Effects of Interprofessional Doctor-Manager Relationships on Patient Care Quality

By

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8. Works on-line globally:-)
9. Website is being designed.
Agenda

1. Acknowledgment, Introduction, and Background
2. Summary of a national research study (CANSIRPH)
3. Interprofessional Relationships between Physicians and Healthcare Administrators: IRPH
4. Differences in perspective of MD-leaders and Non-MD leaders about IRPH
5. Factors that affect IRPH and to what degree
6. Reasons for having less than optimal IRPH
7. Benefits of improving IRPH
8. Solutions provided by leaders to improve IRPH
9. Questions and Answers

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Factors that influence Relationships of Medicine and Management as well as Leadership and Governance of Healthcare systems in Canada

By Dr. Atefeh Samadi-niya, MD, DHA (PhD), CCRP

Abstract, Method, and Purpose

This presentation sheds light on some of the results of a Canadian national research study. The survey that was sent to 4000 e-mail addresses of physician leaders and hospital administrators at mid to senior levels of management chosen from SCOTT’s directories, Canadian College of Healthcare Leaders, Canadian Society of Physicians Executives, Canadian Chapter of ACHE, and snowball referral. Correlation of different factors were tested and the level of satisfaction of healthcare leaders toward doctor-manager relationships. The leaders were grouped based on their professions and their level of management. Seven factors were extracted from the results using different statistical analyses. The individual and cumulative effects of these factors on interprofessional relationships of Medicine and Management are shocking and shape a must-have presentation of OACCAC 2015 by Achieving Excellence through Governance. The results of this national study are generalizable and expressive the role of teamwork, communication, leadership, resources, power, financial decisions, information technology, contracts, governance structures, Board culture, staff engagement, and inclusion of different professions in healthcare systems Boards. The results present some practical methods to improve healthcare leadership and governance and portray the effects of improving communication and teamwork on the engagement of stakeholders, medical staff, and hospital management.

Canadian National Study of Interprofessional Relationships Between Physicians and Healthcare Administrators (CNSRPH) was designed, led, and completed by Dr. Atefeh Samadi-niya who holds Doctorate degrees in Medicine and Health Care Administration.

RPH is the acronym for Interprofessional Relationships between Physicians and Healthcare Administrators. Critical terms used in RPH are doctor-executive relations, physician-executive relations, physician-hospital relations, doctor-manager relations, Medicine and Management (Samadi-niya, 2013).

One of the most important interprofessional Relationships in healthcare is the relationship between doctors and managers or RPH. Quality of RPH effect quality of patient-care and patient satisfaction directly and profoundly (Baker, 2010; DHA, 2004, Randki, 2004).

Doctors want to be included in decision-making of healthcare system. They suggested that leadership or joint-decision making for physician leaders and nonphysician leaders (Samadiniya, 2013, 2014, 2015).

Important Stakeholders of RPH

Our family members, our friends, our neighbors, our acquaintances, our colleagues, and ourselves

Important Factors: Effect of Each Factor Separately

Figure 1. Individual effect of factors on RPH after factor Analysis and by using Simple Regression Analysis are shown by one for each factor against RPH

Communication and Teamwork

- Physician leaders are relatively more involved in healthcare administration, management, and clinical happiness.
- Physician leaders have collaborative healthcare and management.
- Physicians and hospital administrators in all levels of management create a suitable climate for teamwork.
- The high-ranking hospital administrators and physician leaders give the highest score.
- The hospital leaders are always ready to share information with physicians.
- The hospital leaders give the highest score as a reliable partner in healthcare management.

Satisfaction Level of Healthcare Leaders Toward RPH

Figure 3. Overall perspective of Canadian healthcare leaders toward RPH

Role Capabilities Including Leadership

- Physicians and hospital administrators have collaborative healthcare and management.
- Physicians and hospital administrators in all levels of management are always ready to share information with physicians.
- The hospital leaders have collaborative healthcare and management.
- Physicians and hospital administrators in all levels of management are always ready to share information with physicians.
- The hospital leaders are always ready to share information with physicians.
- The hospital leaders have collaborative healthcare and management.

Figure 4. Satisfaction Level of Canadian healthcare leaders toward RPH

Important Factors: Opinion of Participants

Figure 2. Opinion about the most important factor that affect RPH. Technology is included in resources and contracts are included Financial drivers and clinical priorities.

