



PROGRAMS OF PROMISE

**Investing in Physician Leaders:
New Imperatives for Successful
Hospitals and Healthcare Systems**

A directory of physician leadership programs that are helping to build the next generation of physician champions for hospital care and vitality



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Principal Author:
Patricia H. Dillon
With assistance from:
Jerry Nye and James A. Rice, Ph.D.



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Programs of Promise:

A Resource for the Development of Physician Leadership Academies

Preface

What's in a name? Many hospitals are investing substantial resources in physician leadership development initiatives, variably labeled: workshops, programs, centers, institutes, colleges, universities, or academies.

This report provides a rationale for such investments, an overview of the competencies being developed, and practical ideas about helping physician leaders learn new competencies that will make them more effective in enhancing the performance of their health care systems.

About the Authors

Patricia H. Dillon is a consultant specializing in strategic planning, governance and board relations and leadership development. She has over 20 years of experience in academic medicine and non-profit healthcare. Ms. Dillon can be reached trishadillon@trishadillon.com.

Jerry Nye is a Senior Vice President and Consultant with the Governance & Leadership Services practice at Integrated Healthcare Strategies. He has over 30 years of experience in healthcare administration and business development. Mr. Nye can be reached at jerry.nye@ihstrategies.com.

James A. Rice, Ph.D. is the Vice Chairman of The Governance Institute and the Executive Vice President and Practice Leader of the Governance and Leadership Services practice at Integrated Healthcare Strategies. He is an internationally recognized authority on healthcare policy, governance, and strategy development. Mr. Rice can be reached at jim.rice@ihstrategies.com.



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Programs of Promise:

In-house Physician Leadership Academies Provide Competency-Based Physician Leadership Development for Organizational Success

Do your strategic priorities include aligning physicians for improved quality and economic performance? Do you wonder how you can generate medical staff enthusiasm and encourage loyalty?

Effective physician leaders can help you achieve these goals and improve your organization's performance in the critical areas of patient safety and quality of care, employee loyalty and pride, patient service volumes, payer terms and contracts, and economic vitality.¹ Consequently, physician leadership development is nearing the top of the list of strategic imperatives for hospital boards and executives.

Our recent assessment of over 20 hospital-based and 30 university-based physician leadership programs finds these "Programs of Promise," labeled *Academies, Institutes, Universities or Centers*, focusing on a range of competencies and featuring a variety of teaching methods. From this assessment, and from our work over the past 10 years helping physician leaders sharpen their leadership effectiveness, we have learned three lessons:

- 1) Successful health care system performance demands effective physician collaboration, which in turn demands effective physician leaders.
- 2) Effective physician leaders must master multiple clinical and leadership competencies.
- 3) Physicians want to learn leadership competencies like they learned medicine, via "rounding," i.e., real case studies with respected mentors and real-time, frontline interactions, not sitting in classrooms hearing academics lecture about abstract concepts.^{2,3}

For enhanced physician alignment and leadership development, hospital boards and executives are realizing the powerful interdependency of the three R's: rounding, recognition, and rewards. This article explores the scope and nature of investments being made by ten organizations as they use the three R's to develop their own physician leaders.

¹ See Mark Bard, MD, "It's better to hang together than to hang separately: producing physician-hospital collaboration in troubled times," The Bard Group www.bardgroup.com and also "Mayo Leadership Program for Physicians" Tangalos et al, Mayo Clinical Proceedings, Vol. 73: 279-284

² Rice, James, "Physician Leaders and Followers: five do's and Taboo's for success" in MN Physician Magazine, 2005

³ See "Leadership Insights" James A. Rice, Judge Business School, Cambridge University, England

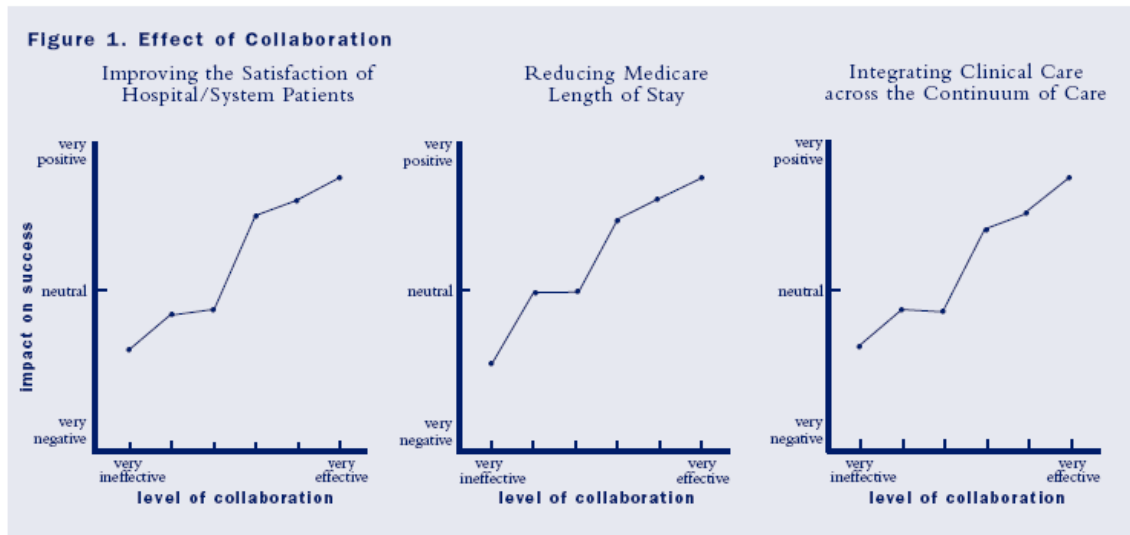


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Collaboration is Key

Studies have shown that physician collaboration improves patient satisfaction, reduces length of stay, and leads to better integration of clinical care across service lines.¹ Effective physician leadership improves the probability of achieving effective collaboration.



There is a growing body of knowledge about the competencies that physician leaders need to master, and the manner in which mastery is most likely to occur.² Of course, physician leaders must be able to demonstrate strong clinical skills, regardless of specialty area or practice setting. In addition, a study by the Healthcare Leadership Alliance³ found that there are 300 competencies common to all successful health care managers and leaders. These competencies fall within five domains:

- Communication and relationship management
- Leadership
- Professionalism
- Knowledge of the health care environment
- Business knowledge and skills

¹ Mark Bard, MD, "It's better to hang together than to hang separately: producing physician-hospital collaboration in troubled time" The Bard Group www.bardgroup.com

² For a comprehensive review see: "Physicians as Leaders", McKenna and Pugno, Ratcliff Publishing UK, 2006

³ The Healthcare Leadership Alliance is joint initiative of: The American College of Physician Executives, American College of Healthcare Executives, Medical Group Management Association, American College of Medical Group Practice Executives, American College of Nurse Executives, Healthcare Financial Management Association, and the Health Information and Management Systems Society. See www.healthcareleadershipalliance.org



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Competencies within each domain may be based on knowledge or skills, and may be categorized as “core” or “specialty.” Following are a few of the core competencies identified for each leadership domain.

Communication And Relationship Management

This domain focuses on communicating clearly and concisely with internal and external customers, establishing and maintaining relationships, and facilitating constructive interactions with individuals and groups.

Knowledge required for effective communication and relationship management includes these areas:

- Labor relations strategies
- Organizational structure and relationships
- Principles of communication and their applications (e.g., crisis communication, alternative dispute resolution)
- Public relations

Effective leadership requires skill in doing these things:

- Building collaborative relationships
- Building effective physician and administrator leadership teams
- Communicating organizational mission, vision, objectives and priorities
- Creating, participating in, and leading teams

Leadership

Leadership may be defined as creating a climate that motivates, builds a shared vision, and leads to success. The core knowledge-based competency that applies here is an understanding of leadership styles and techniques. Effective leadership requires skill in doing these things:

- Gaining buy-in to accept risk and support new business ventures
- Adhering to legal and regulatory standards
- Advocating for and participating in health care policy initiatives (e.g., uninsured crisis, medical malpractice, access to health care, patient safety)
- Anticipating obstacles and planning strategies to overcome them
- Anticipating the need for resources to carry out initiatives
- Encouraging teamwork



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Professionalism

Professionalism is behaving in accordance with recognized standards of conduct and ethics, including taking responsibility for the wellbeing of the patient and the community, exhibiting a service orientation, and making a commitment to lifelong learning and improvement.

These bodies of knowledge are related to professionalism:

- Business and personal ethics
- Professional roles, responsibilities and accountabilities
- Professional norms and behaviors
- Professional societies and memberships
- Professional standards and codes of ethics
- Time- and stress-management techniques
- Conflict-of-interest situations and responsibilities as defined by bylaws, policies and procedures
- Ethics committee's role, structure and functions
- Patients' rights and responsibilities

These skills enable leaders to put their professional knowledge into practice:

- Self assessment
- Advocacy for patients, families and communities
- Mentoring
- Practicing due diligence to carry out fiduciary responsibilities

Knowledge Of The Healthcare Environment

A successful leader must demonstrate an understanding of the health care system and the environment in which its managers and providers function. This domain encompasses a long list of core knowledge competencies, including these:

- Organization and delivery of medical care
- Funding and payment mechanisms
- Community standards of care
- Regulatory and administrative environment
- Interrelationships between access, quality, cost, resource allocation, accountability, and community
- The patient perspective
- Technological research and advancements
- Workforce management



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Business Knowledge And Skills

Physician leaders must be able to apply basic business principles and think organizationally and analytically. This requires an understanding of financial management, human resources management, organizational dynamics and governance, strategic planning, marketing, information management, risk management, and quality improvement. For example, leaders need knowledge of these areas:

- Basic statistical analysis
- Broad systems connections – potential impacts and consequences of decisions in a wide variety of situations, both internal and external
- Evidence-based practice
- Project management
- Systems thinking

Many core skills were identified for this domain, including the ability to do these things:

- Collect and analyze data from internal and external sources
- Conduct needs analysis, and identify and prioritize requirements
- Manage assets, including investments and equipment
- Use comparative analysis strategies (e.g., indicators, benchmarks)
- Employ financial planning methods (e.g., strategic planning, financial planning, operational planning, budgeting, capital budgeting)
- Perform financial analyses (e.g., ratios, costs vs. benefits, cost-effectiveness)
- Employ operating budget principles (e.g., fixed vs. variable, zero-based)
- Maintain compliance with tax laws and filing procedures
- Create monitoring systems for licensure, credentialing, and recertification

Summary

Graduate school executive education programs are pursuing the physician leader market with both open enrollment opportunities and custom in-sourcing support. Their co-branded programs often entail multiple learning modes, such as coaching or mentoring; on-the-job-experiences; on-campus leadership training; interdisciplinary skill-building workshops with case studies; volunteerism; self-study via books, audio tapes, video tapes, and distance learning; and even degree programs (MBA, MHA, MPH).



