

***The Gift***  
***Vision, Hope and Life beyond Covid19***  
***By Rich Heiland***

## INTRODUCTION

***“The Chinese use two brush strokes to write the word 'crisis.' One brush stroke stands for danger: the other for opportunity. In a crisis, be aware of the danger-- but recognize the opportunity.” – John F. Kennedy 35<sup>th</sup> president of the US***

Consider these thoughts temporary.

As we continue to move through the COVID-19 crisis I have no idea what is going to happen as I write this – April 15-16. From where I sit, those “in charge” at various levels really don’t know, either.

What we need to know, and to accept, is that for most of us the world we will step back into on the other side of this crisis is going to be different. We will walk through unknowns. We will find things broken that cannot be fixed.

But for those who see this time, this time to think, to meditate, to pray, to plan, as a gift and an opportunity, the new world might actually become a better one.

This is not to discount real pain and suffering. People have suffered. People have died. People have suffered loss at the most personal levels. Businesses have failed, dreams have been dashed.

It has been bad. Very bad. But it is a bad that we cannot, from where sit, control. What we can control is who and what we are on the other side and what we will do.

There will not be much new in these thoughts. At this point in life – 73 years and hoping for more – I am not sure there is much new. I truly believe much of what we need to know to cope with change, which is a constant and now accelerated, we already know or have access to.

Much of it, if you are a partner in Cleinman Performance Network, has been there all along. It’s been in your wisdom sharing groups; it’s been in your Network meeting weekend presenters; it’s been in sponsor displays; it’s been in webinars; it’s been in white papers, videos; it’s been in strategic review reports for those who have undertaken that work.

But, after a lot of years of working for and with many of you, I’m going to suggest at the risk of sounding judgmental that the fatal tiny word in that proceeding

paragraph is “in.” All you have needed to know and much of what you will need to know in the future has been “in” there all along. The question is – have you accessed it, absorbed it, and used it? Some of you have. Many of you have not.

Now it is time to access it. This cannot be understated: For those who create visions, who draw on all the resources available and use them in line with personal values and goals and passions there will be not just survival, but success. For those who don’t, in many cases you will not be in business, or you will continue business as a struggle.

We are all standing on the edge of a cliff. Picture yourself there. You have three choices. You can enjoy the view; you can turn back and walk away, or you can jump. In normal times, you might choose to enjoy the view and then go back the way you came.

These are not normal times. The proper choice, scary as it might be, is to jump. Grow you wings on the way down. Have faith. Learn to fly.

*“When change is happening on the outside faster than the inside, the end is in sight.” – Jack Welch, former GE CEO.*

## Chapter One – Your Personal Vision

*“But there was a special kind of gift that came with embracing the chaos, even if I cursed most of the way. I’m convinced that, when everything is wiped blank, it’s life’s way of forcing you to become acquainted with, and aware of, who you are now, who you can become. What is the fulfillment of your soul?”*  
— Jennifer DeLucy– author, freelance editor, and musician

While “vision” is important it’s also been used so much in so many words and so many ways that for most of us it has lost a focused definition. And that’s OK. We can create our own definition, maybe a patchwork of several.

Vision, to me, simply has been trying to determine how I want my life to play out in such a way that when I pass, I will feel peace and not regret. And, if I can hear those around my bedside talking, I would hope to hear at least one of them say “darn, sorry to see him go. He was a good guy.”

If you want a textbook definition. The Highlands Company, which works with folks on personal vision, uses this one:

“Your personal vision is how you commit to living your life. It influences all areas including family, spirituality, physical well-being, leisure, and work.”

You have time now to stop and think about that, and I'm going to suggest that as we wait for our worlds to reopen, that defining our personal hopes, dreams, values are the most important first step toward reopening.

You have time to sit quietly, to think, to reflect back and look forward. Following are some guides, some hints for how you arrive at who you are or who you want to be as we look ahead to what, for many of us, may be a "second chance" at life.

First, I will share. Many of you have read the "E-Myth" and/or "The E-Myth Revisited" by Michael E. Gerber. To me one of the most important parts of the book is the discussion of the "primary aim," which really gets to the essence of a personal vision. Your primary aim is how you see your purpose in life.

I was first exposed to it in 1992 as I was contemplating leaving my career as a newspaper reporter, editor and then, CEO. I was about to jump off the cliff from a well-paying job in a business I loved to become a consultant with no assured income. I began thinking for maybe the first time of my life as a person and not as a husband, father, businessman, writer. Over the years I continued to work on my "why" until I reached the point where all the things I had scribbled down made sense and became my primary aim.

For a long time I didn't share it with anyone but my wife. Now I share it in the hopes that it will de-mystify this whole vision thing. I am not suggesting you consider the content of my aim – it's mine. Yours will and should be different. But, notice it's not a novel. It's not complex. It's simple and direct but within it is all I need to guide me. I can lie down each night and see if I measured up.

*"My life is meant to provide peace to those who seek it - be they friends, family, associates, clients or strangers – and to find beauty and good in all I see. Where I don't find it, I will work to create it. In my work I will bring people together. I will add, not subtract. I will help others achieve their aims. Through that I will live my own my aim and find my success. And, I will have fun!"*

It took me a long time to get past trying to cover all the bases of life, which would run on and on, and just get it down to how I want to live ***so that all those bases are covered.***

But, a word of warning. You will fail to live up to your personal aim. You are human. I have days when I look back and I haven't even come close. But here's why it still matters – I can't duck from it. It's there. I have to hold myself accountable to do better. It's my personal moral and ethical yardstick.

So, as you take advantage of this gift of time and sit and think about your life, ask yourself some questions:

- What is it I really enjoy doing?
- What brings me the most joy and happiness?
- The two best moments of my life over the last month or so were.....
- If I won the lottery, what would I do with the winnings?
- Do I know what my family really wants me to be and how they want me to spend my time?
- What are the issues I care deeply about?
- What do I want people to say about me at my funeral, or write in my obituary?
- What am I doing that brings me true passion?
- What am I doing that I really wish I did not have to do?

