

# **Enhancing Physician Leadership**

## **Preparing for Clinical Integration**

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Changing  
Healthcare  
BY Design



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American College of  
Healthcare Executives  
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2013 CONGRESS ON HEALTHCARE LEADERSHIP

## Learning Objectives

- Compare seven specific methods for enhancing physician leadership development
- Explore how to evolve the medical staff governance model and install an engaged and involved form of multiple level physician leadership

## Outline

- Intro and Background / Physician Leadership – C. Dye
- Factors Driving Increased Physician Leadership Emphasis – C. Dye
- Enhancing Physician Leadership Development – C. Dye
- Five Strategic and Two Tactical Methods to Use – C. Dye
  
- Getting Physicians Engaged – J. Sokolov
- New Models of Governance and Involvement – J. Sokolov
- The Future Healthcare Enterprise – J. Sokolov
- The Enterprise Quality Plan – J. Sokolov
- Physician Leadership and Engagement at Multiple Levels – J. Sokolov

## A Proliferation of New Physician Leadership Titles

- Physician CEO – (90 in 2000; 154 at the end of 2012)
- Physician COO – Rare but Growing in Number
- CMO – Replacing the Traditional VPMA
- President/Managing Physician of the Hospital Sponsored Medical Group (employed physician network)
- Physician CMIO
- Physician CQO
- Chief Experience Officer (Cleveland Clinic)
- Business Development (LeHigh Valley)
- Strategy Development (ProMedica)

## A Proliferation of New Physician Leadership Titles (2)

- Chief Physician Executive
- Medical Director, Accountable Care
- Director Population Health
- Physician Executive Director, Clinical Integration
- Medical Director, Continuum of Care Coordination

## The Imperative



**Clinical Integration is the next critical strategic play for health care organizations.**

*"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**

# Factors Driving Physician Leadership Interest

- Greatest change in delivery & payment systems since 1966 Medicare
- Greater emphasis on quality & patient safety
- Reimbursement mechanisms to pay for value, not volume
- Growth of population health management
- Increased care locations move from acute care to ambulatory/home care
- Practice of medicine becoming more standardized
- Newer generation of physicians expecting more structure
- Continuing movement toward the employment of physicians
- Clinical integration not nebulous any longer – FTC Requirements

# Enhancing Physician Leadership Development

## Five Strategic and Two Tactical Methods

### Strategic

- 1 Identify High-Potential Physician Leaders
- 2 Selection Model
- 3 Leadership Competency Model
- 4 Provide Transition Opportunities
- 5 Management Jobs and Leadership Jobs

### Tactical

- 1 How Leadership is Developed
- 2 Build Your Own





# Physician Leadership Development: Strategic Methods

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## Identify High-Potential Physician Leaders

- Medical Staff
- Employed Physician group and network members
- Board or operations councils for employed physician networks
- Voluntary leaders (unpaid or part-time)
- Full time leaders and managers

Your Action Step – Formalize a Process to Do This!

1

## Identify High-Potential Physician Leaders: Traditional Methods

### **Self-Nomination**

Most frequent way physicians have historically surfaced in leadership, particularly in the voluntary medical staff model

### **Reward for Loyalty**

Many organizations recognize physicians who are loyal by sponsoring them for leadership positions

### **“Looks Like a Leader”**

The illusion that leaders simply stand out continues to exist

### **Grievance Docs**

Physicians that have specific issues or complaints and insert themselves into leadership positions to address them

### **“My Time Has Come”**

The classic appointment process. Perhaps for someone who was out of the room and not really seeking a leadership position.

1

# Identify High-Potential Physician Leaders: Better Methods

## 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, and fair-mindedness
- Servant leaders who walk the talk
- Focused on improvement
- Communicate effectively

## Leadership Competencies

- Use leadership competency models to evaluate entrance into leadership ranks
- A selection and a competency model must be applied

