PERSPECTIVE

BY **Steven A. Wartman**
MD, PhD, MACP
AAHC President / CEO

"Managing 360" is a phrase we hear regularly. I'd like to break it down geographically into three components: managing-down, managing-parallel, and managing-up. None are particularly easy, and all three require both work and introspection. Of the three, in my experience with many types of leaders, managing-down is the most straight-forward as most academic healthcare leaders come from hierarchical organizations where they have previously run departments, institutes, clinical programs, or schools. Managing-parallel is somewhat more challenging in that it involves managing groups of peers—such as other department chairs, deans, or heads of clinical units. But the most difficult, in my view, is managing-up—that is, managing the individuals and boards to which the leader reports.

Over the years, I have observed weak management-up skills lead to unsatisfactory and even unpleasant outcomes. Hence the importance of this issue, which offers the perspectives of three established leaders from different institutions. Of interest, all three contributors stress the importance of developing *personal relationships* with board members. This is hard work and takes considerable time and effort. I have met with leaders who prefer not to take the time to do so; they either view themselves as "too busy with other pressing matters" or they simply do not appreciate its importance.

Michael V. Drake, MD, president of The Ohio State University, notes that key principles for success in working with a board are respect and the development of a trust-based relationship. He suggests that board members be treated and nurtured as colleagues. Richard H. Hart, MD, president of Loma Linda University Health, stresses that boards do not like surprises and that every issue on his board agenda goes through a subcommittee before going to the full board. He also comments on the importance of having all of the physician and hospital leadership pulling in the same direction when issues for action are being presented to the board. Richard P. Shannon, MD, executive vice president for health affairs at the University of Virginia, points out that the relatively financially dominant position of the academic health center vis-à-vis the university requires special attention and management. He believes that university board members probably need more time to gain an appropriate orientation to the health system than for other university matters.

All three leaders rightly stress the importance of relationship-building and transparency in successfully managing-up. This time-consuming work is an essential part of the job—and is as important as any other part of a leader's portfolio.

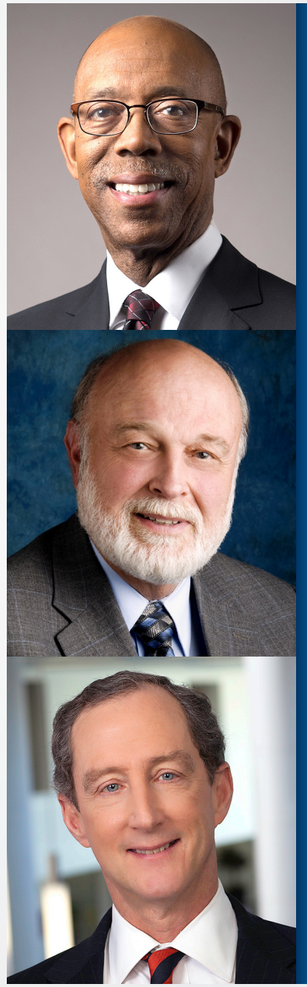
JOIN THE CONVERSATION:
www.aahcdc.org/perspectives.aspx

Association of Academic Health Centers®
Leading institutions that serve society
Association of Academic Health Centers
1400 Sixteenth Street, NW, Suite 720
Washington, DC 20036
202.265.9600

ASSOCIATION OF ACADEMIC HEALTH CENTERS

LEADERSHIP PERSPECTIVES

Board Engagement: Strategies for Managing Up



Michael V. Drake, MD
PRESIDENT
The Ohio State University

Richard H. Hart, MD, DrPH
PRESIDENT
Loma Linda University Health

Richard P. Shannon, MD
EXECUTIVE VICE PRESIDENT
FOR HEALTH AFFAIRS
University of Virginia

MARCH 2016
www.aahcdc.org

Association of Academic Health Centers®
Leading institutions that serve society

Michael V. Drake, MD // *President*
The Ohio State University

As is true for many readers, I work under and report to a Board of Directors (Trustees) and also serve on several boards as a director myself. So I tend to work at this issue from both sides. A goal that I have is to work actively with board members to build a foundation of knowledge. Through presentations and mini retreats, for example, my team and I work to make sure our board has a common set of assumptions and a common platform upon which to build.

