

Medical vs Operations

Ending the Battle to Win the War



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URGENT CARE
MEDICINE

DRIVING **CHANGE 2023**

THE URGENT CARE CONVENTION

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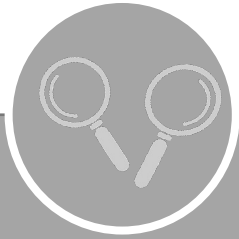
Presenters

Curtis Franke, MD MBA

Scott Poston, RN MHA



KEY LEARNING POINTS



Identify tasks as operational or clinical, and understand strategies to deploy when the areas overlap



Discuss leadership structure to align the clinical and operations leadership



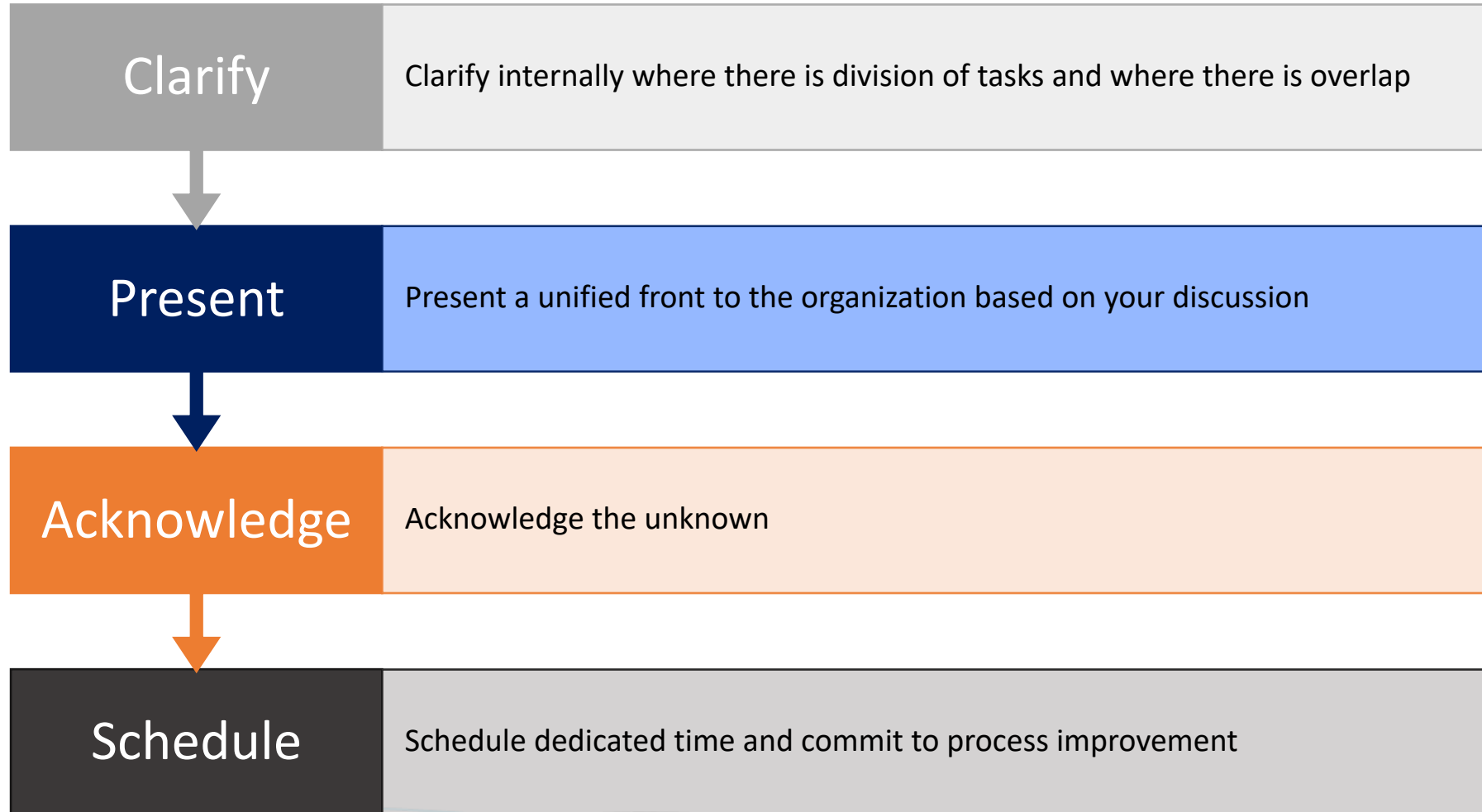
Discuss strategies for identifying solutions for when the clinical and operational areas compete



Discuss three real world examples to better understand the dynamics present and be able to apply to your practice

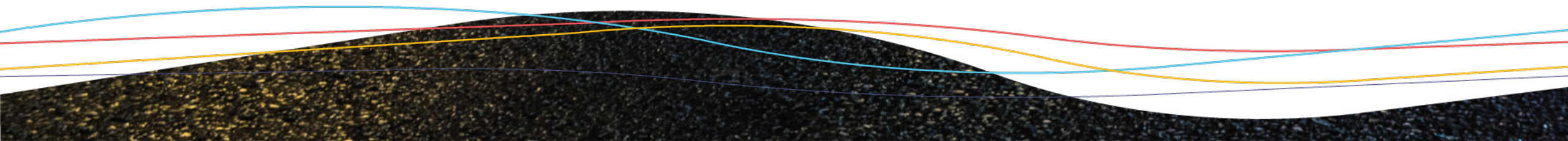
How does your organization decide if operational leadership or clinical leadership is responsible for an issue?

