



a national affiliate of **SEIU**

**A United Voice for Doctors, Our Patients,
& the Communities We Serve**

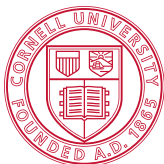
SPRING 2014



Putting Patients First Through Doctor, Patient and Community Engagement

A Call to Action from Doctors Council SEIU to the Mayor and the Leadership of HHC

Written in partnership with:



Cornell University

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EXECUTIVE SUMMARY

The frontline doctors of HHC and Doctors Council SEIU are committed to the attainment of measureable and sustained improvement in the clinical care, quality, safety, efficiency and overall patient experience of the 1.4 million people of our communities who come to us each year for their health care.

If the doctors' knowledge of the work we do were utilized by HHC, our hospitals and facilities would have better outcomes and be more cost effective. Our proposal is a call to action to create an organizational and work environment that achieves the highest possible engagement of the professional knowledge, skill, commitment and passion of our frontline doctors to lead this effort and to involve all frontline care delivery team members, patients and community members.

To achieve results that will differentiate HHC as the provider of choice in our community, it is time to recognize that there can be no more business as usual.

THE PROBLEM

HHC—the public health and hospital system in New York City, and the largest public hospital system in the nation—has to improve care, patient experience and capacity amidst the implementation of the Affordable Care Act and changing ways in how hospitals and health systems are reimbursed and funded, as well as measured and rated. Doctors' morale is low. The number one resource that should be used to improve quality—the doctors' understanding of the work we do—is not being leveraged to the maximum potential.

There has never been a more challenging time to preserve and protect our missions. Mayor de Blasio calls for a renewed commitment to universal coverage and community-based health that delivers quality, affordable care to every family and every neighborhood. The New York City Health and Hospitals Corporation (HHC) is the patient home for all New Yorkers, regardless of income or immigration status, addressing the needs of New York City's diverse populations. And Doctors Council SEIU, as a union for doctors and voice for patients, promotes the professional practice and standards of medicine and dentistry and advocates for our patients and communities.

To succeed in this challenging time, and ensure that HHC is not a provider of last resort but a provider of choice, Mayor de Blasio, HHC, and Doctors Council SEIU must all work together to achieve our missions: the delivery of quality care to New York communities. To best be able to do that requires the input and meaningful engagement of

the best experts and resources that we have—the doctors and other health care delivery team members, as well as the patients. This will require continued organizational and civic leadership to ensure the management and financial support necessary for higher performance.

The challenges facing the system are more severe than ever before. We face obstacles in delivering the best care to our patients at a reasonable cost. Major challenges lie ahead for communities, health care professionals and safety-net institutions as to how they will proceed with the task of implementing and complying with new legislation and regulations in ways that not only increase access to care, but also improve healthcare outcomes. Coupled with intense budgetary pressures, more complex care, increasing chronic conditions, and demographic changes, the current landscape in healthcare is riddled with challenges that must be turned into opportunities for a *transformative era of improvement*.

While the number of patients to care for increases we can expect that the per patient reimbursements to the health care system and HHC will decline. Even as the Affordable Care Act expands the number of people who have health insurance, HHC will still take care of large numbers of patients who will not, especially undocumented immigrants, and at the same time aid to provide this care will be cut. *Rather than be fearful and reactive to this daunting reality, we have an ethical responsibility to embrace this challenge.*

EXECUTIVE SUMMARY

THE SOLUTION

Involve doctors in decision-making.

Our patients are our best incentive.

There needs to be overall accountability of the entire system, including its employees and its administration and leadership.

Frontline doctors have not had a meaningful voice in the analysis of and the solutions to the challenges faced by our patients and in quality measures and performance outcomes. Far too many management decisions have resulted in time and resources wasted due to failure to engage the frontline doctor in decision making and strategy, goal-setting, measurement and execution.

- **We propose** that there be established a high-level system-wide joint decision-making body to include frontline doctors, all frontline care delivery team members, patients and community members for the purpose of establishing joint goals, strategy, problem-solving mechanisms and measurement (metrics that matter) designed to have direct impact on clinical quality, patient satisfaction and improved efficiency.
- **We propose** that similar joint bodies be established at all of our institutions. This coupled with appropriate metrics and measures will be used to improve patient care as a result of extensive frontline staff involvement.
- **We propose** a conducive and safe work environment to raise patient care and quality improvement issues. This must exist for all frontline doctors and all the care team.

