

BY CHRISTINE A. HINZ

## DIFFERENT BACKGROUNDS

# Working *in* Harmony



ILLUSTRATION BY SUSAN LEVAY

**For physicians and administrators to overcome distrust and age-old conflicts about quality of care vs. bottom line, both sides must work on building relationships based on respect and communication.**

**A**ndrew Iwach, MD, likened himself to a moth circling a bright light when he first entered practice 13 years ago. Of course, as a San Francisco glaucoma surgeon, he was excited about treating the patients who'd entrusted him with their eyes. Yet it was the glow of teaching and doing research that really captured his soul. In fact, it just made brilliant sense that if he became a leader in the field it would eventually benefit everyone.

But Iwach's enthusiasm blinded his practice vision. He didn't see that the research successes, winning praise, and lecture requests worldwide also were preventing him from carrying his practice load back home. Even good intentions couldn't make up for the fact that he was placing a burden on the very partners who had hired him to help them. Now they were picking up the slack.

"I was so excited that I was trying to discover new ways to help people see," Iwach recalls. "But that meant I wasn't there on the days I was to see patients. It was only later, when I realized what it was

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## It Isn't Brain Surgery

Building good relationships with your colleagues requires a lot of common-sense tactics. Tips for making bad relationships good, and good relationships better.

- 1** Value your business colleagues for the expertise they bring to the group. While your manager may not have an MD behind his name, he's probably received training and certification beyond an undergraduate degree or even a master's. That, combined with experience, gives him sufficient credentials to care for your practice's financial health.
- 2** Pay even closer attention to building relationships when you're part of larger organizations. Effective communication is difficult enough when the setting is small, and the doctors are from one specialty. But the challenges become even tougher the bigger the group and the more diverse the make-up. Further, it helps the cause if you recognize the pressures managers face from multiple physicians for the same resources. As one expert noted: "It doesn't make them feel any less aggressive about filling someone's needs. But there are multiple doctors to keep happy."
- 3** Use e-mail and memos appropriately. Electronic mail is a great way to process information quickly and efficiently. Because it's time insensitive, it's also a good tool to organize and transmit your thoughts. But it's not as effective as face-to-face encounters when you're trying to foster a good relationship. Instead it can blindside the recipient or even prevent either of you from dealing actually dealing candidly with the matters at hand.
- 4** Keep your mind open to new ideas, particularly as they relate to long-term plans. While your proclivity may be for preconceived notions, understand that one of this person's jobs is to think strategically, keeping everyone pointed in that direction.
- 5** Play by the rules. Don't complicate your interactions with the business brass by failing to document or follow regulations. If you didn't enclose that important piece of information in the chart, don't complain when your coding is downgraded. If your patient is covered by Medicare, don't say you won't charge the copay. Better to go by the book or talk to your manager about what's legal.
- 6** Admit your mistakes and ask for help. No matter how good your training, you won't get everything right, every time. While dishing out humble pie sounds more appealing, be willing to eat a slice now and then.
- 7** Bring in a mediator or get outside help. If the relationship seems beyond repair, consider calling on professional organizations, such as the [Society for Professional Well-Being](#) in Durham, North Carolina (919-489-9167) to help restore trust. You can also look to your community for resources skilled in mediation and conflict resolution. ■

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**Merideth Norris, DO, a third-year-resident in rural family medicine in Harper's Ferry, West Virginia, says it helps for physicians to be open to administrators from the start. "You have to make it clear, 'I understand that you have financial concerns and I'm trying to help you with them.' There's a lot of mutual reassurance that needs to happen up front."**

doing to my colleagues, that I understood that my ability to do all those things well was assisted by a good home team. I learned that you really need to nurture those relationships."

Luckily, Iwach's peers brought the situation into focus so he could make

changes before it dimmed the partnership. But would you and your clinical or managerial colleagues have sufficient relationship-building skills to nip a disagreement in the bud? The answer should be "yes." For among the most important tasks you'll ever

undertake as a practitioner is to nurture the bonds among administrators, colleagues, and staff. Rightfully so, since all the training and high-tech bells and whistles of modern medicine won't save your group's bottom line if you don't get along.

### Lose the attitude

Yet, fine tuning those relationships, particularly with the business professionals whose complementary skills you might not understand, takes shedding new light on a few old skills and attitudes. Once you've learned how to build strong alliances based on communication and trust, you're better able to fashion common goals and get past the age-old conflicts of productivity versus quality of care. In fact, trust is so fundamental to any interaction that when it exists, managers can actually manage while physicians focus on patient care. When it's absent, however, decision-making simply doesn't get done. Instead, precious time and progress are lost to conflicting messages, second guessing, and downright hostility.

