Introduction to Thought Experiments

What if your next big change wasn't executed on day one, but first asked as a simple question, what would happen if we did this? What If you stopped offering walk-in appointments for two weeks, or changed your scheduling template entirely?

or removed all paper forms and saw what surfaced. That kind of question is the heart of the thought experiment, a structured what-if scenario that lets leadership explore change without diving straight into full implementation.

In a sector like healthcare, where change is expensive, stakes are high, and risk is real, thought experiments give you a way to test assumptions, surface hidden risks, uncover unexpected opportunities, engage your team in the future before you commit your budget staff or systems.

Welcome to Medical Money Matters, the podcast where you can find experts, answers, and resources so that you achieve mastery over the financial and business aspects of your practice.

Hello, everyone. I'm your host, Chilarina. I began my career in accounting and finance and I have more than 30 years of experience running medical groups.

I own and operate a national healthcare consulting and revenue cycle company and am the author of Physician Heal Thy Financial Self. In 2020, I co-founded the Physician Leadership Project, and in 2025 I released Physicians Edge, the first of its kind CME-accredited online business education for physicians.

My passion is to increase financial and business literacy for Physicians. Episode 163 Thought Experiments Your Practice's Secret Weapon for Smarter Decisions What if your next big change wasn't executed on day one, but first asked as a simple question, what would happen if we did this?

What Thought Experiments Are and Why They Matter

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At Healthy Practices, we've seen some of the most effective transformations begin not with a mandate, but with the moment of curiosity. What if we did this?

And what might break first? Today we'll walk through what thought experiments are, why they matter in medical groups, how to run them effectively, what to do when they succeed and when and how to build a culture around them that makes your organization smarter, more resilient, and more agile.

Let's begin by defining exactly what we mean by a thought experiment. In simplest terms, it's the mental rehearsal of a change you might make in your practice before you physically enact it.

It's asking what would happen if and then walking through all of the implications. For example, what if we moved all of our new patient scheduling to after lunch and reserved mornings for existing patients?

Or, What if eliminated the fax machine in the clinic and went fully digital for referrals and results? or even What If we compensated providers more on quality than volume for six months?

How would behaviors shift? These aren't pilot programs yet. They're mental simulations. You map out the assumptions, identify the boundaries, invite your teams to poke holes, consider what breaks, and think through what data you'd measure if you did run a pilot.

Only after you've done all of that would you commit resources to the change. Thought experiments have been a staple in science, philosophy, business and innovation for centuries.

They help you explore alternative realities, challenge assumptions and think more broadly about consequences. In healthcare, where change is often costly and disruptive, they enable leadership to simulate outcomes, avoid unintended consequences and make smarter decisions.

So why do they matter so much in medical groups? For several reasons. First, the environment is complex. You have clinical workflows, compliance demands, payer contracts, patient expectations, staffing issues, regulatory oversight, and everything is interconnected.

Launching a change without anticipating knock-on effects is risky. Thought experiments let you see around corners. Second, leadership needs a tool that encourages creativity with control.

Many teams are stuck in operational mode, putting out fires, maintaining the status quo.

How to Run a Thought Experiment

Thought experiments invite leaders to step out of the day-to-day and ask strategic questions. What if we reimagined how we see patients? That kind of thinking is increasingly cited as a leadership competency in healthcare.

Recent research shows that healthcare leaders now must navigate innovation, adaptation, collaboration, and resilience. Third, they build team engagement and psychological safety.

When you encourage what if, rather than do this, people feel less threatened and more involved. They start seeing change not as top-down mandates, but as collective exploration.

This helps avoid reaction, resistance, and groupthink. And yes, inviting critical voices early helps ward off group think for certain. Fourth, you can use thought experiments to fail fast and learn.

If your simulation surfaces a major flaw, You either fix it early or shelve the idea. Far cheaper than launching full change, failing, and losing staff goodwill, money, or time.

Or all of the above. Viewed this way, failure becomes part of robust leadership, not something to hide. Now let's talk about how to run an effective thought experiment in your practice.

It's not just idle speculation. There's a structure, a methodology you can apply. Here's the roadmap. Start by selecting a focused what-if question. it must matter, it most be specific.

For example, what if we centralized scheduling across all our sites? Or, What if reduced physician daily visits by 10% and invested that time in pre-visit planning?

Keep the question narrow enough to be manageable, but broad enough, to challenge existing assumptions. Next, define the boundaries. Who participates in the pilot?

Which site? which services? What stays the same? and what changes? what assumptions are you making, for example, staffing levels, patient volume, or pay or mix?

Defining this helps you avoid drifting into full implementation too soon. Then map the scenario through patient or staff journey. Walk through step by step from the moment the patient calls to registration to clinical encounter to billing and what changes under your new scenario.

Ask questions, what will break? What will improve? what dependencies are threatened? What new skills or resources will we need? You're listening to Medical Money Matters, a weekly podcast brought to you by Healthy Practices, A healthcare consulting and revenue cycle company dedicated to keeping our clients independent.

Please reach out if we can do anything at all to support your practice. You can find more information online at healtheps.com. That's www.healtheps.com.

Please follow or subscribe to get all future episodes downloaded as soon as they're released. Invite departmental stakeholders into the conversation early.

Operations, clinical staff, billing, scheduling, IT, they all have perspectives. Encourage them to raise flags.

