

# PHYSICIAN CHAMPIONS

AS A STRATEGIC RESOURCE IN ALBERTA'S PATIENT'S MEDICAL HOME TRANSFORMATION JOURNEY



## STUDY OBJECTIVE

The goal of this pilot study was to build an understanding of primary care Physician Champions in Alberta. Specifically, internal members of AMA-ACTT and select senior Physician Champions were asked - what makes an effective primary care Physician Champions?

## INTRODUCTION

Patient Medical Home (PMH) transformation in Alberta is a complex process. A key to spreading PMH is having those who have successfully implemented some part of PMH share their experiences and materials with those who have yet to implement. Physician Champions are central change agents who do the sharing, but are not the only change agents involved in this process. From a systems perspective, Physician Champions are critical in the strategic efforts of PMH transformation in Alberta. Because primary care has limited resources, Physician Champions need to be leveraged as effectively, efficiently and sustainably as possible. How well one does this is limited by how well one understands Physician Champions.

## KEY FINDINGS

Our findings fit into three frameworks that help characterize Physician Champions and the championing process. These can serve as the basis for both a contribution to the literature and practice of primary care transformation.

### FRAMEWORK # 1: CHAMPIONING DIMENSIONS

We used the concept of Physician Champion broadly, and found it useful to characterize championing itself in three dimensions:

- 1) Type** is the content of what is being championed: clinical, operational, governance, programmatic or policy change.
- 2) Level** refers to where the impact is directed, from the Physician Champion's own clinic all the way up to provincial impact. Table 1 maps type by level of championing.
- 3) Modality** refers to the manner in which the Physician Champion operates, and includes presentations (e.g., in person, webinar), workshops, leading group discussions (e.g., fireside chats, focus groups, webinar), developing implementation materials (e.g., checklists, guides, EMR modules), videos or stories, one-on-one (discussion, training, coaching, mentoring), allowing others to shadow (directly and indirectly), advocacy, and committee work. The appropriateness and effectiveness of a given modality depends on the level and type of championing.

**Table 1. Type of Championing by Level of Championing**

Type of Championing	Level of Championing			
	Clinic	PCN	Zone	Province
<b>Clinical</b> - Leads or actively promotes implementation of a clinical change (e.g., panel)	✓	✓	✓	✓
<b>Operational</b> - Leads or actively promotes implementation of an organizational change, (e.g., team-based care)	?	?	?	?
<b>Governance</b> - Leads or actively supports change through governance mechanisms, (e.g., board membership)	✓	✓	?	
<b>Program</b> - Leads or actively supports change by helping develop programs before they are launched (e.g., ASaP)		?		?
<b>Policy</b> - Leads or actively supports change by helping develop and shape relevant policy	?	?	?	?

Note: The ✓ (verified by participants) and ? (requires clarification) symbols represent the levels at which different types of championing occur.

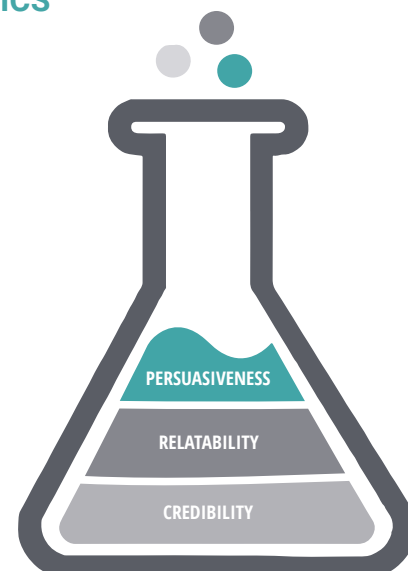
## FRAMEWORK # 2: ESSENTIAL PHYSICIAN CHAMPION CHARACTERISTICS

Effective Physician Champions are believed to possess three essential characteristics:

**Credibility** includes whether the audience feels that the Physician Champion is a practicing and effective physician, and whether they have had notable success in implementing what they are championing.

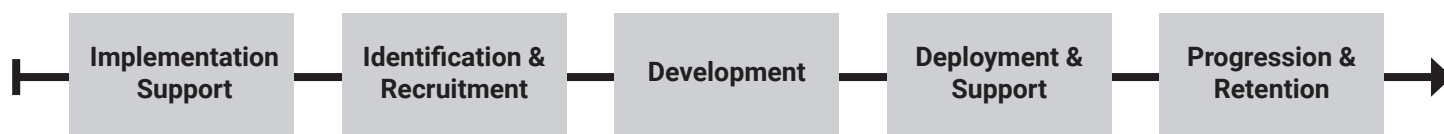
**Relatability** is the degree to which the audience feels the Physician Champion shares their goals and concerns, and operates in a similar context (e.g., culture, patient mix, practice size, EMR).

