CHAPTER 14

Health Professional Leadership

Normal is getting narrower and narrower.

—Personal observation by an experienced nurse practitioner

Health professionals are important to health policy processes. They bring their experiences, their knowledge of both science and art, their ability to distinguish between the two, and their commitment to the patient. Typically, they also bring a commitment to lifelong learning. The power of the professions, especially physicians, has been waning of late, but that has a lot to do with the height of their dominance in the past. In an open, market-driven, information-rich society, the kind of monopoly power described by Starr (1982) is not sustainable. Health professionals now need to undertake new leadership roles or else their status will be further undermined by those actively seeking a greater share of the pie. Given the forecasts that the health care sector will comprise 20% of the U.S. economy in 2015, health care policy leadership is sure to draw a crowd of interested parties.

DISINTERESTEDNESS

Much of the diminished respect for health professionals stems from the public's perception of a loss of disinterestedness. The current fashion in economics seems to deny the concept of disinterestedness—the concept of lack of bias and freedom from special interest, the ability to set aside one's own interests and to seek the best possible outcome for others. One symptom is the oft-repeated phrase, "All they care about is money." Money is harder to come by in most parts of the health care system because of utilization controls and deep discounts to health care plans, and thus, increased concern is understandable; however, that is not reassuring to the public. Much of the literature on the rising costs of care blames the current fee-for-service system for making it in the providers' interest to promote overutilization. Schlesinger (2002) argued that this loss of faith seemed to intensify with the advent of Medicare and Medicaid and that that has led to a loss of political power as well. One parameter of successful professional leadership will be the ability to engender faith that the professional and the profession have the interests of other constituencies in mind.

INFORMATIONAL CREDIBILITY

Earlier chapters noted how disintermediation in general and direct-to-consumer advertising in particular were affecting the informational monopoly of the health professions. This is not a one-way street. The claims and counterclaims of the various interested parties can be hard to sort out. One leadership role for the health professional is to guide the general public through that welter of information. This is not just a physician's task. It involves all health professionals. An article in *Business Week* asks, "How Good Is Your Online Nurse?" It compares the online patient portals of the three largest health insurers: Wellpoint, United Health Group, and Aetna (Weintraub, 2006). The trends reported included greater integration with patient records, more add-on purchased counseling, and more personalized responses. It concluded, "A bit like Big Brother? Sure. But as health care gets more complex, it's comforting to have a virtual coach" (p. 89). Despite the word nurse in the title, the article compares the companies' automated systems tailoring the information. One insurer did offer written and telephone nutritional consultations for a fee, but the

professional component was largely invisible in the process. Maintaining the power of the professions in the future will take substantial effort to maintain acceptance as a unique and relevant information domain. There is relatively little art in computerized communications, and the public might well want more in the way of art, if it is offered. A counterexample is the rise of boutique medical services, which offer more access and attention for an annual fee. Conceding the informational domain to others is risky. Procedural control alone is a slender reed on which to stake the future of a profession.

TO INFLUENCE GLOBALLY, START LOCALLY

The health professional's power to participate effectively in the political process is earned through leadership in one's profession, one's institution, and in one's community. True, some leaders and spokespersons appear to have burst onto the national scene directly—Dr. David Brailer in government and health information technology, for example, and Dr. Atul Gawande with his *New Yorker* articles and his book, *Complications* (2002)—but most rise slowly through the ranks of their profession as team players. The routes to leadership positions are varied. Health professionals are in leadership roles in medical centers, community hospitals, government agencies, and insurance companies. Each presumably came by his or her position by training, intelligence, hard work, and usually trustworthiness. They were able to convince others to work beside them and for them because they could be trusted to take the interests of others into account.

Leadership career paths often overlooked in the health policy arena are those in corporations and as entrepreneurs. A number of very influential health professionals have stopped delivering care directly and have moved into the management of health institutions, insurance companies, occupational health, medical device and supply companies, pharmaceutical companies, and government agencies. They represent those institutions but seem able to do so without negating the trust of health care decision makers. Their leadership roles may have been thrust on them, or they may have sought them. In either case, they took a prepared mind and a sense of what they want to accomplish in their arena of health care policy.

The press seems to emphasize the importance of careers in publicly held companies, as considerable wealth can be created by developing a company

and taking it public. After the company goes public, however, it is beholden primarily, if not solely, to one set of stakeholders, the stockholders; therefore, there is still a major role in health care for the not-for-profit organization that does not have stockholders and can balance a number of competing interests. A deeper knowledge of not-for-profit organizations and their behaviors is necessary for determining their role in setting and implementing health policy. This is especially true of entrepreneurial not-for-profit organizations that can participate in the marketplace as fully as a stock corporation, provided that they do not need to raise large amounts of capital quickly. Leaders must understand the similarities and differences in how these types of organizations function. The term *governance* is often applied to the roles of management, staff, and boards in both for-profit and not-for-profit organizations. The professional leader must be able to function effectively and help govern effectively in one or the other or both.

