



**HARVARD MEDICAL SCHOOL**  
**LM 600.0 – NAVIGATING THE COMPLEX SEAS OF HEALTH CARE:**  
**THE PHYSICIAN AS A LEADER**  
**March 2015**

**Course description:**

This month-long Harvard Medical School block elective will offer advanced medical students exposure to a portfolio of concepts and skills that will contribute to their professional development as managers and leaders. Health care delivery and the roles of health professionals are evolving rapidly; there is now a greater need than ever for physicians to function effectively in complex organizations. This class will be organized around a set of inter-related themes: leadership, innovation, quality/safety improvement, operations and systems redesign. These themes will be illustrated in a number of different contexts, including primary care, clinical specialty practice, product development and global health. Instructors will utilize multiple teaching formats to link underlying concepts to practical skills. Course participants will spend mornings in didactic sessions led by a mix of HMS, Harvard Business School and MIT faculty, and invited guests who are experienced leaders and managers. Students will spend afternoons working in teams on mentored field projects in Boston area health care organizations.

**Course Directors:**

*Meghan Dierks MD*, Assistant Professor, Harvard Medical School; Division of Clinical Informatics, Beth Israel Deaconess Medical Center

*Andrew Ellner MD MSc*, Co-Director, Center for Primary Care, HMS; Assistant Professor of Medicine, HMS  
*Stan Finkelstein MD SM*, Director (HMS), MD/MBA Joint Degree Program, Associate Professor of Medicine, HMS

*Erin Sullivan PhD*, Leadership Institute, HMS Center for Primary Care, Lecturer in DGHSM

**Additional Session Leaders:**

- *Lindsay Hunt MEd*, Program Director, Academic Innovations Collaborative, Center for Primary Care, Harvard Medical School
- *Dan Blumenthal MD*, Clinical Fellow, Division of Cardiology, MGH
- *Mark Kelley MD*, Executive VP and CMO, Henry Ford Health System; CEO, Henry Ford Medical Group
- *Myechia Minter-Jordan MD*, President and CEO, Dimock Health Center
- *Leonard Schaeffer CEO*, Wellpoint
- *Robert Kaplan MBA*, Martin Marshall Professor of Management Practice in Business Administration and Senior Associate Dean for External Relations, Harvard Business School
- *David Gellis MD*, Lead Provider, Collective Primary Care, Iora Health
- *Steven Spear PhD*, Senior Lecturer, Sloan School of Management, Massachusetts Institute of Technology
- *Richard Larson PhD*, Mitsui Professor of Engineering Systems, Massachusetts Institute of Technology; Founding Director, Center for Engineering Systems Fundamentals, Massachusetts Institute of Technology
- *Lindsay Cole MD*, Resident Physician, Brigham and Women's Hospital
- *Jarrod Goentzel PhD*, Director, Humanitarian Response Lab, Massachusetts Institute of Technology
- *Leigh Simmons MD*, Assistant Physician, Massachusetts General Hospital; Clinical Director of the Shared Decision Making Program, Massachusetts General Hospital

- *Scott S. Lee MPA*, MD-PhD Candidate, Harvard Business School and Harvard Medical School
- *Greg Koski MD*, PhD Co-Founder, President, and CEO, Alliance for Clinical Research Excellence and Safety (ACRES)
- *Micheala Kerrissey M.S.*, PhD Candidate, Harvard Business School
- *Nathalie Bloch MD*, Resident, Mt Auburn Hospital; Senior Innovation Fellow, Center for Primary Care, Harvard Medical School

**Course Details:**

**Dates:** March 2-27, 2015

**Location:** Longwood Medical Area (Class Sessions); HMS Teaching Hospitals (Field Projects)

**Credit:** Four (non-clinical) elective credits

**Course Objectives:**

1. Expose students to fundamental approaches to understanding how systems and organizations work, and how to make them work better;
2. Prepare students to effectively work within and lead complex organizations, including teams of health care providers;
3. Provide an opportunity for students to apply these concepts and approaches to a real-world problem;
4. Recognize how to understand and influence group behavior and performance;
5. Learn about how to work with and manage people;
6. Describe approaches to leading, motivating, and aligning people behind a common vision or direction;
7. Explore well aligned, high performance organizations and the challenges of leading change in organizations;
8. Apply basic management skills to the analysis of real-life leadership challenges via the HBS case method.

**Format:**

The course will be offered as an intensive, month-long block in March, 2015. Mornings will be devoted to didactic sessions that will make use of multiple formats including business school cases, medical cases, mini-lectures and class discussion. These morning sessions will encompass a mix of concepts and skills. Sessions will be led by a multidisciplinary faculty from Harvard Medical School, Harvard Business School, and invited guests who bring real-world experiences managing health care and industrial organizations. During the afternoons and certain other times, teams of three to four students will work together with mentors from health care organizations in the Boston area to complete a field-based project that will allow students to apply material learned in the morning sessions. On the last day of the course, student teams will make oral presentations of project findings to faculty and invited guests.

