“Clinical integration” is a term receiving an increasing amount of attention in the healthcare industry today. While there are multiple definitions of the phrase, all involve some form of collaboration with physicians, hospitals, and other healthcare providers to improve quality, coordinate care more effectively and manage costs more efficiently. Is the attention deserved? Is clinical integration the next big thing in healthcare, or just a passing trend?

The answer lies in the nature of healthcare reform today. Changes in government policy, increased competition, financial constraints, and greater consumer involvement and demands are among many issues facing healthcare organizations throughout the nation. Clinical integration is being seen as a way to confront all of these challenges and to advance the movement toward value-based care. A critical aspect of this integration is physician leadership, as the knowledge, experience, and leadership potential of physicians (and in many cases, nurses) are required to speed integration and adapt to reform.
“Meaningful clinical integration is not just a catchphrase or a buzzword. It is a roadmap to survival,” say Carson F. Dye, FACHE, Witt/Kieffer Senior Partner, and Jacque J. Sokolov, MD in their book, Developing Physician Leaders for Successful Clinical Integration. “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.”

To explore critical issues surrounding clinical integration, Witt/Kieffer recently gathered three distinguished industry experts for a panel discussion entitled, “It’s About Great Physician Leadership: Insights and Best Practices for Successful Clinical Integration.” The panel was part of the American College of Healthcare Executives’ 2014 Congress on Healthcare Leadership, and was hosted by our Senior Partner Carson F. Dye, FACHE.

Panelists included:

Matthew J. Lambert III, MD, FACHE
Senior Vice President, Physician Services
Kaufman Hall Consulting

Andrew A. Ziskind, MD
Managing Director
Huron Healthcare Group

Frank D. Byrne, MD, FACHE
President
St. Mary’s Hospital (Madison, WI)

Dye and the panelists agreed that clinical integration is indeed the next big thing, but that hospitals and healthcare systems must better understand how to facilitate and manage it.

From Physician to System Leader

Clinical integration is somewhat of a return to the past. The panelists noted that the trend has inspired healthcare leaders to look back to the 19th and early 20th Centuries, when it was common for physicians to be responsible for attending to patients as well as operating hospitals. Later, professional administrators became more prominent in hospitals and, over time, took over operating duties, while physicians became primarily concerned with their own practices.

“How things have changed in respect to clinical integration and the need for greater involvement of the physician in the executive team, as well as with the Board in order [for organizations] to be more responsive to this whole issue of value-based care,” noted Dr. Lambert of Kaufman Hall.

Does this mean that every hospital or health system should have a physician as its CEO? “Not necessarily,” said Dr. Ziskind. “But we do need more than a token physician in leadership. We need physicians actually involved in leadership decisions.”

Panelists discussed the skills and temperament needed for a physician to transition into an effective system leader of a hospital or health system. Many of the skills that make a great clinician also help make a great leader, such as being a fast learner and having strong problem-solving and decision making abilities. But there are important differences between the skill sets. For example, physicians are often encouraged to adopt an individualistic approach to their practice, an approach that may not translate well to a team-oriented leadership position.

“The autocratic physician culture and individual-focused characteristics are what we try to untrain in creating good physician leaders as we think about team learning, team behaviors, team improvement,” said Dr. Ziskind. “We need leaders who embody the way medical education is for the
future. We need to think in a system- and team-based way."

Other leadership qualities that are critical for health systems—and which are not always present in clinical work—include: the adaptability, patience and persistence to work with slow organizational change; the humility to follow as well as to lead; and the ability to be both results- and relationship-focused.

“Physicians tend to be pleasers and too often we see challenges maintaining scope, focus, and the discipline to drive results,” said Dr. Ziskind.

Gaps in knowledge and leadership experience that physicians may have can be addressed with training, support, and mentorship. “The skills and experiences needed to be successful as a leader are not intuitive and not taught in medical school, but they can be learned,” Dr. Byrne pointed out.

Giving Physician Leaders a Career Path

Panelists emphasized that organizations need to have a structure in place to encourage and develop physicians’ leadership capabilities.

“There are a lot of physicians who are interested in getting into management but are fearful of stepping away from their clinical practices,” said Dr. Lambert. “Unless there is an opportunity for them to further their careers beyond being a chief medical officer or a vice president of medical affairs, the type of talent that health systems and organizations will attract will not be top-of-the-line talent. There has to be a career path for these physician leaders.”

Many organizations send physicians to educational meetings, to training programs offered by associations, or even to get a master’s degree, expecting that these external programs will transform physicians into better leaders and better managers. But these organizations neglect the key aspect of developing a leader: experiential education.

As physicians step into their new leadership roles, organizations must offer internal development opportunities as well; they can provide defined mentors, in-house training and continuing education to help physicians grow into their new positions and become more adept at dealing with administrative challenges. Panelists emphasized that there must be a leadership development framework in place, and it must be established even before physician leaders are hired.

Healthcare organizations pursuing clinical integration must aim high to find exceptional leaders, Dr. Byrne noted, but they must also provide leadership support. “We have an obligation to recruit wisely, not to ‘settle,’” he said. “Once a physician is placed, it is important to use a formal and rigorous on-boarding and development process.”

Panelists agreed that today’s healthcare industry faces tougher challenges today than it ever has. Healthcare leaders, therefore, are expected to be strategic thinkers, diplomats, and world-class financial managers, all while ensuring high-quality patient care and an optimal patient experience. As healthcare undergoes rapid and significant reform, physicians will play integral part in leadership roles, helping guide the industry into a future focusing on patients and improved quality of care.

“There is no way forward without physician integration,” Dr. Byrne said. “Physician leaders are essential to achieving integration.”
About Witt/Kieffer

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