

WEISS



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There's a scene in almost every heist movie where the crew has the combination to the safe, the guard's schedule memorized, and the blueprints spread out on the table. They then proceed to do nothing with any of it.

That's roughly where many anesthesia groups find themselves right now.

Nearly 30% of practicing anesthesiologists are projected to leave practice by 2033. Residency slots are expanding, but the pipeline can't keep pace with the rate at which experienced anesthesiologists are retiring and burning out. The math points toward a significant and sustained shortage over the next decade.

Hospitals know this. The consultants they hire know it. And more than likely, you've known this for quite a while, but if you haven't, you certainly know it now.

But what's hard to fathom, as in that heist movie, is that a surprising number of anesthesia group leaders don't seem to be using this reality for their group's benefit.

When your group holds an exclusive contract and the hospital can't staff its ORs without you, you are, right now, in this market, genuinely difficult to replace. Not impossible because we know **it can happen** to any contracted group in any medical specialty. But it is difficult, and more difficult with each passing year. The hospital's CFO is aware of this. Their outside counsel, who sits across the table from me, is certainly aware of this.

The question is whether you're acting like you're aware of it.

Workforce shortages create windows of leverage, not permanent advantages. The market will eventually respond (it always does) through training pipeline expansion, scope of practice changes, technology, demographics, and shifts in how hospitals structure OR staffing. The window you're in right now will close.

I'm not telling you to pillage like a negotiation pirate. And, I'm not telling you to be an asshole. The overall goal in any hospital/physician group relationship is to maximize the delivery of exceptional care to patients. But doing so cannot come at a market-ignorant cost to you. And, you cannot lack the cajones to understand that being a sacrificial animal to the hospital in order to preserve "alignment" is a fool's game because when the time comes, that is, an economic misalignment in the other direction, the hospital will not give a nanosecond of thought to **"unaligning" you**.

The time to build this reality into your contract negotiations — compensation structure, call provisions, termination without cause notice periods, renewal terms — is now. Not when the next contract cycle rolls around because you didn't push hard enough in this one.

Some Timely Takeaways For You

1. **Your leverage is specific, not general.** "There's a shortage" is a talking point. "There are X unfilled anesthesiologist positions within 50 miles of your facility, and your OR volume has grown 18% since our last contract" is a negotiating position. Know the local numbers. Know what replacement recruitment would actually cost the hospital. Then use that number.
2. **Don't leave termination provisions on the table.** Termination clauses are a significant risk in any market. In a tight workforce market, they're nearly as significant a risk for the hospital as for you. A hospital that cannot realistically replace you has no credible termination threat, and your contract terms should reflect that symmetry.
3. **Don't mistake comfort for security.** Long relationships with hospital administration are valuable. They are not, by themselves, contracts. Many an anesthesia group has been in a comfortable, decades-long relationship with a hospital right up until the moment the hospital put the contract out to bid. The workforce shortage gives you an opportunity to convert goodwill into binding terms. Take it.

Now think back to that heist movie. The combination is on the table. The blueprints are spread out in front of you. What are you going to do?

If you'd like to explore how workforce data and market conditions should be factored into your group's contract negotiation strategy, let me know.



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Bonnie and Clyde, M.D.

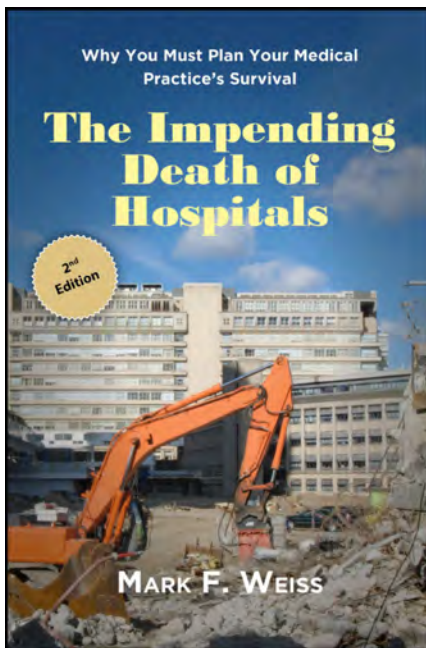


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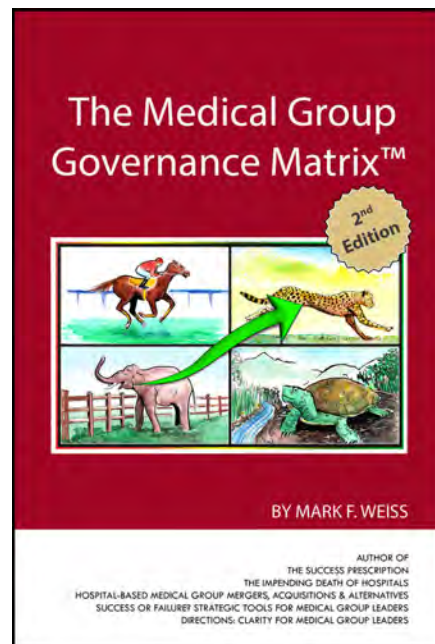
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