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Tamara El-Amoor

Medical University of South Carolina

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A Management Checklist for Primary Care Practice Mergers, Expansions, or Acquisitions
– Critical Components for Financial Planning, Space and Staffing
Management, Training and Start-up

Doctoral Project Paper

Tamara El-Amoor

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elaamoor@musc.edu

828-289-5286

A doctoral project submitted to the faculty of the Medical University of South Carolina
in partial fulfillment of the requirements for the degree
Doctor of Health Administration
in the College of Health Professions

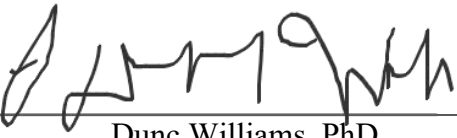


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A Management Checklist for Primary Care Practice Mergers, Expansions, or Acquisitions
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Management, Training and Start-up

BY

Tamara El-Amoor

Approved by:

Chair, Project Committee	 Dunc Williams, PhD	4/29/2021 Date
Member, Project Committee	 Jami Jones, PhD	4/29/2021 Date
Member, Project Committee	 Zahi Jurdi, DHA	4/29/2021 Date

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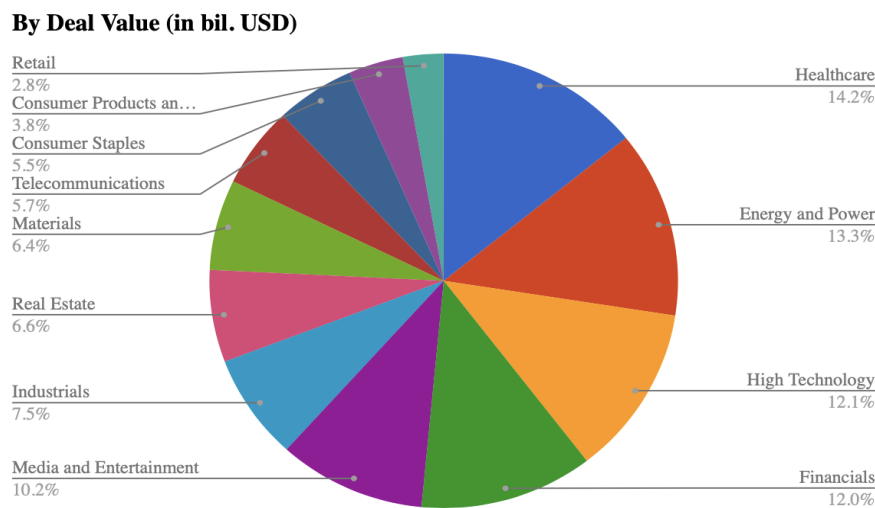
A Management Checklist for Primary Care Practice Mergers, Expansions, or Acquisitions
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Background

Mergers and acquisitions are common and increasing. In 2018, the United States alone had a total number of 14,936 mergers and acquisitions across all healthcare sectors (United States -- M&A Statistics, 2020). Healthcare mergers and acquisitions comprised 14.2% of the overall deals made in the United States (United States -- M&A Statistics, 2020). The healthcare industry also contributed the largest transactional value of all mergers and acquisitions within the United States, totaling about 3,292 Billion USD in the United States (United States -- M&A Statistics, 2020).

Figure 1: Mergers and Acquisitions by Industry



Source: *United States -- M&A Statistics*. (2020, June 28). Retrieved from imaa: <https://imaa-institute.org/m-and-a-us-united-states/>

Mergers and acquisitions are business concepts that all industries throughout the world experience. “A merger is the result of a strategic decision aimed at increasing an organization’s

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market share, reducing its costs, or creating synergy (Vieru & Rivard, 2014).” An acquisition is when one entity purchases another and is the clear owner or governing body. An example of an acquisition is when LifePoint Hospital Inc. purchased a hospital in Tennessee called Woods Memorial, therefore making Woods Memorial part of the LifePoint Hospital system (Williams & Spaulding, 2018).