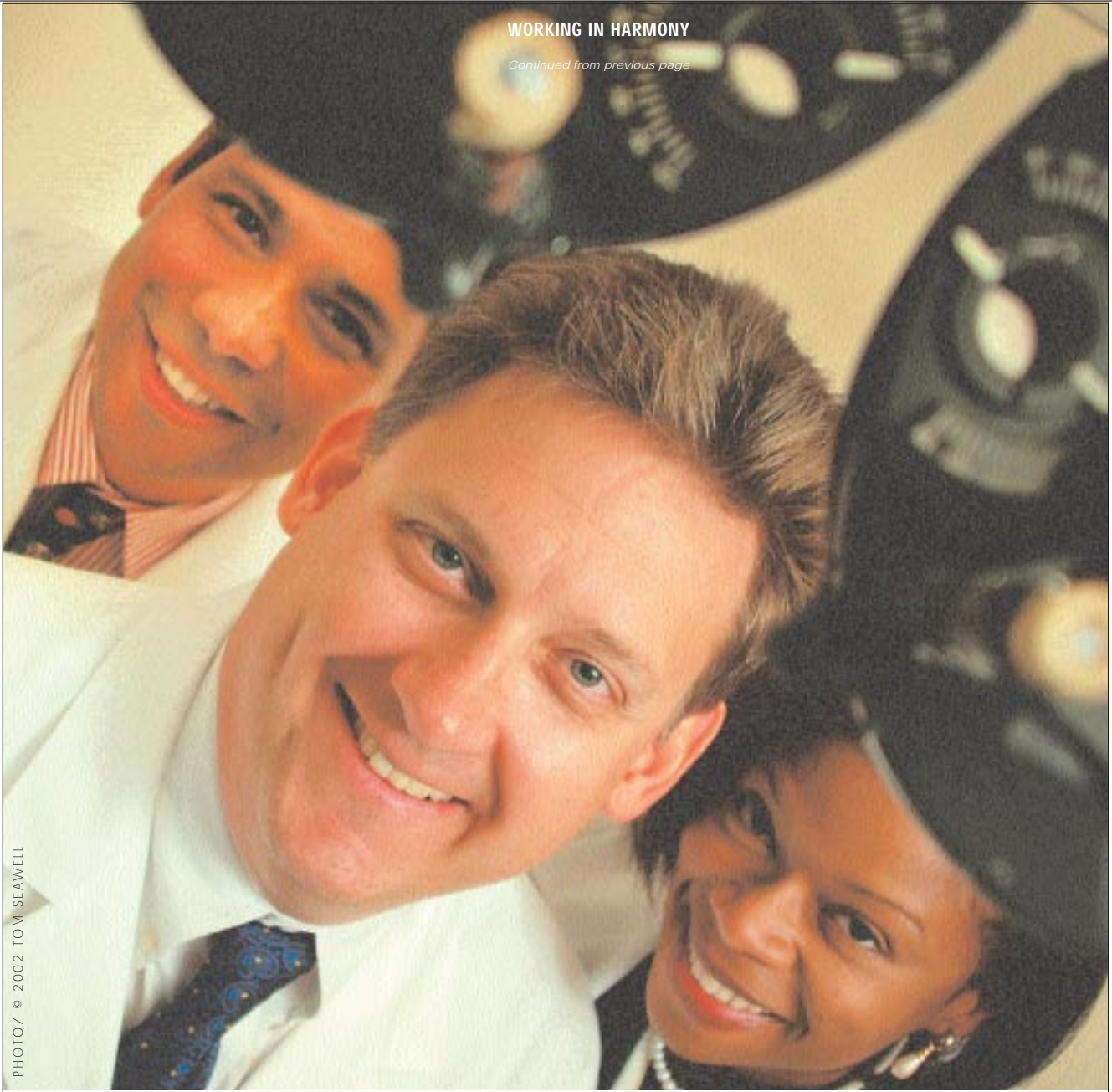
But how do you create such confidence in each other? Obviously, ethics, honesty, and the willingness to work hard and keep your word are good essentials. But you also need to make effective communication a mindset and recognize that the differing perspectives of doctors and managers are a necessary part of practice life. In fact, there's an important synergy and energy, not to mention interdependency, that must occur between those groups if the practice is to thrive.

