The Hawai'i Pacific Health Physician Leadership Training Program

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Executive Vice President and
Chief Medical Officer
Hawai'i Pacific Health
June 15, 2012**

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Agenda

- Overview of Hawaiʻi Pacific Health (HPH)
- Challenges faced by physician leaders
- The Strategic Imperative of Physician Leadership
- The Nuts and Bolts of the HPH Physician Leadership Program

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What is Hawai'i Pacific Health?
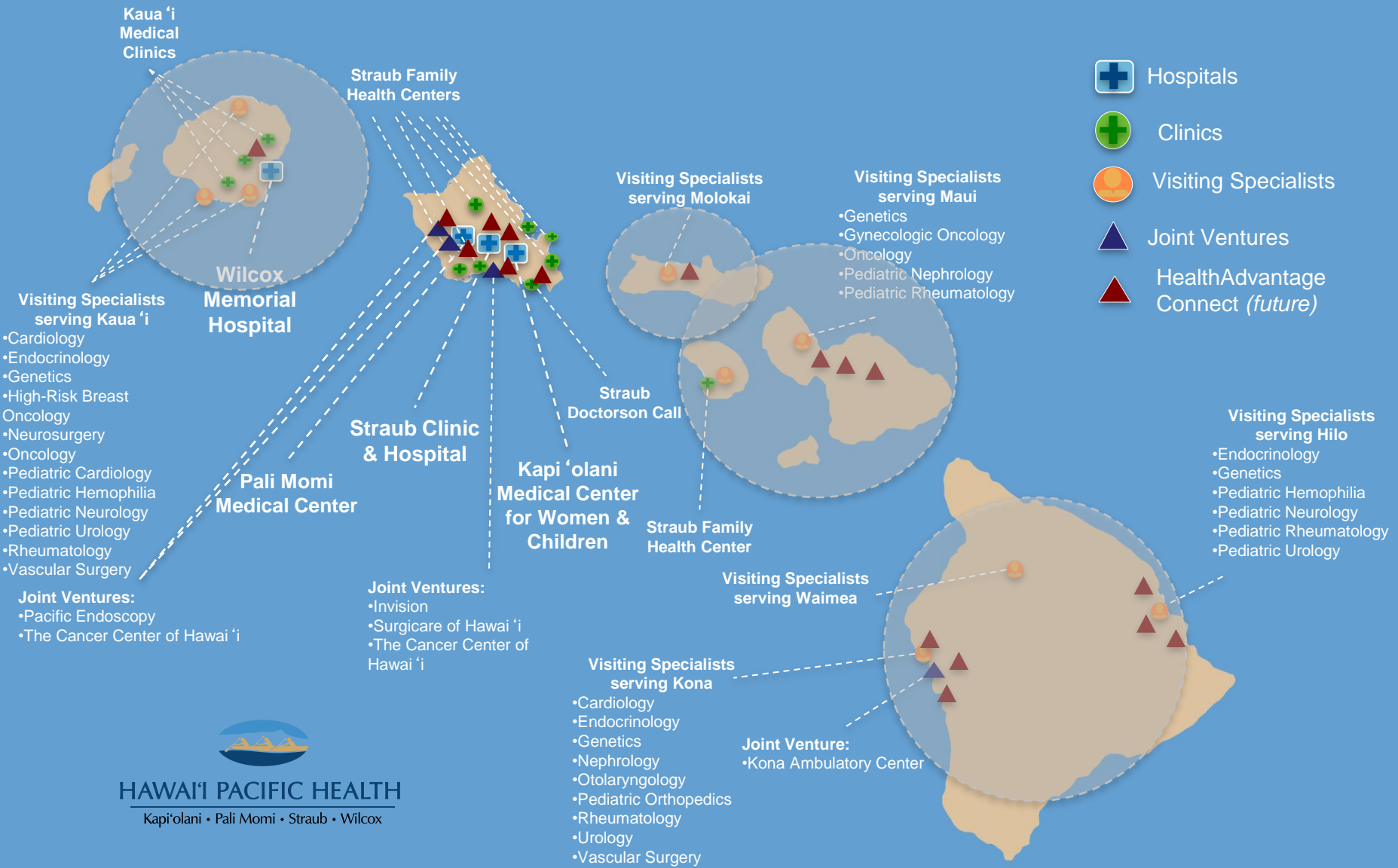
Hawai'i's Largest Health System

- 4 hospitals; 49 outpatient clinics & service sites
- 3 physician groups w/ 350 employed physicians and 1,300 affiliated physicians
- Top 10 Hawai'i companies in total revenue w/ over 5,400 employees
- 553 acute care beds and 76 bassinets
- Operating statistics:
  - 34,278 admissions
  - 27,895 surgery cases
  - 119,944 ER visits
  - 6,917 deliveries

Market Share:
34% inpatient
10% outpatient

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Kaua'i Medical Clinics

Straub Family Health Centers

Legend

Hospitals

Clinics

Visiting Specialists

Joint Ventures

HealthAdvantage Connect *(future)*

Wilcox Memorial Hospital

Visiting Specialists serving Kaua'i
•Cardiology
•Endocrinology
•Genetics
•High-Risk Breast Oncology
•Neurosurgery
•Oncology
•Pediatric Cardiology
•Pediatric Hemophilia
•Pediatric Neurology
•Pediatric Urology
•Rheumatology
•Vascular Surgery

Joint Ventures:
•Pacific Endoscopy
•The Cancer Center of Hawai'i

Pali Momi Medical Center

Straub Clinic & Hospital

Kapi'olani Medical Center for Women & Children

Straub Doctorson Call

Straub Family Health Center

Joint Ventures:
•Invision
•Surgicare of Hawai'i
•The Cancer Center of Hawai'i

Visiting Specialists serving Molokai

Visiting Specialists serving Maui
•Genetics
•Gynecologic Oncology
•Oncology
•Pediatric Nephrology
•Pediatric Rheumatology

Visiting Specialists serving Waimea

Visiting Specialists serving Kona
•Cardiology
•Endocrinology
•Genetics
•Nephrology
•Otolaryngology
•Pediatric Orthopedics
•Rheumatology
•Urology
•Vascular Surgery

Joint Venture:
•Kona Ambulatory Center

Visiting Specialists serving Hilo
•Endocrinology
•Genetics
•Pediatric Hemophilia
•Pediatric Neurology
•Pediatric Rheumatology
•Pediatric Urology

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An Affiliate of Hawai'i Pacific Health

PALI MOMI MEDICAL CENTER
An Affiliate of Hawai'i Pacific Health

STRAUB CLINIC & HOSPITAL
An Affiliate of Hawai'i Pacific Health

WILCOX HEALTH
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Our Mission:

To provide the highest quality health care and service to the people of Hawaiʻi and the Pacific Region.

Our Vision:

To be the health care provider of choice in Hawaiʻi and the Pacific Region.

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OUR LEADERSHIP PRINCIPLES

Leaders:

- Focus on the needs of the patient.
- Respect the opinions and cultures of others.
- Communicate the Hawai'i Pacific Health vision.
- Facilitate the success of others.
- Prioritize the work of the organization.
- Set expectations and establish accountability.
- Establish trust, integrity, and respect.
- Are great communicators.
- Deliver financial results.
- Take sensible risks.
- Are role models.

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HAWAI'I PACIFIC HEALTH
VISION: To be the health care provider of choice in Hawai'i and the Pacific Region.
MISSION: To provide the highest quality health care and service to the people of Hawai'i and the Pacific Region.

KEYS TO SUCCESS

QUALITY
We will: deploy evidence-based practices to meet or exceed established standards of care; involve & engage all staff in improving quality outcomes; excel in efficient & effective operations; leverage technology to improve quality & service.

SERVICE
We will: provide exceptional service to our patients, families & customers; provide our patients with easy access to their health care information; partner with our community to help make Hawai'i a healthy place to live, work & play.

EMPLOYEE ENGAGEMENT
We will: recruit & develop people to outstanding levels of service & quality; ensure a highly patient-focused & engaged workforce; create an environment where physicians want to practice.

FINANCIAL STRENGTH
We will: efficiently manage the cost of providing care; achieve & sustain a bond rating that will allow us to invest in the future needs of our patients; ensure appropriate reimbursement & effectively capture earned revenue; be the charity of choice in our community.

GROWTH
We will: develop mutually beneficial partnerships to foster growth & ensure future sustainability; enhance services & facilities to meet current & future patient needs; be the market leader in specialty-specific service lines.

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The "6-Story Building" of Our Abilities

Employee Engagement
Service Excellence
Quality/Patient Safety
Epic
Physician Leadership
Prioritization and Managing Change

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Epic

- Successfully deployed at all HPH sites for billing, registration, EHR over a period of 7 years.

- Online patient portal since 2009.

- All independent MDs have remote access.

- 100+ independent MDs switching to Epic EHR.

- HIMSS Stage 6 of 7: in top 10% of nation.

- 2012 National recipient of the Davies HIMMS award for success in EHR implementation.

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Steve Robertson, HPH CIO accepts the Davies Award

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Quality/Patient Safety

- All hospitals scoring above 90 percent for core measure targets.

- Clinics scoring at 75th to 90th percentile on HEDIS measures for diabetes, hypertension, screening measures.

- HPH scoring very well on pay for quality contract with local blues carrier.

Service Excellence

- Hospitals scoring at the 80th - 90th percentile for patient satisfaction on Press-Ganey surveys.

- Emergency Departments scoring at the 80th-90th percentile for patient satisfaction on Press-Ganey surveys.

- Clinics scoring at the 60th percentile for patient satisfaction on Press-Ganey surveys.

