Building a Leadership Web

Strengthen your organization with five strategies for physician alignment

By Gordon Barnhart

Health care organizations are grappling with numerous, competing priorities. To manage this process, an organization needs the agility to establish a vision and strategy quickly to match environmental demands and a "web" of leaders to implement it.

A leadership web is a matrix of aligned leaders in large and small roles that extends deep into the organization. Like a spiderweb, it covers a wide area with strong, flexible but relatively few resources and is maintained over time. The best opportunity for building such webs is in integrating many competent physician leaders who can align with their administrative counterparts. It is the only structure that can provide the leadership power, reach, credibility, flexibility and resilience required to be an agile organization.

There are five strategies for building webs of aligned physician leaders. While they require hard work and investment, these strategies can bring the necessary physician leadership to help the organization achieve faster and better results.

1. Design the Web

This is the foundation upon which the other strategies rest. The design opportunities can be achieved by following a set of specific steps to be taken in concert.

- **Create leadership roles to match the priority work and desired outcomes.** Whether it's the ability to manage risk or integrating new physician practices, the goal is to match the role design to the priority work — too many physician leadership roles are fuzzy or soft. The roles can be large and small, formal and informal, and ongoing or task-specific.
- **Use traditional, new and flex physician leadership roles to achieve performance and flexibility.** Traditional roles include the chief medical officer or vice president of medical affairs. New roles should match new requirements and might include chief clinical information officer, chief referral officer or vice president of clinically integrated network. Flex roles will be project- or initiative-specific, such as the implementation of the patient-centered medical home or integrating physician practices.
- **Make room for new leaders and don't burn out the veterans.** Two major benefits of developing a variety of smaller roles are bringing newer leaders into the game and keeping those in larger roles from being overwhelmed. Some of the larger roles may be broken up or slimmed down to allow greater focus and less stress on physicians in those large roles.

2. Recruit the Right Talent and Design Flexible Compensation

Well-designed leadership roles are of little value if the wrong physicians are placed in them. Thus, the interdependent issues of recruitment and compensation come into play. Once the roles are designed, the next consideration is whether to build or buy the necessary talent.

Each of the three types of leadership roles has a bias regarding the build or buy question. Traditional roles likely will be filled from within. New roles can be filled internally, but also may be filled from the outside if specific skill sets and talent don't exist internally. Flex roles generally are best to build because they are usually of more limited scale, may change as the priority work changes and often are designed to meet unique aspects of the organization as well as existing talent.

Although a financial investment almost certainly will need to be made, conserving resources is critical for sustainability. Creativity in combining salaries, stipends, pay for performance and an array of benefits is the key.

3. Customize Physician Leadership Development

For most organizations, the best approach to developing physician leadership is to focus 80 percent of the attention and resources on just-in-time, on-the-job-training that is closely tied to the role of each physician in the leadership web. The other 20 percent should be devoted to the classic pipeline that trains physicians in more formal settings and over a longer period. This is not an either/or issue — it is a question of balance.

4. Prepare the Ground

Avoid the classic trap of taking people who have proven themselves masters in a technical domain and throwing

them into a leadership domain with the belief that they will immediately be successful. "Sink or swim" is not an effective approach. Instead, prepare the leadership realm for each physician leader so that he or she start out supported and able to achieve some quick wins. That can include providing ongoing support in the form of coaching or mentoring, ensuring that the required processes and technologies are in place, and clarifying the outcomes to be achieved and, in most cases, providing basic guidance in how to achieve them.

5. Deal With Physician Whiplash

The education and approach that make for good medicine are, in many ways, 180 degrees from what makes for good leadership. Differences between medicine and leadership, such as being an expert with sole responsibility vs. one of many experts with shared responsibility, can make it difficult for physicians to enter a world with fundamentally different requirements. This is a challenge for physicians, and it needs to be acknowledged and addressed to head off potential frustration and diminished commitment. For more, see "Physician Whiplash," *Trustee*, October 2012.

Game-Changers

To help make the case for this level of board attention and commitment, let's look at the need for physician leadership in four key areas.

- **Finance will be the driver.** Change will be driven by new and still forming financial requirements. Physician leadership will be essential for controlling cost and utilization and linking it to quality, building revenue and accepting and managing risk at increasingly challenging levels.
- **Clinical transformation will be at the center.** Integrated systems of care can be designed on paper, but they can't be brought into being and sustained without having physician leaders participate in the design as well as implementation.
- **Enhanced information systems will be essential.** Clinical transformation and the ability to manage the enterprise must be enabled by enhanced information systems. Physician leadership is required early in the design phase as well as in the performance phase to avoid major rework or an agonizing implementation experience.

The impact will be complex and enterprisewide. Change will come in varying combinations of strategy, roles, processes, technologies, competencies, leadership styles and culture. That means the need to consistently realign the organization, and that kind of agility will not be possible without a physician leadership web that extends well into the organization.

Five for Trustees

There are five strategies that boards can use to align with their CEO and executive team as they integrate physicians into the leadership web.

1. Create a solid understanding of the health care environment and the need to create an agile organization.
2. Appreciate the essential role that a web of physician leaders plays in an agile organization and bring energy and high expectations of success.
3. Support the CEO in executing the five core strategies for building a web of aligned physician leaders.
4. Expect uncertainty, pitfalls and experimentation while developing the leadership web.
5. Track the experience and keep asking, "How are we doing, what are we learning and how can we help?" — *G.B.*

Set the Priority and Tone

The board can make physician leadership a priority, and it can make it an exciting challenge led with a sense of confidence. By executing its strategies, it will enable the CEO and executive team to execute theirs. T

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