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Obamacare And Post-Election Certainty. Well, More or Less.

The elections are over, Trump has won the presidency and the Republicans have preserved their control of both the House and Senate.

But does this bring us, those in the business of medicine, more certainty . . . or just more *uncertainty*?

Well, yes, and no. And, maybe, too, because a lot of it is up to you, depending on your ability to manage through uncertainty.

On the certainty side, the shifting of the political tide surely means the end of Obamacare. But what exactly does the "end of Obamacare" mean? No one knows for sure.

Will the whole statutory scheme be tossed out the window? Or, perhaps only part of it will be jettisoned, such as the individual mandate? What about the "end" like the prohibition on physician ownership of Medicare certified hospitals? Will it be gone as well?

For most, those who over the past few years finally controlled their jitters and resigned themselves to the reordering of the medical industry by the same guys who can't deliver mail on time, the jitters are back:

What if hospitals fail faster now?

What if hospital systems jettison physician practices?

What if . . . ? What if . . . ? What if . . . ?

Although the talking heads on TV say that the business community wants certainty, the truth is that there's never been certainty, only periods of "this" until along comes some of "that."

Sure, most businesspeople want certainty; dealing within a frozen set of rules is easier. (In fact, it's much easier when the government picks the winners in advance and you're one of them.)

Change, then, worries most because they don't know if the new plan will be worse for them than the existing plan.

But others, like you and me, know that we can find an advantage in change by seeking ways to profit from it. And, we know that the odds of profiting from change are skewed in favor of the faster competitor, not the larger one.

On the political front, certainly, there's a never before open window of opportunity to begin lobbying for what that change is, and depending on your interests you should be pushing for that change.

That could mean earnestly lobbying for the entire dismantling of Obamacare.

Or, taking a more focused approach, lobbying for the end of the Obamacare restrictions on physician ownership of hospitals.

In that same vein, the impending change also makes it ripe to push for other, non-Obamacare specific change as well. For example, for laws facilitating (or the end of laws restricting) cross-state-border practice, both in respect of easing foreign state licensure and in respect of enabling the faster development and implementation of telemedicine. Many of the technological changes that will impact the delivery side of medicine are hampered by current restrictions - that's their whole point, isn't it, to prevent competition?

And, on the business and management front, although the future is uncertain, it's possible for us to identify some likely effects of Obamacare's demise and to factor them into our entrepreneurial thinking.

No matter what comes at us, there are certain preparatory steps that you can take to better position yourself and your practice's business no matter what may come.

Let's start with what we probably know about the impact of the end of Obamacare and about how you can help shape it.

It's likely that many physicians who are currently employed by hospitals will be back on the job market. Those subject to rather broad covenants not to compete might be forced to relocate.

On the one hand, this will lead to an increase in qualified (from a technical/skill set point of view) candidates for employment by your group, perhaps at lower compensation due to the number of physicians in the market. It might also lead to more competition in your area; however, query whether many of those physicians who opted for hospital employment have the emotional attributes and risk-taking personality required for the start-up of their own new practices. In fact many of those former hospital employed physicians might like the drive and personalities appropriate for employment in an entrepreneurial setting.

Last, with the perfect storm of technology, payor and patient preferences pushing for the move of procedures out of hospitals and into outpatient settings (read my book, [The Impending Death of Hospitals](#)), the weakening of hospitals via the end of favorable Obamacare regulation will make physician investment in ASCs and other facilities even more advantageous.

It's now more than ever the case that your medical group must be easily maneuverable in the governance sense. You can't be bogged down by purely democratic (one person one vote on every decision) or consensus-style leadership which, by its very nature, is watered down. When you identify an opportunity, you must be able to evaluate it and take quick action on it, not schedule a meeting for the end of next summer when everyone is back from vacation.

So, get your governance structure in order. Now.

We're offering a fixed price governance audit with several options, including an on-site evaluation. If you want your group to be in a position to take advantage of the changes that will result from Obamacare, changes that will scare the pants off of most groups, this is your opportunity to deal with it a timely basis.

[Contact Mark](#) to get started.

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The Impending Death of Hospitals



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Having fallen for the fallacy that there's profit in market share, hospitals have gorged on acquisitions and on employment and alignment of physicians. Many physicians have been willing participants through practice sales and the belief that there's safety in hospital employment. It's becoming evident that physician employment leads to losses and that integrated care delivers neither better nor lower costs. And now, technology is about to moot one of the reasons for a hospital's existence. How can you practice survive and even thrive in the post-hospital world?

The Impending Death of Hospitals is available for purchase in hard copy or in Kindle format on Amazon or you can download a complimentary PDF version here.

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Success Or Failure? Strategic Tools For Medical Group Leaders



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Today's medical groups must confront multiple challenges: The impact of Obamacare. Increasing commoditization. More competition, not just from other physicians and medical professionals, but also from

Wisdom. Applied. 95 - How To Prevent Your Medical Group From Getting Robbed Of Its Staff

Ever watch those black and white B-movie Westerns?

