

WHITE PAPER

Developing a Shared Vision for your Medical Practice

When working with physician partners on strategic planning, one of the key items that I ensure we address is vision. It is imperative to develop a shared vision for the physician practice. In some strategic planning efforts, a vision for the practice is developed after a vision for the patients has been discussed. This is with the assumption that a shared organizational vision may be dependent upon a shared vision of how the patient population should be treated.

Whenever this is done, it is important to agree on where the practice wants to be in three to five years. It is often helpful to focus on where you want to be at the end of the period covered by the strategic plan, so this time period may be shorter, but certainly no longer than five years.

This three to —five-year vision might describe the practice broadly, in terms of its mix of programs, reputation or status inside and outside its primary target community, key accomplishments, and relationships with referring physicians. Specific descriptions might be included in relation to service/target area, program scope and depth, funding, governance, staffing, relationships with other groups, visibility, etc. This form of "visioning" can be done in many ways. For example:

- Groups can physically draw their vision of the future, then work to identify common elements and use them to establish a joint vision.
- Groups can role play what they would want to be able to say about the practice's major accomplishments and reputation to a newspaper reporter five years from now, then use this as a basis for developing a shared vision.
- Groups can play the role of various supportive stakeholders (i.e. patients, referring physicians, etc.) and each develop a series of statements describing the practice as they would like to see it in a specified number of years. Then these visions can be shared and meshed.

Physicians may also want to devise a formal worksheet indicating where they see the practice in either broad or specific terms. For example:

• **Broad categories** – Describe the practice in five years, in terms of categories such as program, resources, status, relationships, organizational development, and governance;

• **Specific characteristics** – Describe the practice in five years, in terms of categories such as target area, target populations, budget, staff size and composition, staff/component structure, program areas, offices/locations, board size and composition, relationship with local hospitals.

Physicians would then share the information from these worksheets and discuss in order to reach some form of shared responses. The full group must reach consensus on a shared vision. The physicians may opt to take turns describing the practice in terms of specified categories or topics (e.g., missions, program scope, resources, relationships), then consensus can be reached on major statements and categories.

Regardless of the approach and tactics used, it is imperative that all physician owners share a common vision and that all staff members are aware of desired future direction of the practice. Vision is the thing inside of us that guides us. It creates a desire to grow and improve. Vision embodies our hopes and ideals. It gives us a sense of purpose. Vision brings us flashes or glimpses of what is possible.

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