In the healthcare industry, many different medical offices and hospital systems merge with or acquire other healthcare entities, for many of these mergers and acquisitions, resulting in flawed or poorly planned execution (Gordon & Pollack, 2018). Often leading to multiple setbacks, timeline issues, financial troubles, location issues, lack of staff training, and start-up issues (Gordon & Pollack, 2018).

Due to the lack of a checklist or guide for primary care practices mergers, acquisitions, and expansions there is a need to create a checklist that helps address the previously stated issues that arise from lack of standardization. This checklist is specifically targeted to primary care practice that are unable to afford consulting firms. Therefore, the purpose of this project is to develop a critical component’s checklist for primary care practice merger and acquisitions. The checklist will include components and criteria on finances, timelines/phases, spaces, staffing, training, and the start-up process.

Since the early twentieth century, primary care has been recognized as an important core component in healthcare (Bitton, et al., 2016). Primary care has since been growing and adapting to the needs of the patients (Bitton, et al., 2016). Historically, the primary care practice expansions’ and mergers’ process has not been formally reviewed and put into a comprehensive format. Information regarding some of the components needed to complete a new location project include project management, merger, and acquisition, human resources, and finance

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concepts. Understanding the basics of each component help guide the process to develop the primary care practice checklist. The checklist puts all necessary information in a useful guide for healthcare administrators within primary care and those unable to afford hefty consulting fees.

In publicly available literature, there are not set guidelines and/or processes to set the standard for mergers, acquisitions, or expansions for primary care practices. Project managers or consultants are brought on throughout many of these endeavors and must plan as they go through the project. Having a proper guide and process can help reduce costs for the organization, as well as improve predicted profitability. This checklist will help bring standardization to these primary care practice expansions and acquisitions, specifically to those primary care practices that are unable to bring on consulting firms.

Developing and Using the Checklist

Literature was reviewed using the databases “PubMed” and “Google Scholar.” The initial search was for “Medical office transitions checklist,” which yielded few results to be utilized. Therefore, additional searches using the phrases “Medical office” AND “Mergers and Acquisitions,” “Project management” AND “Construction processes” AND “Medical office,” “Project management guidelines,” “Human Resources” AND “Healthcare/Medical office,” “Project management timelines,” “Primary Care Practices”, and “Staffing” AND “Primary Care” and “Physician Practice” were completed. Utilizing “AND” instead of “OR” due to inclusivity, due to “OR” filtered the search too specific and yielded few or no results.

The literature has been reviewed for current and relevant information. Development of the checklist consisted of an overall timeline and major phases that will help guide the process of a primary care practice expansion, merger, or acquisition. By setting timelines and phases to follow for guidance, healthcare administrators in smaller or private organizations will be able to

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follow and successfully complete their projects. Each phase of the project will help keep perspective of events, finances, and personnel needed to complete each part of the project. Additionally, each phase of the project allows for milestones to be reached and therefore, gives a pace to the project. This checklist will be useful for healthcare administrators and healthcare project managers to use this tool while working through mergers, expansions, or acquisitions, especially those unable to afford consulting fees.

Literature Review

This literature review examines literature on mergers, acquisitions, expansions, project management, cost, and staffing regarding healthcare in primary care practices. The literature review is conducted to help set up the guided checklist for healthcare administrators for primary care practice mergers, acquisitions, or expansions. Furthermore, this review will associate current literature to set the groundwork needed to understand and tie together the checklist that will be developed.

Mergers and Acquisitions

Most of the research available has been geared toward hospital systems mergers and acquisitions. Currently, information regarding primary care practice mergers and acquisitions are often based on internal information, such as project manager consulting and planning. Gathering and analyzing information from subject matter topics such as project management, construction, and human resources helped aid the creation of an efficient checklist for healthcare administrators and healthcare project managers.

As stated before, mergers and acquisitions have been increasing and continuing to increase. Research on mergers and acquisitions has mostly been conducted on the cost and staff impact, specifically in hospital systems. However, little information has been discussed on how mergers

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and acquisitions have been implemented in the primary care practice setting (West, Johnson, Jha, & Li, 2017). Mergers and acquisitions come with their own set of issues and problems, whether it is developing contracts, employee satisfaction, or financial implications (Appelbaum, Karelis, Henaff, & McLaughlin, 2017). Addressing these issues prior to their manifestation will be ideal to successful project integration.

