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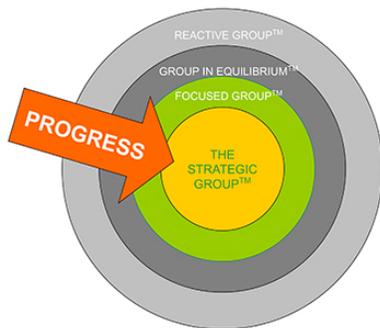


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**The Four Circles**

After having represented medical groups for more than 30 years, it has become strikingly clear that what distinguishes the most successful groups, the Strategic Groups, from the great majority of the mediocre.

In fact, I have come to realize that there is a way of ranking groups from the most reactive to the most strategic. I call this ranking The Four Circles™:



The Reactive Group

A group at the reactive level exhibits many of the following characteristics:

- It exists only as a matter of convenience to further each of its individual physician’s goals.
- It has little, if any, organizational structure beyond the rudiments required by law, and even those formalities are rarely followed.
- The relationship among its members may or may not be civil but the mindset is definitely “what’s in it for me?” not “what’s in it for us?”
- The group is entirely reactive to its circumstances in respect of the hospital, competition, referral sources, and the medical staff.
- Its sole purpose for existence is to provide services at a hospital — if that hospital no longer wanted to obtain those services from it, it would have no reason to exist.
- Their services are completely commoditized. There is virtually nothing that distinguishes their services from any other group of providers within their specialty.

The Group in Equilibrium

A group at the equilibrium level exhibits many of the following characteristics:

- It exists primarily to further each of its individual physician’s goals although there is some understanding that they must band together as a group in order to compete – in essence, it is a “club” with members sharing at least one common goal: keeping others out.
- The group follows the minimum required formalities to protect its structure from legal attack.
- The group members have more or less civil relationships among themselves. They understanding, to a certain degree, that fulfilling their individual objectives requires that they align themselves with others.
- The group engages in a low level of planning as to its very short term future, chiefly in respect of scheduling matters. For the most part, it is reactive to all circumstances outside of its easily accomplishable, immediate concerns.
- Its sole purpose for existence is to provide services at a hospital — if that hospital no longer wanted to obtain those services from it, it would have no reason to exist.
- Their services are commoditized. There is little that distinguishes their services from any other group of providers within their specialty.

The Focused Group

A group at the focused level exhibits many of the following characteristics:

- It exists to further the group’s immediate and midterm goals although group members are also free to pursue their independent goals outside of the group.
- The group follows the required formalities to protect its structure from legal attack.
- The group members have good relationships among themselves, understanding that fulfilling their individual objectives requires that they align themselves with others.
- The group engages in a high level of planning as to its short and medium term future, chiefly in respect of scheduling matters. However, it remains chiefly reactive to all circumstances outside of its easily accomplishable, immediate concerns.
- Its chief purpose for existence is to provide services at a hospital — if that hospital no longer wanted to obtain those services from it, it would have little reason to exist as its outside work is not sufficient to enable it to remain in business.
- Their services are commoditized. There is little that distinguishes their services from any other group of providers within their specialty.

The Strategic Group

A group at the strategic level exhibits many of the following characteristics:

- It exists to further the group’s long term goals.
- The group follows the required formalities to protect its structure from legal attack.
- The group members have well developed, positive relationships among themselves, understanding that they will maximize their long term interests by maximizing the group’s long term interests.
- The group engages in a high level of planning as to its short, medium and long term future. Although it remains flexible in order to deal with the inevitable surprises, it actively strategizes and deploys tactics to influence its future.

**August 31, 2017**

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Success. Even more success. It's what you want. Welcome to the club, which appears to be getting more exclusive every day, not due to evolution but to self-selection. Of course, sometimes we get stuck, or at least delayed, by the problem that pop up, blocking the way. But for many, the problem that they don't know what the problem is. I've been worried with medical group leaders with the aim of increasing the group's profits and managing their risk of loss for over 30 years. Does that mean that I have all of the answers? No. But what I do have is a point of view, a way of thinking about your success. So go ahead and start reading now. No one going to do it for you. Which, by the way, is thinking tool number one.

The Success Prescription is available for purchase in hard copy or in Kindle format on [Amazon](#) or you can [download complimentary PDF version here](#). [click here](#)

**The Impending Death of Hospitals**



**COMPLIMENTARY BOOK DOWNLOAD**

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 physician

- Its chief purpose for existence is to develop its business for the profit of its owner physicians and, as such, does not see its existence as necessarily tied to the existence of its relationship at any particular hospital.
- The way that their services are delivered is unique. Although it may well be that there are many other providers of their specialty services within the area, the overall combination of the way that the group delivers those services and the *experience* that they provide to the facilities, to the other members of the medical staff, to their patients and to the community at large, has created an experience monopoly that competitors, even if they understood what was being provided, would not be able to duplicate it.

Where does your group fall on the continuum? Are you happy with its level? If not, let's talk about how to move up.

### Wisdom. Applied. 104 - Is Your Medical Group Stealing From It's Future?

You get what you pay for. If you try to get it without paying for it, you won't get much of it, or any quality. What are you incentivizing?



### All Things Personal

Recently, I traveled to a certain city on business and stayed in a hotel that I had not previously visited.

