DOCTOR'S CROSSING
CARPE DIEM PODCAST
BY HEATHER FORK, MD, MCC

TRANSCRIPT

EPISODE 136 A Surgeon Shares Her Advice For Becoming A CMO

With guest Dr. Serene Perkins

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 136. Before we get started, I wanted to mention some free resources on my website if you're not already aware of them. If you go to the doctorscrossing.com website and hit the freebies tab at the top of the page, you'll see a number of different resources, including a starter kit that helps you if you're at the crossroads and uncertain of how to move forward in your career.

There are also guides on pharma, medical writing, doing interviewing, reaching out for chart review work, as well as time management, working on your LinkedIn profile. So, if you are interested in some free resources, there'll be a link in the show notes for this freebies tab or simply go to the doctorscrossing.com website and hit the freebies tab at the top of the page. Now onto our episode.

Today, we are diving into the role of being a Chief Medical Officer or CMO in the hospital setting. I wish I could give you a nutshell definition of what the CMO does, but they wear quite a lot of hats in their role, so I can't do some justice in one breath, hence, this podcast.

While physicians are considered to be advocates for patients, the CMO is an advocate for both patients and staff. They navigate the line between hospital administration and medical staff and are considered a liaison between the two groups.

In two previous podcast episodes 134 and 105, we talked about the physician advisor who also serves as liaison between clinicians and administrators. What is the difference between the physician advisor and the CMO? While the physician advisor handles many day-to-day tasks with an emphasis on utilization management, the CMO is involved in day-to-day issues as well, but also focuses on strategic planning and operations.

While a physician advisor might be on a call with a payer medical director, the CMO could be interviewing new doctors, developing additional service lines, preparing for a joint commission visit, and attending a lot of meetings with different stakeholders in the organization.

A physician advisor may go on to become a chief medical officer, and a chief medical officer could become president or CEO of a healthcare system. Becoming a chief medical officer or CMO is definitely an option for those of you who want to stay in medicine and

work on improving this system and gain experience as a leader. How exactly does one become a CMO and what is involved in this role?

Joining us today to explore these questions is surgeon Dr. Serene Perkins, who has held various positions including physician advisor, medical director, director of surgical and clinical research, and chief medical officer.

She is currently the CMO for a health plan in Alaska. Serene is going to share her story of becoming a CMO and give us an insider's perspective on what her day-to-day is like and how this role has increased her passion to improve the system for patient care even more. She'll also be talking about the skills and personality traits that are helpful to have as a CMO, and we'll outline some steps you can take to see if this role could be a good fit for you.

We'll also be talking about how she deals with the inevitable conflict that can arise when you're in a leadership position like this. It is my distinct honor to welcome Dr. Serene Perkins to the podcast. Hey. Hey. Hi, Serene.

SP: Hi, Heather. Thanks for having me.

HF: I'm so excited to have you here. And you have recently moved to Alaska.

SP: I have.

HF: Yeah. How is it there?

SP: It's amazing. Of course, the natural beauty of Alaska is absolutely astounding, and I love the people and I love my job.

HF: I remember when you were telling me, "Oh, I have a potential job offer in Alaska." And that was a big deal to just go off into this place where you hadn't lived before and had no idea what it was going to be like.

SP: It is true, and I think that that's just part of my personality. I like to try new things. I am pretty adventurous, and yeah, it's been a good move for me.

HF: And you made it through a winter, right?

SP: I barely noticed it. I was worried about that and everybody would talk about that when I was interviewing and deciding to come up here that the winters are long and it's really dark. It's almost 24 hours of darkness. But what happens is that the snow is so beautiful and white and iridescent that it just has this glow that's over everything. So, it really was not as bad as what people say. I enjoy the winter.

HF: That's amazing. I'm really happy for you. Alaska is stunning. I always love to start with my guest's story, and you reached out to me back in, I think it was around 2013, so almost a decade ago.

SP: I know. We have a ten year anniversary coming up here.

HF: Yeah, right. We do. We do. So, connect the dots a little bit for us from surgeon to CMO.

