"We need to do more than give anesthesia!" – How do you incentivize colleagues to do new activities?

**Incentives & Behavior Modification Systems**

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**Disclosure**

- ECG Consultants
- Technical Advisor
- Focus on Staffing Models

**Incentives**

- Incentives vs. Variable Pay
- What is an incentive?
- Behavior Modification Principles
  - Pinpoint Relevant Behavior
  - Charting Behavior
  - Choosing a Contingent Reinforcement
  - Reasons
    - Worked, Maintain System
    - Not Worked, Reassess Behavior
  - Examples

**Incentive vs. Variable Pay Systems**

<table>
<thead>
<tr>
<th>Incentive</th>
<th>Variable Pay</th>
</tr>
</thead>
<tbody>
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<td>Only activities don't want to do &amp; the group needs to do to be successful</td>
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**Incentive vs. Variable Pay Systems**

- Understandability
- Fairness
- Complexity

**Incentive vs. Variable Pay Systems**

- Only activities don't want to do & the group needs to do to be successful
- Base Salary → most activities/behavior
- Base salary + incentive (20%)
- Simple
- Easier to understand and administrate
- Feedback immediate

- All productive activities
- Base salary covers very little
- Small base + large variable (75%)
- Complex
- Information system needed
- Feedback not immediate
What is an Incentive?

- If all things were equal, how do you decide what to do each day?
- To do something that is at odds to your personal satisfaction, you need an incentive (that outweighs personal satisfaction!)
  - Why get up and go to work?
  - Why sit in this lecture rather than in the hot tub?
  - Why not have that dessert (or extra dessert)?
  - Why stay in academics? (non-financial incentives)
- Therefore, incentives are really ...
- Behavior Modification Systems

Behavior Modification: Just Goal Setting?

Behavior Modification: More than Goal Setting, but Changing Behavior

Behavior Modification Principles

- Caution in choosing what to incentivize or reward!
- The enemy of Good is Better. If it isn’t Broken… Don’t simply set up incentives if none needed
- The Folly of Rewarding A, Hopping for B.
**Folly of Rewarding A, Hoping for B**

- Multiple examples.
- Important to understand what a measurement values or devalues.
- Examples from OR management:
  - B = Better OR throughput; A = first case starts on-time incentive
  - B = Better ROI of OR time; A = utilization to determine block time

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**Behavior Modification Principles**

- Develop buy-in.
- Timing is important: the closer the reinforcement is to behavior, the better success.
- Observer effect (rewards principle) is very effective
- Carrot is in the right place/reinforcement

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**Behavior Modification Principles**

- Contingent Reinforcement
  - Response is contingent on the behavior

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**Contingent Reinforcement:**

*Positive Reinforcement*

- Goal: Increase Frequency of Behavior
- Most Effective Reinforcement
  - Reward is not necessarily same as reinforcement
    - A reward is a reinforcer if reward increases the behavior
    - Reward = an event that person finds desirable or pleasing
      - Depends on the person – if not viewed as a "reward", then no change in behavior
    - Timing is very important: A connection to behavior and reward.
    - "Secondary reactions" – may lead to decreasing behavior rather than increasing


**Contingent Reinforcement: Positive Reinforcement**

- Most common one – money or compensation
- Most effective may not be money. Why Leadership matters.
  - Visible approval
  - Assignments to desired tasks
  - Titles, promotions
  - Extra time off
  - Incentives, ownership of work flow, more independence
- Job satisfaction: Highest when paid market compensation and have a rewarding work environment

**Money is Not the ONLY Motivator**

- Haifa Day Care Centers closed at 4 pm.
- Most parents picked up kids by 4 pm.
  - If they were late, they relied on generosity of one teacher.
  - Being late meant facing that same teacher and apologizing to her
- Experiment,
  - Randomly chose 6 of 10 daycares, small fine for showing up more than 30 min late
  - Results: parents immediately showing up late at ×2 initial rate
  - Removed fines, and...
    - ...rate did not go back to baseline
- If you monetize an activity, then you may devalue the activity

**Contingent Reinforcement: Negative Reinforcement**

- Goal: Increase Frequency of Behavior
- Not same as punishment (used to decrease frequency)
- Escape Learning: unpleasant event occurs until person performs a behavior, or escape response, to terminate it
  - Example: fire alarm, evacuation lane law
- Avoidance Learning: person prevents unpleasant event from occurring by completing the proper behavior
  - Publishing list of each day of delayed first cases starts or long turnover by anesthesiologist
  - Publishing patient satisfaction scores by anesthesiologist

