



## The Society for Cardiovascular Angiography and Interventions

### President's Page

## A Call For SCAI Members to Become Physician Leaders

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In 2010 Robert Kocher MD painted a grim view of two possible futures [1]. Both included accountable care organizations (ACOs) as key players in the United States health care system. In one version of the future, physicians took responsibility for leading ACOs, and consequently set the policies by which ACOs operated. Physicians were key decision-makers, advocated for excellent patient care, and reaped the economic benefits of efficient care rendered in the ACOs. In the other, very different vision of the future, physicians ceded control of ACOs to hospital administrators who operated their ACOs to benefit hospitals. In this vision, physicians dwindled in status, influence, and economic well-being, and patient care suffered.

### **INTERVENTIONISTS AS LEADERS**

Kocher's message is clear: take a seat at the leadership table, or be on the menu. This paper is a call for interventional cardiologists to step up to positions of leadership to make sure that Kocher's second vision of the future does not come true.

One theory of leadership holds that good leaders are good leaders because they have certain inborn traits [2]. The opposing theory holds that good leadership is learned. Both are partly true. Either way, the drive and ambition required to be an interventional cardiologist makes us particularly well-suited for leadership.

Most interventional cardiologists have many traits of "natural" leaders. We know how to set goals, make decisions under stress, learn and rebound from failure, and lead and inspire teams. All of these are important for successful leaders.

Some leadership skills must be acquired through study, including business and financial savvy, negotiation, and knowledge of organizational behavior. But if they can be mastered by college business majors they can also be learned by physicians. Other qualities such as emotional intelligence and relationship-building, if not learned through medical or interventional cardiology training, can be picked up by aspiring leaders through hard work and a measure of humility. Interventional cardiologists are used to mastering new skills and techniques on the job; if we can learn new structural heart disease procedures we can learn how to read a financial statement or develop a strategic plan.

### **WHY JUMP INTO LEADERSHIP?**

Interventional cardiologists need to take leadership positions in health care for two reasons. The first is the welfare of our patients. As payment systems transition to "value-based", and as health systems seek ways to make health care more efficient, no group is as well-positioned to understand threats to patients from health care reform, or to guard the interests of patients, as are physicians. Physicians have a moral obligation to lead health care organizations at all levels so as to protect the interests of their patients [2].

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The second reason for physicians to learn leadership is to retain control of their own fate. If you aren't leading, someone less competent may be leading you. If you aren't leading, someone with a non-patient-oriented viewpoint may lead your organization. If you aren't leading, someone else may lead you down a path of professional dissatisfaction.

### GETTING STARTED ON A PATH TO LEADERSHIP

While it may seem presumptuous to advise others on how to rise to positions of leadership, a few thoughts are offered:

1. Share your vision of becoming a leader. Seek mentoring. Ask for advice. Become self-aware. Study the leaders in your life and emulate them.
2. Ask co-workers to perform a 360 degree evaluation of you. Your institution's human resources department may help. Focus on improving yourself in areas identified by this evaluation.
3. Apply to your institution's leadership development program or the SCAI/ACC/CRF Emerging Leadership Program (scai.org/ELM).
4. Seek positions in your institution or organization that will groom you for leadership. Join committees; committee members often rise to committee leadership, and from there to higher office. SCAI committee leadership has been a stepping stone for almost every SCAI president.
5. Read up on leadership. A vast literature exists – access it. Become familiar with thought leaders such as Jim Collins (From Good to Great), JP Kotter (What Leaders Really Do), and Walter Bennis (On Becoming a Leader). Practice what they preach.
6. Take leadership classes. Many institutions' human resources department offer classes on leadership topics. The American Association of Physician Leadership (Formerly the American College of Physician Executives) offers masters-level courses that yield credit toward a degree (physicianleaders.org).
7. Earn a degree. It is no coincidence that 4 of the 6 current SCAI Executive Committee members have masters degrees in management-related fields. It

may be least painful to earn a degree while still in training, but programs designed for working physicians are proliferating. They are taxing but rewarding – every one of the 27 members of my class regarded their experience in a masters program as a high point of their career.

### A CALL TO ACTION FOR SCAI MEMBERS

Academic physicians [4], surgeons [5], family practitioners [6] and heart failure physicians [7] have issued calls for their colleagues to become physician leaders. This is *your* call to leadership. Not only do interventional cardiologists have the same reasons as other specialists to become leaders, but interventional cardiologists are particularly well-suited to do it. Colleagues – answer this challenge, prepare yourself for leadership, and step up to leadership positions in your organizations.

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