

Collaborate on Leadership Dyad Leadership Development: Risks, Challenges and Solutions

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MGMA/AMA COLLABORATE IN PRACTICE CONFERENCE
APRIL 9-11, 2017 | CHICAGO



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

Mo Kasti



Mo Kasti
CEO and Founder
CTI Physician Leadership
Institute

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

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The CTI Physician Leadership Institute

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

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Who We Work With

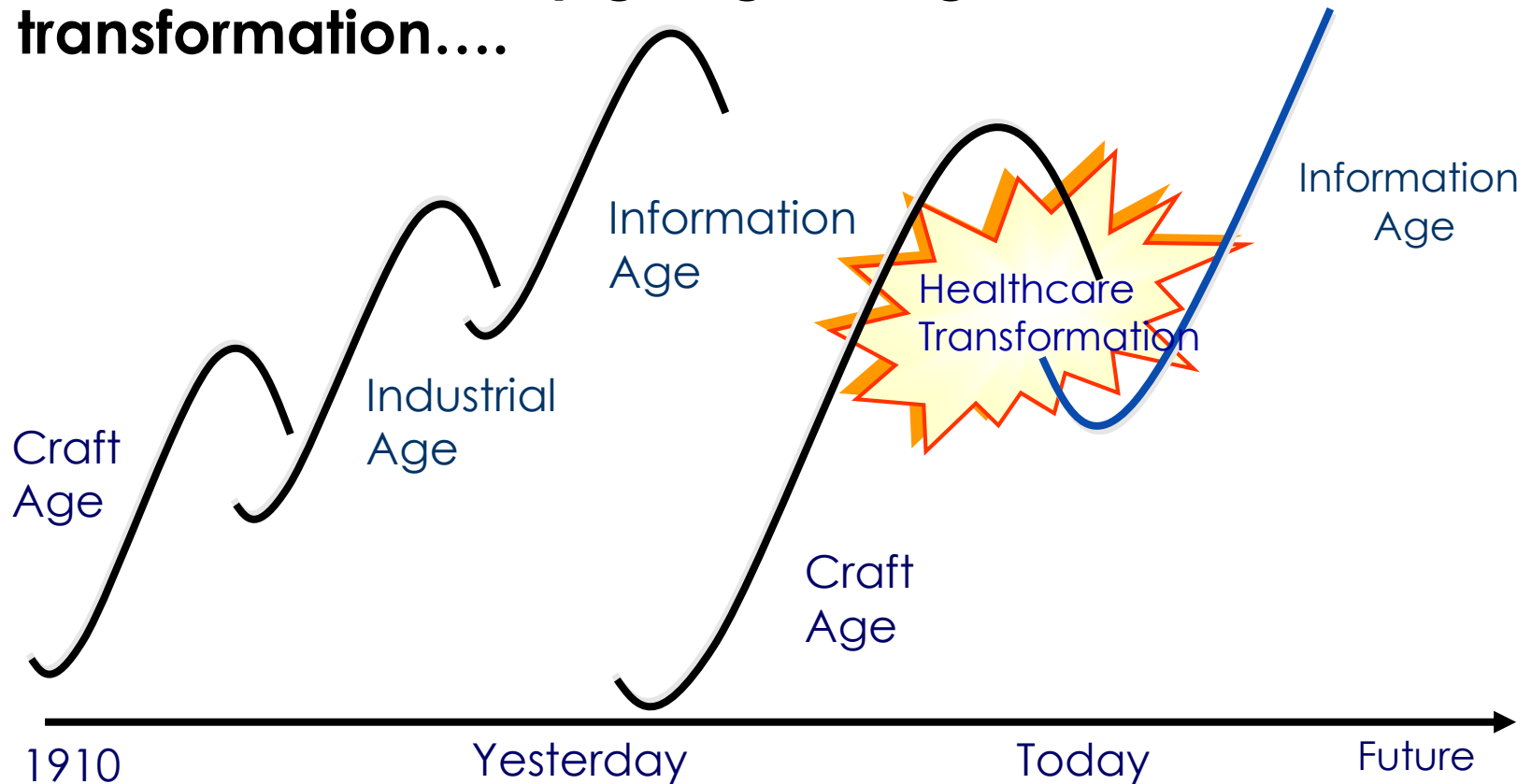
Physicians
Administrators
Dyads and Triads
Specialists
Clinicians
Chairs
Chairmen of Boards
Board Members
CEO, COO, VPs
CMO
Chief of Staff
Medical Executive Committee
Deans
Faculty
Independent & Hospital-Based
Physicians



