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### What You Need To Know About The Flea That (Metaphorically) Killed The Medical Center CEO

A few days ago, a flea bit and killed the CEO of one of the top-ranked academic medical centers in the nation. Metaphorically speaking, of course.

And the lessons cut both ways for you and your organization, whether it's a medical group, a hospital, an ASC, or any other sort of business.

In his book, *The War of The Flea*, the seminal work on guerrilla warfare, Robert Taber wrote about how a small band of guerrilla fighters could emerge victorious in a conflict with a larger, well organized enemy.

"Analogically, the guerrilla fights the war of the flea, and his military enemy suffers the dog's disadvantages: too much to defend; too small, ubiquitous, and agile an enemy to come to grips with."

In 2014, Ohio State University concluded a national search for the new leader of its Wexner Medical Center by hiring Sheldon Retchin, M.D. as its CEO. His salary? Close to \$1 million per year.

Yet a few days ago, just three letters signed by a handful of the 1,200 physicians that Wexner employs, triggered his resignation.

The first letter, dated May 1, 2017, signed by only 25 physicians, raised complaints about Dr. Retchin's management style. According to a report in *The Lantern*, the Ohio State school newspaper, the complaining physicians wrote they had "no confidence" in Dr. Retchin's leadership. The signers claimed that more than 100 other doctors supported their position, but were afraid to join in the letter.

The two subsequent letters were signed by 6 physicians each.

Even assuming no crossover in the signatories, 37 physicians (yes, some in positions of authority) out of 1,200, that's only 3%, were able to unseat the king.

Dr. Retchin, the front man for a high and mighty organization, and, one can argue, the organization itself, became the latest victims in the war of the flea.

What's this mean for your organization and for you, personally?

From the organizational perspective, as in a guerrilla war, change within the organization, as well as within a domain in which the organization interacts, can occur as a result of agitation by a vocal minority. Just as no vote was required for a dictator like Casto to take over Cuba, no medical staff vote, no survey by Press Ganey, no long and drawn out process among "stakeholders," is required to topple the status quo.

What you think is permanent is only temporary. *How temporary* is the question.

What you do, and how you do it, within your organization, and how you project it to essential third parties (e.g., hospital-based medical group to hospital) is all-important in maintaining relationships, contracts, and even existence. That's the flea collar.

And, just the same, from the perspective of the individual, the small, the "out group," the "flea," a steadfast, vocal, and somewhat intransigent minority, can kill the dog. The large group can be made irrelevant. The hospital CEO can be forced out. The small organization can ingest the larger. Yes, the dog bites back. No win is guaranteed.

Many say that the world is a tough place. Maybe it is, because it's not just dog-eat-dog. In Dr. Retchin and Wexner's world, it's flea-kills-dog as well.

Whether you're the metaphorical dog or the metaphorical flea, the same applies to you.

### Wisdom. Applied. 103 - Why You Must Know How Framing Changes Value

There is no such thing as fixed value. Value determination is based on obtaining something worth more than what is being given up. You can heavily influence how your perceived value by employing the valuable technique of framing.



### All Things Personal

July 31, 2017

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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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### 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

I was listening to a business podcast. The host was interviewing a guest who said, "you can't step into the same river twice." Wow! That's really Zen-like . . . or is it Zen-lite? (Note: I pictured the guy with a man bun.)

On a level I imagine the guest never imagined, that is, on the actual, not metaphorical, level, the one to which I can certainly relate, he's absolutely correct. That 4 or 14 or 44 gallons of water that rushed by my left foot in the Owens river will never be at X longitude / Y latitude again.

But, if one can't step into the same river twice, why is it that many people step into the same shit twice? After all, the river of time *has* moved on, hasn't it?

Yes, each situation is different. Sure, that's true. But situations often come in categories, and it pays to pay attention to categories.

Maybe your now metaphorical wet foot isn't in a river, just some other water that, this time, is circling around.

Keep your eyes open. Watch where you step.

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[markweiss@advisorylawgroup.com](mailto:markweiss@advisorylawgroup.com)

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SANTA BARBARA OFFICE:  
1227 De La Vina Street  
Santa Barbara, CA 93101  
Tel: 805 695 8107

LOS ANGELES OFFICE:  
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1717 McKinney Avenue  
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employment and alignment of physicians. Many physician 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 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?

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



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

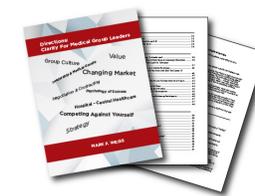
The reality is that some practices can be sold, some can never be sold, and some have nothing to sell.

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

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

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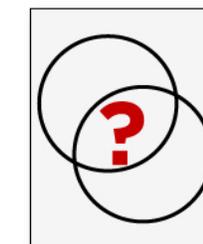
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The healthcare market is changing rapidly, bringing new set of problems.

How can you find a solution, how can you engage in the 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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Mark was quoted in the article **ASC Regulatory Areas T Developers Need To Pay Attention To** published on No 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 [Communicue](#). Read or download [here](#).

Finders keepers, losers weepers. Except in connection w overpayments from Medicare, then it's a violation of the federal False Claims Act leading to significant liability—th is, unless you repay the overpaid sum within 60 days. Re **CMS Resets the Clock for Return Of Medicare Overpayments** published on [AnesthesiologyNews.com](#) i 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 [AuntMinne.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, th [Sentinel](#). Read or download [here](#).

Mark's article **Is There An Interventional Radiology AS (rASC) 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 win 2016 volume of [Communicue](#). Read or download [here](#).

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