Using Dyad Partnership to Drive Physician Integration
Bob Hemker is President and CEO of Palomar Health. Previously, he served as Chief Financial Officer of Palomar Health, and also as the Interim President and CEO.

A 31-year veteran of the healthcare industry, Bob has extensive experience managing the financial and operational aspects of healthcare organizations, working closely with community, physicians and board representatives. His career includes CFO, COO and CEO experience in for-profit, not-for-profit, and governmental acute care hospitals in Southern California and Hawaii, as well as consulting experiences to various healthcare sectors.

He serves as a Board Member of the Hospital Association of San Diego and Imperial Counties and was named the San Diego Business Journal’s 2009 government sector Chief Financial Officer of the Year. He is a frequent speaker at the local, regional and national level on healthcare financial management topics.
Duane Buringrud is a senior partner and OB GYN in the medical group that he founded 33 years ago in Escondido, CA. He is the former Chief Medical Quality Officer for Palomar Health. In 2013, Duane took the role of Chief Physician Leadership Development Officer and assumed responsibility for leadership development for Palomar Medical Directors, Medical Executives, and Department Chairs.

Duane is highly respected for his leadership and medical quality. He is a Diplomat of the American Board of Obstetrics & Gynecology, and the National Board of Medical Examiners. He has been named San Diego Magazine "Top Doctor" 2004; "Physician of the Year" at Palomar Medical Center in Surgery (2004); "Physician of the Year" at Birth Center (2007). He has served as Chief of Staff at Palomar Health; and Chairman of the Department of OB-GYN.
Leslie Solomon, M.S. is an executive coach, organizational development practitioner, and human resources strategist. She is a certified feedback coach and has extensive experience designing, developing and delivering leadership development programs.

Leslie has an accomplished history working with top executives in Fortune 500 and Fortune 100 companies. She is highly adept at leveraging research and design skill for success in organizational diagnosis, management assessment, performance management and change management.

At Palomar Health, Leslie oversees Physician and Staff Engagement efforts and Leadership Development for all leaders.
Tracy Duberman, Ph.D. is an executive coach, organizational development consultant, business owner, frequent keynote speaker, Board member of the Physician Coaching Institute, and a Fellow of the American College of Healthcare Executives.

With a background combining business experience with innovative research on healthcare/physician leadership effectiveness, Tracy founded The Leadership Development Group, Inc. - a firm devoted to developing healthcare leaders and physician executives. TLD Group works with leaders to improve performance through educational workshops, tailored on-site leadership development programs, such as The Applied Physician Leadership Academy and tailored individual coaching for physician and healthcare leaders.
Learning Objectives

• Gain knowledge of innovative approaches to dyad partnerships for physician integration

• Discover, through our case study, how to develop the skills sets and mindset needed to lead these highly effective partnerships

• Learn how various types of partnerships (dyads, triads, teams) impact organizational success
Agenda

• Retrospective
  – Setting the Stage
  – Palomar Health Story

• The Journey
  – Dyad Partnerships
  – Physician Leadership Academy

• Prospective
  – Palomar Health 2015 and beyond

• Q&A
Setting the Stage
The Destination

Engagement of physicians to provide the leadership needed to drive superior patient care
Key Challenges

- Independent, small physician practices and large multi-specialty corporations
- Lack of “Chief” in the C-Suite
- Lagging performance on HCAHPS scores and Press Ganey indicators
- Need to develop physician leaders as partners in meeting system, operational and clinical performance goals

“How will we influence our physicians when they aren’t employed?”
Leadership as the Starting Point

- Leader Behaviors
- Organizational Climate/Culture
- Bottom Line Performance
Building Performance Leadership

“Leadership has been identified as the most important ingredient in transformational improvement.”

