

From Extraordinary Diagnostician to Extraordinary Leader

Interview with Stuart Levine, MD, President and Chief Medical Officer, MedStar Harbor Hospital and Senior Vice President, MedStar Health

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1. What did your medical school and residency education contribute to your role as an executive?
2. What in your clinical education/background contributed positively to your role as an executive?
3. What role did the Physicians Leadership Development program play in your progress as a leader?
4. What are the biggest challenges you faced as you moved from clinician to executive?
5. What were some of your mistakes in moving into a leadership role? What did you do/say/feel to learn from those mistakes?
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7. What were some of your "aha" moments in coaching?
8. What advice do you give to other physicians entering leadership roles?

Stuart M. Levine, MD, FACP, serves as the president and chief medical officer of MedStar Harbor Hospital and senior vice president of MedStar Health. Before this post he was the vice president of medical affairs at MedStar Harbor and at MedStar Franklin Square Medical Center (at the same time). Dr. Levine was in Cohort One of MedStar's Physician Leadership Development program.

What did your medical school and residency education contribute to your role as an executive?

I spent the most time thinking about the answer to this question because medical school and residency training should prepare every physician for a life as an executive. In medical school, there's a massive amount of information to be assimilated. You're handling time pressures, learning emotional intelligence as you navigate complex situations. You deal with staff, other physicians, patients and family members, often in tense situations.

With residency training you learn team dynamics, how to be an effective team leader, teaching others, and navigating peer relationships. Each of those is a core skill that effective executives do. As I looked back on my resume, each of those skills has been a building block for my success in my career journey. I look at some of my colleagues who have failed at weaving all the strands together – medical training, personal insight, becoming a leader

All of those things are your core items in development that good executives have and do implicitly. The reason I spent so much time thinking about this is that when I look back on my resume everything I just said are building blocks for why I'm successful in this branch of professional life that I've chosen.

Many of the people who become physicians through the leadership program have some of the personality and personal insight that I think it takes to be able to tie all those strands together and become an effective leader.

I think that in some ways the underlying training that's the kind of academic prerequisites to being successful for physician leadership or executive leadership. Traditionally, it was the people in hard sciences – physics, biology, chemistry – and with good MCAT scores who were accepted into medical school. We focused on test scores and scholastic achievement.

There's a kind of machismo – “I'm the team leader and a surgeon or critical care doctor and I'm the boss.” I've been rewarded through my life to be that way. We say “I'm going to lead a team” and it's really “I'm the focus and people will do my bidding.”

There's a reason that Kaiser is starting a medical school. Current medical schools are not selecting and training physicians who are good at interdisciplinary communication or who are good team members and understand some of the business of medicine and some of the ways we need to focus in a different way, on resource utilization and the importance of health and wellness, and population health. We need far more people that you (as a physician) can bring to the health of the patients.

I think you'll see a different type of person coming into medical school – a generational change. I was blessed to go to really wonderful first-rate school and had an incredible education and through this process. I've realized that I came with a certain amount of emotional intelligence. I gotta tell you, as I told Rick, when I was in the academic world, before this role, I was a bit of a hothead. I got myself into a few problematic situations and after I blew up at a subordinate, an office manager said, “Everyone looks at you as a real leader but you keep doing stuff like that and you will never ever progress past where you are now.”

And when I actually became a vice president, I wrote that person and told him how impactful that moment was in my development, that getting feedback was a pivotal moment for me.

I had some of the tools that were not fully developed in some ways. I was shaken by his telling me “You can keep going down that way but you're not going to accomplish as much as you could.”

From that moment on I changed – my wife will tell you I've been different.

it's been over a decade ago now, and I still remember. The feedback set me on the path to being more attuned to “soft skills,” which I think are the skills required to be successful.

Who was the person that pulled your chain and said, “That's not acceptable”?

It was a division manager so not a physician. It was a former hospital administrator and healthcare executive and we were in an academic setting. He's a really competent person managing a complex division in an academic medical center. Someone who works with medical professionals and feels comfortable giving feedback to physicians. He asked me to his office, closed the door and allowed me to vent.

Then he said, “Good, now you've gotten that off your chest. Let me tell you what's what.”

What did you feel after he told you?

I was furious.

He said "Yeah, yeah good get all that out now. Don't be a jerk."

I think it was the environment. It wasn't the right environment. I was frustrated with the academic environment. I was frustrated with the grand review process. I was frustrated with my salary. And I took it out on this poor guy who was a web designer. It was ridiculous. I was upset about something else. My reaction wasn't appropriate.

The executive said, "Look, if you're worried about those things we can deal with them in order. But don't take it out on that poor guy. He didn't do anything terrible. Don't diminish yourself in that way."

