



LEIDS UNIVERSITAIR MEDISCH CENTRUM

**expert clinicians do not
need to acquire business
skills: that is the
job of administrators**

Martin Jan Schalijs



HART LONG
CENTRUM LEIDEN



Introduction

- Changing health care environment

- Strong focus on improving value
- Increasing complexity of delivered care
- Increasing complexity of organizations
- Care delivered in networks
- Changing role of doctors
 - Need for technically skilled doctors working in teams
 - Need for doctors who are willing to work on care tracks, safety, improving outcome and who are medical leaders

$$\text{Patient Value} = \frac{\text{Health Outcomes}}{\text{Cost}}$$

- Lack of trust in doctors??

Transparency and accounting

Why Are Doctors' Offices So Badly Run?

Seven years of medical school doesn't prepare you to run a business.

Physicians are poor businesspeople, because they "tend to be so engrossed in the medical part," said Dr. Jeffrey Meltzer, 47, an OB/GYN with American Health Network in Carmel, Ind. "It's an all-encompassing job and takes a huge part of their time."

http://www.slate.com/articles/business/the_ladder/2016/01/doctors_need_to_learn_to_be_better_managers_to_run_their_practices.html



“They didn’t teach me how to handle dimwits like you in med school

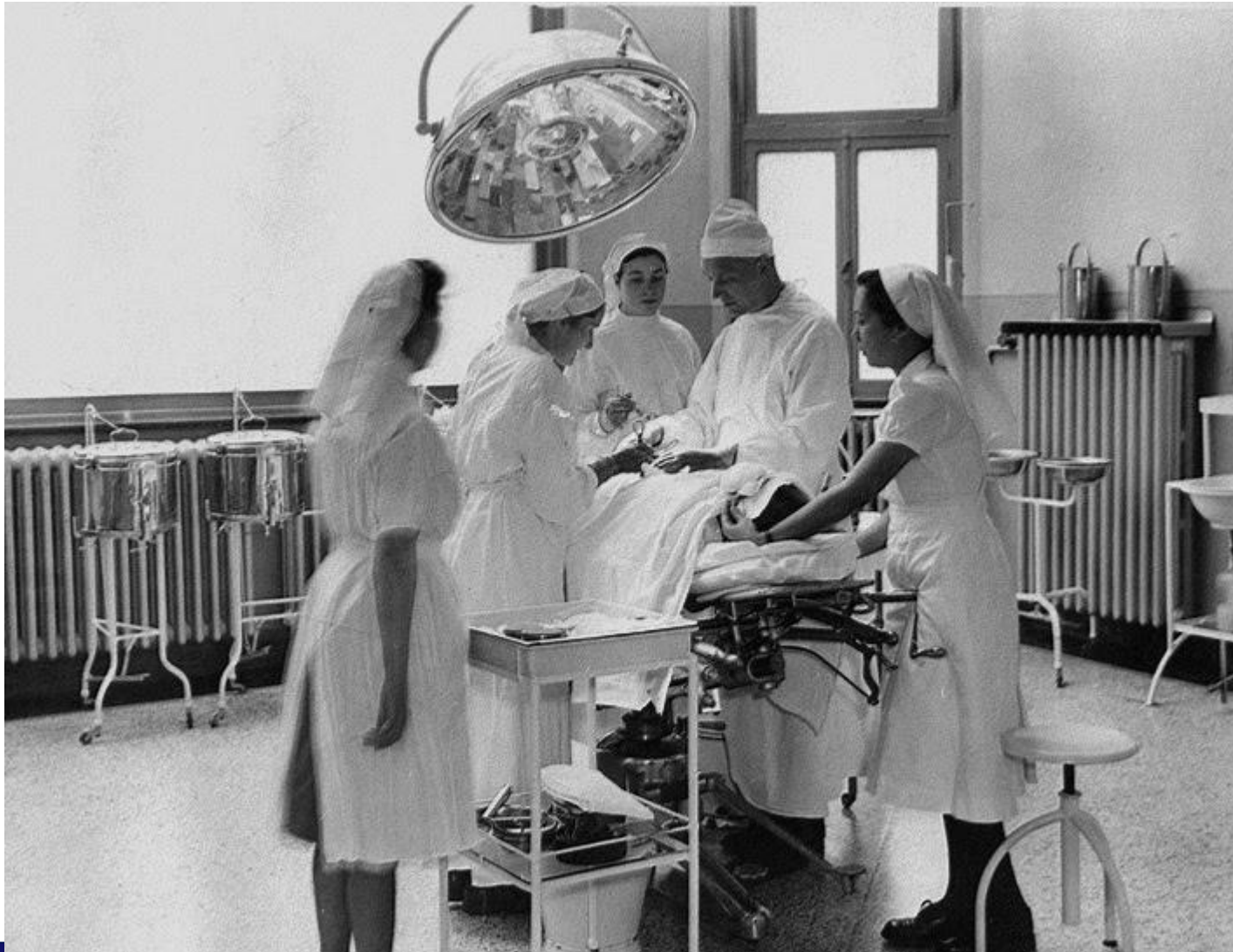
Negative Emotions

Because physicians and other clinical staff members are **on the front lines when it comes to care delivery, it may be hard for them to understand the importance of quality-based initiatives that could lead to greater clerical responsibility** on their part, including improving documentation of patient encounters or relying on electronic health records (EHR) technology.

Where do we came from?

