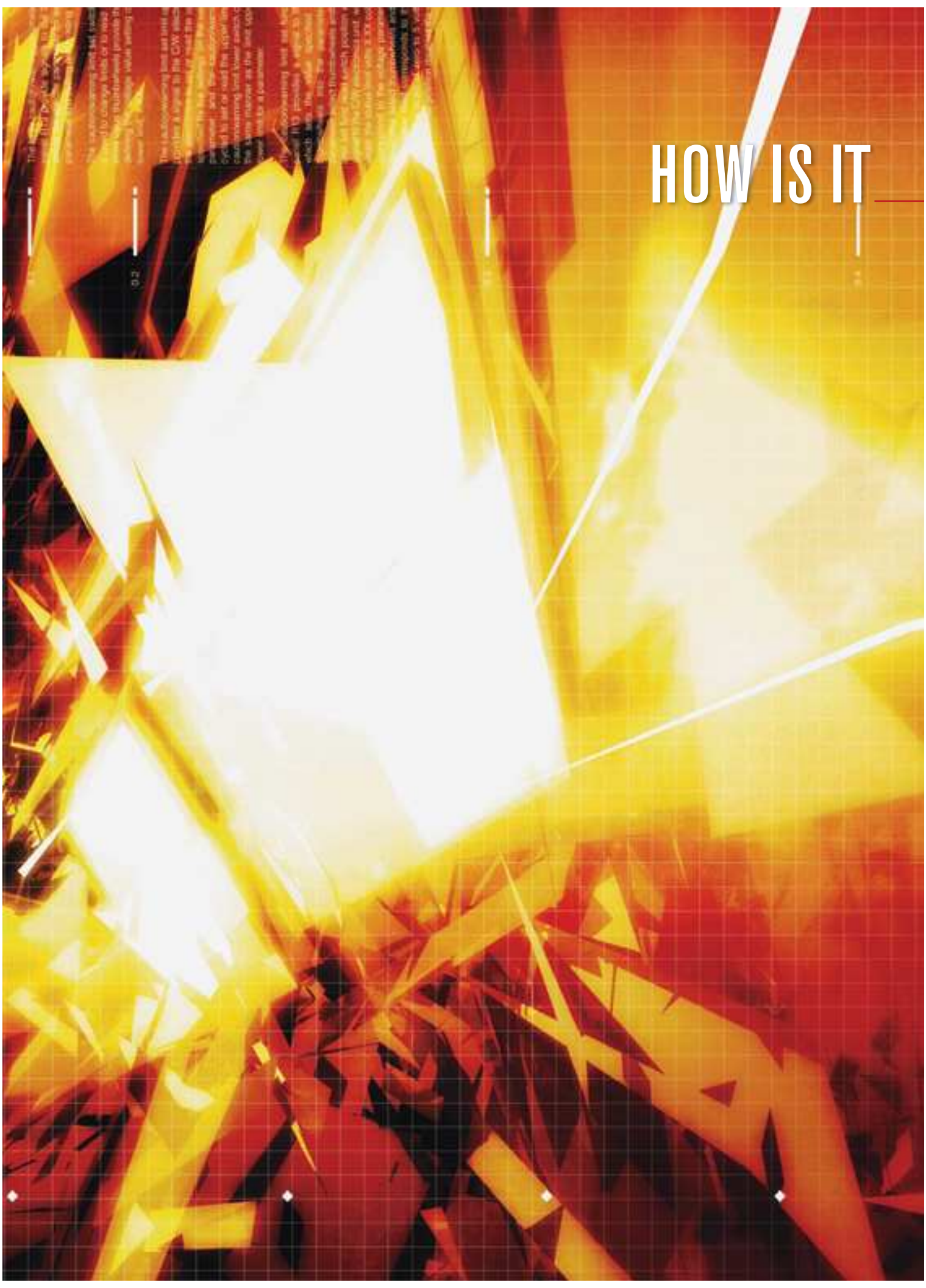


HOW IS IT



BY SEAN CARROLL

→ that two small healthcare member associations with a historically competitive and sometimes confrontational relationship can form a meaningful business partnership to share a CEO and staff resources and collaborate on specific industry projects? The answer: *Fear and opportunity*.

