

Strategic Retreats for Medical Practices: Planning for Future Success

White Paper Series – Part One



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October 2017

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Abstract: How often are we completely consumed by our day-to-day activities and fail to see what else is going on around us? Most of us are busy these days, particularly in the healthcare industry. We get caught up in the daily grind of emails, conference calls, meetings, clinical functions, and addressing patient needs. These activities consume countless hours, and without realizing it, an entire day, week, or month will disappear. With this momentum carrying us through our daily professional life, it is important to carve out time for higher-level thinking. In this whitepaper, we examine the active process of strategic planning specifically for a medical practice. The goal is to assist your strategic planning efforts to ensure that when you do take the time for a retreat, you will make the most of it.

Planning is bringing the future into the present so you can do something about it now.
– Alan Lakein

Key Words: Strategic Retreats, Strategic Planning, Medical Practice Strategic Success, Retreat Facilitation

WHY HAVE A RETREAT?

Broadly, the purpose of a retreat is to focus exclusively on strategic issues currently or prospectively facing the practice. The intent is to free people from their day-to-day tasks and challenge them to think more globally, proactively, and intensely without their daily distractions. The four common purposes for strategic planning retreats include:

- **Increasing Engagement:** Invite the organization's stakeholders to contribute their ideas.
- **Team Building:** Make time to build connections and develop a more effective team.
- **Planning and Preparation:** Develop a roadmap to plan and prepare for the future.
- **Addressing Issues:** Discuss issues at a deeper and more thoughtful level than at the office.

To ensure that the goals of participants are met, it is also important to ask stakeholders why they are in attendance and what their goals are for the session. Ideally, these questions are established before or at the beginning of the retreat and addressed as the sessions progress.

WHAT WILL WE GET OUT OF THE RETREAT?

Retreats can be beneficial in many ways, including:

- Stakeholders are motivated to work toward a shared goal.
 - People are allowed to bond in a structured yet more relaxed environment where open communication is used to identify common goals and objectives.
- Targeted outcomes and solutions are identified clearly at the conclusion of the meeting.
 - The retreat is an ideal opportunity to focus on producing deliverables in the form of action plans and business/operational targets. These deliverables then become a roadmap toward future success.

- Participants are focused quickly and efficiently on the same tasks.
 - Having all of the “right” people in the same place at the same time allows stakeholders to synchronize their goals, action items, professional development opportunities, etc.
- New skills are developed, and new talents may be discovered.
 - It is possible to see leaders emerge during a retreat. And, it is a ripe opportunity to educate and train the team on the latest information and skills.

HOW OFTEN SHOULD WE HAVE A RETREAT?

The frequency of retreats is debatable. If retreats are too frequent, the usual result is in tactical planning, not actual strategic planning. If retreats are too seldom, the general result is the topics are too many to address, and either the conversation stays at a superficial level to get through all the matters, or the dialogue stalls on one topic and skips others. While the appropriate frequency varies by organization, most medical practices should hold a strategic retreat annually. This timeframe allows for the setting of yearly goals and provides an opportunity to check in on longer-term goals. If a practice has never held a strategic retreat, the initial session may start on a smaller-scale, i.e., a condensed version of a full-scale retreat encompassing fewer invitees and a shorter list of discussion items. This tactic is most beneficial when it includes key leaders and serves as the springboard to precede the larger group meeting that logically would follow soon after.

WHO SHOULD LEAD THE RETREAT?

Typically one of three people facilitates a medical practice’s strategic planning retreat: an experienced physician leader (such as the president of the group), a high-ranking administrative person (such as the CEO or COO), or an outside party (often a consultant with experience in the healthcare industry). Variants include a cross-sectional committee comprising several internal stakeholders who would plan, prepare, and lead the retreat. Another possible facilitator would be a community business leader with knowledge of the market, industry, and/or strategic planning processes.

There can be value in engaging an outside facilitator to lead the retreat. A qualified advisor can:

- Provide an impartial evaluation of issues to address
- Develop the agenda
- Moderate the meeting on site
- Ensure active and productive participation
- Act as a neutral party to manage and reduce conflict
- Assess progress with follow-up activities

Thus, while engaging a third party to help prepare for the retreat and to facilitate the “day-of” is not a mandate, typically the value from that person/people’s oversight outweighs the practice’s investment in their services.

