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Issue 20

For Managers and Physician Leaders of Group Practices

Medical Group Advisor

Make Decisions... Resolve Conflict... Move Forward

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Making Decisions...and Making Them Stick!

Almost every medical group struggles with making decisions. And even worse, they struggle with implementing the decisions they make!

There are a number of reasons for this: the physicians' desire for autonomy, their training as independent decision makers, and their reluctance to surrender authority.

Even more challenging is the fact that once decisions have been made, many physicians believe that supporting the decision is optional depending on whether or not they like the decision. If they didn't vote for it, they feel like they don't have to do it!

This won't work. There is no reason to waste time making decisions if physician support is optional.

How can the group improve its ability to make decisions? Group members must ask themselves three fundamental questions. We believe these are the most important questions that any group can ask itself:

1. **How will the group make decisions?** It is critical that the group agree on how it will make decisions. Typically the group has four choices as outlined in Table 1. In our experience, the best option is to seek consensus first, and then vote if consensus cannot be reached. Often the President is charged with the responsibility of determining when the group should move to vote.
2. **What is expected of each physician once a decision has been made?** This is the crucial question. The best groups answer this question by agreeing that once a decision has been made in the agreed-upon decision-making method, every physician (whether they agreed with the decision or not) *will actively and fully support the decision*, to include encouraging others to support the decision. "Fully support" means doing what they have agreed to, actively promoting implementation, and not sabotaging the decision.
3. **What do we do if someone doesn't meet the agreed upon expectations?**

>this article is continued on our website at www.lathamconsulting.com/mga.htm<

Table 1—Decision-Making Methods

Method	Comment
a. All decisions require unanimity.	A bad idea, typically leads to no decision.
b. Decisions require consensus. Consensus means working to a point where all don't agree with the decision, but all will support it.	The key positive is that it improves the chance of success in implementation. The negative is that it takes longer to reach "a deal" that all feel reasonably good about.
c. Decisions are made by a vote with majority ruling.	Good to use when you have limited time to make a decision, or when there are fundamental differences of opinion that are unlikely to be changed via discussion.
d. Seek consensus first, but if it cannot be reached vote on the issue.	In our experience, this tends to be the best decision-making approach for medical groups. Someone must direct the group (often the group's President) as to when to move from consensus-building to voting.

Latham Consulting Group

Latham Consulting Group is one of the nation's leading management consulting firms serving medical groups. Established in 1988, we have worked with medical groups of all sizes and specialties, providing them with a full range of consultant services to include:

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Characteristics of Effective Boards

Is your Governing Board effective?

- Effective Boards keep the decision making process confidential. Ineffective boards have limited or no confidentiality.
- Effective Boards focus on the needs of the group. Ineffective Boards focus on the needs of the individual (often themselves).
- Effective Board members support the decision of the Board or resign (the best Boards present decisions as unanimous). Members of ineffective Boards only support decisions they agree with.
- Effective Board members show up, show up on time, and show up prepared. Ineffective Board members sporadically attend meetings, come late, leave early, and typically are unprepared.

Of key importance is that Board members should agree to support all Board decisions, not just the ones they agree with. When a Board member says "well, I voted against it, but they out-voted me" it kills a Board's effectiveness and dramatically reduces the chance that decisions will be implemented.

Every Board member should memorize the following statements when they communicate Board decisions:

1. "We thoroughly discussed the issue…"
2. "The Board agreed it was the right thing to do…"
3. "I plan to support the decision…"
4. "And you should to."

How do we remove dysfunctional board members?

>this article is continued on our website at www.lathamconsulting.com/mga.htm<

Upcoming Presentations

Organization	Program	Date
New Hampshire MGMA	Putting the Fun Into Dysfunction: Improving Group Cohesion	June 9, 2005
Alabama MGMA	Putting the Fun Into Dysfunction: Improving Group Cohesion Herding Cats: A Practical Approach to Group Governance	July 25, 2005
Inland Empire MGMA (California)	Old Versus Young Physicians: Bridging the Great Divide	September 15, 2005
MGMA Orthopaedic Assembly	Old Versus Young Physicians: Bridging the Great Divide	October 22, 2005
National MGMA Conference: Pre-conference Seminar	Practical Governance for Medical Groups	October 23, 2005

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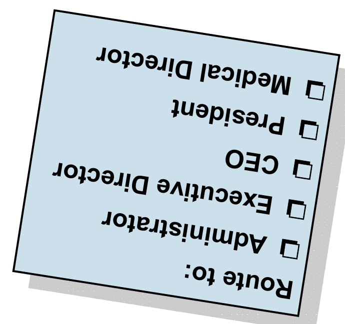

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