

WEISS



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Ramesses III, the second Pharaoh of ancient Egypt's Twentieth Dynasty, ruled for 32 years, repelling invasions, securing the borders, and preserving the empire at a time when others were crumbling. And yet, the mighty ruler didn't fall in battle. He fell at home.

Queen Tiye wanted her son, Pentawer, to be next on the throne, not Ramesses' chosen successor, the son of another of his wives. The solution? The so-called Harem Conspiracy, which ended with Ramesses's throat slit to the bone.

If that's what can happen at home, don't exclude a less dramatic, although less bloody, end to an agreement between a physician group and a hospital.

Hospitals love to tell physician groups that they're "partners." Sometimes, they whisper, or even shout, the language of "family."

But strip away the slogans and it's all transaction. Love has nothing to do with it.

Note that I'm not telling you that attempting to develop a strong relationship with a facility is a mistake. You want to encourage hospitals, and other facilities, to bond to you. I've been writing and speaking at length about the strategies and tactics to accomplish this for years.

But don't fall victim to the same strategy in reverse.

Trouble begins when physician groups buy into the myth and start believing that the relationship is permanent, or that loyalty is part of the bargain. Then the hospital decides to test the market, or a competing group whispers sweeter promises, or corporate management decides stipends are too high.

And, suddenly, you're Rameses III in scrubs, cast aside.

Survival requires diversification. A single facility, a single exclusive contract, a single referral stream; none of these is a business strategy. They're vulnerabilities.

If Egypt's last great pharaoh could be undone by his own household, your group can be undone by a boardroom vote.

Build wide. Build deep. And remember that "contractual" is not one of the five languages of love.



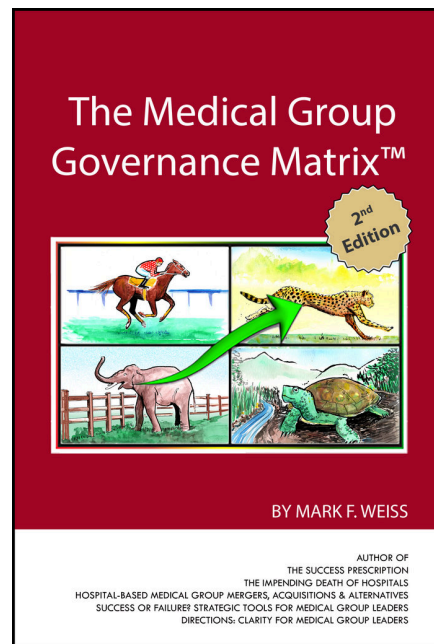
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