Ep60 | The Distance Between Us: Conflict, Culture, and the Rise of the Remote Healthcare Team | C... Transcript

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Sponsor Messages and Podcast Introduction

Quick question. Are you paying more in taxes than you should? Most high-earning physicians overpay by tens of thousands because their CPA only looks backward, not forward. Gelt is different.

Dedicated CPAs powered by AI that work year-round, [music] not just at filing time. Tax strategy and proactive planning for practice owners, investors, [music] and physicians with complex financial lives. Built specifically for professionals who want to keep more of what they earn. Check out joingelt.com.

That's [music] j o i n g e l t dot com. If you work in healthcare, [music] you already know this. Conflict is everywhere. In the OR, in labor and delivery, in committee meetings, between physicians, nurses, administrators, and teams that are all trying to do the right thing. But, here's the problem.

Most of us were never trained to handle conflict well. We learned procedures. We learned diagnostics. But, we didn't learn how to navigate the moments when two professionals strongly disagree. That's why [music] I developed the SPARK framework. SPARK stands for stop, pause, ask, don't assume, reflect and respond, and create a path forward.

It's a practical system designed specifically [music] for high-stakes healthcare environments. Through keynote talks, residency workshops, and SPARK masterclasses, I [music] teach physicians, nurses, and healthcare teams how to turn destructive conflict into productive conversations [music] that strengthen teams and improve care.

If your hospital, residency program, or medical conference is looking for a speaker on conflict, communication, and leadership in healthcare, >> [music] >> I'd love to work with you.

You can learn more in the show notes. Because in medicine, conflict is inevitable. But handled well, it can make teams stronger. In every operating [music] room, in every ward, in every clinic, and every team meeting, a silent battle brews.

Conflict, negotiation, identity. Welcome to the Scalpel and Sword podcast, where I, Dr.

Introducing Virtual Teammate and Remote Staffing

Lee Shorma, physician [music] and conflict analyst, explore the hidden negotiations behind modern medicine. Let's trade burnout for boundaries [music] and learn the art of healing with precision and power.

Hello, my peaceful warriors, and welcome to the Scalpel and Sword podcast. I am your host, Dr. Lee Shorma, physician and conflict analyst. And I'm going to ask you a question today. So, there are things that you did at work.

There are tasks that you had on your plate that you know you had to do, but it may not have been the greatest use of your time. >> Yeah. >> And in fact, we live in a world where the availability of resources, many of which are virtual, are huge, and yet it's something that we don't always think about.

And beyond that, the use of those things can sometimes bring with it its own very special set of circumstances that can lead to conflict. I am so excited to have somebody on the podcast today that I think is really going to shine a light on this. I'm so happy to welcome Chris McShanag. He is the founder and CEO of Virtual Teammate, which is a premier global remote staffing firm based out of Glendale, Arizona.

He is an experienced operations executive and entrepreneur who specializes in helping healthcare practices,

businesses, and nonprofits scale efficiently by integrating trained high-performing virtual professionals into their core teams. And we were talking before we started about he really does have an interest and a heart for healthcare professionals. Chris, welcome to the podcast.

>> Well, I thank you very much, Leah. It's a pleasure to meet you. And obviously, we caught up a little bit and I amazing how small of a world we have, you know, connections in New Mexico and just the amazing things that you and your daughter is doing. And I'm just so excited for this opportunity to talk today and really educate your listeners on how best to leverage remote team members in the healthcare space and how it could really be a game-changer for the growth and success of your practice. >> I am so excited to get into this. I feel like this is one of those topics that we kind of blame on the pandemic a little bit. That the rise of doing virtual teams and virtual teamwork was something that was somewhat available before 2020, but after the pandemic really just blew up. What kind of things have you seen that have really driven this push to using virtual workers and having people work remotely? >> I think for me, what's really driven it is the opportunity, right? And the access to a global market. When you think about administrative tasks in the healthcare space, you know, there's research that's out there that shows on average there's about $8,400 of monthly revenue lost per practice for kind of no shows, denials, and unscheduled treatment and quite often when I talk to my clients and the patients and also practices, their conversation is, "I love you doctor, but I can never get hold of you." So, you think about $8,400 that's constantly just walking out of your door. On top of that, if you want to fix that problem, we're seeing anywhere from a 90-day hiring cycle here in the US if you can find the right people with the right cost is really becoming a huge issue, right? And then obviously practices are struggling to find the right folks and retain the right folks. And so, for me, I'm really passionate about how do I come alongside physicians, doctors, dentists and allow them to do what they do best and allow our teams to do what they do best is really take care of the administrative back office functions so they can focus more time on education care and really nurturing that relationship and nurturing themselves, right? Because so many of our physicians today are experiencing burnout of statistics well under the 50% and how can we be just a small part of that? I recently became a grandparent well, a couple of years ago now. I have three.