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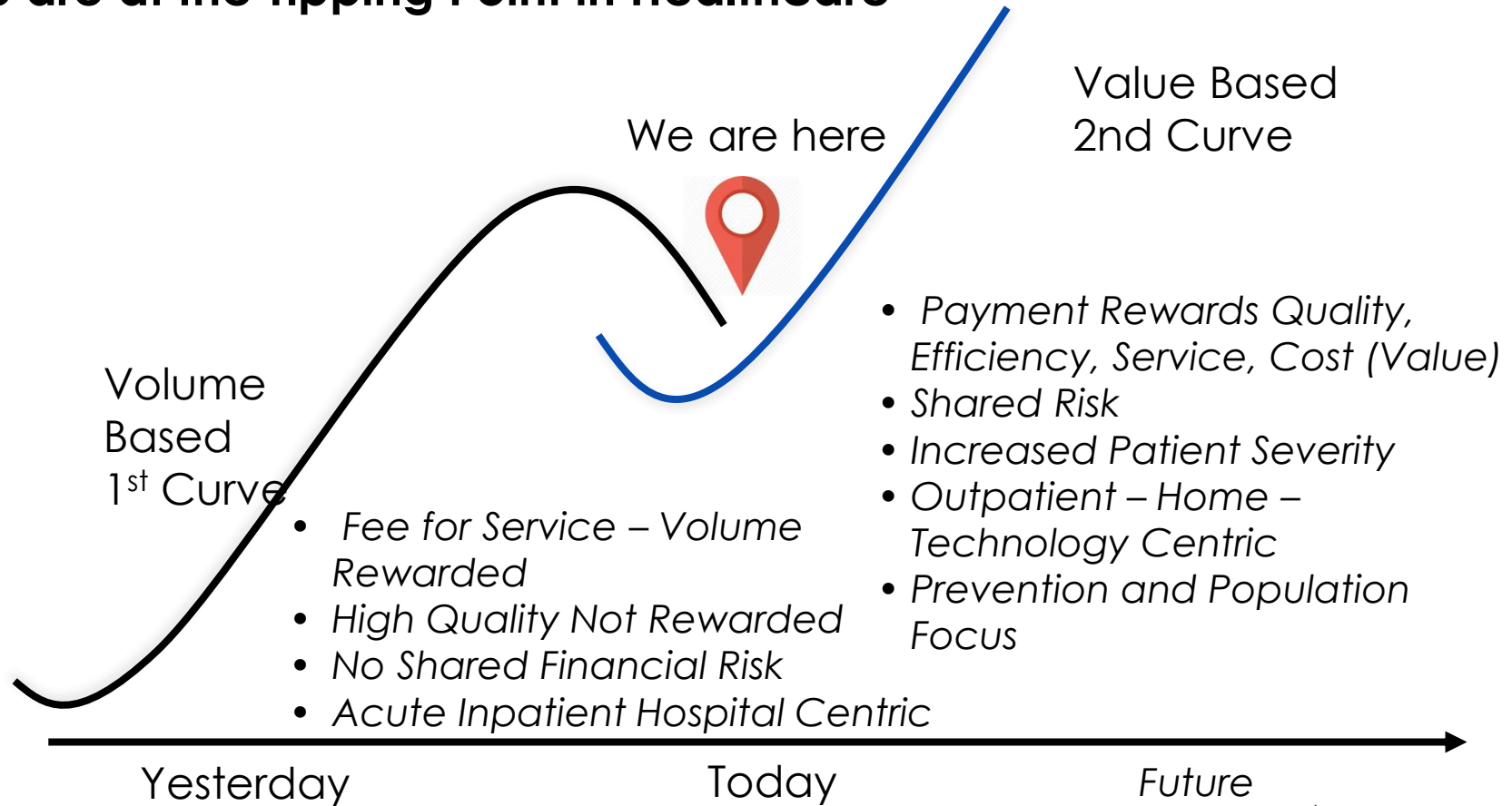
The Changing World of Healthcare

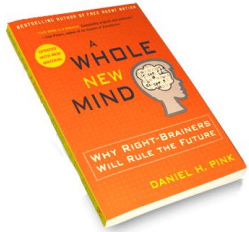
Healthcare is finally going through its own transformation....



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We are at the Tipping Point in Healthcare

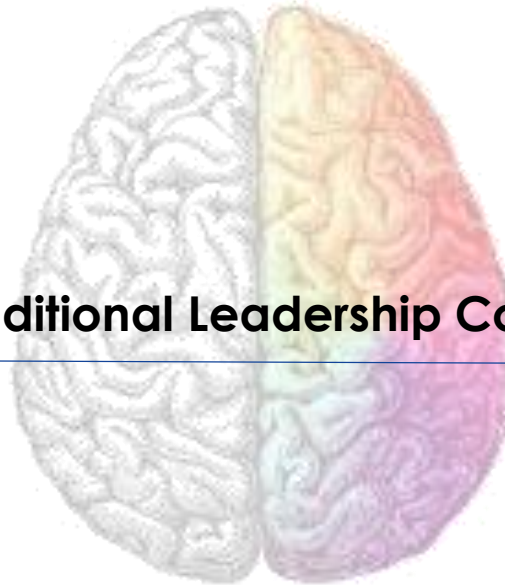




- Left Brain
 - Right Body
 - Sequential
 - Text
 - Details

Additional Leadership Competencies

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



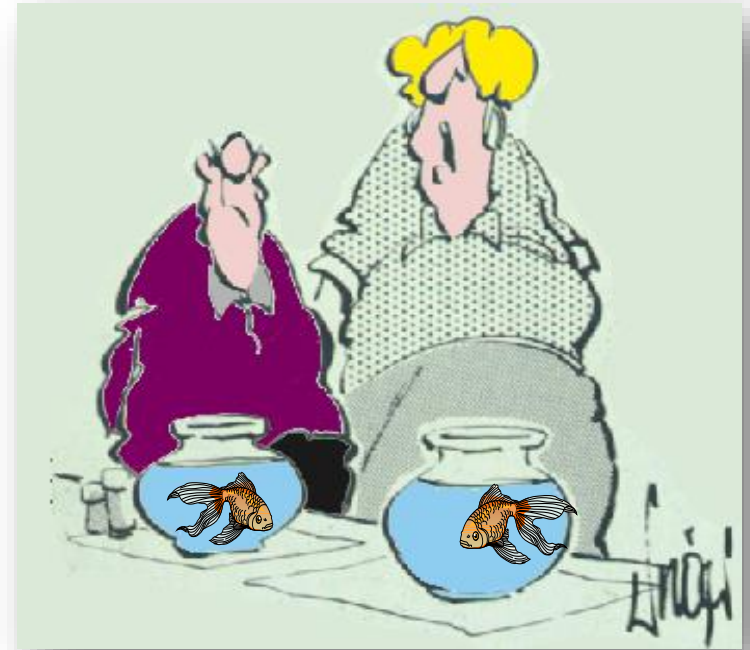
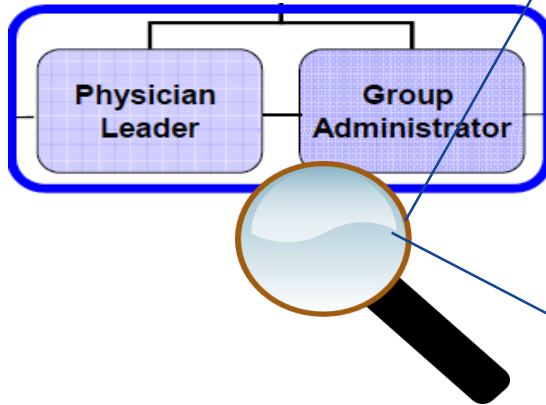
AND

