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Emerging, Essential Leadership Roles in Academic Medicine

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Academic medicine faces significant challenges and thus opportunities as well. The upheaval that's taking place across the industry—from widespread consolidation to clinician burnout to severe margin pressures—has leadership teams searching for solutions, and for executives who can solve problems, seize opportunities, and envision a different future. In this article, we review three leadership roles that are emerging to propel academic medical centers into uncharted territories. These positions intersect with each other as they all incorporate elements of institutional transformation, culture change, and the implementation of new technologies.

Transformation Officers

Role and Requirements

Transformation officers—which may be titled, for example, VP of Transformation, Chief Transformation Officer, or Chief Clinical Transformation Officer—are expansive roles, sometimes the top physician leader in an organization and reporting closely to the CEO. A transformation officer is an outgrowth of the traditional Chief Medical Officer (CMO) or Chief Clinical Officer (CCO) position. It seeks to marry the need for organization-wide clinical excellence with the increasing need for new technologies and innovation to transform care delivery. This particularly includes the imperative to look across the entire care continuum, extend the arena of care outside of the AMC's main facilities, and to reach patients in their communities, homes, and daily lives.

Access and patient experience are critical components of the transformation officer's domain, and thus this executive works closely with a Chief Information Officer or Chief Digital Officer to envision what's possible among the burgeoning list of health

technologies available. It follows that much of the transformation officer's decision making is data-driven, incorporating analytics, technology, systems, and processes to achieve institutional goals. Building off of greater use of data and technology, transformation can take place in the realm of population health and value-based care and thus the position would be charged with advancing creative care models that bring together academic organizations and community providers.

Ideally the transformation officer would be a practicing clinician, allowing them to witness life "in the trenches" and see firsthand whether proposed initiatives and changes are meeting patient and organization needs. Of equal importance is a work history that shows a real passion for innovation and a track record of implementing new ideas and technologies. In reviewing candidates for these roles, hiring institutions are likely to ask: What in this person's past demonstrates a definitive impact upon their organization? What evidence is there that they actually led transformation?

It's a tall order to identify a clinician leader who has demonstrated a penchant for innovation and collaboration on an organization-wide scale. Their experience would be aided by an advanced degree such as an M.B.A. or M.H.A., which would presumably enhance their leadership and business capabilities. Absolutely critical is the people side of this leader. A transformation officer has to be someone who is a communicator and influencer—someone who gets leaders and staff on board with new ideas and gets teams together around common goals and a unified purpose.

Relevance

In an era in which AMCs are expanding, and integrating with community hospitals, it is essential to have a physician executive whose role can focus on new care models, integration of operations (including getting academic and community providers aligned), and culture change across facilities, clinics, and home health options. (This is largely what distinguishes it from a traditional CMO role.) If disparate entities are to transform themselves and unify as a whole, there has to be a visible, spirited champion for the cause.

Wellness Officers

Role and Requirements

The wellness officer—typically a Chief Wellness Officer, VP of Health and Well-Being, or a similar title—is not new but is an urgently evolving position. In 2017, the National Academy of Medicine (NAM) launched the Action Collaborative on Clinician Well-Being

and Resilience, issuing recommendations for the creation of wellness officer roles in healthcare and academic medical systems. Organizations such as the Association of American Medical Colleges and the American Medical Association have taken similar stances. In 2019, the Harvard Global Health Institute urged the appointment of an executive-level wellness officer at every major healthcare organization. Since the onset of COVID-19 (and even as the pandemic wanes) the calls for such roles have become more vocal.

In a survey on healthcare executive burnout conducted by WittKieffer in the summer of 2022, just 12 percent of leaders noted that their organizations had a wellness officer or equivalent role. (This compares with 7 percent in 2018.) As organizations wrestle with staff burnout as a central business concern, they are exploring how a wellness officer might at least alleviate immediate health and wellness issues and, hopefully, implement programs and policies that can have lasting, positive impacts on the physical, mental, and emotional health of organizational clinicians and employees (which would have inevitable repercussions on satisfaction, productivity, and retention).

Responsibilities of a wellness officer may include:

- Serving as the lead strategist in creating organizational support for a culture of well-being
- Working with senior leadership to set the organizational priorities related to well-being and resilience
- Integrating wellness into key strategic decision making
- Measuring and monitoring caregiver and staff well-being
- Ensuring the effective provision of mental health and other support services
- Championing and continuous improvement of existing well-being programs
- Creating anonymous reporting mechanisms to allow staff to advocate for themselves

In the past, many organizations contained wellness-oriented elements in the roles of the CMO, CCO, Chief People Officer, or a title such as Chief Human Performance Officer or Chief Culture and Learning Officer. Increasingly, however, the role stands alone, with institutions such as Stanford University, Mayo Clinic, and Cleveland Clinic taking the lead in implementing a high-profile wellness officer role (though with varying titles).

A range of clinicians—from psychiatrists to family medicine practitioners to nursing leaders—have transitioned to wellness officer roles. These executives have typically

risen from within their organizations after demonstrating a passion for their colleagues' well-being. This is changing as the role becomes more commonplace and defined across the industry. Today's wellness officers take a holistic approach to encompass physical, financial, emotional, spiritual, and other dimensions. It underscores a need for an integrated approach to provider and staff wellness, requiring a systems-thinker who can work collaboratively with others to embed wellness into the culture of the organization.

