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The View From the Top: Leadership Lessons From Family Physician Executives

Family physician leaders share their 10 keys to success.



ABOUT THE AUTHORS

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The title of “physician” has long been synonymous with “leader” in our communities and institutions, but the opportunities for physician leadership are expanding. The traditional role of medical team leader is evolving to the new role of director (officially or not) of population-based health, quality improvement, and the like. With the gradual shift to value-based care, it is also becoming more common for physicians to serve as leaders of hospitals and health systems, even as CEOs.¹⁻³ In fact, higher ranked hospitals are more likely to be run by CEOs who are physicians by training.⁴

Despite the assumption that physicians will lead and lead well, leadership skills are not always explicitly taught or standardized in training programs. In recognition of that, more medical schools and residencies are offering leadership development options, from certificates in physician executive training to dual-degree MD-MBA programs.⁴ Equipping more family physicians for leadership roles throughout the health care system is critical not only for the specialty

but also for patients, who benefit when organizations are focused on comprehensive, coordinated, and person-focused care — the hallmarks of family medicine.

To quantify family physician representation in “C-suites” of health systems nationally and to determine what skills and experiences position family medicine leaders for success, the Robert Graham Center of the American Academy of Family Physicians (AAFP) and the Society of Teachers of Family Medicine (STFM) collaborated to identify family physicians serving as executive leaders in large health systems, health-care-related philanthropic organizations, academic health systems, and large health payers. From the hundreds of family physician leaders identified, three were selected for interviews to elucidate the skills and behaviors essential to being an effective physician leader today.

LEADERSHIP PROFILES

The three physician executive leaders interviewed had dramatically different career trajectories, with each position requiring them to wear multiple hats.

Jerry Kruse, MD, MSPH, is dean and provost of Southern Illinois University (SIU) School of Medicine and CEO of SIU Medicine. Early on, he did not envision a career as a physician executive leader; however, mentors along the way saw leadership qualities in him, particularly an ability to organize information and persuade people. Over the years, he has practiced full-spectrum family medicine, worked as a residency program director, and served as chair of the Department of Family Medicine at SIU. This led to involvement with national groups such as the Association of Departments of Family Medicine (ADFM), the Academic Family Medicine Advocacy Committee, and the Council on Graduate Medical Education, which makes recommendations to the Secretary of the U.S. Department of Health and Human Services and to Senate and House committees.

Melissa Gerdes, MD, FAAFP, CHCQM, is system vice president of value-based clinical strategy for CommonSpirit Health. Her path to leadership started soon after residency, when she was propelled into solo, private practice following her partner's retirement.

She realized that to do right by patients, staff, and clinicians, she had to bring organization to the chaos of managing the administrative responsibilities that come with seeing a high volume of patients. She developed an interest in the patient-centered medical home model and participated in the TransforMED pilot program. She went on to

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help operate accountable care organizations for Methodist Health System in Dallas and then served as executive medical director for John Muir Health, overseeing all delegated medical services, utilization management, care management, credentialing, and quality for a network of 1,200 physicians.

Rhonda Medows, MD, FAAFP, is president of population health management at Providence Health and CEO of Ayin Health Solutions. Her career started with full-spectrum family medicine. She then went to work for Blue Cross and Blue Shield of Florida, where she was in charge of clinical quality and medical guideline assessments. Following the tragedy of Sept. 11, 2001, she was tapped to be Florida's secretary of health care. She then worked for the Centers for Medicare & Medicaid Services, serving eight southeastern states during Hurricane Katrina, and later became commissioner of the Georgia department of community health during the H1N1 flu pandemic. She has also worked for UnitedHealthcare, serving as chief medical

KEY POINTS

- Family physicians are well-suited for executive leadership in health care organizations given their breadth of thinking, relationships with patients, and ability to work with and understand multiple specialties.
- The best leaders have solid analytic skills, financial and business management knowledge, strong interpersonal skills, and an ability to package and present information.
- Knowing how to build a solid team, being well connected, and being a good family physician are also key.

officer for nationwide Medicare, commercial, and Medicaid health plans, and for Optum Health, working on readiness for HealthCare.gov and access to care for Medicaid-eligible patients.

10 KEYS TO SUCCESS

Despite the unique career paths each physician executive followed, they identified some common skills and behaviors that positioned them for success as leaders:

1. Analytic skills. Effective leaders need to be able to find information, do research, synthesize it, and then speak up. Facility with numbers, logic, and problem solving are essential for success. As an executive leader, you will inevitably work with other organizations, and you will also need to analyze the true mission and strategic goals of those with whom you collaborate. As a physician, you know how to take a patient's long history and pick out the key points. This same skill can help you get to the heart of the issues plaguing your organization and identify what is needed to move forward.

