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Guest Column: Empowering Physicians in Dyad and PLC Roles

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Many health systems have created physician and APP dyad management roles and set up Provider Leadership Councils (PLCs) to bring clinical judgment into operations and governance. The instinct is sound. Physician behavior drives quality, cost and patient experience, and the most reliable way to influence physician behavior is peer to peer, not administrative directive.

In practice, though, these roles often exist in name and little else. The dyad partner holds a title and a standing meeting. The council has an agenda and a room. Neither carries explicit responsibilities, a place on the org chart, or the authority to decide anything. Within a couple of cycles, physicians read the structure for what it is, administrators absorb the work and the effort settles into ceremony.

Whether the roles are already in place or still under consideration, the fix is structural rather than rhetorical.

Make the dyad a real job. A dyad is not a title you hand out. Before you name anyone, define the reporting relationships and write position descriptions that specify what the physician leader owns, what the administrative leader owns and what they share. Hold the pair jointly accountable for the unit's performance. They are not two people doing the same job, and the physician is not there to review work the administrator does. Put the dyad on the org chart where the rest of the organization can see it. Then coach the pair on how to operate as one, because left to themselves they drift into separate lanes and the model stops functioning.

Give the council decisions to make. A PLC without a charter becomes a listening session. Define its composition, functions, term limits and reporting in writing. Then route real work through it: vet initiatives before they launch, review practice performance against operational and quality metrics and own the culture the network is trying to build. A committee structure covering quality, clinical informatics and operations and finance gives the detailed work a home and pulls more providers into ownership. The test is simple. Do consequential decisions flow through the council, or around it?

Empowerment is what the org chart and the decision flow say, not what the announcement said. If the dyad carries no defined authority and no decisions reach the council, providers conclude the roles are symbolic, and the organization is left with the disengagement the structure was built to solve.

The pieces are often already in place. What determines whether they work is whether they carry responsibilities, a position on the org chart and decisions that genuinely run through them.

HSG's Employed Provider Enterprise (EPE) team, helps systems build provider-led governance that holds up under the weight of real decisions. If your dyads and council are not yet delivering what you expected, that is usually a design problem worth a conversation.

Learn more at: HSG Advisors

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