

Support for Hospital Medicine Programs: Strategies for Successful Negotiation

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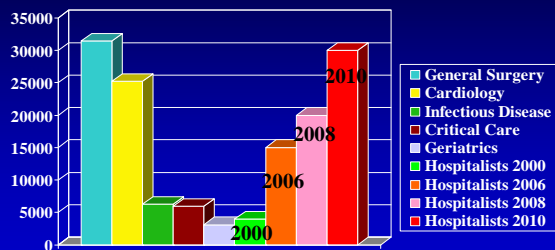
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Overview

- Support for Hospital Medicine Programs
 - Why do we need a workshop on negotiation?
 - Why is “support” needed?
- Case Study
 - Small groups
- The key principles

Number of U.S. Physicians



*Lurie, *Am J Med*, 1999

Academic Hospitalists

- Major Teaching Hospitals (AHA Survey)
 - 80-85% have hospitalist programs
 - Average 20+ hospitalists / program
- ACGIM Chiefs' Survey 2007
 - 100% have hospitalists (n=44)
 - Median Size: 15 (range 1-85)
 - Years on faculty: 4 (range 1-12)
 - >80% planning for growth

Key Challenges

Barriers to Success

- Clinical issues trump academic issues
 - Scholarly activities not well supported
 - By Depts, Divisions, Hospitals
 - Academic GIM slow to embrace hospitalists
 - Lack of leadership / guidance to support academic missions
 - Hospitalist directors, division chiefs, chairs
- SGIM, ACGIM, SHM

Work to Date

Academic Hospitalist Working Groups

- ACGIM / SGIM Taskforce
- SHM Taskforce
- Involvement with APM, AAIM, APDIM
- ACGIM / SGIM / Hospitalist Leaders Summit 06, 07
- Joint ACGIM, SGIM, SHM Summit 6/07

Work to Date

SGIM Taskforce Recommendations

- Hospitalists need to be embraced
- Create Sustainable Jobs
- Provide resources to support academic pursuits
- Leadership to support / negotiate
- Build resources for mentorship
- Promotion should value education / QI work

Highlighted areas require \$\$\$\$\$

Work to Date

ACGIM / SGIM / SHM Summit 6/07

- Professional society leadership
 - ACGIM
 - SGIM
 - SHM
 - APDIM
 - AIM
 - APM
- Department Chairs, GIM Chiefs, Hospitalist leaders, Researchers, Teachers, Clinicians

Work to Date

ACGIM / SGIM / SHM Summit 6/07

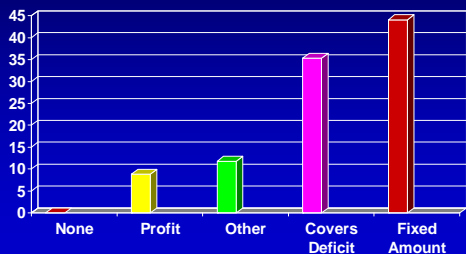
- Clinical / Financial Needs
 - More sustainable jobs / less turnover
 - Data to negotiate
 - Negotiation Strategies; hospital needs vs. academic values
- Leadership and Mentoring

Why do Hospital Medicine Programs Need Support

- Professional fee revenue does not cover:
 - Competitive salaries
 - 24/7 coverage
 - Academic hospital inefficiencies
 - Physician assistants
 - Billing, space, malpractice, admin costs
 - QA work / Committee Involvement
 - Research? Scholarly Activities?

Why do Hospital Medicine Programs Need Support

ACGIM Survey: What is your financial support model?
N=35



CASE STUDY

Key Negotiation Principles

Have a strategic vision / mission

- It is usually not limited to direct patient care
- Get “buy-in” from key allies in advance
- Convince your negotiating partner of its merit
- May not be best to have this as a “line item in the budget”
 - Add QA / QI dollars
 - Add Patient Safety dollars
 - Add Faculty Development
- Don’t negotiate this away
- There are likely multiple solutions that meet your interests

Key Negotiation Principles

• Understand your negotiating partner

- What are their problem areas
- What metrics drive them and what metrics do they care about your program
- What do they stand to gain with any agreement
- If you do not reach any agreement, do they have a “plan B” or logical next steps
- Who from their side really pulls the strings

Key Negotiation Principles

• Be nice, but play hardball if necessary

- Be prepared to say “forget it”
 - A few more months of hospital problems unaddressed may make them desperate for a solution
- What are the consequences for you and for them if you walk away
- Let them know you will walk early on
- Show them what will happen if you walk away
- Show them what your peers have been able to do: “Know the Industry Standard”

Key Negotiation Principles

• Compromises are always required

- Know what you can give up and what you can’t
 - Have a vision of what the final agreement might look like
- Don’t react to counter offers immediately
- Provide your own counter offer
- If all else fails: Negotiate a short-term arrangement that will be re-visited (after you impress them with what you have done)