

# From calling the shots to consensus: Physician leadership in the real world

SreyRam Kuy's field guide to leadership, creating a diverse team and overcoming the odds

A C-Suite Conversation with

**SreyRam Kuy, MD, MHS, FACS**

Senior Advisor to the PDUSH, Veterans Health Administration



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**B**orn in Cambodia's killing fields and surviving a rocket-propelled grenade attack in a Thailand refugee camp, SreyRam Kuy was deeply impacted at a young age by a volunteer surgeon who saved her and her mother's lives.

"So many people never made it out alive," she says. "I need to pay it forward. I am so grateful that I am alive and get to practice medicine in this incredible country. As an American, I have the freedom to dream and to serve. This is a privilege I don't take lightly."

Driven by this passion, Kuy became one of the most visible

physician leaders in the country. She believes that her medical training prepared her better than one could imagine for a role in administration.

"I think that coming from a surgical training background is great preparation for a leadership role," says Kuy, the associate chief of staff at the Michael DeBakey VA Medical Center in Houston and a senior advisor to the Secretary of the VA and the Principal Deputy Under Secretary for Health. "When you have a trauma bay and are doing an emergency thoracotomy (cracking open the chest to access the heart), you have nurses and technicians and anesthesiologists and the ER team and students and residents in play. Sometimes, there are even family members of the patient whom you're trying to get out of the way. It's definitely a master class in learning how to manage crisis."

## Why are physician leaders in demand?

Physician leaders can have a major impact on an organization in the evolution to value-based care. They are often the leading proponents of patient-centered care, but also know where time and

money are wasted in a healthcare organization. Without proper training, however, physician leaders can struggle when they first begin to assume responsibilities for areas outside of clinical care, and Kuy says she is grateful for the formal education she received from three different programs:

- Presidential Leadership Scholar (under the aegis of Presidents George W. Bush and Bill Clinton)
- Robert Wood Johnson Clinical Scholar
- American College of Surgeons (ACS) Health Policy Scholar at Brandeis University's Heller School of Management

Programs like these, as well as structured leadership development provide leaders the exposure and experiences need to become strong, effective leaders. In most areas of an organization, leaders, as they come up through the ranks, are organically introduced to a variety of departments and functions, but for physicians this becomes more of a challenge. Yet the knowledge

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and deep understanding physician leaders have of the organization from the front lines is a critical addition to executive leadership teams and boards.

Currently, there exists a gap between the demand for physician leaders and physicians prepared to step into such roles as effective, impactful leaders. This divide can easily be dissolved through a concerted effort to help physicians become stronger leaders through exposure to the organization and interworking of the system, in addition to formal leadership development activities. This allows physicians to go from calling the shots and leading themselves to translating their extensive knowledge and problem-solving abilities into shared-vision, leading others, and driving the organization toward achieving results.

### **The power of peer counsel**

In the Presidential Leadership Scholars program, Kuy learned directly from the former presidents and their cabinet leaders, studying alongside the likes of a judge, a lawyer, a poet and a solar energy advocate. At the time, Kuy had just been named chief medical officer for Medicaid in the state of Louisiana, serving 1.6 million patients, and she used her fellow students as a sounding board on how to tackle the opioid crisis in her state.

“When I first started working on the opioid crisis, there was a lot of resistance,” Kuy says. “We had more opioid prescriptions than the number of people in the state, including babies and children. Some of the sentiment was, ‘Why

are you trying to tell doctors how to practice medicine?’ ”

So Kuy conferred with her classmates about the obstacles and got some sound counsel on leadership.

“The judge would talk to me about how you’ve got to make sure the judicial system is involved, and the lawyer would tell me, ‘You need to engage the stakeholders so that they feel like they’re part of the solution. They want to know they are at the table helping you draft solutions rather than you just shoving a solution down their throat.’ ”

“And I had an educator who told me how to educate the population in a way that changes hearts and minds so you can make a change.”

