



PRACTICING INDEPENDENCE

A Comprehensive Workbook & Field Guide

Edison Breakwater Strategies | Practicing Independence Toolkit

*"Independence is not a state of being; it is a practice - a set of disciplines, rhythms, and choices.
When executed with consistency, these create the financial strength, operational resilience,
and cultural fortitude to stay in control of your own destiny."*

The Practice of Independence

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I've been in your chair. I know the weight of it. There's the quiet dread of a Monday morning. You wonder which staff member has called out, which payer has denied a crucial claim, or which new administrative burden has been dropped on your desk. I know the feeling of being pulled in a thousand different directions. There's the constant, low-grade anxiety that comes with the responsibility of keeping a practice alive in an industry that seems determined to crush it.

Leading an independent practice today can feel like a lonely battle. **You are not alone.**

This workbook is a **field guide for the fight**. It is not a collection of abstract theories from a business school classroom. Instead, it is a practical, no-nonsense manual forged in the trenches of real, independent medical practices. It is built on a simple, powerful premise: independence is not a state of being; it is a *practice*. It is a set of disciplines, rhythms, and choices. When executed with consistency, these create the financial strength, operational resilience, and cultural fortitude to stay in control of your own destiny.

My goal is to give you the tools to build a practice that is as operationally sound as it is clinically excellent. The stories and strategies in these pages are designed to give you three things:

- **Clarity:** To see your practice not as a series of disconnected problems, but as a single, interconnected system.
- **Confidence:** To make hard decisions based on data, not on fear or guesswork.
- **Control:** To reclaim your time, your energy, and your focus from the chaos of daily fire-fighting.

This is not a book to be read once and placed on a shelf. It is a companion for the journey. The small wins you will achieve by applying these lessons - tightening up a scheduling process, improving a financial report, having a difficult but necessary conversation - are what build real momentum.

HOW TO USE THIS WORKBOOK

Each chapter follows a consistent structure designed to move you from insight to action:

- **Guidance from the Operator's Chair:** Rich context, real stories, and hard-won lessons from the manuscript to frame each topic.
- **SECTION 1: KNOW IT** - Individual reflection. Answer honestly before the group discussion.
- **SECTION 2: OWN IT** - Group discussion. Surface different perspectives and build shared commitments.
- **SECTION 3: DO IT** - Action plans. Turn insights into measurable, assigned, time-bound actions.

Gather your leadership team, physician partners, practice manager, and anyone who influences strategic decisions. Block 90 minutes per chapter. Be honest. There are no wrong answers - only avoided ones.

How to Facilitate This Workbook

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This workbook is designed to be worked through as a team, not read alone at a desk. The exercises will surface real tensions, honest disagreements, and uncomfortable truths. That is the point. The practices that thrive are the ones willing to have the conversations that others avoid. Below is everything you need to run effective sessions with your leadership team.

RECOMMENDED SESSION FORMAT

Block **90 minutes per chapter**. Run one chapter per session, ideally every 1-2 weeks. Do not rush through multiple chapters in a single sitting. The value comes from the discussion, not the speed.

Phase	Time	Activity	Facilitator Notes
Opening	5 min	Read the "From the Operator's Chair" guidance aloud as a group	Set the tone. This is not a lecture. It is a conversation.
KNOW IT	15 min	Individual reflection. Everyone answers the questions silently on their own.	Protect this time. No talking. No phones. Let people think.
OWN IT	40 min	Group discussion. Work through the discussion prompts together.	Your job is to make sure every voice is heard, not just the loudest.
DO IT	20 min	Assign action items. Every action gets an owner and a deadline.	If it does not have a name and a date, it will not happen.
Close	10 min	Each person shares one takeaway and one commitment.	End on commitment, not just conversation.

GROUND RULES FOR EFFECTIVE SESSIONS

Post these in the room before every session. They set the culture for honest, productive conversation.

- 1. Honesty over comfort.** The point of this workbook is to surface the truth, not to make everyone feel good. If something is broken, name it.
- 2. Titles stay at the door.** During these sessions, everyone's perspective carries equal weight. The newest MA may see something the managing partner has missed for years.
- 3. Disagree, then commit.** Healthy disagreement is expected. But once a decision is made, everyone commits to it. No hallway vetoes.
- 4. No devices.** Phones off, laptops closed. Ninety minutes of focused attention is the minimum investment in your practice's future.
- 5. What's said here stays here.** People will only be honest if they trust that their candor will not be used against them later.
- 6. Action over discussion.** Every session must end with at least one assigned, time-bound action item. Talk without action is just noise.

