

First Step to Hospital-Physician Integration: Physician-Physician Integration

Interview of Dr. Cassatly by Sabrina Rodak of Becker's Hospital Review, March 2011

An essential component of the development of accountable care organizations is physician integration: the alignment of physicians with hospital goals and standards. Before hospitals can successfully partner with physicians, however, physicians need to integrate with themselves, says Michael G. Cassatly, DMD, president of the business coaching company MedAchieve.

"Physicians need to become an internally cohesive unit before externally becoming a cohesive unit as part of an ACO," says Dr. Cassatly.

He has written two papers and a blog regarding what he terms "stakeholder partners" — interdependent groups that form an ACO. He argues that physicians often act as individuals in a heterogeneous group, a structure that conflicts with the homogenous nature of a hospital and other businesses that may form ACOs. Dr. Cassatly coaches physicians to improve their communication and leadership abilities, both of which will help physicians create a unified group. When physicians change the structure of their group, they will be better suited for integration with the hospital or other partners that will form the ACO, according to Dr. Cassatly.

Communication

Dr. Cassatly says communication is an important part of a successful physician leadership team and a key to achieving a cohesive medical practice.

"If you can't communicate, you can't become a homogenous unit," says Dr. Cassatly.

He offers some suggestions for successful communication:

- 1. Active listening.** Ask open-ended questions instead of "yes" or "no" questions.
- 2. Nonverbal communication.** Be aware of what you are communicating nonverbally. According to Dr. Cassatly, nonverbal communication, such as gestures, facial expressions, eye contact and posture, represents 55 percent of what is communicated in a conversation. In contrast, tone of voice accounts for 38 percent and verbal content only seven percent.
- 3. Clarification.** Restate a message in your own words to confirm accuracy and understanding.

Leadership

The second component of physician-physician integration is developing leaders among physicians. Strong physician leaders set goals, create action plans and delegate responsibilities, says Dr. Cassatly.

He lists three important skills physicians must acquire to become leaders.

1. Self-awareness. Be self-aware of one's personality type by taking personality and information assimilation assessments. This awareness will "enhance the leader's emotional and social intelligence," says Dr. Cassatly.

2. Interpersonal relationships. Use one's self-awareness, emotional and social intelligence and communication skills to earn others' trust and loyalty.

3. Leader definition. Learn the difference between a clinical physician and a leader physician. Dr. Cassatly defines leader physicians as physicians who have a proactive philosophy, accept delayed gratification and value collaboration, among other qualities. He defines clinical physicians as those who have a reactive philosophy, need immediate gratification and prefer to work independently, among other characteristics.

Conclusion

Physician-physician integration may facilitate hospital-physician integration, which is necessary for the creation of an ACO. Once physicians create an internal structure that is unified and includes leaders, they can communicate evidence-based practices and data to the hospital partner in the ACO.

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