Patient satisfaction can be better achieved when clinician professional satisfaction is achieved. Patients stand to benefit from comprehensive efforts to improve both the working lives of health care professionals and the quality of care delivered.

WHAT IS NEEDED TO SUCCEED?

A process that involves the knowledge and experience of frontline staff. Frontline staff must be meaningfully engaged and have the authority to make system decisions.

Frontline empowerment is the key ingredient that must be at the center of process improvement all of which must be focused on measureable improvement outcomes for each patient.

WHY NOW

Responding to the enormous challenges we face of increasing demand and shrinking revenues, Doctors Council SEIU members are committed to become an active partner with management, our patients, community members and other frontline staff to continue the transition of the public hospital delivery system towards fully integrated care models that improve quality for the communities of New York. We are deeply committed to ensuring the viability of a strong safety-net hospital system to provide essential services for the City's patients.

Frontline doctors see our union as a vehicle for the establishment of doctor-based participation in decision-making that will directly impact the improvement trajectory for quality, safety, patient experience and cost reduction. This is the path for high doctor engagement. The path that must be followed is one of empowerment of doctors' knowledge and experience.

The time is now. We are stronger when we all work together.

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INTRODUCTION - NO MORE BUSINESS AS USUAL

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frontline care delivery team members, patients and community members for the purpose of establishing joint goals, strategy, problem-solving mechanisms and measurement (metrics that matter) designed to have direct impact on clinical quality, patient satisfaction and improved efficiency. We propose that similar joint bodies be established at all of our institutions.

Our proposal is a call to action to create an organizational and work environment that achieves the highest possible engagement of the professional knowledge, skill, commitment and passion of our frontline doctors to lead this effort and to involve patients and community members. To achieve results that will differentiate the New York City Health and Hospitals Corporation (HHC) as the provider of choice in our community, it is time to recognize that there can be no more business as usual.

HHC and public safety-net delivery systems need not be considered the provider of last resort. Providing broad access to care is not at odds with providing high quality care.

We propose establishing a high-level system-wide joint decision-making body to include frontline doctors, all

Together, we can make HHC a provider of choice for the people of New York City as an organization where concern for clinical quality and the patient experience go hand in hand with the commitment to serving those in need. This will require continued organizational and civic leadership to ensure the management and financial support necessary for higher performance.

“Speaking to the Convention of the Medical Committee for Human Rights in 1966, Dr. Martin Luther King made one of his most famous statements: ‘Of all the forms of inequality, injustice in health care is the most shocking and inhuman.’ 48 years later today, we are on the forefront of making the Affordable Care Act live up to its intent: to provide high quality and affordable health care to all. As a frontline clinician providing care in the largest public health system in the nation, I feel a particular sense of urgency to make HHC the provider of choice in our community. HHC belongs to everyone, and we will lead the effort to make HHC the model for equal, just, and humane care for all.”

— Dr. Toni Wright, Harlem Hospital Center



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While our stated missions are aligned...

- “New York City needs a renewed commitment to universal coverage and community-based health that delivers quality, affordable care to every family and every neighborhood.”¹
From Mayor De Blasio’s campaign position paper on health care
- “HHC is committed to the health and well-being of all New Yorkers and we offer a wide range of high quality and affordable healthcare services to keep our patients healthy and to address the needs of New York City’s diverse populations.”² *From HHC Guiding Principles*
- “It is the mission of Doctors Council SEIU, as a national union for doctors and voice for patients, to promote the professional practice and standards of medicine and dentistry and to advocate for our patients and communities.” *From Mission Statement of Doctors Council SEIU*

Doctors Council SEIU believes we can best achieve our mission when high quality, affordable and safe health care, a basic human right and social good, is achieved and accessible by all regardless of insurance, economic status, ability to pay, race, ethnicity, citizenship or residency status, language spoken, or diagnosis. As patient care advocates and through community outreach, we must ensure that our patients and communities have their voices heard and are involved in patient care decisions, as well as enhance the doctor-patient relationship. Doctors must lead the way in improving health care systems, quality improvement, performance indicators and patient satisfaction.

...we are not yet achieving our missions to our full potential.



“It is a new day at HHC. We welcome new leadership here and at City Hall to become full partners with frontline doctors in the interest of unleashing the full potential of this magnificent world-class workforce. In so doing, we will fully enable the knowledge and experience of thousands of clinicians in problem-solving efforts to improve the clinical quality, safety, patient experience, and efficiency for the people of our community. We must say good-bye to failed and demoralizing quick-fix efforts like outsourcing and facility closures. Instead we must commit to creating maximum value from our people and our capital investments. A path of real empowerment is the only path to real improvement for all.”

