

Physicians Lead!

What does it mean?

How do we get there from here?

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A Century Ago . . . the American College of Surgeons Establishes the Organized Medical Staff

November, 1912: Third Clinical Congress of Surgeons of North America:

Franklin Martin, “Be it Resolved . . . that some system of standardization of hospital equipment and hospital work should be developed, to the end that those institutions . . . should be stimulated to raise the quality of their work.”

Roberts, Coale, Redman, JAMA 258:936-940, 1987

The Minimum Standard

- 1) That physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff. . . .
- 2) That membership upon the staff be restricted to physicians and surgeons who are (a) full graduates of medicine in good standing and legally licensed to practice in their respective states or provinces, (b) competent in their respective fields, and (c) worthy in character and in matters of professional ethics; that in this latter connection the practice of the division of fees, under any guise whatever, be prohibited.
- 3) That the staff initiate and, with the approval of the governing board of the hospital, adopt rules, regulations, and policies governing the professional work of the hospital;. . .

The Minimum Standard (Continued)

- 4) That accurate and complete records be written for all patients and filed in an accessible manner in the hospital

- 5) That diagnostic and therapeutic facilities under competent supervision be available . . . to include, at least (a) a clinical laboratory. . .; (b) an X-ray department. . . .

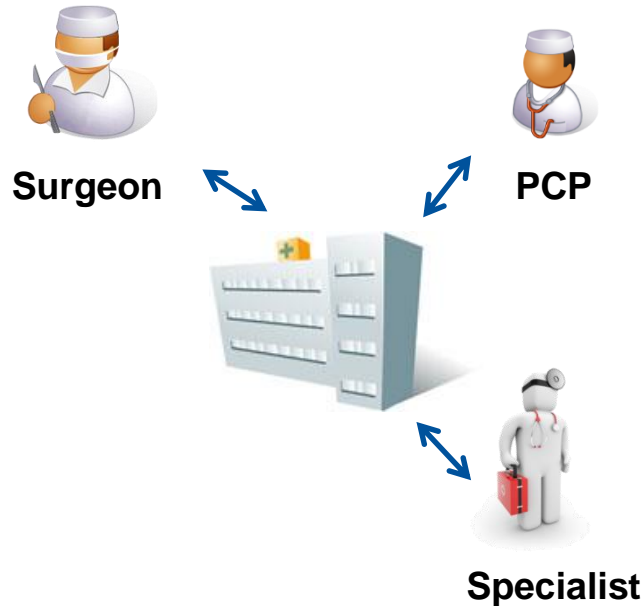
CMS Conditions of Participation for Hospitals

Part 482.22 Condition of Participation: Medical Staff:

“The hospital must have an organized medical staff that operates under bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the hospital.”

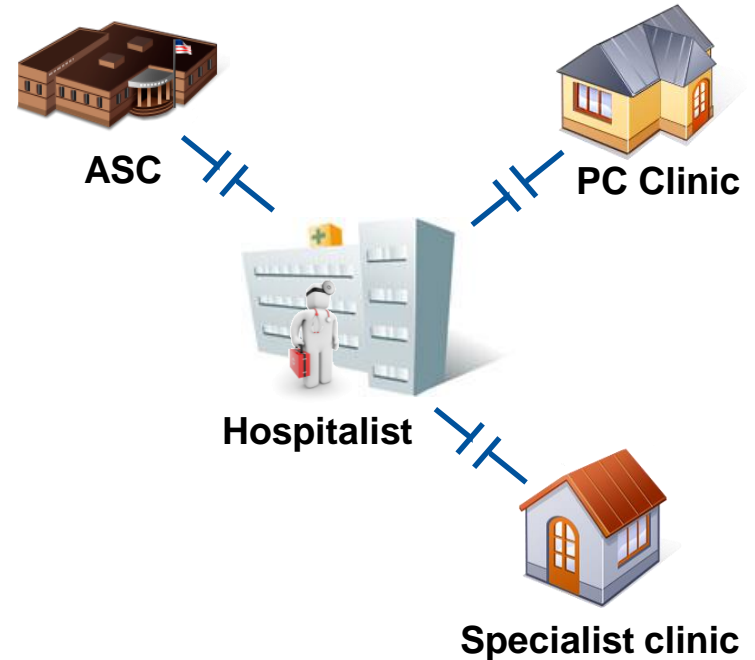
Currently physicians outside of the hospital are disconnected from acute care clinical activities

