Foreword

Over the past decade and a half, I have served as a member of two hospital boards and reported to two other hospital or health system boards. I have witnessed the ever-increasing role of physicians in hospital governance and leadership.

In the environment I started in—academic medicine—the faculty, who were primarily physicians, have historically played a controlling role in administrative policies. There, the CEOs were not typically physicians, but because of the education mission of the hospital, many key members of the management team were. Academic health centers served as early models for the dyadic leadership that Alan Belasen's book espouses.

With an excellent grasp of contemporary healthcare issues and trends, Dr. Belasen addresses this emerging paradigm of physicians in hospital and health system leadership. He clearly articulates the need for top-level dyadic leadership as follows: "Administrators bring the business skills for providing cost-effective, sustainable delivery of care to broad populations. Physicians have the clinical expertise for ascertaining population health initiatives, caring for patients, and evaluating clinical outcomes." The focus of this book is optimizing success for hospital, health system, and accountable care organizations through partnered leadership. Specifically, Dr. Belasen describes the benefits of dyadic leadership for health innovation, population health initiatives, evidence-based approaches to medicine, effective team building, efficiency, and costs. The identification and development of physician leaders are themes woven throughout the book.

Later in my career, I joined a community hospital board. At that time, the concept of dyadic leadership was just emerging in community hospitals and was viewed as essential in the "patient-centeredness"

mandates of the board and external agencies. It was interesting for me to observe, in a nonacademic environment, the imperative to engage physicians in hospital management decisions. I witnessed firsthand the angst that physician involvement in management created. These stresses are still apparent today, as physician members of governing boards are often criticized for having self-serving motives in their decision-making and advocacy efforts. Indeed, there is much written and said about inappropriate and appropriate physician involvement in hospital boards (e.g., the writings of James E. Orlikoff, president of Orlikoff & Associates, Inc., and a member of the American Hospital Association Speakers Bureau).

Regardless of the struggle to find the right paradigm of physician involvement, fostering such involvement is worth the effort. The healthcare field has widely recognized that physician participation at the very top of healthcare organizations enhances the quality of care (e.g., the American Association for Physician Leadership patient-centered care initiative, which champions physician leadership as essential).

The concepts articulated in Belasen's *Dyad Leadership and Clinical Integration* are consistent with other emerging imperatives in medicine—for example, those of interprofessional education and team-based medicine. In the former, medical students and students in healthcare management, nursing, public health, dentistry, social work, pharmacy, and allied health disciplines learn together in teams. In the latter, each member of the multidisciplinary team must appreciate knowledge and skills that other members bring to the table. Both require a flattening of the hierarchical approach to medicine, with a sole doctor on the top.

In parallel with the move away from the patriarchy of the physician leader in medicine, Dr. Belasen suggests a specific structure that departs from the historic structure of an administratively trained CEO (typically with a master's degree in business administration or health administration) who is alone at the helm of the hospital or health system. The newly proposed structure is a dyad of an administrator and a physician to lead such organizations jointly.

Dr. Belasen illustrates how in this post–Affordable Care Act, post–American Health Care Act era, and with its environment defined by value-based purchasing, this approach is essential.

Applying a paradigm he is well known for—the competing values framework—Dr. Belasen guides potential and newly formed dyads toward optimal functioning, full communication, and the ability to discern training gaps. His exhibits, articulating the major domains of operation in health systems—cross-referenced with the responsibilities of the administrative leader, the physician leader, and the dyad's shared responsibilities—are especially helpful, as is the application of the balanced scorecard to health system administration. He also provides an assessment tool for established dyads, in which either the individual skills (e.g., emotional intelligence, personality traits, communication styles) or the interpersonal interactions within the dyad may be functioning at a subpar level. Dr. Belasen's easy-to-generate, usable graphic displays of assessment results enable ready detection of deficiencies. Remedies for many deficiencies are suggested.

Using actual examples, Dr. Belasen illustrates how the assessment tools have been used to increase team effectiveness. Other examples of organizations that have successfully engaged dyadic leadership are given. Thus, no matter where an individual or organization may be on the road toward a goal of dyadic leadership, *Dyad Leadership and Clinical Integration* can assist in the journey.

Dr. Laura Schweitzer
President Emeritus, Union Graduate College
Vice President for Health Sciences at the University at Albany, State University of New York