The bad guys would ride into town and rob the bank. "Hands up! Give us all the money!" And then they'd ride off carrying bags of cash.



All Things Personal

This month, my All Things Personal column is indeed about something personal. But the underlying lesson is something that we can all apply to our businesses. That is, unless we want to destroy them.

A few weeks ago, I ordered a free-standing fire pit (sort of like a large kettle with a screened cover) online from a company called Hayneedle. I suggest that you make them as hard to find as, well, a needle in a haystack, in the event that you're thinking of buying anything they sell.

The fire pit was shipped to my house, but when it arrived, there was a large hole in the box. When I opened the box to inspect what was inside, I discovered that the package that holds the screws required to put the thing together had opened up and that almost all of the screws were missing.

When we called to tell them that the box came damaged and that screws were missing, they first took the position that they couldn't tell who was responsible, them or FedEx.

Who cares? I got the fire-pit without all of the screws to put it together. They sold it to me and agreed to deliver it. It's certainly not my fault, not my duty to find out if the box left China or their warehouse with a hole in it, or whether the FedEx guy had a bad day.

Ah, but then they came up with a solution: They'd charge me \$8.00 for new parts! No way. Oh, but after they received my \$8.00 they'd (1) ship me the parts, and (2) credit me with \$8.00!

When we told them that didn't make any sense because all we'd be doing is (a) putting the \$8.00 in a circle, and (b) losing them a customer, they responded that that's the only way their accounting department can deal with it.

Yes, I sent them their \$8.00, got my screws and my \$8.00 credit and they lost a customer.

Are you doing the same sort of thing, or something different but with the same effect, to your patients, clients, or customers? Are your managers allowing your staff, or, even worse, training your staff, to act as the sales prevention department? Do you have policies and procedures that make no sense to anyone but the accounting department?

If you do, it's most likely that your patients, clients, or customers will take their business elsewhere, like I'm doing in connection with Hayneedle. They're just haywire, and they certainly don't get the point.

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hospitals, investor-owned groups, and disruptive venture. Yet at the same time, the future of healthcare offers mergers tremendous opportunity.

This small book is a collection of essays, of thoughts as thinking tools for your success. Read. Think. Succeed. Repeat.

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Hospital-Based Medical Group Mergers, Acquisitions & Alternatives



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

A perfect storm of factors is accelerating the market for hospital-based medical group mergers and acquisitions.

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Directions: Clarity For Medical Group Leaders



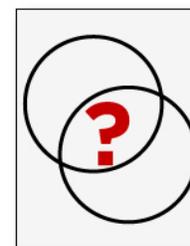
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The healthcare market is changing rapidly, bringing new problems.

How can you find a solution, how can you engage in the development of strategy, and how can you plan your group's future without tools to help clarify your thinking?

Directions is a collection of thoughts as thinking tools, intended to instruct, inform, and even more so, cause you give pause to instruct and inform yourself.

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Mark's article *OIG Advisory Opinion Secrets and Strategies* was published in the Summer 2016 volume of *Communique*. Read or download [here](#).

Finders keepers, losers weepers. Except in connection with overpayments from Medicare, then it's a violation of federal False Claims Act leading to significant liability, unless you repay the overpaid sum within 60 days. R

2. Be a guest on "Wisdom. Applied. Podcast."

Although most of my podcasts involve me addressing an important point for your success, I'm always looking for guests who'd like to be interviewed about their personal and professional achievements and the lessons learned. [Email me](#) if you're interested in participating.

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CMS Resets the Clock for Return Of Medicare Overpayments published on [AnesthesiologyNews.com](#) May 2016. Read or download [here](#).

Mark's article **A New Strategy To Profit From Interventional Radiology**, co-authored with Cecilia Kronawitter, was published on [AuntMinnie.com](#) on May 2, 2016. Read or download [here](#).

Three of Mark's blog posts were republished as column entitled **Practice Challenges** in the Spring 2016 issue of the Pennsylvania Society of Anesthesiologists Newsletter, the [Sentinel](#). Read or download [here](#).

Mark's article **Is There An Interventional Radiology A (irASC) In Your Future?** was published in the April/May 2016 volume of [Radiology Business Journal](#). Read or download [here](#).

Mark's article **Impending Death of Hospitals: Will You Anesthesia Practice Survive?** was published in the wi 2016 volume of [Communique](#). Read or download [here](#).

Mark was quoted in the article **Practice Patterns Change While Outcomes Remain Steady Among Older Anesthesiologists**, published in the December 2015 issue of [Anesthesiology News](#). Read or download [here](#).

Mark's article **Anesthesia Group Mergers, Acquisition and (Importantly) Alternatives** was published in the summer 2015 volume of [Communique](#). Read or download [here](#).

Mark was quoted in the article **Anesthesiology Acquisition Rate Still at Fevered Pace**, published in the July 2015 issue of [Anesthesiology News](#). Read or download [here](#).

Mark's article **Seeking Certainty In Radiology: Mergers, Acquisitions and Alternatives** was published in June 2015 on [Imagingbiz.com](#). Read or download [here](#).