RISK TAKING

Moving out of a traditional professional role requires being able to deal with new classes of risks and to accept success, failure, or both. There are many successful health professional entrepreneurs and leaders and some unsuccessful ones. Recent events have shown us situations where successful professional leadership has been followed by failure. An example is the rise of large physician practice management organizations that grew very rapidly in the 1990s but failed as their leaders strayed from their areas of expertise and listened, not to their customers, but to those who were concerned only with increasing stock prices.

HEALTH POLICY ANALYSIS: A RELEVANT SCHOOL FOR LEADERSHIP

Participating in policy discussions and analyses can also help prepare one for leadership. By reviewing and critiquing the alterative scenarios provided by scholars—such as the consumer-oriented free-market approach of Herzlinger (1997) versus the community-based planning approach of Shortell et al. (1996) versus new approaches being undertaken by the various states—one can learn a great deal. These debates offer a number of possible intellectual leadership roles for trained policy analysts with professional backgrounds and skills.

Evaluating the alternatives calls for an understanding of the type
that health care organizations and health care managers may cl
handle or not handle in the design of their system. These risks h
described as follows (McLaughlin, 1997; McLaughlin & Kaluzny

- Underwriting
- Marketing
- Clinical operations
- Financial
- Regulatory
- Integrative.

The would-be professional leader has to think through the fc
questions:

- Which of these risks am I now comfortable handling?
- Which other ones do I need and want to learn to handle?
- How can I use my work or educational experiences to learn t
  those that I want or need to handle?

This exercise can help the potential professional leader outline
or she needs to learn about managerial skills and activities. One m
to analyze the various organization forms used for health care de
terms of how they allocate these risks and facilitate their handling

GOVERNANCE

Not only must health care professional leaders manage, but they n
provide what Karl Weick (1995) called *sense making* for those be
They must be able to understand and articulate the role of the gov
process in their operation. Health care professionals guard and mair
technological core of health care organizations. They demand a role
governance processes and governance mechanisms, which are the
effective technical and organizational change. Their leaders must
stand how these processes operate and how their professions an
actors can best work together in the policy-making process. T
understanding the risks to be encountered, analyzing the nature
markets and delivery organizations, and meeting the governance
organizations delivering care, health profession leaders can
equipped to analyze and improve local health care systems.

PLANNING ALTERNATIVES

Professional leaders must be able to analyze issues of health care policy for specific communities and specific segments of health care. These have to be analyzed against specific public health criteria of quality, access, and cost. Here health policy intersects with the issues of quality and quality improvement; however, one can also master less familiar risks, such as underwriting (including pricing). Leaders must consider quality measurement and improvement and disease-management approaches. Imbedded in such studies are opportunities to develop insights about the ability or inability of organizations to handle high levels of inherent variability in definitions, patients, events, costs, etc. This needs to be a continuing theme in analysis, one relating back to the issues of art versus science and Deming's (1986) notions about special cause variation and common cause variation. Health care professions have historically treated all situations, whether art or science, as if they were science. Consequently, they have assumed that any negative consequences were the result of special cause variation, holding the individual practitioner responsible for adverse events. What future managers have to learn from the Deming approach is that health care is a field that will have high variability, even without special cause variation, and that administrative systems have to be tailored to that reality. Success in health care is as much dependent on a team's functioning in an effective system as it is on any individual professional. As Deming noted, "The system is the problem." To which we would add, "Especially if it fails to handle inherent variability fairly and effectively." Professional leaders must come to understand that assessing and adapting to this inherent variability is a key element of the manager's role in health care delivery whether it is organized for craft or mass customization.

COMMUNITIES

If professionals are to manage the health of populations rather than just individuals, they must develop a sense of how that can be done in a community setting. To do that, they must experience and participate in change processes undertaken by groups involving payers, providers, public health agencies, and patient organizations in their community. They need to understand the limits of community-based cooperation and planning in

a market-driven health care system. Leaders must also be able to develop sufficient respect among their colleagues to be trusted with data needed for community health improvement when it might otherwise be seen as proprietary information for competitive use.

ENHANCING THE PROFESSIONAL'S ROLE

Professional performance in health policy roles can be enhanced in a number of ways, including the following:

- Preparation
- Skills development
- Training others
- Networking
- Practicing leadership.

Preparing to Learn and to Lead

Professionals need opportunities to adapt to policy analysis roles above and beyond those normally associated with clinical care. Potential leaders have to walk in the shoes of those who are leading, to consider the multiple sides of the issues, to use hard facts and fit them into conceptual and mathematical models that allow one to reduce and refine the array of available alternatives, and to recommend those that are likely to succeed in a given environment. Health policy analysis invites the potential leader to step back from narrow professional roles, think in terms of what is best for the patient and for society, and see the changes in health care more in the sweep of time. Intellectual integrity is also needed as a bulwark against being swept along with the fads.