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Service Excellence: Inpatient Adult
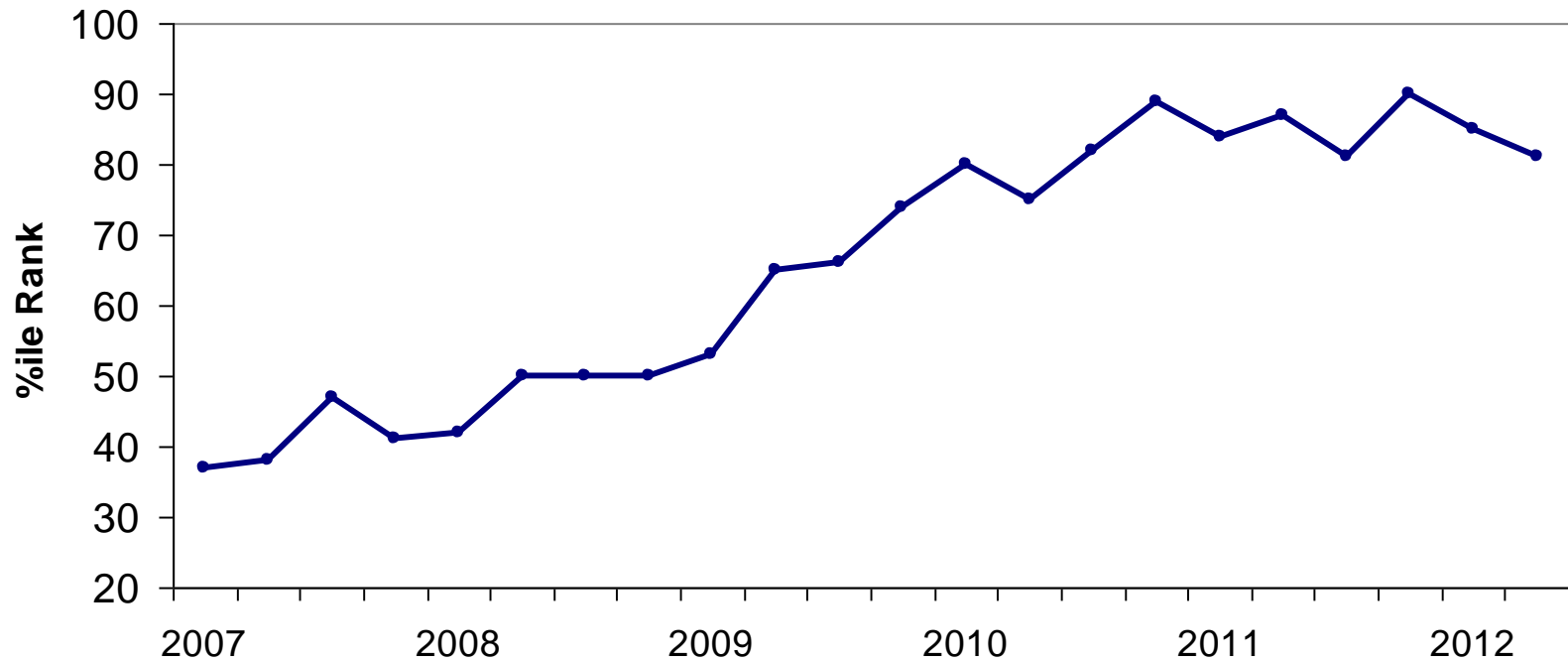
Service Excellence: Clinics
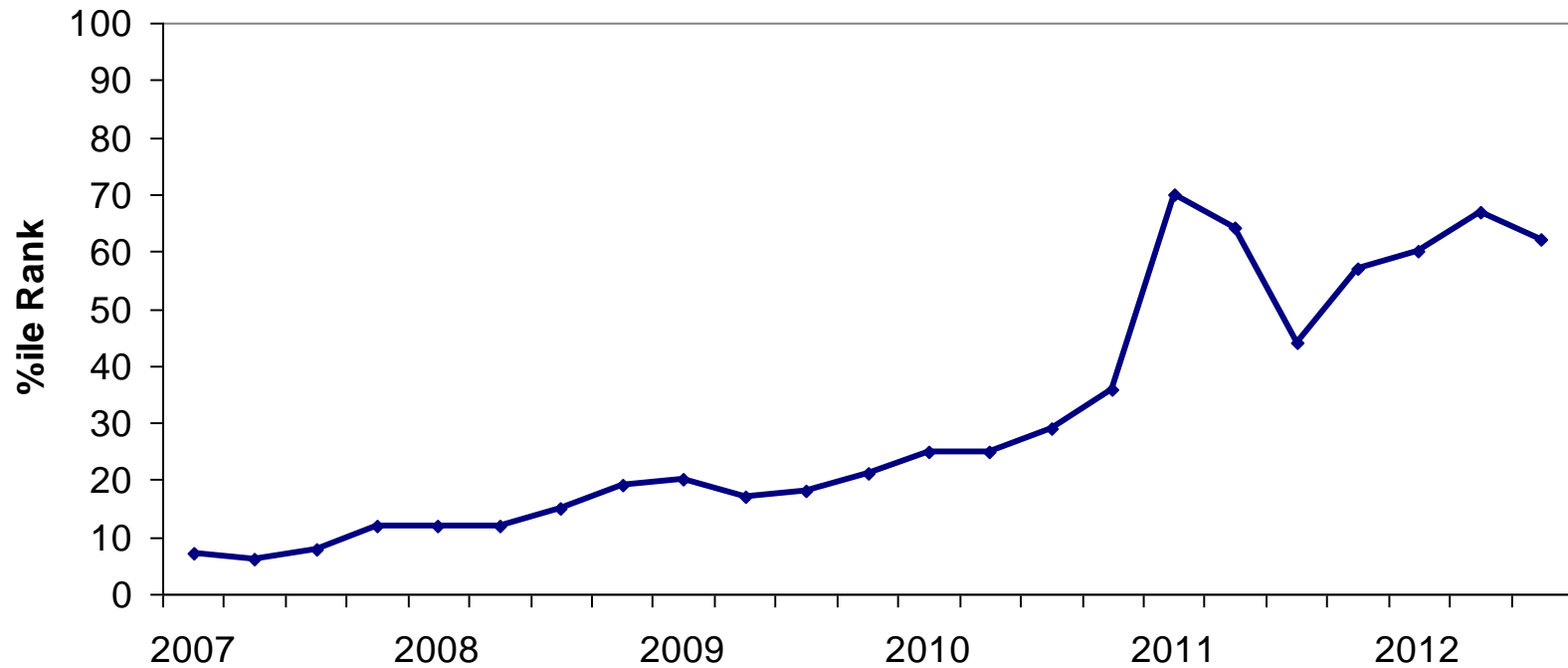
Employee Engagement

- Hawai'i Pacific Health scoring at 60th percentile for employee engagement on 2012 Gallup survey.

- Employee turnover is less than 10%.

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Employee Engagement
(Gallup Q12 Grand Mean)

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Physician Engagement
(Gallup Q12 Grand Mean)

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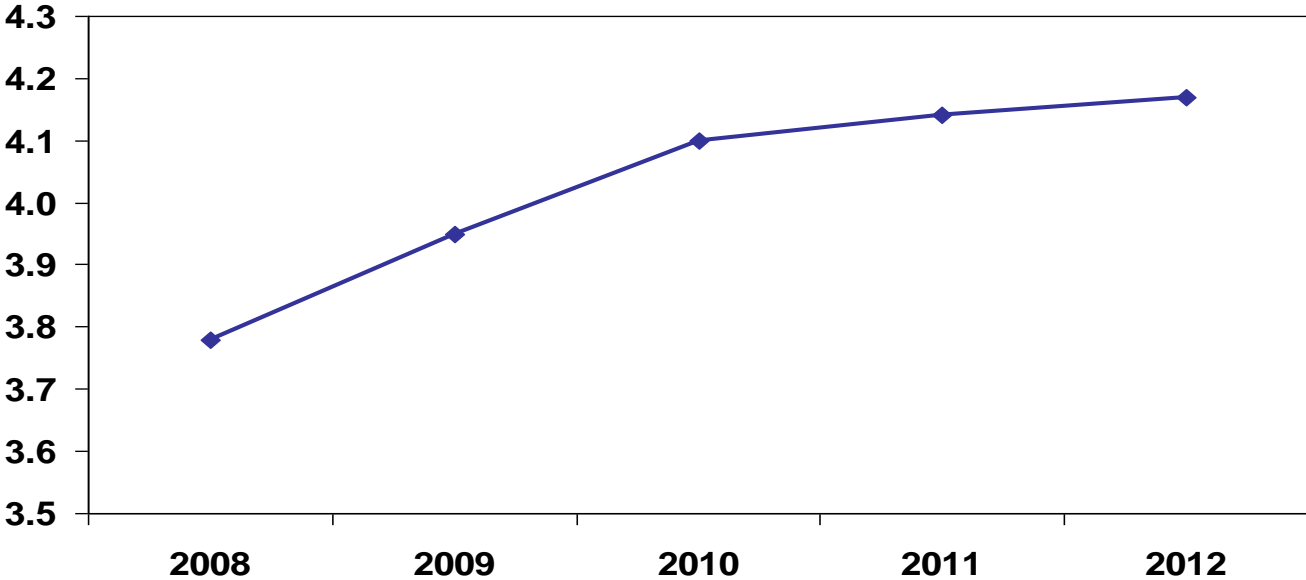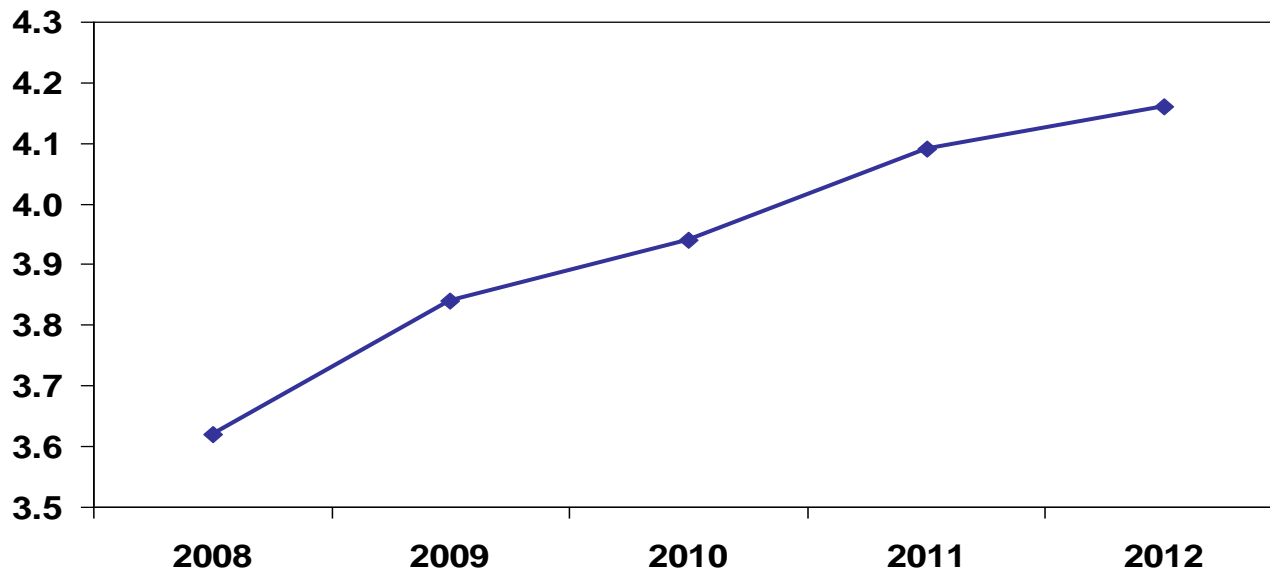
What is Fundamental to Our Success?

