Hospital-Based Physician Group Leadership:

Focus on the 5C's

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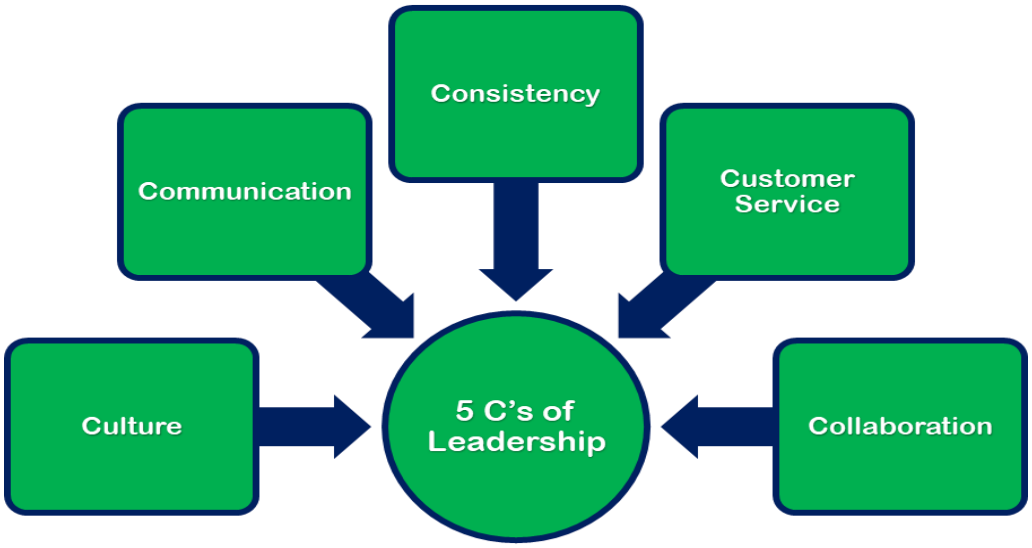
Hospital-based provider groups are a vital bridge between the business leaders of the facility and its medical staff. Performance of physicians in the emergency room, anesthesia, radiology, hospitalist programs and others can have a significant impact on the reputation of the facility in the eyes of local patient and provider communities. These perceptions impact facility performance by influencing market share, payer mix and growth rates. Hospital executives frequently cite a lack of leadership as a limiting factor in the performance of their facility-based groups.

Physicians often have little or no formal education in leadership or business principles. A group or department leader is often chosen by seniority or by default and then left to the vagaries of "on-the-job training" to navigate their new leadership role. Clearly, a more formal and consistent approach to leadership training is warranted. This article identifies key attributes which the authors have utilized in educating and training leaders of hospital-based provider groups. In keeping with the predilection of medical students to memorize lists using pneumonics, we refer to these key attributes as the 5 C's of Group Leadership; Culture, Communication, Consistency, Customer Service and Collaboration.



CULTURE

Leaders of organizations must focus on defining the unifying principles of their members. In the world of business, this will likely involve a clear vision of markets to be served and growth or financial targets to be achieved. A charitable organization may rally around a mission to help target groups through education, access to healthcare, emergency services and more.

It is just as important for hospital-based groups to have a clear vision of their reason for being. Setting this compass is a fundamental building block of the culture of the group, and one of the most important functions of group leaders. If there is no unifying vision, then the group becomes a collection of individuals occupying the same space, not a coordinated entity.

Therefore, the first goal of leadership is to establish a culture. First and foremost, the actions of the leader must serve as an example of desired group performance. However, defining a clear direction requires input from group members and should be documented in writing. Focused group discussions facilitated either by the leader or an outside expert should generate a written document delineating fundamental group goals and ideals such as quality metrics and targets, customer service goals, hospital committee responsibilities, response times and reporting methodologies.

COMMUNICATION

It is generally accepted that shortcomings in communication are associated with a variety of clinical mishaps throughout the hospital. For example, the period of shift changes and "clinical information handoffs" in the emergency department (ED) is fraught with errors which center upon a lack of proper communication between providers. Many investigations of adverse clinical outcomes in the ED uncover a "fumbled handoff of information" as the root cause.