Delineation of Responsibilities



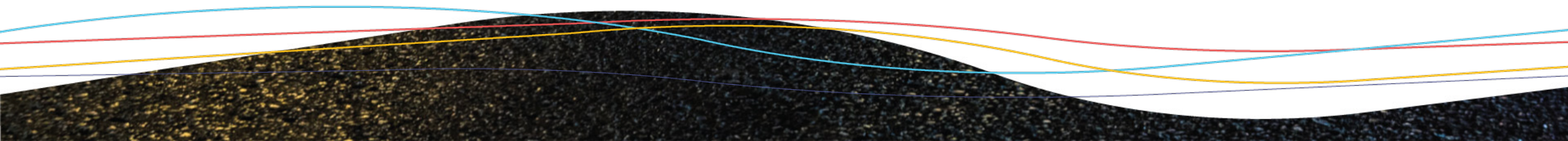
CLINICAL

Operational



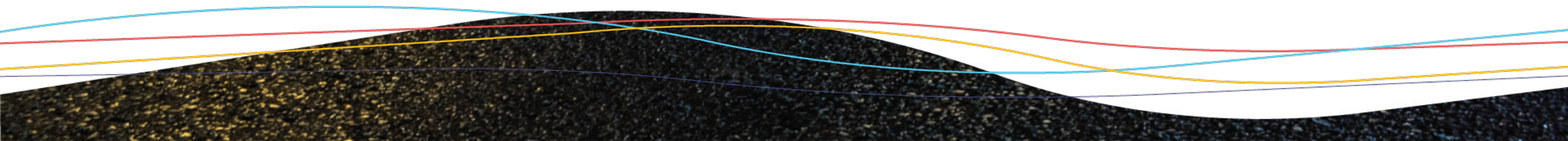
CLINICAL

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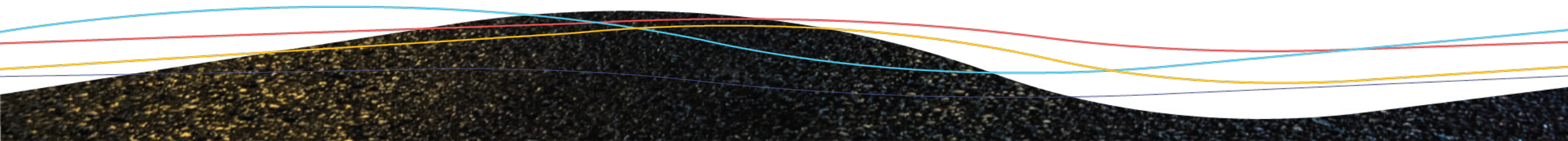
CLINICAL

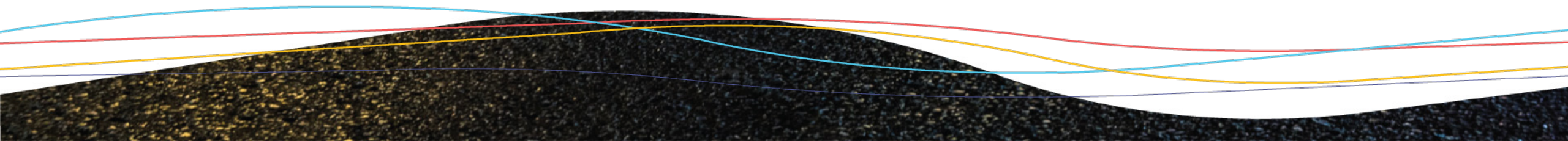
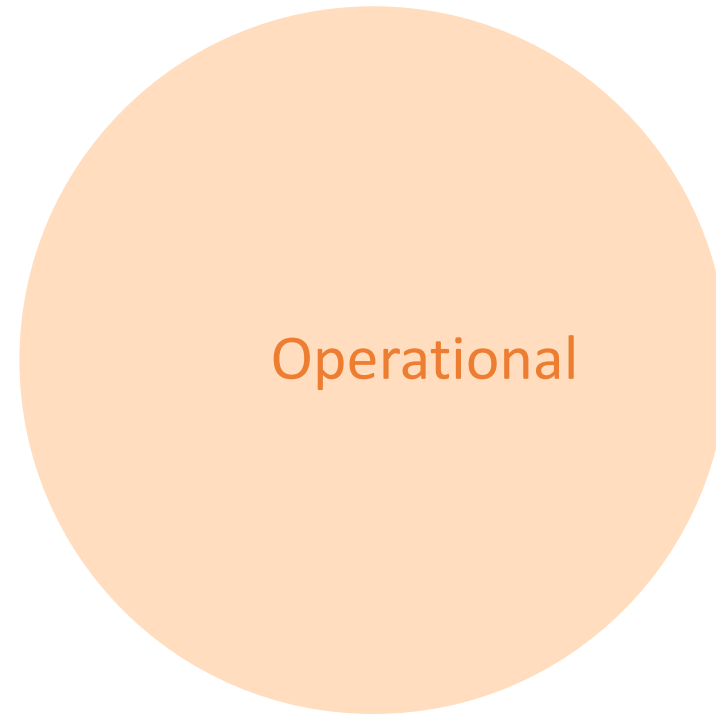
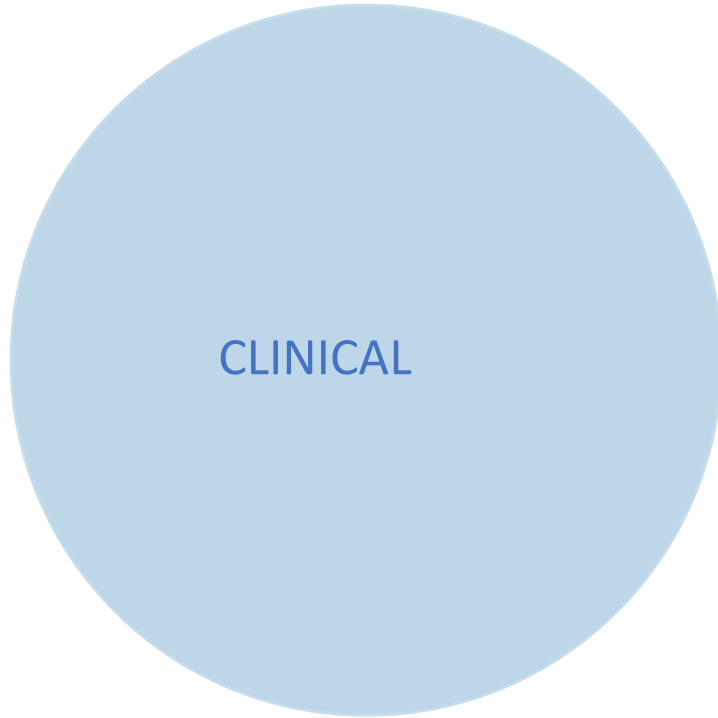
Operational



