

## "Cultivating Trust: The Board-Medical Staff Relationship"

*Trustee Online (11/08) Meyers, Susan*

Relationships between boards and medical staff are tenuous at best at some hospitals given the increased scrutiny of Medicare regulations and declines in reimbursements. However, boards must actively repair these relationships to meet quality and safety goals, and experts agree that transparency, communication and governance-level involvement from physicians and medical staff assuage those tensions. In a 2007 Institute for Healthcare Improvement white paper report, "Engaging Physicians in a Shared Quality Agenda," Reinertsen Group President James Reinertsen, MD, says, **"Boards need to stop thinking of doctors as customers and should start thinking of them as partners. Optimal hospital quality will only be achieved when the hearts and minds of the medical staff members are engaged in a common cause for quality with the hospital."** One of the first steps in improving communication between the board and physicians is to align the relationship with the quality agenda and eliminate misconceptions that the board is only interested in the bottom line and that physicians are only interested in the finances of their individual practices. Secondly, boards need to ensure that all physicians are reached by the board through one or more channels of communication, such as e-mail, fax and newsletters. Some hospitals have adopted chief medical officer positions to bridge the gap between the board and medical staff, while others have appointed physicians to the board. To garner support for quality and safety initiatives, board members must present physicians and medical staff with evidence regarding why changes are necessary in clinical processes.