**Team Projects:**

Students work on specific projects both on site and on campus, drawing on their skills and tools, material learned in this course and others, and faculty mentors. The goal of the team project is to complete a project that adds value to your host organization and allows you to apply concepts and skills learned in this course and beyond.

Students will learn about available projects and submit a project preference form during the first two days of class. Students are expected to meet with the key contact at their host organization during the first week of class to learn more about the project, determine times the team will need to be on site and develop a work plan. On the last day of class, students are expected to present their projects to the class and turn any relevant deliverables in to the course directors and their host organization (deliverables will vary by project). Additionally, there will be project-based assignments each week. Please refer to the Project section for further details on the specifics of the project assignments.

Each of us represents Harvard Medical School, not only in person when we are on site, but also in emails and phone calls. Bear in mind that all aspects of our conduct set our reputation and enable—or preclude—future students from enjoying similar opportunities. Some teams will meet and work with people who have limited experience working with HMS students. This is an opportunity to serve as an ambassador in many respects!

**Professionalism.** Please treat your project work with utmost professionalism. Team self-management is key in this class: it is your team's responsibility to manage all aspects of the project. To help support that process, we've assigned each team a faculty mentor who is available during weekly office hours to meet with your team.

Team dynamics can be a fabulous part of the course experience, but sometimes also create challenges. Please work with each other, and with the faculty, to address internal difficulties so as to prevent problems from limiting your learning experience.

**Assessment:**

- Pass – Satisfactory advance preparation as well as class participation and contribution. Satisfactory completion and presentation of field project. **Attendance at all class sessions is mandatory.**
- Fail - inadequate performance in the above

**Mechanism for Providing Feedback to Students:**

- Real-time feedback from faculty and fellow students as part of class sessions. Office hours will be held for student meetings and feedback.

**Mechanism for Eliciting Student Feedback of the Course and Course Faculty:**

- Weekly, short course evaluations, completed online.
- The standard HMS course evaluation form will be required of all students at the end of the course.

## LM600 Week 1

### Objectives for Week One:

- Gain a fundamental understanding of leadership and its application to healthcare
- Understand the distinction between leadership and management
- Gain insight into your personality type, how you work with others, and your strengths and weaknesses as a team member
- Develop an understanding of the unique challenges associated with leading in clinical settings, and of potential strategies for addressing them
- Learn basic approaches to leading and managing change in different settings
- Appreciate the basic skills and tactics of a leader including:
  - Building a vision and a strategy for achieving it
  - Aligning people
  - Analyzing the context
  - Diagnosing and treating problems in organizations and teams
  - Leading from core values

### Session 1 - March 2, 2015:

**Morning: 8:00am – 12:00pm; TMEC 227**

**Session Title: Introduction**

**Session Leader(s): Andy Ellner and Lindsay Hunt**

### Objectives:

1. Review course objectives and syllabus
2. Develop a basic understanding of leadership
3. Review the distinctions between leadership and management
4. Gain an understanding of students' own types and how they work with others

### Detailed Schedule:

8:00am-8:40am: Introduction to course and review of syllabus (Course Co-Directors)

8:40am-9:15am: Overview of week 1 and introduction to leadership and management (Andy Ellner)

9:15am-9:30am: Break

9:30am-11:30am: MBTI session (Lindsay Hunt)

11:30am-12:00pm: Review of projects and assignments (Erin Sullivan)

### Required reading:

Kotter, J.P. What leaders really do. *Harvard Business Review* 1990; 68:103.

Goleman, D. Primal leadership : learning to lead with emotional intelligence. Harvard Business School Press (Boston: MA). 2004, pp. 3-18.

MBTI Materials

### Session 2 – March 3, 2015:

**Morning: 9:00am – 12:00pm; TMEC 227**

**Session Title: Clinical Leadership**

**Session Leaders: Dan Blumenthal**

**Interactive Discussion Leaders: Mark Kelly, Myechia Minter-Jordan**

### Objectives:

1. Explore how leadership and management apply in clinical settings
2. Appreciate the challenges of managing professional service firms and serving as a “producing manager”

3. Gain insight into basic leadership tactics including managing change, taking charge, forming and implementing strategy, and leading teams
4. Consider issues of work/life balance in professional settings

**Detailed Schedule:**

9:00am-10:30am: Case discussion – Alan Kendricks Cardiovascular Associates – Dan Blumenthal  
10:00am-10:45am: Break  
10:45am-12:00pm: Interactive discussion with Mark Kelley, former CEO, Henry Ford Health System and Myechia Minter-Jordan, CEO, Dimock Health Center

**Assignment Questions:**

- 1) What major challenges does Alan Kendricks face in his new role as medical director of Cardiology Associates?
- 2) What steps should he take to address these challenges?

