



THE
DYAD LEADERSHIP
MODEL: FOUR CASE STUDIES

BY JOHN M. BUELL

Strong executive and physician leadership is critical for highly successful healthcare organizations. Many hospitals and health systems across the country are raising the bar by breaking down traditional silos and embracing a dyad leadership model, in which administrators and clinician leaders collaborate under a shared vision.

In response, numerous healthcare organizations are undergoing what some experts say is a shift from a vertical care delivery construct to a more horizontal configuration. Using the dyad leadership model to manage this shift toward clinical service lines makes a great deal of sense, particularly for the more patient-centric clinical programs that offer comprehensive healthcare services across multiple sites and facilities, according to Daniel K. Zismer, PhD, managing director and co-founder, Castling Partners, Minneapolis, and professor emeritus, School of Public Health, University of Minnesota.

“We have to have a consistent approach across and through those sites because patients expect consistency,” he says. The cardiovascular clinical service line, for instance, should be operated the same way at each site. This means the approach to management and clinical protocols of practice are standardized.

Toward this end, the dyadic leadership model pairs a physician with a nonphysician administrative leader to share equally the responsibility of leading a clinical service line. The ability to succeed as part of a dyad is “a skill set, an art and a science,” Zismer says.

Dyadic leadership models are emerging throughout the U.S. Here we discuss four examples of administrator-physician leadership partners working together to achieve improved clinical and operational outcomes.

Avera Health, Sioux Falls, S.D.

Avera Health is an integrated health system that serves South Dakota and the surrounding areas of Minnesota, Iowa, Nebraska and North Dakota through six regional centers and 33 hospitals. During the past six years, the organization has launched 13 clinical service lines, with plans to add 10 to 12 more over the next two to three years. Each of Avera’s six regional presidents is responsible for at least two service lines, with some overseeing as many as four. Each service line features a dyad leadership model.

The service line approach, and by extension the dyad leadership model, is at the heart of Avera’s “brand promise” concept, says Fredrick W. Slunecka, FACHE, COO, Avera Health. “If you’re going to put the Avera name on the outside of our buildings, there’s an assumption, reasonably made by a patient, that when they enter an Avera door, that service is going to be consistent in all those locations.”

It is the job of each dyad to ensure that standardization defines care delivery, cost and quality. For example, Todd Forkel, CEO, Avera St. Luke’s Hospital, Aberdeen, S.D., co-leads four service lines, including radiology and general surgery. He is paired with a physician for each service line.

“I think this is where healthcare’s going. [It represents] the type of engagement level that we need for the transformation of how we do our business,” Forkel says.

Brad Paulson, MD, interim clinical vice president, radiology service line, Avera, is co-leader with Forkel on the radiology service line. He initially was skeptical that the dyad leadership model would work. Though Forkel had experience in a previous role as a radiology technician and understood the radiologist’s perspective, Paulson had no familiarity with administrative work. “I didn’t learn anything like this in medical school,” Paulson says.

But Forkel understood physicians’ concerns. Physicians want to know how to comply with rules and regulations, not why. “Todd knows all the details of why we need to comply. Physicians want to know how so they can best care for their patients.”

Forkel, who is based in Aberdeen, S.D., and Paulson, who is 200 miles away in Sioux Falls, conduct much of their business via email and text, and the relationship has worked well. They point to their work to contract with a new teleradiology provider as an example of how the dyad is successful. Forkel and Paulson were in agreement that a different teleradiology provider was needed. To make the case to service-line staff, Forkel brought their proposal to the radiology line’s steering committee, and Paulson presented it to his group of 21 radiologists. After much dialogue and interaction between the two

groups, both sides agreed to switch to a new teleradiology provider.

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“The radiologists liked the input they were given from administration,” Paulson says. “The dyad approach gave us momentum in reaching the deal [with the new teleradiology provider]. I know if I hadn’t consulted with the physician group, they would have been upset.”

