

WEISS



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What if the prevailing healthcare business model, at least as impacts physicians and medical groups, is upside down?

George Box, the British statistician, said that “all models are wrong, but some are useful.”

I’d go one step further. Some models were once useful, but no longer are.

How’s the “reliant on Medicare”, or even the “reliant on commercial payors”, model working out for you? They’re choking what they’ll pay you, whether via rate reductions, payment delays, and flat out denials. Yet, your staffing, equipment, supply, and leasehold expenses keep going up.

Of course, the healthcare chattering class is largely focused on the relatively insignificant extension of your business half-life.

Note that I’m not saying that, for example, a hospital-based medical group shouldn’t press the facility for financial support to fill the delta. I’m saying that at some point the delta might become too large, the hospital, like many, might go bankrupt, and your usefulness might end.

It’s trite to say that these efforts are like rearranging the deck chairs on the Titanic, but the reason the analogy has become trite is that it’s true.

Temporary fixes for the benefit of a participant in the model don't do anything to fix the decay, the increasing uselessness, of the model itself. This is true whether we're talking about hospital-based practices dependent upon hospital contracts with hospital financial support with hospital-controlled patients, or whether we're talking about physicians who thought that there was safety in hospital employment who've now been whacked up against the side of their heads by reality.

Many of our clients have focused on different models. For example, orthopedic surgeons who fell for the fallacy of large-group employment were extricated and enabled to start their own systems of practice locations and facilities. Others left the hospital setting to establish their own practices, some of which operate completely outside of Medicare and even of commercial coverage.

On the hospital-based side, many of the chatterati focus on the shortage of anesthesia coverage at ambulatory surgery centers. But query how short anesthesia coverage would be if anesthesiologists followed our model in which they are the majority owners of the facility?

If you resonate with these concepts and want to learn more, let me know.



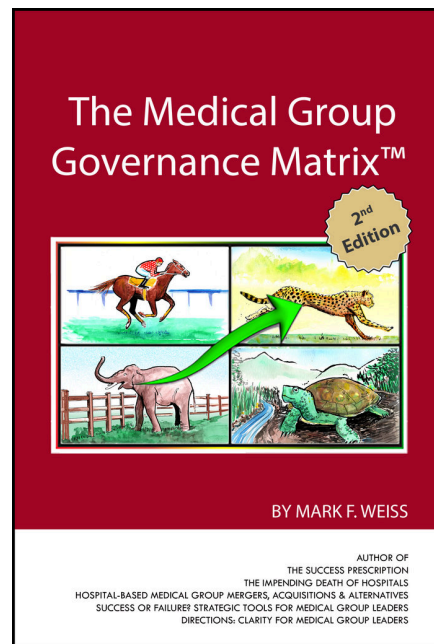
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