Latte ‘N Learn

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Hilton Head, SC

An Educational Event Designed for Women in Rheumatology

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Quality and Transformational Leadership in Rheumatology
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Panel and Credentials

Grace Wright, MD, PhD, FACR
President, Association of Women in Rheumatology

Anne Winkler, MD, PhD, FACR, MACP
Secretary, Association of Women in Rheumatology

Ethel Owen, CPC, Administrator
Past President, National Organization of Rheumatology Managers
Editor-in-Chief, *Rheumatology Practice Management*

Jane Bond
Director, Department of Medical Education
Janssen Immunology
Agenda

The Gender Equity Conundrum
Beyond RVUs: A Fairy Tale Ending?
On the Corner of Leadership and Quality
Igniting the Power of Women to Create a Healthier Tomorrow

Women at Johnson & Johnson have been fueling the future of human health for more than 130 years\(^1\,\text{,}2\)

1886
Johnson & Johnson founded.
Eight of the first fourteen employees were women.

1907
Chemist Edith von Kuster joined Johnson & Johnson as its first female scientist and one of only four staff scientists at a time when fewer than 3% of American women attended college.

1907
Women were Johnson & Johnson’s first volunteers (the Laurel Club) helping underserved children and wounded soldiers – and they had a women’s basketball team!

Igniting the Power of Women to Create a Healthier Tomorrow

Women at Johnson & Johnson have been fueling the future of human health for more than 130 years\(^1,2\)

2018
Today, 45% of Johnson & Johnson’s 39,000+ US associates are women, and 42% of senior managers are women.

2017
In 2017, *Fortune* named two Johnson & Johnson leaders, Sandi Peterson (Group Worldwide Chair) and Jennifer Taubert (Worldwide Chairman, Pharmaceuticals), to its annual Most Powerful Women list for the second year in a row.

Johnson & Johnson has been named in Working Mother’s 100 Best Companies for all 30+ years of the survey¹

Johnson & Johnson ranks in the top 10 on Diversity Inc’s list of the Top 50 Companies for Diversity²

Johnson & Johnson has been named the first-ever Fortune Most Powerful Women (MPW) global partner³

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The Gender Equity Conundrum

Beyond RVUs: A Fairy Tale Ending?

On the Corner of Leadership and Quality
Difference in Hours Worked Per Week by Gender (2015)¹

*Among multiple specialties; utilized by the American College of Rheumatology in their Workforce Study calculations.

Average Annual Rheumatology Patient Visits by Gender (2015)¹

Rheumatologist age:  
- <40
- 40–49
- 50–59
- Average

MEN
- 2,912
- 3,432
- 3,224
- 3,133

WOMEN
- 1,768
- 2,236
- 2,446
- 2,249

Average Annual Rheumatology Patient Visits by Gender

FTE = full-time employee.

Average Annual Rheumatologist RVUs by Gender

MEN
4,944 RVUs

WOMEN
4,155 RVUs

RVU = relative value unit.
Women comprise more than one third of the active physician workforce, an estimated 46% of all physicians-in-training, and more than half of all medical students in the United States. Although progress has been made toward gender diversity in the physician workforce, disparities in compensation exist and inequities have contributed to a disproportionately low number of female physicians achieving academic advancement and serving in leadership positions. Women in medicine face other challenges, including a lack of mentors, discrimination, gender bias, cultural environment of the workplace, imposter syndrome, and the need for better work-life integration. In this position paper, the American College of Physicians summarizes the unique challenges female physicians face over the course of their careers and provides recommendations to improve gender equity and ensure that the full potential of female physicians is realized.

In 2015, more than one third (34%) of the active physician workforce in the United States was female (1); an estimated 46% of all physicians-in-training and more than half of all medical students are women (2). Although women have made substantial progress in these areas, much remains to be done to improve equality, 15% of department chairs, and 16% of deans (6). This lack of female physicians in leadership positions has traditionally been believed to be a pipeline problem; however, because women have made up roughly half of medical student graduates for years, the systematic origins of this problem are becoming more

“Although progress has been made toward gender diversity in the physician workforce, **DISPARITIES IN COMPENSATION EXIST** and inequities have contributed to a disproportionately low number of female physicians achieving academic advancement and serving in leadership positions.”

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Difference in Compensation* by Gender in Rheumatology\textsuperscript{1-3}

*Mean difference calculated from 2016 and 2017 annual compensation reports.
The Fuzzy Math of Gender Compensation

“Many studies show that female physicians tend to spend more time with each patient, and that ... means probably less RVUs and their compensation will probably be less.”

Significant Differences Exist in the Patient Mix by Gender

*Based on a survey of primary care physicians.

Gender Differences in the Patient Visit

Patients
- Speak more
- Disclose more medical information
- Make more positive statements
- Report more participatory visits

Female physicians
- Are more empathetic
- Focus more on psychosocial question-asking and counseling

are more open with female physicians
are more patient-centered in their communications

Patients Treated by Female Physicians May Have Better Outcomes¹

JAMA Internal Medicine | Original Investigation

Comparison of Hospital Mortality and Readmission Rates for Medicare Patients Treated by Male vs Female Physicians

Yusuke Tsugawa, MD, MPH, PhD; Anupam B. Jena, MD, PhD; Jose F. Figueroa, MD, MPH; E. John Orav, PhD; Daniel M. Blumenthal, MD, MBA; Ashish K. Jha, MD, MPH

IMPORTANCE Studies have found differences in practice patterns between male and female physicians, with female physicians more likely to adhere to clinical guidelines and evidence-based practice. However, whether patient outcomes differ between male and female physicians is largely unknown.