These questions are thought prompts. Some up with some of your own. After you've done this and scribbled down some thoughts, what next?

I'm going to suggest we jump into core values. A core value as we use it here is a value you have that you won't compromise. You won't bend; it's non-negotiable. No matter what is at stake, you won't violate it.

My core values are incorporated in my Primary Aim. Maybe you'll draw on the 10 Commandments or some other source. But think about it in a truly personal sense. What won't you violate?

Let's get simple – I don't want to lie, cheat or steal. That's not just in my personal life, but in my business life as well. I don't want to hurt people. I want to serve people. When I find myself in situations where those values are going to be compromised, I speak out or I get out or both.

A participant in a Cleinman Performance Partners staff workshop once asked me during a discussion about personal values if I really would just get up and walk off a job if a core value of mine was being violated. I realize that often we don't have that luxury in an absolute sense. My answer to her was "No, but I would be moving toward the door." What I meant was that the value would drive me even if it were a slow drive for a while. If I couldn't change the environment, I was in then I would have to find a new environment.

Once you know your values and have the answers to the above questions, try condensing them down to bullet points under the heading:

"What I will do with the rest of my life"

Feel free to talk to your significant other, if you have one, your kids, your pastor or rabbi. But in the end, this is a lonely job. It's you. But, by all means at some point you will need to sit down with your SO, help him or her do this exercise and then begin studying where you diverge, where you converge and how you go forward.

As you do this, use my Primary Aim as a model for how it can look, but please don't copy it. What works for me won't work for you.

You also can state this is more of an "end-game" fashion, such as:

"At the end of my life I am as physically fit as I can be and looking out and a family of new generations and a business legacy that is created from compassion, honesty, creativity and sharing. At the end, I will look out into my community and see all that I have touched, whether anyone ever knew I touched it not. I will see happy people who enjoyed their time with me. I will leave life at peace with myself and regrets will fade in the light of all that was good."

OK. A bit flowery, maybe. But that is actually my Primary Aim adapted to new language. The Aim guides me daily and the latter is my vision of where I might be when it's all over.

No matter how you word it, it has to be one thing: Your personal roadmap that you follow in all aspects of your life. And, it has to walk you right into your business life and direct the vision and mission of what you do.

You may also want to consider a long-standing Cleinman Performance Partner resource – Clarity International. Clarity was created by Cathy Hawk who operates it along with her husband, Gary, a long-time Cleinman Performance Network Facilitator. Clarity allows a person, a couple, a family, or a business team to access "lights on" living and performance. It can change how you see life and respond to what is going on around you.

<http://www.getclarity.com>

## Chapter Two – Your Business Vision, and Mission

***"The very essence of leadership is that you have a vision. It's got to be a vision you articulate clearly and forcefully on every occasion. You can't blow an uncertain trumpet." – The Rev. Theodore Hesburgh – past president of the University of Notre Dame, author, speaker***

What is a business vision? According to the BusinessDictionary it is:  
"An aspirational description of what an organization would like to achieve or accomplish in the mid-term or long-term future. It is intended to serve as a clear guide for choosing current and future courses of action."

How is a vision different than a mission? Again, BusinessDictionary:

“A mission statement is: “A written declaration of an organization’s core purpose and focus that normally remains unchanged over time. Properly crafted mission statements:

1. Serve as filters to separate what is important from what is not.
2. Clearly state which markets will be served and how; and.
3. Communicate a sense of intended direction to the organization.”

How are they different? The definitions indicate how but for clarity the basic difference is that the vision is the cause and the mission is the effect. A mission is something you are going to accomplish that will help you realize your vision at some point in the future. When you are trying to create a mission, you have to ask, “does this move us toward realizing the vision?” When you action plan what you will do to carry out the mission, you have to ask the same question “is this going to help us accomplish our mission and realize our vision?”

A lot of people who write vision and mission statements want to make them flowery and noble sounding. Don’t. When you sit down to look at your business vision, and then mission, it all should flow out of what you have decided your Primary Aim is, your core values are and how you see the business being in line with those.

I have come across a few I like, and you’ll notice some are only a few words. If those words sum up the vision and people can look at it, buy into it and measure all they do against it, then word count doesn’t really matter.  
Some Visions....

**The Alzheimer’s Association:** A world without Alzheimer’s Disease

**Teach for America:** One day, all children in this nation will have the opportunity to attain an excellent education.

**Disney:** To entertain, inform and inspire people around the globe through the power of unparalleled storytelling, reflecting the iconic brands, creative minds and innovative technologies that makes ours the premier entertainment company.

What does a good mission statement look like? Again, doesn’t have to be fancy. Years ago I came across one from a small software outfit. Can you see how, as you walked out of the shop at the end of the day, you could easily tell if you had fulfilled the mission?

“To do really cool stuff with computers, make a bunch of money and have fun.”

Keep in mind that with a mission statement, everyone in the organization should be able to leave work at the end of the day and see clearly whether he or she contributed to the mission.

Let's go back and look at the vision statements above and attach the missions:

**The Alzheimer's Association Mission:** To eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

**The Teach for America Mission:** We will... "enlist, develop, and mobilize as many as possible of our nation's most promising future leaders to grow and strengthen the movement for educational equity and excellence."

**Disney Mission:** "Using our portfolio of brands to differentiate our content, services and consumer products, we seek to develop the most creative, innovative and profitable entertainment experiences and related products in the world."

So, let's look at your practice, first at Vision.

You have established your personal vision, your primary aim. If you have a partner, or partners, they should have done the same. There is no question partnerships can complicate this. That's why if you do not have partners at the moment but think that is a part of your vision of the future, then you want to do these exercises BEFORE you enter into partnerships.

Not all people are partner material. Not all partners come to the table with the same values, hopes and visions. That doesn't mean one is right, another wrong. It just means they are different. So, if you have a partner, I hope you are doing this exercise together. You don't necessarily have to be on the same page for every little thing, but you do need to be on the same page for the big stuff, the values stuff, the stuff that determines where this practice is going, how it's going to get there and why staff and patients should want to go with you.

