

Effective Pharmacy Interactions with the C-Suite

Jim Jorgenson, RPh, MS, FASHP
VP, Chief Pharmacy Officer
Indiana University Health

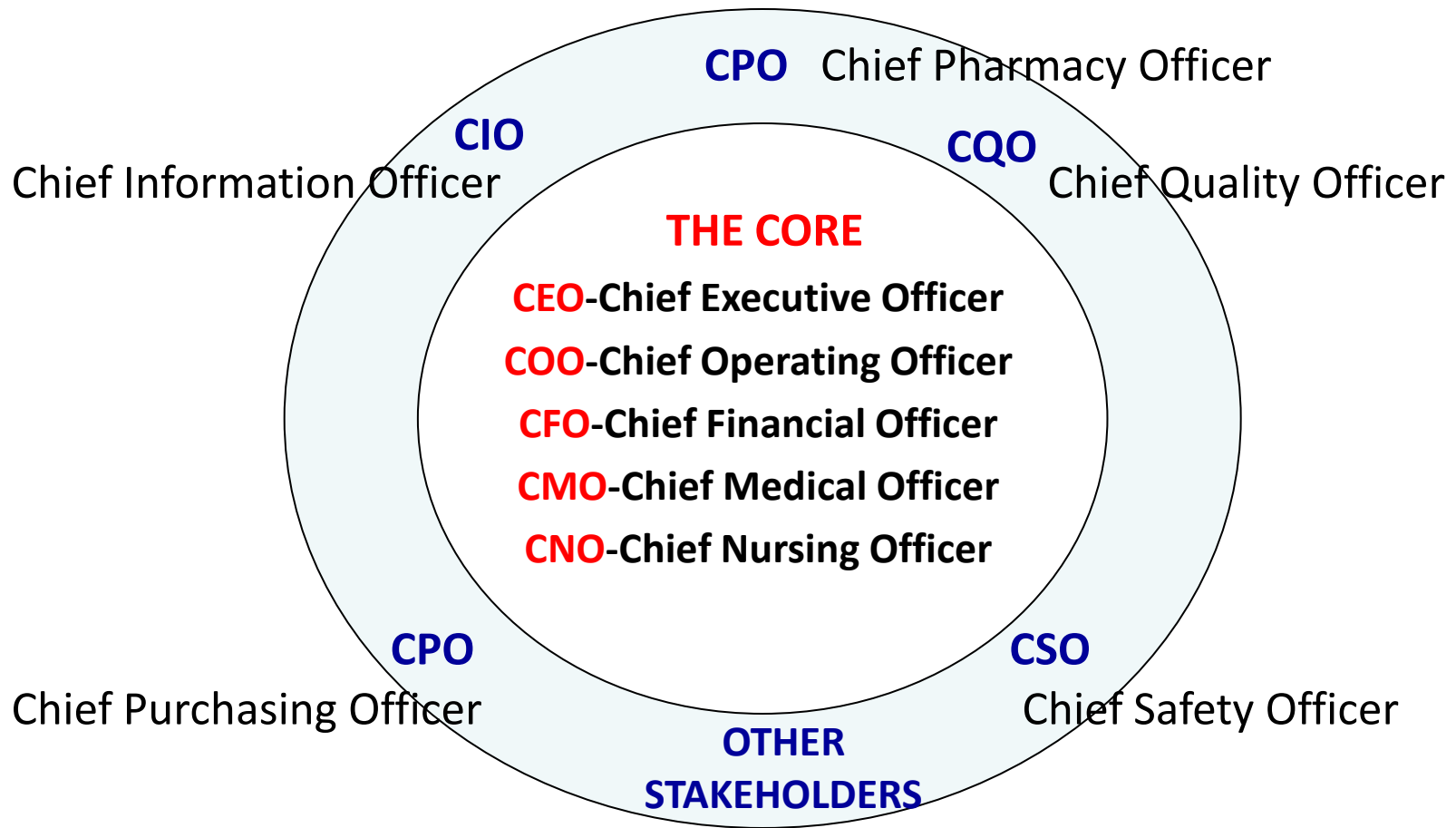
Learning Objectives

- Describe the priorities of C-Suite executives and explain the relationship of these priorities to your departmental goals.
- Identify strategies to work effectively and improve visibility with C-Suite executives.
- Apply critical factors of influence to common practice situations involving your C-Suite
- Summarize how to most effectively communicate your business plans to senior executives and other decision makers in your organization.

