Learning Objectives

• Examine challenges faced by other health systems, the solutions they chose, outcomes, and lessons learned
• Analyze the risks and benefits of implementing a dyad leadership model
• Simulate how to implement and measure effectiveness of a high-performing dyad leadership model
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 clinical 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, and College of Pharmacy. He has received numerous awards for outstanding performance in management, as a coach, and as a trainer.

A father of two active boys, Mo spend his time on the soccer field with them.
THE ONLY THING WE HAVE TO FEAR IS FEAR ITSELF
1. WHY DYAD LEADERSHIP

2. WHAT IS DYAD LEADERSHIP

3. HOW TO BE SUCCESSFUL

4. EXAMPLE
Empower Physicians to Transform Healthcare and Their Lives!

- Fastest National Clinical Leadership
- 3,000 Graduates
- 30 + States
- 100+ Organizations (50% of Market Share)
- 1000+ Sessions
- 1,100+ Coaching Engagement
- Leadership, Strategy and Clinical Transformation Consulting
- Physician + Executive Coaching
- Founded by USF College of Medicine
Medicine

Leadership

...everything changes
CiP17

Who We Work With

Physicians
Administrators
Dyads and Triads
Specialists
Clinicians
Chairs
Chairmen of Boards
Board Members
CEO, COO, VPs
CMO
Chief of Staff
Medical Executive Committee
Deans
Faculty
Independent & Hospital-Based Physicians
The Changing World of Healthcare
Healthcare is finally going through its own transformation....
We are at the Tipping Point in Healthcare

Yesterday

Volume Based
1st Curve

• Fee for Service – Volume Rewarded
• High Quality Not Rewarded
• No Shared Financial Risk
• Acute Inpatient Hospital Centric

Today

We are here

Value Based
2nd Curve

• Payment Rewards Quality, Efficiency, Service, Cost (Value)
• Shared Risk
• Increased Patient Severity
• Outpatient – Home – Technology Centric
• Prevention and Population Focus

Future
In the Conceptual Age, need to tap both sides of the brain:

- **Left Brain**
  - Right Body
  - Sequential
  - Text
  - Details

- **Right Brain**
  - Left Body
  - Simultaneous
  - Context
  - Big Picture

**Additional Leadership Competencies**

1. Function
2. Argument
3. Focus
4. Logic
5. Seriousness
6. Accumulation

1. Design
2. Story
3. Symphony
4. Empathy
5. Play
6. Meaning
Left Brain – Right Brain in Healthcare

"They won’t breed like that! Push the bowls closer together."

Source: Bureau of Labor Statistics; NCHS; and Himmelstein/Woolhandler analysis of CPS
Perception of Leadership in Healthcare
Yesterday's approach will not solve the challenges of today or of the future...
TRUST

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

Care System of the Future

Administrative Leadership

Clinical Leadership

Population Management
1. WHY DYAD LEADERSHIP

2. WHAT IS DYAD LEADERSHIP

3. HOW TO BE SUCCESSFUL

4. EXAMPLE
“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.
1. WHY DYAD LEADERSHIP

2. WHAT IS DYAD LEADERSHIP

3. HOW TO BE SUCCESSFUL

4. EXAMPLE
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
Unfortunately, we sometimes lack the necessary skills to communicate with each other.
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

HUMAN BEING CHALLENGES
COMMON VISION

LEADERSHIP SKILLS
RELATIONSHIPS
ALIGNMENT OF VALUES

HUMAN DOING CHALLENGES
TRUST
Leadership Commitment
• Medical and Administrative Leadership buy-in
• Readiness

Roles & Scope
• Define Roles
• Define Scope
• Dyad Responsibilities
• Define Success

Prioritize
• Prioritize starting areas/Service line
• Baseline

Selection of Dyads
• Success Profile
• Interview
• Select
• On-Board

Implementation Pathway
Implementation Pathway

Kick Off
- Dyad Kick off
- Strategy/Plan
- On-boarding
- Dyad Strategy Map

Coach & Train
- Training and Development
- Coaching of Dyads

Execute Plans
- Execute the Dyad
- Operationalize

Monitor Progress
- Learn
- Adjust
- Expand
- Roll out next Dyad
Dyad Leadership Success Factors

