

“The 21st Century Doctor”

A framework for improving provider engagement

Fellowship Paper

Staci L. Thompson, MHA, CMPE, FACMPE

September 30, 2020



This paper is being submitted in partial fulfillment of the requirements of Fellowship in the American College of Medical Practice Executives.

Table of Contents

Project Summary..... 3

Executive Summary..... 4

Part 1: The Organizational Plan..... 7

 1. Summary Description of the Existing Business 7

 a. Brief Introduction 7

 b. Mission/Vision/Values 7

 c. SWOT Analysis of the organization 8

 d. SWOT Analysis of the project..... 10

 2. Summary Description of Project..... 11

 a. Background-Burnout in Health Care 11

 b. Genesis of the Project Idea 12

 c. Background: The Doctor by Sir Luke Fildes..... 13

 d. The Gift: The Original Oil Study of “The Doctor”..... 14

 e. Description of the Project..... 15

Part II: The Marketing Plan 23

 1. Marketing Goals 23

 2. Marketing Analysis and Strategy 23

 3. Tactics for Success/Implementation of Marketing Strategy 25

Part III: Financial Documents 25

 1. Summary of Financial Needs 25

 2. Financial P&L Assumptions 28

 3. Cash Flow Statement 28

 4. Financial Summary 29

Part IV: Innovative Elements and Expected Business Outcomes29

Part V: Addendum: Other Factors 31

Part VI: Conclusion	32
Bibliography	33
Appendix	34

Project Summary

This paper ties to the following body of knowledge: Human Resource Management and Patient-Centered Care

A recent Google search of the term “physician burnout” produces more than 7 million links. At this organization, a rural multispecialty group comprised of over 500 providers, provider engagement surveys show that that these providers may not be at the actual point of burnout, but they are clearly dissatisfied with aspects of their jobs. As patients have become more complex and empowered in their own care, the work itself has changed, with increased mandates for documentation, achievement of quality metrics, in the background of ever shrinking margins. In 2018, several key leaders from this organization attended an AMGA (American Medical Group Association) national meeting, where one of the keystone speakers, Dr. Abraham Verghese, professor of medicine at Stanford, and a best-selling author, gave a talk entitled, “Physician Burnout”. He discussed a 19th Century painting, “The Doctor”, and how it effectively conveys what is at the heart of the medical profession: the healing power of the doctor-patient relationship, of human touch and connection. Leaders from this organization have since realized that this organization owns the only known original study of this painting, donated in 1944 by a local philanthropist. This painting has not been on public display and was largely forgotten over the last couple of decades.

Initially, the goal was to simply preserve the painting and display this in line with the donor’s wishes, however, as leaders began discussing this with physicians, advanced practice providers, nurses and administrators alike, it was realized that this gift can serve as a unique cornerstone to talk about these difficult challenges providers face in our organization. It is this author’s hypothesis (purpose of this paper) that by utilizing art in medicine, particularly *The Doctor painting*, that a conversation can begin, and these discussions can be used to re-engage providers in a way that has not been done in the past, thus improving overall provider engagement.

Executive Summary

The organization is a not-for-profit integrated health care system located in a rural area of North Central Pennsylvania and throughout the heart of the Finger Lakes in New York State. Serving as a major regional referral center where more than 1,600 physicians send their patients, the organization is home to one of the longest established group practices in the country. There are over 585 providers, with more than 1,000,000 patient visits each year in 22 communities throughout Pennsylvania and New York.

The Mission of the organization is as follows: *“To work with communities we serve to help each person attain optimal life-long health and well-being. We do so by providing integrated, clinically-advanced services that prevent, diagnose and treat disease, within an environment of compassion, learning and discovery.”*

Market Opportunity: This organization, with its long heritage and group practice roots, is uniquely positioned to care for patients in rural Pennsylvania. This access is directly reliant on the system’s ability to recruit, engage and retain high quality clinicians. It is anticipated that this project can be used to re-engage the organization’s providers and improve provider retention. Ultimately, having a stable provider base is a competitive advantage for this organization.

Management and Key Personnel:

President and CEO- The current President and CEO joined PA in 1984 and today is both the CEO and a practicing gastroenterologist.

President of Medical Group- The President of the medical group joined in 2014 from another Health System where he worked for 28 years in increasing roles of physician leadership. He serves as both the President of the medical group and a practicing family medicine physician.

Executive Vice President, Chief Human Resources- With 25 years of experience at the DuPont Company at a variety of northeastern and southwestern plants, office, and distribution locations, the Chief Human Resource Officer has served in functions within manufacturing and operational leadership.

Chief Financial Officer-The current CFO brings over 30 years of experience in health care finance, and previously served at Crozer-Keystone Health System, Springfield, PA., where he held the position of Sr. Vice President and Chief Financial Officer.

Executive Vice President and Chief Operating Officer-Medical Group- The COO of the medical group has served in various leadership roles in her 18-year career with the Medical Group including Vice President of the system with system-wide responsibility for strategic planning and marketing and provider recruitment, Vice President of Operations for the Medical Group, and Vice President of Oncology Services.

Executive Vice-President and Chief Operating Officer -System Level-The system COO is responsible for the operational performance of the multi-specialty group practice and four-hospital system. In addition, is responsible for strategic business development and strategic partnerships for the system. He served as a key leader of Medical Group from 1994-2004 in a series of roles leading up to Senior Vice President of System Operations.

Competitors

As a health care system led by an integrated medical group, the organization views its competition with other larger regional integrated health systems. The following is a list of regional competitors to this organization.