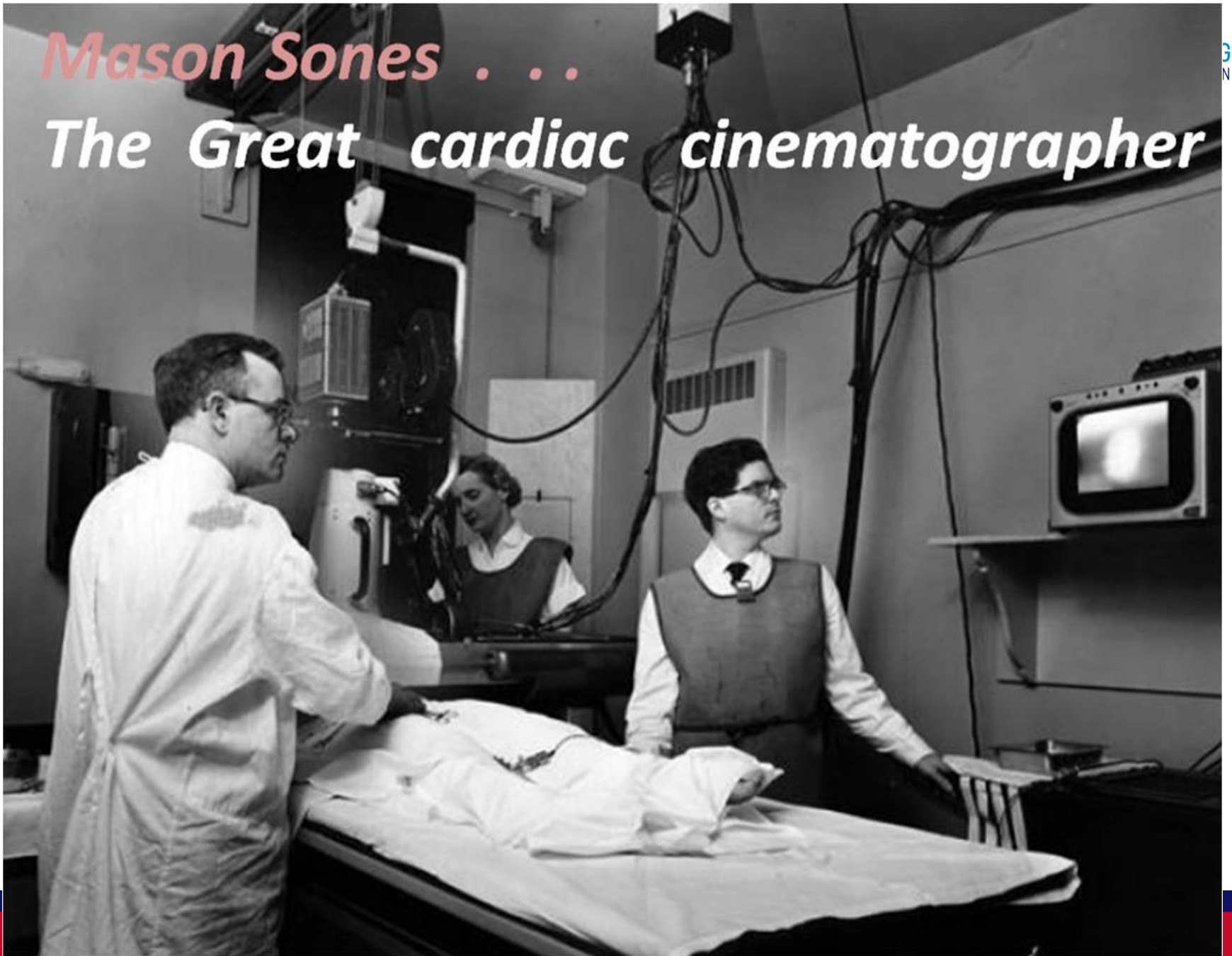


Operation theater fifties



Mason Sones . . .

The Great cardiac cinematographer



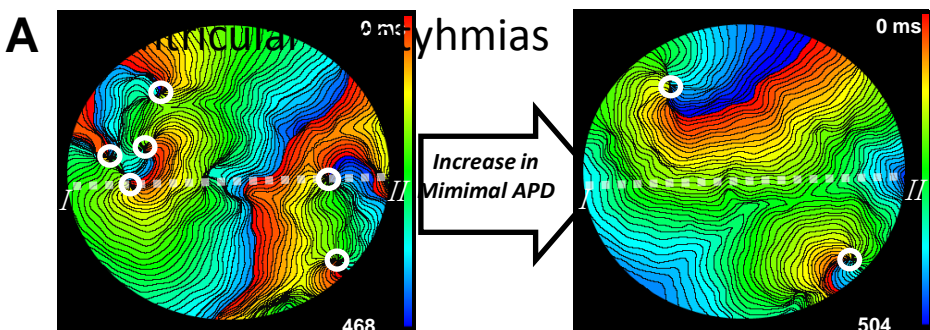
When Life was easy.....



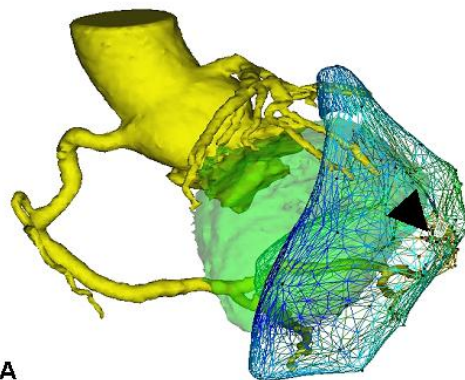
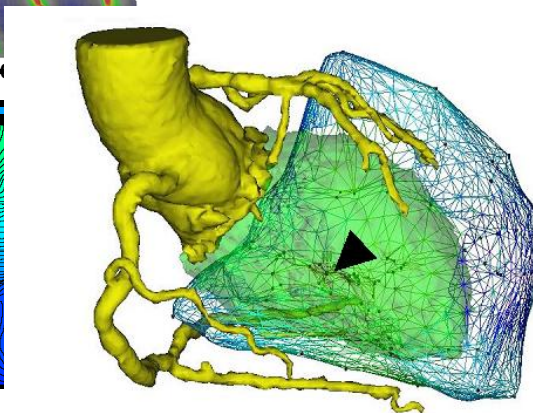
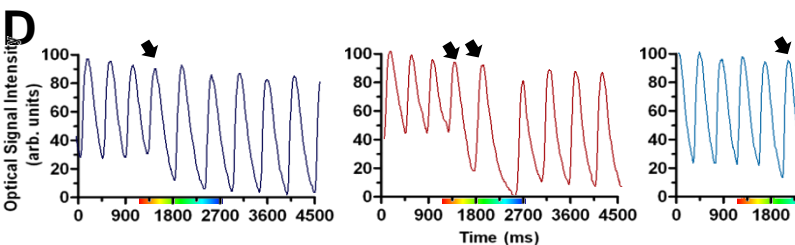
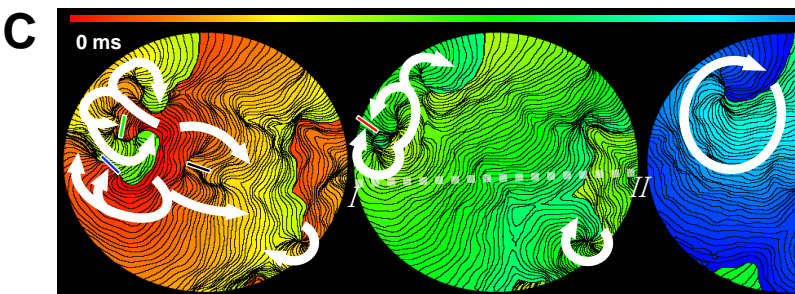
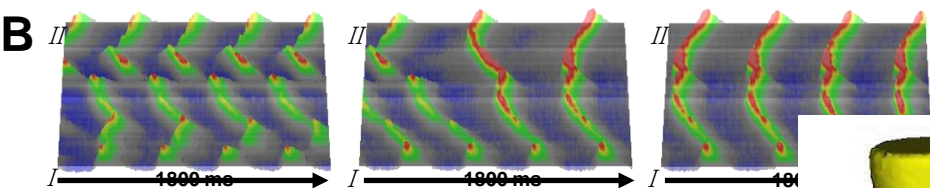
Increasingly complex procedures...