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

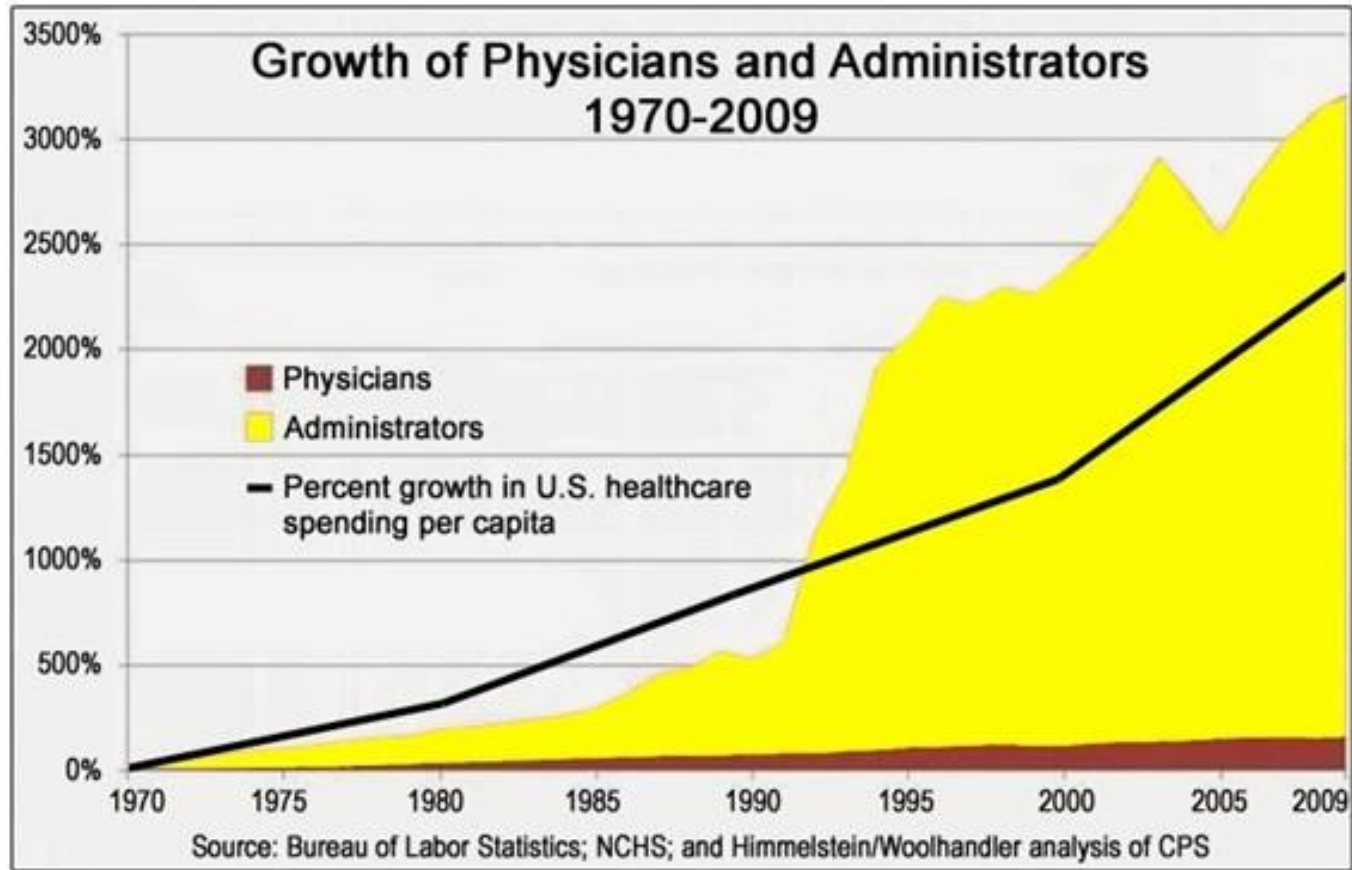
1. Design
2. Story
3. Symphony
4. Empathy
5. Play
6. Meaning

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Left Brain – Right Brain in Healthcare



***“They won’t breed like that!
Push the bowls closer together.”***

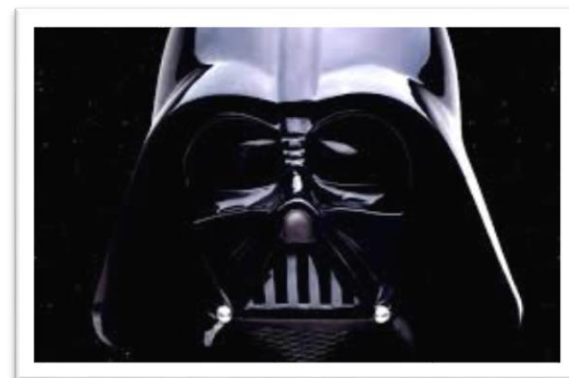
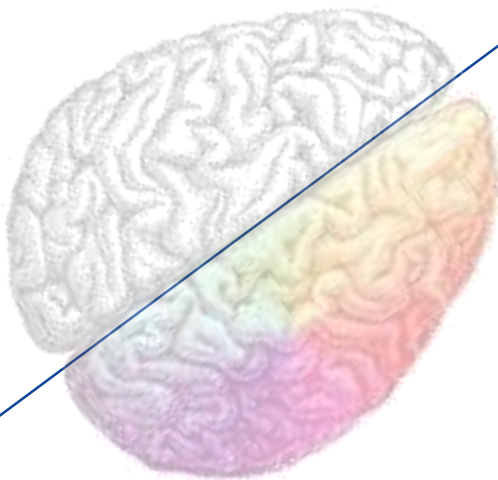


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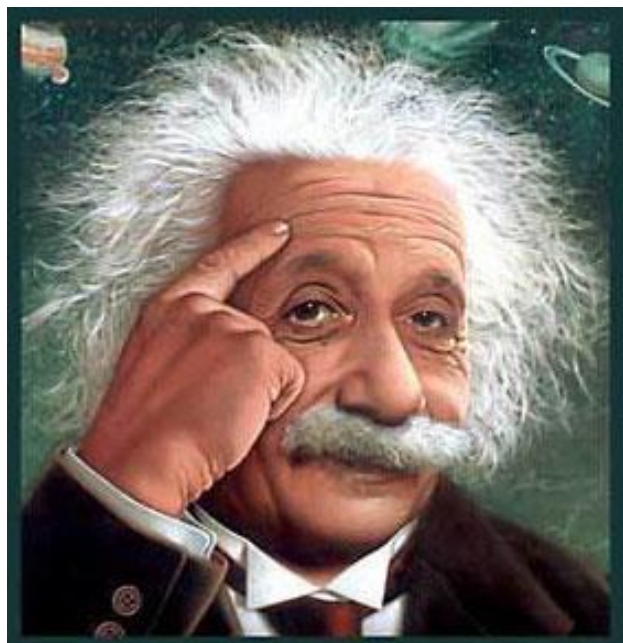
Perception of Leadership in Healthcare