— Dr. Brigitte Alexander, North Central Bronx Hospital

THE PROBLEM TO SOLVE

Patient Satisfaction Through Improving Provider Professional Satisfaction

We are all aware that patient satisfaction and doctor engagement and morale at HHC are below the standards required to achieve our missions.

If we are to strive to improve patient satisfaction, then improving the professional satisfaction of those who deliver care will greatly add in that endeavor. Patients stand to benefit from comprehensive efforts to improve both the working lives of health care professionals and the quality of care delivered.

There is a direct correlation between provider engagement and patient outcomes.

“When the workforce resents the performance

measurement and control system, they have less interest in committing to implement the actions the system measures...When organizational members actively participate in implementation they work diligently to adapt the innovation to their organization, which also facilitates implementation success.”³

In the past and currently, the frontline doctors have not had a meaningful voice in the analysis of and the solutions to the challenges faced by our patients and in quality measures and performance outcomes. Throughout the system, top-down directives and recommendations for change from outside consultants have demoralized our clinicians. The system’s low engagement scores demonstrate this.

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“We want to be involved in quality improvement work that leads to solutions resulting in better care and patient experience. We want HHC to be the provider of choice, and not the provider of last resort for our patients and the communities we serve.”

— Dr. Peter Catapano, Bellevue Hospital Center

All of us are passionate and dedicated clinicians who believe in what we are doing. We chose to work in public health because of our individual and collective commitment to making significant contributions to the health of the population and the communities we serve.

And, we are living through a time of necessary transformation of health care delivery. The Affordable Care Act (ACA) is being implemented. Our hospitals have become Patient Centered Medical Homes (PCMHs). Our Diagnostic & Treatment Centers (D&TCs) are becoming a Federally Qualified Health Center (FQHC). We are utilizing Electronic Medical Records (EMRs).

In an effort to promote integrated, patient-centered care, the ACA encourages the development of Accountable Care Organizations (ACOs) as well as PCMHs. HHC has become a PCMH and is becoming an ACO.

Just one of the many, but among the most significant structural changes that must be implemented through the ACA is the Accountable Care Organization (ACO).

While we recognize the need for this transformation, we must come to grips with the complexity of such an undertaking, and we must recognize that success can only be achieved by making it a collective effort that relies on the experience of the people who deliver care.

“The success of an ACO will depend on whether it is able to support providers in achieving meaningful clinical improvements. Successful implementation will thus require *ongoing learning*, not only about the effectiveness of different approaches to reorganization, payment, and clinical improvement in different markets, but also about how local contextual factors influence the success of different accountable care models.”⁴ [emphasis added]

Professor Amy Edmonson of Harvard Business School, one of the leading experts on organizational change, suggests that we must transform the way we organize our institutions to achieve the transformation that is necessary.⁵ To do this she suggests that execution of strategy must change from “execution as efficiency” to “execution as learning.” This requires that organizations:

- *Use the best knowledge available to inform the design of specific process guidelines*
- *Enable employees to collaborate by making information available when and where it is needed*
- *Routinely capture process data to discover how work is really done*
- *Empower employees to study these data in an effort to improve*

Professor Edmonson states: “Consider a hospital emergency room. At any moment, a patient with previously unheard of symptoms might walk in and specialists from several departments—reception, nursing, medicine, laboratory, surgery, pharmacy—need to coordinate their efforts if the patient is to receive effective

care. These people must resolve conflicting priorities and opinions quickly. As in most knowledge organizations, room to maneuver is extraordinarily high. People rely on their own and their colleagues’ judgment and expertise, rather than on management direction, to decide what to do.”⁵

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“Quality improvement takes all of us working together—doctors and all members of the care delivery team. And administration and management as well.”

— Dr. Laurence Rezkalla, Woodhull Medical and Mental Health Center



PAY-FOR-PERFORMANCE

Perhaps nothing illustrates our concerns about doctor engagement and the proper use of evidence-based medicine more than attempts to implement pay-for-performance.

Our patients are our best incentive.

Doctors Council SEIU supports any initiative improving patient care. Healthy and happy patients are our reward.

