



# Creating the '21st century physician skill set'

By James Furbush | August 19, 2016

The Wright Center in Scranton, Pennsylvania calls itself a “safety net consortium.” Bigger than a federally qualified health center but smaller than a health system, it does more than either of those models – from developing a residency program aimed at keeping doctors local to launching a school-based primary care operation.

And with operating budget that has risen from about \$8 to \$42 million in just over four years, it has become one of the largest nonprofits in the region.

athenaInsight spoke with Brian Ebersole, senior vice president of mission delivery, about creating the right culture to support an organization’s mission. Here are edited excerpts.

**The Wright Center operates in an really niche. Could you tell us about it?**

Although we do provide primary care, our focus is actually on the delivery of graduate medical education and the training of future physicians. Most residency programs are housed in one hospital with one clinic. So whenever you come out of medical school you sign up with one of the hospitals – usually in a large city – and you go to those

residency programs and you train in their facility with their EMR and clinical operations.

We said: “Let’s look at how we bring together the educational capacity of the community and not partner with one hospital, but instead reach out and partner with all of the hospitals in our region.” Since all of them receive federal dollars to pay for the training of residents, we put those resources all in a pot and redistribute them out into the community.

**Why is it so important to redefine how we’re training and educating physicians?**

If they’re going to be really good primary care doctors in America, residents need to be ready to go into all of those different types of settings and have different types of skills. We are responsible to create the 21st century physician skill set.

We partner with our local hospitals, but we’ve also added our Veterans Affairs locations and federally qualified health centers where some of the residents do their training. We’ve developed partnerships with local primary care offices. It’s about giving our

residents a breadth of primary care experiences to draw from.

Our residents are trained on at least four EMRs. And that's a big draw for residents, obviously, because they learn how to get data from one system to the other.

**That's a wide variety of experience and care settings. Can you tell if it's keeping more doctors in the area?**

About 70 percent of our residents stay within the community that they trained. They may not necessarily stay within the Wright Center system, but they are in the community at different hospitals or health systems.

We've taken the model around the country to six other communities – Seattle, Washington; Portland, Oregon; Tucson, Arizona; Cincinnati, Ohio; Brooklyn, New York; and Washington, D.C. – that wanted to do the same type of thing with federally qualified health centers, a local hospital, some other community practices, and we give them the educational infrastructure.

**You have an interesting title: 'Senior Vice President of Mission Delivery'. What does it mean?**

My role is to serve as the translator of the vision that's cast by our president and CEO, then to take the vision, funnel it down into the delivery of our mission, and put it into understandable concepts so that the organization can move in that direction.

Some people refer to it as the business development or the relational side of healthcare. And it's a really great opportunity because I get to define the role every single day.

**What do you do to make sure you and your teams are living the mission?**

Here's a cheesy leadership thing that I learned growing up. When I get up every day, and I'm on my way into the office, I literally say out loud the mission of the Wright Center. I've never told anybody that. But it's the way that I can set a daily intention because in healthcare, as soon as you show up, as

soon as you walk into the patient room, as soon as you show up into an environment, your focus can change in a blink.

**With growing teams and increased responsibility, how do you prioritize as a leader?**

In the past I was struggling with that whole idea of prioritizing. I used to have a massage table in the corner of my office, and I have a shower. And so I would just stay here for three or four days at a time writing curriculum or pursuing the next grant or coming up with the next thing.

One of the best lessons a leader can learn is: Hire good people with the potential to have the skills you want them to have two to three years from now. Hire them because you can see where they're going will take you to the next step. My team goes to that next level so that I can show up and do what I can where my contribution can be most impactful.

**How would your direct reports describe you as a leader?**

I'm a listener and then a processor. So I'm not the person to come into the room – unless I need to – and want to solve everybody's problems. I want to come in, listen to what's happening, process things, and reprioritize. Do you need a solution? Do you want to vent? Do you need help? Are you asking for some advice? Do you need help with that interaction with somebody? Do you need to know where to go next? What is it they need the most?

**What does the Wright Center do to keep staff and physicians engaged?**

Every one of our staff members has two things to do as a requirement of their job. One, they have to do two community service projects every single year. The other is they have to do two PDSAs, or Plan-Do-Study-Act cycles.

PDSAs are a method for coming up with an improvement plan. They can be a small change or a big change: improving my day, my workflow, or my interaction with the patients. It could be replacing blue pens with black at the nurses' station

because certain documents require black only, or it could be rolling out a virtual curriculum, or changing the intake workflow. But they must plan to change it, implement it, and see and study it to see what happened, and then roll it out across the organization if it works.

I didn't want to create a physician who wasn't willing to give back to the community. The practice of medicine has gotten so far away from focusing on the patient and became so centric on the provider coming in and offering a solution in the 15-minute visit, to do the documentation, to get the payment. It's become such a regimented activity that it is no longer about the care the patient was receiving.

### **Is there a company outside of healthcare that inspires you?**

You don't necessarily think of coffee – that thing that everybody has just become so accustomed to in their day – being innovative and cutting-edge. But as you learn about the opportunity and the struggles Starbucks has had over time, and how re-focusing on their mission saved them back in 2008, that really is motivating every single day.

On my desk there's a Starbucks coffee cup from the original Pike Place because it's a constant reminder: No matter how small you start, there's always an opportunity and it might just be around the corner of the block.



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