It is probably not feasible—nor desirable—that every board member's vision be precisely the same. In board matters, there are always nuances and different points of view that must be considered. In this regard, a central principle for success is respect. If the parties treat each other with respect, the opportunities for productive partnership are many. A disrespectful or dismissive relationship does not serve either party, or the institution, well.

Cultivating a long-term, trust-based relationship with Board members is key, particularly when the board member may not be a subject-area expert. I make a point of trying to find time to have an informal discussion each year with every board member outside of our regular board meetings. Building long-term, trust-based relationships offers the CEO ample opportunity to shape long-range goals and vision with board leadership.

Board members should be treated and nurtured as colleagues, and they will respond in kind. From my experience as an active board member, I have found that the board as a whole will tend to manage rogue members by marginalizing them over time. With this perspective, be patient with them. Some members cannot be managed differently without inappropriate time and energy. I have found, for these circumstances, that it is best to simply move on to other issues.

"Board members should be treated and nurtured as colleagues, and they will respond in kind."

Richard H. Hart, MD, DrPH // *President*
Loma Linda University Health

We have recently undergone a major reorganization, moving toward a more integrated enterprise. We no longer have four boards supervising our operations; we now have one common board. That was done primarily to bring our physicians and hospitals closer together in operational management.

I seek to maintain a personal relationship with each board member, both to help me learn the issues that are of key interest to them and to encourage them to share questions or concerns with me. If I know board members are particularly concerned about a specific issue, I will contact them before a board meeting to discuss their concerns and explain why the administration feels we ought to move in a particular direction.

One of the lessons that I have learned is that boards do not like surprises. With that in mind, we work hard to prepare for board meetings in advance. We have a password-protected board portal where we strive to post all major board materials at least two weeks prior to a board meeting. That's part of our effort to have complete transparency. Additionally, every issue on the agenda goes through a subcommittee before going to the full board—this avoids surprises and helps us enlist support for a given issue when it comes to the full board.

Probably our biggest progress here has been toward getting all of our physician leadership and hospital leadership pulling in the same direction. I chair weekly meetings with those groups, which gives us a chance to work through any conflicts or issues. Consequently, by the time an issue is ready to go to the board, I can move forward reasonably confident that the physicians and hospital administration are on the same page.

Challenging issues are inevitable for any board. Maintaining a personal relationship with board members, such that they feel comfortable calling you and vice versa, helps us gain a sense for where board members stand so we can deal with issues ahead of time. If there is a particularly difficult issue, I will make a point of spending extra time on that issue with the board chair to make sure that he/she has the knowledge necessary to cement support for what we're trying to accomplish on campus.

"Maintaining a personal relationship with board members...helps us gain a sense for where board members stand so we can deal with issues ahead of time."

Richard P. Shannon, MD // *Executive Vice President for Health Affairs*
University of Virginia

The relationship between leaders of academic health centers and their parent universities and boards is becoming increasingly important as academic health centers attempt to expand their sphere of influence in the new era of population health. Another dimension of this relationship is that academic health centers are becoming increasingly larger and, in many cases, provide the majority of the university's revenue and research portfolio. The reality that many academic health centers hold a financially dominant position within the university hierarchy creates a real imperative for the relationship between heads of academic health centers, university presidents, and boards to be productive and healthy.

It is vitally important that the health system's annual agenda be made clear to the board and that performance against benchmarks be measured discretely at each board meeting, using not a world of metrics but three or four metrics that are recognized to be important. Such measures create transparency about where the health system is in its progress toward its goals.

It is critical that new board members receive personal orientations into the specific programs of an academic health center, their research portfolios, and their educational efforts. They must also understand the need for subsidization in parts of the academic health center mission and, concurrently, the finances of an academic health center—especially the growing dependence on clinical revenues. This orientation for a health system perspective probably requires more time for board members than general orientation to other elements of the university organization.

It is important that leaders of health systems invest time in establishing personal connections with board members so that when they find themselves potentially facing a difficult issue, they have a personal relationship, in addition to their own expertise, to rely on. And, it is important, as leaders, that we understand the core business in sufficient detail to be able to reason effectively—even with negative board members. The worst thing to do is ignore vocal or outspoken board members and not recognize what their true needs are.

You can't have a successful enterprise when management and some board members are continually at odds. In such cases, it becomes incumbent on the health system leader to find common ground. There is almost always a place where common ground can be established.

"...it is important, as leaders, that we understand the core business in sufficient detail to be able to reason effectively—even with negative board members."