Leadership techniques that foster hope in medical groups

By Debra J. Wiggs, FACMPE, MGMA Board chair

What do you think of when you hear the word “leadership”? If hope doesn’t come to mind, I would encourage you to listen in to a recent conversation I facilitated with Michael O’Connell, MHA, FACMPE, FACHE, vice president, clinical and support services, Marymount Hospital, a Cleveland Clinic Hospital, Garfield Heights, Ohio, and Ron Menaker, EdD, MBA, CPA, FACMPE, administrator, Radiology, Mayo Clinic, Rochester, Minn.

Our discussion was hosted in a new, informal online format (mgma.org/leadership-webinar) that attracted about 170 colleagues who asked insightful questions about how programs that work in large systems can be scaled for smaller medical groups and ways to involve physicians in the process. We will continue this discussion at the MGMA 2015 Annual Conference (mgma.org/mgma15) to help motivate each other to make meaningful changes in our groups and communities by employing more leadership skills at every level of the organization.

We started our live chat with O’Connell talking about the article he published in the June issue of Executive View (mgma.org/structural-tension-model). He shared some examples of how positive leadership initiatives have brought more hope to staff, providers and, ultimately, patients. The concept resonated with me on several levels because I have seen it work in practice. Menaker, author of Leadership Strategies: Achieving Personal and Professional Success (mgma.org/store, Item 8707), weighed in with some of his experiences and talked about the importance of weaving leadership throughout a group culture.

Hope
There are many times when we feel discouraged by our workload, daily pressures from inside our practices and industry changes, yet we become engaged in different ways when we work with effective leaders, who solicit and listen to our ideas and show us how our work connects to our organization’s mission and vision. We become more hopeful about the ways in which our efforts support the delivery of higher-quality patient care and that’s what drew most of us to this business in the first place.

As I listened to the discussion and posed questions from listeners, I was struck by the fact that we can have such a powerful effect on our team members — and community of patients — when...
we employ leadership skills and encourage them at every level of our organizations. It inspires me as I hope it will inspire you during difficult times in practice management.

“We have to get out of the victim/persecution mode” — stop focusing on the things that we are required to do — “and instead work on how to co-create ... a plan” to effect meaningful change, O’Connell said.

“We’re going to need to be more effective and more efficient without burning ourselves or our staff out,” Menaker added. One of his suggestions is to lead through the process of learning, which requires you to self-reflect and learn from your mistakes. Or, as he says, “Turn every failure into a lesson plan.”

I liked that concept and agree with it wholeheartedly, and asked Menaker to elaborate on ways we can encourage our colleagues to develop a tolerance for failure or what some call failing forward.

“If everything is viewed as a lesson,” Menaker answered, “if we’re failing forward, then we’re incorporating what we’re learning.” In other words, if we can dissect what might not have worked as intended, we can identify better ways to approach issues that might otherwise stymy our success. The key, he added, is to not get defensive. And that’s difficult to do and teach yet it is well worth the effort.

To lead or follow?

Menaker has a sign in his office that encourages patience, faith and tolerance to stretch yourself and your teammates in new directions. It’s what O’Connell describes as the rubber band test, a concept that I like since we are constantly asking our team members and providers to try new ways of doing things, see new perspectives, engage differently with patients and reorganize tried-and-true processes that no longer fit our new healthcare dynamic.

One example of this is the Lean push vs. pull theory that Owen Dahl, FACHE, CHBC, LSSMBB, consultant, MGMA Health Care Consulting Group, explains on page 34 of this issue. Many of us have designed our systems around the services we think patients need (push) instead of designing patient-centered delivery systems that accommodate what they want (pull). To shift from one to the other requires a willingness to change the status quo, which might upset some apple carts in your practice, and to ask staff and providers to do things differently. Success requires trust in the leaders who request this change.

“To effectively lead others requires R&R — not rest and relaxation but resources and relationships,” Menaker explained. “[That is the] core of leadership.”

And listening is the most vital element. “It is the portal to the heart,” which helps motivate people to do the right things, he said. It’s promoting a sense of faith and confidence that the team will get through whatever task is at hand tempered by the reality of real situations with important consequences, he added.

O’Connell shared several concepts that have been effective at Cleveland Clinic locations, and he gave me permission to share a tool titled “Why a Thinking Environment Matters,” which helps create and maintain the kind of environment that encourages people to share their opinions in respectful forums. This sounds like a simple concept but it can be difficult to execute. Think about the last time you had a staff meeting and how many people were interrupted.

“We can have such a powerful effect on our team members — and community of patients — when we employ leadership skills and encourage them at every level of our organizations.”

I encourage you to listen in to this live chat (mgma.org/leadership-webinar), now available on demand. It lasts about an hour and provides insights from your colleagues about ways they have implemented successful leadership techniques in practice.

I’d welcome your thoughts about how you have used leadership techniques in practice and what you think of the live chat. MGMA is testing new formats to engage members in more informal ways, so please let me know what you think of this discussion and any suggestions you have for improvement.

In closing, I hope you’ll join us during the leadership track at the MGMA 2015 Annual Conference in Nashville, Tenn., Oct. 11-14. It promises to be an unparalleled educational event along with ample opportunities for networking and fun. ■

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