American Hospital Association and American Medical Association

Integrated Leadership for Hospitals and Health Care Systems

Webinar
January 12, 2016
Integrated Leadership

- Collaborative discussions between AHA and AMA
- Opportunity to redefine care delivery to achieve the Triple Aim through new care and payment models
- Many organizational models are successful, but essential to those is a structure with collaborative and integrated leadership between physicians and hospital
History of the AHA - AMA Integrated Leadership for Hospitals and Health Systems program

- AMA - AHA Joint Leadership Conference on New Models of Care published, October 2013
- Proceedings from the Joint Leadership Conference published, April 2014
- Health Affairs Blog post published, April 2014
- Development begins on the AHA - AMA Principles of Integrated Leadership for Hospitals and Health Systems, 2014
- AMA - AHA Expanding the Physician-Hospital Integrated Leadership meeting, October 2014
What is successful integrated leadership?

- Requires functional partnership between organized physicians and hospital
- Requires capability to accept and manage clinical and financial risk, improve quality and reduce cost
- Management decisions on quality improvement and population health agenda should be made jointly between physicians and hospital
Principles for Integrated Leadership

1. Physician and hospital leaders with:
   – shared vision and mission
   – similar values and expectations
   – aligned financial and non-financial incentives
   – goals aligned across the board with appropriate metrics
   – shared responsibility for financial, cost, and quality targets
   – service line teams with accountability
   – shared strategic planning and management
   – shared focus on engaging patients as partners in their care

2. An interdisciplinary structure that supports collaboration in decision-making, preserving clinical autonomy (defined as putting the needs of the patient first) needed for quality patient care while working with others to deliver effective, efficient and appropriate care.

3. Integrated leadership at all levels and participation in key management decisions.
   – Teams of clinicians and administrators leading together at every level
   – Teams accountable to and for each other and can commit for each other
Principles for Integrated Leadership

4. A collaborative, participatory partnership built on trust.
   - Sense of interdependence and working toward mutual achievement of the Triple Aim
   - Physicians and hospital leadership must trust in each other’s good faith and abilities

5. Open and transparent sharing of clinical and business information by all parties across the continuum of care.

6. Clinical information system infrastructure that allows capture and reporting of key clinical quality and efficiency performance data and accountability across the system to those measures.
Leadership skills

Both physician and hospital leaders must possess the knowledge, skills and professional attitudes to be effective leaders and managers in empowerment-oriented, and consensus-based management models.

**Physician leader skills**

- Mission and strategy development, alignment and deployment
- Understanding of patient and consumer expectations
- Quality measurement and improvement
- Team building, negotiation and management
- Effective adoption of health care clinical information technology
- Risk, finance and cost management in various types of practice organizations
- Understanding payment based on care, quality, outcomes and accountability
- Population health management

**Hospital leader skills**

- Understand medical professionalism, care delivery processes and clinical decision making
- Knowledge of physician practice finances and workflow
- Ability to achieve consensus with physicians
- Understand need for physicians to advocate for patients
- Accept need for physician clinical decision autonomy in specific settings while expecting physician accountability for overall institutional success
- Willingness to create true integrated leadership model by sharing management responsibilities and accountabilities
Key elements for physician organizations

- Inclusive governance process overseeing competencies in quality management, practice efficiency, clinical discipline, clinical and financial risk management
- Process for leadership selection, support, and training
- Structures outlining membership requirements, including professional conduct, clinical protocols
- Development and review of physician organization’s overall strategy and guidelines for employment or affiliation arrangements
- Adopting clinical information technology and resources necessary for effective population and patient care management
- Robust member communication strategy and plan
Cultural needs

• A focus on health of entire population served by integrated health system
• Common mission, vision and values
• Mutual understanding and respect despite different training and perspectives
• Sense of common “ownership” of integrated health system and its reputation
• Joint commitment to performance measurement and improvement
• Focus on individual patient’s care over time and across the continuum
• Performance data that is understandable, timely and trusted
• Fair financial and non-financial incentives aligned to improve care and manage costs across the organization
• Shared governance and involvement in decision making
• A sense of responsibility for the integrated health system
• Consensus decision making between all parties
Challenges to success

- Commitment to business model transformation
- Differing mind sets
- Lack of clarity on values
- Lack of more “accessible” and generalizable models of physician organization
- Lack of integrated leadership and management skills
- Need for robust of primary care involvement
- Need for payer partnering and new payment models
- Legal and regulatory issues
- Contractual issues
- Ancillary services issues
- Coordination of the Organized Medical Staff
Expanding the Collaboration
Questions/Discussion