**Strategic Planning Questionnaire**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age:**\_\_\_\_\_\_\_\_\_\_\_\_ **Specialty/Areas of Interest:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. What do you think are the three key reasons your practice has been successful to date?**



**2. What do you perceive is the greatest threat to the future of your practice?**

Type text here

**3. What opportunities do you think the practice should pursue?**

Type text here

**4. Please list your goals for your personal work.**



**5. Please list the primary objectives that you hope to achieve during our strategic planning meeting.**



**6. What do you believe is the largest obstacle in implementing plans for growth / other strategic initiatives?**

Type text here

**7. Do you have any other comments or other information that you would like to share?**

Type text here

Within the following table, please grade your practice on performance in each of the *Topic/Operational Functions* using the letters A, B, C, D, or F in the first column.

Then in the column on the far right, choose your top five *Topic/Operational Functions* and rank them in order of priority from 1 to 5 (with 1 being the most important to you). Feel free to add comments on any *Topic/Operational Functions*.

|  |  |  |
| --- | --- | --- |
| **Grade Your Center** | **Topic/Operational Function** | **Rank Top 5 Priorities** |
|  | **Relationships between the partners** |  |
| *Comments:* |
|  | **Corporate governance (how we make decisions)** |  |
| *Comments* |
|  | **Execution to strategic plan (implementation)** |  |
| *Comments:* |
|  | **Relationships with other doctors in the community** |  |
| *Comments:* |
|  | **Staff relationships, satisfaction, morale, recruiting, training and development** |  |
|  | *Comments:* |  |
|  | **Marketing** |  |
|  | *Comments:* |  |
|  | **Billing/Accounts receivable and collections** |  |
| *Comments:* |
|  | **Monthly reporting of financial and patient flow numbers** |  |
| *Comments:* |
|  | **Quality, Compliance, Risk Management (e.g., good outcomes, meet government regulations, PQRS, medical billing, meaningful use, HIPAA, OSHA, staffing regulations, etc.)** |  |
| *Comments:* |
|  | **Clinical efficiency (e.g., patients per session; low patient wait time)** |  |
| *Comments:* |
|  | **Relationships with healthcare plans/Payer negotiations** |  |
| *Comments:* |
|  | **Patient satisfaction/Customer service** |  |
| *Comments:* |
|  | **Diversification of services (e.g., mix of cash pay, insurance, subspecialty, etc.)** |  |
|  | *Comments:* |  |
|  | **Facility: Convenient location for patients, enough room to meet demands, professional appearance** |  |
| *Comments:* |
|  | **IT systems** |  |
| *Comments:* |
|  | **Other (please explain):** |  |