Be Your Own Best Consultant

The answers are usually already in the building

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If you have ever paid an outside firm to tell you something your own people already knew, you are not alone. Most healthcare leaders I know have done it at least once. I have done it myself.

One of the most important lessons of my career is simple to say and hard to live: be your own best consultant. And never have blinders on about performance.

I should be honest about the irony. I lead a consulting practice. So let me say plainly what I believe a good consultant is for: helping you see what you are too close to see, and then leaving you able to do it yourself. If an adviser makes you more dependent every year, something is wrong.

I learned this early. In the early 1990s, I was hired into a role at a health system by two vice presidents who shared equal responsibility for our division. As you can expect, split responsibility has its pitfalls even on a good day. Then new leadership came in above them. Even as a young leader, I could see the winds of change beginning to blow. They were caught flat-footed, and a series of unfortunate failures became the broom that swept them out.

I watched it happen, and I vowed to learn from it. The moral I took away was simple: be vigilant, and be your own best consultant. Don't wait for someone to come and check your work.

Take the blinders off

Blinders are comfortable. A practice tells itself its no-show rate is “about normal.” A hospital assumes its patient experience scores are a staffing problem, or a survey problem, or someone else's problem. A physician group stops looking at total cost of care because fee-for-service never asked it to.

The first job of your own best consultant is to look at the numbers you would rather not see. Every organization has one. It might be denial rates, avoidable emergency visits, the time it takes to get a new patient appointment, or turnover on the night shift. Find it, put it in front of your leadership team every month, and stop explaining it away.

You cannot fix what you will not look at. And no outside firm can care about your numbers more than you do.

Ask the people closest to the patient first

The further you get from the visit, the less you can see the flaws in the system. That is true of consultants, too. An outside team sees your organization through interviews and spreadsheets. Your front desk staff, nurses, medical assistants and physicians see it every day, one patient at a time.

Before you hire anyone, ask them. What slows you down? Where do patients get stuck? What would you fix first if it were your practice? In my experience, the answers are usually already in the building. They are just not in the boardroom.

See it from the other side

Being your own best consultant also means seeing your organization the way others see it. How does a patient experience your phone system? How does a payer read your contract proposal? How does a referring physician feel about how fast you send results back?

When I can see another person's perspective, I make better decisions. An outside adviser can help you borrow that view. But you can practice it every week, for free, simply by asking.

Own the result

Finally, your own best consultant takes responsibility. A report on a shelf changes nothing. A named leader who owns the result, with authority to act on it, changes a great deal. If improvement is everybody's job, it can quickly become nobody's job. I saw that firsthand with two vice presidents sharing one division.

When outside help makes sense

None of this means never bringing in help. There are good reasons to: a skill you do not have yet, like building your first value-based contract; capacity you cannot spare; or an outside view to break through blinders your team cannot see past.

The test is what you have when the engagement ends. If you have a report, you bought advice. If your own people can now do the work, you bought capability. Insist on capability.

What to do Monday morning

Ask yourself three questions. What do we already know that we are paying someone else to tell us? Which performance number would I rather not look at? And whom closest to the patient have I not asked?

Then test what you learn with my two questions. Does it serve the patient? Can it keep doing so?

If you want a second set of eyes, I would welcome the conversation, with one promise: my goal is to help you become your own best consultant, not to make you need me.

When it seems crazy out there, and it sometimes is, remember that the patient is still a reliable true north. And the people who can see it most clearly are usually already on your payroll.