

rowth is frequently the focus of a hospital's service line planning. While that is a start, you need to create a more robust vision that better defines long term success. Being more specific about aspects of the service line, and outcomes desired from the service line, will help create consensus and help drive improvements.

When building the vision, physicians, executives, nurses, patients and support staff have insights into what the organization needs to create, what will differentiate the service in the market, and what would be a great legacy.



The vision, as described here, is a 3-4 page narrative that describes what the service line will look like in ten years, if your aspirations are achieved. Research into patient expectations and review of national centers of excellence can help define this vision. But at its core are the insights of key stakeholders.

These thoughts of what the service could become form the core of the vision statement, and can best be explored by asking the following questions.

QUESTION #1

What scope of services, clinical and support, do we want to provide?

Implicit in this question is what services are required to be competitive, or to be a regional leader, or a national leader.

OUESTION #2

What incremental physician capabilities and expertise are needed to provide those services?

We have found it helpful to evaluate physician expertise using the websites of nationally recognized centers, and contrast your medical staff credentials with those leading centers.

OUESTION #3

How much do we wish to grow revenue?

The number becomes one of the core objectives, and will drive how aggressive you are in the planning process.

OUESTION #4

How much do you want to grow profitability?

This will drive a focus on two areas. Most importantly, clinical process and their efficiency, especially if Medicare DRGs are key to profitability. It will also drive a focus on payer mix and better serving the privately insured.

OUESTION #5

What compliment of physicians is required to achieve growth objectives?

Looking at both the number of specialists needed, and the number of primary care providers needed to drive volume, will provide useful insights.

QUESTION #6

What types of relationships, and how many, must you foster with referring physicians?

If you cannot employ all the referring physicians required, managing referral relationships will become a competency you must master. Your specialists, engaged with a representative group of referring doctors, can help define the nature of the relationships.

OUESTION #7

Describe the experience(s) you desire for your patients.

Patient focus groups and consumer research can help here. But free thinking about what patients might desire, but do not know to ask for, can help unleash creativity.



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QUESTION #8

How will you make patient access and intake easy for the patient?

Again, creativity can be your friend here. But you will also need a lot of basic blocking and tackling: management of templates, adjustments to EMR systems, productivity standards, etc.

QUESTION #9

How do you want consumers to perceive the service line?

Ultimately, you are trying to better serve patients and must attract them to fulfill that mission. Marketing, broadly defined, can help drive the perceptions you will need in the marketplace.

QUESTION #10

What are your aspirations for geographic growth?

This addresses what region you want to serve, or better yet, dominate. It will affect you physician strategy, marketing strategy, capital investment, and many other elements of the plan. Defining this in your vision will help guide planning down the road.

QUESTION #11

What accreditations do we wish to receive?

Particularly in cancer care, accreditation standards are specific and broad. Your desires to formal recognition will be a key factor in your planning efforts, and will likely impact consumer perceptions.

ABOUT HSG

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