# RAW Transcript: Do This Not That_Carson Dye Full Video

**SPEAKERS**
Carson Dye, Harjot Singh

**Harjot Singh** 00:16
Healthcare Leaders do you want to know about the latest in how to retain and recruit physicians, and these twin books that are flying off the shelves, not just because they're good, but they're also easy to use, you can start using them today, right now. And in this time of great resignation, we have something exactly the opposite going on here for people who are using it.
Hi, this is healthcare leadership Insider. This is Dr. Harjot Singh from HarjotSinghmd.com. And this is part of our special series Do This Not That for Physician Engagement, Burnout and Well-being a very hot topic for healthcare leaders directly related to physician engagement, turnover, retention, recruitment, effort at work, and burnout, essentially the very existence of every healthcare workplace. And today, we have a very special program for you. Before we do anything,
Today, we have an expert, Ace expert of experts, Carsten Dye, who is my fellow faculty at ACA, he is not just a coauthor on these twin books, he is the chief editor of this mega project that comes once in 20 years and then becomes the authority on the topic. The twin books cover pretty much everything there are about basics, strategies, and tactics of physician engagement. So not just the why, but the how and the what of it. My chapter from the book is free for you to download through the links below in the description. I want you to know that Carson is not an ordinary faculty at ACG I'm sure you're you know people who meet standards. There are people who exceed standards, how often do you meet people who set those standards, I was already a fan of Carson's work in 16 critical competencies for healthcare executives' book and now comes this and I was very glad and honored to be part of this. And now when the twin books are changing the work lives of healthcare leaders who are reading it, studying it, and applying it to create engagement in their physicians. Now rest of the world is worrying about losing physicians, you have a chance to not only keep them but help them thrive. Let's talk to Carson. Hi, welcome.

**Carson Dye** 02:28
Oh, thanks very much. I've got to capture that recording and play it for every one of my family. Thank you so much. I didn't realize that I was writing with the legends of Hollywood and all of that.

**Harjot Singh** 02:45
But this is such a niche topic. And sometimes the niches get ignored. Because people may feel like it's too small, or it's too specialized, but someone must take it on. And you did. You are the chief editor. And not only is your writing in the book, important to read by itself. But your writing is the glue that keeps all the chapters together and all the author's writings together. And at the end of the book, there is a

wonderful summary that anyone who buys the book will know that we owe what chapter has what, instead of just blindly feeling like this chapter is too hard, or this chapter is not meaningful to them. But this is a wonderful project, even if someone wants to learn how to put together a project like that. But you know what, tell us about why these books would appeal to a leader seeking engagement from their physicians.

**Carson Dye** 03:50
These books' hard shots really are extremely broad, but at the same time, they provide a lot of drill-down specificities. So, first of all, for the broad strategic leader, who may be at the very tip top of an organization. They provide a wide swath of little bits and pieces and enough to say physician engagement is just not a uni-dimensional thing. It is multi-dimensional, but at the same time for someone who may, for example, like to know a little bit more about physician engagement relative to the supply chain. There's a specific drill-down chapter on it or physician engagement as it relates to dyads and triads. One of our physician authors produced a magnificent chapter on that topic. So, it appeals to all levels of the organization. And it's interesting, I sat a few months ago with the Vice President of support services who said to me, you know, Carson, I realized in my career that my next step needs to be moving toward responsibility for departments such as radiology, pathology, pharmacy, where there are more physician and components. And in theory, I don't have much with housekeeping, environmental services, food services, etc. But you know, Carson, at the end of the day, I, after going through these books, realized a lot of what my departments do touches the physicians. And it struck me I'd never really thought about it in that regard. But he was saying how much he said, I got the books because I'm trying to prepare myself for a broader, ultimately CEO-type role.

**Harjot Singh** 05:50
Well, one of the authors, John Byrnes describes that physicians directly or indirectly, are responsible for 75% to 85%, of expenditures in healthcare. And when you are worried about keeping people are just holding barely or holding on to them. What inspired you to put this together?

