Emerging Roles for Physicians

As the best overseers of clinical quality, more medical staff leaders serve on hospital boards **By Susan Reynolds, MD, PhD**

"Serving as a hospital board member is a new and highly valued opportunity for physician leaders."

PAYMENT REFORM has caused great upheaval in the health care industry. New payment models include value-based purchasing, pay-for-performance, readmission non-payments, bundled payments, and accountable care organizations designed to manage the health of a population.

Although these changes can prove daunting, many new opportunities for physician leaders have also emerged. Why is this so? Primarily because reimbursement is increasingly linked to quality outcomes, and physicians are the best overseers of the quality of care being delivered. Many of the positions that have emerged or evolved during the past decade due to payment reform include:

- Physicians on the Board of Directors
- Vice President of Medical Affairs/Chief Medical Officer
- Chief Medical Information Officer
- Chief Quality Officer
- Patient Safety Officer
- Service Line Medical Directors
- Employed Group Medical Director
- Performance Improvement Medical Director
- LEAN/Six Sigma Champions

In this month's column we will look at how the role of physicians on hospital boards of directors has changed.

Since 2003 at our Chief of Staff Boot Camps, we have seen an increasing number of physicians serving on hospital boards. Boards have a fiduciary responsibility that requires financial oversight. In the past if a hospital board had a physician on it, the person was usually a senior, perhaps retired, or a physician who was well respected in the community and may have raised money for the hospital. Today, finance and quality of care go hand-in-hand, so frequently the chief of staff serves as ex-officio on the board along with other physicians in active medical practice. These physicians can give up-to-date input about best practices, quality metrics, and evidence-based medicine that increase quality and patient safety, thereby maximizing reimbursement for the organization.

A couple of years ago I gave a talk on quality improvement to the boards of a hospital, its health system, and the hospital's foundation, about 70 board members in all. The talk was similar to the one I had been giving to physicians around the country. At the end of the talk one of the board chairs came up to me and said, "Great talk! But what's CHF?" I realized that I had used several acronyms well-known to physicians. Most important, not only did board members not know what the acronym stood for, but as non-physicians they also had no knowledge of the latest treatment for congestive heart failure (CHF) or any other conditions I had discussed. They needed practicing physicians' input to make sure the quality of care is what it should be.

Some chiefs of staff have voting privileges when on the hospital board. However, having the right to vote may create a real conflict of interest for them. They have been elected to represent their hospital medical staff, and the board wants to hear from them on clinical quality matters. But as a board member, the chief has the same fiduciary responsibilities to the hospital as any other board member. That means that when it is time to vote on any issue, they must vote for what is in the best interest of the hospital, which may or may not be in the best interest of the medical staff. Some chiefs do not have voting rights, in which case this issue is avoided. On rare occasions a chief may give up the right to vote in order to remove any conflict.

Serving as a hospital board member is a new and highly valued opportunity for physician leaders. Their unique perspective overseeing quality issues adds great benefit to the organization that can directly improve service and profitability. Next month we will discuss how the chief medical officer role has evolved due to key health care reform initiatives.

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