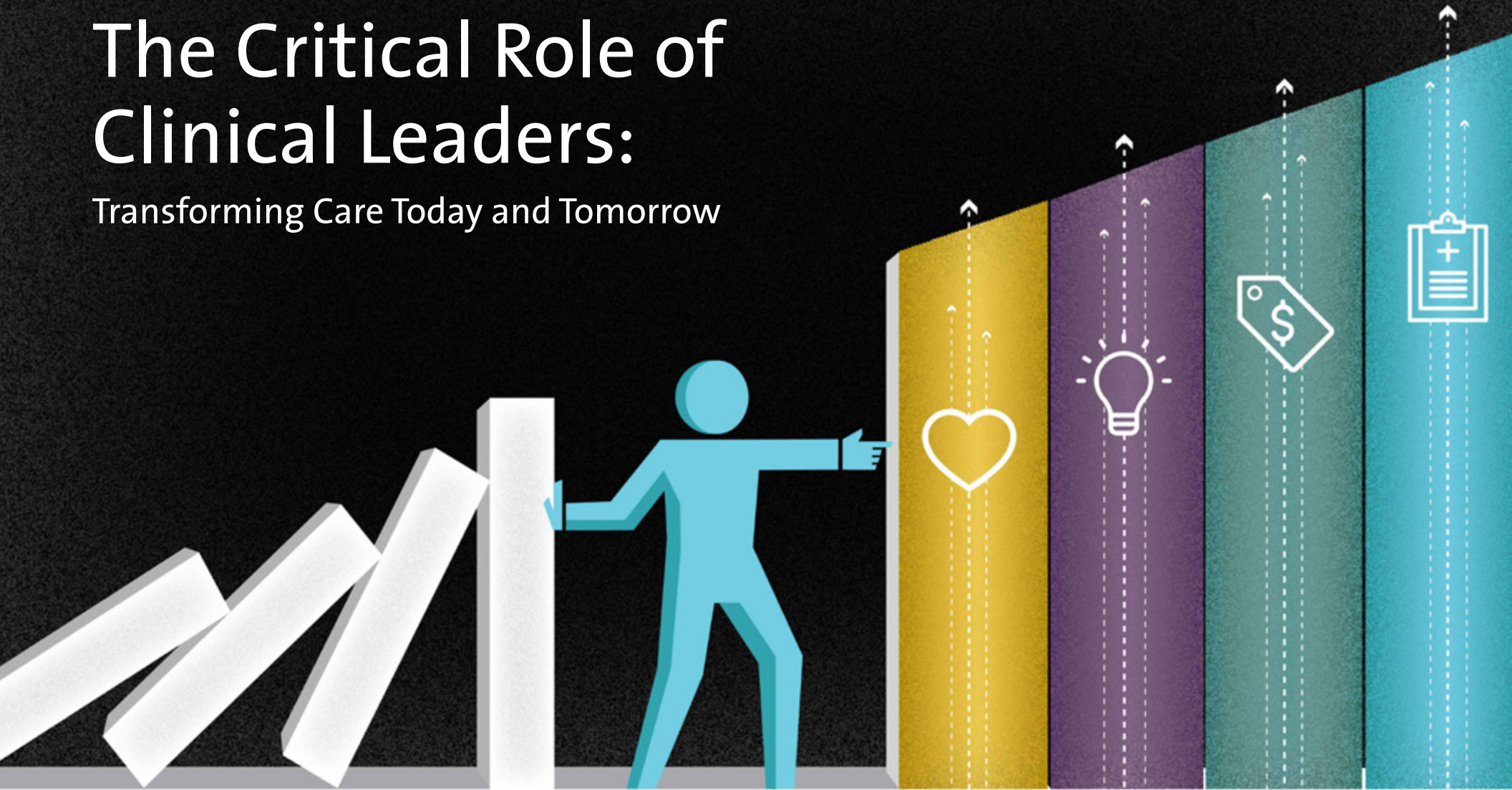


The Critical Role of Clinical Leaders:

Transforming Care Today and Tomorrow





Clinical leaders are the linchpin of health care organizations, bridging the gap between C-suite executives and frontline clinicians, and bolstering the patient voice. As transformation in the health care industry deepens, clinical leaders will be the innovators of design, the assessors of cost efficiencies, and the promoters of more patient-centered care.