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Cedars-Sinai Medical Center, Heartland Health, Baylor Health System, Mayo Foundation, Sanford Health, Advocate Healthcare, and scores of others embrace these philosophies to guide their learning models:

- Learning is accomplished in small groups through interdisciplinary projects and case studies.¹
- Programs integrate real-time case studies related to enhancing the patient experience, improving processes, and making measurable economic gains.
- In-house faculty is supplemented with experts from local business schools, national health leader associations, or professional firms.
- Programs incorporate short, bite-sized sessions of two to four hours spread over several weeks, to encourage application in real-world settings, and to be respectful of physician time.
- New digital learning tools are incorporated, such as webinars, pod casting, teleconferencing, and dedicated websites for knowledge downloads and expert bulletin boards.

As boards and executives begin to recognize the value of physician leaders, they are not only investing in leadership development, but also introducing new forms of incentive compensation tied to performance metrics of quality, clinical process implementation, and economic vitality.² Beyond paying for performance, recognizing physician contributions by sharing results and progress on performance initiatives with internal and external stakeholders reinforces leadership development and pride.

Physician leaders are essential to the transformation of our nation's health system. Developing and investing in customized physician leadership academies are an effective way for hospital system boards and executive teams to position their organizations for future success.

We hope the following overview of several physician leadership academies will stimulate your organization's thinking about how to develop physician leaders who are effective champions for better health and more cost-effective medical care.

¹ See Moir and Halstenson "Culture Building through Cross-pollination" in Group Practice Journal, June 2007, p. 11.

² "Executive Pay and Quality Study" The Governance Institute, Institute for Healthcare Improvement, Premier Inc and Clark Healthcare Group, August 2007



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Profiles of Physician Leadership Academies

Cedars-Sinai Medical Center
Alegent Health
Baylor Healthcare System
Heartland Health
Mayo Foundation
Lehigh Valley Health Network
Sanford Health System
Virginia Mason Medical Center
Carillion Health System
Advocate Healthcare

*Leadership is the art of getting someone else to do something
you want done because he wants to do it.*

- Dwight Eisenhower



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Mayo Clinic
Rochester, Minnesota
Jacksonville, Florida
Scottsdale, Arizona

Mayo Clinic is a nonprofit medical practice providing clinic and hospital services at its locations in Rochester, Minnesota, Jacksonville, Florida and Phoenix and Scottsdale, Arizona. Mayo Clinic's mission focuses on patient care, medical research and academic education, and serving as a reliable source of health information.

Program History and Structure

Mayo Clinic actively teaches and develops physicians and scientists as organizational leaders, team members, and influential individuals in the external health care arena. Leadership development is considered a guiding principle and long-term strategy across the Mayo system. Workforce issues, demographic changes, financial and reimbursement constraints, political pressures, and technological advancements and demands are all factors that leaders across the organization are trained to address and prepared to respond to in ways that benefit patient care.

Through the Career and Leadership Development program (CALD), current and potential leaders learn a variety of management skills. CALD programs are structured to engage leaders to spur long-term thinking and strategic approaches to environmental challenges. CALD is structured around the Mayo Leadership Competency Model that identifies four major areas for leadership competency:

Personal Attributes

Inspiring trust
Adaptability and resourcefulness
Fostering mutual respect
Judgment

Strategic Leadership

Visionary thinking
Quality/service commitment
Change management
Organizational alignment
Advocacy for “Three Shields”

People Leadership

Consensus building
Attracting, developing and recognizing talent
Developing teams
Fostering a learning environment
Skillful communication

Business Acumen

Business financial acumen
Results orientation



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Since its inception more than 10 years ago, an estimated 2,000 physician, researchers and administrative leaders have participated in one or more CALD programs across Mayo Clinic.

“Mayo Clinic is a physician-led organization focused on clinical care supported by education and research. We use a committee system to make decisions. We work in teams. And, we put the interest of our patients above any other interest. We need physician/scientist leaders who are skilled in teamwork, who bring innovation and new ideas to their work, and who are committed to serving the needs of the patient. The Career and Leadership Development program exists to develop leaders with the skills and judgment necessary to lead Mayo Clinic now and in the future.”

– Denis Cortese, M.D., President and CEO Mayo Clinic

The Curriculum

All physicians, scientists and senior administrators have the opportunity to participate in CALD programs. Higher level training sessions are by invitation to identified leaders.

There are eight sections of courses, each tailored to Mayo-specific leadership competencies, priorities, concepts and participant needs. Program participants acquire a deepened understanding of their individual skills and abilities, the challenges Mayo faces, broad institutional relationships and interdependencies, and current and future challenges for health care, as well as basic skills such as an understanding of finance. Programs are offered year-round at all three Mayo Clinic sites, and participants earn continuing medical education credit for participation in most of the programs.

The leadership education curriculum includes these modules:

New Staff Orientation - Module IA

A one-day program that provides an introduction to the mission, values, and organization structure of Mayo and an overview of practice, education, and research.

Personal Development -Module IB

Provides staff the opportunity to assess how their perspectives and behaviors impact their work environment. Presentation skills and writing skills workshops are offered.

Communication Development - Module IC

A two-day program that focuses on individuals and their interactions with colleagues is designed to enhance skills in communicating, relationship building, resolving conflicts, and developing effective negotiation strategies.



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Research Orientation - Module ID

A half-day program for all new research appointees, all new physicians with active research, and those with an interest in research, as identified by the chairs or through self-identification.

All Staff Leadership - Module IE

A two-and-a-half-day program that is part of a series of three competency-based courses which collectively give an overview of health care leadership and management. Each of the programs stands independently in content, but participants are encouraged to take all three parts over a three year period. Enrollment is by invitation.

Chair and Leadership Team - Module II

A four-day program focused on newly appointed chairs and their executive teams. The four days align with Mayo's Leadership Competencies, focusing on strategic leadership, business and financial acumen, people and organizational leadership, and personnel challenges. Enrollment is by invitation.

Senior Leader/Chair Program - Module III

A two-and-a-half day program that provides insight and challenges perspectives on the issue of quality in health care. The purpose is to give participants an awareness of key issues relating to the execution of quality strategy, examples of how groups have addressed initiatives, and engagement to be champions for quality at their respective sites or departments. Session design/topic varies depending on the key critical business needs of the organization. Enrollment is by invitation.

Two optional modules are also offered:

Technical Writing Skills

A half-day program entitled "Improve Your Manuscript's Prognosis: Tips for Preparing Your Medical Manuscript for Publication"

Presentation Skills

This online class focuses on public speaking and effective presentation skills, and motivates participants to work on these skills.

"Developing leaders takes time and requires a strategic view and a long-term investment by interested individuals and by Mayo. Development is multifaceted including experience, assignments, coaching, feedback, mentoring and education. The Career and Leadership Development program exists to help facilitate the development of individuals and teams, which ultimately creates the leadership base we need in the 21st century."

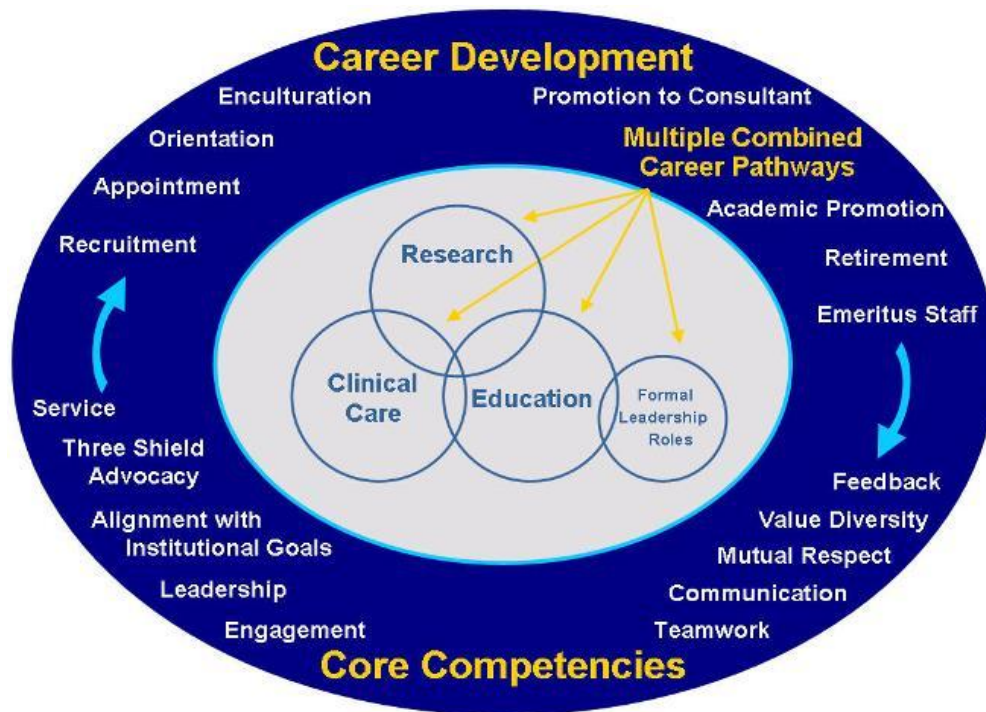
– Teri Rummans, M.D., Chair, Career and Leadership Development



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Mayo Clinic's Model for Physician Leadership Development



"Leadership in health care is a privilege granted to us by society. It is to be honored and respected and never to be assumed. Our leadership model in Mayo is unique and partners physicians, scientists, and administrators together as a team. Our program in Career and Leadership Development not only helps to prepare us to serve as individuals but advances the model of teamwork to achieve our overall mission to serve the needs of our patients."

