ALIGNING THE STARS:

CREATING DIALOGUE WITHIN HEALTHCARE TEAMS

by Lawrence S. Levin, Ph.D.

Several years ago, The Levin Group was asked to consult in a healthcare system where two very powerful, successful, and sizable physician practices were considering a merger. The attorneys and accountants had created a compelling business case. A healthcare consulting firm had created an improved structure, based on a well-thought-out strategic plan that would provide growth, increased profitability, and a more efficient distribution of effort. Architects had designed terrific office space. Yet on two occasions, at the 11th hour, negotiations broke down. Clearly this was not caused by a lack of due diligence. Nor was it simply a case of cold feet. What was occurring was the emergence of historic mistrust fueled by 20 years of competition between the senior players. Dialogue had broken down, and so had the deal. Does this sound familiar?

This scenario is played out with regularity across the healthcare arena—between physician groups and hospital administrators, between community hospitals and academic institutions, among physician groups, and within physician practices. Look at the track record: Very few mergers have been successful. Hospitals and physicians are at odds over control of specialty hospitals. Community physicians and their academic kin struggle to collaborate on research, clinical medicine, and training.

What makes it so difficult for physicians and administrators to speak frankly and openly about these and other important issues? What is the cost of not communicating? And, ultimately, what are the secrets of powerful dialogue?

Why is good dialogue so important?

The need for good dialogue among competing interests within the healthcare management field is not a new problem, nor is it one that is likely to be resolved in the near future. But many of the issues gaining attention in the field today—the failure of mergers and acquisitions, decreasing margins, increasing competition, and the advent of physician-owned specialty hospitals—are elevating the importance of good dialogue to new heights. Quite simply, organizations that cannot foster effective partnerships between diverse groups are at a distinct competitive disadvantage with organizations that have discovered how to align these groups.

And the cost of failure is tremendous. Outside of money wasted on high-priced consultants, there are significant opportunity costs caused by the failure to implement a good plan. There is also the waste of that most precious commodity—time—and the disruptive and demoralizing effect to all parties caused by a good deal gone bad. Lastly, there is the cost of lost credibility and trust, seen in the increased difficulty in revisiting negotiations after trust has broken down.

Clearly, physicians, administrators, and academics are highly educated, intelligent people. And while their individual goals may vary, they also share the unifying objective of providing high-quality care at the lowest cost possible. Nevertheless, communication issues remain prevalent in healthcare management. Following are a few of the factors contributing to these issues.

Different frames of reference. Frame of reference refers to the unique perspective of an individual or group on an issue. FOR is colored by one's discipline, history, and desired results. To truly communicate with someone, it is essential to understand his or her FOR—the lens through which he or she is viewing the issue. The key is, you don't have to *agree* with another person's frame of reference, but you have to *understand* it. If you understand and articulate the other person's FOR during negotiations, you significantly reduce the person's tendency to be defensive and uncooperative.

For example, many hospitals struggle to build strong partnerships between physicians and administration. Such partnerships can only be achieved by seeking to understand how physicians' frame of reference is different from an administrative or corporate mind-set.

Battles over control and autonomy. Physicians are often described as "hardwired" for autonomy and need for control. This is initially an effect of their training, but it is almost always reinforced by the systems in which they work. Healthcare administrators, on the other hand, do not work autonomously; they are looking to balance patient care, economic realities, and staffing issues. From their lens, physicians can easily be seen as arrogant, controlling, and uncooperative. This struggle over the right way to balance power can create resentment that further jeopardizes good communication.

Lack of trust. One of the truths we often observe is that physician-administrator differences sound like a debate over whose data are more accurate. But failure to establish good communication is rarely about the content; it is almost always about the breakdown of process—the "soft stuff" in the equation. People, no matter their frame of reference or background, can deal with the tough issues if they have a track record of trust. Building trust requires consistency, tenacity, and an absolute focus on making and keeping agreements.

Many skilled leaders ask, "Why is the soft stuff so hard?" Simply put, because they have never been trained to focus on dialogue, which is at the heart of communication, and relationship building, which is at the soul of trust.

How can we foster better dialogue?

In working with senior teams in complex settings, we have come to understand that there are three core issues that must be addressed and resolved for results-driven dialogue to occur.

Understand frame of reference. All good communication starts with an attempt to understand the other

party's frame of reference—a conscious and active process that should occur early in any negotiation or collaboration. Understanding FOR requires three steps:

1. Set a context: "Let's ensure we understand one another's viewpoint and concerns at the very beginning."
2. Agree on a strong and shared statement of intent: For example, "Our intent here is to find the highest and best solutions to the issues before us."
3. Articulate how you think the other party sees the issue. Ask each member of the team to express the issue from another person's viewpoint.

Working as a team to understand FOR in this way will broaden each team member's viewpoint, making it easier for team members to understand why, and what level of, agreement is necessary.

Find common ground. The key to successful dialogue is finding enough mutual agreement to weather the storms of disagreement and difference. Make no mistake—good and vital dialogue is not conflict-free. Dialogue (from the Greek *dia-logos*) literally means an exchange of ideas, and there is nothing passive about that. But as frame of reference and control issues emerge, it is critical to keep the parties at the table by centering them on what they agree upon—a common vision, perhaps, or quality of patient care. Agreement is the denominator upon which rests the numerator of difference. The key is to work toward a smaller fraction, with more agreement and less difference.

For example, issues such as reducing costs, meeting government regulations, and implementing customer care initiatives are not often high physician priorities. But when administrators demonstrate to physicians the strong interdependence between their success and that of the hospital, it broadens common ground and redefines success as a collaborative venture.

