Strategic Planning for Academic Leadership: Mission, Vision, Structure and Trust

The University of Texas at Austin
Population Health
Dell Medical School

Bill Tierney, MD
Professor and Chair
Overview

- My background → leadership roles
- Case study → Department of Population Health
- Approach to leadership
- What I’ve learned over the years
My career 1980 – 2015

- 1980-2015 PCP, ER physician, hospitalist
- 1980-1982 Biomedical informatics fellowship
- 1980-2015 Informatics and HSR
- 1998-2010 Director, research & informatics, AMPATH
- 2000-2007 Chief, Division of Geriatrics
- 2009-2014 Chair of Medicine, Wishard Health Services
- 2010-2015 President/CEO, Regenstrief Institute
  Associate Dean for Comparative Effectiveness Research
  Associate Director, Indiana CTSI

Focus = enhancing health care delivery (effective diagnosis and treatment)
What is population health?

1000 persons

800 report symptoms

327 consider seeking medical care

217 visit a physician’s office
  (113 visit a primary care physician’s office)

65 visit a complementary or alternative medical care provider

21 visit a hospital outpatient clinic

14 receive home health care

13 visit an emergency department

8 are hospitalized

<1 is hospitalized in an academic medical center
Determinants of health

Health Factors
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
- Physical Environment (10%)
  - Air & Water Quality
  - Housing & Transit
What is population health?

- Health care provider’s perspective
- Hospital’s perspective
- Health system’s perspective
- Payer’s perspective
- Dell Medical School’s perspective
What is population health?

“Population Health” in Title or Abstract

Through 10/31
Dell Medical School mission

Our Vision
A vital, inclusive health ecosystem

- **Vital**: Vigorous, animated, full of life and energy, dynamic.
- **Inclusive**: Open to everyone.
- **Ecosystem**: The complex of a community and its environment functioning as a system.

Our Mission
Revolutionize how people get and stay healthy by:

- **Educating leaders** who transform health care;
- **Evolving new models** of person-centered, multidisciplinary care that reward value;
- **Advancing innovation** from discovery to outcomes;
- **Improving health** in our community as a model for the nation; and
- **Redesigning** the academic health environment to better serve society.
Dell Medical School’s goals

- Graduate physicians → clinical excellence
- Break down silos → health care team, community
- Care about the social, behavioral, and structural determinants of health
- Develop engaged leaders
- Create, test, disseminate new models of care
- Help Austin become a model healthy city

The mission of the Dell Medical School’s Department of Population Health is to enhance the health and wellbeing of the residents of Austin, Travis County, and Central Texas with emphasis on vulnerable persons and those suffering from health inequities.
Rethinking population health

- Few U.S. medical schools have Departments of Population Health
- Austin's needs and the Dell Medical School's approach are unique
- Starting from scratch…

Population Health Summit
- February 2016
- 120+ participants
- Broad engagement of stakeholders and experts

Leadership attribute: Be humble
Rethinking population health

- Community organizations
- Austin/Travis County officials
- Seton and Central Health
- St. David’s
- CommUnity Care
- Other Austin health care providers
- Foundations
- Dell Medical School
- UT-Austin schools
- Other UT campuses
- Other Texas universities
- National academic experts
- Chairs of 3 of the 5 existing Departments of Population Health
Rethinking population health

- Small groups created by mixing disciplines
  - Community engagement
  - Public health
  - Occupational and environmental health
  - Health data as a service
  - Health services and community-based participatory research
  - Global health
Rethinking population health

● Charge to the small groups:
  – Define their focus and areas of emphasis
  – Suggest qualifications for each focus’ leader
  – Identify 2-3 initial activities likely to result in early impact on population health

Leadership attribute: **Listen!**
Community Strategy Team

Deborah Beresky
Alejandro Caceres
Kellee Coleman
Priscilla Hale
Carmen Llanes Pulido
Esther Chung Martin
Liliana Cardona-Martinez
Marva Overton
Molly Wang
Community Strategy Team
Leadership style

- Let your leaders lead
  - Require mission, vision, values, goals, objectives
  - Require a sustainable business plan
  - Then get out of the way and let them do it
  - Encourage risk-taking—failure is an option
  - Provide guidance but don’t micromanage
  - But don’t be afraid to pull the plug if it doesn’t work
  - Provide adequate resources so each person’s rate-limiting factor is his or her own abilities
Leadership style

● Let your leaders lead

● Seek advice from all levels, inside and outside of your organization

● But it is not a democracy—leaders have to decide
  – Analyze, but don’t agonize over decisions
  – Carefully reflect on the pros and cons, get advice, then decide and move on.
  – Trust your gut—your heart is smart, your head is dumb
What I’ve learned about leadership

- Be faithful to the tripartite academic mission → service, teaching, and research. But lead with service.
- Embrace complexity
- Seek adaptive systems but don’t oversimplify
- Realize that life is lumpy
- Expect unexpected opportunities and be prepared to jump
- Empower leaders
- Only do what only you can do

There is only one thing for it then - to learn. Learn why the world wags and what wags it. That is the only thing which the mind can never exhaust, never alienate, never be tortured by, never fear or distrust, and never dream of regretting.

T.H. White

_The Once and Future King_
What I’ve learned about leadership

- The only constant is change
- Change isn’t always better, but better is always change, so embrace it
- Be creative, not complacent. Seek surprises.
- Follow your heart → commit first, then figure it out
- Times of change, even crisis, are times of opportunity
- Failure is an option → embrace risk, failure
- People don’t usually fail because they’re dumb or unskilled. Their skills don’t match their job’s needs and expectations.
What I’ve learned about leadership

- Once you’ve committed, start **now**, start small, assess often, and be willing to change everything
- Don’t overcommit—if you drown in champagne, you’re still dead
- Propose the program or project **you** want to do
- Recognized your dependence on others—this is a team sport
- When you think things are great, they’re not that great. When you think things are bad, they’re not that bad. We live more in the middle of the sine wave of life.
- Be humble—you’re not that smart
Franciscan benediction

May you be blessed with a restless discomfort about easy answers, half-truths, and superficial relationships, so that you may seek truth boldly and love deep within your heart.
Franciscan benediction

May you be blessed with holy anger at injustice, oppression, and exploitation of people, so that you may tirelessly work for justice, freedom, and peace among all people.
May you be blessed with the gift of tears to shed with those who suffer from pain, rejection, starvation, or the loss of all that they cherish, so that you may reach out your hand to comfort them and transform their pain into joy.
Franciscan benediction

May you be blessed with enough foolishness to believe that you really can make a difference in this world, so that you are able to do what others claim cannot be done.