What to Do When Experiments Succeed or Fail

If we changed this, what would we lose? What unintended burdens might arise? This builds alignment and surfaces risks you may not have considered on your own.

Identify what metrics you'd track if you piloted the change. What will success look like? Time to appointment. Patient satisfaction. Revenue per visit.

Staff overtime hours. Denial rates. You're not yet measuring because you haven't changed, but you're planning measurement. Then ask, is this worth piloting for real?

If yes, build your test plan, pilot site, timeline, budget, measurement, and feedback loop. If no, document what you learned and move on. Either way, you've gained insight without committing full resources.

if your thought experiment works, if you decide to pilot and the pilot succeeds, then what? You scale, you embed, and you institutionalize the change.

But you must do so with rigor. Celebrate the success, yes, but avoid overgeneralizing too quickly. Use the pilot's data to plan your rollout, allocate your budget wisely, engage leadership and staff, monitor your metrics as you scale.

For example, you pilot four-day workweek for physicians in one site. It reduces burnout, keeps revenue steady, patient satisfaction improves. Great! Next steps?

Roll into two more sites, build the timeline, adjust the staffing, and define compensation models. Use each phase's data to refine the project going forward.

If your thought experiment fails, don't discard it as a, quote, bad idea. Failure is still in sight. Ask what happened. Did assumptions fail? Was measurement lacking?

Did you skip front-end readiness? did you misspecify the scenario? Capture those lessons and share them. Often, the value isn't in the experiment, but in learning.

Sometimes you salvage a portion of the idea, for example, keep the four-day week but adjust patient volume. Sometimes, you decide not to proceed, and that's okay too.

In fact, organizations that learn to fail safely are generally stronger. They stop wasting time on ideas destined to failure. they focus resources on the ones with traction.

That's part of building a culture of innovation and measurement. So how do you build a culture of thought experimentation in your medical group?

Building a Culture of Experimentation

Here are the practices. Start by making a regular space in leadership meetings for what-if questions. Ask each executive or physician leader to bring one thought experiment to the table.

Encourage curiosity. Use structured templates. For example, what if we did the opposite? What would we do if had zero limitations? what would break first if scaled by 50%? These prompts spark fresh ideas and help avoid being constrained by existing assumptions.

celebrate not just success, but insights. When an experiment surfaces a risk factor you hadn't considered, talk about it. Make those learnings visible.

That reinforces that experimentation is valued, even when things don't fully succeed. Encourage cross-functional teams. Bring clinical, operations, revenue cycle and IT together to brainstorm and simulate.

When silos invite independent solutions, you risk missing unintended consequences. Thought experiments force collaboration. Use the data from successful thought experiments to build institutional memory.

Create a, quote, experiment library, where you document the question, the assumptions, what you thought would happen, What actually happened, and what learned, whether you piloted or shelved.

Over time, this becomes a strategic repository. And finally, make experimentation safe. Leadership must give permission for probing questions. For what if we fail?

That kind of psychological safety encourages innovation rather than fear of punishment. Now let's pause and think about where this is particularly powerful in medical groups.

Consider strategic growth. Suppose your group is considering a new specialist line or a site. A thought experiment might ask, what if instead of a clinic, we expanded telehealth for that specialty?

You map the implications, staffing, technology, scheduling, reimbursement, and culture. You may realize you need fewer adjunct staff, but stronger remote infrastructure.

Maybe you find a lower-cost path to growth. Or consider operations. What if we shifted from 30-minute follow-ups to 20-minutes? What would break? How would patient throughput change?

What risk to quality? You simulate the change mentally, gather staff input, identify potential staff burnout or patient dissatisfaction risk, and only then pilot.

Or consider compensation. What if we shifted compensation to reward care coordination instead of just visits? You walk through implications for provider behavior, documentation load, revenue cycle management systems, even before you roll out the model.

Practical Use Cases in Medical Groups

The value of thought experiments is that they give you a mental sandbox. They give space to think without cost, to question without risk, and to experiment without immediate execution.

Their strategic thinking made operational. My hope for your practice is this. Start with one question this week. Write it down. Send it to your leadership team.

Ask, what would happen if we changed X? Then, walk it out, see what comes up, and don't commit until you've

done the simulation. If your organization is looking for help in running these experiments, structuring questions, facilitating cross-functional sessions, documenting assumptions, building pilot-ready roadmaps, then the team at Healthy Practices is ready.

We work with physician groups on strategy, operations, revenue cycle, and change management, And these kinds of simulations are part of our approach. we begin every engagement with a what-if mindset.

Thank you for being part of this conversation today and for investing your leadership time in thinking differently. Because in 2025 and beyond, the practices that experiment, adapt, and learn will win.

They will grow, they will manage complexity better, And they'll lead change instead of being changed. Until next time. You can find more information online at medicalmoneymatterspodcast.

Closing Thoughts and Resources

com and you can sign up to be notified when enrollment opens for the Medical Money Matters eLearning program for a mini-MBA physician style, which will carry CME credits and will be released in upcoming months.

In that, we'll do an even deeper dive so you can understand dynamic budgeting strategies, cash flow forecasting, and other more esoteric financial concepts.

We've included those links in the show notes. As I like to close out these podcasts, congratulations on taking the next step in your professional development and for making the commitment to learn about the financial and business aspects of your practice.

I look forward to being on this journey with you and send you my heartfelt gratitude for all that you do for your patients all day, every day.