Successful administrator-physician teams require confidence and trust

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By Heather Grimshaw, senior editorial manager, MGMA

Administrators who work successfully with physician leaders to run group practices talk about the need to establish clearly defined roles and have the confidence to reinforce them.

“It’s sometimes hard for physicians to let administrators do what they were hired to do,” says John Brown, CMPE, chief executive officer, Medical Specialists of the Palm Beaches, Inc., Lake Worth, Fla. “Physicians are taking on more of the administrator’s role [and that’s] a unique dynamic because the physician can take on administrative duties but I cannot take on physician duties.”

The key, he says, is to recognize what issues are best-suited for administrators and what requires a doctor’s attention to optimize skill sets.

“Physicians naturally go to [Brown’s physician counterpart] first, and they shouldn’t always,” Brown says. Redirecting inquiries that fall into an administrative realm helps reinforce boundaries. “We both understand and respect each other’s roles,” Brown says. “It helps us keep egos in check.”

Identifying and managing egos are important components to successful practice management, says Timothy Coker, LCDR, USN, MSC, FACHE, MGMA member, division head, Healthcare Operations, U.S. Navy, Falls Church, Va.
“I think administrators often want to manage [doctors] as employees and not as another member of the team,” Coker adds. “This is something to avoid. Additionally I think administrators don't demand and command respect for their position in a given practice. They are often employees themselves but hold a unique role on the team. Don't let a doctor push you around as a subjugated subordinate and not a valued member of the team.”

ROLE DELINEATION

To establish boundaries between medical and administrative areas and delegate accordingly, Brown suggests the following steps:

- Set defined roles between the two leaders.
- Educate the physician staff and management team on those roles.
- Communicate frequently.
- Give constant feedback.
- Accept the limitations of each role.

Brown's partnership, which has evolved during the last two years as he has co-managed 30 locations and 76 doctors with a physician leader, relies on a willingness to hold each other in check. “We have to ask, 'Why are you dealing with that? That's something I should be doing,'” Brown says. The underlying message: I can help you with that.

The two meet weekly and talk daily, which helps to ensure good communication, though Brown admits that an equally important piece of the partnership is the confidence to hold his own, assert his opinion and back it up with facts to establish trust with physician leaders and, in his case, a board of directors.

“As an administrator, you're always going to make unpopular decisions,” Brown admits. “You're always going to have someone who's unhappy.” But fear of upsetting physicians can stymy innovation and tie a practice manager's hands. “As an administrator, it's difficult to practice appropriately if you're afraid for your job,” he says. If that's the case, he adds, it's important to ask yourself if you're in the right place.

Coker concurs and adds that he has had success with engaging physicians early in the process. “I find doctors make better partners (or thought leaders) than employees,” he says. “Engage them early and often and you won't have much of an issue establishing and maintaining an effective partnership.”

Learn more about successful physician-administrator relationships in the special MGMA issue, Striking a Balance.

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