JO LEE: Welcome to the Brown University Executive Master podcast series. The repeal of Obamacare represents a seismic shift in the health care industry. How can leaders move their organizations forward in these uncertain times? In this podcast, we tackle this question with Jim Austin, a faculty member in the Brown University Executive Master of Healthcare Leadership program and principal at Decision Strategies International. Previously, Jim established an HMO in Chicago and served as a vice president at Baxter Healthcare.

Thank you for joining us today. Repeal is in the works for Obamacare. We don't know what the future will look like. What might be the impact on health care leaders at the organizational level?

JIM AUSTIN: Jo, this is a really tough time to be a health care leader because it's not clear exactly what the health care system will be like several months from now, several years from now. So part of the challenge for health care leaders is what do I do in the short term, while being aware of what are the needs for the long term? And it's that challenge of dealing with uncertainty.

Health care used to be a very steady, very dependable system of choices. All of that is up in the air. And the challenge for health care leaders is how do I develop those new muscles, those new capabilities to deal with changing environments, to deal with my changing world and yet keep delivering the high quality, the level of service that my patients, that my organization is looking for without moving down a path that leads in the wrong direction from where health care may be three to five years from now? So how do I deal with uncertainty? And that's the challenge for health care leaders.

JO LEE: That sounds like a tricky balance. How does EMHL, the Executive Master in Healthcare Leadership program at Brown University help professionals manage this balance?

JIM AUSTIN: Jo, the difference with EMHL and other executive master's programs, and there are many out there, to me, the big difference is it's primarily taught by people that have real world, practical experience. So they're very knowledgeable in the academic side.

They might have published. They might be faculty. But they have long experience in the real world. I, for example, helped start an HMO in the 1980s in Chicago. I live in downtown Chicago.
More recently, I was Vice President at Baxter Healthcare for a number of years. Today, I bring all of that experience into the class with some of the latest thinking around health care development, health care management, health care marketing. But it’s not simply an academic program; it’s a program that tries to balance what’s the most practical with the best for long-term success.

**JO LEE:** You and your colleagues at the Executive Master of Healthcare Leadership Program have written a book, *Leading Strategic Change in an Era of Healthcare Transformation*. What was the motivation for this book?

**JIM AUSTIN:** Jo, the motivation was quite simply we could not find a good text or a good introduction to help health care leaders make the decisions that they need to be making on a day-to-day basis. So we found many books on the environment, or what I would call the macro level of health care evolution. We didn’t find many at that practical level, saying how do I balance managing my costs, managing the short term with transforming, with moving the organization, say, from a fee-based system to a more value-based system?

What the heck does population health mean? How do I balance delivering services today while moving towards a population health model? If even I want to make that choice. Our book is very much oriented towards that practical, how can we help health care leaders make the choices they’ve got to make today, tomorrow, and in the future.

**JO LEE:** Terrific. One last question. I know that the book includes a number of case studies. Is there an example that you can talk about that captures how today organizations are effectively managing this very difficult balance?

**JIM AUSTIN:** There’s a number of case studies in there. But one in particular, I think it was Coastal Medical. Coastal Medical is a primary care group here in Rhode Island, the largest primary care group, I think, in New England-- over 100 physicians. And several years ago, they decided to change the way they were practicing health care.

The point of the case study is you need to do three things in leading transformational change. First, you have to keep your current operation running. So they had to have a decision around how do we want to practice medicine? What’s our vision? And how do we balance that with day-to-day realities?

Secondly, they had to make some choices around what they were going to do, what they were
not going to do. And third, they had to hold themselves accountable. And they had to be willing to make some change once they started down a path.

Just because you’ve made some choices, doesn’t mean all of those will work out. They actually had to retreat on several of the ideas. And it was a three-to-five-year evolution. This is not quick.

As Woodrow Wilson said, if you want to make enemies, try to change something. Change is hard. But that's the challenge the health care leaders are facing today.

**JO LEE:** Thank you very much.

**JIM AUSTIN:** Thank you, Jo.

**JO LEE:** Thank you for listening to this podcast. To learn more about Brown University's Executive Master programs, please visit brown.edu/executive.