

2014

CONGRESS ON HEALTHCARE LEADERSHIP  
.....  
WHERE KNOWLEDGE, IDEAS AND  
SOLUTIONS CONNECT

# Assessing and On-Boarding New Physician Leaders

(11 A/B )

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

# Learning Objectives

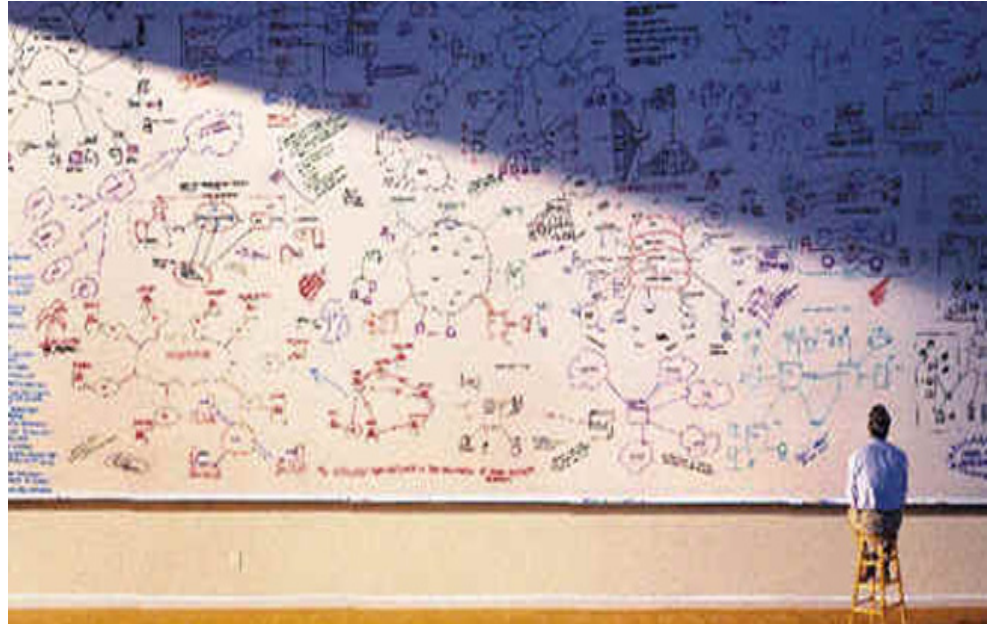
- Identify a more scientific and structured assessment process to improve hiring decisions about physician leaders
- Explore how a more robust on-boarding program will reduce the chance of early missteps of newly hired physician leaders.

# Outline

- Drivers of physician leadership demand
- The cost of bad hiring
- How to avoid a hiring mistake
  - ❑ Scientific selection process
  - ❑ Better assessment
- On-boarding physician leaders

# What Are We Hearing Out There?

- It's a very complex world
- Clinical integration & population health



# What Are We Hearing Out There?

- With CI & Pop Health becoming key drivers of system decisions -----
  - More physician leaders being hired
  - More of them
  - Many new titles for physician leaders
  - Most agree we need more of them

# Physician Leaders Can Improve Things

- “Hospitals with the greatest clinician participation in management scored about 50 percent higher on important drivers of performance than hospitals with low levels of clinical leadership did.”

➤ Mountford and Webb, 2009, McKinsey Quarterly

- “Doctors in physician led organizations seem to be leading in the areas of quality, service, and cost.”

Davis Liu. M/D. *Why Health Care Reform Won't Happen Without Physician Leadership* 2013

# Physician Leaders Can Improve Things

*"Physicians have to have enough power and authority to effect change – to determine how quality is defined, what protocols will be developed and how to hold each other accountable for meeting objectives."*

**Dennis Butts, Dixon Hughes Goodman**

# But--many executives admit that –

- It's really tough to hire physician leaders
- Very difficult to assess physicians for leadership positions
- Selection decisions not very scientific
- On-boarding of new physician leaders is not done effectively.
- And, very difficult to reverse a wrong decision



# Have You Ever Terminated a Physician Leader?



# Issues

- Hiring mistakes of physician leaders are likely to be more expensive than other executive hiring mistakes
  - More difficult to evaluate work output
  - Job is often poorly defined
  - Frequently the 2<sup>nd</sup> highest paid person in the organization
  - Turnover costs for execs are 2.5 times salary
  - Cost of physician misfire (mis-hire) is greater

