

6 characteristics of successful physician-hospital relationships

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For physicians who want to work in hospitals or health systems, or for those who are seeking to integrate their practices, the move can be confusing. New guidelines from the AMA and the American Hospital Association outline the six principles that enable successful integrated leadership.

The [Principles of Integrated Leadership for Hospitals and Health Systems](#) (log in), released Wednesday, can guide physicians on how to bring clinical skills and business insights together at the leadership level to foster more collaborative and cohesive decision-making at hospitals and health systems.

“To lead the changes needed to move the health care system forward, many physicians and health care organizations may contemplate options for greater alignment and strong relationships to cultivate an environment centered on teamwork,” AMA President Robert M. Wah, MD, said in a statement.

“The new principles support having more physicians in the boardroom and in key roles at the executive level so hospitals can succeed in the reformed models for health care delivery and payment,” Dr. Wah said.

The six principles of success for integrated leadership between hospitals and physicians are:

1. **Physician and hospital leaders who are united.** Leadership should share similar values and expectations, and their financial and non-financial incentives should be aligned. Goals should be the same across the board, and responsibility should be shared for financial, cost and quality targets. Leaders in both spheres should be jointly responsible for strategic planning, management and engagement of patients as partners in care.
2. **An interdisciplinary structure that supports collaborative decision-making.** Physicians’ clinical autonomy must be preserved to ensure quality patient care while they work with others to deliver effective, efficient and appropriate care.
3. **Clinical physician and hospital leadership present at all levels of the health system.** All key management decisions should be made with representation from all clinicians, including nurses. Teams of clinicians and hospital or practice management administrators should lead together at every level of the health system, and should be accountable to, and for, each other.
4. **A partnership built on trust.** This sense of interdependence and working toward mutual achievement of the Triple Aim—better care, better health and lower costs—is crucial to alignment between and engagement with both physicians and hospital leaders. Those in clinical and hospital leadership positions also need to be able to trust each other’s good faith and abilities.
5. **Open and transparent sharing of clinical and business information.** Sharing data with all parties across the health system can improve care.
6. **A clinical information system infrastructure that is useful.** The system should capture and report key clinical quality and efficiency performance data. Physicians and other clinicians should be involved in technology decisions that will affect their day-to-day practice.

In March, the AMA released its [most recent study](#) with the RAND Corporation. The study investigated [physician experiences](#) with adopting health care delivery and payment reforms. The study made it clear that physicians aren’t alone in struggling with new payment models—other stakeholders, including hospitals and health systems, are experiencing the same challenges. By collaborating at the leadership level, physicians and health systems may find it easier to adopt new payment models.

The study came out of the AMA's [Professional Satisfaction and Practice Sustainability](#) initiative, which is helping physicians successfully navigate the health care environment by promoting sustainable practices.

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