- University of Rochester Health System-The University of Rochester Medical Center is a \$3.5B organization that currently holds 5% market share in Guthrie's 12-county service area.
- Geisinger Health System-The Geisinger system is composed of 1,800 employed physicians, 13 hospital campuses, and holds 7% market share in Guthrie's 12-county service area.
- University of Pittsburgh Medical Center (UPMC)-UPMC is a relatively new player in Guthrie's service area, having recently acquired a hospital Tioga County, PA. This

\$20.8B system would prove to be a formidable competitor if it moves further into this region.

- Ascension Lourdes-Lourdes is a one-hospital system in Binghamton, NY, and is part of the \$23.7B Ascension system. Ascension Lourdes currently holds a 10% market share in Guthrie’s 12-county service area.

Competitive Advantages

- Integrated health care system with one medical record (EPIC)
- Large provider group practice with origins back to 1910
- Financial Stability (AA- rated organization with over 300 days cash on hand)

Financial Information

This projects 3-year income statement is as follows:

	YEAR 1	YEAR 2	YEAR 3
Revenue	\$100,000	\$23,480	\$13,480
Expenses	\$96,520	\$10,000	\$10,000
Net Income	\$3,480	\$13,480	\$3,480

Please note that much of the work for this project was completed in Year 1, thus the funding needed in future years is greatly diminished. Year 1 accounted for the complete restoration of the painting. Subsequent years requirement for funding is minimal and will be explained in more detail during the financial section.

Part 1: The Organizational Plan

1. Summary Description of the organization

a) Brief Introduction to the organization

The organization is a non-profit integrated health system located in north central Pennsylvania and upstate New York, serving patients from a twelve-county service area. The organization is a member of the Mayo Clinic Care Network and is the first health system based in Pennsylvania and New York to join this network. The organization is comprised of a research institute, home care/hospice, hospitals, as well as a multi-specialty group practice of more than 325 physicians and 210 advanced practice providers offering 47 specialties through a regional office network providing primary and specialty care in 22 communities in Pennsylvania and New York. In addition, this organization offers home medical equipment and respiratory therapy products at seven convenient Med Supply Depot locations. The organization provides a wide range of services and programs to enhance the health and well-being of those it serves.

As a non-profit health care organization, this system, its physicians, and employees are focused on improving the health and well-being of the communities it serves. The organization's mission, vision and values statements articulate the principles on which the organization was founded and exists today.

b) Mission/Vision/Values

Mission

The organization works with the communities we serve to help each person attain optimal, life-long health and well-being. We will do so by providing integrated, clinically advanced services that prevent, diagnose, and treat disease, within an environment of compassion, learning, and discovery.

Vision

Improving Health through Clinical Excellence and Compassion; Every Patient. Every Time.

Values

Patient-Centeredness

Teamwork

Excellence

c) **SWOT Analysis of the organization**

Strengths

- **Strong Cultural Foundation and History**

The organization values are founded on the life and work of Donald Guthrie MD, who came to the booming railroad town of Sayre, PA in 1910. After a three-year surgical residency under the exacting tutelage of Drs. Charles and William Mayo of the Mayo Clinic, the organization began to replicate the Mayo's multispecialty model to create this organization.

- **Depth and Breadth of Services Provided**

This system's medical group is a multi-specialty group practice of more than 300 physicians and 200 advanced practice providers and has more than 1 million patient visits each year. The regional network encompasses more than 32 subspecialty and primary sites in 21 communities throughout PA and NY. The organization's primary care network encompasses all the major population centers in the Twin Tiers and provides easy and convenient access to the best medical care available in the region.

This organization is an S&P A+, and a Fitch AA- rated organization. The organization's financial strength is also well illustrated in the fact that the organization has approximately 300 days cash on hand, and a debt-to-capital ratio of 20%.

Weaknesses

- **Shortages of Key Personnel**

Nationally and at this organization, shortages of nurses and physicians in many specialties makes it challenging to maintain adequate staffing. Over the last 5 years, this system has had to rely on an increasing number of locum nurses and providers to meet daily staffing requirements.

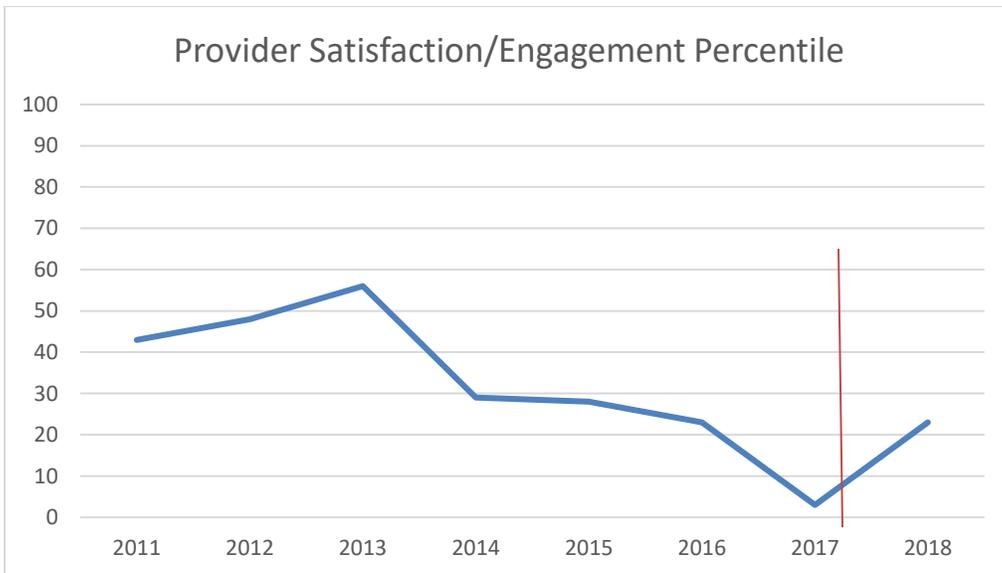
Labor Expense	FY 15	FY 16	FY 17	FY 18	FY 19
Contract Labor-Non-Providers	1.85m	2.70m	4.04m	11.92m	17.42m
Contract Labor-Providers	6.89m	8.61m	8.35m	12.76m	17.42m
TOTAL	8.7m	11.3m	12.4m	24.7m	34.7m

- **Decreased Provider Engagement**

Provider Engagement

Current State – Score = 3.82 or 24th national percentile 2018

*As measured by Press-Ganey’s annual Workforce and Provider Engagement Survey. (More detail to follow later in paper). This decreases provider engagement puts providers at increased risk of burn-out and increase likelihood of leaving the organization.



