

## From Co-opetition to Collaboration

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**A**s stated in the last column, co-opetition is a way for physicians and hospital executives to work together. Although co-opetition is possible even if the partners do not have a strong relationship, it is not as personally satisfying and may not be as successful under such circumstances. A partnership that is not based on trust and that may border on contentious is time consuming. It can also be expensive if the parties are paying consultants and attorneys to help them come to an agreement.

A trusting relationship, on the other hand, opens up opportunities for a better variety of ventures. In this environment, both parties think of each other's interests and pursue activities based on their respect for one another. For example, executives can depend on physician leaders to help them with planning and goal setting. Physicians, in turn, work to make their practices more efficient. In a trusting relationship, members of the medical staff who want to participate in outside ventures do not do so in secret; instead, they are open about their plans to executives. As a result, executives are given a chance to analyze the impact of such a move and to discuss options with the physicians.

Following are some strategies for fostering a relationship that is built on mutual good will. This type of relationship is a foundation for co-opetition, collaboration, and other partnerships with physicians.

1. **Develop a philosophy of mutual benefit.** This strategy is based on respect for what the other party can offer. It starts with a discussion between partners regarding each party's expectations and goals, as Stephen Covey said, "seek first to understand." This discussion then yields interest-based solutions, which are group strategies for achieving individual party goals. Goal congruity between partners results when the parties incorporate into their own work the goals that are important to the other parties. When physicians believe that executives include their interests into hospital goals and strategies, they begin to see themselves as partners. This results in physician commitment, support, and leadership that hospitals want and need.
2. **Keep the hidden agenda out.** Hidden agendas affect attitude and actions, destroying trust and inviting inconsistencies. The integrity of the partnership is dependent on both parties' capacity to deal openly and directly.
3. **Solicit meaningful physician input early and often, and then act on it.** How often do executives say something like this, "We can't bring it to the docs yet, let's wait until we have it put together and then we will tell them." Physicians

hate it when executives bring an issue to them that has already been so well developed that their input seems superfluous. Asking for feedback, addressing concerns, and holding discussions should start early and continue throughout a particular project, eliminating the physicians' feeling that they are not involved nor their opinions valued. Keep physicians informed on progress as well. If physicians' advice is not incorporated into the project, they expect an to know why.

4. **Engage physicians in balancing business activities with patient care needs.** Physicians understand the need to save money or cut costs, so feel free to appeal to their comprehension of financial issues. Involve medical staff leaders in decisions that affect the way they deliver patient care, and have them weigh in on conflicting capital needs. For example, physicians can help executives financially balance the need for buying new equipment and the advantages of increasing the nurse-to-patient ratio. Being part of such decision-making processes allows physicians to see that executives care not only about the bottom line but also about their patients.
5. **Identify, mentor, and educate effective physician leaders.** Most hospitals do not have the budget to nurture the management talents of their physicians, nor are they able to match new medical staff members with executives who can educate them on the basics of running an organization. However, such training activities are critical in creating allies out of physicians and forging a mutually beneficial relationship with them. Executives should assist the medical staff to identify physicians who have potential to be great partners, as busy medical staff leaders often do not have the time to do so. Hospitals should then invest in educating these potential partners and nurture their relationship skills.
6. **Reward physicians in ways that they value.** Money is not the only tangible way of compensating physicians who serve in leadership roles. Other rewards that help them function more efficiently and reduce everyday hassles include preferential parking, a permanent locker, office, secretarial assistance, or surgery block time. The only real way to find out what physicians value is to ask.
7. **Get to know physicians on a personal level.** Executives should create opportunities to socialize with physician leaders, such as hosting fund-raisers or dinners and organizing sports or theater outings. Such social events bring the two parties together and stimulate a more personal interaction, which ultimately help build familiarity and even friendship. An executive who occasionally invites a physician out to lunch has a much better chance of gaining the physician's acceptance and support.

These are simple strategies that assist executives in cultivating physician relationships. Forming a mutual relationship can be exasperating for those involved, but its rewards are enormous, culminating in a more productive, successful union. Next time, this column will address what physicians want from their practice and from the hospital.

**References**

Covey, S. 1990. *Seven Habits of Highly Effective People*. New York: Simon & Schuster.

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