

# *Establishing an Effective Oncology Leadership Strategy*

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# Agenda

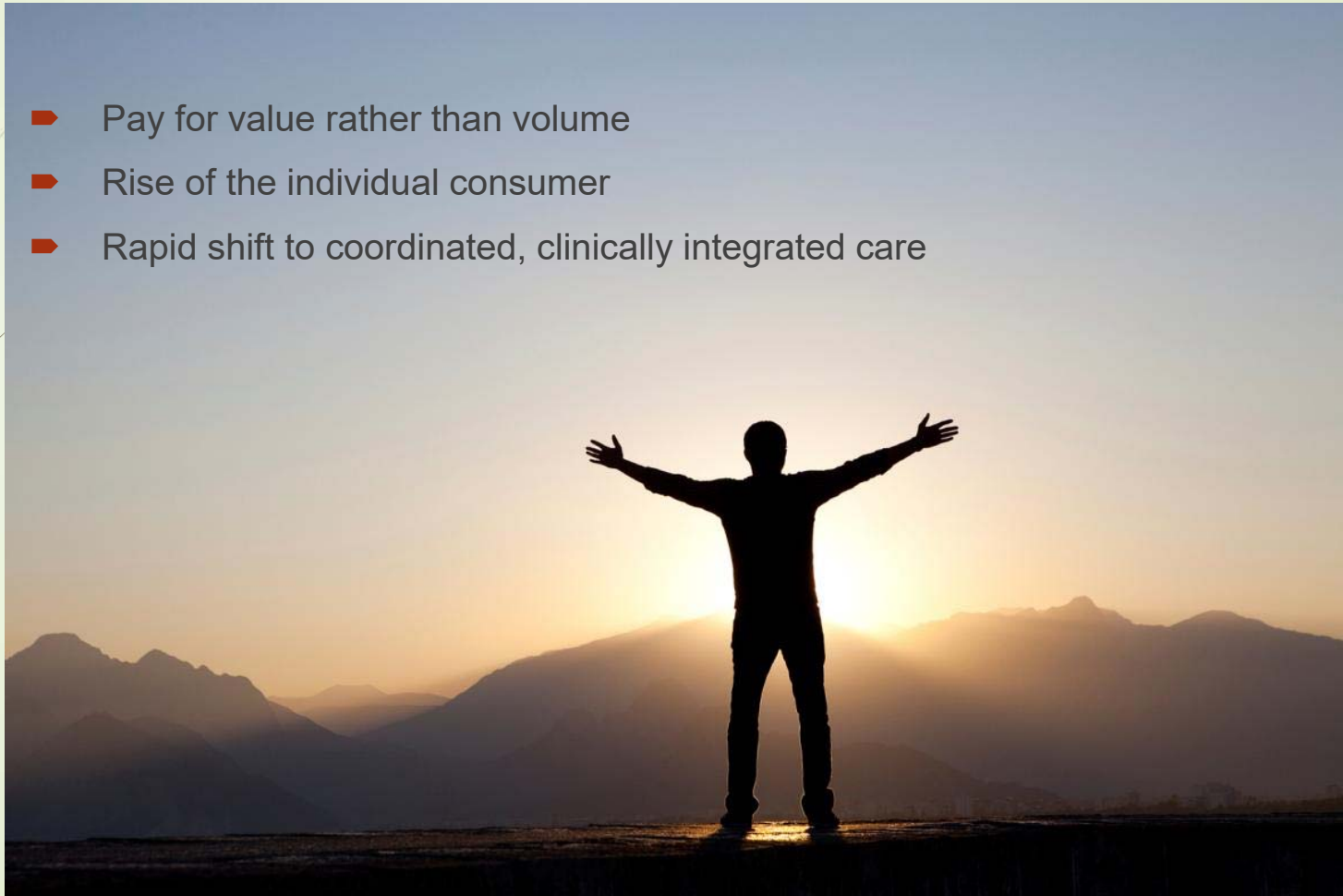
- The imperative for an effective leadership strategy
- Securing executive engagement and support
- Physician leadership – most important/often missing
- The dyad leadership model
- OSL leadership and governance structure
- Cascading the structure for tumor site programs



Why an effective leadership strategy/structure is so critical

# A revolution in health care

- ▶ Pay for value rather than volume
- ▶ Rise of the individual consumer
- ▶ Rapid shift to coordinated, clinically integrated care



# Imperative for an effective OSL leadership strategy



# Old model no longer works



Cancer  
Committee



Administrative  
Director/  
Medical Director



Highly Effective  
Leadership Structure

# Leadership structure must support key components of organizational design



Source: ECG Management Consultants, "The Strategic Imperative of Adapting the Hospital's Management Structure", available at: <http://www.healthleadersmedia.com/content/86219.pdf>, accessed September 4, 2012; Oncology Roundtable interviews and analysis.



## Executive Leadership: Role and Needs



Before we go anywhere...



- ▶ A health system should avoid investing large amounts of capital, physician's management time, or executive leadership in non-priority service lines.

# Strategies to engage and inform executive leadership

- ▶ Creating bidirectional dialogue of value
  - ▶ Service Line Definition/Composition
  - ▶ Care Coordination Complexities
  - ▶ Consistent Connection to Institutional Priorities