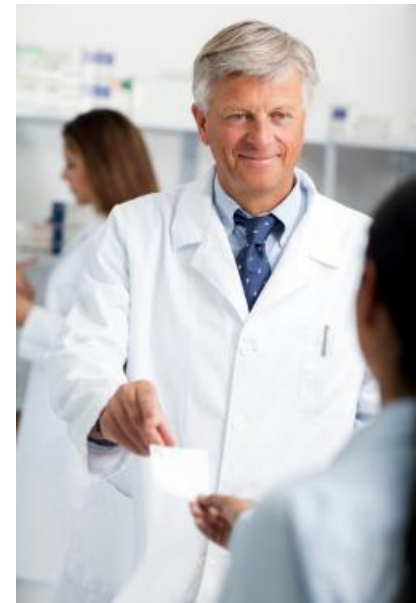
# And – Frequently a Very Unpopular Decision with the Medical Staff

- They cannot be told of the rationale behind the departure
- Quite tough when the clinicians see it as a business decision
- Once again, **Us & Them**



# Challenges Hiring Physician Leaders

- Most physicians typically enter leadership ranks at age 40-50
- Haven't had the years of apprenticeship in leadership that non physician executives have had



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# Challenges Hiring Physician Leaders

- We often promote the best clinician (just like in nursing) – & that may not be the right path
- “As a consequence of the way American physicians have been selected, educated, and socialized during their training many are highly competitive, relatively independent practitioners. They often eschew teamwork and collaboration and other affiliative behaviors. Dr. Michael Deegan (2002)

# Consider

- “During a previous wave of disruptive, transformational change in healthcare in the mid-1990’s, it became fashionable to place physicians in executive roles. I was one of them. Unlike many physicians at that time, **I had support and a development plan to assist my transition.** It was tragic that we burned through a significant percentage of that generation of physician leaders by placing them in complex leadership roles without providing the support and training they needed to be successful.” Dr. Frank Byrne, St. Mary’s Hospital, Madison, WI
- “It’s critical that physicians actively reflect, internalize, and study the results of feedback and link this information directly to a formal plan of study to gain needed competencies. I remember my training on the surgical side of the house – it was a very combative and aggressive environment and I quickly learned the behaviors needed to succeed. However, in my first management role, **I quickly found that the behaviors that served me well in the OR were the exact opposite of what I needed as an administrator.** Dr. John Byrnes, SCL Health System, Denver, CO

# So – Our Suggestions are Simple

- Reduce the chance of hiring mistakes by adopting a more scientific selection assessment process
- Provide more effective on-boarding

Hiring the Right Person



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# A More Scientific Selection Process is...

- Built on a foundation of a well developed position specification
- Minimizes the Halo Effect
- Uses a mix of information to drive the decision
- ✓ But most organizations do not do a good job



When it comes to actually assessing which job candidates are likely to perform most effectively and make the most significant contributions, a large number of organizations employ rudimentary and haphazard approaches to selecting their workforce.”

Elaine D Pulakos, *Selection Assessment Methods* , SHRM Foundation, 2005



# One of the BIG Issues – Poor Assessment

- We promote the best clinician
- We hire the most congenial
- We pick the best communicator
- And the one with the master's degree is best (really?)
- Some are picked for ??????? Reasons
- Or, there is really no assessment done

# What do you base the selection upon?

This is not the time to select the chair or president for a physician leadership position because he did not show up for the meeting. OR – WORSE YET -