**Required reading:**

HBS Case: Alan Kendricks Cardiovascular Associates, Publication date: Apr 23, 2007. Prod. #: 407067-PDF-ENG  
Blumenthal DM, Bernard K, Bohnen J, and Bohmer R. Addressing the Leadership Gap in Medicine: Residents' Need for Systematic Leadership Development Training. *Academic Medicine*. 2012; 87(4):513-522.

**Recommended reading:**

Ham C. Improving the Performance of Health Services. The Role of Clinical Leadership. *Lancet*. 2003; 361:1978-80.  
Mountford J and Webb C. When Clinicians Lead. *The McKinsey Quarterly*. February 2009:1-8.  
Curry LA, et al. What Distinguishes Top-Performing Hospitals in Acute Myocardial Infraction Mortality Rates? *Annals of Internal Medicine*. 2011; 154:384-390.

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**Session 3 – March 4, 2015:**

**Morning: 9:00am – 12:00pm; Ballard Countway**

**Session Title: Change Management**

**Session Leaders: Leonard Schaeffer**

**Objectives:**

1. Explore approaches to leading and managing change
2. Understand the key organizational differences between the public and private sector
3. Appreciate how different leadership approaches and styles may be appropriate in different circumstances

**Detailed Schedule:**

9:00am-9:30am: Lecture and discussion on change management (Andy and Leonard Schaeffer)  
9:30am-10:20am: Case discussion: Managing Change: Leonard Schaeffer at HCFA and Blue Cross of California  
10:20am – 10:45am: Discussion of case and managing change (Leonard Schaeffer)  
10:45am – 11:00am: Break  
11:00am – 12:00pm: Management vs. Leadership: Implications for Future Physicians (Leonard Schaeffer)

**Assignment Questions:**

1. What were the key differences between the organizational structures, processes and cultures at HCFA and Blue Cross?
2. How did Schaeffer adapt his leadership style to be most effective at HCFA and Blue Cross? Were there similarities in his approach at the two institutions?

3. What were the biggest challenges that Schaeffer faced at the two institutions and how did he approach them? What, if anything, would you have done differently in his place?

**Required reading:**

HKS Case: Managing Change: Leonard Schaeffer at HCFA and Blue Cross of California, Publication date: Jan 1, 1992. Case # 1131.0  
Schaeffer, LD. The Leadership Journey. *Harvard Business Review*, October, 2002; 80(10):42-46  
Kotter, J.P. Leading change: why transformation efforts fail. *Harvard Business Review* 2007; 85:96-98.

**Recommended reading:**

Heath, Chip, Heath, Dan. Switch: How To Change Things When Change Is Hard. Broadway Books, (New York, NY) 2010, pp. 1-47.

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**Session 4 – March 5, 2015:**

**Morning: 9:00am – 12:00pm; TMEC 227**

**Session Title: Leadership and Transformational Change**

**Session Leaders: Robert Kaplan**

**Objectives:**

1. Understand why leading from core values can provide a powerful framework for leadership and management, particularly during a time of transformational change.
2. Identify students' own core values as leaders
3. Identify change management strategies that can augment values-based leadership during times of transformational change.

**Detailed Schedule:**

9:00am – 10:30am: Case discussion – Adrian Ivinson at the Harvard Center for Neurodegeneration and Repair  
10:30am – 10:45am: Break  
10:45am – 12:00pm: Lecture and Interactive discussion with Rob Kaplan, Professor “What You’re Really Meant To Do”

**Required reading:**

HBS case: Adrian Ivinson at the Harvard Center for Neurodegeneration and Repair, Publication date: Apr 26, 2006. Prod #:40511-PDF-ENG  
Kaplan, R.S. What you’re really meant to do: a roadmap for reaching your unique potential. Harvard Business Press. (Boston, MA). 2013. Chapter One.

**Assignment Questions:**

1. Historically (i.e., 2001 and before HCNR), describe the culture of the neuroscientific research community at Harvard medical school (HMS). How effective has neuroscientific research been at HMS? Is this system “in” or “out” of alignment?
2. How did HCNR impact this alignment?
3. What is your assessment of Adrian Ivinson’s performance to date? Why?
4. What should Ivinson do now? Please develop a specific plan of action for 2006 and beyond.

**Recommended reading:**

Kaplan, R.S. What to ask the person in the mirror : critical questions for becoming a more effective leader and reaching your potential. Harvard Business Review Press, (Boston, MA). 2011.

