Increasing Physician Leadership Through Dual Based Dyadic Management

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Learning Objectives

➢ Identify several ways to increase meaningful physician leadership through part-time leadership roles.
➢ Appraise how a dual dyadic management structure successfully addressed one medical group’s leadership challenges, including how part-time physician leaders are able to dedicate time to management activities and organizational leadership.
Agenda

- Why the need for more physician leaders?
- One of the better solutions - create more formalized part-time physician leadership positions
- Dyads are a great way to develop & use part-time physician leaders
- How Memorial Hermann Medical Group addressed their need for more physician leadership involvement

Organizations must increase the number of physician leaders

“The decade we’re in is probably going to lead to the greatest amount of change that’s been experienced for the last hundred years in health care”

Dean Gruner, MD, president & CEO ThedaCare Inc
Organizations must increase the number of physician leaders

“When you get someone who knows what quality looks like, and pair that with a curiosity about new ways to think about leading, you end up with people who are able to produce dramatic innovations in the field.”

Maureen Bisognano, president & CEO, Institute for Healthcare Improvement

Needed – More Physician Leaders

- 2011 research study - hospital quality scores 25% higher at hospitals led by physicians. Scores for cancer care even higher at physician-led hospitals
- US News rankings - top 5 led by physicians, & 10 of the 18 are physician-led
- Physicians are responsible for 75% of the costs incurred by healthcare organizations
Needed – More Physician Leaders

- Medicine is in transition. Physicians must lead the way in order for the highest quality healthcare to be effectively delivered going forward.

  Kevin R. Campbell, MD, MedPage Today

“Most medicine is delivered by teams of people…but we don’t train physicians how to lead teams or be team members”

Needed – More Physician Leaders

- Physicians control much of service quality
- Physicians who **combine** clinical & managerial skills are often best equipped to lead

Quality Improvement

- Hospitals with greater degrees of physician leadership involvement scored higher, on average, in performance management & Lean management, & produced higher average overall management scores (McKinsey study)
Organizations must increase the number of physician leaders

- Physician leaders can improve quality & safety
- Help lead the transition to value based care
- Enhance physician engagement

But – Do You Agree?

- Organizations must increase the number of physician leaders
- Do you agree?
More Physician Leaders – How To Do It?

- Very, Very difficult –
- **Fact #1** - Many simply do not want to leave clinical practice

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**Not An Easy Recruitment**

- **Fact #2** - Recruiting success of physician leaders from outside the organization has not been stellar
Supply does NOT equal DEMAND

➢ **Fact #3** - The supply of physician leaders is meager
➢ **Fact #4** - The supply of *experienced* physician leaders is even more meager

**IN SHORT SUPPLY**

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**Tough Recruitment; High Risk Hire**

80% of employee turnover is the result of “bad hiring decisions.”  
*Harvard Business Review*

WHEN HIRING DECISIONS GO BAD
Physicians need development to transition into leaders

- The transition to leadership for physicians is **not** a natural transition
- Many do not wish to leave clinical practice
- Thus the need for more **part-time** physician leaders
Part-time Physician Leaders

- A solution to the physician leadership shortage is involving more part-time physicians in leadership roles
- Added benefit - Part-timers are closer to the front lines of clinical integration

Leadership Development for Physicians

- Perhaps as hot of a topic as “physician engagement”
  - Physician leadership academies/institutes
  - Physicians getting master’s degree
Leaders develop through experiences

- Dyad structures also address another aspect of leadership development – most leadership development occurs through
  - experiences – and
  - experiences that have something on the line (often called “crucible” experiences)
- Ask yourself – how did I develop as a leader?

70/20/10 Development Approach

- Mentoring, Coaching, Feedback 20%
- On-the-Job Experiences 70%
- Classroom 10%

- One on one meetings
- 360 degree ongoing feedback
- Coaching circles
- Being Mentored
- Strengths coaching
- After action review meetings
- Start – Stop - Continue

- E-learning
- Internal training programs
- College coursework
- MBA programs
- Self Study modules
- Action Learning
- Conferences and seminars
- Books and articles
- Professional organization memberships

- Increasing scope or responsibility
- Taking on a new project
- Onboarding a new team member
- Being a Mentor
- Learning and using new tools or technology
- Taking on a high stakes, high visibility assignment
- Tackling a persistent unsolved problem
- Doing a cross-functional project
- Participating in a special committee
- Networking
- Community volunteering
- Board of Directors position

Allocating more time to experiential, applied learning yields better development and business outcomes.
Dyads – Great Way to Address This Challenge

Dyads

“…assigns dual responsibility to a physician and non physician leader, who assume accountability for a clinical service, department, strategic initiative, or operating department within a healthcare organization’s structure.”