In this eBook, we examine the critical role clinical leaders play in this pivotal moment in health care and how that will change as payment models evolve away from fee-for-service toward value-based care. Clinical leaders focus on patient care and patient engagement, but also share responsibility in their organization's bottom line and answer to shareholders. To be successful as these responsibilities broaden, clinical leaders will require greater education, training, and mentorship.

Included in this special content are voices of clinical leaders who span a spectrum of titles, settings, and regions. They come from organizations large and small and speak with clarity about the state of health care today and how the clinical leader role will advance care delivery. We also share results from our NEJM Catalyst Insights Council surveys, covering our four themes of Leadership, the New Marketplace, Care Redesign, and Patient Engagement, which illuminate the clinical leader's perspective on key issues such as the growing problem of clinician burnout, the next phase in improving care quality and efficiency, the potential of data analytics, and the importance of leveraging patient feedback.



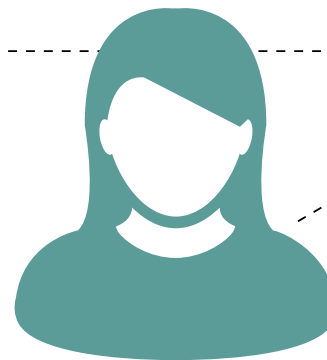
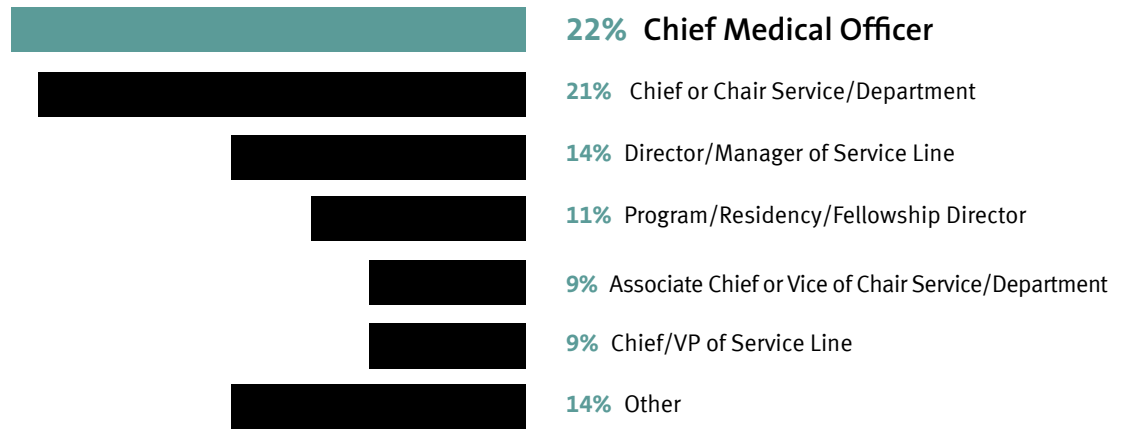
As transformation in the health care industry deepens, clinical leaders will be the innovators of design, the assessors of cost efficiencies, and the promoters of more patient-centered care.



Clinical leaders account for approximately one-quarter of respondents to our Insights Council surveys, and hold positions integral to their organizations (including health systems, hospitals, and physician organizations), such as vice president, chief medical officer, chief nursing officer, director, chief or manager of service lines, dean of medical schools, and residency or fellowship director. Their feedback has been invaluable in our mission at NEJM Catalyst to help all health care professionals navigate this new world of care delivery.

We are excited to share this unique perspective with you, including lessons learned, trends, best practices, and more to apply to your own organization. We appreciate the candid view that participants in this eBook offered and hope it will serve as a guide for your own transformation journey.

