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INOCULATE YOUR GROUP AGAINST A NATIONAL GROUP TAKEOVER

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Like a neutron bomb, national or large regional groups wants to take over your facility contract, vaporize your group, and cherry-pick its desirable assets: some of your radiologists.

By understanding their approach, you'll drastically increase your group's chances for survival.

Business Mindset

It's essential that you understand the large group mindset, which every group needs to adopt as a component of remaining viable. Large groups are businesses which are in practice. They are not simply practices, and they are not even practices which are in business.

As businesses which are in practice, large groups conduct themselves like any other sophisticated business. They have overall management teams, marketing teams, sales teams, RFP teams, and, essentially, delivery teams – the managers, and actual practitioners, of the radiology services at each facility.

On the marketing side, for example, they advertise in trade publications; they hold webinars and teleconferences; they have marketing-focused websites; they use sophisticated web-based customer relationship software to build mailing lists and track potential interest in their services; they send direct mail, whitepapers and custom correspondence to hospital executives; and some even have banks of the telemarketers cold calling hospital administrators...dialing for your dollars, so to speak.

What They Are Saying About Your Group and Themselves

The national group marketing pitch commonly includes multiple explicit or implicit attacks on local group organization and behavior.

For example, large groups generally claim:

- That your group is dysfunctional.
- That there's low morale and high dissatisfaction among your members.
- That there's poor leadership.
- That your radiologists have poor clinical skills.
- That your group has an unfair compensation system or, at least, one that separates rewards from quality performance.
- That you are focused on your own needs and not on the hospital's needs.
- That you are non-responsive.
- That you lack, or do not enforce, evidence-based clinical standards across your physician team.
- That you lack the necessary subspecialty trained physicians.
- That your radiologists are inefficient, costing the hospital a fortune.

How To Inoculate Your Group Against Their Approach

While there are ways for smaller groups to compete with national groups and very large regional groups, it's not by competing head-to-head on the national group's grounds.

Instead, the key is to understand that large groups lack the one element that an entrepreneurial smaller group, what I call a Strategic Group, has to offer: The ability to create real and deep relationships with the facilities your group serves and with the referring physicians working at those facilities. I call this creating an Experience Monopoly.

This is the one area where you are a thousand times better positioned than any national or large regional group – in fact, than any other competitor at all.

Strong Leader

Your group can't be run like a club, and it can't be run based on a requirement for consensus in respect of operational decisions. Someone, with the emphasis on "one," has to be in charge.

Your leader must be the very public "face" of your group. He or she cannot be picked by the hospital and cannot be a supplicant to it. Yet he or she must understand that your group's object is to develop a relationship with the hospital that exceeds expectations – providing service at the hospital is not a

transaction, it is not even a relationship – done right, it is much more: It's an experience designed to transform the hospital, the referring physicians, your own group and, by extension, the patients.

Team

Because your group is a business, run it like one.

Don't simply hire for medical ability. Hire for personality. Hire for maturity and responsibility. Hire those who like to smile. Hire those who are willing to advance the group's interest first, understanding that only by doing so will they advance their own – it's a team and they're willing to play.

And train the team in your group's procedures and expectations with a focus on customer satisfaction.

Verisimilitude

Certainly top notch clinical skills are required. But, they merely are the "price of admission."

Obviously, I can't comment on the actual level of your group's clinical skills, I don't know the state of your current situation and, even if I did, I'm certainly not the one to evaluate your clinical abilities.

But strange as it may sound, neither is the typical hospital administrator.

He or she has an impression of your group's skills. And it's that impression that you have to be concerned with. So, while I don't mean to minimize the importance of actual skills, it's the appearance of those skills: verisimilitude ... the appearance of being true or real – that we're concerned with.

Your job, then, is to create ways to demonstrate and publicize your skills.

Conclusion

Every interaction your group and its members have with the hospital and its administrators—and with those who can influence the hospital, from important referring physicians to prominent members of the community—is an opportunity to sell the hospital on a continuing relationship with your group.

Act as if you are always under the threat of competition and of replacement, because you are.

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