Even though most literature is about or based on hospital mergers, there are major takeaways from hospital mergers and acquisitions are important to review for trends such as financial economics and financial management. These topics include outcomes such as market cost and the rise or decrease in financials measures (Williams & Spaulding, 2018). Historically, hospital mergers and acquisitions have focused on local consolidations rather than later evolving to mergers in other geographical areas (Williams & Spaulding, 2018).

Per West et al. (2017), mergers of physician practices by a hospital include five major themes. The themes are as follows: (1) financial consideration for motivating the merger; (2) beyond employment, very little consideration was displayed for the integration of the physicians and other providers; (3) clinical integration was mostly limited to the information systems and technology and rarely showed any clinical impact; (4) higher costs were offset by revenue growth strategies; and (5) the financial and administrative integration was the most cultivated, as compared to the integration of clinicians, patients, and staff (West, Johnson, Jha, & Li, 2017).

Another factor reviewed in the literature is the quality of care for patients after a merger or acquisition has been made. One study shows there are increased treatment intensity after a hospital merger, due to competitiveness between merging facilities (Williams & Spaulding, 2018). Other studies have shown that treatment and quality did not improve after a merger (Williams & Spaulding, 2018).

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Research has shown the majority of primary care practice mergers and acquisitions has been strictly financially driven, and factors such as personnel, patient and provider impact, and care quality were not largely considered in mergers and acquisitions. Furthermore, healthcare administrators and policy makers, historically, have not considered the impact of mergers and acquisitions on the patient, employee, and quality of care (West, Johnson, Jha, & Li, 2017). Applying proper change management and project planning to address these issues can considerably change the quality of care. Furthermore, addressing the proper impact and change management skills will directly impact the financial motive.

Project Management

Project management concepts offer an overview behind the checklist and how to manage the process moving forward. Understanding the different components of project management will assure project success. Project success is defined as reaching a goal within budget, timeframe and with the desired results (Sanchez, Terlizzi, & De Moraes, 2017). Project success is influenced by these few factors: when, who, and what is being measured (Millhollan & Kaarst-Brown, 2016). The project is led by a project manager and can be certified or unofficial within this role (Sanchez, Terlizzi, & De Moraes, 2017). Project management concepts and tools can help manage and guide a project's financial spending and account for areas of opportunity.

Project management directly relates to healthcare mergers and acquisitions, integrations, and setting up any primary care practices. Healthcare mergers, acquisitions, or expansions can create silos and integrations issues with staff, patients, and information systems. These issues result in financial loss and upset patients (Gordon & Pollack, 2018).

Research shows that healthcare integrations projects have begun to reform the healthcare industry. Healthcare integrations have two major types: vertical and horizontal integrations.

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Horizontal integrations in healthcare occur when a merger and strategic plan result in a larger system but in the same arena. A vertical integration happens when an acquisition of a smaller entity, such as a primary care practices, builds a network with other primary care practices. The differences are important to understand, as both types of integrations can happen either functionally or structurally (Gordon & Pollack, 2018).

Lean Six Sigma Methods

Process improvement is an important concept especially in healthcare where cost expenditure is consistently rising. Concepts such as Lean Thinking and Six Sigma have been put in place to help accommodate process improvement and cost reduction.

Lean Thinking methodology dates to the 1900s, when it was being used in the manufacturing industry. The success of Lean in the manufacturing industry led to a slow adoption in the U.S. and Canadian healthcare systems (Grove, Meredith, McIntyre, Angelis, & Neailey, 2010). “Lean offers a number of standard solutions to common organizational problems. Visual management, complexity reduction, 5S (a method for organizing the workplace: sort, straighten, scrub, standardize, sustain), cellular productions, pull systems, line balancing, one-piece flow, and single-minute exchange of dies are some of the more family solutions (Koning, Verver, van den Hauvel, Soren, & Does, 2006).”

