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ESTABLISH SURGEON SUPPORT WITHOUT THE MONKEY BUSINESS

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From time to time I hear a familiar story from the leader of a new anesthesia group client. It's a story that I've heard countless times over the years.

I usually hear it when I ask a new client to identify the most influential surgeons at the hospital, the question being in the context of explaining my strategies for developing surgeon support for various group initiatives.

The story goes something like this: "There is no such thing as a surgeon support. The surgeons would support a trained monkey if he could give anesthesia." I heard this most recently a few months ago from the leader of a new anesthesia group client – we'll call her Dr. Jones.

I've got news for you: It's a fallacy to believe that surgeon support is, well, a fallacy. The reason so many anesthesiologists don't believe in the probability of receiving surgeon support is that they don't understand its dynamics. Yet, if you listen closely, even those who claim not to believe they'll receive surgeon support often tell stories of witnessing it -- only they describe it in a different light.

For example, the same Dr. Jones recently told me that one of the group's employed physicians, a subspecialist whom we'll call "Dr. X," demanded to immediately be made a shareholder. Dr. X threatened to go to the surgeons with whom he works closely on a special surgical team to let them know that he might not be with the group much longer, as the group was refusing to make him a shareholder.

Dr. Jones told me that Dr. X did indeed go to the surgeons, who responded that although they were sorry to hear that he might be leaving, they were perfectly happy working with the group's two other anesthesiologists with the same subspecialty focus.

Dr. Jones didn’t realize it at first, but the Dr. X incident was an example of surgeon support; the key is to understand the direction in which the support ran.

It clearly didn't run in the direction of the employed physician, Dr. X: The surgeons were not willing to use their political or business power to muscle a shareholder deal for him. But it's also a mistake to believe that the support ran in the favor of the group or its other subspecialty anesthesiologists.

The secret is to understand that the support ran in favor of the surgeons themselves and that, therefore, the key in obtaining surgeon support is to tie, where feasible, the group's goals to the surgeons' self-interest. We can make this concept easy to understand by appropriating the trained monkey analogy, but with a twist: *You must become the monkey*.

Note that even as recited by the storytelling naysayers, the monkey is *not* the surgeons' pet monkey. I'm not advocating that you bend to their every whim or request. Monkeys do bite.

What I am advocating is that you understand that being the best group of anesthesiologists in terms of technical medical competence is no longer enough. You have to thrill your "customers." We can argue all day and all night long about "who the customer is" – the patients, the surgeons, or the hospital, but it's pointless to do so. To be successful you have to please them all, at least to the point possible given their dissonant interests.

But realize that surgeons are at the nexus of these relationships: Other than in the instance of emergency surgery, they have a relationship with the patient prior to and after surgery. They have an ongoing relationship with the hospital. And they have an ongoing relationship with you . . . or at least they should.

That relationship needs to be planned, in advance, in a manner that serves your interests while, even at least mildly, advancing theirs.

If you've read my prior articles, you know that I'm a proponent of a broad, process-based concept of group-hospital relations, a process that I call the Contracting Continuum™. Taking the time and effort to develop and nurture surgeon support in order to harness it for your own contracting ends is simply one step, albeit a very important one, in the overall group-hospital relationship process.

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