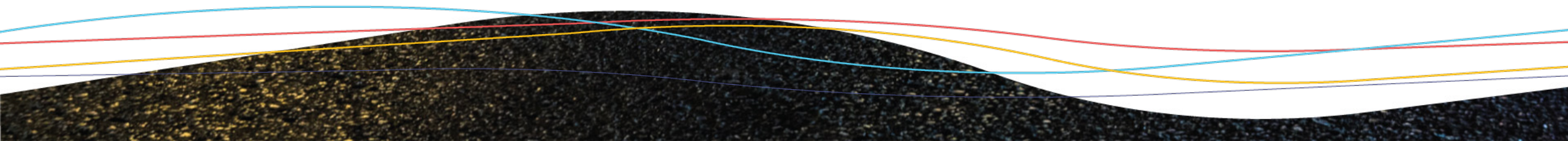
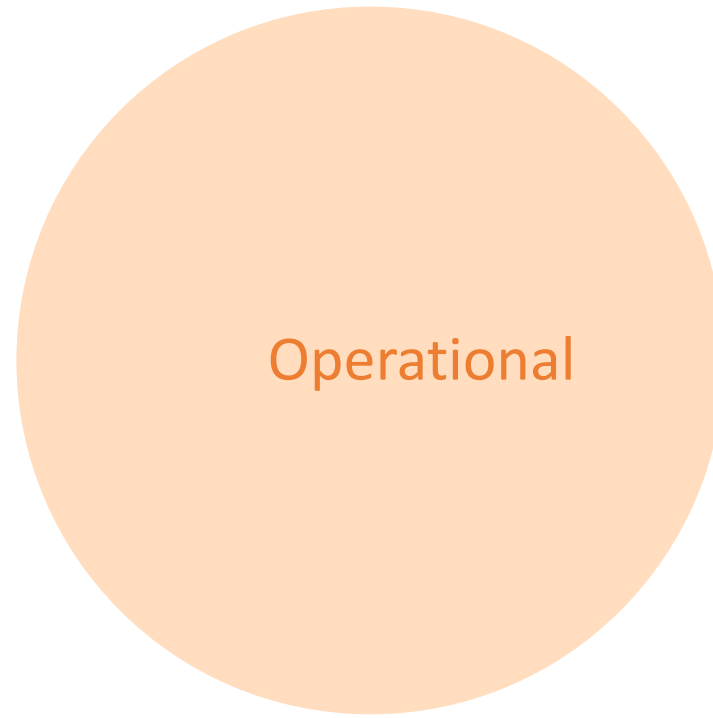
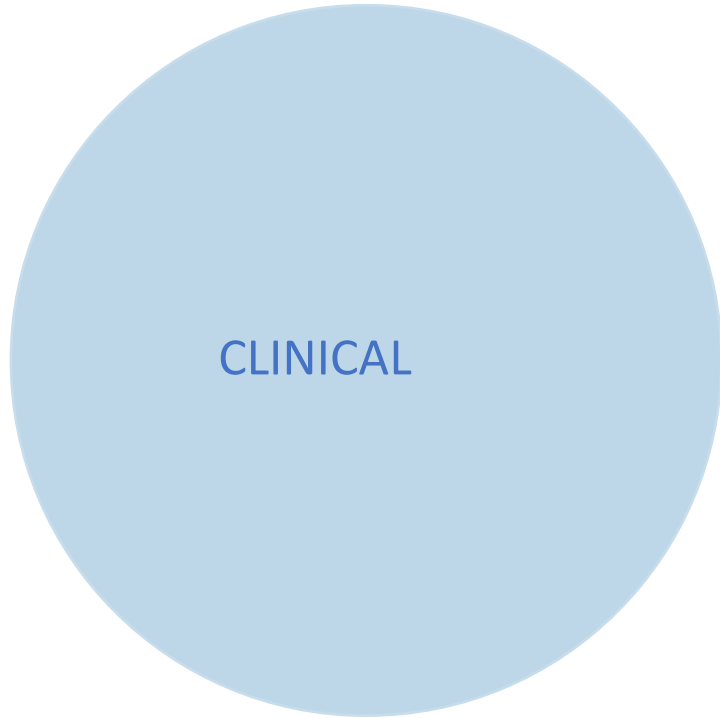
CLINICAL

