

Practicing Independence

A Field Guide for Independent Medical Practices

Six chapters of worksheets built to be worked through with your leadership team: foundations, financial clarity, operations, leadership, growth strategy, and succession planning.

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

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.

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

CHAPTER 2

Financial Clarity

Numbers as your north star

Financial clarity is a rhythm, not a project. Build shared financial literacy across your leadership team, a dashboard everyone actually uses, a clear-eyed view of your payer contracts, and a plan for the scenarios you hope never happen.

Suggested session: 2 hours with your leadership team

Financial clarity isn't a project; it's a rhythm. If only one person in your practice understands the metrics, you are one resignation away from chaos.

From the Operator's Chair

One physician-owned practice depended on a single leader to manage its finances. When that leader stepped back, no one else could read the P&L, receivables deteriorated, and the practice faced an avoidable cash crisis.

The objective is shared financial literacy: everyone who touches a decision understands the threats to viability. You don't need an MBA. You need five measures, reviewed monthly, by the people who can actually act on them.

The real advantage

The practices that survive are the ones that see the storm before it hits, whatever their revenue looks like.

What this chapter builds

Worksheet 2.1: the five core financial metrics every leader should know and review monthly

Worksheet 2.2: a simple dashboard your team will actually look at, with an owner behind every number

Worksheet 2.3: a clear-eyed read of your payer mix, your floor, and your negotiation leverage

Worksheet 2.4: best, base, and worst case scenarios, plus the order in which you'd cut

A dashboard that nobody acts on is digital wallpaper. Track only what you'll act on, assign ownership to every metric, and review it in a room, out loud, every month.

WORKSHEET 2.1

The financial basics of independence

Lesson: Know Your Metrics

Purpose: Establish a clear picture of your practice's financial health: AR days, overhead, cash reserve, and denials rate.

Participants: Leadership team, practice manager, and financial staff.

From the Operator's Chair: Financial clarity isn't a project; it's a rhythm. If only one person in your practice understands the metrics, you are one resignation away from chaos. One physician-owned practice depended on a single leader to manage its finances. When that leader stepped back, no one else could read the P&L, receivables deteriorated, and the practice faced an avoidable cash crisis. The objective is shared financial literacy: everyone who touches a decision understands the threats to viability. You don't need an MBA. You need five measures, reviewed monthly, by the people who can actually act on them. The practices that survive are the ones that see the storm before it hits, whatever their revenue looks like.

1 KNOW IT

Answer individually before the group discussion.

1. What is your current AR days? (Total AR ÷ Average Daily Charges)

Many practices target under 40 days. Above 50 days often signals a revenue cycle problem worth investigating.

2. What is your current overhead as a percentage of collections? (Monthly Expenses ÷ Monthly Collections × 100)

Overhead in the 60 to 70% range is common for many specialties, though this varies. Above 75% often signals thin margins.

3. What is your current denials rate? (Denied Claims ÷ Total Claims × 100)

Many practices target under 5%. Above 8% often signals a systemic billing problem worth investigating.

4. How many days of operating expenses do you have in cash reserves?

A common target is 60 days minimum. Formula: Monthly Expenses × 2.

5. On a scale of 1 to 5, how confident are you that your leadership team reviews these measures monthly?

- ☐ 1 = We never review them
- ☐ 2 = We review them occasionally
- ☐ 3 = We review them quarterly
- ☐ 4 = We review them monthly
- ☐ 5 = We review them weekly and act on what we see

2 OWN IT

Review your measures as a team and identify the biggest gaps.

1. Review your measures as a team and identify the biggest gaps.

Metric	Your Current Value	Common Target	Gap / Action Needed
AR Days		< 40 days	
Overhead %		60 to 70%	
Denials Rate		< 5%	
Cash Reserve (days)		60 days	
Patient Access (days)		< 7 days	

2. Discussion prompt 1: Which metric is furthest from best practice? What's causing it?

3. Discussion prompt 2: What's one financial metric we've never tracked but should start tracking this month?

3 DO IT

This week and beyond. Turn this into action.

Action 1: Calculate and post your 5 core financial metrics

- ☐ Pull AR days from your practice management system
- ☐ Calculate overhead % from your P&L statement
- ☐ Pull denials rate from your billing system
- ☐ Calculate cash reserve from your bank balance

- ☐ Post all 5 metrics on your financial dashboard

Owner	Deadline

Action 2: Schedule a monthly financial review meeting

- ☐ Attendees: Leadership team, practice manager, financial staff
- ☐ Agenda: Review 5 core metrics, identify trends, assign action items
- ☐ Duration: 30 minutes

Owner	Deadline

WORKSHEET 2.2

Dashboards that drive real decisions

Lesson: Build Dashboards Your Team Actually Uses
Purpose: Design a simple financial dashboard that gets reviewed weekly and drives real decisions.
Participants: Leadership team, practice manager, and financial staff.