Six Sigma originally started as a concept accepted and utilized by the entire company Motorola. Later, in the 1900’s, it was developed further by General Electric. The method of Six Sigma is utilized by following through with important projects (Koning, Verver, van den Hauvel, Soren, & Does, 2006). This methodology aims at reducing variation from the process by measuring standard deviation from the mean. By doing so, consistency and standardization of a process result in quality (Koning, Verver, van den Hauvel, Soren, & Does, 2006).

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Medical costs across the healthcare field are rising and at an alarming rate and in the long-term, it is not sustainable for the healthcare care industry. By utilizing the project management tool, Lean Six Sigma methods, the utilization of overspending can be corrected (Almorsy & Khalifa, 2016).

Lean Six Sigma is a combination of two methodologies, Lean and Six Sigma. Utilizing both methodologies together can be helpful to the healthcare industry as well as other industries. As mentioned, healthcare cost has been rising across the world. One of the main reasons for this rise in healthcare cost is over utilization of resources. As independent primary care practices maximizing on utilization will increase viability and longevity of the practice. Utilizing Lean Six Sigma methods, utilization management should become efficient and practical (Almorsy & Khalifa, 2016).

Financial Cost

Research does give insight on project management tools and concepts that are useful to other areas of healthcare and can optimize and make cost-efficient decisions and timelines (Sanchez, Terlizzi, & De Moraes, 2017).

Financial components to consider while working through projects: (1) project-level effects; (2) project size and duration; (3) portfolio network-level effects; (4) project postponement; (5) project manager-level effect; (6) project outsourcing level; (7) project management formal power; (8) project management diversity; (9) team-size, (10) team-level effects; (11) team allocation dispersion; and (12) team hierarchical diversity (Sanchez, Terlizzi, & De Moraes, 2017).

Integration and merging with a bigger entity (vertical integration) has been researched and has been noted to have an incentivized financial gain. Research shows that one motive for

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primary care practices integration with bigger hospital systems resulted in better buying power with suppliers and payer contracts (West, Johnson, Jha, & Li, 2017).

Supply chain management helps monitor and adjust medical supply cost and spending. Providers guide the supplies order. However, providers are often unaware of the logistical cost and spending with those items and the potential impact it may have on the organization it could have (Abdulsalam, Gopalakrishnan, Maltz, & Schneller, 2018)

Staffing

Staffing in healthcare is always a challenge and contains many components. In healthcare, the management of resources, such as staffing, have regulations and norms that can affect the organizational structure (Madrazo-Pérez, Parás-Bravo, Rayón-Valpuesta, Blanco-Fraile, & Palacios-Céna, 2019).

In healthcare, there are different teams that take care of the patient's needs. In primary care, its usually a physician/provider, medical assistant, and support staff. Building the team that delivers care to the patients is crucial and has significant implications on the outcomes of the patients involved (Grumbach & Bodenheimer, 2004). Human resource management can help provide the right staff and clinicians for each practice. Utilizing systems that can manage performance, values, communication, and employee retention, develop staff will create a successful staff ratio (Treble, Heyworth, Clarke, Powell, & Hockey, 2014).

Human resource management can also provide the framework and setting to portray the culture of the organization. "Culture is defined as a pattern of shared basic assumptions that are learned by a group via solving their problems of external adoption and internal integration, which has worked well enough to be considered valid and, therefore, to be taught to new

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members as the correct way to perceive, think, and feel relation to those problems (Madrazo-Pérez, Parás-Bravo, Rayón-Valpuesta, Blanco-Fraile, & Palacios-Céna, 2019).”

The Patient-Centered Medical Home (PCMH) model has set forth the standards for primary care practices. PCMH models set standards for care-coordination, comprehensive physical and behavioral healthcare, and utilization of healthcare information systems to provide data driven practices and care (Swankoski, Peikes, Palakal, Duda, & Day, 2020). The PCMH model also requires expansion of care access, the consideration of patient values and culture and provide patient education (Swankoski, Peikes, Palakal, Duda, & Day, 2020). By Patient-Centered Medical Home’s (PCMH) standards, each practice would require 4.5 staff for each fulltime provider (Swankoski, Peikes, Palakal, Duda, & Day, 2020).