One of our more interesting experiences was facilitating a dialogue between two groups of cardiothoracic

BEYOND STAFF RETREATS: THE ART OF THE "ADVANCE"

While most healthcare organizations have periodic "retreats," great executive teams practice the "Art of the Advance"—scheduling deliberate and focused time to ensure that critical issues are discussed and the team is playing to its full potential. Seven variables separate an "artful advance" from a common retreat.

1. WILLINGNESS TO AIR DIFFICULT ISSUES. Too often, organizational meetings focus only on the positive aspects of work that unite all employees. Senior management have been led to believe that these meetings must bond people together, and thus avoid bringing up difficult or conflict-ridden issues. The ability to "put the moose on the table" and talk openly about real, sometimes difficult issues is what differentiates an advance from a typical planning or report-out session.

2. A FOCUS ON CHANGING CULTURE. When culture and change collide, culture usually wins. For this reason many staff retreats that attempt to interject change into the organization ultimately fail. The artful advance focuses on influencing change within the larger culture by changing the operating behaviors and norms of the meeting. Forming a clear vision, focusing on core values, and bringing policies and incentives in line with agreed-upon values is a huge start in modifying existing culture.

3. A FOCUS ON PROCESS AS WELL AS CONTENT. An artful advance focuses not only on critical content issues but also on the process of how well the healthcare team works. This allows the team to address specific issues while focusing on underlying trends in the way team members communicate, which may need to be changed to prevent similar problems in the future.

4. BALANCE BETWEEN THE "HARD" AND "SOFT" ELEMENTS OF TEAMWORK. While standard retreats among senior healthcare teams tend to concentrate on dynamics and team building (the soft stuff), truly successful meetings will also incorporate an unwavering focus on competitive strategy, clear deliverables, and effective implementation (the hard stuff).

5. A SKILLED FACILITATOR. Good guides are hard to find; well-intentioned ones are not. Teams led by an unskilled facilitator, or one unwilling to do the necessary homework and face the real issues, will fail to achieve real alignment. An advance must be led by a skilled facilitator who can generate basic agreement about intention and outcome of the meeting and who knows the issues and language well enough to make it happen.

6. ONGOING MEETINGS. Rather than a once- or twice-a-year "retreat," the advance is characterized by ongoing meetings designed to deepen dialogue and build relationships. Actions are thus centered on true issues, rather than an amorphous concept such as team building. And the results are equally as concrete.

7. FUN. While it is called "work" for a reason, a good team needs laughter and irreverence. An artful advance combines work with fun, maintaining a sense of humor about the process even while treating the outcome with the utmost seriousness. Allowing team members to relax and have fun encourages them to want to work together and produce great results.

Using the Art of the Advance, The Levin Group recently helped a large hospital system work through a complex realignment of services and centers of excellence that affected community physicians, academic physicians, facility planning, marketing services, and foundation efforts. This process was done through a series of facilitated meetings that began with strong statements of intent and shared vision and a clear focus on the outcome. Both physicians and administrators were involved in creating collaborative dialogue designed to produce results that were not only acceptable but also exciting. It did not happen all at once. Early meetings were contentious, but staying the course, focusing on frame of reference issues, and continuing the dialogue despite conflict ultimately created solutions that were different yet better than early ideas.

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surgeons who were being encouraged by the hospital to combine their practices. This was a classic confrontation where issues of expertise and patient care took second place to questions of academic rigor, commitment to research, productivity, work ethic, and profit.

We started off miles apart. Left to their own devices, these individuals—despite being incredibly committed and talented—focused on the issues (both current and historical) that separated them. Our job was to grow the denominator of agreement by brainstorming an "optimal" future driven by collaboration. When the doctors reverted to focusing on differences, we continued to point toward the shared vision. Realistically, agreement on this vision, no matter how utopian, served to keep them at the table.

After two years, while the practices are still not joined, the community doctors teach and participate in joint research projects with their academic brethren, who have reshaped their clinical practice to be more efficient and profitable. The move has been from stoic conflict to increased collaboration—a win for both groups and the hospital.

Choose a skilled facilitator. Facilitating dialogue requires a "bridging function"—a unique ability to recognize and surface differing frames of reference. Having an educated listener in the midst who can focus conversation, promote open communication, and address the conflicts between parties can make the difference in whether negotiations are successful or ultimately break down.

While there are times when an experienced executive or strong internal person can function as a skilled facilitator, our experience demonstrates that it is problematic and frequently impossible to both be part of a dialogue and facilitate it at the same time. Depending upon the scope and depth of the subject, outside experts usually do a better job at surfacing the most difficult issues and getting

to the truth in ways that internal people, no matter how skilled, cannot.

Whether you use a third party or an internal person, the facilitator must be conversant in the language of healthcare management and must understand the competitive terrain. Good facilitators prepare before the meeting by interviewing participants to gain a greater understanding of objective and interpersonal issues, both current and historical. This "due diligence" work is essential to building the requisite credibility to move from difference to collaboration.

The true test of successful dialogue, of course, is that it lasts beyond formal negotiations and becomes an ongoing part of team dynamics. For this reason we encourage frequent, issues-based meetings rather than periodic staff retreats (see sidebar). Alignment of the main players within healthcare organizations has become essential, not something that can be relegated to formal meetings that fail to address difficult issues. The ROI of resolving conflict and establishing dialogue is enormous; conversely, the cost of failure or avoidance is immense.

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