

August 31, 2018

How to Control the Context of Negotiation to Maximize your Outcome

It's morning in a mall outside of a metro station in Washington, D.C.

Josh, dressed in jeans, T-shirt and baseball hat, picks up his violin and begins to play. Classical music, some of the most complex and beautiful ever written for the instrument, floods the air.

Over the next three quarters of an hour, over 1,000 people pass directly by. Few notice Josh. Only a handful slow down to listen. Only 6 stop. Josh's take: \$32.

But Josh isn't one of the thousands of street musicians commonly encountered in cities across the country. As reported by Gene Weingarten of the Washington Post, he's Joshua Bell, the internationally acclaimed violin virtuoso whose performances regularly sell out at over \$100 a seat. The instrument he's playing: a \$3.5 million Stradivarius.

The performance was an experiment organized by the Post to see if the public would recognize the beauty of musical genius when displayed in an ordinary context. The experiment was based on the philosophical argument, "What is beauty?" Is beauty a measurable absolute, is it an individual opinion, or is it a bit of both filtered through the mind of the individual?

As the Joshua Bell experiment demonstrates, beauty and genius are not fixed concepts, individual opinion is involved and context is extremely important.

This message is immediately applicable to how hospital administrators, members of the medical staff and patients regard and value physician groups. The greater a group's perceived value, the greater its ability to negotiate a favorable relationship, whether contractual or not.

The Bell experiment validates the negotiation process strategy that I refer to as Framing the Issues. Going one step beyond the conclusion of the Bell experiment, it's possible for medical groups to proactively alter the context of the metaphorical space in which the negotiation takes place. Proactively altering context for Bell means the difference between a \$100,000 concert fee and \$32 of change tossed into an open violin case.

Proactively altering the context for your group can mean the difference between a \$50,000 "medical directorship" and adding a \$2 million stipend to your bottom line each year. Altering the context for a musician of Bell's caliber is, on its face, a simple issue: Not the mall or the street corner but a concert hall or a recording studio.

Altering the context for a medical group is far more complex. There is an element of physical context: At the extremes, this could be described as the general perception of groups practicing at a world famous medical center versus at free clinics in decaying neighborhoods. The great bulk of groups practice somewhere in the middle, and the physical element lies more in the extent to which any particular hospital is less susceptible to contracting on more favorable terms to the group, especially in terms of income support.

Nonetheless, for most groups, altering the physical context is not the immediate issue. (But nearly all groups can do something to alter physical context - a subject that's beyond the scope of this article.) Instead, the immediate issue is taking correct steps to alter the conceptual context in which the group, and its goals, are perceived. The ultimate goal is for the group to be considered as unique, the only group with which the hospital will deal.

Perception of the group itself is one of two ways in which context plays a part for medical group negotiations. The second is the context of the negotiation itself.

In a sense far larger than most people realize, a business relationship, and a contract negotiation, is a conversation, like many of the common negotiations that occur in daily life, such as a discussion between spouses as to where to have dinner. Conversations of substance don't happen in a vacuum, they take place within a context: the subject of the conversation.

There's an opportunity, then, to alter the outcome of a negotiation by controlling the context, or frame, of the business conversation. A very simple example in respect of medical group relationships would be to alter the frame from money to quality.

To achieve transformational results, framing the issues takes considerable planning and time. In order not to be seen as, and actually not to constitute, a ruse that will immediately be discounted, the frame must be consistent in the sense of its relationship to the group's overall business strategy, its specific sub-strategies and its various implementing tactics.

Remember, every relationship, every negotiation has a context, the question is whether it will be set by you or by the other side or simply left to chance. The latter two alternatives leave you open to happenstance: In any and all events, you are going to face the music; the question is whether or not they're playing your song.



Wisdom. Applied. 117: Risky Behavior and Healthcare Businesses

When we think of risky behavior, we usually think of personal acts.

All Things Personal

It was a music store auction.

When I was about 10 years old, my father took me to an auction and told me to pay attention to the way the auctioneer worked the crowd and the way the psychology of an auction worked against the interests of the buyers.

The language of an auction, with its industrial "dialects," from bankruptcy sales, to exotic automobiles, to cattle, has an underlying design, intent, and purpose. Few in the audience understand it completely. But it successfully, in fact, *very* successfully, delivers its intended message broadly, not just to those in the inner circle, the in crowd, the initiates, to whom it speaks fully.

