Foundation of the
American College of
Healthcare Executives
for leaders who care®

Physician Leaders: Needed Now!

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LEADERSHIP CENTER STAGE

2015 CONGRESS ON HEALTHCARE LEADERSHIP

- Clinical Integration has created a massive demand for better prepared & engaged physician leaders.
- Organizations must identify physician leaders & gain high levels of involvement from them in governance, management, quality and strategy.
- Selection processes must use validated competency models to identify & assess appropriate leaders from physician ranks.

Physician Executive Boot Camp

- A part of pre-Congress activities for a dozen years
- Limited to 25-30 physicians to promote dialogue
- Experience ranges from < 1 year to 3-4 years
- Some international attendees

Learning Objectives of Boot Camp

- Understand the barriers and difficulties physicians face moving from a clinical to an executive role
- Identify methods to develop the leadership and operational skills required for success as a physician leader
- Learn techniques for building relationships with the executive team, medical staff, and the board
- Explore common problems and develop collaborative solutions

Issues Raised by Attendees at Boot Camp

- Promoting collaboration in an autonomous culture
- Transitioning from clinician to executive: Avoiding the minefields
- Negotiating skills/techniques
- Principles of influence
- Politics and power within healthcare organizations

Issues Raised at Boot Camp

- How to handle marginal/poor performers
- Addressing generational issues among physicians
- How to lead across disciplines
- Breaking down silos within organizations

