

Flipping the Frame on Leadership Development — Strategic Clinical Initiatives in the Foreground

**With a Case Study from the
University of Pennsylvania Health System**

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Who we are

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Academic culture is tough on leadership development

AMC culture devalues formal leadership roles. Leaders are seen as **“suits,”** **leaving behind the core mission of research and patient care.**

Clinicians who **worry they’re losing their identity** are reluctant to be “trained” in their new leadership roles.

AMCs have a **“buy” (vs. “build”)** **perspective** on acquiring leadership talent.

AMCs rely on motivated individuals to attend development programs by themselves, with **little support or accountability** for applying the learning.

Flipping the frame on leadership development — strategic clinical initiatives in the foreground

Strategic clinical initiatives ...

... that require new kinds of leadership skills

Initiatives linked to the core clinical passions of participants — initiatives they can get excited about **“within” their professional identity as clinicians.**

Organizational savvy is the most important of those new skills.

The world of healthcare is changing — and the most important new skills will be organizational ones

The new healthcare ...

Advances in medicine & technology — often across disciplines

Patients as **educated consumers**

Pressure to **lower costs, yet raise quality**

Bundled payments, ACOs, Medical Homes

Requires new skills ...

Working **across boundaries** in the continuum of care

Organizing care around the needs of the patient
(vs. traditional structures of discipline or function)

Influencing others to focus on outcomes

Working in **inter-disciplinary teams**

Academic Medical Centers are as organizationally complicated as it gets

“ Academic Medical Centers are the most complex organizations in existence. ”

— Peter Drucker

- ▲ **AMCs live in the worlds of government, education, social services, entrepreneurial business**
- ▲ **Multiple tribes**
- ▲ **Locus of innovation**
- ▲ **Hopes and fears of patients**
- ▲ **24/7, 365 days/year**

For an industry that's 16% of GNP, healthcare is way behind the corporate sector in leadership development

Industry Spend for Learning and Development — Percent of Payroll

Transportation, Utilities	3.82%
Manufacturing	2.88%
Technology	2.48%
Finance, Insurance, Real Estate	2.16%
Service Industry	2.13%
Government	2.02%
Agriculture, Mining, Construction	1.91%
Healthcare	1.55%

Many AMCs try “mini-MBA” exec education programs to catch up. But **these traditional formats lack traction and credibility** in a complex setting like an Academic Medical Center.

Source: Advisory Board

For AMCs, the business school frame isn't as powerful as one that taps into the passions of clinicians ...

... and makes them want to learn new skills that will help them do what they care most about.



