The success of hospitals and the success of physicians are inescapably interdependent. Hospitals and physicians can “get by” with transactional relationships built on shared financial success, strong contracts, or pursuit of quality care. However, the true leaders of the future are the health organizations that can channel their combined power and attention in collaborative efforts to transcend current levels of problem solving.

This level of collaboration is indeed a moving target, and constant assessment and readjustment are required. Hospital-physician relationships that exceed beyond transactional associations are likely to assist a healthcare organization in breaking new ground in care delivery and becoming a formidable competitor. The following are ten characteristics of true hospital-physician collaborative partnerships.

1. **Physician input at virtually all levels of the hospital.** Hospitals need to engage physicians in meaningful roles beyond that of just providing traditional clinical input. Hospitals benefit from physicians’ unique perspective as clinical experts, “customers,” and representatives of patient concerns. Physician input should be sought and considered at all levels, from clinical processes to the board room.

2. **Open access for physician-administration communication.** Pressing issues and ideas often need to be discussed promptly before the next scheduled monthly or quarterly meeting. True partnerships allow avenues of quick access to decision-makers. However, this access should be used respectfully and when necessary — not to address minute issues or annoyances that arise.

3. **Trust.** Partnership trust is difficult to build and easy to destroy. It is developed over time by the parties’ commitment and fulfillment of promises. Hospital leaders and physicians must demonstrate their dedication toward common goals over their own pursuits. An early step in the trust building process includes documenting the respective responsibilities and expectations of each party (the “compact”) and recognizing when the other has fulfilled their commitments.

4. **New Marketplace Entries.** Companies such as Philips, Honeywell, Intel, Microsoft, and Google are not commonly associated with healthcare, but they are examples of the emerging response to the use of technology for transforming the delivery of healthcare. Philips, Honeywell, and Intel, through its recent acquisition of WebVCM, are companies that employ web-based technology to monitor chronically ill patients in the home and promote improved outcomes, reductions in hospitalizations, and the overall cost of care. Microsoft and Google are deploying web-based systems designed to enable individuals to consolidate, control, and securely share their medical record data. On June 11, 2008, Kaiser Permanente announced a pilot project to use Microsoft Health Vault, a consumer-controlled health record, which, if successful, will significantly expand the use of personal health records.

5. **Joint development and strategic planning.** Partners are invested in each other’s successes, knowing that their own achievements are dependent on the other’s. Administrators can help physicians strategize, market, recruit, and streamline their efforts. Likewise, physicians can help enhance the market positioning of the hospital and assist in planning and clinical improvement efforts.
6. **Clear common goals.** Common goals are the reason for collaboration. Hospital–physician relationships with clearly defined goals further develop trust and allow each to pursue the common goals collaboratively and independently.

7. **Active and broad participation.** Many hands are required to develop effective hospital–physician collaborative efforts, so wide participation (i.e., including dozens of hospital staff and physicians) is key. Lack of broad participation results in narrow points of view, a low degree of buy-in, and a high burnout rate. Further, it is important that participants stay active in providing input and collaborating with each other. Building successful teams and effective problem solving does not typically occur quickly, and teams need to be committed to their efforts.

8. **Long-term focus.** Hospitals and physicians hope to be in the market for extended periods of time. The most effective collaborative partnerships strive for years of gradual success. Many immediate conflicts and problems will be less significant if both parties have committed to long-term give-and-take.

9. **Ability to Compromise.** Hospitals and physicians typically come together, each with best intentions and deeply held beliefs on how to achieve them. More often than not, the paths and priorities are not in sync. Each party will need to keep the end goal in mind and appreciate there are often multiple ways to achieve that goal. A willingness to see validity in the other’s point of view and allow for some give-and-take will not only strengthen the collaborative partnership, but likely improve the outcome.

10. **Assumption of positive intent.** In physician-hospital interactions, there is great opportunity for misunderstanding. Words, actions, or even just tone can easily be misconstrued as aggressive, condescending, or dismissive. Long-term collaborative partnerships are strengthened by assuming the other has positive intent and then examining possible motivations for their words or actions. With this approach, many knee-jerk and downward spiraling arguments can be avoided.

As healthcare organizations devise and refine their hospital-physician strategy, these ten characteristics of truly collaborative hospital-physician partnerships should be considered to ensure the mutual success of both parties. For more information on hospital-physician strategy, please contact Craig Enge at 310-320-3990 or cenge@thecamdengroup.com