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**December 31, 2014**

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## Dear Healthcare Deal, You Are So Attractive! I Need You!

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Dear Mark:

*I know you're America's foremost personal advice columnist, so please don't laugh at me. I really need your help.*

*I'm a healthcare CEO in (city withheld), Ohio.*

*I'm in love with deals that everyone else wants. I just can't help myself.*

Sincerely,

Over Payer In Ohio

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Ok, I made that letter up.

But the story is an old one. Old, that is, in terms of when it began for Over Payer in Ohio.

And, when it began for you and me.

Remember yearning for the affection, for even a glance, from that cheerleader or football star, the one that "everyone" adored?

Remember attending that auction in which people overbid for that obvious-to-most mass produced ceramic vase?

The attractiveness of a deal multiplies by the number of "buyers."

It's the same psychological magnetism that pulls healthcare CEOs, from hospital executives who must have a DaVinci surgical robot because the hospital across town has one, to hospital-based group leaders who wildly undercut their competitors, thereby destroying their own profit, to "win" an RFP — only to fall prey to the winner's curse.

We want what we cannot easily have.

We want not to be left out.

After all, there's tremendous social proof: "Everyone" else wants it, too.

We tell ourselves that paying a little bit more, whether positively (a \$10 upbid at the auction for the vase) or negatively (reducing the stipend request in your RFP proposal), is just a teensy-weensy incremental "price" that pales in comparison to the total. So it's easy to throw in — and, if we don't, we'll "lose!"

I know it's hard to avoid this pressure, you're only human and we humans are hardwired these ways.

Buyers of all sorts, from Walmart to West Side of the Street Community Hospital, use those needs and fears against you. Just think "RFP," whether it's merely threatened or actually put into play.

Yet at the same time we also realize that we are in the strongest position when we don't

### Directions:

#### Clarity For Medical Group Leaders



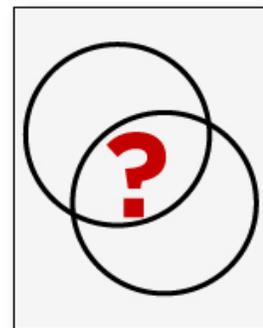
### COMPLIMENTARY BOOK DOWNLOAD

The healthcare market is changing rapidly, bringing new sets of 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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### Recent Interviews and Published Articles

Mark's article **McDonald's and Delivering Anesthesia Group Value** was published on [AnesthesiaNews.com](#) on December 30, 2014. Read or download [here](#).

“need” a deal.

Not every deal is a good deal. Participating in an RFP can be a rush to the bottom if you must “win.” There’s some business that you should simply walk away from or call the buyer’s bluff — that is, if you haven’t painted yourself into a corner.

You may not be able to turn off the social and psychological pressure, but you can enact a logic-based process to filter your decisions, to trick yourself into taking the time to see your emotional response for what it is.

And, you can construct your business operation to create choices. Having only one contractual deal that you must protect at the cost of your entire business’s existence sets you up from the start.

You’re in the strongest position when you know that you don’t need the deal. If you’re not already there, let’s start building that stronger future.

Mark was quoted in the article **Top 5 financial challenges facing physicians in 2015**, published in the December 2014 issue of Medical Economics. Read or download [here](#).

Mark was quoted in the article **Top 15 challenges facing physicians in 2015**, published in the December 2014 issue of Medical Economics. Read or download [here](#).

Mark’s article **Bundled Billing or Bungled Billing?** was published in the October 2014 issue of Pain Medicine News. Read or download [here](#).

Mark’s article **What’s Your Anesthesia Group Worth? And Why It Might Not Make Any Difference** was published in the Summer 2014 issue of Communique. Read or download [here](#).

## Wisdom. Applied. 72 - You’re Dead. Now What? Succession and Medical Group Governance

Have you heard the one about the man who doesn’t walk into a bar?



### Upcoming Presentations

**Date:** April 17, 2015

**Time:** 9:00 AM

**Topic:** From the Company Model to Joint Ventures to Just Sending Statements: Anesthesia Business and Deal Structure Compliance Traps

**Location:** [The Advanced Institute for Anesthesia Practice Management 2015](#), Las Vegas, Nevada

**Date:** April 17, 2015

**Time:** 2:00 PM

**Topic:** Is Your Anesthesia Group a Business or Club?

**Location:** [The Advanced Institute for Anesthesia Practice Management 2015](#), Las Vegas, Nevada

## 2015 New Year’s Un-Resolutions

We all make New Year’s resolutions. “I’ll do this or that!” Then January 5th rolls around and, well, you get the idea.

Perhaps the hack, then, is to flip things around: What will you **not** do, or stop doing, next year?

In keeping with the E-Alert New Year’s tradition, here are some suggestions for 2015:

1. Stop saying, or even thinking, that your services are a commodity. No service is a commodity. In healthcare it’s price buyers who want the sellers of those services to believe that they’re a commodity.
2. Don’t just sign on the dotted line; if the deal involves you giving a discount, allows someone else to resell your services, or (and this should be obvious) has you paying them a fee, consider how you’ll look in an orange jumpsuit. On TV, orange may be the new black, but I guarantee you that it’s not. Violations of the federal anti-kickback statute lurk in those dark contract corners.
3. Stop assuming that your contract (whatever it is, from an exclusive contract to an employment contract to a payor agreement) will simply be renewed. It might well be, but making that assumption too often results in one becoming fat and content. It’s better to leverage the fact that your deal might end into actively creating alternatives and options and other streams of referrals and income.
4. Stop thinking you’re a victim. Of Obamacare. Of the hospital. Of the market. That thinking is an excuse to assuage your guilt over inaction. Convert victimhood into the rocket fuel

needed to take proactive, strategic action, not simply react to someone else's plans for you.

Oh, and one regular resolution: Resolve to have a very happy and successful New Year!

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## Recently Published Blog Posts

Monday, December 29

[Have You Made This Mistake About Meetings?](#)

Thursday, December 25

[Stop Trade Secrets From Walking Out The Door](#)

Wednesday, December 24

[Why A 59 Year Old Deli Is a Case Study For Your Medical Practice](#)

Monday, December 22

[Heroin: Hooked On Big Data](#)

Thursday, December 18

[Outside Work Leads To Claims Of Inside Collections](#)

Wednesday, December 17

[What's Their Motivation To Do The Deal?](#)

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