Integrated Leaders Build a Culture of Trust

Overcoming Common Issues with Practical Solutions

THE NEW ERA
Healthcare transformation demands productive collaboration between physicians and executives, which can only be realized on a foundation of mutual respect and trust.

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Leadership Then and Now

*Integrated leadership in healthcare* refers to collaboration between an organization’s executive management team and its physicians. During the long period of transactional, fee-based healthcare services, health system administrators and physicians co-existed within a framework to provide care, but their decision-making responsibilities were separate and entirely different.

*Healthcare executives* looked after the business of providing care within the structure of an organization, which included only minimal interaction with physicians who treated their patients within the hospital or health system facility. The hospital or health systems provided the space and resources, the physicians provided the clinical expertise, and both were paid according to their contributions.

A New Era

The demand for value-based accountable care has changed all that. Healthcare institution executives and physicians are now mutually responsible for delivering better outcomes at lower costs. This can only happen through meaningful collaboration, or *integrated* leadership.

Because hospitals and doctors have traditionally operated quite independently of one another, they have separate professional associations – the American Hospital Association (AHA) and the American Medical Association (AMA), each of which represents the interests of their members and their members’ patients.

Industry Leaders on Leadership

A clear and positive sign that we truly are entering a new era in healthcare came with the recent collaboration between the AHA and the AMA on a set of guiding principles for achieving successful integrated leadership within hospitals and health systems. *Integrated leadership for Hospitals and Health Systems: Principles for Success* is the result of a three-year effort to provide guidance on best practices for re-imagining traditional relationships between physicians and hospital executives.

The Physician Leadership Institute (PLI) applauds AMA and AHA for turning their shared vision into action-oriented guiding principles:

1. Alignment between hospital leaders and physicians
2. An interdisciplinary structure that supports collaboration in decision making
3. Integrated Clinical and hospital leadership
4. A collaborative, participatory partnership built on **trust**
5. Open and transparent sharing of information
6. A clinical information system infrastructure

PLI concurs with these principles and, as an early advocate for purposeful and targeted leadership development of physicians and administrators, we are delighted to have these two great organizations validate our cause. The three key elements in the published guidelines: **physician organization, leadership development, and cultural adaptation**; align perfectly with our mission to empower physicians and administrators with the leadership and cultural skills they need to lead the healthcare transformation.
Leadership & Trust

An extremely important point made by AHA and AMA is that “a common thread for successful healthcare organizations is integrated healthcare leadership between physicians and administrative colleagues that involves a **functional trust-based partnership.**”

Without trust, there is no alignment, without alignment, there is no engagement, and without engagement, there can be no transformation. Functional trust-based partnerships between physicians and hospital executives hinge upon the ability of each partner to work together, in service of *shared clinical and business priorities.*

Of course, the priorities are many in healthcare and, understandably enough, physicians and executives both tend to be more focused on what needs to be done from a logistical and process perspective without recognizing where the true obstacles may lie. So much is happening beneath the surface in any healthcare system and we ignore these elements at our peril.

The priorities above the water line get most of the time and attention, but the below-the-line elements comprise the hidden bulk of the iceberg. The tasks that have to be accomplished in order to transform structure, standards, processes, and, ultimately, outcomes require a culture of collaboration and sincere trust. Unless and until that trust is established and physicians and executives lead the way together, sharing a vision and values, the list of tasks-to-be-completed for healthcare transformation will never be completed.
## Trust Issues and Solutions

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<tr>
<th>Trust Issue</th>
<th>Potential Solution</th>
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<td><strong>Risk Aversion:</strong> Due to the fragmentation of the healthcare industry, trust and collaboration are not natural among any of the various stakeholders, beginning with hospitals and physicians, but also including government, health plans, and payers. Risk is being shifted among these participants and all are nervous about the future and hesitant to rely on others for their own security.</td>
<td><strong>New Mindset:</strong> Integrated leaders come together and publicly commit to an organization-wide growth and abundance mindset to counteract and replace a culture of blame and mistrust. Physicians and administrators should be purposeful in setting the collaborative tone for the desired culture and address their concerns about risk openly and then work to mutually acceptable solutions.</td>
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<td><strong>Physician Employment:</strong> A tendency for resentment amongst physicians who value their autonomy and do not like to be treated as “employees” is quite common. This creates a barrier between individual priorities and organizational objectives—usually further exacerbated by a lack of trust.</td>
<td><strong>The Right People:</strong> Employ the deliberate selection and on-boarding of leadership partners – use behavioral based interviewing in the selection process. Select for cultural fit as much as technical skills. Consider the AMA’s Principles for Physician Employment.</td>
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<td><strong>Lack of Respect for Other Roles:</strong> Unfortunately, talking over one another rather than to one another has become commonplace between physicians and executives. Alignment between individuals and the goals of the organization remains a huge challenge when doctors who take leadership roles are regarded as “sellouts” or labeled “gone to the dark side,” while administrators are derided as “know-nothings” and physicians are seen as obstacles to, rather than instruments of, positive transformation.</td>
<td><strong>Right from the Start:</strong> A structured onboarding process makes it possible for physicians and administrators to start fresh together in a partnership from the start. Introduction to the roles and perspectives of others can be an eye-opening experience and makes the next step of participating in reciprocal business and clinical acumen training infinitely more productive. Developing shared goals between employee and employer through cooperative, trust-based exercises as early as possible will pay benefits far into the future.</td>
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<td><strong>Failing to Recognize Others:</strong> A consequence of the expert culture vs. collaborative culture in healthcare is the inability of physicians and administrators to appreciate the contribution of others in achieving success, which, in turn, makes it all the more difficult to take advantage of strengths and build collaborative teams.</td>
<td><strong>Practice Together:</strong> Practice collaboration by working on strategic action projects where leaders build trust, band together to garner support elsewhere in the organization, establish collaborative goals, and share power. Also, time together working on leadership skills and strategies allows physicians and administrators to get to know and appreciate one another’s talents.</td>
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<td><strong>Lack of Self-Awareness and low EQ:</strong> Neither medical schools nor MBA programs focus on the value of self-awareness and emotional intelligence, both of which are essential to building relationships and trust.</td>
<td><strong>A confidential 360 assessment</strong> immediately fosters better self-awareness and allows individuals to reveal vulnerabilities to colleagues, which builds trust.</td>
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Conclusion & Next Steps

To develop productive partnerships, physicians and administrators need a deliberate structure and experience to create the opportunities to build relationships, get to know one another, and build trust. The six principles and three key elements outlined by the AHA and AMA serve as an excellent guide to begin.

For assistance with next steps, Physician Leadership Institute provides education and tools for physician leaders to not only make transformation happen, but to make it stick. We offer concise but comprehensive strategy maps and other essential education for change agents.

The AHA has exclusively endorsed the Physician Leadership Institute for physician leadership training because “they have a proven track record of empowering physicians with necessary leadership skills to initiate change.”

The Physician Leadership Institute offers:

• Exclusive focus on physician leadership development, which ensures deep knowledge of hospital and physician challenges and trends

• Effective results, which include physicians’ personal and professional growth, improved physician engagement and performance, and better long-term succession planning.

• All programs designed to protect physician productivity and implement a lasting culture of collaborative leadership and trust.

For a detailed look inside The Physician Leadership Institute™ Program
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Physician Leadership Training and Development Services from The Physician Leadership Institute™ have earned the exclusive endorsement of the American Hospital Association

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