

INSIGHT AND ADVICE FOR ASPIRING LEADERS

■ Paul Esselman and Joyce Tucker, Cejka Executive Search

In this article ...

As health care grows increasingly complex, seasoned physician leaders revisit the words of leadership wisdom they shared six years ago. Their views continue to offer keen insight to physicians and others shaping the future.

IN 2011, FOR A STORY PUBLISHED IN THIS magazine, Cejka Executive Search surveyed a panel of experienced physician leaders, asking them to share advice gleaned from their own careers with doctors interested in moving into administrative roles.

Recently, Cejka revisited many of those same physician leaders and discovered that the scope of their responsibilities and careers had grown exponentially in response to transformative changes in the health care industry — and a corresponding increased demand for their experience and skills.

Most of them have transitioned from chief medical officer roles at the hospital level to CMO and CEO roles at the health system level. They're focused on developing better care models in the context of population health, risk management and other changing reimbursement models. Their views on how the roles and expectations for physician leaders have evolved offer valuable insight for physicians and others helping to shape the future of health care.

Today's physician leaders manage larger and more diverse care teams across multiple settings, and in a more coordinated fashion than ever before. They also must develop a greater appreciation and understanding of data analytics and how they can be used to improve care delivery.

Here are some of Cejka's findings.

TEAM-BUILDING

Panelists say the need for collaboration is tenfold what it was five years ago. Today's team-based care models call for providers who previously worked in a proverbial silo to operate

in a coordinated fashion to achieve greater efficiency and continuity of care. This includes nurses, advanced care practitioners, clinical pharmacists, mental health professionals, case managers and physical therapists.

"To create a culture of collaboration, physician executives must take a broad-based approach to managing not only a multidisciplinary clinical team, but one that is also multicultural and multigenerational," said John Cruickshank, DO, who is CMO of Lovelace Health System, based in Albuquerque, New Mexico.

For context, millennials (those born since 1981) became the largest generation in the American labor force in 2015, surpassing Generation X (born between 1965 and 1980) and baby boomers (1946-64), according to Pew Research. Pew also reports that nearly 59 million immigrants have arrived in the United States since 1966, mostly from Latin America and Asia.

COLLABORATIVE LEADERSHIP

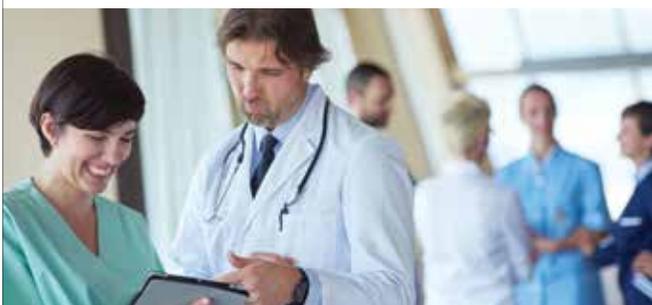
Interacting with team members at all levels of the organization, using employee survey data to understand cultural dynamics, and encouraging teamwork through inclusive communication and team-based recognition are ways to encourage collaboration.

As initiatives have grown in scope and associated risks, senior management models have become more collaborative as well. "Whereas we were previously focused on dyad models, most of our strategic initiatives today are being headed by a team of leaders that includes the CMO, CNO [nursing], CFO [financial] and CIO [information]," said Glen Couchman, MD, the CMO for Baylor Scott & White Health's Central Texas Division.

Physician leaders manage increasingly larger and more diverse care teams across multiple settings, and in a more coordinated way than ever before. They also must develop a holistic set of skills — one that embraces the health of patients and the health of the organization.



THE TEST OF TIME



Despite major transformation in health care since our 2011 story, the fundamental advice offered by the Cejka Executive Search Physician Leadership Panel still applies today. Physicians who want to transition into leadership roles must be able to:

- Clearly articulate a vision and common objectives.
- Trust and listen to advice from other qualified individuals.
- Gain an understanding and appreciation for new disciplines.
- Maintain focus on the patient but with a broader perspective.
- Take risks and embrace the unproven.

In this environment, physician leaders must learn to expand their way of thinking and trust what often are nonclinical bodies of knowledge that can have a significant, positive impact on care delivery.

EMPLOYEE ENGAGEMENT

The importance of collaboration isn't limited to clinicians. In fact, there is a growing acknowledgement and increasing evidence that engaging a base broader than clinicians is essential to achieving quality outcomes. For example, daily team huddles at Baylor, Scott & White commonly pull together an entire team — and not just managers — to collaborate on clinical, safety and financial issues.

Teams with the highest percentage of huddle participation have the highest percentage of success, Couchman said, because they “provide an important forum for people at the front lines to gain a better understanding of the issues and contribute their ideas on how to institutionalize changes.”

Therefore, a physician leader's ability to effectively communicate on a broad basis becomes increasingly important.

INFLUENCE, NOT AUTHORITY

In today's interdependent health care environment, many leaders are expected to move a group of stakeholders to a desired state through influence rather than authority. This may include counterparts within the same health system, but also independent physicians and community health resources.

