

PHYSICIANS PRACTICE[®]

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Bonsai, business and practice management

Growing bonsai takes patience and the right tools, just like growing your practice

By Neil Baum, M.D.

I've been fascinated with bonsai trees — especially with how bonsai fans can be so dedicated to nurturing their botanical garden that the bonsai plant becomes a miniature version of its full-sized relatives. I never thought a small tree could provide lessons about health care and managing a medical practice. However, on further reflection, I believe several comparisons that apply to physicians and medical practices are worthy of mention.

It is not easy to raise and care for a bonsai plant, just as starting, growing and maintaining a medical practice takes work. If we can successfully nurture a bonsai plant, then we can also manage to care for and nurture our patients and our medical practice. This article compares nurturing bonsai plants with the care and nurturing of a medical practice.

Bonsai plants often have problems that emerge when the routine is changed. Bonsai plants don't take kindly to changes in their water or light exposure routines. The same holds true in

your practice. The practice only runs smoothly when you don't deviate from the routine or the schedule. Suppose the physicians are to arrive at 8:45 a.m. and start seeing patients at 9:15 a.m. In that case, the staff are prepared, the patients are in the rooms, the phone is taken off the answering service and everyone seems to be on the same page. If a physician decides to arrive at 9:30 a.m., check emails, return a few phone calls, and begin seeing patients at 9:45 a.m. or 10 a.m., there will be mayhem in the office. Patients become surly, the staff are agitated and no amount of hurrying can get the practice back on schedule.

The same applies to hospital operating rooms (ORs). If the OR expects the surgeon at 7:30 a.m. and they show up at 8 a.m., the entire OR schedule is delayed, and other physicians, patients and OR staff will be upset. This will have a trickle-down effect on everyone involved.

Routine

Let the bonsai plant provide you with the first lesson, i.e., having a

routine. Rarely, if ever, should you deviate from the routine you and your staff have agreed upon.

Pruning is the art of retarding the growth of the tree to keep its miniature status and size. To have a fuller, more miniature plant, it is necessary to trim back the branches.

How often do you review your practice's balance sheet, looking at your assets and liabilities? How often do you look at your explanations of benefits or denials of claims submitted to the insurance companies or the Centers for Medicare & Medicaid Services? A successful practice does not run on autopilot. You must review the key performance indicators, including monthly charges/receipts, accounts receivables, relative value units, denials and number of new patients. These important metrics indicate the growth or the decline of your practice. When you identify problems, that is the time to consider pruning what isn't working, such as dropping low-paying payers and looking for new sources of revenue, such as offering early morning hours,

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evening hours, same-day appointments or Saturday morning appointments. Pruning is a necessity for a healthy bonsai plant and a necessity for a healthy practice.

Caring for a bonsai plant takes a spray mister, measuring cups and small pruning shears. But if you want to provide outstanding care for your bonsai plant, the experts recommend a soil moisture tester. You must have the right tools to provide optimum care for your plant.

You can enhance your practice's efficiency and productivity if you ensure the staff has the right tools, including the right technology. For example, is your website allowing your patients to make an appointment online? Does the website offer the demographic forms and health questionnaire for patients to complete before they come to the office for their first appointment? This single feature can make the practice more efficient. Your patients will appreciate being seen on time instead of spending 20 to 30 minutes completing forms in the reception area before being seen by the staff and the physician.

Resources and tools

As with bonsai plants, resources and tools can make all the difference in the world. Make every effort to give your employees the skills and technology they need to do great work and be their most productive.

Pay attention to careful potting of the plant to ensure that the soil drains quickly. Keeping a moisture tray underneath the plant will allow it to believe that it is growing in the same conditions as its natural habitat.

I have observed that happy physicians and happy office managers create a milieu that makes for happy staff who, in turn, give patients a positive experience. Sometimes, obtaining this atmosphere is as simple as changing the verbiage or language used.

For example, suppose you call the area that patients enter when they open the door to the practice the *waiting room*. In that case, you are creating a self-fulfilling prophecy that the patients will wait before they are seen. However, if you change the term to the *reception area*, you create an aura where patients will be received, seen and processed very quickly. Changing this one term makes patients feel appreciated and that they are doing the physician a favor by being part of the practice rather than the other way around — that is, the patient is the one making the effort rather than the physician doing the patient a favor by providing health care.

