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## Why You Shouldn't Let History And Momentum Dictate Your Medical Business Structure

Physicians bemoan the commoditization of healthcare and, especially, their role in it.

But often this thinking is akin to seeing their practice and, especially, their specialty as if it were a train on a track. They see themselves headed down that track and, parallel to it and only feet away, as if within a large freight yard in a metropolitan city, are their colleagues and competitors, all headed in the same direction.

The only solution they see, if they see a solution at all, is to improve their existing business structure and existing business relationships. While many simply bemoan the fact that the train is not running properly, others take significant action to get the train moving faster or to improve the experience offered on that train.

There's nothing inherently wrong with that; in fact, I've been preaching the notion of creating an experience monopoly for close to a decade.

But that's no longer enough.

As medicine becomes more and more commoditized, forward thinking medical group leaders must understand that there's nothing but the existing weight and momentum of their group and its past holding them to that track.

What if that train could be placed on an entirely different track running in a different direction, or what if, instead of the track, the train could run on roads, making right turns and left turns at will?

As you are certainly well aware, together with increasing commoditization we have increasing regulatory constraints, from national prohibitions such as Stark and the federal anti-kickback statute to state prohibitions on fee-splitting. But, to strategic thinkers, those are simply inconveniences that must be taken into account or avoided completely.

Toss all of the metaphorical trains off the track. Uproot all of the metaphorical rails. Put the pieces back together some other way or add new parts or leave some out – see what new structures can be built.

So for example, what new business arrangements could be created between, say, a multispecialty medical group that includes surgeons practicing at multiple hospitals, and an enterprising anesthesia group with tremendous, if until now under-utilized institutional knowledge about where best to schedule cases, about how to wring more efficiency out of surgical scheduling, and the like?

Or, what types of structures could a pain medicine group create that would include chiropractors?

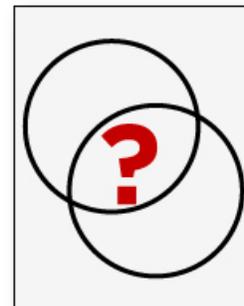
Or, what if an orthopedic group purchased a small, out of business hospital and just skipped treating any Medicare patients at the facility?

It might be hard to believe, but, as an entrepreneurial attorney, my suggestion is that you forget all the rules. Well, at least to begin with. Forget that you're a "such-and-such-ologist" or a "this-not-that-edist" and then, without preconception, imagine what structures can be built. It's no longer painting by numbers or writing within the bounds of the lines, it's finger painting like you're once again 5 years old and anything is possible.

Only after that do we even begin to adjust for compliance constraints.

The structures of the past aren't serving you well. The government and those running larger entities are attempting to impose their own new structures on you.

So why keep heading down the wrong track?



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### Recent Interviews and Published Articles

Mark's article ***OIG Opinion Adds Clarity to Illegality of Company Model*** was published in the February issue of Anesthesiology News. Read or download [here](#).

Mark's article ***Doctors Rush To Employment as Corporate America Lays off Workers*** was published in the December 2013 issue of General Surgery News and Gastroenterology & Endoscopy News. Read or download [here](#).

Mark's article [Anesthesia Profits Are Off-Limits](#) was published on page 32 of the digital edition of [Outpatient Surgery Magazine Online](#).

Mark's presentation at the OR Excellence Conference was the subject of Dan O'Connor's article [Can Facilities Really Profit From Anesthesia Services?](#) in [Outpatient Surgery](#) published in December 2013.

## Wisdom. Applied. 65 - Physician Subsidiary Entity -- Aligned or A'lying?

The physician subsidiary entity is a physician alignment model sold as a kinder, gentler, freer alternative to direct hospital employment.



### All Things Personal

Don't you hate it when you return home from the store and notice that the expiration date for that piece of salmon you just bought is two days away. Or even worse, two days prior.

Unfortunately, many medical group leaders have expiration dates, too. They're self-imposed.

I hear it all the time. It's extremely perplexing. Stuff like "I've got three years to go" or "I've got about five more years."

How can leaders plan for a medical group's long-term future if they're so focused on their own retirement? That's a rhetorical question. They can't.

They're engaged in a countdown to the end of their careers, as opposed to a countdown to the group's bigger future.

### Recently Published Blog Posts

Monday, May 26

Blog Post: [Idiocy Of The RFP Process For Professional Services](#)

Tuesday, May 27

Blog Post: [Driverless Cars And The Death Of Hospitals](#)

Wednesday, May 28

Videocast: [The Walking Dead: Is Your Group Actually In Business?](#)

Thursday, May 29

Blog Post: [Physician Services Acquirer Is Being Acquired](#)

Friday, May 30

Podcast: [Why Any Port Isn't Good In A Storm](#)

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## Medical Group Mergers And Acquisitions And Alternatives



June 11, 2014

**Register Here**

Some days, it seems as if everyone, from anesthesia groups to vascular surgery practices, is talking about selling their practice to a larger group, to private equity investors, or to a hospital.

The reality is that some practices can be sold, some can never be sold, and some have nothing to sell.

The reality also is that there are a number of strategic alternatives to a practice sale.

Join Mark for a discussion of medical group mergers and acquisitions and alternatives on June 11th.

All registrants will receive a link to download the complete program.

**Investment: \$197 if you sign up by June 4, 2014, \$297 thereafter.**

Non-registrants may purchase the webinar recording for \$397.

**Register Here**

3/5/2019

## Don't Let Momentum Dictate Your Business Structure

Meetings with Mark F. Weiss are by appointment only.

Notice per Texas State Bar: Principal office - 5001 Spring Valley Road, Suite 1000E Dallas, Texas, 75244

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