From the Operator's Chair: In many practices, the administrator proudly presents a 47-tab spreadsheet that "tracks everything." Ask when it last changed a decision, and the answer is silence. A dashboard that nobody acts on is digital wallpaper. The rule is simple: track only what you'll act on. Assign ownership to every metric, put a name next to every measure. And review it in a room, out loud, every month. No more emailing reports into the void.

1 KNOW IT

Answer individually before the group discussion.

1. Does your practice currently have a financial dashboard?

- ☐ Yes, and we review it weekly
- ☐ Yes, but we rarely look at it
- ☐ We have reports, but not a dashboard
- ☐ No

2. What are the 3 financial measures you check most often?

3. What's one financial measure you WISH you could see at a glance but currently can't?

2 OWN IT

Design your dashboard as a team.

1. Discussion prompt 1: What are the 5 to 7 metrics that matter most for our practice? (Limit to 7 maximum, more than that and nobody looks at it.)

Metric	Data Source	Update Frequency	Owner
1.			
2.			

Metric	Data Source	Update Frequency	Owner
3.			
4.			
5.			
6.			
7.			

2. Discussion prompt 2: Where will we post this dashboard so the team sees it? (Break room? Leadership meeting room? Both?)

3 DO IT

This week and beyond. Turn this into action.

Action 1: Build your financial dashboard

- ☐ Choose your 5 to 7 metrics
- ☐ Identify the data source for each metric
- ☐ Assign an owner to update each metric
- ☐ Post the dashboard where the team can see it

Owner	Deadline

Who is responsible	When will this happen

WORKSHEET 2.3

Payer negotiations & rate analysis

Lesson: Know Your Floor and Negotiate Strategically
Purpose: Analyze your payer mix, identify your lowest-performing contracts, and prepare for your next negotiation.
Participants: Leadership team, practice manager, and billing/financial staff.

From the Operator's Chair: I remember the email from our largest payer landing on a Friday afternoon, a 12% reimbursement cut, effective in 90 days. No negotiation, no warning. That was roughly \$400,000 in annual revenue. The practices that survive know their floor. They know at what rate it no longer makes financial sense to stay in-network. They come to the table with data: patient volume, margins, payer mix, and alternatives. Desperation is the ultimate killer of leverage. Fix your P&L before you negotiate.

1 KNOW IT

Answer individually before the group discussion.

1. What is your current payer mix? (Estimate the % of revenue from each payer)

Payer	% of Revenue	Last Rate Increase	Notes
Medicare			
Medicaid			
Blue Cross / BCBS			
United Healthcare			
Aetna			
Other Commercial			
Self-Pay			

2. Which payer pays you the least relative to the work you do? What would it take to make that contract worth keeping?

3. When did you last renegotiate your top 3 payer contracts?

2 OWN IT

Prepare your negotiation strategy as a team.

1. Discussion prompt 1: Which payer contract is most overdue for renegotiation? What data do we have to support a rate increase request?

2. Discussion prompt 2: What's our 'walk away' number? At what rate does it no longer make financial sense to stay in-network with a payer?

3 DO IT

This week and beyond. Turn this into action.

Action 1: Identify your lowest-performing contract and request a meeting

- ☐ Pull your payer mix report from your billing system
- ☐ Calculate your cost per visit for each payer
- ☐ Identify the contract with the biggest gap between cost and reimbursement
- ☐ Request a contract review meeting with that payer

Owner	Deadline

Who is responsible	When will this happen

WORKSHEET 2.4

Scenario planning for financial stress

Lesson: Prepare for Worst-Case Scenarios
Purpose: Build three financial scenarios (best, base, worst) and define your response plan for each.
Participants: Leadership team, practice manager, and financial staff.

From the Operator's Chair: One partner once said, "We can't predict the future, so why waste time planning for things that might not happen?" It sounds logical, until the thing you dismissed materializes. When a pharmaceutical vendor shifted our payment terms from net-90 to net-60 with 30 days' notice, we were staring at \$340,000 we hadn't budgeted for. We scrambled, delayed equipment purchases, negotiated vendor extensions, and added high-margin infusion slots. We closed the gap, but the victory felt hollow. The future rarely sends a polite announcement. The practices that thrive refuse to be caught off guard.