Beginner's mindset

Unless you are a bonsai maven, you must periodically ask for advice on managing your beloved plants. You may not know it all, and you will likely have to consult with a bonsai doctor when your plant fails to thrive. Likewise, your practice will occasionally need to consult with an expert to solve employment problems, establish a sexual harassment policy, or advise on taxes and investments. As with the bonsai plant, asking for help is not a sin. It may save your bonsai and your practice.

Too much or too little water will cause your plant to wither on the vine. The same applies to a physician's reputation. Physicians spend

their entire lives building and protecting their reputations. Most patients have a favorable impression of the physician and the practice. An angry patient with a bad experience can wreak havoc on a medical practice. Today, a patient who posts negative comments about the physician and the practice can have their invective seen by thousands of viewers with just a mouse click. Therefore, physicians must take an active role in protecting their reputations. The best way to do this is to capture compliments from happy patients when they utter their accolades. This can be done by asking patients to share their experiences with one of the online review sites. I suggest to the patient in the examination room that they rate their experience with the practice at the point of service.

Bottom line: Lessons for practice management are available in books and business schools and in the flora and fauna of our surroundings ... or on a desktop, if that's where you keep your treasured bonsai plant.

Neil Baum, M.D., is a professor of clinical urology at Tulane University in New Orleans, Louisiana. Dr. Baum is the author of several books, including the best-selling book *Marketing Your Medical Practice: Ethically, Effectively, Economically*, which has sold over 225,000 copies and has been translated into Spanish.



Messy moments When one colleague silences another

Ways to create psychological safety in your care group

By Nance Goldstein, Ph.D., ACC

In a meeting of clinical staff and supervisors, a physician makes an observation about a potentially unsafe practice and suggests how to prevent it in the future.

The meeting moves on as if no one has heard the comment. A few minutes later, a White male physician makes the same comment. The group discusses it and decides on the next step.

The original contributor is a Latina physician. She says nothing else after her initial comment.

No one mentions what happened.

What, if anything, can you do? What would you like to happen here?

You wonder what the Latina clinician thinks and how she feels about it. You're worried that she feels ignored.

She may not risk speaking again.

Here, one person in the group insulted and humiliated another. This sends a strong signal to everyone lower in the pecking order. If this situation goes without response, others who feel lesser in the group may stay silent to protect themselves from those with higher perceived rank or privilege.

But you need them to speak up so you can get critical information for safe care.

ACT: Attend to and motivate the injured individual

Arrange a confidential one-on-one conversation with the Latina physician to attend to her and welcome the mistreated person back into your care group.

You might say, "I've thought about your contribution at our meeting today. Can we find some time to talk?"

Image by Robb McGarr / MJH Life Sciences using AI



1. A: Ask. Ask focused questions that invite her to talk.

Your attention shows that you saw the aggression. Your tone communicates you want her to feel comfortable contributing. Avoid questions that can be answered with one word.

- “What happened for you today in that conversation?”
Give her time and space to think and respond.
Sketch the trajectory you intend with the first three things you say.
Clarify that you understand her with the following questions:
 - “What leads you to think that?”
 - “Would you give me an example of that?”
- “Tell me about when and how this may have happened before (with whom/what kinds of situations).”
Listen to the feelings behind the words and what she may not be saying.
- “What do we need to do to create a workplace where you feel safe to speak and believe that our group listens? It matters to me.”
Listen carefully, paraphrasing what she says to be sure you understand what happened and her perceptions/concerns.

2. C: Create. Create next steps together.

- Brainstorm together what each of you might do to support her voice, her belonging and her success.
 - “Let’s brainstorm possibilities that support your voice. Crazy ideas are allowed! Let’s take two minutes.”
 - “So how might you respond now if it happens again, knowing that I support you?”
- Make a choice and tell her what you will do this week to support her and others’ safe participation. This dials down the threat of rank: You stand beside her.

3. T: Thank. Thank her.

- Appreciate the value she brings to the care group — even in a small way.
- Arrange a follow-up conversation soon.
- You always act on two levels: the individual and the group.
For the group, set the scene of norms and expectations and strengthen them with structures for the group’s future performance.

Construct a safe space

Set the stage for psychological safety for all whenever the care group gathers (meetings, preshift huddles, debriefs, etc.).

Meetings are the most powerful place to change expectations and behaviors. Choose one or two tips below and bake them into meetings to produce inclusivity and safety from retribution or disrespect.