The Association for Healthcare Documentation Integrity (AHDI), formerly the American Association for Medical Transcription (AAMT), and the Medical Transcription Industry Association (MTIA) separately and distinctly (and for a while somewhat privately) believed they would struggle to stay alive in the evolving healthcare marketplace. It's also fair to say that a somewhat (and expected) cautionary disposition between the industry's "employee-based" professional association and "employer-based" trade association was prevalent, largely due to the passage of time. Change is a fertile ground, however, and both AHDI and MTIA could not escape the

realities of a healthcare system that is going electronic nor its imminent impact on their common ground: medical transcription. So with appropriate caution, thoughtful dialogue began. It started with each group acknowledging concern about the future of their associations. It continued with methodical discussions between appointed leadership teams from both associations, exploring the positives and negatives of a closer working relationship. Eventually, from fertile ground sprouted trust, common beliefs, and genuine agreement—in essence, the foundation of a partnership.

Successful partnerships are built when two or more entities feel they can pursue a strategic path or execute on a specific idea better together than they can alone. Sounds like easy stuff to figure out, yet 90% of formal partnerships are said not to deliver. Why? More importantly, how can these two small, thinly resourced

Beginnings



healthcare associations manage a partnership with the goal of assisting in the evolution of the medical transcription practice to heightened recognition, prominence, and value? Here are some thoughts:

ARTICULATED COMMON GROUND

Absolutely no partnership can be formed without the presence of some common ground. However, articulation of that common ground is another thing altogether. If the common ground can't be stated clearly and isn't used regularly in the growth of the partnership, objectives will not be met and the partnership will falter.

DEVOTED LEADERSHIP

Partnerships that work best have leaders from both entities who understand the importance of the partnership to the membership (i.e., no hidden agendas). Weak or misguided devotion is often the root cause of failed partnerships. In a partnership between nonprofits where the Board leadership transitions frequently by necessity, this is especially tricky, as the "mantle of devotion" has to transfer for the partnership to succeed. Initially, the common thread is staff leadership, as it is constant. The ultimate thread, however, must be the members. They should be the primary, long-term benefactors of the partnerships efforts.

CLEAR, TIMELY, AND MEASURABLE OBJECTIVES

Along with devoted leadership, clear, timely and measurable objectives for the partnership are a must. "Clear" means clear to everyone: the members, staff, and Board leadership. "Timely" means revisiting yesterday's objectives regularly to be certain the logic remains to support the objective (healthcare is slow-moving but not in a state of stasis). "Measurable" may be most important of all regarding objectives. The possibility for admirable altruism that results in nothing to seep into the process seems high. Having measurability native to every objective will help ensure its effort-worthiness and also allow leadership to manage to success (or avoid failure).

DEFINED DECISION-MAKING PROCESS

Particularly in the early going of a partnership, a defined process to assist in determining worthy partnership

activities is critical. Such a process will provide clarity and keep remnants of past feelings and experiences from clouding the evaluation of possible partnership opportunities. It can also provide the checklist of attributes required for an initiative to become approved joint activity.

OVER-COMMUNICATE

Communication is the heartbeat of any relationship. In this case, it's the brain and entire nervous system as well. Talk about what's working and what's not. Talk about what feels right and what doesn't. Talk about out-of-this-world possibilities with the partnership. Talk about everything all the time with everyone who will listen.

LOOK FORWARD ONLY

The opportunities (and challenges) ahead for the clinical documentation sector are nothing short of massive. There is only time to focus on how this partnership can leverage that opportunity for the benefit of AHDI and MTIA members.

Of course, there are a number of other critical factors to achieving success in this partnership. Constantly evaluating success to be sure it is working in the members' eyes would be a good idea, among others. However, what's most important for now is that this partnership has all the attributes above embedded in its foundation.

A partnership of any kind between AHDI and MTIA probably wasn't possible a relatively short while ago. While permanently tethered, the associations had not found the need or desire for a partnership conversation. Enter a changing environment, however, and the fear of irrelevance along with the smell of opportunity has dichotomously changed that. Now, this partnership has exciting prospects. The real outcome, of course, depends on execution—the bane of all the best plans and partnerships.

We shall all see... it's just the beginning. ■

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