"The first critical thing doctors and managers have to do is to accept the fact that communication is impor-

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tant,” says Susan Rakley, MD, a practicing internist and an associate with the [Society for Professional Well-Being](#), a Durham, North Carolina center promoting satisfied and effective health-care professionals. “It’s not simply writing memos but understanding that one group can’t do the job without the other. Once everyone realizes that interdependence, the rest flows.”

Indeed, today’s health arena is so complex that most practices require the financial and managerial wizardry of competent business people to complement the clinical skills and strengths of their physicians. But while that marriage can produce well-crafted and effective solutions to problems created by finite resources, it can also create tension for independent-

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**Andrew Iwach, MD, flanked by glaucoma colleagues Roberto Fiallos, MD and Terri Pickering, MD, learned early in his career the importance of good communication with his partners. “I’m lucky that I’m in a practice where everyone is driven by the same principles. What I love about this group is that we feel comfortable with one another. We’re diverse and we have separate interests, but we have a similar vision of where we’re headed.”**

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thinking professionals used to their own ways.

“If you don’t understand those differing world views, the chance of your clashing over them is 100 percent,” says John-Henry Pfifferling, PhD, the director of the Society for Professional Well-Being. “But if you accept and work with them, everyone, including the patients, wins.”

### Start talking

The reassuring news is that you don’t need an MBA to understand how administrators think, any more than they need a medical diploma to see how you practice. But you do need to spend time together beyond regular staff and board meetings. By creating situations in which both of you can “think aloud,” says Pfifferling, you learn much about each other’s roles and responsibilities. By suggesting that this person scrub for your surgery, or asking if you can tag along during his day, you’re recognizing the necessity of working together and acknowledging that you may both have much to learn.

“A lot of what we would call poor relationships are really based on no relationships,” says Carolyn Smeltzer, RN, EdD, a partner with the Chicago health-care consulting firm of [Price, Waterhouse, Coopers](#). “Just going to people when you need them, instead of developing consistent relationships, can create the misunderstanding that you’re only interested in your own little world.”

Just as importantly, cultivating relationships allows you to lay the groundwork for later consensus-building while scoping out which approach might work best for resolving issues that may come up in the future. A savvy administrator should not only welcome the

chance to hear your litany of quality-control or physician-patient suggestions but should seize the time to exhibit his or her own successes. By calling attention to the difficult decisions that he has made in the past—and the reasons behind them—this person can show you how his steady hand has reaped rewards for the practice.

“I think there’s still an inherent distrust between the notions of medicine as a calling versus medicine as a business,” says Merideth Norris, DO, a third-year resident in rural family medicine in Harper’s Ferry, West Virginia. “So if you’re the physician, you have to make it clear, ‘I understand that you have financial concerns and I’m trying to help you with them.’ If you’re the manager, you have to say, ‘I understand that there are humanitarian issues here and I’m not going to be just a bean counter about this.’” There’s a lot of mutual reassurance that needs to happen up front.”

But no matter how much mutual reassurance passes between physicians and their managerial peers, chances are they won’t see eye-to-eye on everything. By establishing good relationships early, and then nurturing them along the way, however, both parties are better positioned to create win-wins for themselves, the practice, and most important, the patient. They’ll be prepared, for instance, to build consensus, set common goals, and even solve the ever-present conflicts between productivity and quality of care.

Indeed, creating common goals and crafting strategic plans are easier if everyone feels they’re on the same team. These tasks require the kind of coming together that happens best when people share philosophies, communicate effectively, and appreciate

each other’s points of view. Further, reevaluating how everyone is doing doesn’t exact such an emotional price.

But it’s when clinical care versus bottom-line issues are at stake that a meeting of the minds is probably most important. Of course, you’ll be called on at other times to build your case for resources in the face of competing agendas. But it’s when you’re asked to increase your patient visits per-day, or decrease your costs per-case, that you’ll really want to know that the administrators making those requests are cognizant of your needs.

In fact, the most effective way to get physician goals to mesh with the administrator goals is for both of you to arrive at a common definition of “quality of care.” Granted, that may be a big challenge: Practitioners are used to talking in terms of doing the right things to ensure a quality outcome, while managers refer to a much broader panoply of resource issues.

Yet if both parties employ the bilingual language of numbers (e.g. translating activity and information into facts and figures) they can bridge communication gaps over resources. In fact, as a physician, you should talk regularly with your administrator or business manager about how your daily activity fits into the larger picture. By maintaining an ongoing dialogue, you’ll be more comfortable if the conversation ever turns to changes that need to be made.