TIPS FOR MANAGING DIFFICULT CONVERSATIONS

Chapters 2 (Financial Clarity) and 4 (Leadership and People) tend to surface the most tension. Here is how to navigate it:

Situation	What to Do
Partners disagree on the numbers	Redirect to the data. Ask: "What does the report actually say?" Opinions are welcome; ignoring the data is not.
Someone dominates the conversation	Use a round-robin format: go around the table and give each person 2 minutes to share their answer before opening discussion.
The room goes silent on a hard question	Normalize it: "This is supposed to be uncomfortable. Let's sit with it for a moment." Then ask the quietest person in the room to go first.
Conflict escalates between two people	Pause and reframe: "We are on the same team. The question is not who is right. The question is what is best for the practice."
Someone dismisses the exercise	Acknowledge it directly: "I hear you. But the practices that skip this work are the ones that end up selling. Let's give it 90 minutes."

RECOMMENDED CHAPTER SEQUENCE

The chapters are designed to build on each other. Work through them in order for the best results.

Session	Chapter	Focus	Suggested Timing
1	Foundations of Independent Practice	Alignment. Define your Independence Aim and assess your foundation.	Week 1
2	Financial Clarity	Numbers. Know your 5 core metrics and build a financial dashboard.	Week 3
3	Operations	Systems. Map your processes, run huddles, and eliminate waste.	Week 5
4	Leadership and People	Authority. Clarify who decides what and invest in your people.	Week 7
5	Growth and Strategy	Direction. Evaluate opportunities and build strategic partnerships.	Week 9
6	The Future of Independence	Resilience. Stress-test your practice and plan for succession.	Week 11

If your team needs help facilitating these sessions, or if the conversations surface challenges that require outside perspective, Edison Breakwater works directly with independent practice leadership teams. Visit EdisonBreakwater.com/work-with-us to learn more.

Practice Health Scorecard

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This scorecard consolidates every self-assessment in the workbook into a single diagnostic view of your practice. Complete it after you have worked through all six chapters, then revisit it quarterly to track your progress. Think of it as the vitals sheet for your practice - a quick read on where you are strong and where you are vulnerable.

OVERALL PRACTICE HEALTH

Transfer your scores from each chapter's assessments. Each is scored out of 40.

Assessment	Chapter	Score (out of 40)	Zone
Foundation & Independence Clarity	Chapter 1	____ / 40	32-40 Strong 24-31 Solid 16-23 Gaps <16 Urgent
Financial Health	Chapter 2	____ / 40	32-40 Strong 24-31 Solid 16-23 Gaps <16 Urgent
Operational Efficiency	Chapter 3	____ / 40	32-40 Strong 24-31 Solid 16-23 Gaps <16 Urgent
Leadership Effectiveness	Chapter 4	____ / 40	32-40 Strong 24-31 Solid 16-23 Gaps <16 Urgent
Growth Readiness	Chapter 5	____ / 40	32-40 Strong 24-31 Solid 16-23 Gaps <16 Urgent
Resilience & Succession	Chapter 6	____ / 40	32-40 Strong 24-31 Solid 16-23 Gaps <16 Urgent
TOTAL PRACTICE HEALTH SCORE		____ / 240	192-240 Thriving 144-191 Stable 96-143 Vulnerable <96 Critical

VISUAL HEALTH MAP

Shade each bar to your score level. This gives you an at-a-glance view of where to focus.

Dimension	Critical 0-15	Gaps 16-23	Solid 24-31	Strong 32-40	Your Score
Foundation & Clarity					____
Financial Health					____
Operations					____
Leadership					____
Growth & Strategy					____
Resilience & Succession					____

PRIORITY ACTION SUMMARY

Based on your scores, identify your top 3 priorities for the next 90 days.

#	Lowest-Scoring Dimension	Specific Action	Owner	Deadline
1				
2				
3				

Date of this assessment: _____

Next reassessment date (90 days): _____

Foundations of Independent Practice

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From the Operator's Chair: 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, or running yourself into the ground until your judgment fails. 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.