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## LM600 – Week 2

### Objectives for Weeks Two and Three:

- Become familiar with some of the core principals of systems science and how they relate to healthcare:
  - Notion of the healthcare system as a collection of dynamically interacting social and technical sub-parts
  - How social structure, policies, behaviors and incentives can interact and influence overall system performance in unexpected ways
  - How parts of the system are continually adapting to achieve local goals and to react to change
- Gain an appreciation for key factors that can impact safety and effectiveness in clinical environments:
  - Constraints imposed by the underlying design of the clinical environment and conflicting policies
  - Human decision making under uncertainty, imperfect information, delayed feedback
  - Human decisions and behavior in the face of conflicting goals or incentives
- Appreciate the role of modeling, simulation and analysis to help understand what is going on, and explore the effects of change in structure and process
- Appreciate the role and challenges of leadership in complex systems:
  - Managing versus controlling
  - Creating the right conditions to support evolution

### Session 5 – March 9 2015

**Morning: 9:00am – 12:00pm; TMEC 227**

**Session Title: Lean Management Principles in Healthcare**

**Session Leaders: David Gellis, Stan Finkelstein, Steven Spear**

### Objectives:

1. Participants will develop an appreciation for waste and inefficiency in health care
2. Participants will develop a basic understanding for how approaches from the fields of systems engineering and managements science can be applied to increase the value of activities in the clinical setting
3. Participants will develop an in-depth understanding of Lean Management and the Toyota Production System

### Required reading:

HBS Case: Virginia Mason Medical Center, Publication date: Oct 3, 2005. Prod. #: 606044-PDF-ENG. Spear, S. Fixing Healthcare from the Inside, Today. *Harvard Business Review*, Sept. 2005, pp. 78-91 (R0509D; HBR OnPoint 1738).

Spear, S and Bowen, H. K. Decoding the DNA of the Toyota Production System. *Harvard Business Review*, September–October 1999, (99509-PDF-ENG).

Kaplan GS and Patterson SH. Seeking Perfection in Health Care. *Health Care Executive*, Volume 23, May/June, 2008.

Kenney, C. Transforming Health Care: Virginia Mason Medical Center's Pursuit of the Perfect Patient Experience. Productivity Press, (New York, NY) 2011, Chapter 5: "Ambulatory Care Breakthrough."

### Assignment Questions:

1. Its 2013 and you are in charge of a primary care clinic at an organization whose financial success is tied to its ability to deliver on the quadruple aim -- better patient experience, better outcomes, lower total cost of care and team satisfaction in the work. Your boss sees you reading the VM case and asks whether your clinic should implement Lean. What do you recommend?
2. Which of the core lean concepts were most important to Gary Kaplan's success at VM?
3. How was Lean used to achieve ambulatory care breakthroughs at VM?

## **Session 6 – March 10 2015**

**Morning: 9:00am – 12:00pm; L007**

**Session Title: Queuing Theory, Scheduling and Capacity Planning: Applications to Healthcare**

**Session Leaders: Richard Larson, Lindsay Cole**

### **Objectives:**

1. Understand what is a queueing system, a loss system, and the relationship among the two.
2. Understand how to calculate average waiting time and percentage served for a given system.
3. Understanding the system variables (e.g. utilization, number of servers) that determine average waiting time and the relationship among these variables such that you understand the managerial levers available to reduce waiting time.

### **Required reading:**

- HBS Case: Patient Flow at Brigham and Women's Hospital (A), Publication date: Jun 13, 2008. Prod. #: 608171-PDF-ENG.
- HBS Case: Patient Flow at Brigham and Women's Hospital (B), Publication date: Jun 16, 2008. Prod. #: 608172-PDF-ENG.
- Gérard C. and Terwiesch C. Matching Supply with Demand: And Introduction to Operations Management. McGraw-Hill/Irwin (New York, NY). 2012, Chapter 7: "The Impact of Variability on Process Performance: Throughput Losses."
- Gérard C. and Terwiesch C. Matching Supply with Demand: And Introduction to Operations Management. McGraw-Hill/Irwin (New York, NY). 2012, Chapter 6: "The Variability and its Impact on Process Performance: Waiting Time Problems."
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## **Session 7 – March 11 2015**

**Morning: 9:00am – 11:30am; TMEC 447**

**Session Title: Supply Chain Concepts: Strategic Management of Health Care Supply Chain**

**Session Leaders: Jarrod Goentzel, Meghan Dierks**

### **Objectives:**

1. Understand what supply chains are and how they work
2. Explain how supply chain management affects health care organizations
3. Foster an ability to think strategically about how a manager or leader in an healthcare organization needs to support supply chain management

### **Required reading:**

- HBS Case Concept Note: The Global Health Supply Chain, Publication date: Apr 2012.  
Prod. #: GHD-C01.
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## **Session 8 – March 12 2015**

**Morning: 9:00am – 12:00pm; TMEC 227**

**Session Title: Systems Thinking in Medicine: Structuring and Exploring Complex Problems**

**Session Leaders: Meghan Dierks**

### **Objectives:**

1. Develop a basic understanding of the features of a complex systems
2. Become familiar with some basic principles of systems thinking:
  - i. Relationship between structure of a system and its behavior
  - ii. Adaptation versus control
  - iii. Dynamics/change over time
  - iv. Role and effect of information, feedback reinforcement (+/-) and impact of delays and information quality on performance toward a goal