Today's case — Penn Medicine Leadership Forum

1 From traditional executive — to major force for change

2 Supporting the teams and sustaining the gains

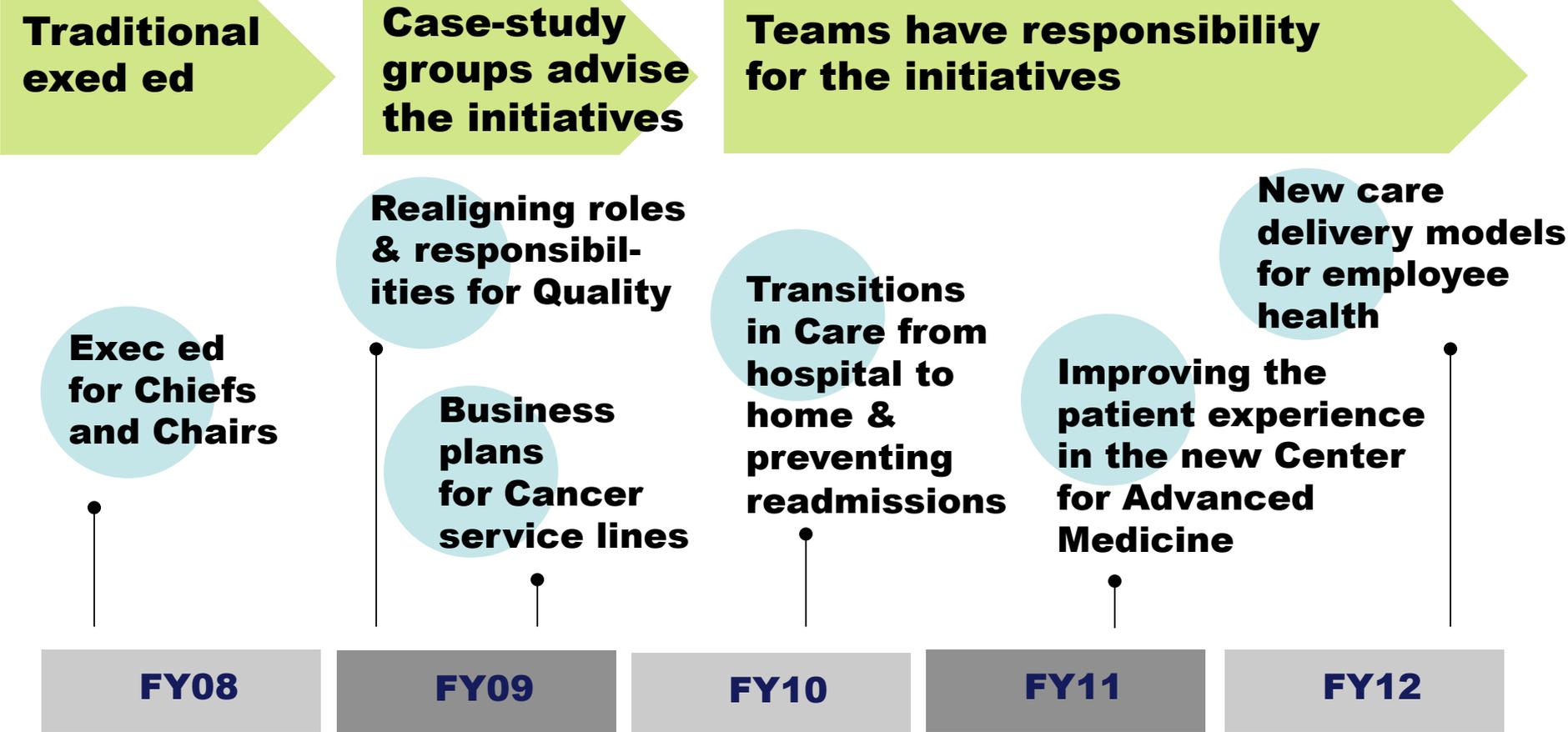
3 The “byproducts” have impact too

Penn Medicine Leadership Forum

A leadership development program with **emphasis on organizational skills** — applied to **major clinical initiatives.**

1 From traditional executive — to major force for change

The Leadership Forum has evolved into one of Penn's strongest forces for change, with a focus on major initiatives



Penn Medicine Leadership Forum

Real teams have responsibility for the initiatives

Unit Based Leadership

- **Nurse Leads** (30)
- **Physician Leads** (26)
- **Quality Leads** (17)

Case Mgmt, Social Work, Homecare (16)

CMO/CNO Alliance (14)

Other Senior Leaders (18)

Transitions in Care from hospital to home & preventing readmissions

Specialty Leadership

- **Nurse Leads** (30)
- **Physician Leads** (30)
- **Practice Mgrs** (31)

Quality Support (14)

Physician Practice Plan (20)

