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updated blog.

Introduction: 2012 – Arriving at the Great Junction

Your practice is arriving at what I call the Great Junction, the fork in the road, one route leading to further commoditization of anesthesia care with fungible providers, many of whom will be paraprofessionals, and the other route leading to high quality, high touch medical care: to a unique experience 2012 Anesthesia Business Update delivered by a Strategic Group™.

At the same 2012 Anesthesia Business Update time, anesthesia practice is under attack: Attack by hospitals that want to gut stipend support or to employ you or to turn your practice over to someone who will. Attack by staffing services masquerading as national groups, some of which pride themselves on offering commodity services. 2012 Anesthesia Business Update And attack by CRNAs who don't think they need you… 2012 Anesthesia Business Update in fact, they don't think that anyone actually needs you.

Benchmarking to so-called best practices won't save you – it didn't save 2012 Anesthesia

Business Update home ice delivery men and it didn’t save buggy whip manufacturers. Benchmarking in this context is simply failure on the installment plan.

But for the top echelon of groups that take the time and make the effort to strategize for their long-term success before they’re swept along by the flow of traffic 2012 Anesthesia Business Update down the commodity route, there is tremendous opportunity.

This year’s Anesthesia Business Update explores 8 major themes related to developing and refining your group’s strategy in 2012. On the 2012 Anesthesia Business Update pages that follow:

-You’ll take a look at hospitals’ favored tool for disrupting the relationship with their longstanding anesthesia groups: the RFP.

-You’ll discover that the way that fair market valuation works in connection 2012 Anesthesia Business Update with coverage stipends and physician work agreements is leading to lower and lower physician compensation.

-You’ll learn about the communal trend sweeping healthcare and what you need to do to protect your practice in today’s “We” society.

-You’ll discover the importance of delivering an experience and of how it 2012 Anesthesia

Business Update cements relationships by changing the value proposition.

-You'll see that there's 2012 Anesthesia Business Update no real value to you in shared risk.

-You'll learn more about the push for CRNA independence.

2012 Anesthesia Business Update
-You'll discover an important psychological tool that you can deploy today to influence hospital negotiations.

-And, last but by no means least, you'll discover how the use of Scenario Surveys™ strengthens group strategy.

As communal trends sweep society, as the government seeks to take advantage of it to capture your industry and balance the healthcare budget on physicians' heads, and as hospitals plan on assuming the role of divvying up global care dollars, you must either strategize for your own future, or accept the fact that you will relegated to a minor role in someone else's healthcare factory.

It's not too late… yet. The time to get started is now.

How to Navigate the Rising Tide of Aggressive RFPs

Hospitals increasingly are disrupting their relationships with their longstanding anesthesia 2012 Anesthesia Business Update groups 2012 Anesthesia Business Update as they seek to cut stipends and get more for nothing. The favored tool? The request for proposal, or RFP.

Consider the prototypical “Springdale Anesthesia” and its 20-odd anesthesiologists, which held the exclusive contract with Quad Cities Regional Medical Center for almost three decades. As the facility grew so did Springdale and its expertise, recruiting subspecialty-trained physicians to the practice 2012 Anesthesia Business Update despite the hospital’s less than desirable location and, in some subspecialty practice areas, lack of sufficient case volume.

The symbiosis between the group and the facility was enhanced by the coverage stipend Quad Cities paid, 2012 Anesthesia Business Update and by the fact that both the breadth and depth of coverage provided by the fully board-certified group had enabled the hospital to recruit surgeons to expand into profitable service lines.

As the years passed, contract term seemed to meld into contract term. To be true, 2012 Anesthesia Business Update there were simple negotiations around renewal time and, on occasion, a bump or two over demands for new coverage or more money. But as the years progressed the pats on the back for jobs well done became more and more hearty.

Until one day, as on the neck of 2012 Anesthesia Business Update a turkey fattened for months and months prior to Thanksgiving, the ax fell. Called to a meeting with Quad City's chief executive officer, Springdale's president was handed a notice with the three dreaded letters: RFP.

Later, Springdale's leader recalled having heard the CEO say, "We hope that Springdale submits a proposal." For the moment, he still had need of a shirt collar.

Unfortunately, this scene is playing out with increasing frequency, as if the tactic were viral, or at least 2012 Anesthesia Business Update the topic of a detailed briefing at a hospital association conference.

Of course, the concept of an RFP is not new; it has been used for decades across many industries and by governmental agencies. But as opposed to its traditional use—identifying vendors for discrete supply orders 2012 Anesthesia Business Update or for a 2012 Anesthesia Business Update one-time project—the current RFPs for 2012 Anesthesia Business Update anesthesia services are increasingly being used as clubs to beat down the expectations of the present provider group.

The Three RFPs

Having dealt with anesthesia RFPs over four decades, I’ve classified them into three distinct categories.

2012 Anesthesia Business Update

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