Dyad Leadership Development: Risks, Challenges and Solutions

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Mo Kasti, CEO, CTI
Manoj Pawar, MD, MMM is System Vice President, Clinical Operations for Catholic Health Initiatives, where he works primarily with the organization’s division and large-market Chief Medical Officers (Physician Executive Council) to lead key strategic and operational initiative.

Dr. Pawar also shares leadership for CHI Hospital Medicine (National Hospital Medicine Service Line) as a vehicle for achieving clinical and operational improvements related to variation in quality, safety, and efficiency in both acute care and value-/population-based settings.

Over his career, Dr. Pawar has served as Chief Medical Officer for a regional physician-led integrated health system, President and CMO of two large multi-specialty group practices, managing board member and medical director for a large capitated IPA (Medicare Advantage & Commercial), consultant in organizational learning and leadership development, speaker, and executive coach.

Dr. Pawar completed undergraduate work at Northwestern University, medical school at McGill University in Montreal, his residency in family medicine at University of Colorado, and his Masters in Health Systems Management at Tulane University.
Mo Kasti

A leader in healthcare transformation with more than 25 years of experience, Mo Kasti works with hundreds of healthcare executives and organizations to transform their cultures, develop strategy, and develop leaders.

Author of “Physician Leadership: The Rx for Healthcare Transformation,” as well as dozens of articles, Mo is a sought-after speaker on strategy, leadership development, innovation, cultural transformation, and effective process improvement.

Mo has faculty appointments in the USF College of Medicine, College of Nursing, College of Engineering, Business School, Honor College, and College of Pharmacy. He has received numerous awards for outstanding performance in management, as a coach, and as a trainer.

Mo Kasti
CEO and Founder
CTI
Physician Leadership Institute
About Catholic Health Initiatives

• Catholic Health Initiatives (CHI) is a non-profit, faithbased health system established in 1996.
  • Operates in 18 states
  • 96 hospitals
  • 4 academic health centers and teaching hospitals
  • 26 critical-access facilities, community health-services organizations, accredited nursing colleges, and home health agencies
About 54 million people — or nearly 17% of the U.S. population — live within a 60-mile radius of a CHI hospital.
102 HOSPITALS, INCLUDING:

- 4 ACADEMIC HEALTH CENTERS AND MAJOR TEACHING HOSPITALS
  - 1,981 MEDICAL STUDENTS

30 CRITICAL ACCESS HOSPITALS

12 CLINICALLY INTEGRATED NETWORKS

10 INSURANCE PLANS

Catholic Health Initiatives | Overview as of November 2015
**CARE INTERACTIONS**

**PHYSICIAN AND ADVANCED PRACTICE CLINICIAN VISITS:**
- 9.2 MILLION

**ACUTE CARE ADMISSIONS:**
- 503,285

**VIRTUAL HEALTH:**
- MORE THAN 80 PROGRAMS OFFERED

**OUTPATIENT NON-EMERGENCY VISITS:**
- 5.2 MILLION

**HOME VISITS:**
- 1,049,365

**OUTPATIENT EMERGENCY VISITS:**
- 2 MILLION

**COVERED LIVES:**
- 170,039

*Catholic Health Initiatives | Overview as of November 2015*
FINANCIAL HIGHLIGHTS

$23.0 BILLION IN ASSETS

$15.2 BILLION IN TOTAL ANNUAL OPERATING REVENUES
EMPLOYEE COMMUNITY

95,000 EMPLOYEES
INCLUDING APPROXIMATELY 3,950 EMPLOYED PHYSICIANS AND ADVANCED PRACTICE CLINICIANS

PHYSICIANS ACCOUNT FOR 57% OF TOTAL PROVIDER TYPES

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The CTI Leadership Institute

Our mission is to accelerate the clinical transformation through leadership, strategy, and innovation.

