

## **Moving Programs from Good to Great**

Philip L. Ronning  
Vice President  
Tiber Group, LLC  
Chicago, IL

Competing physician groups were recently vying for position with a health system. One group had a clear vision and ambition. The other group yearned for maintaining the status quo; they wanted to engage in what I call *present paradigm protection planning*. Even better, they wondered, could the organization regress to the environment of the happy days of the past?

As these two groups competed for the favored position, the health system was clearly seduced by the picture of a brighter future painted by the first group, yet the other was the long-term incumbent and loyal group. The historic group had grown comfortable and complacent – content to run the current course until their retirement.

Sound like a familiar dilemma? The incumbent is self-satisfied; the suitor is striving for excellence and growth. The strategy here is to challenge the incumbent group to define a course to move from good to great.<sup>1</sup> This is seldom an easy proposition but sets the stage for robust dialogue about the future.

The following figure establishes a framework for these discussions. Identify the attributes important to the program in your market. Describe the current “good” condition for each attribute and then describe the “great” stretch point. The difference, or gap, between the two sets the framework for the strategic agenda.

The program’s leadership must define the attributes. Arguably these attributes should include the following:

---

<sup>1</sup> See [From Good to Great](#), Jim Collins, 2001

### ***1. Volume***

Volume continues to be a descriptor of great programs. A commitment to growing volume is therefore fundamental. While some practices are content with their current size, growing market share must be a constant performance target; if you're not getting bigger, you're getting smaller.

### ***2. Specialization***

High procedure volumes for individual physicians is common among great programs. The specialization that produces these volumes results in a level of expertise and notoriety that generates more volume. Many programs or practices are unwilling or unable to orchestrate any level of specialization and therefore fail to achieve the level of excellence they desire.

### ***3. Outcomes***

Outcomes will arguably always be the standard by which programs are measured. While it is important to recognize that there are other measures, outcomes must not only be managed, they must be highlighted.

### ***4. Patient Experience***

The literature will soon replace "patient satisfaction" to the broader "patient experience." Patient experience involves not just service levels but the entire experience – including the experience of relatives and friends who ultimately fill out the opinionnaires anyway. Patient experience challenges programs to exceed expectations.

### ***5. Cost***

The importance of cost varies from time to time and from market to market. When wide case cost price variances ruled the day, cost was seen as inversely related to quality – higher quality means lower cost. As both cost and quality variability in specialty services has diminished, cost has become less important. However, it continues to matter, particularly in managed care driven markets.

### ***6. Access/Convenience***

Availability is surprisingly important to patients. Once considered irrelevant, access and convenience are significant to an increasingly large subset of the patient population, particularly those stratified as less acute and more predictable.

## **7. Infrastructure**

Infrastructure can develop as a program grows in size. Infrastructure supports research, teaching, outreach, process improvement, marketing, patient education, etc. Great programs have the infrastructure to support the details that make a difference.

## **8. Research**

Good programs have not the time, the resources nor the interest and ambition to be involved in research. Stretching beyond clinical trials toward research not only advances the stature of the program but also invigorates the program's self identity.

## **9. Teaching**

The pedestrian program does little or no teaching. Great programs provide a platform for education. This comes as a result of their volume as well as their commitment to advancing treatment and the well-being of the community.

## **10. Scope of Services**

The great not only push the limits on scope of services, they seek to redefine those limits. Being full service, not simply providing profitable services, is the driving force for these programs.

## **11. Image**

Leaders make a concerted effort to define and refine a strong image in the local, regional and national market. Although image becomes nearly its own reward, it is recognized as a key component of the fuel mixture that drives the engine of success.

## **12. Technology**

Great programs are *early adopters* of new technology. This is different from simply throwing money at every new device or tool that comes along. Rather, a sophisticated technology assessment process is in place to ensure that attractive new technologies are aggressively pursued.

## **13. Amenities**

Along with patient experience, amenities are becoming increasingly important. Specialty programs have long ignored amenities (meals on demand, concierge services, etc.) because they were largely considered

irrelevant for the really sick. As the specialties have advanced, more patients of the specialties are “well” and they therefore demand new levels of amenities for themselves and their visitors. How many programs offer fax services or cyber cafes? Great programs recognize the differences in patients and provide services and amenities appropriate to their acuity level.

#### ***14. Prevention and Wellness***

Even though no profits yet follow, the great programs invest in prevention and wellness. While not driven by success, profits will inure to those who promote health and fitness.

#### ***15. Disease Management***

Longitudinal care of patients started as a notion of caring for the patient long after discharge, tracking result of the care into the future. Disease management integrates prevention and wellness with acute and chronic intervention.

\*

\*

\*

Greatness certainly is not a prerequisite for a reputable specialty program. Greatness is reserved for the few who strive to achieve at a different level. But greatness is not tied to a single characteristic; it is linked to a web of exceptional qualities. Greatness is arguably in the eye of the beholder, but the most important beholder is you. It is therefore management’s responsibility to first define greatness and then to chart the course for closing the gap on greatness.

Copyright 2003© American Academy of Medical Administrators. All rights reserved.

*Moving from Good to Great*

<i>Attribute</i>	<i>Good</i>	<i>Great</i>	<i>Strategies for Closing the Gap</i>
1. Volume	Moderate volumes when compared to the region/nation	Substantial numbers worthy of note	
2. Specialization	Trained and capable practitioners	Physicians whose numbers draw note	
3. Outcomes	Pedestrian	Noteworthy, particularly when severity-adjusted	
4. Patient Experience	Few complaints	Rave reviews for unexpected service	
5. Cost	Average plus	Aggressive and innovative	
6. Access/Convenience	You come to me	We come to you and are at your service	
7. Infrastructure	Stable	People looking for new things to do	
8. Research	Lucrative clinical trials	Rivals the Medical Schools	
9. Teaching	A few residents	Competitive fellowship programs	
10. Scope of services	Complete	Pushing limits, including unprofitable services	
11. Image	Fine	Attractive and gaining recognition	
12. Technology	Complete	Innovative, early adopters	
13. Amenities	Few Complaints	Recognition for high service levels	
14. Prevention & Wellness	None	Leading edge by making investments	
15. Disease Management	Say what?	Integrated protocols and algorithms	