



## **Gail Chellis**

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### **Tell us about yourself and why did you choose this type of work?**

I was born in Upstate New York and raised just outside of Baltimore, Maryland. I reside currently in St. Louis, Missouri. My husband and I have three children who are grown and live all over the country and one sweet but lazy dog.

I think the work of physician relations chose me. I stumbled first into this type of position on the managed care side because one of my husband's friends was moving back to Peoria, so his wife was vacating her position as a Professional Services Coordinator (i.e., a field rep working with physician offices) at Blue Cross/Blue Shield. I have been doing it for 20+ years now.

### **What motivated you to seek this career?**

Being fresh out of college, I thought I had to have a position specifically in my major, economics. A year later, I was very unhappy with what I was doing because I dealt with numbers all the time and had very little interaction with people. I desperately wanted a position focused on people and helping them do their jobs better.

### **Describe some of your most important/proudest accomplishments?**

I created an Office Manager Advisory Council comprised of people from PCP offices and SP offices, and both independent and employed physician offices. This Advisory Council spurred me to pursue centralized scheduling, a project that I managed and, with the help of people from all over the hospital, accomplished.

### **What motivates you in your current position?**

The satisfaction of solving problems keeps me motivated. If I can work with another part of the hospital to improve a process and/or reduce a barrier to referrals, then I am satisfied because that one provider was most likely not the only one experiencing that same issue.

### **What are your biggest challenges to working in this field?**

Unapproachable gatekeepers – “No one gets to see the Wizard - not no one, not no how!”



### **What professional groups are you a member of, and how active have you been in those groups?**

SHSMD, co-track leader for the Physician Strategies track (2017) and on the general conference planning committee for several other years

ACHE, general member

### **Why are you a member of AAPL, how long, what do you like about AAPL?**

I have been a member of AAPL since September of 2005. I joined the organization and have been a member since because I was (and still am) a department of one. I needed that support at the beginning because I was charged with developing the physician relations role and had no idea where to start. In the past few years and now, I want to be a member because I have met a lot of people with whom I can network and – yes – commiserate. There isn't any other organization that is devoted fully to our line of work. I kind of like that purity of purpose.

### **How do you engage in professional development and continue your education?**

I am an avid reader, so that – and experience - are how I grow as a leader. I also attend at least one other conference involving physician strategies to see if there are any unique ideas I am missing.

### **What motivates you to put forth your best effort?**

I am a perfectionist – 'nuff said...

### **What things give you the greatest satisfaction in your job?**

I love helping to improve processes so that customers, internal and external, can do their jobs more efficiently and effectively.

### **If you had a personal mantra, what would it be?**

This is borrowed, but "Take the cotton out of your ears and put it in your mouth" because relationship-building requires listening before talking.



**In what ways are you are making a contribution to your health system, hospital or physicians in your region?**

Because I represent the physicians, I am brought into strategic conversations. My leaders appreciate having access to the “word on the street” before instituting a change or responding to market movements.

**What advice do you have for your colleagues who may be contemplating a career as a physician liaison or a move to a related-position?**

You have to be a people-person and have thick skin. Doctors are used to being right. Most of them have been successful over-achievers their whole lives. So, be a good listener, don’t jump to conclusions, admit when you do not know the answer...and follow-up.

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