The deal took more than a year to complete, but Paulson said it would have taken much longer without the dyad approach. “I liked the transparency between administration and physicians,” he says. “This deal gave us credibility too,” because the transparent approach validated the business concerns of the two leaders for the physician group.

Physicians and administrators throughout the Avera system have enjoyed the dyad approach because they are challenged to think outside of their traditional organizational responsibilities, Slunecka says. “The best dyads are the ones where they understand each other’s strengths and weaknesses and support one another to be successful.”

Though each service line and dyad model is unique, the issues they face all tend to center on dealing with the changes the health system must institute in the face of new reimbursement schemes and care quality mandates, Forkel says. “Whether it’s decision making or we’re in the phase of implementation for a new process or approach, essentially, it’s change management that we spend a lot of time on.”

Advocate Health Care, Downers Grove, Ill.

Advocate Health Care is the largest health system in Illinois, offering more than 450 sites of care, with 12 acute-care hospitals, including a two-campus children's hospital. Within the system, several service lines use the dyad leadership model—one of the first being cardiovascular. Vince Bufalino, MD, a cardiologist and president, Advocate Medical Group, and Dawn Imburgia, vice president, Advocate Heart Institute, are the cardiovascular service line's dyad leadership team.

Advocate created the cardiovascular service line and its dyad team five years ago. Since then, the dyad model has become the standard for most service lines. Because the system is transitioning operationally to a more horizontal focus based on service lines, leadership realized the job of administering each was too big for one person.

What really makes the dyad approach work is when dyad pairs are transparent with each other and key stakeholders during the decision-making process, Imburgia says, adding that the relationship thrives when each partner knows the other's strengths. "It helps to use both of our strengths to run the service line," Imburgia says. "It's not that difficult to do. Once you work together for a while, you come to know what the other person is going to say."

The relationship also is successful because the administrator and physician are working toward a common mission. "We've learned to check our egos at the door," Bufalino says. "All that personal stuff is put off to the side; it's not relevant in the relationship. Our job is to get the work done."

Communication also is key to the dyad leadership model's success. Imburgia and Bufalino work at the same facility and talk with each other daily. Discussions occur

during scheduled meetings, but often they have impromptu meetings as well.

"I liked the transparency between administration and physicians."

— Brad Paulson, MD
Avera Health

"We'll just catch each other passing in the hall and deal with three things on the fly because we don't need a formal meeting to get it done," Bufalino says.

One area Imburgia and Bufalino work tightly on is ensuring the system's approach to cardiovascular medicine is uniform across all

facilities. This alignment helps reduce variability in how patients are cared for. For instance, the dyad is establishing standards around disease processes and equipment purchasing.

"The dyad model brings together input from administrators and clinicians, getting them to participate in the conversation. This helps us build consensus and moves us forward as a system. And that takes both sides of the equation to participate," Bufalino says.

Adds Imburgia: "What is really important in a dyad relationship is trust and transparency. If the dyad relationship really works, you put your infrastructure in place and everyone is empowered to get their job done."

Mayo Clinic, Jacksonville, Fla.

The dyad leadership model is often said to have originated with the Mayo Clinic, Rochester, Minn., more than 100 years ago, "when Will Mayo, MD, and Harry Harwick (one of the Medical Group Management Association founders) put the theory into practice at Mayo. The organization recognized early on that integrated healthcare delivery has an administrative side and that joint leadership is more effective," according to MGMA. Mayo uses the dyad model not only at its Minnesota facility but in Arizona and Florida as well.

At Mayo Clinic's Jacksonville, Fla., campus, Christina Zorn, JD, vice chair, administration, Mayo Clinic, and chief administrative officer, Mayo Clinic in Florida, and Gianrico Farrugia, MD, vice president, Mayo Clinic, and CEO, Mayo Clinic in Florida, work in true tandem.

