BEST PRACTICES IN ADVOCACY AND MESSAGING TO THE C-SUITE

American College of Osteopathic Internists
THE SUPREME ART OF WAR IS TO SUBDUES
THE ENEMY WITHOUT FIGHTING

Sun Tzu, Approx. 490 BC
KNOW YOUR ENEMY AND KNOW YOURSELF AND YOU CAN FIGHT A HUNDRED BATTLES WITHOUT A DISASTER

Sun Tzu, Approx. 490 BC
Know the most concerning priorities of the CEO/COO/CFO
Understand the C-suite characteristics, business practices, and lexicon
  ▶ Speaking their language
Understand personal communications styles and how they interact to facilitate or undermine your efforts
CEO PRIORITIES

- Joint commission
- Finances
- Creating and ACO
- ACGME accreditation
- Personnel shortages
- Physician hospital relations
- Government mandates
- Technology
- Osteopathic recognition
- Population health management
- QA/QI
- Patient satisfaction
- Care for uninsured
- Obama care implementations
Consider these (and other) priorities in the context of your institution:
How does OR play into these, positively or negatively?

Are my priorities in line with the CEO’s?

Can I walk a mile in their shoes?
C-SUITE CHARACTERISTICS AND BUSINESS PRACTICES
Primary concern? Improve their business!

Improvement is most often defined as
- Increasing sales
- Market share
- Customer loyalty
- Reducing costs, errors, employee turnover
- Improving productivity, employee engagement, customer service, etc.

How does osteopathic recognition (OR) address any of these factors?
- Consider quality of care that community has come to expect
- No additional costs involved
- Quality of students entering the program

C-LEVEL DECISION-MAKERS ARE PAID TO IMPROVE THEIR BUSINESS RESULTS
Shifts in priorities may impact the level of support for OR 
Devise a strategy that will keep OR a “current” solution

C-LEVEL DECISION-MAKERS DEAL WITH CHANGING PRIORITIES
C-LEVEL DECISION-MAKERS ARE EXTREMELY BUSY

- Executives arrive early, stay late
- Too many calls, emails, meetings
- Maximize every minute you have with them: phone calls and face-face
- Know exactly what to say when you connect with these individuals
- C-level executives rarely make decisions on their own
- Often defer to other people on their team and ask for feedback from peers and/or subordinates
- Engage and involve these people in your conversations
- Invite them into the decision-making process
- Look for alliances and advocates in the trainee community: Is OR important to them?
- Fine tune alliances!

**C-LEVEL DECISION-MAKERS RELY ON OTHERS**
Mistakes impact reputations and therefore affect the decision-making process

Uncover and understand the risk factors

Determine how OR can mitigate these or if OR itself is seen as a risk factor

C-LEVEL DECISION-MAKERS DON’T LIKE TO MAKE MISTAKES
C-LEVEL DECISION-MAKERS HAVE BIG EGOS

- You don’t get to the top being a self-doubter!
- Bring you’re a game to discussions: you must be confident in not only your rationale for keeping OR, but your ability to sell it!
- Don’t back down when you’re challenged: you need to demonstrate a belief in the importance of and your commitment to OR
C-LEVEL DECISION-MAKERS SPEND THE BULK OF THEIR DAY IN MEETINGS

- No one is sitting at their desk waiting for you
- Be persistent in your efforts to connect with these individuals, and as the boy scout motto reads: Be Prepared!
Your meeting to meet with them about OR must be tied to a compelling reason. Remember their priorities!

Make your meeting about helping them and the hospital.

C-LEVEL DECISION-MAKERS HAVE AT LEAST 40 HOURS OF WORK ON THEIR DESK AT ANY GIVEN TIME
Most C-level executives simply don’t have the time to respond to most emails

Furthermore, the greater the intimacy of the contact, the more persuasive you will be

Use a variety of strategies to connect with C-level decision-makers; leverage allies and advocates

C-LEVEL DECISION-MAKERS RECEIVE UPWARDS OF 150 EMAILS EVERY DAY
Focus on the big picture
Make OR an essential value to his/her priorities
  QA
  Maintaining high-quality grads coming into the program

C-LEVEL DECISION-MAKERS THINK BIG PICTURE
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