

Latte 'N Learn

August 16, 2018

Hilton Head, SC

An Educational Event Designed for
Women in Rheumatology



*Latte
'N Learn*

Quality and
Transformational
Leadership in
Rheumatology

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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^{1,2}



1886

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

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



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!

1. Johnson & Johnson. Our Story. <https://ourstory.jnj.com/taxonomy/term/529>. Accessed July 9, 2018. 2. Ten Ways Women Have Trailblazed at Johnson & Johnson Since 1886. <https://www.jnj.com/our-heritage/international-womens-day-2015-ten-ways-that-women-have-shaped-johnson-johnson>. Accessed July 9, 2018.

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.

1. Working Mother. <http://www.workingmother.com/best-companies-johnson-johnson>. Accessed June 27, 2018. 2. Johnson & Johnson Leaders Make *Fortune*'s 2017 Most Powerful Women List. <https://www.jnj.com/latest-news/johnson-johnson-leaders-make-fortunes-2017-most-powerful-women-list>. Accessed July 9, 2018.



**WORKING
MOTHER**



DiversityInc



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

1. Working Mother. <http://www.workingmother.com/best-companies-johnson-johnson>. Accessed June 27, 2018. 2. DiversityInc. https://www.diversityinc.com/st/DI_Top_50. Accessed June 27, 2018. 3. Johnson & Johnson. <https://www.jnj.com/our-company/johnson-johnson-is-named-first-ever-fortune-most-powerful-women-global-partner>. Accessed June 27, 2018.



The Gender Equity
Conundrum

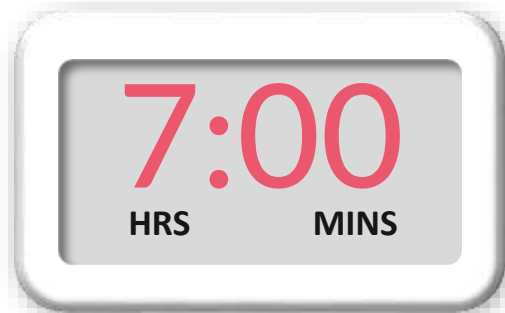


Beyond RVUs: A
Fairy Tale Ending?





On the Corner of
Leadership and
Quality

Difference in Hours Worked Per Week by Gender (2015)¹



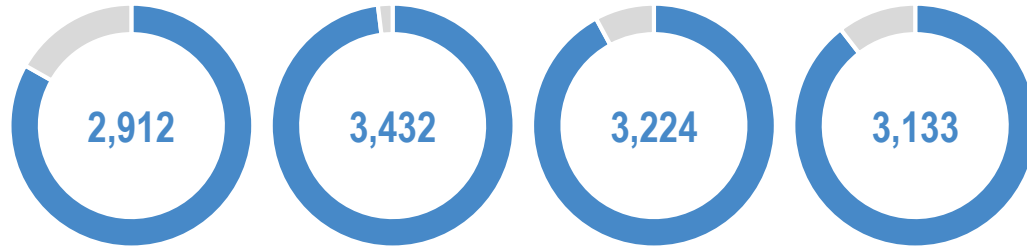
FEWER HOURS
WORKED PER
WEEK*

GENDER DIFFERENCE Scorecard			
Hours worked	<input checked="" type="checkbox"/>		
Patients/year			
RVUs/year			
Compensation			
Time/patient			
Female patients/year			
Complex patients/year			
Patient openness			
Patient communication			
Quality of care			

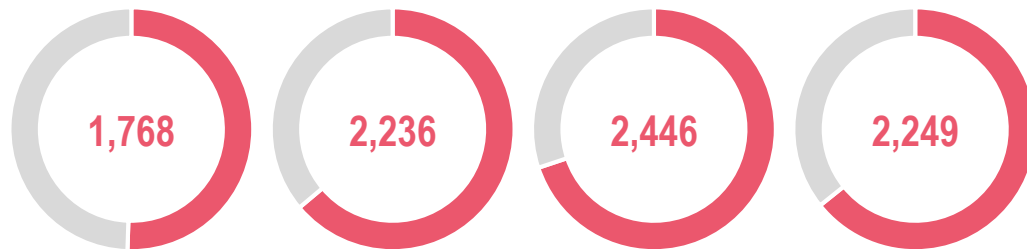
*Among multiple specialties; utilized by the American College of Rheumatology in their Workforce Study calculations.

1. American College of Rheumatology. <https://www.rheumatology.org/portals/0/files/ACR-Workforce-Study-2015.pdf>. Accessed July 3, 2018.

