

# What You Should Know as You Embark on Your Physician Executive Search

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The need/demand for physician executives has picked up steam considerably since the inception of the ACO concept, and the looming timeline for declaration. All ACO discussions include as a major component physician relationships and alignment(s), models, reasons for successes and causes of failures, and the imperatives of making it all work. And for any given search for any given organization, all deficits/woes center on the activities and anticipated contributions of the physician executive, which is a tall order.

As a result of the ACO discussion, we are seeing record numbers of physician executive searches, and have observed the following which may be helpful to you as you consider how to approach the position.

- Physician leader searches have historically comprised about 10 percent of our search volume, but this year it is approaching 20 percent. The good news is there are more physician leaders than ever before; the bad news is they are in higher demand than ever before. Recruiting candidates in, not screening them out, is more the order of the day.
- Because of higher demand, all candidates will have more choices which means they are able to make more of the decisions, and they do. And they make them faster. We are seeing candidates find jobs more quickly, and they have more options to choose from as they do. The half-life of a candidate pool has shrunk considerably, making timeliness in reaching decisions and extending offers paramount. In other words, if you do not act quickly, you will soon have no decision to make (and this is not even considering economics, another level of competitiveness).
- Because demand is higher, physician leaders are able to aspire to higher level positions than they would have in the past. Physicians are notorious for overestimating their marketability based on limited experience, though right now they seem to be right. The corollary to this is that these same physicians need support and mentoring as they come in to the role, as they are likely less prepared than they were in the past.
- Style and emotional intelligence drive many developments. Health care executives are leaning on physician leaders harder than ever before to lead these new ACO-friendly enterprises. As you would expect, outside expectations are front and center in the position profiles for these candidates. Assessing a candidate's style and emotional intelligence is more important than ever (the right experience is assumed). There are case studies of organizations where superior physician leadership led to the success of an expensive and lengthy physician alignment initiative, and there are case studies where the lack of physician leadership led to the failure of physician alignment initiatives, taking a financial and emotional toll as physician trust is eroded (again). And predictably, intelligence, intent, and strategic ability are not issues; style and emotional intelligence on the part of the leadership (physician and otherwise) are key in the unraveling or unraveling of the enterprise. And even effective style and high emotional intelligence may not be enough; these are high-maintenance endeavors by any measurement.

- It is worth considering that any given physician executive role is a combination of an appointed position with specific accountabilities, and a popular election. The first issue, connectivity of appointment and accountability, is straightforward. The second issue, popularity for physician executives, is less so; since the physician executive's largest constituency is the medical staff/community, there must be an effective working relationship and trust for things to proceed. If there isn't, the physician executive can go home, because it won't work anyway. And candidate resumes tell this story. Because of the complexity inherent in this role, and turmoil in various markets, even talented physician executives can have resumes that are not straightforward, manifesting sequential changes in position, untimely moves, and other irregularities. It is a mistake to discount these candidates; it is wise to invest the time to understand the movements, evaluate the true character and capability of the candidate, and act accordingly.
- So, a little advice, based on all of the above:
- Look carefully at your market to see if there is someone there with whom you can work well, even if they need some development. You will spend the better part of a year, and many dollars, to do a search correctly. Including all of your physician constituents and constituencies may still not attract a candidate with the experience and maturity to carry off the role. A local candidate can bring instant trust, while an external candidate will need months or years to develop trust to this degree.
  - Invest time up front to include local physicians and leaders in developing the role and participating in the hiring decision. And continually emphasize the investment and ownership of the desired success on every participant's part; the success will not hinge largely on the physician executive performance, but instead on collective action with the physician executive as the thought leader and guide.
  - If you do an external search, put together an aggressive timeframe that means you, not the candidate(s), will be the decision-maker(s). Be in recruiting mode, so that you are confident an offer will be accepted.
  - Prepare in advance for the coaching and mentoring that could make the difference. It is unlikely your candidate will need no instruction.
- Be thorough in your candidate assessment. Use your own reaction to the candidate, psychological testing, references, and anything else that you can think of to predict your organization's success with the candidate. Don't walk by a candidate because of something untoward on the resume. This means more homework, but it also means that you will have a larger potential candidate pool - and something else. Candidates who have studied at the school of hard knocks are often wiser and more seasoned. Take advantage of this.
  - Remember that all of this is about developing a culture and collective spirit to respond to the ACO initiative (and don't forget that team-based health care delivery is known to be of consistently higher quality). The entire organization - the administration, Board, staff, medical community (whether independent or sponsored practices) and the physician executive - is at risk for success. In my opinion, failures of strategy are too quickly blamed on the lead person, in this case, the physician executive. To the degree that each participant is behind the concept and working for its success, it will be one.

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### Locations Nationwide:

Oak Brook, IL  
Emeryville, CA  
Irvine, CA  
Denver, CO

Atlanta, GA  
Burlington, MA  
Nantucket, MA  
Bethesda, MD

Minneapolis, MN  
St. Louis, MO  
New York, NY  
Toledo, OH

Philadelphia, PA  
Pittsburgh, PA  
Houston, TX  
Seattle, WA