Improving the patient experience in the new Center for Advanced Medicine

FY08

FY09

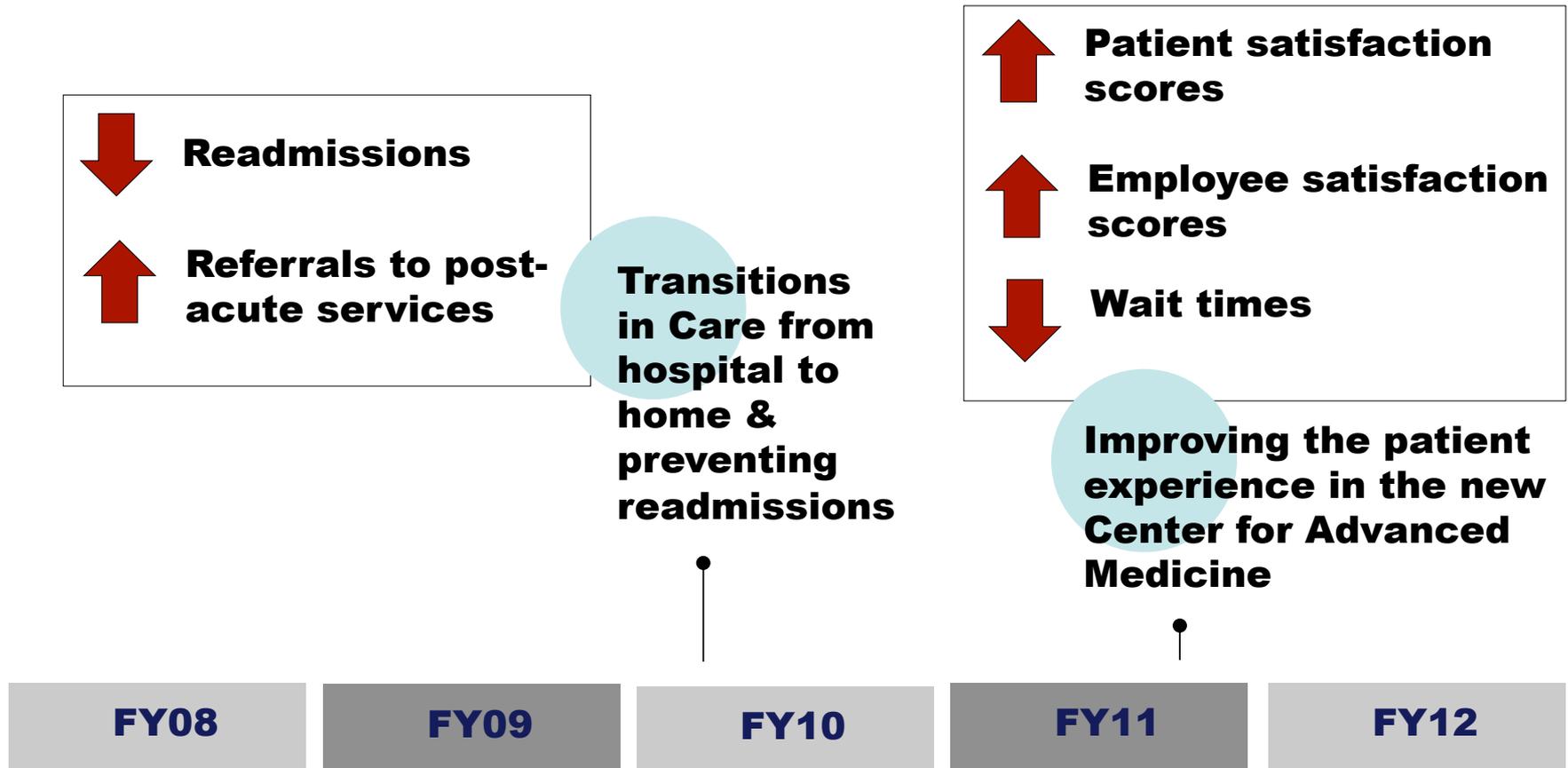
FY10

FY11

FY12

Penn Medicine Leadership Forum

The initiatives are showing results



And leadership development doesn't get crowded out

Time and attention are by far the scarcest resource in today's overloaded Academic Medical Centers.

Leadership development can get pushed aside, unless you **build it into something important that people need to do anyway.**



2 Supporting the teams and sustaining the gains

Curriculum that matters — one thing each cohort studies is healthcare economics and how funds flow in AMCs

Understanding the financial links helps the teams develop **sustainable clinical strategies** and stronger clinical programs.