Aligning Strategic Goals

- Influence is the personal power to affect change
 - Shift others' thinking and action
 - Every day we have the opportunity to influence as change agents to advocate for our values, beliefs and preferred change options
- Advocacy is the active pursuit of an idea, value, our beliefs or a concept for change behavior, getting people who matter to care, generate support and commitment

C-Suite Composition



C-Suite Focus

Finances

Patient Safety/Clinical Quality



Everything Else

Healthcare/Economic Trends

- Runaway Healthcare spending \$2.4 trillion and growing
- U.S. population is aging
- Increase in multiple chronic illnesses and the ability to treat them
- Increasing medication use
- Government intervention
- \$14 trillion national debt



Health Care Reform and Non-Profit Hospitals

- Short Term = Potential negative impact with uninsured patients not eligible until later
- Long Term = Questionable – more insured patients but increased focus on extracting cost efficiencies from hospitals with tighter reimbursement and increased pressure for operating efficiencies

Impact of Current National Economic Crisis on Hospital Finances

- Debt markets are stressed
- Cash reserves are stretched
- Reductions in charitable donations
- Reductions in investment income
- Declining revenue
- Increasing expense
- Operating margins challenged

Safety Remains a Major Problem

1999

- 44,000–98,000 die due to preventable medical errors
- \$17–29 billion total cost¹

2006

- 15 million cases of medical harm occur in US hospitals each year²

2005-07

- 913,215 safety events during 38 million medicare hospitalizations
- \$6.9 billion in excess cost³

1. Institute of Medicine: To Err Is Human: Building a Safer Health System. Available at: <http://www.iom.edu/~media/Files/Report%20Files/1999/To-Err-is-Human/To%20Err%20is%20Human%201999%20%20report%20brief.pdf> Accessed September 10, 2010.
2. Institute for Healthcare Improvement. Available at: <http://www.ihl.org/IHI/Programs/Campaign/Campaign.htm?TabId=6>. Accessed September 10, 2010.
3. HealthGrades. Available at: <http://www.healthgrades.com/media/dms/pdf/PatientSafetyInAmericanHospitalsStudy2009.pdf>. Accessed September 10, 2010.

Hospitals That Provide The Best Quality Also Fare Better Financially

Outcome	Top 100 Hospitals*	Peer Hospitals	Difference
Patient-Safety Index	0.85	0.99	14.1%
Average Length of Stay	4.93 d	5.48	10.3%
Expense per Adjusted Discharge	\$4,775	\$5,503	13.2%

*“Top 100 Hospitals: National Benchmarks for Success” by Thomson Healthcare

How is Pharmacy seen by the C-Suite?

- Ancillary support service
- Drug cost focus
- Clinical impact undervalued
- Managed as a commodity
- Isolated from strategic decision making
- Unaware of the opportunities in pharmacy

Black Hole Mentality

- Little understanding of complex functions of a high performing pharmacy organization
- Need to aggressively educate C-Suite on “the business of pharmacy”



Pharmacy's Typical Position

- Pharmacy is a departmental outlier:
 - Part clinical, part business
 - Critical player in the care delivery process but not typically present at the C-suite table
 - Complex operational systems and exception processes that do not “fit” the average departmental model
 - Issues surface AFTER critical medication incidents trigger doubts regarding operational and financial controls

Pharmacy Challenges

- Medication safety challenges
- Manpower challenges
- Potential negative clinical outcomes when medications are not managed appropriately
- Increased risk management issues
- Increased compliance liability
- Reduced pharmacy margins threaten care infrastructure for all patients

Communicating Pharmacy Issues to the C-Suite

- To establish the pharmacy as a positive contributor to the challenges
- To create the perception that the pharmacy is material to the organization's efforts in terms of
 - Financial management
 - Patient safety
 - Clinical care
 - Regulatory compliance

You are the Most Qualified Person to Relay this Information

- Pharmacy as the lead in medication safety
- Leverage expert stature/training
- Valued and trusted member of institution
- Most knowledgeable about medication expenses



Lacaria K, Balen RM, Frighetto L, Lau TTY, Naumann TL, Jewesson PJ. Perceptions of the Professional Pharmacy Services in a Major Canadian Hospital: A Comparison of Stakeholder Groups. Longwoods Review. 2004;2(1).