To build a resilient foundation, you need a new way of seeing your practice, built on four core disciplines: **Respect for People** (their voices actually count in decisions), **Continuous Improvement** (confronting small problems before they metastasize), **Value Stream Focus** (mapping every step against the value it provides), and **Seeing Waste** (duplicate data entry, unanswered calls, and lab backlogs are critical signals of system failure).

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.

Recommended 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. If you had asked our physicians, they would have spoken of "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 what I call an **Independence Aim** - a one-sentence compass that is so specific an outsider could understand what makes you distinct. Consider the Midwest ASC group that was 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.

SECTION 1: KNOW IT

Answer individually before the group discussion - be honest, there are no wrong answers.

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 1-5, 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?

SECTION 2: OWN IT

Discuss as a group - surface different perspectives and build a shared Independence Aim.

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?

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

DISCUSSION PROMPT 3: Can we write 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.)

Our Independence Aim is:

ROLE CLARITY: Who will be responsible for:

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: _____

SECTION 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: _____

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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.

Recommended 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.*

SECTION 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? (Circle one)

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 1-5, 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

SECTION 2: OWN IT

Discuss as a group - identify patterns and commit to a simple feedback system.

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

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.

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

Our feedback tracking system will be:

ROLE CLARITY: Who will be responsible for:

Collecting patient feedback weekly: _____

Collecting staff feedback weekly: _____

Reviewing feedback with the leadership team monthly: _____

SECTION 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/staff told you, what you changed, and when.

WHO IS RESPONSIBLE: _____

WHEN WILL THIS HAPPEN: _____

Foundations of Independent Practice

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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.

Recommended 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.*

SECTION 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 1-5, 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

SECTION 2: OWN IT

Map the process together - use a whiteboard, sticky notes, or a large sheet of paper.

STEP 1: Pick one process to map.

Don't try to map everything. Pick one process that's causing daily pain.

The process we're mapping is:

STEP 2: Map the current state.

Walk through every step from start to finish. Include every handoff, every delay, every decision point. Don't skip steps. Map what actually happens, not what's supposed to happen.

How many steps did we count? _____

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:

STEP 4: Sketch the future state.

What would this process look like if you removed the waste? What steps could you eliminate? What could you automate?

Draw or describe the simplified future state:

ROLE CLARITY: Who will be responsible for:

Testing the future state process: _____

Training staff on the new process: _____

Auditing the process monthly: _____

SECTION 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: _____

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WORKSHEET 1.4: 90-DAY FOCUS CYCLES

Lesson: Prioritizing What Matters Most

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

Recommended 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.*

SECTION 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 1-5, 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

SECTION 2: OWN IT

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

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?

DISCUSSION PROMPT 2: What are we saying NO to for the next 90 days? What projects or initiatives are we deliberately postponing so we can focus?

DISCUSSION PROMPT 3: What are our 3-5 priorities for the next 90 days? Write them down. Be specific. Make them measurable. Assign an owner to each one.

#	Priority	Owner	Success Metric
1			
2			
3			
4			
5			

ROLE CLARITY: Who will be responsible for:

Leading the weekly 90-day priority review: _____

Updating the priority scorecard each week: _____

Posting the priorities where staff can see them: _____

SECTION 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 priority, 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 team meeting room, the break room or staff area, and anywhere strategic decisions are discussed.

WHO IS RESPONSIBLE: _____

WHEN WILL THIS HAPPEN: _____

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Consolidate every action item from Chapter 1 into this single tracking sheet. Review progress at each weekly standup.

#	Action Item	Owner	Deadline	Status	Notes
1				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
2				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
3				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
4				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
5				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
6				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	

Chapter 1 Session Date: _____

90-Day Review Date: _____

Key Insight from This Chapter:

Financial Clarity

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From the Operator's Chair: Financial clarity isn't a project; it's a rhythm. If only one person in your practice understands the numbers, you are one resignation away from chaos. I once worked with a practice where the founding physician had managed the finances personally for twenty years. When he stepped back, no one else could read the P&L. Within six months, AR days climbed from 38 to 57, and the practice nearly missed payroll. The objective is shared financial literacy - ensuring everyone who touches a decision understands the threats to viability. You don't need an MBA. You need five numbers, reviewed monthly, by the people who can actually act on them. The practices that survive aren't the ones with the best revenue - they're the ones that see the storm before it hits.

WORKSHEET 2.1: THE FINANCIAL BASICS OF INDEPENDENCE

Lesson: Know Your Numbers

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

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

SECTION 1: KNOW IT

Answer individually before the group discussion.

