

Meridian Health Partners Breakout QofG Leader Report

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THE
BREAKOUT
GROUP

IMPORTANT INFORMATION

This report presents diagnostic analysis based on information provided by assessment participants and available at the time the assessment was completed. The Breakout Quality of Growth (QofG) Report is a strategic evaluation framework intended to support business evaluation and discussion.

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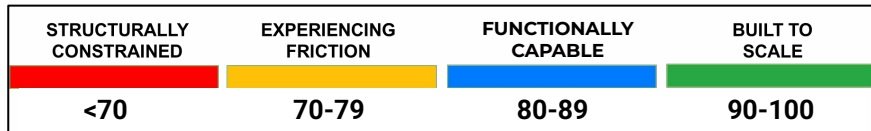
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Interpreting Your Breakout QofG Report

The Breakout QofG Report is a diagnostic framework designed to assess a company's growth quality by identifying strengths, constraints, and misalignments of key growth drivers

KEY INFORMATION TO UNDERSTAND

1. **The Breakout QofG Report evaluates growth quality**, not effort, ambition, or intent. It measures how effectively your growth drivers perform and align under pressure to produce durable growth.
2. **A lower score does not signal failure**; it indicates the area is constraining growth relative to your stage and industry. It can also reflect normal friction that emerges as business complexity increases.
3. **A higher score does not signal perfection**; it reflects solid and consistent structure under operational load. Even strong areas need to be managed to prevent regression.
4. **Strong drivers can still cap output** if alignment, sequencing, or execution consistency is weak. It's common for growth to stall from friction between drivers.
5. **Resist debating a score**. Instead, understand the insight and any recommended actions and priorities.
6. **The Quality of Growth Scoring Scale**: Green is strong and red is weak. It broadly means growth quality for the driver or metric is Built to Scale, Functionally Capable, Experiencing Friction, or Structurally Constrained.



Breakout QofG Summary



OVERALL COMPANY BREAKOUT QofG SCORE

Growth Quality is Strained and Uneven

Growth is limited less by intent and coordination and more by access throughput and differentiated demand shaping, which reduces conversion predictability and strains scalability.

67	SALES Intake-to-first-visit throughput and routing variability are limiting predictable conversion.	90	ALIGNMENT Decisions align, but demand, intake, and capacity are not coordinated into consistent outcomes.
59	MARKETING Messaging is not qualifying for integrated care, weakening demand fit and efficiency.	STRENGTHS <ul style="list-style-type: none"> • Mission-driven clinical commitment • Integrated care capability • Decision and incentive coordination CHALLENGES <ul style="list-style-type: none"> • Capacity routing and wait-time variability • Integrated model not communicated clearly • Cross-location process inconsistency NEXT STEPS <ul style="list-style-type: none"> • Decide the access model • Define integrated-care positioning • Standardize cross-location execution 	
71	BRAND Market perception lags current integrated-care capability, reducing preference among new buyers.		
79	CULTURE Mission commitment is high, but cross-location operating consistency is uneven.		

THE KEY TAKEAWAYS

THE SYNTHESIS:

You have real clinical capability and coordination, but access routing and integrated-care messaging are misaligned, limiting conversion predictability and slowing the growth plan.

THE STORY:

What's Broken:	Demand converts unevenly because intake cannot route to available clinicians across locations.
The Reason:	Location-level processes and capacity visibility vary, creating wait-time swings and leakage.
The Accelerant:	Marketing does not qualify for integrated care, increasing low-fit inquiries.
Primary Risk:	Growth shows up as longer waits, not higher realized revenue.
Ripple Effect:	Departments blame each other, slowing standardization and execution discipline.
Consequence:	Lower conversion efficiency and less predictable utilization by site.
What's at Stake:	The next growth step depends on fixing access before scaling demand.

TAKE NOTE:

1. Occasional location-tailored marketing can backfire if it ignores real-time availability, increasing patient frustration.
2. Integrated care is a capability, but without a clear intake pathway it becomes harder to monetize consistently.
3. ACTION TO CONSIDER: Choose whether centralized intake and capacity routing is the next 90-day priority before increasing demand generation.

Industry Considerations



Industry Overview

In regulated behavioral health, growth is constrained as much by access and throughput as by demand. When wait times vary materially by location, the business can appear “full” while still leaving capacity unused elsewhere, creating revenue volatility and patient dissatisfaction even when marketing is active.