**Persuasiveness** is how well the Physician Champion can communicate their experiences and insights, and how well they can address audience concerns. Currently Physician Champions seem to be recruited for their credibility, and to a lesser extent persuasiveness. That said, because primary care practice and implementation is context specific, each Physician Champion will necessarily only be relatable to a certain range of audiences.



## FRAMEWORK # 3: THE FIVE PROCESSES IN LEVERAGING PHYSICIAN CHAMPIONS AS A STRATEGIC RESOURCE

The processes identified are illustrated below. The linear presentation represents the general sequence followed; however, recursive dynamics exist.



## OPPORTUNITIES TO APPLY RESEARCH FINDINGS

The frameworks above assist in understanding how best to move forward. To better leverage Physician Champions requires not only knowing their characteristics, dimensions but also the barriers they face and how they should work with other change agents, including AMA-ACTT members, Primary Care Network (PCN) Practice Facilitators, PCN Executive Directors, and other Physician Champions. Below are key issues themed under the supply and effectiveness of Physician Champions, followed by potential solutions that address specific issues (noted in parentheses). Concepts from the three frameworks are underlined.

### KEY ISSUES

#### Supply of Physician Champions

1. A few of the most experienced Physician Champions in Alberta are very advanced and over-used. This can lead to burn-out and diluted effectiveness because they are so far ahead that it lowers relatability.
2. Concurrent Physician Champion shortages and oversupply (by type and context); it's unclear how many Physician Champions are strategically needed for transformational efforts.
3. Diversity amongst Physician Champions; there is a need for more women, rural, and remote Physician Champions to increase Physician Champion relatability.
4. There is little understanding of how new cohorts of physicians think of Primary Care Practice, which affects their motivation to be a Physician Champion.
5. The focus of this research was primary care Physician Champions. However, specialty Physician Champions are needed; better understanding and possibly "integration" type Physician Champions to bridge the gap between specialty and primary care.

## Effectiveness of Physician Champions

6. In this pilot there was no shared understanding among participants of change agents or essential Physician Champion characteristics.
7. There are no clear roles for how other change agents should work with Physician Champions in each of the five strategic processes.
8. Physician Champions addressing one PMH component at a time are less effective than addressing multiple related ones.
9. Some Physician Champions are not as persuasive or relatable as they could be.
10. Some Physician Champions are not trained to move to the next level of championing.

## POTENTIAL SOLUTIONS

*Numbers listed below each solution correspond to key issues noted above.*

### **Improve the Identification and Recruitment of Physician Champions**

- Assess provincial Physician Champion gaps and trends; use an updated and more comprehensive Physician Champion registry **(1, 2, 3, 4)**
- Develop a process to strategically and systematically recruit new and more diverse Physician Champions **(1, 2, 3, 4, 5)**
- Consider developing non-Physician Champions as cost effective alternatives in some PMH initiatives **(1, 2, 3, 7)**
- Develop a systematic succession planning process for Physician Champions **(1, 2)** that includes development (see below)
- Identify (and develop) more PCN-based Physician Champions **(1, 2, 3)**

### **Improve the Development of Physician Champions and Change Agents**

- Build a clear, overall vision of PMH and train Physician Champions and other change agents in it **(2, 6, 7)**
- Train “cluster champions” who can speak to how different parts of PMH are related **(2, 8, 9)**
- Develop a comprehensive, standardized, but adaptable implementation narrative structure e.g., which includes logistical and financial dimensions of implementation **(8, 9)**
- Develop and improve modality specific training e.g., how to “read” a crowd in presentations **(9)**
- Develop Physician Champion skills in five championing types as needed for succession planning **(1, 10)**
- Assess different change agents’ roles in each of the five strategic processes and train them **(6, 7)**
- Get fellow change agents” (e.g., AMA-ACTT members) to share their expertise in Physician Champion support e.g., effectively matching Physician Champions to audiences, prepping a Physician Champion, event logistics, debriefing a Physician Champion, coaching a Physician Champion **(6, 7)**

## NEXT STEPS

Further research is needed to build a common understanding of the Physician Champion role and how it can be supported as part of PMH transformational efforts in Alberta.

If you have questions or would like a copy of the full report please email:

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