Event Tree Analysis

A New Internal Medicine MD in Hernando, FL

Lasting / Surviving / Thriving 1 Year as a Co-Practicing Physician in a Small 35-Year Medical Clinic

Scenario

A newly recruited Internal Medicine physician joins a small, 35-year-old medical clinic in Hernando, Florida, as a co-practicing physician alongside the existing physician.

Objective

Identify the sequential conditions that determine whether the new physician fails early, survives, lasts and succeeds, or thrives after 1 year.

Time Horizon

12 Months

Key Stakeholders

- Clinic Physicians
- Staff
- Patients
- Billing Team
- Referral Network
- Hospitals
- Payors

Start

E0 New MD Joins Clinic

Internal Medicine MD begins co-practice at established clinic.

Hernando, FL

Stage	Question	Yes	No
B1	Legal & Credentialing Ready?	Yes → B2	No → Start delayed or prohibited practice
B2	Role, Authority & Economics Clear?	Yes → B3	No → Conflict, uncertainty, early exit risk
B3	Clinical Integration Safe?	Yes → B4	No → Patient-care risk, loss of confidence
B4	Staff & Workflow Integration Works?	Yes → B5	No → Friction, inefficiency, burnout
B5	Patient Panel & Referral Flow Develop?	Yes → B6	No → Low utilization, weak practice economics
B6	Financial Model Supports Both?	Yes → B7	No → Financial stress, renegotiation, departure
B7	Physician Relationship Remains Healthy?	Yes → B8	No → Conflict, disengagement, separation
B8	Workload Sustainable & Burnout Resistant?	Yes → B9	No → Burnout, reduced performance, departure
B9	Continuous Improvement & Trust Established?	Yes → THRIVES	No → Survives, but remains fragile or marginal

THRIVES After 1 Year

Trusted, productive, sustainable, and stronger practice

Key Success Conditions for Each Stage

B1 Legal & Credentialing Ready

- Florida medical license
- DEA registration (if needed)
- Malpractice coverage
- Payer credentialing
- Hospital privileges (if needed)
- EHR / prescribing access
- HIPAA & security training
- Defined scope of duties
- Employment/partnership documents

B2 Role, Authority & Economics Clear

- Employment/partner/contractor
- Clinical autonomy
- Schedule & call coverage
- Patient assignment
- Compensation model
- Shared expenses / overhead
- Ancillary services
- Decision rights
- Dispute resolution
- Exit / buy-in / buyout terms

B3 Clinical Integration Safe

- Clinic orientation
- Patient population review
- EHR templates & documentation
- Labs, imaging & referrals
- Hospital admission process
- Urgent/abnormal results protocol
- Coverage when absent
- Consistent coding & documentation
- Peer review / case discussion

B4 Staff & Workflow Integration

- Staff introductions & roles
- Clear communication channels
- EHR training & template alignment
- Inbox ownership
- Refill / prior authorization process
- Referral tracking
- Scheduling rules
- Medical assistant / nurse assignment
- Handoff processes
- Staff feedback mechanism

B5 Patient Panel & Referral Flow

- Listed in scheduling & directories
- Payor participation visible
- Existing patients introduced
- Referral sources informed
- Realistic new-patient access
- Marketing & community presence
- Hospital discharge follow-up
- Specialist relationships
- Patient retention monitoring

B6 Financial Model Supports Both

- Expected visit volume
- Payer mix & collections
- Compensation structure
- Shared overhead allocation
- Billing & revenue cycle
- Malpractice & benefits
- Break-even analysis
- Financial runway / ramp-up
- Monthly financial dashboard

B7 Physician Relationship Healthy

- Mutual respect
- Clear communication
- Balanced workload
- Transparent finances
- No patient competition
- Openness to change
- Specific, professional feedback
- Conflict resolution process
- Trust and good faith

B8 Workload Sustainable & Burnout Resistant

- Predictable schedule
- Protected documentation time
- Reasonable patient complexity
- Defined after-hours expectations
- Coverage for time off
- Administrative burden monitored
- Ability to say "no"
- Personal & family adjustment
- Access to peer consultation

B9 Continuous Improvement & Trust

- Patients request the physician
- Staff trust and support
- Stable workflows
- Predictable collections
- Constructive problem solving
- Clear future role
- Clinic capacity improved
- Physician wants to remain
- Existing physician sees long-term value

One-Year Timeline & Milestones

0–30 Days

- Complete credentialing
- Set up systems and access
- Introduce to staff & patients
- Start with realistic schedule
- Confirm clinical coverage

31–90 Days

- Build patient volume
- Optimize workflows
- Monitor documentation
- Track referrals and results
- Address early issues

4–6 Months

- Stabilize operations
- Review financial performance
- Assess patient retention
- Evaluate workload
- Adjust processes

7–12 Months

- Confirm sustainability
- Strengthen relationships
- Measure quality and patient satisfaction
- Plan for year two
- Ensure long-term fit

Key Performance Indicators (KPIs)

- **Patient Volume** — Completed visits per day / month
- **Collections** — Revenue and collection rate
- **Patient Retention** — Return visits and continuity
- **Patient Satisfaction** — Feedback and complaints
- **Referral Growth** — From community and specialists
- **Clinical Quality** — Safety, near misses, outcomes
- **Workflow Efficiency** — Inbox, refills, referrals, PA
- **Staff Engagement** — Retention and feedback
- **Physician Satisfaction** — Workload and well-being
- **Financial Viability** — Break-even and margin

Event Tree Outcomes

- **Failure Before 1 Year** — Leaves, terminated, or arrangement becomes unworkable.
- **Survives, But Barely** — Remains but not fully integrated or satisfied.
- **Lasts and Succeeds** — Clinically reliable, financially viable, effectively integrated.
- **Thrives** — Trusted, productive, sustainable, and stronger practice.

Top 5 Risks & Mitigations

1. **Unclear agreement** – Written contract, legal review
2. **Low patient volume** – Marketing, referral plan, financial runway
3. **Staff overload** – Capacity assessment, staffing plan
4. **Physician conflict** – Clear governance, communication
5. **Burnout** – Schedule control, coverage, wellness support

Hernando County, Florida

- Established 35-year clinic
- Existing patient base and referral network
- Strong community presence
- Opportunity for long-term growth

Financial Example (Illustrative Only)

- 16 visits/day × 18 days/month = 288 visits/month
- 288 × $110 average collected revenue = $31,680/month (collections)
- Not physician income – must cover: compensation, staff, billing, malpractice, EHR, supplies, rent, benefits, taxes, and other expenses.

12-Month Success Gate (Need 9–10 Yes to thrive)

- 10 key questions covering licensing, agreement, safety, staff, patient panel, finances, relationship, workload, trust, and future plan.

Bottom Line

A new Internal Medicine MD thrives when the clinic successfully integrates a new professional — not merely a new revenue producer.