One very important role for the health care professional is as a team member. Policy analysis teams require a wide range of skills including management, economics, operations, and medicine. As the owners of the technological core of medicine, health care professionals can always claim a place at the table; however, they must also be prepared to contribute to the overall progress of process analysis and improvement efforts. Their participation can be enhanced by a number of skills, typically including how to lead teams, how to analyze processes, how to implement change, and how to evaluate outcomes.

Developing Skills

The policy analyst must also understand the financial implications of what is being discussed; think in terms of markets and competition; adjust to social, economic, and political change as they play out in U.S. society; analyze and optimize processes; and motivate individuals and teams. All of these move in the direction of exhibiting competence, demonstrating mastery and gaining respect of one's peers and colleagues so that one can be eligible to be a contributor on a top management or decision-making team.

Training Others

One function of professional leadership is training the next generation of professionals. For example, if health policy is going to focus on motivating the system to reduce waste as suggested by Porter and Teisberg (2006), then the present and the next generation is going to have to think in terms of value-based patient care and focus on managing the entire medical condition from start to finish. Paul Batalden and others from Dartmouth have already started to incorporate this into their training of physicians there and elsewhere. They refer to it as employing microsystem-centered strategies as compared with organization-centered or issue-centered strategies for process improvement (Mohr & Batalden, 2006). They suggest that there are eight dimensions of effective microsystems (Mohr et al., 2006, p. 408):

1. Constancy of purpose
2. Investment in improvement
3. Alignment of role and training for efficiency and staff satisfaction
4. Interdependence of the care team to meet patient needs
5. Integration of information and technology into workflows
6. Ongoing measurement of outcomes
7. Supportiveness of the larger organization
8. Connection to the community to enhance care delivery and extend influence.

These eight dimensions align very well with the concepts of the value-based competition model (Porter & Teisberg, 2006). Adopting their approach in both clinical process improvement and in clinical training is one way to walk the talk, to learn the full implications of such an approach, and to develop the skills and insights applicable at higher levels of policy analysis. If one does not normally use something, one of the best ways to come to understand it fully is to try to teach it to others.

Networking

An intriguing part of health policy analysis is that it takes place in a virtual network of participants, professions, and organizations. One learns in the process of survival how to function in this new world. One sees how influence is exerted nationally and locally and in one's work group by knowing when to speak up and when to hold back, when to be the advocate and when to be the analyst, and how to support and move forward the multidisciplinary team—the key element of health care leadership for many years to come. By doing so, one develops skill at working with other disciplines and the contacts that become important assets as one attempts to exert leadership at higher and higher levels in the policy analysis process.

Practicing Leadership

Potential professional leaders have many opportunities to experiment with leadership roles in their interactions with program peers inside and outside their usual work setting. They can try out new concepts and compare experiences with their colleagues. Buttressed by the knowledge and skills gained, they can gradually assume leadership based on competency and commitment to personal and institutional change. One need not wait for a senior management opening to put that new knowledge to use.

CHAPTER EXERCISE: GENDER DISCRIMINATION ISSUES IN HEALTH CARE

One of the issues that this book has not emphasized so far is gender discrimination in health care. Questions include:

1. Are the diseases affecting only women as carefully researched and treated as those affecting only men?
2. Women have smaller current incomes than men, especially single older women. How does this affect their access to care? For example, how does the movement from employment-based health insurance to individual policies comparatively affect women?
3. We have witnessed sex discrimination against women professionals who our in are family. Have you witnessed or experienced sex discrimination professionally? What happened?

Prepare a working definition of and a subsequent policy recommendation concerning one or more gender issues in health care and come prepared to discuss it.

CONCLUSION

Professionals can play a very important role in policy analysis; however, they need to acquire not only the knowledge outlined in this text, but also those skills necessary to achieve positions of leadership in health policy making. They, especially physicians, must learn to take a disinterested view in many of their interactions with others, offsetting the growing public perception that they are much too concerned with the monetary aspects of care. If they fail to do so, their professional and political influence will continue to wane as their informational and procedural monopolies weaken.

Professionals must start by influencing health policy locally. They have to gain experience and leadership skills at that level before moving up to higher levels. As they move up, they will learn about the governance processes of both for-profit and not-for-profit organizations and the suitability of each for specific purposes. They will gain knowledge about managing nonclinical types of risks in the health care setting and about how to become a member of a team that can deal with the entire medical condition rather than their profession's aspect of it. Learning by doing is available in all settings, especially in training newer health professionals, improving local care processes, and health policy analysis at the community level. There is plenty of room for professional leaders in the health policy process, if they are willing to invest time and effort into learning to manage and lead it.