Thriving Through Transitions:
Strategies for GIM Through Health System Change

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Thriving Through Transitions

• Objectives
  – Describe broad themes
  – Discuss specific issues to anticipate
  – Explore strategies to consider
The Health System Transition(s)
Determine the Reason for the Health System Change

• Financial survival? (capital, negotiating leverage)
• Aspirations for greatness in certain area?
• Desire to have a dominant regional market position? (broaden customer base)
Determine the Broad Strategy

• Will expansion be through ownership, affiliation, or a mix of both?
• Will it be a hub-and-spoke model or multi-hospital system with several high level facilities?
• Will it remain a standalone, or affiliate with a rehab hospital, etc?
Expect a Shift from Inertia (no resources, due diligence) to Action
The Opportunity is Real
And The Challenge is Real

“Long after the merger failed, there is still no shortage of unflattering anecdotes about delay, gaming, passive resistance, demeaning colleagues, bullying opponents, and failing to address conflicts of interest in a setting that was supposed to be dedicated to healing and service.”

Anonymous from Penn State Hershey Medical Center and Pinnacle Health
So Be Prepared
(or what I wished I knew to think about)
1. Know the Value of Academic GIM to Health Systems

I’m good enough, I’m smart enough, and doggone it, people like me!
“The Health System with the Most Lives (Patients) Wins”

Success requires a vibrant primary care network
“Med School & IM Residency Training Provides a Pipeline of GIM Primary Care Providers”

And these primary care providers know the system
“GIM Research Develops Clinicians Who Value Evidence, and Life-long Learning”

And they ask “How can I do it better?” and are open to change
Be Prepared for (Rapid) GIM Expansion

• How are you going to be a partner in rapidly expanding the PCP base?
  – Employment?
  – Affiliation?
  – Informal relationships?
Be Prepared for GIM Expansion

• How will new GIM physicians interface with your academic division?
  – Academic titles, responsibilities?
  – How will you manage the culture clash between traditional academic faculty and salaried physicians?
Be Prepared for Changes in GME

- How will IM Resident training programs, and clinical educator faculty be supported?
Be Prepared for Changes in Clinical Research

• How will GIM clinical-research be structured to ensure access, data sharing, etc.?
2. Don’t Underestimate the Power of Culture
Be Prepared to Work in, and Help to Build a New Culture

- Watch, listen and learn the new norms
- It takes time to develop trust and no longer considered to be the “other” – if ever
Be Prepared to Work in, and Help to Build a New Culture

- Discover health system leadership training opportunities— and advocate
- Demonstrate that you can be trusted to join the table
- Avoid “We-They”
(3) There Will be Lots of New Ideas and Actions

• With new resources, and the energy from the changed order, the new health system can now achieve many things that you hoped to achieve
Be Prepared for Some Disappointments

- History may be rewritten
- Many of your successes and challenges before the transition won’t be known, acknowledged, or remembered
- Practice graceful transition phrases with your faculty
- Avoid the “we-they” language
(4) Choose Your Wave

- Many waves will come and go in the beginning
- It is OK if you are not at the table right away – and maybe even better
(5) Refresh Your Skills at Negotiation

- **Competing**: I win, you lose
- **Avoiding**: I lose, you lose
- **Accommodating**: You win, I lose
- **Collaborating**: I win, you win
6. Be Prepared to Retain Your Faculty

- Your faculty will be intensely recruited by other practices and health systems
Strategies to Retain Your Faculty

- Advocate for faculty to have a seat at a table
- Model comfort with uncertainty
- Plan early wins
- Communicate a lot
(7) Follow Your North Star

- Know yourself, and what’s ok and what’s not ok – and be prepared to act on it
After Health System Transition

OH WOW! PARADIGM SHIFT!
Thank You