• B.A. in Sociology and Political Science from the SUNY-Albany followed by her Ph.D. in Sociology at the University of Michigan

• Linda Kaboolian, Ph.D., Wertheim Fellow, Labor and Worklife Program, Harvard Law School

• Her academic life is as a sociologist specializing in multi-stakeholder problem solving processes around workplace, community, and policy issues.

• Instructor
Division of Policy Translation and Leadership Development
Harvard. T. H. Chan School of Public Health

• 30-year faculty Member of the Kennedy School of Government, Harvard

Society of University Otolaryngology Keynote Speaker-Art of Negotiation
The truth of the matter, Fox, is you've been very hard to replace.

Apparently, in today's job market, people with your business skills make six times what we've been paying you.

So if you've come to ask for your job back, the answer is yes.

With no cut in pay?!

Not that your business skills are flawless.

Ok, ok, a little cut in pay.
Linda Kaboolian, PhD

- Harvard Kennedy School Faculty 25+ years
- Now at Harvard Chan School of Public Health & Law School
- Mediator of public sector disputes & policies
- Served officer of public sector union
- To reach me: Linda_Kaboolian@Harvard.edu
Leaders Negotiate
“Everything is Negotiable”
What’s Your Experience?
Common misperceptions:

• 1. Negotiating is an innate talent.

• 2. “Hard” negotiators get better deals.

• 3. We live in a zero sum world with winners and losers
How do we split an orange so two people each get more of what they want?
In a “zero sum” world:
Claiming Value:
In a Value Creation world:

Each party gets more of what they want

*Pareto Frontier
To Find or Create

Include many issues

Find trades between preferences

Value “Indifference” on an issue as something to trade
Distinguish “Positions” from “Interests”
"Window CLOSED!"

"Window OPEN!"
Separate People from Problems
Great Negotiations:

Avoid
Zero Sum
Position Focus
People Fixing

Practice
Value Creation
Interests Focus
Problem Solving
Take-Aways

1. To Lead is to Negotiate
2. Everything is Negotiable
3. There are always opportunities to find or create value –
   - Recognize others will have zero sum (value claiming) mindsets
4. Distinguish Positions from Interests
5. Separate People from Problems
Negotiating With Your Chair in Under 6 Minutes

William B. Armstrong, M.D.
Professor of Clinical Otolaryngology-HNS
Negotiation

• We all negotiate every day
• We all have bosses
• The challenges of negotiating with your chair are basically the same as for the chair negotiating with Dean or CEO
Negotiation is not an act of battle; it’s a process of discovery. The goal is to uncover as much information as possible.

Chris Voss 2016
Challenges For Leaders

• Everyone has problems
• Everyone comes to you with problems
• Almost everyone wants their problem to be your problem
• You are supposed to solve their problem
Trying to Find Common Ground

• What is the chair’s leadership style
• What does the chair have control over?
  • E.g. comp plan may be formulaic or controlled by institutional policy
  • Operating rooms and ambulatory space?
• What competing interests does your chair have to deal with?
Five Easy Pieces, 1970. Carol Eastman and Bob Rafelson

Negotiation for Wheat Toast.
Five Easy Pieces

- Jack knew what he wanted
- He tried compromise
- He understood the boss’s limitations
- He came up with a creative solution
- Condescending /Aggressive/Lost temper
- Boss Intransigence made resolution harder
Control Emotions

"Don't let it throw you—It's just a negotiating tactic."
Positions vs. Interests

• Understand the relationship (long term)
• Why do you want what you want?
  • What is the interest behind your position
  • May come up with something better
• Ask *What* or *How* questions to learn interests of other party
• *Why* questions trigger defensiveness
• Understanding other party’s interests opens up discovering creative solutions
Listening

• People want to be understood and accepted
• Listening and conveying it by paraphrasing back is a great way to demonstrate understanding and empathy
• Truly listening is hard
  • What is spoken
  • How it is spoken (volume, tone, clarity etc.)
  • What is unspoken (body language)
What are potential solutions?

• Approach negotiation to solve problem
• Lay out the problem/dilemma
• Propose options
  • Benefits
  • Limitations
• What would you do if you were the chair?
BATNA

• What are your alternatives?
• What is the worst case scenario?
“Once they noticed your tail wagging, they stopped upping their offer.”
A Few Points on Negotiation

• Seek to find the interests of negotiating partner
• Listen actively
• Keep positive mind frame and attitude
• Think of potential solutions to solve problem
• Know fallback position/options/limit
Win Win?
The Art of Negotiation with the Health System

Randal S. Weber, MD
Professor
Department of Head and Neck Surgery
John Brooks Williams and Elizabeth Williams Distinguished University Chair in Cancer Medicine
Chief Patient Experience Officer
Negotiation with the Health System

