

Do This Not That_John Byrnes Interview (raw transcript)

SPEAKERS

Harjot Singh, John Byrnes

Harjot Singh 00:16

Healthcare Leader. Do you want to know how a boring, mundane, and even contentious issue over which fights breakout? Quality is a cornerstone of physician engagement? Did you ever know that? This is a healthcare leadership insider, this is Dr. Harjot Singh from HarjotSinghmd.com. And this is part of our special series do this not that for physician retention, recruitment, and well-being very hot topic for healthcare leaders because it is directly related to physician engagement, turnover, recruitment effort at work, burnout, the whole existence of our healthcare workplaces, and today, we have a very special program for you. Now, you see, I didn't say the topic of quality is bad. But how it gets done in our organization leads to all kinds of bad things happening, especially as far as physician engagement goals. And we have a guest here, who is a hero of mine, he is an expert in these twin battle pills of quality and safety. I am so proud of my co-author on this mega project, the project that comes once in 20 years and then becomes the authority on the topic, twin books on physician engagement that cover pretty much everything there is about basics, strategy, and tactics of physician engagement. He's a senior VP and systems Chief Medical Officer of Adventist Health, aka 21 big hospitals and multiple states. Aside from his chapter in this book, which is the quality the cornerstone of physician engagement, he is the author of many books, including the quality playbook, and safety playbook. He's a genuine deep expert on these two topics. He is also one of my favorite authors, I have used his chapter called the value of physician leaders to teach for six years since it came out in 2016. And I want you to know, he writes in such a way, it's like he's giving you a gift. He's doing you a service, his chapter is going to be read in two minutes, and you won't even know that you learned so much. So without rambling more, I welcome Dr. John Byrnes here. So Dr. Byrnes, tell us about your chapter in the book and tell us why your writing of this chapter would appeal to any healthcare leader who's seeking engagement from their physicians?

John Byrnes 02:51

You know, we've all fought with physician engagement for years, and especially our administrator friends need help and guidance in that way, because physicians notoriously have been a source of, should I say heartburn to them. But what I found over the years is that quality and safety are one of the easiest agendas to engage physicians with. So in other words, physicians naturally love to help with projects that are going to affect their practice. And furthermore, when physicians are thinking about the quality and patient safety, they just assume they deliver excellent care. Ask any position in every room, how many of you deliver excellent care, all hands go? Well, the fact is, only one can be at the top of the class in that room. And there's always the whole range within the class all the way down to the bottom. And the second thing on quality is physicians often don't realize that when it comes to the clinical aspects of quality, they affect 85% of the clinical outcomes produced in the hospital for their practice. And that's because of the

medical decisions they make. And the orders they write. I was at a board retreat once doing a presentation and I shared just that line. And I could see my physician colleagues around the table, the lights went off. And they said there were several comments. Oh my gosh, I didn't know I impacted quality to that extent. And it's yes, here's the literature. And there was one colleague in particular, who looked very worried he came up to me afterward he goes, I had no idea. Now I'm frightened. Please, don't be frightened, scare you. But you know the fact that it touched him in his heart and he took such a great responsibility. The quality of care he delivered, told me that that physician was indeed a very kind, very caring physician. And now that he knew his impact on quality, he would be one of the leaders in quality in his health care organization, not only by being part of the board, but a medical staff leader, and actually an unofficial influencer in the physician community. So, in that way, quality is just near and dear to every physician's heart. If I ask any physician, Hey, George, Hey, Dr. Burns, I'm getting ready to start a quality improvement team to improve the care for our colon surgery patients. Would you like to help them be part of that committee? 9 times out of 10? The question is always, yes. So quality, for me has been the key to driving physician engagement throughout an organization. Because by the time I have 30, Qi teams up and running, I've got every leader of every specialty involved, including primary care, and they are driving that engagement down through their individual departments. So something as simple as a quality department, just 30 projects, you can actually get system-wide engagement in every position in the organization. And for me, after spending years and years trying to simplify the approach to driving excellence in quality, this is probably one of the keys and you need position leadership. They have to be engaged around this. And this is just one way I do it.

