

# WEISS



**December 31, 2021**

**Are You Prepared to be Unreasonable?  
George, Franz and Scott Offer Suggestions**

Are you prepared to be unreasonable in 2022?

Or, would you rather continue to bet on the healthcare status quo, that is, on a hospital-centric system?

Or, is being “unreasonable” actually more reasonable?

George Bernard Shaw stated that “the reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore all progress depends on the unreasonable man.” Clearly in the “unreasonable” corner.

Franz Kafka stated “in man’s struggle against the world, bet on the world.” Clearly in the “stick with the big boys” camp. *Or, is it?*

For the past twenty years, the reasonable approach has been for physicians to become more tightly aligned with hospitals. That’s where the money was and that’s where the power was. So much so, that physicians were barred from expanded and new Medicare certified hospital ownership.

But then fast forward to today. The hospital-centric financial and power structures are weakening.

Yes, it’s true that not all hospitals are dead, but most are slowly dying. Over time, what we know as hospitals today will be few and far between. That’s the theme of my book, *The Impending Death of Hospitals* ([get a complimentary copy digitally](#), or a hard copy on [Amazon](#)).

Witness the merger of CVS and Anthem in a bid to grab power away from hospitals.

What many, if not most, think is the reasonable, the safe, the traditional, approach is to continue to bet on the large players. That’s the bet being taken by the huge percentage of physicians employed by hospitals. But hospitals have

bloated infrastructures and are sitting ducks for government intervention, whether by way of tax policy or via the tangled web of the government-hospital complex in which one “partner” is more equal than the other.

What to do? Deer in headlights? Reasoned thought? Unreasonable thought?

What clues, what proof, what evidence can we use to find our way?

In addition to [closed hospitals](#), [shrunk hospitals](#), [downsized new facilities](#), and [bedless hospitals](#), there are other trail markers to the future. Payors are pushing radiology procedures out of hospitals to freestanding imaging facilities. Payors, and even CMS, are pushing surgical procedures to ASCs. Hospital employment is becoming dangerous because if (when?) the system fails there will be no supported practice left to salvage. Hospital contracts in a world in which hospitals have declining case volume becomes problematic at best, disastrous at most.

Yet another famous writer, F. Scott Fitzgerald, stated that “the test of a first rate intelligence is the ability to hold two opposed ideas in the mind at the same time, and still retain the ability to function.”

We’re smart, so let’s listen to Scott: Keep one foot in the hospital-centric world while taking affirmative steps toward one in which hospitals will be minor players. But it’s not enough just to hold ideas. Ideas must be implemented for them to be of much value. For the past several years, I’ve been betting big on independent physician ventures. From surgery centers, to imaging facilities, to significant sized practice ventures. Yet, at the same time, I’ve been working with both large and small(ish) hospital based groups, and on physician-hospital joint ventures. That work will continue.

At the same time, in 2022, we’ll intensify our push into expanded, physician-led ventures, with an emphasis on re-creating, on the physician-controlled level, integrated systems. As hospitals downsize and shift to the outpatient world to become more like ASCs, physician owned ventures can become more like what hospital systems used to be, without the overhead, without the administrative bloat, and without the baggage.

Want to [come along](#) for the ride?



### **How to Deploy the Secret Sauce of *Opportunistic* Strategy - Webinar On Demand**

They say that COVID-19 has changed the world, creating the “new normal.” Many of your colleagues and many hospital administrators are running scared.

Others, leaders like you, know that *crisis means opportunity*.

Let me provide you with the strategic tools and insights that you need in order to seize opportunities, whether they’re in the context of your current business relationships, the expansion of your business activities, or the creation of new ventures.

You will learn:

- Defense as a defective default: It's necessary, but not sufficient.
- Exploiting weakness: Drop the guilt and identify opportunity.
- Flat line negotiation is fatal: Understand its myths and limitations.
- Negotiation reality: Learn to identify and deploy on multiple planes to affect the outcome.
- Maneuver: Harness the power of maneuver, both in overall strategy and in specific negotiation strategy.

Others see a crisis and freeze in fear. Learn how to see the opportunities and obtain the tools to increase your odds of obtaining them.

The price to attend is \$479. The cost of not attending is astronomical.

**Get Access Now!**



### **Newsflash: Business Life In the Time of Coronavirus - The Way Out**

The coronavirus crisis, especially as it has become politicized, raises a number of business issues and, quite frankly, business opportunities in regard to future disruptive events.

lessons for medical group leaders.