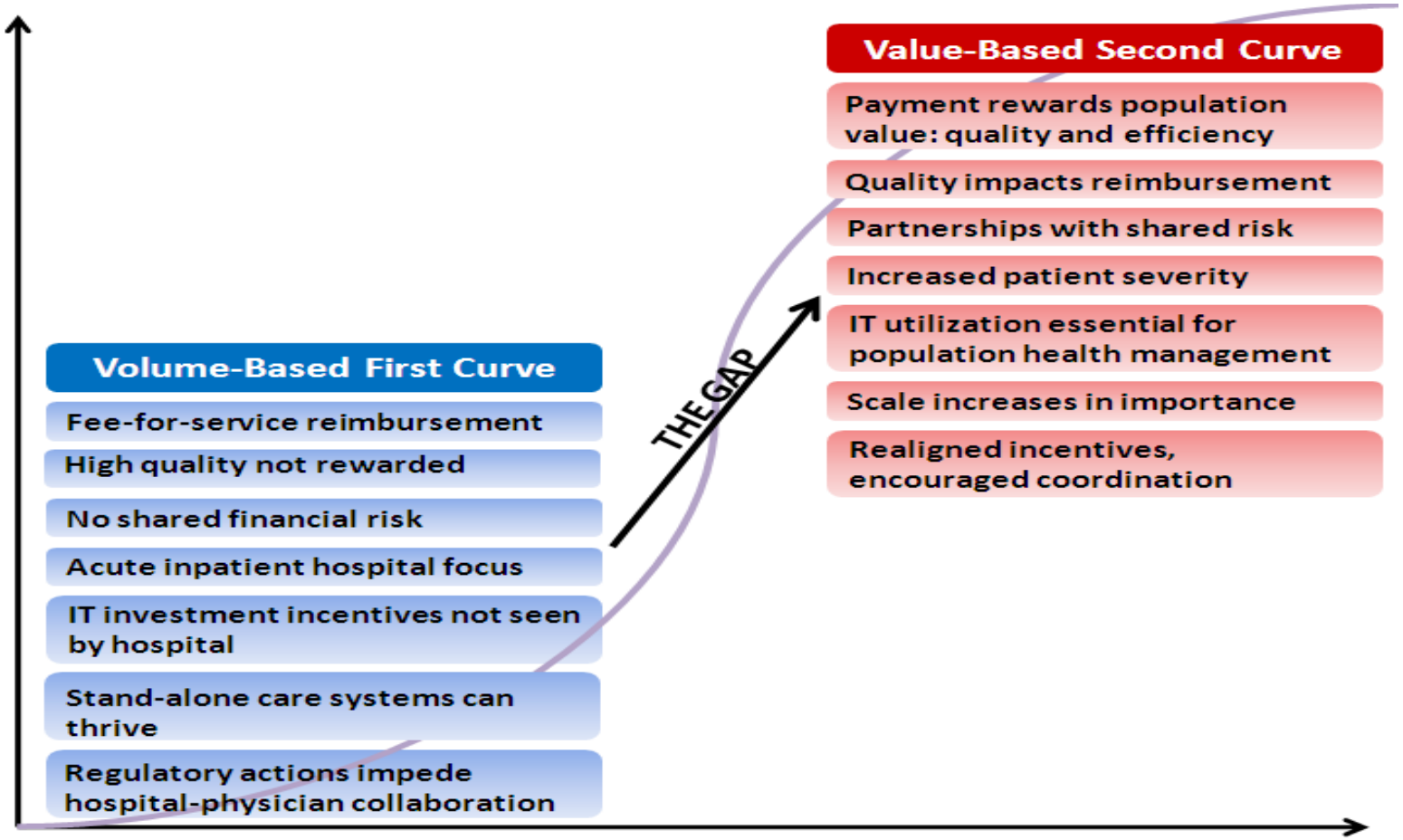
Typical Profile of Attendees

- Physicians did not plan on an executive career
- Many had prior medical staff leadership role
- Began in part-time position focused on medical staff issues
- Responsibilities and expectations are now more substantial
- Majority lack formal training

Typical Profile of Attendees

- Few, if any, have a mentor
- Most took the position without:
  - Plans for continued growth and development
  - Clear expectations
  - Measures of success
  - Resources

First-Curve to Second-Curve Markets



Second Curve Road Map for Health Care. April 2013
HRET

Strategy Implementation to Core Competencies

Adoption of Must-Do Strategies

1. ***Clinician-hospital alignment***
2. ***Quality and patient safety***
3. ***Efficiency through productivity and financial management***
4. ***Integrated information systems***
5. Integrated provider networks
6. Engaged employees & physicians
7. Strengthening finances
8. Payer-provider partnerships
9. Scenario-based planning
10. Population health improvement

Organizational culture enables strategy execution

Development of Core Competencies

1. Design and implementation of patient-centered, integrated care
2. Creation of accountable governance & leadership
3. Strategic planning in an unstable environment
4. Internal & external collaboration
5. Financial stewardship and enterprise risk management
6. Engagement of employees' full potential
7. Utilization of electronic data for performance improvement

Metrics to Evaluate Progress

Self-Assessment Questions

Second Curve Road Map for Health Care. April 2013 HRET

Please Note

- The requirements on the previous two slides **CANNOT** be accomplished without physician leadership

Questions that need to be asked EVEN if you have a physician executive(s)

Patient Centricity and Clinical Integration

1. Have we developed a clear and compelling approach to clinician alignment and integration for our marketplace?
2. Are we moving aggressively to measure, manage, and improve the efficiency of patient care across the continuum?
3. How successful are we at employing evidence-based medicine?

Internal and External Collaboration

1. What is the level of trust in our organization?
2. What is our desired culture?
3. Are our leaders role models for collaboration?
4. Are we considered a valuable partner within and without the organization?

Employee Engagement

1. Is there a definite strategy for physician and employee engagement?
2. Is this a learning organization?
3. How are we doing with recruitment and retention?
4. Do we have a strategy for developing future leaders?

Culture

- Ask yourself these questions
  - What is the current cultural reality in the organization?
  - What is the desired reality?
  - What gaps exist between the current and desired realties?
  - Can the gaps be bridged?
  - If so, what are the best ways to bridge them?

Culture Shift: A Leader's Guide to Managing Change in Health Care. Joan E. Lowery. Slides 18-22

What is a Professional Organization?

- Lorsch and Tierney (1999): Leadership without control
- Friedson (2001): Participants whose institutional circumstances allow them to control work, rather than the market or consumers
- Brint (1994): A form of collective organization, as a status category, and as representing a coherent ideology

Examples of Professional Organizations

- Medical practice
- Medical Staff Organization
- Accounting, engineering, legal and most consulting firms
- Universities

What Makes Professional Organizations So Different?

