Canadian National View on Physician–Hospital Relations

By

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LEADS In a Caring Environment Leadership Framework Theme:
Develop Coalitions
Abstract

This presentation sheds light on some of the results of the Canadian National Study of Interprofessional Relationships between Physicians and Hospital Administrators (CAN-SIRPH), which used LEADS in a Caring Environment Leadership Framework as its foundation. Thousands of physician leaders and hospital administrators across Canadian hospitals were invited to provide their perspectives on:

- role capability including leadership (LEAD SELF),
- communication and teamwork (ENGAGE OTHERS),
- balance between financial decisions versus clinical priorities as well as adequacy of resources (ACHIEVE RESULTS),
- perception of relative power (DEVELOP COALITIONS), and
- benefits of improving Physician-Hospital Relations (PHR) in Canada (SYSTEM TRANSFORMATION).

Hundreds of BOLD leaders who participated in CANSIRPH provided many strategies to raise the bar for improving Physician-Hospital Relations and quality of patient care across Canada.
We CAN–SURF The WAVES Of Healthcare System
There is a lack of effective inter-professional collaboration among physicians and hospitals. Executive teams although the core values of Hospital CEOs and physicians are very similar (Waldman, Smith, Hood, and Pappelbaum, 2006).
Proven Lack of Collaboration among Physicians and Hospital

The lack of effective collaboration among physicians and hospital administrators has been a problem that many researchers have tried to solve since 1980s.

(Lemieux-Charles, 1989; Vavalva, 1995; Stephen, 1999; Minich, 1999; Snail, 2000; Holm, 2000; Curtis, 2001; Cohn and Allyn, 2005; Weiss, 2004; Teresa, 2004; Waldman, Smith, Hood, and Pappelbaum, 2006; Weber, 2006; Ziegenfuss and Sassani, 2007; Byrne, 2007; and Hariri, Presipino, and Rubash, 2007)
Communication and Understanding

“When physicians understand the rationale for change and the outcomes to be expected they will become committed to policies that they know are necessary – policies that will move [them] forward.”

Ziegenfuss and Sassani (2007), para 10
Physicians say that there are many obstacles to patients safety (Steiger, 2007). Therefore, “successful collaboration is result of discussions about issues that were critical to physicians and Hospitals.”

Curtis, 2001, para 16.
70/30 is the percentages of Public sector/Private sector involvement in financing health care of Canada.

86% or more of funding for hospitals has been provided by the public sector since 1994; the national figure 92% in 2005 (forecast for 2004) (CIHI, 2005, p.41).
Almost all hospitals in Canada are not-for-profit owned by Government, Regional Health authorities and religious groups (CIHI, 2005, p47).

Public sector paid 93% of hospital costs in 2004 (CIHI, 2005, p47).
## Financing Physician Services In Canada

<table>
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<th>Statement</th>
<th>Details</th>
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<tr>
<td>Canada Health Act ensures that all necessary medical services are paid by Public health insurance plans.</td>
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<td>98% of Physician services are paid by public insurance in Canada</td>
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<td>59,000 physicians in Canada at the end of 2003</td>
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<td>Pay–for–performance, fee schedule negotiated by medical professional bodies of each province, other method of physicians payments are salaries, benefits, and capitation.</td>
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CIHI, 2005, p51-52
Hospitals and Physicians have different payment schedules and services, although both are funded mostly from the public sources in Canada.

Physicians are not employees of Hospitals and usually are considered contractors.

As contractors, physicians want more authority in patient care and less pressure from administration.

Physicians also want hospitals to listen to include them in decision-making process.
The Problem

- Visiting a hospital in Ontario
- Disagreement between physicians and hospital CEO, Emergency room closure, patient’s lack of access to care
- 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 PHR affects quality of patient care.
- Specific problem was that quality of PHR in Canada was unclear.
The main purpose was to gain a better understanding of IRPH across acute care hospitals in Canada.

The secondary purpose was to examine the influence of selected factors (independent variables) on professional opinions of physicians and hospital administrators (dependent variables) about IRPH.
Theoretical Frameworks

- LEADS in caring environment Leadership Framework
- CanMEDS theoretical framework
- Interprofessional Relationships
- Participative Leadership
Population, Sample, Participants

**Population:** 6000 to 8000 physician leaders and hospital administrators who were working at Canadian acute care hospitals at mid to senior level of management/leadership.

**Sample:** 4000 physician leaders and hospital administrators chosen from SCOTT’s directories randomly based on presence of e-mail, selected members of CCHL, CSPE, and Canadian Members of ACHE (possibility of common names).

**Generalization:** Sample required to generalize study results for the population of 6000–10000 with 99% of accuracy was n=209 for Likert-type question (categorical variables).
Method and Design

Method: Quantitative Multivariate Correlational Survey Research

Instrument: Survey developed by Rundall et al. (2004), tested for validity and reliability in the U.S. and the U.K.

Survey provider: Surveymethod.com with two option of web-based and e-mail invitation
Research Question 1

**RQ1.** How do physician leaders and hospital administrators across Canada perceive IRPH?

- **RQ1a.** How do physician leaders across Canada perceive IRPH?
- **RQ1b.** How do hospital administrators across Canada perceive IRPH?
- **RQ1c.** How do opinions of physician leaders and hospital administrators differs about IRPH?
- **RQ1d.** How do opinions of mid-level management differs from the senior level management about IRPH?
RQ2. What factors influence IRPH across Canada when the effects of all factors are considered simultaneously?