Medicine



Leadership



*Yesterday's approach
will not solve the
challenges of today or of
the future...*

Administration

Vision/Goals

Concerns

TRUST

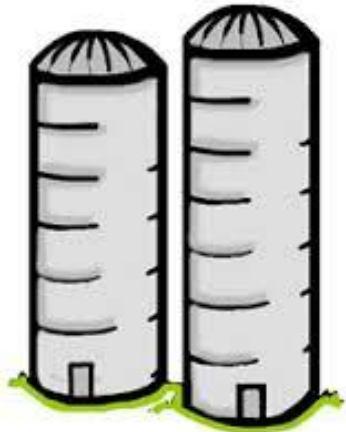
Relationships

Communication

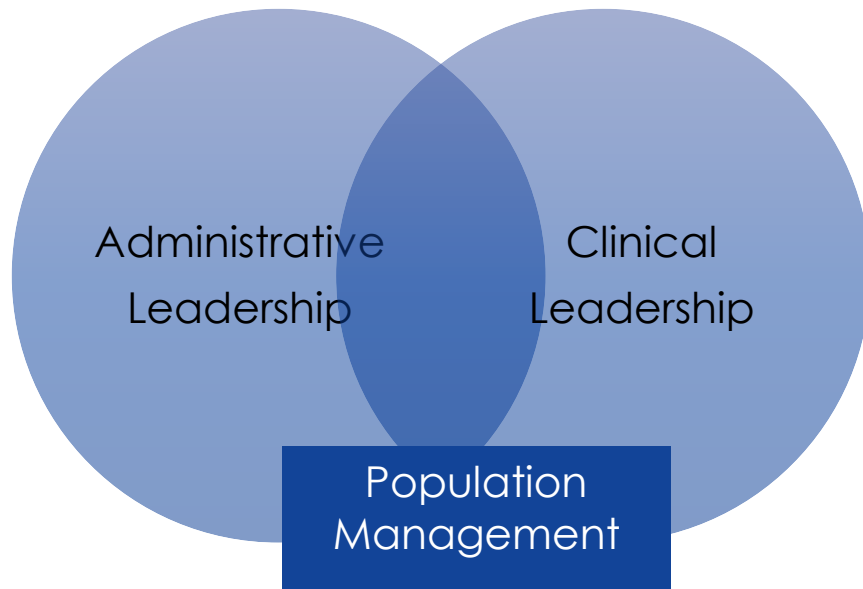
Medical Staff

Institutional
Management

Patient
Management



Care System of the Future



TRUST

Common Concerns

Clear Roles/ Accountability

Open Communication

Trusting Relationships

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

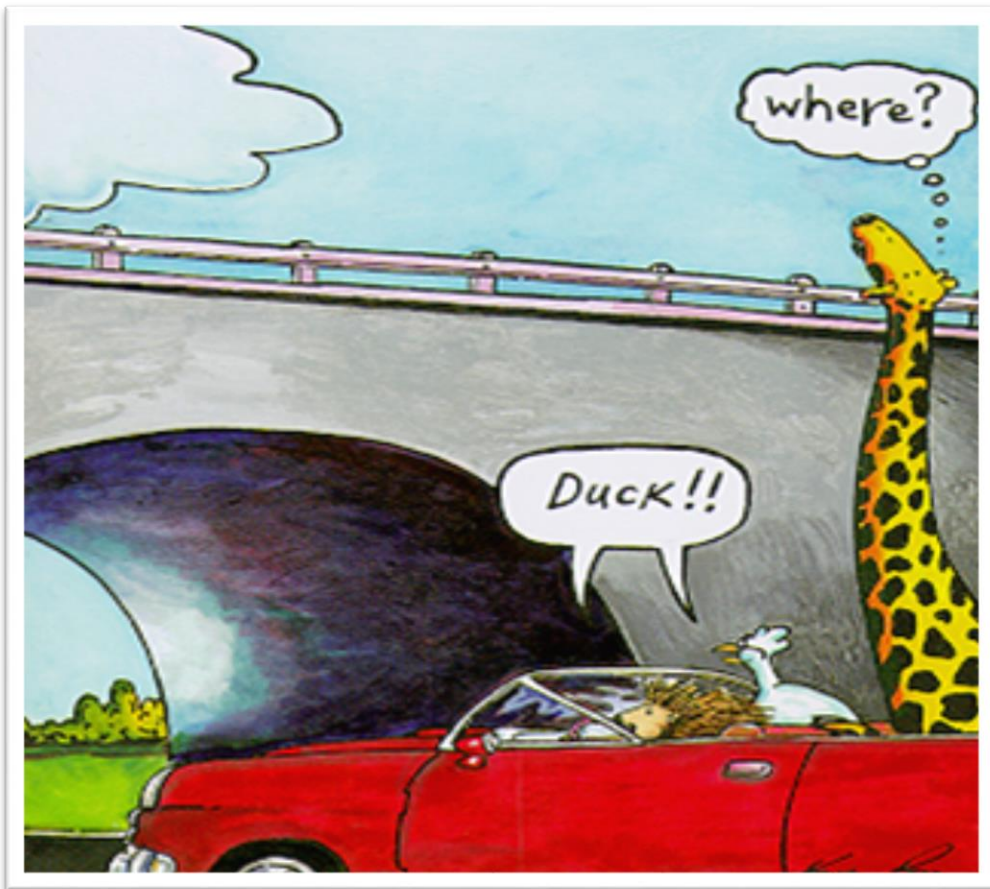
Dyads ensure physician and administrative leadership engagement in joint decision making and ensure ongoing open and transparent communication.