Past: Connected



In the past, physicians frequently saw each other in the hospital, interacting there daily, where Medical Staff issues were seen

Current: Disconnected



Physician practice has shifted increasingly to outpatient venue, with concomitant distancing from Medical Staff issues

Changing environment and economic pressures have driven physician practice and concerns into more private arenas, away from previous public involvement

“The Extended Medical Staff”

- December 2006: Elliot Fisher, MD, introduces term, “Accountable Care Organization” (ACO)

Fisher, et.al., Health Affairs. 2006; 26(1): w44-57.

- The ACO as, “***The Extended Medical Staff,***” virtual organization composed of local hospitals and the physicians who work, “***within and around them.***”
- Hospitals and their extended medical staffs provide natural organizational setting to improve quality of care.

Physicians Lead! for a Revolutionary Time

From the Steering Committee:

- 1) Participants should understand the global economic reasons for the current state of the healthcare industry.
- 2) Participants should understand why they should partner with THR.
- 3) Physicians should understand how to diffuse physician leadership broadly among THR physicians and others.
- 4) Participants should understand the perspective of independent physicians and “what they’re currently up against.”

Texas Health and Physicians

- THR and Physicians become full partners in the conception, planning, and execution of Clinical Operations.
- An increasing number of THR physicians apply a system view and collaborative team approach to clinical operations.
- Both THR and its physicians gain insight and capability to leverage the system to optimize clinical operational efficiency/effectiveness and to eliminate “waste.”

Physicians Lead! Capabilities:

- 1) Knowledgeable, competent, effective. Physicians who can mentor, coach, teach.
- 2) Physicians with full organizational literacy, who are effective influencers.
- 3) A leader in the Physician Enterprise.
- 4) Able to influence other physicians for transformational leadership and change management.
- 5) Able to enhance the effectiveness of other physicians in influencing the organization around them.
- 6) Able to collaborate effectively with other leaders on both strategic and operational initiatives.
- 7) Integrated as a full partner with THR's leadership culture.

“Learning to lead is one of those personal capacities continuously improved by repeated application and accumulated experience.”

Michael Useem, The Leader's Checklist (2011).

Three Critical Leadership Principles – Often Missing

- “Honor the Room: Frequently express your confidence in and support for those who work with and for you.
- Communicate Persuasively: Communicate in ways that people will never forget; simplicity and clarity of expression help.
- Place Common Interest First: In setting strategy, communicating vision, and reaching decisions, common purpose comes first, personal self interest last.”

Michael Useem, The Leader's Checklist (2011)

The text is framed by four brown, 3D-style corner brackets. Two brackets are on the left side, one at the top and one at the bottom, pointing towards the center. Two brackets are on the right side, one at the top and one at the bottom, also pointing towards the center.

