UC 2026

Strengthening Your Systems & Structures

The Blueprint for a Scalable, Stress-Less Pediatric Practice

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SECTION I

Think Back to the Day You Opened Your Practice.

You had the vision. The passion. The plan.
But things always seem to happen - one after the other.

No Shows	Billing / Insurance Issues	Personnel Issues	Parent demands

"Is this really what I signed up for?"

This repeated patterns lead to chaos of different magnitude
And all you want is a break

"The difference between a stressed and scalable practice."

Your infrastructure has not caught up with your ambition.

STRESSED

Reactive. Owner-dependent.
Decisions route to you. Nothing runs without your intervention.

SCALABLE

Designed. Documented.
Team decides at the right level. Practice runs when you're not there.

The Real Cost of No Systems

50%+

Pediatricians Report Significant Burnout

(AAP Research)

The leading drivers of burnout are not limited to patient volume.

They are administrative chaos, lack of control, and owner-dependent operations.

When your practice is owner-dependent — you are not the CEO.
You are the highest-paid, most exhausted employee in the building.

SECTION II

Systems Create Freedom

"Freedom is not the absence of structure.
Freedom is the product of intentional structure."

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Every Scalable Practice Has These Four Qualities

C

Clarity

Everyone knows what they own, what good looks like, and how decisions get made.

C

Consistency

Your experience and protocols happen the same way every time — regardless of who is on shift.

C

Capacity

Practice is designed to absorb growth without breaking. Built to scale from day one.

C

Calm

Problems are handled at the right level, by the right people, using the right process.

"Clarity + Consistency + Capacity + Calm = A Scalable Practice"

AI: The Force Multiplier for Your Systems

AI amplifies whatever you build. Weak systems + AI = faster chaos. Strong systems + AI = compounding impact.

- **Smart Scheduling:** Reduces no-shows by up to 30%
- **Ambient Documentation:** Cuts charting time 50–70% — physicians get their evenings back
- **Patient Communication:** Personalized reminders, follow-ups, wellness check-ins — automated
- **Predictive Analytics:** Flags at-risk patients before a crisis visit

Start with SYSTEMS — then layer in AI to multiply what you have built.

SECTION III

The Five Systems Every Scalable Pediatric Practice Needs

1 Clinical Flow

2 Role Clarity

3 SOP Infrastructure

4 Financial Awareness

5 Leadership

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1

SYSTEM 1

Clinical Flow & Patient Throughput

A clinical flow system answers three questions without exception:

1. How does every patient type move through the building from check-in to check-out?
2. What does every role do at every touchpoint — and who is accountable?
3. How do we handle volume surges, late arrivals, and walk-ins without disrupting the day?

AI APPLICATION — Smart Scheduling: AI-powered smart scheduling detects cancellation patterns, auto-fills open slots, and reduces no-shows by up to 30%, recovering 15 to 20 lost visits per week without manual follow-up.

2

SYSTEM 2

Role Clarity & People Systems

Most team conflicts are structural failures — not character flaws. When people don't know what they own, they over-reach or under-deliver.

1. **Clear Org Chart:** Defined reporting lines — even for a 5-person practice
2. **Role Scorecards:** One-page doc per role that defines what success looks like
3. **30-Day Onboarding:** New hires go from orientation to confident contribution in 30 days
4. **Communication Rhythm:** Daily huddles, weekly meetings, monthly performance check-ins

> ***"You cannot scale what you cannot delegate, and you cannot delegate without clarity."***

3

SYSTEM 3

Operational & SOP Infrastructure

Most practices run on tribal knowledge. When people leave, the knowledge leaves with them.

Clinical Protocols

Vaccine schedules, sick visit workflows, after-hours triage

Team Communication

How, when, and where information flows across all roles

Administrative Processes

Scheduling logic, insurance verification, billing workflows

Compliance & Safety

HIPAA, OSHA, infection control — documented and version-controlled

AI APPLICATION — SOP Creation: Feed your current process into Claude or ChatGPT to generate a draft SOP. What once required a consultant and weeks of work can now be documented in days.

GOAL: A Practice Operations Manual any competent person can use to run your practice for two weeks.

4

SYSTEM 4

Financial & Capacity Awareness

You cannot scale what you cannot see. Track these weekly — not monthly.

- Revenue per encounter and payer mix trends
- Accounts receivable aging — how long it takes to get paid
- Schedule utilization rate — percentage of available slots filled
- Patient acquisition and retention rates
- Staff productivity by role

AI APPLICATION: Your EHR already has embedded AI analytics. Turn them on. Set up automated weekly dashboard reports. Use AI to identify revenue leaks and fastest-growing patient demographics.

5

SYSTEM 5

Leadership & Decision-Making Systems

When you are not in the room — does your practice still function at the level you intend?

Decision Rights Matrix

Which decisions require you? Which go to a team lead? Which are fully delegated?

One-on-One Coaching Rhythm

Regular, brief, forward-focused conversations that build capability

Leadership Development Pathway

Clear growth tracks for your high-potential team members

Personal Leadership Rhythm

Protected strategic time. Not just operations — strategy.