There is not enough evidence to suggest that tying the goal of improving care to pay or so-called pay-for-performance is necessarily the best, most effective or only way to improve care. Indeed, oftentimes pay-for-performance models do not improve patient care.⁶

There exists a body of literature in the field of behavioral economics which indicates that, “...while Medicare and many private insurers are charging ahead with pay-for-performance (P4P), researchers have been unable to show that it benefits patients. Findings from the new field of behavioral economics may explain these negative results. They challenge the traditional economic view that monetary reward is either the only motivator, or is simply additive to intrinsic motivators such as purpose or altruism. Studies have shown that monetary rewards can undermine motivation and worsen performance on cognitively complex and intrinsically rewarding work, suggesting that P4P may backfire.”⁶

Pay-for-performance attempts to tie pay with certain measures of outcomes or scores in the belief that this will improve the performance of doctors and thus the quality of care.

Let us share but one example of the inherent problem with pay-for-performance as implemented at HHC:

A clinical performance indicator relates to Emergency Department cycle time/flow-time, in the amount of time from when a patient is triaged to exit from the Emergency Department (ED) to the bed on the floor for admitted patients. Every doctor agrees that each patient deserves being treated as soon as possible (based on acuity or level of illness) in the ED, and if a patient needs admission then to get to the clinical floors with alacrity. However, only some of this is within a doctor’s control.

There are many factors. Systemically, there needs to be efficient systems operations in the ED addressing the patient from point of entry into the ED, to intake and assessment, to data entry, to treatment, to admission. On a multi-disciplinary level, other health care workers such as nurses, unit clerks, social workers, and transporters all interact with an admitted patient. Factors such as having beds available in a timely manner and even the use of elevators impact time from the ED to the floor. The point is that while doctors and other health care workers can and will work to improve, for large and sustained quality improvement, administration must incorporate the input of doctors and make lasting, sustainable multi-disciplinary system changes with the resources and staffing needed to achieve this. A monetary incentive to doctors who are not given the power to make institutional changes, provide resources and lead the health care delivery team is set up for failure.

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There needs to be overall accountability of the entire system, including its employees and its administration and leadership.

We support evidence-based medicine and quality indicators. But we must ensure that the patient comes first at all times.

We must ensure that doctors are equal partners and have a say in the development and use of any indicators. Metrics and measurement must be used to track improvement efforts. However, the use of metrics is not an end in itself, as the end goal is better patient care. There should not be interference with a strong doctor-patient relationship based on trust, effective communications, adequate visit time and continuity of care over time. This best promotes high quality evidence-based health care.

Doctors Council SEIU is open to this discussion. However, our members must be fully integrated into value creation and the systems redesigns as addressed in this paper for there to be a pay-for-performance system that is truly tied to our mutual goals of patient-centered systems redesign and outcomes. Any pay-for-performance model should

be a bonus, not a replacement for wage increases needed to recruit and retain proper staffing of doctors because “rewards have been traditionally tied to individual or functional outcomes, which tends to focus attention on *sub goal optimization at the expense of outcomes that are important to the organization.*” [emphasis added]

Doctors have seen how the relationship between a patient and doctor has been impeded by non-doctor bureaucrats attempting to dictate doctor-patient interaction, quotas to see so many patients per hour, and new pay schemes presented as “miracle cures” for the health care system that do nothing to address the system failures. When doctors’ autonomy and independent clinical judgment are sacrificed and doctors are treated as a cost item on a ledger sheet, this is not good for doctors, the medical profession or patient care.

The relationship and communication between a patient and doctor is most important. Any pay-for-performance model has to ensure quality of care and foster the doctor-patient relationship. As a doctors’ union and patients’ voice that is what we believe. Doctors must have crucial input. Nothing must be allowed to disrupt that.

“HHC’s greatest asset is the wisdom of the frontline clinicians and members of the care delivery team, who spend their days in the rooms with our patients and their families from the communities we serve. In an organization of HHC’s vast size and complexity, new structures must be created to enfranchise and empower this wisdom. We propose that frontline clinicians, representing Doctors Council membership, participate in guiding HHC’s quality improvement and program development efforts from the very highest level of the organization to the local services and clinical programs where they will be implemented. These efforts must include an agreement that the choice of quality improvement and program goals be communicated and jointly endorsed as appropriate and the metrics that will measure success and failure be accepted as comprehensive, valid and reliable.” — Dr. Steven Hahn, Jacobi Medical Center



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WHAT MUST CHANGE AND WHY?

Involve Doctors in Decision Making

Far too many management decisions have resulted in time and resources wasted due to failure to engage the frontline doctor in decision-making and strategy, goal-setting, measurement and execution. Outside, costly consultants often have more input than the doctors who work in HHC, and end up making recommendations that do not improve the system or the delivery of patient care.