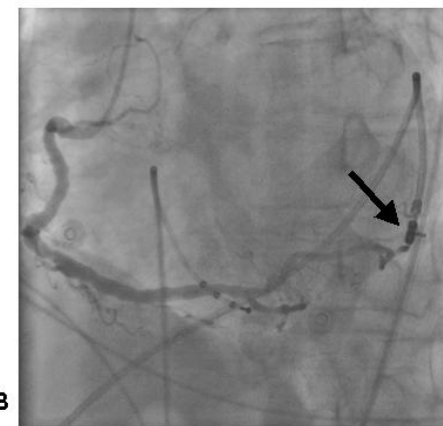
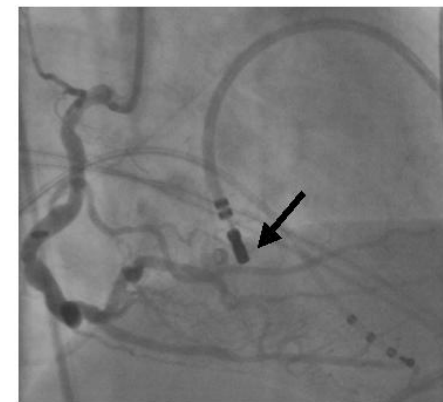
From bench to bedside.....



Treatment with 3-D mapping techniques



A



B

We need dedicated and skilled teams
to create the best outcome for our
patients



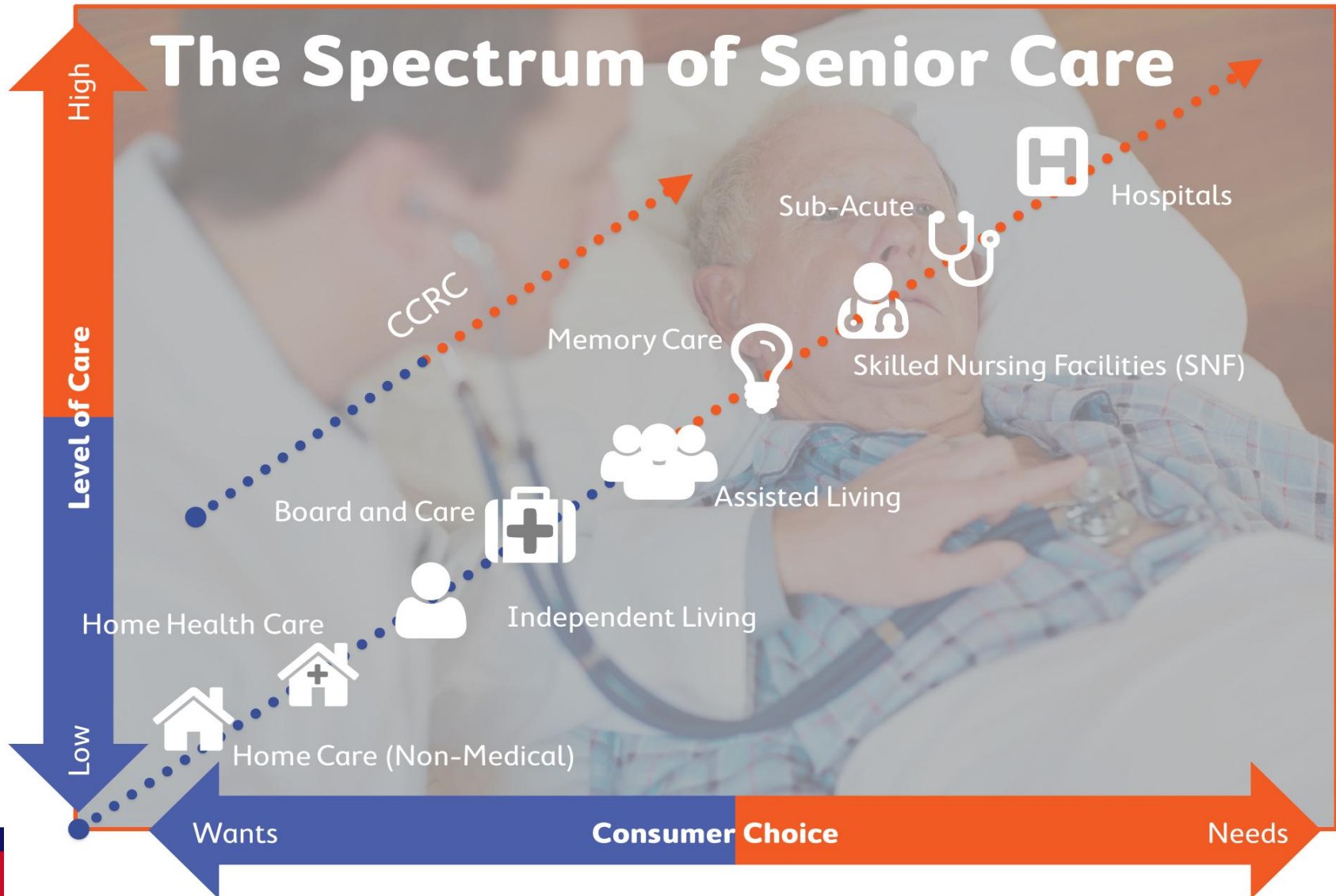


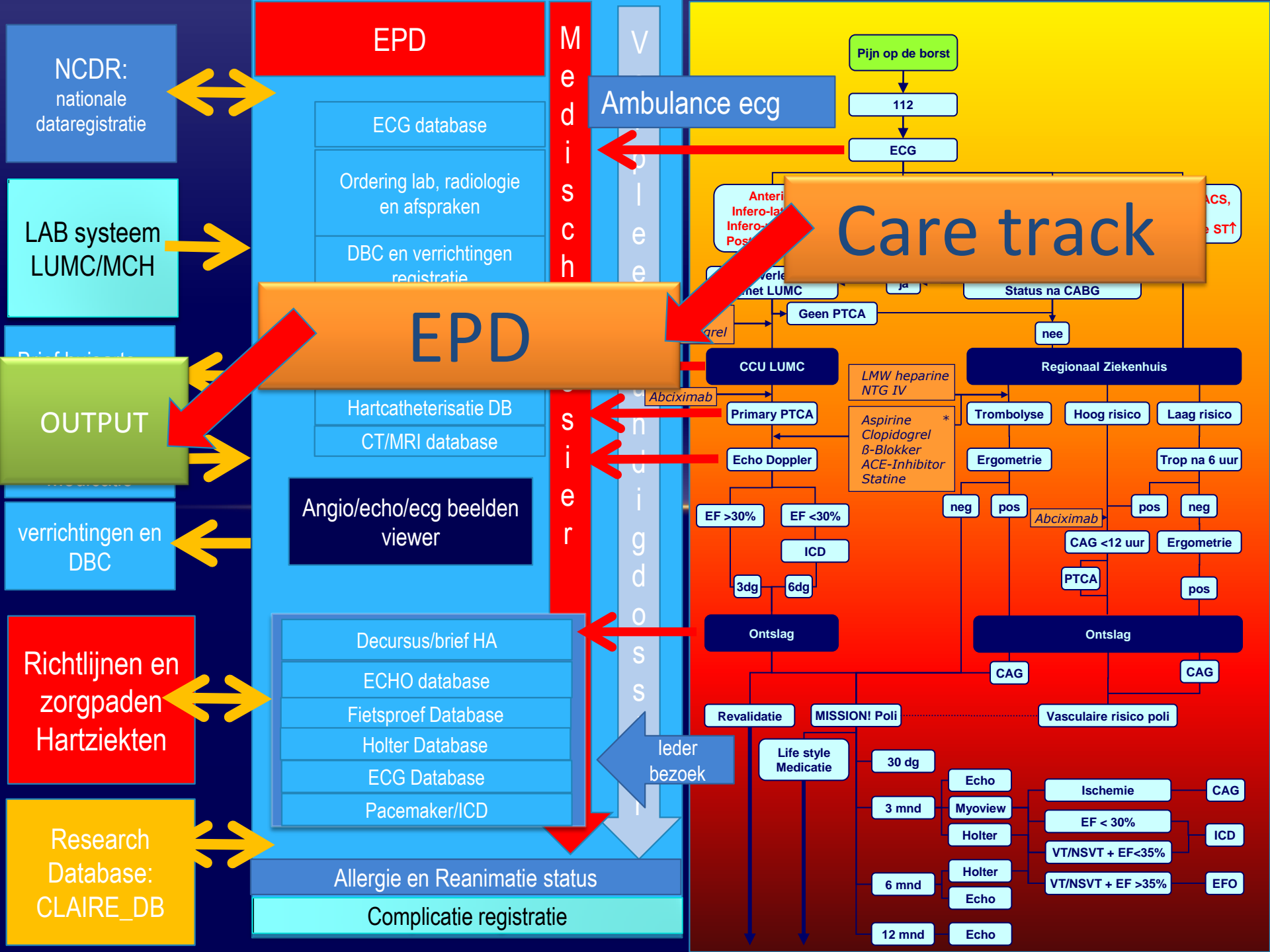
1509:1963 - Input signal-OK
Patient: 00 4368
REC
MENU
A-F
G-L
M-R
T-Z

SCAN
FILTER
PATIENT FILE
A-F
G-L
M-R
T-Z
REC
00:03:42
00:1209:1963 - Input signal-OK - Connection Time:

Log Entry: 0013
RESEARCHER ID: 4492
Connection status
00:1509:1963 - Input signal-OK

Networking





Procurement and supply chain management

TenderNed

Marktplaats voor aanbestedingen

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[Geen account? Registreren](#)

Zoek

[Sitemap](#) [Hoog contrast](#)

Home
Aankondigingen
Actueel
Over TenderNed
Contact
Help

TenderNed is onderdeel van PIANOo, het Expertisecentrum Aanbesteden van het ministerie van Economische Zaken

Aankondiging van een gegunde opdracht: Pacemakers en ICD's - Radboud universitair medisch centrum

Samenvatting
Publicatie
Documenten
Vragen en antwoorden

[Terug](#)

Samenvatting

Aanbestedende Dienst Radboud Universitair Medisch Centrum

Naam opdracht Pacemakers en ICD's

Omschrijving het leveren van pacemakers en ICD's inclusief aanverwante producten.

Kenmerken

Type publicatie Aankondiging van een gegunde opdracht	Gerelateerde publicaties 21-10-2015 Aankondiging van een opdracht
Gepubliceerd op TenderNed en TED	
Juridisch kader Aanbestedingswet 2012	CPV-code 33182200-1 Apparatuur voor hartstimulatie
Type opdracht Leveringen	Plaats van uitvoering (NUTS Code) Arnhem/Nijmegen (NL226)
Procedure Openbaar	NEDERLAND (NL)
Publicatiedatum 28-06-2016	Aanvang opdracht
Sluitingsdatum ● 30-11-2015	Voltooiing opdracht
Trefwoorden	TenderNed-kenmerk 82323
	Referentienummer 3342/PR
	PB/S nummer 2016/S 126-226251

[Gebruiksvoorwaarden](#) [Privacyverklaring](#) [Disclaimer](#)

3 → (Prijs)condities-en-leveringsvoorwaarden

Nr	Eis	Voldaan (eis)	Voldaan (wens)
