

## Preface

MANY YEARS AGO, I was part of a group of healthcare consultants who gathered at an educational meeting in Scottsdale, Arizona, to discuss several topics of interest. Although I have forgotten most of the conversation, one thing that stuck in my mind was when we went off script and talked about how we would most like to spend our time if we were not consulting. It was obvious as we went around the group that some had not given it much thought. Gardening and travel were among the common answers, but by far the most popular was writing. I think part of this stemmed from the near universal belief that, as experienced professional consultants, we each felt we had something of value we needed to share with others. After all, that is effectively how we made our living, and we each were well compensated for our opinions and insights. Yet as I look back on this conversation, very few who took part have taken up the pen.

In contrast, writing and thought leadership have long been part of my consulting practice, especially as it relates to the future of healthcare and related strategies for success.<sup>1</sup> Things didn't start out this way. "Time is the currency of experience," as noted in the updated introduction to Pine and Gilmore's seminal book *The Experience Economy* (Boston: Harvard Business, 2019; ix). The thoughts I share in this book accumulated after over time after I first received formal training in the skills of management consulting, and they have

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1 I was honored in 2016 to receive the coveted Dean Conley Award for best article of the year for "Retail and Real Estate: The Changing Landscape of Care Delivery," published in *Frontiers of Health Services Management*.

been greatly informed by a myriad of client experiences when put into practice over the course of more than 40 years. Some of these experiences were unique, others perhaps more common, but all involved lessons if one was attentive to the details.

These experiences led me to share some of the tradecraft I learned in my career as a healthcare strategy consultant. Some of this tradecraft pertains to consulting in general, some is more specific to the changing healthcare industry. I must confess that I have used this platform to point out some of the shortcomings embedded in the current state of healthcare, and to suggest some issues that must be addressed by leaders in the coming years. These are not only opportunities for healthcare consultants, who often lead major change initiatives, but for executives and policymakers as well.

Another motivation for writing this book is my fervent belief that there is a material difference between a trained professional consultant and one who has not received formal education or training. Observing the best among us over the years, I am struck by the realization that they had at least one thing in common—experience in operations within a healthcare organization, or at least completion of an administrative residency or fellowship. And while there were exceptions, most of the talented consultants I worked with and observed also received formal training early in their consulting careers, often by working for a large global consulting firm heavily invested with internal training capacity.<sup>2</sup>

I also noticed that a few prominent healthcare leaders had decided to enter consulting later in their careers, even without this earlier consultant training. When I first started out as a career consultant, this change from executive to consultant was rare; it represented much more than just a job change. Those who went down this path were a bit of an anomaly and aroused curiosity among their peers, to the point that they often found themselves asked to share their experiences in panel discussions (healthcare sponsors a lot of

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2 It should be noted that early in my career, not many medium or larger specialty healthcare consulting firms existed. Healthcare was just coming into its own in the 1970s, and global firms were just starting to incorporate healthcare as a legitimate vertical.

meetings). I found some of the comments at these meetings quite revealing.

As I recall, these executives turned consultants said they enjoyed what they were doing and liked working with a variety of clients, but some noted that they may have lacked a full appreciation of the risks involved. Whether my impression was right or wrong, there was a stark contrast when these leaders discussed their executive careers versus their newfound consulting; when it came to consulting too many of them appeared as “deer in the headlights.” Mind you, these newly minted consultants had been highly accomplished leaders of healthcare organizations. A few were quite successful in their new role. Others essentially played out their two- to three-year severance package from their last CEO position and quietly faded into retirement.<sup>3</sup> Perhaps they did not appreciate that merely sharing their successful experiences is rarely enough to address a client’s situation, which almost always involves some unique twists and turns. Further, the role of decider is materially different from that of advisor. Understanding this difference is critical in making this career change.

Please note, in discussing a career change I am not referring to the retiring CEO who sells time back to her company while shifting to a part-time role on the path to retirement. Nor am I referring to the hobbyist who does consulting on the side, or the executive who has cards printed up that say “Consultant” while waiting for the right executive job to come along. Finally, I am not referring to the retired CEO who is a part-time member of a CEO network offering counseling to new CEOs. Rather, I am referring to the person for hire who hangs out their shingle or joins an existing firm and goes full-on at-risk pursuing their consulting practice. This is where consulting skills, including sales skills, come into play.

