

2014

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# Physician Leader Development & Integration:

## *Strategies for Success*

March 25, 2014



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# Let's get to know you.....

- Do you offer formal leadership development programs for your executives? For your physicians?
- Are your physician leadership programs geared towards employed physicians.....voluntary physicians.....both?
- Do your programs focus on the most senior physician leaders? Up and Comers? Both?

# About Us



*Tracy Duberman, PhD, MPH, FACHE is Founder, President & CEO of The Leadership Development Group, a firm dedicated to developing healthcare leaders and physician executives.*

*TLD Group works with executive and physician leaders and senior leadership teams to develop their leadership skills and competencies to manage change effectively. Our customized leadership development offerings range from coaching to large scale leadership development programs which are hands-on and practical. We offer educational workshops, tailored on-site leadership development programs, and tailored individual coaching for executive, nurse and physician leaders.*

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*Lynn Turner, MBA, is the Director, HR, OD & Internal Communications, Atlantic Health System one of the largest non-profit healthcare systems – comprised of Morristown Medical Center, Overlook Medical Center, Chilton Medical Center, Newton Medical Center and Goryeb Children's Hospital.*

*Lynn has been instrumental in leading and implementing the leadership structure, systems and practices for the expanding AHS health system. During her 20+ year tenure at AHS, Lynn has cultivated an employee culture which has won numerous awards, most notably FORTUNE 100 Best Companies to Work For and AARP Best Employers for Workers over 50, for several years in a row.*

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# Learning Objectives

- Build the case for physician leadership
- Gain knowledge of physician leadership development and alignment strategies to foster collaboration with healthcare leadership
- Discover a roadmap for developing physician learning academies



# Agenda

- Setting the Context
- Strategies to Create Extraordinary Physician Leaders
- Atlantic Health System - Case Study
- Small Group Exercise
- Q&A

# Setting the Context



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# The Changing Healthcare Landscape

## Macro Changes

- The fee for service model is dying a slow death → value-based delivery
- A growing portion of revenue is placed “at risk” based on performance
- Payers are beginning to “triage” patients to systems that deliver on performance measures
- There is a movement toward patient empowerment using hospital, medical group and physician performance transparency

## Physician-Specific Changes

- Physicians are becoming a highly integrated part of the health care delivery system
- Physician influence on others is more than we realized
- Physician engagement, alignment, willingness and participation are a necessity for organizational performance and agility

Health Systems must engage and activate physician leaders to drive change required to improve the patient experience, quality of care, and cost of care

# The Vision: True Systemness



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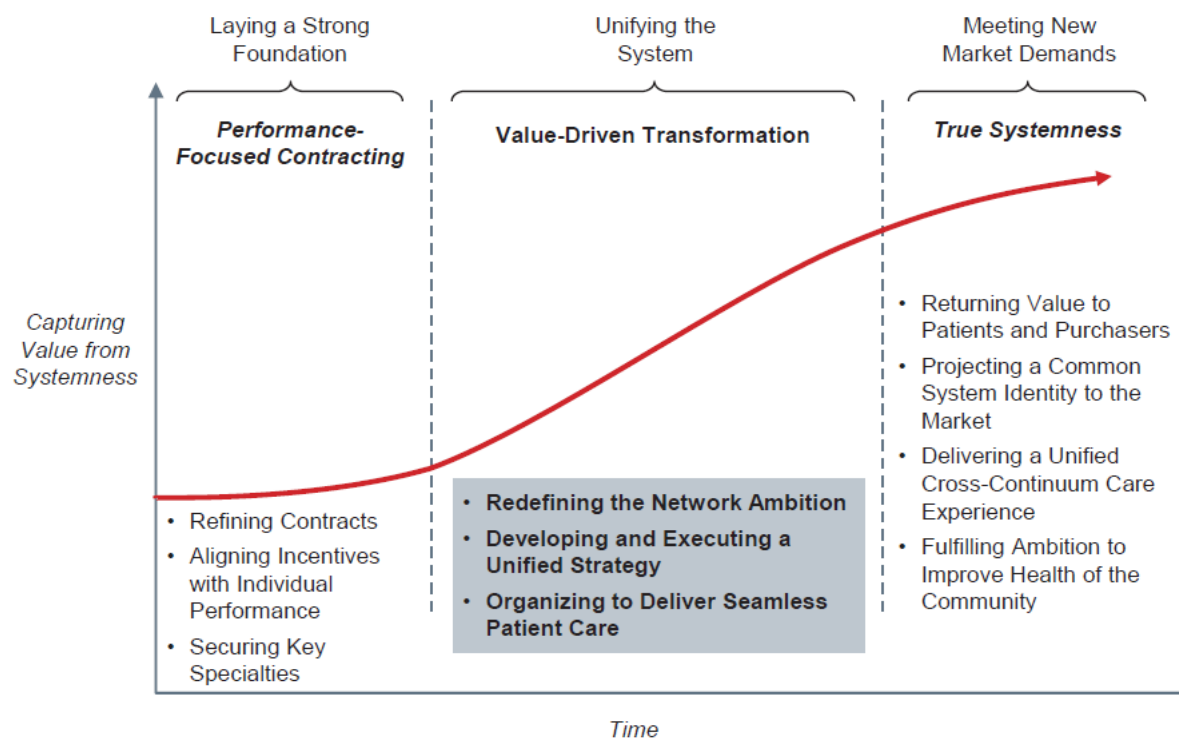
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# Health System-Physician Collaboration is Required to Meet Market Demands

