

Chapter 1: Foundations of Independent Practice

Building the bedrock of your practice's future

Independence rarely dies in one dramatic moment. It erodes through small compromises. This chapter is your inspection: define why you stay independent, listen to the people closest to the work, map what actually happens, and pick the three to five things that matter for the next 90 days.

How to use these worksheets

Work through one chapter per session with your leadership team.

Know it is answered individually. Own it is answered together. Do it assigns an owner and a date.

Finish each chapter by filling the 90-day action plan, then review it at your weekly standup.

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CHAPTER 1

Foundations of Independent Practice

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Independence rarely dies in one dramatic moment. It erodes through small compromises. This chapter is your inspection: define why you stay independent, listen to the people closest to the work, map what actually happens, and pick the three to five things that matter for the next 90 days.

Suggested session: 90 minutes with your leadership team

Independence doesn't usually die in one dramatic moment. Instead, it erodes through a series of small, quiet compromises: signing contracts you didn't fully understand, letting toxic team dynamics slide because you're exhausted, running yourself into the ground until your judgment fails.

From the Operator's Chair

This chapter is your inspection. It is where you slow down and ask the hard questions about your operation, your culture, and your own resilience. Get your team involved. Take an honest, unflinching look at where you actually are. If your foundation is solid, you can build everything else on it. If it's weak, everything you try will eventually collapse.

Four core disciplines

Respect for people: their voices count in decisions, not just get heard

Continuous improvement: confront small problems before they turn into crises

Value stream focus: measure every step against the value it gives the patient

Seeing waste: duplicate data entry, unanswered calls, and lab backlogs are signals of system failure

How to run this session

Block 90 minutes. Read the Operator's Chair guidance aloud (5 min), answer KNOW IT individually and silently (15 min), discuss OWN IT as a group (40 min), assign DO IT actions with an owner and a date (20 min), then close with one takeaway and one commitment from each person (10 min).

Ground rules: honesty over comfort, titles stay at the door, disagree then commit, no devices, what's said here stays here, and action over discussion. Every session ends with at least one assigned, time-bound action item.

WORKSHEET 1.1

Define independence for your practice

Lesson: Your Independence Aim

Purpose: Create a clear, shared statement that defines why your practice chooses to remain independent.

Participants: Leadership team, physician partners, practice manager, and anyone who influences strategic decisions.

Why this matters

Three years ago, a partner walked into my office, his frustration palpable. "We're independent, but I can't remember the last time that actually mattered." We lacked a shared, coherent definition of what independence truly meant. Our physicians would have said "clinical autonomy." Our practice manager would have emphasized "financial control." The front desk staff might have offered a shrug. All valid, but not aligned. Without alignment, when pressures mount, you are adrift. Every independent practice needs an Independence Aim: a one-sentence compass so specific that an outsider would understand what makes you different. Consider the Midwest ASC group fracturing under hospital pressure. After two hours of honest conversation, they arrived at: "We exist to preserve community access to affordable, physician-led Plastic and Hand care in our ASC." That one sentence preserved \$4 million in annual revenue, hundreds of jobs, and their ability to remain true to themselves.

1 KNOW IT

Answer these on your own first. Be honest. There are no wrong answers here.

1. Why did you choose to work in an independent practice instead of a hospital-employed or corporate-owned setting?

2. What would you lose if your practice sold to a hospital system or private equity group tomorrow?

3. What's one decision you've made in the past year that you could NOT have made if you were employed by a larger organization?

4. On a scale of 1 to 5, how clearly can you articulate why your practice stays independent?

- ☐ 1 = I can't really explain it
- ☐ 2 = I have some vague ideas
- ☐ 3 = I can explain it, but it's not consistent with what others would say
- ☐ 4 = I can explain it clearly and I think most of the team would agree

☐ 5 = I can explain it in one sentence and everyone on the team would say the same thing

5. If a staff member asked, "Why don't we just sell to the hospital down the street?" what would you say?

2 OWN IT

Now talk it through as a group. Surface the differences, then build one shared Independence Aim.

1. Discussion prompt 1: What themes showed up in everyone's answers? What did people say they'd lose if the practice sold? Where do we agree? Where do we disagree?

2. Discussion prompt 2: What would we lose that we can't get back? (Clinical autonomy? Speed of decision-making? Relationships with patients? Staff culture?)

3. Discussion prompt 3: Our Independence Aim, in one sentence. (This isn't a mission statement, it's the reason you're willing to do the hard work of ownership instead of selling.)