- Start each meeting by inviting — indeed, expecting — everyone to contribute and everyone to listen to all contributions. Say this while looking directly at people. Then ask everyone to say their name. It brings their voice into the room.
- Appreciate each person after their first contribution in the meeting:
 - “Thank you for raising that.”
 - “That’s an idea and/or perspective we need to hear (or haven’t heard before). I’m glad you said that.”
- Acknowledge the idea without judging its value. This makes people feel visible and valued. It declares they belong in the group and discussion.
- Consciously wait to let others respond to comments in meetings.
 - This invites everyone to think and shows that you want to learn from them.
 - Support debate with your body language and affect. When you weigh in, it’s harder for others to comment.

In the messy moment mentioned previously, do the following:

- Stop the action: Ask what others think as soon as you notice a contribution that’s ignored.
- Give the voiced idea airtime so that everyone hears it and gains space to respond.

There are countless ways to do this. Create something that works for your intentions and style.

Always look forward while you deal with the present moment. Always be constructing (ABC) the culture of psychological safety and belonging so that you get critical care information and your group creates safe, quality care together.

WANT TO CREATE PSYCHOLOGICAL SAFETY for your group before silence swallows something critical?
Let’s talk: nance.goldstein@post.harvard.edu



Don't make these strategic planning mistakes

These mistakes can get in the way of all your practice's best-laid plans

By **Nick Hernandez**

Strategic planning is an essential business activity. However, several common mistakes must be understood so that practice administrators can guard against them. Pointing out these mistakes is not a criticism of the process but acknowledgement of improper implementation. Medical practice leaders must recognize both the benefits and the potential pitfalls of strategic planning because it is their responsibility to ensure that strategic

planning is conducted properly to achieve the desired goals. Here are four of the most common planning mistakes we find:

1 Attempting to forecast and dictate events too far into the future

In part, this may result from the natural desire to believe we can control the future. It is a natural tendency to plan based on the assumption that the future will merely be a linear continuation of present conditions, and we often underestimate the scope

of changes in direction that may occur. Because we cannot anticipate the unexpected, we tend to believe it will not occur. In fact, most strategic plans are overcome by events much sooner than anticipated by practice leaders.

2 Trying to plan in too much detail

This is not a criticism of detailed strategic planning but of planning in more detail than the conditions warrant. This pitfall often stems from the natural desire to leave as little as possible to chance.

STRATEGIC PLANNING

In general, the less certain the situation, the less detail in which we can plan. However, the natural response to the anxiety of uncertainty is to plan in greater detail to try to cover every possibility. This effort to plan in greater detail under conditions of uncertainty can generate even more detail. The result can be an extremely detailed strategic plan that does not survive the friction of the situation and constricts effective action.

3 Tendency to use planning as a scripting process that tries to prescribe actions with precision

When practice leaders fail to recognize the limits of foresight and control, the strategic plan can become a coercive and overly regulatory mechanism that restricts initiative and flexibility. The focus for staff members becomes meeting the requirements of the strategic plan rather than deciding and acting effectively.

4 Tendency for rigid planning methods to lead to inflexible thinking

While strategic planning provides a disciplined framework for approaching problems, the danger is in taking that discipline to the extreme. It is natural to develop planning routines to streamline the strategic planning effort. In situations where planning activities must be performed repeatedly with little variation, it helps to have a well-rehearsed procedure already in place. However, there are two dangers. The first is in trying to reduce those aspects of strategic planning that require intuition and creativity to simple processes and procedures. Not only can these

skills not be captured in procedures, but attempts to do so will necessarily restrict intuition and creativity. The second danger is that even where procedures are appropriate, they naturally tend to become rigid over time. This directly undermines the objective of strategic planning: enabling the organization to become more adaptable. This tendency toward rigidity is one of the gravest negative characteristics of strategic planning and of strategic plans.

Indeed, strategic planning is an essential part of practice management, helping practice leaders to decide and act more effectively. As such, strategic planning is one of the principal tools used to exercise operational control. Remember, though, that strategic planning involves elements of both art and science, combining analysis and calculation with intuition, inspiration and creativity. To plan well is to demonstrate imagination and not merely to apply mechanical procedures. Done well, strategic planning is an extremely valuable activity that greatly improves practice performance and is an effective use of time. Done poorly, it can be worse than irrelevant and a waste of valuable time. The fundamental challenge of strategic planning is to reconcile the tension between the desire for preparation and the need for flexibility in recognition of the uncertainty of the health care industry.

Nick Hernandez is the founder and CEO of ABISA, a company that specializes in strategic health care initiatives such as mergers and acquisitions, management services organizations, private equity, succession planning, physician partnerships, and strategic planning. He can be reached at nhernandez@abisallc.com.

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