Session 86
Diversity Candidates’ Journeys to the C-Suite: This Can Be Done! A Practical Approach

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The following faculty of this continuing education activity has no relevant financial relationships with commercial interests to disclose:

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- Stephany N. Vaioleti, FACHE, NHA **
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**Alumni of ACHE Thomas C. Dolan Executive Diversity Program

Learning Objectives

- Gain insight on career paths for senior leadership positions: CEO, CMO, CNO and COO.
- Discuss the current status of diversity within the healthcare C-suite and the importance of continued growth in executive diversity.
Agenda

• Introduction
• CEO Role
• CMO Role
• CNO Role
• COO Role
• Discussion Panel
• Closing Remarks

Why is diversity in healthcare leadership important?
Patient-centered, culturally sensitive health care

- Health care providers are providing care to a more culturally diverse patient population without the training to do so effectively
- Culturally insensitive health care is major contributor to costly health care disparities in our country
- Racial/ethnic minorities and individuals with low household incomes are more likely to experience culturally insensitive health care and dissatisfaction, resulting in poorer health outcomes
- Organizational barriers include leadership and workforce minority representation
- Structural and clinical barriers

Why is diversity important?

- Healthcare organizations must be culturally sensitive to the communities they serve in order to provide patient-centered care
- **29% patients** are minorities but minorities represent **only 14% hospital board members, 14% of executive leadership positions** (AHA Institute for Diversity in Health Management)
- **47% nonprofit hospital boards** had no racial/ethnic minorities and 9/10 members are Caucasian in 2013 (AHA National HC Governance Study)
- White men were more likely than minority men to expect to be CEOs in the next five years: **42%, of white men** compared to **32% of black men, 31% of Hispanic men and 20% of Asian men** (ACHE Race/Ethnicity 2014 Study)
- **28% hospital C-suite hires** in 2014 were women and compensation was 35% lower than their male counterparts (Women’s Leadership Center, Kennesaw State University)
ACHE membership database

Identified as Chief or SVP:
• American Indian: 55 (0.5%)
• Asian: 278 (2.4%)
• Black: 484 (4.2%)
• Hispanic: 321 (2.8%)
• White: 5,913 (51.0%)
• Not given: 4,544 (39.2%)

• Total: 11,595

Introductions
Chief Executive Officer - CEO
Stephany Vaioleti, FACHE, NHA
Kahuku Medical Center, Kahuku, Hawaii

Ignorance is bliss...
Social worker
Back to school
Interim administrator
Assistant administrator
CEO

ED Visits

2017 CONGRESS ON
HEALTHCARE LEADERSHIP
Heed the call…

- What is your “WHY”?
- Passion – Living the Dream
- Keep the flame burning

It’s a marathon, not a sprint…

“The Leadership Challenge”

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable Others to Act
- Encourage the Heart
Walking the talk...
- Communication & Relationship Management
- Leadership
- Professionalism
- Knowledge of the healthcare environment
- Business Skills & Knowledge

Unleash Human Potential...
- Exceptional Leadership
- Straight A Leadership
- Studer partner
- Coaching
- Fellowships (ACHE, Omidyar)
- LOTS of other resources (Books, TED talks, workshops)
I can be fierce and kind all at the same time...

- Authenticity, trust, empathy, accountability
- What is your leadership style?
- Strengths vs weaknesses
- For every challenge, there is growth

Stephany N. Vaioleti, FACHE, NHA

Stephany Nihipali Vaioleti is CEO of the Kahuku Medical Center, a 21 bed critical access hospital on the North Shore of Oahu. She oversees 160 employees and physicians and is responsible for overall organizational management, board relationships, fund development, strategic planning, and community partnerships.

Stephany began her career at Kahuku Hospital as a Social Worker in 1998. When the hospital declared bankruptcy in 2007, Stephany was asked to step in as the Interim Administrator.

She holds a Master’s degree in Social Work and a JD from the William S. Richardson School of Law.

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Bibliography/References


Chief Medical Officer (CMO):

What is it and why would anyone want to be one?

