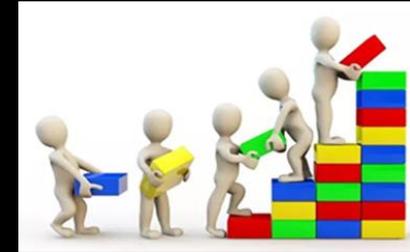


# PHYSICIAN LEADERSHIP IN THE ERA OF PATIENT-CENTRIC, VALUE-DRIVEN HEALTHCARE



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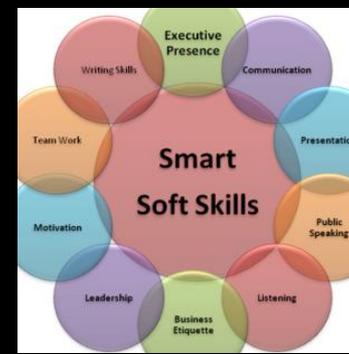
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# Values & Traits



- R** Respect, Relationship building, Risk management
- I** Innovation, interpersonal skills
- C** Compassion, Communication, Consensus, Commitment, Collaboration, Creative, Cultural Competent  
change agent, corporate social responsibility, confidence, courage of strong convictions
- H** Honesty, Humble, Humility
- T** Teamwork, Trustworthiness, Transparency
- I** Integrity, Inclusion, Integration, Innovation, Instinct
- E** Ethical, Experience, Emotional Intelligence, Equity
- S** Steward, Sustainability, Seasoned judgement, Strategic decision making, strategic partnerships

- ❖ Work-life integration
- ❖ Unconscious Bias
- ❖ Finance
- ❖ Patient Discrimination/Bias
- ❖ Active listening
- ❖ Organizational Culture
- ❖ Burnout
- ❖ Professionalism
- ❖ Diversity
- ❖ Generational differences
- ❖ Policy
- ❖ Wellness
- ❖ Maturity
- ❖ Mentoring
- ❖ Patient centered care
- ❖ Accountability
- ❖ Logic
- ❖ Alignment

Leader must balance clinical, educational, investigative, administrative, business components of delivering care.  
Leader is your internal & external ambassador, promoting & protecting your brand & reputation.

### Leader needs the attributes & operational skills to:

- recruit, retain, develop, engage, empower, motivate, direct
- effective, cohesive, talented, skilled, dedicated diverse team
- new initiatives to meet challenges inherent to future of healthcare
- process/performance improvement
- reduce excess/waste (Lean)
- culture of providing excellent high quality care



# Patient Centered

Provide care that is responsive to patient:

preferences, needs, concerns values, objectives, economic resources.

These will guide clinical decisions; replacing physician centered system.

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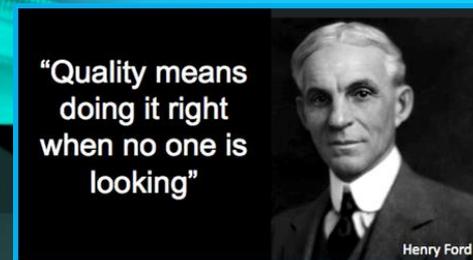
# Value Based

(to patient = "customer" = "consumer")

good outcomes = quality, safety, "patient satisfaction" / low cost

"Patient Satisfaction" = "Patient Experience" = "Customer Service"

radical conveniences: access, efficiency, parking, communication, food, etc



optimize performance by simultaneously pursuing:

### Triple Aim:

**Patient experience (satisfaction):** quality individual health, service oriented, convenient

**Population health:** improved community health, CHNA

**Cost:** lower costs contribute to higher value

**Quadruple aim:** provider satisfaction/well-being (wellness/inclusion, less burnout)



Most common themes relating to patient experience (radiology)

Theme	Frequency	Examples
1 Staff behavior and communications	74.5%	Caring, empathy, courteous, took time to listen, humor, calming attitude, employee going "extra mile" beyond normal responsibilities, cold, unfriendly, rushed, ignored patient; staff overheard having casual conversations, gossiping, talking on cell phones, or joking around with one another
2 Wait times	11.9%	n/a
3 Comfort during examination	3.7%	Easy and painless examination, no pillows provided, pain during IV insertion
4 Quality of facilities	3.2%	Cleanliness, refreshments and other waiting area amenities, comfortable gowns, issue with changing area or lockers, patient gowns unsuitable for large body habitus
5 Medical records	2.3%	Never received report, report not sent to appropriate physician, difficulty in obtaining disc, no call back from medical records office
6 Clinical competence of staff	2.0%	Staff seemed highly skilled and confident in their roles
7 Access to information related to the examination	1.4%	Uninformed staff, staff unable to answer questions, incorrect/misleading examination instructions
8 Billing	0.5%	Received multiple bills, unable to get answer to billing question
9 Radiology report	0.4%	Typographical error, insufficient comparison with prior study, incorrect history, discrepancy between findings and impression, comment on suboptimal image quality
10 Patient privacy	0.2%	Nonprivate check-in area, staff speaking in loud voices, being referenced by full name