- **RQ2a.** To what extent does the balance between financial drivers versus clinical priorities influence IRPH?
- **RQ2b.** To what extent does the perceived relative power of physicians and hospital administrators influence IRPH?
- **RQ2c.** To what extent does perspective on communication and teamwork issues influence IRPH?
- **RQ2d.** To what extent does adequacy of patient care resources influence IRPH?
- **RQ2e.** To what extent does perception of role capability, including leadership, influence IRPH?
Data Analyses

Data analyses:

Demographics: Descriptive statistics

RQ1: Z-test to compare proportions, t-tests, ANOVA

RQ2: factor analysis, Multiple Regression Analysis, Single Regression Analysis

Independent variable: Descriptive statistics

Hypothesis testing: Inferential statistics ($p$-value, $z$-value, $f$-value)
Results: Demographics

- **Age**: most 50s–60s
- **Gender**: male 60%, female 40% but most female leaders at senior positions
- **Level of Education**: 50% Doctorate of Medicine, 40% Master’s Degree, 5% PhD, 5% Bachelors
- **Province**: Ontario (60%), (b) British Columbia (10%), (c) Alberta (8%), (d) Quebec (6%), (e) Nova Scotia (5%), (f) Manitoba (4%), (g) Saskatchewan (4%), (h) New Brunswick (1%), (i) Newfoundland and Labrador (1%), (j) Prince Edwards Island (0.5%), and (k) Yukon (0.5%).
- **Type of city**: 54% Urban, 30% urban/small city,
- **Duration of work at this position**: 30% for 1–5 years, 24% for 6–10 years, 18% (11–15 years), 21% more than 15 years.
- **Ethnicity of participants**: 90% reported their ethnicity as Caucasian-white-non-Hispanic
Results: Demographics 2

- **Number of Beds in the hospital:** all hospitals but 60% more than 400 beds
- **Hospital type:** 50% Teaching hospital, 30% community hospital, 2% religious
- **Physician vs. Non-physician:** 50% Physician leaders, 50% non-physician leaders
- **Level of management:** 50% senior, 50% mid-level
- **Role of participants:** 40% senior hospital administrator, 10% mid-level hospital manager, 12% senior physician leaders, 38% mid-level physician leader
- **Board Membership:** 11% were board members and 70% were not a board member
- **Executive Committee Membership:** 30% were members as administrator and 20% as physician
- **Earning:** 52% Salary, 21% mixed, 14% fee-for-service
Results: IRPH as the Key to Success

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

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<tr>
<th></th>
<th>Extremely Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Extremely disagree</th>
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<tr>
<td>Series 1</td>
<td>57%</td>
<td>37%</td>
<td>6%</td>
<td>0%</td>
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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%
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%
Perspective of CANSIRPH Participants

1. Benefits of Improving IRPH
2. Factors affecting IRPH
3. Barriers of Improving IRPH
4. Suggested methods of improving IRPH
Significance of Results to Leadership

Significance

- for the Canadian Healthcare system
- for the U.S. and other OECD countries
- for the Educational Planners
- for the Hospital administrators
- for the Physician Leaders
Summary of CANSIRPH

• National study in Canada, all acute care hospitals
• 4000 mid to senior (MD & non-MD) Hospital Leaders
• SCOTT’s Directories, CCHL, ACHE/Canada, CSPE, Snowball
• On-line survey, 71 questions, mostly Likert-type but some open ended.
• for Canada generalizable at 99% of accuracy
• for Ontario (generalizable at 95% of accuracy)
Conclusion

- 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 different factors on IRPH.

- Interprofessional relationships between physicians and hospital administrators is the key to the success of healthcare system.
Atefeh Samadi–niya is a physician–researcher–leader with dual Doctorate degrees in Medicine (MD) and Hospital Administration (DHA/PhD). Dr. Samadi–niya has been providing e–leadership and e–consultations to different professional groups in the on–line and web–based environment for more than 12 years.

After joining the American College of Healthcare Executives and the Canadian College of Healthcare Leaders, Dr. Samadi–niya has been invited to the Executive leadership teams of both ACHE and CCHL. As a physician who has always been in leadership roles, Samadi–niya joined the American College of Physician Executives and the Canadian Society of Physician Executives as well. A special interest in clinical and social research led to becoming a Certified Clinical Research Professional/Educator and joining the Society of Clinical Research Professionals (CCRP).

Dr. Samadi–niya has been involved with many research projects in Medicine and Hospital Administration and recently designed, funded, and led the Canadian National Study of Interprofessional Relationships between Physicians and Hospital Administrators (CANSIRPH). Dr. Samadi–niya has been invited to share the study results by presenting at different educational programs (webinars, seminars, conferences, symposiums, as well as in–person consultation or e–consultations).
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(University of Berkeley, CA, U.S.A.)

Healthcare Leaders who participated in CANSIRPH

Canadian College of Healthcare Leaders: President, Board, and Staff

Canadian Society of physician Executives

Canadian Chapter of American College of healthcare Executives

SCOTT’s directories

My family, friends, colleagues, acquaintances

Canadian Healthcare Association

Canadian Medical Association
Questions, Comments, Suggestions

- Questions, comments, and suggestions:
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