SP: Yeah, that was a big change. I actually reached out to you, Heather, about 10 years ago when I was kind of at I would say the point in my career as a surgeon where I was juggling several different priorities. Not only was I really trying to be successful in my surgical practice, but I was also trying to be a really great mom. And at that time I was raising my two children. They were, at that time, seven and nine years old, and more or less doing it on my own.

I had a full-time job. I was using childcare for my two kids. And at those ages, as you can imagine, there are a lot of demands when it comes to getting kids up and ready and fed and lunches and out the door in the morning. Generally, kids get out of school at a time where if you're working as a full-time surgeon, it's hard to break away and be able to be there to pick them up.

I needed that care in the beginning of the day and at the end of the day, and then all their activities to try to get them all the extracurriculars that they need for their development. So, I needed a lot of external help for that.

And what I started to see was just having a really hard time juggling all of it, but also maintaining that connection with my kids and ensuring that they could grow healthy and happy lives. It was a real challenge and I'm kind of sharing because I don't think that I'm alone in this. I think that there are a lot of single parents out there who struggle, who are professionals as well.

And when you take into account doing full-time surgical practice and being on call and preparing for surgery, it was really a lot. And I had to do some very deep introspective thinking, and that's when I started to work with you to find out how can I juggle these demands and still be great at what I do, what I've been trained to do.

HF: It's interesting, Serene, that you mentioned connection because just before you and I started this podcast, I had been speaking with a surgeon and she has two really, really young kids, and she's feeling pulled in these different directions, and she said one of the things that's really suffering is connection.

And she feels like when she had one child, she could be more present with them, but now with two, she's thinking about that patient who she just did a surgery on and she's thinking, "Oh, I need time with my husband and my kids are needing me too, and I feel like I'm not doing great anywhere in my life." And so, this push pul is real, and I don't

think you're exaggerating it. I didn't mention Serene what type of surgeon you are. Would you like to speak to that?

SP: I'm a general surgeon with a focus in oncology.

HF: Okay. After determining that you really needed to make some changes because of these family demands that you had and wanted to be more present for your kids, then what did you decide to do?

SP: I spent the first year and a half working with the insurance company, and it was really doing physician advisor work as well as appeals. So, I had to keep my license for that. I had to ensure that I was kind of keeping up with what the requirements were when it comes to medical necessity. Those were kind of some of the things that I did for a year and a half.

But while I was in my surgical role, I also had part of my FTE that was dedicated to research. And so, when I left my practice, I actually maintained my research FTE and that's when I kind of found myself feeling and performing well in the research arena. So, I did my best. I really put a lot of effort into excellence for the research program that I was a part of.

The other work that I did for the insurance company really was what put bread on the table, I would say, because the compensation for that was obviously not as much as general surgery, but it kept me going.

But it was the research side of things that really started to become my passion. And as I pursued that passion, what ended up happening is that different roles and leadership roles began to make themselves apparent and almost like appear before me.

And so, anytime that there was an opportunity to do something more within the research arena, I said yes. And I think when you talk about the steps towards leadership, it really begins with saying "yes" to the opportunities that are presented before you. Even if you're not sure about it, even if you feel like, "Do I have the expertise to do it?" I think that it's absolutely necessary to be able to be open to the opportunities that come your way.

And so, I was presented with various leadership roles and they kind of kept being added to me. And before long, I actually was able to resign from my position with the insurance company, and I was in full-time research and administration and specifically leadership roles within research and administration.

I did that for about five years. And I can talk a little bit more about how it was a lot of times when physicians, when we think about research, we think about requirements that we may have done in residency, basic science research, lab research, clinical research, retrospective reviews and studies. That was all part of what I did. But a lot of what I focused on was actually clinical and outcomes research. So, that gave me the opportunity to meet with a lot of different physicians who had ideas for how they could improve patient care through research in their particular areas. And it gave me a very wide exposure to the practice of medicine where I was.

HF: I'm wondering, Serene, during this time, were you thinking, "I need to keep the door open to being a surgeon" or had you already made that decision that "No, it's okay to go in a different direction?"