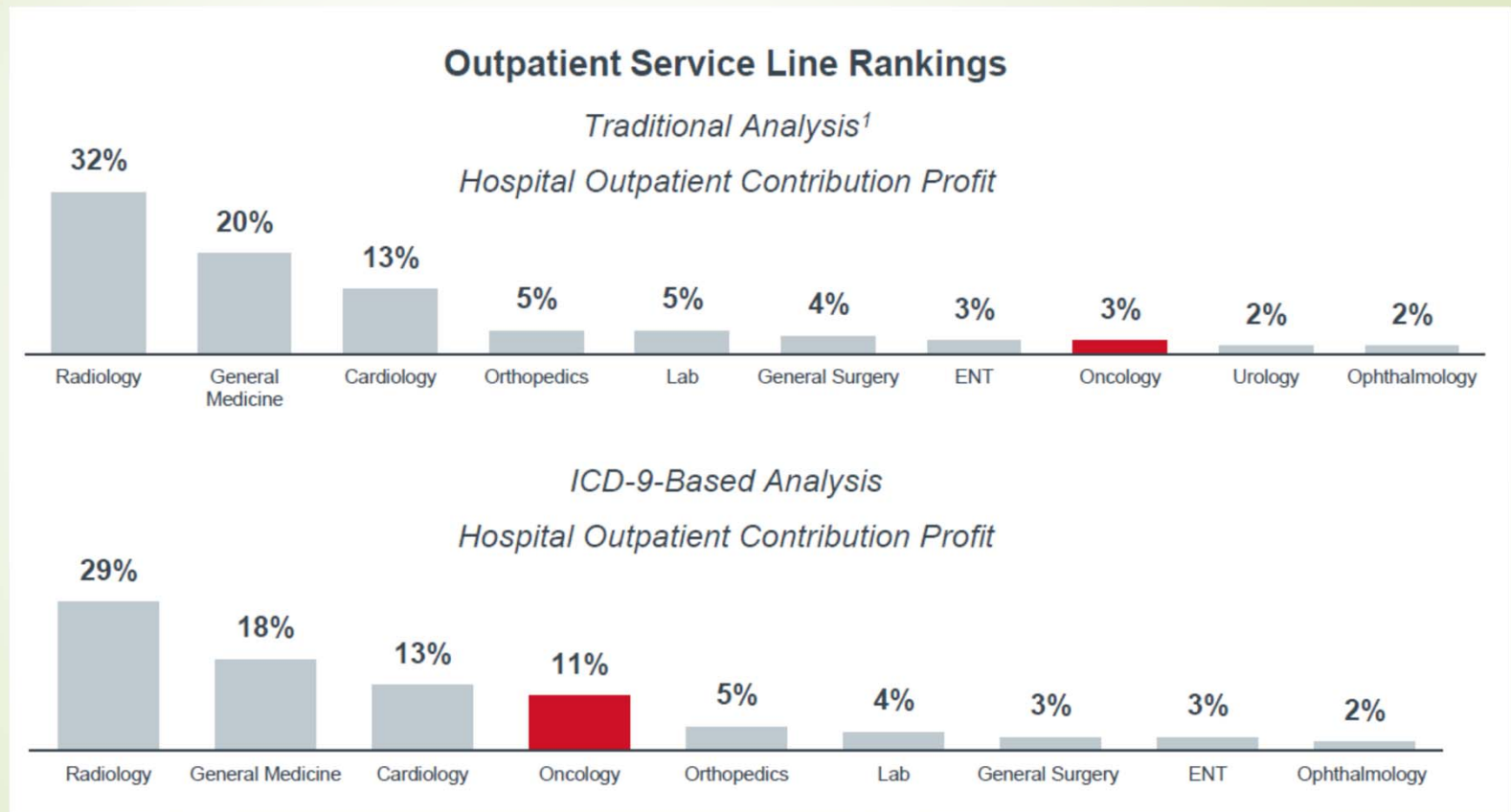
# Service Line Definition – Broad Variation

## ► Executive Engagement Strategies

		<i>Hospital Departments</i>						
		Infusion	Radiation Therapy	Inpatient Medicine	Surgery	Imaging	Lab	Pharmacy
<i>Physician Specialties</i>	Medical Oncology	■	■	■	■			
	Radiation Oncology	■	■	■	■			
	General Surgery	■	■	■	■			
	Thoracic Surgery							
	Radiology							
	Pathology							

