Physician Leadership and Development: A Conceptual Model for Teaching Physicians and ACPs to be Effective Leaders

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Introductions

• Jaspal Singh
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SIZE AND SCOPE

65,000+ teammates | 46 hospitals across 3 states
28 urgent care locations | 35 EDs | 25+ cancer care locations
3,000+ physicians | 16,000+ nurses

$9.7 billion net operating revenue
$2.9 billion in last 5 years invested into renovations, new care locations, equipment upgrades and other capital projects
IN ONE DAY AT ATRIUM

31,750+ patient encounters (1 every 3 seconds)
23,000 physician visits | 4,200 ED visits | 600+ home health visits
85+ new primary care patients | 20+ virtual care and eVisits
88 babies delivered | 550+ surgeries

$5.1 million each day in uncompensated care and other benefits to our community.
Why we think this work is important

- Stories
- Provider (physician and ACP) development and critical buy-in for system strategy/initiative success
- A rapidly growing Advanced Care Practitioner (our term for NP/PAs) workforce
- Other successful health systems have developed strong physician leadership training programs – demonstrating how critical this is to overall system success
  - Mayo
  - Cleveland Clinic
  - Others
Why we think this work is important

Because, let’s face it, this isn’t a strategy we want to hang our hopes on.
Background – where we started

• Large system across a broad geography

• Rapid system growth in the past 20 years through acquisition, resulting in many different micro-cultures within a larger system culture/structure (to be expected)

• A significant increase in the number of physician/ACP leadership roles in the past 5 years due to system growth, emphasis on the importance of clinical leadership in driving strategy
Background – where we started

• Medical group leaders quickly identified a need to develop structure, leadership training and support infrastructure to drive leadership development
  • As we know, strong clinical skills don’t always equate to strong leadership skills—we needed to provide support for our physician and ACP leaders to be their best in both roles
• Recruitment, Development and Retention of Innovators, Leaders
• Concerning national trends in physician burnout
HealthCare System Leadership Model

- Currently offer variety of courses for physicians
  - Leadership
  - Management
  - Technical skills
  - Cognitive skills
  - Special programs
    - Co-leadership
    - Certificate series through local business school
    - Mentorship pairing program

- Over 300 physicians in 8 years have taken part in various programs
  - Developed department chairs, service line leaders
  - Courses and offerings adjusted according to “demand”
Are we getting where we need to go?
Call to Action

• Variety of skill sets, attributes
• Leadership skills aren’t always intuitive
• Physicians and ACPs were accepting the challenge to lead so we wanted to support them
• Center for Physician Leadership and Development
REAL Committee

• One of 8 core committees of the Medical Group
  • Committee structure developed in 2016 (Team of Teams concept)
  • Intent was to give authority for key decision making to committees, led primarily by physicians and ACPs (with key administrative partnership)

• Research
• Education
• Leadership
  • 16-member group
  • Multiple specialties, subspecialties
  • Advanced Care Providers
  • Administrators
Temporal Initiatives at the Outset

• Growth of the Medical Group
• Employment Agreement changes (for physicians and ACPs)
• “World Class” / “Signature” initiatives
  • Cancer care, Cardiovascular care, Minimally Invasive Surgery, Neurosciences, Children’s services
  • Requires strong vision, resources, and leadership
  • Other programs down the pipeline
• Emerging roles, emerging leaders, and more work to do than realized
Many Possible Strategies

- Redefine what Physician Leadership means
  - Not just management
  - Is my role to advocate for my group/specialty OR is it to lead system initiatives (or both)? How do I balance both?

- Leadership Competencies/skill sets
- Leadership Traits
- Which are essential?
- Which of these can be taught and which are more innate?

- Can we use asynchronous platforms for training/support?
- Should we offer certificates or degrees?
- Where and how does coaching fit in?
## Competencies, Can we Define Them?

<table>
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<tr>
<th>Masterful Execution</th>
<th>Real Way With People</th>
<th>Compelling Vision</th>
<th>Well-cultivated self-awareness</th>
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<tr>
<td>Cultivating adaptability</td>
<td>Energizing self</td>
<td>Developing vision</td>
<td>Leading with conviction</td>
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<tr>
<td>Stimulating creativity</td>
<td>Developing high-performing teams</td>
<td>Communicating vision</td>
<td>Using emotional intelligence</td>
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<td>Driving results</td>
<td>Mentoring</td>
<td>Earning loyalty and trust</td>
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<td>Mindful decision-making</td>
<td>Giving great feedback</td>
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<td>Building true consensus</td>
<td>Listening like you mean it</td>
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<td>Generating internal power</td>
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Committee Steps

• Step 1: Developed a Leadership Principles Guide
  • Process more important than the product?
• Step 2: Competency Assessment Tools
  • Big 5, Hogan Personality Index, other profiles
• Step 3: Strategic Networking and Mentoring process development
• Step 4: Coaching process being defined based on above
• Step 5: Overlay new curricular offerings on above
  • Synchronous
  • Asynchronous
Asynchronous Learning Opportunities

• Healthcare especially given 24-7 service nature
• Some skills/tasks may be best handled through online platform
  • Business skills/basics
  • Meeting Management basics
  • Diversity resources
• Can incorporate testing as appropriate
Synchronous Learning Opportunities

- Classes will still be offered
  - In concert with local or maybe national partners
- Seminars/workshops
  - In concert with local ACHE chapter
  - Local Innovation and Entrepreneurial resources
- Degree programs still option
  - Pros/cons
- MOOCs?
Coaching Resource and Process

- Types of coaching
- Needs for coaching
- Availability and scheduling of coaching
  - informal versus structured?
- Other coaching opportunities
  - Internal
    - Peers, teams
  - External
    - Executive coaches/consultants
    - Professional societies and organizations

Redefining this process with help from Human Resources Department
Physician/ACP Coaching process

- Leader
- Human Resources Liaison
- Physician/ACP

Develop process collectively
Coaching Process

1. Needs Assessment
2. Identify, Select Coach
3. Align and Discover
4. Set Goals - Coach to Plan
5. Measure and Close
Success Measures

• Improved ability to recruit and retain high-quality clinical personnel
  • Reduced rates of provider turnover
  • More successful recruitment metrics
• Improved physician/ACP engagement and alignment
  • Standard instruments, such as Press-Ganey surveys
• Increased system quality, access, and value
  • Standard outcome, operational, and financial performance metrics
• Clinical service innovation
  • Evolving models of care delivery
Non-measurable Success

- Renewed sense of work and value
- Reduced burnout
- Improved culture
- Wellness metrics
- Unimaginable challenges in healthcare today
  - The ability to be able to navigate through them requires multiple personnel
Public Health Emergency in Burnout

- Burnout for Physicians
- Burnout for ACPs
- Other healthcare providers
- Burnout for Administrators
- The whole team!
- Not just an academic exercise
- **Theory: Ineffective leadership promotes burnout**
Key Takeaways

- Developing Physician and ACP leaders is an imperative
- Not just about creating a Center for Physician Leadership
- Utilizing existing leadership programs
- Potential for asynchronous learning platforms
- Potential for coaching optimization
Questions

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