New Compact Must Be Built on Strong Contractual, Operational Foundation

## Evolution of Hospital-Physician Partnerships



Source: The Advisory Board, "From Contract to Compact Moving Physician Partnerships Beyond Financial Alignment to Create a Culture of Clinical Success," 2012.

# What Got You Here Won't Get You There

Physicians who step into leadership positions can find that their backgrounds don't necessarily prepare them for leading others.

- These physicians require new skills and competencies so they are equipped to successfully guide their organization through a changing healthcare landscape.

# Physician Leadership is Critical to Physician Engagement and Embracing Change

- Physician Engagement will predict Organization Culture and Performance
- Physician Leader skills/behaviors are CRITICAL to executing engagement
- SKILLS/BEHAVIORS to lead, enroll and engage can be learned



*“Leadership has been identified as the most important ingredient in transformational improvement”*

From Joint Commission Resources presentation; Executive quality improvement survey results. Journal of Patient Safety. 2 March 2006

# The Dividend of Physician Leadership

When an organization is populated with physicians that will lead their areas of influence, there is no limit to the speed and magnitude of change that can happen



# Benefits of Physician Leadership Development



Organization



Physicians



Patients

# Benefits to the Organization

- Direct linkage to triple aim
  - Improves patient experience
  - Improves the health of populations
  - Reduces the per capita cost of health care
- An organization's commitment to physician development is positively correlated with quality
- Leads to increased employee engagement
- Enhances recruitment and retention of quality physicians as engaged physicians influence the behavior of other clinicians



# Benefits to Physicians

- Activates physicians to take a proactive role in healthcare delivery strategy and implementing change
- Enables physicians to learn critical skills such as negotiation, communication, conflict resolution, and change management skills – elements which are pertinent to successful patient care
- Improves relationships with patients and colleagues



# Benefits to Patients

- Stronger relationships with the physician
- Increased patient involvement in health care decisions
- More positive interpersonal interactions and stronger relationships with the physician
- Better outcomes due to increased adherence to physician orders





# Strategies to Create Extraordinary Physician Leaders



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# 3 Strategies to Create Extraordinary Physician Leaders

1. "-Ad" Structures
2. Physician Councils
3. Customized Physician Leadership Development Programs

# Strategy 1: “-Ad” Structures

Business leaders can get frustrated at what appears to be a simple business and financial decisions when clinicians stress the clinical challenges and pitfalls of any innovation and refuse to buy into the operational decision.

...Sound familiar?

# “-Ad” Structure Definition

- A partnership between administrative leaders and clinical leaders who work closely in a shared and complementary decision-making and management relationship.
- Can be Dyad, Triad, Quadrad, etc.