Average Annual Rheumatology Patient Visits by Gender (2015)¹



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



1. American College of Rheumatology. <https://www.rheumatology.org/portals/0/files/ACR-Workforce-Study-2015.pdf>. Accessed July 3, 2018.

Average Annual Rheumatology Patient Visits by Gender¹



GENDER DIFFERENCE
Scorecard

		
Hours worked	✓	
Patients/year	✓	
RVUs/year		
Compensation		
Time/patient		
Female patients/year		
Complex patients/year		
Patient openness		
Patient communication		
Quality of care		

FTE = full-time employee.

1. Rheumatology News. <https://www.mdedge.com/rheumatologynews/article/118407/practice-management/acr-2015-workforce-study-fewer-rheumatologists>. Accessed July 3, 2018.

Average Annual Rheumatologist RVUs by Gender¹



4,944
RVUs



4,155
RVUs

GENDER DIFFERENCE Scorecard			
Hours worked	✓		
Patients/year	✓		
RVUs/year	✓		
Compensation			
Time/patient			
Female patients/year			
Complex patients/year			
Patient openness			
Patient communication			
Quality of care			

RVU = relative value unit.

1. The Rheumatologist. <https://www.the-rheumatologist.org/article/rheumatology-gender-pay-gap/>. Accessed July 3, 2018.

Achieving Gender Equity in Physician Compensation and Career Advancement: A Position Paper of the American College of Physicians

Renee Butkus, BA; Joshua Serchen, BA; Darilyn V. Moyer, MD; Sue S. Bornstein, MD; and Susan Thompson Hingle, MD; for the Health and Public Policy Committee of the American College of Physicians*

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.

Ann Intern Med. doi:10.7326/M17-3438

For author affiliations, see end of text.

This article was published at [Annals.org](https://annals.org) on 17 April 2018.

[Annals.org](https://annals.org)

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 eq-

uities, 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

1. Butkus R, et al. *Ann Intern Med.* 2018;168:721-723.

Achieving Gender Equity in Physician Compensation and Career Advancement: A Position Paper of the American College of Physicians

Renee Butkus, BA; Joshua Serchen, BA; Darlynn V. Meyer, MD; Sue S. Reinstein, MD; and Susan Thompson Hingle, MD; for the Health and Public Policy Committee

“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.”¹

Women comprise more than half of the physician workforce, an estimated 46% of all medical students, and more than half of all medical residents. Although progress has been made in the physician workforce, disparities in compensation exist and inequities have contributed to a low number of female physicians achieving academic advancement and serving in leadership positions. Women face unique challenges, including a lack of mentors, discrimination, gender bias, and a cultural environment of the medical profession that hinders the full potential of female physicians is realized.

Annals.org

— American College of Physicians
2018 Position Paper

In 2015, more than one third (34%) of the active physician workforce in the United States were 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 equity.

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1. Butkus R, et al. *Ann Int Med*. 2018;168:721-723.

Difference in Compensation* by Gender in Rheumatology¹⁻³



GENDER DIFFERENCE Scorecard	
	 
Hours worked	<input checked="" type="checkbox"/>
Patients/year	<input checked="" type="checkbox"/>
RVUs/year	<input checked="" type="checkbox"/>
Compensation	<input checked="" type="checkbox"/>
Time/patient	<input type="checkbox"/>
Female patients/year	<input type="checkbox"/>
Complex patients/year	<input type="checkbox"/>
Patient openness	<input type="checkbox"/>
Patient communication	<input type="checkbox"/>
Quality of care	<input type="checkbox"/>

*Mean difference calculated from 2016 and 2017 annual compensation reports.

1. Medscape. <https://www.medscape.com/slideshow/compensation-2017-rheumatology-6008588>. Accessed July 3, 2018. 2. Medscape. <https://www.medscape.com/features/slideshow/compensation/2016/rheumatology>. Accessed July 3, 2018. 3. Data on file. Janssen Biotech, Inc.

