

What It Means to Be a Physician Leader: A Q&A With Dr Anthony Slonim

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For the second year, Anthony D. Slonim, MD, DrPH, president and chief executive officer for Renown Health and chair of *The American Journal of Managed Care (AJMC)*'s ACO and Emerging Healthcare Delivery Coalition, is in the running for Modern Healthcare's 50 Most Influential Physician Executives and Leaders.

Recently, he spoke to *AJMC* about what it means to be a physician leader, the industry's move to population health, the ACO Coalition, and more.

The ACO Coalition will be meeting in Scottsdale, Arizona, April 28-29, 2016, for the spring live meeting. You can learn more and register for free at www.ajmc.com/acocoalition/spring16.

***AJMC:* As someone who is nominated for Modern Healthcare's 50 Most Influential Physician Executives and Leaders, what do you think makes a physician leader?**

AS: I think lots of things go into it. Most important, is being able to engage people so they understand where it is that we're going. Creating that vision and having cultural support around it is imperative, so that has to do with physician leaders, no matter where they're focused, whether they're chief medical officer—title doesn't matter. It's about the leadership skills, so creating the vision and getting people behind it is critical.

***AJMC:* How do you think that you become a physician leader? What or who was instrumental in you becoming a physician leader?**

AS: The most important thing for me—I certainly received lots of education, I had lots of training; the most important things though are mentorship and experience. You've got to have people who are looking out for you and help you make decision at important crossroads in your life, and you also have to have a range of experiences that guide you. Nothing makes up for experience.

***AJMC:* How do you think being a physician leader has evolved as the healthcare industry has been undergoing rapid changes from volume to value and to more integrated and coordinated care?**

AS: I think physicians have been leaders for long periods of time, but usually on the clinical team. So the last 20 years or so, we've seen this insurgence of physicians entering the C-suite and contributing differently to the way business decisions are made. Should we prioritize this over that? Bringing a clinical lens into the boardroom is really important and we're seeing many, many different types of ways physicians can contribute. Not only in healthcare organizations, but in medical schools, in pharma, in the insurance industry. [There are] lots of different ways you can contribute as a physician leader.

***AJMC:* How can a physician leader help to advance the quest for improved patient safety and better quality at a lower cost?**

AS: I think that part of the work is actually the easiest for a physician, because you go into medicine with the hope that you will help people get better. And so it's not unusual that you have physicians who came up through the ranks who are totally focused on patient safety and quality and making sure we do it efficiently. That's natural.

The things that are unnatural tend to be the more business-oriented things: how do you work through the finances, how do you do the investments, how do you think differently about how to lead people and be a good manager? Those are things that are not necessarily part of the training of physicians these days.

***AJMC:* You've been at Renown for more than 1 year now, what are the biggest changes you are most proud of?**

AS: We're engaging with the community differently than we ever have before. We're on a quest toward a healthy community, and that means we're looking outside of our walls not only to healthcare and

the healthcare we provide, but also ensuring the community's health. How are we there not only when they're sick or injured, but when they have questions about what vitamins or herbals to take? When they need support on how to reduce their stress or how to lose weight or stop smoking? Those are the ways that we need to engage the community with prevention and wellness. And we're doing that a lot more aggressively than we ever have.

The other accomplishment is a major affiliation with the University of Nevada School of Medicine that will help to create a 4-year medical school campus in Reno.

AJMC: You recently spoke at TedxUniversityofNevada: What was the experience like and what was the main take away from that talk?

AS: Doing a Ted talk is an amazing experience. What a privilege—I was honored to share my ideas on healthcare reform and how we should be able to redesign healthcare differently so that it serves the needs of the community. That included not only the redesign of healthcare, but how do we focus additionally on the issues of health and the total care of the person: mind, body, and spirit. And we often lose sight of that. In healthcare, we often focus on the physical domain, but truly, health depends on that mind-body-spirit interaction.