Harjot Singh 06:46

You know you make it sound so simple. That you just go ahead and do that. But where do things typically go wrong in this process?

John Byrnes 06:56

Things typically go wrong if an organization has very bad relations with its medical staff, and then there are a lot of repairs to do and trust to regain. In the early days, it can go wrong, in that the physicians don't trust you that question you. The first time you roll out data reports that have physician profiles, you know how it is the outcome, the machine guns, and we blow as many holes in that data report as we can. So, where it gets difficult, particularly around the data you share with physicians, all physicians are data-driven. So those initial reports, how they're presented, is a key to success, or it's going to be the ultimate key to failure. And if you fail, roll out your first set of clinical dashboards that includes physician performance. If you don't get that right, it's going to take you seven to 10 years to recover is the same thing as when a brand fails, say for Ford or General Motors, it takes them seven years to get their reputation back and to be trusted again by the consumer. So I've always drawn that analogy with the quality of work, the dangerous piece is data. And it has to be used only for education and improvement, never for judgment, never for bad apple chasing. It's just us to inform and drive our improvement to ultimate perfection and zero harm in our care.

Harjot Singh 08:30

I think that's a very important point. Because not everyone is where you are. I think what you just said about where things can go wrong, I would like you to share an example of a story over there. Because many people are where you said things are, or things maybe are okay between a physician leader and physicians or a medical director or CMO. But for people who are not physicians, things are not good. In most of the places even though people are polite, it's not like people are you know, picking physical fights out there. But when it gets down to putting down a process or making a change in the system, even with quality and safety, there are so many difficulties that happened. I would like you to talk more about this because people are there most people who are listening are over there, not on this end where you are.

John Byrnes 09:32

No, I understand. And so let's talk about how you roll out a new process on the front line. You have to have several I call them to design rules or anything that you roll out related to change. First and foremost, it has to make the job of the nurses and caregivers on the front line easier, not more difficult. It has to result in less documentation, not more documentation. It has to result in less time in front of the computer, instead of more time in front of the computer. So ever since my days in Albuquerque at one of the delivery systems there, we had a design rule in our shop, and it was no disease management program, no improvement program can go out of the shop unless it makes every caregiver's job easier. That touches this process. And that's, I believe why Lean and Toyota improvement methodologies have become so, so popular. When I was at another organization, we repealed apart the medication administration process, it was driving everyone, as you said on the front lines, bonkers. My Lead Engineer documented it took 125 steps, from the time an order was written this was before the physician order entry until the patient actually received the medication 125 steps, the design team got it down to 25. And they were further trying to refine it and remove more steps. Because you see every step is always a chance for error. And the fewer steps, the more error-proof your processes. So everything you roll out and an improvement program has to make everybody's job easier. And when you're dealing with physicians and physicians' engagement, it absolutely has to one deliver an easier work environment and two paths to drive improvement in their clinical outcomes.

Harjot Singh 11:38

I think you made sense, you just gave a list, you just gave a very practical list, it should lead more to this less of that there is like six to 18 months process. Anyone who's listening to this watching this, they can take down those points and say, Okay, we're going to work on this, and how it will resonate with people on the frontlines. When they hear well, this will lead to this.

John Byrnes 12:04

It's one of the promises I make to the front lines, please, I need your help on this team, if you do, my promise to you is the processes we roll out will make your job easier and will improve care. If they don't, we'll redesign them until they do. And that builds incredible trust with not only the front line but the medical directors and the physician leaders in the organization. As you're starting to build a program that is really dependent on them being key drivers of the improvement of the team.

Harjot Singh 12:40

That's a very bold thing to say about the way I lead teams, and I know how hard it is to promise that kind of thing. And then also deliver on that's a very, very serious thing to promise. Otherwise, it's going to end up making people more cynical. Absolutely. Yeah. In the chapter, you have a wonderful diagram, which is about the process, the first part of the process, and the why of it, which I think is absolute gold. I would like you to speak to that diagram a little bit more. Let me show you what I'm talking about.