One is three and one is one. One is about seven months. And for me, this is the one thing that I can do to really, I think, give back and leave a legacy so the health care system continues to sustain and work effectively you know, for many years to come.

>> That is awesome and I love it that as you're looking at your grandchildren and that really resonated with me. I want to leave health care better than how I found it. >> Right.

>> And the only way to do that is to work within the system and a lot of times that does include the work that you're doing, actually encouraging physicians to think about these things in a very creative way.

I think one of the things you were talking about, which I really want to get into is that you really want to come alongside the doctors, that you're actually trying to help them build this team in this virtual space.

You know, doctors sometimes are really challenging audiences, especially those of us that I think we've been in practice more than 15 or 20 years. The concept of working in teams is hard for us because we feel like everything falls on us, that we have to do everything, that if we don't do it, it won't get done. So, as you're talking to positions who are really interested or needing this kind of virtual help, what kind of concerns do you really have to address with them to get them to buy into this process of virtual teamwork? >> I think for me, it's really about what are the outcomes they're looking to drive. And so, I quite talk to them about, "Okay, what is the biggest thing that's holding back your practice today?

Is it staffing? Is it claims? Is it no-shows?" And then really talking to them, "Okay, and the folks that you have focused in fixing that, what is their role within your practice?" And quite often they'll say, "Oh, it's my mom's office manager. It's my MA." And I'm like, "Okay, let's think about all the extra photos, $100 resource, highly paid, really educated folks on patient care are spending time on those sort of things that you can leverage remote team members to be able to do." And about 80 to 85% of my team are nurses, and so they're all very heavily healthcare trained. But then, they're at a fraction of the cost, but really add additional value because they're able to really be dedicated to getting those things solved versus one of many tasks that say an office manager or MA has within your office.

Why Healthcare Practices Need Virtual Support

And so, that's really what I really talk to doctors about, "What is it that's holding you back? And then how could a remote team member support you because as we were talking about believe before we came on the podcast, our teams have shifted. If you go back 10 years, about 95% of our workforce was in the office.

So, you could see folks, you could engage them. Well, now if I fast forward 10 years, and you are correct, COVID had a bump, we're getting close to 60% of our workforce is today not in the office.

And so, you have teams that are here physically in office, which is usually necessary, patient interaction, touching patients, doing those things. Then near, maybe work If are within the regional area, within the US or different states, but then far, right? And far becomes very easy for you to really scale up and scale down. That's where Virtual Teammate really comes alongside to form a team as part of that three-legged stool. And so, that's where I really talked to our doctors about thinking about what are the tasks that are holding back your practice and how can we come alongside and partner with you to solve those problems while allowing you and your team within the office to spend more time on patient care.

>> That is awesome. Okay, I really want to talk about this because one of the things that you talk about in terms of helping these practices, helping physicians, is the physicians really kind of have to be intentional, indeed the whole practice ecosystem has to be intentional about what is limiting them.

And those are things that sometimes doctors, we don't sometimes even like to think about. I always say the thing that gets doctors in trouble is that we have this idea, unfortunately, we want to go in, practice medicine, go home. And that concept has gotten us to a 75% and rising employed workforce that has lost a lot of autonomy. And as you were talking about burnout before, I think that has contributed to burnout as well. So, where I think a lot of physicians felt like giving up autonomy would get them less burnout, I think it's been the reverse. As >> Correct.