1 KNOW IT

Answer individually before the group discussion.

1. What's the biggest financial risk facing your practice in the next 12 months?

Examples: Payer rate cuts, staff turnover, rising supply costs, declining patient volume.

2. If your revenue dropped 15% tomorrow, what would you cut first?

3. If your revenue increased 10% next month, what would you invest in? List 3 things:

2 OWN IT

Build three financial scenarios for the next 12 months.

Scenario	Revenue	Monthly Revenue	Key Drivers	What We'd Do
Best Case (+10 to 15%)				
Base Case (flat)				

Scenario	Revenue	Monthly Revenue	Key Drivers	What We'd Do
Worst Case (-10 to 15%)				

2. For the worst-case scenario, what would we cut and in what order?

First to cut

Second to cut

Third to cut

Last resort

3. What early warning signs would tell us we're heading toward the worst-case scenario?

Examples: 'AR days climb above 50,' 'Patient volume drops 10% month-over-month,' 'Denials rate exceeds 8%.'

3 DO IT

This week and beyond. Turn this into action.

Action 1: Build a 12-month cash flow forecast with three scenarios

- ☐ Use a simple spreadsheet: Month, Revenue, Expenses, Net Cash Flow
- ☐ Model best case, base case, and worst case

Owner	Deadline

Action 2: Identify 3 early warning metrics to monitor monthly

- ☐ Choose metrics that signal financial stress early
- ☐ Assign an owner to monitor each metric
- ☐ Set a threshold that triggers a leadership discussion

Owner	Deadline

Action 3: Schedule quarterly scenario planning reviews

- ☐ Attendees: Leadership team, practice manager, financial staff
- ☐ Agenda: Update scenarios based on actual performance, adjust plans if needed

Owner	Deadline

90-DAY ACTION PLAN | CHAPTER 2

Financial Clarity

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

CHAPTER 3

Turning Numbers Into Action: Operations

From insight to operational excellence

Operations is where strategy meets reality. Brilliant financial plans collapse when no one maps the process that's supposed to execute them. This chapter is about seeing your system clearly, building standard work and daily huddles so the practice doesn't depend on any one person's memory, and running small, disciplined PDSA cycles until improvement becomes routine.

Suggested session: 90 minutes with your leadership team

Operations is where strategy meets reality. Brilliant financial plans collapse when no one maps the process that was supposed to execute them. Every step a patient takes in your practice must be mapped and measured against the value it provides. If a step doesn't help the patient, it isn't helping the practice either.

From the Operator's Chair

The practices that win have the best systems for turning ideas into repeatable, reliable action. Standard work, daily huddles, and improvement cycles are the engine of independence, not bureaucracy.

Three worksheets, one operating system

Seeing the system through process mapping: find the bottlenecks and fix the worst one

Standard work and daily huddles: create repeatable processes and communication rhythms

Improvement cycles (PDSA): test, learn, and build improvements into standard work

How to run this session

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

Ground rules stay the same as every chapter: 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 3.1

Seeing the system through process mapping

Lesson: Identify Bottlenecks and Fix the Worst One

Purpose: Map one broken process from start to finish, identify waste, and design a simpler future state.

Participants: Leadership team plus the staff who actually do the work being mapped.

1 KNOW IT

Answer individually before the group mapping session.

1. Pick one process in your practice that frustrates you. Describe it in 2 to 3 sentences: Example: 'Patient check-in takes forever. Staff are constantly running back to ask patients for information we should already have.'

2. How many people touch this process from start to finish? List their roles:

3. Where do you think the process breaks down most often?

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. The process we're mapping is:

2. STEP 2: Map the current state. Walk through every step. Include 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 would this process look like if you removed the waste?

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

Review the process map at the start of each monthly leadership meeting. 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 3.2

Standard work & daily huddles

Lesson: Create Repeatable Processes and Communication Rhythms

Purpose: Document your most critical processes as standard work and design a daily huddle that actually works.

Participants: Leadership team, practice manager, and frontline staff who execute the processes.

From the Operator's Chair: I remember a scheduling coordinator who could run the entire front desk from memory. She was brilliant, and she was a single point of failure. When she took a two-week vacation, the practice nearly collapsed. Standard work isn't about removing people's judgment; it's about making sure the practice doesn't depend on any one person's memory. Document the process, post it at the workstation, and train everyone to the same standard. Then build a daily huddle, ten minutes, standing up, every morning before the first patient, to align the team on what matters today.