From Joint Commission Resources presentation; Executive quality improvement survey results.
Journal of Patient Safety. 2 March 2006
# Healthcare Transformation Requires New Leadership Model

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Patient-Centered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focused on disease</td>
<td>Focused on the patient</td>
</tr>
<tr>
<td>Disease management</td>
<td>Health optimization</td>
</tr>
<tr>
<td>Reactive</td>
<td>Proactive</td>
</tr>
<tr>
<td>Find it, fix it</td>
<td>Identify risk, minimize it</td>
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<tr>
<td>Sporadic</td>
<td>Lifelong planning</td>
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<tr>
<td>Physician-directed</td>
<td>Partnership-based</td>
</tr>
<tr>
<td>Biomedical interventions</td>
<td>Whole person approaches</td>
</tr>
<tr>
<td>Individual left to enact</td>
<td>Resources/support for implementation</td>
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</tbody>
</table>

Adapted from Ralph Snyderman, MD
Characteristics of Partnerships

**Physician Leader**
- Quality of the Clinical Professionals and Work
- Provider Behaviors
- Provider Production
- Clinical Innovation
- Compliance
- Patient Care Standards
- Clinical Pathway/Model Management
- Referring Physician Relations
- Provider "Leverage"

**Non-Clinical or Nurse Leader**
- Mission
- Vision
- Values
- Strategy
- Culture
- Overall Performance
- Inter-organizational relationships

- Quality and safety
- Operations
- Functional pathways
- Revenue management (budgeting)
- Capital planning
- Staffing
- Supply chain management
- Support systems/services
What Makes For Successful Partnerships

• Work together to:
  – Set goals
  – Create operating/capital budgets
  – Implement initiatives, such as staffing/recruiting plans
  – Oversee operating and clinical performance

• Initiatives are not made without consultation and collaboration

• Shared responsibility and equal accountability

• Interdependent, not independent

• Trust
“When I listen to physicians speak, I notice that they infrequently speak in the plural. Physicians usually say “I” and “me,” but rarely “we” and “us.” They do not have a collective identity. The transcendent value is individual autonomy.”

### Dyad as a Mindset

<table>
<thead>
<tr>
<th></th>
<th>Fixed Mindset</th>
<th>Growth Mindset</th>
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</thead>
<tbody>
<tr>
<td><strong>Conversations</strong></td>
<td>Punish dissent</td>
<td>Open to dissent</td>
</tr>
<tr>
<td><strong>Rejection</strong></td>
<td>Revenge</td>
<td>Forgive and forget</td>
</tr>
<tr>
<td><strong>Negotiations</strong></td>
<td>Setbacks reduce effort</td>
<td>Persist to win-win</td>
</tr>
<tr>
<td><strong>Employee capability</strong></td>
<td>Fixed</td>
<td>Can be developed</td>
</tr>
<tr>
<td><strong>Their message</strong></td>
<td>I will judge you</td>
<td>Challenge &amp; nurture</td>
</tr>
<tr>
<td><strong>Employee development</strong></td>
<td>Provide little coaching</td>
<td>Zest for teaching</td>
</tr>
<tr>
<td><strong>Employee improvement</strong></td>
<td>Ignored</td>
<td>Reinforced</td>
</tr>
</tbody>
</table>

*Dweck: Mindset: The New Psychology of Success (2006)*
The Palomar Health Story
Palomar Partnership Model

• **Partnerships** to be better positioned for the future of value-based care and team-based delivery

- Administration
- Medical Executive

- Medical Director
- Nursing Unit Leader

- Department Chair
- Medical Director

Aligned strategically

Aligned operationally

Aligned philosophically
Goal of Physician Leadership Program:

- Build Physician Engagement and Strengthen Physician Leadership Capability at Palomar Health to facilitate:
  - Development of Physician Culture
  - Collaboration between MD-Nursing-Administration
  - Accelerated integration of new physicians

Diagram:

- Administration
- Medical Executive
- Medical Director
- Nursing Unit Leader
- Department Chair

Aligned strategically
Aligned operationally
Aligned philosophically
Roles of Physician and Nursing Leaders

- Patient Care Coordination
- Patient Experience
- Unit Scorecard
- Unit based physician oversight

