

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/negotiation-disruptive-innovation-academic-allergy/54735/>

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Negotiation and Disruptive Innovation in Academic Allergy Practice

Announcer:

Welcome to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Marcus Shaker, who's a Professor of Pediatrics and Medicine at the Dartmouth Geisel School of Medicine in New Hampshire. He'll be discussing how we can use negotiation and disruptive innovation to address some of the most pressing issues facing allergists and immunologists in academic practice. Here's Dr. Shaker now.

Dr. Shaker:

The two major issues that I brought up were money and space in the academic environment, and the ways that we talked about how to address these were how to leverage negotiation and how to leverage disruptive innovation.

And so we recently reviewed clinical negotiation. This was a paper by Alex Conway in *The Journal of Allergy and Clinical Immunology: In Practice*, and there are a few concepts to remember. One is to always know what your BATNA is—that's the Best Alternative to a Negotiated Agreement—and to understand where your ZOPA is, your Zone of Possible Agreement. Everybody's got a reservation point, a walk-away point, and a target point, and if you can find somewhere between the person you're negotiating with and what your needs are for yourself and your colleagues and your patients—a Zone of Possible Agreement—then you've got a good chance of doing good.

The other place that I tend to try to work in is something called Pareto optimal. So a Pareto optimal situation is a situation in which the outcome for one party cannot be improved without somebody else sacrificing something. It's true efficiency, but in reality, we live in a world that's not ever truly efficient. Most things are not Pareto optimal; most things are Pareto inefficient. So if you can find the Pareto inefficiencies, then you can actually create benefit for everybody where nobody has to sacrifice. Now, you don't always have that option, but if you can find situations of Pareto inefficiency, those are ones to try to capitalize on.

Now, there are really five components of negotiation. One is to always place principles over personalities. The second is to explore all options before you decide on the best course. If you can't find consensus, then at least work toward collaboration. Try to work from evidence, incorporate context, and always try to stay evidence-based.

We wrote another paper that I think really ties well into this, and this is this idea of disruptive innovation. A disruptive innovation is a type of advancement where a new product or service line meets some aspect of a consumer gap. And the disruptive innovation is usually accompanied by some limitation. A good example is telemedicine, right? It's clearly a nice innovation. People don't have to drive all the way to the clinic, but there's something that's sometimes missing from these telehealth visits. And so we were faced with a situation here at Dartmouth where we were looking to begin an oral immunotherapy program, but we did not have the time and space to make that happen. So we thought about how we could leverage negotiation and disruptive innovation. And we designed a home immunotherapy program, which has been very effective. We published our outcomes on the home immunotherapy; Sarah Hughes was the first author on this, and it was in *JACI: In Practice*. We found very similar rates to what's been reported in the literature. In fact, of the patients surveyed, 97 percent recommended OIT, 91 percent reported a greater sense of safety and security, and levels of empowerment were greater than those previously reported.

Of course, whenever you're thinking about a disruptive innovation, it's important to realize that there'll be early adopters, mid-adopters, and late adopters, and that sometimes relates to how people view evidence and really how they come together with their patients in shared decision-making.

You know, I think what I try to keep as my North Star when I'm thinking about these challenges is a quote from Sir William Osler. One of the quotes that he has that I like very much is: "The practice of medicine is an art, not a trade, a calling, not a business, a calling in which

your heart will be exercised equally with your head.” Just such a beautiful sentiment. And I think the important thing is that we always try to keep the heart in medicine.

Announcer:

That was Dr. Marcus Shaker sharing strategies for addressing the key challenges facing allergists and immunologists today. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!