

# PERSPECTIVE



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

For nearly 10 years, I have had the privilege of getting to know and work with the leaders of academic health centers. I have seen some succeed, some fail, and some muddle through. Their jobs are exceedingly difficult: maintaining the academic health

center mission while facing economic and other constraints and leading without the authority to force cultural and behavioral changes are but two of the many challenging aspects of the job.

Despite these challenges, a recent AAHC survey of CEO turnover at our member institutions showed that from 2006 – 2014, there was an overall average of 15 percent yearly turnover in the top positions, so there is perhaps more continuity in leadership than one might have thought. Nevertheless, because leadership is essential to the health and well-being of academic health centers, I asked three of some of the longest-tenured leaders at AAHC member institutions to share their perspectives and lessons learned.

Art Levine has been in his position at the University of Pittsburgh since 1998. In his essay, he creatively describes “five unlinked genes” that are key to successful leadership: intelligence, creativity, motivation, fire in the belly, and social skills. He points out the need for leaders to welcome—rather than avoid—conflict and to seek its resolution.

Paul Ramsey has served as a leader at the University of Washington since 1997. He presents the compelling need to focus on a single mission and how that focus can impact subsequent administrative decisions. He also notes the need for leaders to present a vision along with interrelated objectives to achieve that mission.

Barbara Ross-Lee has led the New York Institute of Technology since 2001. She notes the importance of connecting the leader’s vision to real-world possibilities. As leaders seek buy-in, they also must be inclusionary, which means developing the skills to persuade those who initially do not fully support the vision.

I am convinced that leadership really matters and that the trajectory of a given institution is greatly dependent on the abilities of the leadership that is in place. The transformational leaders whom I have gotten to know are able to effectively engage those around them. They have the capacity to take their ego out of the job in order to bask in the reflected glow of the professionals with whom they work. And, they deeply appreciate, admire, and give credit to others.

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## LEADERSHIP PERSPECTIVES

Sharing the Wisdom of Experience



**Arthur Levine, MD**  
SENIOR VICE CHANCELLOR FOR  
THE HEALTH SCIENCES  
DEAN OF THE SCHOOL OF MEDICINE  
*University of Pittsburgh*



**Paul G. Ramsey, MD**  
CEO OF UW MEDICINE  
EXECUTIVE VICE PRESIDENT FOR  
MEDICAL AFFAIRS  
DEAN OF THE SCHOOL OF MEDICINE  
*University of Washington*



**Barbara Ross-Lee, DO, FACOFP**  
VICE PRESIDENT FOR HEALTH  
SCIENCES AND MEDICAL AFFAIRS  
*New York Institute of Technology*

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**Arthur Levine, MD**

*Senior Vice Chancellor for the Health Sciences and Dean of the School of Medicine*  
University of Pittsburgh

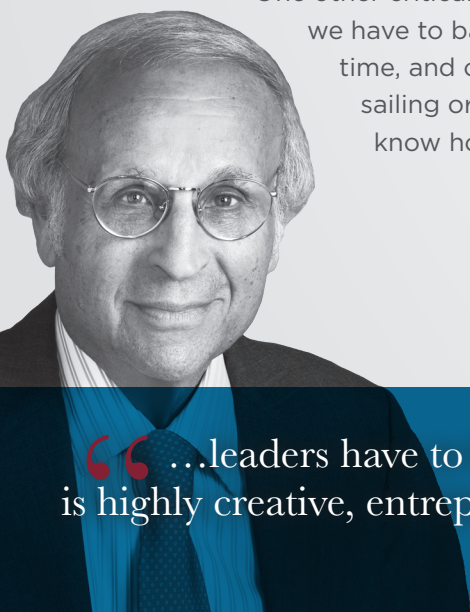
Leadership depends on five unlinked genes. I think leaders, obviously, must have intelligence. They have to be creative. They need to be motivated. They should have fire in the belly. And, social skills are of utmost importance. I think it is this combination of unlinked genes that basically underlies success for leaders of any organization or institution.

In academic medicine, leaders have to be catalysts for a culture that is highly creative, entrepreneurial, and visionary—and, which is reinforced by a collective leadership. In that regard, I think one has to have a cabinet that basically complements the dean, with sufficient trust in competence that authority and responsibility can be delegated at a very high level. For example, I cannot know all of science, so I have a very strong deputy for science. Similarly, I have highly-qualified deputies for clinical matters, academic and international affairs, political strategy, and operations—as well as a skilled vice dean. And, finally, I have a highly capable assistant—there is no way that I could have succeeded with the breadth of my job if I didn't have such a person at my right hand.

I am often asked if we have a strategic plan. But, in fact, we don't—because we plan every day. Given the rapidity with which the economics of patient care and curricula are evolving, to have a long-term strategic plan in such an evanescent time doesn't make any sense to me.

