

Why Dyad Leadership Isn't Optional for High-Performing Medical Groups

Dyad leadership isn't new. But in too many organizations, it's still misunderstood.

At its core, a dyad is a leadership structure that pairs an administrative leader with a clinical one—often a VP of Operations and a Medical Director or CMO. It's meant to bring two distinct lenses—business and clinical—into the same room, sharing responsibility for decisions that shape strategy, culture, performance, and outcomes.

Sounds simple, right? But if it was easy, everyone would be doing it.

What Dyads Are—and Aren't

A dyad isn't just two leaders coexisting in the same org chart. It's a true partnership that demands:

- Shared accountability
- Joint decision-making
- Clear expectations on roles and scope
- A willingness to challenge each other for the sake of a better outcome

When done right, it brings balance. One leader keeps the organization financially secure and operationally efficient. The other keeps the care patient-centered and clinically sound. Together, they co-lead—not in separate lanes, but as two parts of the same engine.

When done poorly? It becomes a title exercise. Meetings without alignment. Decision-making without trust.

Why Dyads Matter

Healthcare is too complex to be led from one perspective alone. You can't scale operations without clinical buy-in, and you can't improve care quality without operational support. Dyads solve for this tension. They allow organizations to navigate decisions—big and small—with both perspectives present from the start. More importantly, they build trust. They model what collaboration looks like and help physician leaders step into roles that influence more than just their specialty. They shape the future of the organization.

My Experience with Dyads

I've experienced dyad leadership across multiple environments, each with its own unique lessons.

- **In private practice**, I didn't have a dyad. I was the physician and the administrator, which made decision-making fast but often siloed.
- **In academics at the University of Louisville**, I was Chief of General Pediatrics. While there wasn't a formal dyad, I worked closely with our VP of Operations. We leaned on each other, particularly when it came to hiring, budgeting, and improving processes.
- **At Norton Healthcare**, At Norton Healthcare, I served as the Chief Medical Administrative Officer (CMAO) of a 1,600-provider medical group. As CMAO, my first dyad partner was a non-physician CAO, and together we focused on culture, enabling us to hire more of the right clinicians. Seeing how impactful it was at an executive level, I implemented dyads in each service line within the medical group. This not only helped advance organizational agendas, but it also helped with culture and engagement, ensuring that a physician voice was at the table for their service line.
- **Now at Ancore Health**, I work in a dyad every day. As CMO, I partner with our CEO, Eric Passon. He brings deep expertise in finance and large-practice operations, and I bring the clinical perspective. Our clients benefit from both, and they feel that balance in every engagement.

Across every setting, one thing holds true: the dyad only works if both sides are engaged, respected, and accountable.

What Organizations Can Learn

If you're not using a dyad model, or if yours isn't functioning the way it should, or it always seems to need a referee, here are four questions to ask:

1. **Is the dyad making decisions together, or just informing one another?**
2. **Do both leaders have clear accountability for outcomes?**
3. **Have we invested in the relationship—not just the structure—of the dyad?**
4. **Is there a balance of power?**

As noted above, at Norton Healthcare we implemented dyads across every service line as a deliberate strategy—not just a formality. Each VP of Operations was paired with an Executive Medical Director. These dyads didn't just share job descriptions; they shared *ownership*. They worked together on hiring decisions, provider recruitment, process improvement, and budget planning. It wasn't always seamless, and it took intentional effort to build the kind of trust and communication that makes a dyad function. But over time, we saw clearer alignment between clinical and operational goals, stronger leadership cohesion, and measurable performance improvements across the board.

The Bottom Line

If you're aiming for a high-performing medical group, dyad leadership isn't optional; it's essential. It's not about adding complexity. It's about crafting a leadership model that reflects the complexity that already exists yet will bring the results you want.

Done right, a dyad doesn't slow you down. It keeps you honest, aligned, and moving forward *together*.