1 KNOW IT

Answer individually before the group discussion.

1. What's one process in your practice that produces different results depending on who does it?

2. Does your practice currently have a daily huddle or standup meeting?

- ☐ Yes, and it's effective
- ☐ Yes, but it's inconsistent or not useful
- ☐ No, we don't have one
- ☐ We have meetings, but they're too long to be called a huddle

3. If you had to document one process as 'standard work' this week, which one would have the biggest impact?

2 OWN IT

Design your standard work and huddle format as a team.

1. DISCUSSION PROMPT 1: Which 3 processes would benefit most from standard work documentation?

Process	Why It Needs Standard	Who Will Document It	Deadline
1.			
2.			
3.			

2. DISCUSSION PROMPT 2: Design your daily huddle. What should be covered? How long should it take? Who facilitates it?

Huddle Element	Content / Question	Time (mins)
Safety / Urgent Issues		2
Today's Schedule / Capacity		2
Yesterday's Wins		1
Today's Top Priority		2
Blockers / Help Needed		2
Total		~10 min

3 DO IT

This week and beyond. Turn this into action.

Action 1: Document your first standard work process

- ☐ Choose the most variable or error-prone process
- ☐ Walk through it step by step with the staff who do it
- ☐ Write it down in plain language
- ☐ Post it at the workstation where the process happens

Owner	Deadline

Action 2: Launch your daily huddle

- ☐ Choose a consistent time (ideally before the first patient)
- ☐ Keep it to 10 minutes maximum
- ☐ Assign a rotating facilitator
- ☐ Start tomorrow, don't wait for it to be perfect

Owner	Deadline

Who is responsible	When will this happen

WORKSHEET 3.3

Improvement cycles (PDSA)

Lesson: Test, Learn, and Build Improvements Into Standard Work
Purpose: Use the Plan-Do-Study-Act (PDSA) cycle to test one improvement this month.
Participants: Leadership team, practice manager, and the staff responsible for the process being improved.

From the Operator's Chair: Improvement isn't about launching massive initiatives. It's about running small, disciplined experiments. The PDSA cycle is the engine: Plan what you'll test, Do it on a small scale, Study whether it worked, then Act, either adopt it as standard or try something different. The practices that improve fastest are the ones that run one PDSA cycle per month, every month, without fail. It builds a culture where "we tried something and it didn't work" is celebrated, not punished.

1 KNOW IT

Answer individually before the group discussion.

1. What's one improvement you've been meaning to make for months but haven't started?

2. Why hasn't it happened yet? (Be honest.)

- ☐ We don't have time
- ☐ We're not sure how to do it
- ☐ We've tried before and it didn't stick
- ☐ Nobody owns it
- ☐ Other

3. What's the smallest possible test of that improvement you could run in the next two weeks?

2 OWN IT

Design your PDSA cycle as a team.

PDSA Step	Your Plan
PLAN, What are we testing? What do we predict will happen?	

PDSA Step	Your Plan
DO, What exactly will we do? Who will do it? When?	
STUDY, How will we measure whether it worked? What data will we collect?	
ACT, If it works: How do we make it standard? If it doesn't: What do we try next?	

3 DO IT

This week and beyond. Turn this into action.

Action 1: Run your first PDSA cycle this month

- ☐ Choose one improvement to test
- ☐ Run the test for one to two weeks
- ☐ Collect data on whether it worked
- ☐ Present results at the next leadership meeting

Owner	Deadline

Action 2: Build a monthly improvement rhythm

- ☐ Schedule one PDSA cycle per month
- ☐ Assign an owner to each cycle
- ☐ Post results where staff can see them
- ☐ Celebrate wins, even small ones

Owner	Deadline

Who is responsible	When will this happen

90-DAY ACTION PLAN | CHAPTER 3

Turning Numbers Into Action: Operations

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

CHAPTER 4

Leadership and People

The human engine of independence

Ambiguity in authority is the silent killer of independent practice. This chapter asks you to honestly assess your own leadership, define who owns each major decision, and build a retention and development plan before you lose the people who make the practice work.

Suggested session: 75 minutes with your leadership team

Leadership is about ownership rather than hierarchy. Every person, from the front desk to the managing partner, has a zone of control. The practices that thrive are the ones where decision-making authority is clear, where people know what they own, and where leaders develop the next generation instead of hoarding knowledge.

From the Operator's Chair

Too many practices collapse because the partners cannot agree on who decides what, even with sound finances and solid operations. Ambiguity in authority is the silent killer of independent practice. This chapter is about making that authority explicit, and building the people who will carry the mission forward.