**Carson Dye** 06:16
Well, this was an idea I had prior to COVID. And I started the exercise with a couple of physician colleagues. But they were both so busy in their careers, that we just didn't move along as quickly. And in talking to our publisher, Health Administration press a great part of ACHD. They suggested Why don't we put it on the back burner, COVID hit. And suddenly, as I talked to a lot of different physician leaders around the country, I did a lot of physician leader recruitment. I also do that I develop a lot of physician leadership academies. It struck me that this was an issue this was a hot issue before COVID, we had significant burnout and stress, we have you know, the figures as well or better than I, many physicians suicides every year, the frustration with the EHR, the frustration with pre-certification and all kinds of types of issues. But then COVID hit, and it just seemed to be if you will, the proverbial straw that hit the camel's back, and the camel just plopped down in the desert. And so, I decided to restart the journey. But I decided I would try to be the central core figure, not that I would produce the book in its entirety. I wanted the voice of many kinds of physicians. So, I reached out to a few physician leaders. And I said, I'm just asking for one chapter, I created somewhat the initial outline that ultimately became the table of contents. And it's it is interesting Health Administration press initially was a little freaked out because they said this book will be too long, and no one will read it. And ultimately, we turned it into two

volumes. And so far, after a year of sales, it's proving to be a very good idea. The two volumes, as you mentioned in the intro flying off the shelves. My goodness. It's doing well. So, I just felt COVID was that final, aggressive push that said, do it and do it now. You know, the famous commercial just “DO IT”. And it was wonderful to assemble what a CEO told me last fall Carson; it sounds like an orchestra. You pulled an orchestra together. And sometimes I hear a nice little vignette from the violins. And then I hear something from the cellos and then the brass, and then you put it all together, and that was the biggest compliment I could have ever had.

**Harjot Singh** 09:13
Well, I think that even putting together was a project, but to a person who's reading this can feel like a project too. So how can a reader or a healthcare leader who wants a team of physician leaders read this together as a group? How can one approach the books so they can start getting benefits from them right away?

**Carson Dye** 09:39
It's a great question. Let me start by answering the question with some specifics. I have three friends of chief medical officers who have decided to have monthly book clubs using these books where two of the three have taken a number of younger, full-time clinicians that they have identified as these will be our future leaders. And they have worked one on one with them and said, would you be interested in letting me host you once a month, I know one of them goes to this very nice Italian restaurant and a back room and they got a special deal. And what they do is once a month, they have dinner. And as the one CMO said to me, Carson, we are out of there by 7:30 pm, we start at six, we have no PowerPoints, no handouts. And we take one chapter at a time. And we have an individual physician who will volunteer and say, I'd like to lead the discussion next month on Chapter Three or chapter six because that's of interest to me. And they lead an open-ended discussion. That is, he said, ultimately becomes a facilitated group discussion. And he said the real proof is, when we, he said, he sets his iPhone to go off at 730. And he said, Folks, we're done. Let's get home and see our families. He says, every time they started this last fall, they were still people in the parking lot at 745, eight o'clock talking to one another, not necessarily about the topic covered in the chapter. But I think as people are looking at the books, the first book is not just conceptual. It's a broad overview of engagement.
For example, there's a chapter on the academic literature for employee engagement. Interestingly, there's not a lot of academic literature on physician engagement. And so, there's some discussion about what's the difference between employee engagement and influence and physician engagement, and then you get into issues of physician leadership, and physician participation. And so, it's a good beginner book to introduce the topic of engagement, and where to begin. And then the second volume is that drill down the second volume is where the supply chain chapter dyad, and triad chapter appear. The How do you develop physician leaders chapter appears. So, the second volume actually gets in more into here's how to do it. Here's how it's been done in several organizations. And what I like about what a lot of the contributors did, they didn't just write conceptually, they gave specific ideas. And they said at this organization, they tried this at this organization, they tried that. And quite frankly, I've learned over the years, physician engagement in a small critical access hospital, that's the only one and a county is not the same as an 800 bed academic medical center. And it doesn't mean one is bad, and one is good. It's just saying it's different. And if you have a large number of younger employed physicians, physician engagement is different than if you're dealing with a large cadre of independent

physicians who are more advanced in their careers and ages. So, it covers the waterfront, and the reader can either skim quickly undo if you will, a mile wide and an inch or two deep, or you can stop at certain points and go a mile deep on a certain topic.

**Harjot Singh** 13:46
Yes, and there are specifics, which absolutely blew my mind. It was like, Oh, that's so simple and free. We can just say, Okay, I'm going to write an email based on that format, and then just use it to create engagement. We just talked about employee engagement and physician engagement. There's a wonderful diagram, right in the first chapter where you talk about employee engagement as a precursor, or understanding. Employee engagement is a precursor to understanding physician engagement. And now we have a majority of physicians who are employed. And tell us about this diagram. I'm going to pull it up. And you are the expert on this diagram. Look how simple and beautiful this thing is. Tell us about this one.