Medial Director

- Medical Quality
- Credentialing and On-Boarding
- Peer Review
- By-Laws

Nursing Director

- Nursing Strategy Implementation
- Unit Climate for Optimal Patient Experience
- Business Planning and Operational Scorecard

Dept. Chair

- Oversight of Patient Experience 24/7
- Tactical Implementation: Rounding, Performance Standards, Operational Performance

Nursing Mgr.
The Model & Design

Top Physician Applied Leadership Competencies:

1. Leading Self: Taking ownership of self development
2. Leading Others: Building and developing teams
3. Leading Change: Building resilience and leading through transitions
4. Leading for Results: Applying strategy and decision making for outcomes
5. Leading for Collaboration: Building relationships shared success
Physician Leadership Development

Physician leaders will benefit most from learning that occurs on the job and with interaction from peers, coaches and mentors.

- **70%**: On-the-job Training
- **20%**: Coaching Mentoring
- **10%**: Lecture
Metrics for the Program:

• Physician Engagement Survey Response Rates (year 1-3)
• Physician Leadership Engagement Mean Scores (year 1-3)
• Improved Patient Satisfaction (year 1-3)
Strategic Partner Roadmap

Dyad Partner

Business Partner

Strategic Partner

We are here
The Academy of Applied Physician Leadership (AAPL)
Academy of Applied Physician Leadership (AAPL)
The Solution: Academy of Applied Physician Leadership (AAPL)

- Multi-faceted approach designed to build physician engagement, strengthen physician leadership capability, and facilitate collaboration between physicians, nurses, and administrators
  - 1:1 assessment and coaching, including emotional intelligence (EI) development
  - Learning modules and application sessions
  - Partnership Activation projects
Mental Model
Partnership Activation

- A key component of Palomar Health’s AAPL, was implementing a Partnership Activation Process to enable clinical dyads to enhance their collaborative leadership skills
What is Partnership Activation?

• An experiential learning platform to enable clinical partners to enhance their collaborative leadership skills in an effort to enhance patient outcomes.

• Process that enables partnerships to identify solutions to problems that provide immediate, measurable impact and organizational results.
Partnership Activation Projects

- Participants were broken into Partnership Activation groups consisting of physicians and nurses from both inpatient hospital units and outpatient clinics.
- Groups were facilitated by an Action Learning Coach and were asked to pick a project that would impact their units in a positive way.
- Groups met on a monthly basis over a 4-month period to work on their projects.
Partnership Activation Process

Kick-Off
- Intro to activation
- Partner styles
- 5 potential dysfunctions of partnership
- Building trust
- Key leadership skills
- A3 approach for project planning
- Peer coaching

Partnership Project Work
- Work through A3 approach for project planning
- Engage key stakeholders

Partnership Activation Meetings
- 3 structured 2-hour sessions
  - Leadership development clinic
  - Progress check and peer coaching

Presentations
- Partnerships present projects and key learnings at gala event
- Celebrate results and leadership development

Month

2015 CONGRESS ON HEALTHCARE LEADERSHIP
The A3 Approach to Project Planning

<table>
<thead>
<tr>
<th>Identify the Problem</th>
<th>Desired State</th>
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</thead>
<tbody>
<tr>
<td>• What is the problem to be solved?</td>
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<tr>
<td>• What is the potential impact on the organization?</td>
<td></td>
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<tr>
<td>• Who are the key stakeholders</td>
<td></td>
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<tr>
<td>• What are best-in-class organizations doing to address this issue?</td>
<td></td>
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<tr>
<td>• What is our vision of success?</td>
<td></td>
</tr>
<tr>
<td>• What critical success factors need to be in place to ensure success?</td>
<td></td>
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<tr>
<td>• How will we measure success?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Obstacles/Challenges</th>
<th>Solutions/Actions</th>
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</thead>
<tbody>
<tr>
<td>• What solutions have already been tried and what have been the results?</td>
<td></td>
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<tr>
<td>• What are some potential obstacles and barriers to developing and implementing a solution?</td>
<td></td>
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<tr>
<td>• What is an effective, implementable solution? What resources are required?</td>
<td></td>
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<tr>
<td>• What stakeholder involvement?</td>
<td></td>
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<tr>
<td>• What will be an effective plan?</td>
<td></td>
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<tr>
<td>• How can we monitor our progress? How will we assess results</td>
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</table>
Partnership Activation Peer Coaching

