

PERSPECTIVE



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Chief Innovation Officer. Chief Diversity Officer. Chief Compliance Officer. Chief Patient Safety Officer. These leadership positions, among other relatively recent additions, reflect the continually evolving structure of C-suites at academic health

centers. These positions add important capacity to the leadership team; at the same time they highlight the need to communicate, collaborate, and coordinate, while avoiding the formation of new silos. In this issue of *Leadership Perspectives*, three academic health center leaders share their personal experiences and insights on building and maintaining a leadership team that can respond effectively to our challenging and rapidly changing environment.

David J. Cole, MD, FACS, president of the Medical University of South Carolina, highlights the importance of building a cross-institution, integrated leadership team that also reflects the demographics and diversity of the institution. He points out that such a team “reaps better intelligence, helps leaders avoid blind spots, and results in decisions that are better for the institution as a whole.”

Robert I. Grossman, MD, dean and CEO of NYU Langone Health, notes that clear and constant communication is key to a leadership team remaining responsive to the institution’s mission and collective strategy. He spotlights the difficult position all CEOs face in knowing how and when to ask a team member to leave. Responding to lapses in a timely fashion is of the utmost importance, lest poor-performing leaders “become demoralizing to outstanding performers” and negatively affect institutional culture.

J. Larry Jameson, MD, PhD, executive vice president of the University of Pennsylvania for the Health System and dean of the Perelman School of Medicine, notes that as academic health centers continue to transform, the leadership team must likewise evolve for effective, system-wide planning. In fact, he emphasizes that leadership teams must be built to have “maximum agility.” This includes a process that places “a high priority on identifying and developing talent” with “deliberate onboarding and mentoring.”

While the core missions of academic health remain advancing cutting-edge biomedical research, educating outstanding healthcare professionals, and exceptional healthcare delivery, the leadership and business models of the past do not enable us to pursue these goals most effectively. Thus, it is critical for leadership teams at academic health centers to continually evolve, as well as to maintain maximum agility.

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LEADERSHIP PERSPECTIVES

The Evolving Leadership Team



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OCTOBER 2018
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Today’s academic health centers need responsive, adaptive leadership that is prepared to institute and manage change. The practices that served us over the past 20 years will not be the same ones that will take us through the next 20 years as new challenges arise. These challenges will inevitably include a wide variety of financial stresses, but also involve considerations such as trying to manage our institution’s reputation in an era of social media and the 24-hour news cycle. Such trends have direct implications for how we compose our senior leadership teams and for how those teams function.

Administratively, academic health centers have long tended to operate in silos, with largely separate operational structures for the leadership, departments, and business units. To excel in innovation, and to achieve the goals that matter most to our organizations, we need more integration across the functions within our institutions. Accordingly, our senior leadership teams must be structured to support these integrations.

Reflecting demographics, those of us who manage senior leaders must seek opportunities to bring diversity in all regards to top-level positions. I believe that if you provide ample space to hear multiple points of view—even when people disagree—you make better decisions. No matter how smart a single leader is, bringing many viewpoints into the mix on critical questions through an integrative, cross-institutional administration reaps better intelligence, helps leaders avoid blind spots, and results in decisions that are better for the institution as a whole.

All successful businesses need to change and progress to become better. Building a successful team requires a proactive assessment of the current resources and talent, along with an integrated approach to merging the existing team with any newly scoped positions. And, above all else, it requires consistent and clear communication about the shared vision for this integration. When bringing on new talent, it is important to not only consider skills, but to also consider the unity of the team.



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Discussions regarding leadership are traditionally focused on defining the qualities and behaviors associated with success. A difficult—and often ignored—element in such discussions is providing candid critiques and, in extreme circumstances, dismissal of C-suite executives or chairs.

Progress requires the setting of goals and the benchmarking of advances. Every member of a team needs to have both individual objectives as well as being a stakeholder in collective institutional ambitions. Periodic reviews are a necessary part of organizational behavior. However, two problems I’ve observed are: (1) reviews that do not address the fundamental issues and avoid the controversial and (2) the inability to fire poor performers.

When it comes to the executive suite, the separation of friendship and performance are paramount—though often difficult to achieve. Members of the C-suite (as well as department chairs and supervisors for that matter) must remember that they are stewards of the institution, committed first and foremost to its success and progress.

My approach is constant communication with executives about the good—but also being clear about what is ineffective or detrimental. While the performance review is a useful tool, it is no substitute for frank discussions that occur on a contemporaneous basis about what is on your mind. As a chief executive, you are the one at whose desk the buck stops. Everyone in the C-suite should know where they stand at all times. If an individual has been apprised on a real-time basis of his or her lapses in performance and has been given ample opportunity to improve, then those who continue to fall short of expectations are not taken by surprise when asked to resign.

Difficulties are compounded when individuals not meeting expectations are left in place. Before you know it, everyone around you is keenly aware of the issue and look to you, the CEO, to fix it. Allowing dissatisfaction to simmer without resolution is counterproductive to success and can undermine an entire organization. If you don’t act in a timely fashion in dealing with personnel problems they become demoralizing to outstanding performers and can negatively affect your culture.



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How you deal with these dyspeptic situations will ultimately define your leadership. Letting someone go is never easy. Strong leaders have an obligation to push past the hesitation and make changes for the health of their organizations. Remember: if you don’t fix it, it’s you who is in a fix.

The rapidly evolving scale and complexity of academic health centers compels us to adapt our leadership structures and dynamics for maximum agility in the face of change. Whether responding to disruptive innovation, changing approaches to quality oversight and payment for care, or changing clinical guidelines, academic health centers and their leadership teams must evolve to meet these challenges.

Penn Medicine has confronted rapid change by evolving both our health system and our academic leadership teams. We have expanded our regional footprint to include six major hospitals and over 5,000 providers, while creating multispecialty clinical service lines and implementing electronic health records across the health system. While improving healthcare delivery and outcomes, these transformations have also added complexity. Throughout this process, our leadership team has evolved to ensure effective system-wide planning and oversight, fostering continued mission and cultural alignment as well as effective communication and change management.

Alignment on vision and strategy is an important driver of success among leadership teams. Therefore, we select our leaders based on mission and cultural alignment in a complex matrix organization. Although their domain areas and responsibilities vary, our leaders share a strong desire to strengthen synergies fostered by integration across our clinical, research, and educational missions. They champion a culture of innovation that accelerates translational research and supports new models of healthcare delivery. In parallel, our academic department leaders have embraced new centers and institutes that catalyze collaboration and bring new technologies to scientific discovery. As a result, we have witnessed impressive growth in the number of high impact publications and FDA approvals for new therapies.

We have also prioritized diversity in our leadership team, to ensure that new ways of thinking and diverse experiences inform our strategies and priorities. Forbes magazine ranked Penn Medicine the second best employer for women in the nation and tops in the healthcare field, an accolade that reflects the evolving face of our leadership team.

As we continue to evolve Penn Medicine’s leadership team, we place a high priority on identifying and developing talent. We carefully match leaders with roles, and provide deliberate onboarding and mentoring that emphasizes leadership agility, communication, systems thinking, and inclusive decision-making. These practices have served us well and are central to our mission of providing exceptional patient-centric care.



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