Check out our [mini-series](#), with actionable business

Sooner or later this crisis will end. You can't allow yourself to be too busy, too occupied, too concerned with current events, to devote time and effort to strategizing for your future.



### **Wisdom. Applied. 157 - From Pigs to Model Ts to Medical Care**

Ford focused on keeping things simple, building one model that (had to) suit all, using interchangeable parts that relatively unskilled workers could assemble.

## — UPCOMING PRESENTATIONS —

March 7, 2022

### **How To Restructure Your Anesthesia Group for 2025 and Beyond.**

The Advanced Institute for  
Anesthesia Billing and Practice  
Management

March 6-9, 2022

The Cosmopolitan of Las Vegas,  
Las Vegas, Nevada



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## **All Things Personal**

It's no way to run a railroad, and no way to run an airline either.

I arrived at the airport early. The sun wouldn't rise for two hours and my flight was scheduled to board shortly after that.

Boarding was delayed for an hour and a half. Finally, in line with my "type A" personality, i bounded down the jetway ahead of everyone save those in wheelchairs.

But apparently, no one told the pilot it was time to leave.

We sat and sat while "the pilot is checking flight plans up at the gate." After an hour, that became "the pilot is somewhere on airport grounds" followed by "the pilot is coming in from another flight arriving from Albuquerque". Which one was it?

At least I had a nice seat in first class and could get some work done. But who knows how many hundred-plus other passengers were crammed like sardines into the back of the plane for an hour longer than they expected.

In the airline business there's clearly one rule for them and one rule for us.

If you or I arrive at the gate a millisecond after the doors are closed, tough shit. If the pilot's in Albuquerque while the plane's in Dallas, it's just a scheduling hitch. And no, the flight attendants all need to gossip, so screw you, no cup of coffee.

How are you doing on timeliness and what signal are you sending to your customers? Are they welcomed guests or tolerated pests?

## Help Us Help You With Helpful Content

What tailored content would you most like to see during this time? How can we focus on solutions to your most pressing strategic concerns?

Please **fill out our confidential survey** to ensure we best serve your needs!



### Podcast Compilation Greatest Hits - Strategy Edition 1.0

We've curated our most popular podcasts on strategy into our first compilation album.

Sit back, enjoy, and think about your future.

Listen [here](#).

### Recent Posts

- [Building Value Within Your Medical Group](#)
- [Consider the Concept of Segmenting Your Service Offerings](#)
- [The Problem with Dealing with Amateurs](#)
- [2022 New Year's Un-Resolutions](#)
- [You Are Not A Service](#)
- [Exploiting the Power of First Impressions](#)

### Published Articles

- [Popularity Contests and Disruptive Physicians: Avoiding the Death of Your Anesthesia Group](#), Fall 2021 Issue of [Communique](#).
- [You Have Enough Problems. Why Buy Compliance Risk?](#), Summer 2020 Issue of [MiraMed Focus](#)
- [Who Really Owns Your Anesthesia Group?](#), Summer 2020, [Communique](#)

## Books and Publications

We all hear, and most of us say, that the pace of change in healthcare is quickening. That means that the pace of required decision-making is increasing, too. Unless, that is, you want to take the “default” route. That’s the one in which you let someone else make the decisions that impact you; you’re just along for the ride. Of course, playing a bit part in scripting your own future isn’t the smart route to stardom. But despite your own best intentions, perhaps it’s your medical group’s governance structure that’s holding you back. In fact, it’s very likely that the problem is systemic. The Medical Group Governance Matrix introduces a simple four-quadrant diagnostic tool to help you find out. It then shows you how to use that tool to build your better, more profitable future. Get your free copy [here](#).

**Whenever you're ready, here are 4 ways I can help you and your business:**

**1. Download a copy of The Success Prescription.** My book, The Success Prescription provides you with a framework for thinking about your success. Download a copy of The Success Prescription [here](#).

**2. Be a guest on “Wisdom. Applied. Podcast.”** Although most of my podcasts involve me addressing an important point for your success, I'm always looking for guests who'd like to be interviewed about their personal and professional achievements and the lessons learned. [Email me](#) if you're interested in participating.

**3. Book me to speak to your group or organization.** I've spoken at dozens of medical group, healthcare organization, university-sponsored, and private events on many topics such as The Impending Death of Hospitals, the strategic use of OIG Advisory Opinions, medical group governance, and succeeding at negotiations. For more information about a custom presentation for you, [drop us a line](#).

**4. If You're Not Yet a Client, Engage Me to Represent You.** If you're interested in increasing your profit and managing your risk of loss, email me to connect directly.