‘Good people with high levels of idealism or altruism are getting frustrated by the increasing complexity’

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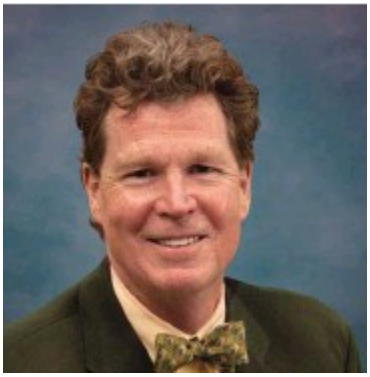

As policymakers, providers and payers continue to tinker with alternatives to an ailing fee-for-service delivery model, physicians are increasingly being called upon to help lead the transformation. Roughly 5% of hospital leaders were physicians in 2014, according to the American Association for Physician Leadership, and anecdotal evidence suggests that is rising. Frequently, physicians are being thrust into leadership roles without being given the tools necessary to succeed, said CEO Dr. Peter Angood. He recently spoke with Modern Healthcare Managing Editor Matthew Weinstock. The following is an edited transcript.

Modern Healthcare: How well-prepared are physicians to move into leadership roles within their organizations?

Dr. Peter Angood: It’s variable. There are individuals who proactively seek out some additional education, some knowledge and some experience. There are mature organizations that also recognize if they are going to really leverage the physicians’ experience, they need to provide them with the additional knowledge and experiences and the skills to really assume these roles.

However, in the industry, both on the individual and on the organizational side, there’s an assumption that because you are a successful physician in your practice and the community seems to highly regard you, that you will be a good leader. That isn’t always the case. Yes, some succeed by just pure raw talent, but more often than not, the complexity of our industry is such that you need added talents. Unfortunately, those who

just kind of trickle in or fall into those roles tend to fail or not succeed as best as they could.

MH: What steps can an organization take to get their physicians ready? Where do they start?

Angood: If an organization understands itself well enough that it wants to have physicians better engaged, integrated and moving into leadership roles, they should be taking a hard look at what they are really trying to accomplish with those roles, identify those needs and then start to target individuals who could potentially move into those roles. As they target those individuals, there also needs to be a stage of, "Do those individuals really have the capabilities?"

So there are two levels of needs assessment: the organizational one, and the identified leadership group of physicians and what are truly their aptitudes and capabilities.

MH: How critical is it for physicians to move into leadership roles now?

Angood: Healthcare is an inherently complex industry and is always going to be a complex industry. As new models of care are brought into place, as new financial models are put into place, it becomes evident that the physicians who are well-skilled clinically and have successful outcomes, when they are trained well with leadership and management skills, that dual skill set really winds up being able to drive organizations in a much more efficient way toward quality, safety, value and better outcomes overall.

There is a trend in our industry that really makes it ripe for physicians to pursue that type of a trajectory and also for the organizations to recognize that if they get their physicians integrated better into leadership roles, that organization will perform better. Patient outcomes will be better and their patient satisfaction will become better overall.

MH: What kind of data have you seen to suggest that physician-led organizations are doing well with alternative payment models?

Angood: When you look critically at data on accountable care organizations over the first few years, the better performing ACOs are physician-led. They are the ones that are typically

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getting their benefits and their shared-savings payments. As well, when you look at some data where physicians are CEOs and compare their quality data on established metrics, there can be a 25% to 33% improvement in those quality metrics.

MH: What are you seeing in rural or smaller hospitals when it comes to engaging with physician leaders?

Angood: We still have a high degree of variability in terms of the relationships between the medical staff of the hospital and administrators. Where there is a healthy relationship between the medical staff and the hospital, then in those smaller places there is typically good interpersonal relationships as well.

What we see, and what I think works, is as a transition step to evolve into the so-called dyad model, where you bring a nonclinical administrative leader or the CEO together with a clinical leader and then clarify what that relationship really is and how they work in a synergistic way to really make that place work better. The dyad models that don't do well are the ones where you just sort of say, "Well, let me do all this administrative stuff as the CEO, and you just go do all that patient stuff."

For organizations that may not have as healthy a relationship between the medical staff and the administrative leadership, the first step is to determine how to help get a better relationship going. There might be a need for some test projects to begin integrating physician and administrative teams. That could even be something as simple as a committee working on safety.

MH: Let's talk a little bit about burnout. What are you seeing among your members and physician community, in general? What's being done to address this?

Angood: Morale in the healthcare workforce is a big issue, and it is not just the physicians, it's nurses, it's other ancillary healthcare providers. It's a reflection on the complexity of the industry. And good people with high levels of idealism or altruism are getting frustrated by the increasing complexity. So it's a real thing.