Opportunities

- **Success in Physician Recruiting.** The multispecialty nature of the organization and rich heritage has led to an ability to attract new providers to the organization, with 100 new contracts signed in the past year. This positions the organization to have the most providers in the 12-county service area.

Threats

- **Increasing provider turnover.** While the organization has been able to attract new providers, decreased provider engagement at this organization has resulted in an increase of provider turnover. Turnover rates in the previous few years have steadily increased to approximately 10% in 2018.

d) SWOT of the Project

Strengths

- Gift of the original oil study, “The Doctor”, in the organization’s possession.
- Strong organizational balance sheet to fund project if needed.
- Group culture and history

Weaknesses

- Painting has long been out of sight at organization (less knowledge about its history).
- Decreasing provider engagement scores (makes the goal of improvement a heavier lift).

Opportunities

- Ability to engage younger caregivers with education on painting
- Engaged committee/passion for project and mission

Threats

- Relying on the use of donated funds (what if funding goal wasn’t achieved).

- Increasing disengagement could yield lack of interest in painting history/physician led interest groups.

2. Summary description of this project

In summary this project is a **re-engagement/re-invigoration of the organization's providers, accomplished through the inspiration of a donated piece of artwork.** To fully describe the re-engagement of system providers, it is first necessary to detail background information related to burnout in health care and the history of "The Doctor" artwork at this organization.

a) Background-Burnout in Health care

As health care leaders, it is understood that nationally the United States' health care system is in peril. National studies indicate that at least 50% of US physicians are experiencing professional burnout.¹ Burnout in US physicians has increased during the past decade and is dramatically higher in the medical field than that of other US workers. At a time when the need exists for health care providers to be engaged, nimble, resilient, and invested in helping drive quality improvement, they are instead struggling to cope. Burnout is a syndrome characterized by "exhaustion, cynicism, and reduced effectiveness".² Physician burnout is even more concerning as it is a condition in which physicians lose satisfaction and a sense of purpose in their work.

The US Department of Health and Human Services (HHS) has predicted a shortage of up to 90,000 physicians by the year 2025. One of the underlying drivers of this shortage will be the loss of practicing clinicians due to burnout.³ Efforts to replace those providers leaving the workforce come at a steep cost to organizations. An estimate of the lost revenue per full-time equivalent physician has been made at \$990,000, and the cost of recruiting and replacing a physician can range from \$500,000 to \$1,000,000.⁴

At this organization, while burnout tends to get the most attention because of the seriousness of its implications, the term fails to capture what most physicians experience in their day-to-day practice. Most physicians are somewhere on the continuum between total job

satisfaction and burnout—otherwise known as disillusionment or dissatisfaction. It is known from the organization’s own surveys, that while this organization has not measured provider “burnout rate”, an increasing number of physicians are clearly dissatisfied with aspects of their jobs

b) The Genesis of the project

In March 2018, a group of this system’s leaders attended the AMGA (American Medical Group Association) national meetings where one of the keynote speakers Dr. Abraham Verghese, professor of medicine at Stanford, and a best-selling author, gave a talk entitled, “Physician Burnout” (AMGA, 2018). In this oration, he referenced a 19th century painting by Sir Luke Fildes, “The Doctor”, and how it effectively conveys what is at the heart of the medical profession: the healing power of the patient-doctor relationship, of human touch and of connection. Dr. Verghese stressed how through the proliferation of the electronic health record, that providers have migrated further from the patients’ bedside and have become bogged down in excessive clerical work. He also noted that for every hour a physician spends in direct clinical face time with patients, an additional 2 hours are spent documenting in the electronic health record. Dr. Verghese noted that these facts are contributing to high levels of burn-out and dissatisfaction of the physician workforce. He also offered an antidote to this burn-out, in the reflection of “The Doctor” and what it conveys to the medical profession.

Upon returning from this conference, it was learned that this organization owns the only known oil study of this painting, although it has not been on public display and was forgotten over the last couple of decades.

Out of a shared interest, and love of art, as well as a feeling that the donor’s original intent should be honored, it was decided to ensure that the painting got appropriate care and conservatorship. Initially, the goal was to simply place the painting into a more prominent area for public display. However, over the course of the year, the planning group realized that this gift could serve as a unique cornerstone to talk about these difficult challenges, locally at this system.

This could serve to re-invigorate a community of providers, who were waging their own internal engagement battles, with a renewed sense of purpose and compassion.

c) **Background: The Doctor by Sir Luke Fildes: Putting the Patient First**



Sir Luke Fildes' painting *The Doctor* (1887, The Tate Britain, London) is the enduring image of the Victorian Medical Practitioner and is frequently used to portray the qualities of a compassionate doctor to this day. Fildes' celebrated 1887 work, *The Doctor*, depicts a Victorian physician on a home visit. He is watching over an impoverished laborer's sick child; the bed is makeshift, two chairs pushed together. The central figure is the imposing male doctor, gazing intently at his patient, while in the background the father looks on helplessly, his hand on the shoulders of his tearful wife. The doctor is observing the "crisis" of the child's illness.

