



WRITTEN BY ERIC NORWOOD



*Eric Norwood is a trusted advisor to C-Suite leaders, improving performance individually and corporately. He worked as a leader of high performing teams in healthcare systems; from a small, rural hospital to a 13-hospital system with 2500 clinically integrated physicians. He is a frequent speaker/panelist sharing strategic insights nationally on the topics of alignment and clinical integration between hospitals and physicians. Today, he helps executives and their teams shift to value-based healthcare. Eric earned an MHA from the Medical College of Virginia and is board-certified FACHE. He completed training in executive coaching at The Hudson Institute of Coaching and holds a Professional Certified Coach certification with the International Coach Federation.*

## A Common Table

*To succeed in healthcare, it's important that leadership teams to find a way for physicians and executives to come together as partners.*

More and more frequently, physicians are stepping into leadership roles in hospitals and health systems. In fact, many observers predict health system CEOs in the future will be predominantly physicians.

### The Tale of Three Tables

At MEDI Leadership, we've identified three distinct leadership tables. Each presents its own challenges for physicians who find themselves in new roles such as chief medical officer, vice president of medical affairs, or chief clinical informatic officer. Challenges are also prevalent for those who find themselves working in an all-new clinically integrated network (CIN).



#### The First Table

Physicians invited to the executive table to help redesign the health system.



#### The Second Table

Physicians and executives at the medical staff table to affect change in the hospital.



#### The Third Table

Physicians leaders and hospital leaders partner to run a new, integrated business.

# Each Table Requires Unique Table Manners

This new reality means physicians need to bring new skills to the table. To further complicate things, the role of the physician leader and his/her relationship to hospital executive partners is very different at each table. This different set of expectations means unique “table manners,” or rules, are required for each.



## The First Table

### Physician Leadership | Hospital

Historically, administrative executives managed hospitals, while medical staff were granted privileges to practice there, sometimes creating a contentious relationship. Today, due to a shift to value-based payment, physician leaders often serve as translators between clinical and non-clinical staff working to improve quality and patient safety, patient experience, and overall patient health—as well as generating better financial margins. It works well for the hospital clinicians, but autonomy of the independent physician staff can hinder efforts to drive change.



## The Second Table

### Physician Leadership | Medical Staff

Hospitals are increasingly accountable for the outcomes of patient care, driving management to turn to the medical staff for guidance. But a medical staff is designed to ensure credentials are verified and patient safety practices are enforced, not to change the clinical or business practices of its members. Yet in this new world, running a business assumes the risk for management of clinical outcomes inside and outside the hospital. Originally, the medical staff model wasn't designed to run the business and it helps to have administrative executives at the table.



## The Third Table

### Physician Leadership | Integrated Business

Both physicians and executives are managing risk together. Here, the goal is to manage the business performance of physicians, such as keeping referrals in-network, assuring patient satisfaction, and following clinical protocols based on best evidence-based practices. This falls under population health management and requires new business and leadership competencies that combine both the institutional resources of the health system and the collaborative leadership capacity of physicians.

## Collaboration Opportunities in an Integrated Business



Managing clinical quality metrics by provider



Reduction of inpatient readmissions



Stratification of patients and targeted interventions



Automated care management: EHR linked from inpatient to outpatient services with best evidence-based protocols