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<tr>
<th>Who We Are</th>
<th>Why We Win</th>
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<tr>
<td>▪ Leading Provider of Leadership, Strategy and Innovation Services in Healthcare.</td>
<td>▪ We are NOT consultants</td>
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<td>▪ What We Do</td>
<td>▪ Exclusively Healthcare development</td>
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<tr>
<td>▪ Design and deliver custom leadership, strategic and innovation solutions for the constantly evolving needs of the healthcare practice and enterprise</td>
<td>▪ Personalization, analytics and access</td>
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<td>▪ Our Business</td>
<td>▪ Defined outcomes</td>
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<td>▪ Leadership</td>
<td>▪ Credibility with our clients</td>
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<td>▪ Strategy</td>
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How We Drive Value

▪ Sustainable behavior impacts
▪ Sustainable leadership, strategy and innovative improvements
▪ Defined outcomes and business impacts
Where We Work

International Presence:
- Lifeline Hospital, Dubai, United Arab Emirates
- Team International, Beirut, Lebanon
- Dorra Group, Giza, Egypt
- Gansu Provincial Hospital, Gansu, China

Not Pictured:
- Lifeline Hospital, Dubai, United Arab Emirates
- Team International, Beirut, Lebanon
- Dorra Group, Giza, Egypt
- Gansu Provincial Hospital, Gansu, China
Who We Work With

- Physicians
- Administrators
- Dyads and Triads
- All Specialists
- Clinicians
- Chairs
- Chairman of Board
- Board members
- CEO, COO, VPs
- CMO
- Chief of Staff
- Medical Executive Committee
- Deans
- Faculty
- Independent Physicians and Hospital Based
What We Do: Help Physicians and Leaders:

**Lead Self**
(From Professional to Leader)
- Leadership Development
  - 360 Assessments
  - Physician Coaching
  - Executive Coaching
  - Coach Assisted Learning
  - New Leader On Boarding
  - Effective Communication
  - Leading with Courage
  - Executive Presence
  - Stress, Burnout, Wellness

**Lead with Strategy**
(From Vision to Actions)
- Terrain based strategy mapping
  - Strategic Planning, Alignment and Execution
  - Sales and Marketing strategies
  - Population Health
  - Effective Negotiations
  - Patient Engagement
  - Cultural Transformation
  - CMO Evolution
- Innovation strategies and culture
  - Growth strategies
  - Leading change
  - Innovation and Discovery
  - Translation
  - Telemedicine
  - Optimizing Productivity and Capacity
  - Patient Experience
  - Performance Improvement

**Lead People**
(Engaging Heads and Hearts)
- High performing team development
- Engaging others
- Influence without authority
- Teamwork and Collaboration
- Managing Conflict
- Physician Talent Management
- Succession Planning
- High performing MEC
- Coaching
- High Performing DYAD

**Lead for Results**
(From Ideas to Execution)

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Healthcare Spending as a Percentage of GDP 1980-2013

Notes: GDP refers to gross domestic product. Dutch and Swiss data are for current spending only, and exclude spending on capital formation of health care providers. Source: OECD Health Data 2015.
Healthcare spending rate is slowing, but is still disproportionately large part of the U.S. economy

CHI Hospital Medicine Service Line Vision

• CHI will be the **market leader** in Hospital Medicine.

• We will leverage our size and resources to **achieve measurable improvements**.

• Division Hospital Medicine **dyad leaders** will be encouraged to **innovate locally** and make **collaborative decisions**.

• Hospitalists will be leaders in the developing **new care models**, including those that facilitate transitions of care across the continuum.

**FY15**
- **Stabilize**

**FY16**
- **Optimize**

**FY17+**
- **Sustain**

Support of local innovation while maximizing the opportunity for standardization
Current Reality

Current State

Administration

Vision/Goals
Concerns
TRUST
Relationships
Communication

Medical Staff

Institutional Management

Patient Management

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Left Brain – Right Brain in Healthcare

“They won’t breed like that!
Push the bowls closer together.”
Care System of the Future

TRUST
- Common Concerns
- Clear Roles/Accountability
- Open Communication
- Trusting Relationships

Administrative Leadership

Clinical Leadership

Population Management
Pathway to Success

Provider Engagement

Quality Care
- Patient Experience
- Clinical Standards

Operational Efficiency
- Financial Stewardship
- Improving Financial Performance

Performance Culture

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Dyad Leadership Teams

“Dyads are mini-teams of two people who work together as co-leaders of a specific system, division, clinical service line or project.”

Dyad Leadership in Healthcare: When One Plus One is Greater than Two. Kathleen Sanford, CHI CNO & Steven Moore, CHI CMO, Wolters Klower, 2015

Dyads ensure physician and administrative leadership engagement in joint decision making and ensure ongoing open and transparent communication.