This painting received much praise from contemporary critics and was received positively by an article in the *British Medical Journal* in 1892:

*'What do we not owe to Mr. Fildes for showing the world the typical doctor, as we would like to be shown- an honest man and a gentleman, doing his best to relieve suffering? A library of books in our honour would not do what this picture has done and will do for the medical profession in making the hearts of our fellow man warm to us with confidence and affection.'*⁵

In the *Healing Arts*, it was written:

*"This painting is an eloquent portrayal of what medicine is all about—the doctor, the patient, and the quality of the relationship that exists between them."*⁶

In summary, the essence of Fildes' picture *The Doctor* is the depiction of the quality of "patient-centeredness", a vital feature of the contemporary doctor-patient relationship.

d) The Gift: The Original Oil Study of “The Doctor”



In 1944, Mr. Allan P Kirby presented Dr. D.G. (the president of this organization from 1910-1966) with a gift of an original oil study of “The Doctor”, completed by Sir Luke Fildes in the 18th century. It is known that this original sketch in oil for “The Doctor” was completed by Sir Luke Fildes in 1895. It is distinguishable from the final version in its architecture detail, room contents, and orientation, and was tantamount in informing Fildes’ final painting. This study is one of only two ever completed, and it is believed that this gift was the second to be completed, as it is closer to the final version than the first.

At the time this gift was received, it was highly treasured and promoted throughout the organization on a local, national, and global level. In 1945, this painting was featured in the local newspaper, “The Evening Times” and was exhibited at several locations. The earliest exhibits were at Medical Society meetings in Pennsylvania and Atlantic City (centennial celebration). The third exhibit was an exhibition about Victorian Art at Manchester City Art Gallery, England in 1988, and from there the painting was toured to the Van Gough Museum, Amsterdam, the Netherlands and concluded at the Yale Center for British Art, New Haven, Connecticut, closing May 29, 1988.

In the Donor’s letter penned in 1944, Mr. Kirby wrote the following:

When the oil painting, “The Doctor”, by Sir Samuel Luke Fildes, came on the market and I found it possible to attain, I was delighted, as fine oil paintings are my great weakness and this

one particularly, of all paintings, suited a purpose I have had in mind for a long time. The ownership of it by this hospital, I am sure will be the envy of all hospitals, clinics, art museums and many individuals, who hear that it has now been passed to this clinic, where it will remain forever, to be enjoyed by hundreds of people who pass through its doors every month in the year.” (Allan Kirby, 1944)⁷

At the time, this gift was prominently displayed for all to see, and the organization was heralded as the “little Mayo of the North”. These physicians took great pride in their work, their organization, and their shared culture.

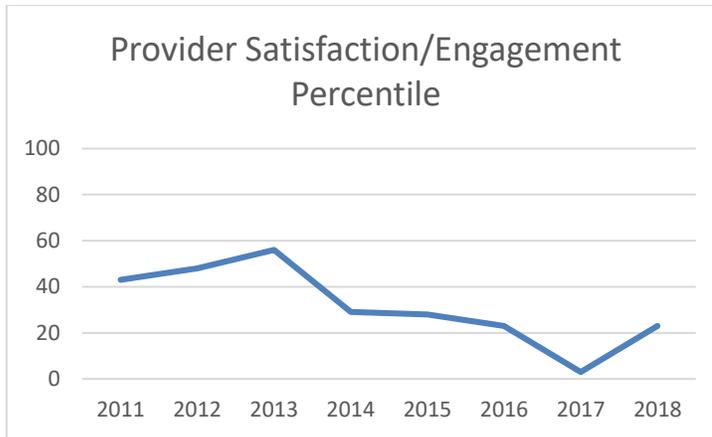
e) Description of the project

2019: The 75th Anniversary-Resurgence and Year Long Campaign to restore both the painting and provider engagement

Short term strategy:

The year 2019 marked the 75th anniversary of this personal and prestigious gift. It became very clear that this painting had become a “forgotten relic” within the organization. In the mid-1990’s in an effort to ensure the safety of this precious work of art, a decision had been made to relocate the painting to the system’s administrative suite, and the painting had been bolted to the wall, out of sight from all those that the original donor had intended for it to be viewed by, namely patients and visitors. The painting had received little to no conservation work over the years and had begun to visibly darken and deteriorate.

At the same time the engagement of this system’s providers had reached a 5 year low in 2017 and in 2018 had only rebounded to the 24th percentile nationally. (As measured via Press-Ganey’s annual Workforce and Provider Engagement Survey). Specific details on response rate are included later in this paper.



When looking at provider alignment across the system, the results were even more concerning, with this score placing this organization in the 16th percentile nationally. The alignment scores reflect the degree to which providers feel connected to the organization’s mission, vision, and values. Other responses which were troublesome include:

- The members of this clinic/group work well together-25% unfavorable/neutral
- I am satisfied with the level of collegiality amongst physicians-27% unfavorable/neutral
- Overall, I am satisfied working with this group-31% unfavorable/neutral
- I am able to disconnect from work during my free time-43% unfavorable/neutral
- I am able to free my mind from work when I am away-54% unfavorable/neutral

It was extremely clear to this organization’s leadership team, that the provider group was becoming more highly dissatisfied, disengaged and was on the edge of burnout (if not there already). Various leadership initiatives have been put in place over the past few years, with limited to no success as measured by these engagement indicators.