The funds-flow session is always packed and extra people always show up. **We've learned to schedule a bigger room.**

“ When people say ‘It’s not about the money,’ **they mean it’s about the money.** ”

Frameworks to align the projects — so people see how they're part of a larger whole

The Leadership Forum shows people how their projects **fit together within the framework of the strategic initiative.**

Each team from the Transitions-in-Care cohort developed a project that fit **UPHS' seven-lever model for Transitions.**

Transitions in Care from hospital to home & preventing readmissions

UPHS Transitions Model — Seven Levers

Screen for patients at greatest risk

Real-time readmissions feedback to actively manage patients

Interdisciplinary care planning

Links to post-acute follow-up services

Primary care follow up

Med mgmt across the continuum

Educating & red flag mgmt

The biggest incentive of all — Penn is prepared to take action on what the teams learn

Nothing is a stronger incentive than seeing your work taken up across the health system
— **and knowing that people are counting on you.**

For the Transitions-in-Care cohort, Penn integrated the best of the projects into **“design specs” for a system-wide Transitions process.**

And Penn is counting on those teams to continue **implementing the Transitions process at ground level.**

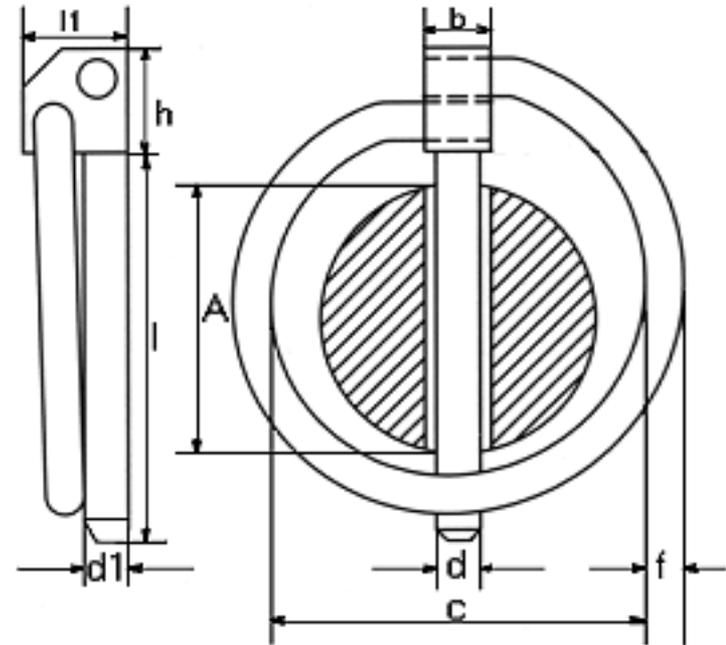


Transitions in Care from hospital to home & preventing readmissions

Two linchpins for action learning are built into the Leadership Forum

Coaches from the Leadership Forum help each team frame, execute, evaluate and communicate its project.

Each team presents its project to the Sponsors, for direction and next steps.



