

MAY 2005

## 10 Years After: The Power of Organized Physicians

Randy Bauman facilitated a strategic planning retreat in February for Cornerstone Healthcare, a multi-specialty group in High Point, North Carolina.

Delta facilitated the merger of the 16 practices that founded Cornerstone in 1995. During the ensuing 10 years, Cornerstone has thrived, growing from 50 to over 120 providers. They are a shining example of what organized physician groups can accomplish.

"It was a pleasure for me to rekindle old friendships, reminisce and help Cornerstone set the stage for its future," Randy said. "Most important to me, however, was the pride I felt from seeing how our vision of 10 years ago had become reality and changed the professional and personal lives of so many people in such a positive way. Thank you to Cornerstone for the opportunity and the impact it had on me. It gives us renewed vigor in our quest -- evangelizing the power of organized physicians."

## WHEN "RETREAT" MEANS MOVING AHEAD

*Delta Health Care regularly facilitates planning retreats for its valued clients. Here are Leif Beck's list of seven building blocks for a productive retreat:*

We at Delta have seen many groups work through planning efforts, and we advise undertaking them very deliberately. We are cautious about using the words "strategic planning" since they imply broad-brush thinking and too often disregard hard-work follow-through. Properly structured and prepared for, an annual or semi-annual retreat can help maintain any group's momentum.

### 1. Leadership and motivation

A planning retreat must be, at the heart, the physician members' own undertaking. If the doctors don't spawn the conclusions, then action steps to create good results likely will not succeed. The members have to "buy into" the decisions or at least be satisfied enough not to passively resist their implementation.

Yet a group of disparate doctors can hardly lead an undertaking all together. Thus, your physician-CEO, executive committee and key administrator have the responsibility to orchestrate the group's support – and, in fact, enthusiasm – for the event. Another evening or weekend retreat is hardly what your busy doctors need unless they buy into the process as being critically important to ensuring their long-term financial and personal satisfaction. *The essential element in group practice success is leadership, and it applies in spades to structuring a planning effort.*

### 2. Selecting a facilitator

Some groups hire a meeting facilitator to bring about consensus. Trouble is, if the facilitator doesn't know much about medical practice generally and the client practice in particular, s/he can't effectively lead or advise the group in its deliberations. Why bring in a non-expert at what you're discussing when you need all the informed input you can get? Delta's highly experienced consultants take pride in knowing about the client as well as the environment in which the group conducts business.

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## New Sites To See

Increasing inquiries about merger-related issues prompted Delta to create [www.physicianmergers.com](http://www.physicianmergers.com). Delta's main Web site, [www.deltahealthcare.com](http://www.deltahealthcare.com), has also been redesigned. Both sites feature expanded content with practical information and reference articles.

## Recent Projects

- NC - Strategic planning retreat for an 85 physician, multi specialty group
- FL - Merger of two cardiology groups
- PA - Assessment and restructuring of a cardiology group
- VA - Merger and management oversight of Ophthalmology /Optometry group
- NM - Valuation of urology practice
- FL - Income distribution planning and analysis for a cardiology group
- TN - Assessment and turnaround of an urgent care center
- CT - Buy in structuring for a plastic surgery practice
- MS - Income distribution planning for a multi specialty group
- AR - Assessment and ongoing strategic consulting for a pulmonary group
- PA - Practice transition/merger for an internal medicine group
- NM - Valuation of a multi specialty group
- TN - Facilitation of the sale of a plastic surgery practice
- AZ - Practice assessment of a primary care practice

## Group Practice Solutions Newsletter Features Bauman Interview

The February issue of the Group Practice Solutions newsletter featured a cover story titled "Merger Fever." Randy was interviewed for the piece that explores today's simpler practice mergers and the better reasons behind them. The article is available on our Web sites thanks to Advisory Publications, a division of HC Pro.

## When "Retreat" Means Moving Ahead (cont)

Retreat members deserve expert input based on independent study of the group and nationwide experience in the issues. The facilitator should make observations, keep the discussion on track, answer questions and draw out participation from all those at the retreat. The facilitator should not dominate discussions by speaking for more than 30 percent of the time nor tell retreat members what to do. Your group members should be doing most of the talking.

### 3. Scheduling the session

Many retreats are held in the first quarter of the year, on the premise that they will then determine how to proceed that year. It can take months, however, for decided goals and action steps to begin playing out. Don't worry so much about what part of the year to schedule, but rather look at when the physician dynamics and availability will allow the retreat best to play out. The time of year isn't as key as taking the opportunity to make decisions and get them moving.

### 4. How to prepare

Here's when the facilitator starts earning his/her fee. This person should initially learn about the practice by having one or more phone discussions with key leaders and by reviewing materials -- documents, meeting minutes and notes, internal memos, etc. That background enables him/her to create a questionnaire for other physician members to complete and return.

The questionnaire might be in the form of a "SWOT" evaluation -- the doctors' feeling of the practice's **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats. That's classic strategic planning. Or, an experienced facilitator may have a specifically developed, straight-forward list of questions probing each physician's sense of the practice. These responses create a better base for structuring the meeting itself. Spending a day or more at the practice beforehand is also valuable in making the facilitator as well versed about the practice as possible.

Whatever the form, the facilitator should work with at least key leaders to develop an agenda for the meeting, with time limits for each major subject. Sometimes the schedule goes awry because of unexpectedly important ideas cropping up and deserving extra time. The facilitator's judgment then becomes critical in balancing the needs to explore an item further and still cover the entire agenda.

### 5. The session itself

The facilitator's charge is to guide retreatants through the agenda, pulling from the doctors their ideas and concerns. He or she should offer input and perspectives about both the practice and other groups in generally similar circumstances. We often use flip chart pages to note doctors' good ideas for each topic. We save them around the meeting room walls for ongoing reference and afterwards photograph them to include in the follow-up report. These visual reminders of the sessions spark fuller recollection of detailed discussions.

From the session should come reasonable consensus on goals. The word "consensus" is important, of course. Groups can accomplish a lot if fairly united in what they want, but they can founder if even a small minority undermines the decisions.

### 6. Task list and timeline

The session won't accomplish much unless it leads to the development of an agreed upon list of "action steps" -- a list of tasks to accomplish for each goal and a timeline. It should designate the responsible party(ies) to complete each task so the goals end up being accomplished. A planning effort isn't worth much if it doesn't result in results.

### 7. Follow-up

The facilitator's last duty is to promptly put the decisions and agreed actions into a summary. It need not -- in fact should not -- be a long-winded, formalistic report, for such documents routinely end up being read once and shelved. The group deserves a format that easily reminds them what the retreat accomplished and to guide them in following up.

It is the group's job to carry out the tasks and goals. If a facilitator recommends s/he do the work, you've bought a service designed to sell more service. When group members are invested in the outcome of actions steps -- and leadership provides motivational follow-up -- a group retreat produces positive, practical group results.

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## QUESTIONS, ISSUES OR COMMENTS?

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