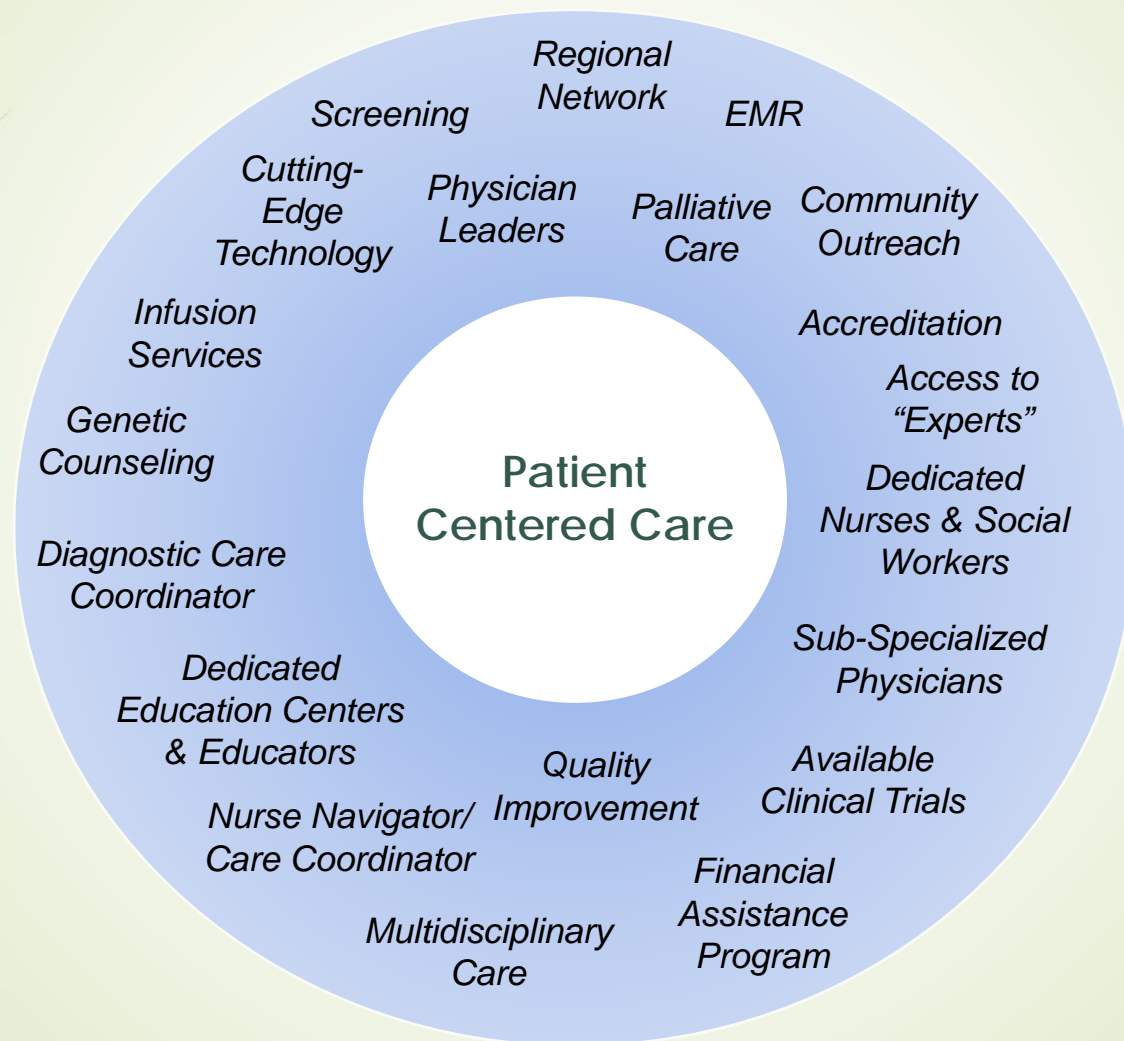
# Service Line Definition

- Broader definition better captures OSL impact



Source: The Advisory Board Company

# Leverage Care Coordination Complexities



# Evolving Service Line Responsibilities

## Scope of Service Line Responsibilities



*Traditional  
service line focus*

*Expanded service  
line focus*



Source: The Advisory Board Company

# Care Coordination Activities

## ▀ Opportunities

- Create visuals to highlight current fragmentation
- Re-focus on the patient experience and keeping the patient at the center of all efforts
- Continuous education regarding required investment for care coordination across continuum

# Always Connect to the Organization's Priorities

- Keeping senior leaders connected requires continuous translation







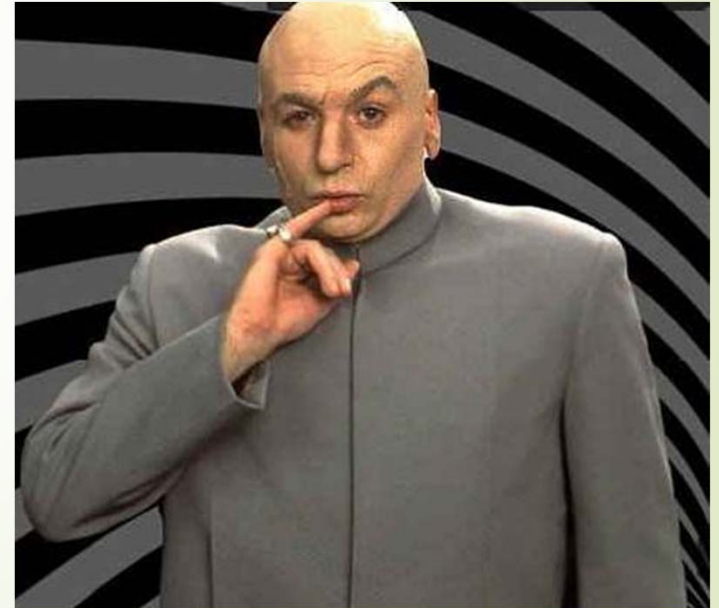
# Physician Leadership in the Oncology Service Line

# Relationships with Physicians

► For some....