- **Leading for RESULTS**: Aligned processes; clear action plans and commitment to these; accountability to results
- **Leading PEOPLE**: Build trust; communicate openly and honestly; address the tough issues
- **Leading SELF**: Aware of strengths and weaknesses; own and leverage strengths; accept help
- **Leading with STRATEGY**: Have a shared vision, common goals, clear roles and a strategy for success
- **Leading with PURPOSE**: Have a shared purpose that guides all plans and actions
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Pathway to Dyad Success: Clarity and Complimentary Roles

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 Admin 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
Pathway to Dyad Success:
Clarity and Complimentary Roles

Provider Engagement

Quality Care
Patient Experience
Clinical Standards

Operational Efficiency
Financial Stewardship
Improving Financial Performance

Performance Culture
FIGURE 1-6 Mercy Medical Center physician–administrator dyads.
## Pathway to Success: Clarity of Reporting Structure

#### Example - Mercy Medical Center Des Moines

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<td>Injury to brachial Plexus</td>
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Case Study Example of Dyad Leadership
Catholic Health Initiatives (CHI) is a non-profit, faith-based 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
• “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
• 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.
• 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 dyad leadership with physicians and administrators of the Catholic Health Initiatives system.
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.
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Shift From Clinician To Co-Leader

Clinician

Doers
1:1 Interactions
Reactive Philosophy
Quick Gratification
Value Autonomy
Independent
Practice Advocate
Identify with Profession
Tell

Co-Leader

Planners & Designers
1:N Interactions
Proactive Philosophy
Delayed Gratification
Value Collaboration
Participative
Organization Advocate
Identify with Team and Organization
Listen

Development Goals:
Development Goals: Dyad should be Able to Move From Vision to Results

Organization Vision & Goals

Dyad/SL Vision and Goals

Engage Others

LEAD WITH STRATEGY

INFLUENCE

Leading Change Influencing Others

Hospital Vision & Goals

Strategy and Operational Plan (Line of Sight)

Infrastructure for Accountability

Engaging Others

LEAD FOR RESULTS

Execution

Action Plans
Data Analysis and Prioritization
Performance Reporting
Accountability Reporting Results

LEAD WITH STRATEGY

ENGAGE PEOPLE

LEAD FOR RESULTS

MGMA

AMA American Medical Association
Leadership Dyad Model

**CiP17**

**STRATEGY**
- Shared vision & goals
- Complimentary roles
- Strategy for success

**SELF**
- Aware of strengths and weaknesses
- Own/leverage strengths
- Admit shortcomings and accept help

**PURPOSE**
- Have a shared purpose
- Communicate purpose
- Ensure alignment of actions and purpose

**RESULTS**
- Aligned Processes
- Clear action plans and commitment to these
- Hold each other accountable

**PEOPLE**
- Invest in the relationship and build trust
- Communicate openly
- Address the tough issues
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
- Allegiant Creighton Health
- Kentucky One Health
- Mercy Medical Center
- Memorial Hospital System
- Saint Vincent Infirmary
- Catholic Health Initiatives
- Saint Vincent Little Rock
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.
Curriculum Built Based on Top Strengths and Development Areas

Cohort 1 Strengths

- Self
- Strategy
- Results

Cohort 1 Development

- People
- Strategy

Cohort 2 Strengths

- Self
- Strategy
- Results

Cohort 2 Development

- People
- Strategy

Cohort 3 Strengths

- Self
- Strategy
- Results

Cohort 3 Development

- People
• Leading People: Treat others with respect and dignity (shows consideration and empathy)
• Leading for Results: Maintains focus on the needs of customers (patients and their families/payer/referring physicians)
• Leading for Results: Quality and Process Improvement - Continuously works to improve the quality of patient care
• Leading People: Relates well with people with diverse work styles, personalities and backgrounds
• Leading Self: Displays and Optimistic “can-do” attitude when faced with challenges and obstacles
Leading with Strategy: Develops and clearly communicates a shared vision for the team, department and/or organization