For example, information technology (IT) matters, such as EMRs (electronic medical records), clinic scheduling systems and new facility designs, especially of patient treatment areas, often occur without a doctor being asked for his or her input. The doctors who actually provide care and take care of the patients are not asked for their valuable insight gained over years of experience, education and training. This results in time consuming non-user friendly EMRs that take away from time with a patient, inefficient scheduling of patients with lengthy wait-times to get appointments, and structural changes (such as physical layout) that doctors and patients (and their families) do not like. This is in addition to the waste of funds spent on consultants and implementing their ineffective “answers.”

In particular, Kaiser Permanente’s deployment of its scheduling module, one component of its much larger EMR system, was associated with clinic-level performance improvements. However, these improvements were more than 50% greater in those clinics in which workers scored more highly on a contextual measure of employee engagement/involvement.⁸ It appears that while the scheduling module provided workers across all the clinics additional, real-time information on provider availability and patient information, employees made better use of that information when they understood management’s strategic rationale for the system, when they were able to communicate their own ideas and concerns back up to the strategic level, and when there were available fellow frontline workers who could ease them through the deployment process.⁸

Our low patient satisfaction scores and low doctor morale demonstrate this. It is overdue and now more urgent than ever that we correct the inadequate and outmoded

organizational and operational direction that we have been on. We, the frontline doctors of Doctors Council SEIU, will shoulder our share of responsibility in this endeavor.

The challenges facing the system are more severe than ever before. While American doctors remain some of the best trained, they, along with our colleagues in care delivery teams, face obstacles in delivering the best care to their patients at a reasonable cost. Even as the Affordable Care Act goes into effect, major challenges lie ahead for communities, health care professionals and safety-net institutions as to how they will proceed with the task of implementing and complying with the legislation in ways that not only increase access to care, but also improve healthcare outcomes. Coupled with intense budgetary pressures, more complex care, increasing chronic conditions, and demographic changes, the current landscape in healthcare is riddled with challenges that must be turned into opportunities for a *transformative era of improvement*.

It’s Time to Make HHC the Provider of Choice, not Last Resort

We are part of the largest public health system in the nation. We work in a premier system, proud to serve over 1.4 million New Yorkers annually. At this historic moment, we must achieve success as never before. Since October, MetroPlus (HHC’s own health insurance plan) has been one of the options on New York’s health exchange. As of the end of 2013, it had enrolled 24,000 new members, becoming one of the most popular choices for New York City residents. That’s a six percent surge in enrollment in the first three months of the Affordable Care Act and sets a pace well ahead of the 40,000 new enrollees HHC projected for the first six months.⁹ We have about 422,000 members right now and expect to attract another 40,000 through the New York State health exchange during the first year.¹⁰

We must increase HHC’s attractiveness as a healthcare provider to an increasing number of New Yorkers while maintaining the safety-net mission; more people will be insured than ever before and they will have choices about where to receive care. We must continue and enhance

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HHC as a great place to practice medicine and dentistry, to be sure that we are able to recruit and retain the very best practitioners in the world to come to and remain at HHC.

However, it is not enough to just increase the number of patients coming to HHC. We must be ready to receive these patients in a timely manner without long wait times, and provide quality care ensuring that they remain in the system. It is not enough to transform HHC into entities on paper, such as an ACO, FQHC or PCMH, we must provide the best quality care that these structures were intended

to have a “psychologically safe environment” in which they feel comfortable voicing opinions and suggestions without fear of retaliation or job loss.

“Psychological safety is defined as a shared belief held by members of a team that the team is safe for interpersonal risk taking- and models the effects of team psychological safety and team efficacy together on learning and performance in organizational work teams.”¹¹ Team based care must be psychologically safe for there to be success from the use of the rapid improvement model which demands small tests of change and even failure as we

“We must work together to ensure that HHC hospitals and facilities are good places to receive care at and to work in. These concepts go hand-in-hand. Patients must want to come to HHC and believe their needs are being addressed. And doctors must want to come to work at HHC and believe their professional needs are being addressed. The success of the latter impacts the success of the former.”

— Dr. David Reich, Queens Hospital Center



to create the environment for. And, it is not enough to simply dictate to doctors what to do; rather together we must create an environment through which doctors are part of the decision making process and empowered to make quality improvements. We must have a workplace that doctors want to come to, work in and remain at. If not, we will have difficulty recruiting, as well as a revolving door with turn-over of doctors as doctors leave a system they regard as not enabling them to practice medicine in a manner they believe in and realize the goal of why we became doctors.