Because that is what this business vision and mission stuff is all about, really. It should very, very clearly show anyone who looks at it where you are going, how you are going to get there and then they can choose whether to sign on or not. Because make no mistake about it, you share this with every person you want to hire. It is a part of your hiring process and anyone who comes in will be evaluated over time on how they help move the practice toward the vision – how they perform the mission.

A bit later we will talk about strategic planning. But for now, I want to talk about how you look at vision, which will drive that planning.

First – an explanation of how I use “you.” I use it in an authoritarian sense when it comes to Vision. You, and any partners, own the business. You are on the bank note. Vision is created and own by leadership and shared with others. When it comes to mission, it’s fine and even desirable to bring staff into it, get input, feelings about how to define, then live, the mission. Up to a point. Some questions will still have to be posed and answered by ownership.

Let’s put it in the COVID context. We have said this crisis is an opportunity for you to look at life through new lenses. (Insert groan!) As you look at your now-shuttered practice, do you want to open it up as it was? For a lot of you, that may not be a choice. More on that later.

If you have been planning on multi locations, do you still want to do that? Your vision, driven by your personal values and aim, will tell you. Do you need that new 6,000 square foot office? And, there is no right answer for everyone. If expansion and growth are what light your fire and express you vision, by all means grow! In fact, it’s likely we will see mergers and absorptions at all levels of the industry as we come out of this. But, your role in that should be defined by your personal and business visions, not because you feel pressure to do it or want to keep up with the Joneses.

This is your opportunity to literally say what you want the rest of your life to be, and how your business serves that life. Incorporate that into your vision.

Maybe you have had a passion within eyecare that you have not been able to direct energy to. I know one doctor who always wanted to work with kids. Over time he evolved his practice to do more and more of that. What do you want to do? Realize, as you move into your vision, that you may well have to leave things and people behind. That could be hard, but you are building the rest of your life so don’t extinguish passion over guilt about, or fear of, the impacts of change.

Here are a couple of made-up examples of what an optometry Vision might look like. (Please don’t get lazy and copy it! Remember, you are jumping off a cliff!)

**Vision:** “XYZ Vision Clinic will be the sought-after solution for those seeking the most advanced care in the area for all aspects of vision health but with a focus on aging. Our practice will be the largest single location in the area housing the most cutting-edge technology and patient services in an environment that speaks to comfort and caring. We will be eye wear fashion destination in the area, known for creating a stylish, fun “WOW!” shopping experience.”



**Mission:** “XYZ Vision Clinic provides vision health, diagnostic and treatment solutions to its markets through a service-focused staff that is constantly training and learning; through technology and services that are “first in market” and through patient education. XYZ provides vision solutions in a state-of-the-art fashion oriented optical shop with unique solutions for all ages and income levels.”

Note the differences. The Vision is aspirational, the mission is what we do. The mission says here is what we do, here’s how we do it and to a degree, how you will experience it.

Bottom line: Countless books have been written about personal and business visions. Workshops have been done for years, attended by thousands. In the end, though, it’s all about you figuring out what you want your life to be, and then how your work contributes to that.

*“The most effective way I know to begin with the end in mind is to develop a personal mission statement or philosophy or creed. It is focused on what you want to be (character) and to do (contributions and achievements) and on the values or principles upon which being and doing are based.” – Stephen Covey*

### Chapter Three – Short-Term Strategy and Action in Times of COVID-19

*“There is no longer such a thing as strategy; there is only crisis management.”  
— Robert McNamara former US Secretary of Defense*

You need a strategy. But we are going to back up a bit in the context of COVID-19.

First, you need to split your strategic thinking into two channels. The Traditional and the COVID.

In work I have done around strategic planning in the past I generally have started with looking at five years, then 10 years and even further out. I have taken clients through detailed annual budgets and plans. But, and this is an important “but,” all that was done during “business as usual.”

We are going to be entering into times when it is going to be “business as unusual.”

That’s why creating your personal vision and business vision and mission are important. It’s why you use the next few days or couple of weeks to create them. That will drive what you do next.

Which is to define the practice you want. But right now, in this moment, is not when you want to focus all your energies on your new world. The first thing you

have to do is get open, get cash flowing, get yourself into a position of strength so that you can make and execute sound decisions on how you will move into a new long-term world, unlike the one we had prior to COVID.

We talked earlier about going to the edge of the cliff and jumping. What you are going to do when you reopen is build the cliff.

On the Cleinman' COVID-19 web page there are suggestions and resources to guide your thinking around things you can be doing during this down time. It includes ways you and your staff can work together and continue to stay in touch with your patient base. If you have not visited that site, do it now.

<https://cleinman.com/covid19/>

What follows here is an expansion of something I wrote for the CPP site 10 days ago and to a degree already is obsolete. Keep in mind that this is my view of the world, my attempt to put myself in your seat and think ahead to the nitty-gritty of, let's say, the first 90 days of being able to function again.

Later I will include some notes on longer-term planning. For now, let's look at some buckets you will want to strategize about.

## **BEFORE YOU REOPEN**

Again, I am going to steer you to the Cleinman Performance Partners web link above. There is no need to reinvent the wheel. There are a lot of good suggestions for what you can be doing during this down time to keep connected to patients, your team and to deal with your finances.

Rather, I'm going to toss out some operational considerations leading up to reopening. Some of this can be found at

<https://cleinman.com/wp-content/uploads/2020/04/Getting-Back-to-Normal-1.pdf>.

But as I noted earlier a lot has happened, come up since that was posted.

### ***What is my local situation?***

What will "reopening be like in my town?"

We have seen massive diversity in how Federal, State and Local Government is responding and that has led to a lot of confusion. On the one hand you have South Dakota which has issued close to zero orders in response to COVID. On the

other hand, you have Michigan which has put in place the most restrictive quarantines in the nation. And then, you have 48 states somewhere in between.