“It really helps for physicians to see the connection between good quality of care and the success of the business,” says Warren White, Jr., an administrator at Southwestern Medical Center in Berrien Springs, Michigan. “They both have to do well. Doctors have to take care of patients, but they also have to

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do it in a way that generates a profit. If they don't, the practice won't exist in the future."

Also, make sure when you're taking a stance about quality-of-care issues that you're not just trying to protect your professional turf. As some experts suggest, often when physicians couch something as "bad for care" they're really concerned that the changes suggested are simply trespassing on their autonomy. That may be a legitimate gripe, but if your hair-trigger reaction is that this person is just clipping your wings, think again. The problem may be indeed one of resources. Unless you come together, you won't know.

Do your part

Indeed, while the ultimate goal of relationship-building is to make practice life easier and more productive, it should have the added value of keeping conflicts in check. As Rakley notes, "When things really get rough, you're going to be a lot more successful working with someone whom you have good feelings about than somebody you really despise."

But not every environment encourages those good feelings. Nor is every practice team accomplished at stopping disagreements that cause relations to deteriorate. Such conflict halts progress and causes an emotional turmoil for everyone. As one observer notes, "If there's strife in the office, it affects the clinical practice of every doctor. It just hangs in the atmosphere for every staff member and patient to feel."

So how do you stop such nonsense? Start by considering the consequences of all your actions. As a former medical secretary and now a family medicine resident, Norris is looking for adminis-

trators who help her develop an autonomous, efficient practice. But she also realizes that, in exchange, she'll be responsible for an "algorithm of behaviors" that make for a smooth operation.

"There's a whole lot of practice machinery that won't run without my having contributed my little portion, and if I don't, I'm really throwing a monkey wrench into the whole thing. What physicians need to do is to participate in the process and not just say, 'Hey, I showed up with my stethoscope, wrote my prescription, and that's all I need to do.'"

Don't do something, stand there  
Medical training may have taught you to see and solve clinical problems on the spot, but when it comes to conflicts within the practice, you may not want to react so quickly. Instead, step away and let it rest until you can see the issue with more objectivity and talk about it at a calmer time.

"You don't want to stand in the hall at the end of the day and let every single, solitary thing that's bugging you come out," says Robin Singleton, a senior vice president of Tyler and Company, an Atlanta-based physician recruiting firm. "You may have issues, but you don't want to hit someone between the eyes."

You also don't want to ignore the problem. In fact, the most productive way to handle any conflict, large or small, says White, is by confronting it, rather than just dancing around the issue or leaving it hang. While he encourages face-to-face meetings to identify issues and solutions, White also says that a common value system—his practice was founded with the purpose of doing Christian medical missionary work—helps in reaching speedy con-

clusion. "It makes it easier to say, 'You know, it's not good to let this conflict go on and on. We have to work it out and come up with a solution.'"

Members of your group may not be such kindred spirits. But hopefully you and your colleagues are sufficiently like-minded to be working toward the same goals, with the same enthusiasm for getting along. For the truth is, the most important steps you take in building relationships with your clinical and managerial colleagues start with your decision to come on board in the first place.

If, like Iwach, you've selected well, even early misunderstandings won't rock the relationship. As one of seven members of his glaucoma group, he credits practice's success to the abilities its physicians to provide world-class eye care as well as work in concert.

"I'm lucky that I'm in a practice where everyone is driven by the same principles," he says. "What I love about this group is that we feel comfortable with one another. We're diverse and we have separate interests, but we have a similar vision of where we're headed. We know the practice of high quality eye care is critical."

But that hasn't interfered with Iwach's continuing interest in teaching and research, two functions he still pursues as a clinical faculty member at the University of California-San Francisco. Such diversity could produce a certain myopia in terms of attention to other details in one's professional life. But while Iwach is excited about the multiple tasks that now pack his calendar, he never intends to lose sight of the importance in building relationships and tending to them.

In fact, in the same spirit of the more experienced colleagues who once point-

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ed out his blind spot, Iwach tries to provide the same constructive feedback to newer doctors. It's a task he believes merits attention, given the fact that medical school and residency can't possibly teach all the business and personal nuances of real practice, particularly those involving good relationships.

"Even when you're being drawn every which way, you can't forget that you're working with a team of physicians and others," he says. "You have to take the time to stay in touch. There's no particular formula, but it needs to be an active process. For when you're cohesive and work together, other positive things can happen." ■

*Chris Hinz is a Wisconsin-based free-lance writer. She is currently working on two book proposals, one about notable Wisconsinites and another on early 20th century home medicine.*