CHI St. Alexius Health
How to Create An Effective Dyad Model for Clinical and Administrative Leadership

Physician Co-Manager

- Quality of the Clinical Professors & Work
- Provider Behavior
- Provider Production
- Clinical Innovation
- Compliance
- Patient Care Standards
- Clinical Pathway/Model Management
- Referring Physician Relations
- Provider Leverage

RN or Adm Co-Manager

- Mission
- Vision
- Values
- Culture
- Overall Performance
- Integral Org. Relationship Strategy
- Operations
- Revenue Management
- Operating Expense Management
- Capital Planning & Application
- Staffing Models
- Performance Reporting
- Supply Chain
- Support Systems & Services
Key to Dyad Leadership Success

- **TRUSTING RELATIONSHIPS**: Establish, deepen and sustain the Dyad relationship by focusing on trust, clear expectations and clear communications.

- **ALIGNED PROCESSES**: Define and align Dyad management processes including communication, conflict management, and decision making to ensure team success.

- **COMPLIMENTARY ROLES**: Clarify and agree on roles and responsibilities of Dyad members. Understand how to leverage different work style of the Dyad members and to hold each other accountable.

- **ALIGNED GOALS**: Define and establish clear and common goals for the Dyad relationship and align other members to those goals.

- **INSPIRING COMMON DYAD PURPOSE AND VISION**: Define a common purpose and inspire vision and lead others through change and transformation.
High-Performing Dyad Relationships

- **TRUST Relationships**: Willing to be Open and Venerable
- **Honest Communication**: Open, Crucial and Courageous Conversations
- **Engagement and Commitment**: Passion, Clarity of Role, give Discretionary Effort
- **Accountability**: Clear Expectations, High Standards, Follow Through
- **Aligned Vision and Purpose**: Focus on Purpose not self interest and ego
The Challenges

• “Medicare Profitability” and other analysis revealed significant gap in operating margin with “status quo”
• Significant variation seen in cost, quality, and patient experience
• Pressure to perform in value- and population-based market environment
• Hospitalists touch 75% of patients in acute care setting, impacting $1.5B in NPSR, and thus are a significant leverage point
• Despite this, realized that programs were operating at a ‘survival level,’ with inadequate leadership structure or operational support
  • Required a "sea-worthy vessel" for the challenging journey
  • Required going slow in order to go fast
We Need Leaders Who Are Well Aligned and Engaged

Unfortunately, we sometimes lack the necessary skills to communicate with each other.
Dyad Leadership Challenges Above and Below the H2O Line

Dyad Model
Physician Organization
Primary Care involvement
Payment Model

Contractual Issues
Ancillary Service issues
Coordination of Organized Medical Staff
Payer Partnering
Legal and Regulatory Issues

EXPERT Versus COLLABORTIVE CULTURE

COMMON VISION

HUMAN DOING CHALLENGES
HUMAN BEING CHALLENGES

TRUST

LEADERSHIP SKILLS
RELATIONSHIPS
ALIGNMENT OF VALUES
The Solution

• CHI sought to adopt *an agile but lasting solution* that has been proven to yield results, one that would create deep transformation in the participants to serve as strategists in the ever-changing terrain of healthcare.

• **CHI Partnered with CTI Leadership Institute to create the CHI Leadership Institute for Hospital Medicine** to enhance the leadership capability of the top physicians and administrators of the Catholic Health Initiatives system.
The Goal

The driving goal was to transform the leadership DNA of the participants and create a strong pool of dyad leaders with deep business acumen and collaborative skills that would enable them to standardize practices, lower costs, and provide the very best in high-acuity patient-centered care.
The Risks

Risks are largely due to issues related to lack of (1) organizational readiness for and (2) support to ensure proper implementation of the model

• Who’s the boss? / Who’s got the “D”?  
• Perceived duplication of resources (2 FTEs vs 1 FTE)  
• Conflict over roles/responsibilities/power (“loss of full control” and thus perceived alienation)  
• Triangulation in dealing with others  
• Lack of organizational or cultural support for “the other” being at the table  
• Loss of productivity (RVU generation) / loss of focus on other job responsibilities for administrators
The Approach

Begin with 360-degree evidence-based measurement

Align program to organizational challenges, desired outcomes and strategies

Sustain through behavioral & cultural transformation

Apply through strategic projects

Onsite -Convenience & productivity

Coaching

Personalized development plans

CHI Hospital Medicine
The Approach

Step 1: Customization and Alignment

• CTI Physician Leadership Institute integrated CHI’s mission and vision, current and future challenges, and strategic imperatives to develop a personalized Leadership Success Profile (LSP) consisting of competencies and behaviors organized around core skills in:

• Leading with Purpose
• Leading with Strategy
• Leading Others
• Leading Self
• Leading for Results
Customized Curriculum