3. Learn how to structure and explore a problem using some formal and informal frameworks and modeling techniques
4. Understand the potential values and limitations of modeling
5. Develop a basic understanding of the challenges of optimizing performance in the face of competing priorities and demands

### **Detailed Schedule**

9:00-10:00: Overview of complex systems, and system dynamics principles

10:00-10:15: Break

10:15-10:45: Breakout into your pre-class groups to refine model developed during pre-class preparation

11:00-12:30: Interactive discussion and selective presentation of models/model components

### **Required reading:**

Nolan TW. Understanding Medical Systems. *Annals of Internal Medicine*, 1998. 128: 293-8.

NOTE: Focus on the 8 principles that Nolan lays out

Kirkwood, CW. System Dynamics Methods: A Quick Introduction. 2010, Chapter 1: “System Behavior and Casual Loop Diagrams.”

Kirkwood, CW. System Dynamics Methods: A Quick Introduction. 2010, Chapter 2: “A Modeling Approach.”

NOTE: Focus on the basic modeling formalisms and archetypes. The text has a small ‘business’ slant to it, but still represents a nice introduction to the concepts and modeling tools used to structure and explore complex problems. Although Kirkwood frames concepts using business terminology, one can easily reframe using terminology or concepts your domain of choice. For example:

“Many people try to explain business performance by showing how one set of events causes another ...”

vs.

“Many people try to explain [clinical outcomes] by showing how one set of events causes another ...”

vs.

“Many people try to explain [healthcare utilization and cost] by showing how one set of events causes another...”

Lucia K, Monahan C, and Corlette S. Cross-Cutting Issues: Factors Affecting Self-Funding by Small Employers: Views from the Market. Robert Wood Johnson Foundation and Urban Institute. April 2013, 1-15.

LM600.0 ScenarioAssignment.pdf

## **LM600 – Week 3**

### **Session 9 – March 16 2015**

**Morning: 8:30am-12:00pm; TMEC 227**

**Session Title: Decision Making**

**Session Leaders: Leigh Simmons, MD**

### **Objectives:**

1. To approach decisions using logical and systematic reasoning
2. To consider how decisions may differ, depending on the perspective of the decision maker

### **Detailed Schedule:**

8:30am – 9:45am: Introduction and Discussion Questions

10:00am – 12:00pm: Shared Decision Making

### **Required reading:**

Sepucha, KR, Floyd, JF, Mulley, AG. Policy Support for Patient-Centered Care - The Need for Measurable Improvements in Decision Quality. *Decision Quality- Health Aff.* 2004; VAR54-62.

Lee, EM, Emanuel, EJ. Shared Decision Making to Improve Care and Reduce Costs. *NEJM.* 2013; 368(1): 6-8.

Mulley, AG, Trimble, C, Elwyn, G. Stop the silent misdiagnosis: patients' preferences matter. *BJM.* 2012; 345:e6572.

Lin, GA, Trujillo, L, Frosch, DL. Consequences of not respecting patient preferences for cancer screening: opportunity lost. *Arch Intern Med.* 2012; 172(5): 393-4.

Arterburn D, Wellman R, Westbrook E, et al. Introducing decision aids at Group Health was linked to sharply lower hip and knee surgery rates and costs. *Health Aff.* 2012; 31(9): 2094-104.

### **Assignment Questions:**

You are charged with the implementation of “shared decision making” practice for your hospital’s primary care network and specialty practices. Part of your work will be selecting decision aids for use in certain treatment and testing decisions, and implementing a training program for clinicians and staff to use a shared decision making approach in patient care. For each of the cases below, consider the following questions:

- 1) What might be incentives for clinicians to use decision aids in practice?
- 2) Who would be best to deploy the decision aids, and at what step in the process of care these might best be used?
- 3) What barriers to widespread use of decision aids do you anticipate?
- 4) Where could incentives be aligned for shared decision making, and where might there be misalignment of goals between population health management and SDM?
- 5) How you might involve patients and/or patient perspectives in your launch of the shared decision making program?

Case A: Your hospital is instituting a population health management tool to ensure that all patients age 52-74 who are at average risk of colorectal cancer receive appropriate counseling regarding colorectal cancer screening. A video and booklet decision aid is available for patients to view and read about their screening options, and your hospital has a centralized distribution center for sending these programs to patients.

Case B: Your hospital is also working on improving diabetes care measures, and there is a specific focus on ensuring that patients who have diabetes receive appropriate lipid lowering therapy. You are asked to help in this effort because your group has experience in promoting the use of an online decision aid produced by the Mayo Clinic (<http://statindecisionaid.mayoclinic.org/>) that addresses the role of a statin in the primary prevention of cardiovascular disease.