In Texas, where I live, emergency orders vary widely county to county, city to city, town to town. That means when we begin to reopen, there is not going to be one magic set of orders or guidelines.

When you get the go-ahead to reopen there likely will be restrictions that could be unique to your area. You need to be (NOW!) getting and staying in touch with your local emergency management team through its web site, by calling or texting. Don't wait for a media filter. Try to get a feel for times, dates, likely restrictions.

For instance, take restaurants. I already am hearing locally there well could be an emergency order will continue where local officials take occupancy as usually defined based on fire codes and amend it based on the virus. What that means is that tables most likely will be further apart, limiting the number of diners. Possibly the number of people at any one table will be limited. There may be disposable menus. Wait staff will be wearing masks and gloves during a reopening.

So, it's reasonable to assume there may be restrictions on your practice as well.

That's why during this down period you or your manager needs to be in personal contact with emergency and health authorities in your city or county. Can you get a general idea of when they *hope!* to start allowing reopening? They probably can't be specific because they don't know – but even a general idea gives you some parameters.

Will there be any restrictions on how many people can be in your practice? Will there be any local health regulations added during the emergency that take suggested precautions and make them required? Even if they say "no," go ahead and plan as if there will be restrictions.

And, also to this point....are you going to reopen the first day you are allowed to? You may want to wait a few days for a lot of reasons, which we will talk about as we go on.

### ***What will my reopening look like?***

Don't take this personally, but on the first day of reopening, your patients are not going to wake up crying "Halleluiah! I can go to the eye doctor!"

First, people are going to be fairly self-centered and that's understandable. They are going to focus on what reopening means for them personally – are they going back to work, what do they do about childcare, is this really over.

There will be fear out there. Just because government says we can go back to what we were doing, even if that's different than what we were doing, will people just pour out into the streets? Probably not. One offshoot of the confusion and inconsistencies in response to this crisis may well be a lack of trust in how we are told reopening will go.

So, even if you have followed some processes outlined below, you need to make a decision about your first couple of weeks, then the next couple of weeks.

- First – are there financial implications to when and how I reopen? If I have business interruption insurance that is helping support the practice through this, are there conditions on reopening? If you receive any revenue does that stop your insurance payments, or will there be payments to cover the gap between previous revenue and the lower revenue you likely will experience when you reopen? You need to check with your accountant and insurance agent to be sure you are not getting into a nest of unanticipated consequences economically. Will vision plans be geared up to process reimbursements promptly?
- Do I just want to go back to my old days and hours from Day One? Re-read the above. You are not going to be flooded with demand in all likelihood.
- If I decide to open, say, only three days a week to start with, what are my hours? If a lot of my patients are going back to work, juggling their own new realities, should some of my hours extend into the evening? What about Saturday hours?
- Do you have multiple locations? If so, do you want to try to reopen all of them at once? Some of your locations may be underperforming. Some are underequipped compared with others. If your locations are not so spread out that it's totally unrealistic for a patient to drive to another office, you may want to consider opening the best-equipped, staffed, and productive location first.
- More on staff below, but a basic consideration will be how many staff you will need on Day One, and what prime skill sets. Start planning now and talking with staff.
- What do I need to be ordering and acquiring now to reopen? We talked above about possible health requirements as opposed to just common sense. You should be planning on you and your staff wearing masks and gloves well into the future. Wipe down all equipment and surfaces when patients are in the room and can see you doing it. Remember any

reopening is going to contain either orders or strong suggestions about social distancing and prevention. You should have hand sanitizer at two or

three points around the waiting area and throughout the practice. Order those supplies now or start making your store runs – however you acquire them.

### ***What can I be doing to create demand for my services?***

At some point, you will be seeing patients. What do you do now to start them coming back?

Consider the following, which really is a part of the marketing plan we talked about in our earlier version of reopening.

- Create a new scheduling plan once you decide how many days and what hours you are going to be open in the initial phase. If you are operating with fewer patients and staff and need to do your best to maintain social distancing, your old scheduling system may not serve you or your patients. Create scheduling blocks that will prevent people waiting in close proximity. Create blocks with an eye toward flow into pre-test, exam, optical that prevents multiple people arriving at the same time.
- Select staff to do recalls from home. Look at your records from before closing. Take patients who were cancelled in the first two weeks of the closing. Start calling them as soon as you have even a good feel for when you are going to open. Keep in mind – there is not going to be an order TO reopen. There will be orders permitting it and controlling it. You do not have to open on Day One.
- As your new schedule starts to fill in from those first rounds of calls, start expanding out to people who might have had appointments in the third, fourth week of the closure and so on.
- What are you doing on social media? During this down time, you should have been adding new posts to your Facebook page daily, if not more often. This is the time to be flooding patients with health and eye suggestions they can practice on their own and at home. Share articles outlining your technology. What does an Optomap allow you to do? What does an OCT mean for the patient? How do you test for diabetes and macular?
- Can you become an expert? Many local radio, TV, newspaper, and cable outlets are looking for experts, and as a former community journalist I can tell you – the more local the better. Contact your local media and tell them

you are willing to be an expert contributor to stories and discussions. Volunteer to submit columns or videos about eye health during a crisis.

- Plan now for how you will reach your market as reopening appears. Gather newspaper and radio ad rates, for instance, and start putting together well-done “we are back” ads and messages. I know we have not always touted this sort of media, but in times like these you may want to consider them. Weekly papers in small towns remain very well-read publications. And, if you can get a message on the morning farm show for your rural radio station, not a bad place to be.

### *What about my staff?*

Your staff is going to like a lot of other folks in your town. They may want to come back to workday One, but can they? Will they be able to find childcare? Will schools be open? Here are some thoughts about staffing.