Factor	Corporation	Profession
Identity	Employee	Partner or Independent professional
Motivation	Extrinsic	Intrinsic
Organizational Structure	Hierarchical	Loosely coupled, temporary expert teams
Authority	Positional	Expert
Span of Control	Broad, defined	Fluid matrix teams, if any

What Makes Professional Organizations So Different?

Factor	Corporation	Profession
Decision Making	Autocratic or Hierarchical	Consensus driven democracy
Communication	Goal focused	Consensus driven
Leadership	Formal + expert	Leadership without control, influential + expert
Governance	Others: Board	Self-Governed
Organizational Culture	Leader-driven	First among equals

The Culture of Professional Organizations

- Decision by committee
- Fluid participation
- Issue carousel
- Conflict is common but not obvious
- Subsidiary processes
- Interdependent activities
- Political systems
- Anti-hierarchical culture
- Goals may not be mutually shared

Organization

- Governance
  - Power and influence widely distributed
  - Networks of peers, not hierarchies
  - No common boss to resolve conflict
  - Professional democracy

Making the Transition from Clinician to Manager

- Clinical competence
- Interpersonal competence
- Personal management competence
- Informatics and IS skills
- Quality Improvement and System Applications
- Complex adaptive systems and organizational design
- Transformational leadership

Tangible Skills

- Communication
  - Personal style
  - Meetings
  - Consistent focus on culture of safety
- Consensus-Building
  - Connections through emotional intelligence
  - Influence and authority
- Negotiation skills

Why Physician-Managers Fail

- Insensitivity and arrogance
- Inability to choose staff
- Over-managing (inability to delegate)
- Inability to adapt to a boss
- Fighting the wrong battles
- Being seen as untrustworthy
- Being overwhelmed by the job
- Lacking specific skills or knowledge
- Lacking commitment to the job

Myths vs. Realities

Myths

- The “soft stuff” doesn’t matter
- Formal authority works
- Rank gives privilege

Realities

- Relational skills are the hardest and the most important
- Role and title are necessary, but not sufficient—role competence is critical
- Increasing rank requires more patience, communication skills & time management

The Qualities of Leadership

- Credibility
  - The single most significant determinant of whether a leaders will be followed over time
  - The hardest attribute to earn and the most easily squandered
  - Once used up, it is difficult to regain

The Qualities of Leadership

- What Do Constituents Want in a Leader?
  - Honesty
  - Forward-thinking
  - Inspiring
  - Competent

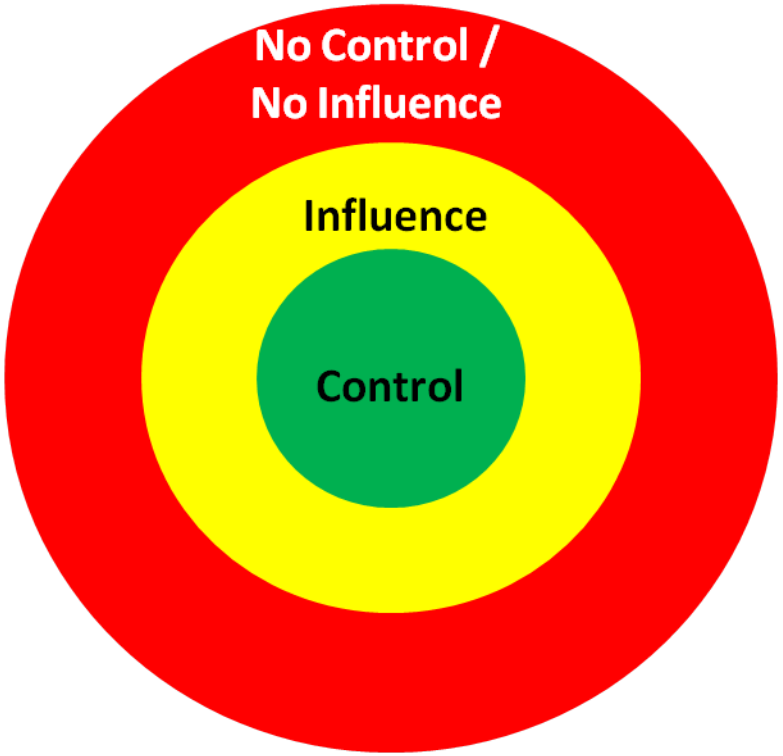
- "Source Credibility"
  - If we don't believe in the messenger, we won't believe the message