Distribution of Roles Among All Comments

Technologist:	50.2%
Receptionist:	31.6%
Supervisor:	5.8%
Nurse:	5.9%
Patient expeditor/assistant:	2.8%
→ Radiologist:	2.2%
Scheduler:	1.1%



Rosenkrantz A  
*The patient experience in radiology: observations from over 3500 patient feedback reports in a single institution. JACR 2016;13:1371-1377*

Patients are actively engaged in their care; making choices; based on personal experiences & subjective criteria: clinician/team interaction, outcome, expectation, communication, empathy, respect, access, wait time, scheduling, food.

**Not enough to deliver great care:** despite good outcomes or our perception of how good care was, must consider how patients perceive us. How we make patients feel & how likely they are to return or recommend us to others = metrics that can't be ignored.

Poole K Patient-Experience Data and Bias – What Ratings Don't Tell Us. N Engl J Med 2019; 380:801-803



# Employees



- Proud , passionate , professional.
- Entrusted to engage patients armed with knowledge/understanding of **culture, mission, vision**, clear/compelling **goals**.
- Empowered to execute the **vision** via well-planned **strategies** to create reproducible, positive, memorable **experience** by anticipating & exceeding customer expectations.
- Committed to deliver **consistent, world-class care, patient satisfaction**, exceptional **customer service**.
- “best employees for promoting organizational change never leave well enough alone; they point out mistakes & flawed practices; management rates top performers as those who silently do what they’re told, what’s always been done; don’t annoy superiors with complaints/questions about flawed practices”



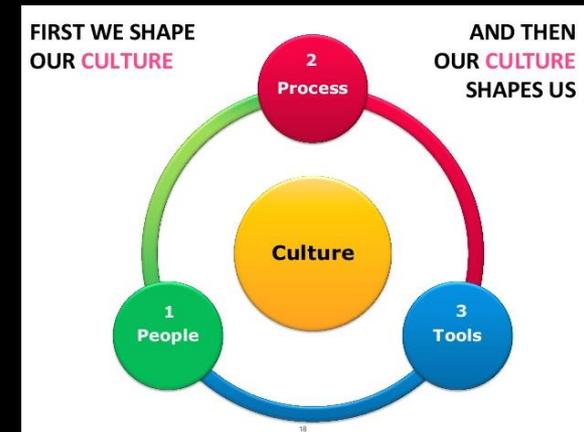
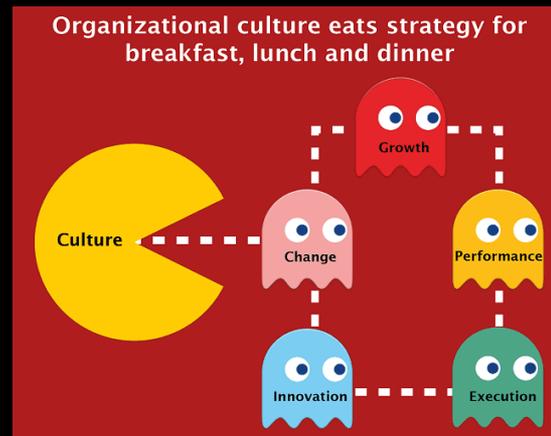
*If you deliver a quality product & treat people well, customers will come back & employees will do their best”*

Herb Kelleher  
Co-founder & CEO  
Southwest Airlines



**Strategy:** delineates territory in which company seeks to be unique  
**Culture:** Force behind the strategy

Mission, vision , values, culture determine the implementation and execution of the strategy, operations and management decisions.