The same can be said about language used in other professions, for example, in yours and in mine. Some of it is clearly used to distinguish those on the inside from those on the outside. And, I suppose, that's all and good as long as we neither get fat heads nor think that it serves much useful purpose in communicating with those whom we serve, whether we call them patients or clients or customers or, even better yet, Sally or Bob.

There, we have to remember what language is really for. It's not to demonstrate our command of the 300,000-plus words in the Oxford English Dictionary. It's to communicate.

I know someone, a psychologist, who regularly uses words like opprobrium and epigeum and hermeneutics, sprinkling them disastrously into a conversation like hot chili flakes on a croissant.

Communication isn't about you (or for covering up the psychologist's near mail order PhD), but about delivering your message to others.

Take it from Ernest Hemingway: "I use the oldest words in the English language. People think I'm an ignorant bastard who doesn't know the ten-dollar words. I know the ten-dollar words. There are older and better words which if you arrange them in the proper combination you make it stick."

Make *your* words stick.



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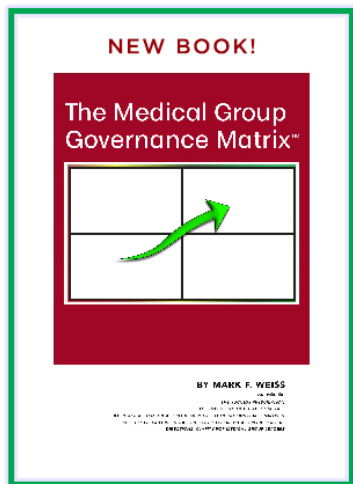
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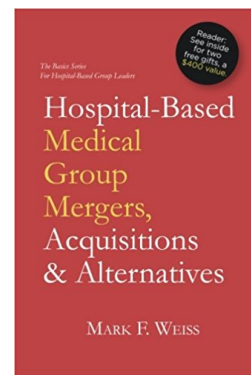
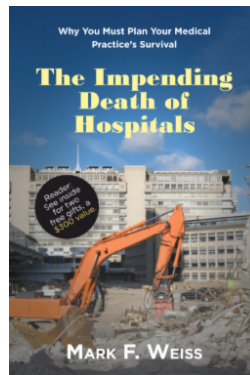
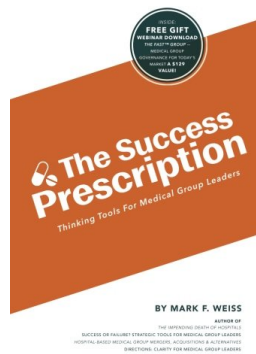
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- [Why and How You Must Prepare Your Anesthesia Group for the Future](#), Summer 2018, [Communique](#)
- [Explosive Growth in ASC Codes Fuels Opportunity](#), published on [RadiologyBusiness.com](#), April/May 2018.

Books and Publications



We all hear, and most of us say, that the pace of change in healthcare is quickening. That means that the pace of required decision-making is increasing, too. Unless, that is, you want to take the “default” route. That’s the one in which you let someone else make the decisions that impact you; you’re just along for the ride. Of course, playing a bit part in scripting your own future isn’t the smart route to stardom. But despite your own best intentions, perhaps it’s your medical group’s governance structure that’s holding you back. In fact, it’s very likely that the problem is systemic. The Medical Group Governance Matrix introduces a simple four-quadrant diagnostic tool to help you find out. It then shows you how to use that tool to build your better, more profitable future. [Get your free copy here.](#)

Learning opportunity: Mark will be presenting the key concepts of the Matrix as a part of his presentation at the Advanced Institute for Anesthesia Practice Management, April 28 – 30, 2018 at The Cosmopolitan of Las Vegas. <http://aiapmconference.com>



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

1. **Download a copy of *The Success Prescription*.** My book, *The Success Prescription* provides you with a framework for thinking about your success.
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, healthcare organization, university-sponsored, and private events on many 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, [drop us a line](#).
4. **If You’re Not Yet a Client, Engage Me to Represent You.** If you’re interested in increasing your profit and managing your risk of loss, [email me](#) to connect directly.