

Case Study: Toward New Models for Physician-Hospital Relationships

Background: *The traditional working relationship between doctors and community hospitals, which had been stable since the early 20th century, has frayed in alarming ways across the U.S. in recent years...(insert Marty's preamble from New London and MS Evolution)...*

The following case example illustrates the work of DHS in helping such a community hospital, and its physicians, move toward a more synergistic, Second Curve model to achieve mutually satisfying clinical, economic, and community health outcomes.

Situation: A large Midwestern community hospital had experienced much success in developing a Center of Excellence presence in a highly competitive suburban market. But its future vision would require considerably more physician collaboration than that which had been achievable under the traditional medical staff organizational structure. Additionally, the medical staff was itself experiencing “evolutionary pain” in the form of excessive numbers of departments and committees, difficulty inducing physicians to take leadership roles, and a general apathy among the majority of physicians, as manifested by abysmal meeting attendance.

Intervention: Dynamic Health Systems (DHS) was engaged to gather information from a sampling of the medical staff and present findings and ideas to the Medical Executive Committee (MEC). The medical staff president was particularly enamored with a concept of reorganizing the medical staff in a manner that might a) reduce its complexity and concomitant time commitment of physicians, b) more highly leverage physician input

into ongoing clinical redesign within a service line hospital organizational configuration, and c) thus better align physician goals with those of the hospital. DHS designed and facilitated an energizing medical staff leadership retreat that resulted in the formation of a physician-led steering committee charged to formulate a specific medical staff organizational redesign.

Interim outcome: An approximately 10-month process, featuring monthly steering committee meetings, interim DHS staff research support, close communication with the MEC and medical staff rank and file has resulted in a reconfiguration of the medical staff organization in a service line structure that directly dove-tails with the hospital's Center of Excellence/Service Line strategy. As of this writing, recruitment of physicians to serve in service line leadership roles is underway, and multi-disciplinary teams will be addressing clinical micro-system redesign within this service line organizational framework.