Doctors play a critical role in this process and need to be strategically engaged. Not only does their involvement produce measurable outcomes, it also makes for a more engaged and satisfied workforce – critical in attracting and retaining highly skilled employees. In addition to individual knowledge that is obtained from doctors, having the full commitment of Doctors Council SEIU to support change enables greater numbers of doctors

create a continuous learning environment that produces innovation and sustained improvement. A conducive and safe work environment to raise patient care and quality improvement issues must exist for frontline doctors as well as administrative/management doctors and all the care team.

Further, we recognize as doctors, that just as assuredly as we need to be involved in decision-making on patient care and quality initiatives, so does the rest of the frontline care delivery team, such as nurses, patient care assistants, social services, clerical and other professionals. There will be no buy-in from the support staff unless their concerns and frustrations are heard as well.

Doctors as leaders and as patient care advocates must also ensure that the patients in the communities we serve have a voice in the delivery of care. Above all else, we must ensure that the needs of those we take care of are met. We must meaningfully involve patients in their care.

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WHAT DOCTORS ARE SAYING



“As doctors we want to speak up and be involved on how to best deliver quality patient care. We need a workplace that makes us feel safe in doing so. That is one of many roles Doctors Council can perform.”

Dr. Yaroslav Bukharovich,
Kings County Hospital Center



“Just as administration needs to make decisions informed by doctors, so do doctors need guidance from the experience and input of all frontline care delivery team members. There has got to be cross-talk between categories of health care workers.”

Dr. Karen Hoover, Gouverneur Health



“To talk of improving quality and the patient experience must mean, at a minimum, to engage our patients in a meaningful dialogue and collaborative experience.”

Dr. Joseph Mazza,
Henry J. Carter Specialty Hospital
and Nursing Facility

THE SOLUTION

As the number of patients to care for increases we know that there will be continued pressure to cut costs. Even as the Affordable Care Act (ACA) expands the number of people who have health insurance, HHC will still take care of large numbers of patients who will not, especially undocumented immigrants, and at the same time, aid to provide this care will be cut.

Rather than be fearful and reactive to this daunting reality, we have an ethical responsibility to embrace this challenge. We are well aware and must do our part to act on the fact that our nation spends double what other countries spend on healthcare. Cost must be reduced as quality and access improve!

Cutting services, consolidations or closing hospitals is not the answer. Privatization or outsourcing is not a solution. These are misguided attempts at the challenges facing us

and are abdications of our collective missions to provide quality and affordable care to all New Yorkers.

Dr. Donald Berwick, M.D., former administrator of CMS, reminds us that there is a choice to be made: “Chop or Improve. If we permit chopping, I assure you that the chopping block will get very full - first with cuts to the most voiceless and poorest of us, but soon after, to more and more of us. Fewer health insurance benefits, declining access, more out-of-pocket burdens, growing delays. If we don’t improve, the cynics win.”¹²

Doctors Council SEIU is ready to avoid the fate that has afflicted other industries in our country with similar customer satisfaction rates or prohibitive costs. Our skilled professional members and our leaders are ready to be proactive and take a strong leadership role to redesign our current delivery system.

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Available research indicates that the integration of unions and union members into decision-making have a direct and positive impact on improving access to services, coordination of care, patient satisfaction, and effective use of new technologies such as electronic medical records.¹³⁻¹⁵ Additional research provides evidence that union involvement can lead to sustained changes and successful quality improvement activities.¹⁶

Similar outcomes have been substantiated by a recent study funded by the organization American Rights at Work which demonstrated that improved quality of patient care and controlling costs result from joint labor-management partnerships.¹⁷

direct impact on clinical quality, patient satisfaction and improved efficiency. We propose that similar joint bodies be established at all of our institutions.

