

WHY PHYSICIAN LEADERSHIP IS CRITICAL FOR PATIENTS AND HEALTH SYSTEMS

KANSAS ASSOCIATION OF OSTEOPATHIC MEDICINE

APRIL 14, 2023

Sonja W. Bachus DND Management Co./Sonja WBachus.com Community Care Network of Kansas





THANK YOU

Kansas Association of Osteopathic Medicine 2022-23 Executive Committee

Stephanie A. Suber, D.O. | President

Karen F. Evans, D.O. | Immediate Past President

Tim Wolff, D.O. | President Elect

Terri Nickel, D.O. | First Vice President

Vacant | Second Vice President

Daryl Callahan, D.O. | Senior Trustee 2025

Vacant, D.O. | Trustee 2020

Jennifer Esau, D.O. | Trustee 2025

Ron Carson, D.O. | Trustee 2022

Dan McCarty, D.O. | KS Chapter ACOFP President

Delegates to the AOA House of Delegates

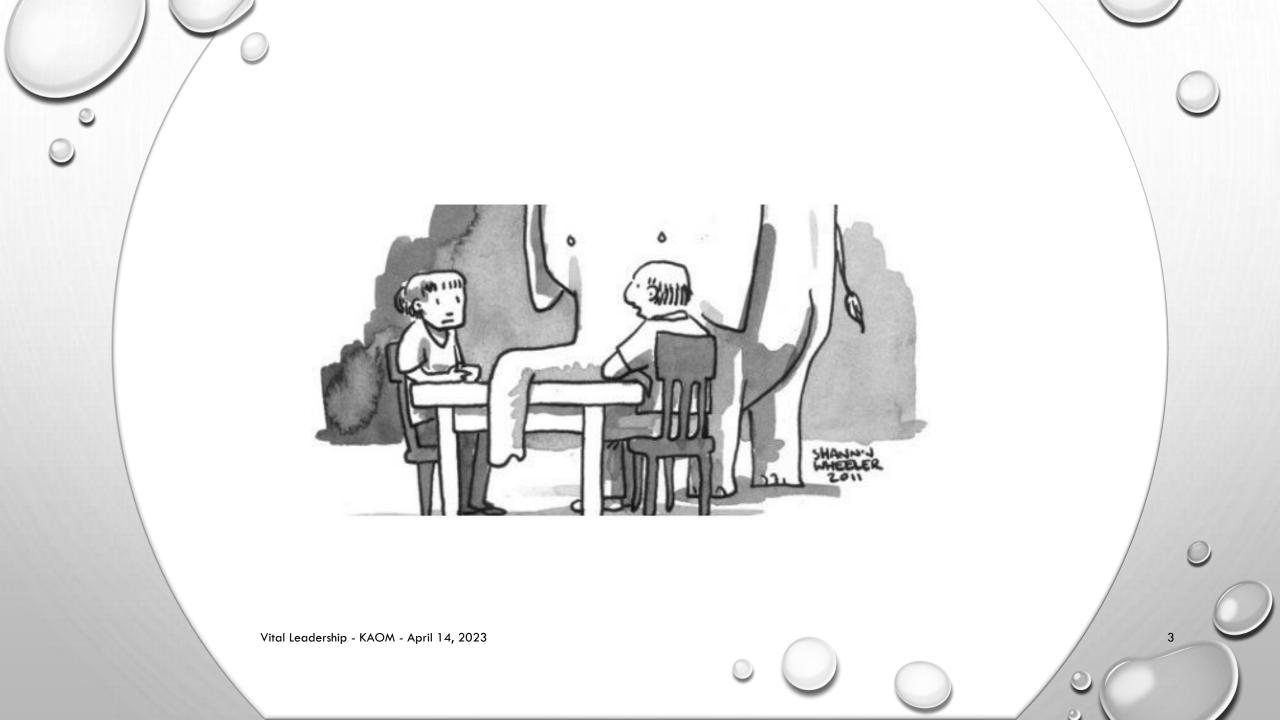
Four year terms elected in even years

Dr. Joel Feder - 2024 Dr. Karen Evans - 2024 Open - 2022 Dr. Mary Franz - 2026

Open - 2022

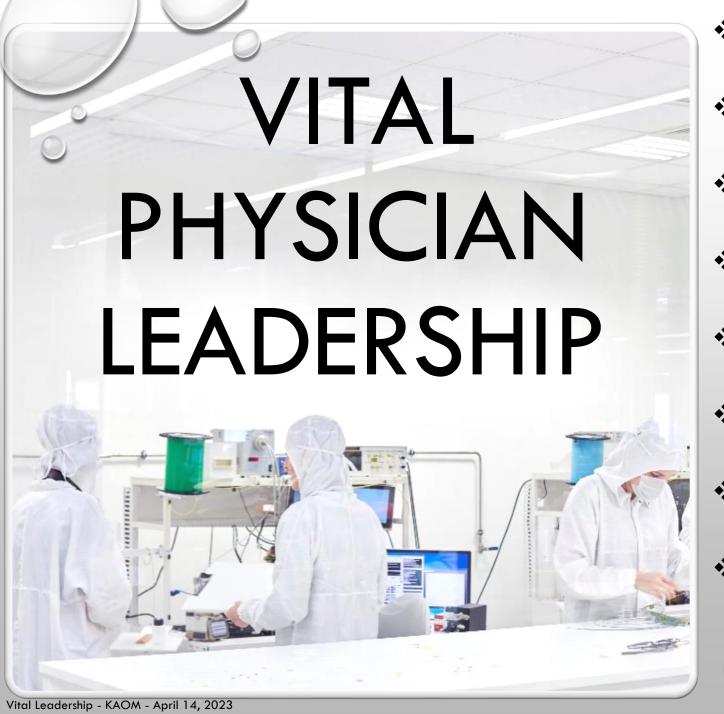
Kemper Tell, Executive Director







WHAT HAS BEEN
WILL BE AGAIN,
WHAT HAS BEEN DONE
WILL BE DONE AGAIN;
THERE IS NOTHING
NEW UNDER THE SUN.



- ❖ MHAś
- Patient Care and Satisfaction
- Clinical Quality
- Operations
- Technology/Data
- C-Suite / Administration
- Advocacy
- ❖ Self-Care and Well Being

MHAs

















CONSIDER



What is Your Personal Story and Mission?



Organization
Mission, Vision,
Values



Do These Align?

How do I use my mission and passion to lead?

OSTEOPATHIC MEDICINE

LEADING SINCE 1874

- In 1874 Dr. Andrew Taylor Still developed the osteopathic medical philosophy, pioneering the concept of "wellness" and recognizing the importance of treating illness within the context of the whole body.
- First medical schools in Maine, Idaho, Montana