- If I open with reduced hours, how many staff hours do I need? You may well want to run the risk of being slightly under-staffed in terms of in-office hours. (There are things staff can do outside the office).
- If I run with a skeleton staff, which staff members are the most cross-trained and have the most experience?
- Which staff members do I know will be most likely to shoulder a burden without, well, whining? When you reopen you want to be surrounded by your most “can-do” staffers.
- What are some likely childcare problems that could arise? Don’t be surprised if you find the single biggest obstacle to your reopening is childcare. Most of our practices are female-dominant. Many of those are mothers, often single mothers. In many areas school is not going to reopen until Fall. But, even if areas where it does, it will close again in early summer.

Daycare performance has been all over the map. In some states and towns daycares have been open but under restrictions that for some have forced them to close. Those that have remained open have had to reduce the number of children they can keep. A close friend who owns a group of high-end pre-schools told me she feels there will be daycare units that won’t survive closures. She said she sees challenges, after reopening, in daycares being able to follow social distancing. Can you imagine trying to keep a building full of little kids apart from each other?

Can I pay a staff member to keep the children of other staffers in her home (or his!)?

There could be some legalities about that. My friend said she thinks it would be possible if it is a small number of children. But she stressed if you go this route whichever staff member does it will need to follow procedures on masks, sanitizing, and the like. And, some of you staff may not be comfortable with this solution. So, plan to be flexible and understanding.

- What are the individual financial situations of staff? What I am alluding to here is the hardships and confusion around getting and keeping unemployment with the mixing now of standard unemployment requirements and benefits and the ones now in place as a result of emergency Federal and State actions. The worst thing you could do is give a staff member enough work they would get bounced off unemployment and have to attempt to get back on it if you lay them off. (Assuming they can get back on it.) And, if they have a spouse who is also out of a job, the loss of one person's unemployment could be devastating.

**Reality:** You will need to give your staff a role in deciding if and when they want to come back. And if someone has good reason for waiting, show some compassion.

### **What do I need, and can I get it?**

We talked about this in the CPP reopening link, but it is worth repeating. There is disruption at all levels of the supply chain. Labs, eye wear manufacturer, contact lens suppliers all have had to adapt to closings or restrictions. Consider the following:

- What do I need? Go into your practice now. Take your manager or a key staffer who knows the operation. (Wear your masks!) Check your inventory, from front to back.
- What do you need? Order it now. But don't order what you don't need. Be very realistic.
- Contact suppliers to find out the status of supply chains. How will they be prioritizing orders? There could be an ugly reality to reopening – the bigger folks may try to use their weight to get in line ahead of the smaller folks and over-order (hoard) supplies. Can you get assurances that won't happen? Try. If you have practices near you that you aren't cutthroat competing against, or who are Cleinman Performance Network partners, consider pooling your orders so, for at least this next stretch, you are a big guy.

- Can you negotiate favorable terms? Cash flow is going to be critical. Your first concern has to be keeping the lights on and paying the staff you bring back. Even a 60-days same as cash plan could be a great benefit.
- What are the expectations on delivery? If you are ordering end-user products such as lenses, frames, and contacts, how do labs and manufacturers see their production capacity going in the first few weeks of a reopening? Be very careful about promising what you can't deliver. This is a prime example of when under-promising and over-delivering is a good thing.
- As you do your inventory, be very, very critical of it. Look at your frame selections, your suppliers. Who is controlling your board – you or a frame salesperson? While you are closed a couple of staff could come in, masked and gloved, keeping distance, and redo your frame boards to group brands, provide some breathing room and remove frames that don't fit your brand and have not been selling. If staff is always telling you it does not have time to do that, well now is the time.

### **What can I do differently from Day One under some possible restrictions?**

Each of you will have some unique situations and opportunities in your market. But here are some thought-joggers. Don't react too quickly, up, or down, to these. Just let them jog your thinking...

- Out of office optical services. Look at this on levels.
  - > First, do you need to fit glasses and make selections in your office, particularly if social distancing might be a concern? Could you do a hand-off, six feet apart, to your optician and then have the optician schedule at home fittings? He or she could go to a patient's home with a satchel of possible frames, or an iPad for virtual selection. Portable measuring is doable.
  - > When the glasses are in, rather than having the patient come into the office, have the optician deliver the glasses to their home or office. Take the satchel and iPad so the discussion of second, and third, pairs, can continue if those decisions were not made at the office. And if the optician goes to an office, others (potential new patients!) will be watching.
  - > Contacts: Can your contact lens people do delivery, fitting and training at the patient's home or their office for new users or if there has been a change in the lenses?



- > What do you do that can be delivered through use of Zoom or another electronic meeting technology? Keep it simple, though. You don't want to frustrate the technologically challenged.
- Doctor consults – What can you as a doctor do by Zoom or other remote services to consult with patients where there may not need to be an office visit? Get out of the box on this one.
- Portable exams – Some of you have done portable exams at nursing homes, retirement communities and the like. Is the time to expand that and keep your office more flow spaced? Could you go to a patient's office to do a basic exam? Again, you might even expose yourself, in a good way, to new patients.
- Tele-Optometry – If you want to move into tele-optometry this will take a bit more planning as opposed to "Day One." But, don't overlook the possibilities and how they might help you in your personal and business visions.

Do you get the idea of where you thinking can go? First cut, unrestrained. Second cut, what you actually can focus on doing. Third cut, an action plan for what you are going to do.

As you work through all this start creating a plan for your next two weeks, then the next four weeks and on out into 90 days.

Create "buckets" using the above as a guide. If you want to send out your thoughts to staff and set up a Zoom conference for their input, great!