"Success is what you achieve for yourself.
Greatness is what your success gives to others."

The Five Systems — At a Glance

1	**Clinical Flow**	Patient journey mapped A to Z. Every role, every touchpoint, documented.
2	**Role Clarity**	Org chart + scorecards + onboarding + communication rhythm.
3	**SOP Infrastructure**	Institutional memory in writing. Practice Operations Manual.
4	**Financial Awareness**	Weekly dashboards. Revenue, AR aging, utilization, retention.
5	**Leadership Systems**	Decision Rights Matrix. Delegation. Coaching culture.

"A practice that grows in chaos stays chaotic.
A practice that grows on systems becomes extraordinary."

SECTION IV

The Three Biggest Scaling Mistakes

Recognize yourself honestly. Every mistake has a solution.

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MISTAKE 1

Hiring to Fix a Systems Problem

Adding people to a broken system means more people doing the wrong thing more efficiently.

THE MISTAKE

Hire someone new.
Another MA. Another coordinator.
Problem still exists 3 months later.

THE FIX

Design the system first.
Document the role.
Map the workflow.
Build the SOP.
Then hire to execute it.

MISTAKE 2

Building for Now, Not for Tomorrow

Your infrastructure breaks when volume grows because it was never designed for scale.

THE MISTAKE

Build for today's patient panel.

Add a 2nd provider → schedule collapses.
Open a 2nd location → systems can't replicate.

THE FIX

Ask for every system:
"Does this still work if we double in size?"

If no — redesign it now.
Cheaper to build for scale before you need it.

MISTAKE 3

Confusing Activity with Progress

Busy is not the same as productive. Motion is not the same as momentum.

THE MISTAKE

Vague goal:
"Improve patient experience."

Lots of meetings.
Lots of fires.
No measurable change.

THE FIX

Specific goal:
"Reduce average wait time
from 18 min to 12 min by Q3."

Every action tied to a measurable outcome.

SECTION V

The Three Keys to Scale

PEOPLE · SYSTEMS · AI

"People without systems create chaos.
Systems without people create machinery.
AI without both creates expensive confusion."

Miss any one of these and your growth becomes a liability.

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Poll #1: People

Scan QR Code to answer

POLL 1

People

Which people challenge is silently costing your practice the most right now?

A	*My team waits for me to make every decision*
B	*The wrong people are in the wrong seats*
C	*No one has a clear role scorecard*
D	*I have no time to develop my team*

KEY 1 OF 3

PEOPLE

Develop Them. Align Them. Multiply Through Them.

People development IS your systems strategy. Every system runs only as well as the people executing it.

THREE DIMENSIONS OF PEOPLE DEVELOPMENT

1

Communication Excellence

Active listening. Communication standards. Psychological safety. Difficult conversation frameworks.

2

Leadership at Every Level

Identify high-potential people. Create growth tracks. Build a coaching culture. Model the behaviors you expect.

3

Behavioral Intelligence (DISC)

Map your team's behavioral profiles. Match people to roles by behavioral fit. Lead each person where they are built to go.

Behavioral Intelligence: Know Who Is in the Room

D

Dominance

Decisive, direct, results-oriented.
Thrives in authority and quick-action roles.

I

Influence

Enthusiastic, collaborative, relationship-driven.
Shines in patient-facing and culture roles.

S

Steadiness

Calm, consistent, process-oriented.
Bedrock team members in clinical workflows.

C

Conscientiousness

Analytical, precise, quality-focused.
Excels in compliance, billing, documentation.

"The right person in the wrong behavioral seat is still the wrong hire. DISC tells you who fits where — before you make the expensive mistake of finding out the hard way."

POLL 2

Systems

If you left your practice for 2 weeks with no phone, what happens?

A *It runs fine, we are systematized*

B *It survives but barely*

C *It starts breaking by day 3*

D *It stops without me*

Poll #2: Systems

Scan QR Code to answer

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KEY 2 OF 3

SYSTEMS

Document Everything. Run Without You.

THE TWO-WEEK TEST

"If you left your practice tomorrow for two weeks — no phone, no access, no check-ins — would it run smoothly, serve patients well, and pay its bills?"

If your honest answer is NO — you don't have a practice. You have a very complicated, very expensive job.

Pre-Arrival
Scheduling, insurance verification, patient onboarding

Arrival & Check-In
Greeting standards, check-in workflow, rooming protocol

Clinical Encounter
Provider workflow templates, documentation standards

Check-Out & Post-Visit
Follow-up scheduling, after-visit summary, prescription mgmt

Revenue Cycle
Charge capture, denial management, AR follow-up

People & Culture
Hiring, onboarding, feedback, recognition, conflict resolution

Poll #3: AI

Scan QR Code to answer

POLL 3

AI

Where is your practice right now with AI?

A *Already using it and seeing results*	**B** *It is in my EHR, I just haven't turned it on*
C *Curious but don't know where to start*	**D** *Waiting until it is more proven*

KEY 3 OF 3

AI

The Revolution Is Already in Your Clinic.