# “-Ad” Structure Benefits

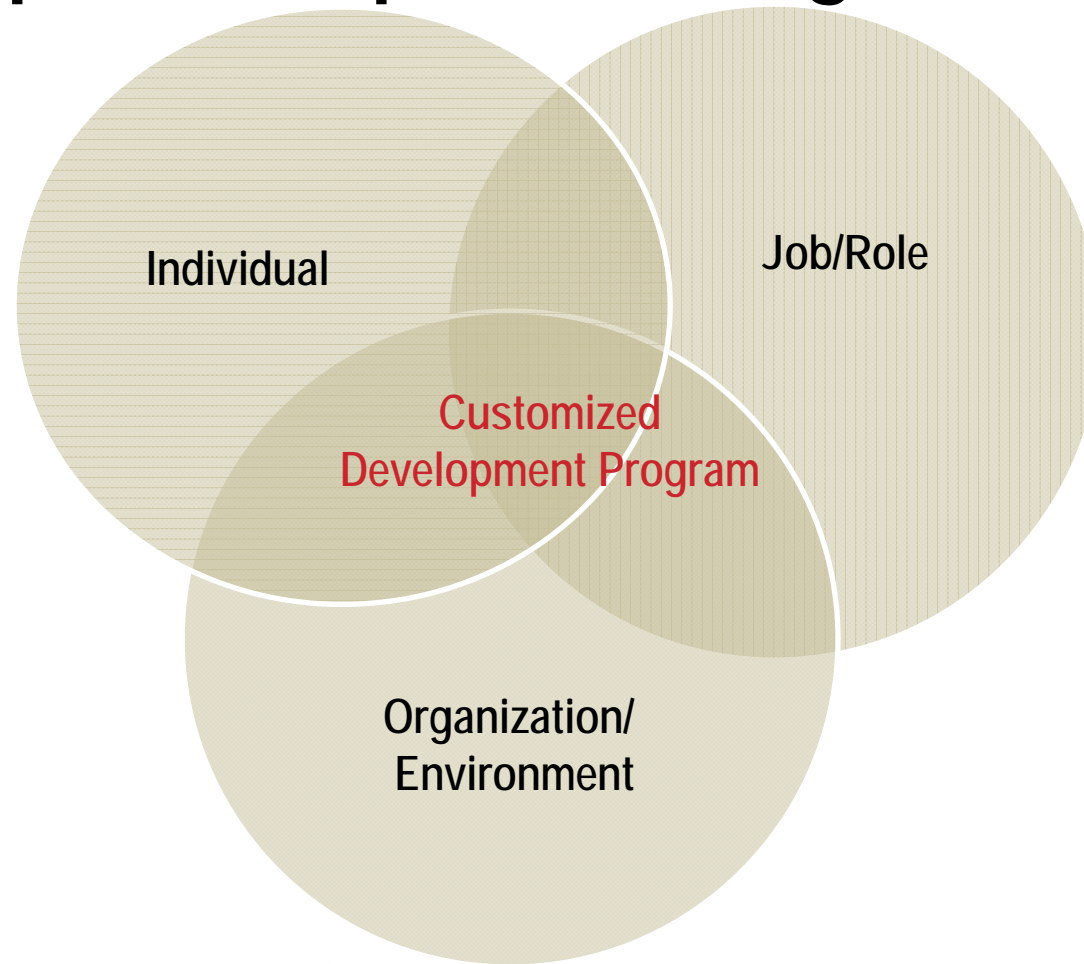
- Enhances clinician engagement, trust and participation
- Ensures optimal melding of clinical perspective with operational expertise
- Broadens perspectives of leaders
- Assists in the change process

# Strategy 2: Physician Council

- Effective physician leaders and emerging leaders with formal access to the executive team
- Meet monthly to “listen, respond and create results together”
- Not a secret meeting, but a highly visible operation to collaborate