What this chapter covers

Leadership self-assessment: an honest look at strengths, blind spots, and areas for growth

Decision-making authority framework: who owns each decision, whose input is required, who carries it out, and who needs to be told

Staff development and retention: spotting flight risk and investing in people before you lose them

I once sat in a partner meeting where three physicians spent 45 minutes arguing about whether to buy a new ultrasound machine. The real issue was that nobody knew who had the authority to make that decision. The meeting ended with no resolution, and the staff watched the whole thing unfold. That is theater, not leadership. Before you can lead others, you need to know where you stand.

The real cost of losing good people

Replacing a single medical assistant carries real cost once you factor in recruiting, onboarding, training, and lost productivity while the role sits open, and the cost is typically higher for a nurse or billing specialist. The steepest cost is cultural, not financial. When good people leave, the remaining staff notice. They start wondering if they should leave too. The best retention strategy is a development strategy.

WORKSHEET 4.1

Leadership self-assessment

Lesson: Honest Assessment of Leadership Effectiveness
Purpose: Evaluate the current state of leadership in your practice: strengths, blind spots, and areas for growth.
Participants: All partners, practice manager, and senior staff.

From the Operator's Chair: I once sat in a partner meeting where three physicians spent 45 minutes arguing about whether to buy a new ultrasound machine. The real issue was that nobody knew who had the authority to make that decision. The meeting ended with no resolution, and the staff watched the whole thing unfold. That is theater, not leadership. Before you can lead others, you need to know where you stand.

1 KNOW IT

Rate yourself honestly on each dimension, on a scale of 1 to 5 (1 = Strongly Disagree, 5 = Strongly Agree). This is for your eyes first.

1. Rate each statement

Statement	1	2	3	4	5
I can clearly articulate our practice's strategic priorities for the next 12 months.					
I regularly seek honest feedback from staff about my leadership.					
I delegate effectively and don't micromanage.					
I address conflict directly instead of avoiding it.					
I invest time in developing the next generation of leaders in this practice.					
I make decisions based on data, not gut feeling or politics.					
Staff would say I follow through on commitments.					
I protect my own resilience (sleep, boundaries, recovery).					

2. Total Score: _____ / 40

32 to 40: Strong foundation. Focus on developing others. 24 to 31: Solid but with blind spots. Pick one area to improve this quarter.
16 to 23: Significant gaps. Prioritize leadership development. Below 16: Urgent. Consider external coaching or peer support.

3. Reflection: What's one leadership behavior you want to change in the next 90 days?

2 OWN IT

Share your scores with the team. Vulnerability builds trust.

1. Discussion prompt 1: Where did the group score lowest? What does that tell us about our leadership culture?

2. Discussion prompt 2: What's one thing we could do as a leadership team to improve our effectiveness in the next 90 days?

3 DO IT

This week and beyond. Turn this into action.

Action 1: Each leader picks one area to improve

- ☐ Choose the lowest-scoring item from your self-assessment
- ☐ Define one specific behavior change
- ☐ Ask a trusted colleague to hold you accountable

Owner	Deadline

Action 2: Schedule a quarterly leadership review

- ☐ Retake this assessment every 90 days
- ☐ Compare scores over time
- ☐ Celebrate improvement and address persistent gaps

Owner	Deadline

WORKSHEET 4.2

Decision-making authority framework

Lesson: Define Who Owns Every Major Decision
Purpose: Eliminate ambiguity by mapping decision-making authority across your practice.
Participants: All partners, practice manager, and senior staff.

From the Operator's Chair: The most common source of conflict in independent practices is ambiguity about who decides what, not money. When authority is unclear, decisions get made by whoever is loudest, whoever is most persistent, or whoever happens to be in the room. That is chaos, not leadership. For every major category of decisions, you need to define four things: the Owner (who is ultimately accountable for the decision and has the final call), Input (whose expertise or perspective is required before the decision is made), Execution (who carries the decision out once it's made), and Communication (who needs to know once the decision is made). That is clarity, not bureaucracy, and clarity is the antidote to conflict.

1 KNOW IT

This one goes straight to the group mapping exercise. There is no individual Know It section.

2 OWN IT

Map decision-making authority for your practice's most important categories.

For each decision category, define the Owner, whose Input is required, who handles Execution, and who needs Communication once the decision is made.