Case C: The population health management team at your hospital approaches you to find out more about the use of decision aids in the care of patients who are contemplating having a hip or knee replacement. They have heard about a study at Group Health in Seattle that showed that using decision aids in the care of patients with osteoarthritis lowered surgery rates and costs (*see Arterburn D, Wellman R, Westbrook E, et al. Introducing decision aids at Group Health was linked to sharply lower hip and knee surgery rates and costs. Health Aff. 2012 Sept 4;(9):2094-104.*) The population health team at your hospital is planning to meet with the chair of your Department of Orthopedics soon to address new initiatives, and wants to know your thoughts about introducing decision aids in routine care for hip and knee osteoarthritis.

**Session 10 – March 17 2015**

**Morning: 9:00am-12:30pm; TMEC 227**

**Session Title: Behavioral Economics**

**Session Leader: Scott S. Lee**

**Session Title: Risk-sharing as a Catalyst to Innovation in Healthcare: Barriers and the Role of Incentives**

**Session Leader: Meghan Dierks**

**Objectives:**

(Lee):

1. Identify common biases and heuristics that impact decision making
2. Think critically about how to design stems that promote and support better decision-making
3. Interact more effectively with team members and patients based on an understanding of decision making processes

(Dierks):

1. Understand basics of new risk-sharing models of healthcare delivery and how risk-sharing can serve as a catalyst to innovation in healthcare
2. Understand how risk-sharing can shape decision making
3. Recognize potential barriers and the role of incentives to achieve change

**Detailed Schedule:**

9:00am - 10:30am Scott Lee: Thinking about thinking – Key findings from Behavioral Economics and Social Psychology that inform our understanding of decision making

10:45am-12:30pm Meghan Dierks: Incentives and Innovation

**Required reading:**

Desmond C, Brubaker K, Ellner A. Decision-making strategies: ignored to the detriment of healthcare training and delivery? *Health Psychol Behav Med.* 2013; 1(1):59-70.

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**Session 11 – March 18 2015**

**Afternoon: 1:00pm-3:00pm; TMEC 227**

**Session Title: Re-Engineering and Leading the Research Enterprise in the New Millennium**

**Session Leaders: Greg Koski**

**Required reading:**

HBS Case: Merck: Managing Vioxx (A), Publication date: Apr 20, 2009. Prod. #: 109080-PDF-ENG.

HBS Case: Merck: Managing Vioxx (B), Publication date: Apr 20, 2009. Prod. #: 109081-PDF-ENG.

HBS Case: Merck: Managing Vioxx (C), Publication date: Apr 20, 2009. Prod. #: 109082-PDF-ENG.

HBS Case: Merck: Managing Vioxx (D), Publication date: Apr 20, 2009. Prod. #: 109083-PDF-ENG.

Robertson, D. & Williams, G. (Eds.) Clinical and Translation Science. Elsevier, (Burlington, MA) 2009, Chapter 28, “Ethical Issues in Translational Research and Clinical Investigation.”

Kulakowski, E. & Chronister, L. (Eds.) Research Administration and Management. Jones & Bartlett Learning, (Sudbury, MA) 2011, Chapter 51, “Human Research Management: Building a Program for Responsible Conduct and oversight of Human Studies in a Brave New World.”

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**Session 12 – March 19 2015**

**Morning: 9:00am-12:00pm; TMEC 227**

**Session Title: Leading the Health IT Enterprise**

**Session Leader: Meghan Dierks**

**Objectives:**

1. Understand the critical role that information and an information technology infrastructure plays in managing the healthcare enterprise
2. Understand some of the challenges associated with evolving IT infrastructure needs, balancing competing demands and managing risk
3. Recognize how information can enhance situation awareness and decision making - but with a dependence on the quality, timeliness and relevance of the information
4. Understand new/emerging demands and challenges around information integration to support Accountable Care Organizations

**Required reading:**

HBS Case: CareGroup, Publication date: Jan 29, 2013. Prod. #: 303097-PDF-ENG

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**LM600 - Week 4**

**Objectives for Week Four:**

- To integrate key lessons and concepts by examining one health system, Southcentral Foundation, in depth
- To identify the core principles and values by which Southcentral Foundation has founded itself to meet the needs of its patients and community
- To gain a conceptual and practical understanding of negotiation and conflict management skills
- To learn about making difficult decisions in a team-based setting

**Session 13 – March 23, 2015**

**Morning: 9:00am – 11:30am; TMEC 227**

**Session Title: Human Systems for Southcentral Foundation’s Nuka System of Care**

**Session Leaders: Erin Sullivan with Katherine Gottlieb**

**Objectives:**

- Understand how SCF generates and reinforces its organizational culture
- Explore the organizational and leadership strategies that affect how SCF leadership plan for the future
- Grapple with the complexity of SCF’s governance structure and understand the role of SCF’s board in choosing the next CEO

**Detailed Schedule:**

9:00am-10:15am: Case discussion “Human Systems for Southcentral Foundation’s Nuka System of Care (A)”

10:15am-10:30am: Break

10:30am-11:30am: Case response and discussion with guests from Southcentral Foundation

**Required Reading:**

Center for Primary Care Case: “Human Systems for Southcentral Foundation’s Nuka System of Care (A)” Unpublished.