- Effective Physician Leadership
- Physician/Administrative Partnership

Focused on a common goal:

The needs of the patient

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What has HPH done to promote a successful Physician/Administrative Partnership?

- Involve physicians in everything we do at HPH
- Build personal relationships
- Promote a culture of trust, mutual respect and understanding
- Offer physician leadership opportunities throughout the organization
- Offer opportunities for physician leadership development

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Physician Leadership at Hawaiʻi Pacific Health

- Physician members on all Boards

- Physician Advisory Groups, Dept. and Division Chiefs

- Medical staff leadership

- Leadership for clinical, teaching and research programs

- Leadership for Epic implementation

- Leadership for Quality and Patient Safety Program

- Leadership for Service Excellence initiative

- Leadership for Service Lines

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HPH Physician Leadership Matrix

| HPH Physician Leadership 11/21/2011	HPH LEADERSHIP (MD/ADMIN)	KMCWC	KMS	Pali Momi	Straub	Wilcox	KMC
CMO, VPMA, MD CEO			Kenneth Nakamura, MD	Hugh Hazenfield, MD	-		Geri Young, MD
					Mark "Randy" Yates, MD		
BOARD OF DIRECTORS - HPH		Cal Sia, MD (Emeritus)	Kenneth Nakamura, MD	James Kakuda, MD	Kenn Saruwatari, MD	Geri Young, MD	
					Dale Glenn, MD	Dennis Scheppers, MD	
BOARD MEMBERS - Facility		Keith Matsumoto, MD (Chair)	Kenneth Nakamura, MD	Andrew Dang, MD	Kenneth Robbins, MD	Tad Jackson, MD	David Rovinsky, MD
		Douglas Kwock, MD	Keith Matsumoto, MD	Mark Grief, MD (Chair)	Kenn Saruwatari, MD	Douglas Duvauchelle, MD	Mark Magelssen, MD (Chair)
		Stephen E. Lin, MD	Richard Kasuya, MD	Bryan Matsumoto, MD	Tom Nordyke, MD	Christopher Jordan, MD	Dennis Scheppers, MD
		Peter McNally, MD	Anthony Guerrero, MD	Eugene Tanabe, MD		John Culliney, MD	Sam Chen, MD
			Kenneth Robbins, MD				
CHARITABLE FOUNDATION		Thomas Kosasa, MD		Gregory Kokame, MD			
		Gregory Yim, MD					
		Greg Kokame, MD					
EPIC / IT							
EPIC Physician Champions	V. Balaraman, MD	V. Balaraman, MD	V. Balaraman, MD	Mark Baker MD	Ron Schaeffer, MD	Dennis Scheppers, MD	Dennis Scheppers, MD
HPH IT Steering Committee	Ginny Pressler, MD	V. Balaraman, MD	James Lin, MD	Mark Baker, MD	Ron Schaeffer, MD		
	Melinda Ashton, MD	Loren Yamamoto, MD	Kenneth Nakamura, MD		Dale Glenn, MD		
	Kenneth Robbins, MD				Henry Preston, MD		
					Mark "Randy" Yates, MD		
Hospital IT Steering Committee		Loren Yamamoto, MD	David Kurahara, MD	Mark Baker, MD	Dale Glenn, MD		
		V. Balaraman, MD	Kenneth Nakamura, MD	Shayne Castanera, MD	Henry Preston, MD		
		Simon Chang, MD		Sidney Lee, MD	Mark "Randy" Yates, MD		
		Jeffrey Killeen, MD		Bryan Matsumoto, MD	V. Balaraman, MD		
		Michael Sia, MD		Stephen Miyasato, MD	Ron Schaefer, MD		
				Gordon Ng, MD			
				David Saito, MD			
				Eric Smedegaard, MD			
				David Swanson, MD			
				V. Balaraman, MD			
				Jeremy Kuniyoshi, MD			

Challenges faced by Physician Leaders

- Little training or experience in leadership
- Time Constraints
- Compensation may not match required effort
- Requires considerable personal risk
- May not be trusted by non-MD administrators
- Little support from physician colleagues
  - Physicians make poor "followers"
  - Physicians may perceive the Physician Leader as going to the "Dark Side"

Physician Leadership: Sometimes it feels like this…

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Physician Leadership: Sometimes it feels like this…
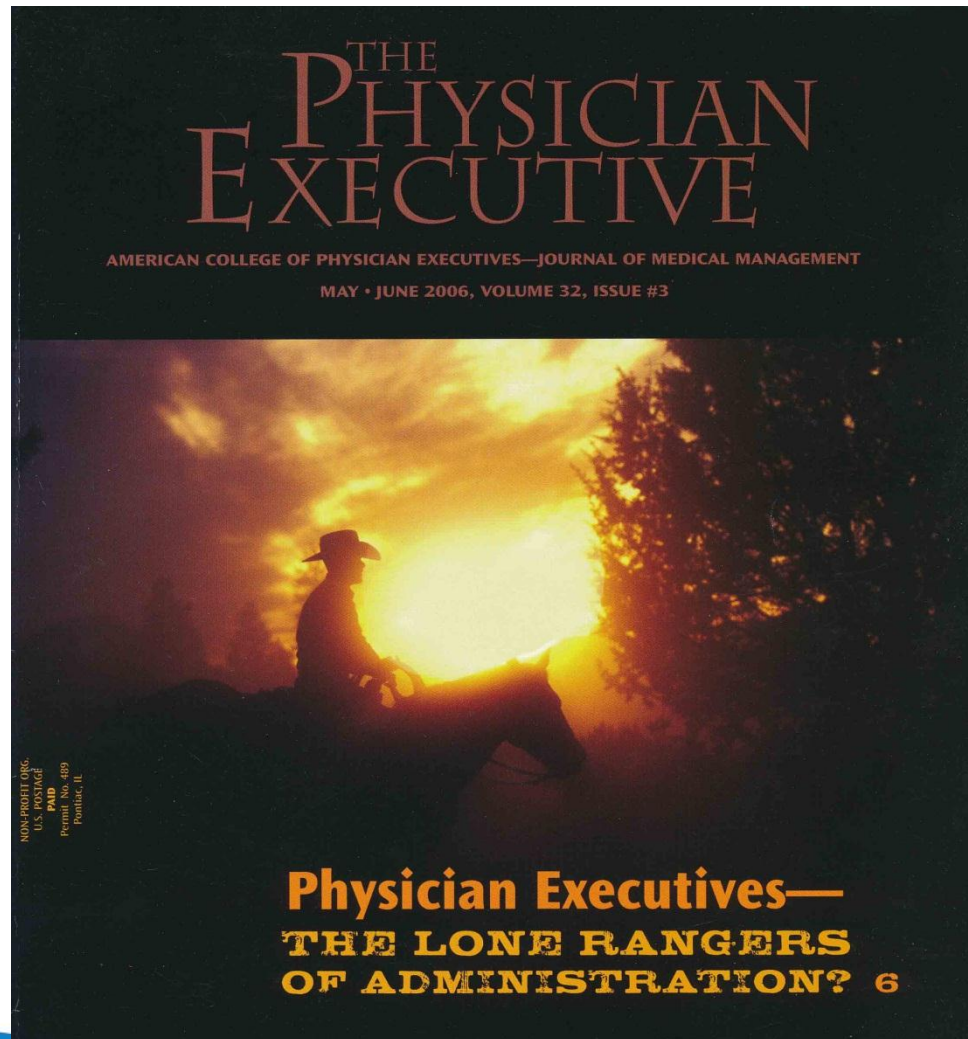
Obstacle to Building a Physician/ Administrative Partnership: CULTURE CLASH!

Clinician Role	Administrative Role
Focus on Patient Outcomes	Focus on Organizational Outcomes
One-to-One Interactions	One-to-Many Interactions
Specialty Perspective	System-Wide Perspective
Take Control / Responsibility	Share control / Responsibility
Autonomous Decision Making	Collaborative Decision Making

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Through Each Other's Eyes:
Traditional ("Old School") PHYSICIAN viewpoint

- "Administrators are insulated from the real pressures of patient care."

- "Administrators spend all their time in meetings and don't know what is really going on."

- "Administrators take forever to get anything done."

- "Administrators only focus on the bottom line."

Through Each Other's Eyes:
Traditional ("Old School") ADMINISTRATOR viewpoint

- "Physicians lack a big-picture mindset."
- "Physicians don't have time or don't want to make time to accomplish administrative tasks."
- "Physicians don't trust others to make decisions for them."
- "Physicians have trouble coming to a group decision."

CULTURE CLASH MAY RESULT IN:

- Lack of trust

- Poor communication

- Willingness to read hidden motives into each other's actions.

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Traditional ("Old School") Physician Compact (from Jack Silversin)

Give

Get

- Treat Patients
- Provide Quality Care

  (as personally defined by MD)

- Autonomy
- Protection

- Entitlement

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Clash of Traditional MD Compact and Current Imperatives

Traditional Compact

-Autonomy

-Protection

-Entitlement

Current Imperatives

-Improve Safety/Quality

-Implement EHR

-Reduce Costs

-Improve Access

-Etc.

