THE VALUE OF PHYSICIAN LEADERSHIP

- 5% hospital leaders are physicians
- expected to increase rapidly as the health system moves toward value-based care.
- need the perspective of physicians
- American College of Physician Executives includes physician leadership as an essential elements required to provide optimal patient centered care

"A lot of the strategy and integration that has to occur is on the front load between the physicians. It takes an orthopedic surgeon leading the way to say ‘let’s get together and choose the two [knee implants] that give the best cost and value."

Bradley Lembcke, MD
Baylor University Medical Center
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<tr>
<th>Rank</th>
<th>Organization</th>
<th>State</th>
<th>Name of CEO/President</th>
<th>Physician?</th>
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<td>Johns Hopkins Hospital</td>
<td>MD</td>
<td>Paul B. Rothman</td>
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<td>Massachusetts General Hospital</td>
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<td>Peter Slavin</td>
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<td>PA</td>
<td>Jeffrey A. Romoff</td>
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<td>Ralph W. Muller</td>
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<td>Victor J. Dzau</td>
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<td>Robert I. Grossman</td>
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<td>Richard Liekweg</td>
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<td>IU Health Academic Center</td>
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<td>Dan Evans</td>
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<td>PA</td>
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<td>University Hospitals Case Medical Center</td>
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<td>Thomas F. Zenty III</td>
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CORE COMPETENCIES FOR LEADERSHIP EXCELLENCE

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

“...When you get someone who knows what quality looks like, and pair that with a curiosity about new ways to think about leading, you end up with people who are able to produce dramatic innovations in the field.

Maureen Bisognano
Institute for Healthcare Improvement
IN THEIR OWN WORDS: DESCRIBING CANADIAN PHYSICIAN LEADERSHIP

689 physician leaders;

- Canadian physician leaders work in a broad variety of settings
- take on multiple leadership roles - 50% had more than one leadership role
- put in time beyond what they are compensated for - 42 respondents reported receiving no financial support for their formal leadership role
- Physicians working in a medical specialties spent the most amount of time on leadership activities
- least amount of time was provided by physicians in surgical specialties

“I think medical leadership is important because when physicians, in particular, are not engaged in making leadership roles or political advocacy, then others take our place. If we leave this vacuum, essentially other things will fall into it”.
• central to the satisfaction for some physician leaders.
• “In a senior leadership role, you really can think long term, be very strategic, and make big things happen”
• “Being in the right place at the right table to discuss these things and bring them forward is what keeps me here”
• ”I’ll make my voice heard, because my voice is the one for those who cannot speak. That is worth it. That is worth the evenings and the weekends”.
CLINICAL LEADERSHIP PROGRAMME IN MMUH

• NCHD body in MMUH highlighted a need for additional leadership and managerial training

• skills of being a great leader are an integral part of clinical profession

• Aim to provide a teaching schedule dedicated to the professional development of NCHDs

• to meet their needs as clinical leaders NCHD Committee devised an educational lecture series with several leaders in healthcare, business and management

• five week period

• certified 100% attendance.
TOPICS

• Strategic Engagement
• Innovation in Healthcare
• Global Healthcare Systems
• Resilience
• Career Development
• Self-Branding
• Consultant Contracts
• Quality Improvement
• Change Management
• Communication
• Conflict Resolution
• Negotiation
• Business Planning
RESULTS

• 25 NCHDs attended
• Survey End of course
• Feedback improve maintain course

• 25/25  100% course positive initiative
• 24/25  96% leadership tools immediately applicable
• 22/25  84% interested in further study
• 19/25  76% now consider taking on formal leadership positions
• 24/25  96% better understanding quality improvement processes
• 23/25  92% course improved hospital wide morale
• 24/25  96% increased understanding of change management and business planning
• 23/25  92% career development tools helpful
• 4/25   16% consider leading a similar program at another institution
CONCLUSION

• replicated in other hospitals throughout the HSE
• incorporated into formalised training
• one solution to deliver clinical leadership and management training to NCHDs
• which is a recommendation of the MacCraith Report. (Section 5.3)
Lead NCHDs and Hospital Management: Improving Weekend Discharges

- **Aim**: Patient Flow-improve patient experience
- **Criteria Based Discharge Protocol**
- **Weekend Discharge**
- **Medical Hub**
- **Awareness**
- **Diagnostics**

- **Result**: Enhanced discharges

- Effective collaboration between consultants, NCHDs, and hospital management can deliver real change
- Cultural/ Organisational change slow and incremental
- Maintain..
COMMITTEE SUCCESSES

Quality Improvement Projects

- surgical pre-assessment process
- pleural aspiration pathway to minimise errors in sample acquisition a
- NCHD/radiology interface
- Streamlines Pet results and reporting pathway

“These are clinical issues, so you need clinical leadership to help guide the programs and implement the practices that will get you improved outcomes.

John R. Combes, MD
American Hospital Association
• Incredible Learning Opportunity
• Selective
• Represent voice of NCHDs
• Measure

“What aligns people is that sense of commitment to shared purpose, and what binds them together is the covenant that says this is how we will behave and hold each other accountable.”

Joseph S. Bujak, MD
REFERENCES