Factors of Relative Power

- Physicians are more critical for hospital decisions making process by far.
- The majority believes physician leaders and decision making by far.
- The majority believes the hospital leaders are responsible for the most major healthcare decisions.
- Physician leaders are more critical for hospital decisions making process by far.
- The high-ranking hospital administrators and physician leaders give the highest score.
- The hospital leaders are always ready to share information with physicians.
- The hospital leaders give the highest score as a reliable partner in healthcare management.

Table 2. Statements related to Communication and Teamwork

Differences in perspective of Leaders toward RPH

Figure 5. RPHs are the keys to the Success of Healthcare System: 5% disagreed

- Physicians believe hospital administrators are more optimistic toward RPH than mid-level leaders.
- Hospital administrators are more optimistic toward RPH than physician leaders.
- Physician leaders see RPH as non-collaboration.
- Hospital administrators: are RPH are collaborative!
- Physicians: Canadian healthcare leader overall view toward RPH: the most satisfied to the least satisfied

Important Factors: 7 Factors simultaneously

Based on the results of the multiple Regression Analysis and after Regressing all factors against the Level of Satisfaction of Leaders toward RPH, Communicate and Teamwork and Role Capability including Leadership showed the most statistically significant correlation among all factors.

See Samadiniya, 2013 for the rest of tables and complete analyses

Conclusion

Physicians collaborate with hospital administrators. However, if the physicians are more as strong hospital administrators, voices Participating in the decision making process, when hospital administrators make final decisions, it will not have much impact on the success as well as having any strategic decisions that affect patients care to hospitals. Dual (physician-manager) leadership is recommended.

Relationship of Medicine and Management in the keys to the Success of Healthcare System (Figure 5)

Strengthening administrative connections between hospital and physicians has a direct impact on improving quality of patient care, reducing cost of adverse events, and increasing patient safety (Baker et al., 2010; USA; Samadiniya, 2013)

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Figure 6. Satisfaction Level of Canadian healthcare leaders toward RPH

References

Love, Endurance, & Hope: Ice Orchid’s 9 flowers

Courtesy of Dr. Atefeh Samadi-niya, Spring 2015
9 flowers of endurance and hope of professional path of Dr. Atefeh Samadi-niya, MD, DHA (PhD), CCRP
Acknowledgement of Individuals

• My family, friends, colleagues, and acquaintances
• Dr. George J. Graham, Ph.D. (University of Phoenix, AZ, U.S.A.): Dissertation Chair
• Mr. Ken Tremblay, CHE, FACHE (ACHE mentorship program)
• Dr. Thomas G. Rundall, Ph.D. (University of Berkeley, CA, U.S.A.): permission for questionnaire
• Healthcare Leaders who participated in CANSIRPH
• Patients who believe in us to try our best to save them
Acknowledgement of Organizations
An Idea And A Vision:
One-Million-Dollar View, Banff, Canada

Courtesy of Dr. Atefeh Samadi-niya, Banff Springs Hotel, Banff, Canada, June 2014
Canadian National Study of Interprofessional Relationships between Physicians and Hospital Administrators (CANSIRPH) was the first detailed research study focusing on the perception of healthcare leaders about the quality of Physician-Hospital Relations (PHR) across all provinces/territories in Canada. CANSIRPH (pronounced as CAN SURF) started with an Idea: What If...?
What if...

**Quality Improvement (QI) Of interprofessional relationships** between doctors and managers means

**Quality Improvement (QI) of Patient care**

**Quality Investment (QI) On Healthcare System** with high return on investment because of error reduction and patient safety.
We CAN-SURF The WAVES Of Healthcare System
Medical Errors

In 2004, 7.5% of patients or about 1 of every 12 patients admitted to the Canadian acute care hospitals experienced AEs of which 36% were preventable (Baker, 2004).

Red Flag: Could Physicians and Managers lead to these errors by their lack of cooperation? A positive healthy relationship between hospitals and physicians with “focus on delivering quality patient care and ensuring economic validity for both parties” should be the main focus of both parties (Hariri, et al., 2007, p. 78)
Cost of Medical Errors

- Medical errors increase the length of stay for patients and the cost spent on patients who have preventable medical errors.
- The estimated cost of extra days spent at hospitals due to preventable medical errors was about $125 million in Ontario alone.
- The estimated cost related to the medical errors was about 14% of the total healthcare cost in 2009.
- The percentage for physicians’ remuneration and hospital services in Ontario in 2009 was only about 36% of the total healthcare expenditure.
Patient Care Strength

Patient care is only as strong as interprofessional relationships between doctors and managers of a healthcare system.
If neglected, the interprofessional relationships of physicians and healthcare administrators can adversely affect the quality of patient care and deplete the financial resources of healthcare systems.
Doctors and Managers

Professional relationships between Physicians and Managers have been topic of many research studies since 1980s

What about Canada?

