



**Leading Integration Through Culture**  
**AMGA Virtual Executive Roundtable Summary**  
*December 2, 2024*

The AMGA Hospital & Health System Advisory Committee convened physician executives and health leaders to discuss **how health systems are navigating cultural integration amid ongoing consolidation**. Led by Kim Sherbrooke, MHA, FACMPE, senior vice president of Corwell Health West Medical Group Operations, the discussion explored strategies for building unified organizational culture, developing clinical leadership, and implementing systemwide initiatives that enhance provider well-being while maintaining accountability.

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### **Key Themes & Takeaways**

#### **1. Comprehensive Provider Strategy as Integration Foundation**

- **Systemwide approach:** Leading systems are developing multi-year provider strategies encompassing thousands of physicians and advanced practice providers (APPs) across multiple regions with varying employment models (ranging from 30-80% employed).
- **Core strategic objectives:** Optimize workforce development across specialties and geographies; drive sustainable growth through aligned independent providers; ensure data/research/innovation infrastructure readiness; develop clinical pathways and best practices; structure clinical leadership for systemwide (not just local) accountability.
- **Regional flexibility:** Rather than forcing immediate uniformity, successful systems acknowledge different markets require different approaches—particularly for capital-intensive services and varying payer environments.
- **Employment model diversity:** Regions reflect “historical alignment, approach, and partnership,” ranging from direct employment models to independent and contracted partnerships.

#### **2. Strategic Cascading from System to Service Line**

- **Alignment framework:** System-level strategy cascades to regional strategy, which informs medical group strategy and individual service line strategies—ensuring alignment while allowing appropriate local customization.
- **Focused goal cadence:** Weekly rotating focus areas (People, Cost/Sustainability, Quality/Experience, Growth) keep teams aligned on highest-priority activities and drive individual accountability for system-level performance.
- **Service line evolution:** Regional service lines remain common for core work (orthopedics, women’s health, primary care), while certain lines like behavioral health and radiology evolve to systemwide structures.
- **P&L accountability models vary:** Some systems give service line leaders full P&L responsibility for both hospital and ambulatory operations on consolidated basis; others position service lines as strategic consultants without P&L authority.

#### **3. Provider Well-Being Investments Drive Retention**

- **AI-powered clinical documentation:** Systemwide rollout of ambient listening technology generating AI notes for review/signature resulted in increased engagement, improved well-being scores, and higher outpatient throughput.



- **Inbox management programs:** RN review of provider inboxes with focused APP support reduced provider-facing messages to less than 20%, with physicians reporting they've "gotten their life back" and no longer work late nights.
- **Systematic well-being offices:** Dedicated systemwide offices provide surveys, hot-spotting, targeted investments, and resources specifically for provider needs beyond general employee programs.
- **Measurable retention outcomes:** Leading systems report physician/APP turnover rates below 4% as validation of cultural investments.

#### 4. Clinical Collaboration Infrastructure Over Forced Consolidation

- **Collaborative structures:** Systems create "collaboratives" where teams solve problems and find value—particularly around electronic health record (EHR implementation)—without necessarily becoming unified teams.
- **Governance for standardization:** Clinical pathway governance brings regions together to standardize devices, policies, and best practices toward being "optimized, harmonized, more similar than different."
- **EHR as integration platform:** Single EHR instances across regions provide foundation for clinical pathways and enable meaningful standardization collaboration.
- **Learning dissemination:** Initiatives launched in one region spread systemwide through structured sharing—"it may not land the same way everywhere, but generally it does."
- **Patience with structural evolution:** Leaders openly discuss whether functions should remain regional or become systemwide, acknowledging forcing consolidation "would probably get really hard."

#### 5. Leadership Development as Cultural Investment

- **Dyad model implementation:** Physician leader and operations leader serve as equals in developing and delivering service line strategy and performance metrics.
- **External partnerships and internal focus:** Regular sessions with consultants on leadership traits (trust-building, team collaboration) complement internal dyad relationship strengthening.
- **Compensation structures:** Systems pay physicians for nonclinical leadership through dedicated FTE (typically 0.1-0.2) at regular compensation rates, managed through annual budgets.
- **Career pathway approach:** Leadership development happens through lower-risk roles, mentoring, demonstrated success, and progression—requiring patience as leaders prove growth capacity.
- **Generational shift recognition:** Emerging physicians expect formal compensation for leadership time versus volunteering, necessitating structured approaches.