Communication also represents a necessary skill for effective leadership of hospital-based groups. In this context, there are two main categories of vital communication; internal and external. Internal communication refers to disseminating information, policies and protocols to providers and care extenders within the group. External communication applies to any party outside of the group including other medical staff, patients or members of facility administration. Without adequate internal and external communication, the "business information handoff" may be fumbled, leading to a loss of direction and momentum for the leader.

Leaders must develop regular mechanisms to disseminate information both internally and externally. Monthly or quarterly group meetings supported by a company intranet or regular e-mails present the ideal opportunity to communicate key issues internally. External communication is also best achieved through regular channels such as department of medicine or other department specific meetings, steering committees and monthly meetings with facility administration. In order to optimize internal and external

meetings, leaders must assure that attendance is adequate, and the agenda is well planned, with appropriate supporting material available for review prior to the meeting.

CONSISTENCY

In most service interactions, customers value consistency, predictability and reliability as key determinants of satisfaction. Examples of service organizations which offer a consistent product and experience (regardless of the employee interfacing with the customer) include Starbucks, Southwest Airlines, Disney World and your local bank. Unfortunately, service delivery from hospital-based groups can often be best described as "provider dependent." In other words, the experience of a referring physician or their patient will vary greatly depending upon the hospital-based providers involved in the care. As one surgeon described the consistency of preoperative testing at one of his local hospitals, "it's about as predictable as playing the roulette wheel in Vegas."

Such unpredictability represents an Achilles heel for facility-based groups. While some clinical variability is inevitable, leaders must strive to set and implement policies for handling common situations and conditions. Each facility-based specialty will have a unique set of issues, but upon discussion with referring physicians, common functions which result in wide discrepancies in approach will be easily uncovered. Using this set of functions as a baseline, priorities may be assigned based upon frequency and level of importance to patients and medical staff. It is the role of group leaders to facilitate policies and procedures for each of these processes. Each process may have clinical, operational or business components; the approach to each must be addressed and agreed upon by the provider group.

As processes are improved, the levels of consistency should improve. Equally important, with a written approach documented for a given process, it becomes easy to identify providers not operating within the accepted boundaries. Typically, it is the role of the leader or designee to educate such individuals in a quest for ever-improving levels of consistency.

CUSTOMER SERVICE

Leaders must recognize that hospital-based providers have several sets of customers. The first and most obvious are the patients who depend on their care. Second, is the medical staff, especially physicians who regularly refer patients to the specific provider group. Finally, the administrative members of the facility are important customers with unique expectations. From a customer service perspective, each of these customer groups has unique needs and criteria on which to judge hospital-based providers.

When we educate leaders, it is stressed that satisfaction of each of these customer groups is vitally important to the long-term viability of the provider group. However, each customer will respond positively to their own set of actions, so leaders must understand and address the needs of these distinct customers independently. Such efforts are characterized by delineating the specific customer needs, understanding how the provider

group can best meet those needs and documenting procedures designed to institutionalize each component of the agreed upon approach.

Leaders must realize that payoff from improved customer service may be realized in many ways. These may include quantifiable items such as increased market share, case load, satisfaction scores and group revenue. However, a positive customer service approach will often lead to intangible benefits such as improved medical staff relationships and a more harmonious relationship with facility administration.

COLLABORATION

The fifth C tends to tie the other leadership attributes together. It is in collaboration that the hospital-based leader reaches out to work with other medical staff and hospital departments to forge new clinical and operational programs and processes. It is also through collaboration that an integrated delivery of service can be provided. In such endeavors, a *culture* of continuous improvement is vital to success. *Communication* between departments must involve relationship development and tighter bonds. Working together to develop a *consistent* approach to a mutual issue allows the hospital-based group to be a problem solver and innovator in the eyes of their medical staff colleagues. Finally, there is no greater pursuit of *customer service* than to work hand-in-hand with a customer to tackle a shared area of concern.

We therefore view collaboration as the icing on the leadership cake. It is encouraged only after the first 4 C's have been substantially addressed. This is because the first 4 C's look mostly inward to solidifying a group into a single voice to be heard by the outside world. It is only once this has been accomplished that collaboration with other hospital entities is realistic. However, it is the fifth C, collaboration, which will forge the strongest ties and serve to make both the leader and his or her group indispensable to the facility in the long run.