

**The Leadership Development Group's Applied Physician Leadership Academy™ In Action**  
**Case Study: Reading Health System**

**THE ORGANIZATION**

---

Reading Health System (RHS) based in Berks County, PA, is a regional non-profit healthcare system that consists of five major enterprises: Reading Hospital, a 647-bed acute care hospital; Reading Health Rehabilitation Hospital, which includes a 50-bed skilled nursing unit and 62 acute care beds; Reading Health Physician Network with more than 300 physicians and healthcare providers in both primary and specialty care; Reading Health Partners, a non-profit clinically-integrated organization with over 670 participating physicians; and The Highlands at Wyomissing, a 113-acre lifecare continuing care retirement community offering residential apartments and villas, personal care, and skilled nursing and rehabilitation. RHS has also recently acquired five community hospitals: Brandywine Hospital in Coatesville; Phoenixville Hospital in Phoenixville; Pottstown Memorial Medical Center in Pottstown; Jennersville Regional Hospital in West Grove; and Chestnut Hill Hospital in Philadelphia.

**THE CHALLENGE**

---

The role physician leaders play on the success of clinical integration is unequivocal. As a progressive health system, RHS committed to developing its current physician leaders to take on the important tasks of growing the network, enhancing RHS's performance, and positioning the system for the future of value-based care delivery through leadership development. Recognizing the leadership gap of many RHS physician leaders between their clinical expertise and the requirements for leading change, RHS sought a partner to design a customized and sustainable physician leadership development program to grow the talent of its existing leaders to manage change with health system executives.

**THE SOLUTION**

---

Reading Health partnered with The Leadership Development Group (TLD Group) to customize and deliver TLD Group's Applied Physician Leadership Academy (APLA©), a multi-faceted physician leadership development program. The academy utilizes multiple learning strategies including 1:1 assessment and coaching, learning and application modules, and action learning projects to foster rapid leadership development. APLA's multi-learning approach is designed to build physician engagement and strengthen physician leadership capability. TLD Group partnered with Reading's Design Team and Steering Committee to help design and implement the full program curriculum and measures of success. RHS's Design Team consisted of human resource and marketing & communications professionals to guide the administrative logistics of the APLA; the Steering Committee was comprised of senior administrative and physician leaders whose role was to ensure program alignment with organizational strategic objectives and direction. TLD Group services included academy customization, learning module design and delivery with its dedicated APLA physician and academic faculty, experiential learning design and facilitation with its dedicated action learning faculty, communications planning and implementation, meetings with key stakeholders, and continuous measures of success.

**The Model**

APLA utilizes TLD Group's empirically researched physician leadership competency model, which includes

four competency clusters:

- Leading Self: Understanding, managing, and developing self as leader and in relation to others
- Leading Others: Building, developing, and enhancing team effectiveness
- Leading Change: Building the capacity for resilience and strategies for change management
- Leading for Results: Applying business fundamentals, strategic planning, and value based decision-making for enhanced outcomes

**Best Practice for Developing Physician Leaders**

APLA incorporates best practice methods for developing physician leaders following the 70/20/10 model of adult learning:

- **70%** of the program was dedicated to on-the-job training through action learning project work
- **20%** of the program was dedicated to informal learning through assessment and coaching
- **10%** of the program was dedicated to formal learning through seminar-style learning sessions

**PHYSICIAN LEADERSHIP SUCCESS MODEL**



**PROGRAM DESIGN**

**Learning Modules**

A total of 8 interactive training sessions were designed and delivered over the course of APLA spanning a year-long academy. The modules were aligned to RHS’s leadership development needs, as determined through TLD Group’s Organizational Priorities Assessment, and designed to support each of TLD Group’s physician leadership competency clusters. Details of each module are highlighted below:

LEADING SELF	
<p><b>What It Means to be a Physician Leader at RHS</b></p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand the essential link between “leading self” and sustainability and performance for both leaders and organization</li> <li>• Learn essential skills for “leading self” amid complex healthcare environment</li> <li>• Learn and practice behaviors which convert individual presence into organizational impact</li> </ul>	<p><b>EI and the Impact on Physician Leadership</b></p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand the essential link between emotions, leadership effectiveness and performance of individuals, teams and organizations</li> <li>• Learn how to “lead self” and “lead others” by developing adaptive leadership and emotional agility</li> <li>• Learn to convert self-knowledge into behaviors that enhance organizational performance</li> </ul>

LEADING CHANGE	
<p><b>Clinical Integration and System Thinking</b></p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand how new payment programs like MACRA are linked to clinical</li> </ul>	<p><b>Leading and Engaging Others Through Change</b></p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Learn leader behaviors to engage others in change</li> </ul>



# THE LEADERSHIP DEVELOPMENT GROUP

Innovative Solutions. Impactful Results.