Charan, R. Ending the CEO succession crisis. *Harvard Business Review* 2005; 83(2):72–82.

Lafley, A.G. The art and science of finding the right CEO. *Harvard business Review* 2011; 89(10):66–74.

**Assignment Questions**

- a. What were the key moments in SCF’s history that shaped the organization it is today?
- b. What is the Nuka System of Care? What are some of its core components? How does it manifest at SCF?
- c. What are some of the strategies SCF used to cultivate and grow staff?
- d. How is SCF planning to continue its model into the future? Is this the best way?

**Recommended Reading:**

Schein, Edgar H. Coming to a new awareness of organizational culture. *Sloan Management Review*, 1984; 25(2):3-14 (Winter)

Alharbi et al, Organizational culture and the implementation of person centered care: Results from a change process in Swedish Hospital Care, *Health Policy*, 108 (2012) 294-301.

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### **Session 14 – March 24, 2015**

**Morning: 9:00am – 12:00pm; TMEC 227**

**Session Title: Health and Financing for the Nuka System of Care**

**Session Leaders: Erin Sullivan and Michaela Kerrissey**

#### **Objectives:**

1. Understand SCF's primary care model, including how behavioral health services fit into this model.
2. Learn how financing and payment mechanisms support SCF's primary care model.

#### **Detailed Schedule:**

9:00am – 9:45am: Lecture on Teams (Michaela Kerrissey)

9:45am – 10:00am: Break

10:00am – 10:45am: Case discussion "Health and Financing for the Nuka System of Care (B)"

10:45am – 12:00pm: Case response and discussion with guests from Southcentral Foundation

#### **Required Reading:**

Center for Primary Care Case: "Health and Financing for the Nuka System of Care (B)" Unpublished.

#### **Assignment Questions- B Case**

- a. Identify the key elements of SCF's primary care delivery model.
- b. How does SCF create an environment for team-based care?
- c. What makes SCF financing model unique? What are some of the advantages and challenges?

#### **Recommended Reading:**

Edmondson AC. Teamwork on the fly. *Harvard Business Review*. 2012; 90(4):72-80.

Grumbach K, Bodenheimer T. Can health care teams improve primary care practice? *Journal of the American Medical Association*. 2004; 291(10):1246-1251.

Parikh RB. A piece of my mind. Removing the "Me" from "MD". *Journal of the American Medical Association*. 2013; 310(18):1943-1944 (Med Student Perspective)

Schneider, A. Reforming American Indian/Alaska Native healthcare financing: the role of Medicaid. *American Journal of Public Health*. 2005; 95(5):766-769

Sinsky, C. A., et al. In search of joy in practice: a report of 23 high-functioning primary care practices. *The Annals of Family Medicine*. 2013; 11(3):272-278.

Choi, H., & Varian, H. Predicting the present with Google trends. *Economic Record*. 2012; 88: 2-9.

Vanderbilt, T. The Science behind the Netflix Algorithms that Decide What You'll Watch Next. *Wired Magazine*. (8/7/2013). [http://www.wired.com/2013/08/qq\\_netflix-algorithm/](http://www.wired.com/2013/08/qq_netflix-algorithm/)

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### **Session 15 - March 25, 2015**

**Morning: 9:00am – 10:30am; Ballard Countway**

**Session Title: The Art of Negotiation**

**Session Leaders: Nathalie Bloch**

#### **Objectives**

1. To gain a deeper understanding of negotiation skills and conflict resolution
2. To practice negotiation and conflict resolution skills

#### **Detailed Schedule:**

9:00am-9:30am: Lecture on Negotiation 101 (Nathalie Bloch)

9:30am-10:00am: Mapletech exercise  
10:00am-10:30am: Texoil exercise

**NOTE:**

Students will be divided in group A and group B and sent corresponding materials for the two negotiation exercises that we will complete during class. Students in group A and B should not discuss any materials **PRIOR** to class.

**Required Reading:**

“Negotiation: The crucial first five minutes”, Harvard Program on Negotiation, October 2007.  
Galinsky, Adam. “Should you make the first offer?” *Negotiation*. Harvard Business School Press. 2004.