# Strategy #3: Customized Physician Leadership Development Programs



Boyatzis (1982) Contingency Theory of Action and Job Performance

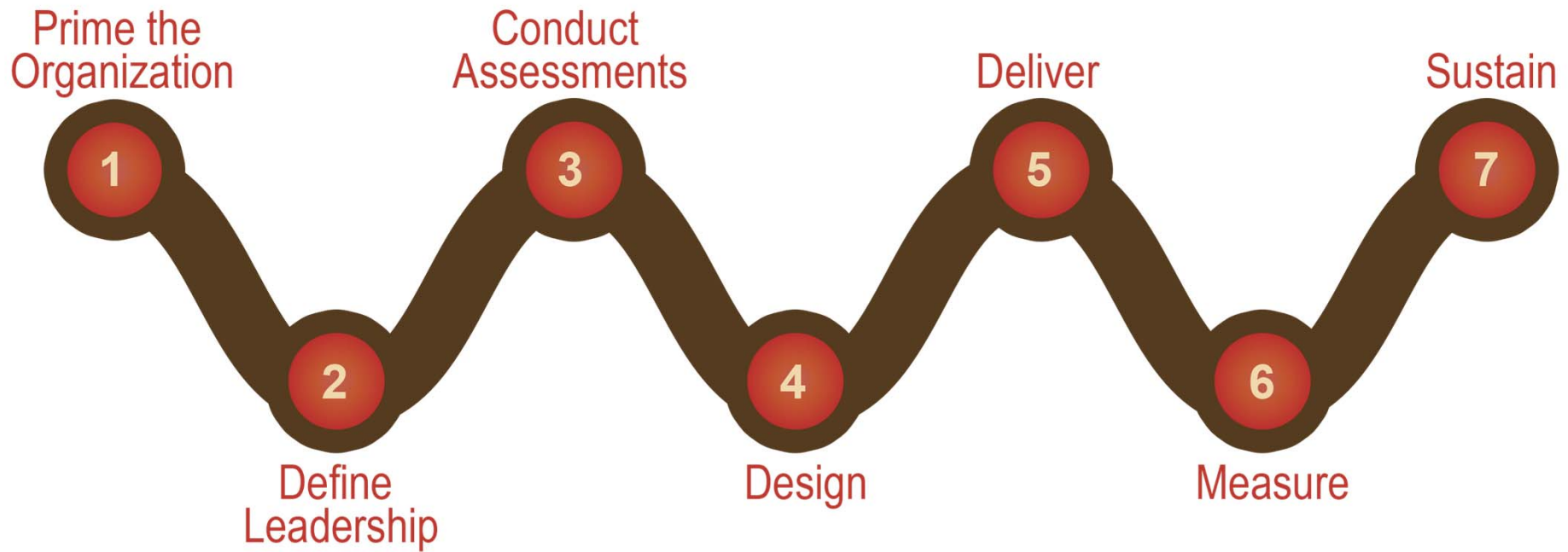


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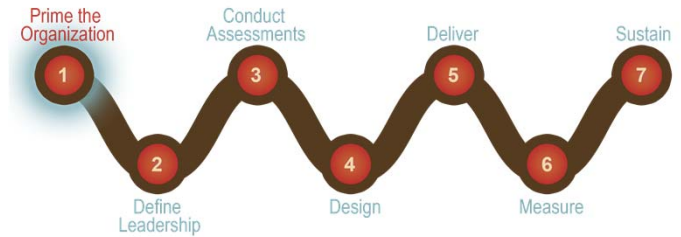
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# Roadmap for Developing Physician Leadership Academies



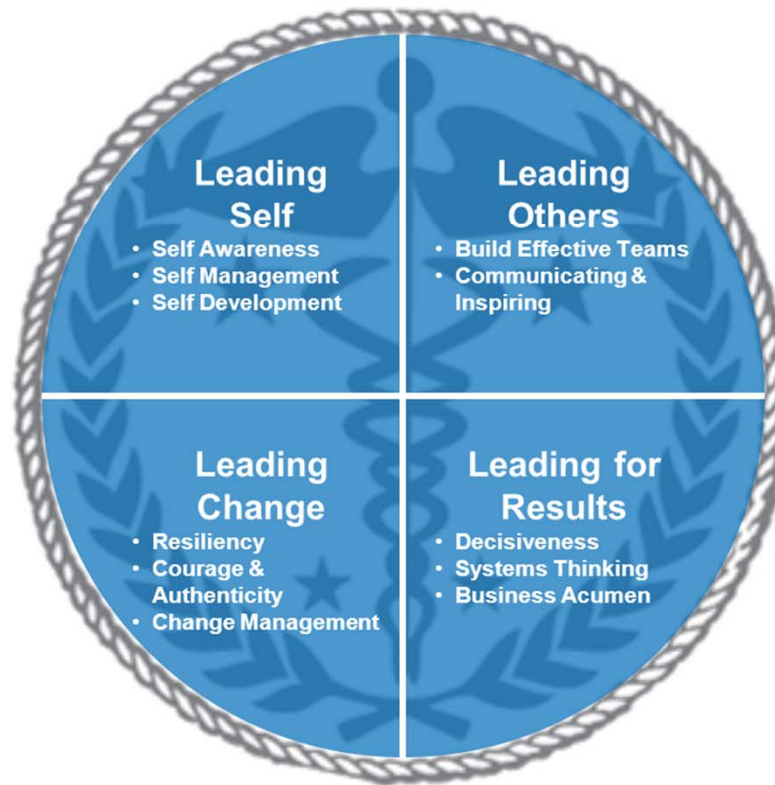
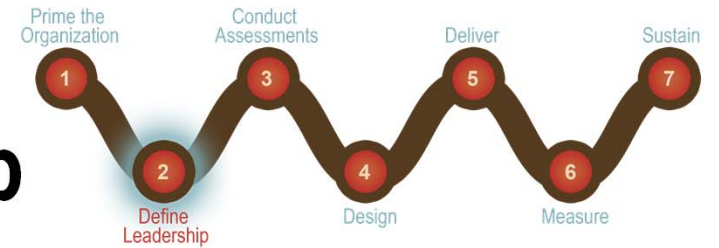


# 1. Prime the Organization

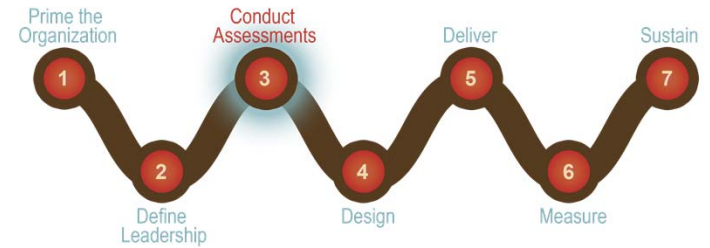


- Obtain buy-in & commitment from CEO, senior executive and physician leadership
- Determine selection process
- Identify physician champions
- Establish steering committee and design team
- Establish engagement and communication plan

