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Leading Change as a Physician

Summary: Erin Sullivan introduces Xavier Corbella, physician turned CEO, to discuss his leadership journey and implementing change within the health system.



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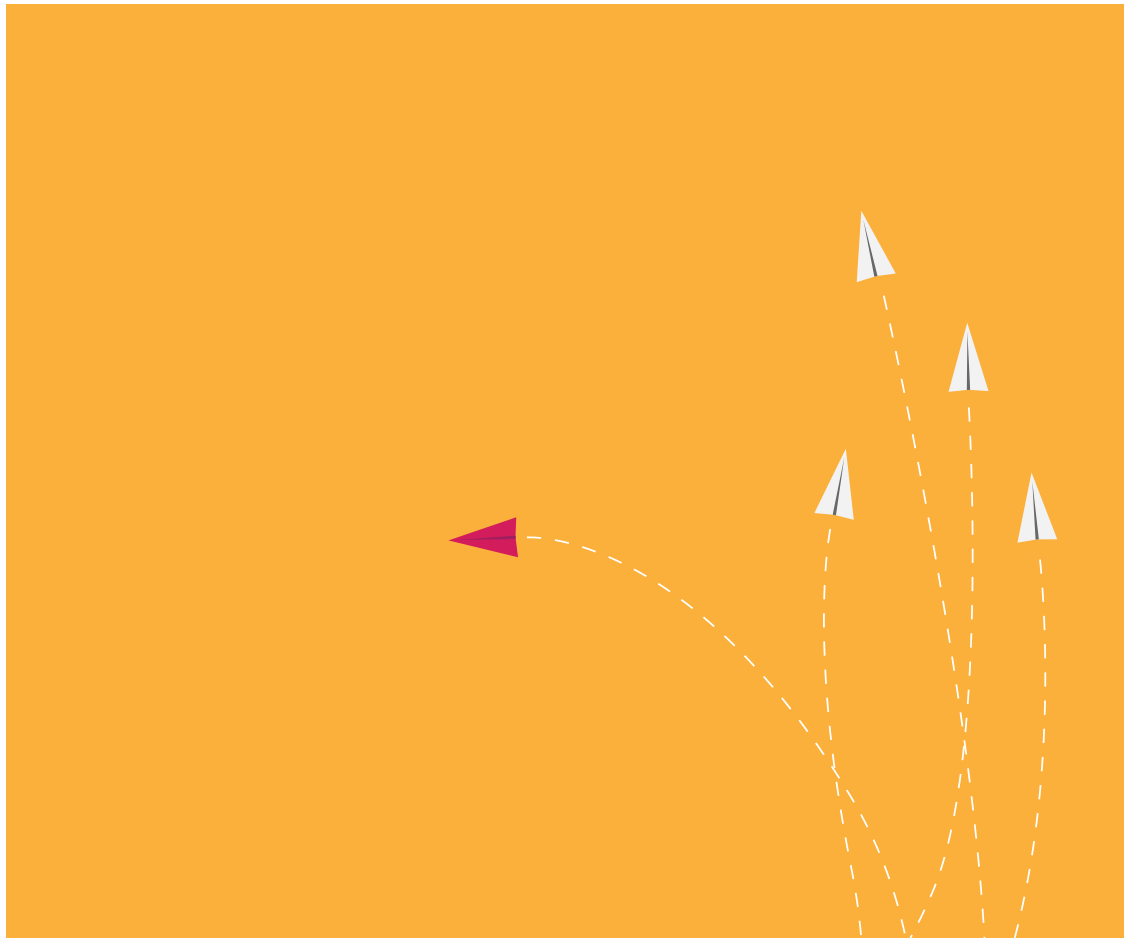
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Introduction

I had the good fortune of being introduced to Dr. Corbella in early 2016 while visiting Barcelona to understand Spain’s approach to primary care delivery. Our initial meeting evolved into a very successful collaboration in creating a teaching case titled “Top to Bottom: Identifying Places to Change in Catalonia, Spain,” for our Centre’s primary care case collection (Arabadjis et al. 2016). Since publishing that case, we have had the privilege of invitations to speak in a variety of venues (Boston, Lisbon, Dublin, Barcelona) about how to lead change in complex health

systems. Fondly dubbed our ‘road show,’ I typically teach the case and participants focus on analysing Dr. Corbella’s experiences of leading change in multiple health systems in Catalonia.