>> you are showing them this very new way of doing things. And you said something, I can't remember if it was on or off mic, but I loved it, that you have a $100 employee doing a $10 task.

>> Correct. >> not a good use of the that person's time. If you're talking about patients coming into the practice, you know, one of the things that patients want is they want that eye contact. They want to build those relationships. >> That's right.

>> employees that you're paying $100 to a $10 task are spending more time on the $10 task, they're not interacting with the patient, that does affect your team and your practice.

>> Exactly. And when I talk with my clients and doctors and physicians, their biggest trouble is reimbursement is going down, right? We know that reimbursements are reducing, the costs are increasing, and the biggest cost they have is staffing. And the hardest thing is finding really strong staffing. But it really goes to the outcomes they're looking to drive, right? They're trying to increase their claims. They try to make sure they reduce the number of no-shows. And so, think about those tasks. They don't require a in-person interaction. Quite often it's spending a lot of time, like you said, on the phone, handling the portals of insurance companies. And so, that's where our team comes alongside. We deal with all of that back office function, thereby freeing up people in the practice to, you know, have conversations with patients, interact with them, physicians interact with them, not having to go home and do charting.

That's a key focus for us. And that's really what we track within Virtual Teammate is how are we increasing the outcomes and improving the results of the practice while decreasing the stress of those folks within the practice not having to be multi-tasking working overtime or over the weekends to get caught up. You are correct. That is one of the biggest areas where we see with the burnout is that physicians are constantly trying, you know, patient care from 9:00 to 6:00 and then going home with charts. Or people within the office trying to juggle talking with the patient as well as on the phone with insurance verification and those sort of things. Just imagine if you didn't have to deal with those and you could have a resource that, you know, when we keep statistics and we do productivity and we do KPI reporting for clients, that our 47% more productive than having someone in the office at a relative

cost reduction of around 70%. And that becomes a real game-changer for your patients and also for your practice. >> That is huge. And I love how you are tracking metrics, that you actually have numbers that you can show physicians and practices that this really does work. This really is optimizing not only the way the practice functions, but also care as well.

So, as you are bringing your virtual teammates alongside the employees who are already in the practice, what are some things that you do as you are helping these practices acclimate to this remote team model? Because I feel like this would be one of those things, you know, if you already have conflict in a practice with multiple employees because conflict is normal. It happens in healthy organizations. It's one of the biggest things I talk about. Is if we have conflict in an organization, it doesn't mean your organization is bad. Not at all. Conflict is normal. So, as you are introducing this new remote element into this practice community, are there things that you do to ease this new team build that you've got going on? >> Well, Mike, that's a great question, Leigh. So, we don't just do a place and drop and place, right? So, what I do is in part of the initial practice order is have a conversation and understand what is the biggest pain point. And then what we do is I say, "Based on those pain points, let's say it's no shows. Okay, let's talk about what are the outcomes you want to drive? Do you want to drive a 10% reduction in outcomes? Okay, let me get folks engaged that can help you with that." And then what we do is we dedicate a team member. So, my virtual teammates don't work with multiple clients. They're 100% dedicated with that client. And what we've been able to achieve is that forms a team, right? Because the definition of a team is a group of individuals working towards a common goal. And so, your team is as I said, it's kind of more from here, near, here, and far. And then what I also do on top of that is I provide a client success manager.

And then we do develop a customized concierge match and onboarding process. So, we onboard the virtual teammate into the organization.

Onboarding, Matching, and Managing Remote Teams

We also do a match leveraging cultural index, which really identifies that behavioral hardwired traits between the practice and the virtual teammate. So, you really get a good sense of how do I eliminate that conflict to the best of our ability.

