

**Name:** Lilavati Indulkar, MD

**Professional Title, Organization:** Vice Chair, Department of Internal Medicine, Alameda Health System

**CHIP Title:** Unionize the Physicians at Alameda Health System (AHS)

### **Project Description:**

Today, nearly 70% of healthcare providers are employed by large corporate entities. While there are benefits to large healthcare systems, providers in these organizations are feeling disengaged and disempowered due to the inability to effectively advocate for their patients or themselves. This lack of voice contributes to provider burnout, directly affecting the quality of care being delivered and physician attrition.

At AHS, we saw an annual 11% attrition rate of quality physicians compared to the national average of 4-6%. The cost of replacing one physician ranges anywhere between \$250K to \$1M. In addition, we are concerned about physician shortages, it is predicted that California will have the highest shortage of healthcare providers by 2030. After talking to numerous providers, I discovered that the main reasons for low morale were the inability to effectively advocate for patients, below market compensation and benefits, and lack of influence on the workplace environment. My goal was to develop a retention plan that incorporated these factors to retain high quality physicians in a safety net system. My unconventional but not unprecedented approach was to unionize the physicians at AHS.

### **Achievements:**

- Collaborated with Service Employees International Union (SEIU) to start unionizing the physicians in April 2021.
- Conducted multiple one-on-one conversations with 280+ physicians to get union buy-in.
- Reached majority (50%) by June 2020 and super majority (78%) by October 2021.
- Incorporated physician leaders such as Chairs and Chiefs in the unit by December 2021.
- Filed petition with Public Employee Relation Board and was granted recognition as a Doctors Union under the SEIU 1021 umbrella in February 2022.
- Decreased attrition rate from 11% to 2% from July 2021 to June 2022.

### **Lessons Learned:**

- One on one discussions work best when trying to get early buy in to support a change, group discussions with key supporters can propel additional support.
- Don't ignore strong opposition because the challenges they pose leads to growth, and it is possible for the greatest critics to become the strongest allies.
- Spread of misinformation will occur when trying to bring about a major change, and it must be tackled with frequent clear communication using multiple channels.

### **Next Steps:**

- Refine the structure and governance of our union unit.
- Negotiate our first contract.
- Establish a healthcare arm of the union to encourage engagement of the medical community in political advocacy.
- Write a playbook for other organizations.