

WEISS



June 30, 2021

How to Avoid a Medical Group Three-Legged Leadership Race to the Bottom

Decisive leadership is what's needed, so, of course, many healthcare entities seemingly go out of their way to self-sabotage their future.

Harken back to a childhood party: the three-legged race. Contestants are paired up, standing side by side, with the left leg of one runner tied to the right leg of his or her partner.

Ready! Set! Try to run! Fall.

The same sort of stupid, don't want to hurt anyone's feelings, two heads must be better than one sort of thinking hampers medical groups, hospital systems, and other healthcare businesses.

I will always remember the story of the collapse of the co-CEO structure adopted by Advocate Aurora Health. Upon its creation by way of the merger of two Midwestern health systems, Aurora Health Care and Advocate Health Care, the CEOs of both constituent entities were appointed as co-CEOs of the combined healthcare system.

For 18 months, leadership flailed like two preteens in a three-legged race.

"Let's go right!" "Let's go left!"

"Enough about 'going left,' we're letting you go!" That is, one of the co-CEOs has now, ahem, "left" to pursue other interests. (Like, perhaps, unemployment.)

Small medical groups often go for some of this silliness because the group's so small, everyone "must" be involved. Must is, of course, just an opinion. The fact, however, is that if everyone's a leader, no one's a leader.

You magnify the inability to make decisive decisions for your medical group's future when your (or your group's leaders) legs are tied to someone else.

Not only is it impossible to make fast and decisive decisions, the co-CEO model comes preloaded with the excuse that the other guy made the stupid decision, or refused to sign on to any decision.

And, on top of that, it's a set-up for a tragedy of the commons-like situation: Each "leader" thinks that he or she doesn't have to act because the other will take care of it. Or not.

No matter what you call them, "co-CEOs," "two-in-a-box," "diptychs," they are all three-legged race teams that tie your future up in knots.

[Let's do a governance audit now.](#)



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.

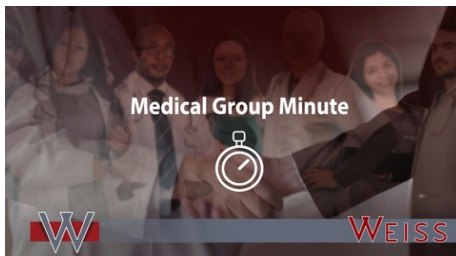
You will learn:

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

Check out our [mini-series](#), with actionable business lessons for medical group leaders.

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. 151 - Avoiding a Self-Defeating Negotiation Mistake

Have you ever allowed the negotiating rug to be pulled out from under you?

Or even worse, have you helped the other side pull the negotiating rug from out under you?

All Things Personal

We walked into the restaurant. It had been about two years. Of all the places that you would've bet would've been taken down by the pandemic, this was it. But there it was.

And, strangely, it was back, stronger than ever.

Before, three or four of the 30 or so tables were occupied. Now, the place was crowded. Now it was packed.

But here's what's interesting. And here's where it crosses over into something more than a restaurant review of a to-remain-unnamed place into something actionable for your medical group and, certainly, for your facility.

Although the menu was expanded, the food was good, but not great. The steak I ordered was overpriced but presented with each slice standing upright, balanced perfectly like a circus act on the bone. Of course, that makes the food get cold fast.

But the atmosphere was just right. Lighting soft but not dark. Music at a perfect level, loud enough to create a certain excitement, but soft enough to easily speak over. The waiter was attentive but not cloying. And, certainly, it was not "eat quickly and turn over the table" — three hours later it seemed as if, perhaps, a single hour had passed.

They knew what they were selling, and it wasn't food. It was an experience, not a meal.

We've all heard of selling the sizzle, not the steak. But selling the sizzle alone won't cut it. There has to be some steak.

But even if there's no sizzle and the steak is cold, if it's wrapped in the right package, the right experience, you can create a transformation.

I'm not suggesting that you can serve the medical equivalent of tough steak.

But I am suggesting that your relationship with patients, referral sources, and hospital administrators can be enhanced and strengthened by focusing significant attention on the experience surrounding the clinical aspects of care.

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](#).

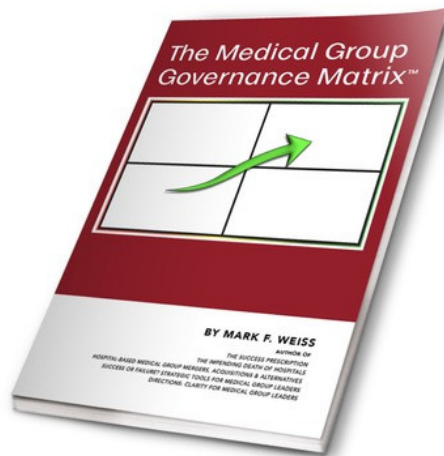
Recent Posts

- [UnitedHealth Pushing Business to ASCs and Outpatient Imaging](#)
- [Why Blindly Copying Rarely Works](#)
- [The Other Final Four: Hospital Executives Sentenced to Prison](#)
- [Envision Healthcare Sues UnitedHealthcare in Ongoing War of Attrition](#)
- [What Every Physician Needs to Know About a California Anesthesia Group's Bankruptcy](#)

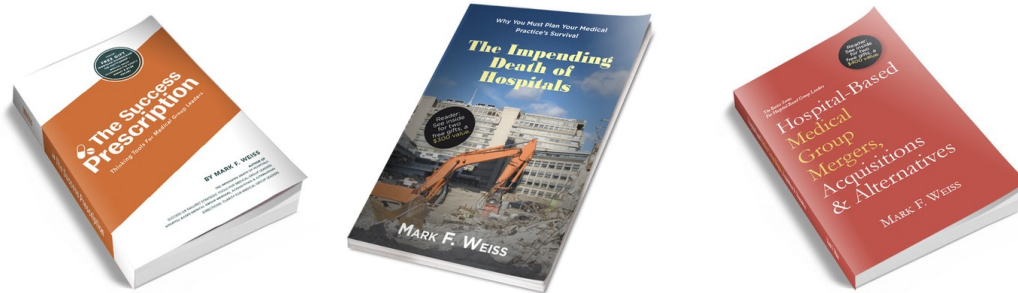
Published Articles

- [You Have Enough Problems. Why Buy Compliance Risk?](#), Summer 2020 Issue of [MiraMed Focus](#)
- [Who Really Owns Your Anesthesia Group?](#), Summer 2020, [Communique](#)
- [The Practical Essentials of the False Claims Act](#), March 2020, on [AnesthesiologyNews.com](#) and in the May 2020 issue of [Gastroenterology & Endoscopy News](#)

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.