1. WHY DYAD LEADERSHIP
2. WHAT IS DYAD LEADERSHIP
3. HOW TO BE SUCCESSFUL
4. EXAMPLE

The Risks

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

HUMAN DOING
CHALLENGES

HUMAN BEING
CHALLENGES

TRUST

EXPERT Versus
COLLABORTIVE
CULTURE

COMMON
VISION

LEADERSHIP
SKILLS

RELATIONSHIPS
ALIGNMENT OF
VALUES

Implementation Pathway



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



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



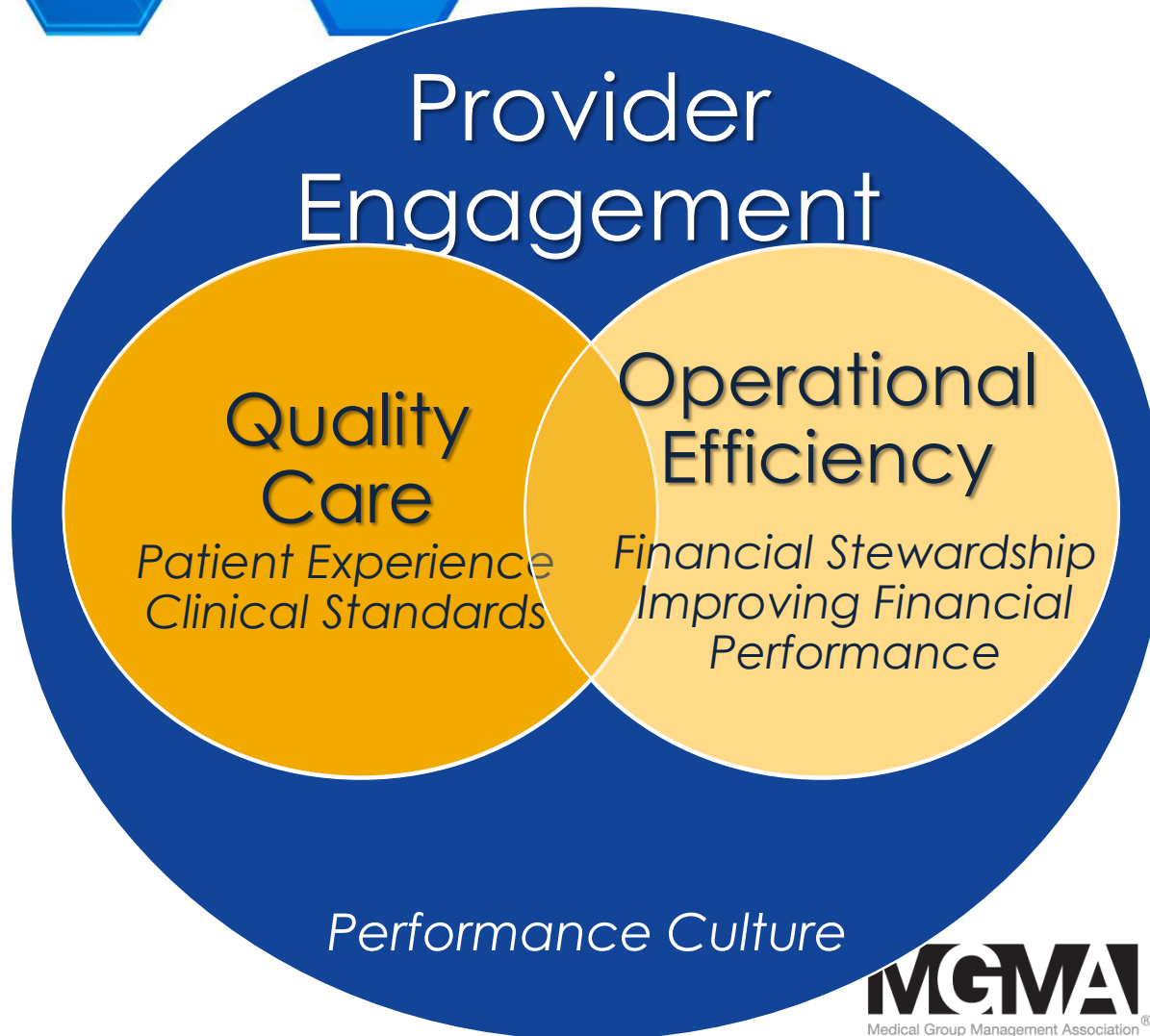
Physician Co-Manager

RN or Admin 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

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



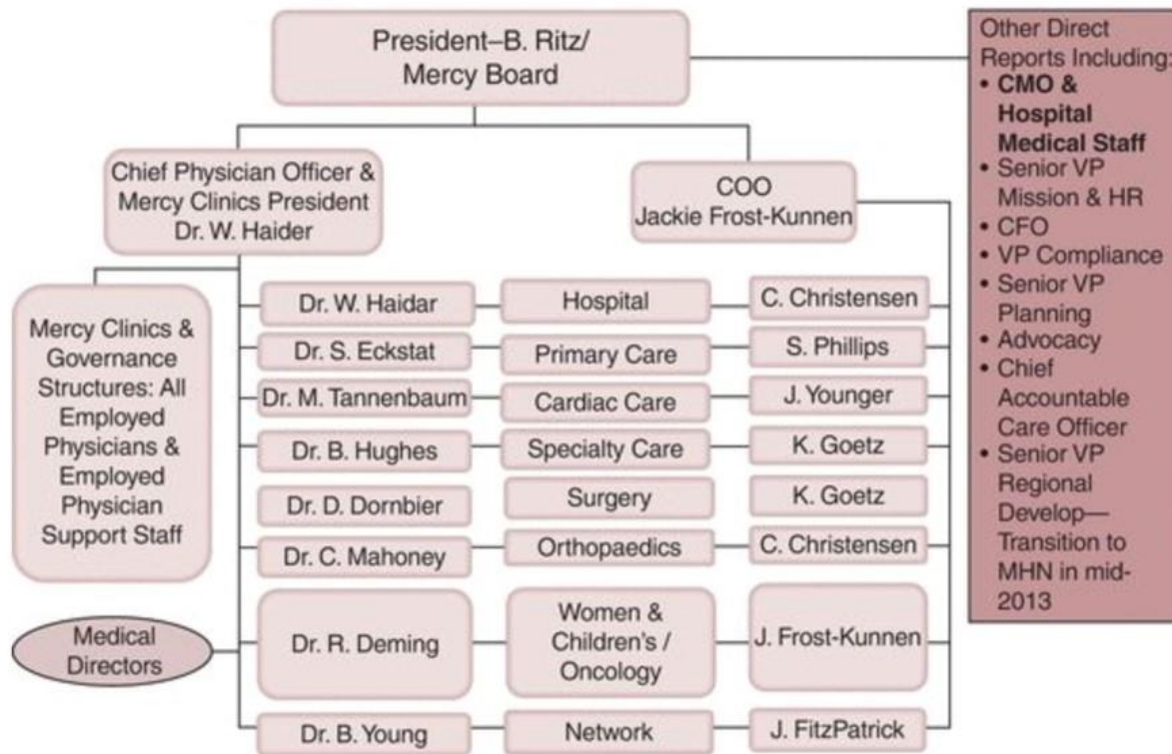
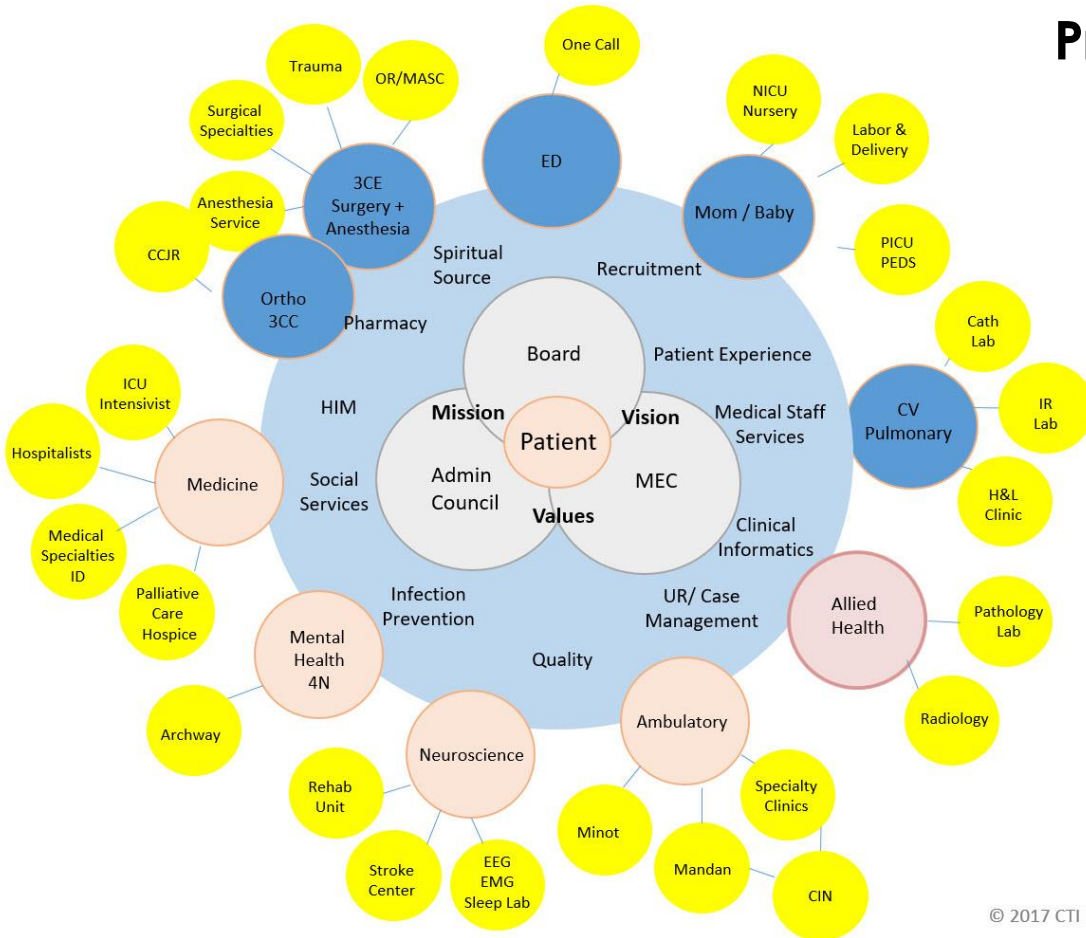


FIGURE 1-6 Mercy Medical Center physician–administrator dyads.

	MEASURE	FY 13 Result	FY 14 Target	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
People	# RN terminations (voluntary/reason)								
	# of Proc. Tech/Clerk; Clerk; LPN; Surgical Tech								
	Vacancy rate of RN's (filled and functioning)								
	Vacancy rate of Proc. Tech/Clerk; Clerk; LPN; Surgical Tech								
Operational Indicators	LOS								
	C/S								
	Vaginal								
	Antenatal (IMC)								
	GYN pts.								
Quality	Birth Trauma Events								
	Neonatal Deaths								
	NICU Transfer NB								
	Injury to brachial Plexus								
	Elective Ind. resulting in C/S								
	Elective Ind. prior to 39 wks								
	Elective C/S prior to 39 wks								
	Peri Lac 4 th deg for vag del								
	Cesarean Deliveries (#/%)								
	Live Births								
	HCAHPS Pain (% rank)								
PPcomp									
Service	HCAHPS Communication with Nurses (% rank)								
	HCAHPS Communication with MDs (% rank)								
	Overall Rating of Care (% rank)								
Growth	Monthly volume (deliveries)								
	Monthly volume (triage pts)								
	Monthly volume (gyne)								
	Women Service's Market Share								
Finance	Total cost/unit								
	Actual								
	Budgeted-static								

Example- Mercy Medical Center Demoines

Prioritize Opportunities



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Case Study Example of Dyad Leadership

CiP17 About Catholic Health Initiatives

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

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CHI Hospital Medicine Service Line Vision

- 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.

FY15

Stabilize

FY16

Optimize

FY17+

Sustain

Support of local innovation while maximizing the opportunity for standardization

- 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.