John Byrnes 13:17

That one? Yes. Yes. For years, I've studied physician culture. And you know, every organization has a culture. Every specialty has its individual cultural attributes. But there are a lot of commonalities among physicians. And these are the key attributes of the culture that I use to engage them and the quality program. So desire to be involved. We want to be involved in anything that affects our practice, period. End of the story, right? If I'm designing a team around, say, bypass surgery, then all of the cardiac surgeons need to be involved. And it's as simple as saying, Doctor so and so. We're going to put together a cabbage team just so you know, to improve processes, and make it easier on you and your colleagues as we're working in the OR and post-up. Can I ask for your help to be on the team? And nine times out of 10? They say yes. The thing that drives them to answer yes is one the need to be involved, too. We're all natural-born problem solvers. That's what doctors do. We are presented with problems all day long. Our job is to fix them or remediate them for every patient we see. We're also passionate about patient care when I said earlier that we are focused on quality and clinical excellence. If I say this is to improve care for our patients and continue to hammer that point home at our various meetings. It engages physicians as well. And finally, data-driven and evidence-based. We rely on data, whether it be radiology reports, or lab reports, to make our care decisions, our treatment decisions, and our diagnostic decisions. And so by using data that the physicians have come to trust, and understand is valid for the kind of work we're doing and quality improvement and safety, that data will drive a lot of improvement, especially when you get to the point of sharing position profiles that compare each position to another, whether it's blinded, or whether their names are honest. Either way, we are so competitive, there is no way where you're going to be at the bottom of that dashboard. As I like to call it, we do not want to be at the bottom of the class. So often driving improvement and engaging the physicians for me can be as simple as handing them the report, and making sure they understand it, this is after several months of teaching them about it. And just letting them go with no other word, they will start to correct their practices to drive any measure they're not happy with. So I can on that with great, great enthusiasm.

Harjot Singh 16:31

Now, in this process, let's say that aside from competition if it starts driving anxiety in some of the doctors, how do you help them with that?

John Byrnes 16:43

Yes, it's happened from time to time, because when you first get a report, say on your performance with diabetic patients, you're going to be surprised, you know, everyone on the list is not as good as they thought. So that's going to create a bit of anxiety, a bit of worry. And it will create a bit of a trust issue with the data. I take care of the data issue trust, but then I say to them, Doctor, you could not have managed this population before, because you didn't have this kind of insight, you did not have this data. So don't be too hard on yourself, please don't get anxious. But let's use this information to drive improvement, which is going to benefit our patients. So as an example, I had a position once where his hemoglobin onesies were around 30% based on population, he prided himself on giving excellent care to his patients with diabetes. In six months, he had the highest hemoglobin a one C score over 70%. And then he went to over 80% of his patients with diabetes, hemoglobin a one c less than seven. So take that anxiety, give them support, and you're along with them on the journey. And together that can fuel a true drive for excellence. But we're all surprised the first time we get that data.

Harjot Singh 18:24

Yes, I know, I see it too for myself, and I know what it has to be. But I know Yeah. And in the second half of the chapter, you have very solid recommendations. It's like a list that someone can follow and say, Okay, you can do this, you can do that, like in the process, the things that are maybe seen as extras, but you make them sound necessary to keep physicians engaged in the process of quality or safety. So of all those things that you list there. Which ones are your favorites?

John Byrnes 19:06

Ah, yes, I think my favorites are routinely updating the data and sharing it with the doctors monthly. Okay, because that lets them know if their changes are making sense and if they're working and if not, they can course correct. Okay, we have to get the data updated and, in their hands, routinely. It's just like our CFO manages finance with monthly financials, we measure quality with monthly data updates. So that honestly is one of my favorites. I don't know if it was on that particular list.

Harjot Singh 19:43

Well, this is I had also pulled some of that from your quality playbook. And that one has, because you talk greatly about celebrating success, and in so many different ways. Tell us about that.