Trust and clinical credibility also compound: referral sources and patients tend to prefer providers who are easy to access, consistent in intake, and predictable in follow-through. If the integrated model is not made concrete in buyer-facing materials, demand skews toward commodity therapy requests, which can worsen scheduling pressure at the busiest site.

ACTION TO CONSIDER: Map local competitors and referral pathways by subregion to decide where integrated-care messaging and capacity-routing improvements most change share and access.



Breakout QofG Company Score



Overall Growth Quality is
Strained and Uneven



Breakout Quality of Growth Report – Internal Evaluation Use Only

Overall Company Summary

Meridian Health Partners appears to have a demand-to-delivery mismatch: you report marketing and intake generate interest, but location-level availability varies widely and routing is limited. That interaction matters more than any single driver because it converts a growth plan into operational friction: patient frustration, lost revenue, and internal blame cycles.

With 11–25% year-over-year growth and moderate concentration (roughly 26%–50% of revenue from a top customer, source, or small group, as reported), the near-term value lever is improving conversion and retention economics by reducing leakage between inquiry, scheduling, and first visit. The strategic planning question for leadership is whether to prioritize centralized intake and capacity management first, or to invest in demand generation and positioning that could further strain access.

ACTION TO VERIFY: Reconcile inquiry volume, scheduled rate, time-to-first-appointment, and no-show/cancel rates by location and referral source to quantify leakage and capacity imbalance.

Breakout Optimization and Alignment Scores



Breakout Culture Optimization Score

79

Culture is Inconsistent Under
Pressure



Breakout Quality of Growth Report – Internal Evaluation Use Only

Culture Insights

Execution discipline across five locations is the cultural friction point you report, not commitment to the mission. You note staff care deeply about outcomes and support each other, with voluntary turnover under 10%, but each site has developed different intake processes, documentation standards, and communication protocols.

The mechanism is predictable: when clinicians float across sites or patients transfer, process variation creates rework and inconsistent experiences, which can narrow capacity and slow throughput. If unaddressed, the business may continue to “feel busy” while leaving usable capacity stranded and increasing staff frustration.

ACTION TO CONSIDER: Establish one cross-location operating standard for intake, documentation, and handoffs, with a monthly compliance check and named site champions.



Breakout Sales Optimization Score

67

Sales is Constraining
Revenue



Breakout Quality of Growth Report – Internal Evaluation Use Only

Revenue Insights

Revenue conversion appears constrained less by demand creation and more by intake-to-first-visit throughput. You report wait times ranging from 3 days at the newest clinic to 21 days at the original location, with prospective patients dropping off during the gap.

Because your buyers include consumers in acute need and SMB referral sources, speed-to-access and scheduling reliability function like conversion drivers. When routing is weak, the same marketing effort can produce very different realized revenue by location, weakening predictability and increasing the cost per acquired patient through wasted inquiries.

ACTION TO CONSIDER: Implement a standardized intake workflow with a single capacity view and routing rules that prioritize earliest appropriate appointment across locations and modalities.



Breakout Marketing Optimization Score



Marketing is Constraining Demand



Breakout Quality of Growth Report – Internal Evaluation Use Only

Marketing Insights

Marketing activity is present across multiple channels, but you report it is not making the integrated care model tangible, so demand skews toward basic counseling. You also note marketing is occasionally tailored by location, while availability differs widely across sites.

The mechanism is a signal problem: if messaging does not qualify for coordinated care needs, marketing can increase inquiry volume without improving fit, which then amplifies scheduling bottlenecks at the most visible location. This creates drag on efficiency and makes “more marketing” a risky lever until access is managed.

ACTION TO CONSIDER: Build a simple tracking view that ties inquiries to scheduled-first-visit and time-to-first-appointment by channel, location, and service line, reviewed monthly.



Breakout Brand Optimization Score



Brand is Uneven in Market Impact

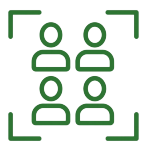


Brand Insights

Brand perception appears to lag current clinical capability. You report a goal to be seen as the premier integrated behavioral health provider in West Michigan, but many still view you as another counseling practice, with website and referral communications reflecting what you were five years ago.

The mechanism is that reputation with existing patients can coexist with weak preference among new buyers if the differentiator is not clearly articulated. If unaddressed, the business may continue attracting lower-fit cases, which can reduce clinician leverage and limit the upside of the integrated model.

