

## Retreats Are Not Just First-Quarter Fare

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As Delta Health Care's consultants prepare to facilitate client retreats during this busy first quarter, I would like to share what we advise groups asking for help in planning for success. Physician groups have widely varying attitudes towards and experiences with retreats. For larger and proactive entities, the process may be a major reason for their growth and success. For some practices, the process was invaluable once but thereafter fell short. Properly structured and prepared for, an annual or semi-annual retreat can help maintain any group's momentum.

We at Delta have seen many groups work through planning efforts, and we advise undertaking them very deliberately. We are cautious about using the words "strategic planning" since they imply broad-brush thinking and too often disregard hard-work follow-through. Here are the building blocks for a productive retreat.

### 1. Leadership and motivation

A planning retreat must be, at the heart, the physician members' own undertaking. If the doctors don't spawn the conclusions, then action steps to create good results likely will not succeed. The members have to "buy into" the decisions or at least be satisfied enough not to passively resist their implementation.

Yet a group of disparate doctors can hardly lead an undertaking all together. Thus, your physician-CEO, executive committee and key administrator have the responsibility to orchestrate the group's support – and, in fact, enthusiasm – for the event. Another evening or weekend retreat is hardly what your busy doctors need unless they buy into the process as being critically important to ensuring their long-term financial and personal satisfaction. *The essential element in group practice success is leadership, and it applies in spades to structuring a planning effort.*

### 2. Selecting a facilitator

Some groups hire a meeting facilitator to bring about consensus. Trouble is, if the facilitator doesn't know much about medical practice generally and the client practice in particular, s/he can't effectively lead or advise the group in its deliberations. Why bring in a non-expert at what you're discussing when you need all the informed input you can get? Delta's highly experienced consultants take pride in knowing about the client as well as the environment in which the group conducts business.

Retreat members deserve expert input based on independent study of the group and nationwide experience in the issues. The facilitator should make observations, keep the discussion on track, answer questions and draw out participation from all those at the retreat. The facilitator should not dominate discussions by speaking for more than 30 percent of the time nor tell retreat members what to do. Your group members should be doing most of the talking.

### 3. Scheduling the session

Many retreats are held in the first quarter of the year, on the premise that they will then determine how to proceed that year. It can take months, however, for decided goals and action steps to begin playing out. Don't worry so much about what part of the year to schedule, but rather look at when the physician dynamics and availability will allow the retreat best to play out. The time of year isn't as key as taking the opportunity to make decisions and get them moving.

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#### **4. How to prepare**

Here's when the facilitator starts earning his/her fee. This person should initially learn about the practice by having one or more phone discussions with key leaders and by reviewing materials -- documents, meeting minutes and notes, internal memos, etc. That background enables him/her to create a questionnaire for other physician members to complete and return.

The questionnaire might be in the form of a "SWOT" evaluation -- the doctors' feeling of the practice's **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats. That's classic strategic planning. Or, a well experienced facilitator may have a specifically developed, straightforward list of questions probing each physician's sense of the practice. These responses create a better base for structuring the meeting itself. Spending a day or more at the practice beforehand is also valuable in making the facilitator as well versed about the practice as possible.

Whatever the form, the facilitator should work with at least key leaders to develop an agenda for the meeting, with time limits for each major subject. Sometimes the schedule goes awry because of unexpectedly important ideas cropping up and deserving extra time. The facilitator's judgment then becomes critical in balancing the needs to explore an item further and still cover the entire agenda.

#### **5. The session itself**

The facilitator's charge is to guide retreatants through the agenda, pulling from the doctors their ideas and concerns. He or she should offer input and perspectives about both the practice and also other groups in generally similar circumstances. We often use flip chart pages to note each doctor's good ideas for each topic. We save them around the meeting room walls for ongoing reference and afterwards photograph them to include in the follow-up report. These visual reminders of the sessions spark fuller recollection of detailed discussions.

From the session should come reasonable consensus on goals. The word "consensus" is important, of course. Groups can accomplish a lot if fairly united in what they want, but they can founder if even a small minority undermines the decisions.

#### **6. Task list and timeline**

The session won't accomplish much unless it leads to the development of an agreed upon list of "action steps" -- a list of tasks to accomplish for each goal and a timeline. It should designate the responsible party(ies) to complete each task so the goals end up being accomplished. A planning effort isn't worth much if it doesn't result in results.

#### **7. Follow-up**

The facilitator's last duty is to promptly put the decisions and agreed actions into a summary. It need not -- in fact should not -- be a long-winded, formalistic report, for such documents routinely end up being read once and shelved. The group deserves a format that easily reminds them what the retreat accomplished and to guide them in following up.

It is the group's job to carry out the tasks and goals. If a facilitator recommends s/he do the work, you've bought a service designed to sell more service. When group members are invested in the outcome of actions steps -- and leadership provides motivational follow-up -- a group retreat will produce positive and practical group results.