And then we do monthly reporting. And our virtual teammates provide an end of day report and then an end of week report. And then we provide a kind KPI metrics. Thereby you can be rest assured they're focused on the outcomes being delivered and the work they're doing in the productivity they're achieving. And then our client success manager provides high touch for the first 30 days to make sure they're on board and going well. And then becomes your point of contact through the life of our engagement together. And so you always know you have a dedicated person within Virtual Team Leads that you can reach out to. They provide ongoing coaching and support to our virtual teammates as well as ongoing coaching and support to our clients. And our practice owners and doctors because you are correctly you know, part of the big struggle is how do I best leverage these teammates? And we have the same struggles if they're in the office as if they're remote. It's a little more hind because you're leveraging you work your remotely, but it provides that opportunity to really get that strong engagement and ensure that we're really always tied it on outcomes because for me you know, the key focus of any teammate is to continually responsibly add value to the business and add value to your clinic. And that's what we really work like and coach and train our teammates on doing.

>> I love that. There's so many things I love about what you just said that I want to dig into. The first one is that there's intentionality behind how you match these teams. That you are literally looking at, okay, this is the position practice, this is this practice culture environment, these people I'm talking to. This person I think would be a good match. And so you're already really putting time into building the team.

It's not just okay, here's this person. And I love that. But something else that you do that I think is really important. And I love that you use it in virtually because I actually think it's something that should exist even if you don't have virtual employees or virtual assistants is the idea that there is a point person, there's this concierge that is the place where the conflicts go.

So early on, there's a lot of contact in the first 30 days and as things are moving smoothly, it becomes more of a I'm

here if you need me kind of thing.

>> Correct. >> And the fact that you have that, because I think one of the things, if you look at health care professionals in general, and you look at the different ways that we approach conflict, over a third of us and closer to more half are conflict avoiders. We don't like it. We run from it. We will avoid it. We would rather go hide in an office than deal with conflict. So, rather than if we have a virtual teammate and there's a question and you say, "Okay, well, here's your virtual teammate. Do conflict resolution with your virtual teammate." I mean, if we're having a hard time doing this with our in-person colleagues, how are we going to do this with a virtual? And I think the fact that you have a concierge there that can be that third person, can be actually sort of the boundary spanner between what's going on in the office and what's going on virtually. And so, all of a sudden now you've got this person here whose job it is to actually bolster that communication. And what you kind of hope eventually is that the teammate becomes such a part of the culture that those conflicts can be resolved without going to the concierge.

>> Exactly. And then that's the intentionality of the first 30 days really driving high touch and high support, cuz it goes both ways. And we have a client playbook that we work through with our clients on how to onboard your virtual teammate, what's the best work to focus, the best way to communicate, how to assign tasks. And we have a client portal that our virtual teammates leverage, you know, for their tasks, as well as our clients can see what's being worked on. They can assign tasks to virtual teammates. So, really driving that level of collaboration, leveraging technology to drive frictionless course and automation. And that's a key focus for us. Cuz in building the organization, I wanted to focus on not only enhancing the client experience of the remote teammates, cuz that's a huge part of it. And you know, I think there are some stories out there that aren't as strong. But also, how How you enhance the virtual teammate experience and provide them an opportunity to earn a living wage and that's really where my heart is at and then leveraging technology for fractional process automation and they're really the three pillars that we've built the organization on and their status well. >> And I love that you talk about the idea of leveraging technology to decrease friction and provide growth.

And I think that's something that a lot of times we don't think about in health care. Sometimes we tend to think of technology or virtual presence as something that doesn't have the closeness, something that doesn't have that level of trust. >> Correct.

>> But we use it all the time. How we do Zoom meetings all the time. You mentioned before we went on mic that you have grandkids. So >> Yes. >> how often do you do virtual calls with your grandkids? Because you love to see them and you love for them to see you and hear from you. So to say that we can have virtual contact and have it not be something that establishes trust and closeness in the relationship. We do it all the time. We just may not think about doing it in [clears throat] the health care situation.