Succeeding at the art of influence requires the ability to see issues through different lenses, bridge the gaps where perspectives vary, and find the common ground upon which to move forward.

“Managing relationships when people don't report to you involves more trust and communication; sometimes you have to give up some control to gain more influence,” Couchman said.

Specific to clinicians, the physician leader panel advises involving them in the process. “Clinicians have a natural skepticism in the absence of data,” explained Bryan Becker, MD, MMM, FACP, CPE, who is CMO for Colorado-based DaVita Integrated Care. “Providing information in an unbiased manner, letting them reach their own conclusions and then asking how they would fix those things they don't agree with, is most effective.”

DATA FOR DECISIONS

The role of data analytics has greatly expanded since 2011. Where physician leaders were focused on quality process measures, today's focus has expanded to include health outcomes, combined with patient satisfaction, mortality and other measurements.

“We have more and better data than ever before at our disposal, so the ability to interpret, analyze and use the evidence on hand to improve quality, track cost and move health care forward is essential for leaders,” said Susan Freeman, MD, president and CEO of the Temple Center for Population Health, and CMO for Temple University Health System.

For physicians interested in specializing in analytical or information technology enablement roles, advanced degrees in data analytics or information technology are available. Physicians also can learn a great deal on the job, partnering with experienced counterparts on joint initiatives.

POPULATION HEALTH SKILLS

With a growing emphasis on accountable care, physicians must look for opportunities to expand their skills in population health management. This includes understanding the financial aspects of payer contracts well enough to have a reasonable debate with underwriters who can affect care delivered, leveraging both data and rapport to have a credible conversation with providers transitioning to a population health model, and working beyond the four walls of an organization to support community partners who play an integral role in improving population health.

Becker advises interacting with communities in a role that is different from your job in order to gain perspective on the

BROADER, FASTER CHANGES

In recent years, physician leadership responsibilities have expanded from what had been a focus on patient safety and quality to helping define an organization's strategic direction. That involves:

- **INTEGRATION:** Building integrated, multi-disciplinary clinical teams.
- **COLLABORATION:** Operating as part of a cohesive leadership team.
- **ENGAGEMENT:** Achieving broad employee engagement essential to outcomes.
- **INFLUENCE:** Managing through influence as opposed to direct authority.
- **ANALYTICS:** Using more and better data analytics to make leadership decisions.
- **POPULATION HEALTH FOCUS:** Building applicable skills to lead its management.

personal priorities, drivers and limitations of people who might not share your socioeconomic or cultural background.

"By teaching kids about kidney function or putting together baskets for a food drive, and being a good listener and observer, I have learned a great deal about how to make patients more comfortable with taking an active role in their own health, which is essential to improving long-term wellness," Becker said.

Freeman said the ability to take risk based on imperfect or incomplete data is inherent in population health leadership. It's important to pilot new models of care and alternative payment models that reward value. Risk can be mitigated by engaging front-line providers, physician leaders and senior team members, and by respecting your organization's limitations. "If you always play it safe, you may not achieve the level of value you need for your organization," she said.



Many physician leaders Cejka spoke with believe the team-based approach to care is the right approach. They believe that, supported by the right team and technology, this model can help address the physician shortage while helping providers to attain greater work-life balance and reduce burnout.

Having practiced medicine themselves, physician leaders are in a unique position to effectively engage other physicians in transformative initiatives and to help organizations to merge clinical and business innovations to further achieve the Triple Aim of improving health through better care and improved cost.

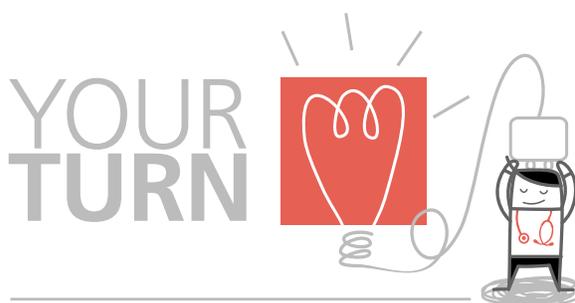
"Our job is to listen, audit and help identify the root cause of the challenges a clinician faces, and to engage that clinician in creating solutions that can be broadly adopted," Cruickshank said.



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What are the tools and talents you need as a physician leader? In today's health care environment, hard skills aren't enough. Tell us — and your fellow physician leaders — about the types of soft skills a good leader needs, and how you've put them into action.

We welcome unique perspectives and opinions from the world of physician leadership. Send your thoughts to journal@physicianleaders.org to be considered for publication in an upcoming issue.

■ MORE ON POPULATION HEALTH

Health care organizations increasingly are held accountable for the wellness of their patients and the communities they serve. For many professionals, that has meant a radical change in how they do business.

Take a closer look at the new expectations and their effects on your bottom line. Our new self-study course, "Population Health Essentials for Physician Leaders," is led by physician experts from Thomas Jefferson University's nationally recognized population health program, presenting the latest critical data, pivotal studies and key viewpoints — as well as guidance on how population health methodologies are being implemented as measurable solutions.

For information about this and other courses, visit physicianleaders.org/Education