Leadership

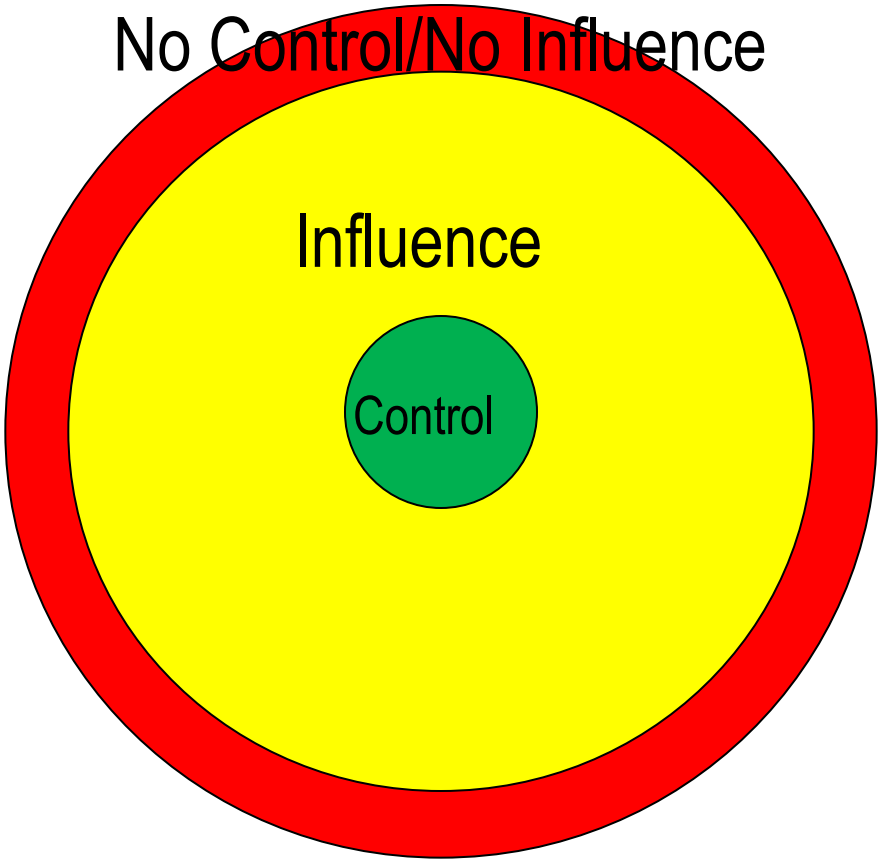
- Leadership without control
  - Influence, not power
  - Leading from within, not from above
- Consensus building, not coalitions
- Emotional intelligence essential + intuition and judgment
- Opinions are interesting, facts are critical
- Healthy respect for competitive natures
- Character counts
- Alignment vs. mandates

Aligning the Stars: How to succeed when professionals drive results. Lorsch and Tierney. 2002.

The Conundrum of Control



The Malaysian Monkey Trap


No Control/No Influence
Influence
Control

THE LEADERSHIP IMPERATIVE

- We are in “Permanent White Water”
- We are challenged to improve the quality of care in the face of constrained resources
- We must encourage collaboration among those who provide healthcare
- We must unify a fragmented system!

THE LEADERSHIP IMPERATIVE

- What we must do and be!
  - Rebuild Trust
  - Restore Efficient Processes
  - Ensure Quality Through Organizational Transitions
  - Powerful Communicators
  - Enthusiastic Motivators
  - Strategic Thinkers

Choose Physician Leaders for…..