SP: I always liked to keep doors open and I did keep that door open and I did end up during that period of time while I was doing mostly administration, I did help one of our surgical teams for about two years with some special procedures that they were involved.

HF: This is a big question that comes up, whether you're a surgeon or even a clinician, is in order to go into leadership, be a CMO or be in another type of role, "Do I need to keep my foot in the clinical door or if I'm a surgeon and I really can't do very much surgery, potentially am I going to lose those skills?" So, what have you seen physicians doing?

SP: There are generally two tracks to this with regards to a CMO position. There are some CMOs that the organization that they work for, they do insist or maybe give the opportunity for the CMO to maintain some degree of clinical practice. When I talk about some degree, I'm talking about a 0.2 in an FTE because the CMO role is quite wide and diverse, and there is a tremendous amount of time that goes into being able to do it well.

Like anything in medicine, I think that people do have challenges, even if they do take a part-time position, there are challenges with maintaining competence and currency within their field. Just because medicine as we all know, it's continuous learning.

And then there's another track. There are CMOs that are full-time administration and they no longer practice clinically. However, I don't think that there's a day that goes by that clinical expertise and knowledge does not come into play in some way, shape, or form. And I would say that I am, even today in my current role, I am constantly growing and constantly learning. The continuous learning that we were all taught at the beginning of medical school, you're always going to be learning, it truly doesn't stop as long as you're involved in medicine in some way, shape or form.

HF: I wanted to ask you before we dive into more details about the CMO role. After you were doing this research and leadership opportunities were presenting themselves, then how did that lead to being a CMO?

SP: As I was mentioning, being able to have exposure to multiple areas within medicine and speaking with physicians, what became really clear to me is that as physicians we're

looking for ways to support the work that they wanted to do within their own fields that wasn't necessarily being done routinely within their hospitals, but perhaps needed grant funding either through their hospital foundation and or through external grants.

What I began to see was that there were definitely physicians who were very motivated to make differences and changes within the systems themselves. I began to think about ways in which I could advocate better for physicians. And in the position that I was in, the leadership position, the director role that I was playing, I did a lot of advocacy for these physicians with the chief medical officer as an example.

And what I found was that I was starting to get a little frustrated with the fact that I was constantly advocating for the change, but I wasn't actually the decision maker. And so, I started to look around and do my own research about how to become a decision maker, how to become a member of the C-suite.

HF: Interesting. I always love these stories because there's a path and everyone is different, but it often starts with wanting to help in some way, wanting to solve a problem that's connected to your heart.

SP: Yeah. I began to just look for opportunities, just executive opportunities, and at the time I wasn't thinking even outside of my state. And then a wonderful opportunity presented itself to me, and I applied and reached out and just kind of did what I do when it comes to interviewing, which has really put my best foot forward and bring enthusiasm to the plate.

And when I was offered the job and I started, definitely, it was my first CMO role. I obviously hadn't had experience before in the role, but what I will say is that my interactions that I had with my previous CMO when I was in the director role, really informed a lot of what I thought and what I did and the strategies that I employed in that role then.

And then from that point on, it was a constant growth experience. I joined a team that was an absolutely wonderful team of very experienced executives who had been in several executive roles previously from a chief nursing officer to a chief financial officer, operations officers, and of course, CEOs of that hospital. And the most wonderful thing about it is that I was really the newest member to that team, newest in the sense to the most green when it came to executive leadership. So, I learned a lot from that team.

HF: Well, that's encouraging to hear that you had not done this before, but you were able to get the position. What exactly do CMOs do? Can you break it down for us? I'm sure it's different in different settings.

SP: The CMO is really the glue that holds the whole enterprise together, in my opinion. Not that I'm biased, but I kind of see the physician voice as needing to be represented. And when the physician voice is represented, the system can work.

So, what that means is that the CMO has to be able to interact on a regular basis and in a meaningful way with all the physicians that are in that organization, as well as the non-physician counterparts, the administration. Administration would not only include the executive leaders, but also directors, nursing leaders that may not be at the C-suite level. There's really not a single aspect within healthcare that the CMO role does not touch. So you become an expert in areas that we've never been trained in before, and it's pretty exciting to actually be able to get those inside views.