**Classic Physician
Clinical Comfort Zone**

Health Care As

A Complex System



**EDUCATION
& TRAINING**



**CULTURE
& VALUES**



**CHARACTER
TRAITS**



**STRENGTHS
& WEAKNESS**



**PATIENT CARE
EXPERIENCE**

Problem Solving

Communication

**Finance/
Economics**

Effective Meetings

Group Dynamics

Negotiation

Coaching

Collaboration

Conflict Management

Strategic Thinking

Change

High Reliability

Critical Thinking

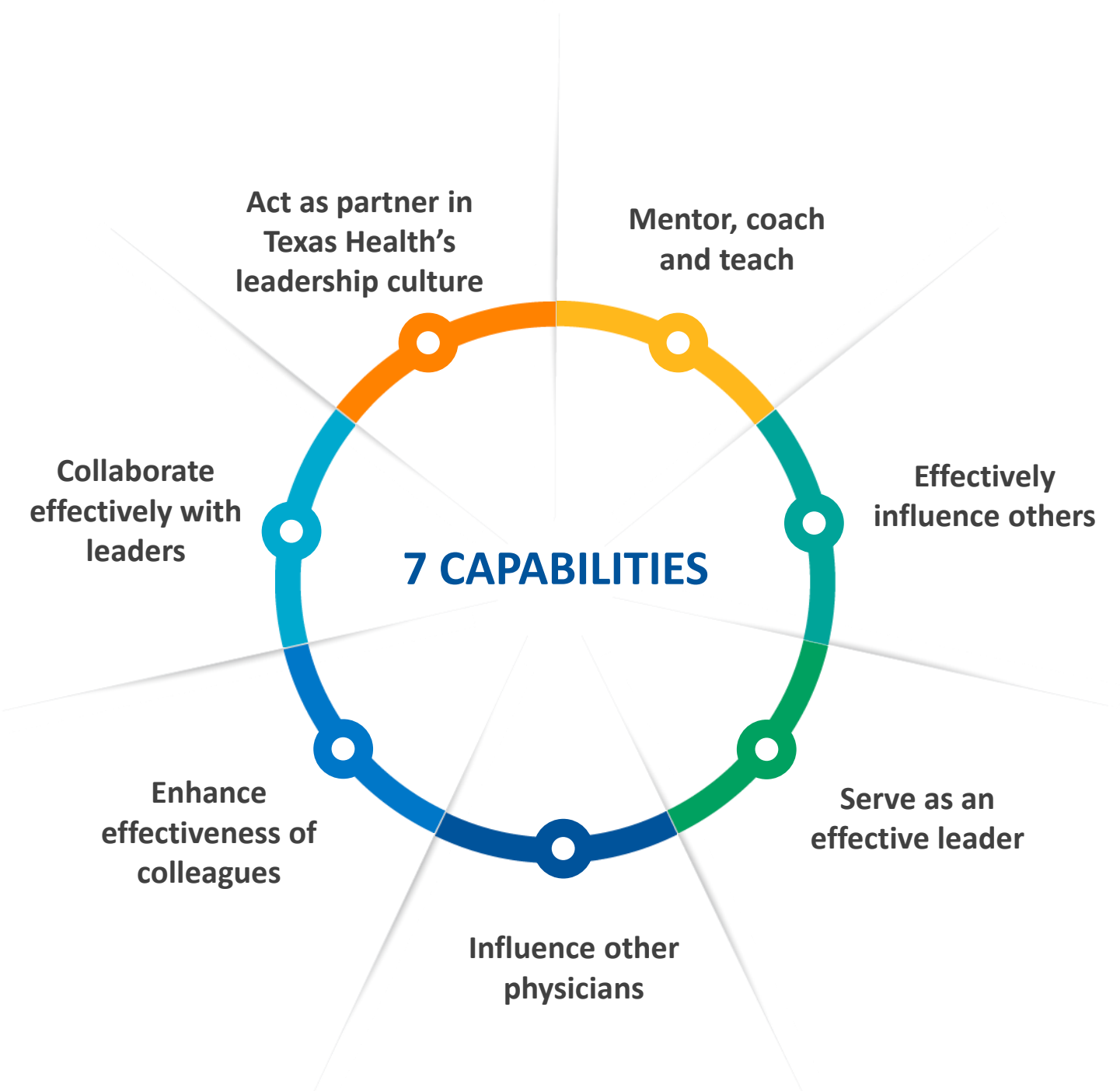
Emotional Intelligence

Innovation

Action

Quality

Population Health



Physicians Lead! Toward an optimistic future of collaborative leadership – in any role, at every moment!