

Measuring Up: What an Orthopaedic Group Should Expect in a Practice Manager/CEO

Jennifer A. O'Brien, MSOD

On any given issue within a group practice—whether operational or organizational—it may be difficult for an individual physician partner to see the issue from any perspective other than his or her own. Older physicians sometimes don't understand the younger physicians' points of view and vice versa. Longtime practice competitors or rivalries may loom larger in some partners' minds than in others. Some physicians have stronger alliances with specific hospitals than others do.

In these situations, the group practice manager or CEO may be an invaluable resource. This look at what orthopaedic surgeons can and should expect from their group practice manager outlines some of the more conceptual contributions a practice executive makes.

Objectivity

Whatever the issue, the practice manager must maintain objectivity. As partners work through a major issue, discussion, or vote, the practice manager may use a tally table ([Table 1](#)) to record various positions and arguments.

The tally table is useful in helping the practice manager maintain the group perspective. As partners share their thoughts and positions, the practice manager can note them, so frequent or dominant communication with just one or two partners doesn't affect the decision-making process. Tally tables can also highlight the need for additional information.

Altitude

Altitude provides both distance and perspective beyond the day-to-day focus on a busy clinic or a difficult surgery case.

The practice manager should help the physicians get altitude and perspective on the larger issues that must be considered in making practice decisions, such as implementation time, future, local, and specialty trends; and regulatory changes and new laws. An adage in organizational change says, "Internal organizational change must be equal to or greater than

external market changes.” Considering the magnitude and number of external changes occurring in health care, group practice physicians and their practice manager will need to effect many big changes and maintain high altitude on the larger issues.

Discretion

The practice manager should not speak out of turn about one partner to another. Typically, the physicians will make their opinions known to their partners, if and when they want to. For example, based on the tally table, the practice manager may have an idea of who is where on an issue, who needs more time or information, and who is yet to provide input. Although the practice manager may solicit input for the table by saying to an individual partner in conversation, “Well, it looks like the simple majority is leaning toward ...” or “I really don’t have enough input to know where the partners are headed on this issue,” the practice manager should not be sharing information about who thinks what.

Discretion, however, is not the same as confidentiality. The practice manager has an obligation to the practice. If a partner has come to the practice manager with a “secret,” and the confidential information will have an impact on the practice, the practice manager needs to work through it appropriately and with discretion on behalf of the practice as a whole.

The practice manager’s office should be a safe environment for physicians to express their concerns about operational issues, accounting, and individual staff performance and conduct. As the practice manager demonstrates his or her ability to deal with issues with discretion, so physicians will realize that the issue will be addressed appropriately.

Discretion external to the practice is essential as well. Regardless of the size of the local population, health care is a small community. Although physicians cannot always control what their partners say in the operating room or clinic, they should expect discretion from their practice manager.

Leadership

Creating and maintaining an environment where physicians, staff, individuals, groups, and the practice as a whole can grow and improve beyond expectations is essential. The practice manager must be a leader, in every sense of the word. He or she must set and administer high performance standards, while developing and supporting staff. To enable individuals, teams, and the practice to flourish, the practice manager must get input and feedback, achieve consensus, and facilitate group decisions, while simultaneously being willing to assume responsibility for most of the failures and to share every success with all those involved.

Other elements of effective leadership in a practice manager include sound judgment, emotional intelligence, trust, and communication. If the task sounds near impossible and relatively thankless, then I’ve described it accurately.

The joy and fulfillment of being a practice manager lie in being part of something larger than one’s self, in making a difference in physicians’ and staff’s work so that patients can be served and so that employees are inspired to be their best.

Physicians should also expect to contribute to the practice manager's leadership by participating in a successful comanagement or "matrix management" relationship with the support staff. The next article in this series will take an in-depth look at matrix management in an orthopaedic practice.

Decorum

Partners may have observable fits of rage; executive directors and practice managers may not. There is nothing fair about holding a practice manager to a higher standard of conduct than that for the surgeon partners, but partners are considered responsible for everything that goes on in the practice—including how the administrative leadership behaves.

However, orthopaedic surgeons should ensure that the partnership agreement includes a good indemnity clause to protect themselves from the misconduct of other partners. Misconduct by staff should never be tolerated.

Transparency and disclosure

Any conflicts of interest that exist in business relationships must be disclosed. If the practice manager is friends with, has family who work for, or has an ownership interest or investment with a service vendor, potential vendor, or other business or community partner, it should be disclosed.

Self-awareness

Strengths, tendencies, styles, and experience vary from individual to individual. One practice manager may be a strong data analyst but a weak communicator. Another might be a great people person but less focused on regulations and details.

The important thing is that the practice manager is aware of his or her own strengths and style, builds a team of complementary strengths, and cultivates an environment where everyone contributes so that the whole is not only greater than the practice manager but greater still than the sum of all its contributors.

Jennifer A. O'Brien, MSOD, is a consultant with KarenZupko & Associates, where she is involved in helping orthopaedic surgeons recruit and select competent managerial staff.

Editor's Note: *This is the second in a series of articles on what orthopaedic surgery group practices should expect of their practice managers. The first article, "What to Expect from the Orthopaedic Surgery Group Practice Manager," appeared in the April 2014 AAOS Now.*

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6300 North River Road Rosemont, Illinois 60018-4262 Phone 847.823.7186 Fax 847.823.8125

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