>> Exactly. Yeah, I I'm blessed and and my grandkids well up until recently they're all in state so they get to see them a lot but you're right. Every day I get to interact and you know, you can probably tell I'm originally from Australia. I came over here many years ago single and I said married, four kids, three grandkids and so for me we didn't have the technology in the first country but now it's so powerful even my grandkids will contact my parents, their great grandparents over FaceTime and it's such a unique way to drive connection. And now with the technology we can all be just as productive or even more productive working remotely and that's why yeah, teams are so focused and they work out of US business hours so they're very much interacting with the patients and with the clients real time. That's the other area that we really support a lot of our clients on is patient communication.

I leverage teams across the globe but a really large portion of teams in the Philippines which English is the first language taught in school. And so we're very intentional with that team to make sure they have strong communication skills. And that's important. I mean, when patients reach out to doctor's offices, it's normally generally not one of the highlights of their day. And so making sure they feel comfortable and the VO narrative people in this office have such empathy and such customer service that it's just a blessing to work with them. >> That's awesome. This is something I think is really important. Talking about how in terms of building the patient relationship that technology has a role in that. Again, for those of us who did telehealth starting the pandemic and have continued to do telehealth now, because it is a blessing for patients to be able to interact with them in that way. It is definitely more convenient for them if we're doing things that don't require physical touch with an exam that being able to have them do a follow-up visit without physically coming to the office, that's huge for them.

Technology, AI, and Human Accountability

But it takes some practice to be able to get that communication where the patients feel still that they're being heard, that they're still being connected with.

So, there are definitely things where you're sort of looking at a population cuz you talk about this that in the Philippines you feel like that there is that compassion they're able to do that. >> There is that connection. And obviously in the day of technology we have today and AI really taking over a lot of things, some people would say, "Well, well, I need people." Well, my point of view is on what we leverage a virtual team made is AI for productivity, which is hugely important, but you need human accountability.

Human oversight and human escalation. I mean, some of my clients chose to go all in on AI and scribing. Well, that's created some problems, right? I mean, it's only as good as the quality of the data. And then you as a physician have to go and review that. I mean, because if it messes up on any of the prescriptions, any of those things, you know, we're talking life-threatening.

And so for me, I'm really passionate about how can I embrace technology, embrace AI from a productivity standpoint as a replacement of people, but it's a productivity tool, but it really requires human escalation and human accountability. And that's where we're able to really come alongside physician practices as they're looking to embrace technology, whether it be AI or EMR or whatever the solution may be, where we can really support them in that process on the telehealth or even as you're embracing integrating within their practice. >> I love you about human escalation as they are kind of embracing technology. But as you are encouraging us as humans to rise and actually use technology appropriately. Do you also find that there's different world views and pushback on how that technology functions within health care? >> Obviously, health care is one of the probably later adopters of technology. And like you said, we kind of got pushed a little bit with COVID to adopt more of it. And obviously through meaningful use, my background and career and kind of how I got into this space is I had a consulting company and did a lot of large implementations, whether it be ICD-10 or meaningful use, EHR implementations. And whenever I would talk to physicians, their biggest concern was, Chris, I love this technology, but it takes me away from the patient. I'm spending more time in front of the computer than I am in front of my patient. So, how can we solve that? And the other is, you know, I attend this and so much time on the phone or my team spends time on the phone or on the internet doing pre-cert verifications, scheduling. So, that's really what got me passionate about. If I can really help solve that problem of allowing or freeing up people in the office and doctors to spend time on what they do. And then our team kind of handles the back office function. It's a win-win for both sides. Because it provides an opportunity for our folks in the Philippines and around the globe to earn a living wage while supporting amazing clients here in the US, Canada, and around the globe. >> I love that. I love how you are creating this really cool global family practicing health care. Because I think one of the great things about doing what you're doing is anytime you have teams that have different backgrounds, that have different life experiences, different learning experiences, that feeds on itself. It creates an openness and an acceptance. It creates a different way of listening to people.

