ZDmd
Physician Leadership Search

The following commentary provides insight into the issues surrounding physician leadership in health care organizations today.

Defining a Physician Leader

Most physicians are at least informal leaders, to the extent that they direct "local" health care, research, or teaching teams over which they often have administrative control and authority. The term "physician leader", in the context of major organizational recruitment efforts, however, refers to those physicians who formally become members of the management team for a medical group, medical staff, hospital, health system, academic center, or health-related business. In these roles, they take on business and human resources, as well as, clinical functions.

Physician leaders may be in such positions as Chief of Staff, Medical Director (of a program, clinical area, or institution), Service Line Director, and Vice President for Medical Affairs, Department Chairperson, Dean, Chief Medical Officer, or even CEO. As such, they are increasingly responsible for planning strategy, service operations and integration; ensuring clinical quality and compliance; and managing physician and non-physician staffs. They are increasingly held accountable for meeting financial and programmatic targets and for communicating effectively and building consensus among varied constituencies.

ZDmd seeks physician leaders with clinical credibility who also have the capacity to be successful in these managerial roles.

The 6 Aims

The health care delivery system (and related industry) is challenged to meet the "6 Aims", outlined in the Institute of Medicine's Crossing the Quality Chasm for effective health system function. That is, health care environments must be safe, timely, patient centered, effective, efficient, and equitable. Achieving this will require an extraordinary amount of operational coordination across health care delivery system components and disciplines. Without the full and energetic engagement of practicing and leadership physicians whose decisions impact most of the system, these goals simply cannot be achieved.

In the end, it is physicians at all levels who must "vet" the appropriateness of any program or system design that seeks to approximate the "6 Aims", on behalf of the collective population of patients. The design and execution of the system therefore, depend critically on effective physician leaders who understand how care is delivered and who have "walked in the shoes" of their practitioner colleagues.

Due to the scientific, experiential, and cultural aspects of medical practice and the need to fully appreciate the uniqueness of the physician-patient relationship, physician leaders who can engage practicing physicians to common practice processes are a critical part of the recipe for success.

Moreover, the regulatory and economic landscape has generally resulted in consolidation of small physician practices into larger and more powerful economic entities, increasingly led by "businessmen-physicians" who are strong advocates for the professional and business interests of their constituencies. Engaging and negotiating with these sophisticated entities is essential to meeting the "6 Aims" and requires physician-to-physician credibility and collegiality.

ZDmd anticipates increasing demand for physician leaders who can tackle the substantial challenges in achieving the "6 Aims" for health care organizations.

The challenge of attracting effective physician leadership

Physician leaders rise to their positions, in large part, as a result of clinical, research, or academic success and/or reputation. While this path generally ensures that a new or rising leader has a favorable work ethic, enjoys the respect of colleagues, and has a track record of significant accomplishment, it does not necessarily prepare him or her to be an effective and accountable member of the management team. It is good news that physicians are increasingly gaining management training through workshops, retreats, and/or graduate (MBA) programs. Despite this, the "leadership pipeline", across health care organizations has been reported to be very thin.

The fundamental mistake made in placing physician leaders is the stated or unstated expectation that a physician leader will seamlessly undertake his or her position. As with medicine itself, management fundamentals acquired in didactic training settings just get leaders to the starting line. It is through practice and apprenticeship that the knowledge is transformed into an effective skill set. Even seasoned physician executives will be challenged in new organizations and positions — particularly those who have not developed leadership positions well. This requires that organizations place physician leaders in well-designed, well-supported positions, within learning environments where they have access to tools and colleagues who can serve as examples, mentors, and coaches. In our experience, many health care organizations are in these respects poor receptors for physician leaders.

The evolution of leadership position infrastructure for physician leaders — from position descriptions to reporting structures to performance expectations — has lagged behind that which exists for other managerial positions. Often we find that disparate performance expectations and measures of success from management and the physician community are incompletely articulated or resolved. In our experience, the potential for unpracticed physician leaders to be successful is diminished when appropriate receptor structures are absent.

At ZDmd, we conduct thorough organizational and position assessments, recommending adjustments, if appropriate, before initiating any physician leader search. Through our strategic partner, NUCO, we offer both "on-boarding" and longer-term executive coaching for newly recruited or established physician leaders.

Professional advice to organizations who are seeking to recruit and develop effective physician leadership

Installing a physician leader represents a major institutional investment — both in dollars and in organizational credibility and "cultural capital." As with any other investment, it should be well considered and supported.

Based on the challenges we have observed, we strongly recommend our clients consider the following be done as part of any effort to place physicians in leadership positions. In order to gain objectivity and a dispassionate perspective, it is frequently helpful to augment internal efforts with external consulting expertise.

1. Conduct a thorough assessment of the proposed position, including the organizational diagram, reporting and performance expectations, measures of success, resources committed, etc.
2. Achieve consensus on the position design from management and physician stakeholders. Don't marginalize any constituency that is critical to success or acceptance.
3. Commit the position design to a well-considered position description to be used as the basis for filling the position.
4. Conduct a well-organized and well-led search process that includes internal and external candidates.
5. Identify and promote internal and/or external resources that will be readily available to the physician leader as he or she orients to the new position. The new leader will need to understand how success will be measured and how to set an initial action agenda, develop and/or change critical relationships, engage and communicate with key constituencies, develop an infrastructure of accountable supporters, and ultimately develop his or her own pipeline of emergent leaders for the future.
6. Address ongoing performance openly, regularly, and respectfully.
7. Protect your investment. When and if there are performance variances that require intervention, offer objective and professional resources to assist the physician leader in improvement.

ZDmd recommends that leadership development for physicians be "hardwired" into the organization's human resources plan rather than reinvented with each new recruit.