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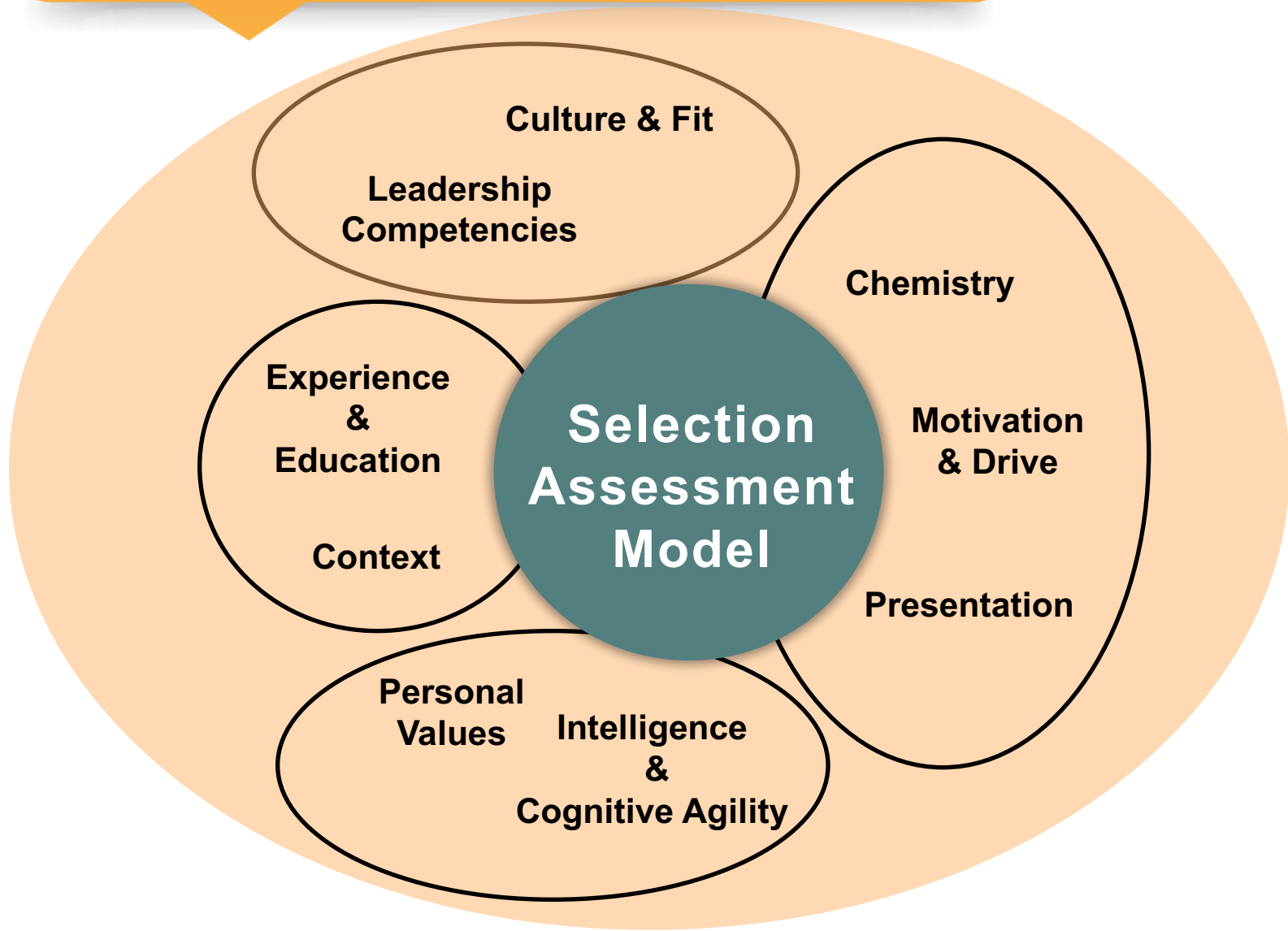
## Selection Model

All effective selection processes have a validated model to guide the selection

Consider the following  
Nine Factor Selection  
Model\*



\*Model adapted from: *Developing Physician Leaders for Successful Clinical Integration*, Health Administration Press, 2013, Dye & Sokolov



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## Leadership Competency Model

Use a **Leadership Competency Model** to select and develop physician leaders



# Exceptional Leadership Competency Model



\*Adapted from Health Administration Press, 2006. (*Exceptional Leadership: 16 Critical Competencies for Healthcare Executives* by Carson F. Dye, FACHE and Andrew N. Garman.



# Exceptional Leadership Competencies Model



- Living by personal conviction
- Possessing emotional intelligence

\*Adapted from Health Administration Press, 2006. (*Exceptional Leadership: 16 Critical Competencies for Healthcare Executives* by Carson F. Dye, FACHE and Andrew N. Garman.

