

# ADMINISTRATOR-PHYSICIAN DYADS: • High Potential, High Risk

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The long-standing trend towards integrated healthcare has produced some strange bedfellows—perhaps none more seemingly star-crossed than the administrator-physician dyad. In the dyad model of management, everything from sites to service lines to departments is co-led by a senior administrator and a well-seasoned clinician.

## Why dyads?

Healthcare is a complex and interdependent system of clinical and administrative elements. Well planned dyads have the complementary perspectives, experiences, knowledge, and skills to address all of these elements (or at least to know what they don't know). Dyads that work well together can also serve as role models for healthy relationships across institutions and within departments.

Judging by the number of case studies appearing in the literature, it's safe to say that the administrator-physician dyad model is “the new thing” in integrated healthcare management. But there are plenty of growing pains that can accompany a shift to such a model. And like nearly all good relationships, the best dyads are not formed under time pressure or with arm-twisting. Where dyads have been successful systemically, they have been developed consistently over years or decades. Trying to build them at warp speed under tremendous performance demands, as many organizations are doing, is a profoundly difficult and multi-faceted challenge. Failure to make the necessary time and energy investment can mean decreased efficiency and effectiveness, and reduced engagement among leaders that then permeates the rank and file.



## Questions to ask before and during implementation

A hammer is a wonderful tool, but not for every job. Applying dyads to every healthcare management context would be like having a toolbox equipped only with hammers. So organizations should consider these questions before setting up a dyad model:

- Where do we need dyads and where do we not (and who gets to decide)?
- Do we have the talent on both sides to form a competent dyad where a need has been identified?
- And the big question: What are the high-functioning parts of our organization that we would risk hammering to pieces by implementing dyads that aren't up to the challenge?

Once the need for a dyad has been identified, the real work begins. Organizations will need to devote considerable time to answering questions in three key areas:

### 1. Purpose.

What should the dyad be accomplishing? The purpose can be defined with regard to the outcome areas that are relevant, such as finance, quality, satisfaction, or organizational development. They can also be defined in terms of the type of action that is needed. Is this a continuous improvement program, a turnaround, launch of a new initiative or operation, or something else? How does the dyad's purpose align with or enhance the department's or organization's vision? Few things are more frustrating—or more damaging to a dyad relationship—than working in partnership over a long period only to discover that your partner has a completely mismatched vision of the dyad's purpose.

### 2. Core organization and support.

Appropriate questions include: What care, delivery, research, or administrative processes must be designed or improved? What are the measurable goals of the dyad's work? What are the tough decisions you will face, how will you make them, and how will you support each other in implementation? What resources will be needed from the larger organization—think financial, staff, information, technology, facilities, policy decisions, etc.—and how will you secure those resources? What is the budget, and how is it managed?

### 3. Roles, relationships & trust.

Clearly, it's important to spell out the roles to be played and the nature of the relationship between the partners. But before this discussion can be fruitful, some psychological factors that strongly influence the dyad relationship should be addressed. Chief among them is probably trust. High-level physicians and administrators aren't normally rewarded for sharing power. The move to a power-sharing relationship can bring fear and mistrust along as unwanted baggage. Successful

dyads need to take time to understand each other's natural strengths, abilities, and motives, and to identify their shared interests. Only then can they begin to trust that power-sharing doesn't have to be a zero-sum game, but can produce benefit for both partners as well as the organization.

## Staying in for the win

In some settings, these questions alone will be enough to make stakeholders consider abandoning their healthcare jobs in favor of something that seems more straightforward—like arctic exploration. But if the arctic doesn't win out, those who stay the course can build a very solid dyad design and reap its rewards.

