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The Leadership Forum

a publication from the Association of Chiefs and Leaders in General Internal Medicine (ACLGIM)

The Top 5

We asked Tracie Collins, chair and professor in the Department of Preventive Medicine and Public Health at the University of Kansas Medical Center, for her Top 5 Books/Reads on Leadership. This is what she said:

1) *The Three Box Solution* by Vijay Govindarajan
2) *Lean In* by Sheryl Sandberg
3) *From Good to Great* by Jim Collins
4) *Seven Habits of Highly Effective People* by Stephen Covey
5) *Superbosses* by Sydney Finnelstein

Neda Laiteerapong

Elisha Brownfield

From the Editors
Hello, Forum Readers!

Spring greetings to you all! As we write this, we hope that many of you are making your final plans to join us in Washington, D.C., for the Hess Leadership Institute. If you were not able to attend or would like to review the key points of sessions, we are excited to offer you articles in this issue of *The Leadership Forum* that recaps content. Whether you hope to learn about recruitment of faculty members, increasing operating margins for your division's clinical practice, or factors that influence leadership decisions, this issue has something for you. We are also pleased to feature the ACLGIM president's "Year in Review." Happy reading!

—Neda Laiteerapong, MD, MS, FACP,
and Elisha Brownfield, MD, FACP,
Editors, ACLGIM
The Leadership Forum

Elizabeth Jacobs

Perspectives in Leadership
ACLGIM President's Year in Review

Elizabeth Jacobs, MD, MAPP

Dr. Jacobs (eajacobs@medicine.wisc.edu) is professor of medicine and population health sciences and vice chair for health services research in the Department of Medicine at the University of Wisconsin School of Medicine and Public Health in Madison, Wisconsin.

For those of you who may not be familiar with the Association of Chiefs & Leaders of Internal Medicine (ACLGIM), it is a professional home for academic general internist leaders and emerging leaders in scholarship, research, education, patient care, administration, policy, and innovation. Leaders are those who are responsible for overseeing other individuals, teams, or entire organizations engaged in one or more of these areas. Our shared goal is to provide a forum for general internist leaders to network, learn important skills, advance the development of GIM as a valued profession, and develop future leaders in GIM.

This year has been a great one for progress in meeting this mission. First, we continue to offer excellent opportunities for learning and personal growth in the Winter Summit, Hess Management Training and Lead-

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Perspectives in Leadership
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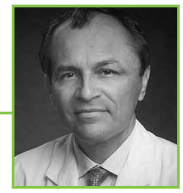
ership Institute, Leadership Development Program (LEAD), and the Unified Leadership Training in Development Program (UNLTD). We had record attendance and participation in these programs! We also conducted site visits to four GIM divisions around the country. The site visit program provides the opportunity for a GIM division and department to have an objective assessment of its general internal medicine activities and suggest ways the Division and its faculty might improve on what they do and contribute more effectively to the institution's mission. In partnership with Mark Linzer, we also launched the Wellness Engaged Longitudinal Leaders (WELL) Program this year to train and build a community of Wellness Champions from GIM and other primary care fields who can improve work life conditions at their home institution and to take their knowledge to other institutions facing stress and burnout. More than 30 primary care physicians will participate in our inaugural daylong training at the 2017 SGIM Annual Meeting.

It is so gratifying to be a part of such a dynamic community leading the way to enhancing leadership in and the profile of general internal medicine around the nation. I invite you to check out the association and its programs at www.aclgim.org, and explore how we might help you and/or your faculty develop the network and leadership skills that will enhance your success as a leader in GIM.


Carlos Estrada

Leadership in Action
An Interview with Carlos Estrada

Neda Laiteerapong, MD, MS, FACP

Dr. Estrada (cestrada@uabmc.edu) is the director of division of general internal medicine at UAB, the chief of the Section of General Internal Medicine at the Birmingham VAMC, and the codirector of the Birmingham Veterans Administration Quality Scholar Fellowship Program (VAQS).

How did you decide to move to UAB?