Clinical leaders make up 23% of NEJM Catalyst Insights Council members



23%
Clinical leaders



26%
Executives



51%
Clinicians



Joseph G. Weigel, MD, MACP

Program Director for Lake Cumberland Regional Hospital's Internal Medicine Residency Program

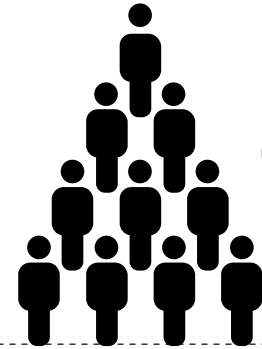
“The profession of medicine is fighting for its very soul right now. We’re in a transition period where medicine is devolving from a profession to a business.”

Leadership

Joseph G. Weigel, MD, MACP, program director for Lake Cumberland Regional Hospital's Internal Medicine Residency Program in Somerset, Kentucky, has been an internist in that rural region for the past 30 years. He finds the current era in medicine to be one of the most difficult.

“The profession of medicine is fighting for its very soul right now. We’re in a transition period where medicine is devolving from a profession to a business,” he says. “I’m concerned that younger physicians are being groomed to view this as a job and as shift work.”

The current generation of clinical leaders “must right the ship immediately” by focusing on developing their nonclinical skills, Weigel says. The NEJM Catalyst Insights Council identifies building culture, communication, and building teams as the leadership skills most important in the evolving landscape. Weigel agrees in general, but would rank communication skills first.



“What top two leadership skills are most important in the evolving health care landscape?”

53% Building culture

Communication 37%



He also recommends that clinical leaders, even those involved in administration, stay close to the patient by doing clinical work frequently. “Removing yourself from the bedside makes you less than realistic about what actually goes on,” he says. At the bedside, clinical leaders must model the behavior they expect, such as listening to patients and holding their hands — what he calls “back to basics.”



Competing demands are among the issues leading to physician burnout, which 71% of Insights Council members report observing in 25% or more of physicians they know personally.

Clinical leaders are seen by our Insights Council members to have an overwhelming advantage over nonclinical leaders in leadership capability because of their greater credibility with the workforce and clinical knowledge and experience.

“Clinical leaders set the tone for culture and expectations of behaviors,” says Susan Robel, RN, BSN, MHA, NEA-BC, CPXP, executive vice president and chief nursing and patient experience officer at Geisinger Health System in Danville, Pennsylvania. Like Weigel, she believes clinical leaders must be visible at the point of care, but acknowledges this can be difficult when administrative demands such as budget meetings pull them away. Unless clinical leaders prioritize time with patients, she says, “you won’t know that the day-to-day care you want for patients is actually being delivered.”

Competing demands are among the issues leading to physician burnout, which 71% of Insights Council members report observing in 25% or more of physicians they know personally. Robel says the millennial workforce has helped alleviate burnout among nurses at Geisinger, as they’ve come in expecting better work/life balance, control over their schedule, and more access to new opportunities.

Physicians still struggle with burnout, though. Robel says she has seen burnout manifest among physicians in many ways, including lack of response to phone calls, giving short or stressed answers to questions, and expressing frustration when a patient can’t be seen in clinic because of overscheduling.

She believes physicians need more resources to deal with their feelings of burnout and the behaviors around it.





David Hormuth, MD, MBA,
*Chairman of the Cardiothoracic
Surgery Section at St. Vincent
Evansville*

“We’re trying to apply manufacturing principles such as Six Sigma to health care operations. [Clinical leaders must steer care back to being] patient-focused, patient-centric, and patient-driven.”

David Ring, MD, PhD, associate dean for comprehensive care and professor of surgery and psychiatry at Dell Medical School at the University of Texas at Austin, says that fixing burnout will take more than the meditation and gym time some organizations are offering physicians for wellness. Instead, clinical leaders must take an honest look at system-level issues and allotment of resources. Take, for instance, patients who overuse the emergency room, rather than going to their primary care. ER doctors “are cleaning up the mess of an ineffective system, and that makes you not like your job,” he says. Redirect those patients into the appropriate services and “you’ll return joy to practice.”



David Hormuth, MD, MBA, chairman of the cardiothoracic surgery section at St. Vincent Evansville (Indiana), a member of Ascension Health, attributes physician burnout to “the ungodly amount of data we have to collect, boxes we have to check, and timeframe we have to be with our patients.”