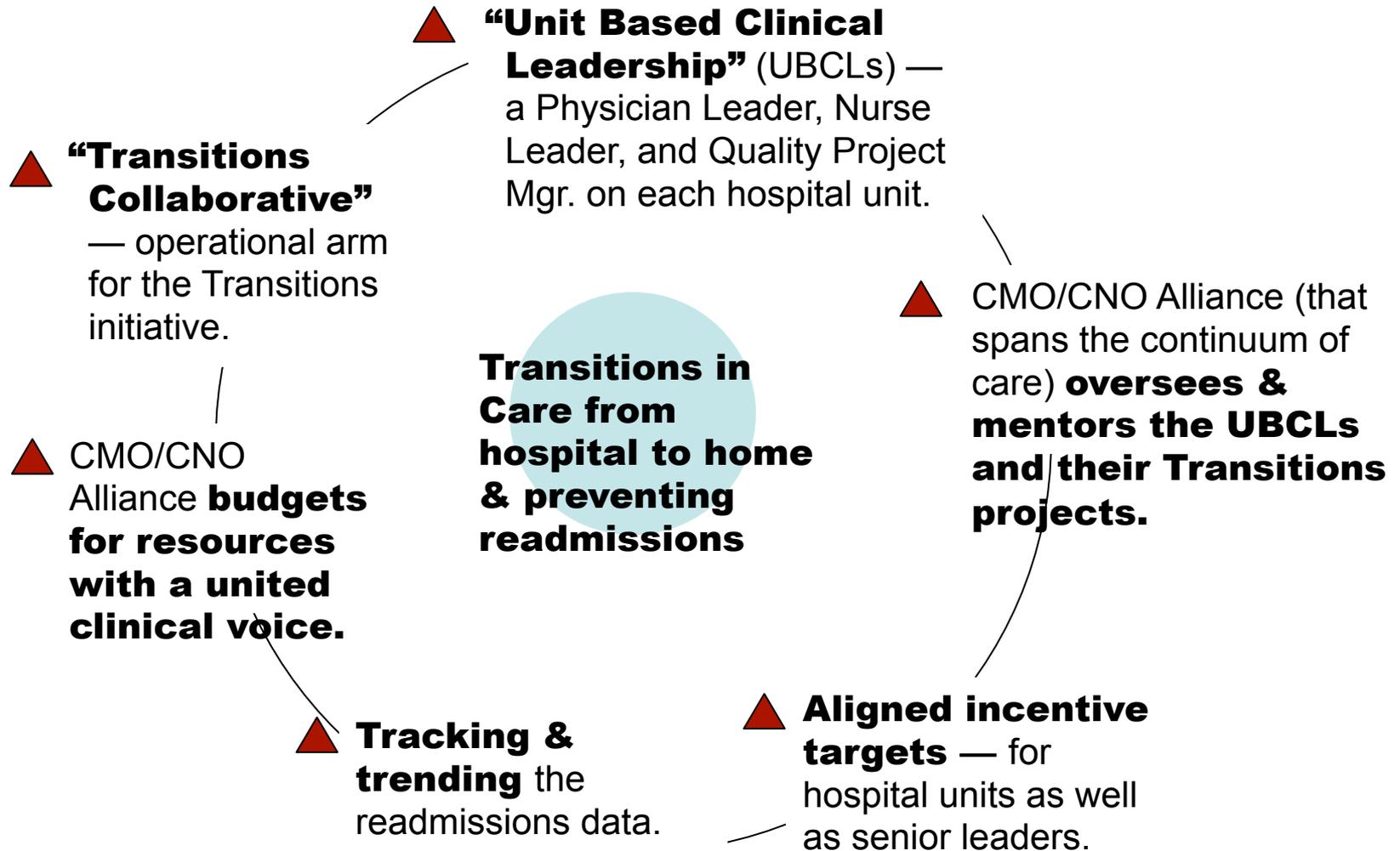
Sustaining the gains — some multi-purpose infrastructures are at the institutional level

Leadership coaching — For Leadership Forum alums and others, with emphasis on “interfacing with the system” to get things done, and influencing across boundaries.

The Square — New organizational social network platform for Penn Medicine, with Leadership Forum strategic initiatives as the first testbeds.