OBJECTIVE To determine whether mortality and readmission rates differ between patients treated by male or female physicians.

DESIGN, SETTING, AND PARTICIPANTS We analyzed a 20% random sample of Medicare fee-for-service beneficiaries 65 years or older hospitalized with a medical condition and treated by general internists from January 1, 2011, to December 31, 2014. We examined the association between physician sex and 30-day mortality and readmission rates, adjusted for patient and physician characteristics and hospital fixed effects (effectively comparing female and male physicians within the same hospital). As a sensitivity analysis, we examined only physicians focusing on hospital care (hospitalists), among whom patients are plausibly quasi-randomized to physicians based on the physician’s specific work schedules. We also investigated whether differences in patient outcomes varied by specific condition or by underlying severity of illness.

Patients Treated by Female Physicians May Have Better Outcomes$^1$

Elderly hospitalized patients treated by female vs male internists

- **Lower Mortality**
  - $P<0.001^1$

- **Lower 30-day Readmissions**
  - $P<0.001^1$

“The findings not only launch a grenade at the gender pay gap in medicine, they also suggest the methods of female physicians — if replicated broadly — could significantly improve the quality of medical care in the United States.”$^2$

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The Gender Equity Conundrum

Beyond RVUs: A Fairy Tale Ending?

On the Corner of Leadership and Quality
Cinderella Effect: Are Your Contributions Undervalued?

“Perhaps the type of work that female physicians tend to perform is under-valued in current reimbursement models. Female physicians may be less productive, as traditionally measured, and at greater risk for burnout, because they are performing activities that are time-consuming yet not captured with traditional RVU-based measurement.”

Recognition for the Cinderella Contribution

RECOGNIZE PHYSICIAN PERFORMANCE OUTSIDE OF wRVU PRODUCTION¹

wRVU = work relative value unit.
Change to value-based care (VBC)

- Compensation models need to align with organizational VBC goals
- Currently an average of 10% of compensation is tied to quality/VBC incentives

RVU = relative value unit.

Finding the Goldilocks Zone

10% of compensation tied to quality/VBC incentives is too low to drive change\(^1\)

Compensation too high tied to quality/VBC may result in too big of a decrease in patient volume/revenues\(^2\)

VBC = value-based care.

Beyond RVUs: A Fairy Tale Ending?

VBC = value-based care.

The Gender Equity Conundrum

Beyond RVUs: A Fairy Tale Ending?

On the Corner of Leadership and Quality
“Leadership is a critical component for any organization seeking to drive improvements in health care quality and patient safety.”

– Institute for Healthcare Improvement

The Solution: Finding the Right Leadership Style

### Tend to be **Transactional leaders**

- Conventional leadership approach that uses a system of reward and punishment
  - Give-and-take relationships with subordinates
  - Clarifying responsibilities
  - Rewards for meeting objectives
  - Corrective/disciplinary actions for failing to meet objectives

### Tend to be **Transformational leaders**

- Modern leadership approach acting as a nurturing mentor or coach
  - Gain subordinate trust and confidence
  - State future goals and develop plans to achieve
  - Mentor and empower subordinates to develop full potential
  - Provide support and encouragement to subordinates

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The Four Elements of Transformational Leadership\textsuperscript{1,2}

The Four Elements of Transformational Leadership$^{1,2}$

The Four Elements of Transformational Leadership\textsuperscript{1,2}

\begin{itemize}
\item Foster innovation
\item Challenge the status quo
\item Nurture independent thought
\item Remove barriers to change
\item View challenges as learning opportunities
\end{itemize}

The Four Elements of Transformational Leadership\textsuperscript{1,2}

The Four Elements of Transformational Leadership\textsuperscript{1,2}

- Articulate an appealing and inspiring vision that is understandable
- Challenge with high standards
- Share optimism about future goals
- Support belief in their abilities

Relationship Between Transactional and Transformational Leadership\textsuperscript{1,2}

\begin{itemize}
\item Transactional Leadership
  \begin{itemize}
  \item Management by exception
  \item Contingent reward
  \end{itemize}
\end{itemize}

\begin{itemize}
\item Expected effort
\item Expected performance
\end{itemize}

\begin{itemize}
\item Motivated; extra effort
\item Performance beyond expectations
\end{itemize}

Transformational leaders:

• Provide a sense of purpose that is clear and energizing
• Are role models for ethical conduct
• Display strong commitment to safety, safety practices and procedures, and placing safety as top priority
• Have been directly linked to employees’ perception of a strong safety climate

Transformational leadership:

- Fosters organizational change needed for implementing quality initiatives
- Has a direct relationship to implementing quality (CQI) initiatives which are positively associated with improved process quality

CQI = continuous quality improvement.

Let’s Discuss!
Thank You!