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: Dyad should be Able to Move From Vision to Results

Organization Vision & Goals

LEAD WITH STRATEGY

Dyad/SL Vision and Goals

ENGAGE PEOPLE

Engaging Others

LEAD FOR RESULTS

Hospital Vision & Goals

Strategy and Operational Plan (Line of Sight)

Infrastructure for Accountability

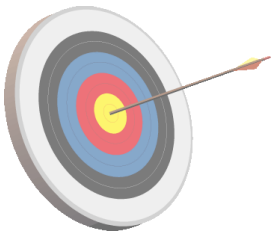
Execution

Action Plans
Data Analysis and Prioritization
Performance Reporting
Accountability
Reporting Results

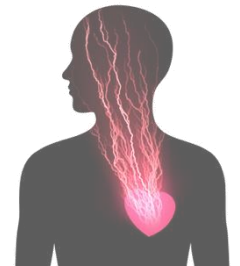




Human
Doing



Human
Being



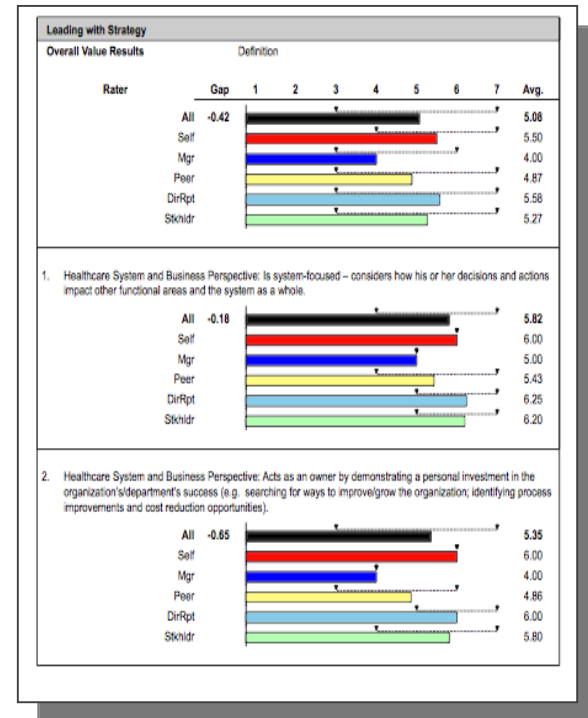
Nomination and Selection – Leaders were invited from across the network to participate in the year-long program. These were hospitalists, physicians and administrators from:

- 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

CiP17 Evidence Based Measurement

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.



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Curriculum Built Based on Top Strengths and Development Areas

Cohort 1 Strengths



Cohort 2 Strengths



Cohort 3 Strengths



Cohort 1 Development



Cohort 2 Development



Cohort 3 Development



- 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**



CiP17 Dyad Top Development

- **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)**



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Quarterly Sessions Interactive, Experiential, Synergistic Group Learning

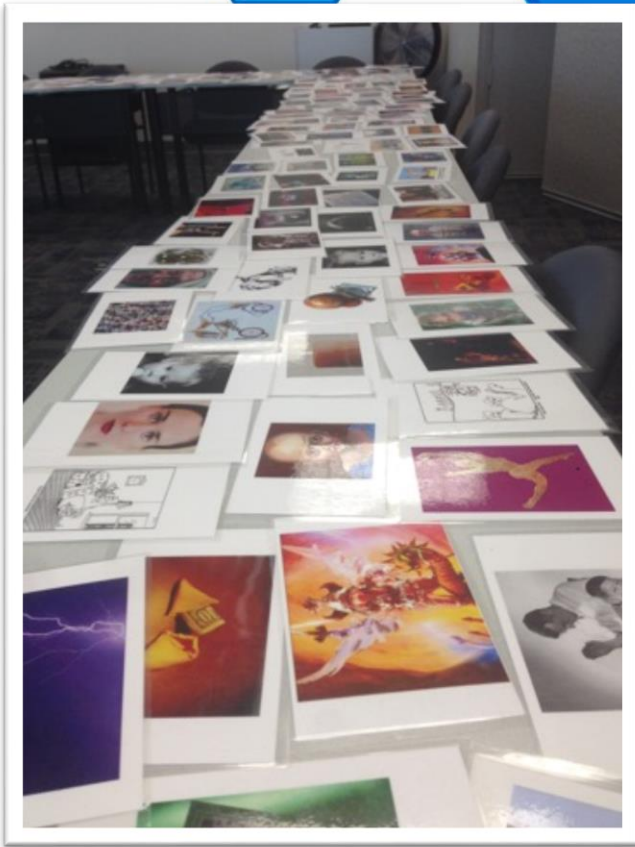


CiP17 Collaborative Dyad Leadership



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Collaborative Dyad Leadership



- 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

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

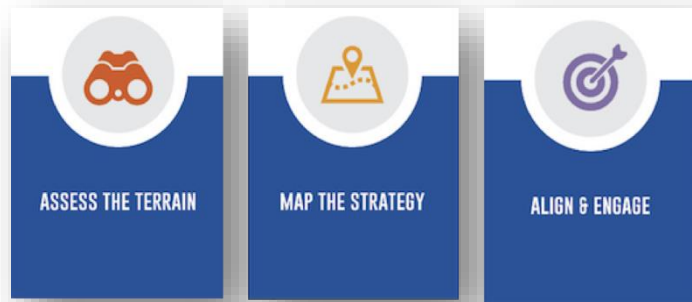
Project Coaching

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

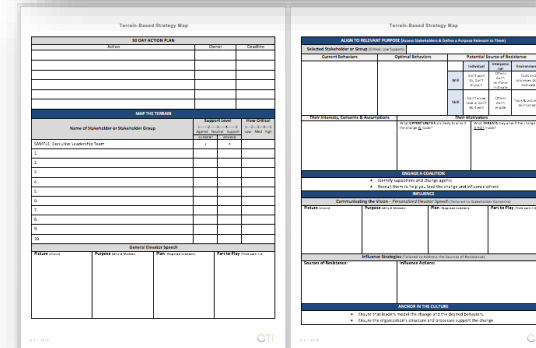
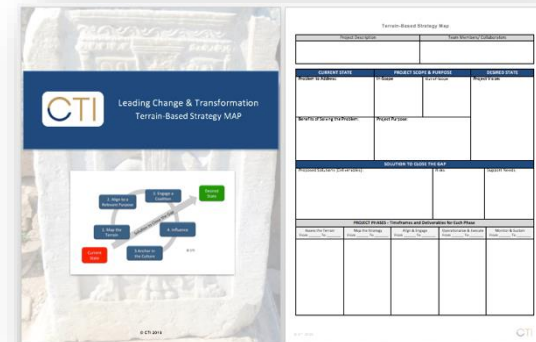
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Strategic Projects