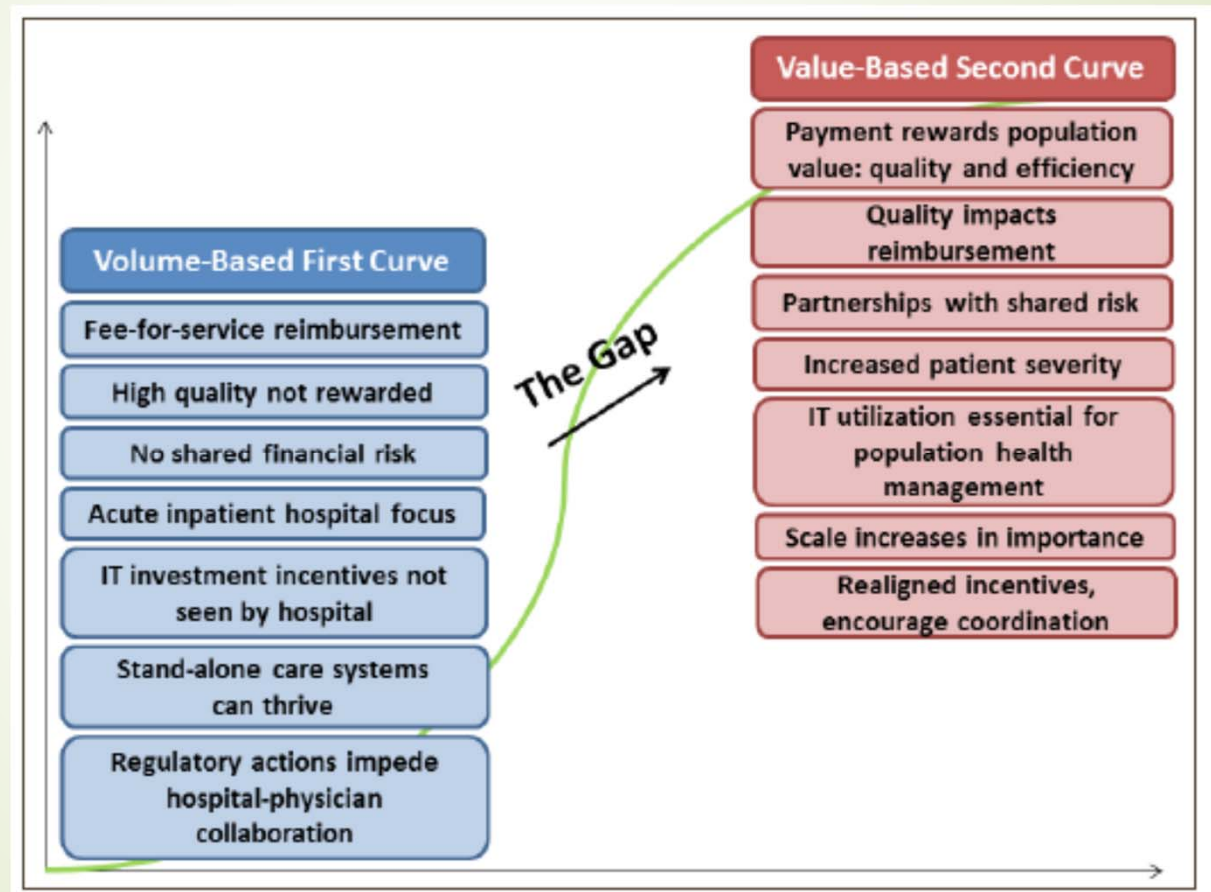


► For others...



# The Evolving Landscape for Healthcare

- Why we need physician leaders



Adapted from Morrison, 2011.

# Physician leadership makes a difference

## ► Objective findings

- 2013 US News and World Report Hospital Rankings
  - Top 5 are physician led
  - 10 of 18 are physician led
- 2011 Study of association between physician leadership and performance
  - Indicated that “the best performing hospitals are led disproportionately by physicians.”
  - Quality scores in oncology were 33% higher for physician led institutions
- McKinsey & Co examined factors associated with healthcare productivity
  - Physician leadership a key contributor to organizational performance across domains (quality, patient satisfaction, and financial margins)

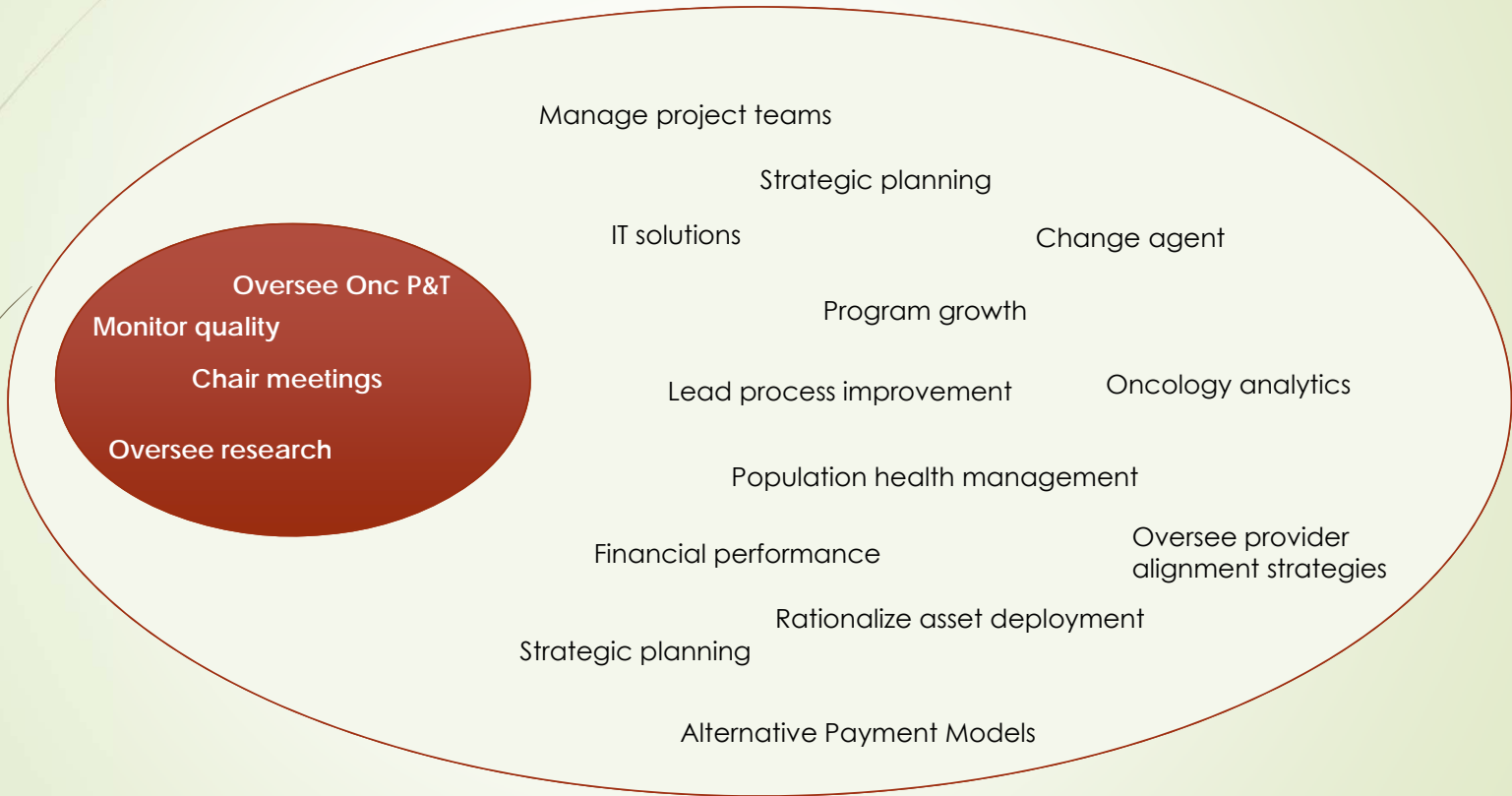
Goodall, AH. Physician-leaders and hospital performance: Is there an association? Social Sci and Med. 2011.  
Mountford, J Webb, C. When clinicians lead. The McKinsey Quarterly. 2009.

