

## Matrix Management

### What to expect from the orthopaedic surgery group practice manager

Jennifer A. O'Brien, MSOD

Matrix management means that an employee may have multiple reporting relationships. A unilateral decision by one of the managers could affect the productivity and work flow within the other units or other overall business goals such as eliminating the expense of unnecessary overtime or achieving cross training and coverage that will serve all the partners when a staff person has to be out.

In a common example of the matrix management crux, your nurse asks you, the physician, whether she can take vacation the same week that you will be out of the office attending a course. How do you answer her question?

- a. Relieved that she is not quitting or asking for a raise, you say, without hesitation, "Sure, take the week!"
- b. "Time off? What do you need that for?"
- c. "Let's check with the group practice manager to make sure there are no coverage issues. If so, it's fine with me."

In a matrix management situation, the correct answer is (c). This example is an intersection of the dual reporting relationships of the clinical support roles in most practices. Orthopaedic surgeons and group practice managers have the inherent challenge of the matrix management of clinical support staff such as nurses, medical assistants, radiology technicians, cast technicians, and possibly other office staff. Some practices also have schedulers, billers, and other staff who are in a matrix management situation.

Other articles have described how the practice manager is expected to implement operational improvements, reduce expenses, maintain leadership, and smooth operations for the practice as a whole. At the same time, each physician works very closely with a few employees and depends on them to make each patient encounter go smoothly. Together the practice manager and the physicians must present a united front to ensure sound matrix management. The following

steps can help.

### **Acknowledge the matrix management situation**

Physicians and practice managers must each recognize that the other has managerial responsibilities and input. The practice manager should not try to manage every aspect of the work and employment, nor should the physician.

Recognizing that there is dual authority can help prevent seemingly small permission requests or grants from turning into big issues, especially if they occur repeatedly (knowingly or unknowingly). Both physicians and practice managers should be aware of their responsibilities in the matrix management relationship. The employee also needs to recognize the situation and actively participate in a successful matrix management relationship.

### **Distinguish the respective managerial purviews**

The physician is in the best position to manage the clinical aspects of performance and interaction with patients, while the practice manager is better suited to manage employment aspects such as coverage, interaction with other employees, and overall operational flow. In many areas, however, the managerial purviews may overlap.

For instance, implementing a new clinical process, such as an element of electronic medical recordkeeping, will involve both clinical performance and operational flow. Physician, practice manager, and clinical staff will need to actively work together to ensure a smooth transition while maintaining quality care, service orientation, operational efficiency, and overall esprit de corps.

### **Comanage and maintain a united front**

Regardless of the answer selected in the vacation request scenario described, the physician is giving direct or tacit approval (or disapproval), which may create a problem in a matrix management situation. To avoid that, a more appropriate response might be, "Let's talk with the practice manager and decide what will work best."

Variations of this response include "Because attendance is overseen by our manager, I'd like you to please check with her (or him)" or "Please check with our manager on that; you may be needed to help cover while I am away."

These responses do not give a "yes" or "no" answer right away and therefore prevent a scenario in which the manager must subsequently honor or override the permission. Although the physician and the manager do not have to agree 100 percent of the time, the overall management of the employees is more effective if they remain united and together consider additional information that may change or finalize a decision.

"I was going to let you do it, but she said 'no'" is not effective comanagement. Instead, the focus should be on the reasons for the decision rather than assigning blame or origin for those reasons.

## **Communicate clearly and frequently**

As with most challenging managerial situations, successful comanagement depends on clear, frequent, and polite communication. If a conduct issue or incident arises that may call for feedback for improvement or reprimand, the practice manager should talk with the physician before addressing the situation with the employee.

With email and texting available, physicians and managers can easily give each other a heads-up when issues arise. A text saying "Nancy might ask for Monday off, let's discuss before you say yes" will serve the matrix management challenge well.

Matrix management has been known to cause strife in even some of the most successful practices. Physicians and the practice manager should talk about it and commit to a comanagerial relationship that will enable the group practice to run more smoothly and efficiently for everyone.

*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 last in a series of articles on what orthopaedic surgery group practices should expect of their practice managers. Links to the previous articles are below.*

## **Graphic**

### **Additional Information:**

[Measuring Up: What an Orthopaedic Group Should Expect in a Practice Manager/CEO](#)

[What to Expect from the Orthopaedic Surgery Group Practice Manager](#)

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

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