The Fuzzy Math of Gender Compensation

~10% \neq ~20%
fewer hours worked¹ compensation differential^{2,3}

"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."⁶

~10% \neq ~20%
fewer hours worked¹ fewer RVUs⁴

~10% + ~10% = ~20%
fewer hours worked¹ longer visits with patients⁵ compensation differential

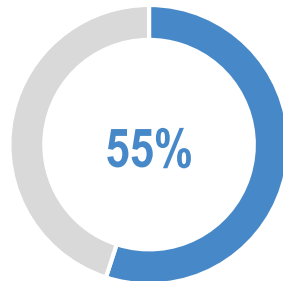
GENDER DIFFERENCE Scorecard			
Hours worked			
Patients/year			
RVUs/year			
Compensation			
Time/patient			
Female patients/year			
Complex patients/year			
Patient openness			
Patient communication			
Quality of care			

1. American College of Rheumatology. <https://www.rheumatology.org/portals/0/files/ACR-Workforce-Study-2015.pdf>. Accessed July 3, 2018. 2. Medscape. <https://www.medscape.com/slideshow/compensation-2017-rheumatology-6008588>. Accessed July 3, 2018. 3. Medscape. <https://www.medscape.com/features/slideshow/compensation/2016/rheumatology>. Accessed July 3, 2018. 4. The Rheumatologist. <https://www.the-rheumatologist.org/article/rheumatology-gender-pay-gap/>. Accessed July 3, 2018. 5. AthenaInsight. <https://www.athenahealth.com/insight/way-system-works-against-women-doctors>. Accessed July 3, 2018. 6. Medpage Today. <https://www.medpagetoday.com/practicemanagement/practicemanagement/64820>. Accessed July 3, 2018.

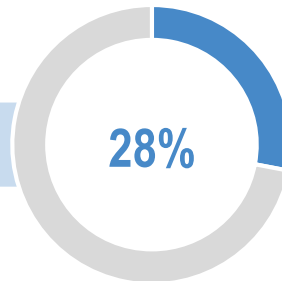
Significant Differences Exist in the Patient Mix by Gender^{*1}



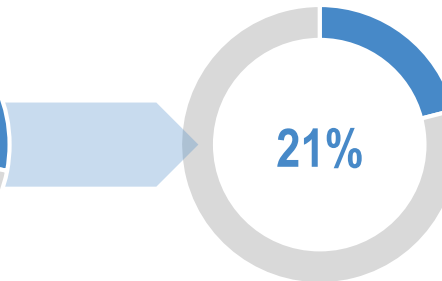
Patient mix:



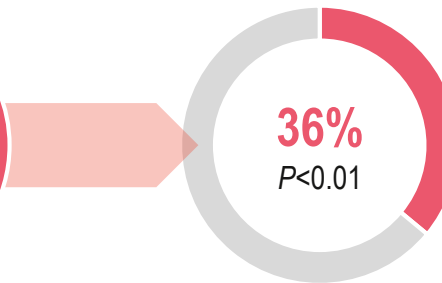
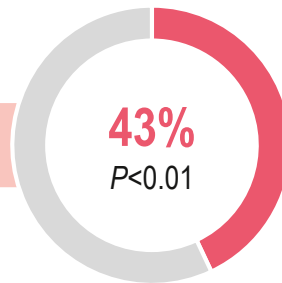
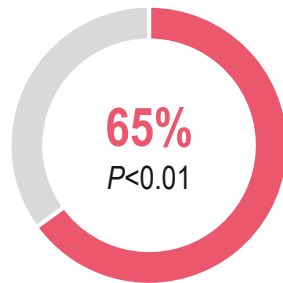
Female



Psychosocially
complex



Additional
time needed



Hours worked	✓	
Patients/year	✓	
RVUs/year	✓	
Compensation	✓	
Time/patient		✓
Female patients/year		✓
Complex patients/year		✓
Patient openness		✓
Patient communication		
Quality of care		

^{*}Based on a survey of primary care physicians.

1. McMurray JE, et al. *J Gen Int Med.* 2000;15:372-380.

Gender Differences in the Patient Visit¹

Patients



Speak more



Disclose more medical information



Make more positive statements



Report more participatory visits

are more open with female physicians

Female physicians



Are more empathetic



Focus more on psychosocial question-asking and counseling

are more patient-centered in their communications



		
Hours worked		
Patients/year		
RVUs/year		
Compensation		
Time/patient		
Female patients/year		
Complex patients/year		
Patient openness		
Patient communication		
Quality of care		

1. Butkus R, et al. *Ann Int Med*. 2018;168:721-723.

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.

- ← Editorial page 161
- + Author Audio Interview
- + Supplemental content
- + CME Quiz at [jamanetwork.com](#)
- + CME Questions

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questions

GENDER DIFFERENCE Scorecard			
Hours worked			
Patients/year			
RVUs/year			
Compensation			
Time/patient			
Female patients/year			
Complex patients/year			
Patient openness			
Patient communication			
Quality of care			

1. Tsugawa Y, et al. *JAMA Int Med.* 2017;177:206-213. 2. STAT News. <https://www.statnews.com/2016/12/19/patients-female-physicians-live-longer/>. Accessed July 3, 2018.

