



Features

Chroniques

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CMAJ 1998;158:918-9

MDs aiming for hospital boardroom may face humbling experience, CEO warns

Patrick Sullivan

En bref

DE PLUS EN PLUS DE MÉDECINS deviennent administrateurs d'hôpital au Canada et l'AMC aide à créer une organisation pour les représenter. Jeffrey Lozon, président d'un important hôpital de Toronto, a déclaré au cours de la réunion d'organisation de la Société canadienne des médecins cadres et gestionnaires que les possibilités abondent dans le domaine de la gestion pour les médecins, mais que ces derniers ne sont pas tous faits pour prendre les décisions difficiles qui s'imposent.

When Jeffrey Lozon arrives for work at St. Michael's Hospital early each morning he usually makes his way past homeless men sleeping on grates in front of his inner-city hospital, where he serves as president and CEO. Later, if the panhandling has been good, he may see these same men, fortified with cheap wine or mouthwash, shouting down their demons in front of the hospital. Now the province wants him to ask these men and members of Toronto's growing army of homeless people for a health card every time they seek care.

"How many of the homeless people who show up at our ER have health cards?" Lozon sighed. "How many do you think understand what a health card is?"

Welcome, says Lozon, to hospital management in the '90s. If physicians want to join the action, he says, they'd better be ready to make some tough decisions. He's been making them since he arrived at St. Mike's in 1991.

Lozon, who was in Ottawa at the end of February to address the organizational meeting of the Canadian Society of Physician Executives, told 40 physicians that if they want to enter his field they'd better be prepared to park their egos at the door: being a hospital executive in today's cost-cutting world can be a humbling experience, and firings are common. And these executives won't be the most popular people on the block, either, because they have to deliver a lot of bad news. In his 7 years at St. Mike's 700 jobs — roughly 25% of the total — have been cut.

Lozon represents the new breed of hospital executive, and at age 46 has already become one of the most recognized names in hospital management in Canada. Not only has he eliminated the largest debt in Canadian hospital history — \$63 million — but he has also managed a re-engineering exercise that has seen the number of inpatient admissions and outpatient visits increase despite the loss of 700 jobs; the number of outpatient visits has soared by almost 50% in the last 6 years.

Lozon's advice to doctors who want to join him is simple: don't enter hospital management because you have become jaded with clinical practice or are tired of 3-am calls. "Enter this field only if you want to make a genuine difference," he said, adding that doctors who do make the move can say goodbye to job security. "This is not an area where you give a great deal of thought to vesting your pension."

Physicians who move to the executive suite run into difficulty because:

- They forget they have joined a team. "They have been team captain for 20 years and now they have moved into an organizational role where their voice may not be heard, or at least not heard as loudly. In other words, the transition can be difficult." On the positive side, physicians stand to learn a great



Jeffrey Lozon: park the ego, join the team



deal. "You will begin to understand that there are many voices you have not been hearing, voices that have a lot to offer."

- They forget that they must communicate as equals. The clinical acumen that makes a physician god in the OR or ER holds little sway in the boardroom, Lozon warned.

Once doctors have decided to transfer from the clinical ranks, said Lozon, they have to concentrate on becoming leaders. He thinks medical education places them at a disadvantage because it has taught them to become problem solvers, and success is achieved once a problem is fixed. That approach may be fine for clinical care but it achieves nothing for the health care system, where executives have to guess what problems they will face in 2 or 5 years, not what the problems are today. "When I hire someone," Lozon said in an interview, "I'm looking for vision. For a doctor, that means someone who sees beyond the patients sitting in the waiting room today. Vision is becoming a key aspect of our system — we need people who can look ahead 4 or 5 years and begin preparing for that time today."

Some physicians who move into leadership roles do so by accident after being "volunteered" for a position, but this is changing quickly. "At my hospital we pay all the program managers," said Lozon. "I want to pay them because I want to hold them accountable."

Dr. Dennis Kendel, registrar of the College of Physicians and Surgeons of Saskatchewan, hopes more doctors will answer the leadership call. "We desperately need physicians with well-developed management skills," he said. "The old model in which physicians 'managed' the medical piece of health care separate from other health

professionals and within the brick-and-mortar confines of specific hospitals no longer works."

Lozon stressed that leadership opportunities have never been greater for physicians because cross-country restructuring means leadership has become a valuable commodity. "If you are going to make the move, remember that you are starting over and that much of what you've learned has to be relearned or forgotten. Start small, and remember that a little humility will carry you a long way.

"Some physicians who move into leadership roles think a 100-page CV and an international reputation mean they don't have to manage. At my hospital they will be held accountable, regardless of clinical reputation."

For instance, if a surgical program runs out of implants 3 months before the hospital's fiscal year-end, Lozon and the program manager will "have a chat. I'll say, 'What's going on here?'"

He also suggested that physicians who want to lead but remain popular with the medical staff should rethink their plans. "You're accountable to your organization, not to your colleagues," he said. And unpopular decisions are likely to be the rule, not the exception, because the hospital system is being reshaped.

When it is time to hire a physician manager, Lozon's theory is simple: opposites attract. He seeks managers with a "completely different skill set so we can complement one another. If I hired a bunch of clones to work with me, the hospital wouldn't survive. I need those extra skills and the expertise other people can bring. When everything comes together, you can run a hospital pretty well." ?

Physician managers will soon have own organization

The groundwork has been laid for Canada's first organization for physician executives. At an organizational meeting held following the CMA's 10th Annual Leadership Meeting in February, 40 participants formed a steering and planning committee to organize the first annual meeting of the Canadian Society of Physician Executives. It will be held next March and coincide with the CMA's 11th Annual Leadership Conference.

Dr. Christopher Carruthers, an Ottawa orthopedic surgeon who is a driving force behind the new group, says teaching will be one of its key roles but the opportunity to network will be equally important. "We're being faced with many different issues and it is time we had a forum to discuss them. The society will allow members to share information and discuss the challenges they face. It will allow further development of physician executive skills and knowledge, and provide

the environment for the sharing of knowledge. We hope to attract all physicians with an interest in leadership and management."

Dr. Dennis Kendel, registrar of the Saskatchewan college, agrees. He said the CMA-sponsored physician-management series of brief courses is valuable "but it does not provide an adequate mechanism for physicians to grow and to share their trials and triumphs with colleagues facing similar challenges." Kendel says that is the role the new society will fill.

The 10-member planning committee has set itself 10 goals for the coming year, ranging from creating a vision and mission to incorporating the organization and creating bylaws.

Information about the organization is available from Joe Chouinard, director of the CMA's Office of Members, Divisions and Affiliates, 800 663-7336 x2224; chouij@cma.ca.