Redefining C-Suite Expectations for Pharmacy

- Pharmacy accountability for distribution of products and information across all points of care
- Clear and defined role for pharmacy expertise to be available at the point of care
- Redefinition of the basic systems and services to meet the changing organizational model
- Creative and innovative solutions that align with organizational goals and direction
- “Balancing act” that requires collaboration and new skills

Perception of Pharmacy Competency

- Appear knowledgeable
- Seek out crises
- Deliver under pressure
- Be known for multiple competencies
- “Big-picture” thinking
- Effortful-effortless principle

Key Principles

Resource Principle: The department that has more resources has a larger impact

Scarcity Principle: Resources that are scarce are more valuable - supply/demand

Value Principle: The only resources that really matter are those that are valued by your C-Suite

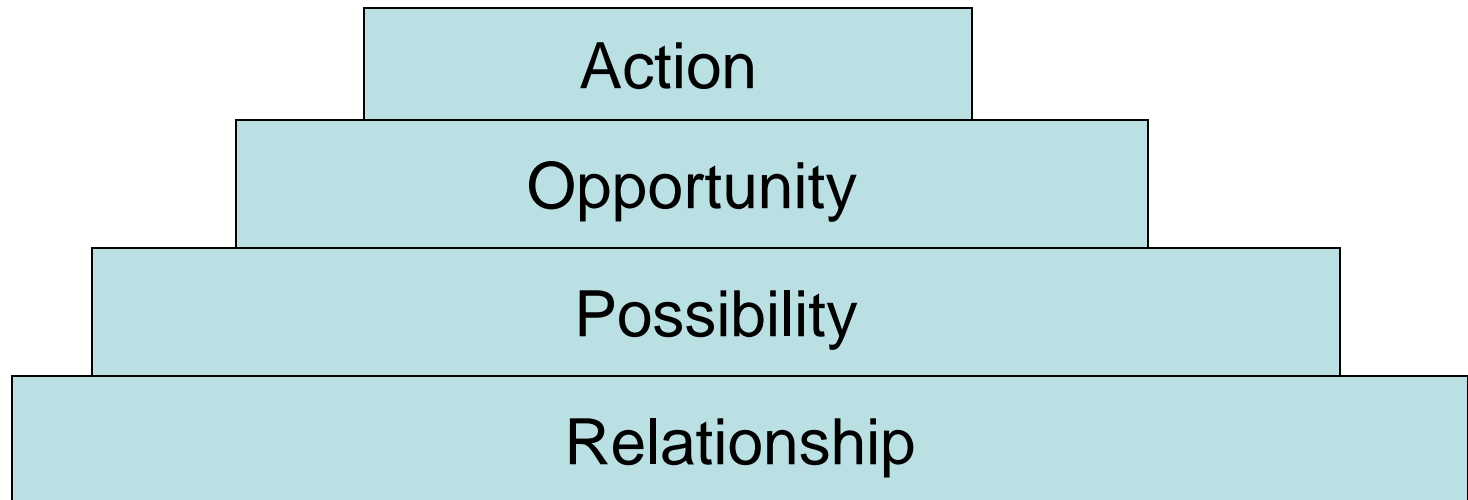
Match Needs Now Strategy

- Develop resources that are both valuable and scarce in your organization
- Match those resources to C-Suite needs to advance your brand and your strategic pharmacy initiatives

Building Personal Influence for Advocacy

- Recognizing the need for change
- Championing your position to make a difference
- Overcoming resistance and building affinity
- Leaving relationships stronger for the interaction

Relationships



Relationships

- To achieve transformational change you need a strong foundation
- How do you get to the C-Suite?
- Need to establish:
 1. You have your organizations best interest at heart
 2. You will deliver on what you say

People need to believe in your intentions and competence.

Building Rapport

- Ability to sustain good communication even when you disagree
- Rapport starts with you
- Adapt to communication style
- “Speak their language” and know their representational preference

Successful Influencer Behaviors

- Smile
- Make eye contact
- Identify yourself
- Let people know what you are doing and why
- End every interaction with: “Is there anything else you need?”

