



Strategy and Performance Improvement for Physician Networks

“Twelve Mistakes” Self-Evaluation



<i>“Twelve Mistakes” Self-Evaluation</i>	Yes	No
1. Our practice acquisitions have included only the fair market value of tangible assets with little or no “goodwill.”	<input type="radio"/>	<input type="radio"/>
2. Our primary care physician recruitment activities are based on defined “neighborhood” need; meaning, adequate numbers of potential patients within a ten-minute drive time to support the current or anticipated practice location.	<input type="radio"/>	<input type="radio"/>
3. Our specialty physician recruitment activities are based on community need and our ability to attract primary care referrals from employed or otherwise affiliated PCPs.	<input type="radio"/>	<input type="radio"/>
4. We allow our hospital-owned practices to maintain the ancillary services (e.g., laboratory, radiology, screening procedures, etc.) expected by our patients and referring physicians, as a convenience to both.	<input type="radio"/>	<input type="radio"/>
5. Our employed physician compensation model rewards high productivity, includes substantial performance risk, and distributes performance pay monthly.	<input type="radio"/>	<input type="radio"/>
6. The employee benefit package for support staff in our hospital-owned practices is not as rich as the benefit package found in our hospital.	<input type="radio"/>	<input type="radio"/>
7. We have not burdened our physician practices with expensive bricks and mortar, preferring instead to invest our capital in new physician capacity and nice neighborhood office locations consistent with private practice in our community.	<input type="radio"/>	<input type="radio"/>
8. We have selected employed physician leaders to partner with hospital administration in operational governance (e.g., vision, policies, procedures, decision-making, etc.) of the hospital-owned physician network.	<input type="radio"/>	<input type="radio"/>
9. We have selected or recruited a well-qualified, experienced network executive to manage the day-to-day operations of our medical practice network.	<input type="radio"/>	<input type="radio"/>
10. Our network executive is accountable to our practice operational governing body, which includes physician leaders.	<input type="radio"/>	<input type="radio"/>
11. Our software decisions for the hospital-owned network are based on best practice for physician networks rather than the hospital platform.	<input type="radio"/>	<input type="radio"/>
12. With a focus on service quality and support staff productivity, we have selected a single practice management system to support our practices in efficiently and effectively meeting the needs, wants and priorities of our customers.	<input type="radio"/>	<input type="radio"/>
13. With a focus on clinical quality and physician productivity, we have selected a single electronic medical record to support our practices in efficiently and effectively meeting the needs, wants and priorities of our customers.	<input type="radio"/>	<input type="radio"/>
14. We have installed a medical practice relevant managerial accounting system to support performance measurement, performance benchmarking and performance improvement in each of our medical practices.	<input type="radio"/>	<input type="radio"/>

<i>"Twelve Mistakes" Self-Evaluation</i>	Yes	No
15. Our physicians and managers are conversant in discussing both financial and statistical performance, and routinely develop and implement revenue and expense tactics to enhance that performance.	<input type="radio"/>	<input type="radio"/>
16. We understand that our primary care customers usually select the family's physician within a short drive of home and schools. We have positioned our affiliated primary care practices strategically around our service area in order to capture that business.	<input type="radio"/>	<input type="radio"/>
17. In terms of access, communication and clinical competence, our employed specialty physicians are the "Specialists of Choice" for referring providers in our community.	<input type="radio"/>	<input type="radio"/>
18. We expect our hospital-owned practices to become and remain financially viable when compared to private practices in our community in terms of revenue and expenses. We do not subsidize established practices, except under unusual circumstances.	<input type="radio"/>	<input type="radio"/>
19. Our physicians, managers and support staff members feel responsible - and are held personally accountable - to maintain or enhance clinical quality, service quality, physician productivity and practice financial viability.	<input type="radio"/>	<input type="radio"/>
20. Our employed physicians are engaged in the business side of their practices, actively participating in operational governance in their assigned practice setting.	<input type="radio"/>	<input type="radio"/>
21. Our employed physicians are anxiously engaged in the development and success of their practices and of the network as a whole.	<input type="radio"/>	<input type="radio"/>
22. We have worked with our physician leaders to develop a vision compelling enough to motivate vital behaviors on the part of employed physicians and other providers, managers and support staff.	<input type="radio"/>	<input type="radio"/>
23. The productivity of our employed physicians rivals our most successful private practice medical groups.	<input type="radio"/>	<input type="radio"/>
24. Our physician partners will not tolerate underperforming peers in terms of quality or quantity.	<input type="radio"/>	<input type="radio"/>
25. Our employed physicians are authorized to govern operationally for success in their practice settings and are held accountable for clinical quality, service quality, productivity and financial viability.	<input type="radio"/>	<input type="radio"/>

Scoring: Total the number of "Yes" responses and indicate the number below

Total Score

<i>"Twelve Mistakes" Performance Scale</i>																									
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Great Opportunity									On Your Way									Best Practice							