

Increasing Physician Leadership Through Dual Based Dyadic Management

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**2016
CONGRESS
ON
HEALTHCARE
LEADERSHIP**

MARCH 14–17, 2016
HYATT REGENCY CHICAGO

**LEADING
WELL**

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Learning Objectives

- Identify several specific ways to increase meaningful physician leadership through part-time leadership roles.
- Appraise how a dual dyadic management structure successfully addressed one medical groups' leadership challenges, including how part-time physician leaders are able to dedicate time to management activities and organizational leadership.

Agenda

- Why the need for more physician leaders?
- One of the better solutions = create more formalized part-time physician leadership positions
- Dyads as a great way to use part time physician leaders
- Detailed look at how Memorial Hermann Medical Group addressed their need for more physician leadership involvement

Organizations must increase the number of physician leaders

“The decade we’re in is probably going to lead to the greatest amount of change that’s been experienced for the last hundred years in health care”

Dean Gruner, MD, president & CEO ThedaCare Inc

“When you get someone who knows what quality looks like, and pair that with a curiosity about new ways to think about leading, you end up with people who are able to produce dramatic innovations in the field”

Maureen Bisognano, president & CEO Institute for Healthcare Improvement

Organizations must increase the number of physician leaders

- 2011 research study - hospital quality scores 25% higher at hospitals led by physicians. Scores for cancer care even higher at physician-led hospitals
- US News rankings - top 5 led by physicians, & 10 of the 18 are physician-led
- Physicians are responsible for 75% of the costs incurred by healthcare organizations

Organizations must increase the number of physician leaders

- Medicine is in transition. Physicians must lead the way in order for the highest quality healthcare to be effectively delivered going forward.

Kevin R. Campbell, MD, MedPage Today

- “Most medicine is delivered by teams of people...yet we don’t train physicians how to lead teams or be team members”

Atul Gawande, MD, Harvard Business Review,
“Healthcare Needs a New Kind of Hero,” April 2010

Organizations must increase the number of physician leaders

- Physicians control much of service quality
- Physicians who combine clinical & managerial skills are often best equipped to lead
- Hospitals with greater degrees of physician leadership involvement scored higher, on average, in performance management & Lean management, & produced higher average overall management scores (McKinsey study)

Organizations must increase the number of physician leaders

- Physician leaders can improve quality & safety
- Help lead the transition to value based care
- Enhance **physician engagement**



But – Stop!

- Organizations must increase the number of physician leaders
- Do you agree?



More Physician Leaders - How?

- Fact #1 - Many simply do not want to leave clinical practice
- Fact #2 - Recruiting success of physician leaders from outside the organization has not been stellar
- Fact #3 - The supply of physician leaders is meager
- Fact #4 - The supply of ***experienced*** physician leaders is even more meager

Physicians need development to transition into leaders

- The transition to leadership for physicians is **not** a natural transition
- Many do not wish to leave clinical practice
- Thus the need for more **part-time physician leaders**
- A solution to the physician leadership shortage is involving more part time physicians in leadership roles
- And an added benefit - Part-timers are closer to the front lines of clinical integration

Leadership Development for Physicians

- Perhaps as hot of a topic as “physician engagement”
 - ❑ Physician leadership academies/institutes
 - ❑ Physicians getting master’s degree