Studies examining organizational change in hospital settings repeatedly find that “unless frontline staff are engaged and have the authority to make system decisions change efforts are likely to fail or lag”.²⁰

What is needed to succeed? “Specifically, such a process draws upon the unique and extensive knowledge of frontline staff in order to successfully derive and implement innovative strategies.”²¹

“As a public health doctor, I have always believed in ‘The Triple Aim’: we must improve the patient experience of each individual; we must improve the health of the population we serve overall, and in so doing, we will reduce the cost of health care. It is long overdue that the Triple Aim be achieved, and it can best be achieved through the direct involvement of doctors’ voices and participation in the transformation of care delivery. Time is up for the Triple Aim to be just a vision; it must become a reality.” — Dr. Debasis Kanjilal, Elmhurst Hospital Center



This study also stressed that unions representing healthcare workers have a deep interest in improving patient care outcomes. Research in other sectors (e.g. manufacturing, airlines, and technical organizations) confirms that strategic labor-management partnerships results in significant involvement of frontline staff that has helped to solve problems of quality, productivity and customer services.^{15, 18-19}

We propose establishing a high-level system-wide joint decision-making body to include frontline doctors, all frontline care delivery team members, patients and community members for the purpose of establishing joint goals, strategy, problem-solving mechanisms and measurement (metrics that matter) designed to have

In her seminal work, High Performance Healthcare, Professor Jody Hoffer Gittel explains that, “the source of our cost and quality problems goes deeper into the very work processes through which healthcare is delivered” and “when doctors, nurses, therapists, case managers, social workers, other clinical staff, and administrative staff are connected by shared goals, shared knowledge, and mutual respect, their communication tends to be more frequent, timely, accurate, and focused on problem-solving, enabling them to deliver cost-effective, high quality patient-care.” [emphasis added]

Process improvement efforts (Breakthrough/LEAN) are not enough! Doctors have been participants in these projects. However, these projects are structurally

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flawed, as individuals feel powerless in the process, from identifying issues, to speaking out, being heard, having access to information, being able to make decisions, and to monitor, track and learn from the implementation of joint decisions. As a result, these efforts have frustrated the best intentions of our doctors.

Frontline empowerment is the key ingredient that must be at the center of process improvement all of which must be focused on measureable improvement outcomes for each patient.

Adler, Heckscher, and Prusak, state in Harvard Business Review that, “The organizations that will become the household names of this century will be renowned for sustained, large-scale, efficient innovation. The key to that capability is neither company loyalty nor free-agent autonomy but, rather, a strong collaborative community.”²²

Our proposal to establish joint decision-making bodies at all levels of the organization is based in sound organizational design research as shown above and is the key to increased doctor engagement.

“Frontline doctors must be involved. If doctors believe they will have real involvement in an on-going process they will be more likely to speak out and participate. The process must exist to allow doctors to believe that we will be asked for input, that it will be listened to and that we are a meaningful part of decision-making.” — Dr. Roni Mendonca, Metropolitan Hospital Center



OUR CALL TO ACTION

Doctors Council SEIU provides the organizational structure for the doctors to take a seat in joint decision-making in HHC. Our union has leadership structures throughout the HHC system. These structures must provide for the integration of frontline doctors into decision-making bodies that have direct impact on

clinical quality and safety, patient satisfaction, efficiency and cost-reduction measures. Our efforts must be based on outcome measures, and the design and development of metrics must be derived from process improvement study and root cause analysis to determine the path to achieve improved outcome measures.



“New York’s public health system should be known not only as the largest in the country, but also the best. The frontline doctors of HHC have a passion for quality care and a dedication to the patients and communities we serve. Now is the time for HHC leaders to work together with us, listening to the knowledge and experience of frontline providers, to achieve a higher standard in our city’s public hospitals and facilities.”

— Dr. Frank Proscia, Queens Hospital Center

Putting Patients First Through Doctor, Patient and Community Engagement

A Call to Action from Doctors Council SEIU to the Mayor and the Leadership of HHC



Therefore, we call on HHC to:

1. Establish with Doctors Council SEIU formal joint decision-making bodies of frontline clinicians, all frontline care delivery team members, patients/community members and senior management at a system level and at the level of each facility. These bodies will identify high priority quality patient care improvement initiatives that are designed to attain outcome measures in the interest of the patients. Work together with Doctors Council SEIU in the education and training of clinicians and community members.
2. Create effective sponsorship and supportive environments for the frontline clinicians, all frontline care delivery team members, and administrative/management doctors, to be able to engage in process improvement work to attain the outcome measures which will advance quality, patient satisfaction, cost savings and efficiency. Metrics will be derived by the frontline as measurement tools of the change processes.
3. At the outset, develop some key “demonstration projects” based on the above organization, principles, and commitments, and use these projects as “learning laboratories” for the whole organization.
4. Release the doctors and other health care workers, in full pay status from specified work times, necessary to be on the Committees/Teams.
5. Share the information needed to access and address quality issues.
6. Engage in a true, meaningful and substantive partnership in decision-making, incorporating the voices of our patients, communities, doctors and other health care workers.