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

Best practice: under 40 days. Above 50 days = revenue cycle problem.

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

Best practice: 60-70% for most specialties. Above 75% = thin margins.

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

Best practice: under 5%. Above 8% = systemic billing problem.

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

Best practice: 60 days minimum. Formula: Monthly Expenses × 2.

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

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

SECTION 2: OWN IT

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

Metric	Your Current Number	Best Practice	Gap / Action Needed
AR Days		< 40 days	
Overhead %		60-70%	
Denials Rate		< 5%	
Cash Reserve (days)		60 days	
Patient Access (days)		< 7 days	

DISCUSSION PROMPT 1: Which metric is furthest from best practice? What's causing it?

DISCUSSION PROMPT 2: What's one financial metric we've never tracked but should start tracking this month?

SECTION 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: _____

Financial Clarity

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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.

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

From the Operator's Chair: I've walked into practices where the administrator proudly shows me a 47-tab spreadsheet that "tracks everything." I ask, "When was the last time this changed a decision?" 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 number. And review it in a room, out loud, every month. No more emailing reports into the void.

SECTION 1: KNOW IT

Answer individually before the group discussion.

1. Does your practice currently have a financial dashboard? (Circle one)

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 numbers you check most often?

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

SECTION 2: OWN IT

Design your dashboard as a team.

DISCUSSION PROMPT 1: What are the 5-7 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.			
3.			
4.			
5.			
6.			
7.			

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

SECTION 3: DO IT

This week and beyond - turn this into action.

ACTION 1: Build your financial dashboard

- Choose your 5-7 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: _____



Financial Clarity

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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.

Recommended 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 wasn't just a number; it was roughly \$400,000 in annual revenue. The practices that survive aren't lucky - they 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.

SECTION 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?

SECTION 2: OWN IT

Prepare your negotiation strategy as a team.

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

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?

SECTION 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: _____



Financial Clarity

Edison Breakwater Strategies | Practicing Independence Toolkit

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.

Recommended 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, 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 aren't lucky; they refuse to be caught off guard.*

SECTION 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:

SECTION 2: OWN IT

Build three financial scenarios for the next 12 months.

Scenario	Revenue Assumption	Monthly Revenue (\$)	Key Drivers	What We'd Do
Best Case (+10-15%)				
Base Case (flat)				
Worst Case (-10-15%)				

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

1. First to cut: _____
 2. Second to cut: _____
 3. Third to cut: _____
 4. Last resort: _____

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%.'

SECTION 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: _____

Quarter	Actual Revenue	Scenario	Adjustments Made	Notes
Q1	\$ _____	<input type="checkbox"/> Best <input type="checkbox"/> Base <input type="checkbox"/> Worst		
Q2	\$ _____	<input type="checkbox"/> Best <input type="checkbox"/> Base <input type="checkbox"/> Worst		
Q3	\$ _____	<input type="checkbox"/> Best <input type="checkbox"/> Base <input type="checkbox"/> Worst		
Q4	\$ _____	<input type="checkbox"/> Best <input type="checkbox"/> Base <input type="checkbox"/> Worst		



Financial Clarity

Edison Breakwater Strategies | Practicing Independence Toolkit

Consolidate every action item from Chapter 2 into this single tracking sheet. Review progress at each monthly financial review.

#	Action Item	Owner	Deadline	Status	Notes
1				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
2				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
3				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
4				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
5				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
6				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	

Chapter 2 Session Date: _____

90-Day Review Date: _____

Key Insight from This Chapter:

Turning Numbers Into Action: Operations

Edison Breakwater Strategies | Practicing Independence Toolkit

***From the Operator's Chair:** Operations is where strategy meets reality. I've seen brilliant financial plans collapse because no one mapped 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's not helping the practice. The practices that win aren't the ones with the best ideas - they're the ones with the best systems for turning ideas into repeatable, reliable action. Standard work, daily huddles, and improvement cycles aren't bureaucracy. They are the engine of independence.*

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.

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

SECTION 1: KNOW IT

Answer individually before the group mapping session.

1. Pick one process in your practice that frustrates you. Describe it in 2-3 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?

SECTION 2: OWN IT

Map the process together - use a whiteboard, sticky notes, or a large sheet of paper.

STEP 1: Pick one process to map.

The process we're mapping is:

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? _____

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:

STEP 4: Sketch the future state.