Dyad Leadership in Healthcare: When One Plus One is Greater than Two.
Kathleen Sanford and Stephen Moore, MD, 2015
A strategy for creating and sustaining a high performing dyad doesn’t just happen; it must be deliberately built and fostered over time through a:

- Clear vision of the dyad model and what each role plays within it, including an updated job description for each dyad member to reflect new responsibilities
- Shared accountability around one vision with specific goals to be reached in an agreed-upon timeframe
- Focus on empowerment at the site-level
- Mix of the right non-physicians matched with the right physicians
- Scorecard-based evaluation process reflecting the effectiveness of each dyad member
- Constant leadership development for the physicians
- Commitment from the most-effective dyad, at the senior-most level, to model the behaviors and practices for dyads beneath them in ongoing mentorship-by-example
Dyads

"The best interest of the patient is the only interest to be considered and in order that the sick may have the benefit of advancing knowledge, union of forces is necessary. ... it has become necessary to develop medicine as a cooperative science."

W.J. Mayo, 1910

We went to a dyad model and spent a lot of time getting physician leaders educated and trained—because great medicine skills don’t necessarily translate to great leadership skills. It’s not cheap; however it’s less expensive for the organization in the long run than not doing it.

Both members of our dyads have identical goals and incentive bonus opportunities—they sink or swim together.

Each dyad is unique. It’s kind of like a marriage. They have to decide how they’re going to work together, and how they’re going to gain consensus.

Mark Laney, MD, President and CEO, Heartland Health (NOW Mosaic Life Care)
Memorial Hermann Medical Group

- Hospital system employed medical group
- 501a/501c3
- 64 practice locations
- Hospital and Community based
- 220 Providers, 20 Specialties
- Part of the Memorial Hermann Healthcare System

Memorial Hermann Medical Group - Concerns

- Lack of communication with providers
- Rapid growth with little standardization
- Leadership turnover
- Disengagement
- Decreased productivity
- Decision legitimacy – physicians not included in decision loop
Solution – Dyads

➢ Physician leaders must commit to a path of personal development & be willing to dedicate time to management activities & organizational leadership by reducing some clinical responsibilities.

➢ Business managers must accept the idea of cooperatively & collaboratively linking their traditional roles to their dyadic physician partner to enhance provider engagement & capitalize on the combined skill set of a dyadic team.

Solution – Dyads

➢ Dyadic teamwork must extend beyond the C-Suite & permeate through the organization down to the local office lead physician & practice manager to create a culture with a shared pool of meaning.

➢ Dyadic leaders at all levels must foster the outlook of two minds, one voice to the team they lead and avoid the “parent trap” pitfall.
But a Slightly Different Dyad –
Dual Dyadic Structured

- Clinical workforce development
- Patient care & safety
- Quality data & metrics
- Clinical workflow optimization
- Policy & process improvement

- Provider performance management
- Clinical & financial key performance indicators
- Compliance
- Provider behavior
- Referral network coordination
- Internal organization relationships

- Budget & capital planning
- Financial analysis of acquisitions & recruiting
- LEAN Supply chain
- Operating expense management
- Performance reporting
Results!

- Employee retention improved significantly
- Operational efficiency with target range production & decreased investment per FTE provider, while improving quality ACO outcomes.
- MHMG is now charged with the development and deployment of Consumer & Employer driven strategies to include Urgent care, retail affiliations, clinical contact center, on site clinics, executive health, & Occupational Medicine programs.

Results!

- LEAN Physician Revenue Cycle project across all dyads that dramatically increased “time of service” collections & recapture of cancelled appointments, winning a system IMPACT AWARD.
- Development of a dashboard of Key Performance Indicators to produce real time, actionable data for performance management.
- Physician engagement increased substantially based on anonymous online surveys to “pulse check” progress & physician participation in governance councils.
Bio

- Carson Dye, FACHE, is President & CEO of Exceptional Leadership LLC and helps organizations develop and assess leaders.
- A long time executive recruiter, before his consulting career he served 20 years in executive positions with St. Vincent Medical Center, Toledo; Ohio State University Medical Center; & Children’s Hospital Medical Center, Cincinnati. Dye serves as faculty for The Governance Institute & the University of Alabama at Birmingham. Author of 10 books, two of them ACHE Book of the Year Winners - 2013’s Developing Physician Leaders for Successful Clinical Integration and 2001’s Leadership in Healthcare: Essential Skills. Dye is also a frequent presenter on physician leadership & has presented to 40 state and local hospital associations.
- Dye earned his B.A. degree from Marietta College & his M.B.A. from Xavier University
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