– Glenn S. Forbes M.D., CEO, Mayo Clinic Rochester



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Carilion Health System Roanoke, Virginia

Carilion Health System has eight nonprofit hospitals and more than 500 physicians in the Carilion Clinic, a multispecialty group practice, providing patient-centered care, medical education, and clinical research. Like many health systems around the country, Carilion is focusing on bringing physicians into business decisions. It is engaging practicing physicians across the Carilion system to improve care and improve the system's financial bottom line.

In 2007, Carilion leaders saw the rapidly changing health care environment as an opportunity to abandon their traditional structure, as a community hospital with a hospital-based residency program, for a clinic model of care like those of Mayo Clinic and the Cleveland Clinic. Such a transformation is a formidable challenge for any organization, but Carilion took the challenge a step further by adding a medical school and a research institute. Today, Carilion Clinic is thriving and the medical school, a joint venture with Virginia Tech, intends to admit its first class in 2010. With the planning of a research institute underway, Carilion Health System is a comprehensive health care system focused on patient-care, education and research.

Physician Leadership at Carilion

In 1999, well before Carilion Clinic was formed, Carilion Health System leaders recognized the need for a physician leadership development program. They adopted a program focused on the behavioral side of leadership, using tools like coaching and mentoring combined with the curriculum offered by the American College of Physician Executives.

In 2003, future Chief Medical Officer Mark Werner, M.D., implemented a physician leadership development program through an outside provider. This second iteration consisted of quarterly, half-day meetings on leadership development.

In 2007, with the advent of a new organizational structure, Carilion had their first department chairs and clinical sections with section chiefs, as in an academic model. Suddenly Carilion had a large fraction of physicians in leadership roles. While senior department chairs came with substantial leadership experience, a majority of the section chiefs had little or none. It was a critical juncture for the organization that required training physicians by providing information, tools, and opportunities to develop as leaders.



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Carilion created a new Office of Professional Development to coordinate physician development across disciplines, with an initial focus on leadership development for section chiefs. The philosophy is that leadership development is not a meeting, class, or event, but a process that takes place across the entire span of a career. The Physician Leadership Academy was a natural extension of the Office of Professional Development and serves as the training and teaching ground for physician leaders.

“The Leadership Academy is not leadership development in the traditional sense. It is a school of practical leadership. We intend that our physicians not only take on challenging leadership roles, but continually learn about themselves, others, and our health care context in order to successfully carry out their roles. We combine the business side of leadership with the human side of leadership”

*– Mark Greenawald, M.D., Medical Director, Office of Professional Development
Education Director, Family Medicine Residency Program, Carilion Health System*

The Physician Leadership Academy

In 2008, the first academy class enrolled 24 physicians in a ten-month curriculum that educates physicians through classroom instruction, collaboration, group projects, feedback, and informal discussions. The curriculum offers broad personal leadership skill development with specific application to Carilion Clinic through a combination of elements:

- Ten two-hour ‘Learning Cafés’ featuring Carilion leaders and educators as faculty conducting small group discussions and skill-building exercises. Participants bring their budgets and problems as projects to be explored during these sessions.
- A half-day retreat
- A combination of three-hour and two-hour seminars conducted by internal and external faculty who are national scholars, subject matter experts, physicians and consultants.
- A mentoring program pairing participants with mentors who serve as confidential resources for independent leadership development as well as organizational “navigation” advisors. Mentors are usually clinical department chairs, medical affairs officers, or leaders (physician or non-physician) who agree to serve in this capacity.
- Project work focused on a real-life business planning project in the participants’ area, tackling a pressing issue or problem. Examples include developing business plans to enhance patient care, cut wasteful spending, or improve operations.



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- Self-assessment using tools such as 360-degree assessments, Leadership Skills Self-Assessment, the DICS personality profile, and related readings. All participants work with an internal leadership coach to process the assessments.

Learning Objectives

1. Understand the changing health care environment and the role of the physician leader as a change agent.
2. Broadly define how the physician leader can serve as a model for service and leadership excellence.
3. Develop an understanding of leadership concepts, vocabulary, and organizational culture and function.
4. Directly apply learned skills through completion of a section-specific business leadership planning project.

2009 Physician Leadership Academy topics

- The business of medicine
- Business planning
- Applied finance
- Self-awareness and management of others
- Advising and mentoring
- Using technology to lead
- Difficult conversations/conflict/disruptive behavior
- Thinking like a leader

A common element throughout the seminars, retreat and cafés is a focus on relationship building that enhances individual and group engagement. Working in small, collaborative groups provides participants with a deeper understanding of shared issues, discussion of vision and purpose, reflection on health care trends, and a better understanding of the integrated Carilion Clinic strategy. "We can't say that we are physician-led and then think that magically our doctors are leading effectively. We have to give them the tools to become leaders and teach them the necessary skills in a deliberate way," notes Dr. Greenawald.

Oversight for the program reflects the commitment of the senior leadership and the multi-disciplinary nature of the academy. Program leaders include Greenawald; a director of the Office of Professional Development; an advisory committee consisting of the chief medical officer, chief operating officer, the director of medical education, and the dean of the medical school; and a professional development committee that includes representatives from each clinical department.



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Physicians as Business Planners

A Carilion community clinic had sporadic access to an interpreter to help communicate with Spanish-speaking patients. Spanish-speaking patients came to the clinic but interpretation was done over the phone. A physician attending the Physician Leadership Academy built a business plan that set aside one morning a week to serve the Spanish-speaking population, saving enough money in the process to hire three interpreters. She equated the rigorous business plan development to a mini-MBA program.

A physician in the Carilion Medical Group primary care division wanted to make sure asthma patients were getting proper follow-up and preventative care. He and a colleague used Carilion's new electronic medical record system to develop a disease registry for asthma patients. By using the electronic system, they were able to assure patients are given more educational material during their visits. The registry also helps monitor medication compliance, emergency room visits, flu shots, and many other factors. The registry is projected to reduce costs by ten percent.



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Cedars-Sinai Medical Center Los Angeles, California

Cedars-Sinai Medical Center has more than 2,000 physicians in almost every clinical specialty. They provide medical care for the community and to patients from across the United States and around the world. Cedars-Sinai physicians and scientists also conduct basic and clinical research, and train more than 350 residents and fellows each year in over 60 graduate medical education programs.

Program Structure and History

Cedars-Sinai Medical Center began its first physician leadership development program in the late 1980's. The impetus was a marked reduction in medical staff physicians demonstrating an interest in leadership, resulting in fewer physicians in the leadership pipeline. In response, the medical staff and senior executives organized lectures for physicians with content and context focused on leadership.

Over time, the new world order of publicly reportable data, evidence-based medicine, and national patient safety goals created tension on the medical staff. There was a gap between the mindsets of the physicians and the performance demands of the future. Cedars-Sinai needed to transform its medical staff structure from one that was largely a federation of individuals who generally expected the hospital to meet market demands, to that of a cohesive, interconnected group of people who knew their future was deeply dependent on how both they and the hospital performed.

"In the late 1990s, the medical executive committee focused on topics such as medical staff finances and parking. In the new century, it became clear that we needed to focus on coordinating our quality and safety efforts and developing a leadership succession plan. Those definitely were the two driving forces behind our redesign of the leadership development program for physicians."

— Michael Langberg, M.D., FACP, Chief Medical Officer, Cedars-Sinai Medical Center

A new physician leadership development program was introduced when Cedars-Sinai partnered with the Anderson School of Business at UCLA and the Marshall School of Business at USC to bring in speakers who didn't necessarily have medical leadership background, but brought expertise from business and the finance world. These speakers brought new depth and clarity to the issues being discussed. Physicians identified by department chairs as having leadership aptitude and potential were invited to participate.



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The redesigned program included project work developing solutions for real issues in the medical center. Participants were charged with identifying what needed to be fixed in their areas and working on it. Projects were discussed during the monthly meetings and everyone contributed to the performance improvement efforts. The projects related to a wide array of issues including patient care, systems and processes. About 15 to 20 physicians met each month with a project as their main focus, and worked through the solutions.

The success of the program led to a collaboration with the Anderson School of Business to offer an 18-month certificate course for all interested medical staff members. The inclusion of high-quality lectures that were not medically oriented broadened the students' horizons. Eventually, the program was opened to the broader medical staff.

The Program Today

In 2006, Cedars-Sinai returned to the model in which department chairs nominated early- or mid-career physicians with an aptitude for leadership to participate in the program. The program focused on small groups of committed individuals, project work, and exposing participants to cultural issues of the medical staff. Four program goals were identified:

1. To provide tools to future leaders.
2. To help physicians gain an understanding of medical center and medical staff operations and regulations.
3. To help physicians understand the medical center's clinical information technology strategic plan.
4. Team building.