Decision Category	Owner	Input	Execution	Communication
Clinical Protocols				
Hiring / Firing Staff				
Purchases > \$10,000				
Payer Contract Negotiations				
Scheduling / Capacity				
Staff Compensation				
Strategic Partnerships				
Marketing / Outreach				
IT / Technology				
Facility / Space				

2. Discussion prompt: Where have we had conflict or confusion about who decides? What would have been different if this framework had been in place?

3 DO IT

This week and beyond. Turn this into action.

Action 1: Finalize and distribute the decision-making framework

- ☐ Review and finalize the table above with all partners
- ☐ Share it with all staff
- ☐ Post it in the leadership meeting room
- ☐ Reference it the next time a decision causes confusion

Owner	Deadline

Action 2: Review and update annually

- ☐ Schedule an annual review of decision-making authority
- ☐ Update as roles, responsibilities, and practice structure evolve

Owner	Deadline

WORKSHEET 4.3

Staff development & retention

Lesson: Invest in People Before You Lose Them

Purpose: Identify your highest-risk staff, assess their engagement, and build a retention and development plan.

Participants: Leadership team, practice manager, and department leads.

From the Operator's Chair: Replacing a single medical assistant carries real cost once you add up recruiting, onboarding, training, and lost productivity, and the cost runs higher for a nurse or billing specialist. The steepest cost is cultural, not financial. When good people leave, the remaining staff notice. They start wondering if they should leave too. Retention comes from making people feel seen, heard, and developed, and pizza parties do not do that work. The best retention strategy is a development strategy.

1 KNOW IT

Answer individually before the group discussion.

1. Who are the 3 staff members whose departure would hurt the practice most?

2. When was the last time you had a one-on-one conversation with each of them about their career goals?

3. What's the biggest reason staff have left your practice in the past 2 years?

- ☐ Compensation
- ☐ Burnout / workload
- ☐ Lack of growth opportunities
- ☐ Conflict with leadership or colleagues
- ☐ Better opportunity elsewhere
- ☐ Other

2 OWN IT

Build a retention and development plan for your highest-risk staff.

List your highest-risk staff and their development plans.

Staff Member	Role	Flight Risk (H/M/L)	Development Action	Owner
1				
2				
3				
4				

3 DO IT

This week and beyond. Turn this into action.

Action 1: Schedule one-on-one conversations with your top 3 at-risk staff

- ☐ Ask: 'What do you need from us to stay and grow here?'
- ☐ Ask: 'What's frustrating you that we could fix?'
- ☐ Listen. Don't defend. Take notes. Follow up.

Owner	Deadline

Action 2: Build a quarterly staff development check-in

- ☐ Schedule 15-minute quarterly check-ins with each staff member
- ☐ Review their development goals and progress
- ☐ Adjust the plan based on their feedback

Owner	Deadline

90-DAY ACTION PLAN | CHAPTER 4

Leadership and People

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

CHAPTER 5

Growth and Strategy

Scaling without losing your soul

Healthcare is not getting easier, and growth for its own sake is a trap. This chapter builds the discipline to evaluate every opportunity against strategic fit, financial viability, and operational readiness, so you partner strategically instead of desperately.

Suggested session: 90 minutes with your leadership team

Healthcare isn't getting easier. The question is whether your structure can absorb the challenges when they come. That is the Breakwater.

From the Operator's Chair

Growth for its own sake is a trap. Practices add service lines, open satellite offices, and chase every shiny opportunity, only to find themselves stretched thin, burning out staff, and losing money on ventures that never should have started.

The practices that grow successfully are the ones that ask three questions before every opportunity: Does it align with our Independence Aim? Can we afford it? Do we have the systems and people to support it? If the answer to any of those is no, the answer to the opportunity is "not yet."

Three questions before every opportunity

Does it align with our Independence Aim?

Can we afford it?

Do we have the systems and people to support it?

Partner strategically, not desperately

Some partnerships strengthen independence and some quietly erode it. The test is simple: Does this partnership make us more independent or less? If you can't answer that clearly, you're not ready to sign.

This chapter is where you evaluate growth opportunities honestly, fix the bottleneck that's actually holding you back, and review your partnerships and alliances against the only standard that matters: whether they strengthen or erode your independence.

WORKSHEET 5.1

Growth readiness assessment

Lesson: Evaluate Before You Expand

Purpose: Evaluate potential growth opportunities against strategic fit, financial viability, and operational readiness.

Participants: Leadership team, practice manager, and financial staff.