Swankoski and company conducted a study that provided a staffing framework for primary care practices based on comprehensive approaches to care, such as PCMH or Comprehensive Primary Care (CPC) models. The staffing chart included types of staff needed per full-time employee (FTE) of clinicians (Swankoski, Peikes, Palakal, Duda, & Day, 2020).

Problem/Objective

The purpose of this paper is to develop a critical components checklist for primary care practice mergers, acquisitions or expansions. The checklist will include components and criteria on finances, timelines/phases, spaces, staffing, training, and the start-up.

Each component has specific guidelines and details for each segment. For example, the staffing section will include employees needed per provider and which employees usually staff a primary care practice. Including anticipated providers and staff ratios and the equipment that would be needed. It also includes staff that should be included in preparing that information.

Methods

Due to lack of direct information on primary care practices in the literature, the research for the literature review is a combination of different areas such as project management, human resources, finance, medical offices, and healthcare mergers and acquisitions. The original search was for “medical office transitions checklist”. This search yielded minimal results therefore, guidance from other categories was necessary to construct the checklist.

The search databases used were “PubMed” and “Google scholar”. Within these databases search words and phrases included the following: “Medical office” AND “Mergers and Acquisitions”, “Project management” AND “Construction processes” AND “Medical office”, “Project management guidelines”, “Human Resources” AND “Healthcare/Medical office”, “Project management timelines”, and “Physician Practice”. Each term or phrase was searched in either PubMed or Google Scholar or both and then filtered by peer reviewed articles, date range (2015-2020) for relevance, and lastly by language (English). Lastly, review of the abstracts and references acknowledging which articles best described the searched topics and which were most relevant to this project.

For the first search, “medical office” AND “Mergers and Acquisitions” a total of 403 articles resulted in PubMed. After filtering through peer reviewed and date range a total of six articles remained. With the results being limited, the continued search was in the data base Google Scholar. The Google Scholar search yielded a total of 196. After applying the date range of 2015-2020 the search yielded a total of 33 results. In both searches, a review of the abstract and references were conducted to determine the most relevance of the article to the project.

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In the search of “Project management” AND “Construction process” and “Medical office” a total of 20 articles resulted in PubMed. After applying the filters as listed above, a total of three articles resulted. With limited results in PubMed, a search in Google Scholar resulted in 131 total articles. With filters applied to the search, a total of 41 and then reviewed the articles abstracts and amount of previously cited articles for relevance to this project.

The search for “Human Resources” AND “Healthcare/Medical office” resulted in one article in both Google Scholar and PubMed. The article was not relevant to the project and therefore was not used.

The search for “project management guidelines” resulted in 190 articles. After the suggested filters, 26 articles resulted in PubMed. The same search was conducted in Google Scholar and 1,680 articles resulted initially. After applying the filters, 588 articles resulted. Due to the abundant results, another filter by adding “AND “medical office”” the results yielded only two articles. Both of those articles were not relevant to the project and therefore, were not used.

The search for “physician practice” in PubMed yielded 57,836 articles. Further filtering of the search by the previously stated filtering criteria results in 6,774. With the results of articles being so high, the search was minimized by adding “Practice implementation” resulting in 132 articles. All the articles were reviewed of the titles, abstracts, and citations for the relevant articles.

The project is aimed at informing healthcare administrators, managers, healthcare leaders, and healthcare project managers on best practices for primary care practice mergers, acquisitions, and expansions and the critical components that accompany the project’s endeavor. This checklist specifically aims to inform those healthcare administrators and leaders in small or financially fragile businesses who may be unable to attain consultation or proper resources for

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acquisitions, mergers, or new primary care practice expansion. This document will be utilized in the creation of a new tool, a checklist for primary care practice mergers, acquisitions, and expansions.

The research conducted in this project will be project management, human resources, finance, and mergers and acquisitions concepts. Information collected from these concepts will be used to develop the critical components checklist. No surveys or pilot testing will be used to develop this checklist tool.