Raúl H. Zambrano MS, MD, FAAFP, FACHE
CMO Southern Market Aurora Healthcare, WI
Introduction

• What is a CMO? (Alphabet Soup)
• My path to the CMO role
• Practical tips to becoming a CMO
• Networking
• The future for the CMO

What is a CMO?

https://www.youtube.com/watch?v=vTwJzTsB2QQ
What is a CMO? (Alphabet Soup)

- CMO – Chief Medical Officer
- VPMA – Vice President of Medical Affairs
- Medical Director
- VPCA – Vice President of Clinical Affairs
- PUMA – Physician Utilization Management Advisor
- COS – Chief of Staff
- MMC Chair – Medical Management Committee Chair
- VPQM – Vice President of Quality Management

What is a CMO?

- Physician Leader
- A bridge between the business and clinical worlds
- The "molder of consensus"
- Other duties as specified

- An expert in:
  - Negotiation
  - Team Building
  - Setting Priorities
  - Quality/UM
  - Medical Staff
  - Patient Safety/Risk
  - Governance
  - Process Improvement
  - Leading Through Influence
My Road: Serendipity

• Background
• Professional training
• Career path

Becoming a CMO

• Know where you are going
  – What experience will you need?
  – What setting are you looking for?
  – Where are you starting from?
• Talk to other CMO's
• Business credentials
• Quality, risk, patient safety, medical staff affairs
Becoming a CMO

• Communication Skills
• Clinical Credibility
• Do not burn bridges. This is a very small community.
• Networking

Networking

• Rule #1, 2, 3……
  – Networking does not occur at the time when you need something
• Always be positive and enthusiastic
  – How to Win Friends & Influence People: Dale Carnegie
• Step out of your comfort zone
Networking

• As you start networking your goal should be to help others
• Volunteer, Volunteer, Volunteer
• Have your contact information readily available
• FOLLOW UP

Future

• Somethings are sure and others unclear
  – Supply and Demand in healthcare over the next 15 years will skew heavily on the side of Demand (more with less)
  – Given the current fiscal realities reimbursement will likely stay stagnant or decrease
  – Value based healthcare delivery will be with us in some form
The future requires Physician Leaders

Raúl H. Zambrano MS, MD, FAAFP, FACHE

Raúl Zambrano, MS, MD, FAAFP, FACHE is a Chief Medical Officer for the Aurora Health Care system with oversight of the the WI Southern Market.

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Previously Dr. Zambrano was the Deputy Chief Medical Officer for VISN 7 in GA and the Chief of Staff at the West Texas VA Health Care System.

Dr. Zambrano opened several successful practices and was heavily involved in the implementation of electronic medical records and PCMH.

He served in the United States Army Reserve from 2001-2012 with four deployments.

Dr. Zambrano received his BA from Columbia University in NY, Master of Science in Chemistry from The Massachusetts Institute of Technology, MA, and his MD from the College of Physicians and Surgeons Columbia University, NY. Dr. Zambrano is Board Certified in Family Medicine and he also works with the Greeley company as a consultant.
CHIEF OPERATIONS OFFICER (COO)

CAREER RESOURCES TO BECUMING COO

LARRY D. CHADWICK  MBA, MHA
EXECUTIVE DIRECTOR
CLEVELAND CLINIC AKRON GENERAL

RESPONSIBILITIES OF COO:

1. Design and implement business strategies, plans and procedures
2. Set comprehensive goals for performance and growth
3. Establish policies that promote company culture and vision
4. Oversee daily operations of the hospital or health system
5. Lead employees to encourage maximum performance and dedication
6. Evaluate performance by analyzing and interpreting data and metrics
7. Supports CEO in internal and external business matters
8. Leads and assists in ensuring the hospital or health system meets and maintains Joint Commission, state license and other accreditation requirements
9. Interact with Medical Staff and Board members regularly
CORE COMPETENCIES AND SKILLS:

1. Outstanding interpersonal skills including the ability to effectively communicate with persons throughout the organization, including clinicians
2. Excellent verbal and written communication skills
3. Ability to understand multiple types of financial and legal documents
4. Ability to translate broad strategies into specific objectives and action plans
5. Ability to motivate diverse groups of employees to accomplish the goals and objectives of the hospital or health system
6. Commitment to creating and sustaining high-quality healthcare delivery
7. Ability to hold subordinates accountable for organizational goals
8. Ability to make difficult decisions

