

Evolving Roles for Physician Leaders

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Evolving Roles for Physician Leaders

- ❖ **CMO/VPMA vs. COS**
- ❖ **Physician Leaders in Quality and Patient Safety**
- ❖ **Physician Leaders in IT**
- ❖ **Physicians on the Board**
- ❖ **Medical Group Leadership**
- ❖ **New Knowledge/New Skills**

Evolving Physician Leader Roles

- ❖ Vice President of Medical Affairs/
Chief Medical Officer
- ❖ Chief Medical Information Officer
 - ❖ Chief Quality Officer
 - ❖ Chief Patient Safety Officer
- ❖ Service Line Medical Directors
- ❖ Employed Group Medical Director
- ❖ Performance Improvement Medical
Director
 - ❖ LEAN/Six Sigma Champions

“Outcomes data will drive the
physician experience.”

(Andrew Robertson, MD
RMD Blue Shield of California)

➤ Quality, Service, and Cost

2005 HOSPITAL CEO LEADERSHIP SURVEY

Solucient 100 “Best of Breed” and “Median” hospitals:

- CMO part of top leadership team in 68% of B of B & growing; 54% of Median & growing more rapidly
- CMO growth directly related to top priority both B of B and Median place on importance of quality and patient outcomes
- Rank quality and financial success equally

**The Delivery Of Healthcare
Is Becoming
Overwhelmingly Complex!**

Exponential Growth in Requirements and Expectations

- CMS Core Measures: Appropriate Care Measures
- ↑ in Inpatient Indicators (24-27 on Oct. 1, 2008) and Ambulatory Indicators (Oct. 1, 2008)
- Clinical Efficiency: LEAN
- “Never Events”: Oct. 1, 2008
- Ever Increasing Transparency Audits
- RAC: Sign Every Page of Orders - 2009
- Disruptive Professional Behavior
- FPPE: Focused Professional Practice Evaluation – Jan. 1, 2008
- OPPE: Ongoing Professional Practice Evaluation – Jan. 1, 2008
- CMS: Reduced Reimbursement for Re-Hospitalizations – 2010
- Healthcare Payment Reform 2010 and Beyond
- ARRA and Meaningful Use – 2011 and Beyond

How does a Chief of Staff
find the time to do
everything that needs to be
done?

He or she can no longer do it
all alone!

PARTNERING

with the

CMO

(and others)

TITLES

Chief of Staff (COS)

- ☐ President of the Medical Staff
- ☐ Chief of the Medical Staff
- ☐ “The Chief”
- ☐ “Us”

Chief Medical Officer (CMO)

- ☐ Vice President of Medical Affairs (VPMA)
- ☐ “The Suit”
- ☐ “Them”

ATTRIBUTES

COS

- ❑ ELECTED by Medical Staff
- ❑ Answers to Governing Board
- ❑ NOT a Part of Hospital Leadership Team
- ❑ Stipend
- ❑ Predominately a Practitioner

CMO

- ❑ HIRED by Hospital
- ❑ Answers to CEO
- ❑ Advisory to Board and MEC
- ❑ INTEGRAL Part of Hospital Leadership Team
- ❑ FT oversees MSS, Quality, PI, RM, Infection Control, Physician Contracting, other
- ❑ Salary and Benefits
- ❑ Predominately a full-time employee

COS

#1 Priority of the
Chief of Staff is
Quality and Patient Safety

COS

Obtain Clear Direction
from the Board and
Input from the CEO

CMO

#1 Priority of the
Chief Medical Officer is
Quality and Patient Safety

CMO

Obtain Clear Direction
From Your CEO
(Partner with your
Governing Board)

RESPONSIBILITIES

COS

- Leads the Medical Staff
- Credentials and Privileges
 - ▢ **Accountable** for Process
 - ▢ Holds Credentials Committee accountable

CMO

- Supports the Medical Staff
- Credentials and Privileges
 - ▢ **Facilitator** of the Process:
 - ▢ Assists Credentials Committee with research and validation

RESPONSIBILITIES (cont.)

COS

□ PEER Review

- ▢ **Accountable** for process
 - » Assigns investigation team
 - » Holds power to summarily suspend
- ▢ Medical Staff **action**

CMO

□ PEER Review

- ▢ **Facilitator** of the process
 - » Research
 - » Sources external peers for review
 - » Liaison to legal counsel (due process)
 - » **Neutral** party; no power to suspend

RESPONSIBILITIES (cont.)

COS

□ Hospital Goals

- ▢ Must know them
- ▢ Requires **discussion at MEC** to follow progress
- ▢ Provides clinical input to goals development
- ▢ Approaches physicians out of compliance

CMO

□ Hospital Goals

- ▢ Must know them
- ▢ **Accountable** for attainment
- ▢ **Accountable** to MEC for inclusion of clinical goals
- ▢ Approaches physicians out of compliance
- ▢ Designs quality dashboard and physician scorecard
- ▢ Facilitates alignment of clinical goals with other goals

RESPONSIBILITIES (cont.)