At this organization, a group opted to embark on a one-year journey to re-energize the engagement of providers and other clinical team members using the original oil study gift of “The Doctor” by Sir Luke Fildes.

Long-term strategy:

While the short-term strategy was ear-marked for a year in duration to coincide with the 75th anniversary of the gift of “The Doctor”, the group hypothesized that re-energizing the providers and organization around the core values of the Luke Fildes portrait, that this work would transcend this timeline and emerge as a long-term focal point for the organization. It is projected that this work will have a lasting impact and will be measured by both provider engagement and longer term to organizational turnover.

Key Stakeholders/Decision Makers:

Working in conjunction (and with the express approval) of the system CEO, the following group was assembled to create this new business framework going forward:
SLT MHA, CMPE, Chief Operating Officer, The Medical Group (author of this fellowship paper)
KK, MD, Gastroenterology, Regional Lead Ithaca Medical Group
MAD, SVP, Growth and Strategic Planning
LG, VP, Operations
TH, Senior Director, Resource Development

Step 1: Plan for Restoration of the Painting

To properly preserve the work of art for many years to come, this group enlisted the help of art conservator from London, Rebecca Hellen, who was hired to study the painting. Ms. Hellen arrived from London in August 2018 to do a preliminary examination of the painting to determine its condition and the extent of restoration work needed.

This work, and Ms. Hellen’s credentials attracted regional attention throughout our service area. Physicians as well as other health care clinicians became extremely interested in both the painting’s history, as well as efforts to conserve this prestigious work of art, while simultaneously highlighting the necessity of this work in order to more fully engage our provider workforce. At this time, this planning group also hired videography services to document and preserve this time in history.

The group highlighted earlier began to put together a budget to continue with this work, and to also look to create a conversation of what the painting means in today's world, as well as how it speaks to the group's large provider base. A platform was created, to begin a conversation, one that would re-ignite the passion for "The Doctor-Patient" relationship.

The organization was able to fund Ms. Hellen's work to fully restore the painting. After many conversations, it was decided that Ms. Hellen would return to the United States from London in September 2019 to complete this work. Ms. Hellen spent a total of 2 weeks on-site in the organization's research laboratory completing the arduous process of restoration.

At the completion of Ms. Hellen's visit in September 2019, the restored painting was placed back in its original frame and covered with protective glass. Ms. Hellen did lux measurements throughout the organization and identified a suitable location which would allow for optimal public viewing in accordance with the donor's wishes. This painting is to be formally dedicated to its new location in Spring 2020.

Step 2: Plan for Restoration/Improvement of Provider Engagement

In 2019, Mayo researchers concluded that evidence indicates that both individual and organization focused interventions are effective and indeed complementary when addressing burnout. Furthermore, a study by the Agency for Healthcare Research and Quality, concluded that "Physician-friendly" and "family-friendly" organizational settings also seem to result in greater physician engagement and well-being.⁸ The group highlighted earlier, hereto known as "The Doctor" group began to build interventions at a grass-roots effort. As word had spread about the year and business that was being created, physicians began to volunteer to take part in and lead efforts to carry this work further. These volunteers were asked to help lead "The Doctor Campaign". Members were given the following explanation from which to commence their work:

- “The Doctor” Project is a multi-faceted, year-long campaign to re-energize the engagement of providers and other members of the clinical team using the piece of fine art familiar to everyone at the organization: The Doctor by Sir Luke Fildes.
- Part of the campaign is to deliver a series of educational and inspirational activities for providers and others in direct patient care.
- Events/activities are physician chosen and led. Group composition is determined by the physician group leader.
- Each group will receive both funding and administrative support to coordinate and complete their activities.
- Tracking will occur to support the realization of each even with the campaign.

Physician Led Events

With these guidelines, the following is a sample of the affinity groups that were created.

Overall, there were more than 20 groups created.

- Dr. Jean Miner-“Books and Bagels Club”- A club that strives to bring together a group of individuals to discuss a book relevant to members of a clinical team.
- Dr. Maninder Singh-“Cricket Tournament” Viewing and Outings
- Dr. Katie Lincoln- “Working Noms” - Cooking Class to teach providers how to prepare easy family-friendly dishes during the weekdays.
- Dr. John Olmstead- “Specialist and PCP Mixers and Section Chief Outings”
- Dr. Anthony Grippo- “Evenings in the Park: Events to promote health and well-being of provider colleagues while they engage in physical exercise”
- Dr. Sudhakar Sattur- “Celebration of Culture”-An event designed to bring together individuals from different cultures and backgrounds to share experiences and connect.

- Dr. Jed McClintic-” Journal Club”-Each member rotates picking an article about medicine and compassion and facilitates a monthly discussion on the article and its implications for their ongoing work at this organization.
- Dr. Joe Ronsivalle- Rockwell Museum Provider Gathering/Art Discussion

Each provider, along with marketing assistance from the organization, promoted these groups with the idea that they were inclusive, all who wanted to attend were encouraged and welcome. In many cases, membership expanded outside the traditional physician grouping, and included advanced practice practitioners, as well as other interested staff.

While these groups initially started from a conversation on the history of *The Doctor* painting at the organization, they have since taken on a life of their own. While the painting may have been the impetus to begin a discussion, the author believes that the real success lies in the simple act of providers with shared interests coming together. It has helped providers with managing the stressors of being practicing clinicians during these difficult times.

A few other affinity groups have recently spawned as a result of these discussions:

- Women physician in healthcare
- Women leadership council
- Young Professionals Network

Each of these groups gives providers a chance to find their niche and pursue interests and social relationships.