There are many reasons Mayo has long demonstrated success using the dyad leadership approach, the primary one being that the relationship begins with trust. "You back each other up," Zorn says. "You have a common core value, and at Mayo Clinic that's easy: The needs of the patient come first. In addition, our success is founded on the fact that Dr. Farrugia and I conduct transparent communications with each other frequently throughout the day and have incredible mutual respect. Mayo Clinic does a nice job trying to match complementary competencies and styles within the dyad."

Mayo's leadership structure is such that administrators and physicians develop professionally by progressing through the institution working with a physician/administrative partner; "therefore, it becomes second nature to not only trust, but also rely on, different things at different times about the dyad relationship," Farrugia says.

Operational issues that Zorn and Farrugia collaborate on are discussed in leadership committees made up of key stakeholders so that an appropriate level of consensus around significant decisions can be made openly. The two agreed early in their dyad

relationship that they would speak with one coordinated voice on key decisions.

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Advocate Heart Institute

A dyad relationship results in many benefits, most notably to patient care. "We are able to provide better decision making for the benefit of the patient and organization, and fundamentally we're stronger because of these dyads. So faster, stronger, better are the ways the approach benefits patients and Mayo, and that is why over the years this has proven to be one of the bedrocks of success for Mayo Clinic," Farrugia says.

Zorn and Farrugia's daily routine isn't formal. It consists of catching up with each other via email and stopping by each other's offices.

"I'll come by and ask Dr. Farrugia a question on something we have been working on, and that's how the day often begins," Zorn says.

Their calendars are preset and aligned to reflect meetings they both attend, but they also conduct leadership rounds together to listen to colleagues, nurses and physicians, "who tell us what their challenges are, what they need most and how they can improve quality," Zorn says.

Overall, dyads work well when both leaders believe they're part of something bigger and that they both are responsible for getting the job done. "That could be as simple as making a decision on the color of a desk attendant's shirt to something as complex as planning a new building. You just need to be able to build the relationship and to provide

dedicated time to both parts of the dyadic spectrum in order to have a truly fruitful relationship that works,” Farrugia says.

Palomar Health, San Diego

Leaders at Palomar Health believe a dyad leadership model better positions the organization for the future of value-based care and team-based delivery. The goal is to build physician engagement, strengthen physician leadership capability to develop a strong physician culture, collaborate between clinicians and administrators, and accelerate integration of new physicians.

The dyad relationship between the medical directors and the nursing managers, for instance, increases communication and fosters nurse-physician relationships, says Alan J. Conrad, MD, FACHE, executive vice president, physician alignment, Palomar Health. “They meet on a regular basis to review the units and work on common goals such as quality and safety.”

The medical directors take part with the nursing managers in a new initiative called patient-focused rounds to do quick reviews of patient status and progress to improve patient throughput. In addition, the health system envisions having similar goals in a balanced scorecard for the medical directors and their counterparts so that their work reinforces one another.

How dyad-partnered leaders make decisions is unique to each issue, Conrad says, but the dyad partners do so in collaboration. “We have put a lot of work into

solidifying the relationship between physician leaders—both medical directors and elected medical staff—and administration. My role combines the traditional duties of a CMO with responsibilities for our

relationships with ambulatory partners. So, we try to come to common ground and involve physicians in our decision making to the greatest extent possible.”

Currently, the physician partners in the dyad are responsible for clinical input and physician perspective. They participate in quality and safety initiatives and in enhancing patient throughput. The staff physicians provide insights into how they can work on cost-savings initiatives, especially in the area of physician

preference items in the hospital. The physicians are responsible for their own governance. On the nursing and administrative side, the responsibilities are primarily related to operations, strategic planning, budgeting and finance, and all the other aspects of running a complex healthcare organization.

David Cloyd, MD, medical director, physician leadership and development, and a dyad team member, says the dyad leadership approach benefits both patients and the organization by creating alignment between physicians and the health system. “It is imperative that physicians provide leadership in the delivery of care,” he says. “By working with their dyad partner, they can improve quality, safety, patient experience and outcomes.”

John M. Buell is managing editor of Healthcare Executive.

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