

Leadership in healthcare: to dyad or not to dyad?

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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.

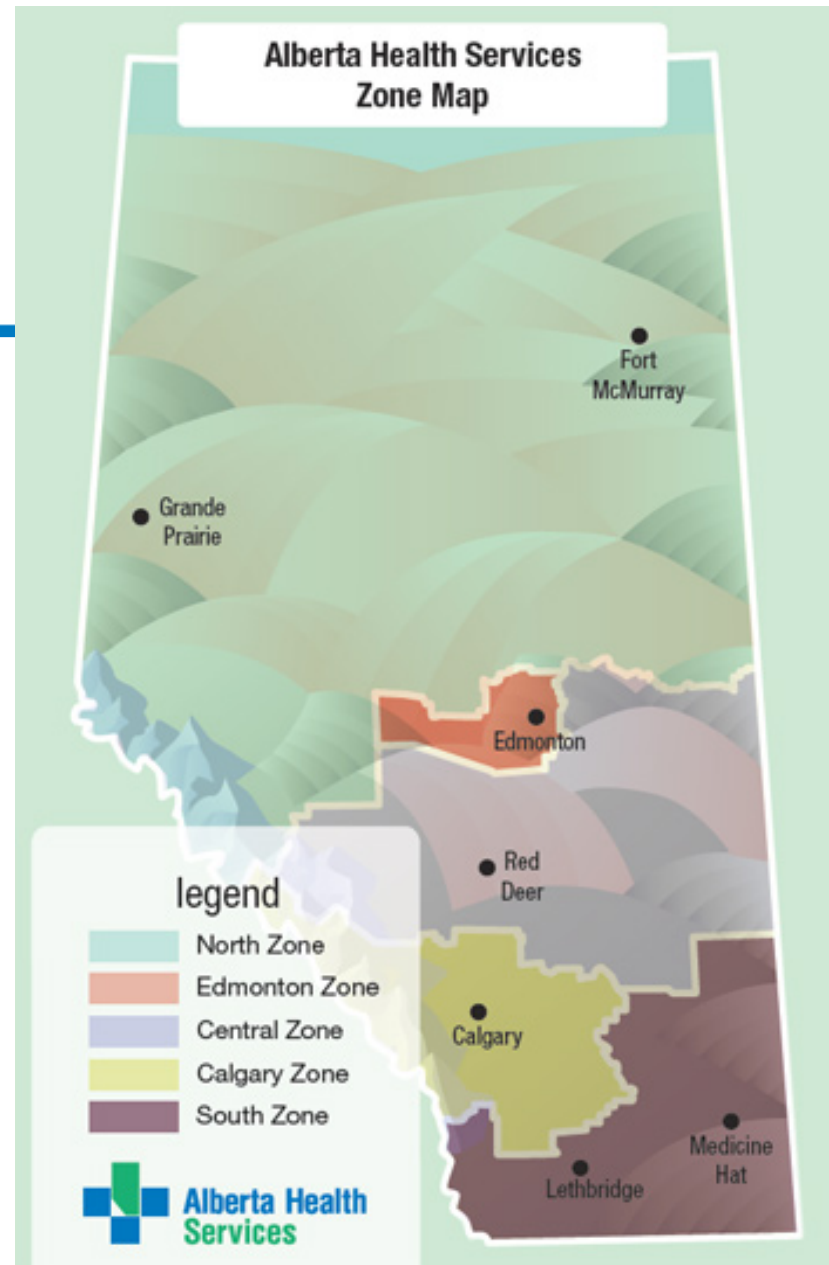
- No conflicts of interest to disclose.