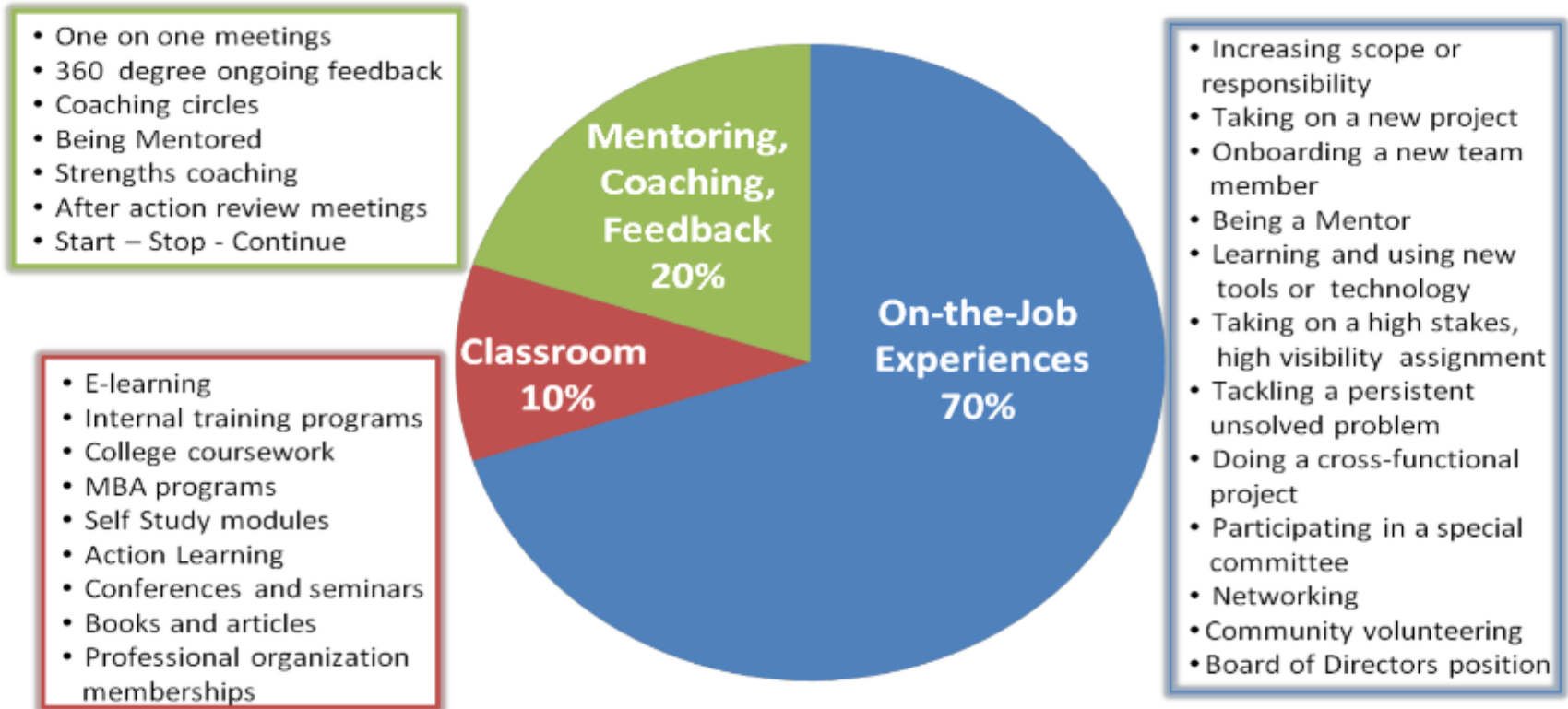


Leaders develop through experiences

- Dyad structures also address another aspect of leadership development – most leadership development occurs through
 - ❑ experiences – and
 - ❑ experiences that have something on the line (often called “crucible” experiences)
- Ask yourself – how did I develop as a leader?