- **Customized Curriculum**
- Terrain-Based Strategy
- The Art of Sustainability
- Leading Change and Transformation
- Lead Self First
- Crucial Conversations
- Leadership is Influence
- Collaborative Leadership
- Leading Effective Teams and Meetings
The Approach

**Step 2: Nomination and Selection**

- Leaders were invited from across the network to participate in the year-long program. These were hospitalists, physicians and administrators from:
  - Franciscan Medical Group
  - Alegent Creighton Health
  - Kentucky One Health
  - Mercy Medical Center
  - Memorial Hospital System
  - Saint Vincent Infirmary
  - Catholic Health Initiatives
  - Saint Vincent Little Rock
The Approach

• **Step 3: Confidential 360°**

  • An assessment was performed to provide feedback on the participants’ leadership competencies and behaviors from the perspectives of managers, peers, key stakeholders, direct reports, and self-ratings.

  • The group’s top strengths were loyalty to the organization, willingness to serve in a leadership capacity, and building relationships with others.

  • Top areas in need of development included strategic and systems thinking, emotional intelligence, including courageous/difficult conversations, managing teams effectively, and accepting self as a leader.
The Approach

• **Step 4: Coaching**

• Participants were matched with coaches based on their 360° Assessment results.

• Coaches helped them construct personalized development plans.

• Throughout the engagement, they had meetings and phone calls every other week to work on specific development actions.
The Approach

Step 5: Strategic Action Projects

- We initiated strategic action projects across multiple teams. Each team was assigned a project champion and a project coach.
- The projects were designed to strategically operationalize CHI’s mission. Essential elements such as project scope, stakeholder and gap analysis, assessment of available tools and resources, cultural considerations and desired outcomes were applied.
- Teams reported back to the entire cohort on their deliverables which included:
  - distinct problem statement
  - detailed plan of action
  - assigned roles to play
  - progress to date
  - lessons learned
  - a sustainability plan
Strategic Action Projects

CHI Hospitalist Projects Included:

• **Physician On-Boarding** – to decrease clinical variation, increase engagement, and lower costs due to turnover through a consistent and intentional onboarding toolkit.

• **Physician Talent Management** – designed and implemented a hiring approach to assure new physicians aligned with the core values of CHI and are a good cultural and clinical fit for its member hospitals.

• **Tele-Hospitalist Services Design** – focused on developing a plan for a well-functioning tele-hospitalist service, enabling CHI to provide exceptional care when and where consumers need it.
Strategic Action Projects

- Data demonstrated impressive progress in the implementation of all of the above endeavors, with essential lessons learned for moving forward and monitoring ongoing success within a cycle of continuous improvement.
Outcomes

Individuals reported:
• 200% improvement in the ability to think strategically
• 200% improvement in the ability to communicate and influence
• 200% improvement in the loyalty to the organization
• 133% improvement in the ability to deal with difficult issues/conversations
• 167% improvement in the ability to work collaboratively in teams
• 150% improvement in the level of their work satisfaction
• 133% improvement in the ability to work with the executive team
Outcomes

On average the class showed:

• 58% improvement in the ability to think strategically
• 56% improvement in the ability to deal with difficult issues/conversations
• 48% improvement in the ability to accept their role as a leader
• 45% improvement in the ability to communicate and influence
• 42% improvement in the ability to manage their team
• 41% improvement in the ability to work with the executive team
• 35% improvement in the level of their work satisfaction
100% of the class said they would recommend CTI Physician Leadership Institute to Others
Outcomes

Hospitalist achievements since creating a focus on hospital medicine (annual):

• Saved 2,299 lives
• Reduced excess days by 17,385
• Prevented 3,716 readmissions
• Significant improvements in “culture of ownership”
  • Clinical standards; documentation standards
• Quality and financial enterprise data and dashboards
Lessons Learned

• Be purposeful in developing organizational support: cultural, structural, operational, resource (time, money, space)
  • Superficial agreement is not adequate to support a successful dyad
  • Education and ‘managing up’ may be required; assess readiness

• Be purposeful about developing the dyad relationship (even if experienced in other dyads) - structure helps

• Co-development, particularly in a longitudinal program, greatly enhanced success in developing the dyad relationship
  • Program also provided structure for conversations around shared purpose, mission/vision/values, roles/responsibilities, decision-making, issue identification, etc.

• Coaching can be invaluable

• Establish shared goals and deliverables through projects from the start

• Be public about conferring leadership and authority to the dyad together
Questions?
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