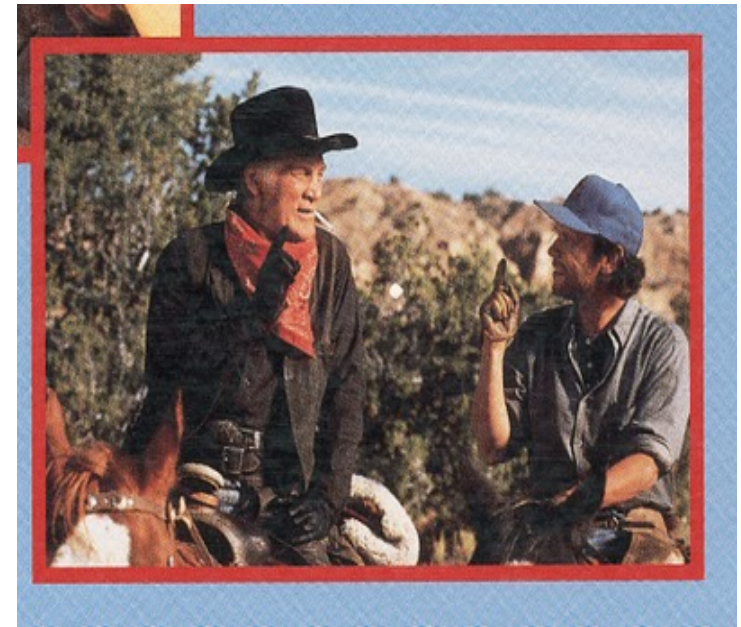
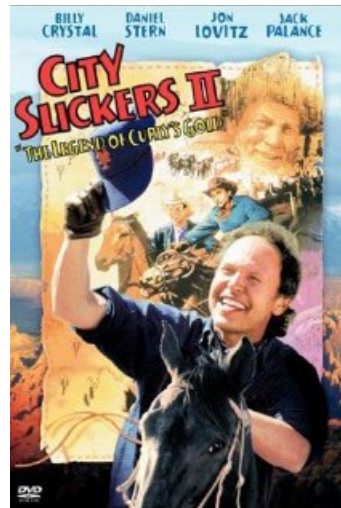
With the typical first-time physician leadership position, two key competencies are ---

- respect within the physician community &
- skill at relating interpersonally with other physicians to deal with the task at hand.

—*Jacque Sokolov, MD*

*Are these the right criteria?*

# Just One Thing



# One Thing -----

- Curly: “One thing. Just one thing. You stick to that & everything else don’t mean “#@&%”
- Mitch: “that’s great, but what’s the “one thing?”
- Curly: “That’s what you’ve got to figure out.”

