

Lessons in Leadership

Executive Summary:

- Effective leadership will be necessary to navigate the changes coming in reimbursement to providers based upon quality
- Leadership and changes in healthcare reimbursement and delivery were the focus of the recent MMGMA conference
- Coach Lloyd Carr at the conference illustrated leadership as taking responsibility for errors and having individuals work as teams
- Mr. Lou Rabaut focused on defining leadership as opposed to management
- Several speakers addressed ACO's, patient-centered medical homes and bundled payments

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I attended the Michigan Medical Group Managers Association spring conference in Mt. Pleasant from March 23 until March 25. The theme of the conference was “Medical Management: Coaching Your Team to a Winning Season.” Two speakers—Lloyd Carr, former head football coach of the University of Michigan Wolverines, and Lou Rabaut, partner of law firm Warner Norcross & Judd—both delivered excellent lessons on leadership. Several of the other speakers focused on the challenges medical group managers will face in the near future.

Coach Carr, now Dr. Lloyd Carr, closed the conference with many lessons on leadership. It felt to me like he was addressing his football team. I remember two of the lessons vividly. The first lesson was about responsibility for errors. Coach Carr related how every Sunday morning after a Wolverine football game he would review the game tapes. He analyzed the execution errors that the players made during the game. He said, “I take all of the errors as my responsibility. If a player committed an error, I believe that it was because of my lapse as a coach.” He went on to say that he did not, however, take responsibility for personal fouls committed by the player, such as unnecessary roughness. For these he punished the player who committed one. I believe he was asking leaders and managers to take responsibility for errors committed by staff who are under their direction. It is the leader's responsibility to see that the staff person has been trained and prepared for their work so that it is carried out successfully for the patients and clients.

The second lesson Coach Carr focused upon was team execution and training. He illustrated this theme by focusing on the ball exchange on each play of the offense between the center and the quarterback. This exchange must occur flawlessly each play. If it does not, there can be a fumble, which would be a disaster if the other team recovered the ball. Or, one of the offense players could start off early if the center fails to deliver the ball to the quarterback on the called snap count, getting the team a penalty of 5 yards for off sides. To make sure that this critical exchange goes flawlessly it is practiced everyday of team practices; it is practiced over and over. The point he was making, in my opinion, is that medical staff must work flawlessly together as a team.

Unfortunately, this is something rarely focused upon by medical managers. Working together well as a team is often critical to the best patient outcomes, though.

Mr. Rabaut focused on the characteristics of leadership and management. He stated that leaders focus on **who** and **why**—who will do it and why we do it. Leaders create visions and influence others to act on it. Managers focus on **when, where, how** and **what**—what will be done, how it will be done, when it will be done, and where it will be done. Managers implement the visions of leaders and enable and direct others in reaching the goals of the vision. Both types are necessary in a successful organization. In the best cases, individuals in the organization possess both sets of characteristics.

Mr. Rabaut went on to list the key attributes of effective leaders and managers.

**Leaders:**

- Emotional intelligence
- Communication skills
- Coaching skills
- Empathy (You hurt, I hurt)
- An ability to put things in context

**Managers:**

- Skill
- Technical knowledge
- Organization
- Planning
- Directing
- Controlling

Mr. Rabaut provided two illustrations to further distinguish leaders and managers. He stated that a marine sergeant is a good example of a manager in most cases. He is carrying out the goals of the Marine Corps and effectively directs his soldiers in achieving these goals. He does through a chain of command that is clearly defined and obeyed. However, in some situations, such as battle, the same sergeant can be an effective leader as he inspires his soldiers to overcome impossible odds.

Mr. Rabaut's illustration of an effective leader was drawn from his own childhood. He attended a Catholic elementary school. There was a nun in the school who directed a young boys choir. It was harder to become a member of the choir than it was to get onto the athletic teams at this school. The nun was such an effective leader, a servant leader, that the boys in the school were inspired to be a part of this dynamic group. Mr. Rabaut was a member of the choir and gladly gave up his lunch period in order to practice in the choir for several years.

As I stated earlier some of the speakers at this conference focused on the challenges medical managers will be faced with in the near future. Thus, the lessons on leadership, management and teamwork were a good basis to enable the medical managers to face these challenges. The challenges that were detailed by the other speakers mostly covered accountable care organizations (ACO's), patient-centered medical homes (PCMH's) and bundled payments. At the root of each were primary care physician as the chief organizer

and provider of care for the patient and new ways of reimbursing providers. Organizations which provide high quality outcomes for patients will be the ones who prosper under the new programs.

Each of the speakers who focused on these new organizational structures stressed the high likelihood that CMS will adopt these models in the near future. This is evidenced by the fact that CMS has already begun reimbursement for quality outcomes, notably the PQRI program and the meaningful use of EHR's. The initial rules for ACO's will be issued shortly by CMS and there are pilot studies in eight states directed by CMS of the PCMH. Further evidence of the direction that CMS is taking can be found in its document [\*Roadmap for Implementing Value Driven Healthcare in the Traditional Medicare Fee-For-Service Program\*](#). As CMS moves towards reimbursing providers through these programs, private insurers are likely to follow. In fact, here in Michigan, the two largest private insurers in the state are already supporting PCMH's with monetary rewards.

Looking back over the speakers and discussions with colleagues at the MMGMA conference I am impressed with the fact that there is no denying that significant change in healthcare models of reimbursement and quality care will arrive soon; primary care providers will be significantly impacted. Navigating these changes will require effective leaders and managers along with expert knowledge.

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If you need a speaker to present at a meeting or conference, please contact me and I will consider doing so.

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