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Physician Leadership: Sometimes it feels like this…

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The Strategic Imperative of Physician Leadership

Economic Forecast: Rough Seas Ahead

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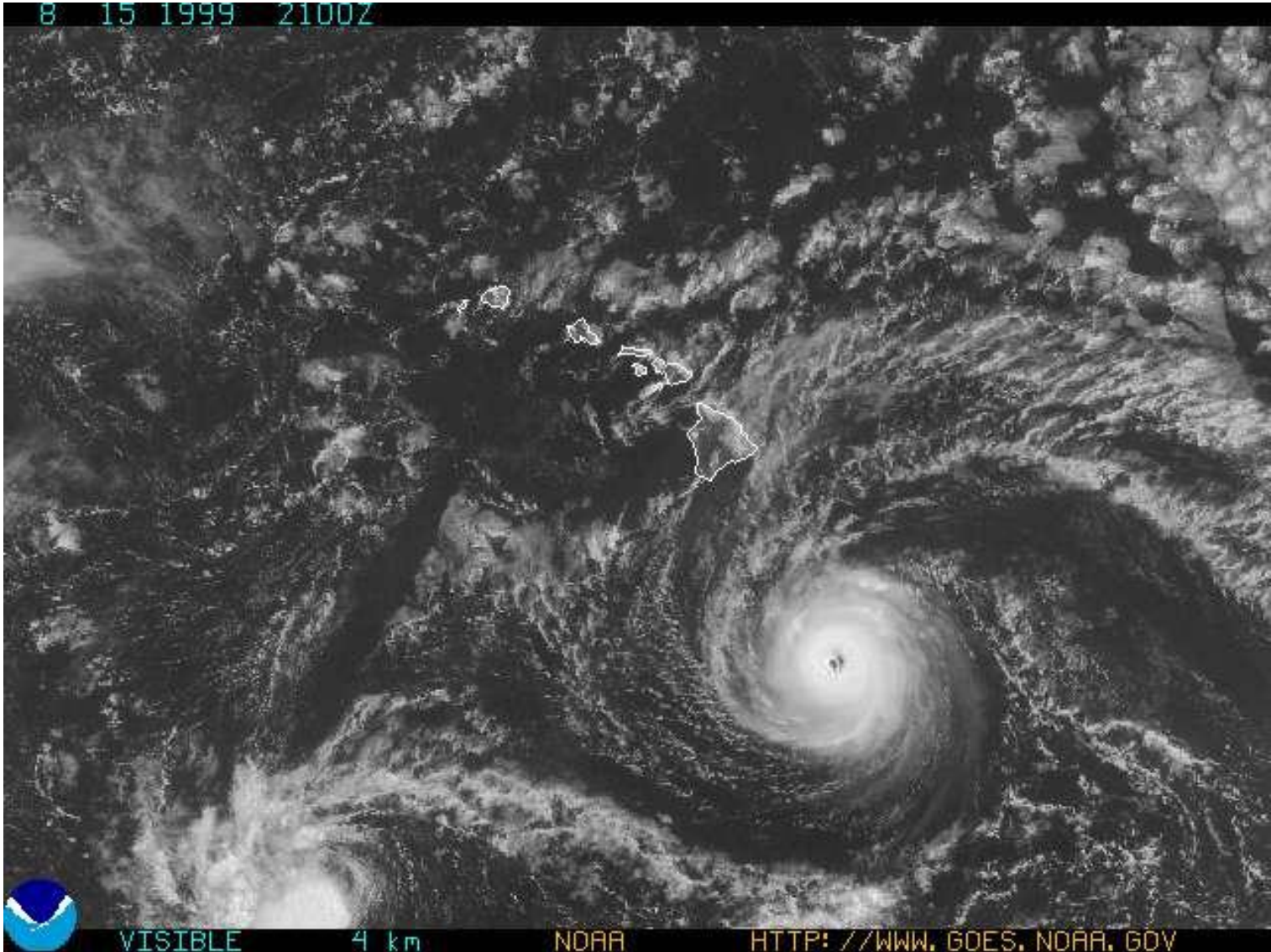
International Comparison of Health Care Spending
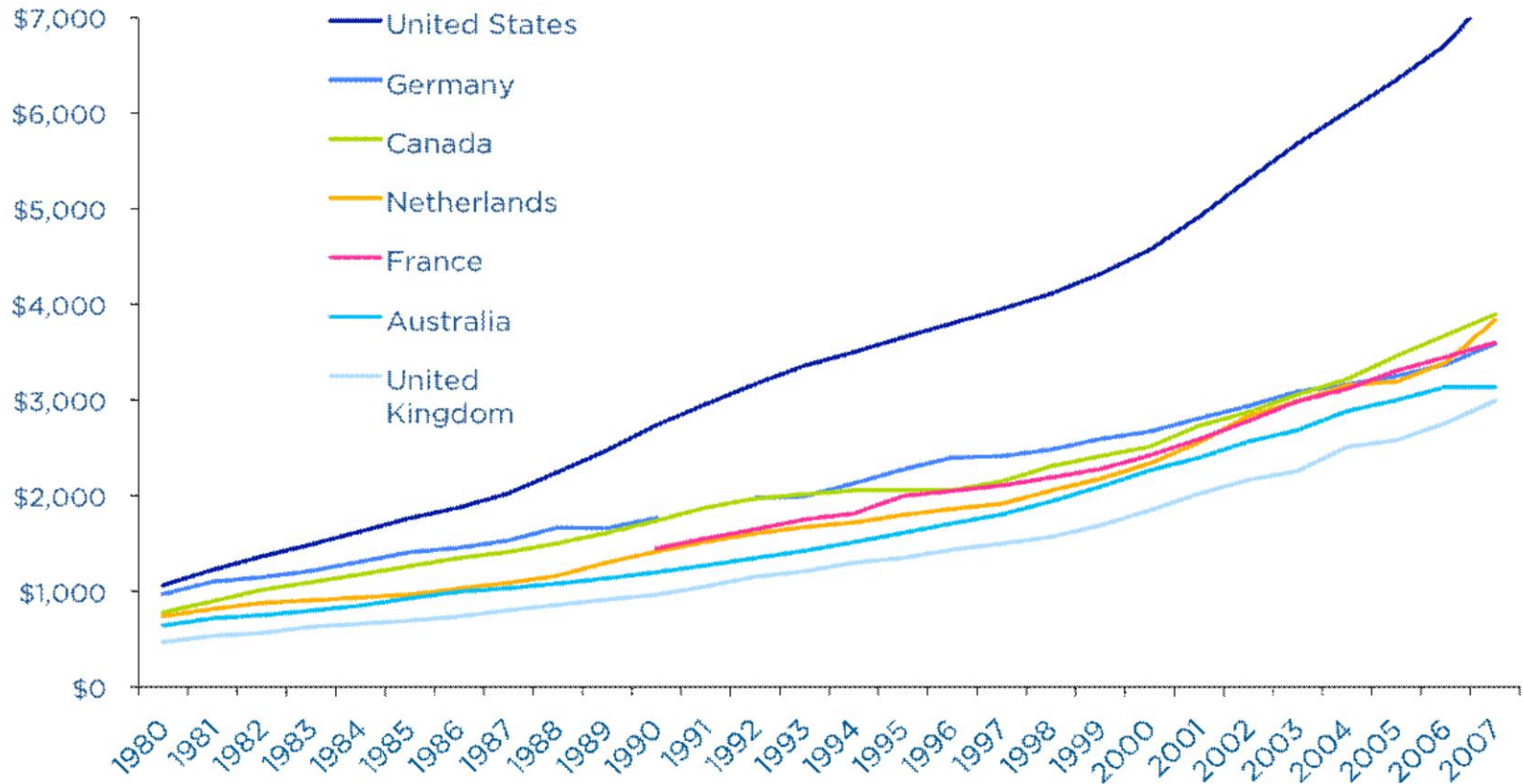
Average spending on health per capita ($US Purchasing Power Parity)

Data: OECD Health Data 2008, June 2008 version.

UNFUNDED OBLIGATIONS

Medicare
$37.9 trillion

Social Security
$7.7 trillion

Total
National Debt
$12.4 trillion

Stimulus
$862
billion

National
Defense
$714
billion

TARP
$700
billion
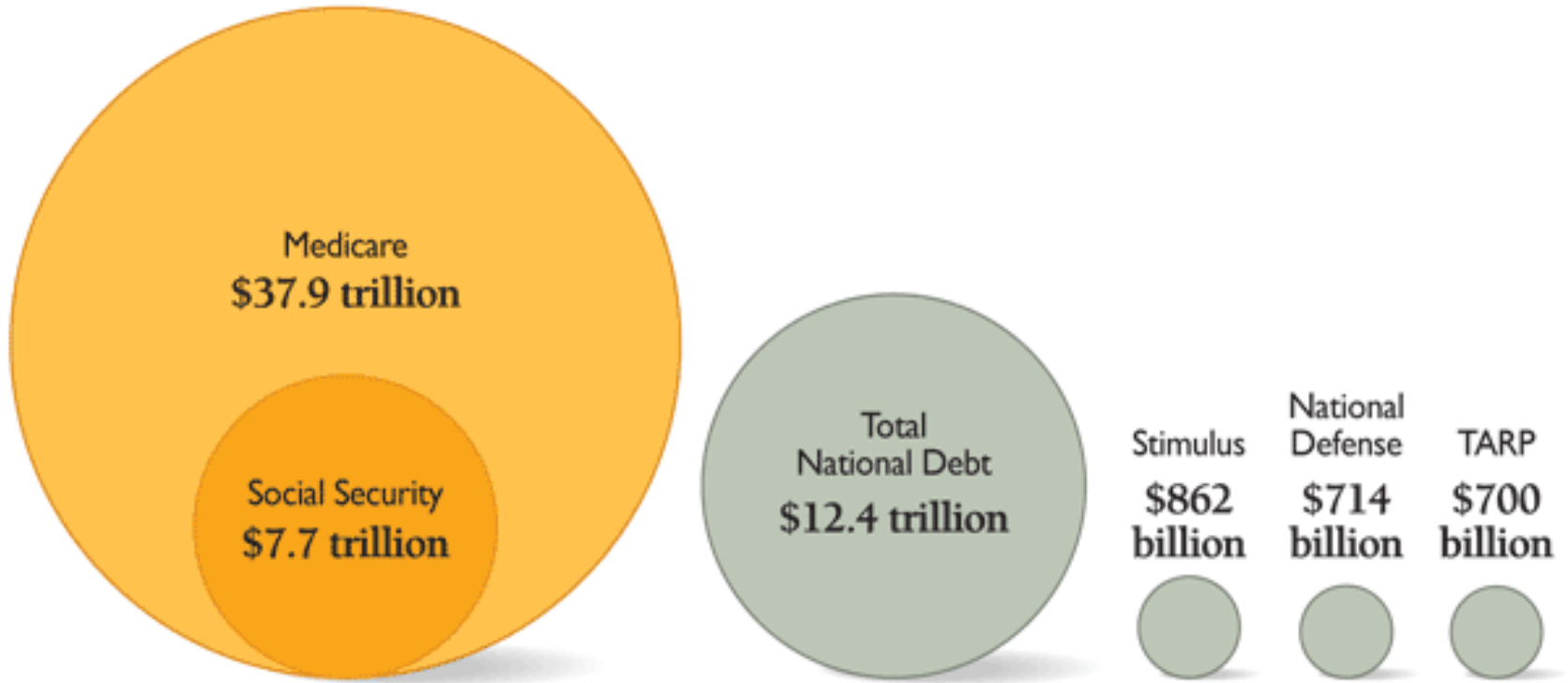
Source: U.S. Department of the Treasury, U.S. Government Accountability Office, and Congressional Budget Office.