Patients Treated by Female Physicians May Have Better Outcomes¹

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

GENDER DIFFERENCE Scorecard			
Hours worked			
Patients/year			
RVUs/year			
Compensation			
Time/patient			
Female patients/year			
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Patient openness			
Patient communication			
Quality of care			

1. Tsugawa Y, et al. *JAMA Int Med.* 2017;177:206-213. 2. STAT News. <https://www.statnews.com/2016/12/19/patients-female-physicians-live-longer/>. Accessed July 3, 2018.



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.”²

1. Butkus R, et al. *Ann Int Med*. 2018;168:721-723. 2. AthenaInsight. <https://www.athenahealth.com/insight/way-system-works-against-women-doctors>. Accessed July 3, 2018.

Recognition for the Cinderella Contribution

RECOGNIZE PHYSICIAN PERFORMANCE
OUTSIDE OF wRVU PRODUCTION¹



wRVU = work relative value unit.

1. NEJM Catalyst. <https://catalyst.nejm.org/building-a-better-physician-compensation-and-performance-model/>. Accessed July 3, 2018.

Hansel and Gretel: Intersecting the Breadcrumbs

Change to value-based care (VBC)

- Compensation models need to align with organizational VBC goals¹
- Currently an average of 10% of compensation is tied to quality/VBC incentives²



RVU = relative value unit.

1. MGMA. <https://www.mgma.com/event-registration/mgma18-the-financial-conference/session-handouts/con204-implementing-value-based-compensation-part>. Accessed July 3, 2018. 2. MedPage Today. <https://www.medpagetoday.com/publichealthpolicy/generalprofessionalissues/71071>. Accessed July 3, 2018.

Finding the Goldilocks Zone



TOO COLD

10% of compensation tied to quality/VBC incentives is too low to drive change¹



TOO HOT

Compensation too high tied to quality/VBC may result in too big of a decrease in patient volume/revenues²



JUST RIGHT

20%
of compensation needed for behavioral change¹

VBC = value-based care.

1. MGMA. <https://www.mgma.com/event-registration/mgma18-the-financial-conference/session-handouts/con204-implementing-value-based-compensation-part>. Accessed July 3, 2018. 2. Merritt Hawkins. https://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Pdf/2017_Physician_Incentive_Review_Merritt_Hawkins.pdf. Accessed July 3, 2018.

Beyond RVUs: A Fairy Tale Ending?

Support

VBC

Shortage

Awareness

TO CHANGE CARE
COMPENSATE FOR CARE¹

VBC = value-based care.

1. AthenaHealth. <https://www.athenahealth.com/insight/way-system-works-against-women-doctors>. Accessed July 3, 2018.



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Beyond RVUs: A
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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.”¹

– Institute for Healthcare Improvement

1. Institute for Healthcare Improvement. <http://www.ihi.org/Topics/Leadership/Pages/default.aspx>. Accessed July 3, 2018.

The Solution: Finding the Right Leadership Style¹



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

1. Eagly AH, Carli LL. *Harvard Business Review*. <https://hbr.org/2007/09/women-and-the-labyrinth-of-leadership>. Accessed June 27, 2018.

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



1. Management Study Guide. <https://managementstudyguide.com/transformational-leadership.htm>. Accessed June 27, 2018. 2. Langston University. <https://www.langston.edu/sites/default/files/basic-content-files/TransformationalLeadership.pdf>. Accessed June 27, 2018.