So yeah, but at the time I thought but but that company. I think about that conversation in the way that I have tough conversations with people because it's all about you know about not reacting to the emotion and then dealing with the issue at hand.

I've always prided myself on being a good doctor. I'm a cerebral person. I love the complex problem solving. When I was at Hopkins colleagues would send me particular patients that were complex even in the Hopkins system. I'd pride myself on being the ultimate clinician, the one at the end of the road. I'd pride myself on not being the jerk who throws a chair across the lounge. And in that moment with the hospital executive I realized I was acting like that jerk – I was that jerk to the web designer – that's how he saw me.

I left academic medicine and joined MedStar. I feel this type of work is really suited to me. I use all my skills – the cognitive skills, the problem solving skills, the scientific method, the way to think about problems.

I'm an introvert, and so finding understanding people and relationships gets exhausting – tiring and exhausting and ultimately rewarding.

Yesterday I had a meeting with a physician to negotiate a small change in the organizational chart and a reporting relationship. It was consequential for him, and cost me nothing to give it to him. I got the most heartfelt email in the world, saying "Thank you. You know my frustration's with the system, not with you. You've been great, thank you so much for your understanding me."

I still wake up pretty happy everybody to come to work. I don't have that, that sort of edge that I had for many years,

What role did the Physician Leadership Development Program play in your progress as a leader?

I've had a couple of coaches. They've both been terrific and have been extremely helpful. They do a lot more listening than talking and they let me go through what's been happening. They've helped me understand some of the organizational dynamics and let me walk through them, with their insights into the company and how things work and where and how I can be helpful and influential. The fact that all of you coaches have deep knowledge of the company, not just of the coached executives, also with the emotional intelligence aspects and the team

management and general leadership competencies - you understand our company in a context has been incredibly helpful, especially when I was a young and inexperienced executive.

I had an academic medical background before this, so I didn't have a lot of experience in the corporate world. Both of my coaches have validated my instincts in what I think are among the right ways to approach situations or decisions. It's been validating when my coaches say, "Your instinct was right on that one," or when you they ask a question to help me look at this one a little differently, or asking me what to consider when making a specific decision. I think that having that sounding board has been incredibly valuable.

The physicians in the leadership program have made such terrific progress with their coaches in terms of personal insight. I've seen the results of that in terms of how they navigate relationships and especially how they navigate their understanding of the system and all the different personalities.

Could you can you tell me a story, or an amalgamation of stories that you as the leader saw a person change as a result of coaching?

I work closely with one physician who has a tendency, like I did back in the famous story, to get frustrated and angry pretty quickly with situations that are complicated and that require some interpersonal negotiation to move through. There was another person that she had problems with. If the other person were in a meeting or on a call and said something, it would set off the physician I was working with. It was to the point where both people were becoming more co-equals in the organization and they were often called on to collaborate in solving service line types of problems.

Her reaction to that dysfunction was blocking her ability to be seen as a leader in that service. That was articulated to me by people who were watching the situation saying "You know that person could go a lot further, but every time there's a situation that is tense that person either backs down lashes out and either way they don't use their expertise and their knowledge and their influence to move the situation.

I have seen a tremendous difference in that person (with coaching). I've been on some calls and in some meetings with that group dynamic where she has handled the situation. I pointed out to her that the old you would have left during that meeting. She'd smile and say, "Yeah, you know, I thought of it. I would have liked to but I realized it wouldn't get my anywhere."

"We've been able to navigate to a to a place where she prevailed. People have commented, "You know she's really stepping up as a leader. She's really getting things done. Wow, how much more engaged." She and he were always at the same meetings – her presence was there, but the influence wasn't there. So I think, again, that was coaching and being in the LDP and sort of delving more that peer group and feeling and seeing the potential as a leader, but this is a person who's very prominent in her field and doesn't need this coaching for financial reasons or anything else but for where she wants to go kind of for the next stage of career. She was blocked in the same way that I was blocked. I told her the story about my moment and it that resonated with her.

She's been working with her coach and asked for her coaching to continue after the LDP. She asked me to tell her coach all the things that I thought she needed to do to develop and so I did. It was great. I think that the theme is self-awareness

A coach is just a safe place to bounce ideas off where there's no other relationship for that. Who else can I talk to about that dynamic – someone who knows both these people knows the organization, knows the goals, knows me and knows the complexities of that triangle. We (my coach and I) were able to talk through a lot of those situations. That's really the difference.

What are the biggest challenges you faced as you moved from clinician to executive?