WHAT SHOULD WE TALK ABOUT DURING THE RETREAT?

A common concern going into a retreat is what should be the topics of discussion. Some groups have an abundance of issues that require dialogue, while other groups may only have a few. It is helpful first to categorize items for discussion and then unpack them as conversation flows and time allows. Following are several examples of relevant categories for discussion along with a detail of the issue, common challenges, and the strategies to address them.

1. Physician Recruitment

The Issue	Common Challenges	Strategies
<ul style="list-style-type: none"> Recruiting new physicians to: <ul style="list-style-type: none"> Replace departing or retiring staff Meet demands of patient volume Accommodate practice growth/expansion 	<ul style="list-style-type: none"> Younger physicians value greater work-life balance Want to limit call burden (1:4 or better) Seek workplaces with innovative approaches to patient care and technology On average, requires 1.4 to 2 new doctors to replace a retiring one 	<ul style="list-style-type: none"> Create opportunities for leadership and professional development Use physician input to schedule workloads and minimize burnout Develop attractive benefits as part of the compensation package Allow for flexible work schedule

2. Growth of the Practice

The Issue	Common Challenges	Strategies
<ul style="list-style-type: none"> Attracting new patients and managing a growing volume of patients Expanding the practice (i.e., location, hours, coverage) 	<ul style="list-style-type: none"> Population growth and demographic shifts to create a new or more diverse patient mix Considering and analyzing cost/benefit of opening new locations, expanding hours, or adding new services 	<ul style="list-style-type: none"> Conduct a Community Need Assessment (CNA) to understand better health needs of the community, the reach of competitors and other physician practices, and serve as a tool for physician recruitment

3. Physician Engagement

The Issue	Common Challenges	Strategies
<ul style="list-style-type: none"> • Determining the best leadership structure and governing bodies • Engaging physicians to take active roles in leadership, communication, and support of the practice 	<ul style="list-style-type: none"> • Identifying and developing potential future leaders • Succession planning • Lack of dedication from physicians to make decisions based on practice needs instead of individual interests 	<ul style="list-style-type: none"> • Ask physicians for input when setting goals, making plans, or implementing change • Communicate effectively; focus on interests of the practice • Be transparent and share captured data often • Provide incentives for participation

4. Operational and Financial Efficiency

The Issue	Common Challenges	Strategies
<ul style="list-style-type: none"> • Managing budgets and cost of overhead • Utilizing staff, supplies, and technologies at their optimal capacity to support care 	<ul style="list-style-type: none"> • Controlling overhead in proportion to revenue and productivity • Negotiating costs and rates for leases, salaries, and medical supplies effectively • Utilizing technology to boost productivity and reduce support staff 	<ul style="list-style-type: none"> • Make operational decisions based on scope of the practice rather than specific individuals or locations • Bid supply and technology contracts to multiple vendors where applicable

5. Alignment Strategies

The Issue	Common Challenges	Strategies
<ul style="list-style-type: none"> • Desire to maintain a level of autonomy and independence while taking advantage of the benefits of a strategic affiliation 	<ul style="list-style-type: none"> • Deciding on the alignment option and strategy that fits the needs and desires of the practice best • Identifying with whom to align with and/or structuring the agreement 	<ul style="list-style-type: none"> • Network with and maintain open communication with any potential partners or affiliates • Retain a consultant to identify and evaluate alignment options

6. New Payment Models

The Issue	Common Challenges	Strategies
<ul style="list-style-type: none"> • The onset of MACRA and the challenges of responding to value-based reimbursement 	<ul style="list-style-type: none"> • Adding infrastructure to address cost and quality reporting requirements • Developing a plan to respond to MACRA legislation and meet all reporting and performance requirements 	<ul style="list-style-type: none"> • Choose a track of the Quality Payment Program (MIPS or APM) • Decide on 1 of 4 reporting options if participating in MIPS

The list of discussion topics, though not exhaustive, shows that many issues *could* be discussed at a strategic planning retreat. The difficulty is in narrowing the concerns to those most applicable to the group and appropriate for discussion in the retreat setting.