September 2020 update:

Despite numerous pressures related to the current COVID climate, most of these groups have withstood the test of time and are still meeting over a year after their initial inception. Leaders of the groups have found a way to inspire virtual participation, which allows providers to maintain social distancing and yet still stay connected. Groups that have had recent meetings/activities include:

- Women leadership council
- Young Professionals Network
- Journal Club
- Books and Bagels
- Working Noms
- Celebration of Culture

Organization Led Events (A multi-media approach)

While the intention was to nurture and develop grass-roots efforts to improve provider engagement, the group also began to work on an organization plan to bring a national speaker to the organization to speak on the topic of Compassion/Patient-Centeredness and the continuing work of “The Doctor” project at the organization. While it was Abraham Verghese and his national presentation at AMGA that was the genesis for this idea, he was unfortunately unavailable to come to this organization and speak. After an extremely thorough vetting process, it was decided to bring in Dr. Stephen Trzeciak, author of the book, *“Compassionomics: The Revolutionary Scientific Evidence That Caring Makes a Difference”* (2019). Despite having an incredibly full schedule, upon hearing of this organization’s “The Doctor Project”, he was immediately energized and excited about the idea of coming to this small town to deliver a talk on this important project and topic. His book even featured Sir Luke Fildes work titled “The Doctor”.

On the evening of November 14, 2019, the local community was invited to attend a celebration of the “75th Anniversary of the Gift of the Doctor” with featured speaker Dr. Stephen Trzeciak. This celebration occurred at the local Sayre Theatre between 6:30-8 p.m. to allow for maximum seating capacity. All system providers were invited to attend as well as community members and healthcare staff. The event was held free of charge due to the generosity of the Kirby Foundation.

At this community gathering, the organization was able to unveil both the restored piece of art, as well as videos made which detailed both the restoration of this painting, as well as the restoration work that had been started on the organization's culture. In this video, providers were asked to tell them what drew them into medicine, how this work of art speaks to them, and how this message of inspires the providers to achieve greater degrees of compassion and patient-centeredness.

Over 300 individuals packed the theatre for this event. Many providers met both before and after this event in order to continue the dialogue and have more personal conversations with their colleagues. Words cannot fully convey the work that was begun on this night and the renewed enthusiasm that was palpable in the air. Dr. Trzeciak was able to present the scientific case for compassion in medicine - how the true anecdote for burnout is to "care more not less". In summary, this event helped to re-engage providers through collegiality and shared values. It touched that part of them that remembered why they entered medicine, to share that joy with their colleagues and to re-emerge as an organizational unit, stronger and more connected. While this started as a year-long initiative, it will live on, in this painting, and through the bonds these providers have forged.

In summary, this painting was used to spark an interest in our provider group. They were able to connect to the organization through the different channels of a love of art history, the pursuit of special interest affinity groups, or merely coming together in the community to engage in dialogue with a national speaker. All of these various methods were successful in connecting our caregivers to the organization and to each other.

Regulatory and Accreditation Bodies

This organization, as a large multispecialty group practice and the ensuing work described heretofore is not subject to any regulatory or accreditation bodies.

Part II: The Marketing Plan



1. Marketing Goals

The marketing goals of this project were as follows:

- Create awareness related to the history of “The Doctor” as well as Ms. Hellen’s work on restoration of the artwork.
- Generate participation and leadership to create a “grass-roots effort” to increase provider collegiality and engagement within the organization.
- Formally tie these two efforts together with a national speaker who could speak to the science of “compassion and the patient centered relationship”.

2. Marketing Analysis and Strategy (with accompanying budget)

1. This project was first and foremost centered around the organization’s providers: Physicians, Advanced Practice Providers, Clinicians. Our target group was the organization’s internal audience. To that end, our efforts at marketing to this group were as follows:
 - Video Promotion - An external videographer was used to tell the story of the restoration of the Doctor as well as the focus on what this work means to our physician group. To create the content of this video, the

group used local system providers to deliver this message. Ultimately, two videos were created. The first detailed the history and restoration of the Doctor, featuring the work of Rebecca Hellen. Ms. Hellen appeared personally in the video and explained the intricacies of the conservation process. The second video captured the heart of the patient-doctor relationship. The organization physicians explained what drew them into medicine and how the work of Sir Luke Fildes motivated them to be the most patient-centered and compassionate in their field. **Original budget set at \$35,700.**

- Word-of-Mouth - Perhaps the best marketing that was done was delivered the old-fashioned way of “word of mouth”. Engaging local providers to lead their own groups to increase provider collegiality and satisfaction had impact across the entire organization. Each provider networked with their colleagues to increase participation in their efforts. These colleagues told other friends/providers and attendance and participation grew. In some cases, these providers went home and shared these works with their spouses, their children, and their friends. Interest grew and amassed without spending any additional funds. **Small budget for collateral material set at \$5,000.**
- Print Material - In raising awareness for the event held on November 14, 2019, print collateral was developed. Flyers were circulated throughout the campus as well as in the local newspaper. In addition, printed material is being used to market the affinity groups for membership. An administrative fellow was assigned to this project and would use this collateral material to distribute to our provider base to spark their interest

in leading and attending affinity group meetings. Email was also used for these purposes as well. **Original budget set at \$7,500.**

3. Tactics for Success/Implementation of Marketing Strategy

- Number of times the video was viewed by local clinicians and community members. Result: This video was viewed over 1000 times. It was shown in both small and large group settings.
- Local community interest in this work - This project was featured on the cover of the local newspaper, “The Evening Times” on 2 different dates in 2019 and 2020.
- Number of independent provider-led groups established - Over 20 provider groups were established.
- Over Engagement scores - The results to follow will clearly demonstrate the success of all these efforts.

