

# STRATEGIC TEAMWORK IN HEALTH CARE: THE ESSENTIAL ROLE OF PHYSICIANS

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### In this article...

*Allowing physicians to participate in strategic health care discussions greatly enhances physician buy-in when it comes to implementation.*

### PICTURE TWO HOSPITAL CONFERENCE ROOMS.

In one, nurses, managers and physicians pore over a workflow chart, intent on reducing the incidence of central line infections.

In the other, hospital executives and board members are immersed in a strategy session aimed at designing the hospital's future. Both the clinical teamwork in the first room and the strategic teamwork in the second are vitally important — but, in this case, they yield very different results.

Central line infections fall dramatically, but an important physician group on staff at the hospital is acquired by a competitor. The clinical team, which actively involved physicians, achieved its goal.

The strategic team, which didn't include physicians, was blindsided — completely unaware of the group's growing dissatisfaction and the competitor's offer. The result: a devastating loss of referrals and utilization for the hospital; outcomes that might have been anticipated and avoided if physicians had been on the strategy team.

Clinical teamwork tends to focus on tasks and processes with clear goals and short-time horizons, analogous to operational teamwork at a nonhealth care organization.

Strategic teamwork is distinct. It deals with the organization's highest-level decisions — the challenges it addresses may be tough to define, its implications are broad, its impacts are often distant in time and implementation must cut across the entire organization.

Health care institutions that confine physicians to the clinical sphere are taking a big risk. Effectively defining and

fulfilling an organization's strategies depends on engaging the frontline professionals who must implement them. When physicians lack a seat at the strategy table, their hard-earned wisdom is squandered and their buy-in is lost.

**WHAT PHYSICIANS BRING TO STRATEGIC TEAMWORK** — The daily experience of physicians in delivering care equips them to make unique contributions to the development and implementation of a health care organization's strategic decisions.

Such decisions invariably require defining a path from the present to a better place in the future in the face of uncertainty and resistance.<sup>1</sup> Physicians routinely navigate uncertainty and resistance as they confront injury and disease. In addition, physicians:

- Interact with patients across the entire range of their health care experience
- Have the greatest impact on patient outcomes.
- Have collegial relationships with other physicians
- Often use complex medical technology and protocols.
- May work as members of high-performance teams.
- Can sometimes bring insights as successful business people and entrepreneurs.

And as both customers and producers of health care services, physicians have direct experience with the value equation in health care, including the challenges of balancing quality,

safety, outcomes, service and resources.

Finally, physicians prefer to be led by other physicians. Physicians involved in strategic teamwork are in a position to inform and influence their physician colleagues. Such communication is essential to securing broad physician commitment.

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## IT MAY BECOME NECESSARY TO REMOVE TEAM MEMBERS WHO ARE UNABLE TO COLLABORATE WITH MEMBERS OF OTHER TEAMS.

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**WHY STRATEGIC TEAMWORK OFTEN EXCLUDES PHYSICIANS** — There is a gap between medicine and management in the U.S. that has its origins in the early 20th century when physicians were busy and generally delivered care in solo or small group practices with minimal managerial pressures.

By the 1950s, abundant government funding and unconstrained reimbursement fueled the growth and complexity of hospitals. The growing need of hospitals for skilled management gave rise to a new class of executive, the hospital administrator. Since then, a cultural divide between medicine and management has persisted.

From its earliest days, Mayo Clinic has been an exception. Its dyad model of leadership, linking a physician with an administrator, originated when Will Mayo and administrator Harry Harwick took long country drives to discuss the institution's most important challenges.<sup>2</sup> The tradition of strategic partnership between physician-leaders and lay administrators continues throughout Mayo today.<sup>3</sup>

Most hospitals, however, don't have the advantage of a longstanding culture that bridges the medicine/management divide. Most U.S. hospitals are community institutions led by lay executives trained in management.

Although physician participation in governance and executive management at community hospitals has increased during the past decade, broad representation in strategic teamwork by frontline physicians who actively work with patients remains rare.