My journey took several thousand miles, first from Lima, Peru, for medical school at Cayetano Heredia, to Detroit, Michigan, for residency, fellowship, and a "remedial" year as chief resident at Henry Ford Hospital. After Michigan, our family went to a rural area to change our visas and was later recruited to East Carolina University. Bob Centor and Gus Heudebert recruited me more than 12 years ago.

The main reasons to join the UAB team were people and opportunities. Isn't that always the case?

How did you prepare for your current leadership position?

Serving as Chief at East Carolina for 2 years before UAB helped. By saying "Yes" and then, like the Nike slogan says, "Just Do It." I made sure to say "yes" to the things I loved the most and let other things go. Thanks to Bob, who helped me explore and select the things I loved (and after committing, following through!).

Bob asked me to staff the consult service; it gave me a chance to get to know the residents and see first-hand how UAB works. I was very interested in the physical exam as a diagnostic tool and how to best teach it. I brought a "boot camp" to the fourth year medical students specifically to perfect their skills in physical exams - full credit to Medical College of Wisconsin faculty, who developed the initial curriculum.

I became interested in teaching cultural competency, and ended up working with a superb group of colleagues and was awarded a 5-year NHLBI grant. This was a huge project, and meant I had to drop some of my other activities.

Finally, besides ACLGIM programs, local and national immersion programs for chiefs and leaders of academic medical centers were transformative.

How do you wish you had prepared before you took on this position? Any regrets?

I always think of that Ancient Greek aphorism, "Know thyself." I think it's incredibly important to know yourself: both your strengths and your weaknesses. I have done a lot of reflection since I began my chief position at UAB for the past 7 years, and I am keenly aware that all of us have "blinders"—it is difficult to recognize our own flaws. It's important to be aware of the blinders we bring and figure out a way to compensate.

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Leadership in Action
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I don't regret giving up seeing my own patients in clinic—while I loved seeing them, that wasn't my strength. I regret not spending more time with my family.

What do you like most about your job?

Just before coming to the winter meeting, Rebecca Duron (third-year Latina medical student) asked me at a diversity mixer this question. Easy answer, I enjoy a rather large internal satisfaction by helping peers, faculty, residents, and students succeed. I love fostering skill development and making things better. Rebecca exemplifies the culture at UAB; she reinvigorated the medical Latino interest group when she saw "few people like me."

UAB provides opportunities for personal growth. UAB pushes its faculty to be the best that they can. Sometimes I've learned to recognize the things that I don't do as well, and in those situations I delegate.

The book *Drive*: *The Surprising Truth About What Motivates Us*, by Daniel Pink, describes the three elements of motivation: autonomy, mastery, and purpose. It dramatically transformed the way that I thought about motivating myself and others to achieve our goals and get the most satisfaction from our work. I was so inspired that I bought copies for everyone!

Any parting words about ACLGIM?

At the time of this writing, the results of the election of ACLGIM officers have been announced. I am honored of the opportunity to serve as president elect. At the Winter Summit, a small group discussed the significant structural barriers that women in academic medicine face. And so I ask you, the readers: What can leaders do to help women in medicine succeed even more? Who can you support to attend a professional development seminar?

References

1. Berg D, Sebastian J, Heudebert G. Development, implementation, and evaluation of an advanced physical diagnosis course for senior medical students. *Acad Med.* 1994;69(9): 758-64.
2. Association of American Medical Colleges. Group on women in medicine and science (GWIMS). https://www.aamc.org/members/gwims/. Accessed April 26, 2017.

Deborah Burnet

Words of Wisdom

Recruiting, Developing, and Retaining Great Faculty

Deborah Burnet, MD, MAPP

Dr. Burnet (dburnet@medicine.bsd.uchicago.edu) is a professor of medicine at University of Chicago. She practices internal medicine and pediatrics and is the section chief of general internal medicine at University of Chicago.

When you recruit a new faculty member, how long do you expect them to stay? Generally, you're hoping they'll be successful and will work with you for many years. So, we are talking about a Long-term Relationship.