COS

□ Disruptive Professional Behavior

- ▢ Process Integrity
- ▢ Medical Staff **Action**

CMO

□ Disruptive Professional Behavior

- ▢ **Facilitates** due process (in partnership with legal)
- ▢ Documentation oversight
- ▢ **Facilitates** treatment and rehabilitation

APPROACH TO DISRUPTIVE BEHAVIOR AND/OR IMPAIRED PROFESSIONAL

- Process Integrity – COS/CMO/LEGAL
- Documentation – COS/CMO
- Medical Staff Action - COS
- Due Process – COS/CMO/LEGAL
- Treatment and Rehabilitation – CMO

“IN MY OPINION, THE COS AND CMO ARE NOT INTERCHANGEABLE. THE CMO IS A CRITICAL MEMBER OF THE HOSPITAL ADMINISTRATIVE TEAM WHO HAS INHERENT ADMINISTRATIVE AUTHORITY TO ENACT OR ADJUST POLICIES WITHIN THE HOSPITAL THAT CAN ENHANCE OVERALL DELIVERY OF CARE.”

- Robert Hiltz, M.D., Past Chief of Staff, Mercy Hospital Anderson

“THE CMO THUS HAS THE ABILITY TO CLEAR OBSTACLES FROM THE PATH OF THE COS AND THE MEDICAL STAFF.”

- Robert Hiltz, M.D., Past Chief of Staff, Mercy Hospital Anderson

ADDED VALUE FROM YOUR CMO

- ☐ Wingman for Chief of Staff
- ☐ Conduit to “the outside world”
- ☐ Bearer of information – Reports
- ☐ Teacher/Coach/Mentor
- ☐ Researcher
- ☐ Standard agenda item at MEC
- ☐ Organizer

Physician Leaders in Quality and Patient Safety

Quality and Patient Safety Roles

- ❖ **Chief Quality Officer**
- ❖ **Chief Patient Safety Officer**
- ❖ **Service Line Medical Directors**
- ❖ **Performance Improvement
Medical Director**
- ❖ **LEAN/Six Sigma Champions**

Physician Leaders in IT

IT Physician Leader Roles

- ❖ **Vice President of Medical Affairs/
Chief Medical Officer**
- ❖ **Chief Medical Information Officer**
- ❖ **Chief Quality Officer**

Physicians on the Board

Fiduciary Duties of the Board of Trustees

Fiduciary Duty of Care

- Requires Board members to carry out their obligations in good faith and with that degree of diligence, care, attention and skill that a person in a like position would reasonably believe appropriate under the circumstances

What is Care and Diligence?

- Reading and considering all Board materials
- Attending and actively participating in meetings
- Understanding the finances and operations of the Corporation
- Asking questions and seeking professional advice
- Developing the ability to make well informed decisions
- Ensuring that the Corporation complies with its many specific legal obligations

Fiduciary Duty of Loyalty

- Obligates Board members to act solely in the interests of the Corporation and to place the Corporation's interest above their own personal gain
- Addresses self-dealing and Conflict of Interest issues

What is a Conflict of Interest?

- Arises when there is a “duality of interest” impairing a Board member’s duty of loyalty to act in good faith in the best interest of the company
- “Dual interests” can be financial or personal (and include interests of Board members and their families)
- Affiliations with competitors can create “competitive conflict of interests”
- A Board Member’s “dual interest” must be fully disclosed
- Only disinterested Members may discuss or vote on the matter
- Document all actions taken in Board minutes to address it

Fiduciary Duty of Obedience

- Obligates Board to act in a manner the preserves the mission of the organization
- Applies to nonprofit corporations
- Prohibits transactions or diversion of resources outside the scope of the organization’s mission

Physicians on the Board

- Boards benefit from members with clinical competence
- Physician board members have the same fiduciary duty as every other trustee
- Voting physician board members must make decisions based on the best interests of the hospital (not based on the interests of the medical staff)
- Chief of Staff's role on a hospital Board
- "Duality of interest": Whom do you represent?

Employed Medical Group Physician Leaders

Medical Group Physician Leaders

Dyad Leadership with Clinic Managers

- ❖ **Quality and Patient Safety**
- ❖ **Goal Setting: Quarterly and Annual Reviews**
- ❖ **Budgeting**
- ❖ **Resource Management**
- ❖ **Manpower and Recruiting**
- ❖ **Physician Coaching to Improve Performance**

Evolving Physician Leaders

- ❖ **New Knowledge**
- ❖ **New Skills**

Physicians as Successful Leaders

❖ New Knowledge:

What is Effective Physician Leadership?

Healthcare Trends 2012 and Beyond

Outcomes Driven Healthcare Reimbursement

Medical Staff Leadership Responsibilities

Credentialing and Privileging

Peer Review

TJC

Physicians as Successful Leaders

❖ New Knowledge (continued):

Quality and Patient Safety Initiatives

Healthcare Legal Issues

Generational Change

**Hospital Finance: The Physician's Impact on
the Bottom Line**

Physicians as Successful Leaders

❖ New Skills:

Effective Teambuilding: Motivating Others

Building Trust

Conflict Resolution

Dealing with Disruptive Behavior

Advanced Communication Techniques

Physicians as Successful Leaders

❖ New Skills (continued):

Improving Physician/Hospital Relation

Physician Coaching

Creative Problem Solving

Meeting Management

Physicians as Successful Leaders

**With Change Comes
Opportunity!**

**Physician Leaders are
needed now more
than ever!**

Thank you!

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