

HVCS™ v1.0

Healthcare Value Creation System

A Practical Methodology for Building, Integrating and Scaling Healthcare Organisations

AUTHOR

Srecko Srdjak

About the Author

CLINICIAN • FOUNDER • OPERATOR • HEALTHCARE EXECUTIVE

Srecko Srdjak is a Doctor of Dental Medicine, Specialist in Periodontology, healthcare operator and platform builder with more than twenty years of experience in clinical practice and executive healthcare management.

He began his career as a clinician and went on to build and scale healthcare organisations. As Co-Founder and Executive of Adria Dental Group, he helped develop one of Southeast Europe's leading dental platforms, integrating 15 clinics, more than 200 dentists and over 750 employees. His work included acquisitions, post-merger integration, governance, quality management, operational improvement and leadership development, culminating in a successful private equity exit.

His perspective comes from working across both sides of healthcare: clinical care and organisational leadership. He believes that sustainable growth requires more than financial performance. It depends on clinical trust, clear standards, capable leaders and operating systems that can work across many locations without losing the quality and identity that made each clinic successful.

HVCS is the result of that experience. It brings together the principles Srecko used to build, integrate and scale healthcare organisations, expressed as a practical method for leaders who want to create durable value without separating business performance from patient care.

Contents

FOREWORD

Foreword..... 4

PART I — FOUNDATIONS

1. Why Healthcare Is Different..... 7

2. The Role of Leadership..... 9

3. Clinical Leadership..... 12

PART II — BUILDING THE OPERATING SYSTEM

4. Standardising the System, Not the Clinician..... 16

5. The Patient Journey..... 18

6. Measuring What Matters..... 21

7. Building High-Performance Culture..... 25

8. Creating Sustainable Growth..... 27

9. Operational Excellence..... 30

PART III — SCALING VALUE

10. Creating Value Through Integration..... 33

11. Seeing What Others Miss..... 37

12. The First 100 Days..... 40

13. The Value Creation System..... 43

14. Multiplying Leadership..... 46

15. Executive Judgement..... 49

16. Building Organisations That Outlast Their Leaders..... 51

FINAL — THE HVCS PRINCIPLES

17. HVCS Principles..... 55

Foreword

I did not build HVCS at a desk. The system emerged from more than twenty years inside healthcare: first as a clinician, then as a founder, operator, executive and platform builder. I have experienced the organisation from the treatment room, the management office, the acquisition table and the boardroom. Each position revealed a different part of the same truth: healthcare organisations do not become valuable because they are larger. They become valuable because they become better organisations.

My own journey began in clinical practice and developed into building and scaling a premium dental organisation. It later continued through the consolidation and integration of fifteen clinics, involving more than 200 dentists and more than 750 employees, and ultimately through a successful private equity exit. The scale changed, but the central problem did not. The challenge was always to protect clinical excellence while creating the leadership, processes, data and operating discipline required for sustainable growth.

This manuscript describes the methodology that developed through that work. HVCS stands for Healthcare Value Creation System. It is a practical operating philosophy for building, integrating and scaling multi-clinic healthcare organisations. It is not a financial model, a collection of fashionable management terms or a promise that every clinic should look the same. It is a way of thinking about how value is created when clinical leadership, operational execution and strategic ambition move in the same direction.

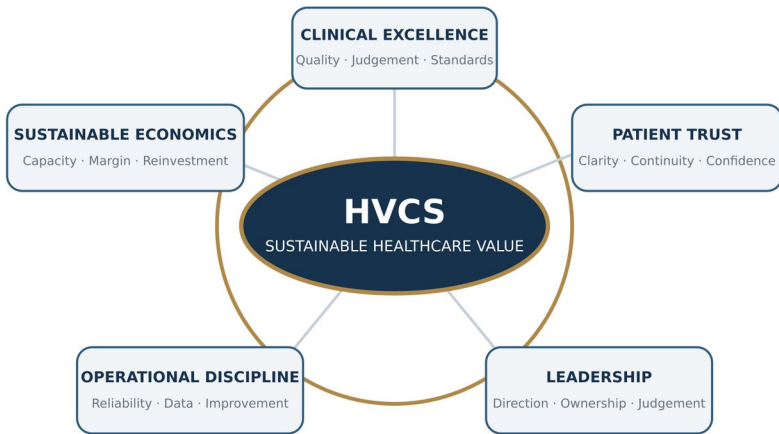


Figure 1. The HVCS System

Healthcare is full of organisations that grow faster than they mature. Revenue increases, locations multiply and headcount expands, yet the organisation becomes harder to lead. Decisions slow down. Accountability becomes less clear. The patient experience varies between locations. Strong clinicians lose trust in management. Managers become absorbed by daily firefighting. Financial performance may continue for a period, but complexity begins to consume the benefits of scale.

HVCS is designed to prevent that outcome. Its purpose is to create an organisation in which quality does not depend on one exceptional clinician, performance does not depend on one heroic manager and strategic progress does not depend on the founder being present in every decision. The system makes the organisation more capable without making it more bureaucratic. It creates enough standardisation to support scale while preserving the clinical judgement, local relationships and entrepreneurial energy that made the original clinics valuable.

The central belief is simple: acquisitions create size; integration creates value. Yet integration is not the forced uniformity of every clinic. Real integration means that the organisation learns to operate as one system. It shares a clear direction, common data, disciplined decision-making, coherent leadership expectations and a patient journey that is recognisably reliable across the platform. The strongest practices of

individual clinics are not erased; they are identified, improved and made transferable.

This book is written for founders, healthcare executives, clinical leaders, operating partners and investors who understand that long-term enterprise value is an operational outcome. EBITDA improvement matters, but it is not created by a spreadsheet. It is created through thousands of better decisions: better scheduling, better communication, stronger case coordination, more reliable procurement, clearer accountability, more thoughtful recruitment and more consistent leadership.

The chapters that follow are intentionally practical. They begin with the foundations of healthcare leadership, then move into the operating system required for growth and finally address integration, executive judgement and institutional value. The methodology should not be applied mechanically. Every organisation has its own history, clinical model, ownership structure and market. HVCS provides a disciplined way to see the organisation clearly, decide what matters and execute without destroying what already works.

Healthcare platforms are not built through acquisitions. They are built through integration.

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION



FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION



FULL CONTENT AVAILABLE IN COMPLETE EDITION

THE UNIVERSITY OF CHICAGO PRESS

THE UNIVERSITY OF CHICAGO PRESS

THE UNIVERSITY OF CHICAGO PRESS

THE UNIVERSITY OF CHICAGO PRESS



FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION

FULL CONTENT AVAILABLE IN COMPLETE EDITION