**Recommended Reading:**

Pradel, Dina et al. When Does Gender Matter in Negotiation?. *Negotiation*. Harvard Business School Press, 2005.  
“How much should you share?” Harvard Program on Negotiation, April 2010.  
Schweitzer, Maurice. Aim high, improve negotiation results. *Negotiation*. Harvard Business School Press. August 2006.  
Fisher, R. Ury, W. Getting to yes: negotiating agreement without giving in. Penguin Books. (New York, N.Y.). 1991 (2<sup>nd</sup> Edition, Online)

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**Session 16 - March 26, 2015:**

**Morning: 9:00am – 12:00pm; TMEC 227**

**Session Title: Leadership and Team Simulation**

**Session Leaders: Erin Sullivan**

**Breakout Rooms: TMEC 334, TMEC 340, TMEC 447, TMEC 448**

**Objectives:**

- To learn about building, participating in, and leading effective teams
- To learn how teams can solve problems and make decisions more effectively in difficult situations
- To examine how teams can improve the way they make decisions
- To explore how leadership approaches affect team performance in situations characterized by time pressure and competition

**Detailed Schedule:**

9:00am-11:30am: Leadership and Team Simulation – Everest  
11:30am-12:00pm: Class debrief

**NOTE:**

Individual Laptop Computer Required

**Pre-Class Preparation Required**

For this session, students will be assigned to teams of five. You will be emailed a link to the simulation by Tuesday, March 24, 2015. Please review all materials in the “Prepare” tab prior to class.

**Recommended Reading:**

Edmondson, A. Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*. 1999; 44(4): 350–383.  
Edmondson, A; Roberto, M.; & Watkins, M. A dynamic model of top management team effectiveness: managing unstructured task streams. *The Leadership Quarterly*. 2003; 14:297-325.

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**Session 17 – March 27 2015**

**Morning: 9:00am – 12:00pm; TMEC 227**

**Session Title: Final Presentations**

## Physician as Leader Project Assignments

A key component of this course is completing a field-based project. Students work on specific projects both on site and on campus, drawing on their skills and tools, material learned in this course and others, and faculty mentors. The goal: to complete a project that adds value to your host organization and allows you to apply concepts and skills learned in this course and beyond.

Teams of three to four students will work together with mentors from health care organizations in the Boston area to complete a project that will allow them to apply material learned in the morning sessions. Students are expected to meet with the key contact at their host organization during the first week of class to learn more about the project, determine times the team will need to be on site and develop a work plan. On the last day of class, students are expected to present their projects to the class and turn any relevant deliverables in to the course directors and their host organization (deliverables will vary by project).

We've crafted the following assignments to support your project work and ensure successful completion of a meaningful deliverable for your host organization.

### Week 1

#### **Assignment: Project selection**

**Due: Tuesday, March 3<sup>rd</sup>**

Review project options and complete project preference worksheet by 9AM on Tuesday, March 3<sup>rd</sup>.

#### **Assignment: Introductory email for project host**

**Due: please email host by 1pm on Wednesday, March 4<sup>th</sup>**

Send an introductory email to your project host! You should schedule an initial briefing to review project details, ask questions and confirm project scope and final deliverable.

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### Week 2

#### **Assignment: Team Operating Principles**

**Due: Monday, March 9<sup>th</sup>**

Think of this as a contract between all members of your team and how you agree to work together on your project.

This document should clearly outline the following:

- \*Team mission & goals: what are you trying to accomplish together?
- \*Values: shared beliefs and ideas, standards of behavior
- \*Governance/levels of responsibility/role clarity: how will decisions be made? Will you have a team leader? How will responsibilities and roles be determined?
- \*Meeting ground rules and communication
- \*Stakeholder engagement: How will you work with your faculty mentor and site mentor?

#### **Assignment: Status update memo**

**Due: Friday, March 13<sup>th</sup>**

Please provide a summary of the following:

- \*Completed project work to date
- \*Work plan for the remaining two weeks
- \*Description of what you will provide to your host organization as your final deliverable.
- \*Identify any successes and barriers/challenges
- \*Meeting dates and next steps from meetings with host site and faculty mentor

If the scope of your project has shifted, please include this in the memo.

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### **Week 3**

**Assignment: Outline of final deliverable(s)**

**Due: Thursday, March 19<sup>th</sup>**

Please provide an outline or draft of your final project deliverable to your faculty mentor.

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### **Week 4**

**Assignment: Final deliverable and presentation**

**Due: Friday, March 27<sup>th</sup> in class**

Your team will have 15 minutes to present your project findings. You should include in this presentation information about your host organization, the problem your team worked on, successes, challenges and unexpected findings, as well as your final conclusions or recommendations for your host organization.

You will need to hand in one copy of the deliverables you have provided to your host organization.

**Assignment: Reflection memo (Individual assignment)**

**Due: Monday, March 30<sup>th</sup>**

In 1-2 pages please share with us your reflections on your experience working on your project. What did you learn about leadership and teamwork? What is your greatest “takeaway” from this experience or your most important accomplishment? What was particularly challenging for you? What skills, knowledge or attitudes might you take with you as you leave HMS and enter residency?

**Submitting Project Assignments: Please submit weekly and final assignments to Mary Hurley (hurley@hcp.med.harvard.edu) and also copy your course faculty project mentor.**