And I always feel like the more open we are in terms of understanding and being willing to understand different points of view, that in and of itself is one of the greatest reducers of conflict there could be. If I am willing to open myself up, if I have a virtual teammate, and I hear my virtual teammate talking about a problem that we need to work on, and her approach is completely different than something I would have thought of, I'm going to learn so much from that person. But it also that humility of having this person on my team and being willing to learn from them is going to make me a better team member as well.

>> That's so well put, Leigh, because there are different roles and have different needs, right? And I think putting together a team, like any sporting event, right? If you're in football, not everybody can be the quarterbacks, not everybody can be a lineman. But you need linemen and you need quarterbacks, right? Just like you need physicians and you need to support those physicians and the necessary team members. And getting open to the concept that not all of them have to be in the office and not all of them have to be centrally located, I think is a real game-changer, particularly for the small to medium-sized practices, where I really like to focus on We do some work with hospitals, but I'm really passionate about how can I help those independent practices stay independent. How do I allow them to continue to do what they do best and not have to be working all hours of the night to kind of

keep up, given that reimbursement is driving down. And so for me, that's really where I'm passionate about kind of making that connection and really helping out physicians do what they do best. And then really allowing them the opportunity for our teammates around the globe to be able to do what they do best and not have to travel across borders or even overseas and be away from their family. So, for me it's a definitely a win-win opportunity.

>> And I love your focus. I think I'm with you on this. I'm an independent physician. I've been independent now for 29 years. I have such passion about keeping doctors independent. Big part of why I love doing this podcast. Because I do think this is one of these things in terms of small and medium practices, smaller practices sometimes have communities and have personalities and have conflict and those things in a smaller environment can be really damaging. And a big part of that to me is not only learning how to communicate and learning how to function, but you put it really well. It's understanding that our roles are really important. And whatever my role is, my role is really not less or more important than anybody else who's around me. And that includes my virtual teammate. That role is just as important.

Reducing Conflict Through Clear Outcomes

And as you have physicians that are using virtual teammates or any kind of remote workers, I think one of the things that they start to understand, like you said earlier in the podcast, how valuable that is for their daily functioning.

They get to see it in real time. >> We focus into talk about the roles that we perform, Ryan. So, we really laser focus in five key roles. So, try insurance verification eligibility, right? That's a big area for physicians and practices that are insurance based. We focus very heavily on the billing, claims, denial side of things because obviously we want to make sure you're getting reimbursed for the work that's being done.

And the patient scheduling, making sure and we're following up and ensuring that your schedule's full and everybody, you know, reducing the no-shows. And the medical scribing, obviously updating the medical record. So, it allows for our physicians to spend time with the patient and then our team's able to document those records. They'll go and do a review afterwards, the physician signs off and we move forward. And then for the talk about you got a medical receptionist. That's a key one for us, and we've seen huge changes for our clients is having our folks really handle the phone calls, answering calls, triaging certain things. Like I said, you know, well over 80% of our teammates are nurses, and so they're able to answer some of the basic health care questions, be able to put the patient at ease, but then also ensure that they're getting the support that they need. >> I think especially in this day and age where you're seeing at least in my part of the world in Alabama, you are seeing more practices that are trying to do more automated phone bank kind of answering your front desk. And I don't think there's anything that will frustrate a patient faster than having to go through 20 clicks just to get to a human when they are scared, when they are in need, and I'm going to make you go through a phone bank to get to a human being. And that's really frustrating, and I think that's what's beautiful about having virtual and remote workers that are human beings that are answering the phone. And like you said, that have a level of experience and empathy. They work in health care, but they're also actually empathetic in what they're doing, and that makes a big difference in how the patient perceives that.

You talked about earlier making this process with virtual teammate, with bringing in the virtual teammates as frictionless as possible. But I would suspect there is sometimes still friction.