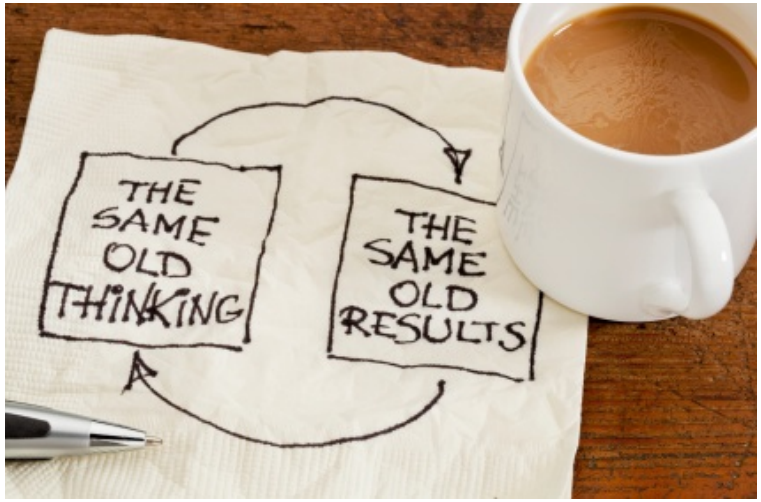
- ✓Part time roles
- ✓Boards
- ✓Task Forces
- ✓Guidance Councils
- ✓Full time roles
- ✓Mentors

"There aren't enough physicians on board."

Mitch Morris, MD, Deloitte, LLP

Upon What Basis Are Your Physician Leaders Chosen?

Historical results have been dismal



Selecting physician leaders – tougher than suspected

Traditional Selection Methods – The Old Med Staff Model

Self-Nomination	Most frequent way physicians have historically surfaced in leadership
Reward for Loyalty	Many organizations recognize loyal physicians
"Looks Like a Leader"	Although an illusion it is used - leaders simply stand out
Grievance Docs	Physicians with specific issues or complaints & insert themselves into leadership positions to address them
"My Time Has Come"	The classic appointment process. Dr Jones was out of the room!

Often Leading to ----

- ✓The Wrong Choice
- ✓An Autocrat
- ✓Conflicts
- ✓Work-arounds
- ✓Expense
- ✓Culture clash

Most physician leadership selection is done haphazardly

Selecting the wrong physician leader = disaster

Consider "High Potential" Concepts

High potentials are those who:

- ✓Sees leadership as different than clinical medicine
- ✓Willing to develop as leaders
- ✓Can think long term
- ✓See the bigger issues
- ✓Practice & promote collaboration
- ✓Are advocates of both the organization & patients
- ✓Enjoy a team-based environment
- ✓Are strong listeners & communicators