Operational

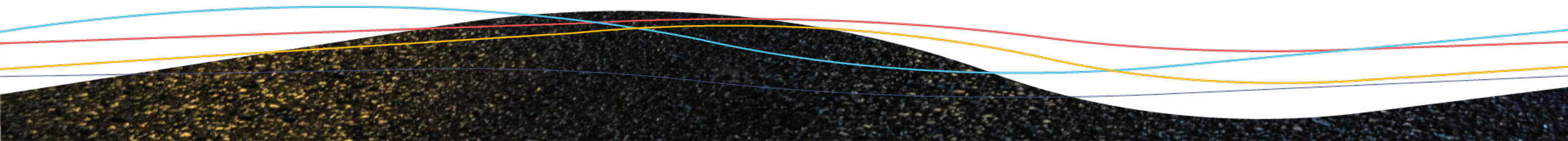
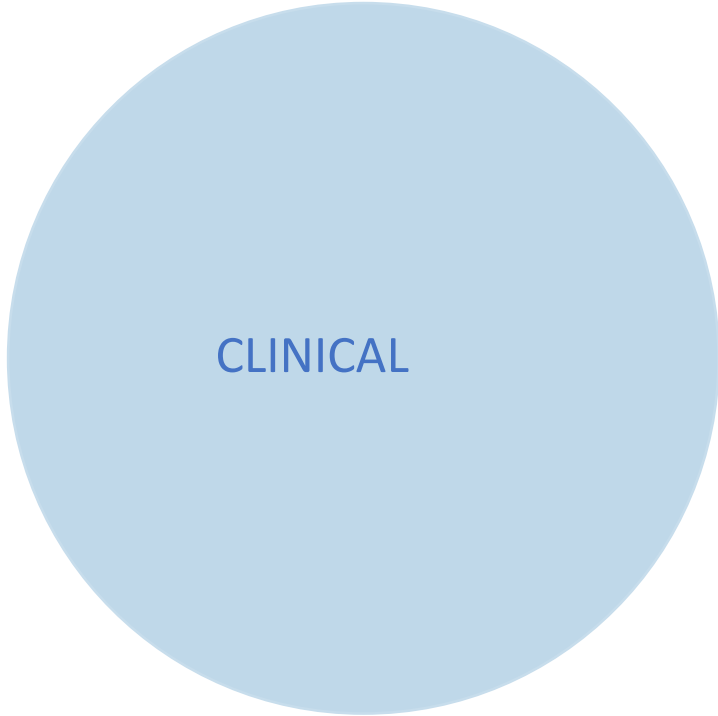




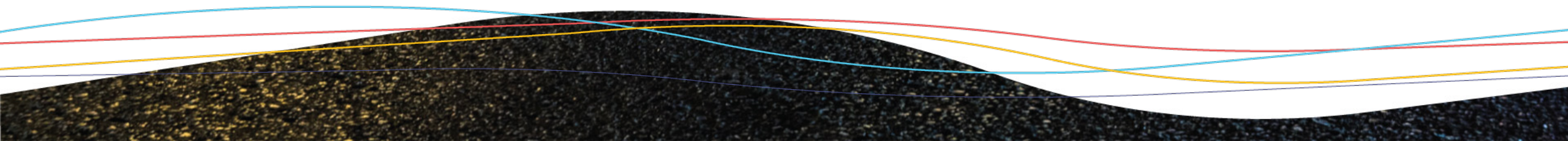
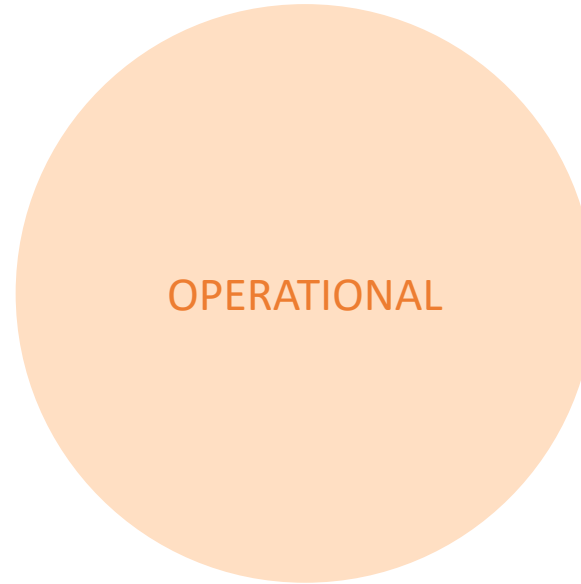
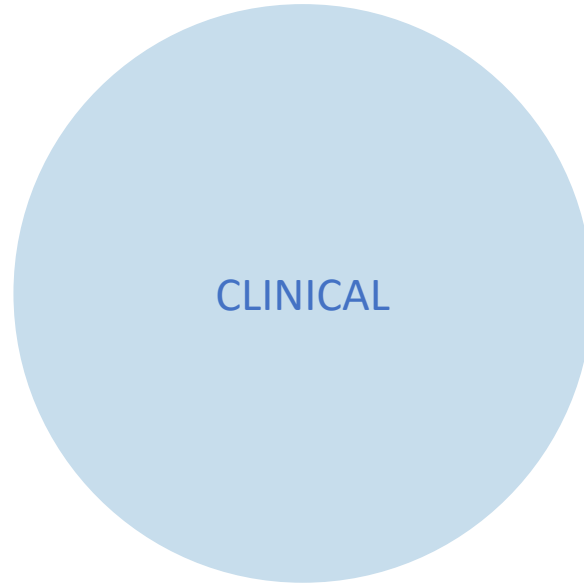
The provider is consistently tardy, Dr. Franke can you please visit with them?