After the case is taught, participants have a chance to speak with Dr. Corbella and ask him questions about how he successfully led change in a variety of roles during his career. Based on this experience, we have constructed this piece, in Q&A format, to highlight some of the common themes and lessons learned that have resonated with our audiences over the past three years.

Dr. Corbella, I think one of the critical parts of your experience ties directly to the time you spent working on the front lines as a clinician and observing areas where you felt your health system was not serving patients. Can you explain how your experience as a physician informed your thinking as you became a manager, leader and change agent at Bellvitge University Hospital?

I spent 12 years working on the ‘front lines’ as a practicing physician at Bellvitge University Hospital (Bellvitge), an 850-bed tertiary care public hospital for adults in Barcelona. As an attending physician, I frequently observed specific areas for improvement. My generalist, holistic medical training allowed me to see healthcare facilities as ill entities, not dissimilar to ill patients, with the possibility of diagnosis, prognosis and the potential to cure institutional problems. For example, I noticed a systemic lack of available inpatient beds for needy patients. This phenomenon leads hospitals to suffer waits, cancellations, and diversions that negatively affect patient safety and quality of care. Physicians are enormously concerned by, and pessimistic about, the barriers to accessing inpatient care. They try to alleviate these barriers by asking hospital executives for more beds, more buildings, and more staff. However, I considered this not only a financial resource problem, but also a larger failure of hospital-wide operational processes that could be remedied with the right interventions. This does not mean that my vision for change was not met with initial resistance from hospital management.

How did you manage this resistance and what helped you to persist in this situation?

Most of the time, it was difficult for me to make change as a doctor and I realised further education, as

well as seeking roles with increased responsibility, was the path forward. I decided to join hospital management to help my colleagues and my patients, to improve the organisation and improve health care for patients. As only a physician, I could not do many of these things so the only way was to become a manager – become the director. I became interested in this kind of position to have the power to change the hospital, to offer my colleagues and my patients new solutions for the daily problems they face.

“I BECAME INTERESTED IN THIS KIND OF POSITION TO HAVE THE POWER TO CHANGE THE HOSPITAL”

Slowly, I rose within the management structure in my home hospital. In 2000, I was named assistant Medical Director of Bellvitge and five years later Medical Director at Althaia-Hospitals (Manresa, Barcelona). As part of the public system, it was common practice for managers to be promoted and moved around the health area by the regional authority. As medical director in Althaia Hospitals, my responsibilities were largely clinical and centred around patient care and coordinating care delivery. Again, I found that the position imposed limitations on my vision for care, and so decided to pursue an MBA to become CEO. I needed the expertise to change the system and realised I needed more tools to reorganise the hospital. I needed a better understanding of finance, operations, and strategy; while keeping my day job, I earned an MBA from ESADE (Escuela Superior de Administración y Dirección de Empresas) Business

School. Subsequently, I was promoted to CEO back at Bellvitge.

One of the things I’m noting is that you had a clear vision, which is certainly important for a CEO, but also for leading a major change effort. Can you talk about setting your vision when you started as CEO at Bellvitge?

As a leader, my ‘True North’ that kept me on track as a hospital leader was the patient. A patient-centred vision drove all actions and decisions when I led Bellvitge through a series of changes. In order to remain patient-focused, I had to work collaboratively with clinical directors as well as the hospital board. I employed an action learning approach through which clinicians and administrators strived to learn together in order to collaboratively address management challenges. I consistently emphasised that patients were the reason for being, reminding them that Harrison’s Principles of Internal Medicine is the best healthcare management book. That meant that the clinical directors’ role was focused on how to improve patient quality outcomes and the hospital board was concentrated on how to coordinate and lead multi-component interventions to create value for staff, individuals and their families.

