Horizon Family Clinic—From Firefighting to Feedback

Case Study and Case-Analysis Prompt

October 4, 2025

Case

Setting. Horizon Family Clinic is a 22-provider ambulatory group (primary care plus walk-in) inside a regional health system. Patient volume spiked 18% post-merger, but support processes never scaled. Last quarter, a payer audit flagged documentation and denial-management gaps. The COO has asked *you*, the new clinic supervisor, to stabilize operations in 60 days without adding FTEs.

People. There are 58 staff across front desk, medical assistants, coders, and care coordinators. The team is multigenerational, with distinct expectations and communication styles. Engagement is uneven; newer hires report unclear expectations and limited feedback loops.

Current posture (your first-week observations).

- *Controls:* Heavy on **feedback** (after-the-fact): quarterly denial reports, monthly patient-satisfaction summaries, and ad-hoc corrective emails. Little **anticipatory** or **concurrent** control; standards are inconsistently documented and not visible at the workstation.
- *Leadership:* Supervisors focus on task assignment and expediency ("get it out the door") rather than vision, communication habits, or coaching. "Manager" behaviors outnumber "leader" behaviors; no plan to develop bench strength.
- *Policies:* The clinic's email/Internet policy is outdated; leaders worry about the risks of PHI and productivity decline during low-acuity periods.

Baselines (last 90 days). The following metrics will be your starting point:

Metric	Baseline	Owner	Notes	Target Idea
Clean claim rate	86%	Revenue Cycle Manager	Frequent coding edits post-submission	≥95%
Denial rate (initial)	11.8%	Coding Lead	Top reasons: eligibility, missing modifier	≤7%
Check-in → room time (avg)	26 min	Charge MA	Peaks >45 minutes on Mondays	≤18 min avg
7-day revisit rate	9.2%	Care Coordinator	Likely access/education issues	≤7%
Staff voluntary turnover (12-mo)	19%	Supervisor	Exit comments cite unclear expectations	≤12%

Pressure. The CFO wants tangible progress (cost containment, fewer reworks) with economical controls; the CMO wants patient-experience gains; HR wants consistency and fairness.

Complication. After small early wins, the COO warns about "Icarus Syndrome"—leaders overstretching beyond capacity after early success.

Artifacts you can inspect (abridged)

- A "standards binder" last updated 18 months ago; no visual dashboards at pods.
- Daily huddles occur, but there is no trigger chart linking variance $\rightarrow$ corrective action (no closed-loop).
- Exit interviews mention recognition gaps and inconsistent coaching.

Case-Analysis Prompt

Deliverable (1,000–1,400 words + 1 exhibit): Propose a **60-day** leadership & control plan for Horizon Family Clinic.

A) Leadership diagnosis & plan (Chapter 25)

1. Briefly characterize Horizon's *manager vs. leader* posture and state which *leadership theory* (e.g., contingency; follower factor) best explains current dynamics. Then name **two** style shifts you'll make (Level-5 behaviors, communication, energizing staff).

2. Specify **two concrete actions** to energize and retain a multigenerational team (e.g., coaching cadence, recognition, role clarity). Link each to morale/motivation insights.

3. Identify one way you'll guard against *Icarus Syndrome* during early wins.

B) Control system design (Chapter 26)

4. Define **4–5 standards/metrics** (≥ 3 tangible, ≤ 2 intangible) with: definition, target, frequency, data source, and owner. Justify choices using *appropriateness, timeliness, economy, and flexibility*.

5. Classify one control per metric as *anticipatory, concurrent, or feedback*, and explain why it fits. Include **one concurrent** control at the front desk and **one anticipatory** control in coding.

6. Sketch (or describe) a *closed-loop feedback* for the clean-claim rate: standard $\rightarrow$ measurement $\rightarrow$ variance trigger $\rightarrow$ corrective action $\rightarrow$ re-measurement. State your *closeness of control* for novice vs. expert staff and your *corrective-action* ladder.

7. Draft a 3-bullet Internet/e-mail micro-policy that protects PHI and productivity, and describe how you will *communicate* and reinforce it.

C) Implementation snapshot

8. Provide a **6–8-week** mini-timeline with **4–6 milestones** and a *micro-RACI* for two tasks.

9. Close with one paragraph on how your plan advances *mission & community responsibility* (e.g., access, quality).

Exhibit (required): 1-page metrics table listing each metric, standard, control type, variance trigger, and owner.

Formatting guidance: Professional memo style; headings encouraged; tables welcome. Cite course materials where relevant.