Passion for core values & culture = competitive business advantage

# Optimize Financial Performance

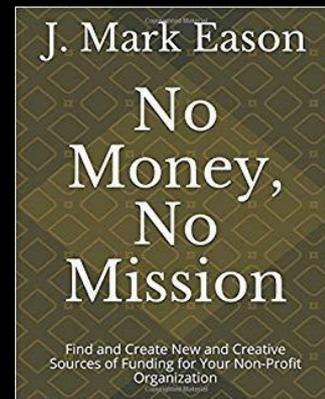
- metrics, data, benchmarks, targets
- define, measure, analyze, control, scrutinize everything critical to achieving mission
- develop/execute strategies for new business opportunities

## Stewards:

- ❖ Efficiently maximize capital/human resources = “do more with less”
- ❖ Despite \$ pressure, optimize cost-effective health w/o compromising quality & safety
- ❖ Innovative strategies to prioritize excellent care & maintain focus on patients

## Healthcare reform challenges leaders

- Increased spending / decreased reimbursement / less favor payor mix
- Transformation from: volume-based (fee-for-service & productivity-based incentives) to value-based models of care delivery & reimbursement (bundled care, pay-for-performance, reimbursement tied to quality)
- Increased competition for market share & brand loyalty



Providers must be physically/emotionally healthy to optimally care for patients.

Compelling societal & business case to manage **Physician Burnout**.

Burnout threatens: quality, safety, engagement, empathy, productivity, errors.

Our desire to shape work to be meaningful & fulfilling is threatened by commoditization & a system in which work load & work flow are standardized to increase throughput/consistency/efficiency/productivity, increase cost-effectiveness/profitability while reducing waste/variability/risk.



## Wellness



Assure sustainable processes that maintain: autonomy, flexibility, creativity, innovation.

Happier employee = improved patient experience/outcomes/interactions

- ❖ What's more imp't, favorable outcome or favorable experience?
- ❖ Being efficient or being nice?
- ❖ Good care or perception of good care?



## Organizational Change



1988 Oil-drilling platform explosion; North Sea off Scotland

168 people died

Survivor jumped 15 stories (150 ft) into ocean of burning oil/debris/night

Chose possible death over certain death

People must believe there's compelling need to change;

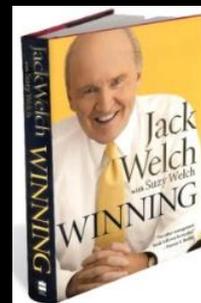
price of status quo greater than cost of going thru change;

benefits or rewards of change greater than cost/risk of change

Courage, tenacity, commitment to face risk & uncertainty departing

from current state

“Good leaders create a vision, articulate it, passionately own it, and relentlessly drive it to completion”



“Organization's ability to learn & translate that learning into action = ultimate competitive advantage”



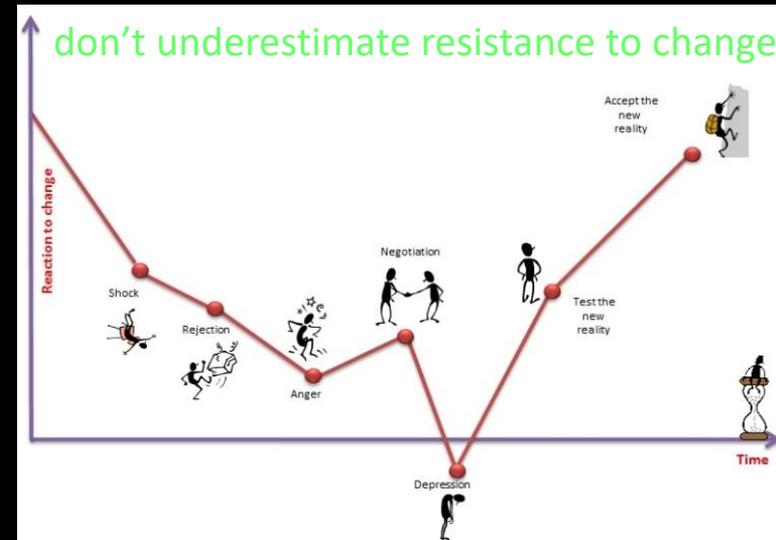
Kotter's Eight Stages of Change

$$\text{Change} = \text{burning platform} \times \text{vision} \times \text{next steps}$$

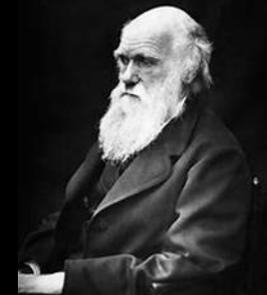
Stage 1 - "Burning Platform"



- 1) Establish sense of urgency
- 2) Create guiding coalition
- 3) Develop vision & strategy
- 4) Communicate the vision
- 5) Empower employees
- 6) Generate short-term wins
- 7) Consolidate gains & produce more change
- 8) Anchor new approaches



“It’s not the strongest of the species that survive, nor the most intelligent, but **the most responsive to change**”





## *Boiling Frog* metaphor for organizational culture

Inability or unwillingness to react to, or be aware of, threats that arise gradually

- If frog put suddenly into boiling water, it'll jump out.
- If frog put in cold water brought to slow boil, won't perceive danger & die.
- Change in temp is gradual - frog doesn't realize it's dying.
- Be aware of gradual change leading to eventual undesirable consequences.
- “Slippery Slope” - caution against creeping normality; pitfall of inactivity.
- ❖ Change needs to be gradual to be accepted.