From the Operator's Chair: Healthcare isn't getting easier. The question isn't if challenges come, it's whether your structure can absorb them. That is the Breakwater. Growth for its own sake is a trap. Practices add service lines, open satellite offices, and chase every shiny opportunity, only to find themselves stretched thin, burning out staff, and losing money on ventures that never should have started. The practices that grow successfully are the ones that ask three questions before every opportunity: Does it align with our Independence Aim? Can we afford it? Do we have the systems and people to support it? If the answer to any of those is no, the answer to the opportunity is "not yet."

1 KNOW IT

Answer individually before the group discussion.

1. What growth opportunities is your practice currently considering? List them:

2. For each opportunity, what's driving the interest? (Revenue? Patient demand? Competitive pressure? Partner enthusiasm?)

3. What's the single biggest bottleneck preventing growth in your practice today?

2 OWN IT

Rate each growth opportunity as a team.

1. Rate each opportunity on a scale of 1 to 5 (1 = Low, 5 = High)

Growth Opportunity	Strategic Fit	Financial Viability	Operational	Total (Max 15)
1.				
2.				
3.				
4.				

2. Discussion prompt 1: Which opportunity scored highest? Does the team agree? What concerns remain?

3. Discussion prompt 2: For the top opportunity, what's the break-even timeline? What would need to be true for this to succeed?

3DO IT

This week and beyond. Turn this into action.

Action 1: Fix the bottleneck before pursuing the opportunity

- ☐ Identify the single biggest bottleneck preventing growth
- ☐ Assign an owner to close that gap
- ☐ Set a deadline for resolution
- ☐ Do NOT pursue the growth opportunity until the bottleneck is resolved

Owner	Deadline

Action 2: Build a business case for the top opportunity

- ☐ Estimate startup costs, ongoing costs, and projected revenue
- ☐ Define the break-even timeline
- ☐ Identify the operational requirements (staff, space, systems)
- ☐ Present to the leadership team for a go/no-go decision

Owner	Deadline

WORKSHEET 5.2

Strategic partnerships & alliances

Lesson: Partner Strategically, Not Desperately
Purpose: Evaluate current and potential partnerships against your Independence Aim.
Participants: Leadership team, practice manager, and legal counsel (if applicable).

From the Operator's Chair: Not every partnership is a threat to independence, and not every partnership is an opportunity. The key is knowing the difference. Some practices enter management services agreements that slowly erode their autonomy. Others build alliances that make them stronger: shared purchasing groups, co-located specialists, joint marketing. The test is simple: Does this partnership make us more independent or less? If you can't answer that clearly, you're not ready to sign.

1 KNOW IT

Answer individually before the group discussion.

1. List your current strategic partnerships or alliances (hospital affiliations, shared services, vendor relationships, etc.):

2. For each partnership, does it make you more independent or less? Be honest.

3. What partnership or alliance would strengthen your practice most right now?

2 OWN IT

Evaluate each partnership against your Independence Aim.

Partnership	Strengthens	Risk to Independence?	Action Needed
1.			
2.			

Partnership	Strengthens Independence?	Risk to Independence?	Action Needed
3.			
4.			

3 DO IT

This week and beyond. Turn this into action.

Action 1: Review your most important partnership agreement

- ☐ Pull the contract and read it
- ☐ Identify any clauses that limit your autonomy
- ☐ Discuss with legal counsel if needed

Owner	Deadline

Action 2: Identify one new strategic alliance to pursue

- ☐ Choose an alliance that strengthens your Independence Aim
- ☐ Define what you want from the partnership
- ☐ Initiate a conversation with the potential partner

Owner	Deadline

90-DAY ACTION PLAN | CHAPTER 5

Growth and Strategy

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

CHAPTER 6

The Future of Independence

Staying ahead of the tide

The future of your practice depends on the systems you build today and the people you develop to run them tomorrow. This chapter is your stress test: audit your vulnerabilities before they become crises, then map who is ready, now and in the next 1-2 years, to carry the practice forward.

Suggested session: 75 minutes with your leadership team

The future of your practice depends on two things: the systems you build today and the people you develop to run them tomorrow. Succession planning is something you do now, while you still have time to shape the outcome, rather than when you are ready to retire.

From the Operator's Chair

Practices crumble when a senior physician retires without a plan. Staff scatter, patients are left without continuity, and decades of community trust can evaporate in months. Protect the Breakwater: the barrier around what matters most. That means building a practice that can outlast any single person, including you.

Two questions this chapter answers

Could we survive a shock without scrambling: a lost physician, a revenue drop, a system failure?

If a critical person left tomorrow, does someone already know how to step in?

Succession planning is about resilience more than retirement. What happens if your practice manager gets a better offer next month? What happens if your lead physician has a health crisis? The practices that survive these shocks are the ones that have already identified who's next, what they need to learn, and how they'll be developed. This is responsible leadership, not morbid planning.