In academic medicine, most physician-administrators find it difficult to make decisions that they perceive as hurtful to others because we self-selected our careers as physicians on the basis of our sense of heroism and, to some extent, narcissism. We hope that people leaving our offices will feel better rather than worse, and admire us. That may be counterproductive, though, in the practice of leadership, and can produce substantial internal conflict when we have to make difficult administrative decisions. Rather than avoid conflict, leaders have to welcome it both intellectually and emotionally, and, particularly, to seek its resolution.

One other critical point is that whatever else we do in life, we have to balance our professional time, our family time, and our time off. Whether it's by skiing or sailing or walking the dog, you really have to know how and when to turn the job off.



“...leaders have to be catalysts for a culture that is highly creative, entrepreneurial, and visionary.”

**Paul G. Ramsey, MD** *CEO of UW Medicine, Executive Vice President for Medical Affairs and Dean of the School of Medicine*  
University of Washington

Successful leadership in academic health centers starts with a commitment to a mission of improving health. Leaders should be able to present and communicate a vision and interrelated strategic objectives to succeed with that mission. A demonstrated experience in education, research, and patient care is also essential to succeed in leading an academic health center in its mission. And, that leadership should be executed consistently.

I have found that among the most important personal requisites for leadership are a demonstrated trust, accountability, and respect for others.

The ability to deal with change is also critical. Change can present one of the greatest opportunities but also one of the greatest challenges in academic health care today. Indeed, I have never seen so many opportunities for change. Research is changing faster than ever before in human history. Patient care—including quality, safety, service, and access—needs to change and improve at a faster pace. Because of the rapid changes in research and the resultant discoveries and new knowledge, we need to adjust our educational programs more quickly than ever before. It is important to acknowledge and address change by selecting carefully-focused, meaningful areas where positive, tangible steps can be taken to advance the academic health center mission.

My advice about leadership would be: focus on a single mission. Approximately 15 years ago, our board at UW Medicine adopted a mission statement declaring that we are dedicated to improving the health of the public. As I approach administrative decisions, I focus on that single mission and on integrating excellence in our research, teaching, and patient care to help meet our central mission of improving health. I ask questions that are relevant to the Triple Aim, keeping the focus on improving care of the individual patient; improving the health of the population we are serving; and reducing per capita cost of care. All of those principles apply to an overall mission of improving the health of the public.

Since we have the ability in 2015 to measure aspects of the individual patient care experience in ways we could not do before and have reasonable measures for population health and an improved ability to assess costs, we have the opportunity to lead the development of changes that advance the mission of improving the health of the public. In the setting of an academic health system, this is a particularly exciting time for us to enhance the excellence of our research, teaching, and patient care activities to support the mission of improving health.



“...this is a particularly exciting time for us to enhance excellence...”

**Barbara Ross-Lee, DO, FACOFP**  
*Vice President for Health Sciences and Medical Affairs*  
New York Institute of Technology

Essential qualities for successful leadership in academic health centers include vision, the ability to facilitate, a willingness to engage in collaborative leadership, and a capacity to connect effectively with many different audiences.

Vision provides the direction. A leader's vision has to be connected to real-world possibilities or potential. The job of leadership is not to do, but to facilitate progress. That is a special skill all by itself; ultimately, you have to know what you are facilitating and whom you are facilitating in order to have progress toward the vision.

Collaborative leadership is important because progress is not made by one person alone. It truly has to be an effort of many perspectives. Input from multiple individuals enhances the quality of the vision and helps guide progress.

It is also important to be able to engage effectively with multiple stakeholders. Especially given the cultural changes that we are addressing today, institutions cannot practice in silos. We have to have many audiences come together. Ultimately, that includes internal as well as external populations. The work that we do in academic health centers is not for individuals—but for the general public—so it has to include a broad variety of perspectives.

I am a black female in a medical professional world that is neither black nor female. Therefore, my administrative style has to be altogether different as it relates to developing momentum and the buy-in necessary to move toward achieving goals or objectives. But skills such as collaboration and facilitation are very much a part of the style. You have to get buy-in, and you have to be inclusionary, and that means getting many people who might not fully support the leader to certainly support the vision.

I have always been struck by the fact that everybody wants to lead, but not everyone is capable of leading. If you are leading an institution, group, or academic health center, your leadership has to have a purpose. And that purpose should be to accomplish something—more than simply having the title. What is the purpose of you being the leader? What is it that you can offer and want to accomplish?

Quite frankly, leadership has to change according to the demands or challenges confronting the organization. If what a leader wants to accomplish aligns with the current challenges and opportunities, then that person is the appropriate leader for that time.



“I have always been struck by the fact that everybody wants to lead...”