Think about your own Long-term Relationships—marriage, perhaps, or a very good long-term friendship. What are the keys to its success?

- Shared values
- Fairness, Respect
- Openness, Honesty
- Communication—needs, interests
- Alignment/Common purpose
- Best interests
- Growth and development
- Empathy/Emotional intelligence
- Appreciation, Validation

These same characteristics are required for successful recruitment, development, and retention of faculty. Building relationships is a continual process that doesn't start when you get a position approved or an ad posted. Use "pipeline" programs, professional meetings, mentoring (including SGIM mentoring programs!), visiting speaker opportunities, etc., to build relationships with trainees and colleagues who could become your future faculty.

As in other relationships, self-awareness is key—assess and articulate the strengths, needs, and opportunities in your own unit and institution and yours as a leader. Then, discover the special gifts, talents, and passions of a faculty candidate, and discern potential alignment with needs and opportunities in your division and institution.

Once you have a position approved, use evidence-based strategies to broaden and diversify your search and minimize bias. In-service your institutional leaders and all search committees on these best practices. Negotiate with your finalists. Candidates who ask for more show you what's important to them and how they value themselves. Be creative—if salary can't be pushed further, find something else that's meaningful to your candidate to let her know you value her. Training opportunities?

The same principles and relationship characteristics that help you land a great candidate will help you develop and retain great faculty—communicate early and often, learn what's important to your faculty personally and professionally, and work hard to help them pursue it.

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Jeannine Engel

The Hess Institute

Fortifying Clinical Practice: No Margin, No Mission

Jeannine Engel, MD

Dr. Engel (jeannine.engel@hsc.utah.edu) is a general internist, associate professor of medicine, and physician advisor for billing compliance at the University of Utah Health.

Over the past decade, CMS has increased potential reimbursement for primary care with payment for services like the initial preventive physical exam (IPPE), the annual wellness visit (AWV) and transitional care management (TCM). In 2015, CMS reimbursed practices for 20 minutes of non-face-to-face care coordination for patients with two or more chronic illnesses with the chronic care management (CCM) service code, and in 2016, for 15 minutes of advanced care planning (ACP.) Many studies show that IPPE and AWV use corresponds to increased utilization of recommended preventive services. Despite potential revenues for practices and benefits to patients, these new service codes are utilized far below predictions.

In CY2017, CMS announced reimbursement for 10 new or previously described service codes applicable to primary care (see table). While each code has delivery and documentation requirements, they all represent new revenue opportunities and benefits to patients for general, behavioral and cognitive health care evaluation and/or coordination. Many codes are payment for previous "bundled" services that docs are performing without compensation. Every general medicine group, clinic or academic division should learn about and encourage the use of these service codes. Your patients and your bottom line will benefit!

New FFS Medicare Reimbursement Available in CY2017

Service Code	Treatment	wRVU	Total RVU, Non-facility	Total $, Non-facility	Total RVU, Facility	Total $, Facility
G0502	Initial Psych Care Management	1.70	3.98	$142.84	2.51	$90.08
G0503	Sub Psych Care Management	1.53	3.52	$126.33	2.26	$81.11
G0504	Init/Sub Psych Care Management +30 min	0.82	1.84	$66.04	1.21	$43.43
G0505	Assessment Cognitive impairment; standard instrument & care plan	3.44	6.64	$238.31	4.96	$178.01
G0506	CCM Care plan (add on)	0.87	1.78	$63.88	1.29	$46.30
G0507	Behavioral Health; 20 minutes per month	0.61	1.33	$47.73	0.90	$32.30
99358	Prolonged Non-FTF First hour	2.10	3.16	$113.41	3.16	$113.41
99359	Prolonged Non-FTF +30 min	1.00	1.52	$54.55	1.52	$54.55
99487	Complex CCM at least 60 minutes (per month)	1.00	2.61	$93.67	1.47	$52.76
99489	Complex CCM + 30 minutes	0.50	1.31	$47.02	0.74	$26.56