The divide between management and medicine has fostered mistrust between physicians and administrators.<sup>4</sup> Welcoming physicians to participate in strategic decision-making can serve as a powerful antidote to such mistrust. A compelling invitation to physicians will reinforce how vital their input is to the future of the organization as well as serving the needs of patients.

**INTEGRATING PHYSICIANS INTO STRATEGY** — Despite barriers to their involvement, many physicians want to shape the future of health care institutions. Absent such involvement, they can become disengaged, resentful and resistant.

To provide meaningful engagement, leaders must involve a wide cross section of frontline physicians on teams responsible



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for creating the organization's strategic direction — and on tactical teams that implement that direction.

A proven vehicle for accomplishing this is participation in developing and implementing a strategic plan. A strategic planning process assesses an organization's situation, clarifies its purpose, articulates a vision for its future and develops a handful of focused strategies that, when implemented, will make the vision a reality. Effective strategic planning is ongoing rather than a sporadic event.

Carla J. Rotering, a pulmonologist affiliated with Banner Health in Arizona, reinforces the importance of physician involvement in setting the strategic agenda: "Invite physicians into the creative strategic conversation from the outset — doing so lets them share in shaping a vision and gain ownership in collective initiatives..."<sup>5</sup>

When she became dean of the College of Medicine at the Medical University of South Carolina, physician Etta Pisano immediately established a leadership council that, for the first time, brought physician leaders from the hospital, the faculty practice plan and the medical school into the same room to make MUSC's most important decisions.

This council then served as a coordinating team for a broad-based strategic planning effort that included nearly 100 faculty physicians and administrators. Together, they developed and are implementing a strategic plan that spans MUSC's entire clinical enterprise.

Generally, we've found that physicians, independent and employed, will contribute the time necessary to participate in strategic planning when it focuses on questions they view as compelling.

But strategic teamwork becomes more time intensive when it transitions from strategy formulation to implementation. At that point, consideration should be given to compensating physicians for the time they dedicate. For hospitals that employ physicians, strategic teamwork can be included among

“citizenship” responsibilities increasingly incorporated into compensation plans.

**MAKING STRATEGIC TEAMWORK PRODUCTIVE** — In our experience, physicians can be productively involved in strategic teamwork by adhering to four guiding principles:

**1. Foster collaboration and transparency. On high-performance teams, communication and coordination facilitate collaboration** — the “three C’s.” The three C’s have a synergistic effect. In his book *Antifragile*, Nicholas Taleb writes, “Collaboration has an explosive upside, what is mathematically called a super additive function, i.e., one plus one equals more than two, and one plus one plus one equals much, much more than three. ...”<sup>6</sup>

The communication, coordination, and collaboration necessary to execute a strategic plan must span the entire organization. Each strategy should have a dedicated team supported by tactical teams that will implement it. Productive collaboration must occur within teams but also across teams. A single coordinating team should integrate the work of the strategy teams as well as align the clinical and functional teams invariably already at work in the organization. Ad hoc teams convened to address unanticipated contingencies should also fall under the purview of the coordinating team. This, in effect, results in a “team of teams” that links the stakeholders across the organization in a unified effort to accomplish a compelling future.<sup>7</sup>

Doctors involved in strategic teamwork should be open with their physician colleagues to effectively advocate for the strategic direction they’ve helped craft and encourage feedback. Strategic decisions made behind closed doors undercut trust. New physicians should be brought into strategic teamwork on a continuous basis as strategies are completed and new ones launched. When participating physicians are drawn from the same clique, they become susceptible to “groupthink” and, if viewed as “insiders,” may generate resentment among excluded physician colleagues.<sup>8</sup>

**2. Leverage effective physician leadership.** Physicians with demonstrated leadership ability should be encouraged to take an active role in strategic teamwork. As Rotering suggests:

“Physicians as partners offer unique insights into laying the groundwork for an effective physician engagement plan; they can then participate in identifying potential physician champions, both formal leaders and informal opinion leaders, who can model engagement and act as change agents.”<sup>5</sup>

Doctors typically resist command-and-control leadership. They are more receptive to a “first among equals” approach. A physician who exercises leadership with authenticity and collegiality is much more likely to secure buy-in from other physicians. Running afoul of such an approach can be unproductive, as physician Richard Winters describes in this anecdote about a medical director:

“She agitated a large group of oncologists by saying they should cut back on prescriptions for an expensive medication. It was one of many edicts she had issued, and they took offense.... She realized that she had projected a voice of authority, not one of collegial intent — and that’s what rankled her colleagues.”<sup>9</sup>

Physicians generally are conservative when it comes to the adoption of ideas and methods. They are reluctant to follow until value for their patients and themselves is demonstrated.