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An unsustainable picture
(Government spending as share of economy)
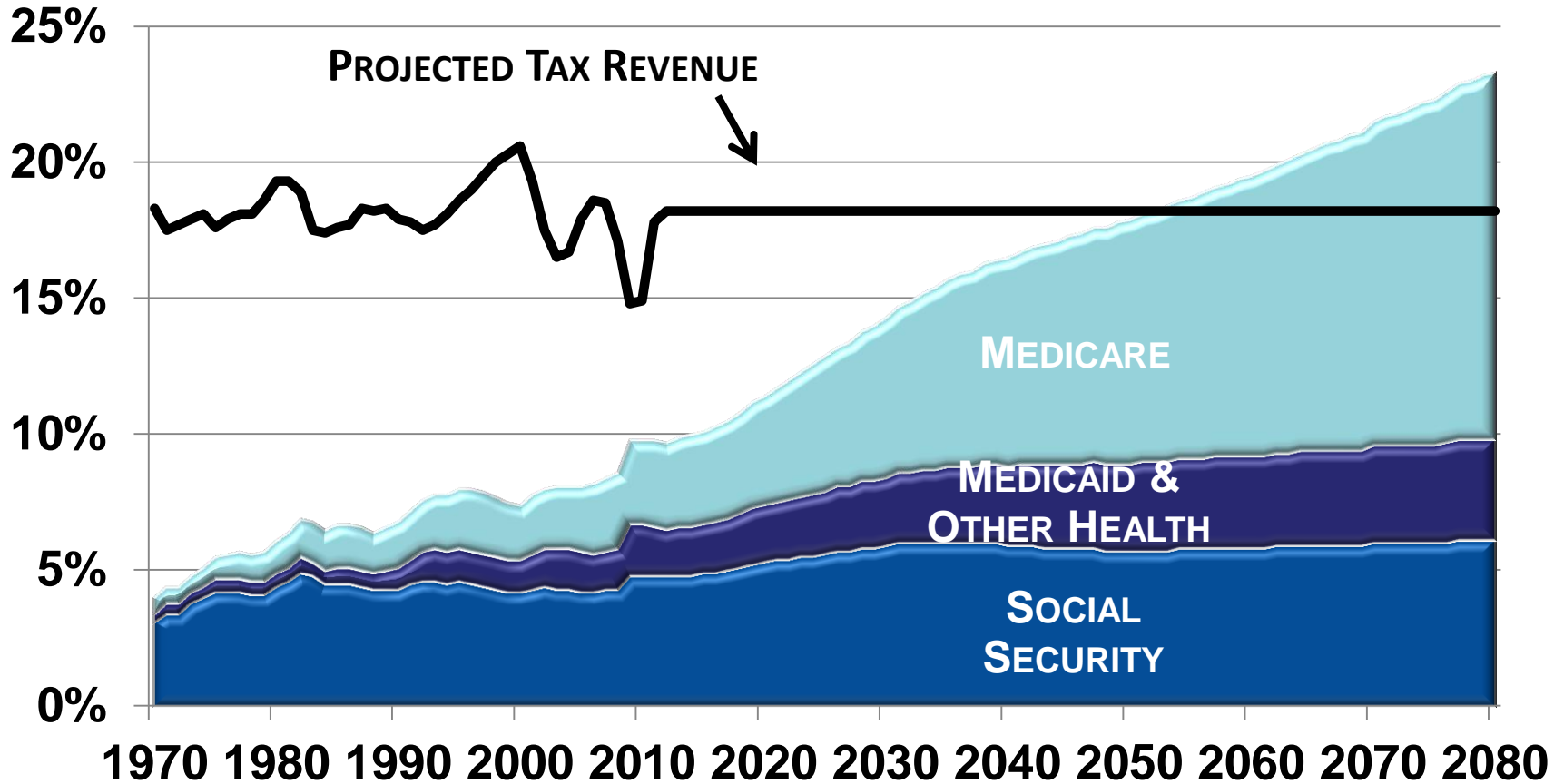
Source: CBO
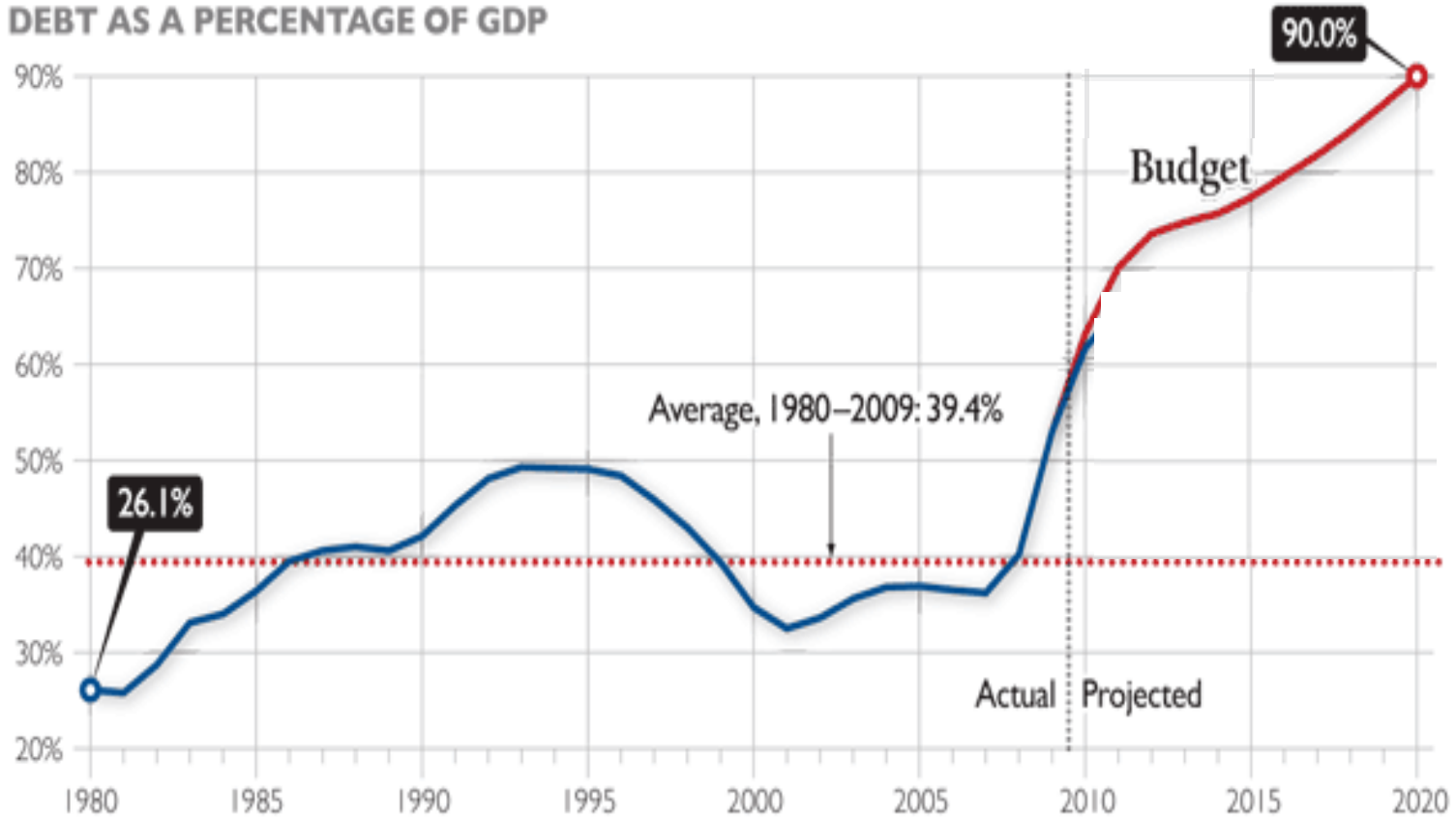
U.S. Debt on Track to Fuel Economic Crisis

Many European countries, like Greece and Italy, are suffering financial or budget crises as a result of mounting debt. Countries such as Spain are not far behind. Unless the U.S. controls spending, America's debt will surpass those of troubled nations, leading to similar economic woes.

PERCENTAGE OF GDP

Japan 131%
Greece 153%
U.K. 73%
Italy 100%
Spain 56%

U.S. DEBT TRAJECTORY

2035: U.S. debt at 187% GDP

2011: U.S. debt at 67% GDP (Credit rating downgraded by S&P)

2000: U.S. debt at 34% GDP

Note: Comparisons are to other nations' 2011 levels of debt.
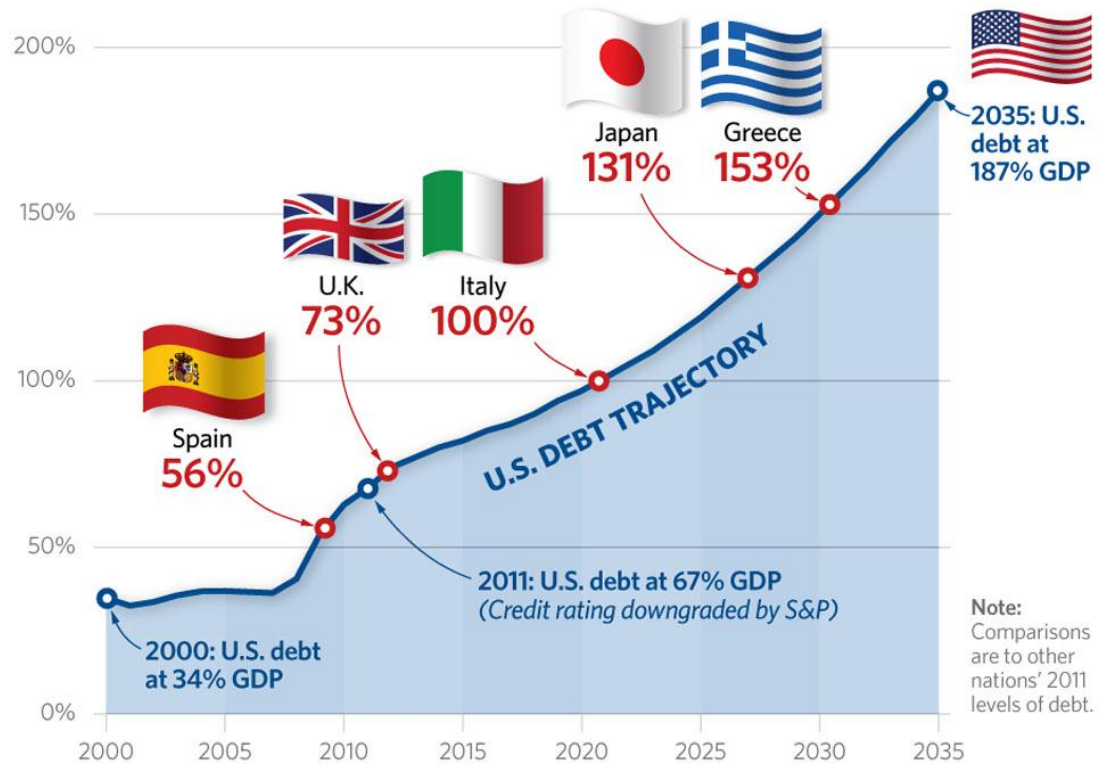
Sources: International Monetary Fund and Congressional Budget Office (Alternative Fiscal Scenario).