Every critical role in your practice should have a name next to it: someone who is ready now, and someone who could be ready in one to two years with the right development.

Keep the Breakwater strong

Independence is not a state of being. It is a practice: a set of disciplines, rhythms, and choices. Keep this workbook visible, revisit it quarterly, and let it drive your decisions. Your ongoing rhythm: daily huddles, weekly standups, monthly financial and process reviews, quarterly resets and self-assessments, semi-annual resilience audits and succession reviews, and an annual Independence Aim review.

WORKSHEET 6.1

Resilience Audit

Lesson: Stress-Test Your Practice

Purpose: Identify your practice's vulnerabilities and build a plan to address them before they become crises.

Participants: Leadership team, practice manager, and senior staff.

1 KNOW IT

Rate each statement honestly. This is a stress test, not a report card. Scale: 1 = Not at all, 5 = Completely.

1. We could survive the loss of our top revenue-producing physician for 6 months.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

2. We could survive a 15% revenue drop for 12 months without layoffs.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

3. Our key processes are documented and could be run by someone else.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

4. We have a succession plan for every critical role.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

5. Our technology systems have backups and disaster recovery plans.

- ☐ 1
- ☐ 2
- ☐ 3

- ☐ 4
- ☐ 5

6. We have strong relationships with at least 3 payers (not dependent on one).

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

7. Our staff morale is strong enough to weather a difficult quarter.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

8. We have legal and compliance counsel we can reach within 24 hours.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Total Score: _____ / 40. 32-40: Strong resilience, maintain your systems and keep stress-testing. 24-31: Moderate resilience, address the lowest-scoring areas this quarter. 16-23: Vulnerable, prioritize resilience-building immediately. Below 16: Critical, your practice is one crisis away from serious trouble.

10. What's our single biggest vulnerability?

2 OWN IT

Discuss as a team and prioritize the top 3 vulnerabilities to address.

1. Top 3 vulnerabilities

#	Vulnerability	Impact if Not Addressed	Owner	Deadline
1				
2				

#	Vulnerability	Impact if Not Addressed	Owner	Deadline
3				

3 DO IT

This week and beyond. Turn this into action.

Action 1: Address your #1 vulnerability this quarter

- ☐ Define the specific risk
- ☐ Assign an owner
- ☐ Set a deadline
- ☐ Report progress at each monthly leadership meeting

Owner	Deadline

Action 2: Schedule a semi-annual resilience audit

- ☐ Retake this assessment every 6 months
- ☐ Compare scores over time
- ☐ Celebrate improvement and address persistent gaps

Owner	Deadline

WORKSHEET 6.2

Succession Planning

Lesson: Build a Practice That Outlasts Any Single Person
Purpose: Identify succession risks and build a development plan for the next generation of leaders.
Participants: All partners, practice manager, and senior staff.

From the Operator's Chair: Succession planning is about resilience more than retirement. What happens if your practice manager gets a better offer next month? What happens if your lead physician has a health crisis? The practices that survive these shocks are the ones that have already identified who's next, what they need to learn, and how they'll be developed. This is responsible leadership, not morbid planning. Every critical role in your practice should have a name next to it: someone who is ready now, and someone who could be ready in one to two years with the right development.

1 KNOW IT

This worksheet opens directly into Own It: map the succession pipeline before discussing risk.

2 OWN IT

Map the succession pipeline for every critical role.

Critical Role	Current Holder	Ready Now	Ready in 1-2 Years	Development
Managing Partner				
Practice Manager				
Lead Physician				
Billing Director				
Clinical Director				
IT / Systems Lead				
Other: _____				

2. Discussion prompt 1: Which role has the highest succession risk? What would happen if that person left tomorrow?

3. Discussion prompt 2: For the highest-risk role, what are 3 specific development actions we can take in the next 90 days?

3 DO IT

This week and beyond. Turn this into action.

Action 1: Start developing your highest-risk successor

- ☐ Identify the role with the highest succession risk
- ☐ Define 3 specific development actions
- ☐ Assign a mentor or coach
- ☐ Schedule quarterly check-ins to monitor progress

Owner	Deadline

Action 2: Document institutional knowledge

- ☐ For each critical role, identify the knowledge that exists only in one person's head
- ☐ Begin documenting it as standard work, playbooks, or training materials
- ☐ Store it where others can access it

Owner	Deadline

90-DAY ACTION PLAN | CHAPTER 6

The Future of Independence

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