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)
 - I.e. 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 Primer 2011/12

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

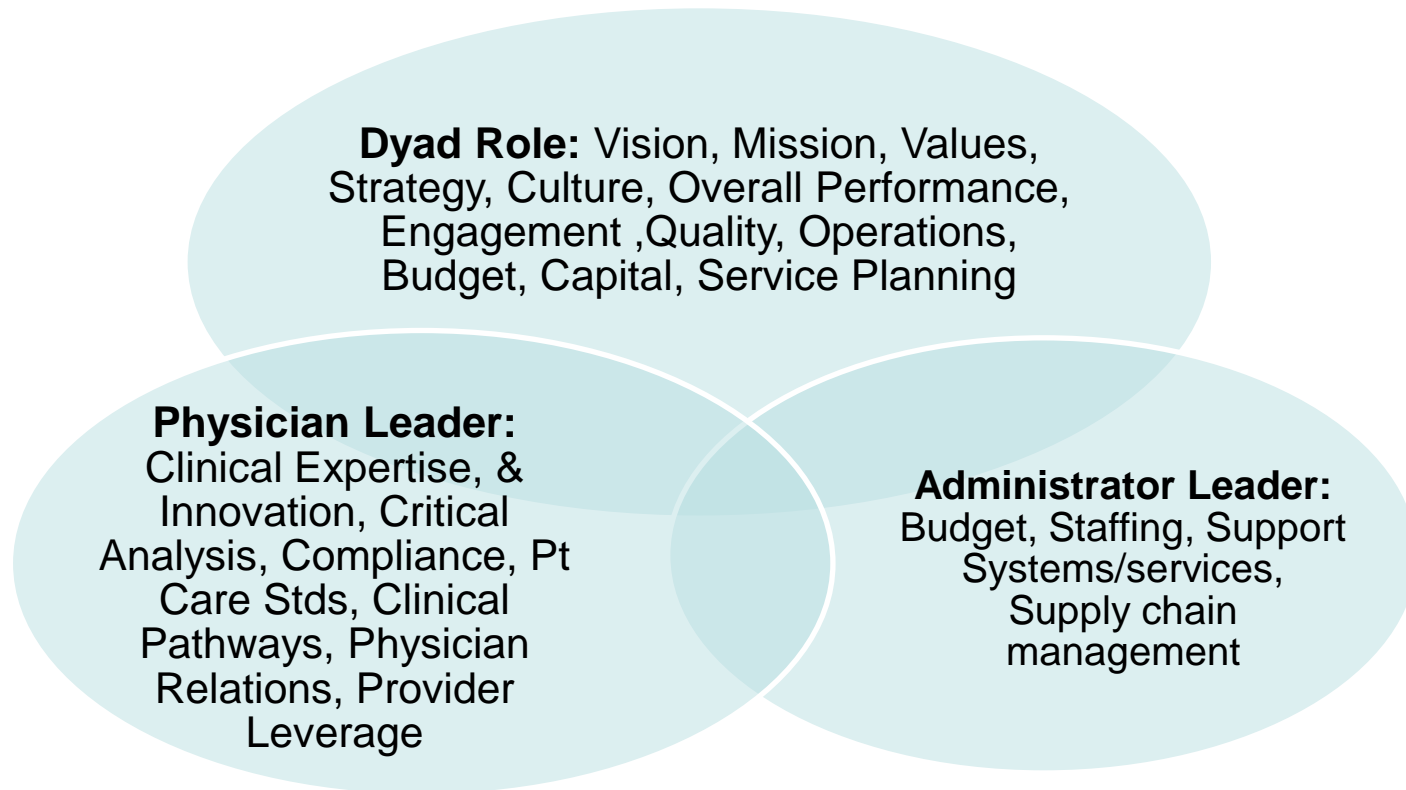
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Dyad Impact on Leadership

Criteria of Effective Leadership	Traditional Single Leadership	Dyad
Decision Making Speed	Quicker	Moderate
Change Implementation	Moderate to slow	Quicker
Executive Power	Centralized	Shared
Trust of Administration	Weaker	Stronger
Stakeholder Engagement	Weaker	Stronger
Point of Care Innovation	Weak	Strong
Role Clarity	Clear	Mixed

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

Dyad Roles and Responsibilities



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?