

How to Find and Reform or Eliminate the Weakest Members of Your Practice Team

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In the words of that dearly departed ophthalmic management consultant, my old pal Bill Boroever, “There are only three kinds of staff members and doctors: ‘plus,’ ‘minus,’ and ‘plano.’” Indeed, every practice manager and physician-owner today has to be extra skilled at “refracting” the quality of their staff. As ophthalmic management continues to become more challenging, just one negative or low-performing member of the team can be both directly costly to the business and indirectly corrosive to staff morale.

My experience visiting hundreds of otherwise great practices points out a high level of resistance by doctors and managers to reforming or removing these weak links in their business. Sit back and think if you’ve been harboring any of the following in your practice:

- The doctor in a group practice who holds himself apart from the rest of the team, and refuses to follow protocols agreed to by every other provider.
- The tech who is sweet as pie to “her” doctor, but caustic with the rest of staff.
- The billing clerk who makes repetitive errors, and passes on mounds of re-work to her colleagues to clean up.
- The marketing and outreach coordinator who is too independent to be accountable for their whereabouts and productivity in the course of a workweek.
- The surgery center manager who hides behind a smokescreen of regulatory compliance or quality assurance to resist efforts to reduce operating costs and increase efficiency.
- The administrator who is more concerned with rescuing their career than growing the volume and quality of the practice.
- The optician who long ago stopped her enjoyment of working with the public, and is now just going through the motions.
- The outside accountant who is kept on retainer no so much for his competency, but out of habit and because he's become a personal friend of the doctor.

When lecturing to groups I commonly ask the question: “How many of you have at least one person in your practice today who shouldn’t be there?” Almost every hand goes up. When I ask the followup question, “How long have you felt this way?”, the typical response back is counted in years, not months.

This resistance to reform or terminate weak players has many causes, the foremost of which is a reluctance to be confrontational or to rock the boat. Managers and doctors especially hate the thought of any near-term financial hiccups. The typical manager will say, “Dr. Nasty has always been that way, but we wouldn’t dare let him go—he’s responsible for covering a quarter of our overhead.” Obviously, this same unpleasant doctor may in the long run be the cause of high staff turnover rates as well as the defection of patients from the practice.

Here’s a simple set of screening questions you can use to assess your personal tolerance for and response to under-performers. Answer these honestly, and you’ll be half-way to a stronger, happier practice.

1. Do you have a clear “line in the sand” when it comes to performance and behavioral expectations, or are you inconsistent, applying different standards to various staff? Do you have any pet staff or doctors who receive extra gentle treatment because their productivity is high or they are deemed the only people who know how to perform key tasks? Do these people know they’re getting a free pass and are they acting out accordingly?
2. Are you clear about communicating expectations, and do you let staff know when they have crossed the line? Do your staff know where this line lies and respect it, or play games seeing how long they can misbehave? Remember: staff respond best to supervisors who are very tough, but fair.
3. Has your practice developed to the point of having middle managers? Have these managers embraced the practice’s standards, or do they work together as a group—a kind of unspoken trade guild within the practice—aligned against the interests of the doctors and patients all to make their jobs more pleasant? If so, what have you done to bring this group around to seeing that by serving the patients well, everyone wins?
4. Have you fostered a “consequential environment,” one where violations of practice expectations regarding policy (arriving late to work, poor rapport with fellow workers, shoddy or inconsistent output, etc.) have a consequence? Or are you unconsciously rewarding the misbehavior of a few offenders, while killing the moral of productive staff who see their peers getting away with breaking the rules?
5. If you are an administrator or office manager, do the doctors back you up in disciplining staff, or have they made some staff untouchable? Have you been granted both the responsibility and the authority to take corrective action? Do you then apply the rules fairly to everyone, or shield one or more personal friends?
6. If you are a doctor, do you grant yourself special allowances without regard for the impact your behavior has on others? (Especially for things like late arrival that hold up the rest of the team.) Or do you admit your errors and missteps openly in group staff meetings and work to improve your contributions to the team?
7. If you are the practice’s managing partner, have you exerted your leadership on the toughest part of the job—counseling and censuring errant peers? Or do you let errors and omissions slide for the sake of harmony? A mollycoddling approach in this area is false economy, especially when dealing with younger associate doctors...experience shows it’s better to come down rather directly with young doctors. If they can’t respond to the imposition of group standards as an associate, it’s better that they not be allowed to progress to partnership.

8. Is it easy or hard for you to decide what the consequences should be for staff and provider misbehavior? In larger practices, these should be spelled out in writing, and often take the form of progressive discipline, including such things as fines for chronic tardiness.
9. Are your desires for the practice aligned with incentives for staff and doctors? If you want a markedly busier practice, make sure that financial incentives are in place for both selected lay staff and for providers. If you are trying to trim costs, be sure to reward staff who come forward with ideas that trim costs while leaving the quality of care intact.
10. Are you honest about the cost-benefit of keeping inappropriate staff on the payroll? All too many managers, especially those working in adverse labor markets and facing the chore of finding a new clerk or tech, take the easy way out and decide to live with weaknesses that are costing the practice dearly in the long run.

Far too many practices wait for annual reviews to take corrective action. In the best practices, performance standards are clear and public, and vigilance is applied daily. Great performers are rewarded lavishly and publicly, while weak links are gently shown the way to the door.

As the children's ditty goes, every party has a pooper...and nearly every practice has one, too. No matter how strong your team, there is someone in your practice today who is the weakest link. One of the most important tasks you have as a manager or owner is to discriminate between those deserving removal and those deserving extra attention and loving, patient reform.

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