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What You Need to Know About The Bedless Hospital That You Can Build: The Massive Outpatient Center™

Here's the latest twist on the hospital-less future of hospitals. Like an ASC, it's one that you can build. I call it the Massive Outpatient Center, or MOC for short.

As I've written many times on the [blog](#) and in my book, *The Impending Death of Hospitals*, hospitals as we know them are dying.

Due to a convergence of factors from technology to payor pushback to the end of inefficiency, care is quickly moving from the inpatient to the outpatient setting.

Examples abound, from the increased pace I've seen in my own practice in connection with ASC deals, to hospital downsizing (read [Honey, I Shrunk The Hospital](#)), to [bedless hospitals](#).

An example of the latest interesting twist on the non-hospital future of hospitals is the Lauritzen Outpatient Center now being completed by Nebraska Medical Center in Omaha. To me, and probably to the entrepreneurial among you, what's most interesting about the Lauritzen model is that it's easily replicable.

That's because the model isn't new at all. Chances are that the office-based physicians reading this already work in the same sort of location, just one that isn't as organized.

The Lauritzen Outpatient Center is essentially a hospital-owned medical office building (MOB) with office space for various physician practices and a 10 O.R. ASC. Like many MOB's, there will be a pharmacy on the first floor. There will be orthopedic clinic, an imaging facility, and office space for allergists, ENTs, general surgeons, plastic surgeons, oral and maxillofacial surgeons, urologists, and other physicians. But, and you guessed it, there won't be any overnight beds.

The Lauritzen facility is new construction costing, according to press reports, \$71 million. In many areas of the country, there's a plethora of empty non-healthcare facilities that can be repurposed into similar models for a fraction of the investment. And, of course, there are many closed or soon-to-be-closing hospitals available for conversion.

Unless and until something political is done to break the prohibition on Medicare-certified physician-owned hospitals, many physicians not already participating in those deals will be denied the right of ownership. Yet, there's little to no difference between bedless hospitals and large ASCs that are completely within the scope of permissible physician ownership.

So, too, are new variants such as the Massive Outpatient Center.

Wisdom. Applied. 100 - Bastiat, A Magician, And Medical Group Decision Making

A magic show is about misdirection: that which is seen and that which is not seen. There's a lesson there for medical group leaders, courtesy of Frederic Bastiat, the 19th Century French political economist.



All Things Personal

I'm writing this on an American Airlines flight from Santa Barbara to Phoenix. It's early morning. The plane just arrived from Phoenix about 30 minutes ago.

We're still at the gate. I can see into the cockpit. The pilots are going through their checklist.

The flight attendant just asked the 12 of us in first class if we'd like something to drink before takeoff. But, she said, there's no coffee because the coffee machine is broken.

Inside the small terminal, just up the jetway and perhaps 67 feet to the left, is a coffee stand.

Why didn't someone have the initiative to order a dozen coffees and bring them on board?

But that would entail the desire to delight passengers and the taking of initiative. Neither of which are on general supply at any airline, let alone among any flight crew.

April 30, 2017

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The Impending Death of Hospitals



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Having fallen for the fallacy that hospitals 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 hospital employment is safe. As it becomes evident that physician employment leads to losses and that integrated care delivers neither better care nor lower costs. And now, technology is about to moot many of the reasons for a hospital's existence. How can your 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 hospital-owned groups, and disruptive ventures. Yet at

Checklists are mandatory for pilots. Yes, it's rote work, but it prevents them from glossing over necessary steps. But at the same time, flying the plane entails individual decision-making.

The same balance is needed in connection with customer service or patient service or whatever you want to call it: a blend of following the rules and procedures and the ability to jump in and correct a problem or, even better, to bring a smile to someone's face.

Perhaps American believes that if they just don't drag anyone off a plane - la United, they're delivering good service?

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My book Success or Failure? Strategic Tools For Medical Group Leaders provides you with a framework for thinking about your success. You can buy it on Amazon or, for free, download a copy at the following link - Click Here.

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same time, the future of healthcare offers medical group 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.

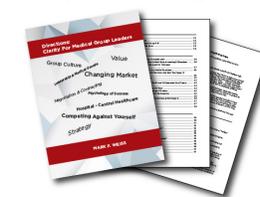
The reality is that some practices can be sold, some can never be sold, and some have nothing to sell.

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



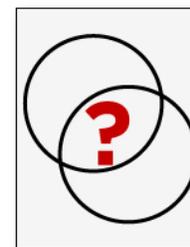
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The healthcare market is changing rapidly, bringing new of problems.

How can you find a solution, how can you engage in the development of strategy, and how can you to plan your, 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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Finders keepers, losers weepers. Except in connection

overpayments from Medicare, then itâ€™s a violation of federal False Claims Act leading to significant liabilityâ€¦ is, unless you repay the overpaid sum within 60 days. R **CMS Resets the Clock for Return Of Medicare Overpayments** published on [AnesthesiologyNews.com](#) May 2016. Read or download [here](#).

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

â€¦Three of Markâ€™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 volume of [Radiology Business Journal](#). Read or downlo [here](#).

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