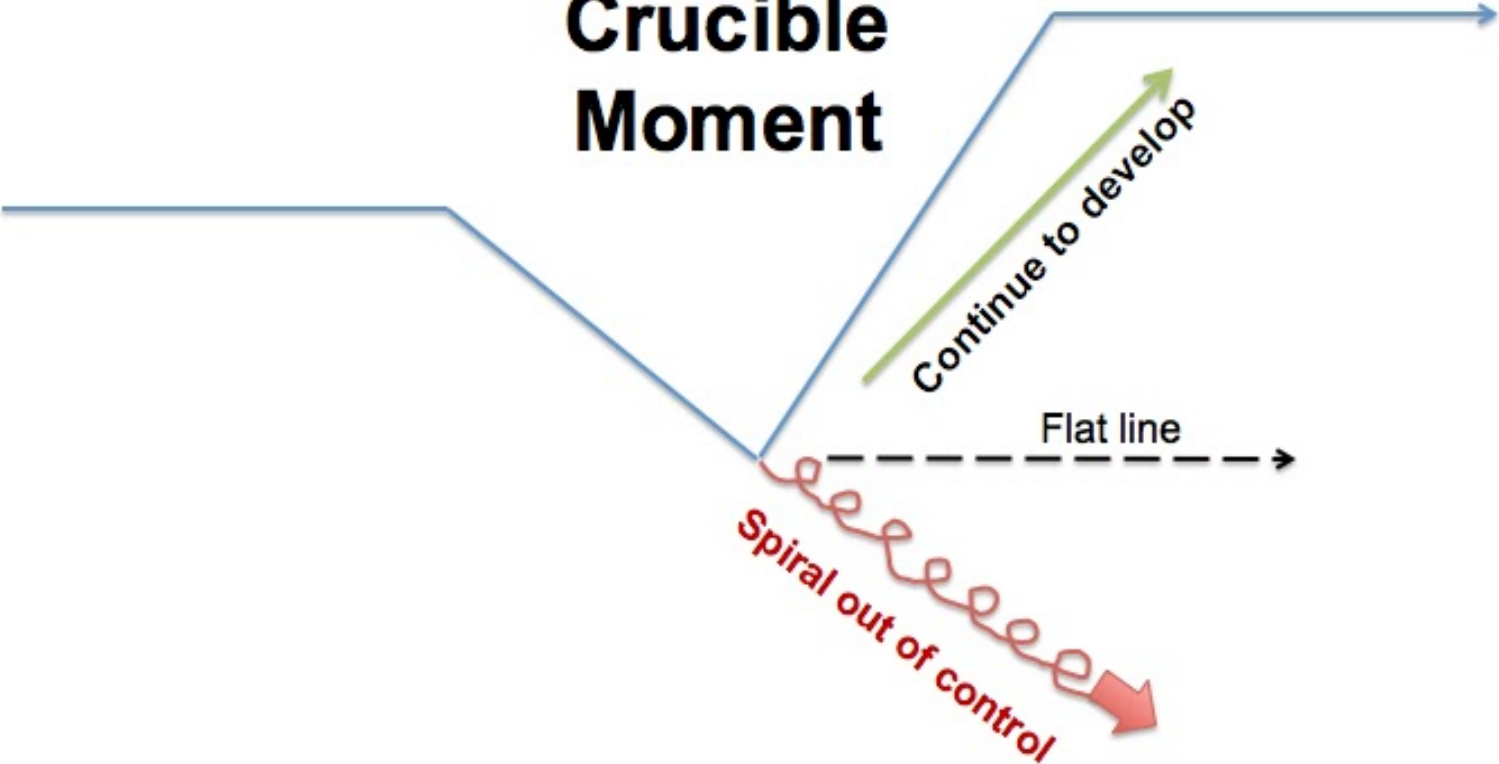
70/20/10 Development Approach



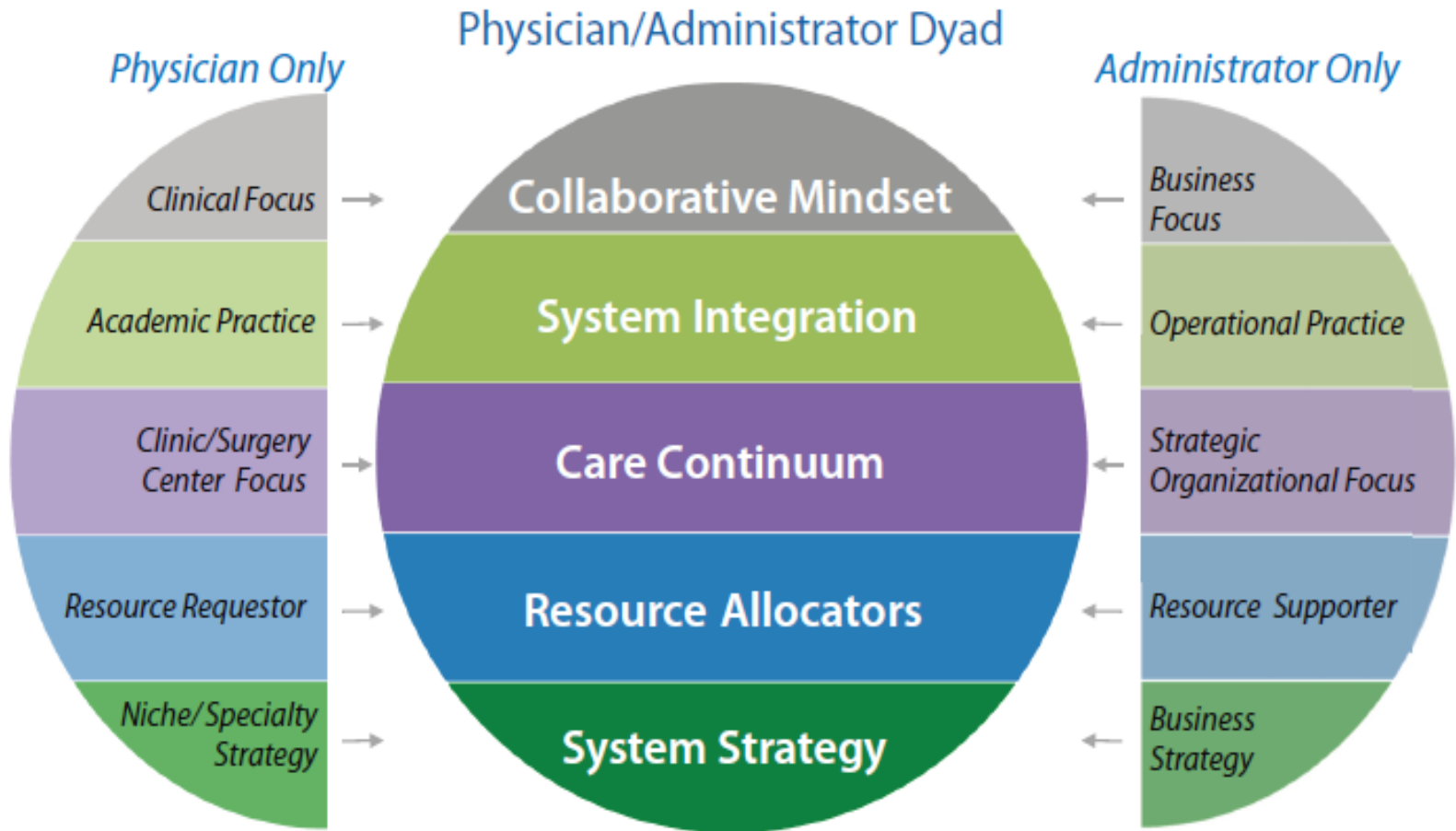
Allocating more time to experiential, applied learning yields better development and business outcomes.

Leadership is typically forged in a crucible, an event or experience that tests and transforms a person.

