

Spring 2024 CPE Roundup

May 1-4, 2024 | Dallas, TX

The Health Management Academy’s Chief Physician Executive (CPE) Forum met in Dallas in May 2024, convening Leading Health Systems and Industry Partners to discuss their most pressing challenges, successes, and opportunities for partnership. Here is a quick recap of key topics discussed.

1

Reduced cognitive burden and improved physician engagement are—for now—stronger indicators of an AI pilot’s success than time savings.

- The main use cases for AI in clinical settings (e.g., documentation, inbox messages, prior auth, etc.) focus on reducing the time physicians spend on administrative work, making it a key metric CPEs are tracking to assess the effectiveness/ROI of AI pilots.
- But some CPEs found that time savings may not be the best metric to determine a pilot’s success compared to other indicators, such as reduced cognitive load.
 - Multiple CPEs reported increases in physician satisfaction with AI tools, despite minimal time savings. This was likely because it reduced the mental capacity physicians needed to spend on tasks.
 - This finding is consistent with Accenture’s analysis that physicians see their routine tasks as a “mental break” from more complex work. While health systems are often seeking increased productivity for physicians, this points to a need to reimagine human-machine workflows to assure the cognitive overload is reduced for providers.
 - As a result, some CPEs are looking to not require providers to see more patients due to AI tools or increase their panels, but rather slowly not replace physicians lost through attrition.
- Notably, task burden reduction pilots have achieved greater ROI when physicians are more engaged in AI training.
 - One CPE with a documentation pilot analyzed their EMR data to see how much time physicians spent on documentation. After engaging those in the bottom third of documentation in one or two hours of training, their pilot scores improved by 25-50%.
- At this point, it’s too early to say that AI doesn’t have potential to provide meaningful time savings for providers. But these early findings are an indicator that health systems need to invest in the education physicians need to fully optimize AI and quell their skepticism. Signal data—for those on Epic—will be important to track future time savings and hard ROI.

2

Clinical leaders are enforcing clinical standardization through new centralized governance and often moving health equity under these efforts.

- Consistent with health systems’ broader goals of quality improvement and clinical standardization, clinical leaders are investing in system-wide infrastructure dedicated to governing quality improvement across clinical roles and entities.
- To ensure quality was a system-wide responsibility, one health system implemented a centralized operating structure that focused on standardizing best practices, reaching a system-wide consensus on quality goals, and clearly defining the role each clinical leader has in driving quality improvement.
 - They were able to successfully scale this operating structure in part because they provided medical directors and department chairs additional training and resources so they could meaningfully partner with nursing leaders in driving quality and safety efforts.
- More broadly, there is a growing trend of health systems housing their health equity work in the quality and safety arm, with at least seven leading health systems in the past year shifting their governance structure so that the equity leader now reports up through quality and safety.
- CPEs agreed that integrating health equity into quality makes it everyone’s responsibility. But health systems still have larger challenges hindering their ability to scale equity initiatives, from needing to

invest in data infrastructure for stratified demographic data collection to navigating the divisive politics around DEI initiatives that other industries have experienced.

3

Leadership development and skill building are critical for physician retention and getting support for new initiatives.

- With perpetual workforce challenges, health systems are increasing investment in leadership development and skill building to improve physician retention and engagement. Two health systems discussed recent initiatives:
 - **Leadership competencies for modern day challenges:** CPEs agreed that it's almost impossible to find everyone in their organization that is struggling. Therefore, with the goal of being proactive about physician burnout, one health system provided leadership development training that used self-assessment, coaching, peer support, and skill building to ensure clinical leaders had the people managing skills they needed to support their teams. They found this was essential for turnover; sharing survey data that, without a positive wellness-focused leader, over half of providers would leave the organization in two years.
 - **Skill building through microlearning:** Another health system deployed a system-wide approach to skill-building through modular micro-learning. While improvements in HCAHPS scores were notable, the program's true impact was reflected in increased colleague engagement and a stronger brand reputation.
- While upskilling physicians with essential competencies improves engagement and retention, it also plays a critical role in how amenable they are to adopting new initiatives or operational changes.
- A recurring trend across CPE discussions (e.g., AI, quality improvement) was that physicians will be willing to engage in change management, but only if health systems invest in the educational resources physicians need.