# Exceptional Leadership Competencies Model



- Being visionary
- Communicating vision
- Earning loyalty and trust

\*Adapted from Health Administration Press, 2006. (*Exceptional Leadership: 16 Critical Competencies for Healthcare Executives* by Carson F. Dye, FACHE and Andrew N. Garman.

# Exceptional Leadership Competencies Model



- Generating informal power / influence
- Building consensus
- Making decisions
- Driving results
- Stimulating creativity
- Cultivating adaptability

\*Adapted from Health Administration Press, 2006. (*Exceptional Leadership: 16 Critical Competencies for Healthcare Executives* by Carson F. Dye, FACHE and Andrew N. Garman.

# Exceptional Leadership Competencies Model

Well-Cultivated  
Self-Awareness

Masterful  
Execution

Compelling  
Vision

Real Way  
with  
People

- Listening like you mean it
- Giving feedback
- Mentoring others
- Developing teams
- Energizing staff

\*Adapted from Health Administration Press, 2006. (*Exceptional Leadership: 16 Critical Competencies for Healthcare Executives* by Carson F. Dye, FACHE and Andrew N. Garman.

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## Provide Various Transition Opportunities

- Do you have a well thought-out approach that gives physicians a chance to try things out? (Dip their toes in the deep end)
- Are there opportunities to try out –
  - committee +/- board assignments
  - special projects
  - discussions with others about leadership & management jobs
  - situations where one can find out what it is like to be a leader

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

## Management Jobs and Leadership Jobs

- There is a difference between leadership & management  
-- both are important (See John Kotter)
- One is not “bad” & the other “good”
- Some positions require a mix of both skills
- In the physician world, the difference is critical

## Leadership

### Produces Change and Movement

- Establishes direction
  - Creates a vision
  - Clarifies the big picture
  - Sets strategies
- Aligns people
  - Communicates goals
  - Seeks commitment
  - Builds teams, coalitions and alliances
- Motivates and inspires
  - Energizes
  - Empowers subordinates and colleagues
  - Satisfies unmet needs

## Management

### Produces Order and Consistency

- Planning and budgeting
  - Established agendas
  - Sets timetables
  - Allocates resources
- Organizing and staffing
  - Provide Structure
  - Make job placements
  - Establish rules and procedures
- Controlling and problem-solving
  - Develop incentives
  - Generate creative solutions
  - Take corrective action



## Management Jobs and Leadership Jobs

- Often goes to the heart of whether or not a physician manager/leader will still practice clinically
- Some physicians are well suited to run the OR or the ED or the Cath Lab **but not** handle leadership strategy and visioning
  - Other physicians are the opposite
- Some physician “leadership” positions are more management positions
  - One is not “bad” & the other “good”
- Some positions require a varying mix of both management practices & leadership practices
- Courses & development activities need to be different





## **Physician Leadership Development: Tactical Methods**

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## How Leadership is Developed

- How do leaders develop?  
**Experientially!**
- Research clearly shows:
  - Crucible experiences provide development
  - On the Job experience provide development
- Leadership development programs must provide more than courses

2

## Build Your Own

- Physician leader shortage is severe
- Master's degree programs are popular, but do not necessarily produce leaders
- Internal development is usually the best answer initially & can be built upon existing programs



## **Getting Physicians Engaged: New Models of Governance and Involvement**

# Getting Physicians Engaged

- The traditional medical staff governance model is important but is rapidly evolving in the “Next Generation” Clinical Integration Environment
- Skills that made & make medical staff leaders are not the same for the “new” multiple physician leadership positions
- “Physician Led” or “Physician Centric” -understanding the difference is key
- Physicians have to be actively involved in policymaking and strategy setting in some form. Thus physicians play a continuous role in the dynamic changes that occur in organizations

## New Models of Governance and Involvement



Organizations now composed partially or entirely of independent physicians will continue to move to a pluralistic model of more employed physicians coexisting with the independent medical staff

# The Future Healthcare Enterprise

- Physicians will be actively involved from setting strategic direction to managing day-to-day operations
- Ultimately, clinical and business incentives must be aligned
  - The physician enterprise & the business enterprise will be one and the same