Project Phases



Project Strategy Map



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



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100% of the class said they would recommend CTI
Physician Leadership Institute to Others

- 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

High Performing Dyad Leadership – Assessment

© Center for Transformation and Innovation

Instructions: For each of the statements below, identify the degree to which what's described exists within your dyad: **3 = Fully True** **2= Somewhat True** **1= Not True**

Lead with PURPOSE

- ___ 1. We have a common purpose/mission that drives the work we do.
- ___ 2. We communicate that purpose to those we lead clearly and often.
- ___ 3. We ensure that our actions serve our work's mission and purpose.

TOTAL: ____

Lead with STRATEGY

- ___ 4. We have a clear shared vision and agreed upon goals.
- ___ 5. Our roles compliment another and we understand the part we each play.
- ___ 6. We have a clearly established and agreed upon strategy for achieving our shared goals.

TOTAL: ____

Lead SELF

- ___ 7. Both partners demonstrate awareness of their strengths and weaknesses.
- ___ 8. Both partners own their strengths and actively contribute and leverage those strengths.
- ___ 9. Both partners admit their shortcomings and are willing to accept help.

TOTAL: ____

Lead PEOPLE (Relationship)

- ___ 10. Both partners take time to invest in the relationship and work to build and sustain trust.
- ___ 11. Both partners communicate openly and honestly.
- ___ 12. We step up to address the tough issues with one another, even when it's uncomfortable to do so.

TOTAL: ____

Lead FOR RESULTS

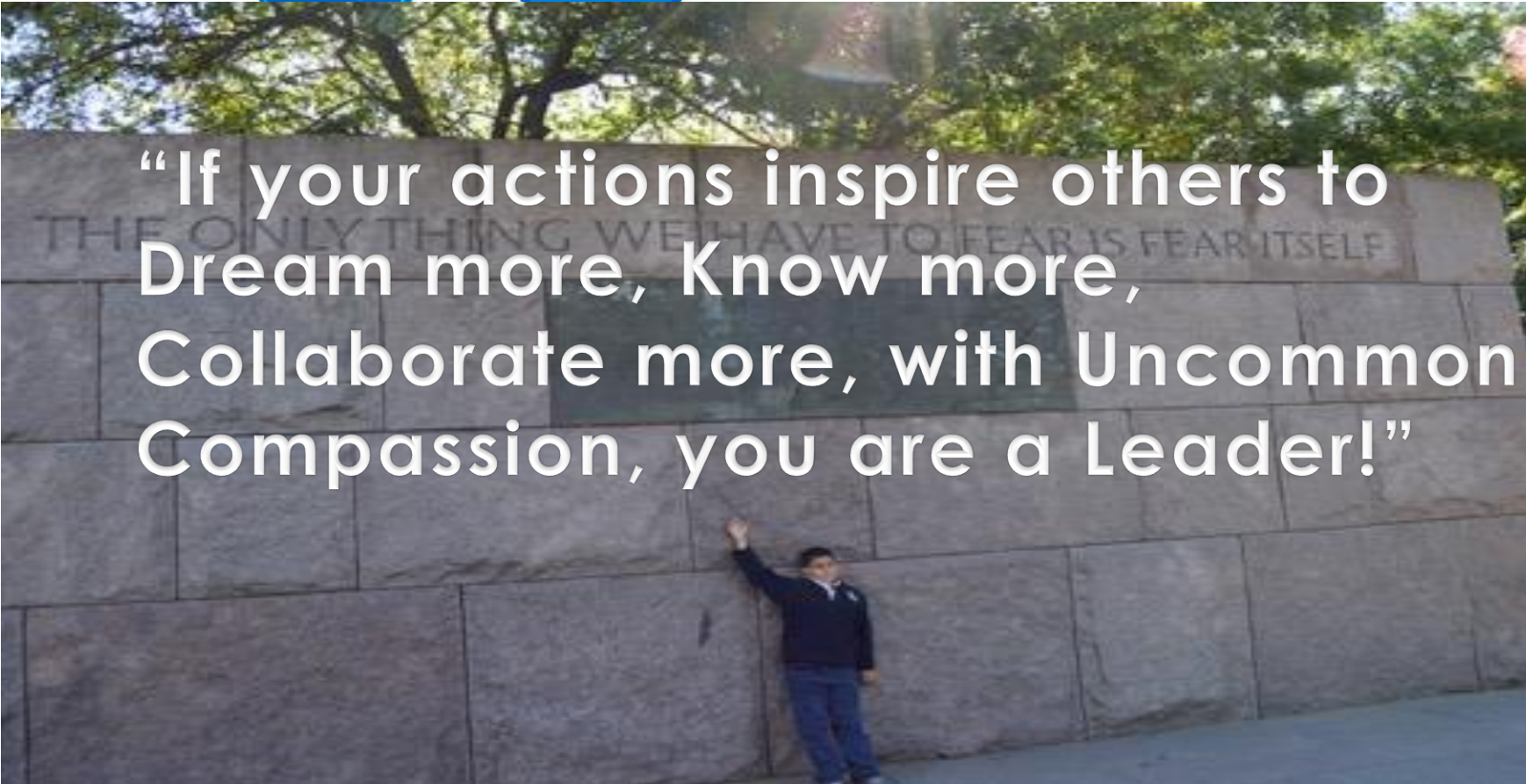
- ___ 13. We have agreed upon and aligned processes for how we work together to achieve our goals.
- ___ 14. We have clearly established action plans and are both committed to these.
- ___ 15. We give each other feedback and hold each other accountable when either is off track.

TOTAL: ____

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

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This is Your Moment!!



“If your actions inspire others to
Dream more, Know more,
Collaborate more, with Uncommon
Compassion, you are a Leader!”

Adapted from John Quincy Adam

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