In Praise of My Right Hand

Brad Britton, MD

I have a secret weapon in my practice. I have a great “right hand.” No, I’m not a hand model. No, I’m not just a typical, cocky ophthalmologist bragging about my surgical dexterity (although I am a competent ophthalmic surgeon only because God blessed me with a good mind, fine stereopsis, and a steady pair of hands skilled at doing meticulous microsurgery). When I talk about my “right hand,” I’m referring to something quite different.

I want to share with you one of the best business decisions I’ve made in almost 18 years of practicing medicine. It is a decision I continue to make and commit to on an on-going basis. It is a decision frowned on by some, praised by others, and one I frequently field questions about when I speak at ophthalmology or practice management meetings. This decision has prompted occasional open criticism by employees, peers, and even partners when its ramifications impacted their version of the status quo.

Are you ready for this profound secret? Here it is:

I admitted to myself that I’m a poor manager and hired and fully empowered a “right hand”—a very good professional administrator.

Other than making the decisions to expand the practice of refractive surgery and bring in other excellent doctors as employees and partners, no other decision has changed the practice more. I am still very involved in the strategic direction and leadership of the practice but am now free to be less concerned about the minutiae. I enjoy the practice of medicine more, worry less about specific operational details,

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and now have help with some parts of the business I don’t enjoy. The most immediately tangible effect I’ve noticed since empowering a professional administrator is the feeling that I can now go on vacation with less concern about the practice when I leave town and try to relax.

Why should one be surprised when an administrative specialist does a great job? As surgical specialists, we doctors know we have unique talents and skill sets that many physicians don’t possess. We have specific skills, honed with special training and years of practice, that translate into beautiful surgical outcomes. Professional managers also have specific skill sets, unique perspectives, and talents that can be enhanced with experience and formal training through organizations such as ASOA that make them management “specialists.” I readily admit that “my right hand” is a much better manager than I am.

The current medical education system does a great job of training doctors to be good clinicians and technically excellent surgeons. When I completed college, medical school, and residency, I felt I was well prepared to diagnose and treat patients. On the other hand, I knew virtually nothing about what was needed to be a good businessman.

Thus, after finishing my medical training, my personal strategy was to be an employee of a larger medical group so that the business decisions would be handled by more experienced doctors and the professionals they hired. After several years in the group, I felt the pangs of a frustrated entrepreneur and struck out on my own as a private practitioner. The early days of private practice were heady, and I was initially able to keep up with the medical and business sides of a practice because I was married to a supportive saint and was excited and willing to work 65–80 hours a week doing all the necessary functions required to keep a practice and business afloat.

It wasn’t long before I began to realize I wasn’t a very good manager. My natural inclination was to avoid confrontation with vendors, patients, and employees, and to throw money (or another FTE employee) at problems. I was a pushover for good salespeople. I was good at “the vision thing” but had trouble with implementation and follow-through. I felt that I was a good leader but needed someone to complement my weaknesses in management. I needed someone who was strong enough to sometimes tell me “No.”

I was blessed to find an excellent, experienced manager who wasn’t afraid to confront problems (even when I was the problem), put “wheels on ideas,” and efficiently manage the practice in ways I was unable (or unwilling) to do. We work better as a team than either of us could perform independent of the other. To paraphrase Steven Covey, the manager is responsible for being sure “we do things right,” it’s my responsibility as leader to be sure the practice “does the right things.”

The irony? By hiring a well-trained and highly paid professional administrator, I actually make more take-home profit. But I would recommend hiring a professional administrator even if the position didn’t pay for itself financially because the real value to me is in improved lifestyle, fewer headaches, higher employee morale, and a better quality practice than I could achieve if I tried to manage it myself.

If I’m ever invited to contribute to this column again, I would tell you about the other key component to making the practice successful—accurate and timely financial information (aka Terri Smith-Hutchings, CPA, MBA, my other “right hand”). But that’s another story for another time. AE.

Credit: BVA Advanced Eye Care

Dr. Britton takes a moment between surgeries to meet with Sandy Boles, former BVA executive director, to discuss the quarterly operations plan.

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