

PHYSICIANS + UNIT-BASED TEAMS



LABOR MANAGEMENT PARTNERSHIP

Unit-based teams (UBTs) should increase everyone's ability and commitment to improve performance so patients and members receive the right care, at the right time and in a caring manner.

We know UBTs are more successful with support from physicians. The question is how to support teams and still maximize clinical time.

The answer is to use physicians differently.

The roles physicians play should be driven by the work. Physicians exert a natural leadership role in clinical work. With UBTs, physicians can use this natural leadership role to best advantage.

- 1. advisor to a UBT
- 2. member of a UBT
- 3. co-lead of a UBT

Which role is determined by the work of the UBT? Try asking yourself questions like these to determine roles:

- What is the team trying to accomplish in improving performance?
- Which metrics are they using to monitor performance?
- What is the work unit?

A claims department UBT, for example, doesn't need a physician on the team or as a co-lead, but they may need a direct link with a physician to answer questions and to give the team guidance

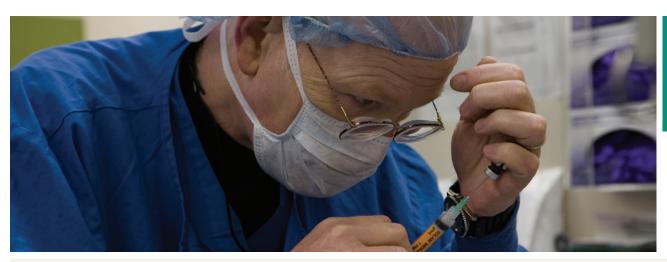
about the clinical context. This is the role for a physician adviser. On the other hand, a UBT in a clinical setting or a care team working on clinical outcomes may need physicians on the team and may choose to have a physician co-lead.

Role Definitions

The physician UBT adviser is a clinical content expert, advising the team to choose appropriate work, metrics and to understand implications of proposed changes to the system. The physician UBT adviser also may assist the team or co-leads in building their own clinical content expertise. For example, the physician adviser might:

- Answer questions and calls;
- Provide support by giving clinical education sessions;
- Give guidance;
- Recognize performance;
- Coach as needed;
- Be a thought partner with the co-leads and team;
- Suggest tests of change; and
- Suggest metrics.

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In addition, the physician adviser may function as a communicator, gathering and bringing back input from colleagues for the team and for the appropriate physician group. The physician adviser might:

- Get other physician input and share with the team;
- Promote UBT projects and changes with colleagues;
- Get support from the other physicians for the team's new behaviors, processes or tests of change;
- Suggest other departments or medical centers with successful practices that the UBT could emulate;
- Help reward and recognize success; and
- Remain informed by reading minutes or a summary of work.

The physician UBT member participates on the team and contributes to its success. Here are some of the responsibilities of a physician team member in addition to the role of a physician adviser:

- Represents the interests of your colleagues, KP members and patients, and the organization;
- Volunteers to test changes and encourage others to test changes;
- Gives reality checks;
- Promotes UBT work;

- Uses influence to promote quality, service and access improvements; and
- Balances the need to see patients with the need to support changes that will impact patients.

There are times when it is most effective to have a **physician co-lead**. In these circumstances another manager or support person may be asked to help with the administrative work since it may be substantial and detract from patient time. In addition to functioning as a physician adviser and team member, a physician co-lead would:

- Plan meetings and agendas jointly with the union co-lead. Keep the sponsors informed, advocate with the sponsors for needed resources, attend meetings with sponsors.
- Monitor and report progress of performance improvement efforts.
- Have critical conversations with physicians and management when support is lacking to ensure success.
- Help manage intra- and inter-team conflicts.
- Provide leadership by giving guidance to the whole team, including setting pace and tone, balancing the group's time among strengthening relationships, building effective processes and getting results.
- Coach physicians to be good partners and effectively use the performance improvement tools. Show them how to use data to make decisions.