# Benefits of physician involvement in OSL leadership

- Experts in “core business” of caring for human beings
- Physician leaders can serve as “interface agents”
  - Inherently greater trust among physicians
  - Shared training, vocabulary, and cultural experiences
- Clinical considerations may sometimes trump operational paradigms
- Familiarity in multidisciplinary environments

# The Next Era of Physician Leadership

► This is not your father's medical directorship



Adapted from the Advisory Board Company

# Selecting Optimal Physician Leaders is not Straightforward

- ▶ Clinical Excellence  $\neq$  Leadership Excellence

# Core competencies evolving based on role

## Physician Core Skills

- Medical knowledge
- Patient Care
- Practice-based learning
- Professionalism
- Interpersonal/communication skills

## Next Generation Core Skills

- Systems theory and analysis
- Utilization of IT and analytics
- Cross-disciplinary team leadership
- Models of care awareness
- Expanded knowledge
- Relationship management
- Influence skills
- Authenticity
- Capacity to inspire

Do not underestimate the value of investing in physician leadership training



# Keeping Physician Leaders Enfranchised

## ▀ Clinical Pearls

- Acknowledge the value of time spent out of the clinic
  - Understand what \$\$ will and will not accomplish
- Identify where the physician's passion and organizational needs converge
- Leverage the physician's desire to build something bigger and deeper than he/she could build alone
- In general, emphasize a strategic focus
- Ensure meetings are action-focused
- Establish structured performance reviews and feedback
- Invest in leadership training

# Dyad Leadership

- ▶ When One Plus One is Greater than Two

# Suits versus Coats

- ▶ Cultural differences are nothing new

<b>Physician</b>	<b>Administrator</b>
Values autonomy	Values interdependence of bureaucratic structures
Advocates for his or her “own” patients	Advocates for hospital as a whole, patients as a group
Focuses on finance of own area	Focuses on finance for entire organization
Thinks timely response means immediate	Thinks timely response is limited by use of systems
Is primarily loyal to the medical profession	Is primarily loyal to the organization
Does not view others (even elected peers) as speaking for the individual physician	Believes elected physician leaders can speak for the medical staff as a whole

Sanford, K. and Moore, S. Dyad Leadership in Healthcare. Wolters Kluwer, 2015.

# Dyad Leadership

- Pairing of distinct but complementary competencies



# Key Features of the Dyad Leadership Model

- Must share a common grounding
- Share “ownership” of the service line or function
- May or may not report to the same individual
  - Essential that dyad partners perceived to lead as equals
- Accountable to one another and to the organization
- Job description may have some overlap but should have distinct primary accountabilities
- Exquisite communication skills foundational

# Responsibilities of the Dyad Leaders

## ► Brief List of Common Responsibilities

1. Support the mission
2. Advance a vision for the future
3. Embrace organizational values
4. Foster a culture of collaboration, safety, and continuous improvement
5. Improve physician and staff engagement
6. Achieve patient satisfaction goals
7. Develop and implement a strategic plan
8. Achieve annual performance and strategic goals
9. Develop and achieve annual operating and capital budget
10. Define and improve the value of services provided
11. Adopt effective use of information and clinical technologies

# Enablers and Inhibitors of Effective Oncology Dyads

## Enablers

- ▶ Effective interpersonal communication
  - ▶ Self awareness
  - ▶ recognition of partners style
- ▶ Willingness to embrace conflict productively
- ▶ Public speaking
- ▶ Role and decision-making clarity
- ▶ Authenticity
- ▶ Respect
- ▶ Mutual accountability

## Inhibitors

- ▶ *Assumptions of superiority/inferiority*
- ▶ *Assumptions about knowledge*
- ▶ *Cultural bias*
- ▶ *Groupthink*
- ▶ *Conversations in silos*
- ▶ *Ambiguity compromises trust*
- ▶ *Failure to recognize weaknesses or acknowledge them*
- ▶ *Individual accountability to others*



# Oncology Leadership Council



# Critical leadership strategy

- ▶ The Oncology Leadership Council

- ▶ Leadership and governance body responsible for the overall strategy, operations, quality and growth of the oncology service line.
- ▶ Has the autonomy and authority to create vision, set direction and make decisions.
- ▶ Physician led, supported by highly skilled managers and administrative leaders at all levels.
- ▶ Membership is multi-disciplinary;
  - ▶ representing all major specialties within oncology



# Oncology Leadership Council

## Key areas of responsibility



# Oncology Leadership Council

## *Overview*

Function	Description
Leadership	<ul style="list-style-type: none"><li>• A physician chairperson is elected annually by members of the council. May consider chair/vice-chair roles</li><li>• The secretary position often held by administrative director of oncology.</li></ul>
Meetings	<ul style="list-style-type: none"><li>• Meetings of the leadership council occur monthly; min of quarterly.</li><li>• Special meetings are scheduled as necessary to address specific issues.</li><li>• All actions/decisions will require an affirmative vote by a majority of votes cast.</li></ul>
Voting Members - #s from each specialty may vary by size of organization	<ul style="list-style-type: none"><li>• Medical oncology (2)</li><li>• Surgical oncology (breast, thoracic, etc)</li><li>• Radiation oncology (2)</li><li>• Pathology</li><li>• Imaging</li><li>• Primary Care - optional</li><li>• Senior member of executive team (CNO, CMO, COO, etc)</li><li>• Oncology service line administrative and physician dyad partners</li><li>• Strategy senior leadership – optional</li></ul>

# Oncology Leadership Council

*Invited/ad hoc attendees*

Function	Description
Ad hoc Attendees	<ul style="list-style-type: none"><li>• Marketing/communications</li><li>• IT</li><li>• Research team</li><li>• Cancer Registry</li><li>• Quality and risk management</li><li>• Other cancer program leadership</li></ul>

