

WEISS



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Crisis /krī'sīs/ an extremely difficult, unstable or dangerous point in a situation.

That was the subject of Monday's blog post, **The Crisis Caused by the Lack of Crisis Planning**. You can follow the link to read the post online, or just keep reading.

Scene 1

An audit of the hospital's pharmacy discovers a bin tucked away on an upper shelf with group member Dr. X's name on it in her own handwriting. In it are dozens of partially used vials of drugs. Pharmacy staff state that Dr. X puts drugs in the bin and then empties it every few months for medical mission trips. The hospital and state authorities immediately launch investigations into drug diversion.

Scene 2

Your group is served with a lawsuit alleging that one of your staff sexually harassed a patient during the course of in-patient treatment. In addition to your group, the staff member and the hospital are named as defendants. The hospital CEO has already left seven messages for you.

Scene 3

A random review of one of your physician's billing records indicates that he has likely been upcoding procedures over an extended period of time.

Each of those is an example of a crisis, a situation which, as to the knowledge of your medical group, came on suddenly; an explosive situation that can or has already spun out of control, not one that slowly developed over time such that it might easily be managed.

Simply because, by definition, you have limited ability to control the outcome doesn't mean that you should let the crisis control you.

Although any particular crisis can't be predicted, classes of crisis are capable of prediction and, even if that is not true of a specific situation, the way in which your group or business will respond to a crisis can, should, and must be planned far in advance.

A hospital doesn't wait for a power outage to go shopping for a generator.

Once a crisis hits, it is too late to plan effectively. What are you waiting for?

Crisis Planning

Crisis planning involves a number of elements designed to ready your medical group or business for an immediate response to a future crisis situation.

It includes elements such as:

- Identifying current vulnerabilities and scenario planning to identify potential categories/classes of crisis. Of course, due to the nature of a crisis, this is an approximation, not a crystal ball.
- Crafting a general approach and philosophy in regard to crisis response.
- Identifying the crisis management team and its members' roles, responsibilities, and reporting requirements. For example, who will be the point person for all crisis communications?
- Preparation for the immediate involvement of outside counsel both in terms of advice and in respect of preserving the penumbra of privilege. In other words, in nearly every crisis instance, other outside experts (e.g., coding auditors, crisis communication firms, accounting firms, etc.) should be engaged through counsel to protect, to the fullest extent possible, communications with them pursuant to attorney-client privilege.
- The process to be followed for an after-crisis review.

To be clear, many categories of crisis that impact medical groups involve both a substantive element (for example, the process of identifying potential overpayment, considering avenues to refund overpayments, the timelines to refund overpayments, etc.) as well as a publicity element, whether “publicity” is limited to matters affecting the relationship between the medical group and a hospital or referral sources, or whether it is general publicity, as in the case of a major malpractice action or sexual harassment claim that is likely to be reported by community, regional, or even national news outlets.

Immoral political hacks think that a crisis shouldn't be left to go to waste. Smart medical group leaders know that a crisis can waste you.

That's why engaging in crisis planning today, whether or not the plan will ever be needed, is both necessary and required.

Let's start the process.



LATEST UPDATE ON THE CORPORATE TRANSPARENCY ACT NIGHTMARE

The Department of Justice, on behalf of the Financial Crimes Enforcement Network (“FinCEN”), the Treasury Department office tasked with enforcing the Corporate Transparency Act (“CTA”) and its collection of Beneficial Ownership Information Reports (“BOIRs”), has filed an Emergency Motion for Stay Pending Appeal with the U.S. Supreme Court.

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Translation: The government wants the Supreme Court to put BOIR reporting back in effect while an appeal works its way through the appellate system.

The plaintiff in the underlying lawsuit, Texas Top Cop Shop, Inc. v. Garland, has until 4:00 PM Eastern today, January 10th, to respond to the government’s stay request.

How quickly the Supreme Court acts following that deadline is unclear; however, due to the fact that the current deadline for BOIR filing, were it to be reanimated, is this coming Monday, January 13th, I expect that the Court will act quickly.

If the Court were to act quickly and to side with the government’s position, it’s conceivable that January 13 will remain the actual deadline, although FinCEN could announce an extension.

Key Takeaway: Those entities that would otherwise have to file a BOIR should be prepared to file on January 13 in the event that that deadline is put back into effect.

We’ll send updates as the situation changes.

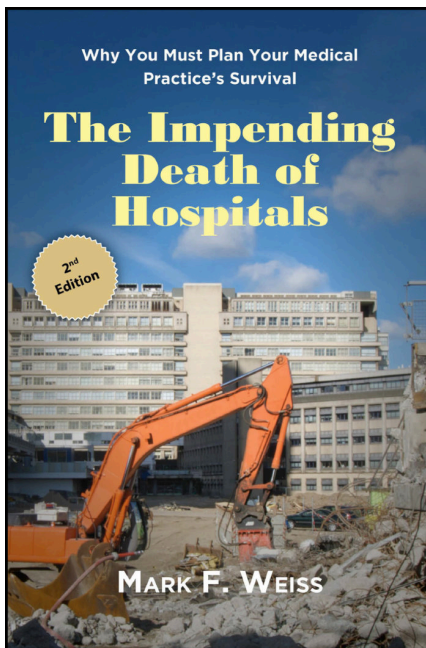
UPCOMING PRESENTATION:

Together with Alex Choi, MD, I’ll be presenting **How, Who, and Who’s Next? Anesthesia Group Governance, Leadership Development and Succession Planning** at ASA Advance 2025 in Atlanta on January 31 through February 2.

If you’d like to meet to talk about potential ways to work with me on group organizational or group-hospital arrangements, especially maximizing hospital financial support, **email me**.

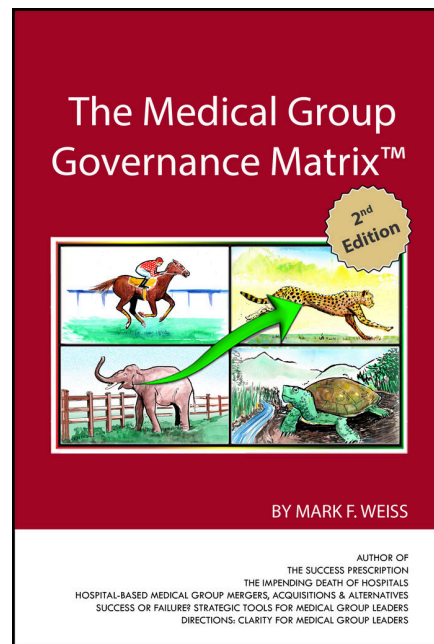
Your favorites, updated.

Two of our most popular publications are back with current statistics and the same urgent message: You must plan for your group's continued success.



Hospitals gorged on “aligned” physicians. Now it’s evident that integrated care delivers neither better care nor lower costs. And now, technology is mooting many of the reasons for a hospital’s existence. How can your practice survive in the post-hospital world?

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An inadequate governance structure can cripple your medical group’s ability to make effective decisions. Are steering your group toward disaster? The Medical Group Governance Matrix introduces a simple four-quadrant diagnostic tool to help you find out.

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