

# Preface

The push toward population health, outcomes-based reimbursement, and greater accountability necessitate that hospitals groom physician leaders. How good a job do we do in training physician leaders? Do we pick out potential candidates and groom them?

—*David Nash, MD, dean, School of Population Health, Thomas Jefferson University (Weinstock 2011)*

## A CLEAR LOOK AT A CONTROVERSIAL TOPIC

We present this book to you with great respect and humility. This topic is often loaded with strong emotion and passion. So many divergent views exist on the topic, some causing great divisiveness. We have engaged in many spirited and, at times, heated dialogues with both physicians and nonphysicians in the development of this book. We hope to present a neutral but strong clarion call for an enhancement of our industry's efforts to prepare and deploy more physician leaders.

We do not wish to be divisive, but we do make many evaluative and prescriptive comments in the book. We share these general thoughts with you the reader in hopes that you will understand our thoughts and approach as we crafted this text.

These beliefs and viewpoints shaped our thoughts as we wrote.

## A TSUNAMI OF CHANGES MEANS DEMAND FOR PHYSICIAN LEADERS

We see more significant change in healthcare in the United States now than at any other time in history. Although this statement could be hyperbolic, we do believe it. We think the entire shape and form of healthcare delivery will be substantially changed in the next ten years. Although most of the changes are being driven by economic reasons, much of the transformation—and we do mean *transformation*—will be physician-centric.

We believe that quality has finally taken a front seat in the healthcare industry, and we contend this is a good thing. We see two drivers for this change: several Institute of Medicine reports (2012, 2006a, 2006b, 2003a, 2003b, 2001, 1999) and the determination by payers—and consumers—that they want more value for their dollar.

Because of this and several other factors, we strongly feel that there will be an enormous demand for more physician leaders who are better trained, better educated, and better prepared to lead.

## CLINICAL INTEGRATION

Healthcare has been on a path to clinical integration for decades, but the market forces driving us in that direction—fueled by economics, reform, and patient and payer preference—are stronger than ever. Back in the day—the 1980s and 1990s, if you remember that particular part of “way back when”—the talk was about “integrated delivery systems” and “pay-for-performance” programs. Now that emphasis on providers working together on the value of the services they provide has matured. Now not just the means of delivering care services must be integrated, but the services themselves must be coordinated toward a result, not an amount required to make a profit. Now providers must be paid not just for meeting evidence-based care guidelines but for providing value for the money that payers and plan sponsors spend. And we must strongly suggest this change is not just Capitation 2.0. We feel that capitation was an economically driven concept, while this new clinical integration world is physician-centric.

That distinction means physicians and hospitals—and all the ancillaries, devices, and diagnostics they have at their disposal—must be better aligned across broad clinical categories if providers hope to offer the type of value-based care that payers and patients demand. And that means physicians must step up and assume leadership roles in healthcare organizations that were heretofore considered the exclusive purview of career business executives. Physicians’ hard-earned understanding of what works and what does not—and at what cost—from a clinical patient care perspective is the driver of the new normal in healthcare. *Meaningful clinical integration* is not just a catchphrase or a buzzword. It is a roadmap to survival.

## PHYSICIAN LEADERSHIP DEVELOPMENT EFFORTS ARE RAPIDLY CHANGING

We feel that even the best efforts at creating physician leadership development programs in the past were poor compared to the better-focused approaches that are beginning to be used today. We believe differences exist between management and leadership positions, which explains part of the problem with physician leadership development activities. We do not feel, as some do, that management is “bad” and

leadership is “good.” Rather, some positions involve mostly management, some involve mostly leadership, and some are a blend of both. We feel these considerations are important in physician leadership development, and we highlight these differences throughout the book. We feel as well that current efforts are beginning to recognize the unique skills that physicians bring to both disciplines (management and leadership) and the critical role those skills play in creating and managing a clinically integrated organization.

## JUMPING IN

We recognize that among the challenges and difficulties in writing this book is the fact that organizations are at many different stages in physician leadership and involvement. Some are advanced; some are just beginning. Some still have traditional medical staff models, while others have scrapped those models entirely. Some have all employed physicians and some have few. Some focus on grooming physician leaders rather than physician managers, and some recognize that both are crucial to the future functioning of a healthcare organization.

Moreover, we recognize the many divergent views on this topic. Engaging physicians in the development and management of a clinically integrated healthcare organization is fundamental to the success of every provider organization in this country. But not everyone is ready to embrace tomorrow and leave yesterday behind. We have tried to focus on the future, on the critical need to bring physicians into the leadership loop. We ask you, the reader, to approach our material with an open mind and a seeking spirit. We do not have all the answers. But we feel this book will serve as a good guide for exploration.

Ultimately, we hope to bring value to our industry.

Thank you for reading.

—*Carson Dye and Jacque Sokolov*