Let's take a look at a sample Action Plan for recalling patients:

ACTION	WHO IS ACCOUNTIBLE	START DATE	END DATE
Create phone list of cancelled patients as of close date	Susie	April 27, 2020	April 27, 2020
Send out emails, post on Facebook that we will open and will be calling patients to reschedule	Sally	April 27, 2020	April 29, 2020
Create new schedule blocks	Dr. Smith, Susie	April 27, 2020	April 27, 2020
Make, complete calls for two weeks' worth of patients	Susie, Marcie	April 30, 2020	April 30, 2020
Do follow-up calls on the two-week list	Susie, Marcie	May 4, 2020	May 4, 2020
Complete list of patients cancelled who were appointed 3 <sup>rd</sup> , 4 <sup>th</sup> week of shutdown	Susie	May 6, 2020	May 6, 2020
Begin calls on second list of patients	Susie, Marcie	May 7, 2020	May 8, 2020
<b>Resources Needed:</b> Copies of schedule from pre-shutdown. Patient records for phone numbers, emails, type of examination. Script for instructions for patients about how they will be received when they come in. On-line capability to pre-register in place?			

Before you get overwhelmed, a really good thought on how to approach this...

***“When you are confronted with many problems at the same time, don’t be overwhelmed or emotional and attempt to solve all of them at the same time. You simply can’t. Approach your problems with basic project management skills. Sort your problems into different buckets: A. which ones cannot be solved ever B. which ones cannot be solved by you C. which ones can be solved by you over time and D. which ones can be solved by you immediately? Obviously, go to work today on bucket D, while planning to schedule time and collaborations to address buckets C and B. Of course, learn to accept those in bucket A with humility and equanimity and move on. This is the only way you can focus sharply, be calm and find strength in a storm and be happy!” - AVIS Viswanathan, pastor, a life coach, a speaker, and “happiness curator.”***

If you look at this action plan you will it is simple, it is doable, it can be monitored.

## **WHEN YOU REOPEN**

We said earlier that if your personal vision leads you to take your practice in unique directions, that what you will be doing when you reopen is building the cliff that you are going to jump from.

Don’t assume that just opening the door and doing business as usual will help you build that cliff and then leap into a different future.

You will need to create the most financially sound business you can give you the cushion, the platform, from which to launch a new vision.

This is not hard to do. It never has been. You have had all you ever needed to look at your business and strategically think about how to grow it. I am going to suggest you take some of your down time to do that and fortunately, you have what you need.

Every quarter, your practice is sending your “Benchmark” numbers into Cleinman Performance Partners. At each of your Network meetings you devote time to comparing your performance to your previous quarters and years, to the members of your group, to all Network partners and the industry.

Unfortunately, that is where a lot of you stop. Doctors, this can’t be how you go into the future. You are going to need to take some of those numbers, two or three at a time, and set them up as action drivers for the next quarter, the next six months and the next year.

***“If you look at numbers long enough, they start talking to you.”  
– Al Cleinman***

I am not a numbers guy, but as a CEO I forced myself to look at them. I forced myself to understand what they were telling me, and their message drove my business at all levels. Some of you may recall when CPP did programs with “The Great Game of Business.” Shared numbers are shared information. Your staff should know the numbers. Your action plans should grow out of how you want to move those numbers.

They should drive your budget. Don’t have a budget? Seriously? Look, if you don’t like that word, consider this – a budget is really a plan with numbers. You cannot separate a sound plan from a budget. Comparing your results from actions in your plan is done through your budget, through your benchmarking.

Those who are going to thrive in this new world, whatever it ends up looking like, are the ones who understand all the stories – large and small – that are being told in their practice. Understanding the numbers no longer is an option.

As a part of your Action Planning, pick three numbers now that you are not satisfied with when you benchmark against all comparisons in the benchmark grid. What you compare to depends on how slot your practice. Are you high medical? High optical? If so, compare to those practices. Also, look at the Top Ten Percent. Never hurts to benchmark yourself to best.

To the extent that you are below benchmarks, you are being shown potential. Of course, you already know that. You hear it at every Network meeting. Now it’s time to start making decisions and taking actions.

Here are some “jump starts” on using numbers. Every number in the benchmark guide offers potential for growth or improvement.

- Collections per exam. This is what you are collecting. It’s important. For example, one practice I looked at was \$300 above the Cleinman Performance Network average. That is huge. Collections includes all the dollars that flow from an exam so you can look at pre-test, the exam lane, optical. If you are below the averages, your immediately planning question for your staff would be “if we want to move to the average, then above it, what do we have to do?”
- Revenue per eyewear unit. This is one area where you can directly challenge staff. Do they have time to sell or are they rushed? Are they just getting through the patient rather than talking style, function, durability, quality, patient activities and wants? What kind of lens is being prescribed by the doctor? Or are you, Doctor, still just “recommending?” Are you doing a hand-off in the lane? Your answers, and talking with your staff, should lead to an action plan.

- Collections per OD hour. If you are below the Cleinman Performance Network averages, why? Holes in the schedule? Exams running long?

I am going to stop there. You can get clarity and guidance from Cleinman staff and your Network facilitator if you still are not sure how to read the stories your numbers are telling you. Whether it's "collections per staff hour," "professional fees per exam," "lenses per exam," these are excellent places to start specific, monitored, and accountable action plans.

### **Ask Your Staff....**

The Cleinman web site has great resources for getting your staff involved in countless ways in helping plan and drive the practice. I'm going to suggest that during this down time, you give each staff member individual challenges in the form of questions.

Now, before you do this, ask yourself a key question: Am I really going to listen?

There is nothing worse than holding out the promise of involvement and then pulling it back when it comes time to act. Let your staff know that everything they respond with is not going to become a part of the practice, but a lot of it could to one degree or another.

Some questions:

- What are all the things you think or wish your job could be that it is not?
- If you could do three things with patients as you work with them that would WOW! them and satisfy you, what would those three things be?
- What are we doing now, as leadership, that you really feel gets in the way of you giving your best to co-workers and patients every day?
- What are you doing now that you either think is a waste of time, or you just aren't sure why you are doing it?
- What is one thing you do now, based on how you were taught, that you think you could do more effectively and efficiently if given the chance?
- When you look into your future with the practice, what would you like to be doing in a year, two years, five years?
- What can we do, as owners and leaders, to help you perform your work at a higher level and with more personal satisfaction to you?