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



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



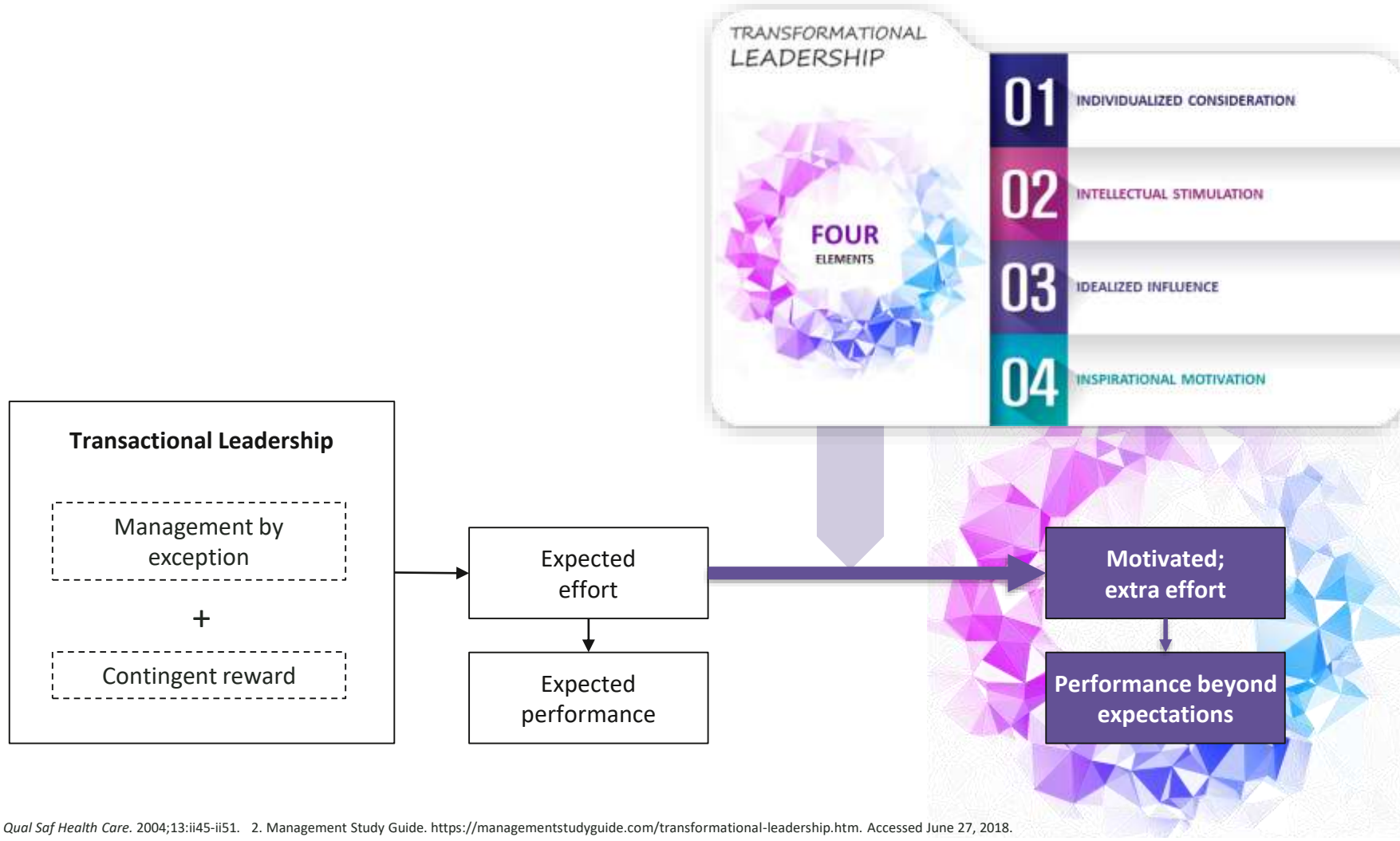
1. Management Study Guide. <https://managementstudyguide.com/transformational-leadership.htm>. Accessed June 27, 2018. 2. Langston University. <https://www.langston.edu/sites/default/files/basic-content-files/TransformationalLeadership.pdf>. Accessed June 27, 2018.

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



1. Management Study Guide. <https://managementstudyguide.com/transformational-leadership.htm>. Accessed June 27, 2018. 2. Langston University. <https://www.langston.edu/sites/default/files/basic-content-files/TransformationalLeadership.pdf>. Accessed June 27, 2018.

Relationship Between Transactional and Transformational^{1,2}



1. Flin R, Yule S. *Qual Saf Health Care*. 2004;13:ii45-ii51. 2. Management Study Guide. <https://managementstudyguide.com/transformational-leadership.htm>. Accessed June 27, 2018.

TRANSFOR MATIONAL



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

1. McFadden KL, Stock GN, Gowen CR. *Health Care Manage Rev.* 2015;40:24-34. 2. Sfantou DF, et al. *Healthcare.* 2017; 5, 73; doi:10.3390/healthcare5040073.

TRANSFOR MATIONAL



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.

1. McFadden KL, Stock GN, Gowen CR. *Health Care Manage Rev.* 2015;40:24-34. 2. Sfantou DF, et al. *Healthcare.* 2017; 5, 73; doi:10.3390/healthcare5040073.



*Latte
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Let's Discuss!



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Thank You!