Research about Physician-Hospital Relations (PHR) in the U.S., the U.K, and other OECD countries but not in Canada.

General Problem was that quality of Interprofessional Relations affects quality of patient care.

Specific problem was that quality of IRPH in Canada was unclear.

Davies et al., 2003; Rundall et al., 2004; Shortell, 2001; Samadi-niya, 2013
Patient Trust Us To Collaborate as Leaders

Courtesy of Dr. Atefeh Samadi-niya, Oct 2012,
A friend’s backyard a week before her heart attack
Reason for Designing CANSIRPH

1. **National Physician Survey** (NPS) of 2004 had one statement about satisfaction with PHR
   - More than 20% of Canadian doctors not satisfied with PHR.
   - Only 15% of Canadian doctors completely satisfied with PHR.

2. Doctor’s satisfaction with PHR meant 1.7 times more satisfaction with doctor’s professional life.
Summary of CANSIRPH (Open Published Dissertation)

• An Idea started as a Dissertation Research Question and it turned into a Canadian National Research Study
• National study in Canada, all acute care hospitals
• 4000 mid to senior (MD & non-MD) Hospital Leaders
• More than 700 hospital/healthcare systems across Canada
• SCOTT’s Directories, CCHL, ACHE/Canada, CSPE, Snowball recruiting Method by referrals
• On-line survey, 71 questions, mostly Likert-type but some open ended. Canadian version of Rundall et al. 2004, used with permission.
• Generalizable results for Canada and Ontario
Significance to Leadership

Significance

Healthcare system of Canada and other countries

Physicians, Nurses, Managers, Allied Healthcare Professionals, & IT

Educational programs & universities

healthcare leaders and professional organizations: OMA, OHA, OACCAC, CMA, HealthcareCAN, ...

Acute care, long-term care, home care
Stakeholders

- Patients
- Payers
- Legislators
- Providers
- Nurses
- Physicians
- Hospital Staff
- Allied Healthcare Professionals
Most Important Stakeholders: Our Family Members in Hospitals

Courtesy of Dr. Atefeh Samadi-niya, February 2013, my mother
Some of the CANSIRPH Results

• IRPH means: **Interprofessional** Relationships between Physicians and Healthcare Administrators or

• Equal terms to Doctor-Manager Relations, Physician-Hospital Relations, Physician-Healthcare Relations, Physician-Executive Relations, Doctor-Administrator Relations, Physicians and Healthcare System Relations, Physician Engagement in healthcare leadership...
All Leaders Agreed: IRPH is Key

CANSIRPH Participants Consider Interprofessional Relationships Between Physicians and Hospital Administrators as the Key to the Success of Healthcare System

<table>
<thead>
<tr>
<th></th>
<th>Extremely Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Extremely disagree</th>
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<tbody>
<tr>
<td>Series1</td>
<td>57%</td>
<td>37%</td>
<td>6%</td>
<td>0%</td>
<td>0%</td>
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</tbody>
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Prediction of IRPH in Upcoming Years

CANSIRPH Participants' Prediction of Local Interprofessional Relationships between Physicians and Hospital Administrators of Canadian Hospitals in Upcoming Years

- Deteriorate profoundly: 4%
- Deteriorate slightly: 17%
- Stay the same: 36%
- Improve slightly: 38%
- Improve very much: 5%

Percentages
View toward Resources Used to Improve IRPH

CANSIRPH Participants' Overall View toward Resources Used To Improve Interprofessional Relationships between Physicians and Hospital Administrators in Canadian Hospitals

- Extremely dissatisfied: 5%
- Dissatisfied: 25%
- Neither satisfied nor dissatisfied: 20%
- Satisfied: 42%
- Extremely Satisfied: 8%
Leaders’ Perception of Quality of IRPH

Meaningful differences in the *level of satisfaction of healthcare leaders toward* Interprofessional Relationships between Physicians and Hospital Administrators (IRPH):

1. Senior leaders more optimistic than mid-level leaders
2. Hospital administrators more optimistic than physician-leaders
3. Larger proportion of physician leaders *do not* perceive IRPH as very collaborative.
4. Larger proportion of hospital administrators perceive IRPH as very collaborative.
Differences in Perspectives of Leaders

Healthcare leaders’ overall view toward IRPH based on CANSIRPH: the most satisfied to the least satisfied

1. Hospital administrators (not-MD) at senior level of Management
2. Hospital administrators (not-MD) at mid-level management
3. Physician leaders (MD) at senior level of management
4. Physician leaders at mid-level of management
Leading Healthcare Path to Health