AJMC: This was probably a different audience than you're used to speaking to. Was the message any different? Did you change how you addressed them?

AS: Healthcare is confusing even for those people who live it every day. It's very different when you're speaking to a Ted audience. There's quite a bit of variability in that audience: everyone from college students to older people, who are often more educated than the average person and are really engaged with you and are thinking about what you're saying as you're saying it. So it was really a lot of fun to kind of up the ante.

The live event had 1400 people—a sold-out crowd. More importantly, you have to realize that with any hope your big idea might be picked up by others and be spread around the world. That's the cool thing about it.

AJMC: Switching to accountable care organizations (ACOs). What do you think is the importance of having strong physician leadership in an ACO?

AS: I think physician leadership is essential for an ACO. The things that we're talking about as we improve the value proposition, which is to improve quality and lower cost, can only be done with doctors at the table. Doctors can have a say in how to improve quality and where. They also have to have a say in where you can cut costs without infringing on the care of patients. I think it's essential that doctors are in the conversation.

AJMC: How can they be better involved and what barriers remain?

AS: I think quite a few of the barriers have been knocked down.

People talk all the time about the deficits in physician education as it relates to leadership. They often point to the finance arrangement, and they often talk about “you don't have any experience in strategy”—that stuff can be learned. The lens of the physician and the experiences at the bedside actually help them to understand quite a bit about the context of care, and we need to capitalize on that more and more.

One of the most important things I've done in my role at Renown is to make sure that 50% of my senior management includes clinical people. Because that lens of understanding for the patient and family is so important.

AJMC: Being involved with the University of Nevada, are you seeing a change in the way medical students are being taught for the next generation of practicing physicians and leaders?

AS: There are always challenges in the curriculum to make sure you get what's needed in, regardless of whether it's a medical school curriculum, nursing school curriculum, or even elementary school curriculum. So curriculum design is very, very important, but you see where there is elective time—more of a focus on population health, more of a focus on community health, more of a focus on wellness and prevention, and an increasing focus on the business-like things that go on. Usually that's in the realm of public health, but it's now often included. You don't have a finance course offered in medical school, but you do have the business of medicine offered either as a seminar or part of the course.

AJMC: How does the shift to focus more on population health and wellness and prevention change your job as a physician and as a leader?

AS: As a physician, we're trained to use patients to the best that we can. So it's a focus on the individual patients and the family. When you get to population health, this new era has challenged us to think not only about Mrs Smith, who happens to have diabetes, but all 500 diabetics on my panel, and making sure that on average, their hemoglobin A1C is less than 8%. It's quality measures at the level of the panel or the population, not just on the individual level, that matters.

As a leader, it's the same issue. Leaders tend to focus less on the individual patient: you have people who are delivering that care specifically. Our job is to focus on the broader population of the community that we're serving.

AJMC: The ACO Coalition spring live meeting is coming up, April 28-29 in Scottsdale, Arizona. What can physician leaders who attend learn and get out of the experience?

AS: The thing I love most is that we have other physicians in the room where we can caucus and think together about where we have to drive health and healthcare at the population level. We have some great speakers lined up for the spring meeting, but even more important than the speakers, are the conversations that occur after the speakers. How are we facilitating dialogue that continues to advance our thinking while we're on a coffee break, so when we go back to work on Monday we can actually implement what we learned?

Anthony D. Slonim, MD, DrPH

Physician Leaders

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Volume to Value

"Bringing a clinical lens into the boardroom is really important."



Challenges

Business-oriented things "are not necessarily part of the training of physicians these days."



ACOs

"Physician leadership is essential for an ACO... They have to have a say in where you can cut costs without infringing on the care of patients."

Changes at Renown Health

- Engaging with the community differently to ensure the community's health
- Affiliation with the University of Nevada School of Medicine to create a medical campus in Reno
- Make 50% of senior management clinical people



April 28-29, 2016 • Scottsdale, AZ