We have a moral compact with our patients and the communities we serve to provide and protect timely access to quality and affordable patient care services. We want to be value-added and help contain, control and lower the costs of delivery of care. This should not be accomplished by the reduction or erosion of doctors’ wages, benefits or working conditions but rather through meaningful engagement and empowerment of the doctors who provide patient care. Quality is the path to cost reduction. Doctors know we can operate HHC more cost effectively but we are not being asked for our input or involved in key decisions.

The frontline doctors see our union as a vehicle for the establishment of doctor-based participation in decision-making that will directly impact the improvement trajectory for quality, safety, patient experience and cost reduction. This is the path for high doctor engagement. The path that must be followed is a path of empowerment of our knowledge and experience, in essence, we must empower why we became doctors in the first place.



“I became a doctor to help people. One way to improve patient care is through Quality Improvement. Doctors want to be engaged meaningfully so that our input is listened to and so that the process results in real benefits for our patients. Our knowledge and leadership should be utilized as a valuable resource for our patients.”

— Dr. Valerie Katz, Lincoln Medical and Mental Health Center

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CONCLUSION

Doctors Council SEIU wishes to engage HHC leadership now to achieve the full empowerment of our members through joint decision-making, using metrics that matter, eliminating top-down management by outcome and replacing it with management by design. Our patients' health and wellbeing is the only incentive that matters.

Responding to the enormous challenges we face of increasing demand and shrinking revenues, Doctors Council SEIU members are committed to become an active partner with management, our patients, community members and other frontline staff to continue the transition of the public hospital delivery system towards fully integrated care models that improve quality for the communities of New York. We are deeply committed to ensuring the viability of a strong safety-net hospital system to provide essential services for the City's patients.

The time is now. We are stronger together.

“As a member of Doctors Council in the New York City HHC public health care system, we have a responsibility to take on a leadership role to protect our patients, our profession, and to preserve timely access to quality public health care services in a rapidly changing health care system.”

— Dr. Aycan Turkmen, Coney Island Hospital



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A United Voice for Doctors, Our Patients, & the Communities We Serve

a national affiliate of **SEIU**

MISSION STATEMENT

It is the mission of Doctors Council SEIU, as a national union for doctors and voice for patients, to promote the professional practice and standards of medicine and dentistry and to advocate for our patients and communities.

Guiding principles:

As members of Doctors Council SEIU, we can best achieve our mission when:

- High-Quality, affordable and safe Health Care, a basic human right and social good, is achieved and accessible by all regardless of insurance, economic status, ability to pay, race, ethnicity, citizenship or residency status, language spoken, or diagnosis;
- As patient care advocates and through community outreach, we ensure that our patients and communities have their voices heard and are involved in patient care decisions, as well as enhance the doctor-patient relationship;
- As doctors we aim to improve the patient care experience through better care for individuals, improve the health of our communities through better outcomes for populations and improve better value of health care through quality improvements;
- We ensure equal and timely access to patient care services in our communities and work to remove barriers to or disparities in health care, especially in low-income, medically underserved, immigrant and communities of color;
- We empower and educate doctors;
- Doctors' involvement and input is sought and listened to in a meaningful way on all levels, including administration and management, and that changes and improvements in health care are doctor-led;
- We partner with administration and management for the best care for our patients, and for the betterment and protection of our hospitals and facilities;
- Doctors lead the way in improving health care systems, quality improvement, performance indicators and patient satisfaction;
- We work with other healthcare employees in a multi-disciplinary environment to strive for the best possible quality healthcare;
- Doctors are treated with dignity and respect at work and have a conducive and safe environment free from retaliation to speak out on patient care issues;
- Doctors' work environments are such that our hospitals and facilities can recruit and retain staff and that we can practice medicine and dentistry in a manner that we believe in, is ethical and can take pride in;
- We work through political action to elect and hold accountable officials to stand up for the things that matter to us and our patients. Our healthcare system is significantly shaped by elections, legislative decisions and governmental actions. Doctors must have a voice in the policy, political and fiscal arenas;
- We work with our strategic alliances and partnerships with other associations, coalitions, groups, organizations, societies and unions to advance our mission;
- We bargain contracts that address and advance our issues;
- We have an active and informed membership; and
- Doctors organize with Doctors Council SEIU, as we are stronger together to address the issues of doctors, our profession and our patients.