As a surgeon who was used to calling the shots in the operating room, this was a change for Kuy. But consensus worked. The state legislature passed three bills reforming opioid prescriptions, Louisiana Medicaid enacted opioid prescribing limits for first-time users and a Naloxone standing order was implemented statewide. As a result, there was a 40% percent reduction in the number of opioid pills prescribed for first time users among Medicaid patients in the state.

“Something that really brings me joy is that some of our biggest detractors became some of our biggest proponents who were testifying on the Senate floor in support of this,” she says. “When you exclude people, there will be opposition. But when you bring people into the fold, you give them an opportunity to use their talents. That’s how you engage people and drive initiatives that are successful.”

The Robert Wood Johnson

Clinical Scholars Program creates “change agents” at the Yale School of Medicine, Kuy says. There, she learned biostatistics, public epidemiology and even computer coding to do her own statistical analysis. “I was a young, naïve doctor who was very idealistic but didn’t know how to harness those dreams and concretely impact health policy,” she says.

And the ACS program at the Heller School of Management was an “immersion,” Kuy says. “You learn everything from how to read a financial spreadsheet to talking with the key architects of U.S. health policy.”

### **Leaders as problem solvers**

Encouraging physician leaders to connect with other successful leaders, both physicians and others, helps to increase their enterprise exposure and solidify their understanding of things outside of their world. As physician they are trained to assess a problem, provide a viable solution and move on – all within 10-20 minutes. For tougher problems, they consult other doctors and ultimately make the decision on their own. They are excellent at leading themselves through these challenges and are often more adept at rapid problem-solving than other leaders.

When it comes to collaborating and coming to consensus, physician leaders often find the process frustrating and may have a difficult time seeing the outlying effect that a certain decision may have on the organization as a whole. This again comes back to exposure to the organization, but by helping

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physician leaders develop their leadership skills, their frustration turns to satisfaction in finding the best holistic solution.

### Why is a physician's viewpoint valuable?

With such varied and sterling experiences in her pocket, Kuy says she isn't surprised that more and more health organizations are looking to physicians to lead organizations and not just medical practices.

"When you've served on the front lines, you know hard it is sometimes to implement the mandates that come from above," she says. "The health system may want to ensure that every patient has their hemoglobin A1c at a certain level for diabetes and their blood pressure at a certain level as well. But as a provider, I have seen cases where my patient doesn't have access to running water to keep their wounds clean, and another who didn't even

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## EXECUTIVE'S TOOLKIT: Developing physician leaders beyond field training

As we have learned, Kuy has done an excellent job seeking out varied experiences and exposure in areas needed to be a successful enterprise leader: (see chart below)