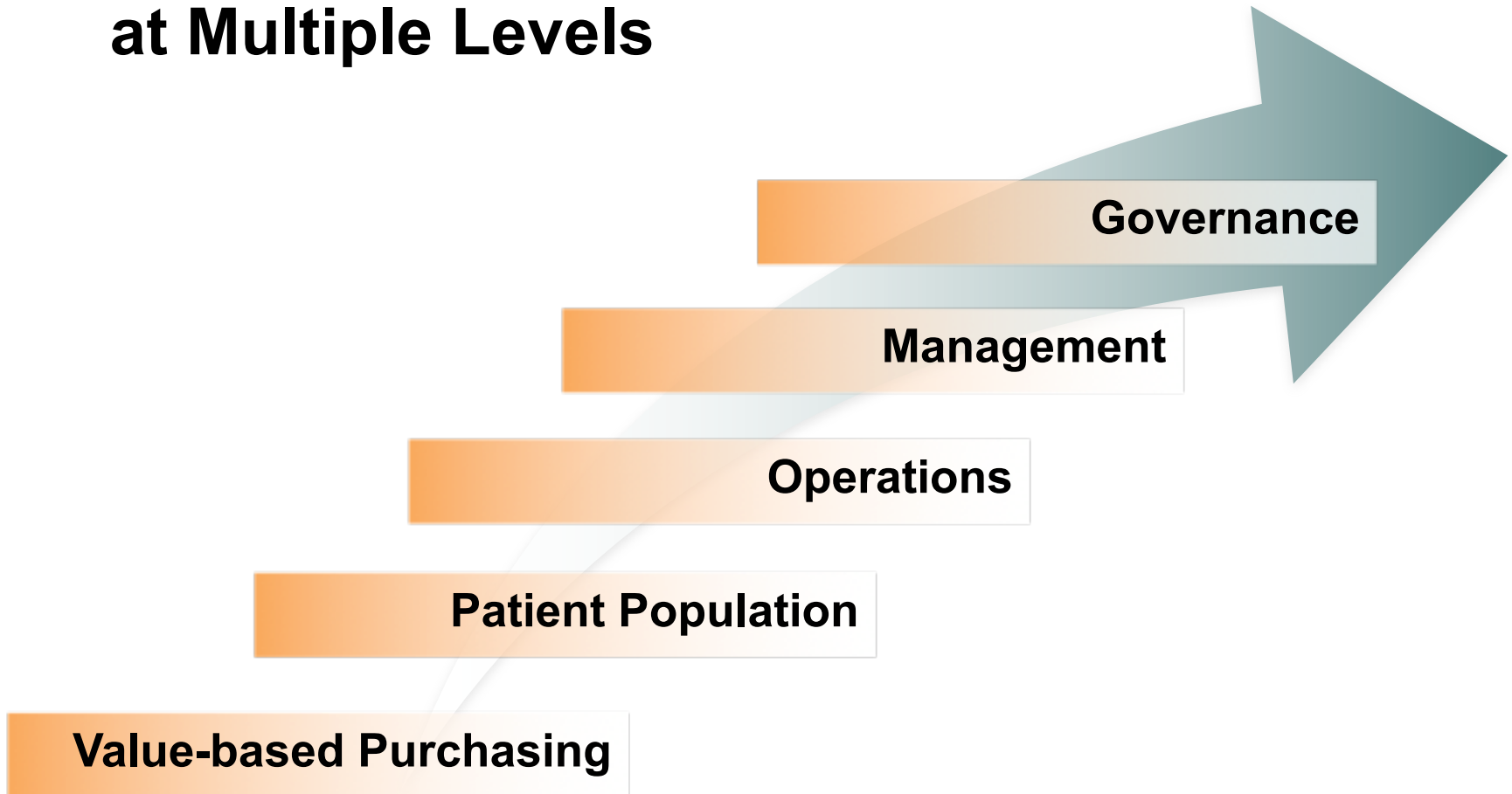


# The Enterprise Quality Plan

- Multiple opportunities for physician leadership at multiple levels
- An independent physician may serve as the Chairman of the Quality Committee at the Board of Directors Level
- Medical Staff Physicians (non-independent physicians) should have important roles on the Quality Committee as well
- The “Enterprise” CEO & Chief Quality Officers may or may not be physicians but intimately aligned with clinical care
- Management-level physicians, especially at the service line level touch the quality plan continuously