High potential physician leaders – very valuable assets

Identify High-Potential Physician Leaders

Leadership Calling

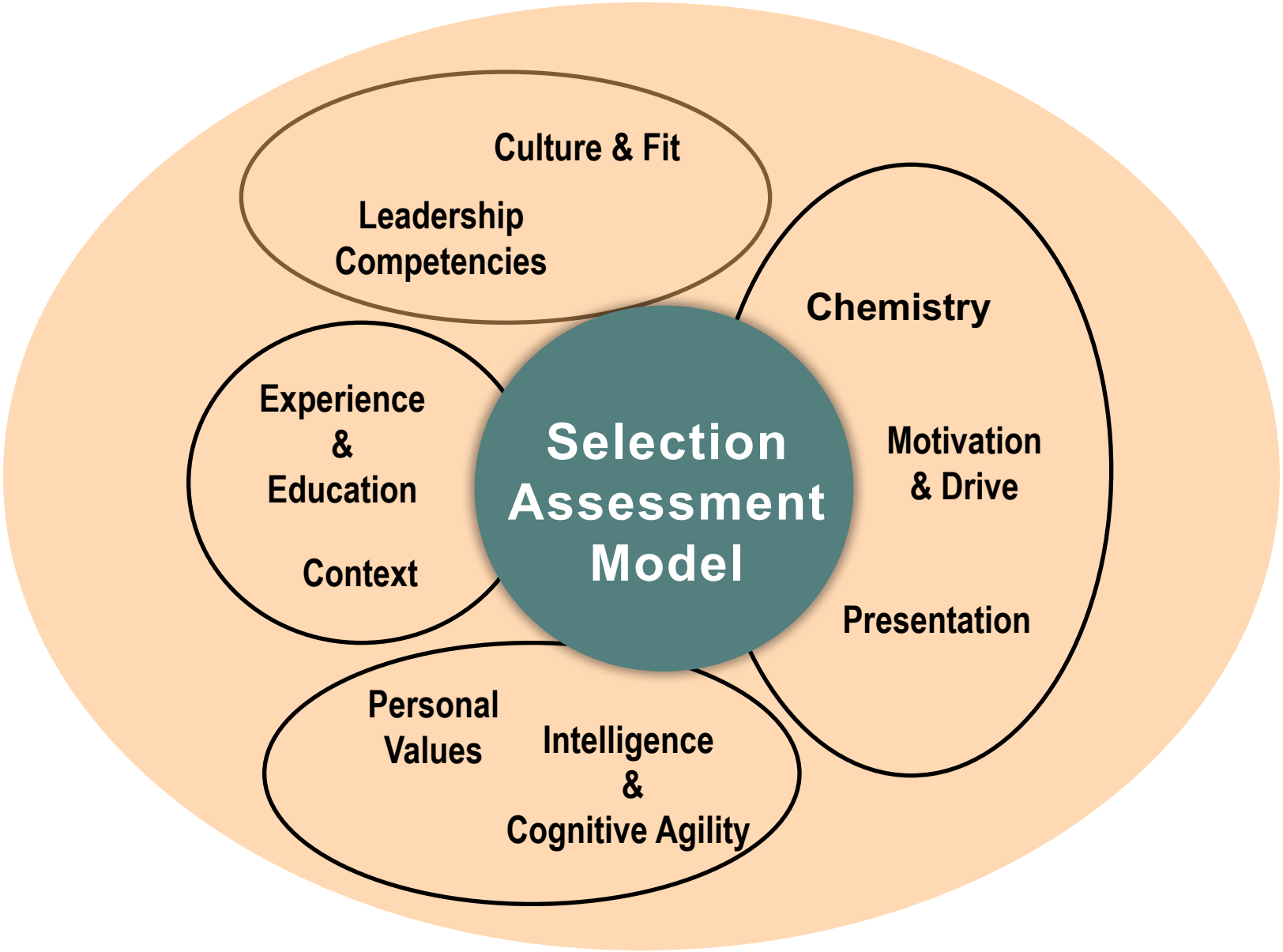
- Interest in broad strategic matters
- Excited about the vision of healthcare & issues broader than their own practices
- Look to add value to an organization
- Ability to get others to cooperate & lead teams

Personality Traits

- High integrity, authenticity, & fair-mindedness
- Servant leaders who walk the talk
- Focused on improvement
- Communicate effectively

Leadership Competencies

- Use a competency model to evaluate entrance into leadership ranks
- Formalized selection model


Culture & Fit
Leadership Competencies
Chemistry
Experience & Education
Context
Selection Assessment Model
Motivation & Drive
Presentation
Personal Values
Intelligence & Cognitive Agility

Provide Various Transition Opportunities

- You need –
  - ✓A well thought-out plan to give physicians a chance to try leadership out
- Give physicians opportunities to
  - ✓Join committees or get board assignments
  - ✓Do special projects / lead task forces
  - ✓Discuss leadership & management with others
  - ✓Try some leadership activities
  - ✓Gain leadership education

The part time position is the entry point for 80% of all physician leaders

Get Physicians Engaged

- Traditional medical staff governance model – Almost gone – Engage your physicians in developing the replacement model
- Help physicians see that the skills that made medical staff leaders in the past are **not** the same for “new” physician leadership positions
- “Physician Led” or “Physician Centric” - either way, that is the direction the industry is moving
- Physicians need to be actively involved & consulted with on an on-going basis

- We have to organize around the idea that complex care for, say, cancer patients involves surgery, radiation, social work, all kinds of needs. That shift means you have to ***elevate clinical leaders into having responsibility for how the whole system works***.
- It doesn't mean that the CEO has to be a doctor, but it does mean that clinicians have to ***take responsibility for not just doing an operation right, but for how everything is organized***.

Atul Gawande, MD

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