Role clarity: who owns what

Posting the Independence Aim where staff and partners can see it

Referencing it in leadership meetings when making strategic decisions

Revisiting it annually to make sure it still reflects reality

3 DO IT

This week and beyond. Turn this into action.

Action 1: Post the Independence Aim where it's visible

- ☐ Print it on a poster or document
- ☐ Post it in the leadership meeting room
- ☐ Post it in the break room or staff area
- ☐ Post it anywhere strategic decisions are discussed

Owner	Deadline

Action 2: Reference the Independence Aim in leadership decisions

- ☐ At each leadership meeting, ask: 'Does this decision align with our Independence Aim?'
- ☐ Document the decision and how it connects to the Aim
- ☐ If a decision contradicts the Aim, discuss why and decide whether to proceed

Owner	Deadline

Action 3: Review the Independence Aim annually

- ☐ Schedule an annual review meeting with all partners
- ☐ Ask: 'Does this still reflect why we chose independence?'
- ☐ Update the Aim if circumstances have changed
- ☐ Share the updated version with staff

Owner	Deadline

WORKSHEET 1.2

Voice of the customer

Lesson: Listening to patients and staff

Purpose: Build a system for capturing, tracking, and acting on feedback from the people you serve.

Participants: Leadership team, front desk staff, clinical staff, billing staff, anyone who interacts with patients or hears complaints.

From the Operator's Chair: Respect for people means their voices don't just get heard; they actually count in decisions. It's a commitment to fixing the process, not blaming the people caught within it. The front desk coordinator fielding frustrated calls, or the medical assistant rerouting the same piece of paperwork every single day, they see the friction and waste that you don't. When you neglect this feedback loop, you lose the most valuable intelligence your practice has: the unfiltered truth from the people closest to the work and closest to the patient.

1 KNOW IT

Answer individually before the group discussion.

1. In the past week, what's one complaint or frustration you heard from a patient?

2. In the past week, what's one complaint or frustration you heard from a staff member?

3. Do you currently have a system for tracking patient and staff feedback?

- ☐ Yes, we track it consistently
- ☐ We track some of it, but not systematically
- ☐ No, we don't track it at all

4. When was the last time leadership made a visible change based on patient or staff feedback?

5. On a scale of 1 to 5, how confident are you that patients and staff believe we actually listen to them?

- ☐ 1 = They don't think we listen at all
- ☐ 2 = They think we hear them but don't act
- ☐ 3 = They think we listen sometimes

- ☐ 4 = They think we listen and act on some things
- ☐ 5 = They trust that we listen and respond consistently

2 OWN IT

Talk it through as a group. Look for the pattern, then commit to one simple feedback system.

1. Discussion prompt 1: What themes are showing up in patient and staff feedback? Are people complaining about the same things? What's the pattern?

2. Discussion prompt 2: What's one piece of feedback we've been ignoring? Not because we don't care, but because we haven't prioritized it.

3. Discussion prompt 3: How will we capture and track feedback going forward? (A simple log? A weekly huddle agenda item? A visible board?)

Role clarity: who owns what

Collecting patient feedback weekly

Collecting staff feedback weekly

Reviewing feedback with the leadership team monthly

3 DO IT

This week and beyond. Turn this into action.

Weekly action

Capture at least 5 patient comments and 5 staff comments each week. Write them down. Don't filter them. Don't dismiss them. Just capture them.

Monthly check-in

At the start of each monthly leadership meeting, review the feedback log. Ask: 'What theme showed up most? What's one

thing we can fix this month?'

Posted visibility

Create a 'You Said, We Did' board in a visible location (break room, waiting area, staff hallway). Post what patients and staff told you, what you changed, and when.

Who is responsible	When will this happen

WORKSHEET 1.3

Current vs. future state (process mapping)

Lesson: Mapping what actually happens

Purpose: Visualize one broken process, identify waste, and design a simpler future state.

Participants: Leadership team plus the staff who actually do the work. If you're mapping patient check-in, include front desk staff.

From the Operator's Chair: Every step a patient takes in your practice, from their first call to their final follow-up, must be mapped and measured against the value it provides. If a step doesn't help the patient, it's not helping the practice. Waste isn't just about money. It is the thief of energy, the eroder of trust, and the consumer of time. Duplicate data entry, unanswered patient calls, lab backlogs, and time spent searching for supplies are not minor nuisances. They are critical signals of system failure. Seeing and naming waste clearly is the first, most crucial step to reclaiming control.

1 KNOW IT

Answer individually before the group mapping session.