**Carson Dye** 14:35
Well, this is a diagram that is tied to research that's been done in several dozen higher ed organizations in the area of industrial psychology, leadership management, etc. And sometimes we try to make engagement too complicated. And if you really look Get employee engagement. There are miles high of research that shows employee engagement is really tied to what I do, the organization in which I do it, and the rewards that I get from it. And those are what rewards are not just financial. We know for years that the researcher has said, do you have a best friend at work? Do you enjoy interactions with your immediate supervisor? Is there camaraderie? So, this is a way to simply let's kind of start with a clear visual, and then we can move more deeply into some of the other aspects of engagement.

**Harjot Singh** 15:46
I think that just this diagram, in your mind, what is the most important thing on the leaders and what's the most important thing on the doctors and the physicians?

**Carson Dye** 16:02
I think the start with the physician and let's go back to why almost all physicians start that journey, that very long journey  as I think of my own career, by the time I reached a Children's Hospital Medical Center in age 3031, and ultimately, at Ohio State University Medical Center, I was seeing physicians who were the same age as me, starting their very first year in practice. And I'd had all 1011 years of growing and trying things out. And in the meantime, they're in med school, they're in residency, they're in fellowship, there, they're doing all kinds of training, and not having as many opportunities in the broad leadership sense to do that. So I think it's important that you think about what role and what road to have the physicians taken, then on the executive side, and I remember my very first boss, sister, Mary George had Clermont Mercy Hospital saying to me, Carson, you've not worked in hospitals before. Let's talk about what they're all about when she put her fist out. And she was, this was literally, my orientation, I spent two full days with her on day one and day two, just one on one. Almost the whole day was Sister Mary George. And this was one of the first things she told me, she said, the first, that's our patients, and the physicians use our hospital staff, a lot of it our nurses, our aides to 24/7 surround those patients, but don't ignore the importance of the physicians in this process. And so she started me out in that first year, in my one-year orientation first time at Claremont mercy, saying, you're going to

spend some significant time with our physicians, with a surgeon in the LR following Dr. So and So around for several days going with him to his office, with primary care physicians with the radiologist, you're going to spend an entire shift one weekend, maybe two or three weekends in the IDI? So, I think, first, I think I'm trying to send a signal to those who aren't physicians. With due respect, I think you need a deeper understanding of what physicians are. And in fact, we have one wonderful chapter in the first volume talking about who are these physicians, because oftentimes, as administrators, we tend to simply look at them as Oh, it's the one or two who are yelling and screaming about the parking situation, the EHR or this or that, and they're just not engaged. Quite frankly, physicians are among the most engaged people in society, look at what they have done in terms of their education track.

**Harjot Singh** 19:27
That is such a fantastic story and a metaphor because it still keeps patients at the center of everything. Like when the concept came about patient-centered care. One of the senior psychiatrists, John Fossati, said, but what other kinds of care is we don't have to tell physicians that it's patient-centered care because it is patient-centered care. However, a difference between a physician who was engaged, and who will be the powerhouse. And a physician who was maybe disengaged and burned out is huge. And that's where these twin boxes are your tool, that's how I look at them. It's like a toolbox. But you described that the CMO is using it not just as a tool for physician engagement, not a unit dimensional tool, but a multi-dimensional toolbox to even invite younger physicians, and create a pipeline of physician leaders, almost doing a physician leadership, development and tool for creating camaraderie as you said, and people sitting and talking and coming up with wonderful ideas. Imagine the process itself is creating engagement as they're going along, starting a journey. That's such a fantastic example, that you shared with us with the metaphor that you learn from Sister Mary, this is beautiful. So, what other ways do you think that it can be used and right, right out of the gate?

**Carson Dye** 21:21
I think these appeals, interestingly, to younger administrators, or, or I'll even say, younger people coming right out of graduate school who may not have had the opportunity to thoroughly understood what's the what is the physician issue. And I, I've talked to several of my nurse, exec friends to say, you know, I'm not intending to ignore nursing leadership, it's obviously critically important. And interestingly, all three have they've all three, read the books, and they've said, No, they didn't, they didn't imply that. And a couple of times in the book, I literally wrote, I don't intend to ignore a PPS, nurse practitioners, PA, et cetera. But physicians are an enormous part of this. And I also learned from Sister Mary George, if the physicians were relatively engaged, the nurses weren't as negatively affected, and vice versa. So how many times have I heard over the years that we're trying to develop a stronger relationship between our CNO and our CMO, so that ultimately, that can trickle down so that we have wonderful, engaged nurses working with wonderful engaged physicians. So I think it can appeal to the younger, but I think you're going to appeal to mid-level as well as senior level. You know, some books are targeted, really at the C suite. And that's it. These volumes are not for just the C suite, they can be certainly good tools there. Because oftentimes, again, no offense to anyone listening, but we often view physician engagement in a unique, United dimensional way. Every year, or every two years, we do a physician engagement survey with our outside survey research vendor. And that's how we look at engagement. And you know, as well, as I know, some of those surveys, there's, well, there are only 12 factors. Why are there only 12? Maybe there are 15, or maybe three of those 12 factors that do not