Part III: Financial Documents

1. Summary of Financial Needs

- The organization realized that this project should not be funded with operation funds. To that end, it was suggested that group members reach out to *The F.M. Kirby Foundation, Inc*, located in Morristown, NJ. The last name of this foundation is not a coincidence, Allan Kirby, who was the original donor of this painting in 1944, was part of this family, and the organization has received other donations from *The F.M. Kirby Foundation, Inc* throughout the years.
- In a letter dated, January 25, 2019, Tricia Huston, Director of Resource Development writes:

The organization has received numerous donations from the Kirby Family and the F.M. Kirby Foundation in the years following Allan Kirby’s painting donation. Many of these donations were for equipment purchases. The Surgical Pavilion was named in

honor of Fred M. Kirby in recognition of his generosity. We are deeply grateful for the past support of the Kirby family and foundation.

We are hoping the Foundation will consider supporting this project with a gift of \$75,000 to our organization. This level of generosity will help us restore this precious piece of art, bring in a national speaker to speak on the topic of compassionate, patient-centered care, and recognize our physicians for their compassionate care.

The letter goes on to describe the organization's plans to continue to work with Ms. Hellen to restore this painting, as well as making a series of videos highlighting physicians as a part of this project, tying in *The Doctor* painting and the organization's commitment to compassionate care. It was expressed that this project has created significant discussions about the importance of compassionate care, generating an increased amount of pride on both a personal and organizational level.

The original budget for this project is delineated on the following page. While this was a formal budget that was approved by the organization, and also submitted to the Kirby Foundation, the later cash flow statements will reflect that the group found a way to accomplish all of their goals without all of the costs originally projected. Through the generosity of donors and physicians this project was completed at no operational expense to the organization.

Summary

Estimates (\$)

Restoration	
Registrar Fees	\$1,500.00
Shipping - Masterpiece International	\$8,000.00
Shipping - Martinspeed	\$1,500.00
R. Hellen Services (full restoration including regilding, frame restoration and historical research)	\$32,500.00
Public Display / Relocation	
Display costs (painting, historical memorabilia, quote, video)	\$7,500.00
Setup (lighting, glass, etc.)	\$5,000.00
Video installation of <i>The Doctor</i> at all Guthrie locations (prints, video display and plaques)	\$50,000.00
Dr. Verghese (proposed speaker for anniversary celebration event)	
Speaking / Travel fees	\$50,000.00
Video Production	
Videos (3)	\$30,700.00
Accompanying collaterals	\$5,000.00
Regionally-based Programmatic Initiatives Led by Physician Leadership	
Activities (i.e. book clubs, supplemental reading materials, social events and discussions, etc.)	\$35,000.00
Anniversary Celebration Event	
Event venue rental, A/V needs, catering, invitations	\$7,500.00
Total Estimated Cost	\$234,200.00

**** PLEASE NOTE:** These were original budget estimates only. We were able to deliver this project to fruition with significant less cost than predicted, as detailed on the following pages.

2. Financial P&L Assumptions:

In earlier sections of this paper, it was discussed that the cost of replacing one physician can cost between \$750,000-\$1,000,000. Thus, the financial return of this project is abundantly clear. This project was funded 100% through the utilization of donations. Donations were as follows:

- F.M. Kirby Foundation-\$75,000
- The organization Physician Donations-\$25,000

3. Cash Flow Statement

Net Income	
FM Kirby Foundation	\$75,000
The Organization Physician Donations	\$25,000
TOTAL INCOME	<u>\$100,000</u>
Net Expenses	
Rebecca Hellen	
Total Restoration Fees	\$22,600
Video Production Costs	\$15,000
Dedicated Staff time*	\$20,000
Speaker Costs	
Dr. Stephen Trzeciak fee	\$14,400
Books	\$4,520
Print Marketing Collateral	\$10,000
Other Costs	
Supplies/Food for groups	\$10,000
TOTAL EXPENSES	<u>\$96,520</u>

*An administrative fellow was assigned .3 to support group activities (coordination, setting up for events, material distribution)

4. Financial Summary

	YEAR 1	YEAR 2	YEAR 3
Revenue	\$100,000	\$23,480	\$13,480
Expenses	\$96,520	\$10,000	\$10,000
Net Income	\$3,480	\$13,480	\$3,480

Please note that the summary highlighted above includes revenue realized through donations. It is anticipated that these donations will last for 3 years of this initiative. Expenses projected after year one only include the costs of sustaining the grass-roots meetings employed by group physicians.

It is realized that this project relied/relies on the use of donated funds. In the event that donations were not realized, the committee's back up plan was as follows:

- A retired CEO of the physician group (Dr. John Thomas was so moved by this work, he personally offered to fund any shortcoming over the life of this project.
- The current President/CEO indicated he believes in the purpose and intent of this engagement work, and as such, would commit any organizational dollars needed to fund this project.

Thus, it is anticipated that funding for continued work of this project will not be a problem.

Part IV: Innovative Elements and Expected Outcomes

M Therese Southgate, physician and former deputy editor of the *Journal of the American Medical Association* poignantly penned, "Medicine and art have a common goal: to complete what nature cannot bring to a finish...to reach the ideal...to heal creation. This is done by paying attention. The physician attends the patient; the artist attends nature...if we are attentive in looking, in listening, and in waiting, then sooner or later something in the depths of ourselves will

respond. Art, like medicine, is not the arrival; it's the search. This is why, perhaps, we call medicine itself an art.”⁹ Dr. Southgate’s comments are so relevant today, in this world where the pace and complexity of medicine has reached a fever pitch. It took something as simple as a hidden piece of art, to unite the organization, and help physicians to feel the value and the purpose in their work.