What would this process look like if you removed the waste?

ROLE CLARITY: Who will be responsible for:

Testing the future state process: _____

Training staff on the new process: _____

Auditing the process monthly: _____

SECTION 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: _____



Turning Numbers Into Action: Operations

Edison Breakwater Strategies | Practicing Independence Toolkit

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.

Recommended 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.

SECTION 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?

SECTION 2: OWN IT

Design your standard work and huddle format as a team.

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

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

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

SECTION 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: _____

Turning Numbers Into Action: Operations

Edison Breakwater Strategies | Practicing Independence Toolkit

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.

Recommended 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.

SECTION 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?

SECTION 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?	
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?	

SECTION 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: _____



Operations

Edison Breakwater Strategies | Practicing Independence Toolkit

Consolidate every action item from Chapter 3 into this single tracking sheet. Review progress at each monthly process audit.

#	Action Item	Owner	Deadline	Status	Notes
1				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
2				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
3				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
4				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
5				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
6				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	

Chapter 3 Session Date: _____

90-Day Review Date: _____

Key Insight from This Chapter:

Leadership and People

Edison Breakwater Strategies | Practicing Independence Toolkit

From the Operator's Chair: Leadership isn't about hierarchy - it's about ownership. 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. I've watched too many practices collapse not because of bad finances or bad operations, but because the partners couldn't agree on who decides what. 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.

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.

Recommended Participants: All partners, practice manager, and senior staff.

Why This Matters: 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 wasn't the machine - it 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's not leadership; that's theater. Before you can lead others, you need to know where you stand.

SECTION 1: KNOW IT

Rate yourself honestly on each dimension. This is for your eyes first.

Rate each statement on a scale of 1-5 (1 = Strongly Disagree, 5 = Strongly Agree)

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

Total Score: _____ / 40

32-40: Strong foundation. Focus on developing others.

24-31: Solid but with blind spots. Pick one area to improve this quarter.

16-23: Significant gaps. Prioritize leadership development.

Below 16: Urgent. Consider external coaching or peer support.

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

SECTION 2: OWN IT

Share your scores with the team. Vulnerability builds trust.

DISCUSSION PROMPT 1: Where did the group score lowest? What does that tell us about our leadership culture?

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

SECTION 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: _____

Leadership and People

Edison Breakwater Strategies | Practicing Independence Toolkit

WORKSHEET 4.2: DECISION-MAKING AUTHORITY FRAMEWORK

Lesson: Define Who Has "The D" for Every Major Decision

Purpose: Eliminate ambiguity by mapping decision-making authority across your practice.

Recommended Participants: All partners, practice manager, and senior staff.

***From the Operator's Chair:** The most common source of conflict in independent practices isn't money - it's ambiguity about who decides what. When authority is unclear, decisions get made by whoever is loudest, whoever is most persistent, or whoever happens to be in the room. That's not leadership; that's chaos. For every major category of decisions, you need to define three things: Who Decides (they have the final call), Who is Consulted (their input is sought before the decision), and Who is Informed (they need to know after the decision is made). This isn't bureaucracy - it's clarity. And clarity is the antidote to conflict.*

SECTION 1: OWN IT

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

Decision Category	Who Decides?	Who is Consulted?	Who is Informed?
Clinical Protocols			
Hiring / Firing Staff			
Purchases > \$10,000			
Payer Contract Negotiations			
Scheduling / Capacity			
Staff Compensation			
Strategic Partnerships			
Marketing / Outreach			
IT / Technology			
Facility / Space			

DISCUSSION PROMPT: Where have we had conflict or confusion about who decides? What would have been different if this framework had been in place?

SECTION 2: 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: _____

Leadership and People

Edison Breakwater Strategies | Practicing Independence Toolkit

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.

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

***From the Operator's Chair:** The cost of replacing a single medical assistant is roughly \$15,000-\$25,000 when you factor in recruiting, onboarding, training, and lost productivity. For a nurse or billing specialist, it's even higher. But the real cost isn't financial - it's cultural. When good people leave, the remaining staff notice. They start wondering if they should leave too. Retention isn't about pizza parties and gift cards. It's about making people feel seen, heard, and developed. The best retention strategy is a development strategy.*

SECTION 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: _____

SECTION 2: OWN IT

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

Staff Member	Role	Flight Risk (H/M/L)	Development Action	Owner

SECTION 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: _____



Leadership and People

Edison Breakwater Strategies | Practicing Independence Toolkit

Consolidate every action item from Chapter 4 into this single tracking sheet. Review progress at each quarterly leadership check-in.