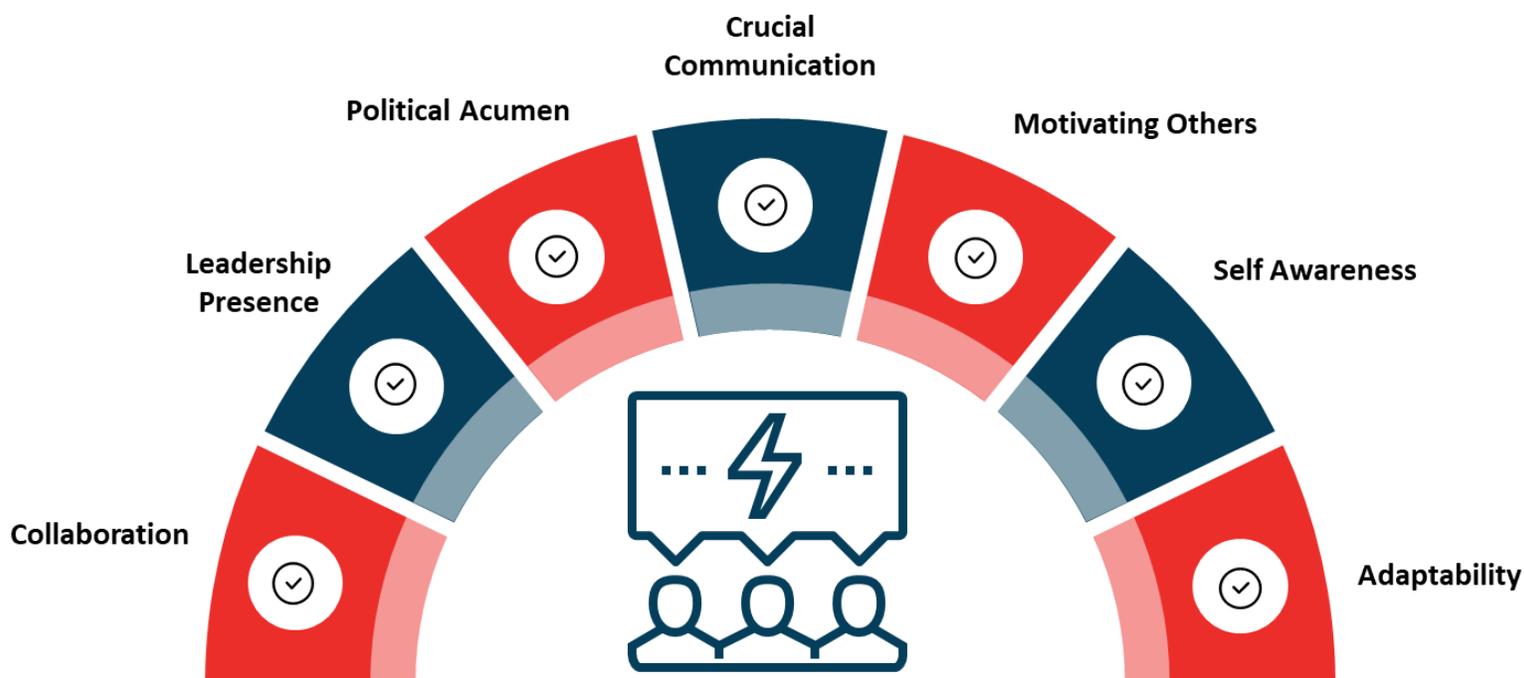


Increasing patient engagement



Managing cost and utilization of resources across the continuum of care

## Leadership Skills to Bring to the Common Table



## Parting Thoughts: Succeeding at the Common Table

Collaboration, political acumen, motivating others, and adaptability are the relationship skills that are critical to the success of physician leaders. The best way for physicians to learn these skills is through an experiential process where executive and physician leaders come together as equal partners around a Common Table, with the right table manners.

### About MEDI Leadership

Transformational healthcare cannot happen without transformational leadership. A focused collaboration between executives, physicians, and other clinical leaders is required to thrive in today's healthcare environment. MEDI Leadership is the catalyst for accelerating the development of exceptional leaders, teams, and results. We empower executive and clinical leaders to drive meaningful transformation and improve performance throughout the organization. MEDI Leadership was founded in 2000 and is the largest executive coaching firm dedicated exclusively to healthcare. Our coaches bring a blend of extensive healthcare experience and leadership coaching.

Accelerate your impact. Become a MEDI-coached leader.