Leading with Strategy: Instill excitement in others about the vision and builds buy-in

Leading with Strategy: Communicate clear goals and priorities to team members and other stakeholders

Leading with Strategy: Change Leadership – Influences and motivates others even when not in a position of authority

Leading People: Coaching and Empowering Others – Provides helpful, timely coaching and performance feedback

Actively seeks and accepts constructive feedback (without responding defensively)
Quarterly Sessions
Interactive, Experiential, Synergistic Group Learning
CiP17 Collaborative Dyad Leadership
Sample Leadership Sessions

- From Clinician to Clinician Co-Leader
- Dyad Strategic Thinking & Planning
- Engaging & Influencing
- Effective Execution
- Hospital Medicine Operations
- Resilient Leadership
- Lead Self & Others
- Emotional and Communication IQ
- Lead Change
- Having the Courageous Conversation
- Effective Negotiation
Coaching

Leadership Coaching
Working one-on-one with a personal leadership coach who is dedicated to facilitating and supporting you in achieving your development and/or business goals

Dyad Coaching
Working in a dyad with a coach who is dedicated to the development of the group members and helping them learn from each other

Project Coaching
Working in a project team with a coach who is dedicated to helping the team solve an assigned problem and effectively apply teamwork and collaboration skills to get results
CHI Hospitalist Projects Included:

- **Sepsis**: How to improve 3 hours sepsis bundle compliance to save lives
- **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
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
Dear Mo

I wanted to thank you for a great experience last year. I learned a lot about myself, my colleagues, and my profession. Most importantly, you not only changed the way I see my role as a clinician leader but you also changed my life. I am a better human being, husband, father and grandfather. Thank you for everything ... Ed
100% of the class said they would recommend CTI Physician Leadership Institute to Others
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 provided structure for conversations around shared purpose, mission/vision/values, roles/responsibilities, decision-making, 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
To Assess Your Dyad Leadership Strengths and Development Areas

https://ctileadership.wufoo.com/forms/m188ojvr1dmvaaa/

<table>
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<tr>
<th>Lead with PURPOSE</th>
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<tbody>
<tr>
<td>1. We have a common purpose/mission that drives the work we do.</td>
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<td>2. We communicate that purpose to those we lead clearly and often.</td>
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<td>3. We ensure that our actions serve our work’s mission and purpose.</td>
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<th>Lead with STRATEGY</th>
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<tr>
<td>4. We have a clear shared vision and agreed upon goals.</td>
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<td>5. Our roles complement another and we understand the part we each play.</td>
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<td>6. We have a clearly established and agreed upon strategy for achieving our shared goals.</td>
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<td>TOTAL: ____</td>
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<td>7. Both partners demonstrate awareness of their strengths and weaknesses.</td>
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<td>8. Both partners own their strengths and actively contribute and leverage those strengths.</td>
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<td>9. Both partners admit their shortcomings and are willing to accept help.</td>
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<td>TOTAL: ____</td>
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<th>Lead PEOPLE (Relationship)</th>
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<td>10. Both partners take time to invest in the relationship and work to build and sustain trust.</td>
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<td>11. Both partners communicate openly and honestly.</td>
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<td>12. We step up to address the tough issues with one another, even when it’s uncomfortable to do so.</td>
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<td>TOTAL: ____</td>
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<th>Lead FOR RESULTS</th>
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<td>13. We have agreed upon and aligned processes for how we work together to achieve our goals.</td>
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<td>14. We have clearly established action plans and are both committed to these.</td>
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<td>15. We give each other feedback and hold each other accountable when either is off track.</td>
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<td>TOTAL: ____</td>
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“If your actions inspire others to Dream more, Know more, Collaborate more, with Uncommon Compassion, you are a Leader!”

Adapted from John Quincy Adam
Mo Kasti CEO
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