3.1.	→ Inschrijver garandeert dat zij gedurende de looptijd van de overeenkomst altijd een nieuwe(re) versie aanbiedt tegen minimaal dezelfde nettoprijs als het geoffreerde product in deze aanbesteding.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2.	→ Indien een product verlengingen) u er een verversing nettoprijs, dat zijnde wensen v	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.3.	→ Inschrijver garandeert de looptijd van de plaatsvinden. In nieuwe(re) modellen dezelfde nettoprijs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.4.	→ Indien er gedurende ontwikkeld die door ons gesteld kortingspercent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.5.	→ Inschrijver garandeert DF1 als DF4 con	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.6.	→ Het vermelde kracht voor alle	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.7.	→ De aangeboden Dubbelkamer I Telemonitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.8.	→ Inschrijver stelt maanden van te van een product	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.9.	→ Inschrijver beschr Radboudumc en Maasziekenhuis Pantein binnen één dag na ingangsdatum overeenkomst kan overgaan tot afname van ICD's en pacemakers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.10.	→ Inschrijver zal medewerking verlenen om direct na gunning een bestand in te vullen met productnaam, maten, artikelcodes zodat Radboudumc en Maasziekenhuis Pantein vooruitlopend op de ingang van de overeenkomst alvast een catalogi (in Oracle) kan aanmaken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.11.	→ De uitgifte verpakking bevat minimaal de volgende informatie: omschrijving artikel, lotnummer, artikelcode leverancier, CE + notified body, latexvrij (indien niet vermeld op de verpakking dient u een latexvrij certificaat te overleggen ter verificatie), steriel en pyrogeenvrij, expiratiedatum, afmetingen/maatvoering (indien van toepassing), barcode.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.12.	→ Houdbaarheidsdatum is op het moment van levering (t.b.v. voorraad Radboudumc en Maasziekenhuis Pantein) nog minimaal 24 maanden.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.13.	→ Inschrijver gaat akkoord met het kosteloos omruilen van materiaal in de originele verpakking en onbeschadigde staat uiterlijk 3 maanden voor het verstrijken van de houdbaarheidsdatum.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.14.	→ Inschrijver is in staat om producten voor 12.00 uur besteld de volgende werkdag voor 09.00 uur te leveren.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