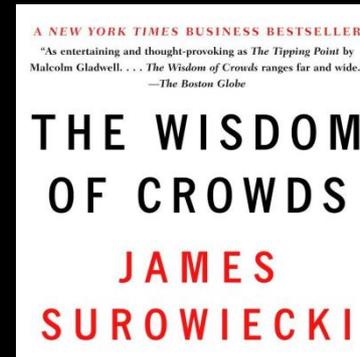
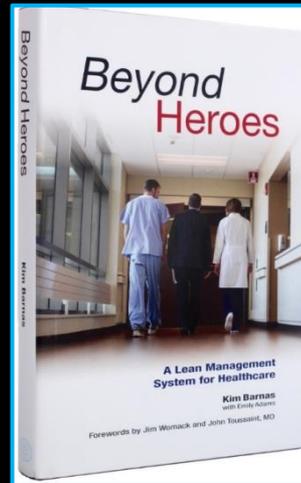
“when **teams of people with diverse skills** gather to consider a problem, we see the issue from many vantage points”

“confidence in a solution is the result of **examining an issue from many angles**”

“... talking through problems with the benefit of **many different points of view & types of experience**”

“ **people from different backgrounds** on team provides broad expertise & experience”

“**outside expertise fills gaps in individual backgrounds**”



“Large groups of people are smarter than elite few, no matter how brilliant - better at solving problems, fostering innovation, coming to wise decisions”

“Successful groups can be more than the sum of their parts. They make everyone think smarter & **reach better conclusions than they would on their own**”

“group deliberations are more successful when leaders insure that **everyone gets a chance to speak**”

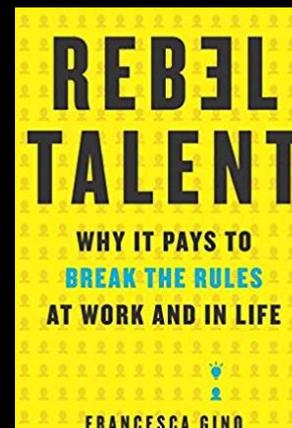
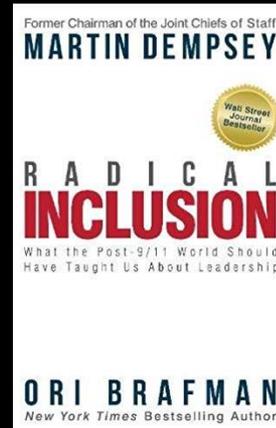
“Leaders must develop an instinct for **inclusion**”

“create environment that fosters **opportunities for all**”

“it’s not about admission; it’s about **participation**”

“**Inclusion** is harder & slower, but necessary to achieve effective, efficient, enduring solutions to complex problems”

“value everyone’s **diverse** perspective input, ideas, expertise”



“ Benefits of **diversity**”

“We associate with people who think like we do, leading to “**group think**” & less than optimal performance”

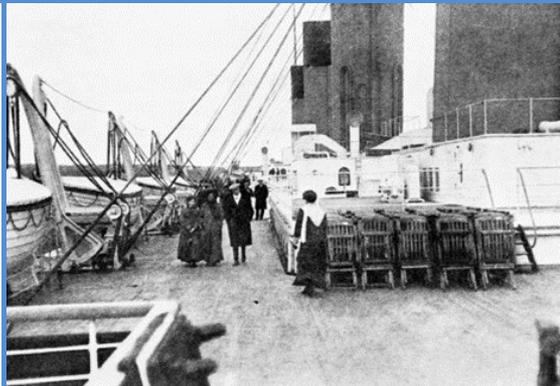
“Avoid hanging out in groups in which everyone agrees with everyone else.”

Associate with others who will force you to **consider other points of view**”



To achieve clear goals; they must be S.M.A.R.T.

- Specific
- Measurable
- Achievable
- Relevant
- Time-bound



*“You can’t solve today’s problems with yesterday’s thinking.” (A. Einstein)*  
*Tomorrow’s problem’s? What will future hold for healthcare; for radiology?*  
*Answers will come from innovation & out-of-the-box, “blue sky thinking.”*  
*Answers will come from physician leaders; in critical roles, with unique perspectives.*  
*To significantly impact health care delivery with creative solutions.*