Leadership in healthcare: to dyad or not to dyad?

Marianne Stewart: Senior Program Officer, Primary Care
Mark Snaterse: Executive Director, AMH, Edmonton zone
Laura Calhoun: Provincial Medical Director, AMH

B.C. CCHL November 2016
Disclosure slide

- Marianne discloses that she is also a fashion designer.
- Laura discloses that she is a baseball fanatic
- Mark discloses that he helped overpopulate the world.

- No conflicts of interest to disclose.
Objectives

• Discuss how to make a dyad relationship work for you.

• Learn about seven complementary success factors for an effective dyad model

• Hear from experienced leaders about how a dyad relationship has helped them (or not)
1 Province, 5 Zones

- Largest healthcare system in Canada (2009)
- AHS Board/Board Chair 2015
- CEO/President and Executive Team of 11 Vice Presidents
- 61 Senior Leaders
- Medical Dyad at Exec and Zones 2012 (Physician/Administrator)
Organizational Context - AHS

- **4 million Albertans over 661,848 square kilometers served**
  - 91,500 direct AHS employees
  - 7,600 staff working in AHS wholly owned subsidiaries such as Carewest, Capital Care Group, and Calgary Laboratory Services
  - 8,020 Physicians (employed and independent)
  - 16,800 Volunteers
  - 99 Acute care hospitals, 5 stand-alone psychiatric facilities, and 6 Urgent Care Centres
Vision/Mission/Values/Strategic Plan

**Vision:** Healthy Communities, Healthy Albertans, Together

**Mission:** To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans

**Leading with Values:** 7 core values: compassion, accountability, respect, excellence, safety (cares)

**2017-2020 Health and Business Plan: Quadruple Aim**
- Improving the patient experience
- Improving the work life experience for health care providers and staff
- Improving the health outcomes of Albertans
- Improving sustainability with more effective use of resources
AHS Timeline

- **2008/09** Creation of AHS
- **2011/12** 5 Zones + Medical Dyads + Medical Staff Bylaws
- **2012** Quality Management Framework + Structure + SCNs
- **2016** New Vision + 4 Foundational Strategies
AHS Medical Leadership 2014/15

Total Annual Budget $35.1M

FTEs 151.08

Total Number 875
Why Implement Dyad Leadership?

• Best performing hospitals are led disproportionately by physicians (Goodall AH et al Social Science&Med 2011)
  – Overall hospital quality scores 25% higher in physician-led hospitals

• McKinsey report – hospitals with greater MD leadership scored higher in overall management scores (Mountford J et al, McKinsey Quarterly 2009)
  – Ie. HAI, readmissions rates, greater pt satisfaction and improved financial margins

• Reduction in sepsis mortality and ED response times (Meltzer D et al, Studer gp report)
Dyad definition: A leadership model consisting of an administrative leader + a clinician leader (MD) who are closely partnered in a shared and joint/complementary decision making relationship with common performance targets.

Megran D, Keenan C, AHS Dyad Leadership Model: A Primer 2012
Dyad Principles

- Fundamental principles:
  - All actions and decisions are to be made with the full input of each partner in advance (ie. the dyads act and work as one with full joint decision making)
  - Trust and Respect

Megran D, Keenan C, AHS Dyad Leadership Model: A Primer 2012
Dyad Principles

• Not meant for every leadership portfolio or level
• Takes time to mature a dyad relationship
• Flexibility and adaptability is critical to success
• Joint decision making is a core principle (but dyad partner does not need to know everything about everything)
• For optimal functioning of the dyad, clinical partner FTE ~ 0.40

Megran D, Keenan C, AHS Dyad Leadership Model: A Primer 2012
Why Implement Dyad Leadership?

“It enhances communication and raises the level of engagement throughout the organization. A co-management leadership model ultimately provides us with the best opportunity to transform healthcare, transitioning from rescue care with crisis management to greater longitudinal care with coordinated management”

Thomas A Malasto, CEO, Community Heart & Vascular & the Indiana Heart Hospital
The 7 “C” Factors for Dyad Success

- Organizational and Executive Commitment
- Common understanding of the dyad purpose
- Effective Communication
- Consistent monitoring and assessment
- Complementary and Collaborative partnerships
- Competencies to be enhanced of each dyad

Megran D, Keenan C, AHS Dyad Leadership Model: A Primer 2012
# Dyad Impact on Leadership

<table>
<thead>
<tr>
<th>Criteria of Effective Leadership</th>
<th>Traditional Single Leadership</th>
<th>Dyad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision Making Speed</td>
<td>Quicker</td>
<td>Moderate</td>
</tr>
<tr>
<td>Change Implementation</td>
<td>Moderate to slow</td>
<td>Quicker</td>
</tr>
<tr>
<td>Executive Power</td>
<td>Centralized</td>
<td>Shared</td>
</tr>
<tr>
<td>Trust of Administration</td>
<td>Weaker</td>
<td>Stronger</td>
</tr>
<tr>
<td>Stakeholder Engagement</td>
<td>Weaker</td>
<td>Stronger</td>
</tr>
<tr>
<td>Point of Care Innovation</td>
<td>Weak</td>
<td>Strong</td>
</tr>
<tr>
<td>Role Clarity</td>
<td>Clear</td>
<td>Mixed</td>
</tr>
</tbody>
</table>

Megran D, Keenan C, AHS Dyad Leadership Model: A Primer 2012
Dyad Roles and Responsibilities

**Dyad Role:** Vision, Mission, Values, Strategy, Culture, Overall Performance, Engagement, Quality, Operations, Budget, Capital, Service Planning

**Physician Leader:** Clinical Expertise, & Innovation, Critical Analysis, Compliance, Pt Care Stds, Clinical Pathways, Physician Relations, Provider Leverage

**Administrator Leader:** Budget, Staffing, Support Systems/services, Supply chain management

Zismer D et al, Physician Exec Journal Feb 2010
**Dyad Roles and Responsibilities**

**Dyad Role:** Vision, Mission, Values, Strategy, Culture, Overall Performance, Engagement, Quality, Operations, Budget, Capital, Service Planning

**Physician Leader:**
- Physician Politics,
- Prescribing and Clinical Protocols,
- Individual Patient Advocacy,
- Referral Pathways,
- Billing Codes

**Administrative Leader:**
- Clinical & Administrative Expertise,
- Health Systems Innovation,
- Cost-Benefit Analysis,
- Workforce Management

Zismer D et al, Physician Exec Journal Feb 2010
Why Implement Dyad Leadership?

“The dyadic model must effectively manage the tension of 2 cultures:
- Administrators – How to get the best value for money?
- Physicians – How to get quality patient care?
The delivery of medical care is a business, caring for people is not.
A principle goal of the dyad is effective management of this tension

James Anderson, Administrator, Collaborative Affairs, Mayo Clinic
Why Implement Dyad Leadership?

“The dyadic model must effectively manage the tension of 2 cultures:
- Administrators – How to deliver high quality healthcare to a broad population in the most cost-effective & sustainable manner?
- Physicians – How to ensure that their individual patients can receive the best quality care.

The delivery of medical care is a business, caring for people is not.

A principle goal of the dyad is effective management of this tension
Why Implement Dyad Leadership?

6 potential benefits:

1. Improve engagement of physicians
2. Drive clinical and organizational excellence.
3. Reduce siloes
4. Improve communication
5. Increases transparency
6. Improves accountability for performance and outcomes
DISCUSSION

• What has been your experience?

• What are some of your successes?

• How could dyad leadership be improved?