- Advocacy/Advancement of the DO Profession:
 - Program Accreditation
 - Military Service
 - Licensing in all 50 states
 - Full practice rights in 65 countries
 - Integration into single accreditation system with MDs
- Longevity: 125 Years of leading and advocating for the full continuum, of osteopathic medical education to improve the health of the public.



Most people think leadership is a position. It's not.

Leadership is an activity, not a position or authority.

Principle #1: Leadership is an activity, not a position.

Principle #2: Anyone can lead, anytime, anywhere.

Principle #3: Leadership starts with you and must engage others.

Principle#4: Leadership is risky.

Principle #5: Leadership is about our toughest challenges.

"It's not leadership if its not about those tough challenges."

When Everyone Leads: the toughest challenges get seen and solved. Authors: Ed O'Malley and Julie Fabros McBride



MOST WANT TO FOLLOW

- POSITION:
- TEAM "FOLLOWS" BECAUSE OF THE TITLE
- MUST BUILD RESPECT AND GROW INFLUENCE
- •
- PERMISSION:
- TEAM "FOLLOWS" WILLINGLY
- TWO-WAY COMMUNICATION FOSTERS FOLLOWING

FIVE LEVELS OF LEADERSHIP, JOHN C. MAXWELL



FROM TRIPLE TO QUINTUPLE AIM









- Patient Care and Satisfaction
- Clinical Quality
- Operations
- Technology/Data
- C-Suite / Administration
- **❖** Self-Care in the Process
- ❖ What's Next

PATIENT CARE AND SATISFACTION

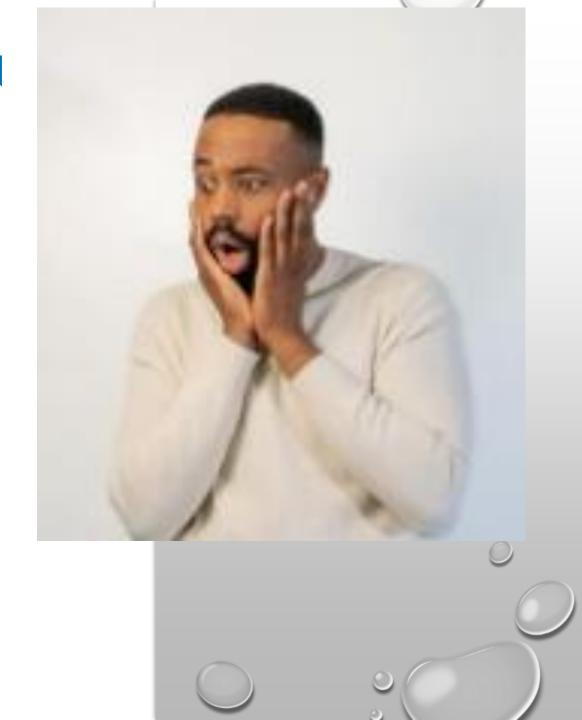
"Patients must be able to trust doctors with their lives and health, and that maintaining trust is one core guidance for physicians" —General Medical Council



- Competence
- Compassion
- Communication
- Trust
- Shared Decision Making
- Shared Responsibility?