Thirty physicians are now enrolled in the program and the curriculum focuses on key business topics. The speakers are almost exclusively in-house experts including the CEO, teaching courses such as health care policy, health care finance, and styles of leadership. Participants meet monthly for an evening presentation on a specific topic.

In addition, participants work in small groups on projects identified as important to the medical staff. Many of the students have mentors from the medical executive committee to assist on the projects, and MEC members must approve changes resulting from the project work, when appropriate.

One group chose to work on the difficult problem of dealing with disruptive physician behavior. There was no policy or approach to deal with disruptive behavior in a constructive fashion.



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Peer review was limited to professional performance. The group worked for a year on a policy, which ultimately became a part of the medical staff bylaws and was implemented. In developing the policy, the group presented the code of conduct at different medical staff meetings. This enabled the group to hear comments from medical staff members and helped shaped the outcome.

An annual retreat is an important component of the program. Not only is the agenda impressive, the engagement and spirit in the room are tangible.

“There has been a significant maturation or change in perspective in our leadership development group based on the conversations that came up at that retreat. Participating physicians came away with a sense of relationship that was created by being part of the leadership group. This is a valuable aspect of the program and it should be retained”

– Paul Silka, Chief Medical Information Officer, Medical Director for Clinical Informatics.

“Programs like ours at Cedars-Sinai are bridging the gap between the medical center and the medical staff by aligning our respective goals and defining a common path to achieve them. Several surgeons have participated in the program and are developing into physician leaders, and the Department is reaping the benefits”

*– Bruce Gewertz, M.D., Surgeon-in-Chief
Chair of the Department of Surgery, Vice President, Interventional Services*

Physicians completing the leadership development course receive continuing medical education credits for their work, and the program counts as one year of committee service—a requirement for serving on the medical executive committee. There is no fee for participating. Dr. Langberg observes that many of the people currently in medical staff leadership roles have been “touched by leadership development, one way or another.”



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Advocate Healthcare Chicago, Illinois and surrounding communities

Headquartered in Oak Brook, Illinois, Advocate is a fully integrated, nonprofit health care delivery system that includes eight hospitals with 3,500 beds and a home health care company with more than 200 sites of care. It is Chicago's largest economically aligned physician network. Advocate employs 24,500 people and has more than 4,600 affiliated physicians, including almost 2,000 in physician-hospital organizations (PHOs) and about 475 in three large medical groups. Advocate's primary academic and teaching affiliation is with the University of Illinois at Chicago Health Sciences Center.

Program history and structure

Developing physician leadership is critical for Advocate Medical Group and a part of the long-term strategy across the entire Advocate system. Advocate leaders see a significant need to develop physician leaders across all of their sites of care. That requires a continuous pipeline of potential leaders learning about leadership and applying it in their medical settings. Advocate's size and number of sites demands a robust program of identifying and engaging potential leaders.

Physician leadership became all the more important when, nearly two years ago, Advocate Healthcare consolidated their four large medical groups into one organization, Advocate Medical Group (AMG). AMG is now one of the largest financially-integrated medical groups in the greater Chicago area. This organizational change set the stage for streamlined processes and progressive management and a strategy that includes a comprehensive physician leadership development program.

The "Physician Management Institute" is under the leadership of Jim Dan, M.D., the President of AMG, and Bonnie Kriescher, Vice President, Human Resources and System Workforce Planning and Staffing. Both are active in the development of the curriculum and program sessions, and both work with the staff to ensure that the program is productive and useful.

"By identifying and engaging a young group of physicians and giving them formal and informal education, we are laying the foundation for a robust, physician-driven organization. Giving them the skills and knowledge to be nimble and responsive to issues and the external health care environment is one of the best investments an organization can make today"

– Jim Dan, M.D., President, Advocate Medical Group



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With the consolidation of AMG, a Leadership Council was formed of 50 future physician leaders identified by senior executives and physicians currently in leadership roles. Council members are early to mid-career level physicians who have demonstrated interest and skill in leadership. They are developing a charter for AMG, an exercise that is an important part of the Council's work as leaders. This task also adds depth to the relationship building that is an integral part of the program.

The Leadership Council is seen as the beginning of an era of increased physician involvement in decision making across the Advocate system, as well as the foundation for developing the next cadre of leaders – a challenging charge. Advocate has a history of recognizing the importance of having physicians who have knowledge and background in leadership and management. Some of such a group will move into senior leadership positions in the organization. Others will prefer to pursue their clinical interests, but will still provide the depth and culture for physician participation and interest in Advocate's broader goals and strategy. Knowing the 'language of leadership' at multiple levels is a key success factor for large, integrated systems like Advocate.

The curriculum

The program has been developed by SG2, a health care consulting firm. The year-long curriculum alternates council meetings with topic-based education sessions. The program started with a kick-off retreat and educational session on "The Role of the Physician Leader," facilitated by SG2 staff. The other classes cover a broad range of topics that are discussed during council meetings. Monthly education sessions give physicians the basic skills and knowledge associated with leadership. The council meetings build on that knowledge, and serve as a forum for physicians to discuss the sessions, strengthen relationships, and learn from each other.

Additional courses slated for 2009 include:

- Health economics
- Health Care 2020
- Financial Skills for the Physician Leader
- Fundamentals of Influence and Negotiation
- Patient Centricity/Satisfaction
- The Physician Leader's Role in Strategic Planning

Topics for future sessions include organizational strategy, effective communication, general management, leading clinical teams, and leading multi-disciplinary teams that include clinicians, management and staff. The curriculum is flexible and will be revised to meet the staff needs and reflect the market changes.



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“We want to give our physicians a curriculum that provides the skills and foundation to deal with issues and projects at Advocate Medical Group and in a complex global health care environment”

– Bonnie Kriescher, VP, Human Resources and System Workforce Planning and Staffing

Still in the early stages of development, the Physician Management Institute is positioned to evolve and grow. With the full support of senior management and the Leadership Council, Advocate is developing current leaders and paving the way for physicians skilled in technical knowledge, industry issues and relationship building. “To be a good physician requires communicating with your patients – listening to them and their families, responding and making the right decisions for that specific situation. This is not that different from what it takes to lead a department, a team or an organization. Providing a more formal setting to develop and transfer these skills is an investment we cannot afford not to make” notes Dr. Dan.



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Heartland Health St. Joseph, Missouri

Heartland Health is a nonprofit, integrated health delivery system that serves a 21-county region in northwest Missouri and bordering areas in Kansas and Nebraska. Heartland Health includes a 491 bed medical center that currently staffs 350 acute beds, a 40 bed LTACH, a health plan, a foundation and a 105-member multispecialty physician clinic.

During the mid-90's, there was a growing recognition that creating a truly integrated health care model would require all stakeholders to coalesce their efforts toward Heartland's vision to make its service area "the best and safest place in America to receive health care and live a healthy and productive life." Clinical service lines were established and a leadership structure comprising a service line administrator and physician medical director was created. Although roles were defined, the first physician leadership roles were primarily filled by those willing to serve. Heartland established a medical group by purchasing a local internal medicine practice.

In these earliest stages of physician leadership development, Heartland, like many organizations, struggled to fill leadership roles. Physicians were asked to take on administrative and leadership roles in addition to providing patient care. They were unprepared for discussions with administrators on broader strategic issues, and many found it difficult to be seen as a physician by administrators, and as an administrator by physicians.

The creation of Heartland's Quality Management Board in 2001 legitimized the existing service line structure and created a window of opportunity for leadership development. Administrators and physician leaders came together for a common purpose: to measure and improve clinical, operational and service quality. Making a case for physician leadership development was ultimately leveraged by the accomplishments of this initial leadership group. Peers realized that the highest quality would be reached by learning about and managing complex internal financial, operational, technology, human capital, and other factors balanced with external challenges posed by regulation, reimbursement, market factors, population demographics, and other evolving pressures.

In 2004, the continued growth of the medical group practice evolved to become Heartland Clinic, which now employs 110 physicians. The growth of the clinic prompted the need for effective physician leaders to continue to drive quality and clinical outcomes; to improve collaboration across multiple specialties; to participate in strategic planning; to effectively engage their peers; and to collaborate effectively within the integrated delivery model.



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Structure for Physician Leadership Development

Four major areas drive physician leadership development at Heartland:

1. Application of the Heartland Health Coaching Model to select, develop and retain effective physician leaders.
2. Development through formal learning opportunities.
3. Involvement in key organizational strategies to drive quality and safety, implementation of technology solutions, and service quality.
4. Heartland Clinic culture transformation.



