



WHITE PAPER

The Components of your Medical Practice Plan

When creating a medical practice plan, all planning must be based with sensitivity to the time available you have to enact the plan. If sufficient time is available and there is no advantage to be gained by acting more quickly, you must be deliberate. Deliberate planning is performed well in advance of expected execution and relies heavily on assumptions about circumstances that will exist when the plan is implemented.

If your time is short, or there is an incentive to act quickly, you must enact rapid planning. Whereas deliberate planning relies on significant assumptions about the future, rapid planning is generally based on current conditions and is therefore more responsive to changing events. Rapid planning tends to be less formal than deliberate planning. While distinct in concept, deliberate and rapid planning form a continuum and complement each other in practice. Early in the planning process, if appropriate, we may perform deliberate planning. As we near the day of execution, we move into rapid planning. Deliberate planning thus forms the basis for rapid planning, while rapid planning often amounts to the revision of earlier deliberate plans.

Regardless of other characteristics, every medical practice's plan usually contains several basic categories of information. Each plan should have a desired outcome, which includes the intent for achieving that outcome. The desired outcome often includes a time by which the mission must be accomplished. This element of a plan is essential because it forms the basis for the other components of the plan. Goals and objectives may be general, in which case they are defined by relatively few criteria and offer broad latitude in their manner of accomplishment, or they may be more specific, in which case they are defined by numerous criteria and are more narrowly bounded.

We should recognize there is a critical distinction between general goals, which may be good and vague ones, which are not. While general goals have relatively few defining criteria, vague goals lack any usable criteria by which we can measure success. In an industry that's as complex as healthcare, few things are as important or as difficult as setting clear and useful goals. This is a skill requiring judgment and vision. The reality is that, given the nature of healthcare reform, 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 a medical practice.

Every medical practice's plan includes the actions intended to achieve the desired outcome. Most plans include several actions, arranged in both time and space. These actions are

usually tasks assigned to subordinate elements. Depending on circumstances, these tasks may be described in greater or lesser detail over farther or nearer planning horizons. Every plan should also describe the resources to be used in executing those actions, to include the type, amount, and allocation of resources as well as how, when, and where those resources are to be provided. Resource planning covers the personnel assigned to different tasks and other resources such as supplies or funding.

Finally, a medical practice's plan should include some control process by which practice managers can supervise execution. This control process includes necessary coordination measures as well as some feedback mechanism to identify shortcomings in the plan and make necessary adjustments. The control process 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.

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