For example, surgeons who once operated almost exclusively with a knife through a large, open wound eventually began to use a small incision and a scope because the work of physician colleagues proved the new method’s value. Indeed, physician outliers have been consistently shown to shift their practice patterns to cluster closer to colleagues’ performance based on a scatter gram of outcomes data.<sup>10</sup>

Likewise, it is critical that physicians be given time to understand and accept the rationale underpinning strategic decisions. Usually, the individuals best positioned to provide rationale for a strategy are physicians who can convincingly communicate its value to colleagues.

**3. Mitigate the potential for conflict.** Friction is reduced when team members have a sense of shared purpose and can execute against a clear vision and strategies. When clarity is lacking, intentions are often invented with precious energy and emotion wasted on speculation. This is particularly true when an institution’s medicine/management divide is wide.

Teams can also, absent persistent coordinating leadership, adopt an us-versus-them stance in their relationship with other teams.<sup>11</sup> In the words of biologist E.O. Wilson, this may reflect a tribal instinct in which members of one group quickly begin to judge members of other groups “to be less likable, less fair, less trustworthy, less competent.”<sup>12</sup>



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Mitigating the potential for conflict between teams requires consistent effort by leaders on a coordinating team to reinforce the organization's purpose, vision and strategies. Creating opportunities for teams to regularly interrelate and synchronize with one another can enhance coordination as well as reduce the potential for conflict. It may also become necessary to remove team members who are unable to collaborate with members of other teams.

On the other hand, leaders must avoid overcorrecting for conflict by recognizing the difference between destructive conflict and creative tension. The latter has proven productive in generating the innovative thinking that robust strategies require.<sup>13</sup>

**4. Guide but don't stifle.** When he was Cleveland Clinic's CEO, thoracic surgeon Fred Loop chaired a weekly afternoon meeting comprising top physician leaders and lay executives. The meeting was often described as resembling a "Viking lunch" or the Israeli Knesset.<sup>14</sup>

Like something akin to a survival of the fittest, an idea or topic had to be compelling enough to command the interest of the entire group. Because there was no written agenda, many simultaneous side conversations ensued until someone was able to grab the team's attention. Cleveland Clinic made its most important strategic decisions in this rough-and-tumble atmosphere, guided by its well-understood commitments to always put the "patient first" and "act as a unit."

Strategies are conceptual and, therefore, subject to interpretation. A key to translating a strategy into tactical action is to define a set of minimum specifications that it must meet, leaving room for flexibility and experimentation in implementation.

For example, a strategy focused on significantly improving patient throughput could have specifications related to minimum time intervals across key services and processes. But overspecification can shut down the entrepreneurial problem solving that physicians value.

As William Osler once noted, "...the practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head."<sup>15</sup> After strategies and their minimum specifications are articulated, teams should be trusted to define and implement the more detailed tactics and action steps necessary to accomplish them.

In health care, productive strategic teamwork is not borne of rigid command-and-control systems. It flourishes when participants have the freedom to fulfill a shared purpose and vision creatively within agreed-upon specifications and accountabilities tied to meaningful patient outcomes.<sup>7,14</sup>

Achieving a sustainable future will always be an uncertain proposition, but one thing is clear: In health care, it must be a team effort. Without involving physicians broadly and productively in strategic teamwork, health care organizations are in danger of failing to deliver differentiated value to patients.



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Fortunately, the first step to physician participation is a simple one: Invite more of them to join the strategy conversation. ■



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