- |  |  |
|--|--|
| <p>integration development</p> <ul style="list-style-type: none"> <li>• Articulate how shared physician/hospital leadership and governance of clinical integration are critical for success</li> <li>• Describe how aligning incentives and goals between physicians and hospital can be achieved</li> <li>• Understand the link between clinical programs/population health and clinical integration</li> </ul> | <ul style="list-style-type: none"> <li>• Understand the importance and skills to build common ground</li> <li>• Apply performance reporting to accelerate change</li> <li>• Practice skill-building approaches to improve change management</li> </ul> |
|--|--|

## LEADING OTHERS

- |   |   |
|---|---|
| <p><b><u>High-Performing Teams</u></b><br/><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe the factors that make learning from process failures difficult in health care and recognize how to turn process failures into organizational learning opportunities</li> <li>• Understand how leaders create a climate characterized by psychological safety to promote collaborative problem solving</li> <li>• Understand the components of teaming to create impact and influence for change (using a hospital-based case study), engage others in teaming, and motivate others toward a common purpose</li> <li>• Implement processes to understand and navigate the challenges of interdependencies</li> </ul> | <p><b><u>Defining, Managing, and Influencing Stakeholders</u></b><br/><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Describe five approaches to managing differences and how they are used in the RHS culture</li> <li>• Implement communication guidelines for raising issues with others</li> <li>• Utilize templates for communicating in differing situations</li> <li>• Apply guidelines to RHS-specific situations</li> </ul> |
|---|---|

## LEADING FOR RESULTS

- |   |  |
|---|--|
| <p><b><u>Business Fundamentals: Project Management and Basic Finance</u></b><br/><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand the power of a diverse team</li> <li>• Examine finance and project management tools for physician leaders</li> <li>• Participate in interactive project management workshop and “Shark Tank” competition</li> </ul> | <p><b><u>Managing Physician Performance</u></b><br/><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Learn how to anticipate and manage physician performance in a supportive and proactive way</li> <li>• Review the traditional ‘disconnect’ between physician performance management and organizational strategy</li> <li>• Learn techniques that promote a constructive two-way dialogue to manage performance</li> <li>• Understand why behavioral and communication issues have the greatest impact on clinical outcomes</li> </ul> |
|---|--|

**Assessment & Coaching**

TLD Group’s physician leadership model contains four main competency clusters, each with several leadership behaviors. Participants were asked to rate the frequency with which they believed they currently demonstrate each behavior, on a 5-point scale ranging from “Very Rarely” to “Very Frequently”. Results were analyzed to uncover the group composite leadership strengths and opportunities for development. The self-assessment was re-administered following APLA to assess degree of change in these key competencies.

Participants were also assessed on their emotional intelligence (EI) as measured by the EQ-i 2.0, and participated in a 1:1 coaching session with a physician-certified leadership coach to receive feedback on their results as well as to create and implement a development plan to enhance their EI skills. A subset of participants also engaged in individual coaching sessions once per month over a 12-month period.

**Action Learning Projects**

APLA includes an *Action Learning* component, a facilitated experiential learning platform that utilizes application tools to enable teams to identify solutions to problems that provide measurable impact and organizational results. Participants were placed on one of four action learning teams based on their rankings of a list of organizational projects identified by the Organizational Priorities Assessment and chosen by APLA’s Steering Committee. Each action learning team was facilitated by a certified action learning coach who supported both project and leadership skill development. The teams consisted of approximately 5-8 physician leaders who met formally on a monthly basis over a 6-month period to work on their projects, under the guidance of their coach and an executive sponsor from the organization who oversaw the team’s progress and lent support.