*City Slickers* 1991 Columbia Pictures

❑ Perhaps the “one thing” is **assessment**

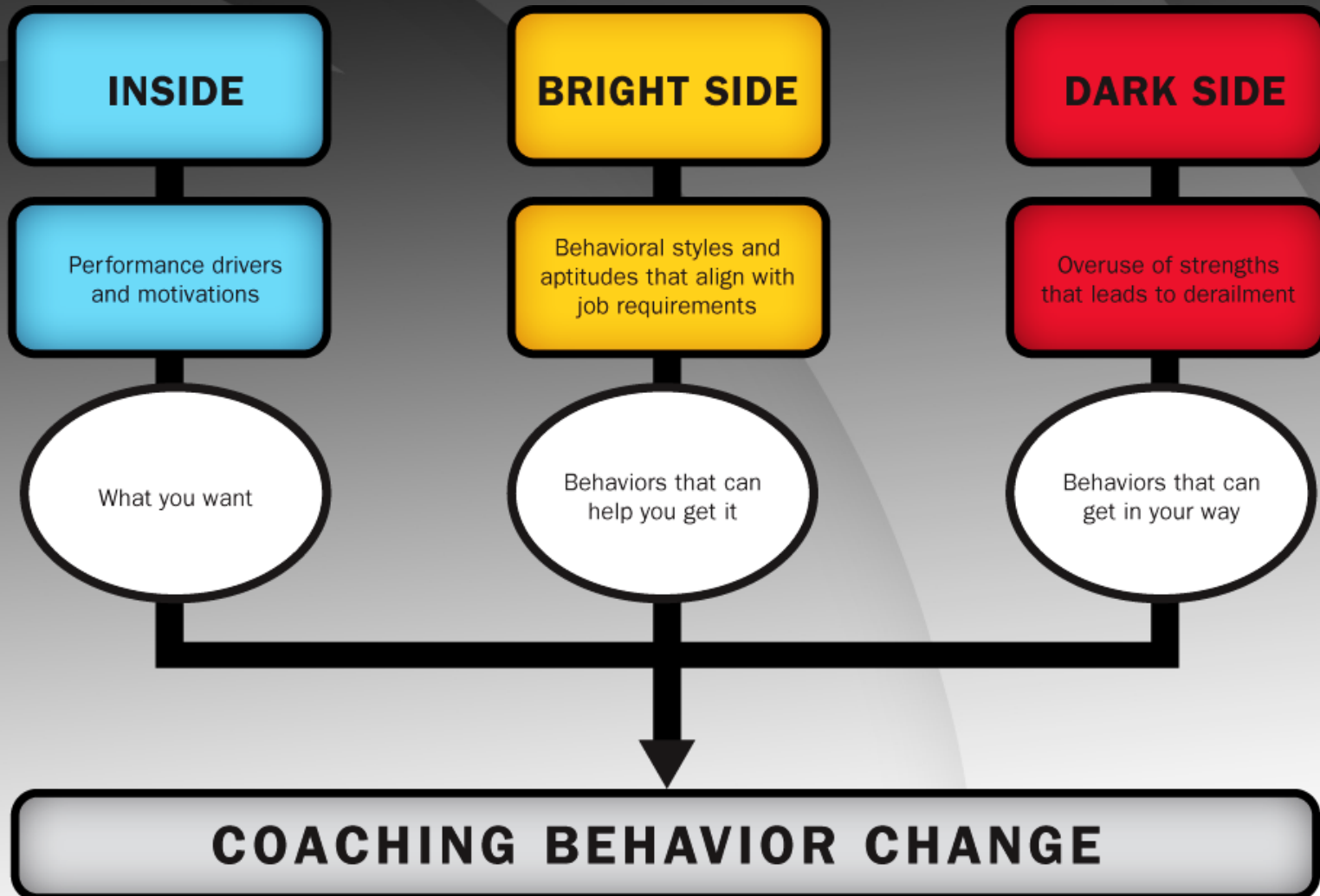
# Let's Do a Better Job of Assessing

- a solid understanding of leadership & how it is assessed
- **the use of a well-thought-out model of selection to better understand the decision steps taken during a selection**
- the use of leadership competencies to assess leadership skills

# Let's Do a Better Job of Assessing

- the use of solid personality principles which relate to leadership when selecting leaders
  - **the use of a structured decision-making process for assessment and selection**
- ✓ **We will review the two in bold**