Courtesy of Dr. Atefeh Samadi-niya, Oct 2012,
flowers that visitors brought for a friend after her heart attack
Influence of Each Factor Individually

Correlation of each factor with satisfaction level of leaders toward IRPH or PHR (using Single Regression Analysis)

1. Teamwork and communication (56%),
2. Role capability including leadership (54%),
3. Relative power (50%),
4. Adequacy of resources (32%),
5. Financial contracts (29%),
6. Financial drivers vs. clinical reasons (24%), And
7. Technology including IT or HIT (22%).
Influence of Seven Factors Simultaneously

- Multiple Regression Analysis considered seven variables. Influence of seven variables simultaneously was responsible for 60% of the variation in IRPH.

- *Teamwork and communication* and *role capability including leadership* had significant meaningful correlation with IRPH when all seven factors considered simultaneously (Bonferroni test).
Perspectives of CANSIRPH Participants

1. Benefits of Improving IRPH

2. Barriers of Improving IRPH

3. Suggested Methods of Improving IRPH

4. Surprises and Recommendations
Benefits of Improving IRPH

Improving
1. Patient safety
2. Quality of patient care
3. Patients and their families’ experience
4. Mutual understanding
5. Communication
6. Collaboration
7. Leadership
8. Decision-making
9. Use of resources
10. Physician engagement
11. Teamwork
12. Open dialogue and Crucial conversations
13. Budget management
14. Management
## Barriers of Improving IRPH

<table>
<thead>
<tr>
<th>The barrier according to CANSIRPH</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>External economic and regulatory forces</td>
<td>27%</td>
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<tr>
<td>Internal disagreements among board, management, and medical staff</td>
<td>12%</td>
</tr>
<tr>
<td>Time demands hospitals place on physicians and the loss of income that may result</td>
<td>28%</td>
</tr>
<tr>
<td>Financial reasons</td>
<td>8%</td>
</tr>
<tr>
<td>Other Barriers</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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</table>
Barriers of Improving IRPH Cont.

Some examples of the “Other” category written by participants of CANSIRPH

1. “Administrators want to meet from 9 am to 5 pm when all the clinical work has to be done. Docs want meetings at 7 am or 6 pm after the work is done.

2. “There is a notion that patient care is paramount yet budgets dictate how patient care is managed.

3. “Viewing physicians as cost-generators and resource consumers rather than revenue maker. This causes power struggle”.

Leading Patients to Their Homes Safely

Courtesy of Dr. Atefeh Samadi-niya, spring 2014
Suggested Methods of Improving IRPH

There are 30 suggestions; A few listed here:

1. Dyad Leadership: MD-leaders and Non-MD leaders
2. Communication, communication, and communication.
3. Presence of executive leaders in front lines
4. Administrative duties are not hobby of physicians, please pay them for leadership roles.
5. Formal administrative and management training for physician leaders. Not choosing physician leaders due to clinical work.
6. Using 360 performance evaluation of all management levels
Surprises and Recommendations

1. Interprofessionalism is different from interdisciplinary relations
2. Physicians showed so much interest in CANSIRPH
3. The most influencing factor is neither MONEY nor RESOURCES; is COMMUNICATION and TEAMWORK!!!!!!
4. DYAD leadership of physician-leaders and non-physician leaders has been used and it is found useful and effective.
5. IRPH actually means involving in decision-making equally.
Conclusion

1. CANSIRPH results helped understand views of MD leaders and Non-MD leaders across Canadian acute care hospitals toward IRPH and assessed the level of influence of selected factors on IRPH.

2. Interprofessional relationships between physicians and hospital administrators is the key to the success of healthcare system.

3. Teamwork and communication as well as role capability including leadership are the most important influencing factors on opinions of leaders about the quality of IRPH.
Suggested Citation of Current Presentation

Main Reference

References Related to CANSIRPH


References Related to CANSIRPH Cont.


Other References


Other References cont.


Other References Cont.


Please see references of Samadi-niya, 2013, 2014, 2015 for more resources.
Questions, Comments, and Suggestions

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- Updated Website addresses will be posted on LinkedIn page (Accepts LinkedIn invitations)
My next presentation is at the World Hospital Congress IHF39 by American College of Healthcare Executives, American Hospital Association, and International Hospital Federation, October 6, 2015, 1:30-3:00 pm, Interprofessional Relationship of Medicine and Management is the Foundation of Success of Global Healthcare Systems, Chicago, U.S.A.