The number of physicians and nurses transforming into administrative leaders capable of running major organizations is growing rapidly.

In the age of value-based care, organizations are leaning on clinicians to lean in to leadership. This opens new vistas for physicians and nurses, but health systems and insurers must do their homework. A physician who heads his or her own practice may have valuable leadership skills, but leading, say, a staff of 12 is different from overseeing a $2 billion budget and ensuring a board and a C-suite are in sync with your vision.

One such physician who has made the jump is Leana Wen, MD, the Baltimore City Health Commissioner, who leads a staff of 1,000 employees. Since being named to the role in December 2014, Wen has shown a predilection for taking decisive action, perhaps unsurprising as someone trained as an emergency room physician:

- She led the creation of Vision for Baltimore, which provides free eye exams and glasses to children in grades K-8 in all Baltimore City public schools. She created a partnership with the schools, Johns Hopkins, the glasses manufacturer Warby Parker, and a national nonprofit, Vision to Learn, to make it happen. “That's an example of directly translating policy into action,” she says.

- Wen was a pioneer as a public-health leader in issuing a standing prescription for all Baltimore residents to obtain and administer naloxone, the antidote that can save a person's life in the event of an opioid overdose. “Since then, residents have saved the lives of more than 2,500 fellow residents in the last two and a half years,” she says.

- She supported the expansion of a program called Safe Streets, which calls upon former felons to intercede and help defuse tense situations in Baltimore. She also employs people who are in recovery from addiction, others who are living with HIV, and still others who learned about lead poisoning from home visits from the health department and now are outreach workers themselves. “It is my obligation as a leader to ensure a workplace of diversity, equity and respect, and it’s my privilege to work with those who are using their lived experience to help lift up others in similar circumstances,” Wen says.

Decisive leadership is at a premium these days. Writing in Forbes, leadership expert Sunnie Giles points out that the increasingly complex world in which we live can be paralyzing for leaders. Those who can adapt, like Wen, and use the complexity as a positive catalyst for their team are poised for success.

Decisive leaders should:

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Accurately define the challenge – gathering as much information as possible in a short period of time from a number of reliable sources, being sure to gain a better holistic picture from all sides of the issue

Encourage constructive discourse surrounding the challenge and possible solutions and alternatives

Act quickly to set a course of action

Support the execution of that action plan by breaking down hurdles and providing additional direction as needed

The emergency department as a leadership crucible

Wen’s transition from physician to leader had some elements of a baptism by fire. She was greeted with a measles outbreak erupting at the same time as several possible Ebola cases. Three months after she became health commissioner, Freddie Gray, an unarmed African-American man, died in police custody and riots ensued. In all, 13 pharmacies were burned down or closed. “We had to figure out how to get people food, and how to get seniors their medications because their pharmacies were closed,” Wen says. “We had to figure out how to get people to dialysis, chemotherapy and other life-saving treatments.”

Leading her team, in collaboration with city, state, federal, and private sector partners, she figured it out quickly. So quickly that, a year later, the American Public Health Association honored her with its highest award for local public work, the Milton and Ruth Roemer Award. Achievements have come through steely determination for Wen, who grew up as the child of Chinese political dissidents in a rough Los Angeles neighborhood. Nonetheless, she graduated from college at 18, became a Rhodes Scholar and studied at Oxford, and completed her medical training at Brigham & Women’s Hospital and Massachusetts General Hospital before becoming Director of Patient-Centered Care Research and an attending physician in the Department of Emergency Medicine at George Washington University in Washington, D.C.

Wen sees three direct correlations between her ER work and her leadership role now.

1. “Working in the emergency department is all about doing what you can right now,” she says. “That bias to action is the same bias that is necessary in public health where there are so many urgent matters that demand our attention.”

2. The second lesson is “assisting those who are most vulnerable,” she says. The naloxone prescription that has saved so many people from opioid deaths is one example of this, as is providing something as basic as glasses to children who are in need.

3. Finally, Wen says she learned the importance of speaking up. “In the ER setting, you can never wait to speak up,” she notes. “If there’s something that you suspect is wrong, you need to speak up right now. And that directly translates into the workplace. There are many issues we need to speak up on right now, including issues of discrimination and harassment, health as a human right, the cost of prescription drugs, and evidence-based, science-based programs like teen pregnancy prevention.”

Even for those not in public health or policy-oriented roles, clinicians can sometimes underestimate the

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power of their voice in the age of patient-centered care. While it is true that healthcare administrators often have years of mentoring and on-the-job training for executive roles, physicians can be prepared for new opportunities through accelerated physician leadership training.

This type of training allows physicians to gain valuable skills and insights into leadership principles that challenge their core training. By working through real world scenarios, physicians can begin applying these principles right away. In our experience, many notice impactful outcomes within weeks with this type of leadership development and support.

The goal is to bring the physician from thinking in terms of their solitary influence on the goal to shift them into leading an enterprise, which takes a much broader perspective. An accelerated physician leadership training uses three phases:

- **Coaching and mentoring** – which moves them from leading self to leading others

- **Collaboration and change management** – which transitions them into leading the business

- **Driving systemic change** – which allows them to lead the enterprise

It’s no easy task to work through these phases, especially without the proper guidance. The accelerated nature of these programs helps physicians gain in months and years what may have been elusive in that solitary mindset within which they were trained to operate.

**Diverse voices matter at the top**

As an immigrant, Wen experienced vivid episodes that crystallized for her the importance of speaking up.

Shortly after arriving in the U.S., Wen saw a neighbor die from an asthma attack; his grandmother was too afraid to call an ambulance because of their family’s immigration status. And the #MeToo groundswell in the last year refreshed Wen’s memory of watching her mother come home from a job at a video store sobbing because of an unnamed incident that occurred with her physically and verbally abusive boss.

“I have always thought from that time, that if I’m ever in a position of leadership where I can do something about these things, I need to speak up for her and for so many women who have suffered in silence.”

Wen has done just that. She’s proud to have recruited a diverse leadership team. Her Chief of Staff and all three of her deputies are women. She actively recruits from the communities the Health Department serves.

Commitment to diversity is a powerful engine to create organizations that are more profitable and thoughtful as they face the business world externally, and catalysts for employee engagement and leadership development internally. Leaders at the top of an organization should not underestimate the power they have to recalibrate an organization’s perspective, because many challenges remain, something Wen knows personally.

“As a minority and a female, I have faced entrenched racism and sexism,” she says.

Some are mundane – patients requesting to see the “real” doctor, or CEOs calling her by her first name while addressing her male counterparts by their titles. Some are overt – “at one event, I was introduced as a ‘cute little thing’ and openly questioned on how a female person of color can lead 1,000 people.”

How to overcome that?

“We must foster a culture of diversity, inclusion and equity,” Wen says. “The key to doing that is for boards and management teams to have diverse leadership. We cannot expect others to do what we are not willing to do ourselves.”