1. **What?**
   Active Listening

2. **So What?**
   Reflective Questioning

3. **Now What?**
   Challenging Assumptions

4. **What Did We Observe?**
   Giving Feedback
## List of Projects

<table>
<thead>
<tr>
<th>Process Improvement</th>
<th>Clinical Improvements</th>
<th>Business Growth</th>
<th>Patient Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving the Mother-Baby Discharge Process</td>
<td>Behavioral Health Services: Older Adult Program</td>
<td>Expansion of Acute Rehab Services at PHDC</td>
<td>RN/MD Rounding: “No MD Rounds Alone”</td>
</tr>
<tr>
<td>Improving Patient Discharge Times</td>
<td>Enhanced Wound Management</td>
<td>Outpatient Lab Partnership w/ Arch Health Partners</td>
<td>“Sending Someone to the ED”</td>
</tr>
<tr>
<td>Hospital to Skilled Nursing Transition</td>
<td></td>
<td>Expansion of Sub-Acute Care to PHDC Mobile Services Business Plan</td>
<td>Improving MD &amp; RN Communication</td>
</tr>
<tr>
<td>“Sending Someone to the ED”</td>
<td></td>
<td></td>
<td>Surgical Patient Education Booklet</td>
</tr>
<tr>
<td>Physician-Specific Dashboards</td>
<td></td>
<td></td>
<td>Palomar Health Care Transitions Program</td>
</tr>
<tr>
<td>Patient Safety in the OR</td>
<td></td>
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</table>
Overall Impact (cont.)

- Participants gained valuable learning competencies including:
  - An understanding of how their emotional intelligence impacts others
  - Knowing their role as a physician leader
  - Having a clear purpose for their partnership relationship(s)
  - Driving patient satisfaction and physician engagement
  - The ability to use active listening and clarifying for understanding
  - The ability to demonstrate empathy
  - The importance of branding and communication in a change process
Key Impacts: Dyad Alignment

One year improvement in dyad ratings of:
- Meeting frequency
- Trust
- Tracking issues
- Communicating
- Using Dashboards
- Patient Satisfaction
- Employee Engagement
- Joint Decision Making
(1= Very Poor – 5 = Very Good)

Participants provided significantly higher ratings of their dyads compared to 1 year prior.
Overall (p < .001)
FY 15 AAPL Cohort

MODULE 9: Business Strategy and Finance

Dyad Activation: Business Projects

Financial Skills Clinic

Financial Skills Clinic

Financial Skills Clinic

Capstone
- Celebration
- Presentations of Learning Year 1

Feb
Mar
Apr
May
June

2015 CONGRESS ON HEALTHCARE LEADERSHIP
“Dyad isn’t the end-game, it’s the door opener”

Bob Hemker, CEO Palomar Health
Dyad Leverage Today

Patient First:
- Right Care
- Right Time
- Right Place

Operational
- Throughput

Strategic
- Care Continuum

Financial
- Medicare Cost Structure
Structure: Dyad to Triad

3 Separate Relationships is not a Triad

- Responsible for the quality of relationship between the other two

“Triad”
- Shared Values
- Project

Triads for Patient Focus

• Strengthening patient care
• Shared values of “Patient First”
Executive Role: Integrate and Align

- Alignment of Medical Director Dyads
- Alignment with External Relationships
- Alignment with Medical Staff
Palomar Partnership Model

- **Partnerships** to be better positioned for the future of value-based care and team-based delivery

  - Administration ↔ Medical Executive: Aligned strategically
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  - Department Chair ↔ Medical Director: Aligned philosophically