

**As Director of
Electrophysiology, I am happy
that I studied hospital
management in order to deal
with my administrators**

EHRA summit 2017

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**WE
ARE THE
ESC**



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Medtronic, Livanova,**

Martin' view

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Who am I?

- **French EP working in Rennes University Hospital**
- **I am 56 yo.... Today**
- **I am the Chief of the Department of Cardiology since 2 years**
- **The Chance of my professional life:**
 - **To grow-up with Pr Daubert: learning of Cardiology, EP, Education, human behaviour and an interest for the administrative involvement**
 - **Very important knowledge for administrative issues**
 - **“You are very lucky to have a Boss so smart like JC Daubert, you are well prepared for the different aspects of the management of a department”**
 - **Pr Nathalie Rioux-Leclercq, Head of Pathology, Rennes University Hospital**

My administrative involvements

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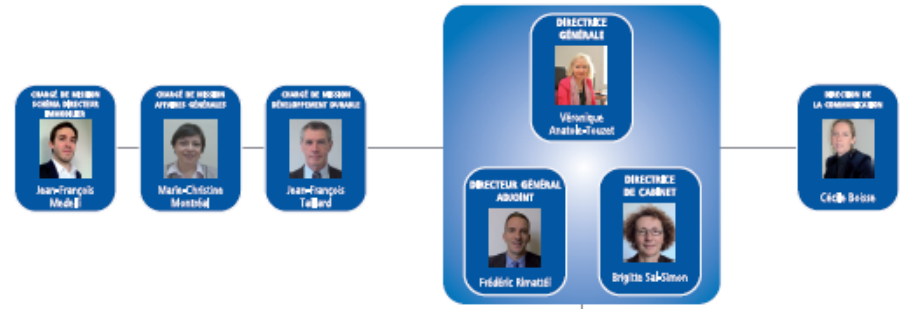
- **Rennes University Hospital**
 - Head of Cardiology Department
 - Vice President of the Medical Board of the Hospital
 - Member of the “Directoire” of the Hospital
 - President of the committee for nomination of medical doctors
 - Member of the Scientific Committee of the Medical school
 - Member of the Committee for Innovations
- **French Society of Cardiology**
 - Member of the board
 - European affairs
- **European Society of Cardiology**
 - Member of the Board
- **EHRA**
 - Member of the Board
 - International affairs



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Why do we have to work with the administration?

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- **Evolution of the role of medical community over time**
 - Very powerful in the 60s then a progressive and constant decline over time
- **Dramatic changes in the environment**
 - Increase in complexity (process quality, regulations....)
 - Changes in the patient's management, more ambulatory medicine
 - Limited financial resources for medical and non medical recruitments
 - Limited financial resources for acquisition of medical technology
- **So we have to convince our administration about the importance and the legitimacy of our applications**

Why do we have to work with the administration?

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- **Evolution of the role of medical community over time**
 - Very powerful in the 60s then a slight but constant decline over time
- **HPST law in 2011**
 - N Sarkozy: “increase the power of the administrative manager in order that the hospital have one boss and only one.....”
- **The manufacturers:**
 - 15 years ago a discussion only with physicians
 - 5 – 10 years ago the discussion is extended to the pharmacists
 - Now the deal is more and more with the administration (no MEDTECH for administrators....)

Why do we have to work with the administration?

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- **Dramatic changes in the environment**

- Increase in complexity (process quality, regulations....)
 - You have no choice, the HAS accreditation process is mandatory in the french law
- Changes in the patient's management, more ambulatory medicine
 - One again no choice you have to increase you ambulatory rate.. Changes in organization, change in the architecture of your department, gathering of the ambulatory medicine of different departments
- Limited financial resources for medical and non medical recruitment
 - Decrease of 1.6% of the price
 - We have to produce more with he same HR, in some hospitals retired physicians are not replaced.....administrative decision!!!!
- Limited financial resources for medical technology
 - Dramatic improvement in medical technology (biology, imaging, EP....), we are in competition in our Department but also with our colleagues from other departments but also with private clinics...

SWOT of the Medical Community

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- **Strengths:** our medical education, our professionalism, our passion, our position (without physicians no hospital so no directors...)
- **Weaknesses :** our lack of education in management, finances, communication... Our disinterest for the administrative issues
- **Opportunities:** to be involved in the decision processes, to be on stage and not at backstage, to be an actor and not a follower
- **Threats:** to become a spectator, just a passive care provider, to be out of the decision processes

So if you have a strong willingness to keep a role

The PLOS attitude

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- **Play the game**
 - Be BARCA and not Paris
- **Once you are out of the gamedifficult to come back**
- **Learn what you are talking about....**
- **Stay positive and optimistic ...**

Administrators are not ET



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- They are human....but sometimes they speak a strange language
- The majority of administrators like physicians
- They have some times a misperception of the medical reality and we can help them to better understand
- We are in the same boat.....
- We have to work together and not to fight together

Certification is everywhere

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- **For EP, Echocardiography, PCI.....**
 - Training and certification
- **Airplanes pilots**
 - Training and certification
- **Administrators**
 - Training and certification
 - Dedicated Health School in France

Certification is everywhere

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- **For the management of our department we have to learn**
 - HR
 - Finances
 - Communication
 - Gestion of conflicts
 - Negotiation
 - Gestion of the changes of regulations and environment

One example: Ecole de Management pour les Médecins des hopitaux (EMAMH)

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- **Objectives**

- Understanding of the evolution of the environment of the hospital and impact of new regulations
- Increase in leadership capacities and team management
- Improvement in changes and project management
- Acquisition of financial management tools
- Improvement in collaborative projects and cooperation

So what???

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- **Better comprehension the administrative language**
- **Better Knowledge of their ways of thinking and functioning**
- **Better knowledge of the system and the evolution**
- **Better knowledge of the possible and the impossible**
- **Nice time with the administrators**
- **Increase in the management of my institution**
- **More effective negotiation for my Department**