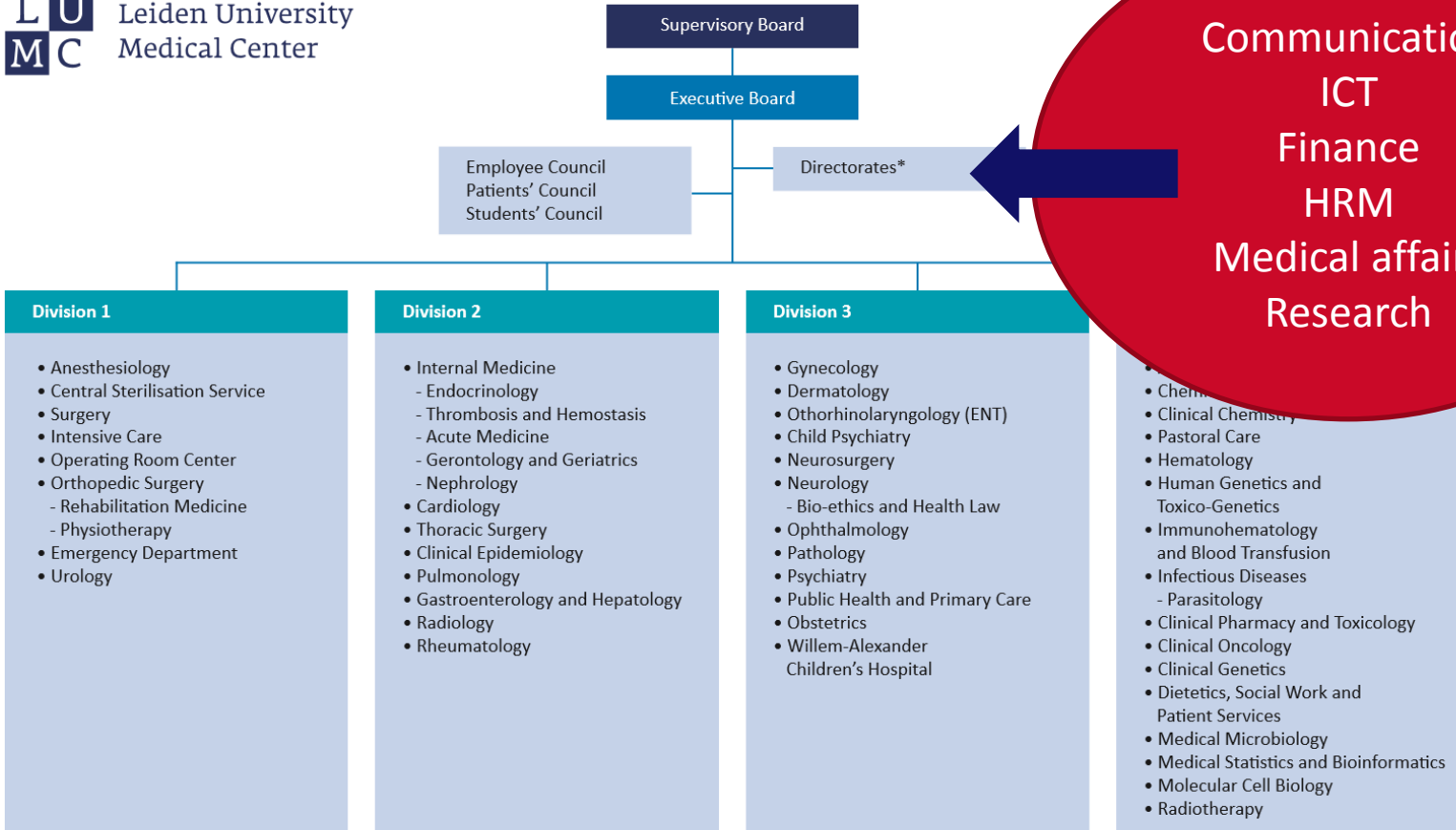
EU tender ICD/pacemakers
 12 pages with requirements
 One example: CRT devices have an algorithm to maintain CRT therapy

- hospitals spend increasingly more money on organising IT; it already holds that more has been invested in electronic health record systems than in buildings. In 2015, total hospital spending in the Netherlands on IT came to above 1 billion euros, which is about 5% of hospital costs. This accounts for an increase of 60% over the last 6 years and this amount will continue to sharply increase as the movement of care to the home begins to take off.....

ICT and Finance department Leiden University Medical Center



- Currently
 - > 200 ICT staff members
 - > 150 Finance department staff members
- Introduction EHR: 60.000.000,-! (and counting)
- Prioritizing more and more financially driven



Communication
ICT
Finance
HRM
Medical affairs
Research

* Construction Affairs, Communications, Facility Management, Finance, HRM, ICT, Juridical Affairs, Medical Affairs, Education and Study Programmes, Research

Medical Research Profiles:

Vascular en Regenerative medicine, Immunity, Infectious Diseases and Tolerance, Translational Neuroscience, Ageing, Cancer Pathogenesis and Therapy, Innovation in Health Strategy Quality of Care, Biomedical Imaging

Technology platforms:

Center for molecular imaging, Center for biomolecular mass spectrometry, Leiden Genome Technology Center, Animal Facilities, Center for stem cell research

Expertise centers rare diseases:

www.lumc.nl/expertise-center

World of health care 2016: external forces





PUBLIC HEALTH

European Commission > DG Health and Food Safety > Public health

- HEALTH
- FOOD
- ANIMALS
- PLANTS
- AMR



"Strategic investments for the future of healthcare" to be discussed in Brussels today
(27.02.2017)

Today, in Brussels, Member States and regional representatives, healthcare service providers, public and private investors, economists, and practice innovators, participate in a Seminar on strategic investments for the future of healthcare, organised by the European Commission.

