Physician Leadership: Experience from the Field

AHA/ACPE Physician Leadership Session
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I have no relevant Relationships with Industry to Disclose
The NYUPN Clinically Integrated Network

1. Physicians are all members of the University Physician Network-UPN and NYU Clinical Faculty, including Faculty Group Practice and Voluntary Physicians

2. Established in 2011, 1600+ employed and voluntary physicians in accordance with FTC Guidelines for Clinical Integration

3. NYUPN Board Governance 50% medical center, 50% voluntary physicians; Board chair voluntary physician

4. Purpose is to serve as a single contracting entity with primary intent to improve quality and efficiency of primary and specialty care through alternative payment methods promoted by commercial and governmental insurers
Why it’s important to be clear with what you ask of the people you lead

http://www.youtube.com/watch?v=C6q37n7GDCY
Framework for evaluating each health system’s perspective: Key questions

- Hospital or Hospitals? (Size, location and local markets matter)
- System or not? (Degree of “System-ness” is critical, e.g. one capital allocation process or not)
- Degree and nature of physician integration (Mix of private medical staff, employed physicians and the extent of formal physician organization)
- Extent of Undergraduate and Graduate Medical Education (Medical School vs. Independent Academic Medical Center vs. no “owned” trainees)
- Public vs. Private vs. For Profit
- Sophistication of healthcare expertise within the Board of Trustees
- Presence and nature of Insurance risk (e.g. self insured employees, commercial insurance products, Medicare Advantage, Medicaid MC, etc.)
- Approach to Quality and Patient Safety Improvement
# Physician Leadership: Domains and Competencies

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<th>Physician Administrators</th>
<th>Employed Physicians</th>
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## Basic Leadership Skills

- Making Decisions to Achieve Results
- Management of the Healthcare Delivery System
- Demonstrating Value: Quality and Cost
Leadership Academy Vision

Mission
• Ensure that our current leaders and managers meet the high expectations required to lead in Academic Medicine
• Develop our leadership bench strength and capacity in preparation for future challenges and succession

Strategy
• Leadership Academy Model
• Competency-Based Curriculum
• Mandatory Learning for New Leaders
• Course Electives for All
• Flexible Delivery and Access
• Formal Coaching Program

Structure
• Executive Steering Committee
• Curriculum Advisory Councils
• Internal/External Experts as Faculty
• Dedicated ODL Staff
• LMS/Database to Track Results

Philosophy:
On-the-Job Learning
Structured Learning
Leader Development
Feedback and Coaching

Senior Leaders
“High Potentials”
All Faculty and Staff Leaders
New Leaders
Trainees

Metrics:
- Retention
- Performance
- Bench Strength
- Successful Promotion
- Skill Improvement
Leadership Academy Vision

Phase 1
High Potential Bench
New Leader Success
Leadership for Trainees
Feed faculty/staff leaders

Milestone:
100% increase in leadership activities

Phase 2
High Potential Pools at all Levels
Align leadership curriculum with NYULMC strategy
Mandated Leadership Curriculum
Succession Pipeline
Institute Leadership Metrics/Incentives

Milestone:
25% of leadership jobs are filled from within NYULMC

Phase 3
Enterprise-wide Succession Program
Academy Preparing Leaders at All Levels
Leader Retention Rates are Best in Class

Milestone:
50% of all mission-critical leadership jobs are filled from within NYULMC
Critical Success Factors for an Effective Organizational PI Program

Figure 1. The themes identified by the project steering committee produced eight critical success factors for an effective PI program (shown as the center puzzle piece).
Some insights into Leadership

• You make a difference
• Your values drive your commitment
• You can’t do it alone (i.e. find the best people)
• Trust rules! (You have to give Trust before you get it)
• How you respond to a challenge is the crucible for greatness (react with positive thoughts and actions)
• Either you lead by example or you don’t lead at all
• The best leaders are the best learners
• Whatever you need, you already have (look hard…)
• Leadership is an “Affair of the Heart”
What do people want from a Leader?

• Honesty
• Forward-Looking vision
• Inspiration
• Competency
• Credibility (most important)
The Diffusion System
(With apologies to Garrison Keillor)

Systematic differences in values and information handling styles

Number of adopters at time $t$

Time after $t_o$ at which adopters complete a successful adoption decision process

$T_o$  $t_{mean}-2s$  $t_{mean}-s$  $t_{mean}$  $t_{mean}+s$

Innovators  Early Adaptors  Early Majority  Late Majority  Laggards
“To maintain good relations (with physicians), don’t try to force clinical protocols or evidence-based medicine on community doctors too quickly.....These systems could be wonderful if medicine were a powerful science with a clear understanding of what causes and cures illnesses and disabilities, but currently it’s more an art than a science. Dictating protocols to doctors is as meaningless as forcing artists to paint by numbers. Peer influence from good clinical data is a far more effective method of management.”