



# 'This is going to help you help your patients.'

By Rob Cosinuke | June 16, 2016

Care is shifting out of hospitals so physician networks are more important, strategically, than ever before. And keeping physicians engaged and inspired is top of mind for Vince Figueredo MD, the associate chair of medicine and chief of clinical cardiology at Einstein Medical Center in Philadelphia.



Vince Figueredo, MD

Figueredo was recently tapped for a new position: chair of the organization's physician engagement committee.

Einstein operates in a competitive downtown Philadelphia market, where an engaged physician network has become a differentiation. So Figueredo doesn't take his task lightly.

He spoke with athenaInsight about the leadership required to build a strong physician culture.

**Q** How would you describe Einstein's physician culture?

**A** The physician group here has established one of the strongest cultures I have seen as

far as prioritizing patient care. The patient is always first in our worldview, the physicians and the healthcare staff are second, and the hospital is third. That has resulted sometimes in some head-butting with administration who obviously have *their* "priority hats" on, and it's not necessarily the same as ours.

If you really want to move physicians in a direction, you have to make sure that whatever the initiative or project is, it starts with, "This is going to help your patients. This is going to *help you* help your patients." That's how you get physicians moving. And if you just try and implement some kind of initiative and tell them what they need to do without that input, then they can be pretty stubborn old dogs.

**Q** Can you tell me more about the physician engagement effort that you have been asked to lead?

**A** All hospitals have gone through tough financial times recently, so a lot of directives and cost cutting has occurred without input from physicians – the result being that the morale of physicians really dropped, and there

wasn't really any kind of support network out there. There were a number of physicians who had left, including some leaders, and I think that might have woken administration up a little bit, especially when they started losing some chiefs and chairs of departments.

The administration, talking with some physician leaders, realized that we really need to re-engage the physicians, and so a physician engagement committee was created that I'm the chair of now. The interesting thing was the initial committee had more administrators than doctors on it. So before I agreed to take it over, I wanted more doctors on it than administrators, and I insisted that all the doctors' names would be listed first.

It's trying to develop a culture of team or family, so that physicians feel like they not only have buy-in of the institution but that however the institution moves, it's with their support – which usually that means it's helping them to take better care of their patients. What we're really trying to do here is get that team spirit back, because a lot of physicians feel out of touch not only with the physician group but with the hospital and the administration.

**Q What steps are you taking to increase engagement among your physicians?**

**A** What we're really trying to do here is significantly increase the amount of information we're sharing with the physicians. We have a monthly newsletter now from the CMO. I have a corner on it called "Vince's Corner" to discuss our engagement committee work. We're developing an intranet homepage specific to physicians where we can highlight events, physician publications or awards, special recognition, whatever lets different doctors shine, to make people feel proud to be an Einstein physician.

Another key initiative I'm driving right now is thank-you notes. I have made it a requirement that at all senior physician and administrative leadership meetings, the first few minutes they have to write a thank-you note to someone. I probably have 25 physicians in noninvasive

cardiology, so at each meeting I just write one of them a letter, and it gets sent through interoffice mail to them. And you can't believe the reaction, the thank you's that you get for recognizing them. And it's true whether it's someone who is 10 years older than me or someone who is 20 years younger than me. They all are totally appreciative.

**"I try not to be the kind of person who is running around putting out the biggest fires. I like to attack the highest priority problem"**

**Q Are there indications your efforts are working?**

**A** Yes. Actual survey data comes out later in the year, but we're seeing an uptick in involvement amongst the physicians. Our affiliated group called Einstein Emerging Leaders was started by young physicians who are very interested in learning how do you run a department, how do you deal with budgets, how do you get research going, how do you interact with administration. So they're having a monthly meeting now where various administrators and physician leaders go and give them talks regarding different subjects. We're also starting a Women in Medicine affinity group. The idea is to find groups where people really feel like they are part of the Einstein team.

**Q Are you also trying to get physicians in high level positions of hospital governance?**

**A** There are two sides to that coin. You can have a group of physician leaders who are always the same ones on all the committees. It's like, "Hey, Joe, I saw you yesterday on that committee and the day before on that other committee." So you can end up with a limited group of physician leaders that doesn't really trickle down to the rest. What I'm striving for is a dynamic where we are constantly bringing a new group of doctors into leadership roles, to take charge of initiatives, and to report out. I find the more physicians we can involve, the better.

**Q How would your physicians describe your leadership style?**

**A** They would say I am your typical lead-by-example type of leader. I am very supportive, and I know they would say that because I am very active about making sure I am. I like to be very vocal about recognizing positives, whether it's out loud with the person, handwritten notes, or in emails where I blast everyone with recognition when someone has gone above and beyond. I also try to work with people who are having trouble and work to their strengths. We'll readjust how they are involved here at the hospital to focus on what they are good at, and then I'll be very supportive of that so that it's a job they enjoy as opposed to a job they dread.

**Q How do you keep your team focused on your highest priorities?**

**A** I try not to be the kind of person who is running around putting out the biggest fires. I like to attack the highest priority problem, get it taken care of, and then move onto the next one. I don't like things to sit unfinished. So I hold regular meetings with my direct reports to continuously check in on our priorities. If we seem to be flagging, I find ways to offer support from resources beyond my direct team. I don't want to say I'm a nudge, but I like to check in, give positive reminders, congratulate them on what we've accomplished, and constantly re-

articulate why our priorities are our focus – and why we need to get them done so we can move on to other priorities.

**Q It sounds like you're quite a mentor, but was there anyone in your past that really said, "I'm going to help you," or that you knew was on your side?**

**A** I can probably list many. A couple that stand out are Dr. Melvin Cheitlin, who was the chief of cardiology at San Francisco General Hospital. He was a 90 percent love, 10 percent fear type, but he felt so strongly about leading by example that everyone wanted to do whatever he asked, to the best of their ability, because they just loved him so much.

At the same time, in the research world, I was working with Dr. Michael Weiner, who was head of the MRI Lab at the San Francisco Veterans Affairs Medical Center. I had a lab there for years with him. He was very supportive, but he was a kind of leader where if you couldn't get yourself started he would come in, sit down right next to you, and start working on it until the ball was rolling. That's why if someone can't get started on something, I always sit down with them and help them to get it going.

*Rob Cosinuke is executive director of the Leadership Institute at athenahealth.*

*Interview was condensed and edited.*

*Image credit: Iconica/Getty Images*



A daily news hub reporting from the heart of the health care internet, with access to a comprehensive data set of health care transactions from athenahealth's nationwide network. We equip leaders with actionable insight and inspiration for making health care work as it should.

## Stay in the know

Sign up for weekly data and news:  
[insight.athenahealth.com/newsletter](https://insight.athenahealth.com/newsletter)