**PROGRAM SUCCESS**

---

The following metrics were chosen to evaluate APLA’s success:

METRIC	MEASUREMENT
<b>Commitment to Program</b>	<ul style="list-style-type: none"> <li>Module and action learning team meeting attendance</li> <li>Qualitative feedback</li> </ul>
<b>Knowledge Transfer</b>	<ul style="list-style-type: none"> <li>Applicability of module content and action learning projects (self-report on CME surveys)</li> </ul>
<b>System Results</b>	<ul style="list-style-type: none"> <li>Impact of project work (action learning sponsor interviews and participant feedback)</li> </ul>
<b>Leadership Competency Development</b>	<ul style="list-style-type: none"> <li>Pre/post comparison of self-assessment</li> <li>Feedback from coach on EI development</li> </ul>

**Commitment to Program**

Average attendance over the 8 learning modules was 73%, and average attendance across the five action learning team meetings was 79%. The low attendance record was later discovered to be a result of scheduling issues. Qualitative feedback from the learning modules and action learning sessions revealed favorable reactions to the program’s components, suggesting that commitment to the program was high despite low attendance. Participants noted satisfaction with learning module topics and speakers, as well as the skill-building activities employed in the action learning team sessions.

**Knowledge Transfer**

Following each learning module and action learning session, participants were asked to report what they learned from the session, and what specific changes they intend to make in their behavior as a result. The participants' responses for each learning module and action learning team meetings can be seen in the table below.

MODULE/ACTION LEARNING	LEARNING & INTENDED CHANGES TO BEHAVIOR
<b>What It Means to be a Physician Leader at RHS</b>	<ul style="list-style-type: none"> <li>• Get out of the office and into the care environment to interact with the physicians I influence</li> <li>• Request feedback and input</li> <li>• Become more active as leader</li> <li>• Invite the entire staff to participate in discussions</li> </ul>
<b>EI and the Impact on Physician Leadership</b>	<ul style="list-style-type: none"> <li>• Work on weaker elements identified in my EQ assessment</li> <li>• Show emotions more</li> <li>• Recognize my own biases and habits in my interactions and work to maximize my strengths</li> </ul>
<b>Clinical Integration and System Thinking</b>	<ul style="list-style-type: none"> <li>• Gained better understanding of the changing reimbursement climate</li> <li>• Consider changes in billing structure</li> <li>• Gained greater awareness of MACRA</li> <li>• Become more proactive in collaborating in a CI capacity</li> </ul>
<b>Leading and Engaging Others Through Change</b>	<ul style="list-style-type: none"> <li>• Incorporate stories into data and to address issues</li> <li>• Work to build common ground</li> <li>• Work on the steps of leading change – flexibility, engagement, and humility</li> <li>• Leverage my strengths to inspire my department to improve performance</li> </ul>
<b>High-Performing Teams</b>	<ul style="list-style-type: none"> <li>• Set expectations for challenges ahead</li> <li>• Facilitate steps in needed change, utilizing tools discussed</li> <li>• Identifying challenges in practice and how to reconcile them effectively</li> </ul>
<b>Defining, Managing, and Influencing Stakeholders</b>	<ul style="list-style-type: none"> <li>• Use feedback and change management messaging techniques</li> <li>• Improve communication with staff when conflicts arise</li> <li>• Have an organized approach to managing/solving difficult personnel and other operational issues</li> </ul>
<b>Business Fundamentals: Project Management and Basic Finance</b>	<ul style="list-style-type: none"> <li>• Try to create teams with diverse ideas and personality characteristics</li> <li>• Set goals and objectives by working backwards from the vision</li> <li>• Make sure there is enough Time, Talent, and Treasure to move forward with an initiative</li> </ul>
<b>Managing Physician Performance</b>	<ul style="list-style-type: none"> <li>• Create fair and transparent performance measures and targets</li> <li>• Provide timely and constructive feedback</li> </ul>

<b>Action Learning Sessions</b>	<ul style="list-style-type: none"> <li>• Establish clear expectations</li> <li>• Elicit feedback to help with difficult situations</li> <li>• Recognize the impact of the teams they lead</li> <li>• Increase collaboration with colleagues, both formally and informally</li> <li>• Explore all options and ideas before moving forward with a project</li> </ul>
---------------------------------	--

### System Results

Interviews with the action learning teams’ executive sponsors revealed several important successes of the action learning process. The sponsors noted that the opportunity to work on team projects related to organizational topics of interest had a positive impact on the participants’ networking and interpersonal relationships and improved trust and collaboration amongst the team members. Furthermore, the physicians were engaged, thoughtful, and held one another accountable for their team’s success. The sponsors also noted that the physicians grew both individually and as a team.