# Oncology Leadership Council

- Matrix delineates authority and responsibilities

<u>AUTHORITY AND RESPONSIBILITY MATRIX</u>						
Decision	Senior Leadership Team	CMO	Leadership Council	Subcommittee	Medical Director of Oncology	Director of Oncology Services
<b>Major Governance Activities</b>						
Elect OLC Members	Appoint CSLHS Representatives		Nominate Physician Candidates			
Addition of New Physicians	Approve	Advise	Approve	Program Development	Advise	Advise
Termination of Physicians		Advise	Approve	Program Development	Recommend	
Develop Program Strategic Plan <sup>1</sup>	Approve		Approve	Program Development	Assist and Recommend	Assist and Recommend
Represent Program to External Parties					As Needed	As Needed
Physician Deployment and Recruitment		Advise	Approve	Program Development	Review and Recommend	Review and Recommend
Physician Discipline (other than termination)	Be Informed	Be Informed	Approve		Advise	

Advise: Provides input to a decision process, but does not have the power to formally recommend a course of action.  
 Recommend: Makes a formal recommendation in support of a measure.

Decision	Senior Leadership Team	CMO	Leadership Council	Subcommittee	Medical Director of Oncology	Director of Oncology Services
<b>Department Financial and Budget Items</b>						
Annual Operating and Capital Budgets <sup>2</sup>	Approve	Advise	Recommend	Finance and Technology	Advise	Develop
Capital Request	Approve	Advise	Review	Finance and Technology	Assist and Advise	Assist and Recommend
Monitor and Report Program Performance	Review	Review	Monitor	Finance and Technology	Report	Develop
Technology Budgeting	Approve		Recommend	Finance and Technology	Assist and Advise	Assist and Develop
<b>Quality and Patient Care</b>						
Monitor and Implement Quality Assurance/ Improvement Programs	Be Informed	Monitor	Approve	Quality	Advise	Review and Assist
Resolve Patient Complaints		Be Informed	Monitor	Quality	Resolve	Monitor
Oversee Risk Management		Approve	Monitor	Quality	Assist in Implementation	Monitor and Implement
Practice Standards		Be Informed	Approve	Quality	Advise/Oversee	Monitor
Clinical Protocols		Be Informed	Approve	Quality	Advise/Oversee	
Utilization Management		Monitor	Approve	Quality	Advise/Oversee	Monitor
Research Strategy		Be Informed	Approve	Research	Oversee	Monitor/Support
<b>Service-Line Administration and Management</b>						
Hire/Fire Non-physician Personnel					Advise	Approve/Execute (in conjunction with CSLHS HR)
Monitor and Review Business/Service Operations	Review	Monitor	Be Informed	Program Development	Be Informed	Report

**Advise:** Provides input to a decision process, but does not have the power to formally recommend a course of action.  
**Recommend:** Makes a formal recommendation in support of a measure.

<b>Decision</b>	<b>Senior Leadership Team</b>	<b>CMO</b>	<b>Leadership Council</b>	<b>Subcommittee</b>	<b>Medical Director of Oncology</b>	<b>Director of Oncology Services</b>
Review Physician Space Allocation	Approve	Be Informed	Review	Program Development	Recommend	Recommend
Marketing/Business Development <sup>3</sup>	Approve		Review and Recommend	Program Development	Advise	Advise
Patient Access <sup>4</sup>		Advise	Approve	Program Development	Advise/Oversee	Advise
Flow of Clinical Information <sup>5</sup>	Approve		Review and Recommend	Finance and Technology	Advise	Advise