Clinical leaders, he says, must push for a move away from reimbursements and penalties based on how many patients are seen in a day and instead focus on evaluating the relationships that clinicians form with their patients during visits, which will lead to better compliance and better outcomes alike.

“We’re trying to apply manufacturing principles such as Six Sigma to health care operations,” he says, whereas clinical leaders must steer care back to being “patient-focused, patient-centric, and patient-driven.” He believes improvement will happen if physicians feel engaged and part of the solution to make things better rather than “just another cog in the wheel that can be easily replaced.”



For a complex patient, the clinical leader will have to determine answers to questions such as: “Who will pay for the medicine?” “Will the patient have to fail one drug to get into another drug?” “What will that time cost them?” “What will the health system have to do to get paid for the many different team members that are necessary for patient care?”

Diane Harper, MD, MPH, MS, Rowntree Endowed Professor and Chair at the University of Louisville (Kentucky) School of Medicine Department of Family and Geriatric Medicine, who is working toward her MBA, says until recently physicians have ceded leadership to nonclinical leaders. “Right now, we’re doing a poor job of teaching physicians how to think beyond the patient care space,” she says, recommending that mentors push “young, bright students into business schools or programs that teach them about transformational leadership in their electives or an additional year of training.” She would like to see better parity, where respected researchers and educators both acquire more business skills and are empowered to use these skills within their clinical institutions.

Future clinical leaders, in Harper’s opinion, will have to learn more than diagnoses and patient-centered care. For instance, for a complex patient, the clinical leader will have to determine answers to questions such as: “Who will pay for the medicine?” “Will the patient have to fail one drug to get into another drug?” “What will that time cost them?” “What will the health system have to do to get paid for the many different team members that are necessary for patient care?”

These clinical leaders “will have to understand the financial implications, the insurance implications, and more about what has to be done in order for care to be delivered to a patient,” she says.





Jason Koh, MD, MBA
Orthopedic surgeon and sports medicine specialist at NorthShore University Health System

“Your clinical leadership is best able to understand where the greatest opportunity for improvements and reductions in cost are.”

The New Marketplace

The new marketplace of health care presents both opportunities and challenges for clinical leaders, especially with regard to value-based care.

Jason Koh, MD, MBA, an orthopedic surgeon and sports medicine specialist at NorthShore University Health System in Evanston, Illinois, says the move to value-based care gives clinical leaders a chance to break out of silos and learn best practices. “It’s hard to look in the mirror,” he says, but with the rising cost of care in the picture, leaders can’t continue on with “business as usual.”

He encourages organizations to tap the knowledge and experience of their clinical leaders as they transform their business. “Your clinical leadership is best able to understand where the greatest opportunity for improvements and reductions in cost are,” he says.

For example, orthopedic clinical leaders at NorthShore learned from their counterparts in obstetrics that chlorhexidine wipes cut infection rates in C-sections. “We started to bathe our total joint replacement patients with chlorhexidine and, though it adds an additional step, the results have been worth it,” he says.

But he adds the converse can be true as well, where variations in care are cost-justified, such as a surgeon using a \$100 silver dressing because it can prevent a \$40,000 joint replacement patient readmission.

Insights Council members rank “improve care quality” as the top advantage of moving to value-based care. Second is “payers insisting on it” and as such, Koh recommends physicians develop a willingness to partner with payers to understand cost structures. “Our patients expect a high quality of care at a cost that is affordable, and it’s our role as clinical leaders to help deliver on that,” he says.

“What do you consider the top two advantages of your organization to moving to value-based care?”



It will improve care quality **59%**

44% Payers are insisting on it



“Nursing leadership can ensure that, as patients transition out of the hospital quicker, the care team is functioning at the highest scope of training and that their actions are beneficial to the patient.”

Bringing clinical leaders into payer-provider negotiations will give clinical leaders a stronger voice, according to Hormuth, who is a fan of the accountable care organization model. Within ACOs, “everyone is accountable for the patient as they come through — primary care and subspecialties — and the connection is much stronger. Also, when the physician and payer work together, we can give our patients the best care for the value spent,” he says.