The projects chosen by each of the action learning teams were as follows:

PROJECT	OBJECTIVE	RESULTS
<p><b>Independent Practice Alignment with RHS Physicians</b></p> <p><b>Sponsor:</b> Chief Operations Officer</p>	<ul style="list-style-type: none"> <li>• Align the business interests of independent practices and their management with RHS</li> <li>• Improve RHS service culture to patients and physicians-as-clients</li> <li>• Value and respect opinions and expertise of local physicians when addressing service line problems</li> <li>• Increase visibility and access to RHS senior management</li> <li>• Provide more responsiveness, feedback, and transparency from administration</li> <li>• Address clinical and financial IT issues</li> </ul>	<ul style="list-style-type: none"> <li>• Executive sponsor and team members have met with independent groups that were interviewed</li> <li>• Met w/ surgery, respiratory specialists, and actions were developed based on the needs of the department</li> </ul>
<p><b>Reducing Outmigration: Maximizing RHS as the Provider of Choice</b></p> <p><b>Sponsor:</b> SVP, Strategy and Business Development</p>	<ul style="list-style-type: none"> <li>• Improve access, both for patients to physicians as well as for physicians to other physicians</li> <li>• Enhance marketing &amp; communication</li> <li>• Instate a “response team” to address issues brought forth by organizational members</li> <li>• Build a culture of “citizenship”</li> </ul>	<ul style="list-style-type: none"> <li>• Website redevelopment ongoing</li> <li>• Maximize affiliations</li> <li>• Recruitment of individuals to facilitate access</li> <li>• Focus on access and response</li> </ul>

<p><b>Enhancing Innovation and Clinical Excellence</b></p> <p><b>Sponsor:</b> Chief Quality and Transformation Officer</p>	<p>throughout RHS</p> <ul style="list-style-type: none"> <li>• Create an organized process for quality improvement (QI)</li> <li>• Move from <b>reactive</b> to <b>proactive</b> QI process</li> <li>• Empower all organizational members to contribute to QI</li> <li>• Develop infrastructure to identify and implement transformative ideas</li> <li>• Create an environment that promotes high-level QI at the microsystem level</li> <li>• Foster development of internal QI talent</li> </ul>	<ul style="list-style-type: none"> <li>• Four proposals:             <ul style="list-style-type: none"> <li>○ Created QI Project Registry</li> <li>○ Create physician support group as intermediary b/w foundation leadership and clinical experts to enhance development of opportunities</li> <li>○ Develop process to leverage internal talent and RHS high level QI plan</li> <li>○ Develop internal talent</li> </ul> </li> </ul>
<p><b>Physician Communication</b></p> <p><b>Sponsor:</b> VP, Human Resources</p>	<ul style="list-style-type: none"> <li>• Achieve collaborative communication built upon a culture of respectful, collegial and trusting relationships</li> <li>• Develop communication standards</li> <li>• Provide support tools and education about how to communicate about patients</li> <li>• Establish standards of behavior (how things are done here)</li> <li>• Integrate standards into provider professionalism</li> </ul>	<ul style="list-style-type: none"> <li>• Running a pilot between hospitalists and pediatric discharges</li> </ul>

**Action Learning Project Case Example:**  
**Enhancing Innovation and Clinical Excellence**

Healthcare financing and delivery is transforming from fee-for-service volume-based to value-based. To make this shift and remain viable in the industry, health systems are compelled to innovate to enhance quality and reduce costs through new clinical programs within their organizations. Turning to best practice examples as well as internal focus groups within Reading Health System, this action learning team sought to develop a quality improvement (QI) framework that proactively promotes QI at the microsystem level. The team’s idea was to create an environment where every RHS employee could be empowered to drive clinical excellence in their work environment. To that end, the team recommended four specific strategies they believed would enhance innovation and clinical excellence:

**1. Create a repository for QI efforts**

The team created a pilot website, which serves as a library for institutional learning. This website is a centralized location whereby any RHS employee can readily access past and current

QI initiatives. The website also includes a submission page whereby employees who may have innovate ideas without the means to develop or implement them can have their voices heard.

Next Steps:

- Refine the website
- Create a robust search functionality
- Test website's impact through limited roll-out

## **2. Develop an infrastructure to identify and implement transformative ideas**

Using a "macrosystem structure," a high-level group (e.g. select individuals from the QI department) could capitalize on the ideas received through the QI website, and select the options that best align with the organization's strategic priorities for development and implementation. This infrastructure would include two groups: a facilitation group and a selection group. The role of the facilitation group would be to guide employees with ideas for QI initiatives to organize their proposal in a presentable format that would be desirable to the selection group. The selection group would consist of high-level organizational members responsible for vetting and selecting the presented ideas, using a selection criteria that aligns with strategic goals.