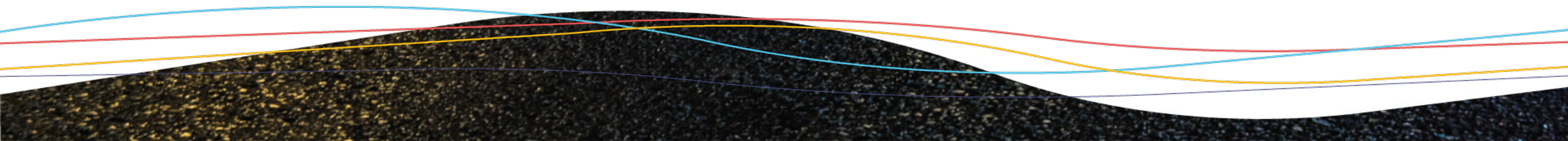
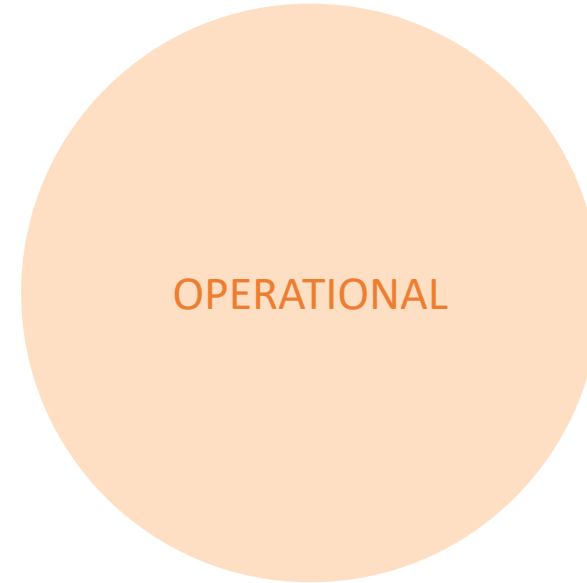
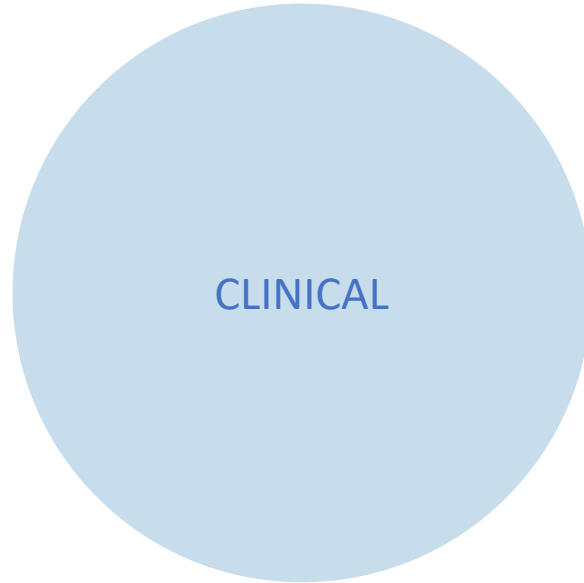
The provider is consistently tardy, I spoke with them and they were defiant; Dr. Franke can you please visit with them?



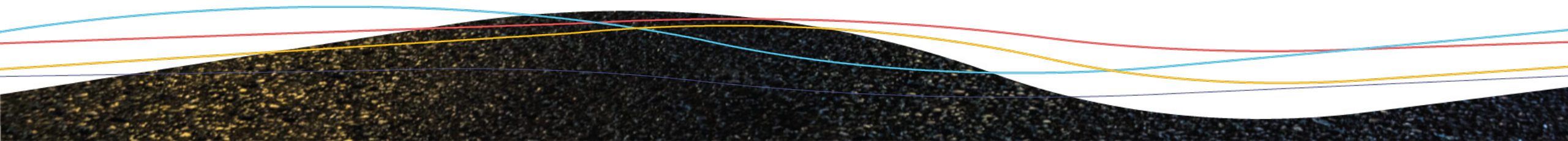
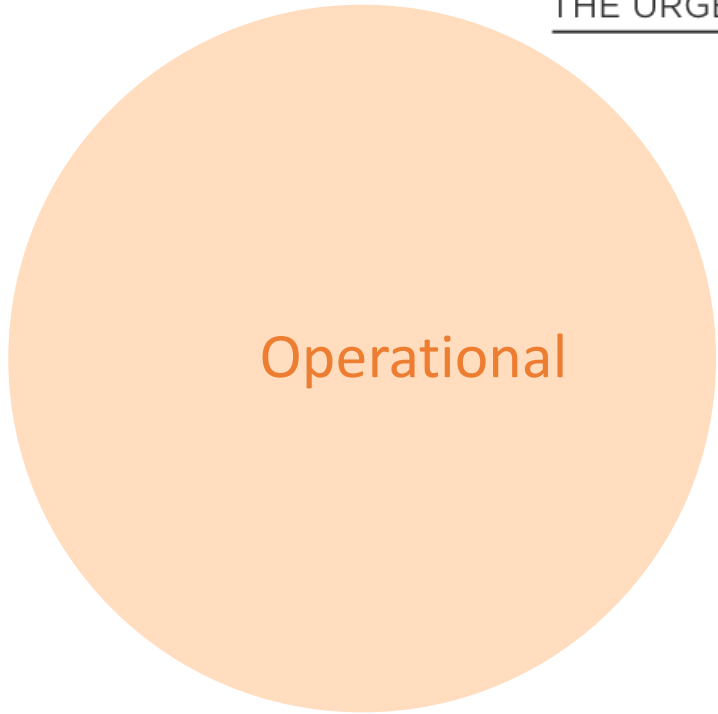
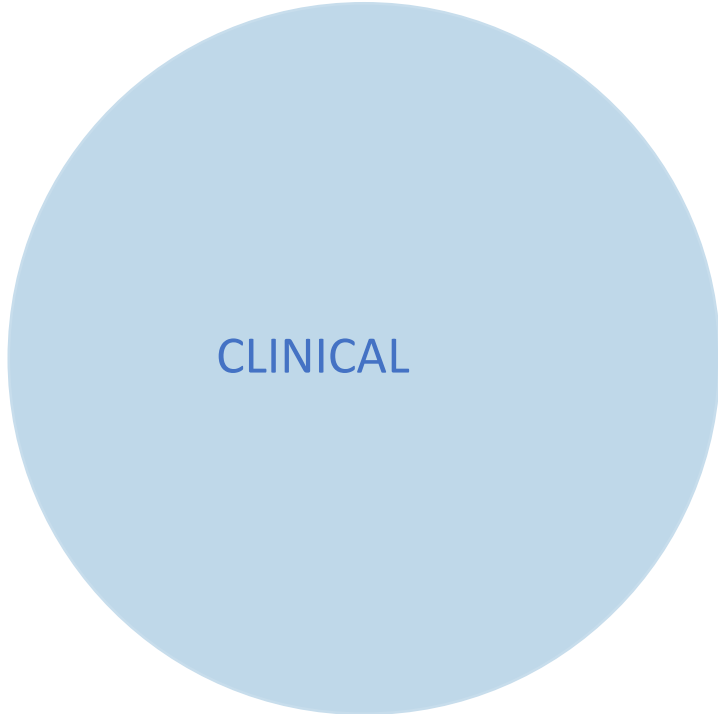
Dr. Franke, I've noticed Provider X prescribes narcotics to every patient they see.....



