



JAMES E. LABELLE, MD CHIEF MEDICAL OFFICER SCRIPPS HEALTH

by Sherry Nooravi, PsyD

The following interview is part five of an eight-part leadership series, with interviews conducted by organizational psychologist Dr. Sherry Nooravi. See the January issue for an interview with Dr. Paul Bernstein, medical director and chief of staff at Kaiser Permanente San Diego; the February issue for an interview with Dr. Wendy Buchi, CEO of IGO Medical Group; the March issue for an interview with Dr. Steven Green, CMO, Sharp Rees-Stealy Medical Group; and the May issue for an interview with Dr. John Jenrette, CEO of Sharp Community Medical Group.

DR. LABELLE, 13-year member of SDCMS-CMA, is board certified in internal medicine, practices emergency medicine, and is chief medical officer of Scripps Health, whose network has 2,600 affiliated physicians and annually treats 600,000 patients. Dr. LaBelle can be reached at (858) 678-7711 or at labelle.jamese@scrippshealth.org.

Question: What is your leadership philosophy?

Answer: I don't have a single philosophy, rather lessons that got transformed into wisdom that came from mistakes. It distills down to a few things. The first thing is that, as a physician leader, you have direct control over nothing. In order to get anything done, you need to figure out the value proposition for the change you desire to make. You have to understand that others' perception of you is their reality, and you have to address their reality. To be a leader, you have to sit in somebody else's seat and develop the humility to realize that pretty much everyone is smarter in the subject matter domain for the problem you want to solve than you are. The only way to approach them is to have the discipline to say the magic words, "I have a problem, and I need your help." Once you get that, get engagement. Wisdom always comes from the pain and suffering of doing, making a mistake, and learning; you can't learn that in an MBA program.

Question: What should physicians do to prepare for the future of healthcare?

Answer: Maintain the primary relationship with the patient and the connection. We get all tied up in the business of medicine, the burden of measurement, and the accountability around performance indicators, which may or may not mean anything. The superpower of the physician is the relationship and connection to the patient. If there is anything we can do to help prepare us, it is to push further with the patient as the center of our universe. We are the most intensely connected. That is our superpower and how we'll make changes to the system. There are policy makers swirling around, but all I have to do is align with physicians around the patient. Physicians will focus on their patients and community. We have let society damage that superpower.

Question: What advice do you have for young/incoming physician leaders?

Answer: Before you even consider leadership, you have to become a master in your field – you are not a master clinician out of residency. Expect to spend the first 8–10 years becoming a master clinician, until you’ve experienced the healthcare system and the emotional connection to the patient. If you spend 10 years serving the patient and experiencing the dysfunction of the healthcare system and understanding what it takes, then you can take on real physician leadership issues. You just can’t be a physician leader who can drive change until you are a master clinician. Then it’s about developing yourself to understand change management and integrate quality and finance. You will need to learn to course correct and be wrong most of the time, which I am. Early on, just become an excellent physician and don’t distract your attention away from that.

Question: What does organizational culture mean to you and how do you drive it?

Answer: It is many layered and doesn’t emanate from the top, and, in many ways, is driven by our incentive system. In other ways, it’s a reaction to the needs of the organization and the community around us, which means a heterogeneous set of cultures in a health system is a good thing. How do we transform into one in which we experience what the patient experiences? How do we frame problems?

Transforming culture means stopping and deeply exploring the problem you are trying to solve and recognizing that you don’t change culture by saying, “Go do this.” You change it by saying, “Explore with me this problem.” How the problem is framed drives how the problem is viewed. What problem are we trying to solve?

I once had a disruptive physician who was damaging the clinical care environment. Rather than immediately going to discipline, I talked to him and learned he was taking ER call, had most of the adult medicine panel abdicated to him, and was working on-call 26 days a month. He had an enormous burden of patients, and his life was melting down around him. Somehow, I had the wisdom to ask how I could help him and the outcome was to establish a hospitalist group, which has improved care in terms of the patient experience and has led to an

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extraordinary financial turnaround for the hospital. This also catapulted the physician into an extraordinary leader. The leadership lesson is, when you have a problem you can’t solve, there is probably a meta-problem you may need someone else to look at.

Question: What has worked for engaging your staff that CEOs and leaders in other industries can learn from?

Answer: We demand that people deliver. It’s important to set up a dynamic where your people can tell you when they need help breaking down a barrier. Hire the right people, articulate expectations and accountabilities, and listen to what they are saying. When you do this, they understand that you support them as much as they support you and it’s amazing what can be accomplished. **SDP**



Dr. Nooravi is an organizational psychologist and CEO of Strategy Meets Performance, a leadership consulting firm that focuses on helping CEOs of fast-growth companies shape engaging, innovative, and customer-driven cultures through executive coaching and senior team facilitation. She has been named “Trailblazer of the Year” for her research on the best practices of CEOs of high performing organizations. She can be reached at sherry@strategymeetsperformance.com or at (312) 286-0325.

Points to Consider

1.

Connecting With Your Patients:

What are you doing to maintain your relationship and connection to your patients? What is one extra step you can take to connect (for example, patient callbacks, taking extra time to read the patient’s body language and unspoken words)?

2.

Working With Different Personalities:

When there is a “difficult” physician or situation, what can you do to ask and read “the question behind the question”?

3.

Talk to Me:

How are you creating a culture where physicians and staff feel comfortable coming to you with their questions and concerns?