All highlights

State of Health in the EU

AMR
Antimicrobial Resistance

Steering EU Public Health

- EU Health Policies
- State of Health in the EU
- Health programme
- Legislation
- EU in the world
- Health in all policies
- Health and structural funds
- Health and the Investment Plan

Health in Society

- Migrants' health
- Social determinants and health inequalities
- Ageing
- Population groups
- Interest groups
- Healthy environments

Ensuring health security

- Blood, tissues and organs
- Climate change
- Crisis preparedness and response

Fostering good health

- Nutrition and physical activity
- Alcohol
- Tobacco
- Illicit drugs
- Mental health
- Sexually transmitted diseases

Improving health systems

- Cross-border care
- European Reference Networks
- Health workforce
- Patient safety
- Health systems performance assessment
- Health technology assessment
- eHealth
- Expert panel

Indicators and data

- Health indicators
- Data collection

Risk assessment

- Scientific committees
- Dialogue and collaboration
- Electromagnetic fields

Pharmaceuticals

- Medicinal products for human use
- Medicinal products for veterinary use
- International activities

Endocrine disruptors

- Endocrine disruptors

e-newsletter 09 March 2017

Thousands of patients will benefit from European Refer

- Latest updates**
- Presentations - High level group on nutrition and physical activity (Brussels, 8 March 2016)**
Released 10 March 2017
Under: Nutrition and physical activity
 - Presentations - Plenary meeting of the European Platform for Action on Diet, Physical Activity and Health (Brussels, 09 March 2017)**
Released 10 March 2017
Under: Nutrition and physical activity
 - Agenda - Cross-border Healthcare Expert Group, NCPs sub-group (Brussels, 5 May 2017)**
Released 09 March 2017
Under: Cross-border care
 - Health-EU Newsletter: "Thousands of patients will benefit from European Reference Networks"**
Released 09 March 2017
Under: European Reference Networks
 - Presentations - Seminar "Strategic investments for the future of healthcare" (27 February 2017)**
Released 08 March 2017
Under: Health and the Investment Plan
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- Related information**
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 - Key documents
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 - Eurobarometers



Targeted Solutions Tool for Preventing Falls

Sunday 4:21 CST, March 12, 2017



Log into the Preventing Falls Targeted Solutions Tool® today!

Now Available to our International Customers

tst[®]

TARGETED SOLUTIONS TOOL[®]

Login

Request Access – Click here

Take a Stand Against Patient Falls

It's no secret that falls happen in hospitals. Hundreds of thousands of patients fall in hospitals every year. And, fact is, 30-35% of patients who fall will sustain an injury.

At the Joint Commission Center for Transforming Healthcare we are committed to transforming health care into a high-reliability industry by developing highly-effective solutions to health care's most critical safety and quality problems.

The NEW Preventing Falls Targeted Solutions Tool® (TST®) is a unique online application that guides an organization through a robust falls project by:

- Measuring the current state
- Analyzing and discovering causes
- Implementing targeted solutions
- Sustaining and spreading improvements

Listen to a podcast on
Preventing Falls

The NEW Preventing Falls TST® is complimentary to Joint Commission accredited organizations and is separate from accreditation—surveyors do not have access to TST® data.

So stand up for patient safety and help prevent patient falls. [Login to the Preventing Falls TST](#) or [Request Access](#).

Questions? Contact us at 630.792.5800 or e-mail tst_support@cth.org to find out more about the NEW Preventing Falls

Three Things You Should Know About the Preventing Falls TST

The TST® guides an organization through a robust process approach which can lead to:

- 1. Improved patient safety**
 - Reduces patient falls by 35%
 - Reduces patient falls with injury by 62%
- 2. Reduced cost**
 - \$1 million annually for a 200-bed hospital
- 3. Targeted solutions to your organization's unique needs**

In Your Own Words...

If you've utilized the Joint Commission Center for Transforming Healthcare Targeted Solutions Tools® or Oro™ 2.0, or have participated in any of our



International Accreditation



Quality improvement tailored to your needs

Focused on patient safety, the Qmentum International accreditation program uses evidence-based standards to lay a step-by-step path for continuous quality improvement.

With modular standards, Accreditation Canada creates an accreditation project tailored to the specific needs of each client, streamlining the process and eliminating duplicate and unnecessary procedures.

A streamlined process

Our standards are modular to accommodate different types and sizes of organizations:

- **Core standards** are applicable throughout the continuum of care: Leadership, Governance, Infection Prevention and Control, and Medication Management
- **Clinical-specific standards** are added according to the services offered.

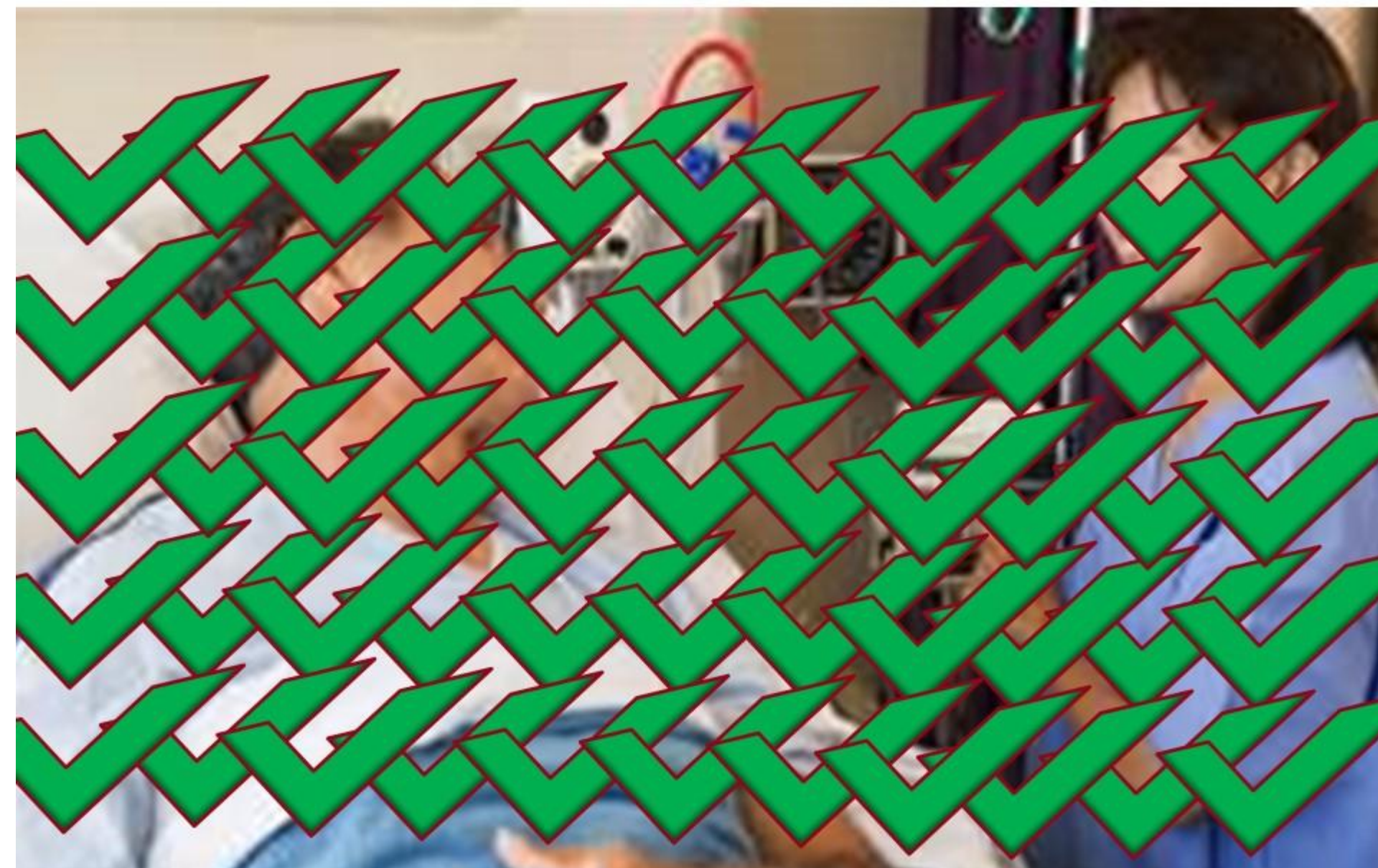
The modules are fully integrated, allowing Accreditation Canada to select standards that are applicable to each client to form a cohesive process without duplications.

