

INTERVIEW WITH RICHARD GILFILLAN, MD

How Leadership Will Empower Ministry's Move To Population Health

By MARY ANN STEINER

Richard Gilfillan, MD, is the new CEO of the recently merged CHE Trinity Health, based in Livonia, Mich. As one of the largest Catholic health systems in the country, CHE Trinity Health includes 86 hospital and health centers and 109 continuing care facilities that stretch across the United States. This year Gilfillan was ranked as No. 1 on *Modern Healthcare's* list of the 50 Most Influential Physician Executives and Leaders. As former director of the Centers for Medicare and Medicaid Services, Gilfillan set the tone for new programs that coordinate care for enrolled patient populations, seeking to reduce costs while improving patient outcomes. CHE and Trinity Health, first individually and then together, had already begun to move in the direction of population health before Gilfillan's arrival, but under his leadership, it is accelerating those efforts and aligning them to the goals of the healing ministry.

Health Progress: What does an effective leader need to know and be able to do in Catholic health care?

Gilfillan: First, I'll start with the issue of being an effective leader in any organization. That's about demonstrating clarity of thought and purpose, integrity, directness in working with people, a sense of values, but also a sense of empathy and connection to people. I tend to believe the people side of leadership is really important. So, I think all those characteristics are important.

This is a time of remarkable uncertainty, a lot of unknowns and a lot of complexity. So there's a certain sense of being humble and understanding that one doesn't have all the answers. But that means there's an opportunity to learn from people and gather information and work with your team to come up with the best vision that supports

moving forward with objectives.

Then, the particular opportunity you have in Catholic health care is to work with people who are extraordinarily committed to the underlying mission that we have of being a transforming and healing presence in our community. Being able to understand the business within the framework of our efforts to live that commitment — particularly in serving people who are poor and vulnerable — that's the ultimate opportunity and challenge presented by the specific mission of Catholic health care.

HP: How are you selecting your leaders for those opportunities and challenges? Are you able to discern who has leadership potential and who doesn't? Or does everyone have some leadership potential?



Gilfillan: I think we're all leaders one way or another, every day of our lives. All of us tend to find opportunities to be a leader. The relative mix between being a leader and being part of a team, stepping back and letting someone else take the lead, is different in everybody, and it varies in each of us day by day.

I do believe that everyone has leadership potential. The opportunity of management is to really create an environment in which people can step forward and be leaders and contribute.

In Catholic health care, there needs to be a level of comfort, excitement and commitment to the sense of mission that we have. When you combine that with the leadership skills, the business skills, the emotional and intellectual capabilities, then you have strong leaders that meet the high bar of those who came before us, who did such extraordinary things with so little.

HP: Some people think management should carry out the vision of leadership. What you just expressed is that it is management's responsibility to pull forth leadership. Can you talk about that?

Gilfillan: At one time or another, we all believe we have a good idea and know the right way to do something, and we want to be in a context in

which we can exercise that. The power of any organization is directly proportional to the percentage of people who feel enabled and empowered and have a clear path forward to make the most of their skills to contribute. So I think the job of management and leadership together is to create a context in which people really can express the capabilities they have.

The other thing that management and leadership can do — should do — is not just to allow those capabilities to come out, but to support them. That's really the idea of a servant leader — helping people express those capabilities in a context in which directionality is clear: we know where we're going; we know what we're trying to accomplish. That's the beauty of an empowered team at all levels in an organization.

HP: How would you describe your management style?

Gilfillan: I like an open, direct, non-hierarchical approach that is very collaborative. Frankly, it's good to have more people at the table than fewer. By doing that, you get diversity of opinions and ideas, which is essential. You also inform more folks about what we're trying to accomplish and what our goals are. The more you have management and team members at all levels who under-



Richard Gilfillan, MD

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stand where you are trying to go, the more you engage their creative minds in trying to get there. So I think building that open, collaborative, very direct team-style approach is really important to creating a great organization.

I also think that organizational success is fundamentally about adaptability and learning. The more things you try, the more things you fail at, but the more things you succeed at. And the more you learn, the better you get at doing what you need to do to be successful. So creating an environment in which people feel empowered to act, to make mistakes — never to harm patients, but in so many of the other things we do, to try different things, to learn, and to try something different or adjust.

Being adaptive is so important: being willing to fail fast and often, but only once at a particular task. Learning from it, and moving on and adjusting are essential to success. You want to create an environment where people feel they have the liberty to try things and fail.

HP: How's that going at CHE Trinity Health right now? Are people making their mistakes and moving on?

Gilfillan: We're trying a lot of different things. We have a wide range of regional health ministries that are trying out many different ways of coping with the world as it is. We're looking for opportunities to create simplified operating approaches, where we can learn what makes sense and what's successful. But we're also encouraging people to try many different things so that we do learn and adapt rapidly.

Truth be told, both CHE and Trinity Health have been organizations that have had a pretty open, inclusive approach. We're building on the success these two organizations have had over the years.

HP: Where do you think the next generation of leaders will come from? Will they come from the formation programs systems are sponsoring, or will they be pulling from other sources?

Gilfillan: Our formation activities extend quite deeply into our organization. It's very important at this time in the history of Catholic health care for formation to be broad and deep. There's a great tradition of leadership developing from the grass roots of people within the organization as they step up and take more and more responsibility.

We're enhancing the formation programs with other kinds of training programs so people have exposure to acute care management approaches, population health management approaches, physician practice management approaches, finance and quality improvement approaches. We're trying to get a broad blend of experience within our ranks so that folks will have the opportunity to go through the formation process both in terms of the history of the Catholic ministry and Catholic social tradition and in terms of their business skills and their health care management skills.