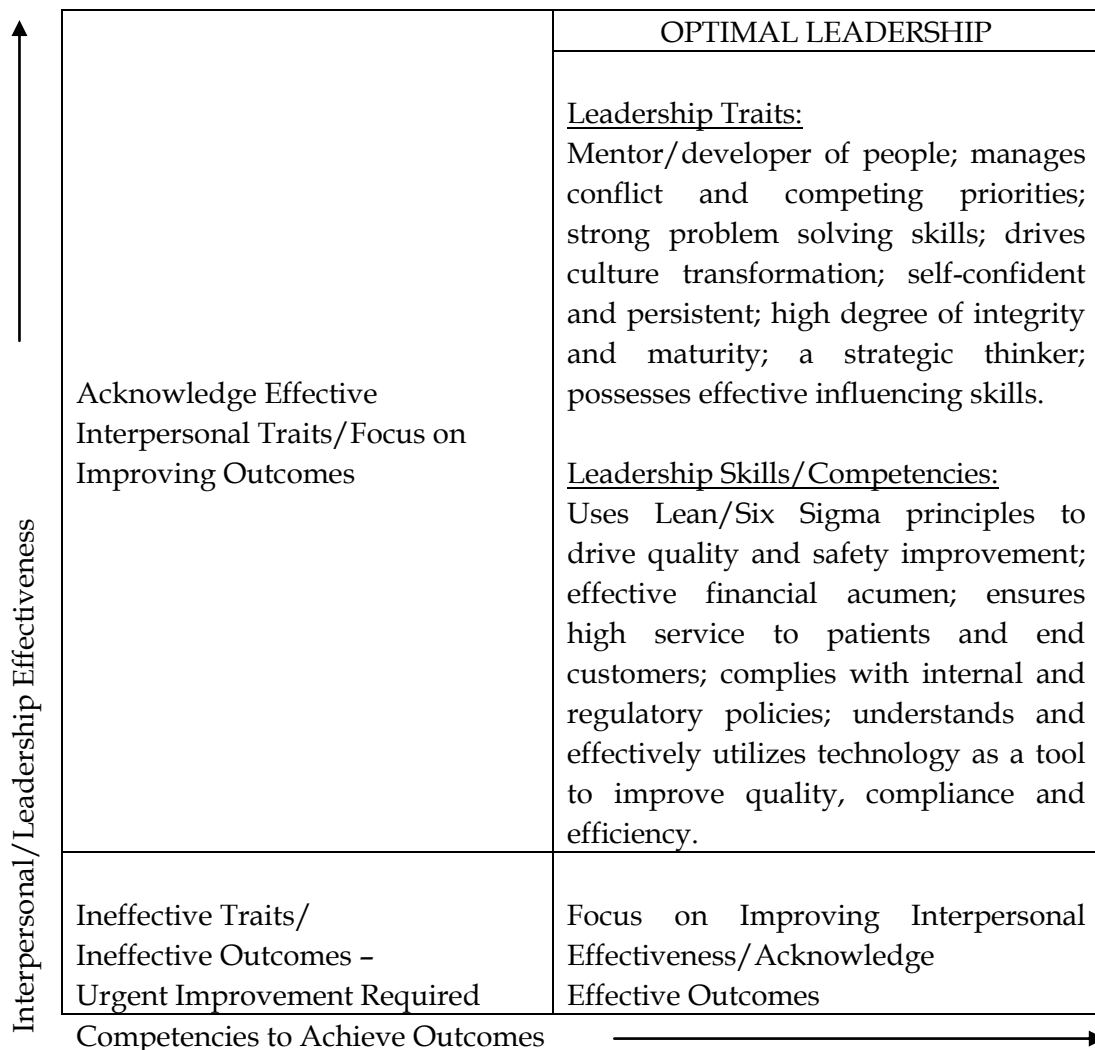
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The Heartland Health Coaching Model

Leadership competencies have been defined according to characteristics that assure effective outcomes related to quality and safety, financial, operational efficiency, and service goals. These competencies are applied to all leaders in the integrated model, including physicians. The coaching model gauges subjective interpersonal and leadership traits as well competencies needed to achieve annual performance goals. The model is summarized below:

HEARTLAND HEALTH COACHING MODEL



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This model is used as a basis for every decision driving the leader's employment relationship, including selection, orientation, development, performance management, compensation, rewards and recognition, retention and succession. Hiring the right leader who has leadership qualities and skills compatible with the needs of Heartland mitigates many downstream problems.

Formal Learning Opportunities

Heartland sponsors quarterly physician leadership courses provided by The Advisory Board Company. Any physician in a department or service line leadership role may attend. Topics have included breakthrough negotiations; competitive strategy and health care; elevating quality through effective physician leadership; financial decision making; leadership through vision; mediating medical staff conflict; and power and influence.

Heartland also offers the two-year Fellowship of the Advisory Board Company (FABC) to members of the Quality Management Board. This engages service line leaders and their medical directors in the same learning experience, and has been highly effective. Physicians value the experience because they can engage in strategic learning in a time-efficient manner while earning continuing medical education credits. They also appreciate the opportunity to create a practicum in partnership with their service line administrators, advancing the goals of their service lines while stretching their leadership effectiveness. The 360-degree feedback offered at the beginning of the fellowship, book-ended with the Ross Business School (University of Michigan) "Reflected Best Self" exercise have provided excellent personal leadership growth.

These six intensive sessions are offered over a two-year period:

Leading the 21st Century Healthcare Enterprise

This session focuses on different leadership styles and questions widely-held assumptions about what makes a great leader. Fellows discuss whether leadership is adaptable, and what leadership looks like within teams. The group concludes with a discussion of vision and the challenge of leading vision into action.

Achieving Breakthrough Operations

This session focuses on the centrality of operations to the success of the service line and the enterprise as a whole, while providing the skills and perspectives to analyze and improve operating systems.

Run to Rigor: Maximizing Health System Financial Performance

The third session focuses on the context, tools, and resources for financial decision-making. It covers fundamentals and the language of finance: terms, statements, and cash flows.



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The session also examines financial analysis and decision making, focusing on best practices and approaches for assessment. The session ends with a discussion of the requirements of effective financial leadership.

Enduring Advantage: Elevating Health System Strategy

The fourth session focuses on the importance of strategic thinking. It introduces a variety of tools and concepts to ground participants in the basics of strategic analysis and planning. Fellows focus on three intellectual pillars: developing effective strategies, executing strategy, and sustaining competitive advantage.

Leading Human Capital: Maximizing the Performance of Health Care's Greatest Asset

This session focuses on talent management - hiring the right people and placing them in the right jobs - and performance management - managing people to successfully execute strategic objectives. Participants are introduced to three frameworks for optimizing individual and team performance, and then given the opportunity to try out the ideas in a series of case study discussions and a larger simulation exercise.

Transforming the Enterprise: Realizing Leadership Potential

The sixth and final session addresses the need for leaders to integrate multiple aspects of their leadership approach into a cohesive, coherent whole that allows them to have the greatest impact on the organization. The agenda draws on the success of health care leaders to teach best practices in leading organizational change. It also offers opportunities for participants to reflect on their personal leadership styles, their ethics, and their ability to make and execute decisions.

In addition to the personal development and practicum, each physician is mentored by a member of the Heartland senior executive team. The executives and physicians have noted that working together in a mentorship experience has translated to more effective work relationships in planning and implementing organizational initiatives.

The combination of the formal learning experience and the practicum, which provides a real world opportunity to apply and benefit from the fellowship, has garnered high praise from both administrative and physician leaders.



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Involvement in Strategic Organizational Projects

Whether through quality and safety, compliance, technology implementation, or service quality, involving physicians in the planning, development and execution of projects has transformed outcomes and cultivated better physician buy-in for changes. When physicians are involved in providing input to improve processes and outcomes and to drive change among their peers, the organization achieves better outcomes and limits the disruption of change. Two examples stand out:

- Inviting physician leaders to form an advisory group to support the implementation of the electronic medical record resulted in \$47.5 million in hard-dollar savings from a \$54 million EMR implementation.
- Effective collaboration between the chief information officer, physician leaders, and nursing has produced a 50 percent reduction in medication errors; a 24 percent improvement in MRSA infection notification; and an increase in clinician access to advanced directive information from 5 percent to 100 percent.

Successes in initiatives such as these have further demonstrated the value of collaboration between physicians and administration, and efforts are being made to involve physicians in other key strategies. As physicians learn how to contribute on a strategic basis, their voice is increasingly sought.

Heartland Clinic Culture Transformation

As Heartland Clinic grew over ten years, it reached a point where it could no longer afford to function like a federation of independent voices. The Chief Medical Officer, Dr. Robert Permut, engaged a consultant to work with the leaders of Heartland Clinic to define a new vision and help the Clinic become a key contributor to the goals of the integrated system. While the cultural transformation is not complete, the Clinic is maturing and has recently established a new leadership infrastructure. Progress is being made in aligning Clinic work with the overall vision, mission and strategic priorities of Heartland Health.



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Summary

Heartland's investment in organization-wide leadership development has produced impressive results:

- Multi-year recognition from HealthGrades as a distinguished hospital in patient safety and clinical excellence
- Top honors as an organization and for team projects from the Excellence in Missouri Foundation
- Consistent top-ten performance in financial measures

Heartland attributes much of its success to effectively engaging physicians in leadership. Our experience with physician leadership development has taught us these lessons:

- Uniting physicians and administrators around common goals improves outcomes related to quality, safety, service, operational efficiency and financial goals.
- Providing efficient and substantive learning opportunities in strategy, finance, operations, process improvement, human resources and leadership has accelerated physician leadership effectiveness and improved administrator and physician working relationships.
- Inviting physicians to serve on organization-wide projects changes their perspectives on the cost, timing, complexities and challenges of achieving and sustaining organizational outcomes.
- Emphasizing to leaders across Heartland Health that what they do and how they do it are equally important, and bringing diverse perspectives to the table and managing the conflicts that come from competing priorities produces the best results.

While Heartland Health has been proactive in creating the systems and architecture to support physician leadership development, it recognizes that it still has many opportunities to grow and improve in order to optimally serve the region in the years to come.



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Baylor Healthcare System Dallas, Texas

Baylor Health Care System (BHCS) is a nonprofit integrated delivery system based in the Dallas/Fort Worth area. Baylor comprises a network of hospitals, primary care and specialty care centers, rehabilitation clinics, senior health centers, and affiliated ambulatory surgery centers. Baylor owns a 450-physician medical group subsidiary and is affiliated with 3,000 independent physicians who deliver care at 15 Baylor-owned, leased, or affiliated hospitals and six “short-stay” hospitals.

For over a decade, BHCS has been aggressively pursuing quality improvement initiatives that are aligned with physician leadership development. They recognize that physician-to-physician communication and collaboration is the best path for implementing new ideas, because physicians are more open to change when they are led by members of their profession. The physician leadership development program trains and engages physicians in a wide variety of settings and structures, a formula that has a proven track record of success.

