Special Report

Making Decisions ...

and Making Them Stick

Latham
Consulting Group

Make Decisions, Resolve Conflict, Move Forward

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and Making Them Stick

Groups Struggle with Decision-Making

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.

Improve Group Decision-Making

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.

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Table 1—Decision-Making Methods	
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.

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 is where the "rubber meets the road."

   At a minimum the group can remind outliers that they all agreed to support group decisions once they were made. Since many physicians consider themselves the last "gentlepersons" in the world, and that their word is their bond, this often brings them back into line.

   Groups also frequently develop formal processes to deal with those that don't live up to their commitments. These processes might include a "Code of Conduct" that outlines acceptable physician behavior. They also typically develop a step-by-step process that the group can use to resolve

physician issues. An example of such a process can be found at the end of this article.

A few years ago I worked with a group that had this discussion at the beginning of their planning retreat. One of the physicians said, "so, if we make a decision, we are really going to do it?" I responded in the affirmative, to which he replied, "well, I guess I will have to pay attention at this meeting!"

If your group is having a problem making (and sticking to) decisions, it is probably because your group has not asked, and answered, these three critical questions.

Example Process to Deal with Problematic Physicians

The following process is one that a mid-sized single specialty group developed.

The group wanted to avoid a "rule book" which tied particular fines/punishments to particular violations because they felt they might have to create so many "if…thens." Their solution was to choose a couple of level-headed people to work through the problems.

This approach has good and bad points. The good is that it allows flexibility to deal with ever changing situations. The bad is that physicians tend to like "objective" rules as to how things are done (that's why most physician compensation systems are formulas and few include subjective points).

In any event, here's their process:

To deal with physicians who do not adhere to the Code of Conduct the group will use the following process:

1. *If a physician (the "concerned-physician") believes that another physician (the "physician-in-question") has not adhered to the Code of Conduct, the concerned-physician can address the issue with the physician-in-question one-on-one or put the concern in writing and move on to step 2.*

2. *The written concern will be provided to the Physician Affairs Committee. The PAC will then have the following options:*
    a. *Counsel the physician-in-question.*
    b. *Develop a plan for the physician-in-question. Such a plan must be presented to the rest of the group and will require a majority of the shareholders (excluding the physician-in-question) to implement. Plan options include:*
        i. *Participation in rehabilitation program.*
        ii. *Fine.*
        iii. *Suspension.*
    c. *Termination. Termination will require a supermajority vote (2/3rds) of the shareholders (not including the physician-in-question) to implement.*

As you might expect, our knowledge in this area is based on the fact that Latham Consulting Group has substantial experience in assisting medical groups with improving their governance through our **Governance Services**.

If we can provide assistance or answer any questions you might have, please contact us at 704/365-8889 or e-mail us at wlatham@lathamconsulting.com.