When you get all the answers back, before you open, set up a Zoom or phone chat with each employee and go over their answers. Some may involve money that will have to be budgeted and planned for. But I have a hunch most won't need money. When people are asked these questions typically money does not come up, or if it does, it's not big money.

As you plan your reopening, look at these answers. See how they might be incorporated into your 90-day plan. Before you open do a Zoom team meeting, or if you can even a masked face-to-face in a room large enough for social distancing. Get the team involved in your plans to reopen. Give them tasks (again being careful about how the employment standing has to be handled).

### **Conclusions.**

A lot has been thrown at you in this section. If you try to absorb and do it all, you'll drown in it. Pick and choose. Remember – what you do in the first 90 days does not have to reflect the totality of your business or your view of a new practice. You will still be in survival mode, creating cash flow, building that cliff you can jump off.

Please use the resources that Cleinman Performance Partners gives you. If you don't know if there is a resource, or where to find it, get in touch with your facilitator or client development specialist.

Now, on to the longer look....

## **Chapter Four – Looking Strategically into the New World of Optometry**

**“The real crisis in any crisis is not the crisis itself. Rather, it is having missed the opportunities within the crisis.” - Craig D. Lounsborough Author, personal counselor**

**“Security is mostly a superstition. It does not exist in nature, nor do the children of men as a whole experience it. Avoiding danger is no safer in the long run than outright exposure. Life is either a daring adventure, or nothing.” – Helen Keller**

**With those thoughts in mind....**

Let's start with some assumptions:

1. You have or will have created your personal vision. You know what turns your lights on, gives you emotional and spiritual satisfaction. You have given deep thought to how you achieve that over the course of your life. You have set priorities around what is important to you personally.

2. You have examined your work life and you are starting to see it in a new light, seeing how it fits in with your personal vision, your primary aim, your core values. And most of all, how it can come to be a passion if it was not before.
3. You have committed to what you need to do in the short term, reaching out for all the resources and help you can get, to create a secure foundation from which to create the practice of your future – one that allows you to achieve the personal vision you have created; not one that is a barrier to that achievement.

Now, it's time to look ahead and find the opportunities that will be there in this new world of COVID-19, and whatever else might be looming out there waiting to change our lives.

I don't know what your business vision is. I don't need to. What I am going to do here is lay out some possibilities. They are not mine, necessarily. They are an accumulation of years of working with and listening to people like Al Cleinman, other facilitators and staff and hundreds of doctors, managers, and staff. And, just as important, immersing myself as best I could into change – being with change agents, sometimes the crazy people, those who at some point decided that rather trying to fix, they'd just blow it up and start from scratch.

Have any of you come out of this wondering "What was I thinking?" when it comes to where your practice is now?

I didn't want a partner....

I didn't want 7,000 square feet....

I didn't want eight locations....

I don't want to work five days a week and take my work home with me....

If you really took seriously the personal visioning in relation to your business, I bet some of you did.

**Reality check:** You don't have to do anything you don't want to do. Seriously. You don't have to follow someone else's definition of what a successful doctor is and does; you don't have to accept anyone else's definition of what constitutes growth, or how you measure success. To be sure, no matter what path you choose there are some core practices and habits you will want to develop to hike

it successfully and that's where resources such as Cleinman Performance Partners and your fellow Network partners can help.

With that in mind, let's ramble a bit through the future starting with a lot of questions...

### **Do I need this building?**

We talked about doing some out-of-office activities in the short-term. If that becomes a part of your new model, what do you really need in the way of a physical plant? If you are considering designing and building a new building, make sure it serves the vision you have created and is not a cookie-cutter optometry building out of a design portfolio. Again, Cleinman Performance Partners can lend you a hand in this area.

Should I remodel my building? Absolutely, if your current structure won't allow you to practice according to your new vision.

### **Do I need vision plans?**

If, for example, your personal vision involves working less but retaining income, one place to look for part of that is vision plans. Do you accept vision plans? Of course, most of you do. But what vision plans? How many?

I was in a practice on time and asked the insurance staffer how many plans the multi-location practice took. She began rattling them off and before I knew it, was out of room on my pad. I finally looked at her and said, "can you tell me if there are any vision plans you don't take?" I didn't even want to look their "collections per exam" benchmark.

Cleinman Performance Network has participants who have successfully left the world of vision plans. It's not to be done lightly or impulsively, but the road map exists. If you become a cash patient, you can see fewer patients in fewer hours and with fewer staff. If, that is what you want. If you want to be a large practice, you still can do it without vision plans.

Long-term strategy is the place for planning that exit if that is a route you choose to go. If you look at plans as a cost of sales, it's hard to think of a business that would accept up to **60 percent or more of each dollar** as a reasonable cost of sales.



This can factor into how large a facility you want.

Obviously, function is critical. If you decided that your real passion is vision rehabilitation, then your office of today will have to be changed from what it is. This requires strategic thinking.

### **Do I want a partner, or to be a partner?**

If I were answering this question for me, it might well be either “no,” or “depends.” We are not all cut out to be partners and this myth that you can’t build a practice or a transferable asset without one needs to be put to rest.

At one time years ago, Network facilitator Dick Schultz and I were considering forming a corporation together. We went through some pretty deep personality profiles, abilities profiles and we realized we couldn’t have a partnership. Why? To avoid paralysis, we decided the partnership could not be 50-50. It would have to be 51-49. The problem was, neither of us was the 49 percent guy. So, we each formed our own Limited Liability Corporation and we co-own our core process. It’s worked fine since 1997.

A partnership is like a marriage, with one possible exception. It can be harder to get out of. With a partnership you often end up sharing revenue without sharing the labor fairly. You complicate decision making.

If you choose to enter into a partnership, then you have to be guided by your personal and business visions. You cannot enter into a partnership with someone who does not share, or cannot buy into, your vision. It is true that opposites can attract, and while that’s not a bad thing when it comes to skill sets; it usually is not a good thing when it comes to differences on core values and vision.

So, if you have had it in your pre-COVID plans to take on a partner, or become one, how does that thinking look now?