- Lead
- Impact
- Drive
- Envision

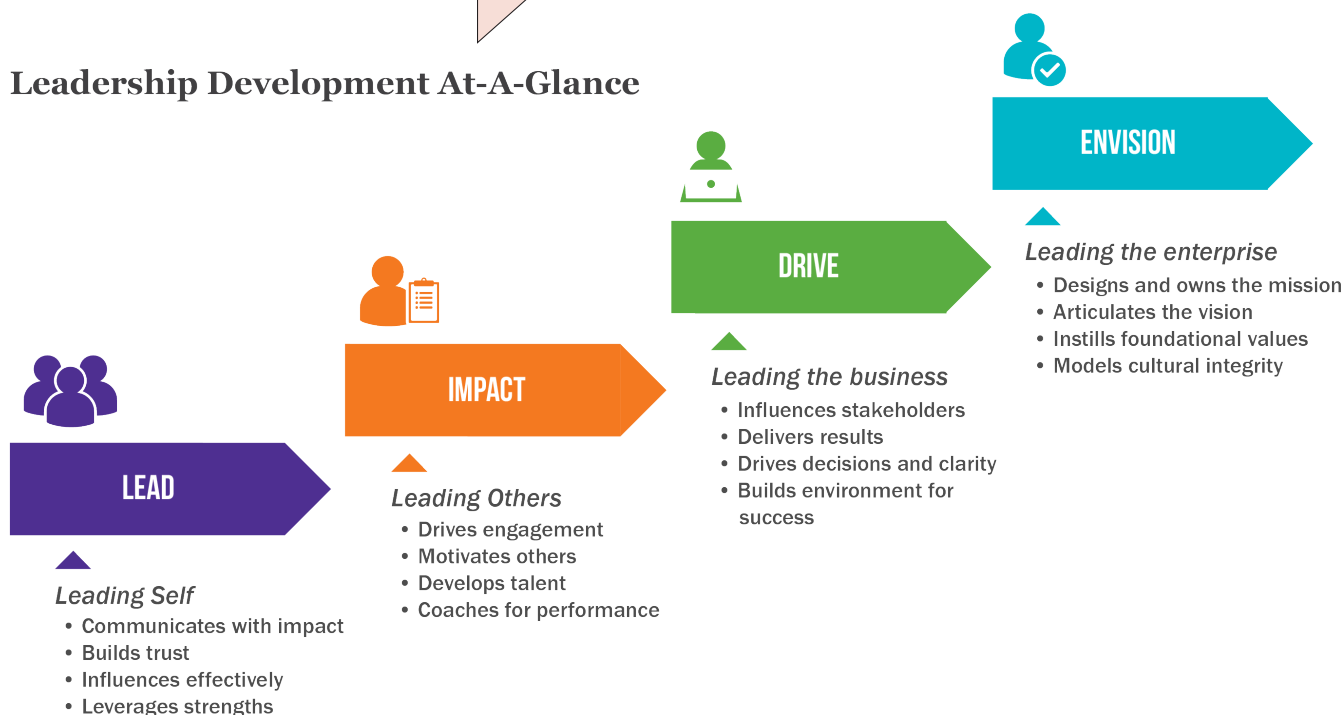
Unlike most leaders in an organization, physician leaders often haven't had the exposure to a variety of other departments and support functions, and that lack of exposure paired with the specific training and experience of physicians can impede the enterprise-level mindset needed for successful executive leadership. As Kuy experienced the shift from calling the shots to collaborative problem-solving, she was able

to gain valuable insights and experience that helped her develop into a stronger, more effective leader.

This shift can be a challenge for any leader navigating the process without proper direction, and it definitely doesn't happen overnight. It takes time to move from leading oneself to leading the enterprise, and to gain the variety of knowledge and leadership skills to be successful at that level.

The chart below looks at the evolution of a leader, identifying the skills needed at each level. By identifying where leaders are along this path, where they would like to see themselves, and where the organization would like them to be helps determine the development plan and tactics needed to get them there.

### Leadership Development At-A-Glance



have gas money to drive the 70 miles to come and see me.

“So, you see the challenges of simply putting a Band-Aid on the hemoglobin and the blood pressure. You see the social determinants of health, and that’s the perspective that physicians bring to leadership.”

Kuy took the same thoughtful approach to leadership when she was building her team at Louisiana’s Medicaid department. A host of recent studies demonstrate that

diverse leadership teams are more deliberate, arrive at better solutions and are more financially successful than teams without diversity. Kuy took that to heart and came up with a very successful team.

“I think it’s critically important to do everything we can to promote and sustain diversity in leadership in healthcare, just as you would in any organization,” she says. “You do this by being deliberate and conscious about how you recruit,

retain and promote people. When we’re looking to bring people into an organization, we need to cast a wide net. And what I mean by that is, sometimes people don’t even know to apply or don’t think they’re a viable candidate because no one in the C-suite looks like them.

“I made an effort to recruit the best talent and cast a wide net and I got an amazingly skilled and diverse leadership team that I’m so proud of.” **MPI**

## Resources for Action

### ARTICLE: Executive Team Performance

Want better team performance? Check out this article to jump-start your plan for better team cohesiveness.

From assessing individual leaders to evaluating culture and aligning with organizational goals, the key to developing a strong executive leadership team doesn’t have to be a mystery or a guessing game. Unlocking these strengths is complex, but having a solid plan with authentic, meaningful metrics is critical.

#### 5 steps to unlocking your team’s potential:

1. Assessment and awareness
2. Facilitated development
3. Alignment and measurement
4. Refinement
5. Action planning and execution

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