EDUCATION AND EXPERIENCE:

1. Most COOs possess a master’s degree:
   A. Health Care Administration
   B. Business Administration
   C. Public Administration
   D. Public Health
   E. Management

2. Required Experience:
   A. At least ten years of operations experience in leadership capacity
   B. Program and service line development
   C. Knowledge of IT/Business Infrastructure
   D. Process Improvement/Lean Six Sigma
   E. Joint Ventures
   F. Financial Management
   G. Strong interpersonal and communication skills
ACHE CAREER RESOURCES:

NETWORKING OPPORTUNITIES:
1. Thomas C. Dolan Executive Diversity Program
2. Education programs
3. National Association of Health Services
4. Asian Health Care Leaders Association
5. National Forum of Latino Healthcare Executives
6. Rainbow Healthcare Leaders Association

CAREER RESOURCES:
1. Thomas C. Dolan Executive Diversity Program
2. Leadership Mentoring Network
3. Take Charge of Your Healthcare Management Career: 50 Lessons That Drive Success

Larry D. Chadwick, MBA, MHA
Executive Director
Cleveland Clinic Akron General

As Executive Director for the Heart & Vascular and Orthopedic & Musculoskeletal Centers at Cleveland Clinic-Akron General, I provide senior-level oversight and direction for both profitable service lines. My educational preparation includes undergraduate and graduate degrees in Healthcare Administration from the University of North Carolina at Chapel Hill, and Masters of Business Administration degree in Strategic Healthcare Management from Rutgers University.

COMMUNITY INVOLVEMENT:
Board Chair Akron Urban League, Executive Leadership Team American Heart Association, Board of Directors Akron Zoo, University of Akron Advisory Board, Stark State College Advisory Board

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Chief Nursing Officer - CNO

Sally Hurt-Deitch, RN, FACHE
Market CEO, The Hospitals of Providence
El Paso, Texas

“The very first requirement in a hospital is that it should do the sick no harm.”

- Florence Nightingale
Chief Nursing Officer -  
From Bedside to Board Room

It starts with Passion
• At the core is the unending desire to care
• This doesn’t change as your career progresses
• How you affect patient care does

Key attributes for advancing nurses
• Nursing is a blend of art and science
  – Caring and Medicine
  – The skill to heal the heart to care
• Nurses are there when nobody else can be
  – The happiest of moments
  – Life’s most fragile moments
  – From the first breath to last one
• Taking system thinking and applying it to the organization
Chief Nursing Officer -

What to look for early in your career

• A good mentor(s)
• Opportunity to diversify skills
  – Different clinical areas
  – Different organizational positions
  – Committee work
• Organization that is growing
• Ability to demonstrate work ethic

Chief Nursing Officer -

Career Progression

• Nursing profession known for “Eating It’s Young”
• Stay diligent, focused and committed
• Grow thick skin
• Learn new languages (business, finance, marketing, operations)
Chief Nursing Officer -

What makes a good CNO?
• Empathy
• Ability to manage people and personalities
• Ability to see potential in future leaders
• Experiences in management
• Understand pressure points in management
• Understanding challenges of your patients, team, department, organization
• Use new tools, processes and technology
• Never forget where you came from

Chief Nursing Officer -

Learning/Teaching moments in my career
• Your going to experience tough doctors
  – Understand your role and responsibility
  – Remember patient care comes first
• Have fun - Dr. Payne and Nurse Hurt
• Network and get involved
• Get out of your personal comfort zone
• Take the initiative to learn new things
• Investigate and be curious
Chief Nursing Officer -

Remember patient care is the core
• Utilize your vast theoretical knowledge to make good decisions
• You cannot jeopardize care
• Trust your gut
• Put patient (patient safety) first

