VITAL LEADERSHIP
WHY PHYSICIAN LEADERSHIP IS CRITICAL
FOR PATIENTS AND HEALTH SYSTEMS

KANSAS ASSOCIATION OF OSTEOPATHIC MEDICINE

APRIL 14, 2023

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Community Care Network of Kansas
THANK YOU

Kansas Association of Osteopathic Medicine
2022-23 Executive Committee

Stephanie A. Suber, D.O. | President
Karen F. Evans, D.O. | Immediate Past President
Tim Wolff, D.O. | President Elect
Terri Nickel, D.O. | First Vice President
Vacant | Second Vice President
Daryl Callahan, D.O. | Senior Trustee 2025
Vacant, D.O. | Trustee 2020
Jennifer Esau, D.O. | Trustee 2025
Ron Carson, D.O. | Trustee 2022
Dan McCarty, D.O. | KS Chapter ACOFP President

Delegates to the AOA House of Delegates
Four year terms elected in even years
Dr. Joel Feder - 2024
Dr. Karen Evans - 2024
Open - 2022
Dr. Mary Franz - 2026
Open - 2022

Kemper Tell, Executive Director
WHAT HAS BEEN WILL BE AGAIN, WHAT HAS BEEN DONE WILL BE DONE AGAIN; THERE IS NOTHING NEW UNDER THE SUN.
VITAL PHYSICIAN LEADERSHIP

- WHY?
  - Patient Care and Satisfaction
  - Clinical Quality
  - Operations
  - Technology/Data
  - C-Suite/ Administration
  - Advocacy
  - Self-Care and Well Being
CONSIDER

What is Your Personal Story and Mission?

Organization Mission, Vision, Values

Do These Align?

How do I use my mission and passion to lead?
OSTEOPATHIC MEDICINE

LEADING SINCE 1874

• In 1874 Dr. Andrew Taylor Still developed the osteopathic medical philosophy, pioneering the concept of "wellness" and recognizing the importance of treating illness within the context of the whole body.

• First medical schools in Maine, Idaho, Montana

• Advocacy/Advancement of the DO Profession:
  • Program Accreditation
  • Military Service
  • Licensing in all 50 states
  • Full practice rights in 65 countries
  • Integration into single accreditation system with MDs

• Longevity: 125 Years of leading and advocating for the full continuum, of osteopathic medical education to improve the health of the public.
Most people think leadership is a position. It’s not.

Leadership is an activity, not a position or authority.

Principle #1: Leadership is an activity, not a position.

Principle #2: Anyone can lead, anytime, anywhere.

Principle #3: Leadership starts with you and must engage others.

Principle #4: Leadership is risky.

Principle #5: Leadership is about our toughest challenges.

“It’s not leadership if it’s not about those tough challenges.”

When Everyone Leads: the toughest challenges get seen and solved.
Authors: Ed O’Malley and Julie Fabros McBride
MOST WANT TO FOLLOW

• POSITION:
• TEAM “FOLLOWS” BECAUSE OF THE TITLE
• MUST BUILD RESPECT AND GROW INFLUENCE

• PERMISSION:
• TEAM “FOLLOWS” WILLINGLY
• TWO-WAY COMMUNICATION FOSTERS FOLLOWING

FIVE LEVELS OF LEADERSHIP, JOHN C. MAXWELL
FROM TRIPLE TO QUINTUPLE AIM

**Triple Aim 2007**
1. Improved Patient Experience
2. Better Outcomes
3. Lower Costs

**Quadruple Aim 2014**
4. Clinician Well-Being

**Quintuple Aim 2021**
5. Health Equity

Better Health
Improved Economy
VITAL PHYSICIAN LEADERSHIP

- Patient Care and Satisfaction
- Clinical Quality
- Operations
- Technology/Data
- C-Suite/ Administration
- Self-Care in the Process
- What’s Next
“Patients must be able to trust doctors with their lives and health, and that maintaining trust is one core guidance for physicians” — General Medical Council
PATIENT CARE AND SATISFACTION

HCAHPS Star Ratings
Patient Surveys
HealthGrades
Google Ratings
Yelp
Facebook
Instagram
Twitter
TikTok
CLINICAL QUALITY

DOC-RELATED

Hey, who's the guy you were just talking with?

Oh, that's the new Medical Director for Metrics.

Wait, don't you mean Medical Director for Quality?

What does quality have to do with what we measure?

Okay, you got me there!

I thought you'd like that!

Dr. Peter Valenzuela
“Doctors must be central players in the sweeping changes transforming health care. Indeed, any change strategy they do not embrace is doomed.” — Thomas Lee, MD

CLINICAL QUALITY

- Significant Impact on advancing hospital quality
- Improvement in attitudes and culture produced gains in delivery of evidenced-based care
- Improvements in hospital-wide VTE prophylaxis
- Reductions in catheter use
- System improvements in morbidity and mortality rounds
- Increased overall involvement of physicians in the quality agenda
- Development of Balanced Scorecards at strategic/corporate level
OPERATIONS

• Partnering with Operations Managers/Executives
• Scheduling
• Front Office Operations
• Clinical Support Team
• Insurance and Reimbursement
• Electronic Medical Record
Invest time in technology tools

Provide constructive feedback for improvement

Share new technologies/processes that improve workflow

Improve balance of responsibilities

Help administrators better use data to support clinical operations

Value Based Care: Lead the transformation of care and reimbursement from volume to value
The C-Suite/Administration relationship with clinicians is critical to all success

Establish open lines of communication

Educate administrators

Ask for education on administrator roles

Build trust

Develop compacts outlining the collaborative relationship and adopting core values

*Don’t give up at the first sign of trouble. Keep working together.*
Use your knowledge and voice to advocate:

Internal:
- In your practice or health system
  - For your patients
  - For your care team

External:
- Call, write or meet with legislators
- Provide input to your association Executive Director
SELF CARE AND WELL BEING

THE OXYGEN MASK PRINCIPLE
YOU MUST TAKE CARE OF YOURSELF BEFORE YOU CAN DO ANYTHING FOR ANYONE ELSE.

Put Your Oxygen Mask on First
SELF CARE AND WELL BEING

Meditate and reflect

Be physically active

Practice gratitude

Put pen to paper

Eat a healthy, balanced diet

Kaiser Permanente Thrive: Posted May 13, 2020
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How do I use my mission and passion to lead?
Physician Leadership, is VITAL to patients and health systems!

❖ Patient Care and Satisfaction
❖ Clinical Quality
❖ Operations
❖ Technology/Data
❖ C-Suite / Administration
❖ Advocacy
THANK YOU!