A Foundation in Quality Improvement

Best Care Committee

The Best Care Committee (BCC) is integral to BHCS’s quality improvement strategy. Formed in 2001, the BCC began as a forum to define, discuss, and develop implementation strategies for care improvement initiatives, including system-wide implementation of Centers for Medicare and Medicaid Services (CMS) and Joint Commission core measures. The mandate of the committee is to “define and implement evidence-based best care in all that we do.” In March 2005, with leadership from Gary Brock, BHCS chief operating officer, and Carl Couch, M.D., who was the HTPN Medical Director and Chairman at that time, the BCC reformed to become a legislature-like body with over 100 voting members.

The BCC is currently co-chaired by Paul Convery, M.D., senior vice president and chief medical officer Carl Couch, M.D. and, to better engage nursing staff, by the chief nursing officer Dr. Rosemary Luquire. Members of the BCC include the hospital presidents, chief nursing officers, medical staff presidents; the system’s chief quality officer, patient safety officer, and chief medical informatics officer; health care improvement directors and chief operating officers for each hospital; “physician champions” and nursing leaders; and other professionals representing the patient safety, equity, patient-centeredness, finance, and business development areas of BHCS.

BHCS is in the process of deploying hospital-level BCCs, co-chaired at each facility by the hospital vice president for medical affairs, chief nursing officer, and president of the medical staff.



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Accelerating Best Care at Baylor

At the core of Baylor's strategic plan is the underlying reality that certain changes in physician behavior improve quality of care and patient outcomes. As such, in January 2004, Baylor instituted Accelerating Best Care at Baylor (ABC-Baylor), a system-wide quality improvement program based on the program instituted at Intermountain Healthcare by Dr. Brent James. The program is a six-day seminar designed to provide the tools for rapid-cycle process improvement throughout BHCS. ABC-Baylor uses the Plan-Do-Check-Act strategy developed by W. Edwards Deming as its model for improvement.

As part of the ABC program, Baylor worked with the Institute for Health Improvement on their initiative to "Save 100,000 Lives." Through an adult pneumonia order set, they realized a 34 percent reduction in in-hospital pneumonia mortality, as well as reductions in 30-day readmission rates for pneumonia over the course of 19 months, between March 2006 and September 2007.

The Best Care Committee has initiated over 15 new measures since 2005. Most recently, Baylor has been working to define a surgical checklist that every operating room in the Baylor System will be using within the next six months. "It's not just the amount of change that's difficult for an organization to digest, it's also the rate of change coming at physicians and nurses today" notes Dr. Couch.

ABC-Baylor has graduated 800 participants, 200 of whom are physicians.

Leadership Training for BHCS Physicians

I. Introduction to Physician Leadership

Every year, senior leaders identify 50-60 emerging physician leaders who will attend a full-day, self-contained course in leadership. The program is conducted by the American College of Physician Executives and the Greely Company, a consulting firm. The program addresses the business side of health care including issues such as leadership vs. clinical practice, how to engage collaboratively, dealing with various physician behaviors, and medical staff responsibilities and restrictions.

II. The Baylor Healthcare Program at SMU

In the fall of 2007, in collaboration with Southern Methodist University (SMU)'s Cox School of Professional Business, Baylor launched a 6-day physician leadership development course. The program is open to physician leaders throughout the Baylor Health Care System, nominated by their hospital presidents. The formal course work is spread over two years. Participants are not new to leadership – they are the CEOs of large medical groups, medical staff presidents, vice presidents of medical affairs, and department chairs. The skills being developed are not the basic tenets of leadership, but are the refined and more complex expertise that is required to reach a higher level of leadership.



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The Cox School-Baylor health care program includes these key curriculum elements:

Leadership

- Analyze individual leadership styles and develop management effectiveness
- Develop personal awareness and effectiveness in dealing with conflicts
- Lead effective organizational change initiatives
- Manage through influence by creating more productive and enjoyable relationships
- The art of leadership

Corporate Finance

- Healthcare cost and financial management; how to use financial information to make better business decisions
- Managerial accounting; planning, controlling, and decision making
- Using financial analysis to select projects and investments

Strategy

- Strategic management; competing on the leading edge
- Corporate strategy; leading upward
- Human capital strategy; managing performance to evaluate and develop employees

Following each formal session, attendees form small groups of ten and engage in less formal development sessions. They meet in the homes of faculty for dinner followed by discussion, case studies, and informal roundtable conversation. While these more intimate sessions are lead by physician leaders, senior administrators - CEOs, COOs, CFOs - join the groups for candid discussions. Many would argue that the value of these unstructured conversations rivals any formal training.

Upon completion of the Cox program, several participants have chosen to study for an MBA or MMM (Master of Medical Management) in schools such as Tulane, the University of Texas, SMU, and the University of Michigan.

III. Mentoring and Physician Champions

Carl Couch, M.D., MMM, senior consultant for clinical excellence and medical director, HealthTexas Provider Network, leads a group of physicians, known as “physician champions.” This group of about 50 physicians from different specialties was recruited to engage in quality care roles throughout the Baylor system, by working as hospital-based physicians to drive quality care improvement efforts.



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Physician champions define clinical and management goals, work through challenges in regular meetings, and serve as role models for the 3,500 physicians in the Baylor system. The physician champions meet once a month with Dr. Couch to further develop their leadership skills and career goals. This group has full access to the organization's senior leadership team and they are encouraged to seek additional mentors. Further, they complete self-assessments such as 360-degree inventories, and strength and weakness assessments to learn about their personal styles of influence.

Baylor's philosophy is that there are many levels of leadership: those in formal leadership roles, those who lead by example, and physicians who prefer not to lead, but are skilled at following and supporting leaders. Regardless of the role they may play, Baylor believes it is critical that all physicians participate in some aspect of leadership.

"Physicians are trained to be autonomous, to make decisions independently. We are challenging that thinking with standardized care plans, quality guidelines and collaborating more rather than less. While to some this may feel intrusive, the reality is that it will preserve the physicians' autonomy in the long run" notes Dr. Couch.



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Virginia Mason Medical Center Seattle, Washington

Virginia Mason Medical Center is a private, nonprofit integrated health care system that includes a large, multispecialty group practice of more than 400 physicians, a network of regional clinics, an acute care hospital licensed for 336 beds, an internationally recognized research institute, an active web site, and a nursing residence and day health center for people living with AIDS.

Physician leadership development has been a priority for Virginia Mason Medical Center since its founding in 1920. While physician leadership development is not formalized in one program, the organization's philosophy is to provide many opportunities for physicians to develop leadership skills. From the organization's founding, physicians and administrators have partnered across the organization to share leadership responsibilities. Managers and section heads, executives and department chairs all work together, and the training they receive both capitalizes on this relationship and develops it. It is ingrained in the culture and practiced throughout the medical center. The programs all embody several key components: Service, Culture, Trust, Lean Behavior and Respect for People.

"We believe it is imperative that our physician leaders and administrators work side-by-side in developing the skills necessary to help direct change throughout the organization. We are fortunate at Virginia Mason to have built a culture where change is part of our everyday world. Understanding how each staff member works through change and helping them adapt to different ways of working is a critical skill our leaders must possess."

Gary S. Kaplan, MD, chairman and CEO of Virginia Mason Medical Center

Tracks of learning

Executive Training

Senior administrators and physician leaders attend a full-day course quarterly. The same curriculum is pared down to a half-day session for section head and manager teams to better accommodate their busy clinical schedules. The topics are set by the CEO and COO, and the education department sets up the curriculum. At the end of each session, the group agrees on deliverables that individuals will work on related to the topic.



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2008 Executive Leadership topics included these:

- Trust - presented by Stephen M. R. Covey, author of “The Speed of Trust”
- Service - presented by Pam Brimley of the Baptist Health Care Institute
- Communication - presented by Bill Boyd of Seattle
- Just Culture - presented by David Marx of The Just Culture Community

These topics will be presented in 2009:

- Lean leadership and Respect for People - presented by Bob Emiliani, author of “Better Thinking, Better Results,” “Practical Lean Leadership” and numerous reviewed articles
- Service and Staff Satisfaction presented by VMMC staff
- Trust -facilitated by VMMC staff
- Accelerating Learning -presented by VMMC staff

Lean Mastery Track

In this track, participants learn how to use “Lean tools” (see sidebar). Each individual picks a project in their area and works through the project while re-convening regularly as a large group for feedback and coaching along the way.

The Kaizen Fellowship

The Kaizen Fellowship has a similar format to the Lean Mastery Track but is a more intensive immersion into the Virginia Mason Production System. Fellows are nominated by the leadership group. During the course of a year, the fellows apply their deepening knowledge of Lean to a project they work on over the entire year. Kaizen specialists train and coach them. Training includes travel and learning in factory settings such as in Japan. Many administrators and five physicians have completed the Lean Fellowship program. An example of one of the projects from 2008 was a pull system developed by one of the physicians, using the call center to bring in patients for preventive health care.

Change Mastery Track

The Change Mastery Track is based on John Kotter’s change model (see sidebar). Participants apply the eight steps of successful change to a problem they or their leadership teams have identified. They must build a team to accomplish the task and report back to a collaborative group for coaching and feedback.



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Additional tools

Transparent management collaboratives

All staff members are welcome to participate in this program in which groups learn how to collaborate and manage in a complex environment.

Rapid Process Improvement Workshop

Based on the Toyota production system model, five-day workshops tackle problems in the hospital, clinic and corporate areas. Multi-disciplinary teams learn how to solve problems together using the tools of Lean. Members have the opportunity to sharpen their skills both as leaders and followers. Recent workshops in cardiology looked at the flow of patients, providers and information in the clinic day.