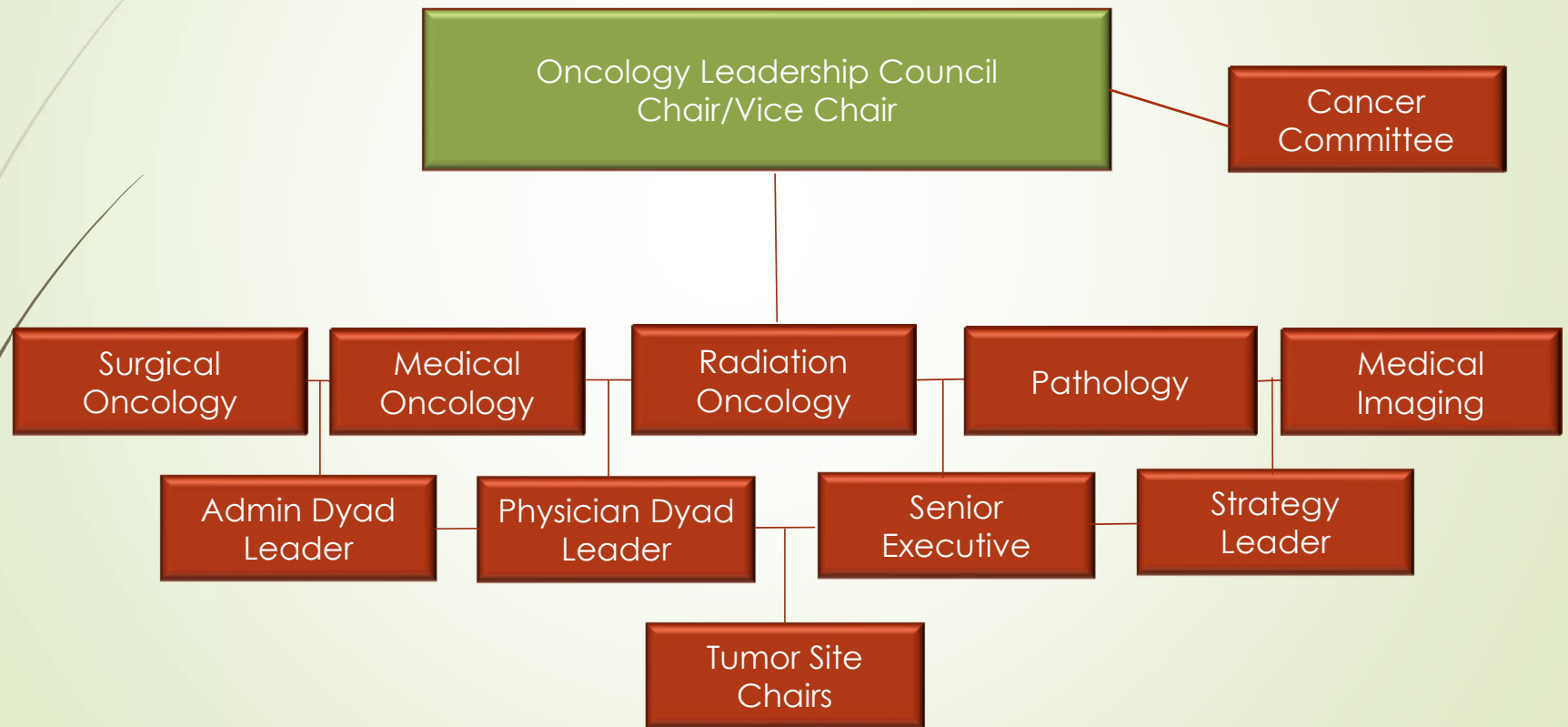
**Definitions**

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# Oncology Leadership Council

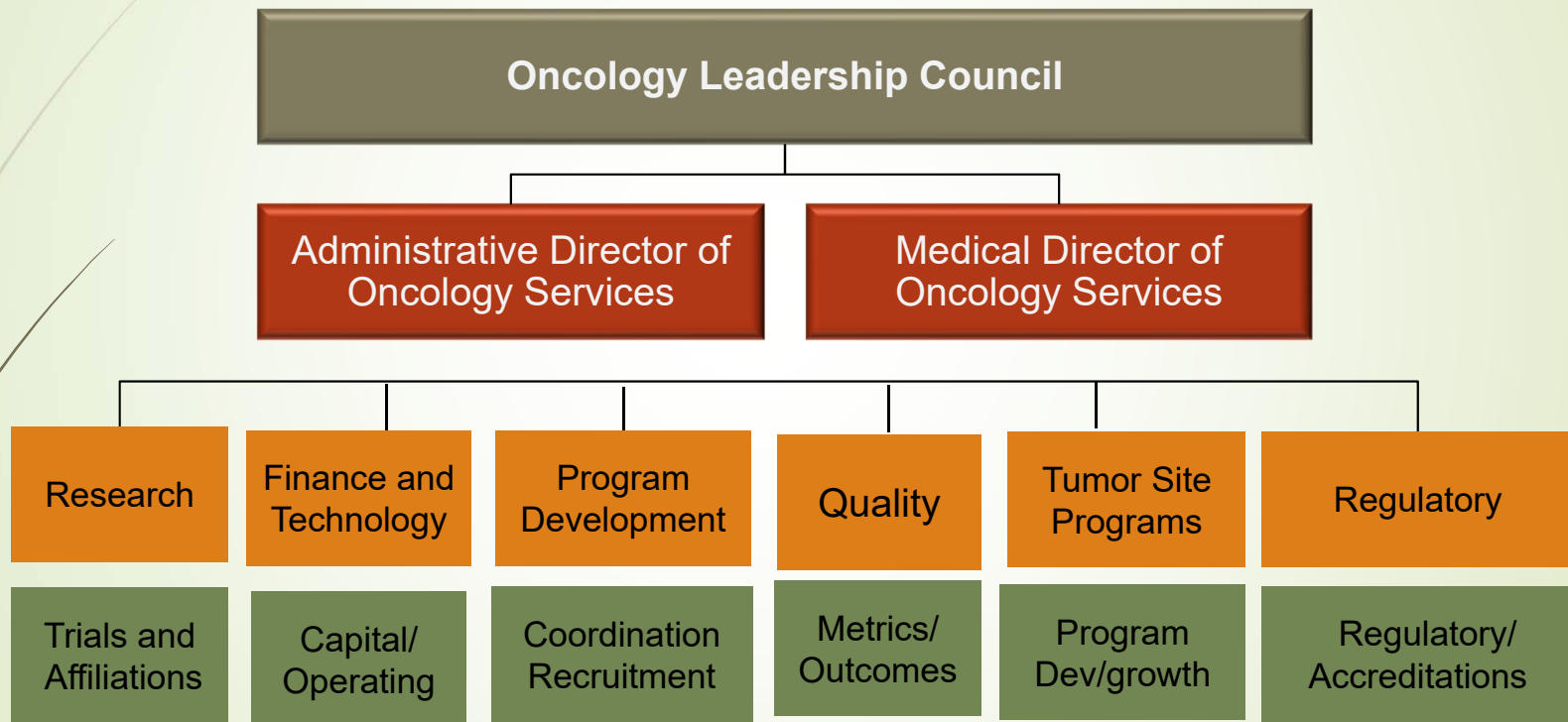
► Organizational structure





# Oncology Leadership Council

- ▶ Sample subcommittee structure



Adapted from: ECG Management Consultants; Implementing an alignment strategy.

# Committee Structure

## ► Leadership/Duties

Subcommittee	Subcommittee Chair/Leadership	Duties
Research	Medical Oncologist	<ul style="list-style-type: none"> <li>• Define and implement research growth plans.</li> <li>• Monitor and assess research efforts and accrual processes.</li> <li>• Coordinate research efforts with program development strategy.</li> </ul>
Finance and Technology	Administrative Director, Oncology	<ul style="list-style-type: none"> <li>• Develop and monitor capital and operating budgets.</li> <li>• Review capital requests and make expenditure recommendations.</li> <li>• Evaluate new technologies (e.g., diagnostic/therapeutic) and make recommendations to the governing board.</li> </ul>
Program Development	Administrative and Physician oncology leadership	<ul style="list-style-type: none"> <li>• Conduct program assessments and present to leadership council.</li> <li>• Guide program development efforts.</li> <li>• Recommend additional services and/or identify services to be eliminated.</li> <li>• Monitor performance with respect to clinical and operational goals.</li> <li>• Develop physician workforce plans.</li> <li>• Establish the goals and key messages for the marketing campaign.</li> </ul>
Quality	Physician	<ul style="list-style-type: none"> <li>• Monitor patient quality and outcomes.</li> <li>• Monitor physician compliance with protocols/pathways.</li> <li>• Develop clinical protocols and pathways.</li> <li>• Recommend disciplinary actions.</li> </ul>
Tumor Site Programs	Physician co-chairs	<ul style="list-style-type: none"> <li>• Tumor site program strategy development, execution, oversight</li> <li>• Clinical/support structure, standards, research, IT, capital needs</li> </ul>
Regulatory; Accreditations	Administrative Director, Oncology	Monitoring, assessing, and identifying changes that are needed to maintain compliance with regulatory and accrediting bodies

Adapted from: ECG Management Consultants; Implementing an alignment strategy.