- Alles selecteren
- Afdrukken
- Element controleren
- Bron weergeven

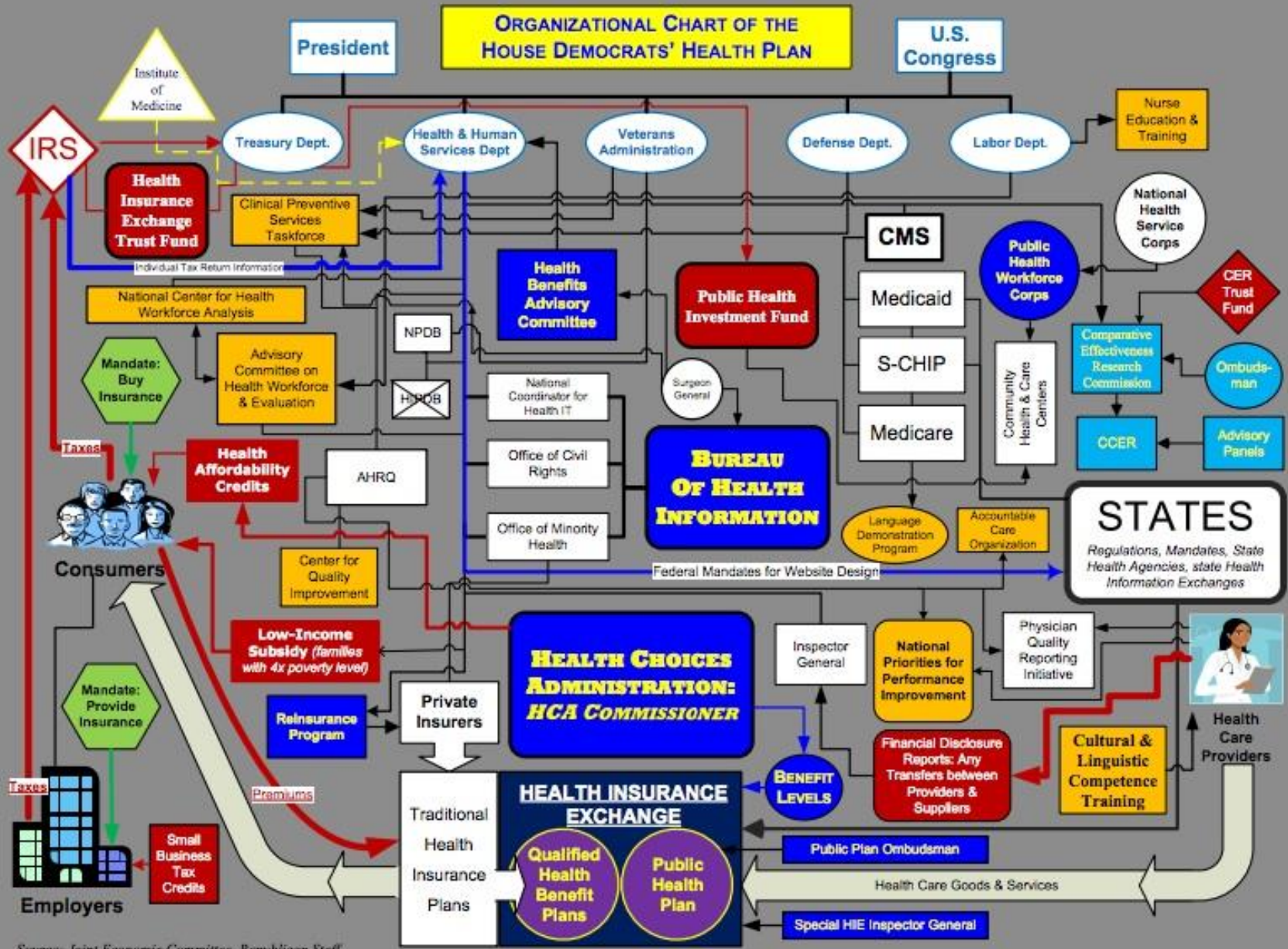
Three levels of accreditation

Recognizing that health care organizations can be at different phases in their quality journey, Qmentum International offers 3 levels of accreditation:





We are completely certified, safe and effective



Source: Joint Economic Committee, Republican Staff

It is an attempt at explaining the House Democrats' health care plan. It is brought to us by the Republican Staff of the Joint Economic Committee.



We need dedicated and skilled teams
to create the best outcome for our
patients

How to manage?

- We need very skilled professionals who can focus on their job!
- **expert clinicians do not need to acquire business skills: that is the job of administrators.**

The study was performed by [Dr. Amanda Goodall](#), whose research focus is the role of expertise in effective management. She's published several other papers on expertise in management in other fields, including the management of research universities and basketball teams.

The study itself focuses on specialty hospitals within the rankings, specifically the top-100 hospitals in each of the specialties of cancer, digestive disorders, and heart problems. The thinking behind the narrower focus of hospitals is that they "represent ailments that are believed to be important and relatively common among the general population." Additionally, focusing on the top 100 means focusing on Institutions that have a wider choice of CEOs.

The best hospitals are led by physicians!