Crucible Moment

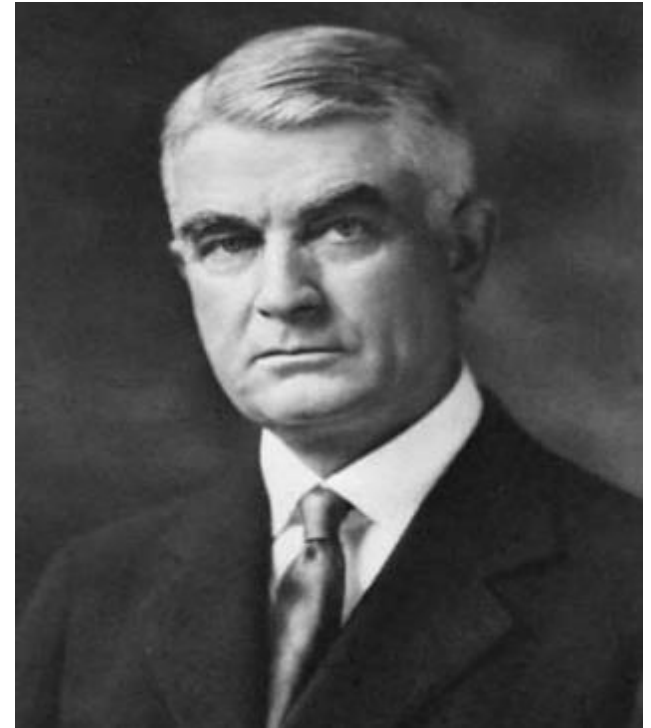


One way to develop physician leaders is dyad structures



Dyads

- "The best interest of the patient is the only interest to be considered and in order that the sick may have the benefit of advancing knowledge, union of forces is necessary. ... it has become necessary to develop medicine as a cooperative science." W.J. Mayo, 1910



Dyads

- “...assigns dual responsibility to a physician and non physician leader, who assume accountability for a clinical service, department, strategic initiative, or operating department within a healthcare organization’s structure.”

Dyad Leadership in Healthcare: When One Plus and One is Greater than Two. Kathleen Sanford and Stephen Moore, MD, 2015



Dyads

“We went to a dyad model and spent a lot of time getting physician leaders educated and trained—because great medicine skills don’t necessarily translate to great leadership skills.

It’s not cheap; however it’s less expensive for the organization in the long run than not doing it.

Both members of our dyads have identical goals and incentive bonus opportunities—they sink or swim together.

Each dyad is unique. It’s kind of like a marriage. They have to decide how they’re going to work together, and how they’re going to gain consensus.”

Mark Laney, MD, President and CEO, Heartland Health (NOW Mosaic Life Care)
<http://eon.businesswire.com/news/eon/20130321005181/en/healthcare/health-care/health>

A strategy for creating and sustaining a high performing dyad doesn't just happen; it must be deliberately built and fostered over time through a:

- Clear vision of the dyad model and what each role plays within it, including an updated job description for each dyad member to reflect new responsibilities
- Shared accountability around one vision with specific goals to be reached in an agreed-upon timeframe
- Focus on empowerment at the site-level
- Mix of the right non-physicians matched with the right physicians
- Scorecard-based evaluation process reflecting the effectiveness of each dyad member
- Constant leadership development for the physicians
- Commitment from the most effective dyad, at the senior-most level, to model the behaviors and practices for dyads beneath them in ongoing mentorship-by-example

Dr. James – A Look at Memorial Hermann



Original Management Model - Concerns

- Lack of Communication with Providers
- Rapid Growth with little standardization
- Leadership Turnover
- Disengagement
- Decreased Productivity
- Decision Legitimacy – Physicians not included in decision loop



Original Management Model - Concerns

- Decision Quality – Some aspects of care process & business cycle not considered, decisions based on CEO opinion only
- Physicians unclear on leadership & accountability
- Inability to properly address physician behavioral & quality issues
- Physicians not educated on resource limitations; how budgets implemented & allocated
- Lack of practice leadership in some locations



Steps to Our Organizational Transformation

Leadership

- Dismissal of CEO with system executive placed in an acting role.
- National search for new CEO.
- Certified Physician Executive selected for the new role with input from senior physicians and directors
- Experienced MBA executive with deep system experience & an extensive organizational network selected as COO to work as Dyadic partner with the new CEO

Management

- Best Directors retained in new roles as Directors of Business Operations.
- Best Physician leaders elevated to Directors of Medical Operations.
- Paired in Dyadic Performance Management teams.
- Revenue Cycle/Business Office & Nursing/Clinical leadership incorporated into a Dual Dyadic Enterprise Management model.

Governance

- Creation of physician chaired Governance Councils
- Board of Directors invests Dyadic management structure with responsibility for organizational leadership.
- Policies and Processes now incorporate Physician input & consent.