# SIMPLE WAY TO THINK ABOUT ASSESSMENTS



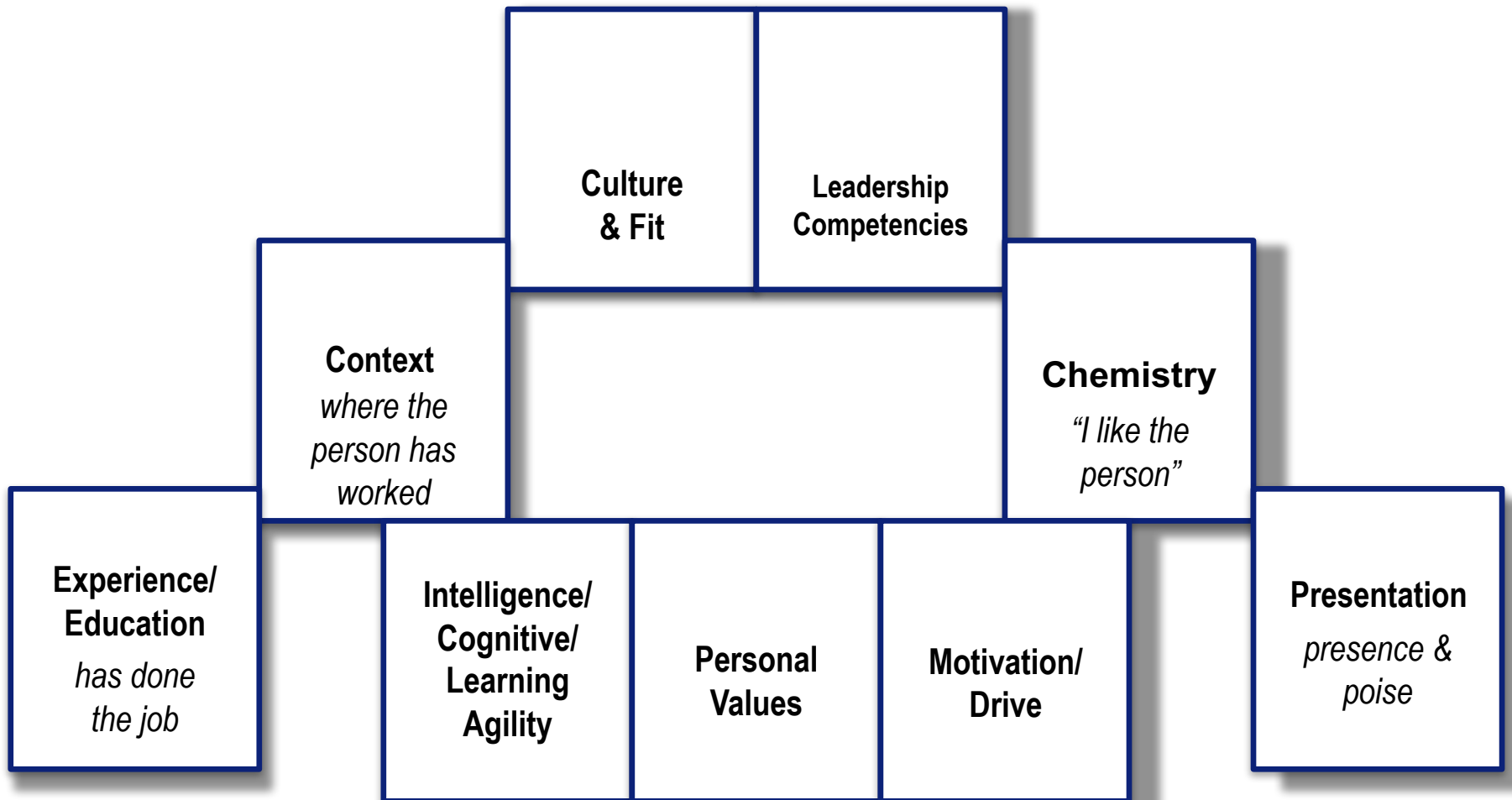


# Answer this Question

- What factors do you use to make a hiring decision?
- You are alone in your office. You have gotten all the feedback from your team on the candidates. You have all the references, the assessments, the input, the pros and cons for each of the finalists. NOW it is time to make the decision. What goes through your mind? **List the factors you use.**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



## Selection Assessment Model

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# Nine Factors That Drive Selection Decisions

- Intelligence / Cognitive Ability // Personal Values // Motivation/Drive
- Experience/Education // Context
- Chemistry / Presentation
- Culture and Fit
- Leadership Competencies
- You Have to Assess ALL NINE

# And, 2ndly, Structured Decision-Making

➤ An effective process ensures that:

- The key requirements are fully developed & prioritized
- The qualifications are detailed enough to be useful
- The qualification list includes –
  - ✓ “specific experiences - required and preferred”
  - ✓ description of the culture in which the leader will work
  - ✓ key goals for candidate to accomplish during the first 12-18 months

# Structured Decision-Making

- The process also ensures that
  - Interviewers are assigned roles in the interview process
  - The interview process is designed to minimize “halo contamination”
  - Behavioral questions are asked
  - Questions are asked to determine strength in leadership competencies
  - Additional information is gleaned and properly weighted

# Part Two – Dr. Cohn

- Develop a more robust on-boarding program for your newly appointed / employed physician leaders
- Let's start with a case study that looks at on-boarding principles for staff physicians
- Later we will look at on-boarding for physician leaders

# Physician Retention: Case Presentation

- Southwestern ten-hospital system began hiring physicians in 2004 to ensure adequate primary care coverage and to provide help with subspecialty call coverage
- Annual rate of physician turnover reached 10%
- This rate of turnover was costing them over a million dollars per year and threatening specialist compensation, which had a productivity incentive

**What would you do? Make assumptions and create scenarios, as needed.**

Cohn KH, Bethancourt B, Simington M. The Lifelong Iterative Process of Physician Retention. *Journal of Healthcare Management*. 2009; 54(4):220-226





# Co-Mentorship

What makes a great co-mentor?

- Personal connection
- Passion
- Insight
- Availability
- Mutual respect
- Clear vision and expectations
- Active listening

# Co-Mentoring: Getting Started

- *Learn about each other's* background, training, families, and extracurricular interests during the first meeting
- Reassure that there are no dumb questions
- Share painful on-the-job learning moments
- *Be proactive*, contacting co-mentor weekly at first, then monthly, and eventually quarterly to ask, "Just wanted you to know that I was thinking of you and wondering how I could be of assistance to you."