Influencing People to Change Their Mind

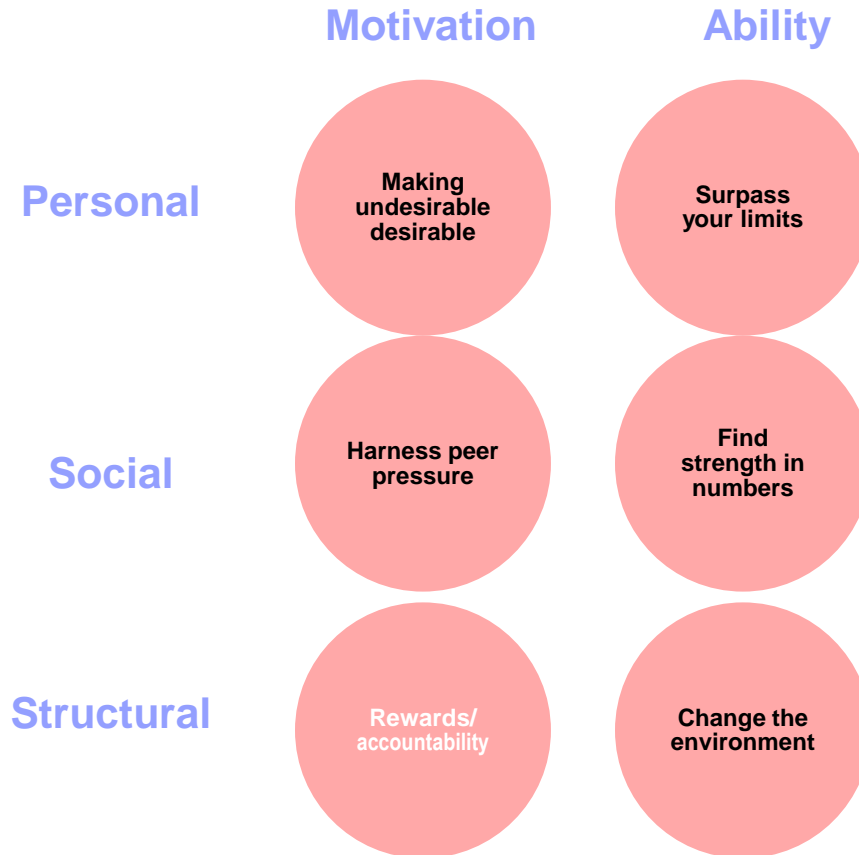
- People choose behaviors based on what they think will happen
- Whether they choose to change thinking depends on
 - Belief they can make the change
 - Belief the effort is worth making the change
- Verbal persuasion is most common and typically unsuccessful
- Use innovative personal/surrogate experiences and vicarious modeling

Effective Stories for Influence

- Creates understanding
- Believable
- Motivational
 - Sympathetic
 - Empathetic
- Become a master storyteller
- Tell the whole story
- Offer hope
- Link the story to experience



Make Change Inevitable



Who shall set a
limit to the
influence of a
human being?

Ralph Waldo Emerson

C-Suite Presentation Outline

- State the problem/opportunity
- Solution (or making the opportunity a reality)
- Benefits of the proposal
- Drawbacks
- Limitations
- Risks
- Cost (overall, not details)
- Resources
- Expectations for the short and long-terms
- Next steps

Influential Presentations

- Know who your “competition” is and be ready to explain why your request is the better option
- Be attuned to your audience and adjust your presentation accordingly
- Make sure you meet your target audiences needs
- Hit the key elements in their decision making process

State Your Case

- Let your audience know right up front what you want to accomplish
- Pharmacy staffing in the NBICU is too low. I am going to convince you that we need to augment our clinical staff in this area.

Use Experts

- Important people can help to make your argument more credible
- Dr. Rubble, our chief neonatologist has provided this position paper detailing our patient risk due to pharmacy not being able to see all NBICU patients.

Use Data

- Facts and numbers used well can be very convincing in support of your argument
- Our NBICU census is running at 65 babies daily and it currently take our clinical pharmacist 30 minutes to work up and evaluate each baby. With 1.5 FTE's allocated to the NBICU we are not seeing each baby daily.

Emotion

- Getting people emotionally involved can help your case
- These are our smallest and sickest patients and even a tiny variation in their medication regimen can have a disastrous outcome.

Trust

- Having a track record that your audience is familiar with and trusts can greatly assist your presentation
- We are proactively evaluating and addressing our highest points of risk to improve patient safety. This proposal is very similar to the oncology enhancements that we implemented successfully last year.

Timing

- Stress the time sensitive nature of your proposal to create a greater sense of urgency for action
- Every day that we delay we continue to have babies that are not being seen by pharmacy which elevates our risk profile.

Research

- Using reliable and familiar data sources to support your proposal is very powerful and consistent with the “evidence based medicine” theme
- CHCA benchmark data has our facility in the top 5 in the nation for patient acuity but in the bottom five for pharmacy staffing

Close

- Close your presentation and get a commitment
- Given all of the positive evidence and support for improving the care of this high risk population can we move forward with creating a second neonatal clinical pharmacist position, realizing that it will more than likely take some time to recruit a specialist with this skill set.

IN SUMMARY

Fine Tuning Influence for Advocacy

- Find common ground
- Build compelling evidence
- Connect emotionally
- Present persuasively
- Close on commitment



10 Questions to Define and Target Personal Influence

- What is your elevator (two minute) message for the idea?
- Who are the decision makers and what role does each play?
- What are the positions of each decision maker on the ideas under consideration?
- What is your role for each encounter with a decision maker?
- What is the basis of your credibility for each decision maker?

10 Questions to Define and Target Personal Influence

- What channel of persuasion is likely to influence each decision maker?
- What can you offer to each decision maker to engender reciprocity?
- What is your natural persuasion style, and what style factor adaptations are likely to influence decision makers without losing authenticity?
- What commitments can you ask for and when?
- How can you leave the relationships stronger than they are currently?

Questions?