Information will be collected on healthcare mergers for physician practices and hospitals mergers and costs to give proper estimates of finances as well as training and hiring cost for these expansions or acquisitions. For all cost measurements, US averages will be utilized per human resources and financial guidelines within healthcare.

Approach

The approach will be to review any current publicly available literature on mergers, expansions and acquisitions for primary care practice. Additionally, reviewing literature for healthcare mergers and acquisitions, healthcare project management, staffing and start-up.

Project management concepts will offer the overview behind the checklist and how to manage the process moving forward with a new merger, acquisition, or expansion. Understanding the different components of project management will assure project success which is important to effectively develop a primary care practice checklist. Furthermore, literature exists highlighting the success factors and criteria needed for project success such as: stakeholder satisfaction, technical performance, efficiency of execution, project team growth, project termination completeness, identification and rectification of issues, and product production and performance ease (Millhollan & Kaarst-Brown, 2016).

Checklist Roadmap

Accompanying this paper is the New Location Merger/Acquisition or Expansion checklist and guide spreadsheet noting all the phases, timelines, components needed to have a successful project completed. In appendix one, the attached checklist can be found. The spreadsheet consists of a few tabs in order of which they should be completed for consistency and standardization.

The first tab outlines the Project Charter. A project charter is utilized in conjunction with the checklist to provide an overview of the project and the importance. It may also act as the “by-laws” for the project that the primary care organization will use during mergers, acquisitions, or expansion. The project charter ultimately answers the project questions of who, what, when, where, why, and how? The purpose of the project charter is to set the standards and think through the initial risks, tasks, purpose, goals, and outcomes of the project. By completing a project charter, the important factors of the project are being outlined and the stakeholders are identified. To complete the project charter, start by detailing the project name. For location standardization purposes, detailing location or area would be helpful for uniformity and consistency throughout the organization, especially if multiple mergers, acquisitions, or expansions are happening at once. Next, the projects’ goal should be to merge efficiently and effectively, acquire or expansion a new primary care practice with little missteps or setbacks on the desired completion date. It will be important to determine the stakeholders during this process to determine contact information.

The second tab is labeled Project timeline. It is highly important and crucial to visualize with the project team and stakeholders, the time and phases the organization will be in and how to track the progress. This tab will have a visual and demonstrate the phases and timelines

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allotted for each part of the project. The phases and the amount of time allocated to each phase will be determined by the project charters determination of anticipated project completion date. It is important to keep in mind that each phase is subject to change and to be fluid with these changes as the project moves forward. This concept is known as slippage or slack. During the planning process slack is accounted for by being built into the timeline in preparation for any downtime or lag in the project anticipated completion date.

The third tab is called the “To-Do List”. It is important for the project lead to see all project information in a single place. In this tab, all the items that will be needed to complete this merger, acquisition, or expansion. This tab sets the visualization for a full complete list of tasked needing to be completed. This tab will most likely be used by the project lead or champion.

The last two tabs are the “Project Tracker”. This tab is for quick reference on who is responsible for each task and phase throughout the project. This allows for the project manager to know who to inquire for specific updates or progress throughout the entire merger and acquisition process. Also, the project tracker can be utilized as a human resource tracking tool for staff allocated to the merger and acquisition project, especially if cost centers are different for each project or location of the organization.

Not all primary care practice locations are the same, therefore, it is understood this is product is not a one-size fits all. It is expected there may be some modification to the template to appease the need of each organization. Therefore, this tool should be utilized as a starting point/aid to achieve the goals of the organization utilizing it. The tasks list is not absolute and should be modified as needed. It is encouraged to utilize a documenting system such as project management planning software to keep track of documentation throughout the project to improve processes, planning and for reporting to major stakeholders, such as Board of Directors or Chief

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level staff. Depending on the budget available, criteria needed, and the project manager project management software include Microsoft project, Freedcamp, Jira, etc.

Limitations

The checklist is designed for a primary care practice merger/acquisition. One limitation to this method is there are many types of medical offices and not one size fits all. Therefore, some information may be useful while other information may not apply to specialized medical offices depending on the organizational set up. As a reminder, this guide is designed as a baseline template to be modified for each leaders' need.

