

Again, many thanks for the opportunity to attend the Leadership Program in Health Policy and Management Executive Course at Brandeis University. Even two weeks after completion of the course, I am still thinking about lessons taught. There was immense amount of high-quality information taught to a diverse class of surgeons. For me, I am still digesting the reading assignments and materials provided to compliment what was taught in class. Nonetheless, I can state that the experience, as a whole, was immensely valuable to me as a surgeon leader in my hospital and in my region. I walked into the program with three major goals in mind 1) to understand how our current healthcare system has evolved into what we see on a daily basis 2) to understand the positions of health leaders in the context of our current system and 3) how can I improve myself as a local health care leader.

As a naïve health care leader, I heard the vernacular of my executive leadership team though didn't really understand its context or importance. I could roughly define a DRG or the CMI but was absent on their importance to my mission as a trauma care provider. As a faculty member of a state university, working in a county owned facility with a large Medicaid/Medicare population, and part of a health system with an accountable care organization (ACO), I had a very difficult time understanding the cryptic messages of our leadership nor did I understand what to be mindful of and what to ask them. Dr. Altman's lectures were the highlight of my week. They sequentially walked us through how we got to the system we currently have. He placed the DRG system and CMI in the context of current health economics at a level we could all understand. He included his opinion when appropriate on complex issues like hospital administrator bloat, pharmaceutical costs, and how the current system could be manipulated for more advantages than disadvantages. Through his lectures and review of his book, I have a usable core of health economic knowledge to read the health care policy literature critically but also to partner with my hospital administration. Understanding the context of why hospitals or health systems "do what they do" makes me a more useful ally as a physician leader when difficult, cost-containment discussions occur. In my role as the state chair of the Washington COT, I am called upon to meet with state and local legislators on a variety of topics most of which have a funding component. I now feel much more comfortable having these conversations knowing the basics of health economics and the fundamental positions of expected counterarguments.

A second goal of mine was to understand the positions of my personal health system. As stated, my health system touches on all the major components of modern-day healthcare systems (public and private payers, indigent care, and an ACO). The lectures of Drs. Altman, Mechanic, and Chilingirian put the needs of the hospital and system into the reality of our various payers and budgetary realities. Patient flow is a major issue at my institution. Dr. Chilingirian spent an entire afternoon explaining the science of patient flow and management of the various service lines present at large, academic centers. One of the highlights of the course is its ability to cover many topics, sometimes superficially due to time. By hearing it once, it allowed me to know where to go next for a deeper understanding should I need it in the future.

Finally, the course touched on the components of an effective healthcare leader. Surgeons are rarely taught how to lead and often take styles from those directly superior to them during their training and practice. These styles are often antiquated, authoritarian and patriarchal, and more importantly, ineffective for long-term success. The Brandeis course had dedicated time to explaining effective leadership styles, negotiation strategies, and conflict resolution. Self-reflection was a major part of these lectures. As I returned back into my hospital, I have already witnessed successes and failures as outlined by the content experts. The course teaches efficient leadership styles to create sustainable change. There is a science behind why people follow effective leaders and to be effective yourself, you need to understand it. It's not by chance that some can lead and others can't. One of the most eye-opening lectures was by Dr. Anderson regarding financial literacy. In a stepwise approach, she explained income statements, balance sheets and cash flow statements. I am constantly bemused by the number of times these are presented, in an abbreviated fashion, to physician leaders with few understanding their implications. No more! It takes time to understand the flow and meaning of the values. I am so glad she took the required time so that all could understand these fundamental tools so that we can be knowledgeable partners for our healthcare organizations. Finally, I do appreciate the time and insights of Dr. Frank Opelka. Its important for the members of the ACS to understand the totality of work that is occurring and how it fits with our overall mission. Dr. Opelka succinctly explained the priorities and realities of our organization. With this year dedicated to health policy, I am excited to work with his office to advance the agenda of our patients, hospitals, and College.

Again, thank you for the opportunity to attend the Brandeis Leadership Program in Health Policy and Management. It was a truly outstanding week.