Seeing these respected leaders stumble with this career change disturbed me. These were talented people on an important mission to share their judgment and lessons from their illustrious careers as

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3 I believe these rather generous severance packages may be an anomaly of this unique period of consolidation that won’t be sustained in the future.

healthcare executives, yet they seemed to be missing some of the basics of how best to monetize the experience that they had spent so much of their career accumulating.

When I began to address this executive turned consultant trend, it became immediately obvious to me that the unregulated term *consultant* is confusing and subject to many interpretations, some of which are misleading. On top of that, it became painfully clear to me that, contrary to popular belief, not everyone is cut out for consulting. To be blunt, the profession of consulting is poorly understood and underappreciated, including in healthcare. This requires some redress.

The notion of what it means to be a professional consultant in healthcare is the topic of my previous book published by Health Administration Press, *The Healthcare Consultant's Handbook: Career Opportunities and Best Practices*. That book is relevant to anyone contemplating a career in consulting, but it focuses on early careerists just setting out on their journey—recent college and business school graduates who are just entering the job market. *The Healthcare Consultant's Handbook* devotes considerable time to defining the profession of consulting (how to be a superior consultant; the essential skills of consulting), both in general and specifically for healthcare organizations. I believe that much of the skill set required to be a successful independent management consultant is generic, but some aspects of the healthcare industry are not intuitive and require some explanation. *The Healthcare Consultant's Handbook* also includes a discussion of the rich history of consulting to healthcare organizations going back to World War II, which helps draw attention to some of the dramatic changes taking place in US healthcare and related factors that make healthcare today so ripe for consulting.

In contrast, the target audience for this book is the midcareer or near-retirement healthcare executive. These people may have spent decades managing healthcare organizations and their component entities, and the bulk of their career may now be behind them. They have been fully exposed to the nuances of US healthcare. But while these executives possess significant operating knowledge, their

consulting experience may be somewhat limited. In other words, this book assumes that most readers lack the skills training that career consultants receive as they start out. Being a successful career consultant is not easy. Changing careers to consulting is at least as hard as, if not harder than, beginning your career in consulting, since you must overcome many hurdles to parlay your time as an executive into a successful consulting career.

In considering a potential consulting career, it is not enough to understand the state of a particular industry today; one must have some insight into what is to come. So, in addition to the requirements of transitioning from a managerial role to a professional consulting role for healthcare organizations, this book discusses factors relevant to the evolving challenge of managing these complex organizations. While the focus is on healthcare, much of the discussion applies to any executive, from any industry, who is interested in transitioning into a consulting career.

These two volumes on consulting are intended to be complementary. And while noticeably different from those of early careerists, the interests of midcareer professionals and those who are close to retirement are not always identical. Accordingly, these two subgroups are treated as similar in most sections of this book, but the discussion is more specific to the unique interests of each subgroup in a few key places.

Obviously, I have drawn on my own experiences as I have approached this work. I am therefore obligated to provide some additional context in this regard. I have spent some time in line management of provider-based healthcare organizations both as an employee and on an interim basis (i.e., as an independent contractor). I am also a serial entrepreneur; I set out to establish my own consulting firm when I turned 30 and was asked to run two other start-up organizations along the way, as an investor and as CEO.<sup>4</sup> The memories of weaning myself from a regular employee paycheck

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4 Both organizations were focused on developing strategic and operational information through digital technology in the perioperative and personal health record arenas.

and starting out as a solo consultant are as vivid today as they were 40 years ago. To be sure, certain memories stand out more than others. It is hard to forget attempting to run a start-up organization and keep people motivated when there is no money. No one ever said being an entrepreneur was easy.

My experience as a healthcare executive, an entrepreneur, and a consultant have all come into play in writing this book. Admittedly, my background and experiences as a strategy consultant show through in my writing. Not all consulting is strategy. Compared to strategy engagements, more specialized consulting involves fewer gray areas, with less process, and with clearer right and wrong answers.

I firmly believe that for many people, the concept of consulting and the reality of consulting are vastly different. The consulting experience differs from the current executive experience—sometimes in dramatic ways. This book is meant to help executives prepare for their new context. Approaching a career change in a casual manner ignores the inherent risk. Insight and awareness are required to enable a professional to lean into their new calling if they are to be well received as a trusted advisor. It is for this purpose that this book has been written.