Individual departments

Departments also use leadership development tools ranging from annual planning retreats to project management task forces. The Department of Medicine holds an annual retreat in which the topics mirror the strategic priorities of the institution.

Next steps

VMMC plans to continue to expand the orientation process for new providers. Currently, in addition to a two-day orientation covering the basics that providers need to get started, they attend quarterly sessions the first year on topics like safety, service and the physician compact. In the future, the plan is to provide foundational learning in the first two years for physicians new to VMMC. This would include modules on clinical competence, service, developing “lean behaviors,” teamwork, communication, change management skills, self awareness and kaizen practice.

VMMC is also developing career tracks for physicians: Leadership, Research, Clinical and Education. The vision is that physicians will choose a track and follow a curriculum throughout their careers for continuous development and learning.

“An engineer working at Toyota is given a career development track that guides their entire career” notes Dr. Joyce Lammert, Department of Medicine chief at Virginia Mason. “We think this strategy is ideal for the physician. If we expect them to lead, we need to support them with tools and training.”



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Rapid Process Improvement Workshops (RPIW)

An RPIW is a fast and effective way to make improvements, typically in five days. It is an experiential, full-emersion exercise that most employees find rewarding and enjoyable. RPIW serves as a first step toward understanding existing workflows and identifying needed improvements, leading directly to automation, if appropriate, or to simple changes. Results are typically powerful enough that implementation can begin immediately.

John Kotter's Change Model

- Establish a Sense of Urgency
- Form a Powerful Guiding Coalition
- Create a Vision
- Communicate the Vision
- Empower Others to Act on the Vision
- Plan for and Create Short-Term Wins
- Consolidate Improvements and Produce Still More Change
- Institutionalize New Approaches



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Lehigh Valley Health Network Pennsylvania

Lehigh Valley Health Network is a system of hospitals and a full scope of health services including labs, health centers, physician practices, home care, hospice and pharmacies serving communities in Pennsylvania.

Physicians at Lehigh Valley Health Network find themselves exploring new roles in addition to being active members of the medical staff – roles such as clinical program director, division or section chief, project leader, and committee chair of a governing group. To support physicians in these roles, and to help them develop the skills to be successful, Lehigh Valley developed the Institute for Physician Leadership (IPL). This unique program prepares physicians for leadership roles and enhances their ability to manage the many facets of today's health care world.

Lehigh recognized the need for physician leadership development in 1997 and established a program of keynote speakers and informal mentoring that paired young leaders with more experienced ones. Within a few years, it became clear that the challenges of the health care environment required physician leaders educated in leadership skills. In response, the Institute for Physician Leadership was introduced. The core goals of the IPL are to develop and refine the leadership and management skills of physicians; to provide them with a deeper understanding of the hospital and hospital network; to build relationships with physicians; and to give physicians the tools to be effective leaders inside and outside of the Lehigh system.

The IPL is supported through a philanthropic grant and there is no cost to the participant or their practice.

"In today's competitive and financially challenging healthcare environment, preparing physicians to lead, and providing stimulating and meaningful opportunities for their engagement is extremely important. IPL is one of the ways our network achieves this as we continue to develop as a learning organization."

- Jody Millard, Senior Consultant, Organizational Development

Attendees

The Senior Management Council of LVHN, clinical chairs and other senior leaders may nominate physicians from private practice and Lehigh Valley Physicians Group to participate in the IPL. The admissions process is rigorous and includes a detailed application, references, and an interview with the nominee. Every three years, 30 to 40 "IPL Fellows" are accepted to the two-year program of leadership development activities.



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Curriculum

The curriculum is carefully crafted by researching the external environment and conducting focus groups with key leaders across the Lehigh network to identify the skills required for success and to understand what other academic institutions do to develop their physician leaders. The program is presented in a wide variety of settings so that physicians experience varying levels of interaction, intensity and formality. Participants receive continuing medical education credits for the program.

Relationship-building is a common element in all IPL learning venues, so participants gain a deeper understanding of shared issues, industry challenges, and how to navigate the internal and external environment to be a successful leader.

The IPL Café

The IPL café is a two-hour workshop on a specific subject. Held monthly, the cafés are lead by internal leaders who define the topics and design the sessions. The first ten minutes of the café sessions are reserved for reflective learning in which the attendees share how they applied previous lessons in their practices. Topics alternate between internal issues and challenges of the external health care environment. Sample topics include navigating the Lehigh Valley Health Network System as a physician, managing change, the emotionally intelligent physician leader, and value-based leadership: shaping and leading the culture.

IPL Half-day Forums

Three half-day forums are held each year. These are lead by external faculty who are national scholars, subject matter experts, authors, physicians and consultants. The forums are offered more than once to accommodate clinical responsibilities. Non-IPL physicians may attend the forums. The forums are followed by informal networking with current physician leaders to help fellows discuss and digest the material.

Learning Circles

Borrowing from the Native American tradition of a talking circle, a senior leader – the “tribe elder” – serves in a facilitator role, with a traditional talking stick. There is no agenda or set topic. Participants sit in a circle and discuss their challenges and successes in a freeform setting.



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Harvard Business School Online Learning Modules - *ManageMentor*

To supplement the program and provide a flexible learning tool, Lehigh has contract with Harvard Business School's online learning module. The tool provides reading materials, resources and case studies, all of which are health care-based. IPL participants can access the tool at any time, but are not required to use it.



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Mentoring

A core component of the IPL is a mentoring program. Ron Swinfard, M.D., LVHN's Chief Medical Officer, gathers a list of senior leaders interested in serving as mentors for the IPL fellows. Potential mentors and mentees answer a dozen key questions about themselves. Then in a session similar to speed-dating, mentors and mentees gather together and rotate through a room for brief sessions to find the best fit between mentor and mentee. Mentor and mentees cannot be in the same clinical field. Once matched, the only requirement of the pairs is to meet regularly throughout the year.

Evaluation

The IPL program has a comprehensive review process combining several components:

- IPL fellows are given a pre-assessment self-evaluation prior to beginning the program.
- Fellows re-take the self assessment after completing the program.
- Fellows are interviewed six and twelve months after completing the program.
- Events are evaluated with written evaluation forms.

Recognition

Fellows are recognized for completing the program at a formal dinner ceremony attended by senior leadership, their mentors and other colleagues. Fellows are presented with an engraved Lucite monolith recognizing their achievement.



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Sanford Health System Sioux Falls, South Dakota

The Sanford Health System comprises over 100 clinics, 300 physicians and 24 hospitals, offering a complete line of medical services—from emergency care and childbirth to home health care and rehabilitation.

Leadership development is a strategic priority at Sanford Health. Sanford Health expects physicians to be active in the betterment of the System, and provides a formal Leaders in Excellence Institute (LEI), a rigorous year-long program in leadership development. Sanford Health also gives physicians an opportunity to attend business school with the expectation that they will bring their newly-learned skills back to Sanford.

When physicians are recruited to Sanford, the message is clear that there is a need for physicians to participate in committees, leadership roles and team work. The organization relies on the commitment of employees, executives and physicians to help plan and implement the strategic direction of the System. Major committees and task forces have physician representatives, engaging them in organizational challenges in many different areas.

“Our physicians know that they are part of an exceptional organization, but with that comes responsibility. This philosophy is instilled in the medical staff. The LEI is like a mini-MBA program where we give them the tools and training to take on leadership roles and participate in the overall goals of the Organization”
– Dan Blue, M.D., President, Sanford Clinic

The Leaders in Excellence Institute

The LEI formally instructs and trains leaders for the Sanford system, and plays a significant role in building Sanford’s multi-disciplinary culture. LEI is sponsored and delivered by the Center for Learning and Innovation staff and Sanford leaders. The LEI program is a 12-month, cohort-based program. The participants are drawn from across the organization, and include physicians, chief financial officers and other executives, clinic directors, department directors, and nursing supervisors. The initiative is designed to facilitate relationship-building and the sharing of innovative ideas, concepts, processes and system integration.

The LEI cohort is analyzed using a Meyers Briggs Type Indicator, Emotional Intelligence Assessment (EQI), organizational setting and function, gender and longevity and then divided into strategic teams designed to include diverse views, experience and expertise. Teams stay together for the full year or longer, depending on the nature of the project.



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Teams identify a project based on an organizational need, or choose from a list developed by senior leadership but not pursued because of constraints on time, financial resources or human resources. The teams develop formal business plans for their projects using a rigorous planning process. Most teams meet several times each month. Teams present their business plans to a group of executives who evaluate the business plans under four core leadership competencies.

Teams are central to the integration of leadership concepts into Sanford. The teams and projects are where the theory and practice merge, and where key leadership concepts take hold. Teams are designed to serve as incubators for innovation and change and safe places for dialogue around organizational challenges.

Past cohorts produced fruitful projects that have added value to the System. These are some examples:

- Physician perception survey
- Organizational values identification
- Centralized grant program
- Perinatal outreach services
- Results-based incentives

“The LEI has helped Sanford Health develop a pipeline of physician leaders. Each new cohort adds a new dimension to the organization that keeps our thinking fresh and the organization nimble. Given the volatile nature of health care, this is a very valuable asset”

- Evan Burkett, Chief Human Resource Officer, Sanford Health

The LEI Leadership Components

LEI is designed to be a unique offering focusing on interpersonal, technical, and intrapersonal skills. Sanford Health promotes the “indivisible whole,” believing that leadership behavior should reflect the culture, the skills of individuals, and a clear sense of self. LEI is often described as transformational. These are the key components of LEI:

Organizational Culture

Mission, vision and values

Theory

Transformational leadership, intellectual stimulation, motivation and consideration of the individual



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Core Competencies

Aligning organizational strategy, fostering human potential, embracing uncertainty, personal development

Leader as Self

Introspection and examination, development of personal mission statements, articulation of personal values, journaling and self-examination, 360-degree feedback and self examination

Assessment Instruments

MBTI Type II

Emotional Intelligence (EQI)

Organization Description Questionnaire, Bass & Avolio

Multifactor Leadership Questionnaire - 360-degree, Bass & Avolio

Readings/Learning Resources

Harvard ManageMentor Plus programs/modules

A variety of articles and readings that are referenced throughout day-long sessions

Stimulus Questions for Journaling Exercises

In between sessions a stimulus question is provided for individuals to journal about. These questions have centered around the essence of leadership and relationships.