The Opportunity

• MD Anderson has committed to building 4 satellite ambulatory centers for community based cancer care
Negotiation with the Health System

*The Opportunity*

- The 4 sites will provide:
- Radiation therapy
- General medical oncology services
- Surgery:
  - Breast
  - Colon
  - Lung
  - Prostate
Negotiation with the Health System

*The Opportunity*

- Head and Neck Surgery will be a follow-on service
- However, the Head and Neck Program saw early participation as a key to our growth strategy
Negotiation with the Health System

*Making a Case for Support*

- Main campus referrals in the Texas Medical Center were flat
- We wanted to take high quality multidisciplinary head and neck cancer care to the community
Negotiation with the Health System
Making a Case for Support

• Patients desire care closer to home, don’t want to drive in to the medical center
• Capture new patients in the satellites and once in the system they will come to the medical center for surgery
• Counter increased competition from two academic health systems in the Houston region for head and neck patients
Negotiation with the Health System

Making a Case for Support

• Staff head and neck surgery clinic 2 segments (8n-12n; 1p-5p) per week in the satellites
• 2 segments/wk main campus
• Hybrid model to insure outreach faculty are fully integrated and engaged with the department
• Surgical cases main campus
Negotiation with the Health System

- **Big Bang:**
  - Place surgeons in all 4 facilities concurrently

- **Incremental**
  - Staff South Houston facility
  - Southwest Houston facility
  - Staff West Houston facility
  - Staff North Houston facility
MD Anderson Houston Area Ambulatory Facilities
Negotiation with the Health System

• Big Bang:
  • Place surgeons in all 4 facilities concurrently
    • No: too risky and resource intensive

• Incremental: Set productivity targets, achieve them and other sites brought on line sequentially
  • Southwest Houston facility Phase 1
  • West Houston facility Phase 1
  • South Houston facility Phase 2
  • North Houston facility Phase 3
MD Anderson West Houston
MD Anderson West Houston

Kris Pytynia MPH, MD

Amy Héssel, MD
MD Anderson Sugarland
MD Anderson Sugarland

Ed Diaz, MD

Ryan Goepfert, MD
MD Anderson League City
MD Anderson League City

Shirley Su, MD
MD Anderson The Woodlands
Four Satellites
Open and Operational

• Major capital outlay
• Concern that the new patient volume was not meeting forecasts due to unmet demand
• Imperative to increase new patient volume
• Adjust staffing model to increase new patient slots
• Add a financial incentive
Compensation Model

*Negotiation*

• Combat pay for staffing the satellites in addition to base pay
  • Eligibility requires 4 segments/ wk
• My position: two clinic segments/ week and one full day of surgery for satellite patients= 50% commitment
Compensation Model

Negotiation

• Health System: Combat pay eligibility requires 4 clinic segments/wk in the satellites
• 2 faculty chose the combat pay and closed their main campus clinics
• Too soon to determine if new staffing model will impact patient volume in the satellites
Lessens Learned

- Have a vision
- Develop a sound business plan
- Remain flexible
- You never get everything you want
- Financial exigencies will impact commitments
- Have contingency plans
The Art of Negotiation in Academic Otolaryngology-HNS: Do’s and Don’ts

Negotiating with your faculty

Jeffrey M. Bumpous, M.D., F.A.C.S.
J. Samuel Bumgardner Professor and Chair
Department of Otolaryngology-HNS and Communicative Disorders
University of Louisville
School of Medicine
Disclosures

- Director of the American Board of Otolaryngology-Head and Neck Surgery. The presentation represents my views personally.
- I am not an Expert Negotiator
To survive in the 21st century, medical schools and teaching hospitals must develop their ability to innovate and change. However, when compared to the governance, organization, and leadership structure of corporate entities, academic institutions lack the necessary infrastructure for such transformation.

The American Journal of Medicine, Vol 119, No 7, July 2006
US medical schools have more than 3000 department chairs but only 125 deans. Despite the fact that department chairs outnumber all other university administrators combined, policymakers have paid little attention to the roles, responsibilities, and needs of these leaders.

A new department chair enters an unfamiliar world of administrative and managerial challenges. Most of these individuals are ill-prepared to succeed in this difficult leadership position. One symptom of this challenge is an unacceptable turnover rate among department chairs. For example, the average tenure of a chair of a department of internal medicine is 3.7 years.

The American Journal of Medicine, Vol 119, No 7, July 2006
Is negotiating required? Is this an easy yes?

- What is being negotiated?
  - Work plan
  - Compensation
  - Research/Infrastructure support
  - Is the benefit global or asymmetric? To what degree can asymmetry in benefit be desirable?