The grounds were attractive and extremely well-kept, as were the architecture and the public areas. But, the room stunk, and I don't mean metaphorically. It actually smelled like sweat, as if the carpets had last been cleaned in 1972.

A few days after my stay, I received a very nice email from the hotel manager asking me to complete a survey. I did, and I responded honestly and in detail.

In the survey's box asking for an explanation as to why I scored them as I had, I added something like this: "If you're really as interested in an excellent customer experience as your cover email indicates, you'll contact me to discuss this -- let's see if you read this and then follow up."

I'm still waiting for that follow up. And waiting. And waiting.

Actually, I'm wondering if the survey responses were read by anyone at all, even if by a computer. Perhaps instead, the survey was simply part of a ridiculously ineffective post-stay marketing campaign.

Physicians and healthcare facility executives are intimately familiar with surveys, such as the (infamous) ones conducted by Press-Ganey.

Over the years, I've ripped surveys apart for my clients and I've worked with clients to create their own highly effective surveys-astactics for use in a multitude of strategies to advance their business interests.

But, in any event, no matter what you use your surveys for, it helps if you actually read the responses. That includes the comments. Gee, who'd have thought!

And, it would be beneficial both in respect of your relationship with the individual responders and the value of the responses to your business, if you followed up on the comments left by those who obviously took significant time to do just as you asked by providing an explanation of why they scored your product or service as they had.

After all, a survey is a terrible thing to waste, whether you're using it defensively or offensively.

### Recently Published Blog Posts

Thursday, August 31

[Survey Yourself](#)

Wednesday, August 30

[Psst, Wanna Buy A Watch? The Myth of Security in Hospital Employment](#)

Tuesday, August 29

[You Are Not A Commodity](#)

Monday, August 28

[Why The Lack of Power Corrupts Absolutely: Dealing With Petty Bureaucrats](#)

[More>>>](#)

### Forward This!

Feel free to forward this newsletter to your friends. They can sign up for their own copy [here](#).

### Whenever you're ready, here are 4 ways I can help you and your business:

1. Download a copy of *The Success Prescription Book*.

have been willing participants through practice sales and the belief that there's safety in hospital employment. But it becoming evident that physician employment leads to loss and that integrated care delivers neither better care nor its 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](#).

### Hospital-Based Medical Group Mergers, Acquisitions & Alternatives



#### COMPLIMENTARY BOOK DOWNLOAD

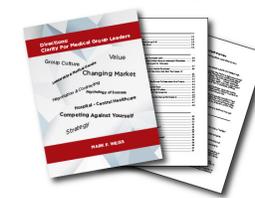
Some days, it seems as if everyone, from anesthesia gro to vascular surgery practices, is talking about selling their practice to a larger group, to private equity investors, or to hospital.

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 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

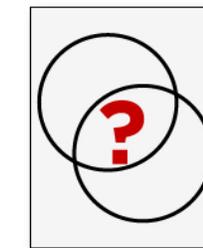


#### COMPLIMENTARY BOOK DOWNLOAD

The healthcare market is changing rapidly, bringing new problems. How can you find a solution, how can you engage in the right development of strategy, and how can you to plan your, or your group's, future without tools to help clarify your thinking?

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

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### MFW Knowledge Products

If you're an independent learner or need a refresher on a current topic, click [here](#) to find out about our growing list of Knowledge Products.

### Recent Interviews and Published Articles

Read some strategies for the inevitable Hospital CEO turnover in Mark's article **Hospital CEO Turnover: What You Must Know and Do to Protect Your Anesthesia Group** featured in the summer edition of [Communique](#). Read or download [here](#).

Mark covers the trend of hospital based care in an article entitled **The Impending Death of Hospitals: How to Help Your Clients Survive** featured in [Today's CPA](#). Read or download [here](#).

Mark's article **Why Your Compliance Efforts May Be Worthless** was published in the Spring 2017 volume of [Communique](#). Read or download [here](#).

My book *The Success Prescription* provides you with a framework for thinking about your success. You can buy it on [Amazon](#) or, for free, download a copy of the e-book [here](#).

## 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.

## 3. Book me to speak to your group or organization.

I've spoken at dozens of medical group events, healthcare organization events, large corporate events, university-sponsored events, and private, invitation-only events on topics such as The Impending Death of Hospitals, the strategic use of OIG Advisory Opinions, medical group governance, and succeeding at negotiations. For more information about a custom presentation for you, [email](#) my Santa Barbara office staff.

## 4. If You're Not Yet a Client, Engage Me to Represent You.

If you're not yet a client, and you're interested in increasing your profit and managing your risk of loss, [email](#) me directly. I'll contact you to set up a call or meeting.

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Mark was quoted in the article **ASC Regulatory Areas That Developers Need To Pay Attention To** published on Nov 2016 in The Ambulatory M&A Advisor. Read or download [here](#).

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 the federal False Claims Act leading to significant liability—this is, unless you repay the overpaid sum within 60 days. Re **CMS Resets the Clock for Return Of Medicare Overpayments** published on **AnesthesiologyNews.com** in 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 2016. Read or download [here](#).

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

Mark's article **Is There An Interventional Radiology AS (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 Your Anesthesia Practice Survive?** was published in the winter 2016 volume of **Communique**. Read or download [here](#).