Strategic Teams/Organizational Projects

Every cohort member is assigned to a strategic team

The program integrates these concepts so that leadership is developed holistically, combining all of these factors seamlessly in the leadership role. The topics and lectures serve as the forum for discussion of individual leadership characteristics with the intent that they all culminate and are interdependent in the year-long program.

A Sample Day at LEI

Check-in

In the first part of the monthly day-long session, participants sit in a circle of inward-facing chairs and discuss issues that may be distracting them, successes they have had, and experiences they have had since the last session, getting feedback and advice from their colleagues.



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Article and readings discussion

Participants are assigned relevant readings for the session and there is a discussion of the articles.

New concept introduction and discussion

A concept such as EQi is introduced and discussed.

Application of a concept in break-out groups

After a break for lunch, the groups move on to a case study on a change model. Breaking into teams, they develop proposals for integrating the Sanford philosophy throughout the organization, addressing levels of information, emotion, and trust. These case studies around the idea of change may lead to ideas/suggestions for integrating the Sanford philosophy in the future.

Presentation to the larger group

Teams present their plans to the entire group.

Preview of next session's topic

A speaker introduces the topic that will be discussed at the next session (e.g., dispute resolution and conflict management/resolution).

Check-out

Participants reflect on the day's activities and the potential application of the session to their daily work.



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Alegent Health Omaha, Nebraska

Alegent Health is the largest nonprofit, faith-based health care system in Nebraska and southwestern Iowa with nine acute care hospitals, more than 100 sites of service, and a full range of services from women's and children's health, primary care, wellness counseling, and senior care to cardiovascular services, orthopaedics, oncology, physical rehabilitation and behavioral health.

At Alegent Health, preparing a physician for medical staff leadership is a strategic priority whether that be through a comprehensive degree program or by offering physicians a way to develop some basic leadership and business skills. In 2006, Alegent began exploring ways to provide this training through a collaboration of Alegent, Gallup University, and the University of Nebraska-Lincoln (UNL). The initial program launched in December, 2007 focused on identifying and developing physician leaders. It has evolved to a model that combines all facets of health care leadership in an intentional process. The new model includes physician leaders, nurse leaders and administrators, learning and developing as a cohort, focused on complex issues that require a collaborative approach to leading.

The overarching goal of the program is to develop authentic, strength-based leaders capable of strategic leadership at individual, group, and organizational levels. One of the guiding assumptions underlying the design and execution of this program is that the models and methods used to advance leadership are evidence-based with proven validity. Moreover, the curriculum and deliverables for this program have been built to demonstrate that what participants learn in the program does have demonstrated impact on performance outcomes.

"From Alegent's perspective this is one of the most valuable investments we make and has proof of concept. The amount and quality of interaction has allowed us to accelerate the change we are taking the organization through in a profound and effective way. It's an area that hospitals have historically been soft on, and less inclined to invest in. But in terms of intentional strategic development, this is one of the predictive success factors."

- Fred Hosler, M.D., Executive Vice President, Alegent Health



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Curriculum

Initially, the Gallup physician advisory board consisting of Alegen physicians and other stakeholders set the course design, the topics for the physician-specific portion of the curriculum, and the program calendar and locations. During 2008, Gallup began researching nurse executive leadership and is now applying that research to the integrated learning model. About 80 percent of the curriculum is Gallup and UNL's master's degree program in executive leadership, while the remaining 20 percent is designed specifically for health care leaders. The curriculum intentionally deviates from traditional leadership programs that emphasize competencies, focusing instead on course work and a structure that provides flexibility and teaches physicians how to apply concepts in a variety of complex settings.

"We teach less about competency and more about how individual leadership ties to operational leadership. This enables the health care leaders to leverage the innate qualities that define who they are as leaders to more effectively lead others."

- Stephanie Sharma, Partner, Gallup Healthcare Group, Gallup University.

The program is offered through Gallup's master's degree program in executive leadership. Those who complete the 12-month, 36-credit curriculum receive a Master of Arts with specialization in Executive Leadership. An additional six months of optional coursework in core business topics (finance, economics, marketing, and accounting) enables leaders to also earn an M.B.A. Classes are taught by faculty at Gallup and UNL, and invited national and international leaders. To complement classroom time, participants complete project work that applies learning to performance and measureable impact in the workplace. Participants also receive executive performance coaching for three years after completing the program.

Participants attend three seven-day modules over one year. The first module focuses on leadership foundations with individualized learning, the second on operational leadership, and the third on strategic global leadership. "We don't want a program that provides a one-time exposure to learning" notes Ms. Sharma, "but rather an intentional, selected development curriculum that shapes leaders to think critically about health care issues."

Module One: Foundational Leadership

This module is focused on self and leadership, strength-based management, and positive organizational impact. The objective is to enhance the participant's full individual leadership development. Before the course begins, they complete several hours of preliminary work with their executive coaches to assess their own leadership abilities and goals. This entails a 360-degree assessment around how they perceive themselves and how others perceive them.



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Module Two: Operational Leadership

This module helps health care leaders transition from individual leadership development to leading operations. Participants will have worked on a project prior to this second session—based on educational components from Toyota University (i.e., Toyota Lean concepts). During this seven-day session, participants master an understanding of behavioral economics and become familiar with operating in the emotional economy. A significant component focuses on operational leadership for health care. The intent is to teach the principles of managing people through systems and how to apply them in their relevant organizational environments.

Module Three: Strategic Leadership

“Thinking globally” best describes the objectives and course content in this module. The objective is to help leaders develop a mindset and methodology for strategically leading complex organizational systems in diverse, global organizational contexts. Participants engage in roundtable sessions with various executives from four to six global organizations, including, but not exclusively, health care-based organizations. This work is intended for physicians, nurses or administrators who have executive/managerial responsibility for several hospitals, or for those who work in only one hospital but want to effectively bridge strategy and operations. The leadership strategy courses are taught outside the U.S. For the cohort that just finished, this module was in conducted in Bangkok, Thailand.

Coaches and Cohorts

Each participant is assigned an executive coach at the beginning of the program, and the pair stays together for the duration of the program and the following three years. Participants also benefit from a peer network that lets them share and learn through real-life work experiences.

Physicians and nurses are placed in leadership positions as part of their project coursework. This allows them to immediately apply their newly-gained knowledge in the work environment. It also uses performance-based education as a means for organizational change and transformation. In fact, Dr. Hosler would like to see it as a requirement for assuming a Vice President of Medical Affairs (VPMA) role at an Alegen hospital, and for substantive roles such as medical directorships. “The physician leaders who has been involved in developing this program would like to see Foundational Leadership [the first module] be a requirement for even volunteer physician leaders who want to step into substantive roles such as chief of staff or president of the medical staff,” says Dr. Hosler.



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Attendees

Candidates for the program are identified by executives and physician leaders as individuals with high leadership potential. Individual physicians may also ask to be considered. A combined group from Gallup University and UNL reviews nominations and applications and interviews the candidates. Participants must be sponsored by their health care institutions, similar to an executive MBA program where the employer pays for the program.

Evaluation

Participants are evaluated by the team of faculty teaching in each of the respective three blocks of courses; by the performance coach in conjunction with the sponsor from the participant's organization; and by the strength of the participant's project. Alegen has already benefited from their investment as physicians implement their projects. For example, one physician from the first cohort, a campus medical director and director of quality at one of Alegen's institutes, developed a quality measurement program for his institute with proposed metrics that are already being used in a pay-for-performance program.

Next Steps

Alegen's first cohort of six physicians will complete the program this summer. This spring the second cohort of five has begun work on their MBAs. One year ahead of schedule, Alegen and Gallup are launching the integrated model for executive leadership development that results in a master's degree. These five physicians will be joined by five nurse executives and three administrators. The program is structured to include significant interaction between the nurses and physicians. This will ensure that the transformational learning these leaders are receiving will include a consistent awareness of the impact that integrated leadership and understanding will have on health care outcomes. Dr. Hosler says that "the end result of the program has been an overwhelming acceleration of the development of our leaders and creating meaningful and substantive change within the system."

The Gallup's master's degree program in executive leadership is a 12-month, 36-credit curriculum that awards a Master of Arts with specialization in Executive Leadership. An additional six months of optional coursework in core business courses results in an M.B.A.. The program includes three modules:

Individual leadership development

- Demands of leadership
- Strengths identification and analysis
- Positive organizational behavior
- Authentic leadership development
- Individual leadership planning
- Team leadership and collaboration

Operational leadership

- Lean thinking – healthcare relevance
- HumanSigma and Behavioral Economics
- Patient engagement
- Advanced technology and informational systems with human/organizational capital development
- Performance metrics that matter

Strategic leadership

- Sustainable, veritable growth in healthcare systems
- Geopolitical and cross-cultural issues
- Healthcare in developing markets
- Global policy/ governance
- Strategic authentic leadership development



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FOR MORE INFORMATION, PLEASE CONTACT:

Integrated Healthcare Strategies Marketing Department

Phone: (800) 327-9335 • Fax: (612) 339-2569

Marketing@IHStrategies.com • www.IHStrategies.com

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