apply at the critical access hospital that has only 15 core physicians on the medical staff. Those questions may have no relevance whatsoever, or there may be some questions that just don't apply to an organization that it's solidly 50% employed and 50% in independent.
In fact, I worked with a wonderful co-author on one chapter in one of the books on how to measure physician engagement. Yes. And ultimately, I don't want to fight with the firms that have very good business and have very good research on physician engagement as well as employee engagement. But sometimes, in the C suite, you need to say now timeout, there are some other aspects to physician engagement. And again, my CMO friend who's now hosting the monthly dinners with I think 22 Younger physician and he said, What I'm getting out of this is this group I have become there my special band of brothers and sisters. And he said, one of these days, I'm going to have you come out and have dinner with us. But so far, no outsiders. And he said, Carson, it's $30, a person at the Italian restaurant that includes everything. They said. So I spend that once a month, I'm getting so much out of this. And I know in that room, our future Chiefs of Staff future CMOS, these younger physicians are just eating it

**Harjot Singh** 25:36
Well, I think that it's like a winner, winner chicken dinner, such a low-cost investment. But the outcome is the pipeline, which is going to be so strong. And do you think these people are going to go somewhere else, they will stick together, the band of brothers that get created their measurement is a problem, by the way. And we started going deep into these chapters. These are not the only things that the books have. They have huge things, but it starts with measurement. And I learned it the hard way. There was a particular hospital where I took on the project of helping them with physician engagement. And I realized the 16 questions they had six of them had absolutely nothing to do with physician engagement. And I don't know how they got into it, but then we had to take some corrective action there. In fact, you know, we will talk more about your chapters, and chapter by chapter, we'll create more episodes. But today, before we wrap up before you go, let me ask you one thing. How do we get this book to be at a more grassroots level? Your CMO friend has identified what it is that exactly needs to happen at the same time. Well, I'm thinking of programs where we have future administrators coming out. And some are doctors, but some are not. And a huge people, number of people will face physicians for the first time after they go to work, like MHA programs, and MBA programs in health care. So, what do you think these books should be required taxpayers? What are your thoughts on that?

**Carson Dye** 27:28
I think that's an excellent idea. And again, I mean, no criticism toward the graduate programs. And I, frankly, I'm closely tied to three of them and have had very dear thoughts about that. Those three, I've taught at all three and graduated from one. But I think that you, you hit the bullseye, so to speak, so many individuals are coming out of the programs, not having the kind of exposure they should too, I'll just call it the world of clinical practice. How does that happen? What happens there? And I remember talking to a graduate class probably 1215 years ago, and I suggested to them again, this goes back to my early days with Sister Mary George, go to an emergency department where you could spend a full 12-hour shift and be a helper, be a helper, ask permission to be able to do that. I know a number of people who still talk about their early years before they even got their graduate degrees. Maybe they functioned as a patient care assistant, or they were I know, one senior vice president very well, who

continues to talk about, he learned more working as an orderly, four summers while he was an undergrad. And he said that's what number one made me want to go into healthcare. But number two, it taught me what healthcare was all about. And so there aren't a lot of graduate programs that have, I don't want to focus it solely on physicians, although that's a large part of it. But again, the clinical practice of what we do in these touches everything from the mechanics of it to the quality and the patient safety aspect of it, then I think when they're taking that healthcare finance course, it has more meaning to them, as well. So, I think they are good books in that regard. One of the things I respect out of all the authors, I always ask them when you're going to cite literature, let's be let's not necessarily be totally academic, so don't put 45 to 50 references, but make sure your references are based upon good evidence good research doesn't always have to be refereed academic journal articles. Although no doubt you've noticed, a lot of them are referred to. And that's why I actually started the very first volume talking about employee engagement, because there is a lot of solid evidence-based research on employee engagement, not so much on physician engagement. I hope we'll see some in the coming years.

**Harjot Singh** 30:34
Thank you.

**Carson Dye** 31:14
Thank you, Harjot. Enjoyed it.