



PROGRAMS OF PROMISE REDUX

INSIGHTS FROM SUCCESSFUL PHYSICIAN LEADERSHIP ACADEMIES



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Presented By

INTEGRATED HEALTHCARE STRATEGIES

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INTRODUCTION

What have experienced physician leadership development programs learned after a few years of identifying, recognizing, educating and deploying physician leaders?

Would they do it all again, and if so how would they strengthen their physician leader academies in the early stages and as they develop?

To explore answers to these questions, Integrated Healthcare Strategies (IHStrategies) asked Trisha Dillon, principal author of our original Programs of Promise whitepaper published in May of 2009, to convene and facilitate a web-based roundtable of representatives from these respected organizations:

- Cedars-Sinai Medical Center, Los Angeles, CA
- Alegent Health, Omaha, NE
- Baylor Healthcare System, Dallas TX
- Heartland Health, St. Joseph, MO
- Mayo Foundation, MN, AZ and Fla
- Lehigh Valley Health Network, Greater Pennsylvania
- Sanford Health System, Sioux Falls, SD
- Virginia Mason Medical Center, Seattle, WA
- Carillion Health System, Roanoke, VA
- Advocate Healthcare, Greater Chicago

The roundtable conclusions focus on:

- Value of physician leaders to alignment of institutional goals
- Program design refinements
- Identifying physician leaders
- Evolving to collaborative education
- Compensation for leadership training
- Next generation plans

With a race to develop physician alignment to master enhanced clinical quality and cost effectiveness, hospital organizations see the value of effective physician leaders. Accountable Care Organizations (ACOs) also demand an extensive supply of well trained physician leaders with a wide array of competencies from leading process improvement teams, to developing Electronic Medical Records (EMRs) to managing clinical service lines and physician referral systems.



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PHYSICIAN LEADER ROUNDTABLE

Physician leaders matter, but they don't just happen. The Physician Leader Roundtable demonstrates that continuous innovation and investment are needed to produce the cadre of physician leaders needed for our changing industry.

1. Physician Leaders Essential to Physician Alignment

Physician leadership programs conclude that their investments in physician leadership development were valuable, and they would unequivocally do it all over again. They reaffirm the central value of effective physician leaders to achieve their strategic vision and performance goals, whether that be better patient care, increased quality, service line growth or improved cost effectiveness. Physician alignment was asserted to be essential to achieve integrated care models as a means to better and more cost effective care. Physician leaders are seen as the key champions and guides to delivering superior healthcare.

2. Program Design Insights

The Programs of Promise Academies participating in the roundtable find their original program designs are still valid, but must be continuously assessed and refined with market changes and technological advances.

The roundtable highlights three key components in their Physician Leadership Academies:

- Self awareness, building a leadership foundation, understanding one's self personal strengths, weaknesses, motivations and interpersonal style
- Operational and team-based leadership
- Strategic leadership –above the specialty competent to form and lead groups and teams of colleagues or department to understand and drive toward enterprise wide or organizational results

The learning model is strengthened by blending internal and external resources to stimulate and engage physician leaders:

- Use existing university programs as a base or supplement
- Address "physician-specific" issues and challenges in physician-only sessions
- Use separate training tracks for physicians and nurses for detailed training on role specific issues
- Structure the curriculum to the changing landscape - the here and now business issues that need to be resolved as well as the strategic organizational change issues
- Apply theory to real-world as a part of the curriculum
- Measure success with feedback from peers, CMOs, and BOD, and those effected directly by their leadership



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PHYSICIAN LEADER ROUNDTABLE

Use a Modular Structure

- Allows flexibility with mix and match courses or ‘modules’ specific to the participants’ unique personal and organizational needs
- Allow courses to be applied to a broad range of degrees/certificates down the road
- Combine physicians and non-physician leaders and managers in subsequent learning opportunities to build faster and deeper institutional value that is more likely sustained