I've noticed Provider X does not have a nametag on ever and is not compliant with the dress code.....

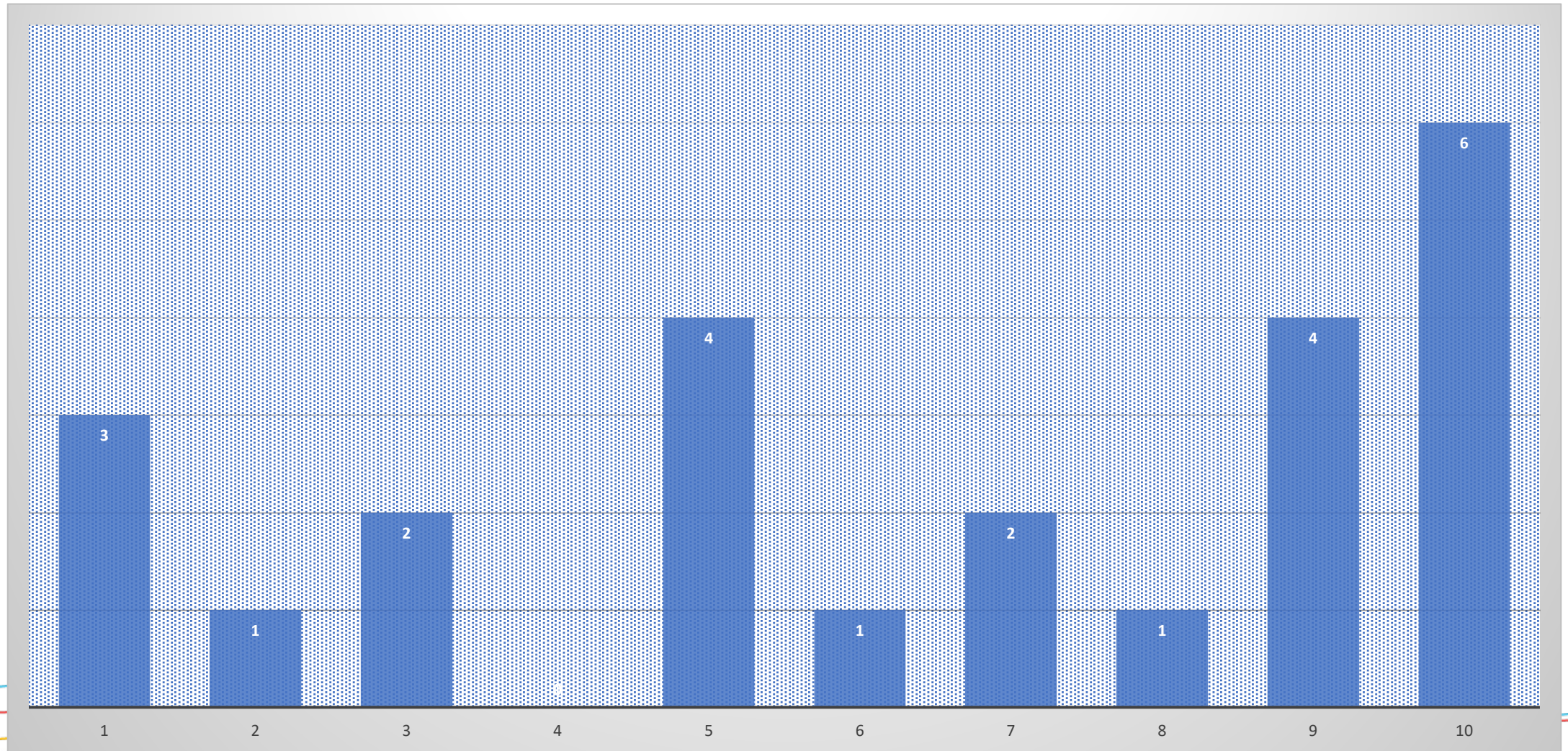


In Reality.....

