



WHITE PAPER

Crafting a Plan for Medical Practice Success

Physicians are well aware of the need for planning. Indeed, they devise clinical plans on a daily basis as they formulate the best way in which to care for a patient. However, when is the last time you spent time working on operational planning for your practice?

Many physicians reading this will be thinking, “Who has the time for that?” And while that may be true, those practices that do make the time or work with consultants to help them through operational planning are the practices that are better able to compete. There should be no argument on the value of planning. Operational planning will keep your practice oriented on objectives, despite the problems and requirements of the present situation.

There are many types of planning that do (or should) take place within a practice and at varying frequencies. For example, capital planning is generally done annually while preparing budgets, whereas marketing planning may be done quarterly to coincide with various advertising timelines and community events. Nonetheless, all planning should contain four basic categories of information:

1. Desired outcome. This element of a plan includes the purpose for achieving that outcome and often includes a time by which the assignment must be accomplished. Goals and objectives here may be either general or specific. In a complex and difficult industry like healthcare, few things are as important or as difficult as setting clear and useful goals. This is a skill set requiring judgment and vision. The reality is that, given the nature of today’s healthcare environment, we will often have to act with unclear goals. Unclear goals are generally better than no goals, and waiting for clear goals before acting can paralyze your business.

2. Actions intended to achieve the desired outcome. Most plans include several actions which are organized in both time and space. These actions are usually tasks assigned to secondary components. Depending on circumstances, these tasks may be described in greater or lesser detail over farther or nearer planning horizons.

3. Resources to be used. In order to execute actions, the plan must describe the type, amount, and allocation of resources. Furthermore, the plan must include the how, when, and where those resources are to be provided. Resource planning covers the staff assigned to different tasks and other resources.

4. Control process. This element allows you to supervise execution of the plan and includes necessary coordination measures as well as some feedback mechanism to identify shortcomings in the plan and make necessary adjustments. It is a design for anticipating the need for change and for making decisions during execution. In other words, the plan itself should contain the means for changing the plan. Some plans are less adjustable than others, but nearly every plan requires some mechanism for making adjustments. This is a component of plans which often does not receive adequate consideration. Many plans stop short of identifying the signals, conditions, and feedback mechanisms that will indicate successful or dysfunctional execution.

Diligent operational planning will allow you to see if at some point your practice will encounter a problem. A solid operational plan will allow you to proactively adjust to an oncoming crisis, rather than face the crisis unexpectedly.

ABOUT ABISA

ABISA offers advisory services to help clients formulate strategic direction and advance healthcare business initiatives. As a trusted source for strategic growth initiatives, ABISA enables physicians to concentrate more of their time on patient care. For more information about our services, visit www.abisallc.com.



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