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Developing Front-Line Physician Leaders

Physician leadership development also is needed for full-time clinicians.

There is no doubt the changes on healthcare's horizon will occur mostly on the front lines. While broad strategy is shaped at the top, the issues of patient safety and quality, managing costs, reducing readmissions, managing the continuum of care and adopting quality-based compensation are most acute where many physicians practice their trade: at the bedside, the ambulatory clinic, the urgent care center and the home care setting. To prepare for these significant changes, physicians must be substantially engaged. Increasingly, savvy healthcare leaders understand that physician engagement and physician leadership are closely intertwined; enhanced physician leadership yields enhanced physician engagement.

Given this relationship, what role should—and does—the full-time clinician play in addressing these issues? Physician leaders interviewed for this column weigh in.

“I have been a leader at community hospitals and academic medical centers as well as independent and employed physician groups,” says Scott B. Ransom, MD, FACHE, managing director for the healthcare practice at Navigant Consulting Inc., Dallas. “Now from my broader consulting perspective, I see how critical it is for our industry to provide leadership development for all

levels of physicians—from practicing providers to department chairs to medical staff leaders to chief medical officers to payer and provider CEOs.”

Kathleen L. Forbes, MD, FAAFP, corporate chief integration officer, Premier Health System, Dayton, Ohio, and an ACHE Member, concurs. “Clinical transformation is possible only if there is significant physician engagement. It requires significantly different ways of thinking. And it also requires full-time clinicians to exercise team leadership and management.”

Where Do Physician Leaders Reside?

When the topic of physician leadership development comes up today, more often than not we picture the physician leader in the boardroom. The physician leaders seen there carry titles such as CMO, vice president, director, chairman or chief. They usually receive some form of compensation for their leadership activity, and most do not practice clinically on a full-time basis. Moreover, many of the physicians in those meetings are aspiring to eventual full-time administrative positions for which they will ultimately leave clinical practice.

Yet, what of the full-time clinicians? Where are they when leadership is needed? Is there a physician

leadership role for the physician who wants to remain in full-time clinical practice for his or her entire career?

The Old Days

Interestingly, we forget today the history of physician leadership and ignore the reality that in the past many physicians engaged in full-time clinical practice and also served as leaders. Long before the regular employment of physicians by health systems, independent physicians managed their offices and, in the group practice setting, interacted on a team basis with colleague physicians. They developed and monitored budgets, managed finances, hired and fired staff, managed supplies and otherwise did much of what most modern-day managers do. Moreover, many of them gave extra hours—usually without pay—to take leadership roles in the voluntary medical staff organization.

However, as more physicians move their clinical practices into health systems on an employed basis, many of the traditional leadership and management activities inside private independent practices have been taken over by managers or leaders in the health system.

Physician Leadership Development

Today, an enormous amount of focus is trained on developing physician leaders. Yet, most of this attention is focused on physicians who are either moving toward full-time administrative

jobs—or at least partial dedicated nonclinical time—or full-time leaders who just happen to be physicians. The programs customarily ignore the full-time clinician who wishes to remain just that and has no interest in moving to administrative medicine. These physicians are simply not provided leadership development.

Organizations that overlook this group of physicians are missing the chance to tap into a cadre of leaders who work on the front lines, where the most significant changes in healthcare are taking place.

Full-Time Clinicians Can Provide Great Leadership

These full-time clinician leaders can help in multiple ways. They can be the

front-line leaders in patient safety and quality. In a September 2016 *Healthcare Finance* article, Robert M. Pearl, MD, CEO of The Permanente Medical Group based in Oakland, Calif., says, “Quality has to be physician-led, [but] increasingly it’s handed over to administrators.” Pearl notes that of the 9,000 physicians in northern California, 2,000 have been trained in leadership roles—evidence of the growing emphasis on providing full-time clinicians with leadership training.

Hospital and health system administrators can lead in the management of the total cost of care—a critical challenge for organizations during the next several years. However, without considerable guidance and involvement from physicians on the front lines, many healthcare organizations will fail.

One reality of the new healthcare environment is the need to manage care in locations other than the acute care hospital. Front-line physicians who have undergone physician leadership development could be instrumental in helping to manage patients across the continuum of care.

“I clearly see that more highly engaged physicians care more about quality and patient safety and do not view it as simply an accreditation burden or an administrative hassle,” says John Byrnes, MD, president and CEO, Byrnes Group LLC, Ada, Mich. “Frankly, organizations that help develop physician leaders typically have much higher physician engagement scores.”

Furthermore, full-time clinicians who have received physician leadership development can assist in physician engagement matters. The physicians at the care sites know their colleagues best and can enlist their support in sharing and embracing change.

“Just because you employ physicians does not mean that you have them engaged,” says David James, MD, JD, CEO, Memorial Hermann Medical Group, Houston, and an ACHE Member. “We have found that dyadic pairings of clinicians and nonphysician leaders provide the physicians the chance to learn management and leadership, and in doing this, we see a lot of increased engagement.”

Curriculum Content

Is the content of leadership development programs different for these full-time clinicians? Yes and no.

“Physicians are immediately thrust into leadership as soon as their training is over,” says Vivek V. Abhyankar, MD, vice president, physician services, Memorial Health System, Marietta, Ohio, and an ACHE Member. “We have to develop a basic leadership training package for all physicians and then tier the training for medical directors and formal leaders. It’s an industrywide deficiency.”

Full-time clinicians need more core management and tactical training with a focus on how to manage the day-to-day issues at the point of care. Meeting management, budgeting, cost control, effective communication and team leadership are skills that will help front-line physician leaders while the more strategic and broader topics are not as pertinent.

In the military, leadership must be evident on the battlefield. Likewise, physicians can serve as leaders on the front lines of care. Health systems would be wise to enlist and develop many of their clinicians as leaders.

Consider that for years we thought it was the role of the CMO and the elected president of the medical staff to lead and engage physicians. Occasionally, two to three other physicians exercised some leadership as well.

“That may have worked in the past, but with the complexities that lie ahead in healthcare, it will not get us where we need to be,” says Marci Moore-Connelley, MD, CMO, Southern Illinois Healthcare, Carbondale, Ill., and an ACHE Member. “We have to get serious in developing and supporting these

full-time doctors as leaders so that we all succeed.”

The return on investment will definitely be worth it. ▲

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