# Advanced Co-mentoring Techniques and Strategies

- Begin with self-assessment
- *Create safe environment* for reflection and learning
- Empower others to build on their strengths
- Convert feedback into *feed-forward*
- Become more comfortable with complexity
- Develop a co-mentoring compact
- Help physicians *find their niche*

<http://healthcarecollaboration.com/collaborative-moderation/>

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# Physician Retention: Understand Why Physicians Leave/ Stay

- Talk with physicians who have left to identify reasons and what could have been done in retrospect:
  - Expectations
  - Communication
  - Recognition, appreciation, respect
  - Spouse and family needs
  - (Anything else?)
- Rarely is compensation mentioned as primary reason for departure
- *Ask physicians* who have remained at least 5-10 years *why they stay* and *what you can do to improve their practice environment*, so that they continue to feel appreciated

# Physician Bonding Activities

- Meet and greet new hires
- Marketing activities and community talks for new/ successful services
- Athletic contests
- Cooking contests
- Tailgate cookouts prior to games
- Competing in community spelling bee
- Doctors' Day Car Wash
- *Personalized notes* of recognition and birthday cards
- Anything else that you have found helpful?

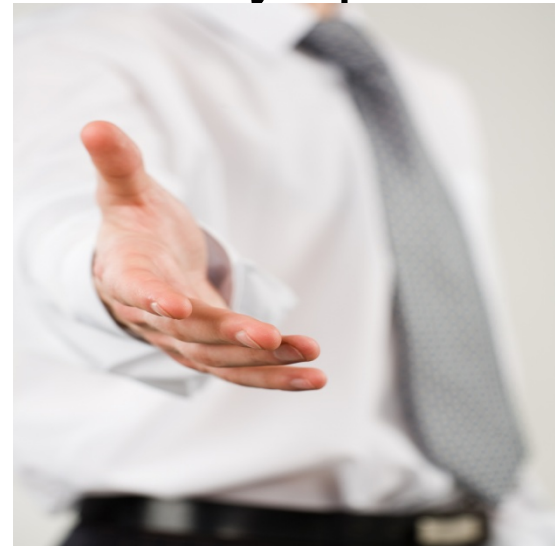
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# Ways to Make/ Keep Families Happy

- Assign a *mentor* of similar age to spouse or significant other
- Make sure that spouse or significant other knows about community events and important deadlines (eg school)
- Provide career assistance to spouse or significant other (especially networking)
- Periodic “thinking of you” e-mails or text-messages
- Invites to quarterly dinners to *stay in touch*
- Anything else that you have found helpful?

# Let's Take This to the Leader Level

- Ensure the physician leader is coached by another leader who has more leadership experience & that one leader champions primary accountability to field questions, coach, & provide productivity tips & encouragement.



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# On-Boarding – 3 Goals

- I. Create and maintain a quick but sophisticated entry into leadership for the new physician leader
- II. Retain a high percentage of new physician leaders
- III. Help new physician leaders by not assuming that just because of their high level of intelligence they can on-board themselves



# Specific On-Boarding Steps Include

- Getting-Started - “To-Do’s ” and Achieving Early Wins
- Managing the Boss Relationship
- Reading and Fitting into the Culture
- Introducing Change Appropriately
- Developing a High Performance Team

# Specific On-Boarding Steps Include

- Using Your Team
- Negotiating Win/Win Outcomes
- Coaching for Improved Performance – Using Your Assessment Results to your Advantage (if an assessment was used in the selection process)

# Consider the Use of an **External** Coach

- “Coaching is most useful when coupled with other developmental options; however, coaching can also be very powerful for developing competencies when other development options are not readily available”

Andrew Garman, Ph.D. 2013



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# Lastly -

- Don't assume that Dr. New Leader has all the answers; this is a time to be open and transparent and supportive



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# Questions / Comments / Thoughts



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# Bio: Carson F. Dye, FACHE

Dye is Senior Partner with Witt/Kieffer. His 40 years of experience includes leadership assessment & physician leadership development. He conducts physician executive, CEO, & senior level searches. Dye worked for an international search firm before joining Witt/Kieffer & before his search career served as the Director of Findley Davies, Inc.'s Health Care Industry Consulting Division. Prior to this, 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 Healthcare Roundtable, & the University of Alabama at Birmingham (UAB) & formerly taught at The Ohio State University.

He authored the 2014 James A. Hamilton ACHE Book of the Year Winner, *Developing Physician Leaders for Successful Clinical Integration* (Health Administration Press 2013) and the 2001 Book of the Year, *Leadership in Healthcare: Values at the Top* (Health Administration Press 2000) as well as six other books.

Mr. Dye earned his B.A. degree from Marietta College & his M.B.A. from Xavier University.

# Bio: Dr. Kenneth H. Cohn

- Dr. Cohn is the CEO of Healthcare Collaboration which works with disgruntled doctors and hospital leaders to improve clinical and financial performance.
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