Paul Convery, MD, Baylor Health Care System’s chief medical officer since February 2006, is leaving some mighty big shoes to fill when he steps down from his position June 30.

But he’s not worried about the ability of the leaders who will take on his various roles. “We have a very good succession planning strategy in place,” he says.

Dr. Convery should know. Succession planning—ensuring the continued health of the organization by grooming the next generation of leaders—is one of the major accomplishments of his seven-and-half-year tenure with Baylor that he is most proud of.

His responsibilities will be divided when he leaves, reflecting the dramatic changes the position has undergone since Dr. Convery came on board.

“The chief medical officer’s position is much more complex than it was when I started here,” Dr. Convery explains. “Baylor has grown significantly, and with the Scott & White proposed merger, it will be even more complex. So the responsibilities I carried—chief medical officer for the System, oversight and responsibility for quality and patient safety, in addition to the research and education components—will be handled by several individuals going forward.”

Irving Prengler, MD, MBA, System associate chief medical officer, will assume the CMO duties currently held by Dr. Convery. David Ballard, MD, MSPH, PhD, FACP, CMM, senior vice president for quality, will be responsible for oversight of quality and patient safety.

Dr. Convery has been planning for this day for several months, working with Joel Allison, president and CEO, on the transition from his leadership to that of the physician leaders who will replace him.

A ‘vital presence’ at Baylor

“Dr. Convery has been a vital presence at Baylor,” says Allison. “His leadership of our medical staff, his keen understanding of the challenges Baylor faces in the changing health care environment and his absolute commitment to quality will be missed. Fortunately, Dr. Convery has also been instrumental in helping Baylor establish a strong leadership succession strategy and his successors are well prepared to take over his responsibilities.”

His successors say Dr. Convery’s contributions helped a great health care system become even better.

“Paul Convery was quite a pioneer when he started,” says Dr. Prengler. “Seven years ago, the medical staffs across the System didn’t communicate on a regular basis. Today, the medical staffs feel like they are family. We have CMOs at every hospital, a Physician Leadership Council, a more united medical staff, and a uniform set of bylaws for all hospitals. He initiated leadership education for physicians and has been an excellent mentor to physician leaders. It’s been a marked improvement over the years of Paul’s leadership.”

Dr. Ballard cites Dr. Convery’s significant role in Baylor’s quality improvement. “He contributed to our health care quality improvement journey in many ways across the System, including his contributions to the formation and effective functioning of the STEEEP Governance Council and to the annual Quality Improvement Summit. He has also made major contributions to the superior performance achieved across Baylor hospitals in Hospital Compare data (Core Measure, Readmissions, and HCAHPS) and in cardiac surgery performance across Baylor University Medical Center at Dallas and THE HEART HOSPITAL Baylor Plano in the STS (Society of Thoracic Surgeons) database.”

“People always think that change will destroy health care. They thought that about managed care and about Medicare. But we need to redesign our health care system. These latest changes aren’t perfect, but they are a start. I’m very optimistic about the future of health care and about the future of Baylor.”

Paul Convery, MD  
Chief Medical Officer  
Baylor Health Care System
Moving into a New Phase of His Career

While his last day as CMO is June 30, Dr. Convery will spend another month helping with the transition to a new CMO. For the record, he’s not retiring when he leaves Baylor. The word “retirement” isn’t in his vocabulary.

“I’m moving into a new phase of my career,” he says. “I’ll always be involved in some phase of health care. Continuing to improve the quality and safety of health care, organizational strategy and developing strong physician leadership are the areas that really drive my interests and are my passion.”

Baylor recruited Dr. Convery from SSM Health Care in St. Louis, Missouri, where he had been serving as CMO and executive vice president since 1999. During that time, SSM won the Malcolm Baldrige National Quality Award—the first health care winner of the prestigious national award.

Baylor attracted him because of its growing national reputation, its commitment to process improvement, physician leadership and organizational strategic planning. He also was drawn to its faith-based, mission- and values-driven environment.

“Working in a faith-based nonprofit health care environment is a different experience,” he reflects now. “It attracts a certain type of nurse and physician—people who are truly mission driven. Baylor exemplifies that value. Baylor has met my expectations. This has been a tremendous seven-and-a-half years.”

And what does he see for the future of health care?

“People always think that change will destroy health care,” says Dr. Convery. “They thought that about managed care and about Medicare. But we need to redesign our health care system. These latest changes aren’t perfect, but they are a start. I’m very optimistic about the future of health care and about the future of Baylor.”