ACTION TO CONSIDER: Create one buyer-facing integrated-care narrative with two proof points (care team roles, coordinated plan example) and a clear next step for scheduling.



Breakout Alignment Score

90

Alignment is Fully Integrated
Across Execution



Breakout Quality of Growth Report – Internal Evaluation Use Only

Alignment Insights

Alignment is producing consistent decisions, but not consistent outcomes across demand, intake, and delivery. You report the biggest misalignment is between marketing/intake efforts and clinical delivery capacity, with wildly different availability by location and limited routing systems.

The mechanism is cross-functional handoff failure: when marketing generates interest and intake schedules without a shared capacity view, each function can meet its local goals while the system underperforms. If unaddressed, leadership time may be consumed by conflict resolution rather than throughput improvement.

ACTION TO CONSIDER: Run a weekly cross-functional capacity huddle (marketing, intake, clinic leads) to set routing priorities and resolve bottlenecks using one shared dashboard.

Strengths, Challenges, Next Steps



3 Strengths of Meridian Health Partners

YOUR INPUT INDICATES 3 KEY GROWTH QUALITY STRENGTHS

1. Mission-driven clinical commitment: You report staff prioritize patient outcomes, stay late when needed, and keep voluntary turnover under 10%, supporting continuity of care.

2. Differentiated integrated care capability: Coordinated therapy, psychiatry, and care coordination can create higher perceived value when made tangible to buyers.

3. Leadership coordination on decisions and incentives: Consistent decision and incentive alignment can speed adoption of standardized intake and routing rules.

ACTION TO CONSIDER: Define a small set of non-negotiable patient-experience standards (first-contact response, scheduling handoff, follow-up) that protect care quality as routing changes roll out.





3 Challenges of Meridian Health Partners

YOUR INPUT INDICATES 3 KEY GROWTH QUALITY CHALLENGES

1. Access and capacity routing breaks conversion: You report 3 to 21 day wait times by location and limited systems to route patients, creating lost revenue and frustration.

2. Message-market mismatch in demand generation: Marketing is described as presenting you like a general therapy practice, attracting lower-fit demand for the integrated model.

3. Cross-location operational inconsistency: Different intake, documentation, and communication protocols create staff confusion and variable patient experience.

ACTION TO CONSIDER: Appoint a single owner to deliver a centralized intake and capacity-management design, including location balancing rules and escalation paths.





100-Day QofG Priorities and Considerations

THREE KEY PRIORITIES/CONSIDERATIONS FOR NEXT 100 DAYS

1. **Decide the access model:** resolve intake-to-capacity mismatch and improve realized revenue.
2. **Define integrated-care positioning:** attract higher-fit demand aligned to the chosen access model.
3. **Standardize cross-location execution:** reduce process drift that undermines routing and experience.

SUPPORTING ACTIONS

- Reconcile conversion and wait times by location
- Map competitors and referral pathways by subregion
- Standardize intake workflow and routing rules
- Track inquiries to first-visit by segment monthly
- Build integrated-care narrative with proof points
- Set cross-location intake and handoff standards
- Run weekly capacity huddle with shared dashboard
- Define non-negotiable patient-experience standards
- Name an owner for centralized intake design





What's At Risk

THE OPPORTUNITY COST OF THE STATUS QUO

1. Delaying intake and routing standardization tends to keep wait-time variability in place, which may continue to convert demand into patient drop-off and uneven clinician utilization.
2. Investing in higher-volume marketing before access is managed increases the risk that growth shows up as longer waits and lower conversion, not higher realized revenue.
3. The current pattern suggests internal tension can persist: when departments blame each other for throughput, cross-location process drift becomes harder to correct.

Near-Term Outlook (90–180 Days): Without action, demand may remain unevenly distributed and conversion may stay inconsistent. Once referral confidence slips, rebuilding predictable intake flow becomes harder.

ACTION TO CONSIDER: Set an early-warning threshold for max wait time and inquiry-to-first-visit conversion by location, reviewed biweekly.



Schedule an Executive Session with The Breakout Group Founder, Bill Glenn

Bill Glenn is a veteran sales, marketing, and brand strategist who helps companies unlock growth by using knowledge, experience, and AI-backed tools to identify and solve gaps in sales, marketing, brand and culture.

[Get More Information](#)



His Philosophy

"Growth can be maximized only when sales, marketing, brand, and culture are fully optimized and aligned."



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