Physician Leadership

In the Era of

Patient-Centric, Value-Driven Healthcare

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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
- Active listening
- Diversity
- Maturity
- Logic

- Unconscious Bias
- Organizational Culture
- Generational differences
- Mentoring

- Finance
- Burnout
- Policy
- Patient centered care

- Patient Discrimination/Bias
- Professionalism
- Wellness
- Accountability
- 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.

Value Based

(to patient = “customer” = “consumer”)

good outcomes = quality, safety, “patient satisfaction” / low cost

“The best advertising is done by satisfied customers.”

Philip Kotler

“Quality means doing it right when no one is looking”

Henry Ford

“Patient Satisfaction” = “Patient Experience” = “Customer Service”

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

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Staff behavior and</td>
<td>74.5%</td>
<td>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.</td>
</tr>
<tr>
<td>communications</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>2 Wait times</td>
<td>11.9%</td>
<td>Easy and painless examination, no pillows provided, pain during IV insertion.</td>
</tr>
<tr>
<td>3 Comfort during examination</td>
<td>3.7%</td>
<td>Cleanliness, refreshments and other waiting area amenities, comfortable gowns, issue with changing area or lockers, patient gowns unsuitable for large body habitus.</td>
</tr>
<tr>
<td>4 Quality of facilities</td>
<td>3.2%</td>
<td>Never received report, report not sent to appropriate physician, difficulty in obtaining disc, no call back from medical records office.</td>
</tr>
<tr>
<td>5 Medical records</td>
<td>2.3%</td>
<td>Staff seemed highly skilled and confident in their roles.</td>
</tr>
<tr>
<td>6 Clinical competence of staff</td>
<td>2.0%</td>
<td>Uninformed staff, staff unable to answer questions, incorrect/misleading examination instructions.</td>
</tr>
<tr>
<td>7 Access to information</td>
<td>1.4%</td>
<td>Received multiple bills, unable to get answer to billing question.</td>
</tr>
<tr>
<td>related to the examination</td>
<td></td>
<td>Typographical error, insufficient comparison with prior study, incorrect history, discrepancy between findings and impression, comment on suboptimal image quality</td>
</tr>
<tr>
<td>8 Billing</td>
<td>0.5%</td>
<td>Nonprivate check-in area, staff speaking in loud voices, being referenced by full name.</td>
</tr>
<tr>
<td>9 Radiology report</td>
<td>0.4%</td>
<td>Nonprivate check-in area, staff speaking in loud voices, being referenced by full name.</td>
</tr>
<tr>
<td>10 Patient privacy</td>
<td>0.2%</td>
<td>Nonprivate check-in area, staff speaking in loud voices, being referenced by full name.</td>
</tr>
</tbody>
</table>

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.

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.

"Culture eats strategy for breakfast."  
~ Peter Drucker

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, J (1996)  

*Leading Change*

Change = burning platform  \times vision \times next steps

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”
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”

“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”

“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"

“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.