Provider Engagement Results

At press time for this paper, the organization received the Medical Group’s 2020 Provider/Staff Engagement Results. The organization utilizes Press-Ganey’s Provider Workforce and Engagement Survey and has measured engagement for the past 10+ years. This survey is administered via email on a yearly basis (except for 2019) and all individual results are confidential. Results are compiled by Press-Ganey and compared to the top medical groups throughout the country.

A comparison of results between 2020 and 2018 are listed below (The organization did not administer a survey in 2019 due to extenuating circumstances).

Entity	2018 EI	%tile	Threshold Score	Threshold %tile	Target Score	Target %tile	Stretch Score	Stretch %tile	2020 EI	%tile
GMG	3.99	24	4.05	33	4.09	42	4.15	52	4.24	78

Overall engagement/satisfaction for this medical group went from the 24th percentile in 2018 to the 78th percentile in 2020.

Specifics on the response rate are as follows:

Press Ganey Engagement Survey

Survey Year	Total Surveyed	Total Responded	Response Rate
2020	585	456	78%
2018	501	336	67%

The organization Medical Group’s satisfaction/engagement increase surpassed any improvement that Press-Ganey could have ever predicted. While it is realized that the reasons behind this incredible increase are multifactorial, it is in no doubt partly due to this year, “the Doctor” project, and the work of many providers, coming together, all uniquely and totally moved through this painting and all it represents.

While this author cannot attest that these results were 100% *directly and solely* related to this project, it can be said with certainty that this was the ONLY initiative undertaken during the past year to improve provider engagement. Thus, it is logical to surmise, that this project played a pivotal role in the achievement of this progress. These results can also be seen in the organizations’ turnover rate. As previously stated, the provider turnover rate had grown to 10% in 2018, and during this past year, turnover has fallen to 7%. Once again, the results may not be solely related to this work, but the organization’s CEO believes it is a contributing factor.

Part V: Addendum/Other Factors

While the initial work focused on the organization’s physicians, it has the ability to harness the energy and purpose of all caregivers. The work here has just begun. The next group of caregivers that the organization desires to motivate to rekindle the energy/passion for their profession are nurses. It is anticipated that over the next year, a similar process will be undertaken to focus on the caregivers that are so essential to the health care front lines.

Plan to keep momentum going

The planning committee is working hard to keep momentum going. There are several activities in the works in order to ensure that engagement continues to improve within the organization. A few of these plans are highlighted below:

- A system-wide engagement group has now been set up with physician leadership. This group is tasked with growing and developing the physician affinity groups. Each special interest/affinity group will report back to this committee.
- The videos that were developed regarding the history and restoration of *The Doctor* will be shared at every new provider orientation session. Furthermore, all residents will also be included in these sessions to share the uniqueness of this history.
- Each year there will be a special community/physician education series, like the one that was completed in February. All these sessions will address the history of the painting, and the importance of provider compassion.

Part VI: Conclusion

In an article written April 12, 2020, Dr. Trzeciak writes, “*in the care of patients, connecting with compassion—and the relationship that flows from that – is a positive, fulfilling experience that can actually counteract (or protect against) burnout and depression, and build resilience. Neuroscience research shows that compassion for others activates a reward center in the brain. In this way, compassion can heal the healer.*”⁹ In this rural health care system in the middle of Pennsylvania, the organization has seen how a shared love of history and art, can help reshape a culture and engage our caregivers. The exciting part of this work is that a new generation of leaders, caregivers, and community members will take this work into the future, helping to reshape a new generation.

Bibliography

1. Executive Leadership and Physician Well-being; Nine Organizational Strategies to Promote Engagement and Reduce Burnout *Mayo Clinic Proc* January 2017-1
2. Pearl M.D., Robert. The Unspoken Causes of Physician Burnout. *Forbes*. July 8, 2019.
3. Berwick DM. Era 3 for Medicine and Healthcare. *JAMA*. 2016;315(13):1329.doi:10.1001/jama.2016.1509
4. Shanafelt T, Goh J, Sinsky C. The Business Case for Investing in Physician Well-being. *JAMA Intern Med*. 2017;177(12):1826.doi10.001/jamainternalmed.2017.4340
5. Moore, Jane. What Sir Luke Fildes' 1887 painting *The Doctor* can teach us about the practice of medicine today. *British Journal of General Practice*. 2008 Mar 1:58(548): 210-213
6. Downie RS. *The Healing Arts*. Oxford: Oxford University Press; 1994
7. Mr. Allan Kirby. *Unveiling Ceremony*. 1944 Nov 1:6-7
8. Shanafelt, Tait, West, Colin, et al. Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population Between 2011 and 2017. *Mayo Clin Proc*. September 2019;94(9):1681-1694.
9. Trzeciak Stephen and Mazzealli Anthony. Compassion is contagious and saves lives: What coronavirus is teaching us about caring for one another. *New York Daily News*. April 12, 2020.

APPENDIX

A) Comparison of paintings

“The Doctor” by Sir Luke Fildes-Tate Museum



“The Doctor”- Original Oil Study by Sir Luke Fildes-At TGC Organization



B) Timeline of Events

DATE	EVENT
1910	Dr. Donald G leaves Mayo and founds new multispecialty group in NE Pennsylvania
1944	William Kirby donates original oil study <i>The Doctor</i> to organization
3/2018	Leaders attend national conference decide to undertake project
6/2018	Planning group initiated; restoration contact initiated
9/2018	Restoration work initiated
12/2018	First affinity groups created
9/2019	Restoration work completed
11/2019	Community event “75 th Anniversary” with Dr. Trzeciak
2020	Over 20 different affinity groups continue to meet Painting ceremony concluded to showcase new location