What are some of Baylor’s greatest strengths, according to Dr. Convery?

Health Care Reform:

Baylor has been well-prepared for the changes in health care, the affordable health care act, value based purchasing, measuring quality and better outcomes. Baylor has been working on all of these elements for the last 10 years.

Redesigning care by forming patient-centered medical homes:

Baylor was involved in this activity well before it was introduced with the affordable health care act. I brought the clinical integration model to Baylor in 2007 and was the co-chair of the System-level task force that led to the development of the Baylor Quality Alliance.

Payment reform:

That’s what gets all the media attention. Baylor has been a leader in this area and has been for some time. Baylor is recognized as a high value provider of care and it works with patients, physicians and the health plans in developing new and innovative models of care.

What are Dr. Convery’s most memorable accomplishments as CMO at Baylor?

Established a formal physician leadership development program:

We began the physician leadership development pathways with the SMU/Cox School of Business six years ago. Most physicians have never had formal leadership training. They tend to lead from the “expert or professor” mind set—which isn’t always effective when leading other physicians and interacting with administrators and executives. We’ve had more than 150 physician leaders go through the executive leadership cycle and many of these physicians now have leadership positions on the HealthTexas Provider Network (HTPN) board, EHR (electronic health record) leadership, the BQA (Baylor Quality Alliance) board and medical executive committees in the hospitals.

When we engage physicians in these councils, everybody benefits. Strong physician leadership is essential as health care is changing. It is fundamental to everything else—unified medical staff, CMOs, the physician leadership council, the EHR and BQA.
Established Chief Medical Officer positions at every hospital:
Seven years ago, the only hospital with a physician in a formal executive leadership role was Baylor University Medical Center at Dallas. Dr. Prengler was the vice president of medical affairs. We now have transitioned that role to a hospital chief medical officer and have that position in place in each of the System's hospitals. These physicians have formal executive training and mentoring; roles in the leadership of the medical staff and hospitals; and meet and work together on a regular basis to advance important issues and topics for the medical staff as well as for the hospital. Examples are leading many of the quality initiatives, leading the implementation of the electronic medical record, and standardizing the bylaws across the medical staffs.

Unified Medical Staff:
When I arrived at Baylor, the various medical staffs operated entirely independently of each other. We now have a “Unified Medical Staff” structure with a highly engaged Physician Leadership Council. This allows the individual medical staffs to have local ownership and leadership, but also to work together to standardize processes, bylaws, approaches and many other medical staff activities and functions. The physicians have the benefits of both a local medical staff and the benefits of a large health care system.

The Bill Aston Quality Improvement Summit:
With the support of the System board, we started an annual Quality Improvement Summit to recognize the great work of our people around the System. On an annual basis, we recognize award-winning projects in the areas of Quality, People, Service and Finance. Hundreds of employees, nurses and physicians have participated over the past six years and have been recognized for their accomplishments. Many of these award-winning projects have been spread across the system.

Baylor / Texas A&M Health Science Center College of Medicine Affiliation:
We formed an affiliation with their medical school to bring a true medical school presence to Baylor University Medical Center at Dallas. Their presence on our campus (third- and fourth-year medical students) is really a historical event. Under the supervision of select faculty physicians on our medical staff, students complete their clinical rotations at Baylor Dallas and in other Baylor affiliated hospitals and clinics.

EHR Implementation:
We started EHR implementation after I came here. Now we have a functioning EHR and the clinical transformation journey has improved the quality of care at Baylor over the past seven years. The physicians have been an important part of this transformation and support it. That’s why it’s important to have physician leadership. I think they realize that Baylor wants to work with them and partner with them.

2008 National Quality Forum National Quality Healthcare Award:
Convery says being recognized by the NQF is another stellar System achievement that makes him proud of his association with Baylor. “This is what comes from being able to work with excellent physicians who are passionate about quality,” he says. The award is given to yearly to a single hospital or system for being a role model in the achievement of meaningful, sustainable quality improvement in health care.

About Paul Convery, MD:

- Fellow of the American College of Physicians
- Fellow of the American College of Physician Executives
- Former chair of the Provider Council and on the Leadership Network of the National Quality Forum
- Served on board of directors of Institute for Clinical Quality and Value
- Served on the Education and Research Foundation Board of the Dallas – Fort Worth Hospital Council.
- Named to Becker’s List of top “Hospital and Health System CMO’s to Know” in 2013
- Undergraduate degree from St. Louis University in St. Louis, Missouri
- Board certified in Internal Medicine