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Role of the Administrative Partner and the Physician-Administrator Partnership

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Mayo Clinic's leadership model has been refined through various crises over a 150-year institutional history. The coronavirus disease 2019 (COVID-19) pandemic has further tested Mayo Clinic's approach to leadership and has highlighted some of its greatest leadership strengths: physician leadership, the physician-administrator partnership, and collaborative problem solving and decision-making via the Clinical Practice Committee (CPC). In this commentary, we reflect on these strengths and describe how they have helped Mayo Clinic successfully respond to the pandemic.

THE PHYSICIAN-ADMINISTRATOR PARTNERSHIP

John Herrell, a former Chief Administrative Officer for Mayo Clinic, once stated, "Physicians are responsible and accountable for the success of the institution," and "Administrators are responsible and accountable to our physician colleagues to help make that happen."¹ The essence of an effective physician-administrator partnership is a joint commitment to these roles. Mayo Clinic's approach is compelling — a partnership in which both disciplines jointly lead. The physician brings clinical expertise and vision to the decision-making process and the administrator leverages business skill and acumen. Among the many skill sets required of an administrator, a strategic one is the ability to create and ensure effective connections. The role of the connector is critical for integrating diverse teams that can overcome risks and quickly define new pathways. Each perspective is essential and interdependent,

and this shared physician-administrator model of leadership has reinforced Mayo Clinic's long-term success.

ROLE OF THE CPC

Harry Harwick, Mayo Clinic's first administrator, said, "One of the strongest convictions of the doctors Mayo was that the combined wisdom of a man's peers is greater than that of any individual."² Harwick added, "The first and perhaps greatest lesson I learned from the Mayos was that of teamwork."²

The CPC is the manifestation of the Mayo brothers' commitment to teamwork. Members of the CPC collaborate to deliver a single, integrated, high-value, high-quality practice that promotes innovation and differentiation. In partnership with executive leaders, research leaders, and education leaders from the Mayo Clinic campuses, the CPC enables the organization to achieve its clinical priorities. In a time of crisis, the CPC leads operationally through an empowered model of decision-making, timely escalation of concerns, and optimization of performance metrics.

THE ADMINISTRATOR'S ROLE IN A PANDEMIC

Health care administrators are uniquely skilled and positioned to manage complex problems. They are highly qualified to mitigate immediate risks to the institution yet to remain aligned to mid-term and long-term organizational strategies. Health care administrators also serve to identify and respond to unique opportunities that the crisis presents, creating the capacity for innovation and new solutions.

For example, a shift in the regulatory environment facilitated extension and acceleration of telehealth capabilities that had been developed over the past several years, dramatically increasing the ability to serve patients remotely through virtual visits and monitoring of high-risk patients in their homes. Technology also allowed Mayo Clinic to extend knowledge in new ways such as by making the Ask Mayo Expert COVID-19 tool publicly available, leveraging our research collaborations to broaden availability of the latest therapies and protocols, and using our education infrastructure to widely share our knowledge and expertise.

Challenges also drove substantial innovations in problem solving, including use of three-dimensional printing, partnering with manufacturers, and developing protocols for extended use and reprocessing of personal protective equipment. The administrator's ability to be a connector during this phase was essential for aligning work towards a common goal, prioritizing risks, and developing effective and efficient teams able to mitigate risks within the organization. Problem-focused, cross-departmental teams were quickly formed and included members from supply chain, human resources, patient access, information technology, electronic health record, revenue cycle, analytics, and other functions.

On March 23, 2020, the clinical practice elected to pause visits for both inpatients and outpatients, including surgery and other procedures, for those patients whose care could be safely deferred. This decision was based on a risk model that included an assessment of level of care (from elective to emergent), the level of virus transmission within local communities, and the operational status of each hospital (from conventional to crisis care). At the same time, Mayo Clinic maintained a commitment to continue critical services for patients requiring access to care. This balance required administrative teams working as connectors to ensure that processes, resources, and systems were in place to support staff and patients.

Core to the decisions during the COVID-19 pandemic was a focus on Mayo Clinic values, the needs of patients, and a commitment to employees. Pausing care substantially affected patients and staff but served to provide for organizational stability. This decision afforded needed time to prepare and mitigate risks of a surge, refine protocols for staff and patient safety, ensure sufficient supply availability and protocols, and implement laboratory testing protocols. During this time, technology infrastructure was improved to support increased telehealth services and movement of nonessential staff to remote work in order to reduce the volume of staff onsite. These steps allowed for a successful reactivation of the practice with a thoughtful and balanced approach that matched resources, staffing, and alignment to our values, and provided a safer environment for patients and staff. Additionally, these steps allow for continued monitoring and thoughtful adjustments based on COVID-19 prevalence within each community.

THE IMPORTANCE OF COMMUNICATION

Harry Harwick emphasized the importance of being “well equipped to interpret the public's reaction to medicine and its practitioners” and of how “the greatest single problem of the executive is to learn the pertinent facts of a given situation, the facts he must have to make his decision.”² This need is exponentially elevated during periods of human, social, and economic crisis. An effective administrator is a continual communicator — aware of the external environment, attuned to the needs of patients and staff, and skilled at using verbal and written tools to connect staff to answers and solutions.

The current era of enhanced connectivity and infinite access to data has given institutions unique ways to connect with employees, communities, and individuals throughout the world. During the early days of the pandemic, decision-making at Mayo Clinic was expedited and modified as information quickly evolved. This required frequent, clear, and transparent communications that supported a sense of

calm and esprit de corps. Administrators handled shifts in external environments, including governmental guidance, and ensured frequent opportunities for bidirectional communication through various methods, including virtual town halls that welcomed unfiltered questions, podcasts, private Facebook groups, and newsletters. Through unabridged communication, an administrator can efficiently monitor tactics to evaluate success, progress, and failures to guide future actions.

In summary, the role of the administrator in a pandemic is as a collaborative partner, servant-leader, effective communicator, and connector. Even with a strong leadership model, Mayo Clinic is not immune to external disruptions. The COVID-19 pandemic has challenged us, but it will not break us. Together, as one strengthened union of forces, we will advance our capabilities and commitment to transforming medicine.

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