PATIENT CARE AND SATISFACTION

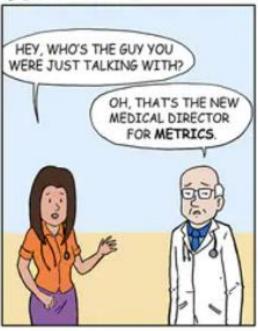
HCAHPS Star Ratings Patient Surveys HealthGrades Google Ratings Yelp Facebook Instagram **Twitter** TikTok





CLINICAL QUALITY

DOC - RELATED





Dr .Peter Valenzuela









"Doctors must be central players in the sweeping changes transforming health care. Indeed, any change strategy they do not embrace is doomed. Thomas Lee, MD

CLINICAL QUALITY

Significant Impact on advancing hospital quality

Improvement in attitudes and culture produced gains in delivery of evidenced-based care

Improvements in hospital-wide VTE prophylaxis

Reductions in catheter use

System improvements in morbidity and mortality rounds

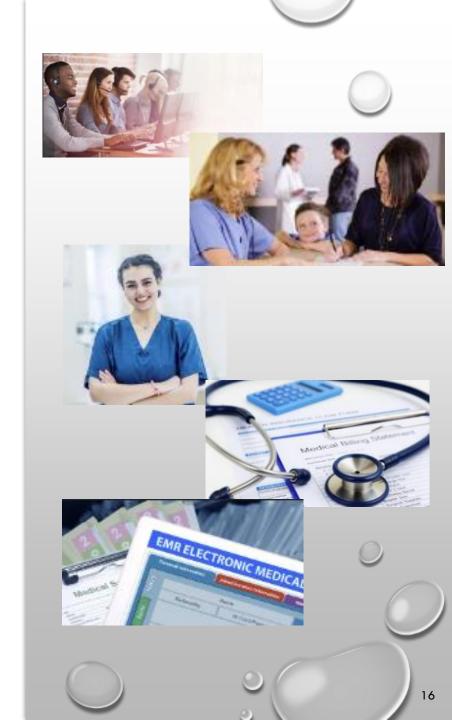
Increased overall involvement of physicians in the quality agenda

Development of Balanced Scorecards at strategic/corporate level

Case Study of Physician Leaders in Quality and Patient Safety, and the Development of a Physician Leadership Network Healthcare Quarterly Vol. 13 Special Issue September 2020

OPERATIONS

- Partnering with Operations Managers/Executives
- Scheduling
- Front Office Operations
- Clinical Support Team
- Insurance and Reimbursement
- Electronic Medical Record





TECHNOLOGY/DATA

Invest time in technology tools

Provide constructive feedback for improvement

Share new technologies/processes that improve workflow

Improve balance of responsibilities

Help administrators better use data to support clinical operations

Value Based Care: Lead the transformation of care and reimbursement from volume to value

C-SUITE/ ADMINISTRATION

The C-Suite/Administration relationship with clinicians is critical to all success

Establish open lines of communication

Educate administrators

Ask for education on administrator roles

Build trust

Develop compacts outlining the collaborative relationship and adopting core values

Don't give up at the first sign of trouble. Keep working together.



18



ADVOCACY

Use your knowledge and voice to advocate:

Internal:

In your practice or health system
For your patients
For your care team

External:

Call, write or meet with legislators Provide input to your association Executive Director





SELF CARE AND WELL BEING



THE OXYGEN MASK PRINCIPLE

YOU MUST TAKE CARE OF YOURSELF **BEFORE YOU CAN DO** ANYTHING FOR



SELF CARE AND WELL BEING

Meditate and reflect

Be physically active

Practice gratitude

Put pen to paper

Eat a healthy, balanced diet

Kaiser Permanente Thrive: Posted May 13, 2020

NHA















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Do These Align?

How do I use my mission and passion to lead?



- Physician Leadership, is VITAL to patients and health systems!
- Patient Care and Satisfaction
- Clinical Quality
- Operations
- Technology/Data
- C-Suite / Administration
- Advocacy



THANK YOU!

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