Robel says nurse clinical leaders can be instrumental in helping adjust to the new marketplace of care. “We can use principles such as Lean to make sure we’re bringing value to the bedside,” she says. For example, nursing leadership can ensure that, as patients transition out of the hospital quicker, the care team is functioning at the highest scope of training and that their actions are beneficial to the patient. “RNs should not be running to get equipment for the patient to take home or doing vital signs; there are others on the team who can handle those tasks,” she says.





The key to operating in the changing marketplace of health care is flexibility — something that most organizations have resisted.

Geisinger has implemented a nursing bundle that holds nursing leaders accountable for their team rounding hourly to assess patient pain levels and proactively assess the need for patients to use the bathroom so they don't fall trying to get there alone.

Insights Council members score high-risk care coordinators as the top initiative they are currently using in their organizations to improve efficiency and quality. Geisinger is a proponent of care coordination and has physicians, nurses, pharmacists, physical therapists, respiratory therapists, social workers, and others round together to deliver optimal care. A vital part of her and her team's clinical role, Robel says, is to ensure nurses have the time to participate in rounds, and shift resources as necessary to make that happen.

Harper believes the key to operating in the changing marketplace of health care is flexibility — something that most organizations have resisted, she says. For instance, health systems must be able to respond quickly to changes in their populations' needs. "You can no longer create a specific organ center with expectations that it will be there for 20 or more years. Instead, you have to look at the dynamic health care needs to focus on concentrated population health issues over the next few years," she says.





David Ring, MD, PhD

Associate Dean for Comprehensive Care and Professor of Surgery and Psychiatry at Dell Medical School at the University of Texas at Austin

“[IBM’s] Watson is going to be a better diagnostician than me. ...Our job is going to be to provide comprehensive care that builds resiliency.”

Care Redesign

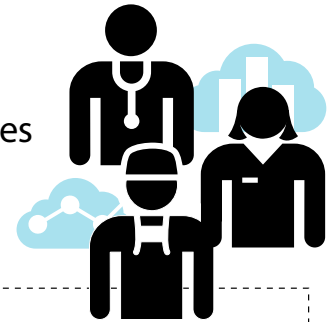
Health care organizations large and small are working to redesign their care delivery systems in ways that make them more patient-centered. For many, knowledge of data analytics has become a competitive advantage.

Insights Council members report that improved decision support, predictive analytics, and care coordination represent the three biggest opportunities for the use of data in health care. Nearly a third of survey respondents say there are useful applications for big data available today, while almost half believe useful applications are still several years away.

“[IBM’s] Watson is going to be a better diagnostician than me,” says Ring. “Already computers can read radiological images and pathology slides better than humans.”

With technology supplementing care decisions, he says the art of relationship-building will become the focus for clinical leaders. The shift to value-based care also frees clinical leaders “from a world where they are incentivized to order a test, prescribe a pill, or perform a surgery. Our job is going to be to provide comprehensive care that builds resiliency,” he says.

“Which of the following statements best describes the current state of big data in health care?”



49% There are useful applications, but they are several years away



It's mainly hype **14%**

Ring expects that analytics will help to reduce variations in care based on clinician biases, instead taking into account patient values and preferences. Clinical leaders will be able to consider a patient’s psychosocial determinants of health such as financial and housing stress, depression, and pain.

Weigel hopes that artificial intelligence and better analytics will alleviate some of the documentation burden burying clinicians and



Clinical leaders will have to drive a centralized approach to gathering data about societal resources.

clinical leaders, which takes them away from their patients. “The idea that the electronic record is more about meeting the metrics than the points that the patient wants to get across is a problem,” he says, adding that “gathering data for the sake of data” can get in the way of good patient care. He teaches students to pay attention to patients’ body language and eye contact, things you can’t do when staring at a screen in the room. “If I walk into a room and an adult patient is in the fetal position on the examining table, I know there is a strong chance I’ll be admitting them to the hospital,” he says. He wants future clinical leaders to be free from technology to observe these important signals and “be uber-aware of the human being in front of you.” Done right, he says, data should allow practitioners to “get back to being engaged with the person in the room and enjoying that relationship.”