## 2. Define Physician Leadership



# 3. Conduct Assessments



## Organizational Assessment

### APLA Organizational Priority Interview Guide

**Introduction:**

- **Background**
  - Provide background on APLA, Action Learning, and reason for interview
- **Purpose of the interview:**
  - Obtain insights on Health System priorities and needs
  - Provide summary of assessment and aggregate view based on interview learnings
  - Findings will be used to identify action learning projects for APLA leadership development program
- **Interview approach**
  - Semi structured format
  - Note-taking
  - **Confidential** – quotations are used but not attributable
  - Approximately 1 hour time contract

### Interview Background

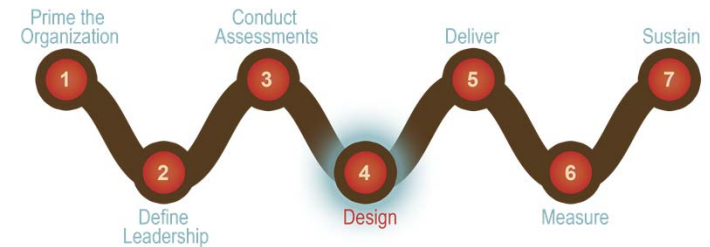
Interviewer: \_\_\_\_\_ Interviewer: \_\_\_\_\_  
 Health System Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Role and Years with Health: \_\_\_\_\_



## Leadership/Individual Assessments

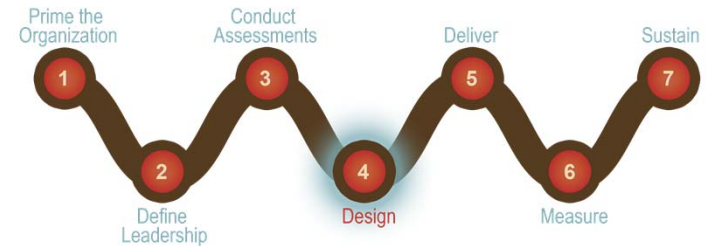


## 4. Design



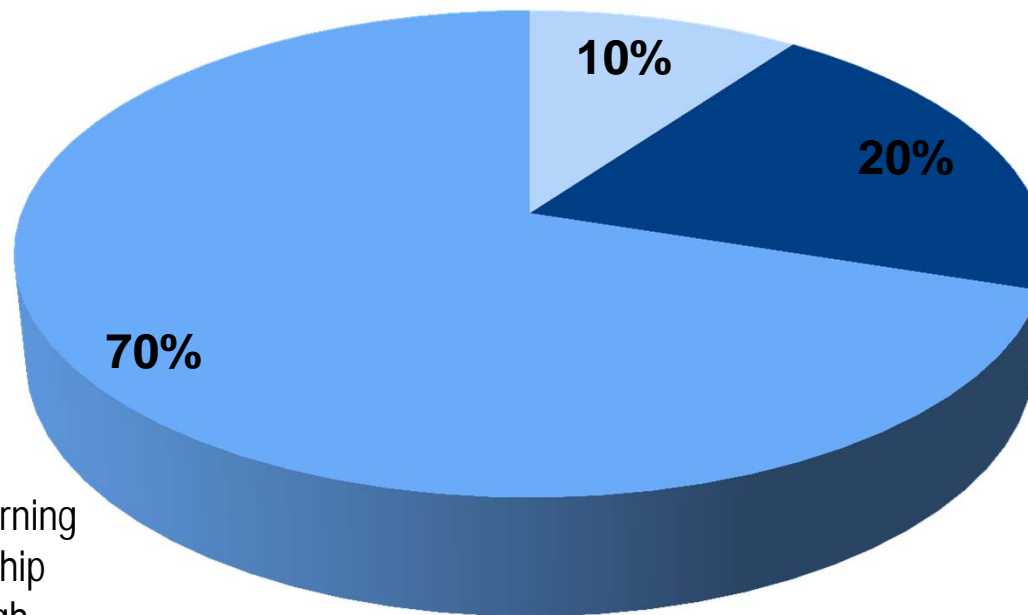
- Finalize program objectives and success criteria
- Confirm participants
- Establish length of program and time commitment

# Design Using 70:20:10



## Didactic Training:

Structured training courses focusing on development of leadership skills and competencies



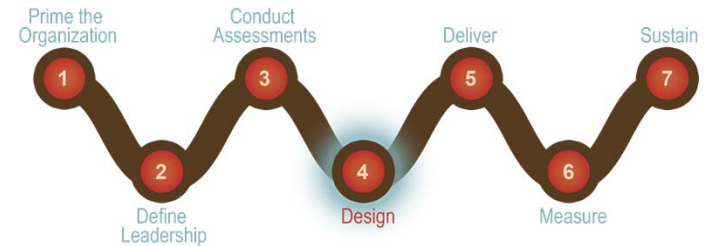
## Assessment & Coaching:

Mentoring and networking; assessments, coaching and feedback

## Action Learning:

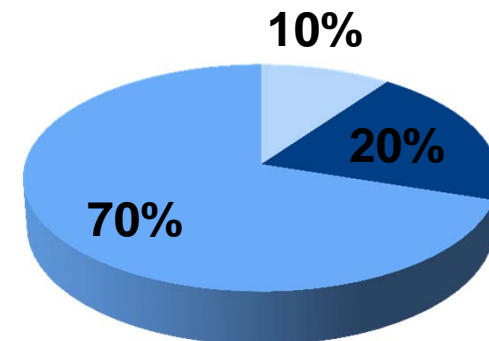
Process to apply learning and develop leadership competencies through work on real business problems

# 70%: On-the-Job Training: *Action Learning*

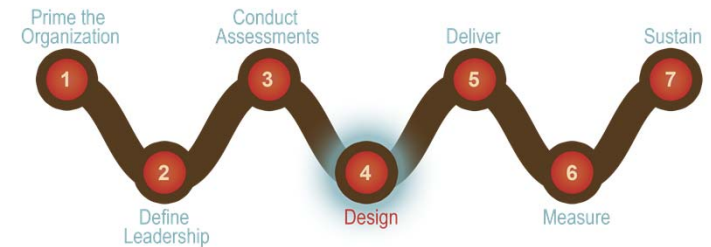


Small groups work collaboratively with cross-functional teams to derive solutions to strategic / management issues while developing leadership skills

- Results-driven learning process
- Identifies solutions to problems that provide immediate, measurable impact and organizational results
- Develops leadership capabilities
- Aligns to business goals

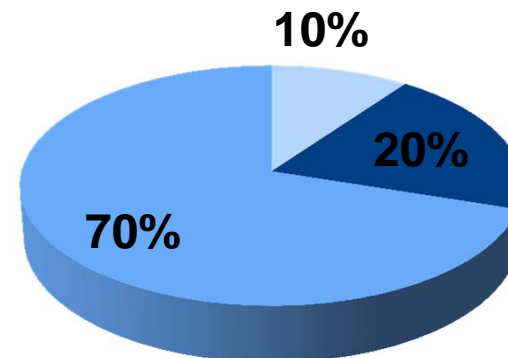


# 20%: Leadership Assessment, Feedback and Coaching

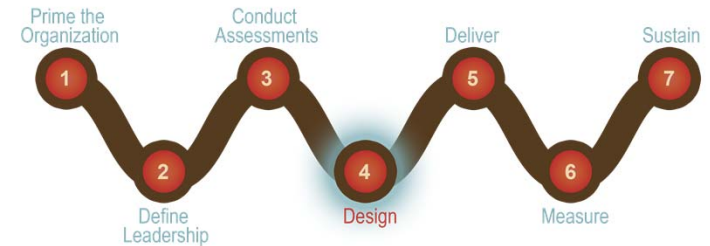


Through formal coaching and/or mentoring, develop specific leadership behaviors for enhanced leadership effectiveness

- Leading Self
- Leading Others
- Leading Change
- Leading Results

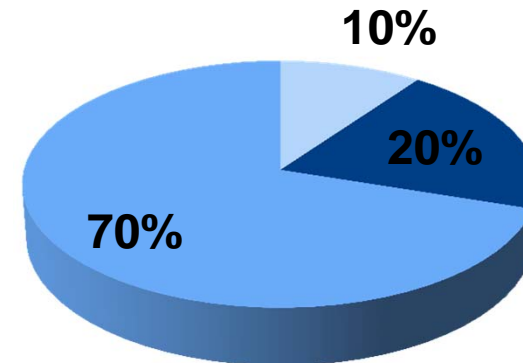


# 10%: In-Classroom Formal Training



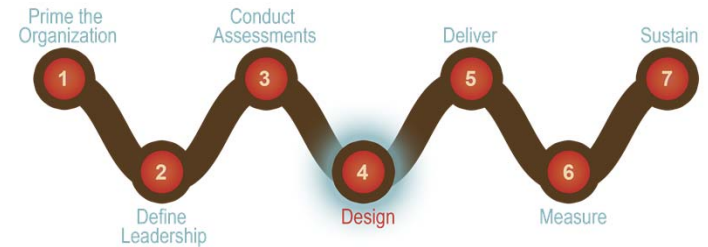
Customized learning modules delivered by internal and external experts focused on priorities for change incorporating:

- Customized case analyses
- Small group learning exercises
- Interactive lectures and discussions
- Application-based readings