What we are seeing so far is more of a reaction by the industry to help individuals with their coping skills and their coping mechanisms to improve their mindfulness. As an organization, we feel that's certainly an important piece of this, but we are taking approaches that are a bit more holistic in terms of helping the individual, as a human, get better and have better context for themselves as a professional. Then, how do we help them with developing a set of solutions and commitments to helping their organization, helping the healthcare industry, in a broader sense, improve itself?

When you don't understand or don't have the context, then you get frustrated and you get grumpy and you get demoralized.

No relief: High burnout rates persist for physicians and nurses

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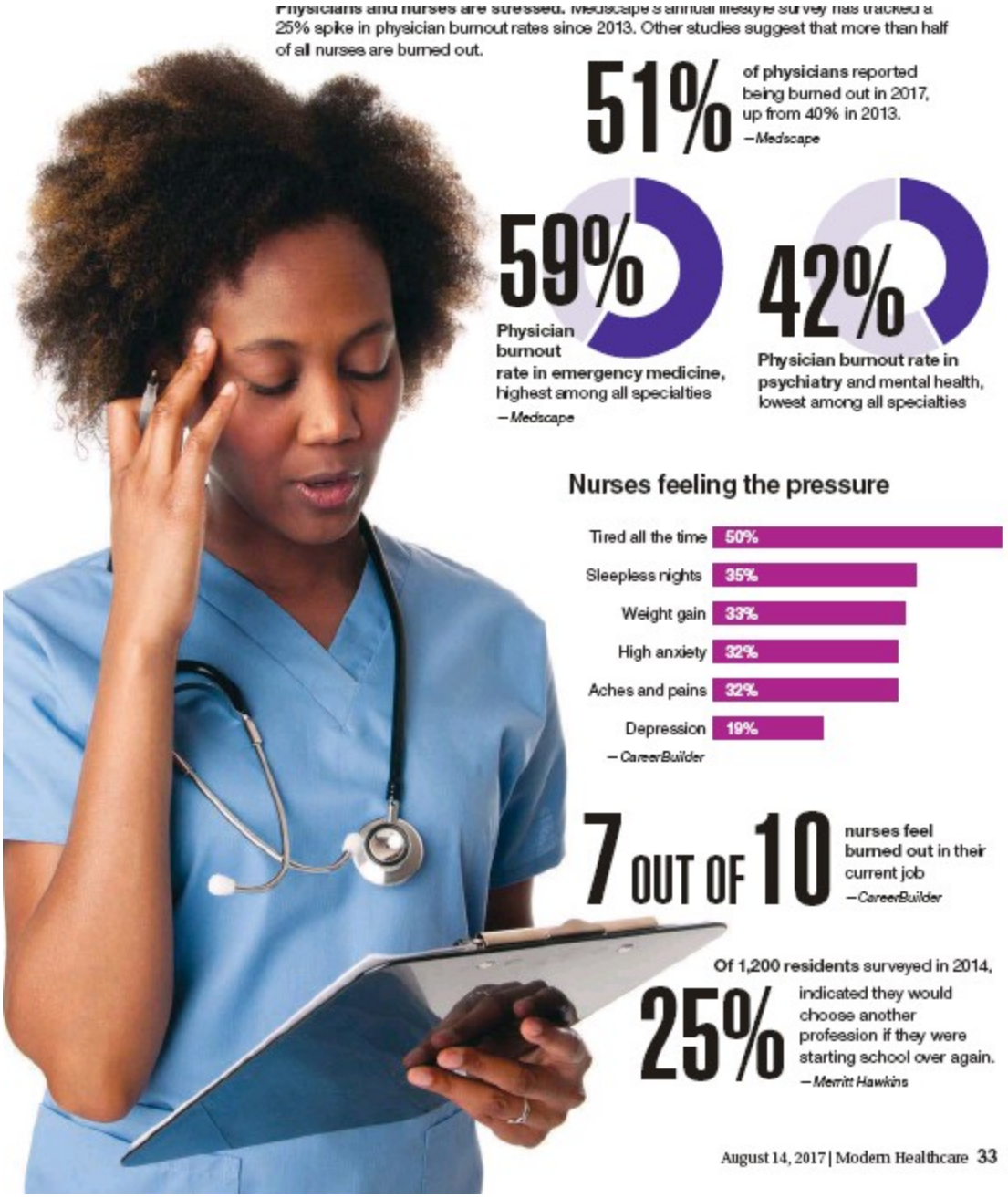

Physicians and nurses are stressed. Medscape's annual lifestyle survey has tracked a 25% spike in physician burnout rates since 2013. Other studies suggest that more than half of all nurses are burned out.