HF: Can you talk about some of the problems that you're helping to solve in a day or a week or a month or a year?

SP: There are a lot of meetings. A lot of meetings. I would say that our days are pretty much taken up with meeting with people and trying to be able to make the time to actually be present, because we can have a lot of meetings in a conference room. But one of the most important elements to the success of a CMO is presence. It's really being out there

and rounding in the clinics or in the hospital touching base with our physicians and making sure that they have what they need to be able to do their job.

So, for example, I am involved in my current position, I'm involved in a lot of policy review, policy making, and coordinating with physicians to ensure that the policies that are being put forward make sense from a patient care perspective. I am generally on at least a weekly basis, if not twice a week, meeting with my executive leadership team and kind of bouncing ideas off as far as how to problem solve on the operational level.

I attend operational meetings for each of the clinics that I am part of. I am often involved in interviews for providers, for physicians, nurse practitioners, and others. I will attend all physician meetings for the various divisions that I oversee. I happen to have involvement in oversight of our residency program. So there's a lot of faculty and resident meetings that I participate in and listen in to.

I might be involved in meetings with pharmacy to be able to problem solve issues around pharmaceutical policies, but also operational needs for physicians when it comes to their licensure and privileges. Those are just some of the things, but I'm involved in HR issues as they come up, if they involve physicians, if they involve staff that are interacting with physicians in any way.

HF: So it could be someone who's having a conflict with someone else. Maybe there's someone on a surgical team and they have an issue with a physician or a tech. Would they come to you about that?

SP: I would say that there's a fair amount of conflict management that occurs, but in general, I really like to promote conflict resolution at the point of where it occurs. And because once it escalates to that level to an executive level, then the problem is a little bit higher. So, I would say that I am pretty fortunate that in my current position, there's

not a lot of conflict resolution, especially if you've got a good team that knows how to handle operational issues that may lead to those types of conflicts.

HF: I did mention in the intro that you were going to share a bit about how you deal with conflict when it does arrive. Do you have a brief way of giving us your little magic touch of how you approach this?

SP: Yeah. I really recommend a book and a training that's called Crucial Conversations.

HF: Oh, I love that. That is the signature book for a conflict resolution.

SP: I think that there is kind of an algorithm for how to deal with conflict and it tends to work really well. As far as the secret sauce or magic touch that comes with that though is probably just authenticity. I would say that having authentic conversations with people is really the way to be able to, it's actually the foundation for successful conflict resolution.

HF: I'll make sure to link to that book because it's a classic. I think it's excellent. And I know we don't have a lot of time here, but could you give us an idea of maybe a problem that you solved that ends up making things better for physicians and/or patients?

SP: I think that one of the things that I'm probably the most proud of that I did in my previous CMO role was I restructured the medical staff to be able to have physicians and advanced practice providers all practicing within distinct divisions. And then put leadership over each one of those divisions so that the physicians really had a point person who was there with them, who could be that leader that they could go to on a daily basis for problems as they arose, but someone who was really intimately aware of the challenges that they might face as a physician day to day.

And that structure proved to be pretty successful and longstanding when it came to the needs of that particular organization. And every organization is going to be different. As people go into various roles, especially the CMO role, there are different challenges that need to be faced. Maybe what works well in one hospital or healthcare system may need to be shifted a little bit differently when it comes to another.

But the important thing about it is that I think the CMO has the opportunity to take a 30,000 foot view, like a more strategic look at what is needed, and then develop a plan to address it. And in that particular example, we had several clinics and service lines that were operating fairly independently, and my intention was to bring them together.

HF: Excellent. If someone's listening to this and they're thinking, "She said there are quite a lot of meetings." And I've seen your schedule, Serene, when we were trying to schedule the podcast, it was all colored with all these different meetings. There was hardly any white space.

What would someone start to do if they wanted to explore, "Could this be a fit for me when it seems so far off?" And that they don't even still really have a good idea of what they would be doing?