AI is not coming to pediatric healthcare. It is already here. The only question is: are you leading the adoption or being disrupted by it?

1. **Patient Acquisition & Intake Intelligence**
   AI-powered SEO, reputation management, and automated pre-visit intake before the first human interaction

2. **Intelligent Scheduling & No-Show Prediction**
   Analyzes historical patterns, predicts no-show likelihood, backfills cancellations — recovers 15–25 lost visits per week

3. **Ambient Clinical Documentation**
   Abridge, DAX Copilot, Suki — 50–70% less charting time. Hours returned to the physician every single day.

4. **Clinical Decision Support & Diagnostics**
   Drug interaction alerts, evidence-based guidelines at point of care, developmental screening, diagnostic imaging AI

AI Across the Care Continuum (continued)

5 **Predictive Analytics & Population Health**
Identify children at elevated risk, care gaps, and families at risk of disengagement — proactively, not reactively

6 **Patient Communication & Family Engagement**
Personalized post-visit instructions, chronic disease support, multilingual automated outreach — at scale

7 **Revenue Cycle & Administrative Automation**
Real-time claim analysis, undercoding detection, prior authorization automation — recovering revenue you've already earned

8 **Mental Health & Behavioral Screening Support**
AI-assisted PHQ-A, GAD-7, SCARED screening. Telepsychiatry AI expanding access to mental health consultation in underserved areas.

People with strong mental health get more from every clinical encounter.
AI helps you catch what's invisible before it becomes a crisis.

The Real Barrier to AI Adoption Is Leadership.

Most tools already exist. Many are inside your EHR waiting to be turned on.
The reason most practices are not using them is not technology — it is leadership.

- Evaluate tools critically without getting lost in vendor noise
- Implement change without destabilizing your clinical team
- Train people to trust and use new systems with confidence
- Maintain the human-centered culture of great pediatric medicine

"The future of pediatric healthcare will be built by clinicians who are also systems designers, people developers, and technology leaders."

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SECTION VI

The 90-Day Systems Reset

Three Phases. Ninety Days. Transformational Results.

Days 1–30	Days 31–60	Days 61–90
Diagnose & Document	**Design & Deploy**	**Delegate & Scale**

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PHASE 1

Days 1 to 30: Diagnose & Document

1. Conduct a full systems audit — clinical flow, people systems, SOPs, financials, and leadership
2. Ask your team: "What slows you down?" Their answers will surprise you
3. Begin documenting your top five critical processes — write the first draft of your SOPs
4. Map your patient journey from scheduling to checkout for your three most common visit types
5. Identify one AI tool to pilot — start with scheduling optimization or ambient documentation

MILESTONE: By day 30, you know exactly where your practice is broken — and you have started fixing it.

PHASE 2

Days 31 to 60: Design & Deploy

1. Create role scorecards for every position in your practice
2. Launch daily huddles — 10 minutes, standing, every morning before clinic opens
3. Implement your first financial dashboard — set up weekly metric reviews
4. Begin your Decision Rights Matrix — identify five decisions that should not require you
5. Evaluate your AI pilot — measure impact, adjust, and expand if effective

MILESTONE: By day 60, new operating rhythm is alive. Huddles running. Dashboards live. Decisions being made without you.

PHASE 3

Days 61 to 90: Delegate & Scale

1. Identify and elevate one internal leader — give them a growth opportunity with real accountability
2. Conduct your first full team culture conversation — share your vision, get their input, build alignment
3. Review your systems against your capacity targets — are you ready to grow?
4. Schedule your quarterly leadership review — 90 days from now, assess what has changed
5. Celebrate your wins publicly — culture is built in moments of recognition

MILESTONE: By day 90, you have a systematized practice, an emerging internal leader, and a real plan to scale.

Your Blueprint. Three Phases. Start Monday.

Days 1–30 **Diagnose & Document**	Days 31–60 **Design & Deploy**	Days 61–90 **Delegate & Scale**
Full systems audit	Role scorecards for every seat	Elevate one internal leader
Identify top pain points	Daily huddles — 10 min every AM	Full team culture conversation
Draft top 5 SOPs	Weekly financial dashboard	Review systems vs capacity
Map patient journey	Decision Rights Matrix	Schedule quarterly review
Pilot 1 AI tool	Evaluate AI pilot	Celebrate wins publicly

"A practice that grows in chaos stays chaotic.
A practice that grows on systems becomes extraordinary."

SECTION VII

Before I Close.

This is something personal.

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The Vision That Drove Everything

"Education, good character, and doing good in the world."

I did not imagine standing here as the founder of a multi-location pediatric practice.
But I imagined this: building something that outlasted my direct effort.

Systems made that possible. They can do the same for you.

YOU WALKED IN AS A CLINICIAN.
WALK OUT AS A SYSTEMS ARCHITECT.

The children in your community need you to be both.

Here Is What I Want You to Do Before You Leave This Room

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"Write the vision. Build the systems. Develop the people. Lead with purpose."

Your practice — and the children it serves — deserves nothing less.

- Dr. Timi Adepoju