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You might've won the battle for financial support, but have you lost the war for your group's independence?

That was the subject of Monday's blog post, **Have You Mistakenly Sold Out Your Future for Stipend Support?** You can follow the link to read the post online, or just keep reading.

You might've seen it before. Or worse yet, maybe you've lived it.

No one who understands the current shortage of radiologists, anesthesiologists, and CRNAs, the increased compensation demands that flow from the shortage, and the whipsaw effect of lower "reimbursement" from commercial and governmental payers questions the fact that nearly every radiology or anesthesiology group requires some form of financial support from the hospital.

But in fighting for vital financial support, many anesthesiology groups and radiology groups make the mistakes of confusing the deal for dollars with negotiating the exclusive contract of which it's a part, and of ignoring the interplay between exclusive contracting and overall group strategy.

Sometimes this occurs through naivete. Sometimes it occurs because a consultant played lawyer. And, well, sometimes the money just looks too good and the relief of apparent financial stability is so tempting, that the contract just gets signed.

But here's the question every physician leader should be asking: At what point does a stipend stop being support and start being the functional sale of your group without a purchase price?

Even in the face of the provider shortage, during which you think that you have substantial negotiating leverage, when a significant chunk of your revenue comes from the hospital, you're no longer just a contractor. You're an appendage.

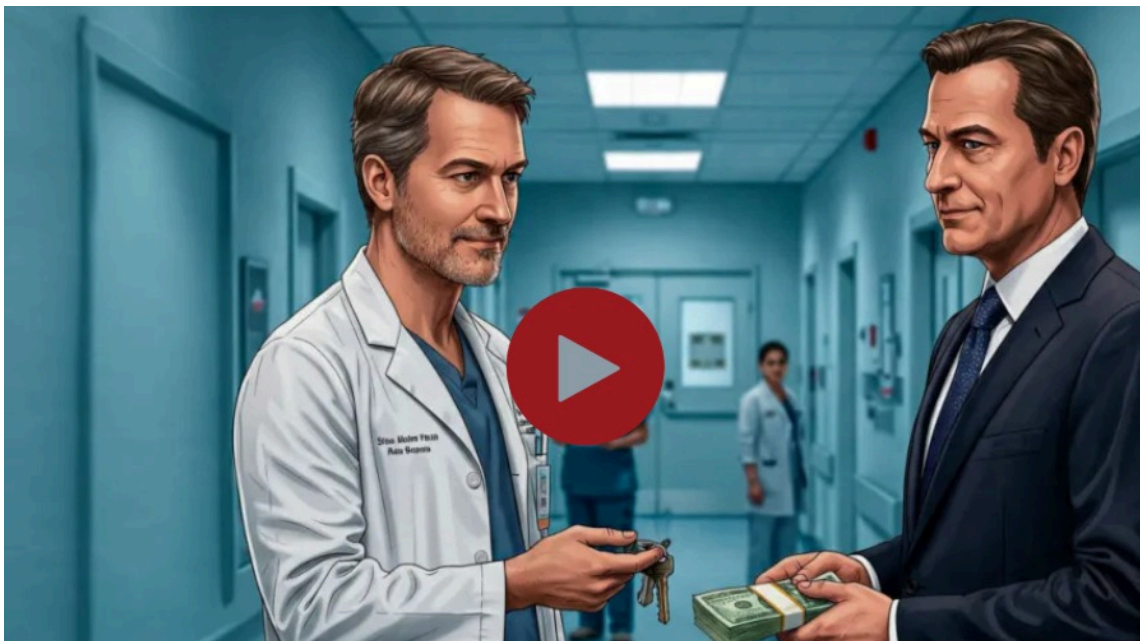
To what extent did you agree to become one?

Did you permit the power dynamic to shift, such that your "independent" group is now, or with time will be, functionally no different than a form of hospital employment, just without any benefits?

Among the dozens of common mistakes are ceding operational authority, failing to conceive of how timing births control levers, and even permitting the actual decapitation of the group.

Even though anesthesiologists and radiologists think that their bargaining strength is at an all-time high, financial support comes at a cost. I'm certainly not telling you to forego negotiating for financial support—I've been representing groups in that context for decades. However, I'm telling you that the issues are far more complex and intertwined with the other provisions of the related exclusive contract as well as with your group's overall business strategy.

As to overall strategy, understand that the less reliant you are on any deal, the more actual bargaining strength you have. At the end of the day, if you can't walk away and continue as a viable entity, your power is far feeble than you imagined.



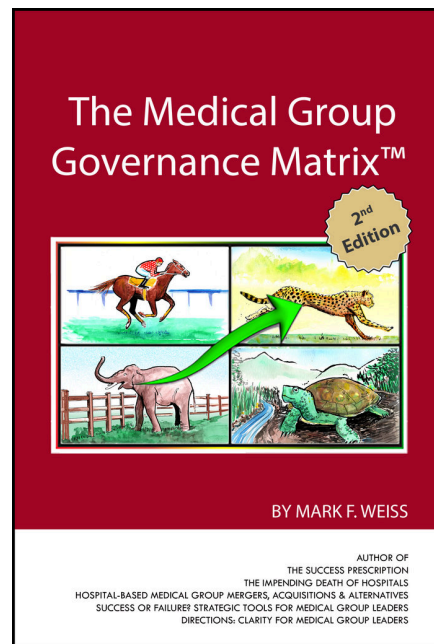
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