John Byrnes 19:57

I love to celebrate Success. I was talking to a consultant earlier today I said the happiest I am at work she goes, when are you happy at work, I said, when we get measures that are improving, that's when you'll see a happy dance in John's office. So that is probably one of the keys is to celebrate it with the team that made it possible, celebrate as an organization, thank them and give them credit for all of the strides that have been made. And one of my favorites at spectrum, we had an annual synergy award. And the long story is, I asked the director that was helping me to make it like the Academy Awards. And she did nice crystal trophies, we had seven categories, and teams could nominate themselves or other teams for the awards, the team came to the awards dinner that night. And they brought their spouses because we wanted to thank them too. And that became I didn't know it would have such power to energize those teams to move even faster. And because people saw these awards showing up around the organization on people's desks are and you know, out on the nurse's station in the energize the

organization to become more engaged. So, it is just simple as that. Thank you. It's acknowledgment. It's a pat on the back for a job well done. Historically, we haven't done a very good job with that. But that is one of the most powerful motivators around engagement. It is simple, thank you. I've even heard that you know, letters I've written or notes I've written, those have ended up on refrigerators at home, because the person was so proud of it. And that explains why mommy's staying late at work. So you know, it goes down low on the refrigerator, so the children can see and honestly, you know, use an example, to help drive their academic achievement, maybe?

Harjot Singh 22:02

Yes, no, no, it's because you see this malaise that medicine is bad affects children as well because then doctors start telling their children don't be a doctor, because they are in pain, and they don't get recognized. They don't get celebrated. And there's nobody who says thank you. To them, that's really a terrible place to be. Why would they want their children to go through that kind of pain? In fact, thinking of children, let me ask you do younger doctors, we can think of people in the first you know, medical student resident or first five years of career, what advice would you give, you know, and all advice is good. We talked about leadership here. So work is fair game. But if you have any advice on being a better doctor, a better person, a human parent, spouse, or friend, tell us about that.

John Byrnes 22:55

I think for our young doctors do not light, do not lose your calling. And the reason you went into medicine, was to help patients, medicines are hard, professional times. And sometimes we lose that perspective. So always keep that at the center of your thought, always keep it in your heart. And I know, we all do the best we can with each and every patient, but don't lose that. The other thing I would suggest to them is as new physicians, they come in with a fresh perspective, and tell us how they would like to see things improved. And if they have an opportunity, join an improvement team, to be part of those who are trying to transform healthcare today. I think that would make their jobs more fulfilling as they help drive improvement. I've always seen such pride, you know, when physicians are part of that in themselves. The other thing I'd offer to young physicians is please keep a work-life balance. I'm guilty of not doing that almost everyone in my generation is guilty of not doing that. I see in my daughters and their friends, they are much better at doing. So that is just key to maintaining your health and your wellness so that you can deliver the absolute best care to patients and their families.

Harjot Singh 24:34

I was going to ask you, you know, do you have a story for that on how a doctor can lose a purpose or catch it again, in their life or more meaning in their job or career?

John Byrnes 24:48

Yes, I think well, I'll just tell you a personal story. At one time, I was at a crossroads. did not know if I should continue my administrative route or go back to practicing medicine. And a lot of soul searching, you know goes on, it's like, where do I do the most good? Where can I have the most impact. And for me, it was, I want to be part of these teams that are improving care, because we're going to improve care for many more people than we would if I was just a singular anesthesiologist in the OR. If a physician says to themselves, wow, I got a panel of 1500 patients, but I would like to have more impact than that.

I would like to improve the lives of more patients than that, then join a couple of improvement teams or safety teams and know that you know, you are going to be impacting care than, for 10s of 1000s of patients. It's a multiplier. Yeah. knowing that in the back of my mind, it gave me a sense of purpose that can give new physicians a sense of purpose. Wow, it's not just about my panel, it's about all of these patients with this condition that we're on this team to improve care for.

