

# Meeting Management

One of the unfortunate necessities of managing any organization is the need to have meetings. As medical practice consultants, we work with practices on governance and management issues. Few practices handle their meetings well. Problems range from no regular meetings to meeting too frequently, meetings without agendas, meetings that drag on forever and meetings that are totally ineffective. Below are a few tips on how to better manage meetings in your medical practice.

**Agenda:** Without an agenda you do not know why you are meeting. The agenda lays out the purpose of the meeting and provides a road map for the discussions.

There should be rules (policies) around how the agenda is developed – what is routinely covered, who can add items to the agenda, and who sets the agenda.

**Board Materials:** The Board should receive the proposed agenda at least a week before the meetings so that members are aware of the upcoming subjects. The members can add and remove items from the agenda as appropriate.

Once the agenda is finalized, a few days before the meeting, the Board should get the final agenda with an explanation of each item on the agenda. Accompanying the agenda should be the financial reports and all the background materials that will be necessary for the members to make informed decisions. With this process, the members can come to the meeting prepared to make decisions.

**How Frequently to Meet?** You should only meet when you can develop an agenda. If you cannot come up with an agenda, you should not meet. There should be enough time between meetings to act upon the decisions that have been made. If you meet too frequently, you will end up discussing items again before anyone has had time to react to prior decisions. If the Board is meeting too frequently, physicians will easily transition from governing to managing.

**Start and Stop Times:** Meetings should start on time. If you find that you are regularly waiting on Dr. Jones to start a meeting, Dr. Jones will continue to be late. People will learn to arrive on time if they realize that meetings always start at the scheduled time. An ending time is equally important. If people understand that there is a fixed amount of time to cover the agenda, everyone will work to get things done within that time frame. If there is no ending time, meetings have a tendency to run on and on without ever covering the whole agenda.

**Chair vs Facilitator:** Usually either the group's President or Managing Partner chair the meeting, i.e., following the agenda, leading the discussions, and calling for decisions.

It is useful to have another person, often the office administrator, to act as the facilitator. The facilitator's role is to watch the actions of those attending the meeting to ensure that no one is dominating the meeting, that everyone is contributing and providing pertinent information to the discussion.

**Making Decisions:** Most medical practices make decisions by reaching consensus rather than having a vote on topics. Depending on the dynamics of the group, consensus can mean different things. For some, consensus is reached after appropriate discussion and compromise—those opposing the issue agree to accept the proposed item rather than continuing to debate. For others, consensus can mean that any physician can oppose an issue and kill it. We prefer the former.

Physician boards make better decisions if they are presented with options. The operating committees and/or the manager should study the issues and bring options to the table. Just throwing out items to consider (without supplemental information) results in a lot of speculative discussion.

It is helpful to have rules around voting. It is always wise to consult the corporation's Bylaws as well as, potentially, an attorney regarding voting rules. Most items should be able to pass by simple majority or by reaching consensus. There are some issues, such as adding a new partner, that should require a super majority or even a unanimous vote. If groups have a problem with physicians bringing new items that are not on the agenda to the table during meetings, requiring those items to pass by super majority or unanimously is a good option.

**Minutes:** Someone (usually the manager) should be taking minutes. These can and should be very simple—just listing the item that was discussed, the vote and the action plan. There is no need to include details of the discussion. The action plan should include who is responsible for the item and when it is to be completed.

Minutes are important. In one practice we visited, the IRS requested copies of the minutes as part of their tax audit. It is very important that minutes be distributed no later than the day following the meeting. The first time the physicians see the meeting minutes should not be at the next meeting.

In conclusion, meetings are an essential part of business. Proper planning and execution can make the experience worthwhile. Short of that, they can simply be a waste of time.

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