



Ask An Expert

Building Solid, Strategic Physician Relationships

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In my last message, I discussed the need for healthcare professionals to withstand a little discomfort in order to effect positive change. But over the last month, the Medicaid cuts under consideration in Albany, Trenton, and in state capitals around the country have pushed the healthcare community far outside its comfort zone. The challenge for the hospital C-suite is what to do next.

Like never before, hospital leadership must employ every possible method to reduce costs, including the implementation of a supply chain management plan that is defined by solid, strategic physician relationships.

Those relationships start with the C-suite.

The C-suite needs to identify physician stakeholders within the hospital and educate them about their vital interest in the healthcare supply spend. One way to initiate these relationships is to invite clinicians to join your hospital's value analysis team, or better yet, to lead it. Many clinical purchasing decisions, after all, are made by habit rather than by evaluating the evidence. When physicians are incorporated into the value analysis team, and empowered with comparative data on the cost and efficacy of clinical products, they are much more willing to initiate product changes.

Once physicians embrace their role on the value analysis team, they learn how their changes actually improve the bottom line while preserving the quality of care. In turn, hospital leaders must ensure that the necessary tools are in place to measure the success of the value analysis program and then make certain those results are communicated to stakeholders. Such collaboration enables physicians to see the positive results that are directly attributable to leaving their clinical comfort zones.

Of course, value analysis is just one area in which to forge strategic physician relationships. Hospital leaders should pursue other opportunities to engage physicians in strategic processes to produce positive changes for their institutions, especially those focused on the quality of care. Quality improvement initiatives foster collaboration across disciplines, providing a forum where different members of the care team work together to solve problems. This same method of communication can and should be used to build strategic relationships between the medical staff and supply chain leadership.

Strong physician relationships require regular, meaningful, two-way communication between doctors and senior management. It is critical for hospital leaders to be good listeners who work with physicians to craft solutions based on clinical needs. When the C-suite controls the dialogue and sets rigid parameters for the decision-making process, it furthers the divide between management and clinicians, making it difficult to resolve problems or take advantage of great ideas.

I have a colleague who likes to say, "You need to be able to call a physician by his or her first name." What she's really saying is that hospital leaders must build relationships with physicians based on a foundation of trust and respect. Those relationships can then be used to move the facility's supply chain strategy forward with full clinical endorsement, so that it meets physicians' needs while achieving purchasing economy.

The bottom line is that austere times move everyone out of their comfort zones. Therefore, successful cost-reduction strategies must move healthcare professionals—both hospital leadership and clinicians—out of a "silo" culture toward a culture of collaboration. The C-suite should be candid about the challenges of delivering quality care in the current environment and invite physicians to be catalysts of change, helping to find solutions for a healthier future for patients and hospitals alike.

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