Precepts of the Dyadic Management Model

- Physician leaders must commit to a path of personal development & be willing to dedicate time to management activities & organizational leadership by reducing some clinical responsibilities.
- Business managers must accept the idea of cooperatively & collaboratively linking their traditional roles to their dyadic physician partner to enhance provider engagement & capitalize on the combined skill set of a dyadic team.
- Dyadic teamwork must extend beyond the C-Suite & permeate through the organization down to the local office lead physician & practice manager to create a culture with a shared pool of meaning.
- Dyadic leaders at all levels must foster the outlook of two minds, one voice to the team they lead and avoid the “parent trap” pitfall.

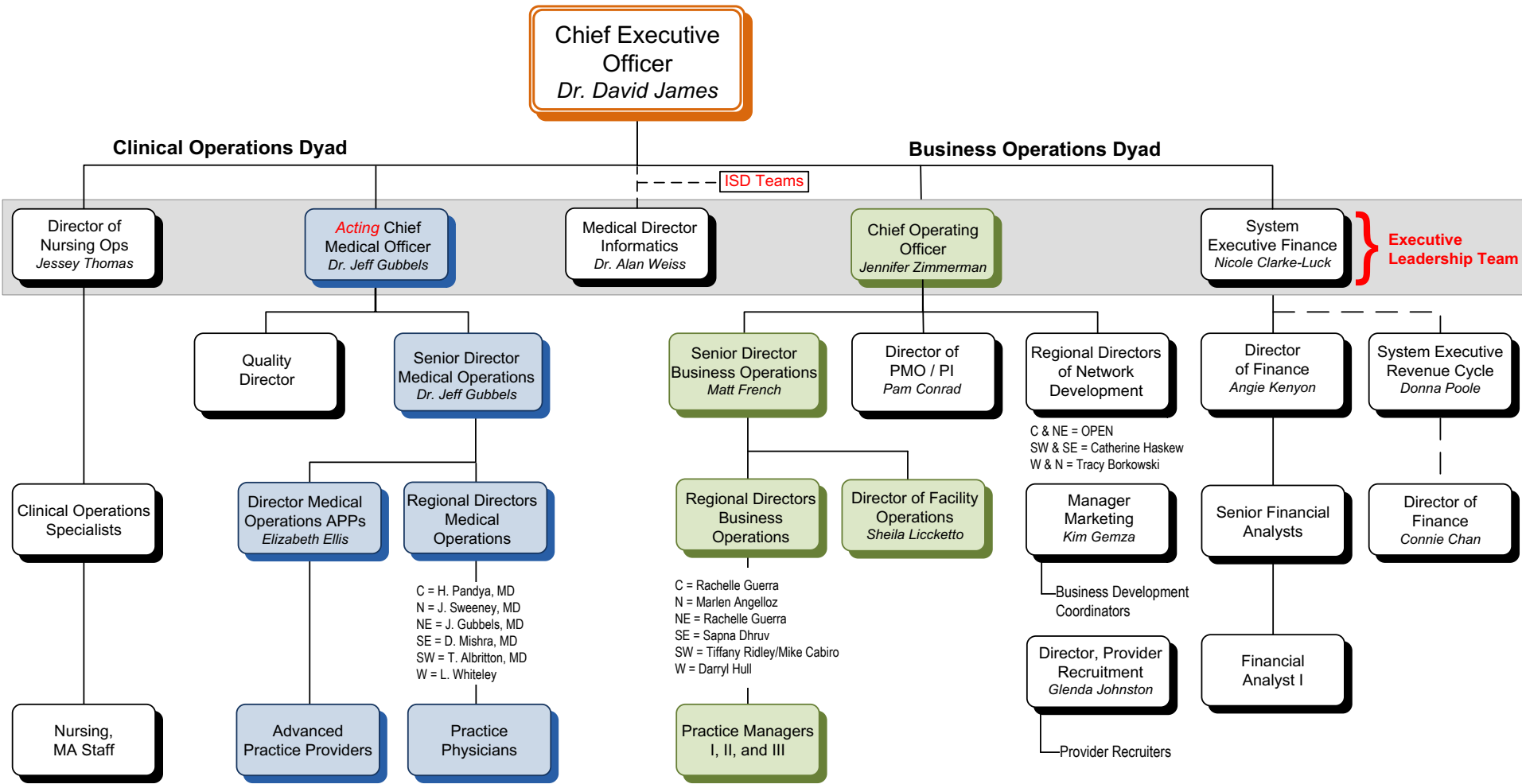
Creating a culture of change, respect, & continuous learning