So I think one of the hardest things for a physician is the pace of change. When you have a patient in front of you, even if they have a chronic disease patients come to you with a problem. As physicians, we we know what the next step is. We may not be able to cure it. But we know we're going to get this we're going to act on this we're going to give you this medication. It's a very short term kind of reward for what you do and you can see that take shape very quickly

In physician leadership, it's glacial by comparison. And I think that a lot of physicians are very frustrated by pace of change because they want that change to happen the same pace as an orthopedic surgeon. I have a patient with a fracture In 35 minutes I can fix that fracture and go to the next case. It's very satisfying, it's very concrete, it's who you are, what you do is you fix things. And you're rewarded for fixing things in a timeframe that is on the orders of multiple times per day or per week

It's different at the executive level, especially for physicians. I think of one of the reasons that many physicians look at people like me and say, "My God, I couldn't even imagine doing anything more awful than your job" is because changes are so slow. Say you want a new program, you want to change an office. You want to close the office and open another and come up with a new process. Those things require teams and consensus and process improvement, strategies and bringing people together and trying things and failing and hiring and that takes a long time. It's months and sometimes it's six months, sometimes it's a year. Sometimes it's a multi-year project and it requires that sustained focus over time. And I think that getting used to, and comfortable with that slow pace of change and keeping the energy of being able to articulate the vision for why that changes. I think that's the hardest part for a physician executive to come to grips with. I think it's why there aren't millions of people who are signing up. More and more are, but I think historically that's not the type of person that's gravitated to this side of the aisle.

As an executive, it's the team. It's not me. There's certainly personal kudos but you put that aside for the team and for the rest of the people because there's no way you could do it yourself. I think that, again, getting used to that that when we are successful, I might be successful, but only because I got these 10 people. Without these 10 people I have nothing. I can't even get the project started. So I think that that that's hard. I still struggle with some of that with some of the pace of change.

How has coaching contributed to your success?

The person who brought me into MedStar, Dana Frank, who's the chief of medicine at Good Samaritan, has always been an informal mentor from the time I was an intern and we kept in touch throughout the years. He was the one that keyed into the fact that I wasn't as happy in academic medicine. He said, "I've thought about recruiting you for a number of years. I think now is the right time for you and I actually have the right job for you. And I want you to seriously consider coming to join me and do things I think will be more aligned to what makes you tick. I don't think academics was great. You did all the great skills yet some successes. I don't think it's

the thing for this next phase of your life.” All these things were happening together and it all came together.

My first formal coach was Kathy as a component of this leadership development program. I never had any kind of formal personal coach before that was my first phase with having someone from the outside was formal coaching role.

What were some of your aha moments in coaching and by that I mean you're going along, you're successful you're doing fine and your coach asks you a question that sort of makes you wait a minute and think about that.

One of the aha moments happened with Rick (Auman). There was a realization that I was executive material. You know that there's no rule book for them on what executive material is. I looked at all the other executives around the system. They're all very different people. Some are older, some are younger. I was the youngest one by a lot in the system. And so I wasn't around to see the development of the people who are more established. I was looking toward becoming CEO and was wondering if I were doing the right thing. In the conversation with Rick we're talking about what the future would be. We talked about whether I could be in this role as a hospital president. never in a million years I had that thought I would be CEO. Rick said “Well I think you'd be great at that job.” Rick knows CEOs and has worked with a lot of people. Rick went through the qualities needed and told me what he'd seen me do well.

A lot of you think I have those qualities and he said, Yeah, I do. And here's why. And he kind of went through. Here's what I see, here's what I see you do well and so you remember that conversation. So I'm going to ask Rick to tell me what those things were.

Rick Auman:

It was a combination of Stu is able. As he described his role, he was the bridge between two strong personalities who have their own ways of seeing and doing the world and he was the guy that was kind of making all of that happen in between. Stu understood the business rationale and could translate into the clinical side. So the physician that he was talking with could understand and I think he pointed out that he added to that the emotional intelligence to be able to manage his own emotions and also manage the emotions of the people he was dealing with because a lot of times they were not able to manage their emotions. Stu was a natural to move into leadership, if that was what he wanted to do.

He has a foot in both worlds and is equally adept at managing both sides. Stu was the natural bridge between them as well. I think that's what I saw and Stu that led me to say, Yeah, I definitely think you could go that direction. If you want it.

Back to Stu:

The other thing that we explored in that conversation was that I became a doctor for a reason. I wanted to be for all the reasons that most people want to be physicians. I love people, I want to help people. I want to make people better. I am scientifically curious. I thought the subject matter was interesting.

I had to give up being that guy. Remember I said you know what my pride and joy when I was the guy who saw the complicated patients. I had that reputation. You (Rick) said you know you can't necessarily be that guy, that clinical person if you take this path and how are you going to

feel about that? Are you ready at this stage in life and career to give some of that up and to acknowledge some of that life was wonderful? And that's not going to be.