Harjot Singh 26:12

In fact, in your chapter, on the value of physician leaders, you describe this as the very first step, any physician can start tasting physician leadership that way, and also see the impact, good impact that leaders make in the lives of patients and doctors both in healthcare, you know, you've mentioned something, which is that doctors should take better care of themselves. Yes, but people of your generation are very quick to blame. The younger ones also for doing the very same thing, calling them lazy, calling them they don't have the work ethic, they don't, you know, value work as much as they did. So what gives?

John Byrnes 27:00

I think many of us are stuck in our old ways, it's hard to teach an old dog a new trick, right? Already is an analogy like that. But we were used to working 70 and 80 hour workweeks. That's what we grew up in. That was our culture. That's how we practice we neglected our families. That was the model that was expected. So the older physicians have to learn, as I did, by working with physician leaders in wellness, that's not healthy. And maybe this newer generation might have part of the solution to maintaining work-life balance. So I work with was, I know a couple of physicians that actually work with our colleagues to help them in this way. When they get you to know, very close to burnout or have burnout, they have to address these issues. And work-life balance becomes critical to that. New things to learn, and we have to have a few hobbies. How many doctors in my age group have hobbies, not so many back in the day. How many doctors do you know, about eating healthy, not so many back in the day, so we have another new set of skills to learn. And as we older physicians learn that, then I think the respect for our younger generation becomes more apparent. I hope that made sense.

Harjot Singh 28:26

Yeah, it does. And I remember when I did an ACGME survey in my residency, I thought I had a very light week. And I hadn't worked 84 hours that week. Sounds like a pretty easy week, I thought they gave me the paper for the wrong week, they should have given me when the work was hard. And it was 84 hour per week. But it's kind of like this. What you just said, can be said at the same time. Let's say a senior leader is stuck in their ways, what can a younger doctor do to help them or understand this?

John Byrnes 29:18

Well, now there is a challenge, right? I think the best thing the younger doctor can do is just model the new set of behavior. And if they already have a relationship with the senior leader, for instance, take them to some of the well-being events that many of our employers are putting in place. So as an example, the organization I was in, we use the blue zone. I'd say many of the older generation was kicking and screaming to the classes but you They were probably the best thing we ever did for ourselves. So if, if the younger generation can role model and can, you know, invite one of their senior colleagues to a

training and wellness, or healthy living or work life balance, whatever is being offered by the organization, that would be great, you know, the singular thing and a younger colleague can do is develop a wellness or well-being committee and have that start to introduce the programs to the physicians, as a whole. And then, as more and more physicians understand and start to shift their practices. We all watch each other, you know, perhaps it will start to spread by word of mouth and by example. So what do you need a young and energetic, you know, rising physician to start a well-being committee inside of our medical staff structure? If we did that. Fabulous.

Harjot Singh 31:06

Now, before you go, one last question about this very thing, which is how can that person get funding for that committee?

John Byrnes 31:13

Ah, well, that is a direct conversation with the chief medical officer and the chief nursing officer. And I think in today's world, those leaders understand the importance of it, and probably already are thinking about doing it. They just haven't watched it. I think the funding is there, we're funding doesn't take that much money. But organizations large and small, have now realized we have to do this for our associates in total, our physicians in total. And, you know, if I were going to make the business case for it, I would look at our burnout rate, our resignation rate among physicians our retention rate, and I will, I would look at how much it costs to rehire into those positions. It's very expensive, versus launching a wellness program for our physician colleagues, I can guarantee you the literature right now shows that the business return is there financially, and it's there on productivity. It's there on associate engagement. The business case is built. I would just put that together for our administrative colleagues.

Harjot Singh 32:34

Very good. Very good. No, thank you, Dr. Byrnes. This was such an interesting topic. And we went off into something that as this engagement is like a subset of well-being, and well-being of the darker and well-being of the organization, the two together come in the form of engagement. And you teach in this chapter and your books on the quality playbook, and safety playbook about how to use these things, which is what we do anyway. But use these things to engage physicians to create well-being among them. In fact, even work doesn't remain like a bad thing that needs to be balanced as much with the good of life. Whereas work becomes good in it's all in itself as well. I love what you said today. Thank you