“Analytics and stories are very important,” says Robel. “They show us how we’ve been able to provide great care and where we’ve failed.” Data also help set expectations. For instance, one of the Geisinger system’s hospitals was

experiencing poor performance and set a target of being best-in-class within six months. Robel showed the team analytics that proved the more likely timeframe would be two years, but that they could celebrate benchmarks along the way.

Harper is a proponent of redesigning care to include psychosocial determinants of health data, such as integrating more mental health services into primary care. She says clinical leaders will have to drive a centralized approach to gathering data about societal resources, because today each physician is “left to discover them on their own, which is horribly inefficient.”





Diane Harper, MD, MPH, MS

Rowntree Endowed Professor and Chair at the University of Louisville (Kentucky) School of Medicine Department of Family and Geriatric Medicine

“You need to know how [patients] felt about billing, the kindness of the receptionist, how understanding the doctor was, and their ability to access records through the portal. It all counts.”

Patient Engagement

An increased emphasis on patient experience, the expanded role of patients in their own care plans, and new ways to measure input from the consumers of care have many implications for health care today and will continue to force clinical and cultural change far into the future.

More than two-thirds of Insights Council survey respondents say measuring and improving the patient experience is a significant priority and a strategic goal.



Clinical leaders have the opportunity to be innovators in this arena, according to Harper, but they need to step up fast, “otherwise the task will go to people who aren’t involved in the day-to-day of patient care,” she says.

While there has been debate over measurements of patient experience and engagement, Harper believes it is essential for clinicians to understand every aspect of how patients view their care. From the patient perspective, “it’s not just ‘I got in, I got what I needed, I got better.’ You need to know how they felt about billing, the kindness of the receptionist, how understanding the doctor was, and their ability to access records through the portal,” she says. “It all counts.”

Above hearing patients, organizations need a way to act on what the patients say, she says. At one point in her career, Harper worked with an organization that served an indigenous population. Clinical leaders brought in a patient panel, fed them dinner, and gathered feedback, but did nothing with the data they gathered. “The feedback loop was not closed,” she says. “For instance, we need to pay attention when the low-income Latino mom with diabetes says she’s finding it hard to get the equipment she needs.”

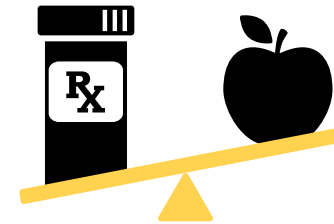


Patient engagement increases when patients' interaction with their clinicians increases. Clinical leaders have a key role in fostering this interaction.

Hormuth believes patient engagement increases when patients' interaction with their clinicians increases. Clinical leaders have a key role in fostering this interaction. "The physicians who have the best rapport with patients are those that sit down and make their consultation a conversation," he says. "I listen to them, hear them, and then explain to them what is going to happen." He believes some of the measures of patient satisfaction found in the Hospital Consumer Assessment of Healthcare Providers and Systems survey fall short. "What the food tasted like and how comfortable the bed was does not drive good clinical outcomes," he says. "Did my physician take time with me? That's the satisfying point."

Insights Council members say their biggest challenge in improving health outcomes for patients is that the health delivery system is geared toward treating and not preventing disease. Koh says clinical leaders must remind themselves that "patients have needs that go beyond the mechanical or pathophysiological issues. It's called 'health care,' not 'health fix.'"

Clinical leaders, according to Ring, should encourage clinicians reporting to them to



“What are your organization's biggest challenges in improving health outcomes for your patients?”

Health delivery system that is geared toward treating and not preventing disease

68%



51% Low rates of patient engagement

comprehend the whole person they are treating. "In one room, I might have a grandmother who cooks for her family, and in another a young accountant, and in the third is a woman in the midst of a divorce. All these factors play a role their treatment plans," he says. The art of medicine is as important as the science.