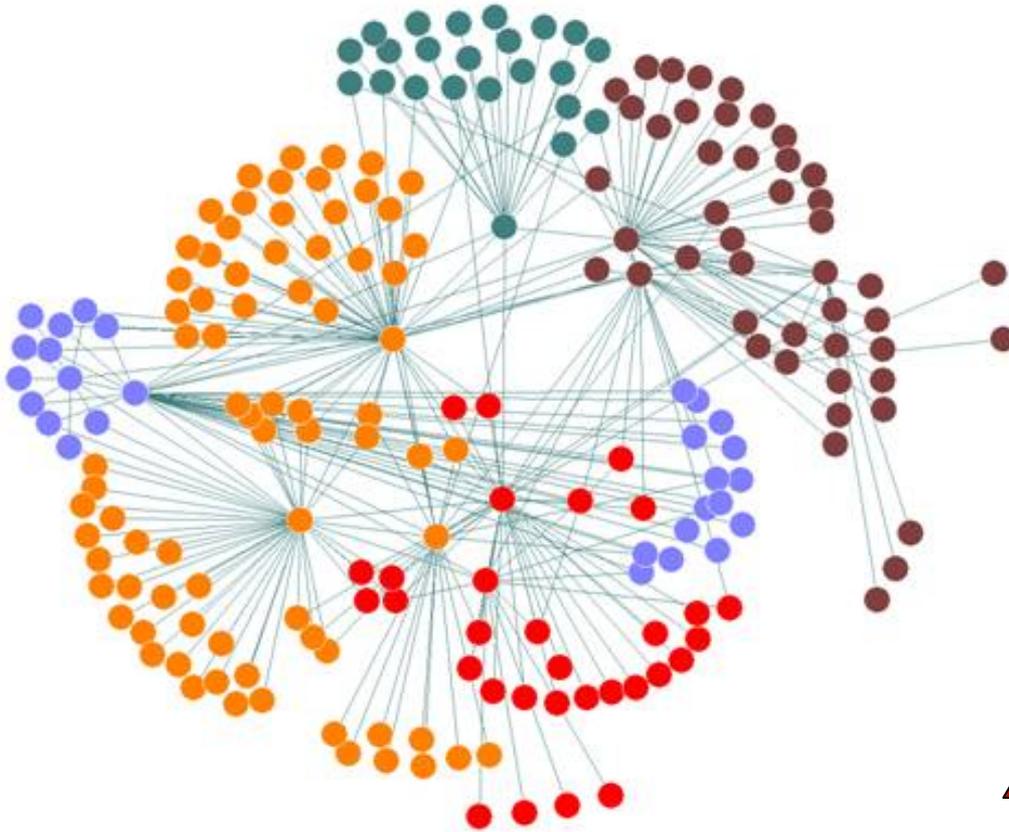
PMLF “marketplace” — Follow-up conferences for Leadership Forum cohorts, so teams can learn from each other about what’s been working.

Other infrastructures are specific to each strategic initiative



3 The “byproducts” have impact too

With the “system in the room,” Penn is creating new networks across functions and disciplines



▲ Homecare is moving from “**vendor**” to **clinical partner**, in the eyes of its system counterparts.

▲ Advanced Practice Nurses — an under-tapped resource — are **leveraged more fully to prevent readmissions.**

▲ The Lung Center sees a **dramatic connection** between employee engagement and the patient experience.

From “push” to “pull” — counting on corporate offices in new ways

Corporate offices like Finance, Quality, HR and Marketing can be perceived as **pushing for compliance, not providing support.**

The Leadership Forum **sets up “pull” for their services.**

The Transitions Forum whetted the appetite for performance improvement outcomes and skills. **In response, Penn developed a performance improvement program** tied to real-life initiatives in Quality, Finance, People, and Service.

Performance Improvement in Action

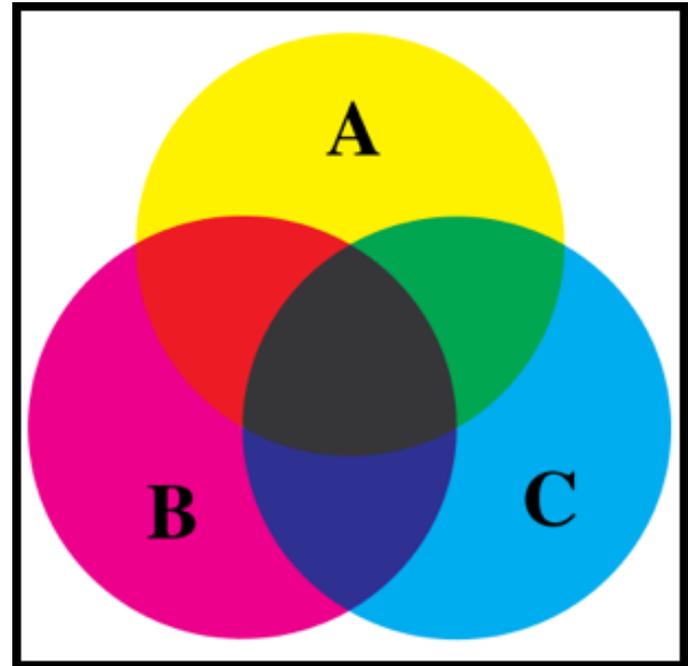
The Forum cohort that developed business plans for the Cancer service lines counted on corporate offices for analysis of **volumes, margins, market competitors and patient feedback.**

Business plans for Cancer service lines

Interdisciplinary learning is organic, not forced

AMCs often assume that physicians won't participate in learning programs that "mix" disciplines. Physicians have their own methods, styles and venues for learning. Their time is scarce and physicians worry that other disciplines will slow them down.