HOW SHOULD WE PREPARE FOR THE RETREAT?

It is wise to develop and distribute a packet of information to prepare all the participants to ensure you hit the ground running on the day of the retreat, (see Appendix I). This document is distributed (via hard copy or electronically) to participants five to ten days before the retreat.

The document states the initial goals and objectives of the retreat, stimulates thoughts for discussion, and sets expectations.

Its contents typically include a welcome letter from the retreat facilitator, the final agenda, a summary and pertinent highlights of the pre-meeting survey (if applicable and as described, below). It also contains materials to read prior to the meeting (e.g., short articles on topics to be discussed during the retreat, intended to help develop a consistent baseline understanding among all attendees, upon which discussion can then build).

The pre-retreat survey is a good way of generating thinking about the retreat and also to surface key themes or consistent issues among stakeholders that can be addressed at the retreat. This survey can be a simple web-based canvass that allows physicians, clinical staff, and management to share their opinions on a host of pertinent topics. A few examples of questions applicable for physician groups include:

- Do you feel the practice is moving in the right direction in this ever-changing healthcare environment?
- What are the practice's three greatest strengths currently? Its three most significant weaknesses?
- What two actions should the group take to hold the physicians more accountable to each other?
- Communication is always a two-way street. What two areas need the most improvement in communication?
- Is there any area where you see the shareholders acting more concerned about themselves rather than the practice?
- What three primary objectives would you like to see accomplished from the upcoming retreat?

With appropriate planning and preparation, the retreat will go more smoothly and will yield significantly greater benefits.

WHAT CAN OCCUR DAY-OF TO MAXIMIZE SUCCESS?

Between four to eight hours should be dedicated to the retreat to address the topics that need to be discussed (see Appendix II for a sample schedule). Retreats for medical groups can begin in the afternoon (for example, on a Thursday at 3:00 pm) or in the morning (i.e., a Saturday at 8:00 am). Plan to serve a meal (or ample snacks), and remember that the people in your retreat are just that--people! And people, unlike robots, cannot sit still and remain engaged for an extended period. Thus, it is important to incorporate informal breaks throughout the day. When the majority of attendees take out their cell phones and stare at them, it's a sign to take a break or change the topic!) Also, avoid using large-group didactic lecturing as the sole method of presentation/engagement. Utilize small group sessions to delve deeper into specific educational topics or develop singular initiatives. Charge the small group with a task-driven mission focused on outcomes, not just discussion, and give them a time limit to complete their tasks. Ask them to report back to the larger group at the end of the break-out session.

During the retreat, it is important to encourage participation from all constituents. However, it may become evident that not everyone is engaged entirely or productively. Below are some common behaviors individuals within a group setting may exhibit and ways to address these behaviors during the retreat.

- Dominating the Discussion
 - Thank him/her and express the desire to hear from others.
 - Call attention to the time or agenda.
 - Break eye contact and refocus attention.
- Negative Demeanor
 - Acknowledge their point of view.
 - Point out the negative pattern.
 - Ask if there is anything they find positive.
- Withdrawn or Disengaged
 - Direct some questions at these individuals periodically.
 - Sit opposite the quietest person.
 - Collect ideas in the round-robin style.
- Attacking, Criticizing, or Antagonist Behavior
 - Describe non-judgmentally what the person is doing.
 - Ask the person what the group can do to respond to his or her concerns.
- Sidetracking
 - Get agreement by all to stick to the agenda.
 - Ask how the side issue is related to the discussion.
 - Record unrelated issues and agree to discuss them later.

WHAT HAPPENS AFTER THE RETREAT?

One of the most difficult parts of having a retreat is to maintain the momentum that builds up during the retreat. Therefore, before the retreat ends:

- Ensure that every action item decided upon at the retreat is assigned to an individual responsible for its completion.
- Decide on timelines for completion of tasks and action items.

Following the retreat, draft a written summary to document outcomes, agreements, and foster accountability. That synopsis should include the following:

- Summary: Describe the overall goals and objectives of retreat and the level of success or failure in achieving them.
- Key Takeaways and Recommendations: Recap the key issues discussed, perspectives, and proposed solutions.
- Next Steps and Timeline: Create a comprehensive list of action items as agreed, date of anticipated completion, and a person responsible (see Appendix III for one method for capturing these next steps).

