

ON THE LEARNING CURVE

Developing Leadership, Part 2

Last month, as an introduction to leadership development, I discussed the need to clarify one's own goals and objectives before looking outward and guiding others. As leaders, there are many additional opportunities for personal reflection that can enhance effectiveness and satisfaction. One such area that many know little about is assessment of your own leadership style.

Your leadership style is less about specific tasks or responsibilities and more about how you approach management, motivation, and conflict resolution. Differing styles vary in their effectiveness with the situation (and some are rarely effective!); however, identifying your predominant style can help you know your strengths and weaknesses as a leader.

There are many theories of leadership style. The most well-known is Kurt Lewin's work more than 70 years ago identifying three main styles: authoritarian, democratic, and laissez-faire. Authoritarian leaders tend to operate independently with little input from others, and expect agreement and obedience. An example is the boss who sends an e-mail announcing a major decision

without seeking assistance or feedback. She may not be an unpleasant person, but as a leader, her approach is, "It's my way or the highway."

Democratic leaders prefer to involve the group in decision making and strategy, while providing expert or technical guidance. Laissez-faire leaders typically distance themselves from work processes, allowing the group to "run the show" and getting involved only if necessary. In general, the democratic approach is considered to be the most effective; however, the preferred method can be somewhat situation dependent. For example, during the resuscitation of a critically ill

child, there is not enough time to make every decision through a democratic process—an autocratic leader may actually do the best job leading the "code."

Another interesting and well-known theory of leadership is the Blake Mouton managerial grid, which may appeal to those of you who are a little more concrete in your thinking processes. As the title suggests, this model is based on a grid with "concern for production" on the horizontal axis and "concern for people" on the vertical axis. Five different

leadership styles are identified based on where they fall on the grid:

► **Impoverished.** This style involves a low concern for production and a low concern for people.

► **Country club.** This leader has a low concern for production and a high concern for people.

► **Produce or perish.** This authoritarian style involves a high concern for production and a low concern for people.

► **Middle of the road.** This leader has a moderate concern for production and a moderate concern for people.

► **Team.** This style involves a high concern for production and a high concern for people.

As you might imagine, the team style is typically considered the most effective. The other styles, for various reasons, fail to fully address the needs of a team. As with Lewin's theory, though, there are circumstances when other styles may be appropriate. For example, the leader of a team in crisis mode may need to temporarily function in produce or perish style to accomplish a critical task quickly.

Identifying your predominant style can help you know your strengths and weaknesses as a leader. There are many ways to do this, including self-identification and the use of more structured instruments easily found on the Internet. Ad-

ditionally, as you may have realized from the discussion above, your leadership style is not set in stone. You may tend toward a less effective style, but recognizing that, work to build your skills to develop stronger leadership abilities. For example, I know that I dislike conflict and tend to let my concern for people overrun my concern for productivity; however, knowing this, I can work to maintain a greater focus on production and move myself closer to the team style.

This discussion is obviously just the tip of the iceberg. There is much more to know about the various leadership styles—why they are or aren't effective and how you can make changes in your personal style. If I piqued your interest, I would encourage you to read further on this topic. Regardless, I hope this has given you the tools to begin to think about your own leadership style and then consider if it is the most effective one for your current situation and future goals. ■

DR. BEERS is an assistant professor of pediatrics at Children's National Medical Center in Washington. She also is a member of the PEDIATRIC NEWS editorial advisory board and the American Academy of Pediatrics Committee on Residency Scholarships. Write to Dr. Beers at pdnews@elsevier.com.



BY LEE SAVIO BEERS, M.D.

Creation of National Health Insurance Exchange Proposed

BY MARY ELLEN SCHNEIDER

A national health insurance exchange that would allow individuals to choose among private plans or a new nationwide public plan is the cornerstone of an expert panel's proposal to cover nearly all Americans within 2 years and slow the growth of health care spending by nearly \$3 trillion over the next decade.

The health reform proposal, unveiled by the Commonwealth Fund on Feb. 19, is similar to plans outlined by President Barack Obama and Senate Finance Chairman Max Baucus (D-Mont.). It was developed by the Commonwealth Fund's Commission on a High Performance Health System, a 19-member panel formed in April 2005 to study changes to the delivery and financing of health care.

The difference between the Commonwealth Fund's plan and other policy proposals under consideration is that it provides the details on how to implement these broad policies, as well as the financial and clinical consequences of the policies, said Karen Davis, president of the Commonwealth Fund. Modeling and estimates outlined in the report were performed by the Lewin Group.

Under the proposal, individuals could choose to keep their own coverage or obtain new coverage through the insurance exchange. The public plan would initially be available to those seeking insurance on the individual market and those working

for small employers, but by 2014 it would be available to the entire under-65 population, including individuals working for large employers. The public plan would offer benefits similar to the standard option available to federal employees and members of Congress, but at premiums at least 20% lower than those of private plans offered in small group markets.

Private plans would be required to guarantee the issue and renewal of policies regardless of health status, and to provide community-rate premiums. But they would be able to stay competitive with the public plan, according to Cathy Schoen, lead author of the report and senior vice president of the Commonwealth Fund, because they would be able to reduce costs such as underwriting and marketing.

"The report's central message is that we all stand to gain by taking bold action," Ms. Schoen said at a press briefing to release the report. "With middle- and low-income families at risk, and businesses struggling to provide insurance for their employees, there is broad public support for significant reforms."

The Commonwealth Fund proposal would impose an individual insurance mandate, but would cap premiums at 5% of income for low-income individuals and 10% for those in higher income tax brackets. It would also require employers to either offer coverage or contribute about 7% of payroll into a coverage trust fund.

On the payment side, the Commonwealth Fund proposal endorses moving away from the fee-for-service system currently in use for Medicare and Medicaid and replacing it with a number of reforms, including bundling payments for acute care episodes, increasing payment for primary care while decreasing payment for specialty and procedural care, and providing additional payments for practices that provide a patient-centered medical home.

Under the proposal, all payment reforms would apply to Medicare, Medicaid, and the new public health plan.

The proposal would also raise Medicaid rates to Medicare levels and invest in health information technology, population health, and comparative effectiveness research.

The proposal would not lower current costs but could slow the rate of health care spending, according to the Commonwealth Fund. Instead of health care spending rising 6.7% each year over the next 11 years, as predicted by current trends, the increase in spending would slow to about 5.5% per year if the reforms were implemented in 2010. The combination of the proposed insurance and payment system reforms could slow spending by nearly \$3 trillion by 2020.

Costs incurred by the federal government would climb sharply during the first years of implementing these changes, but could be largely recouped

by 2020, according to the report.

Under the proposal, the number of uninsured Americans would drop from about 48 million this year to about 4 million by 2012. Without reforms, the uninsured would increase to about 61 million by 2020, according to the Commonwealth Fund. ■

INDEX OF ADVERTISERS

Alcon, Inc. Patanase	15-16
Bayer HealthCare LLC Flintstones	7
Covidien Puritan Bennett 540	9
C.B. Fleet Company, Inc. Pedia-Lax	14
Forest Laboratories, Inc. AeroChamber Plus	16a-16b
McNeil-PPC, Inc. Zyrtec	6
Merck & Co., Inc. RotaTeq	19-20
Merz Pharmaceuticals Mederma	18
Novartis Consumer Health, Inc. Zaditor	21
Novartis Pharmaceuticals Corporation Menveo	11
Sanofi Pasteur Inc. Pentacel	24
Shire US Inc. Corporate	4-5, 12-13