1. What's one process in your practice that frustrates you every single day?

2. How many steps do you think that process involves? (Guess a number.)

3. Where does that process break down most often?

4. If you could eliminate one step from that process, what would it be?

5. On a scale of 1 to 5, how confident are you that leadership understands what actually happens in this process?

- ☐ 1 = They have no idea
- ☐ 2 = They think they know, but they're wrong

- ☐ 3 = They understand some of it
- ☐ 4 = They understand most of it
- ☐ 5 = They've done the work themselves and know exactly what happens

2 OWN IT

Map the process together. A whiteboard, sticky notes, or a big sheet of paper all work.

1. Step 1: Pick one process to map. Don't try to map everything, pick one that's causing daily pain. The process we're mapping is:

2. Step 2: Map the current state. Walk through every step from start to finish, every handoff, delay, and decision point. Map what actually happens, not what's supposed to happen. How many steps did we count?

3. Step 3: Identify waste. Mark steps that don't add value, steps where work sits waiting, and steps where errors happen most often. The biggest sources of waste are:

4. Step 4: Sketch the future state. What steps could you eliminate? What could you automate? Describe the simplified future state:

Role clarity: who owns what

Testing the future state process

Training staff on the new process

Auditing the process monthly

3 DO IT

This week and beyond. Turn this into action.

Weekly action

Test the future state process for one week. Track how long it takes, where it breaks, and what staff think of it.

Monthly check-in

At the start of each monthly leadership meeting, review the process map. Ask: 'Is this process still working? Have we slipped back into the old way?'

Posted visibility

Print the future state process map and post it at the workstation where the process happens. Laminate it if possible.

Who is responsible	When will this happen

WORKSHEET 1.4

90-day focus cycles

Lesson: Prioritizing what matters most

Purpose: Identify 3 to 5 priorities for the next 90 days and commit to weekly progress tracking.

Participants: Leadership team, physician partners, practice manager, and anyone responsible for executing strategic priorities.

From the Operator's Chair: You don't defend independence once and call it done. You earn it every day by confronting small problems before they metastasize into crises. When a process breaks, you fix it now, not at a quarterly review. This mindset is built through a simple, non-negotiable rhythm: weekly reviews of core metrics, monthly refreshes of standard work, and quarterly deep dives into a single process. When you attempt to focus on everything, you end up focusing on nothing. The 90-day cycle forces discipline, and discipline is what separates practices that bend from those that break.

1 KNOW IT

Answer individually before the group discussion.

1. What are the top 3 problems your practice needs to solve in the next 90 days?

2. What are you currently working on that doesn't actually move the practice forward?

3. If you could only fix ONE thing in the next 90 days, what would it be?

4. On a scale of 1 to 5, how confident are you that the leadership team is focused on the same priorities?

- ☐ 1 = We're all working on different things
- ☐ 2 = We have some overlap, but not much
- ☐ 3 = We're somewhat aligned
- ☐ 4 = We're mostly aligned
- ☐ 5 = We're completely aligned and everyone knows the priorities

5. How often does your practice review progress on strategic priorities?

- ☐ Never
- ☐ Once a quarter
- ☐ Once a month
- ☐ Bi-weekly
- ☐ Weekly

2 OWN IT

Narrow the list to 3 to 5 priorities and commit to weekly tracking.

1. Discussion prompt 1: What problems showed up on everyone's list? Where do we agree? Where do we disagree? What's urgent vs. what's important?

2. Discussion prompt 2: What are we saying NO to for the next 90 days? What projects are we deliberately postponing so we can focus?

3. Discussion prompt 3: What are our 3 to 5 priorities for the next 90 days? Be specific, make them measurable, and assign an owner to each one.

#	Priority	Owner	Success metric
1			
2			
3			
4			
5			

Role clarity: who owns what

Leading the weekly 90-day priority review

Updating the priority scorecard each week

Posting the priorities where staff can see them

3 DO IT

This week and beyond. Turn this into action.

Weekly action

Hold a 15-minute Monday morning standup to review the 90-day priorities. For each one, ask: What progress did we make last week? What's blocking us? What's the next action this week?

Monthly check-in

At the end of each month, review the 90-day priorities. Ask: 'Are we on track? Do we need to adjust? Are we still focused, or have we drifted?'

Posted visibility

Print the 90-day priorities and post them in the leadership meeting room, the break room, and anywhere strategic decisions are discussed.

Who is responsible	When will this happen

90-DAY ACTION PLAN | CHAPTER 1

Foundations of Independent Practice

Consolidate every action item from this chapter into one tracking sheet. Review progress at each weekly standup.

#	Action item	Owner	Deadline	Status
1				
2				
3				
4				
5				
6				

Session date

90-day review date

Key insight from this chapter