Debt and Deficits Chart 9 • Federal Budget in Pictures 2012 • heritage.org

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The rate of increase in health care costs is unsustainable.

- If left unchecked:
  - Will make US industry non-competitive
  - Will bankrupt the United States
- Government and U.S. Industry are demanding change.

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The Future of Health Care

- Organized Systems of Care
- Teamwork and Collaboration
- Population Health Management
- Focus on Quality
- Elimination of Waste
- Pay for Value as opposed to volume
  – P4P, bundled payments, shared savings, etc)

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Current State of Healthcare System Delivery Landscape

Sick patients are cared for in unorganized silos across the delivery system.

There does not exist an orchestrated pathway to sound health and care.

Network relationships may exist between some providers – but are not necessarily high value driven.
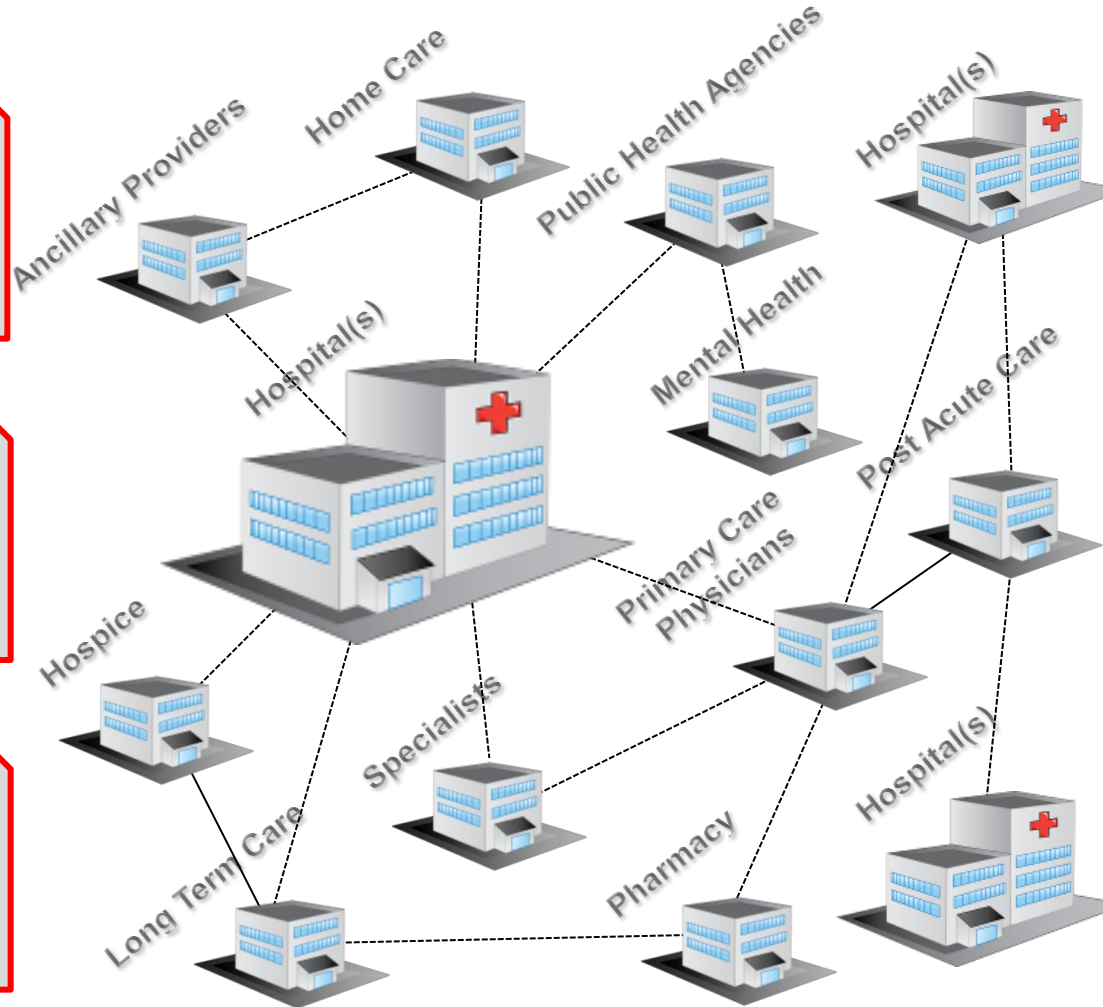
Patients interact with Providers who do not have integrated access to comprehensive health information.

Providers are not organized or aligned across synonymous , strategic goals and outcomes.

Payers are not partnered with a collection of aligned and incented providers.

Ancillary Providers
Home Care
Public Health Agencies
Hospital(s)
Hospital(s)
Mental Health
Post Acute Care
Hospice
Primary Care Physicians
Specialists
Long Term Care
Pharmacy
Hospital(s)

"And so you just threw everything together?…Mathews, a posse is something you have to *organize*."

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ACO Model: an Organized System of Care

A group of providers willing and capable of accepting accountability for the total cost and quality of care for a defined population.

Payer Partners

► Insurers

► Employers

► States

► CMS
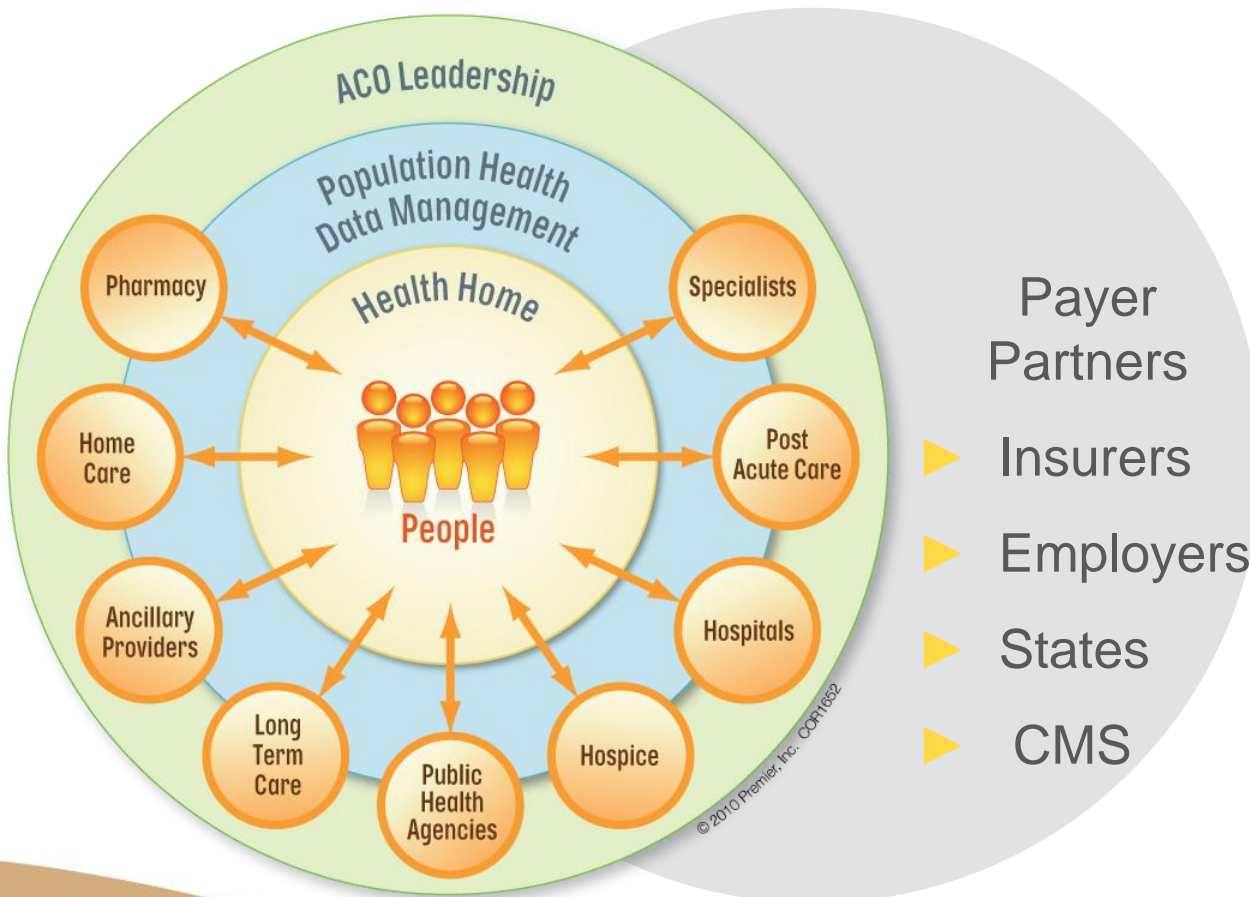
Core Components:
- People Centered Foundation
- Health Home
- High-Value Network
- Population Health Data Management
- ACO Leadership
- Payer Partnerships

The Strategic Imperative of Physician Leadership

- Economic forces demand a cultural transformation of U.S. health care to Organized Systems of Care that value teamwork and collaboration.

- This effort should be physician led and professionally managed.

- Physicians need training in leadership skills to be successful.

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Administrative Vernacular 2013

- "We need Physician Engagement"
- "We need Physician Alignment"
- "We need Physician Integration"

Requirement:

- "We need Physician Leadership."

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Organized Systems of Care

What are our chances of success?

Two Possible Outcomes in Rough Seas

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HPH Health Care Reform Initiative: Sustainable Health Care in Hawaiʻi

- Create a value driven cost-efficient health care delivery system.