>> Yeah. >> What kind of things do you see happening as you start to bring in, especially for practice that may be saying negative to having remote workers? >> I mean, I think it's where we see some kind of disconnect is managing expectations. And so what we do is very much up front say, "What are the top three outcomes you want to drive, right?" And so we get very laser focused on that. And therefore, what are the capabilities, and we work on this that aligns to those outcomes. And then what are the activities that are going to be performed? Where I find the most friction is if we're not very clear up front on what the expectations are, then there can be a frustration. Like any new employee you bring into your office or your practice, there is some time where you're going to need, you know, onboarding it and coming up to speed. And that's not different whether in the office or remote. So, that's why we're very intentional to do high touch in the first 30 days, particularly in the first week. We need to make sure that we get that connection going, everything's connected. That's probably one of the big areas and the other security.

Because ultimately, we're talking about very sensitive PHI. And so, we have very strict security protocols in place. None of our teammates are able to download any information. They remote access securely into the clinic's systems and that's really how they work. And so, we are very focused on protecting patient data. And that's probably the other one that we sometimes have a little bit of pushback on.

But I would encourage folks, you know, give it a try. And I will happy to share to your list is some of the testimonials that team because it's really been a game-changer for a lot of our practices. And on average, 10 to 15% of our clients that adding a virtual teammate every month because they're like, "Oh, great.

And now my insurance verifications under control. How can I get my payment posting under control? How can I get my denials under control? How can I make sure that the scheduling is done or the receptionist is done?" And as you talked about the phone banks, you know, AI has a place there. But that's where we really step in and have that escalation. Right? If the phone bank's not going well, that's where we have folks that can really jump and assist.

>> I love how you talk about the process of actually defining what expectations are. Because I think very often one of the biggest drivers of conflict in any team is assumption. I'm making an assumption about what I think you need. I'm not asking you. So, tell me what's three objectives you want me to meet for you today. Because then we're both very clear on what you're wanting me to do. As opposed to me assuming what you want and then already now I've I an assumption. Unfortunately, we've got a breeding ground for conflict right there. So, I love that you're initially starting with let's not have assumptions. Let's have concrete goals. What are we trying to accomplish? And then once you have the concrete goals, you said something really powerful and I want to drill down on this, that you actually work within your company to provide alignment for those goals. >> You're 100% correct, Layla. And so, once we define those three target and outcomes and those KPIs, then we track against them, right? And so we say to our client, "Okay, if we agree we want to reduce no-shows by 10%." We're reporting on that on a regular basis on how we're improving that. Or I want to improve the claim submission for accuracy of claims. We're tracking that because, you know, in the virtual assistant industry, it can quite often feel like you're getting a person and we'd hope it worked out well. A virtual teammate under that, what are the outcomes you want to drive and how can we partner to get those together, not separately? >> And this is huge. This is also, I think, part of the reason why, you know, as we're talking about virtual teammate and we're thinking about conflict in remote work, one of the things that happens with conflict, and this is virtual or in-person, is the idea that the person is the source of the conflict.

And all of a sudden, if you turn that on its head and you say, "No, no, no, no, no, we're looking at specific outcomes." The person is just part of the process.

What's really driving this are these very specific outcomes. And when you shift that attention from the individual to the outcome or the process, I think it brings people up, but I think it also really changes how conflict occurs. >> Exactly, because it's not about the person, it's about the work and it's about the results, right? And so you target the outcomes to the results, not the person, because at any point in time the person may change, right? Whether they be in your office or remotely, but the outcome still consistently be the same. And so, making sure everybody is laser-focused on the outcomes or what we refer to as the most important number, right? What's the one number above all else that you're winning in the game of business? And then if everybody's focused on that and doing the best work to achieve that, then that really drives alignment and ultimately, you know, reduces conflict because then everybody's like, "Okay, this is the best work I'm doing to achieve this. Not Sally's not doing this or Harry's not doing that." It's, "Okay, what are we doing together to achieve that?

Final Takeaways and Closing Remarks

" >> I love that. That is fantastic. And it's so brilliant that you are doing that. And I wonder because of your focus, because you are so process and outcomes-focused with Virtual Teammate, that I think there is probably less conflict in what you do. And that directly relates to your focus and your approach. >> I would like to think that, Leanne.