#	Action Item	Owner	Deadline	Status	Notes
1				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
2				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
3				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
4				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
5				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
6				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	

Chapter 4 Session Date: _____

90-Day Review Date: _____

Key Insight from This Chapter:

Growth and Strategy

Edison Breakwater Strategies | Practicing Independence Toolkit

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. I've seen 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."

WORKSHEET 5.1: GROWTH READINESS ASSESSMENT

Lesson: Evaluate Before You Expand

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

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

SECTION 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?

SECTION 2: OWN IT

Rate each growth opportunity as a team.

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

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

DISCUSSION PROMPT 1: Which opportunity scored highest? Does the team agree? What concerns remain?

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

SECTION 3: DO 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: _____

Growth and Strategy

Edison Breakwater Strategies | Practicing Independence Toolkit

WORKSHEET 5.2: STRATEGIC PARTNERSHIPS & ALLIANCES

Lesson: Partner Strategically, Not Desperately

Purpose: Evaluate current and potential partnerships against your Independence Aim.

Recommended 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. I've seen practices enter management services agreements that slowly eroded their autonomy. I've also seen practices form brilliant alliances - shared purchasing groups, co-located specialists, joint marketing - that strengthened their position. 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.

SECTION 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?

SECTION 2: OWN IT

Evaluate each partnership against your Independence Aim.

Partnership	Strengthens Independence?	Risk to Independence?	Action Needed

SECTION 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: _____



Growth and Strategy

Edison Breakwater Strategies | Practicing Independence Toolkit

Consolidate every action item from Chapter 5 into this single tracking sheet. Review progress at each quarterly strategy review.

#	Action Item	Owner	Deadline	Status	Notes
1				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
2				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
3				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
4				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
5				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
6				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	

Chapter 5 Session Date: _____

90-Day Review Date: _____

Key Insight from This Chapter:



The Future of Independence

Edison Breakwater Strategies | Practicing Independence Toolkit

From the Operator's Chair: *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 isn't something you do when you're ready to retire - it's something you do now, while you still have time to shape the outcome. I've watched practices crumble because the founding physician retired without a plan. The staff scattered, the patients were orphaned, and decades of community trust evaporated in months. Protect the Breakwater - the barrier that protects what matters most. That means building a practice that can outlast any single person, including you.*

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.

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

SECTION 1: KNOW IT

Rate each statement honestly. This is a stress test, not a report card.

Rate each statement on a scale of 1-5 (1 = Not at all, 5 = Completely)

Resilience Factor	1	2	3	4	5
We could survive the loss of our top revenue-producing physician for 6 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We could survive a 15% revenue drop for 12 months without layoffs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our key processes are documented and could be run by someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a succession plan for every critical role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our technology systems have backups and disaster recovery plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have strong relationships with at least 3 payers (not dependent on one).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our staff morale is strong enough to weather a difficult quarter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have legal and compliance counsel we can reach within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

What's our single biggest vulnerability?

SECTION 2: OWN IT

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

#	Vulnerability	Impact if Not Addressed	Owner	Deadline
1				
2				
3				

SECTION 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: _____

The Future of Independence

Edison Breakwater Strategies | Practicing Independence Toolkit

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.

Recommended Participants: All partners, practice manager, and senior staff.

From the Operator's Chair: Succession planning isn't about retirement - it's about resilience. 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 isn't morbid planning - it's responsible leadership. Every critical role in your practice should have a name next to it: someone who's ready now, and someone who could be ready in 1-2 years with the right development.

SECTION 1: OWN IT

Map the succession pipeline for every critical role.

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

DISCUSSION PROMPT 1: Which role has the highest succession risk? What would happen if that person left tomorrow?

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

SECTION 2: 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: _____



The Future of Independence

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Consolidate every action item from Chapter 6 into this single tracking sheet. Review progress at each semi-annual resilience audit.

#	Action Item	Owner	Deadline	Status	Notes
1				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
2				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
3				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
4				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
5				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	
6				<input type="checkbox"/> Not Started <input type="checkbox"/> In Progress <input type="checkbox"/> Complete	

Chapter 6 Session Date: _____

90-Day Review Date: _____

Key Insight from This Chapter:

Resource Appendix

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This appendix provides reference benchmarks, key financial ratios, and external resources to support the work you do in this workbook. Use these as guideposts, not gospel. Your practice's context matters more than any national average.