What you are describing here sounds like a bold, broad vision and new direction for Bellvitge. How did you achieve this vision and what helped you along the way?

When I returned to Bellvitge as CEO of the hospital, I brought a vision that was not bound by the four walls of the hospital. At the time, Bellvitge was an overcrowded hospital in the middle of addressing the persistent lack of available beds. I recognised that part of addressing this issue was moving beyond the inpatient care towards the care continuum, and involving primary care in more prevention activities.

The key point of our change was not thinking from only the hospitals' point of view. This is a typical error many hospitals and managers make, they only think inside the institution. You have to think more globally and extend your management to the patients that are at home so that you might prevent unnecessary hospitalisations and avoid complications.

Four months into my CEO role, I became a Territorial Manager which gave me joint management of Bellvitge, a small 120-bed primary hospital (Hospital de Viladecans), and the 53 primary care facilities of the Southern Metro Area of Barcelona. This allowed me to design a territory-wide reorganisation focused on greater integration between inpatient and outpatient care settings, which ultimately succeeded in increasing the efficiency and quality of care, and successfully decreased crowding, length of stay, complications, and hospital readmissions.

Can you speak a little about the power, authority and resources you had to shift Bellvitge to a new model and way of working?

Leading a large-scale transformational change at Bellvitge required increased transparency at all levels of the health system in order to achieve buy-in and action from all stakeholders. My position as the newly-named single manager of both the hospital and primary care system sent an important signal about the integration and alignment needed between the two. I also embarked on a process in which I merged the three executive boards from Bellvitge, Viladecans, and the primary care basic health area to create one unified territorial board in the Southern Metro Area of Barcelona. This was to encourage shared decision-making and encourage the idea of a single organisation working towards the same goal. Part of sharing the same goal required re-aligning the budget to reflect the new, single

organisation and a heightened focus on primary care and prevention.

In line with the budget adjustments, I also organised new professional roles within the system, establishing roles that were able to flex between primary care and hospital care to act as link consultants or conduct virtual visits. I also introduced integrated care pathways and a shared health information technology system to increase the transparency of care across patients, providers, facilities, and reporting structures.

“ A PATIENT-CENTRED VISION DROVE ALL ACTIONS AND DECISIONS ”

Conclusion

What is difficult to convey in words, and is clear when one has the opportunity to meet and engage with Dr. Corbella, is the passion he has in caring for patients and how much he believes in the work he does. He perfectly fits the archetype of an authentic leader. By that, I mean that Corbella discovered his purpose and was able to align his organisation around the same purpose while empowering others to lead. Corbella is also genuine, self-aware and transparent in leading others, particularly in times of change.

I think one of the most authentic things that Corbella has shared is that following his successful transformation at Bellvitge, he was promoted to be CEO at Sant Pau Hospital, a different university hospital in Barcelona. He became CEO at Sant Pau at a time when the global recession seriously affected Spain and major cuts were applied to public hospital budgets in Catalonia. Given the severe lack of hospital resources and the resulting protests and conflicts,

Corbella had less authority to manage change. Unlike his time at Bellvitge, he was not authorised to bring the pieces together and unify the organisation around being a single, higher quality system. Following a frustrating year of trying to enact change from the top down, Corbella reflected and decided to return to his academic post at Bellvitge Hospital and the International University of Catalonia (Universitat Internacional de Catalunya) to train the next generation of internists and “to fight this battle from the bottom, in the white coat.” ■

KEY POINTS



- Dr. Corbella developed insights regarding the changes needed to better serve patients through working on the front lines as an attending physician and being a keen observer.
- Leading change requires a willingness to learn and gather appropriate tools.
- Setting and communicating a bold vision is a key ingredient for any change effort.
- Exercise transparency, especially when allocating resources.
- Know yourself so you can lead change with authenticity; identify your passion and True North.



REFERENCES

Arabadjis S, Ibrahim Z, Sullivan E (2016) Top to Bottom: Identifying Places to Change in Catalonia, Spain. Harvard Medical School Center for Primary Care.