What if you are in a partnership now and you realize with your personal vision solidified, your view of how you want to practice more clear, that your partner and you are going to be polar opposites (you probably sensed this already, frankly) then what?

I am going to give a very blatant commercial here. Call Cleinman. AI and Team Cleinman excel at handling incredibly difficult transactions around the creation and dissolution of partnerships in a fair-fair fashion. You don’t want to deal with this on your own. But if your current situation with a partner is a roadblock to how you want to live the rest of your life, you need to deal with it.

## Should I go multi-location?

Not if it doesn't support your personal vision. If it supports your personal and business visions, then by all means.

But you don't have to. Like a partnership, multiple locations have its own unique requirements. Start by looking at your personal and business visions and then asking what role multiple locations would play in that.

Are you a big picture person? Are you willing to delegate and to share authority and decision-making – in other words create a corporate structure. If you were going to create a business plan to sell to a bank (and you probably will have to) how would you convince the banker that it is a good investment?

The flip side of this is, if I have multiple locations should I get rid of them?

Again, what's your vision? Why did you buy them in the first place? Did you think that would ultimately lead to growth in something more than headaches? Did you get talked into it, trying to keep up with the Joneses? Ego? Seriously, why did you do it?

If the "why" is in keeping with what you now have as a personal vision, then by all means keep at it, make it better, create a dynamic brand. If the "why" of back then is not in your personal and business vision going forward, sell.

If you are older doctor moving toward retirement, this might be a good time to let yourself be acquired. Without getting into gender stereotyping, it's a fact we have more women than men entering the profession now and we know from our experience it can be a struggle to balance motherhood and work, physically and emotionally. If you started your own practice and are having family concerns, maybe now is the time to get out of ownership and find a place to work the hours that will allow you to spend more time with the children. Ownership always can be a future possibility if the balance is causing you anguish now.

In the end, what you do with your practice – how you bend it, shape it for blow it up in your leap from the cliff ultimately is going to come down to you.

So, going back to creating a strategic plan....

A strategic plan can look out anywhere from a year to 20 years with each year then becoming an action plan, and after a year something to review, debrief and revise. It will include each annual budget process as the driver for action and a yardstick for how you did.

**Warning:** While we can give you the elements of strategic planning, it is a complex and delicate process. Most companies and organizations that do it successfully get guidance. In this instance Cleinman Performance Partners can provide you facilitated personalized guidance should you really want to significantly change your direction and move into planning and action. That is not a commercial, it's just a fact.

Here are the basic elements of a strategic plan. Models abound on the web, but most contain these elements:

1. Your Vision

2. Your Mission

3. Your core values

4. A SWOT analysis – I actually don't spend much time on looking at the "W" and "T," which stand for "weaknesses" and "threats." I prefer to look at what "strengths" we bring to the table and then, in a real blue-sky fashion, what are the "opportunities" we can see.

I am not discounting W and T. But the reality is if we are really going to take a radical deep dive into the future, what weaknesses do we have other than maybe our own aversion to risk? Threats? The unknown is full of them and as we chart our course, we may want to look at the implications of our actions. But when we go into the unknown, we just have to accept there might be some dangers. I suppose both a weakness and a threat, for instance, could be our financial standing, but that's also something we can respond to.

The real key thing we want to look at, in line with our vision, is the opportunity piece and what we are going to need to bring to the game.

When you come out of this exercise you should have narrowed down and defined the opportunities that will allow you to shape the practice to your vision.

5. Looking at our vision and the opportunities we have identified and refined into a definition of the desired practice and what it will be doing in line with the Mission and Vision.

6. Long terms goals related to the plan. What do you want to accomplish and by when?

This can also include a cataloguing of anticipated resource needs. (usually those that do involve capital, serious expansion, etc.)

7. Yearly objectives – This will be what you will be doing in the first year as you move into the plan.

8. Action plans. For your yearly plan you will need action plans across the entire plan. It can be as simple as what we outlined in the previous chapter.

As noted earlier, this is not easy. It takes time and commitment and often it requires some level of professional guidance. Is it worth the investment? That's your decision, but it is after all, your future we are talking about.

## Conclusions

***“Plans are worthless, but planning is everything. There is a very great distinction because when you are planning for an emergency you must start with this one thing: the very definition of “emergency” is that it is unexpected, therefore it is not going to happen the way you are planning.”- Dwight D. Eisenhower talking about planning in general but specifically about some aspects of the D-Day invasion of Europe in World War II.***

We have covered a lot of ground here. Not all of it will apply and none of it is going to give you an easy answer. As we move out of this time of challenge, fear, loss and uncertainty, there is going to be nothing easy about coming back. But, there also are going to be some fantastic opportunities for those who are willing to take time to discover how they want their lives to play out, and by extension how their businesses will play.

For those of you who choose to jump off the cliff it may well be like going back to the day you walked out of optometry school, wide-eyed, a bit afraid but mostly itching to get out and do what you invested a lot of time, and debt, into. Guess what? You did fine. If you hadn't you would not be in a position to be involved with Cleinman Performance Network, looking ahead to how you can maximize your success.

This next step doesn't have to be more frightening than that first big one years ago. Oh, you might say it is because you have more to lose now. Well, I guess that depends on what your personal and primary aim have told you. Maybe they tell you less is more.

There is, as this draws to a close, one word I would like you to consider dropping from your vocabulary. I truly think it will make this all easier and a lot more fun.

## Competition.

To compete in a business sense almost always leads to reactionary thinking. True innovators don't compete. They innovate. Al Cleinman has a quote you've probably heard, but as we move ahead from where we are right now, it's probably the most valuable thing I've heard him say.

***"Don't compete. Change the game."***

Let that sink in. If you have come this far with your personal and business visions, if you have decided to blow up paradigms and own your future, you won't be competing. You will be designing your own game.

And remember, as you jump off this cliff, we are jumping with you.

**"The cave you fear to enter holds the treasure you seek." - Joseph Campbell**

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