Next steps:

- Develop selection criteria for proposed initiatives
- Identify individuals for facilitation and selection group
- Motivate staff to submit innovative ideas by instituting methods for recognition of contributors (e.g. staff meetings)
- Public Relations team to promote QI repository/submission website

## **3. Create an environment that promotes high-level QI at the microsystem level**

All RHS staff should receive basic training to understand how to create change and improve clinical excellence at the frontline in their own work environment. This training, which the team refers to as "microsystem empowerment" would provide system-wide core skill development of QI methodology.

Next Steps:

- QI education development group to define the curriculum of QI training
- Identify internal QI talent to serve as training mentors

## **4. Foster development of internal QI talent**

The final recommendation is for the organization to capitalize on its internal QI talent by identifying individuals who have already undergone significant QI training, who would serve as mentors to employees seeking to innovate at the front line of clinical care.

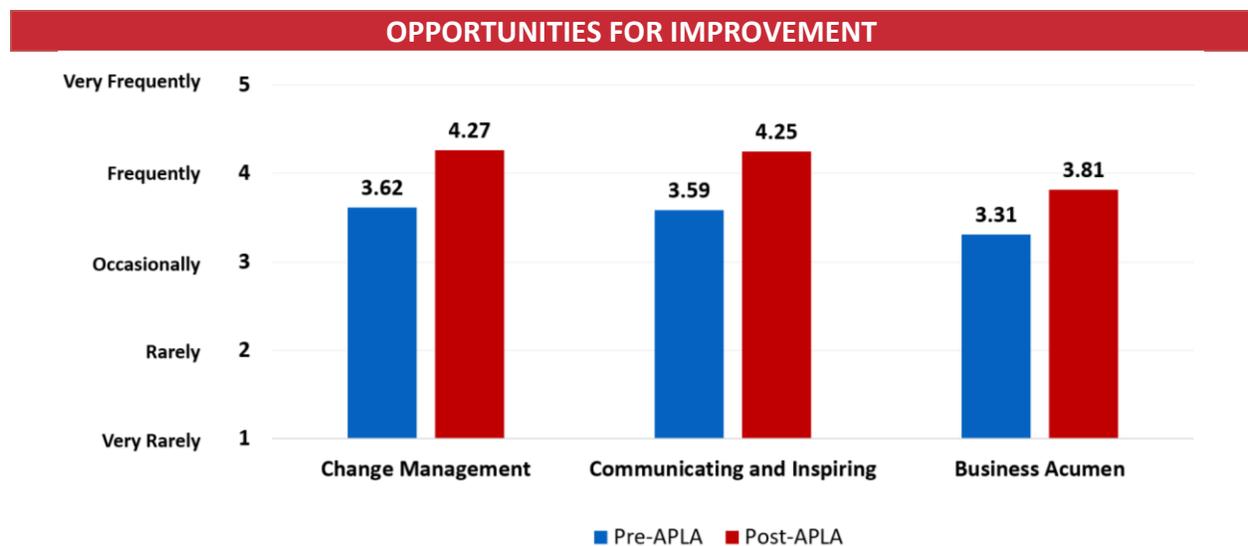
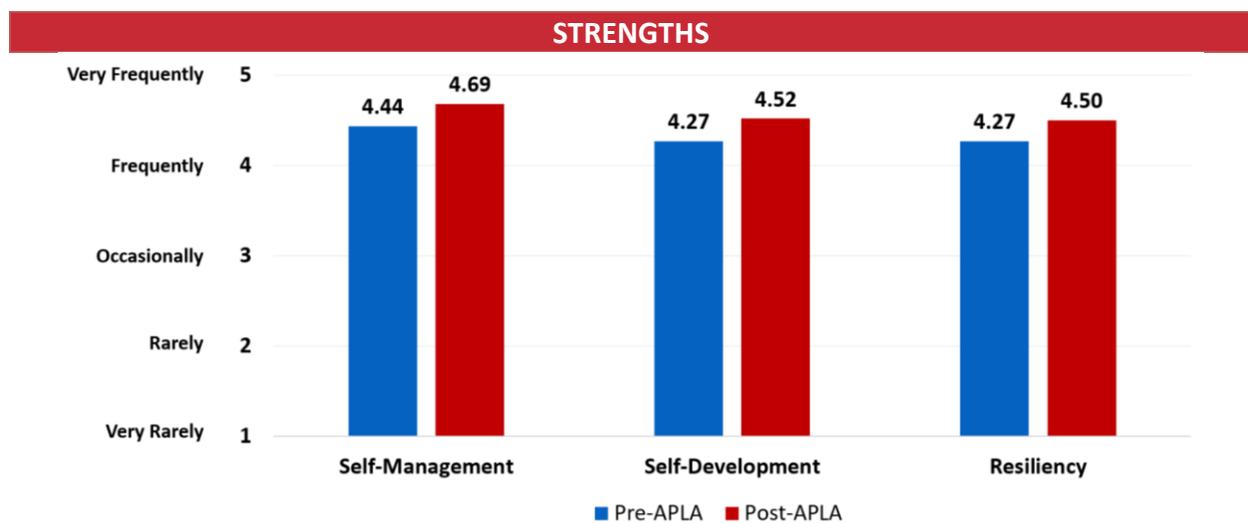
Next Steps:

- Identify skills needed by mentors
- Assess current internal talent to select mentors
- Clarify role and responsibilities of the mentor
- Match internal talent with training needs and identify QI skill gaps

**Leadership Competency Development**

To assess the development of critical leadership competencies, participants were asked to complete the competency self-assessment that was administered prior to the start of the program at the conclusion as well.

The pre-APLA self-assessment results revealed that the group’s strengths were in relation to self-management, self-development, and resiliency. Opportunities for development included change management, communicating & inspiring, and business acumen. Post-APLA results demonstrated an increase in the frequency with which the participants believe they exhibit these competencies, as can be seen in the figures below.



Feedback was obtained from the participants’ coaches to assess competency and emotional intelligence (EI) development. The coaches noted that the physicians improved:

- Emotional intelligence (e.g., empathy)

- Ability to skillfully speak up and express contrary views
- Relationship with administrative leaders
- Ability to work effectively with others

## MOVING FORWARD

---

Several of the participants have continued to work together to move their action learning projects into the broader organizational system. The successful nature of the APLA has sparked further development of physician-led initiatives and a reinvigorated sense of organizational connection and community. Reading's success with Cohort 1 generated strong momentum and garnered interest in developing future cohorts of physician leaders at the director level as well as high potentials. In January 2017, twenty-six emerging physician leaders joined together from across the organization to kick off a second cohort of the APLA. Several of the Cohort 1 graduates served as Action Learning sponsors for Cohort 2 to provide guidance and mentorship throughout the process.

## TESTIMONIALS

---

*"We started this multi-year program in February 2016 with Department Chairs, Section Chiefs, and physician leaders from Reading Health. TLD Group's blended learning approach has proven most effective for the development of our leaders. Our physician leaders worked collaboratively to tackle some of the most pressing issues and the recommendations they made during their Capstone presentations were among the most innovative ideas I've heard all year."*

— **Clint Mathews, President & CEO**

*"The APLA has served as a catalyst for strengthening relationships between physician leaders and administrative leaders – it's been very successful."*

— **Russ Showers, VP of HR**

*"The APLA experience has made me a stronger leader. As leaders, we are often asked to handle situations that are challenging and have difficult conversations with our colleagues, and this experience allows me to do that with a better skillset and a higher level of confidence. One of my favorite experiences with APLA has been the ability to work with a phenomenal team that I may not have otherwise had the opportunity to collaborate with. Time spent learning about yourself, learning about clinical leadership, learning about the issues that are impacting physicians today, and developing relationships with your colleagues and administration, is a win-win from all perspectives."*

— **Vinti Shah, DO, Section Chief of Palliative Medicine**

*"The most valuable aspect of the APLA experience is getting to know my colleagues and working with them in a non-clinical situation, yet working on problems that relate to clinical care."*

— **Charles Barbera, MD, Department Chair of Emergency Medicine**



# THE LEADERSHIP DEVELOPMENT GROUP

Innovative Solutions. Impactful Results.



For more information, please contact:

Tracy L. Duberman, Ph.D., President/CEO, The Leadership Development Group  
973-722-4480, [tduberman@tldgroupinc.com](mailto:tduberman@tldgroupinc.com)