CONCLUSION

Strategic planning retreats are an effective way to help medical groups remain vibrant in today's changing healthcare industry. Although finding the time to set aside for a retreat can be daunting, with proper planning and execution, the retreat will yield lasting dividends for the practice.

If you are interested in learning more about how Coker Group can assist in your strategic planning efforts, including but not limited to retreat facilitation, please contact us at www.cokergroup.com.

APPENDIX I – SAMPLE WELCOME LETTER

Dear _____:

Coker Group Holdings, LLC, d.b.a. Coker Group (“Coker”), a healthcare consulting firm headquartered in Atlanta, Georgia, has been engaged by Practice ABC (“ABC” and/or the “Practice”) to assist in strategic planning via facilitation of your annual Strategic Planning Retreat (“Retreat”). Since our engagement, in collaboration with ABC administrators, we have been actively planning and preparing for a successful and productive Retreat. This preparation has included both on-site interviews with administrators and off-site assessment of the Practice’s current financial, operational, and strategic positions, including reviewing the results of the online survey in which you participated.

The purpose of the Retreat is to develop a meaningful strategic plan that is inclusive of both short- and long-term goals for the Practice. These goals should focus on both internal and external considerations, and the establishment of them will allow the Practice to identify and secure its desired future direction.

The Retreat will be attended by all of the ABC physicians (shareholders and employees) and key administrative leaders to ensure maximum productivity. This involvement will allow a variety of individuals (relative to tenure, specialty and overall perspective) to have a voice in this important process, and we look forward to hearing opinions and ideas from each of you.

We will review the overall goals of the Retreat further during our time together; however, to help prepare, we briefly outline the expectations of all Retreat participants below.

- Participants should be collegial and have an attitude of doing first what is best for the Practice and, secondarily, for individuals (including themselves).
- Participants should be committed to becoming more educated and versed in the various strategies that exist and specificities relevant to how private practices operate in today’s market.
- Participants should be committed to dedicating focused, non-distracted time to this Retreat and agree to be held accountable for the completion of follow-up tasks and responsibilities.
- Participants should maintain confidentiality with regard to the sensitive information and data that may be discussed during the Retreat, assuring the protection of its proprietary nature at all times.
- Participants will work toward consensus-building and decision-making and will agree to adhere to the decisions made after the Retreat has concluded.

Coker will provide education as well as facilitate the discussion, particularly during the vetting of relevant key issues. In short, the Retreat will be an organized, systematic process wherein our collaborative efforts will result in a well-designed plan to help ensure the future success of ABC.

To assist you in preparing for the Retreat, we have included several appendices to this letter, which we ask you to review carefully and thoughtfully before the Retreat. These appendices include:

- Appendix I – Retreat Agenda
- Appendix II – Outline of Key Themes and Issues for Vetting
- Appendix III – Summary of Survey Results
- Appendix IV – Pre-Read Assignments

We will be available to review or clarify these items with you at any time, so feel free to contact us.

Thank you for selecting Coker to assist with this important initiative. We have been impressed and pleased with the Practice from virtually all aspects thus far and are looking forward to meeting you.

Sincerely,



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APPENDIX II – SAMPLE SCHEDULE

7:00 am	Continental Breakfast and Fellowship
7:30 am	Welcome and Introduction
8:00 am	Discussion of Short-Term Key Issues
9:00 am	Small Group Sessions
10:00 am	Break
10:15 am	Discussion of Long-Term Key Issues
12:00 pm	Working Lunch/Small Group Sessions
2:00 pm	Consensus Building/Action Plan/Q&A
3:30 pm	Closing Remarks and Next Steps
4:00 pm	Adjournment

APPENDIX III – SAMPLE ACTION TRACKER

Below is an example of a “stop light” matrix that may be used to document and track action items assigned either during or after the retreat. The colors denote progress made, with green being items completed or on track for completion, yellow items being those in process or nearing their projected completion timeline, and red being those items that are overdue or lack some resource to move them toward completion. The matrix should be managed by an individual who tracks progress across all the items and provides regular updates to stakeholders.

Action Item	Timeline for Completion	Party Responsible	Status	Resources Needed