#### 6. Multi-year Leadership Institutes Build Common Culture

- **Sustained investment:** Systems report 15+ year leadership development programs with \$1 million annual investments training hundreds of leaders across all roles (physicians, nurses, advancing staff).
- **Team-based learning:** Cohort models put cross-functional teams through multi-month programs working on quality improvement projects together.
- **Cultural language development:** "What's important is not that we teach them things, but that they all come out speaking the same language culturally."
- **Continued through disruption:** Programs were so critical they continued through pandemic, adapting to virtual and hybrid formats.



- **CEO-level commitment:** Senior executives personally request continued program leadership, signaling organizational priority.

## 7. Mission, Vision, Values as Integration Anchors

- **Early harmonization:** Initial integration work focuses on unified KPIs, mission statements, and values to “ground people in the fundamentals.”
- **Sustained reinforcement:** Clear, repeated mission/vision/values statements help establish team identity and “get people on the same page.”
- **Commitment statements:** Simple organizational mantras with actionable components (gratitude, showing appreciation) provide daily cultural touchpoints.
- **Realistic timeline expectations:** Moving from “federation of independent states” to unified system identity “always takes time, particularly if they’ve known life as federated.”
- **Clear alignment expectations:** Leaders communicate boundaries: “The door is open now, but it’s closing soon—you’re either going to be on it or off of it.”

## 8. Demonstrating Integration Value to Clinicians

- **Patient care benefit focus:** Most effective messaging shows clinicians how patients benefit from integrated access to specialized services and resources previously unavailable.
- **Regular best practice sharing:** Bi-weekly clinical meetings highlight services, capabilities, and best practices available across the integrated system.
- **Clinical excellence showcase:** Demonstrating system-level capabilities (advanced procedures, specialized care) reinforces that integration enables advancement versus constraining autonomy.
- **Peer learning emphasis:** Sharing operational learnings and clinical pathways across regions demonstrates tangible value beyond administrative consolidation.

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### Outcomes Highlighted

- **Exceptional retention rates:** Leading systems achieve physician/APP turnover below 4% through systematic cultural investments.
- **Engagement measurement success:** Organizations improved employee survey participation from 32% to 80% by demonstrating action on feedback.
- **Well-being program impact:** AI documentation and inbox management programs produced “astounding” engagement scores and provider reports of restored work-life balance.
- **Leadership development scale:** Long-running institutes trained 900+ leaders who share common cultural language and approaches.
- **EHR integration foundation:** Rapid, single-instance deployments created platforms for clinical pathway collaboration and standardization.
- **Cross-regional governance:** Teams successfully harmonize clinical policies and device standardization through collaborative structures.
- **Generous leadership time allocation:** Nonclinical time budgets managed as monetary resources enable robust physician engagement in governance.

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### Overall Conclusion

The discussion revealed that **cultural integration succeeds through systematic investment in people, infrastructure, and time rather than forced consolidation**. Leaders emphasized that:

- **Culture requires budgeted investment**—leadership development, well-being programs, and recognition systems must be measurable line items.



- **“Bias for action” enables scaling**—experimentation with innovations (AI documentation, inbox management) allows identification of scalable successes.
- **Regional autonomy with collaborative expectations** outperforms mandated uniformity—markets operate differently while participating in governance and standardization.
- **Provider well-being drives business outcomes**—exceptional retention and engagement result from systematic investments demonstrating organizational care.
- **Leadership development combines art and investment**—requiring mentoring, progressive roles, formal education, and compensation for nonclinical contributions.
- **Integration requires multi-year transformation**—particularly from independent/federated to unified models, demanding patience and sustained mission/values reinforcement.
- **Clinical value must be tangible**—patient care benefits and resource access resonate more powerfully than administrative efficiency arguments.
- **Spending money on people is non-negotiable**—“Culture is personality-driven; you have to spend time with people, invest in people, and that means spending money.”

Participants emphasized that successful integration leaders balance standardization with market realities, invest in both hard infrastructure (EHR) and soft infrastructure (development, well-being), maintain realistic timelines for cultural evolution, and clearly communicate alignment expectations while allowing appropriate flexibility.