2. Financial and business management knowledge. Although MBAs are becoming

relationships is critical. You need to be able to work with multiple players in a health care system even though their education, training, perspectives, and goals can differ from those of family physicians. Leaders find the commonality and synergy to move forward. It is essential that you learn to positively influence people who may not be familiar with your specialty, and may not desire to be unless you convince them of its importance. "Having that recognition, that we're not the center of the universe, and being able to work with everybody else" is a skill you need to learn early in leadership, says Gerdes.

4. A solid team. Effective leaders surround themselves with a strong team. This requires the ability to envision effective roles and recruit the correct people to fill them. By assembling a team of experienced subject matter experts, you relieve yourself of the unrealistic burden of having to know everything. Prioritize cohesion by recognizing team members for their unique and valued skillsets.

5. The ability to package and present information. Executive leaders have to represent their organizations to various audiences, so being adept at public speaking is crucial. Specifically, you should know how to package the information you are responsible for and deliver it effectively to audiences ranging from a handful in a conference room to thousands in an auditorium. It takes time and practice to find your voice and become comfortable speaking publicly, particularly when you aren't sure of all the answers. Being humble enough to ask questions is key. The goal is not just to get the information across to your audience but also to inspire an emotional response: enthusiasm, motivation, self-reflection, or whatever is needed at that time.

6. Principle-driven decisions. If you don't see the purpose in your work, it is easy to get lost in the vast array of duties. Use the passion that drove you to become a leader to fuel your work and allow it to push you out of your comfort zone. That passion is fed by maintaining strong, ingrained principles, such as "people first." Always consider what it feels like to be on the receiving end of services your organization offers. How do your programs translate for patients, physicians, and staff? If

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more common among physician-trained executive leaders, none of the physicians interviewed deemed them absolutely necessary. However, the physicians do advocate becoming savvy in financial and business management and understanding the business side of practice through post-graduate training certificates, fellowships, and mentorship opportunities. They also recommend actively seeking leadership opportunities and taking courses in negotiation strategies, business law, executive management and presence, and conflict resolution.

3. Interpersonal skills. Whether you're working with others inside or outside your organization, your ability to develop

your work does not uphold your values, why are you doing it?

7. An inclination to say yes. Although leaders do need to say “no” at times and set healthy boundaries, they also need to have an inclination to say “yes” to new ideas and opportunities. Meadows explains, “There were opportunities that came before me, and every time I said yes. I didn’t wait to see whether or not I actually knew everything I needed to know to get the role. I just figured out a way to learn it.” Young physicians in particular should seize new opportunities or adventures, no matter how scary they might seem. Explicitly express interest in leadership opportunities, volunteer to serve on committees, and do not decline positions just because they may not be exactly what you desire.

8. Active involvement with family medicine organizations. Being involved in the inner circles of family medicine organizations was invaluable to the three physicians interviewed. Kruse credits his ability to do his current work to what he learned working on ADFM’s Legislative Affairs Committee and as STFM’s president, being involved in strategic planning while on the STFM board, and serving on the board of directors for the American Board of Family Medicine. Gerdes described the important training, connections, mentorship, and networking she received in her roles as president of the Texas Academy of Family Physicians and chair of the AAFP Commission on Quality and Practice. And for Meadows, her experience participating in the AAFP’s Congress of Delegates was vital to her work leading health care systems.

9. Relationships with peers. Effective leaders need support systems, so attend meetings where you can network with small groups of colleagues, such as STFM’s young leadership groups. In these settings, you will grow your career with a group of peers across the nation who will become core people you trust and admire and who will likely move on to lead within health care in some important way.

10. Competency as a family physician. You cannot become an effective or successful physician executive leader without being a good family physician. Your credibility and content expertise come from that experience. Don’t neglect the clinical elements of

being a physician leader or the relationships with your patients. Those core areas are where you learn foundational lessons, from measuring and assuring quality in medicine to managing staff.

WHAT ARE YOU WAITING FOR?

All physicians are inherently viewed as leaders, often starting in their own clinics and communities, and have the skills to improve health care delivery and

Always consider what it feels like to be on the receiving end of services your organization offers.

emphasize patient-centered care. Family physicians are arguably well-suited for executive leadership of health care systems given their breadth of thinking, relationships with patients, and ability to work with and understand multiple specialties. However, there are insufficient numbers of family physicians, and physicians overall, in executive leadership positions in health systems. Fostering leadership opportunities to encourage more family physicians to venture into the C-suite is critical. “It is vitally important that physicians lead in health care systems,” says Meadows. “If we continue to hesitate for even a second, someone else will fill the void who does not have our mindset or principles about the whole person and the family.” **FPM**

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