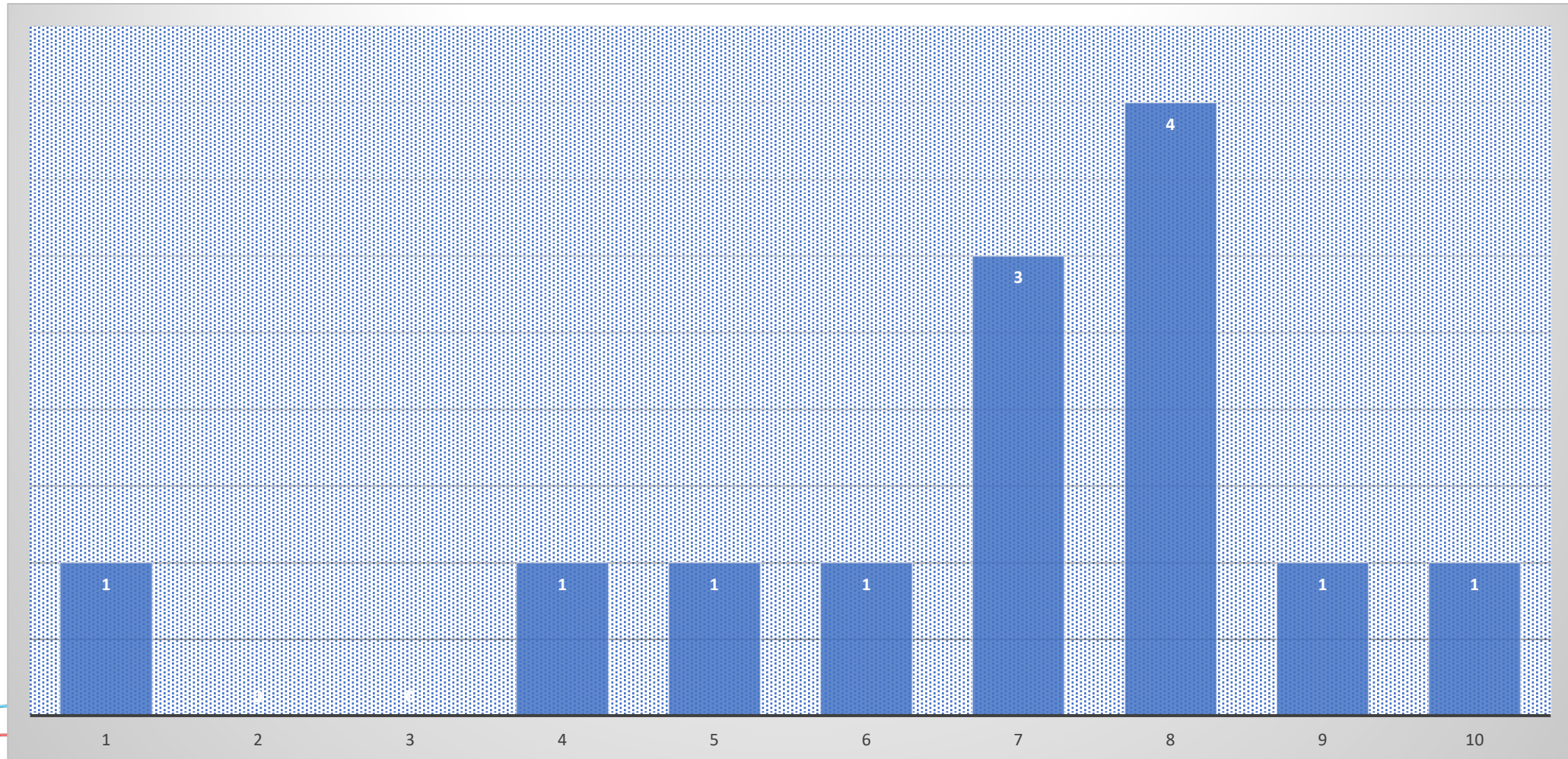


How do you foster a culture where clinical leaders and operations leaders freely share information and feedback?

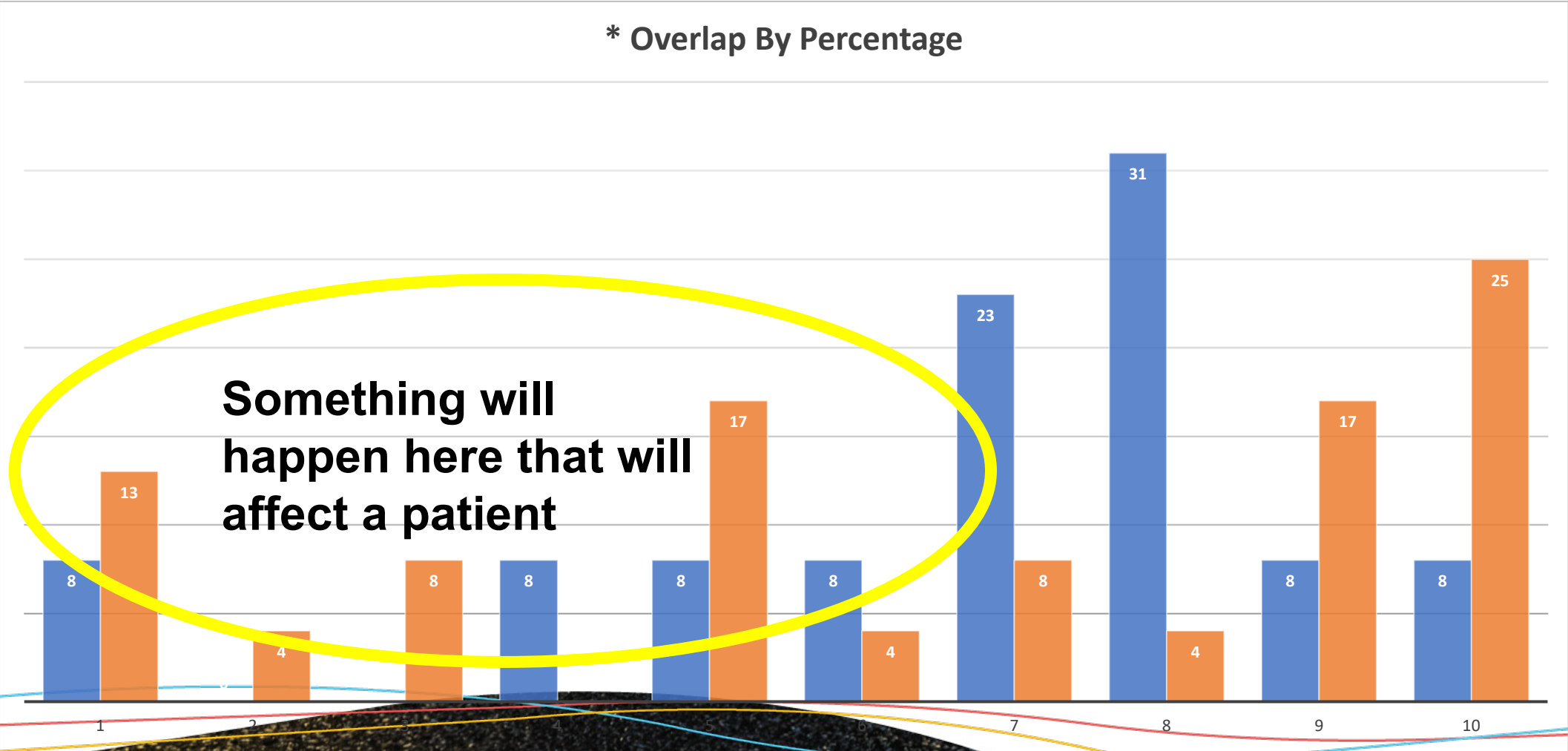
On a Scale of 1 to 10 how comfortable are you discussing issues with your manager?