And I said yes I'm given these opportunities and where I where I think I can make a difference in this phase of career. I was ready but Rick kind of asked that question. Point Blank like you understand this is what this means? And are you ready? And so that was an important part of that conversation that this really could be life altering and I've got to really think about all those things. So that was a conversation nobody else had. Others said "Well, you know you'd have to continue seeing patients in some capacity. That's really important."

That wasn't really the question. The question was in terms of what you see yourself. Are you willing to go down a different road which closes the door on the other road?

No one is framed it that way.

You're in front of a group of mid-career doctors and they're all considering a leadership or management role. You have a chance to change their lives and affect them in a positive way. What are five things you'd say to them?

1. Making that decision is not a fork in the road choice. It's as if you're somewhere on a rainbow, between two colors. You don't wake up one morning and say "I've been an orthopedic surgeon for the last 20 years and now I want to be red." Start stepping into roles and taking on projects. Become involved in hospital activities and start to take on a leadership role and get in front of people. Explain what you're doing and then ultimately having some process or some procedure or some division or have something tangible that you have affected change the business.
2. Demonstrate some aptitude for the executive world, in team building, project development, project management. Have some responsibility for the budget for a team. And maybe hiring and firing decisions or at least decisions about increasing or decreasing services and going through some of the complexities. You've got to be interested in people. You've got to be ensuring the organization. You have to have some of that some of that leadership aptitude
3. Be comfortable with the pace of change. Understand that being an executive is going to take time away from some of your clinical responsibilities. Every quantum of time that goes to your management responsibilities is going to take away a little bit of that experience of a physician and ultimately will take away some of your expertise. The fewer swings a golfer takes the more errant the shots he has. Are you ready at this stage to dial down a little bit?
4. The last is there could be financial consequences, especially for the more lucrative specialties. They're lucrative for a reason, but they're also incredibly difficult to sustain over a long period of time. Understand that while there may be other opportunities there may be erosion of income for some for some folks, or maybe augmentation income for others.

Balance and understanding of what makes you tick is critical.

You asked me a question before that I didn't answer and I want to answer. You asked me about anything that I screwed up. There's one of the things that I screwed up very early in my time here and I'm very aware of it and I've probably messed it up a few other times. It has to do with power dynamics.

It was Christmas Eve 2014, and everyone was leaving early. We're closing the office and I was leaving, and it was right around noon. I was working on a report. I was going to be gone for the next week and I just wanted to finish a report and I needed a piece of data that our quality director had, a nurse and she's fantastic.

And I wrote a quick email. Her name's Chris and I said, Hey, Chris, I'm putting a presentation together and if you're able to send me the last month report on XYZ I really appreciate. Thanks so much. Okay. Have a great holiday, Stu.

About an hour goes by so I think I'll get it afterwards. I was walking in the hall and I happen to walk by her offices. I see her door is open and I walk over to see if she's there. I walk in her office and there's Chris dressed in jeans and a shirt. She's there with a young girl and with an older woman, the young girl's her daughter. The older woman's her mother.

Chris said, "Let me introduce you to my mother and my daughter."

"I was off today and doing some Christmas shopping in Towson but I got I got your email and I knew you needed this and I wanted you to have it but I couldn't log in remotely from home because it wasn't working. So we loaded mom and my and my daughter in the car and we're coming in. I'm just going to get this to and then we're going to go on our way."

The daughter and the mother are looking at me with this look like you cannot believe.

"Chris, you didn't have to come in today. I apologize."

"That's okay, Dr. Levine, you need it. I want to make sure that you went into your vacation, you know, with everything you needed."

I just felt miserable and for me it was just like a quick look how can you do this. She must have thought, "It's the vice president asking me personally for something and I better deliver this. You don't say no to a vice president."

And I was just Stu. To her, it was Dr. Levine, Vice President Medical Affairs, one step away from the President's office. And that if I was sending this email on Christmas Eve it must be important to get the information to him.

I was floored. I was unprepared. Think about it. I was sort of cavalier, thinking I'm still this friendly guy but now I'm not. I was the doctor asking her for something on Christmas.

I haven't been respectful of associates who are very aware of my position and title, no matter how friendly I am or how personable. I still need to understand those things exist and try to be very, very responsive to that and do everything to not take advantage of that and be respectful. It's something that's real that is no longer a blind spot but that was probably the thing that I messed up the most. You can never communicate too much and there's times when they haven't gotten that memo. That power dynamic one was one where I still feel terribly about it because I negatively affected someone's life and their families inadvertently but through kind of being tone deaf.

I try to teach people coming up understand the effect you're going to have on your teams because they're going to look to you and they're going to go pretty far for you. Make sure you don't ever abuse them and be sensitive.