With its focus on strategic clinical initiatives, Penn's Leadership Forum **taps into disciplinary differences** — at the same time it provides **opportunities for the team to learn together.**



The leadership program refreshes itself

Penn's **clinical strategy determines the focus** of the Leadership Forum each year.



The focus determines the sponsors.

And the participants.

And shapes the projects.

Faculty (senior leaders and outside experts) can't just dust off their slides. They have to **tailor their concepts and develop new case material** to fit the issues.

New roles for sponsors — from blessing the leadership program to needing it to get their work done

Exec education sponsors **traditionally show their support** by nominating participants and by kicking off the program.

With Penn's focus on strategic initiatives, the sponsors are much more active. They **count on the program in order to accomplish their own work.**

In fact, it's **leadership development “in disguise”** for the sponsors themselves.

Talent spotting — people keep getting promoted

With a focus on real work, people keep getting noticed **in ways that advance their careers.**

The Leadership Forum creates networks of innovation with **wider visibility and exposure**, and spots talent for new initiatives and new roles.

▲ Two young physicians who were particularly active in the Leadership Forum have each been **promoted to CMO of one of our hospitals.**

▲ A nurse who helped pull together one of the initiatives is **on her way to a COO job.**

▲ The Leadership Forum has become a major feeder for Penn's yearly **talent assessment roster.**

▲ The young physician who **held his own with two Chairs** in his case-study group has been tapped for bigger things.

Flipping the frame on leadership development — strategic clinical initiatives in the foreground

It's a double win for your institution ...

Strategic initiatives that anticipate the new world of healthcare **are stronger** because people have those skills

Leaders develop the organizational skills they'll need for the new world of healthcare

And a new approach to leadership development ...

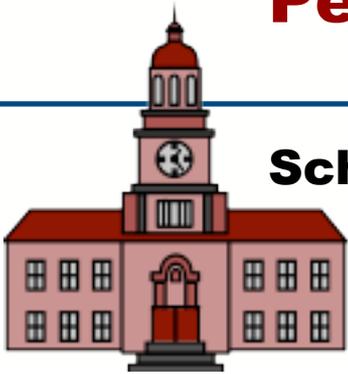
WITH THE SCALE to affect how Academic Medical Centers perform.

AND WITH A FOCUS on the organizational savvy that is as important as “individual” leadership skills.

Q&A — We welcome your questions, thoughts, & experiences



Penn Medicine — Philadelphia, PA



School of Medicine



University of Pennsylvania Health System

Hospital of the
University of
Pennsylvania

Pennsylvania
Hospital

Penn
Presbyterian
Medical Center

Penn Home
Care & Hospice
Services

Perelman
Center for
Advanced
Medicine

Faculty
Practice Plan

Primary Care
Provider
Network

Multi-specialty
Satellite
Facilities

CFAR — Center for Applied Research, Inc.

CFAR is a management consulting firm that specializes in **strategy, change and collaboration.**

Our clients are from **academic medical centers, hospital systems,** universities, foundations, and the corporate sector.

A spinoff of the **Wharton School of the University of Pennsylvania,** CFAR has offices in Philadelphia and Boston.

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Resources on the UHC website

Penn's Leadership Development Model

Penn's four-tier model for leadership development — Leader Orientation, Leader Foundations, Applied Learning, Preparing Future Leaders.

The Power of "Small" Leadership

Small actions, with big leadership impact.

Taking a Leadership Role from Within

Strategies for taking a fresh perspective when you've been promoted from within.