- All Directors, Managers, & Physician Leaders attended Crucial Accountability training to begin the journey to a shared pool of meaning & a collaborative and supportive environment
- Directors of Business Operations & Directors of Medical Operations enrolled in Memorial Hermann Lean Six Sigma Academy & completed projects incorporated into the enterprise strategic plan
- All DBO's & Practice Managers pursued a joint course of study & on the first attempt all became Certified Medical Office Managers

Creating a culture of change, respect, & continuous learning

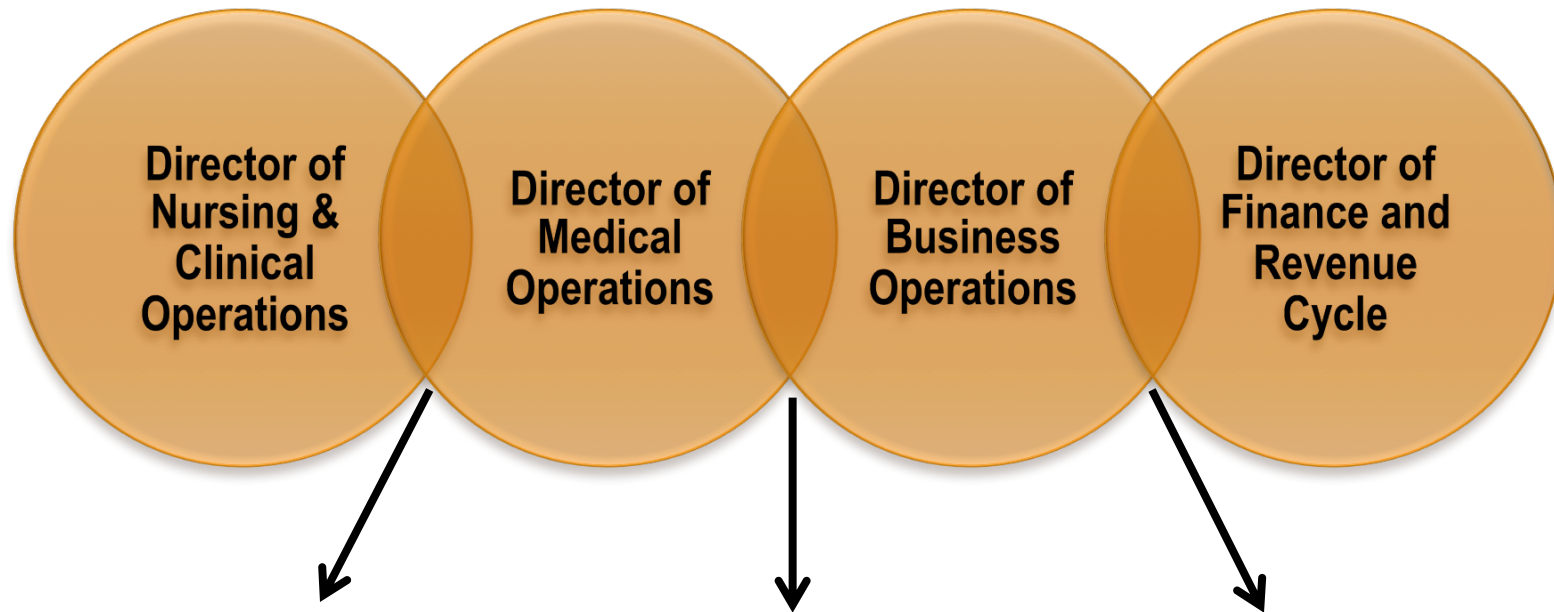
- Internal program of education developed for Medical Assistants - goal of 100% certification or registration within two years for current employees & all new hires will hold this certification.
- All DMO's have joined AAPL & enrolled in PIM course. They will actively pursue CPE or MBA
- All DBO's have joined MGMA & have achieved or are actively pursuing CMPE (certified medical practice executives)
- Pipeline Directors enrolled in Radical Leap program with Steve Farber's Extreme Leadership live seminar program.