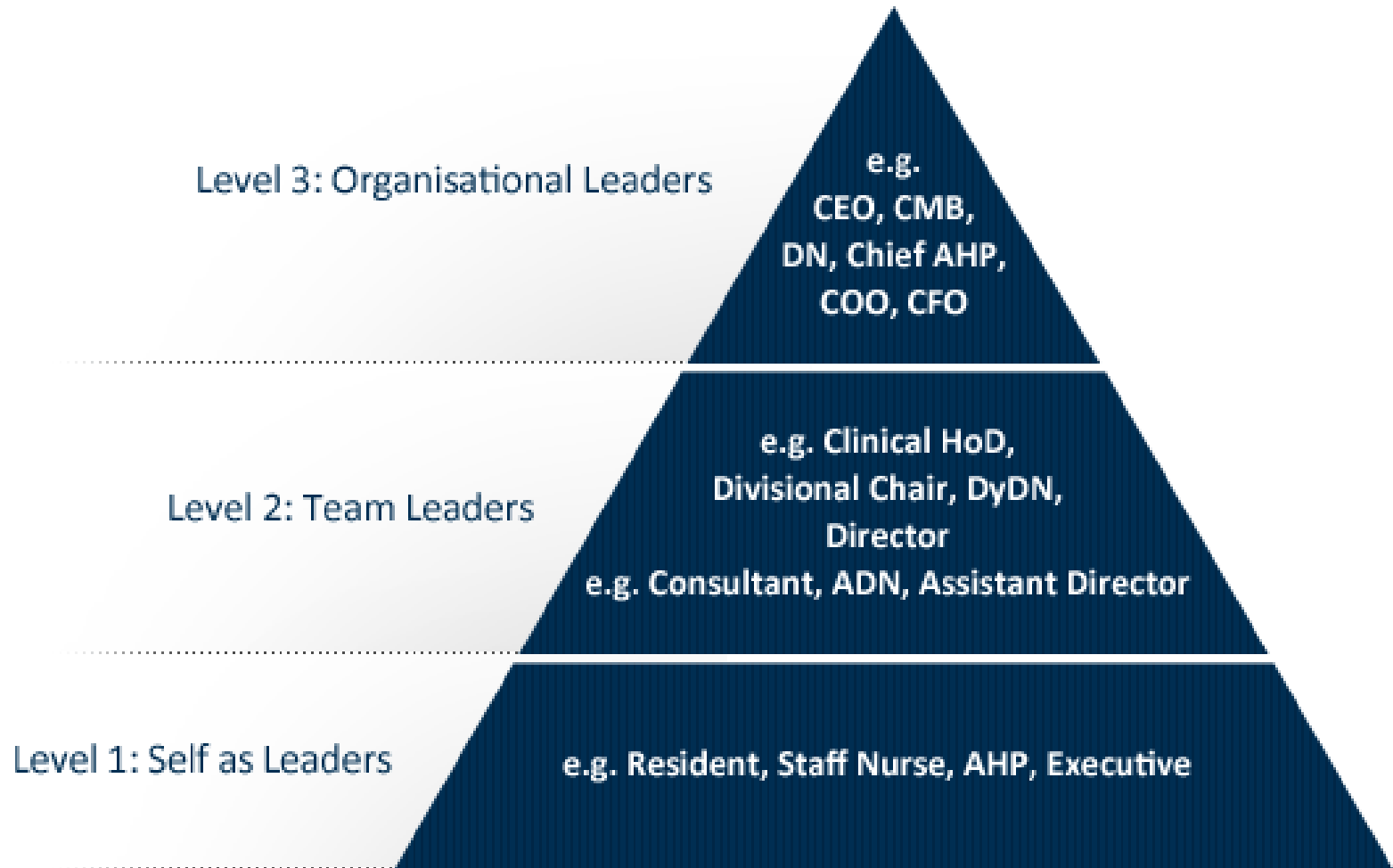
($p < .001$) than non-physician-led hospitals.

There are a few important caveats to the study. First, as Dr. Goodall makes pains to point out, this study does *not* advocate a causal association between physician-led hospitals and their performance. As she points out, "The findings do not prove that doctors make more effective leaders than professional managers. Potentially, they may even reveal a form of the reverse -- assortative matching -- in that the top hospitals may be more likely to seek out MDs as leaders and vice versa."

In other words, this paper is intended to only be the start of an empirical inquiry, not an end. Still, it's an interesting finding, and I think it's worth investigating further. Moreover, I think Dr. Goodall's research into whether the "swing of the pendulum towards managers and away from expert leaders may have gone too far" is important, and I tend to agree with her that "that leaders should first be experts in the core business of their organizations." It's important to keep studying this issue to see whether the data bears this out.

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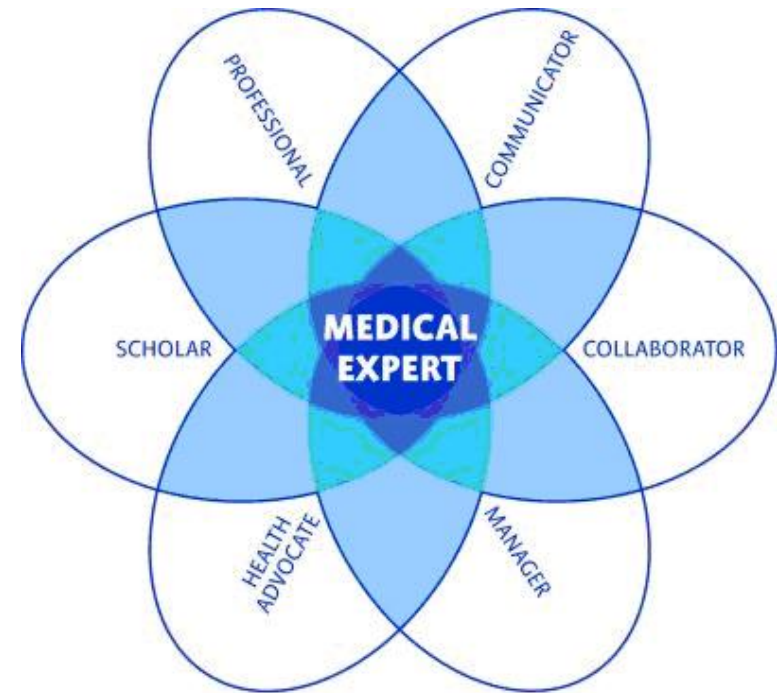
Training of doctors



How to adapt to changing environment?

Cardiology training the Netherlands
General cardiology with differentiation:
General cardiologist
Interventional cardiology
Electrophysiology
 device specialist
 invasive electrophysiology
Congenital Heart Disease
Imaging
Heart failure specialist

Clinical Leader!



THE
CANMEDS
ROLES FRAMEWORK

Conclusion

- **Expert clinicians do not need to acquire business skills: that is the job of administrators**
- **However: a strong clinical leadership is of utmost importance to improve value of care together with healthcare professionals and managers!**



**“GOOD LEADERSHIP
ISN'T ABOUT
ADVANCING
YOURSELF.
IT'S ABOUT
ADVANCING
YOUR TEAM.”**

~ JOHN MAXWELL