an increase in female physicians: according to the Canadian Institute of Health Information (CIHI), between 2010 and 2014 the number of female physicians increased by 23.7% while the number of male physicians increased by 9.5%. (CIHI, 2014)
Guidance for Developing an Effective Hospital-Physician Relationship

One factor in developing a successful framework is to recognize the need to strike a balance between:

- hospitals’ continued recognition that the physician-patient relationship is foundational to the provision of high-quality care; and
- physicians’ continued recognition that at times, they may have to balance advocacy for their individual patients with the best interests of the broader patient population being served.

To better support their respective members, the OHA and the Ontario Medical Association (OMA) collaborated to create the resource Guidance for Developing an Effective Hospital-Physician Relationship. Based on leading practices from national and international jurisdictions, the document provides a principle-based and practical approach to guide hospitals and physicians through the process for fostering and sustaining an effective relationship. The resource outlines a framework to develop and formalize the hospital-physician relationship along with a practical checklist to help track their progress. Hospital CEOs, boards and physicians can use this document as a starting point and later customize the process based on the specific circumstances and culture of their organization. The proposed approach should not be considered a stand-alone process; it should be viewed as complementary and integrated into existing organizational structures and initiatives.

Interesting Fact
According to a study of physicians at six Belgian hospitals, the quality of the relationship between physician staff and the Chief Medical Officer has an impact on physicians’ organizational citizenship behaviours. (Jeroen et al, 2015)

Regardless of how an organization chooses to work on enhancing hospital-physician relationships, there are five guiding principles that will be of assistance:

1. A shared commitment to high-quality, patient-centered care including a shared recognition for the need to match available resources to community needs
2. Mutual respect to build a foundation of trust and understanding throughout the organization
3. Delineated roles, responsibilities, expectations and lines of accountability to promote collaborative, fair, transparent and timely approaches to problem solving
4. Responsive organizational leadership that promotes staff engagement, integration and team building at all levels, and identifies and supports physician leaders, by providing opportunities for their leadership development
5. Clear, open and respectful communication which demonstrates the value of each team member’s contribution
Strategies to Support the Development of the Relationship

An international literature review, conducted by the OHA, indicated that hospitals utilize a variety of strategies to support the relationship with physicians, both formally and informally. The following tools are examples of strategies highlighted in the literature that can support effective relationships.

**Physician Compact:** One tool that is used by a number of hospitals in the U.S. is a physician compact. A physician compact is a joint agreement between a hospital and its physicians that explicitly outlines what physicians may expect from the organization, and, in turn, what the organization may expect from its physicians. It should be recognized that such a compact is neither an employment contract nor a job description. The Virginia Mason Medical Centre was one of the first organizations to implement a physician compact in 2000, enabling the development of a shared, values-based vision defining the reciprocal responsibilities between the hospital and its physicians. The tool has served as a prototype for many organizations looking to develop a similar document for their organization.

**Engagement Agreement:** An engagement agreement is a variant of the physician compact which requires signatures of the hospital CEO and the individual physicians within the organization. In 2012, The Ottawa Hospital identified physician engagement as a critical factor for improving the quality of care, resulting in the development of a physician engagement strategy. Using a rigorous methodology based on both quantitative and qualitative data, hospital management, including physician leaders, constructed a statement of mutual understanding between the physicians and the hospital (Engagement Agreement). In the case of The Ottawa Hospital, physicians are required to sign the engagement agreement during the appointment and annual reappointment processes.

**Code of Conduct:** A code of conduct outlines the behaviours that an organization expects of its employees and the professional staff providing care within the organization. While most hospitals have implemented codes of conduct for their employees, hospitals in North America and globally are increasingly asking physicians to sign a code of conduct as a precondition of hospital privileges.

In the OHA’s member survey on hospital-physician relationships, leaders cited memorandums of understanding, contracts, and letters of accountability as examples of other structural mechanisms used to formalize the hospital-physician relationship. As with any approach, there are varying perspectives on the effectiveness of using any given strategy.

Stay tuned for the next article in this series, *Part 3: The Physician Leader of 2025.*

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**Practical Applications for Consideration**

- Identify and evaluate the formal and informal opportunities for board members, hospital CEOs and physicians to engage in face to face discussions.
- Examine the roles, responsibilities and performance management expectations of leaders to determine opportunities for clarification.
- Incorporate a discussion about the OHA/OMA’s Guidance for Developing an Effective Hospital-Physician Relationship into a hospital board retreat or other forum where all interested parties are involved, as a starting point for enhancing the relationship within the organization.
Selected Reading List of Relevant Literature