Best forums/settings

- Intimate gatherings of 10 - 12 physicians and senior leaders in a home or casual setting
- Interface time with management - getting to know each other makes working together smoother
- Combine an educational lecture with a project - physicians like to learn with activity
- Develop same language around common problems, both conceptually and operationally
 - ≈ Customize the curriculum so the leader has the right program
 - ≈ Coaching and mentoring throughout the process

3. Identifying Leaders

Participants acknowledged that it is a constant challenge to find the next generation of physician leaders. Identifying the unique physician who is both clinically and administratively competent, but is also willing and interested in assuming a leadership role, is not easy. The experienced program leaders observe:

- Hospital leaders identify and nominate leaders with high potential
- For those who are already leading, add a mentor to their training
- Engage the board or a governing body to identify and “know” leaders

Succession planning: a strategy for the curriculum and identifying leaders

- Engage current leaders in identifying the organization’s core needs
- Develop a pipeline for leaders
- Develop tracking mechanisms (e.g., scorecards) on necessary leadership positions and plans to recruit/move leaders accordingly

Critical role of self-assessment

- Develop self-assessment programs that align with the organization’s competency model
- Continuous re-take every one to two years to assess progress (retake is very important)
- Integrate coaching around the assessment



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PHYSICIAN LEADER ROUNDTABLE

4. Evolving to Collaborative Education

Bold innovations are coming via new collaborative learning experiences:

- Align physicians with nurses and administrators to develop tools that support a shared understanding of the nature of the problems
- Use the six names of the Institute of Medicine: safety, timeliness, efficiency, effectiveness, equity, and patient satisfaction to develop leadership competencies and the program curriculum
- Educate physicians, administrators and nurses together such that they see solutions together versus in silos
- Find synergy but acknowledge the different cultures of various sites - identify core elements. Replace "all have to do everything alike" with alignment around a smaller number of aligned elements
- Train individuals to lead with the organizational goals as their goals

5. Compensation

The Academies rarely attract physician leaders with compensation; participation is a "benefit" of their progressions as medical leaders to be more effective in influencing the affairs of their health care system.

- Offer CME credit as partial inducement
- Pay selected clinical leaders on an hourly basis but set measurable goals
- Place talented leaders where they can reach their colleagues and their communities
- Productivity-based physicians are "made whole" for their administrative time
- Pay physicians for the leadership class time only
- Build into the culture that it's an honor to be chosen and to participate

6. Next Generation Plans

The roundtable leaders expressed enthusiasm to explore new avenues for physician leader development. The Leadership Academies must be receptive and agile enough to accommodate these interesting challenges:

- Physician and nurse manager teams
- New calls for Accountable Care Organizations and bundled payment pressures
- Innovative digital teaching and learning tools
- Academy exchange opportunities via site visits to other "academies" and more frequent digital forums to explore best practices and case studies
- Out-of-the-box experiments with short-term fellowships and work assignments in other health care systems



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CONCLUSION

When healthcare organizations participating in a study on Physician Leadership Academies reconvened via a web-based roundtable, several themes were found to be essential for successfully administering these Academies. All organizations agreed that such Academies were necessary to develop high-performing physician leaders that are critical to creating physician alignment. The design of the program is closely tied to its effectiveness, and it must continuously be assessed and refined. Equally as important is the physician selected to take on this leadership role, requiring one whom is both clinically and administratively competent. Academies should be aware of new innovations leading to a more collaborative approach to education that involve physicians, administrators and nurses. Compensation, a typical motivator, was not the lead factor to participation and performance. Instead, other motivators such as CME credits and the promise of personal growth are more effective. Finally, Academies must be prepared for and open to “next generation” techniques to current and coming challenges.

ABOUT THE AUTHORS

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Our Executive Compensation and Governance practice provides valuable information, design, and strategy for a variety of governance and leadership issues and challenges. These services include executive compensation program review and design, leadership continuity planning and development, governance model design development, board retreats to enhance effectiveness, CEO and executive performance development and appraisals, physician leader services, and many other compensation and governance services.

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