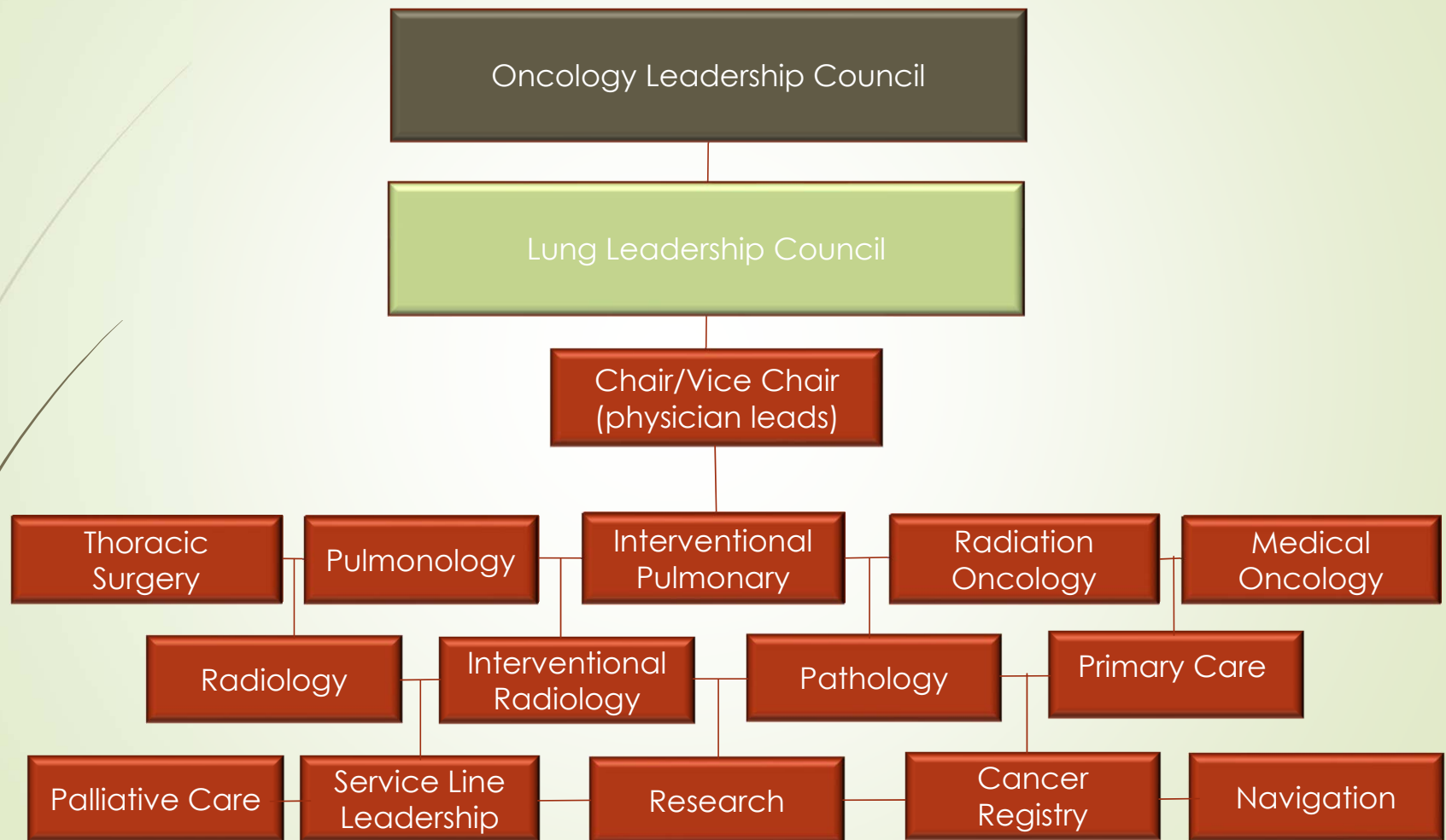
## Cascading the structure – Tumor site programs

# Tumor Site Leadership Council

*The role of the Tumor-specific Leadership Council is to serve as the vision-setting, decision-making body of the tumor site program, setting priorities and direction.*

Function	Description
Leadership	<ul style="list-style-type: none"><li>• A chairperson is elected annually by members of the council. Consider chair/vice-chair roles</li></ul>
Meetings	<ul style="list-style-type: none"><li>• Meetings of the tumor leadership council occur at least quarterly.</li><li>• Special meetings are scheduled as necessary to address specific issues.</li><li>• All actions/decisions will require an affirmative vote by a majority of votes cast.</li></ul>
Members – dependent on specific tumor site	<ul style="list-style-type: none"><li>• Medical oncology</li><li>• Surgical oncology (breast, thoracic, etc)</li><li>• Radiation oncology</li><li>• Pathology</li><li>• Imaging</li><li>• Primary Care</li><li>• Oncology service line administrative and physician leaders</li><li>• Consider executive leadership with new launches</li><li>• Ad hoc members to include cancer registry, IT, marketing, navigation, strategy, quality, etc</li></ul>

# Lung Cancer Leadership Council



Thank you!

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