SP: I think that what helps people to determine whether leadership is for them and especially executive leadership, is to start to get involved in leadership positions where you're at right now.

Because what you'll find is that if you have a role in leadership, like a medical director or any type of director role that you'll start to be invited to meetings and start to begin to have dialogue that is collaborative and problem solving oriented. And if you like that type of approach to problems, then progressive leadership opportunities might be for you. And yeah, I think that our calendars do look pretty full, but I would say that even for practicing physicians that their days are pretty back to back as well. Whether it's with

seeing back to back patients or days in surgery followed by days in clinic. We are a very busy generation right now.

The one thing I think with my calendar and with being a chief medical officer is that no two days are the same. No two challenges are the same. And I think that's a part about it that's the most stimulating, is there's that constant opportunity to reinvent ways of thinking about the practice of medicine, but also developing different solutions that are tailored to the specific individual in mind.

HF: Do you recommend that somebody takes some courses in leadership, say through the American Association of Physician Leadership? Should they take some Lean courses? Should they read books? What else should they do?

SP: Yeah. I would say that the courses are really helpful in giving a picture into the type of personality characteristics that are essential for leadership and helping to be able to develop those characteristics as you are on your journey.

The American College of Healthcare Executives is an organization that I recommend for that, but specifically for physician leaders, I would definitely start with the American Association for Physician Leadership.

And then for those who actually are able to successfully land those roles, chief medical officer roles, there is an organization called Chartis, and they're formerly known as Greeley. They have tremendous resources and I found their CMO and VPMA retreat to be extremely helpful as well.

HF: All right. I will make sure to link to those in the show notes. We just have a minute or two left. Are you able to speak to compensation at all? In general that's not about what you're making or anything, but CMO roles in general?

SP: Let me speak to that in general. I think that a lot of folks have the misconception that the chief medical officer makes more than all the physicians in the organization. It's absolutely not true. In fact, many CMOs take a pay cut from what they were currently doing in order to be able to do this role. And it's actually because they have a passion for outstanding patient care, and it's because they have a passion for the physicians that they're leading.

If you're looking for some significant pay increase from what you're doing, that is likely not to be the case. Becoming a CMO is really a labor of love and sacrifice. And it can be a very lonely position to be in many times because you are advocating for your physicians that are your colleagues, but also those who you lead and you are also sitting in a decision making capacity in the C-suite. So, really balancing those two areas can be one of the toughest things that you may ever do and one of the most difficult challenges. And it has often been called the toughest job in healthcare for that reason.

HF: Oh my gosh. You remind me of a comment that I heard a CMO make. He said, when I first got into this job and the physicians would see me coming down the hall, they would walk to the other side and avoid me. But then after they found out that I was really there to help them and listen and try to advocate for them, they would come and cross over and talk to me and find me in the cafeteria and hunt me down.

SP: I think one of the most satisfying things about this role is when you do start to develop those relationships and have that trust, and when your colleagues reach out to you and they're not reaching out to you because they think that they're not being paid enough, for example. They're reaching out to you because they truly see you as a leader and want to know more about how to become a leader themselves. That's probably one of the most exciting things, is to be able to mentor other physicians into the direction of being able to be a leader and actually be part of a solution by becoming a leader.

HF: I love that. Last question, Serene. On a scale of zero to 10, how would you rate your job satisfaction?

SP: Is that with 10 being the highest?

HF: Yes. 10 is the highest.

SP: Yeah, I would say that it's really up there for me. It's really, really up there. I can't imagine another position within medicine that would give me more satisfaction than this. Though it's a very tough job and it's lonely, I really feel like I'm in my element when I'm doing it. And so, yeah, I hesitatingly say that it's like up as a nine or a 10 because I definitely have landed where I feel like I need to be.

HF: I'm so happy for you. That's beautiful. Well, guys, thank you so much for listening and I hope you really enjoyed this podcast. Please share it with someone you think might be interested in this idea of being a CMO or leadership or just wants to hear a story of a physician finding their way into something that really works for them. And as always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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