**Susan Robel, RN, BSN, MAH,
NEA-BC, CPXP**

*Executive Vice President and
Chief Nursing and Patient
Experience Officer at Geisinger
Health System*

*“We have to be willing
to look at the way we
do things today and be
willing to accept that’s
not the way we should
do them tomorrow.”*

Robel says patient engagement means truly taking the patient into account in care processes. In the past, Geisinger hospitals wouldn’t involve patients in X-ray or MRI scheduling. Now they do so that they can consider if the patient is feeling well enough or if family is visiting during that time. The hospitals also changed their visitation times from set to open hours to accommodate patient needs. In another instance, a hospital was experiencing a high number of falls from patients going to the bathroom on their own despite nurses rounding every 20 minutes. Clinical leaders discovered that patients wanted privacy, so they worked with the patients to settle on a procedure where the clinician would keep one hand on the patient but look away while they were in the bathroom.

“Working together, we made a great impact on patient falls,” she says.

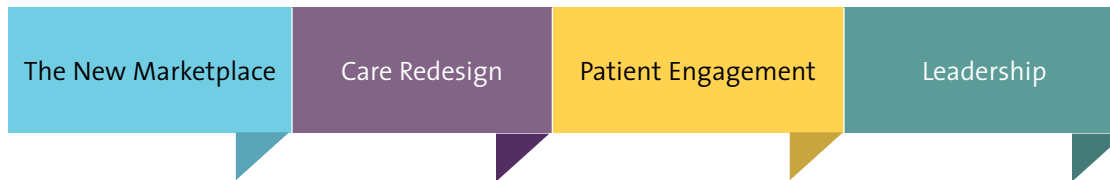
Health care transformation demands the imagination, insight, and experience that clinical leaders bring to the table. For health care organizations to succeed, in the new era clinical leaders will need to be more creative, flexible, and agile than ever before. “We have to be willing to look at the way we do things today and be willing to accept that’s not the way we should do them tomorrow,” Robel says.



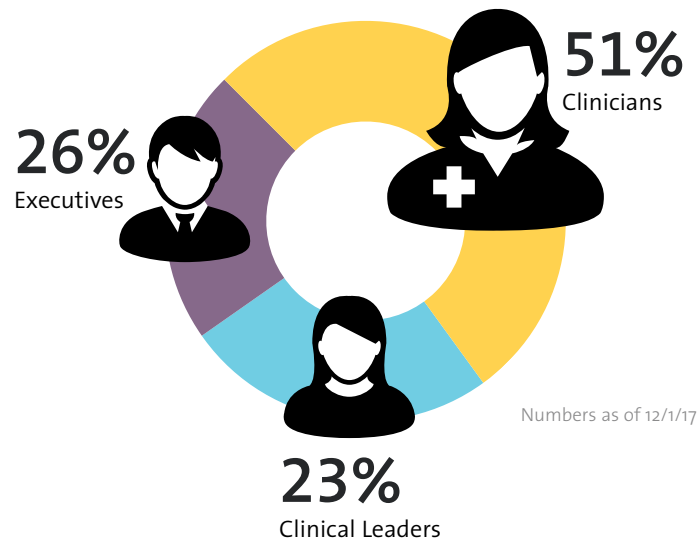
About the NEJM Catalyst Insights Council

The NEJM Catalyst Insights Council is a qualified group of US executives, clinical leaders, and clinicians at organizations directly involved in health care delivery.

The Insights Council receives and responds to monthly surveys focused on one of NEJM Catalyst's four core content pillars:



The NEJM Catalyst Insights Council provides perspectives on mission-critical topics centered on transformation and innovation in care delivery. We put data in the center of an all-inclusive professional dialogue that needs to happen in order for the health care industry to evolve and align with today's new value-driven economy.



We'd like to acknowledge the members of the NEJM Catalyst Insights Council. It is through their voice and commitment to the transformation of health care delivery that we are able to provide actionable data that convene a collaborative dialogue about moving the industry forward in a positive direction. Insights Council members participate in monthly surveys and the results are published as NEJM Catalyst Insights Reports, including summary findings, expert analysis, and commentary from NEJM Catalyst leaders.

To join your peers in the conversation, visit join.catalyst.nejm.org/insights-council.