In addition to that, however, it's always good to have folks that come to leadership positions from inside and outside the organization. There will be times when we hire from outside, as is the case with me. It will be a combination of both. Frankly, I have no concerns about the ability of our organization to develop leaders who are very capable and well trained in all aspects of the ministry.

HP: In terms of the business skills that some people need, are those being offered through CHE Trinity Health? Are leaders being coached or mentored or sent through MBA programs?

Gilfillan: All of the above, I would say. We have a strong mentoring program. We have a series of strong training programs with different folks from different aspects of our business. There are a lot of people doing post-grad educational programs. And we have a lot of specific, a la carte training programs in all the disciplines I've mentioned.

We're fortunate that Philadelphia and the greater Detroit area, as well as many of the sites of our regional ministries, are really rich with talent. Detroit obviously has great talent manage-

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ment and training programs from the automotive industry that we've been fortunate to tap into.

We've had great results recruiting folks. Today I filmed an intro to our fellowship training program where people come from local universities to spend the year with us in their post-graduate MHA/MPH fellowship year. That program has been in existence for 34 years, and two of our local CEOs are graduates of that fellowship program. So there's a long tradition of developing great leaders. Right now, as we're trying to come rapidly up to speed to build the population health management experience and knowledge, we've hired some people from outside, other folks are learning on the job and still others are in training programs to help them learn more rapidly.

The formation programs are important because at this time in the history of Catholic health care, as we go into the PJP [public juridic person] structure and move toward a more lay governance and management structure, it's really important at all levels, from our board to our management team, that people understand the history and commitment and approaches that have, over the years, made the sisters and the regional health ministries so successful.

HP: Would you talk about the difference between dealing with the kinds of changes that get thrust upon you, like federal regulations and a bad economy, as opposed to the kind of changes that Catholic health systems are trying to do in an organizational way that is consistent and congruent with Catholic identity?

Gilfillan: The interesting thing about the movement toward population health and being responsible for improving the health and lowering cost of care for populations is that it is directly congruent with our mission, which is to be a healing and transforming presence in our community. So it's natural for us to want to focus on those kinds of community-based, population-health-oriented measures of success. All of that feels like a very natural fit. There are issues around challenging economic times, changes in reimbursement systems, regulatory changes, and we have a great team working on those from a variety of angles.

But remember, we come from a tradition where sisters who were teachers got on boats during the Civil War to go up and down the Mississippi and take care of injured soldiers from both sides, with-

out any idea of what it meant to be a nurse. That tradition of being bold is what we are about. We believe that as we go along, we'll figure it out, just as the sisters did before us. That's the challenge we've accepted, the opportunity we've embraced. I think it energizes us.

HP: As a leader of a Catholic health system during challenging times, you have to make choices. Do you wait it out and see where the dust settles, or do you take some pretty big risks? Which way are you leaning these days?

Gilfillan: We think the biggest risk is in standing still. The mission is always to move forward in a bold way. So we are moving aggressively forward. We're doing it in a way we think is prudent, but, as an example, our goal is to have an accountable care organization in every market on Jan. 1, 2015, for Medicare shared savings; to have

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a value-based network product in place for our employees at that time; and to be looking hard at episode-based payment systems that reward us for improving outcomes in acute care services.

We know what our mission is. We're excited that this movement actually aligns the opportunity to be successful from a business standpoint with what our mission is. We're trying to be smart about making sure that we move forward with our clinical model and that we work hard to get the business model in sync with that.

We're moving forward confidently, assertively, but also humbly, knowing we don't have all the answers. As an organization that can adapt rapidly, we think we will figure it out as we go. But we will be, as always, effective stewards of our resources and do everything we can to optimize our performance during this transition.

HP: You've determined that the biggest risk is standing still. But that's a risk you have some control over. Are there some big risks out there that you don't have control over?

Gilfillan: You can never predict everything that's going to happen in the environment at large.

We could find out that the world is not going to adequately support our work with population health. But even that is a risk we can affect, and we're actively engaged with our advocacy group on trying to make sure there's rapid movement to population health outcomes.

There are always risks. We try to stay focused on opportunities, be smart about how to manage toward those and seize the opportunities that are out there. We'll keep taking that approach.

I don't mean to make light of the risks, I just want to emphasize that our eyes are open, we're out there looking for them, but we're optimistically moving forward, believing that at the end of the day there will be opportunities to do the work we're doing and that we intend to be bold in the way we capture those opportunities.

HP: Do you feel like CHE Trinity Health has a particular take or insight you could share?

Gilfillan: We don't claim to have any great wisdom or insight. What we do have is a board that has said we want to be leaders in this transition to a population health system. They've made that statement, and they stand behind it.

It is important to note, by the way, that Catholic health care has been a very progressive force over the years. We feel like we are standing on the shoulders of all those courageous sisters religious and doctors and nurses who have been working in Catholic health care for all these years. This is

no time for us to take a sit-back-and-wait position. That's not the position our sponsoring organizations ever took.

It's interesting when you read all those books that talk about the great companies, the suggestion is that we should all try to emulate them. But when you look back over the last 100 years, how many of the top organizations on that list in 1900 are still around today? The number is very small. But if you look at Catholic health care and our organizations, we are now 150-160 years out, larger, more relevant and providing care to 15 percent of the population of America. That's testimony to the commitment and the call that they had to be bold in serving communities.

Let me be very clear that I don't pretend to speak for all of Catholic health care. I feel pretty humble and know I am new to something that has an amazing history and tradition. I have a lot to learn about the ministry, and I'm eager and grateful to be doing that.

Coming to Catholic health care from outside its history has given me a remarkable opportunity to be exposed to the palpable sense of mission that drives and animates the work all our people are involved in. It is very different from any work I've done before. It's an honor and privilege to be part of that.

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