- Develop partnerships with payers.

- Develop partnerships with physicians through a Clinically Integrated Physician Hospital Organization.

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May 16, 2012
New Agreement Puts Hawaiʻi Pacific Health and HMSA Ahead of National Industry Curve

Five-year contract will focus on improving quality and mitigating cost increases while expanding access, and could potentially result in shared savings.

HONOLULU–Hawaiʻi Pacific Health and the Hawaiʻi Medical Service Association (HMSA) today announced a new five-year agreement – the first of its kind in the state – that will transform Hawaiʻi's health care industry. The agreement, which begins in 2014, ties more than 50 percent of Hawaiʻi Pacific Health's future increases to its ability to achieve or exceed standards in improving quality, mitigating rising costs, and expanding access to care. Very few health care systems and health plans in the country have implemented similar agreements.
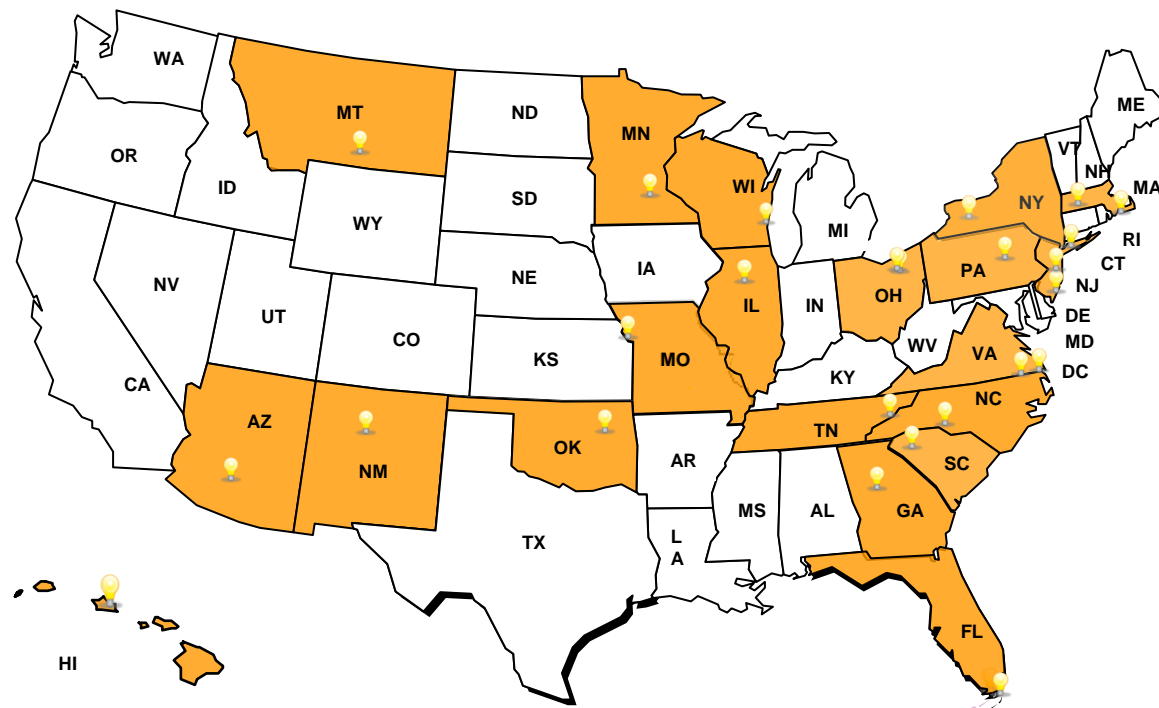
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IMPLEMENTATION COLLABORATIVE MEMBERS

Clinically Integrated Physician Hospital Organization (CIPHO)

A **physician led** and professionally managed legal entity formed by physicians and one or more hospitals with the intention of delivering high quality care while controlling costs and sharing the savings in risk-based contracts.

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Expanded Abilities Required by HPH
to Develop a Successful CIPHO

PERFORMANCE ON RISK-SHARING CONTRACTS
POPULATION HEALTH MANAGEMENT
MD NETWORK DEVELOPMENT
EMPLOYEE ENGAGEMENT
SERVICE EXCELLENCE
QUALITY
EPIC
PHYSICIAN LEADERSHIP
PRIORITIZATION AND MANAGING CHANGE WELL

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HOW DO WE GET FROM HERE TO THERE?

Hospitalists and Specialists

Improved Inpatient Care Efficiency

Use of Lower-Cost Treatments

Reduction in Adverse Events

Reduction in Preventable Readmissions

Improved Management of Complex Patients

Use of Lower –Cost Settings & Providers

All Providers

Primary Care Practices

Improved Prevention & Early Diagnosis

Improved Practice Efficiency

Reduction in Unnecessary Testing & Referrals

Reduction in Preventable ER Visits & Admissions

Improve Quality/ Lower Total Health Care Costs

Powered by Health

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Future HPH MD Leadership Opportunities

- CIPHO administrative leadership
- CIPHO Board members
- Expanded Roles in:
  - Information Management
  - Quality Improvement
  - Hospital and Clinic Operations

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Physician Leadership Training: Why is HPH investing in it?

- Strategic imperative to develop current and future physician leaders.

- To further the cultural transformation of our health system to value teamwork and collaboration.

- "Physicians don't learn this stuff in medical school."

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Physician Leadership Training History of Opportunities at HPH

- UH Business School MD Leadership Training Course 2002-2003

- Training in Health Care Improvement Course 2004-present

- Institute for Healthcare Improvement (IHI) National Conference 2004-present

- **In-House Physician Leadership Training Program 2012**

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Nuts and Bolts of the HPH Physician In-House Leadership Training Program

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Developing a Physician Leadership Training Program

- What are the goals of program?

- In-house vs external program/speakers?

- Class size?

- Time commitment of participants?

- Pay the physicians to attend?

- How are physicians selected?

- What are selection criteria?

- Include both employed and private physicians?

- What is the curriculum?

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Goals of program:
Benefits for HPH

- Train and grow Physician Leaders from within.

- Promote system thinking by building professional MD relationships across HPH.

- Promote a Physician/Administrative Partnership through positive interactions between physicians and HPH administrators who serve as faculty and mentors.

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Goals of Program:
Benefits for Physicians

- Gain a broader view of health care

- Learn about HPH

- Meet physicians from all over HPH

- Learn practical leadership skills

- Gain self awareness of personality, behavior, and emotional intelligence

- Improve ability to perform in current leadership role

- Prepare for a new leadership role

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In-House vs External Program

- In-House Program:
  - Pros: Opportunity for positive Physician/ Administrator relationship building.
  - Cons: Not all administrators are good teachers.
- External Program:
  - Pros: Subject matter experts with excellent presentation skills.
  - Cons: They are not part of HPH.

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Class Size

Small Class Size (8 to 15 per Class):

- – Advantage: Better for interpersonal interactions between physicians and administrators.

- – Opportunity to assign physicians to Executive Mentors.

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Time Commitment of Participants

- One to two hours per week?

- One half day every two weeks for 4 months?

- One day per month for 12 months?

- Weekdays or Saturdays?

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Compensate physicians for attending?

- Independent Physicians and Employed Physicians on a productivity compensation formula will be given a stipend for successful completion of a group project that brings value to HPH.

How are physicians selected?

- Do physicians apply or are they nominated?
- Who selects them to participate?
- What criteria are used for selection?
- What to do with physicians who are not selected?

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Selection Process

- Both private practice and employed physicians are eligible to apply.

- Interested physicians complete an application describing why they are interested in the program.

- Selection Committee reviews applications and selects participants.

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MD Leadership Training Program Selection Committee

- HPH CEO
- HPH CMO
- HPH EVP for Human Resources
- VP for Organizational Development
- CMOs from each facility

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Selection Criteria

- Quality of Application.

- Positive recommendation from facility CMO and COO.

- Up-and-coming leaders, not seasoned physician leaders.

- Demonstrated leadership abilities (or qualities that would make a good leader).

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Physician Leadership Selection

Successful leadership traits include:

- Highly respected clinician
- Emotional intelligence
- System level thinking
- Good communicator
- Commitment, Passion, Positivity
- Thick Skin

Physician Leadership Selection

- Anticipated one physician class of 8-12.

- Over 40 physicians applied!

- 28 physicians were selected.

- 2 classes of 14 physicians (one started January 2012, one starting July 2012).

- Physicians who were not selected were offered the Training In Healthcare Improvement course.

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Program Overview:
Types of Learning Experiences

- Experiential learning
- Interactive classroom learning
- MD Networking
- MD/Administrator networking

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Program Overview: Experiential Learning

- Facility Tours with COOs

- Executive Mentor

- Group Projects and Presentations

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Experiential Learning: Group Projects

- Project List developed with input from course physicians, approved by Steering Committee
- Team oriented: Steering Comm assigns groups
- System or multidisciplinary challenge
- Executive sponsor
- Group presentation at end of program
- Stipend
    - Requires successful completion of project

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Experiential Learning Group 1 Projects

- Making the Financial Case for System-wide Palliative Care/Advanced Care Planning

- OR pre-authorization process optimization

- Developing Strategies to Educate Physicians About Quality and Patient Safety

- Standardizing Handoff Communications

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Experiential Learning Group 2 Projects

- Engaging Surgeons in Quality Improvement Programs (NSQIP and SUSP)

- System-Wide Standardization of Care and Documentation for Patients with Breast Cancer

- Engaging Community Physicians

- Improving Epic Note Quality

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Program Overview:
Interactive Classroom Learning

- Monthly sessions on health care and leadership topics

- Faculty are HPH physician leaders and administrative leaders.

- Interactive discussion encouraged

- CME provided

- Pre and Post-session test

- Required and elective reading

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Program Overview: Learning Domains

- Knowledge of the Health Care system
- Practical Leadership Skills
- Emotional Intelligence
- Communication Skills
- Problem Solving

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Knowledge of the Health Care System

- Strategic Planning
- Government Relations
- Health Care Reform
- Health Care Technology
- Human Resources at HPH
- Clinical Education Resources/Simulation Lab
- Philanthropy
- Service Excellence
- Quality and Patient Safety
- Risk Management

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Practical Leadership Skills

- Prioritization and Capacity Management
- Leading Effective Meetings
- Health Care Finance Essentials
- Selecting Talent
- Presentation Skills

Emotional Intelligence

- Personality and Leadership: Hogan Assessments
- Emotional Intelligence
- Dealing with Difficult Situations and People
- Managing Change
- Professionalism
- Generational Differences in the Workplace
- Employee Engagement

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HPH Physician Leadership Training Program: Summary

- Goal #1: Train and grow HPH Physician Leaders from within.
- Goal #2: Transform the organizational culture.
- HPH Administrators are the Faculty.
- Physicians apply and are selected to participate.
- 14 physicians per class.
- 12 Month Program, meetings 1 day per month.
- Physicians assigned an Executive mentor.
- Physicians complete a group project.

