

Healthcare Leadership

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Seven Challenges Facing Medicine

- The changing expectations of patients
- The expanding pace and scope of discovery in medical science and technology
- The increasing number of patients with chronic illnesses
- The growing complexity of medical care
- The increasing demand for transparency
- The growing diversity
- External threats

Key Issues-Past and Present

- Cost containment
- Improving access
- Quality improvement
- Ensuring security of benefits
- Structural changes
 - Managed care-HMOs-Government control
- Incorporating consumers into health care decision making
- Improving health behaviors

Goals for Future Healthcare

- Commitment to improve
 - Patient safety
 - Effectiveness of care
 - Patient centered aspects
 - Timeliness of care
 - Efficiency of care
 - Equitable nature of care

Institute of Medicine, Crossing the Quality Chasm: A New Health System for the 21st Century, 2001
Joint Commission, Weaving the Fabric: Strategies for improving our nation's health care, 2003

Goals for Future Healthcare

- Practice of medicine
 - Evidence based decisions
 - Safe care
 - Transparency
 - Anticipate patient needs
 - Coordination of care
 - Clinicians information exchange
- Evidence based approaches to care of common conditions
- Collaborative redesign of care processes
- Diffusion of knowledge to providers and patients

Is there a need for a new type
leadership in healthcare?

Leadership

- Leadership is the process of persuasion or example by which an individual (or leadership team) induces a group to pursue objectives held by the leader and his or her followers.
- Do not confuse leadership with
 - Status
 - Power
 - Authority
- Leadership must be institutionalised and generally requires a team, today.

Skills for New Healthcare Leaders

- Understanding the messiness of improving healthcare
- Determining why they are measuring
- Understanding and depicting variation
- Translating data to information

Essentials for Medical Leadership

- Clinical skills (to be a good clinician)
- Leadership in the area of expertise (specialty)
- Management experience
- Leadership qualities
- Leadership experience
- Accountability

*Williams SJ. What skills do physician leaders need now and in the future?
The Physician Executive 2001; 27(3):46-49.*

Characteristics of Physician Leaders

Clinical practice tends to be more autonomous than administrative work. Experts say physicians moving into leadership positions at hospitals and large health systems and those who aspire to these kind of roles should be able to:

- See the big picture beyond the patient at hand.
- Collaborate with people at all levels of the health system.
- Appreciate multiple perspectives.
- Think long term.
- Convince a significant number of people of the validity of an idea without issuing orders.
- Be comfortable making some people unhappy.
- Communicate and listen well.

The new leadership style and organizational culture of excellent organizations have shifted from a “transactional” to a “transformational” approach

National Center for Healthcare Leadership

Transformational Leadership

Five essential aspects of transformational leadership

- A focus on mission, vision, and values,
- A culture of teamwork and change,
- Communication and transparency,
- Rewards and recognition, and
- Leadership development.

Who should lead, MD or non-MD
manager?

**Doctors as leaders: A cross sectional study
of America's best-performing hospitals**

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Abstract

The issue of whether hospitals should be run by clinicians or professional managers is being debated worldwide. CEOs of hospitals in the U.S. and U.K. are more often non-physician managers than medics. Clinical leadership has been prioritised in a recent NHS review and it is a key feature of the newly created Academic Health Science Centres. It has been argued that placing physicians into leadership positions can result in better hospital performance and patient care. Yet empirical evidence is weak. In this paper, using a set of US hospital rankings, the top-100 hospitals in each of the fields of Cancer, Digestive Disorders, and Heart & Heart Surgery are identified. The CEOs in these hospitals are traced, and they are classified into clinician-leaders and non-clinician managers. The ranked performance of each hospital is correlated against the type of leader. America's best hospitals disproportionately have clinicians, rather than managers, as leaders. These patterns are statistically significant ($P < 0.001$); they remain so after controlling for the potential confounder of size.

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Physicians as Hospital Leaders

Rank	Organization	State	Name of CEO/President	Physician?
1	Johns Hopkins Hospital	MD	Paul B. Rothman	Yes
2	Massachusetts General Hospital	MA	Peter Slavin	Yes
3	Mayo Clinic	MN	John H. Noseworthy	Yes
4	Cleveland Clinic	OH	Delos M. Cosgrove	Yes
5	UCLA Medical Center	CA	David T. Feinberg	Yes
6	Northwestern Memorial Hospital	IL	Dean M. Harrison	No
7	New York-Presbyterian University Hospital of Columbia and Cornell	NY	Steven J. Corwin	Yes
8	UCSF Medical Center	CA	Mark R. Laret	No
9	Brigham and Women's Hospital	MA	Elizabeth G. Nabel	Yes
10	UPMC-University of Pittsburgh Medical Center	PA	Jeffrey A. Romoff	No
11	Hospital of the University of Pennsylvania	PA	Ralph W. Muller	No
12	Duke University Medical Center	NC	Victor J. Dzau	Yes
13	Cedars-Sinai Medical Center	CA	Thomas M. Priselac	No
14	NYU Langone Medical Center	NY	Robert I. Grossman	Yes
15	Barnes-Jewish Hospital/Washington University	MO	Richard Liekweg	No
16	IU Health Academic Center	IN	Dan Evans	No
17	Thomas Jefferson University Hospital	PA	Stephen K. Klasko	Yes
18	University Hospitals Case Medical Center	OH	Thomas F. Zenty III	No

U.S. News Best Hospitals 2013-14: the Honor Roll



Round Table Discussion

Final Remarks

“Doctors are wonderfully trained in being technical experts, but they are very poorly trained mobilizing people to change their ways.