Medical Group Leadership/Management Teams: from MSO to PPM



Dual Dyadic Management

Dual Dyadic Operational Teams



- Clinical workforce development
- Patient care and safety standards
- Quality data and metrics
- Clinical workflow optimization
- Policy and process improvement

- Provider performance management
- Oversight of clinical and financial key performance indicators
- Compliance
- Provider behavior
- Referral network coordination
- Internal organization relationships

- Budget and capital planning
- Financial analysis of acquisitions and recruiting
- LEAN Supply chain
- Operating expense management
- Performance reporting

Positive Operational Changes

- LEAN Physician Revenue Cycle project across all dyads that dramatically increased “time of service” collections & recapture of cancelled appointments, winning a system IMPACT AWARD.
- Development of a dashboard of Key Performance Indicators to produce real time, actionable data for performance management of providers and staff.
- DMO/DBO dyadic teams now meeting regularly with the staff and providers in all locations to review KPI’s, quality performance, tactical plans, & strategic direction.
- Physician engagement increased substantially based on anonymous online surveys to “pulse check” our progress & physician participation in governance councils.

Positive Operational Changes

- Employee retention improved significantly with a significant increase in one year retention rate of new hires.
- Operational efficiency with target range production & decreased investment per FTE provider, while improving quality ACO outcomes.
- MHMG is now charged with the development and deployment of Consumer & Employer driven strategies to include Urgent care, retail affiliations, clinical contact center, on site clinics, executive health, & Occupational Medicine programs.

In Conclusion - What Are Our Primary Points?

- We need more physician leaders
- They are difficult to find outside of the organization
- There are greater opportunities to involve physician in leadership by using more part time physician leaders
- In order to lead effectively, physicians must have leadership skill development; they are rarely naturally born leaders
- The dyad structure is a great way to involve part time physician leaders



Presenter Biography

- Dye is President & CEO of Exceptional Leadership LLC. With over 40 years of experience in executive leadership, executive search, & physician leadership development, his firm helps organizations in physician leadership development and leadership assessment. Before his consulting career, he served 20 years in executive positions with St. Vincent Medical Center, Toledo; Ohio State University Medical Center; & Children's Hospital Medical Center, Cincinnati. Dye serves as faculty for The Governance Institute & the University of Alabama at Birmingham (UAB).
- Author of 10 books, two of them ACHE Book of the Year Winners (2013's *Developing Physician Leaders for Successful Clinical Integration* and 2001's *Leadership in Healthcare: Essential Skills*. Dye is a frequent presenter on physician leadership & has presented to 40 state and local hospital associations.
- This 2016 presentation marks his 29th consecutive year of Congress presentations.
- Dye earned his B.A. degree from Marietta College & his M.B.A. from Xavier University.

Presenter Biography

- Dr. David James, CEO of Memorial Hermann's Medical Group, brings 15 years of Internal Medicine-Pediatrics practice and executive leadership in 2 of the top health systems in the US, Memorial Hermann and ProMedica in Toledo Ohio. Currently helping his organization make the pivot to a consumer driven environment, he is engaging directly with consumers and employers with executive health programs, on site employer based clinics, retail clinic affiliations, web portals, convenience care centers, after-hours access office sites, telemedicine and virtualizing the medical home.
- Dr. James served as ProMedica's Chief Quality and Integration Officer and led the Physician Group combining ambulatory continuum services into a single company with the physician group. He innovated performance based contracts for providers and aligned them with performance based joint contracting for ProMedica's ACO. He served consolidating data analytics, population health management, evidence based best practice and process improvement engineering and the broader insurer environment.
- Dr. James earned BS, MD, and JD at the University of Toledo

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