Relevance

Clinician and employee health and wellness has been deemed a public health crisis—severe enough to deserve its own C-suite executive within today's leading AMCs. While addressing health and wellness is a shared, institution-wide problem, the wellness officer can be a catalyst for change. This individual can symbolize to clinicians and employees that their well-being is of foremost importance to the organization.

Digital Officers

Role and Requirements

The rise of the digital officer aligns with the consumerization of healthcare and the need to see patients as individuals with varied options for care. In academic medicine, the position also largely focuses on the need to leverage data and informatics within scientific research, clinical trial, and educational settings, as well as implementing technologies to facilitate the integration of disparate entities (e.g., academic and community).

The main drivers for academic medical centers to build digital programs under a single leader are:

- Academic health centers are challenged by their own decentralization and are often disconnected. More of IT is done outside of IT with powerful tools such as software as a service, analytics, robotics process automation, and artificial intelligence that do not require anything but access to the internet to deploy a decentralization technology strategy. A digital officer is the nexus in an organization to connect these disparate initiatives into a unified vision.
- The rapid entry of Big Tech into the healthcare marketplace has brought a focus on consumerism and new digital revenue growth. Academic health systems seek to transform their typical high-reliability and conservative approaches to technology into a learning and consumer-focused iterative approach. They are

working to adopt contemporary approaches to the digital business including omnichannel marketing and brand loyalty strategies, innovation, and learning systems frameworks, and agile approaches to reshaping their patient journeys.

- The digital officer brings organization-wide focus on building customer-centric digital initiatives. These can bridge the marketing department, which often doesn't have the linkage to the operations and technology portfolios to build a complete consumer program, and the population health or health plan leadership—who may not have the expertise onboard to grow all digital revenue streams or build out the technology product teams to deliver exceptionally engaging digital consumer journeys.
- The Chief Digital Officer drives a culture of innovation and learning. Helping build fail-fast and learn systems, DevOps, product teams, innovation, and ideation capabilities is a critical component of the digital officer's areas of delivery. Building a culture of digital innovation in academic medicine requires co-design and evangelizing with academic and executive leaders.

Digital officers often have backgrounds as Chief Information Officers (CIOs) or Chief Medical Informatics Officers. Because of the role's ties to transformation, consumerization, and culture change, it is not unusual for a digital officer to transition into academic medicine from another industry (retail or big business, for example). There is certainly a learning curve but the experience away from academic medicine allows for a fresh perspective to all the challenges this leader faces. Some of the other qualities that a top digital officer would have include:

- A background in digital technology as well as a strong customer success/client delivery focus
- Experience as a change agent and a willingness to challenge the *status quo*
- A people-oriented, persuasive personality in order to get colleagues on board with new ideas and practices
- An understanding of where the organization is in its maturity and the ability to "meet it where it is"
- An understanding that co-design and change management will be critically important to successful implementation of a digital program

A central question that all institutions must ask around the digital officer role is its relationship to the CIO. While digital transformation often becomes part of the CIO role, in many cases we are seeing two distinct positions in close collaboration with each other—the CIO position will often be more inward-facing and technology and operations specific while the digital officer will be more outward-facing, strategic, and

visionary. Each institution must determine how the digital officer complements the CIO and the rest of the leadership team.

Relevance

Digital transformation is essential for academic medical centers' future competitiveness and sustainability. There is consensus that AMCs must improve their digital capabilities to better meet consumer needs, accelerate academic research, and integrate their academic and community components. This requires more institutions to employ dedicated digital officers who can evangelize and help lead transformation.

→ Key Board Takeaways

- Today's expanding academic health systems must introduce new leadership roles if they are to successfully continue down the path of implementation of new technologies, institutional transformation, and culture change.
- A Chief Clinical Transformation Officer or similar title can pave the way for new models of care, integration of academic and community-based operations, and culture change across disparate facilities.
- Institutions are exploring how wellness officers can support transformation by implementing programs that have lasting impacts on employee and clinician health and well-being. Such a role is vital to the overall long-term health of an organization.
- In employing a designated digital officer, AMCs have a point person and evangelist to drive digital and technological transformation in order to meet consumer needs, boost academic research, and unify their organizations.
- Boards must educate themselves on the potential inherent in these emerging roles as well as ensure the leadership team has put resources and structure in place for their eventual success.

Significance for Boards

While leadership roles are always evolving, boards would do well to be informed and have an understanding of the types of roles described above—and then to work with their CEOs to understand the value of the positions to their executive teams and organizations. Boards can learn from these executives to take lessons from the COVID years—related to clinical and digital transformation, as well as employee health and wellness—and use them as a springboard for effecting further sustainable change (rather than reverting back to pre-pandemic practices and priorities).

To integrate these roles into the institution, CEOs will: 1) conduct assessments as to the need for and value of such positions; 2) draft specifications for what the roles of these executives would entail; 3) budget and resource for additions to the executive team; and 4) incorporate the roles into strategic planning and forecasting. No two organizations are alike, so it's imperative that a clear vision is established as to how these executives will be additive to current goals and assist in furthering the organization's mission. The board's role is to be educated about the external environment, why new roles are emerging as a result, and to ensure that the CEO and leadership team have properly thought through these additions to the executive ranks.

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