R Heiftz, The challenge of adaptive leadership, 2005 and Practice of adaptive leadership, 2009


John P. Kotter on CHANGE

- Create a *vision* and *strategy* for the future
- Develop a powerful guiding *coalition*
- Establish a sense of *urgency* for change
- *Communicate* the change vision
- Gain and sustain **momentum**

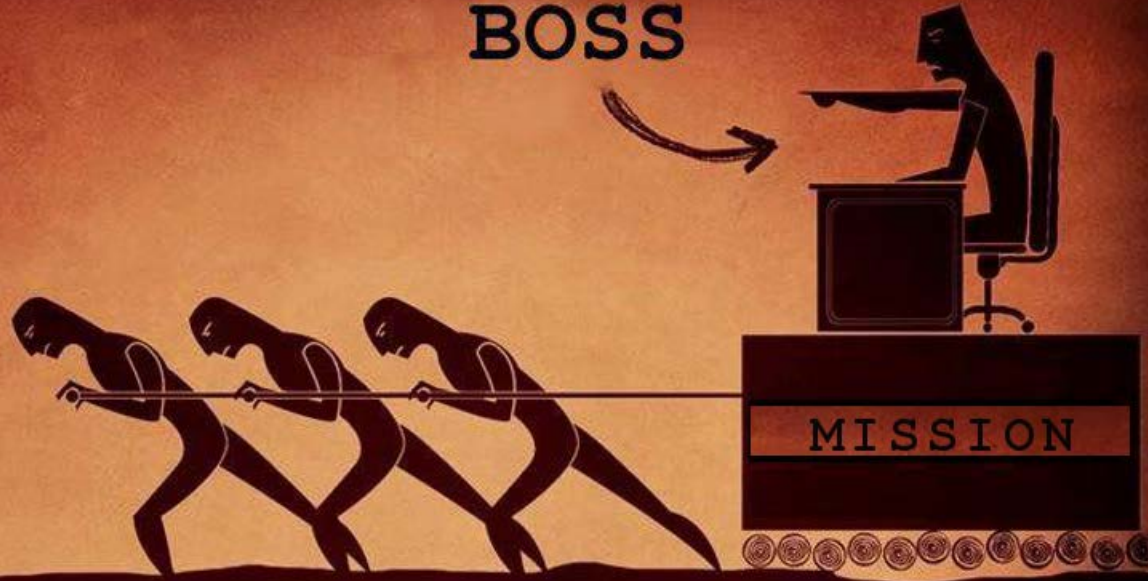
A New Definition of Leadership in Medicine

- We have to train physicians in the finer points of leadership:
 - strategic foresight, thinking and design;
 - visioneering;
 - change;
 - global integration;
 - creativity;
 - innovation; and
 - human capital development
- If we want to change medicine for the better, we need to go beyond being management focused and truly commit to training strategic leaders from within the profession.

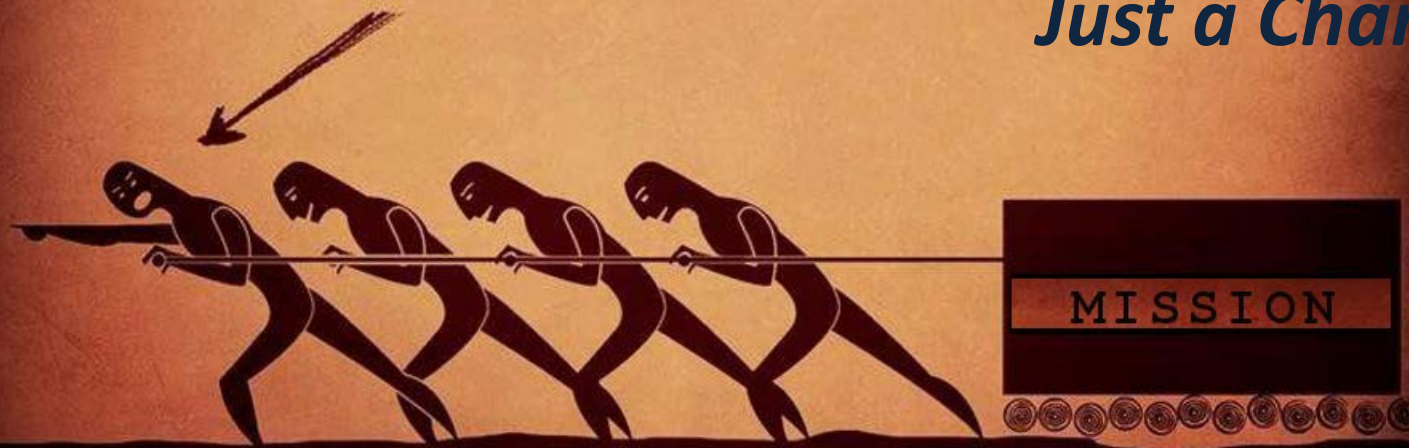
4 e's to Lead Change

- Envision Innovate fast!
 - Enable Connect knowledge
 - Empower Teach leadership
 - Energize Facilitate
- 

BOSS



LEADER



*Be a Change leader, Not
Just a Change Manager .*



Thank you!