That's always been my heart. You know, in these you do employing people or you're implementing these processes, it's about how do I reduce the stress, to reduce the complexity, and obviously drive the results at the end. And at the end of the day, you know, we're all laser-focused on how can we continually improve. And this is

just one of those things I think your process within the office, the technology you have, and then the people that are aligned to those. >> 100%.

So, let's say you had a position that was interested in having a remote worker or a Virtual Teammate, what one question would you encourage that physician to ask as they're entering into that process?

>> So, I would ask them to say, "So, tell me what is the one task that keeps you awake at night or your practice at night? Like, what's the one outcome that you're really struggling with that keeps you awake at night? And let's talk about that and determine what is preventing that. Is that a staff, things, and technology, or process? And then really dig in." And that's what I always ask my patients, like, "What is the one thing that's holding you back today? Or keeping you awake. What are the outcomes you're looking to drive that you're not able to achieve because of that? >> I love it. That is awesome. Chris, this has been a phenomenal conversation. I really appreciate you being here.

>> You're welcome, Leia. It's been a pleasure for me. I'm really on a mission to how can I help and have an impact in the healthcare space? And I appreciate what you're doing through your obviously patient interaction and also this podcast. It's such a blessing to have these platforms that we can share information and really be able to support ourselves and support doctors around the world and around the US. >> So, if the listeners have questions about Virtual Teammate or they have questions for you, what's the best way for them to reach out? >> And the best way through LinkedIn, you can get in touch with me, Chris Vick Shanae within LinkedIn. Or go to Virtual Teammate. I'd love to see you to schedule some time and schedule practice audit. I always love meeting new physicians, new practices, and see what I could do to just make a small and improvement and adjustment in practice that can have a real-world impact both for themselves within the practice but also personally. If you think about being able to buy back your time, it's the one resource that we all have that's finite.

And so, how much of that time do you really want to focus on things that don't add value and that aren't in the highest and best value use of your time?

>> Amen. I absolutely love that. And for all of our peaceful warriors, I hope today that you've been able to really enjoy and really learn so much about the possibility of having remote workers, of using a virtual teammate. And as Chris was saying, your number one resource is your time. But also this idea that being focused on the process and on the outcome, not only builds strong teams, but it also definitely can reduce our conflict. So, Chris, thank you again.

>> Thank you, Leia. I always love to ask folks when I'm on their podcast is what's the one takeaway or nugget you'll take away from our conversation today, Leigh? >> So, for me today, my biggest thing that I have learned is the idea of having a remote worker really in so many ways actually produces an understanding of how we build teams, understanding of what reduces conflict.

Because so many of the processes that you talk about in onboarding a virtual teammate to me are preventing conflict on the front end. And that's why I loved when you were talking about actually setting these goals. What's the one number that we're chasing as we are incorporating this new teammate? Why don't we ask those questions when we actually have our regular colleagues? Those are things we don't do. And so, I think this is one of these situations where I have learned so much from how you bring in your remote teammate that really do resonate with our everyday people that are standing next to us. >> I would agree, yeah. It's implemented whether you're like I said here and there and follow. And we have workbooks and we have material and happy to share for your listening on how best to really achieve that because at the end of the day, you know, the alignment or reduction of conflict is about managing expectations, Charles.

Like anything, whether it be in a marriage, whether it be in a business, it's about aligning expectations and then you're very clear on the guardrails. And so, it's the guidelines, I should say, to go to drive success. I mean, I know for myself personally, even talking with my wife, learning that there are listening conversations and there are fixing conversations and not getting the two mixed up. And so, it's the same thing in business, Charles. How do we make sure we communicate better, whether we're physically in the office or 6,000 miles away? >> Because in both situations, we can learn to have those guardrails and we can learn to have those conversations and we can learn to trust the process just like you're doing with your virtual team reads. >> Well, I appreciate Lee. It's been a

pleasure talking with you today. Thank you.

>> Same, Chris. Thank you so much. And for all of our peaceful warriors who have joined us today on the Scalpel and Sword podcast, if this resonated with you, please share it with a colleague or a friend. And until next time, be irked.

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