**Contingent Reinforcement: Omission**

- Goal: Decrease Frequency of Behavior
- Omissions: removal of all reinforcing behavior
- 3 Steps:
  1. Identifying the behavior to be reduced or eliminated
  2. Identifying the reinforcer that maintains the behavior, and
  3. Keeping the reinforcer
- Examples:
  - Meeting starting late. Start meeting at the time scheduled. Don’t wait for everyone. If someone comes in late, just ignore it.
  - Inappropriate jokes. Stop laughing at them.
- Careful: Omission can be done by accident
- Omission = failure to reinforce a behavior
- Mistake is when you don’t reinforce desirable behavior → decrease in frequency through omission

**Contingent Reinforcement: Punishment**

- Goal: Decrease Frequency of (undesired) Behavior
- Should be reserved only in cases of serious behavior problems
- To be effective
  - Needs to be linked directly to undesired behavior
  - Immediate feedback
  - Size – should fill the issue
- Negative Effects of Punishment are numerous
  - Although short-term may work, long-term undesired behavior can occur
  - Apathy, high turnover or absenteeism, aggressive or disruptive behavior
  - Learned helplessness & Pygmalion effect
- Remember: Punishment can be interpersonal – both verbal and nonverbal

**Behavior Modification Principles**

- Contingent Reinforcement
- Money is not the only kind
Behavior Modification Principles

- Reinforcement is essential
- If working: maintaining system till behavior is learned and part of the culture
- Only one of Gp program will have long term results

Behavior Modification

Incentivize Behavior that is NOT being done.

- Reinforcement – may use multiple ones and reassess
- Examples

Sample Group Performance Metrics

- Clinical Process Metrics
  - SCIP, SCOPE, HEDIS
  - Surgical Process and Efficiency Metrics
  - Improve first case on time starts
  - Improve OR-To-T compliance with goals
  - Reduce Anesthesia identified causes
- Quality Metrics
  - Complications and patient safety metrics
  - Reimbursement rates
  - Reduce inpatient mortality index
  - Reduce readmissions within 30 days related to anesthesia

GROUP Behavior Modification

- Group Goal: Surgical Process and Efficiency Metrics
  - Improve first case on time starts
  - Improve OR-To-T compliance with goals
  - Reduce Anesthesia identified causes

Adapted from Dr. Stanley Stead
**INDIVIDUAL Behavior Modification**

Not all under individual's control, but much under individual's influence

- Improve first case on-time starts
- Improve OR ToT compliance with goals
- Reduce Anesthesia identified causes

**Group Behavior Modification**

- Group巅出 Surgical Process and Efficiency Metrics
- Charting Incentives & Tools
- Anesthesia Providers Quarterly

**Group Report**

- Daily & Weekly
- Monthly & Annual

**Incentives and Behavior Modification**

- Positive Reinforcement
- Group Incentives Payments

**Group Performance Metrics**

- Clinical Process Metrics
- SCIF, SCORE
- Surgical Process and Efficiency Metrics
- Improvement in first case on-time starts
- Improvement OR ToT compliance with goals
- Reduction in Anesthesia identified causes

- Quality Metrics
- Complications and patient safety metrics
- Reimbursement rates
- Reduction in anesthetized mortality

**Quality: OPPE**

Ongoing Physician Practice Evaluation

- Areas
  - Patient care
  - Professionalism
  - Interpersonal and Communication skills (includes plus feedback)
  - Medical and Clinical Knowledge
  - Practice-based learning and improvement
  - System-based Practice

- Development phase you can measure and outcomes
- Chart as compared to colleagues
- Monthly or quarterly report - difficult to do positive reinforcement to change behavior
- Simple "negative reinforcement" may be enough for most
- Positive Reinforcement - Participate in group payment for high quality provider (noted for those few who need to change behavior)
- Incentives for severe undesirable behavior

**Quality Metrics: Showing Value**

- ACO Website Resources
- Quality Program is important
- New behaviors would be to improve quality
- How to measure?
- Tools and Measurements from ACO website

- From this define to your group members which behaviors are desirable and undesirable (what will be measured)
- Chart measurements
- Negative reinforcement – publish by provider outcomes
- Positive reinforcement – sharing in group payment
- Punishment – last resort

**Incentives Need to Change because New Behaviors are Needed**

Why change?

- Positive Reinforcement
- Incentive to change

**Surgeon Riding a Bike**

- Dam, anesthesia
Reality
Healing is an Art

Medicine is a Science

Healthcare is a Business