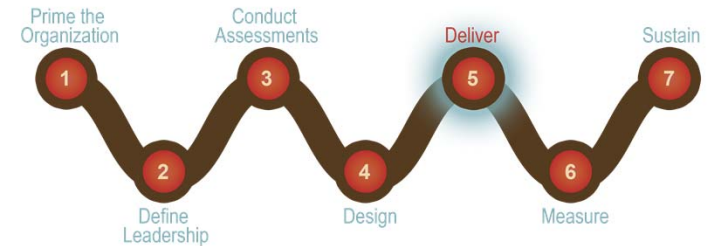


# Areas of Focus by Competency



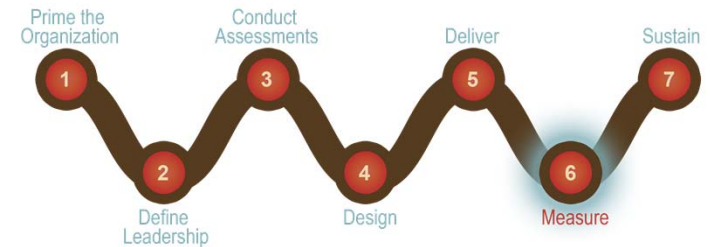
Leading Self	Leading Others	Leading Change	Leading Results
<ul style="list-style-type: none"> <li>• Emotional Intelligence</li> <li>• Empathy</li> </ul>	<ul style="list-style-type: none"> <li>• “-Ad” Leadership</li> <li>• Leading in a matrix organization</li> <li>• High Performing Teams</li> <li>• Managing Conflict</li> <li>• Crucial Conversations</li> <li>• Influencing Others</li> <li>• Coaching and Mentoring</li> </ul>	<ul style="list-style-type: none"> <li>• Leading Change</li> <li>• Engaging Physician Leaders</li> <li>• Healthcare Trends</li> <li>• Strategic Planning</li> <li>• Stakeholder Management</li> <li>• Story Telling and Presentation Skills</li> </ul>	<ul style="list-style-type: none"> <li>• Business Fundamentals</li> <li>• Enhancing Physician Performance</li> <li>• Negotiations</li> <li>• Financial Management</li> <li>• Meeting Management</li> <li>• Clinical Performance Management</li> </ul>

# 5. Deliver



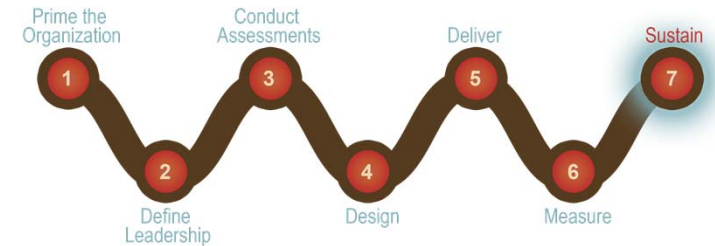
- Assign individual and team learning projects
- Provide individual and team coaching
- Create and deliver learning modules

# 6. Measure



- Monitor individual and team progress
- Measure performance and course correct
- Final evaluation and graduation

# 7. Sustain



- Evaluate performance and implement Year 2 elements
- Establish strategies for sustainability including:
  - Mentorship programs
  - Strategic succession planning
  - Plan for sustaining APLA for future years and additional cohorts

# Critical Success Factors for Physician Leadership Academies



# Atlantic Health System

## Perspectives from the Field



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# Case Study

## Situation:

- Atlantic Health System
- Non-profit, multi-hospital system with both staff physicians and voluntary physicians
- More than 3,250 affiliated physicians
- CMS Shared Savings ACO

## Challenge:

- Strengthen alignment among physician leaders to AHS goals and objectives
- Foster integration among physician leaders and with the executive team
- Focus on growth opportunities and innovation
- Develop physician leaders to drive the necessary changes through the system and be positioned for success

