

# Is there an Interim in Your Future?

By George Linney, MD, CPE, FACPE

**During the 35 years that I have been a physician, there has been a steady increase in the number of hospitals employing a vice president for medical affairs or chief medical officer as part of its upper management team.**

Recently, I noticed a new trend where some hospitals are employing interim or temporary VPMA's when they are in the process of developing the position for the first time or in between permanent VPMA's.

Richard Sheff, MD, chairman and executive director of The Greeley Company says there are two different situations where an interim VPMA or CMO might be used.

1. If a hospital has never had a VPMA, a temporary one can give the administration and the medical staff the opportunity to try out this new position. The interim can help alleviate whatever fears the medical staff might have. He or she can accelerate the effectiveness of this new position and take the heat off the new permanent person.
2. Secondly, is the situation where a hospital had a VPMA who left. An interim VPMA can keep the hospital from losing momentum that has built up in quality improvement, development of guidelines, or information technology implementation. Also, he can help overcome a bad legacy. In addition, the interim VPMA can serve as mentor to the new permanent person.



**Sheff** says some hospitals don't realize that interims are available, or may not see the VPMA role as "mission critical" compared to roles like chief executive officers or chief financial officers. Also, some hospital administrations and medical staff leaders may be reluctant to trust an interim in a politically sensitive role.

## IN THIS ARTICLE...

Find out why the trend toward hiring interim VPMA's and CMO's is growing and learn how three interims handled their posts.

An interim must be a seasoned veteran. Only physician executives who have worked as VPMA's or CMO's in at least one other hospital should be considered. The interim must also want to make a difference, be politically astute, able to build trust and establish instant credibility with the board, administration and the physicians. Interims also must be willing to travel—sometimes across the country—from their homes to the hospital.

## Why become an interim?

Physician executives who become interims may be retired from full-time employment but still want to be involved in medical management. Work as an interim also offers the opportunity to try consulting.

Sheff says The Greeley Company typically contracts with a hospital to provide an interim VPMA or CMO for three or four months. The contract can be extended if necessary.

Compensation is hourly and usually a little less than full-time pay. If the hospital is in a financial turnaround situation, compensation is higher. All travel and temporary living expenses, along with director's and officer's insurance, are covered. The number of days on site is negotiable, but at least 10 days per month is typical, Sheff says. A common scenario is where the interim works three or four days a week and spends long weekends at home.



**Robert Fabrey, MD, MMM**, of Asheville, N.C. recently served as an interim in two different hospitals. Before becoming an interim, he

was senior vice president for medical affairs at Mission St. Joseph's Health System in Asheville.

In his first temporary position, Fabrey was in a situation where the CEO, who was a physician, had just left, and the COO was serving as the temporary CEO. The hospital had never had a VPMA or CMO. There was a lot of tension between the primary care physicians, the specialists, the administration, and the board. Fabrey says his major contribution was to help reduce that tension. His assignment lasted almost a year and he worked Monday through Thursday for three weeks and then took the fourth week in the cycle off.

In another assignment, Fabrey took over for a VPMA who resigned at the same time as the CEO. The hospital determined that the best thing to do was to have an interim VPMA until a new CEO got settled and was ready to conduct a search for a permanent VPMA. This position also lasted about a year.

### VPMA model

Another physician executive, Fred Jones, MD, CPE, FACPE, served in two temporary situations in the past three years. Prior to becoming an independent consultant, he was the VPMA at Anderson Area Medical Center in Anderson, S.C.

Jones was sent by Greeley to a hospital in the Southwest to be part of a reengineering process and sell the medical staff on the idea of having a permanent VPMA. The administration already knew it wanted one. After the first two months, the physicians were sold on the concept.

The reengineering process involved changing medical staff governance, revising the bylaws and reorganizing the committee structure.



Kenneth Heaps, MD, retired from his full-time job as a VPMA in 2002 thinking he was ready for the "good life." After several months he realized that the "good life" was not all that great, and he took a position as an interim in a hospital just outside Chicago.



Jones says the only limitation on his effectiveness was if something significant happened while he was back home in North Carolina. The best he could do was be available

by telephone, e-mail and fax. But he says such situations only arose occasionally.

His duties included everything he had done in his full-time job in South Carolina. He even had direct reports, and oversaw medical staff affairs, utilization management, case management and quality improvement.

It was Jones' job to model and define the role of the VPMA for the medical staff and administration. He had some sticky problems to deal with such as working on a joint venture between the interventional cardiologists and the hospital, which kept the physicians from going with a MedCath venture and cutting the hospital out. There was also a good bit of interaction with the board, which was transitioning to new leadership.

During his tenure, Jones became aware of the special needs of the institution and he helped recruit an experienced physician executive who is still there.

In a more recent assignment in the Pacific Northwest, Jones functioned more as a mentor and consultant to the VPMA who was already in place. He worked with Greeley and the medical staff leadership on various projects.

In both interim posts, since Jones was traveling from his home to these hospitals, he would usually stay on site about 10 days at a time, and also try to be sure that he was on site whenever anything critical took place.

### Searching for the 'good life'

Another interim, Kenneth Heaps, MD, retired from his full-time job as a VPMA in 2002 thinking he was ready for the "good life." After several months he realized that the "good life" was not all that great, and he took a position as an interim in a hospital just outside Chicago.

He was part of a reengineering project that included changing medical staff bylaws and governance, and rebuilding the quality improvement program. He did this three days a week and commuted from his home in York, Pa.

After the first six months, the hospital asked him for more of his time, so he expanded to four days a week. He even had to spend some

time dealing with impaired or disruptive physicians. He says the medical staff leadership was delighted to have his help in dealing with such complex issues.

This interim arrangement worked out fine for Heaps and his wife, as he spent three out of four long weekends back home in Pennsylvania, and the fourth weekend his wife flew to Chicago to spend time with him.

Heaps says the continuity of the interim arrangement was more satisfying than going from hospital to hospital as a traveling consultant. In addition, he feels that an interim may have a little more freedom to be candid with administration and the medical staff than someone in a permanent role.

The one-year interim arrangement was so satisfactory for all parties that the hospital asked Heaps to stay on in a permanent role. At the end of the interim year, he agreed to a two-year contract that will allow him to continue working four days a week while still keeping his permanent residence in Pennsylvania.



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