- Is the topic under negotiation within the purview of the Department or is Institutional Approval or “buy in,” required for approval/success? (Resources, Rules, Responsibilities and Reporting-The Four R’s)

- Who should the Negotiation Involve?
  - Chair/Leadership Team (Vice Chairs, Division Director, Program Director, affected Faculty/Residents/Dean/Health System Leaders)

- Don’t negotiate if the answer is an obvious “Yes.” Don’t negotiate, but discuss if the answer is an obvious “No.”
  - “Honest disagreement is often a good sign of progress.”
  - Mahatma Gandhi
Structure for Success

- **Define the task/problem** (if complicated, this may be the purpose of a first meeting). Until this is performed to the satisfaction of all parties, success is unlikely.

- **What does success look like?** (for the Faculty Member, the Department, The School/University, Community, Patient, Trainees, Medical Students and other relevant stakeholders)
  - Do we need a sketch or a painting?
  - Timeframes

- **What resources are necessary for implementation?** (Financial, space, personnel, infrastructure)
  - Are the resources readily available? Startup and Sustenance
  - Will new resources become available or will they need to be requested?
  - For what time frame is funding “guaranteed?”

- **What outcomes/metrics are necessary to demonstrate success?**
  - Impact
  - Funding sustenance

"Success seems to be connected with action. Successful people keep moving. They make mistakes, but they don’t quit.”

- Conrad Hilton
Do’s and Don'ts

• Do’s
  • Negotiate
  • Listen
  • Come prepared (Information and facts correctly presented are powerful)
  • Understand your proposition well-be firm in principle and flexible in style/approach
  • Be in it for the “long haul.” Important negotiations seldom are settled in one session
  • Do acknowledge Emotions, as they may be an undercurrent that either hastens decision making or undermines success

Don'ts's
• Be the only “talker.”
• Make ultimatums (then you are no longer negotiating-be careful and thoughtful with declarations)
• Forget that you are part of a larger “something.”
• Forget your value and commitment
• To establish trust by being trustworthy-Do what you say you are going to do.
• Let emotion be the leader whether positive or negative. (Cognition and facts can be supported by positive emotions. Negative emotions tend to polarize and shut down progress rather than open up opportunities).
Scenarios

Negotiations in academic otolaryngology-HNS
Scenario One: The Health System

- The Happy Valley School of Medicine, part of Idyllic University has recently acquired a 100 bed community hospital that has an full-service Emergency Room, a 6 room operating rooms, a 4 room endoscopy suite in a community that is a 30 minute drive via an interstate from the Academic Medical Center. There is currently one community-based Otolaryngologist-HNS “covering” the hospital and she is retiring in 3 months. The Dean and your system CEO has asked your Department to provide Otolaryngology-HNS services at this campus. The Health System CEO is anxious to have this solved in three months. You want to be a team player, but you are not currently resourced without considerable strain to provide “full-time,” coverage.

- What are the core issues in the Negotiation?
- What are the Do’s?
- What are the Don’ts?
Dr. A is an Assistant Professor in the Department with his primary areas of work assignment of Clinical Care and Teaching. He is on a Tenure Track as a Clinical Educator. He is a fellowship trained Rhinologist (one of two) on the faculty in a training program that has 3 residents per year. He has been on the faculty for three years. He is married and his spouse just delivered identical twins two months per year. He is well liked by faculty, staff and the residents. He generated 15,000 wRVU’s this past year. The compensation model is an A + B + C model, in which A=base salary at 50 percentile AAMC by rank and B= wRVU incentive which kicks in a 8000 to 10,000 wRVU, but diminishes after 10,000 wRVU and C = “Citizenship,” bonus of up to $8000 based on teaching evaluations, scholarly activity, and administrative/community engagement metrics.

Dr. A received total compensation at the 90th percentile of AAMC by rank based upon the A and B components and a modest C component bonus. He believes he is poorly compensated and is meeting with you to discuss improving his compensation.

What is the negotiation issue(s)?

What are the Do’s?

What are the Don'ts?
Scenario Three: Dean-Faculty-Chair

- Dr. Z is a Professor of Otolaryngology-HNS at your institution and has been Program Director for 10 years. She has done a superb job and has helped grow the residency program, improve didactic teaching in the residency and engage both faculty and residents in programmatic improvements.

- The Dean of the School of Medicine has offered the position of GME Dean to Dr. Z, without discussing with you previously. Dr. Z is interested but undecided and has some reservations about accepting. The Dean has scheduled a meeting with you and Dr. Z to discuss this opportunity. Currently, there is not an Associate Program Director in the Department and you have just had turn over of your Program Coordinator and there is a newly installed person in that position of less than 1 year. You are concerned about the Departure of Dr. Z from the Program Director role.

- What is the negotiation?
- What are the Do’s?
- What are the Don’ts?