On a Scale of 1 to 10 how comfortable are you discussing issues with your providers?



Why the focus here?



Handling Conflict

5 Conflict Management Styles

- Accommodating
- Avoiding
- Compromising
- Competing
- Collaboration

Steps to Resolution

- Face to Face Meetings
- Escalation Within the Team
- Eliminating Bias
- Blending Events
- Unified Messaging



Real World Examples

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We open at 8:00am!

- APP employed for the last 3 years consistently late to work (>70% of the time) for the past 6 months

- Manager discussions with provider
- Notification of clinical leadership
- Discussions with clinical leadership



- Blockers to Progress

- Time clock visible to operations, not clinical leadership
- Different standards for providers as compared to non-provider team members
- Unclear communication between the ops team and the clinical team
- Who is the owner?

- Face to Face Meetings

It's my license

- Physician with no prior issues begins prescribing and advocating for experimental non-evidenced based practices and encouraging his APPs to follow his lead
 - Complaints from patients
 - Counseling from Ops and Clinical leadership jointly
 - Behavior recurs

- Blockers to Progress
 - Business continuity competing with quality of care
 - Legal ramifications of discipline
 - Many stakeholders impacted with decision process
- Escalation Within the Team
- Eliminating Bias



Overworked – Under Paid

- Over the years a salary inversion has occurred within the provider staff resulting in retention and satisfaction issues.

- Timing and budgetary restrictions
- Business continuity in jeopardy

- Blockers to Progress

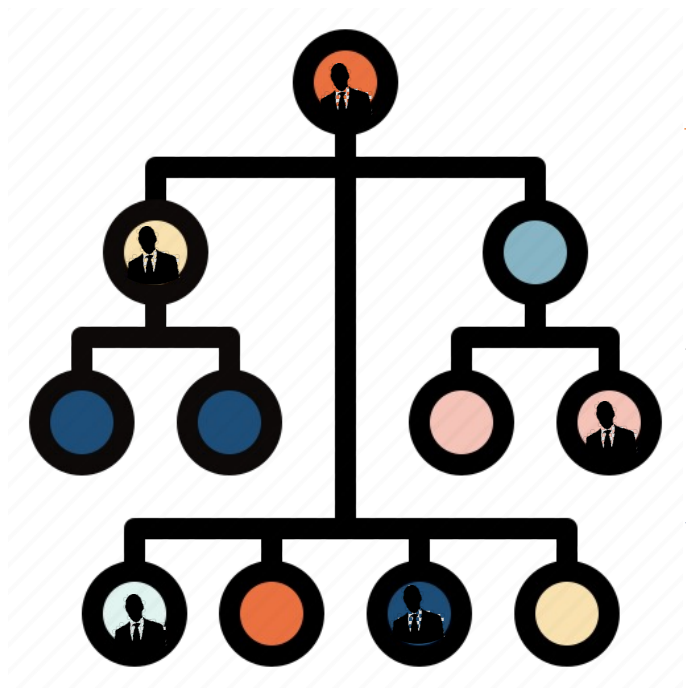
- Budgetary constraints
- Stakeholder commitment
- Appropriate advocacy

- Escalation Within the Team

- Unified Messaging



Leadership Structure



What is the best structure for your size?

How do you as a leadership team break down the walls between the two sides?

How do you scale your structure as you grow?



Identify tasks as operational or clinical, and understand what to do when the areas overlap

- Regularly **DISCUSS** items of concern and divide them into the operational or clinical buckets
- The owner will head up the process **IMPROVEMENT**, but it will continue to be a collaborative effort
- Regularly **SET ASIDE TIME** for clinical and operations leaders to strategize/communicate



Discuss
leadership
structure to
align the two
areas



REVIEW your leadership structure so that every clinical leader has a designated operational leader to **COLLABORATE AND INNOVATE** with



Learn strategies
for identifying
solutions for
when the
clinical and
operational
areas compete

- **IDENTIFY** the primary factor that must be addressed first
- **SEEK** resources that may shed additional light on a subject
- **INVOLVE** other decision makers to help clarify a position

How can you drive change?

- Develop the relationship before the problem
- Just the facts
- Balance recognition with recommendations
- Results require Actions

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Session Evaluation

- Your feedback is valuable, take a moment to complete the survey for this session.
- To claim CME, you must complete a separate survey available after the convention.

* How likely are you to recommend this **content** to a colleague?

Not likely at all Neutral Extremely likely

0 1 2 3 4 5 6 7 8 9 10

What did you find most valuable about this **content**?

What would have made this **content** better?