Conclusion

Most of the research has been around hospital and physician practice mergers. Limited articles have acknowledged or measured the mergers of a private entity of primary care practice or any other individualized specialty in healthcare.

This checklist is one of the first publicly available for primary care practices. While reviewing the literature, a complete publicly available checklist for primary care practice was not identified. In the literature, there are basic concepts for project management and mergers and acquisitions content that will be utilized to address this issue. The checklist guide is generalized for primary care practice mergers, acquisitions, and expansion; it is understood that there are many different types of medical offices and specialties. Limiting to primary care practices only better guided the development of a useful checklist. The checklist can create better continuity and effectiveness for primary care practice mergers and acquisitions. The set up will look as follows: introduction to why a reader would utilize the checklist, timelines, project management methods, systems to use for project management, and staffing. Each component can improve the

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successful and timely integration of primary care practice mergers, acquisitions, and expansions to run smoothly, on time, and effectively without excessive over costs.

Future considerations for this checklist are expanding this publicly available checklist to other specialty practices that would be small or private and unable to afford a consulting firm. Additionally, comparing state legislation for specific policies for primary care practices.

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Appendix

Appendix 1: Checklist

Project Charter

Project Charter		
Project Name :		
(Insert name of project) For standardization it will be important to utilize the name that will include organizational designation.		
Business Case/Basics:		
In this stage detail who will be leading the project, anticipated project completion date, and the project name. Purpose is to determine the who, why, what, when, where and how of the anticipated merger/acquisition.		
Problem/Opportunity:		Scope, Constraints, Assumptions:
Merger/Acquisition of a primary care location. (Detail Location, address, amount of current staff, providers, and equipment)		Include risks and anticipated issues and successes
Goal:		Stakeholders/Team Members:
(Insert Goals) Project Goal is to effectively and efficiently merge/acquire a new primary care location with little missteps, if any. To do this by reaching milestones, timelines, staffing and organizational change benchmarks. Designate major goals and the minor details can be detailed later in planning.		Healthcare Administrator, Project Champion, Project Manager, Buyer/Seller, Physician Champion, Contractors, Clients, Vendors, Staff - In this section also include if they are active stakeholders or Beneficiaries. Also, include who can approve or request changes in the project.
Preliminary Project Plan:	Target Date:	Actual Date:
Define: (what is project success)		
Measure: (How are we measuring success?)		
Analyze: (How are we analyzing the success?)		
Improve: (How can we improve from previous projects?)		
Control: (What are the changes needed and how will they be implemented?)		
Prepared By:		Approved By:

DOCTORAL PROJECT PAPER

To-Do List

To-do list

Company Name	Name
Deadline:	Date

Project 1			
% done	Task	Due By	Notes
0.00%	Vaccine Registry		
0.00%	Project Planning set up		
0.00%	Contracts		
0.00%	Provider List		
0.00%	Schedule Provider Photo/Video		
0.00%	Obtain Provider Bios		
0.00%	Marketing		
0.00%	Website Update		
0.00%	Internet Marketing		
0.00%	Signage		
0.00%	Press Release		
0.00%	Patient Survey set up		
0.00%	Social Media		
0.00%	Construction/Remodeling		
0.00%	Provider Credentialing		
0.00%	EIN set up		
0.00%	Staff hiring		
0.00%	Staff Training		
0.00%	Office Supplies Ordering		
0.00%	Order Staff Scrubs/Uniforms		
0.00%	IT equipment ordering		
0.00%	Decorating and Furniture		
0.00%	Human Resources (Benefits, onboarding, Workers comp, etc)		
0.00%	Bank set up		
0.00%	CLIA		
0.00%	Organizational Forms		

DOCTORAL PROJECT PAPER

Set up for Project Tracker

Setup

PROJECTS

Phase Name	Employee Name
Phase 1	Employee 1
Phase 2	Employee 2
Phase 3	Employee 3
Phase 4	Employee 4
Phase 5	Employee 5
Phase 6	Employee 6