KEY FINANCIAL BENCHMARKS FOR INDEPENDENT PRACTICES

Source: MGMA DataDive, AMGA, and industry surveys. Ranges vary by specialty and region.

Metric	Healthy Range	Warning Zone
Operating Margin	10-20%	Below 5%
Overhead Ratio (Total Operating Cost / Revenue)	55-65%	Above 70%
Staff Cost as % of Revenue	25-30%	Above 35%
Days in Accounts Receivable (A/R)	30-40 days	Above 50 days
Collection Rate (Net / Charges)	95%+	Below 90%
Denial Rate	Below 5%	Above 10%
Patient No-Show Rate	Below 5%	Above 10%
Revenue per Provider (Primary Care)	\$600K-\$900K	Below \$500K
Revenue per Provider (Specialty)	\$800K-\$1.5M+	Below \$700K
Cash Reserve (Months of Operating Expenses)	3-6 months	Below 2 months

OPERATIONAL BENCHMARKS

Metric	Target	Warning Zone
Patient Wait Time (Arrival to Room)	Under 15 minutes	Above 30 minutes
Third Next Available Appointment	Under 7 days	Above 14 days
Staff Turnover Rate (Annual)	Below 15%	Above 25%
Patient Satisfaction Score	Above 90%	Below 80%
Phone Abandonment Rate	Below 5%	Above 10%
Claim Submission Lag (Days from Service)	Under 3 days	Above 7 days
Referral Conversion Rate	Above 70%	Below 50%

THE EDISON FRAMEWORK: FOUR PILLARS

A quick reference for the core principles that underpin this workbook.

Pillar	Core Question	Key Disciplines
Clarity	Do we know who we are and why we are independent?	Independence Aim, shared language, aligned priorities
Systems	Do our processes run without heroics?	Standard work, huddles, PDSA cycles, process mapping
Leadership	Do our people know what they own?	Decision authority, staff development, succession planning
Resilience	Can we absorb a shock and keep going?	Financial reserves, payer diversification, documentation, stress testing

RECOMMENDED EXTERNAL RESOURCES

Resource	What It Provides	Where to Find It
MGMA DataDive	Compensation, production, and cost benchmarks by specialty	mgma.com/data
AMGA Benchmarking	Multi-specialty group practice performance data	amga.org
AAFP Practice Management	Primary care-specific operational guidance	aafp.org/practice-management
HFMA	Healthcare financial management education and tools	hfma.org
IHI Open School	Quality improvement and patient safety training	ihi.org/education
Lean Healthcare	Lean methodology applied to healthcare operations	lean.org

For practice-specific benchmarking, facilitated workbook sessions, or strategic advisory support, contact Edison Breakwater Strategies at EdisonBreakwater.com/work-with-us.

Keep the Breakwater Strong

Edison Breakwater Strategies | Practicing Independence Toolkit

The foundation of a practice that remains independent is not a single decision, but a **cadence of execution**. The honest assessments, the difficult conversations, and the commitments you've made in this workbook are the building blocks of a practice that can remain independent, competitive, and deeply meaningful for years to come.

Independence is not a state of being. It is a practice - a set of disciplines, rhythms, and choices. When executed with consistency, these create the financial strength, operational resilience, and cultural fortitude to stay in control of your own destiny.

YOUR ONGOING RHYTHM

Cadence	Activity	Owner
Daily	10-minute huddle: Safety, schedule, priorities, blockers	
Weekly	15-minute standup: Review 90-day priorities, capture feedback	
Monthly	30-minute financial review: 5 core metrics, trends, action items	
Monthly	Process audit: Review one process map, run one PDSA cycle	
Quarterly	90-day cycle reset: New priorities, scenario planning review	
Quarterly	Leadership self-assessment and staff development check-in	
Semi-Annually	Resilience audit and succession planning review	
Annually	Independence Aim review and decision-making authority update	

A Final Word

Keep this workbook visible. Revisit it quarterly. Let it drive your decisions. The small wins you achieve by applying these lessons - tightening up a scheduling process, improving a financial report, having a difficult but necessary conversation - are what build real momentum. They are the powerful reminders of why your work as an independent practice leader matters so much.

Keep the Breakwater strong.

- Edison Breakwater Strategies