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Program Outcomes
(after 15 months)

- Positive Physician Engagement.
- Positive Physician/Administrative interactions.
- Positive Physician/Physician Interactions.
- Pre/post CME tests show knowledge gain.
- High course satisfaction ratings from MDs.
- Physicians taking on new leadership roles.

Positive Physician/Administrative Interactions

- "I'm impressed. These guys really know what they are talking about."

    - Physician comment

- "These physicians are really engaged in learning and interested in helping us to succeed."

    - Administrator comment

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# Physician Comments from CME Evaluation Forms

- "Excellent, eye opening."
- "Covered many aspects of my administrative challenges that I have been learning to deal with on the job."
- Organized, relevant, interactive which allows for learning from colleagues."
- "Great – sparked a lot of discussion."
- Excellent info that is crucial to development as leaders."
- "Great talk and presentation which should be shared with all physician leaders."
- "I love that these skills apply to both our professional and personal lives."

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Physician Leadership Program Rating of Level of Knowledge as Good or Excellent: Pre-Course vs Post-Course Evaluations

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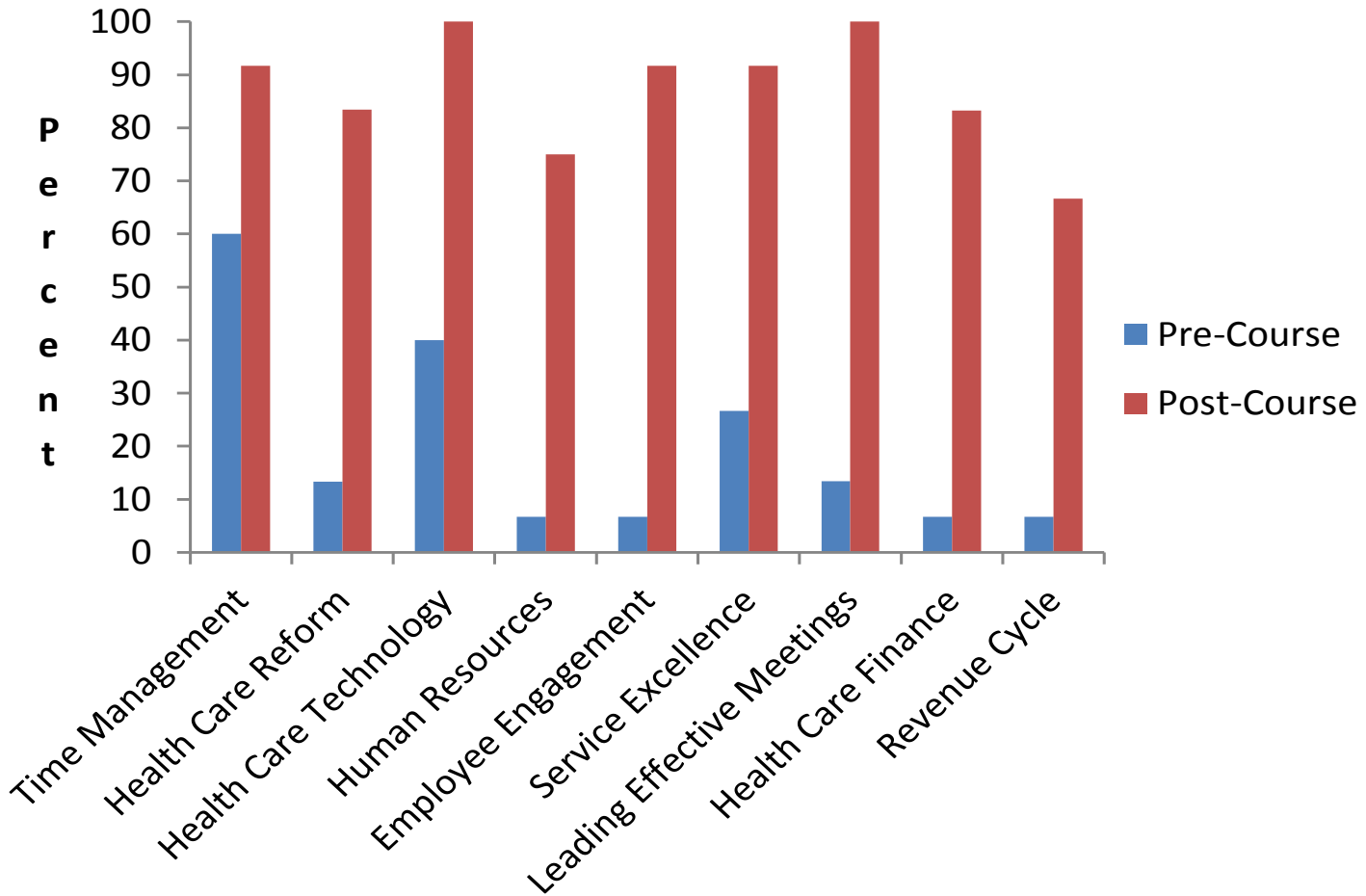
Physician Leadership Program Rating of Level of Knowledge as Good or Excellent: Pre-Course vs Post Course Evaluations
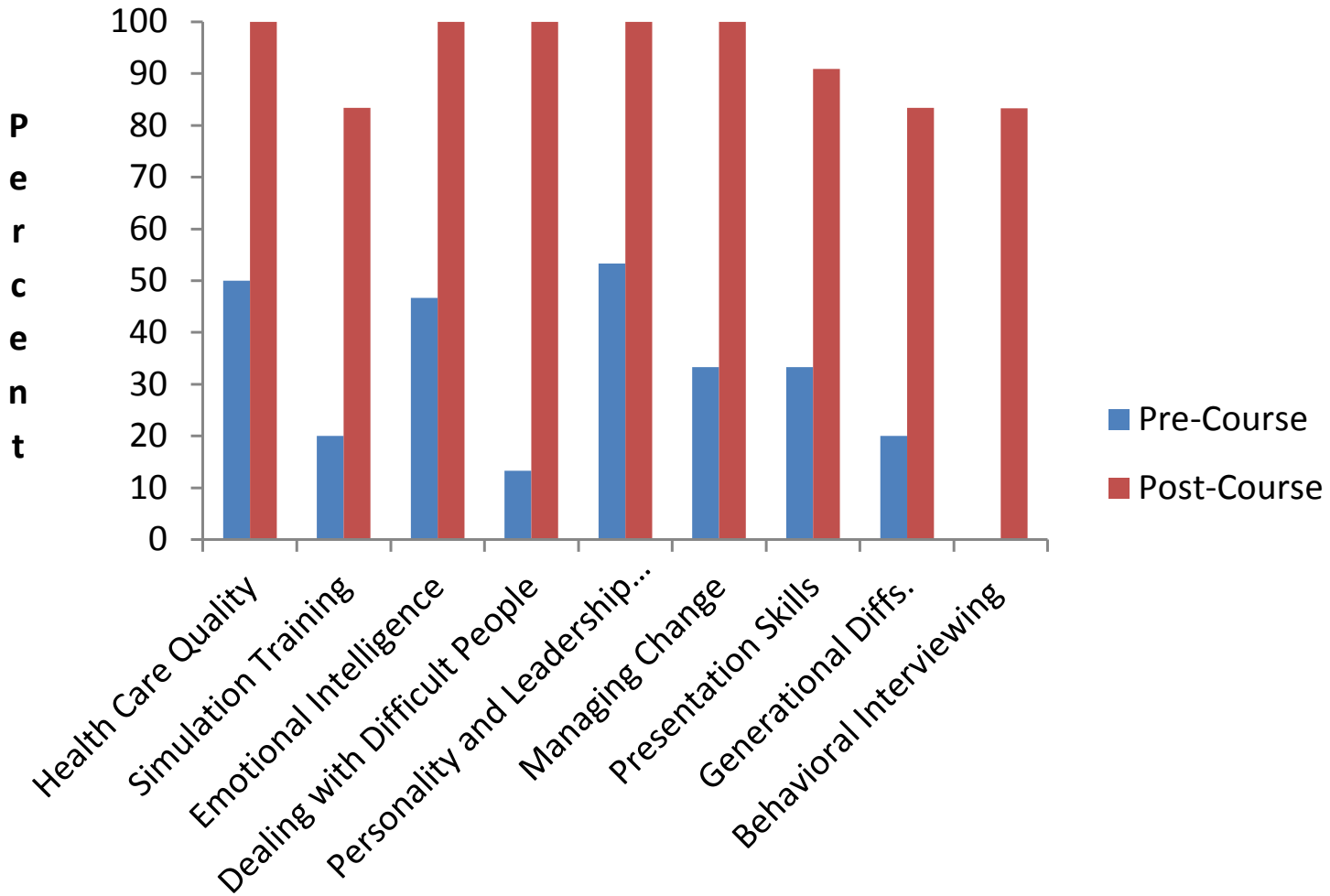
Physician Comments from Post-Course Assessment

- "I believe that I have made a 'quantum leap' in my understanding about what it means to be a leader and a better professional overall."

- "The program provided practical knowledge and experience that I will always carry with me."

- "I am sure that I will be a better physician and person as a result of this program."

- "This program has impacted me more than the 18 months I spent working on my Masters in Business! Much more pertinent/relevant."

- "I loved this opportunity. I have made some great new friends and I really feel so much more connected to HPH as a whole."

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The Hawaiʻi Pacific Health Physician Leadership Training Program

Program Video

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Summary

- Economic forces demand a cultural transformation of U.S. health care to Organized Systems of Care that value teamwork and collaboration.

- Future success for health care systems requires an organizational culture which values physician leadership and a physician/ administrative partnership.

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Summary

- An effective Physician Leadership Training Program is therefore a strategic imperative.

- A Physician Leadership Training Program can help transform the culture of the organization.

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"The best physician leaders always behave as if they have a patient at their elbow, and they bring the patient's perspective into every conversation."

James Reinertsen MD

Physicians as Leaders in the
Improvement of Health Care Systems

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"Things do not get better by being left alone"

– **Winston Churchill**

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Aloha!

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Questions?

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