# The Solution: The Applied Physician Leadership Academy

Components	Description	Focus				
<b>Assessment</b>	<ul style="list-style-type: none"> <li>Organizational priorities were identified through structured 1:1 interviews with Senior Management and the APLA Steering Committee.</li> <li>Leadership competencies were assessed through interviews, the administration of the MSCEIT to all APLA participants, as well as review meetings with senior management.</li> </ul>	<ul style="list-style-type: none"> <li>The outcome of the assessments was integral to the development of AHS's customized APLA.</li> </ul>				
<b>In-Classroom Didactic Training</b>	Lecture series delivered by APLA national experts and TLD Group physician faculty on priorities for change	<ul style="list-style-type: none"> <li>Creating high performing clinical care teams</li> <li>Business fundamentals for physician leaders</li> <li>Enhancing physician performance</li> <li>Emotionally intelligent leadership</li> </ul>				
<b>Leadership Assessment, Feedback and Individual Development Planning</b>	1:1 physician leadership assessment and coaching to develop specific behaviors for enhanced leadership effectiveness	<table border="0"> <tr> <td> <u>Leading Self</u> <ul style="list-style-type: none"> <li>Self Awareness</li> <li>Self Management</li> <li>Self Development</li> </ul> </td> <td> <u>Leading Change</u> <ul style="list-style-type: none"> <li>Resiliency</li> <li>Courage &amp; Authenticity</li> <li>Change Management</li> </ul> </td> </tr> <tr> <td> <u>Leading Others</u> <ul style="list-style-type: none"> <li>Building Effective Teams</li> <li>Communicating &amp; Inspiring</li> </ul> </td> <td> <u>Leading Results</u> <ul style="list-style-type: none"> <li>Decisiveness</li> <li>Systems Thinking</li> <li>Business Acumen</li> </ul> </td> </tr> </table>	<u>Leading Self</u> <ul style="list-style-type: none"> <li>Self Awareness</li> <li>Self Management</li> <li>Self Development</li> </ul>	<u>Leading Change</u> <ul style="list-style-type: none"> <li>Resiliency</li> <li>Courage &amp; Authenticity</li> <li>Change Management</li> </ul>	<u>Leading Others</u> <ul style="list-style-type: none"> <li>Building Effective Teams</li> <li>Communicating &amp; Inspiring</li> </ul>	<u>Leading Results</u> <ul style="list-style-type: none"> <li>Decisiveness</li> <li>Systems Thinking</li> <li>Business Acumen</li> </ul>
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<b>Action Learning</b>	Small groups of physician leaders work collaboratively with colleagues to derive solutions to strategic / management issues while developing leadership skills	<ul style="list-style-type: none"> <li>How do we grow the business?</li> <li>How to reduce utilization while maintaining quality?</li> <li>How physicians can improve patient outcomes?</li> <li>How do physician leaders execute on their roles and responsibilities?</li> </ul>				



# Results

- Enabled physician leaders to develop their leadership prowess real-time
- Leaders acquired valuable skill sets including:
  - How to enhance physician performance in their departments
  - How to create high performing clinical care teams
  - How to lead with authenticity
  - Business fundamentals for physician leaders.
- The action learning project work led to system-wide solutions to strategic problems:
  - Creation of a “physician” or “shared governance” practice plan
  - Reorganization of care quality-centric efforts to embed follow-up & accountability to measure results
  - System-wide implementation of POLST (Physician Orders for Life Sustaining Treatment)
  - Creation of Chair role description and performance measure tied to compensation

# Participant Feedback

- 85% of the respondents indicated the overall quality of the program was Very Good or Excellent
- 92% indicated they now have a better understanding of AHS's strategy and future direction
- 92% indicated APLA increased their ability to work collaboratively with peers (both physician and administrative)
- 92% indicated APLA was applicable to educational and leadership development needs and it is likely they will make changes in their leadership behavior/practice
- All respondents indicated improved ability to assess problems and develop solutions incorporating appropriate stakeholders
- Majority of respondents indicated a useful part of APLA was interacting with and learning from peers

# APLA Lessons Learned from the Physician Participants

- Importance of real-time application and practicing identified competencies via action learning (action learning = APPLIED learning)
  - May take longer in the short run (dictatorships are more efficient than democracy) but it's worth it in the long-run
  - Reflective questioning and challenging assumptions stimulates new thinking and facilitates collaborative problem solving
- Leadership *is* a science
- Leadership competencies *can* be developed
  - It takes a desire to do so, a willingness to take an honest look at yourself and others, and be open to giving and receiving feedback
- TRUST is critical for engagement and alignment
  - Effective communication, particularly LISTENING, is critical for developing TRUST within an organization
- Teamwork and team dynamics takes a lot of work but is a key element of organizational effectiveness
- Importance of Emotional Intelligence, Coaching, and Mentoring for physician leaders cannot be overemphasized
- Being a 'content expert' does not necessarily qualify one to be a leader

# APLA Lessons Learned from Executive Sponsors

- CEO and Leadership Team Support, Engagement and Oversight
- On-site delivery
- APLA Steering Committee
- Delivery by physician faculty, academicians, and AHS executives who can capture a physician audience
- Customization
- CME
- Allow time for networking

# The Evolution of APLA for AHS

- Year Two – Sessions co-led by external faculty and internal senior executives with significant CEO involvement
- Year Three – Will introduce Service Line Managers to the program

# Small Group Exercise

- What is working well with your current physician leadership strategy?
- What are areas where you can improve based upon today's discussion/learnings?
- Report out 1/2/4
- Key Learnings

# Key Takeaways



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