Sally Hurt-Deitch, RN, FACHE

Sally A. Hurt-Deitch, RN, FACHE, is the Market Chief Executive Officer of The Hospitals of Providence in El Paso, Texas. In this capacity, Sally serves as the CEO of The Hospitals of Providence Memorial Campus and Providence Children’s Hospital. Sally oversees the strategic, operational and clinical activities for the health network as well as the integration activities of four hospitals the latest, a new teaching hospital in collaboration with Texas Tech Health Sciences Center El Paso. Sally earned her Bachelor’s degree in Nursing and master’s degree in Nursing Administration from the University of Texas at El Paso. She received her Master’s degree in Healthcare Administration from Trinity University. Sally’s commitment to leadership organizations within the healthcare field is extensive. She is a Board member of the National Forum of Latino Healthcare Executives, a Fellow of the American College of Healthcare Executives, a board member of the Texas Hospital Association, a member of the American Hospital Association Regional Policy Board.

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Bibliography/References


Cultural Barriers and Closing Remarks

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Chief Medical Officer, Piedmont Henry Hospital, Stockbridge, GA
Cultural barriers

- Glass ceiling – describe invisible barriers through which women and minorities can see managerial positions but cannot reach them
- Bamboo ceiling – individual, cultural and organizational factors that impede Asian Americans’ career progress
- Intersectionality – being a member of several minority groups

Bamboo Ceiling

- Asian Americans have the lowest chance of rising to management compared with African Americans, Hispanics and women despite higher educational attainment
- Asian American women face higher rates of promotion discrimination than Asian American men
- Asian American women face pay equity discrimination compared with Asian American men
- Asian Americans represent 5.6% of total US population but 0.3% of corporate office populations, 3% district court judges (2010 US Census Bureau)
- In Silicon Valley, 1/3 of software engineers are of Asian descent, but only 6% of board members, 10% corporate officers of Bay Area’s 25 largest companies
- At NIH, Asian Americans represent 21.5% of scientists, but 4.7% of directors
- 12 of largest 25 Bay Area companies had no Asian American board members, 5 had no Asian American corporate officers
- Out of all Asian American women working in tech, only 1 in 285 is an executive

“Model minority” stereotype

- Quiet
- Hardworking
- Family-oriented
- High achieving in math and science
- Passive
- Nonconfrontational
- Submissive
- Antisocial
• These stereotypes may seem positive in short term but long-term may impede progress up the corporate ladder
• Invisible or forgotten minority
• Common assumptions of “lacking in leadership skills” or “poor communication abilities”

Self-barriers

• Raised with culture-specific values that affect perceptions of workplace behavior
• Taught to be self-effacing, reticent, respectful, deferential towards authority
• Less likely to network, self-promote, speak up at meetings with concern and ideas
• Does not translate well into American workplace
Psychology

• East Asians who do not conform to racial stereotypes and possess qualities such as assertiveness, dominance and leadership skills are less likely to be popular in the workplace

Breaking the bamboo ceiling

• Self-awareness – going out of the way to network and interact with others, making oneself visible by taking credit for one’s work, commanding leadership roles,…

• Find a mentor
Lily Jung Henson, MD, MMM, FAAN, FACHE

- Chief Medical Officer, Piedmont Henry Hospital, Stockbridge, GA 2016 – present
- Interim CMO, Piedmont Fayette Hospital, Fayetteville, GA 2015 – 2016
- Chief of Neurology, Piedmont Healthcare, Atlanta, GA 2015 – 2016
- Vice President of Medical Affairs, Swedish Ballard Medical Center, Seattle, WA 2014 – 2015
- Chief of Staff, Swedish Issaquah Medical Center, Issaquah, WA 2011 – 2013
- Medical Director of Neurology, Swedish Neuroscience Institute, Seattle, WA 2004 – 2011
- Clinical Associate Professor of Neurology, University of Washington Medical School, Seattle, WA 2006 - 2015
- Thomas Dolan Executive Diversity Scholar, ACHE 2016
- National Board of Directors, National Multiple Sclerosis Society, 2010 – 2016
- Board of Managers, Fast Forward, 2012 – 2016
- Chair, American Academy of Neurology BrainPAC 2013 – present
- Founding Member, Washington State Neurological Society 2004 - 2015

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Thanks

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Round Table

Questions?