# Physician Leadership and Engagement at Multiple Levels



# Physician Leadership and Engagement at Multiple Levels



## Governance

- Strong Chairman (Independent Physician or Not) is key
- Independent Physicians Play Important Leadership roles (e.g., Chairpersons of Key Board Sub Committees)
- Medical Staff Physicians Play Key Roles
- Hospital Sponsored Medical Group Physician Executives also provide input

# Physician Leadership and Engagement at Multiple Levels



## Management

- Physician leadership at multiple management levels- C-Suite, Medical Group, Medical Staff, Service Line, etc.
- Physicians should bring overall judgment & secondarily content expertise

# Physician Leadership and Engagement at Multiple Levels



## Operations

- Clinical & financial performance can be optimized by physicians who clearly understand clinical and financial endpoint expectations
- Performance evaluations should be done by physicians in areas where they have responsibility & accountability

# Physician Leadership and Engagement at Multiple Levels



## Patient Population

- CIOs & ACOs have specific physician leadership needs related to developing sophisticated care models for complex senior & special-needs populations

# Physician Leadership and Engagement at Multiple Levels



## Value-Based Purchasing

- Physician leadership is required to assess the ability to implement value-based purchasing exchange products- Shared Savings, Bundled Payments, Quality Targets, Patient Care Performance Targets, etc.

## Bios

**Carson F. Dye, M.B.A., FACHE**, is an executive search consultant with Witt/Kieffer. His consulting experience includes leadership assessment, organizational design, & physician leadership development. He also conducts board retreats, & is certified to work with the Hogan Assessment Systems tools for leadership assessment, selection, development, & executive coaching.

He conducts a variety of physician executive, CEO, COO, & senior level search. 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 his consulting career, he served 20 years with St. Vincent Medical Center, Toledo, Ohio, The Ohio State University Medical Center, & Children's Hospital Medical Center, Cincinnati, Ohio. Dye serves as faculty for The Governance Institute, The Healthcare Roundtable & the University of Alabama at Birmingham (UAB).

He authored the 2001 James A. Hamilton ACHE Book of the Year Winner, *Leadership in Healthcare: Values at the Top* (Health Administration Press 2000); the 2<sup>nd</sup> edition, *Leadership in Healthcare: Essential Values and Skills*, (Health Administration Press 2010); *The Healthcare C-Suite: Leadership Development at the Top* (Health Administration Press 2009); *Exceptional Leadership: 16 Critical Competencies for Healthcare Executives* (Health Administration Press 2006); *Winning the Talent War: Ensuring Effective Leadership in Healthcare* (Health Administration Press 2002); *Executive Excellence* (Health Administration Press 2000), & *Protocols for Health Care Executive Behavior* (Health Administration Press 1993).

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

## Bios

**Jacque J. Sokolov, M.D.** is chairman & chief executive officer of SSB Solutions, Inc. a US based healthcare management, development & investment company.

Following his formal training as an academic cardiologist, Dr. Sokolov has had the opportunity to serve as a board director, corporate officer and/or advisor, in multiple healthcare sectors – Health Plans/Large Employers; Hospitals/Hospital Systems; Physician Organizations; Integrated Delivery Systems, Pharma, Devices, Biotechnology and Financial organizations.

He currently serves as a Director of Hospira (NYSE:HSP), MedCath Corporation (NASDAQ:MDTH), the National Health Foundation, Phoenix Children's Hospital, Healthcare Community Development Group, LLC (HCDG), & My Health Direct, Inc. He previously served as the Vice President of Healthcare for Southern California Edison Corporation (NYSE:EIX) & Chairman of the Board of Directors for Coastal Physician Group, Inc. (NYSE:ERDR), Chairman of the Executive Committee of the White House Health Project, as a Director of the American College of Medical Quality (ACMQ) & the National Business Group on Health (formerly the Washington Business Group on Health-WBGH).

Dr. Sokolov received his BA in medicine from the University of Southern California & his M.D. from the USC School of Medicine. He completed his internal medicine residency at the Mayo Graduate School of Medicine & his fellowship in cardiovascular diseases from the University of Texas-Southwestern Medical School. He previously held & currently holds academic appointments & advisory board responsibilities in the Schools of Medicine, Business & Public Health at Harvard, the Massachusetts Institute of Technology, the University of Pennsylvania, the University of California, Los Angeles, & the University of Southern California.



## Additional Resources

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