Introduction to Dr. Pollack and the Summit

On this segment. We have that to. William Pollack is a great friend of mine. He is a world renowned leader and pulsed electromagnetic field therapy. So why is he on the Physician Practice Automation Summit?

Well, because he kind of does things outside the box. And what I would really want to know, what are some ways D risks ourselves as physicians when we want to think outside the box of thoughts and technologies for things that really benefit for our patients.

So that's what Pollock is, is an MD, is a board certified family medicine physician in Maryland, just outside of Baltimore, and he is on academic appointments at Johns Hopkins University as well as the University of Maryland.

And he's had holistic training in acupuncture and homeopathy and have gnosis and all sorts of really cool stuff. And but what he does, the best on is PMS therapy, pulse, electromagnetic field therapy.

So we dive into exactly what that is. And then more importantly, we dive into, well, how can you automate that process? By adopting technology. What are some business models that you can adopt in by adopting also the technology?

And how do you mitigate and decrease your risks of practicing medicine, medicine the way you want to practice medicine. So I'm just so happy to have you on.

And you know what? I'm the other level of excitement is because we're doing things that are outside the box. I want to know, how can we bring things into our box?

All right. Welcome to the show. So happy for you to be here. Thank you very much, Jen. It's a pleasure to be here as well and share, great information with other likeminded, like minded, smart guy.

Thanks for that. And everyone on the summit's pretty smart because, you know, the summit is for physicians. And one of the things that really got to me was that during the pandemic, a lot of people really came to me and not understanding how to pivot with them.

The stress of the pandemic. And I do think one of the root issues is that a lot of doctors don't really necessarily know how to adapt on to new technology, whether it's technology to sort of run the practice or like, well, you know, technology like such as, you know, the PMS that we're about to talk about, right.

So, and so I think the, the main culprit here is that we're as MDS, we're framed in sort of this institutionalized education. There's a hierarchy, right?

You got your you got your medical school, you got your internship, you got your residency, you guys have fellowship, and then you have these guidelines.

And we kind of abide by these guidelines that are there. And then, you know, some somewhere along the way or tell your teachers that if you go outside of these guidelines, you're going to get spanked by somebody.

So the invisible person that's right there on that. Right.

What PMF Therapy Is and How It Differs from Environmental EMFs

And, and I think that it takes a lot of the creativity that's behind us, and therefore there's almost a scare of adopting new things because our mindsets not really trained in that direction.

Right. And so, you know, we talked before, about several different topics, but when, you know, when MPs and Pmfs came onto the scene, it really intrigued me.

So if you try to introduce to the audience exactly what that is, what pmfs are and what are you like? Yeah. Okay. So, EMF stands for electromagnetic Fields.

Now, we currently the term EMF is being used primarily to talk about and I call it environmental magnetic fields. So it's electromagnetic but it's environmental electromagnetic fields.

And they include things like microwaves, radio waves. Television waves, radar, in fact, the over the horizon radar. If you happen to be downstream from one of these radars, then, you know, it's a it's a form of EMF, but probably the most important EMF that we have around us, that we're using all the time is cell phones.

And that's and then the and the connections to cell phones, including Wi-Fi, Bluetooth and also, smart meters next to our homes. So that's all basically in the Wi-Fi world.

And that's essentially microwave. Now we have other kinds of stray magnetic fields that relate to power lines. And they're not as they're not as bad. They're bad because we're bathed in those environments all day long.

If you work in an office building, you have power going through your whole building, you have lights and so on. Those are other forms of emfs. But they're not as bad in a sense, because they don't tend to be, absorbed.

So microwaves are absorbed. The wavelengths are very, very short. And because they're very short, they get absorbed by the body. They don't pass all the way through the body.

That's how microwave ovens work. The microwaves are absorbed and they heat the tissue. Same with the cell phone. If you put a cell phone to your ear, your ear will turn red.

If you look at the other ear, it'll be maybe slightly more red. But if you if you put your, cell phone on airplane mode and put it next to your ear, it won't turn red.

So what you're doing effectively is you're baking your ear and therefore you're baking the structures inside, you know, in the head within a certain distance because of the microwaves, perhaps pulsed electromagnetic fields are therapeutic magnetic fields.

They're designed to be therapeutic. They're extremely short wavelengths. But unlike microwaves and unlike radio waves, where you have microwave towers broadcasting, whether whatever the G is, whether it's 4G, 5G or whatever the G is going to be in the future, they're broadcast in the environment, so they bounce off the ionosphere and they're coming back down and under the planet.

They're staying within the ionosphere. So we're we're subject to those radiations all the time. They're not ionizing radiation, but they're radiation.

Now, magnetic field therapy from Emfs for clinical use is in a wire. It's a current in a wire. And that current flowing through that wire produces a perpendicular magnetic field to the flow of the current.

That is a closed loop. So microwaves, radio waves, all these other emfs are basically open loop pumps are closed loop. So basically as the pulse goes through, the wave expands and condenses, collapses, expands, collapses, expands, collapsing.

So it doesn't go out in the atmosphere. So therefore it's got a relatively limited distance with when it's with when with when it's with when which it works.

Okay. Those are the primary differences between those two types of, if you will, Emfs PDMs and Emfs it. So so I think the, the there's the misconception is that all emfs are the same.

And, you know, I kind of blew it off when I first learned about it. So I first learned about emfs in general and residency in New York, where we had this, we had this, this, this patient that didn't allow any of the residents to bring in the cell phones and stuff like that is a stage for cancer based chemotherapy.

And I'm like, I don't I don't know what this is all about. Will respect and we'll keep it outside. And then I got into and then I got into the rabbit hole because I started looking at research and data behind it.

And then I just found a whole lot of things that didn't really or weren't really nice to about. And then, I came across PMF therapy right after residency where a once against another cancer patient, with also a history of brain injury.

We're doing this TMF therapy with, physician, in Brooklyn. And so, I started asking, okay, what is this really all about? I kind of got into, a little bit, because, you know, I think the, the, the popular consensus amongst the people, amongst a lot of doctors that I know is that this is a big, big point black box.

We don't exactly know what it is. So, I mean, here's here's the question, like is SPF therapy? Is that is that a real thing? Is that something that has outcomes?

Can you kind of explain the science behind that? Sure.

Evidence, Mechanisms, and Clinical Uses of PMF Therapy

I started working with magnetic fields, 30 years ago, because I was trying to find solutions for pain management that did not involve drugs or procedures and discovered, through my training, I took acupuncture training and, 1990 people didn't know what acupuncture was.

And, you know, stay away from me with those needles. So I said, well, let me, let me find ways of doing acupuncture that do not involve needles. And lo and behold, in the Orient they had also been using magnets on acupuncture points. Yes. Right.

So I started using magnets and acupuncture points, and I started using magnets on sore spots, on skin lesions and so on. And lo and behold, they worked. So.

So what is this? What is this phenomenon doing? How does it work? Unfortunately, at that time the science was largely in Cyrillic. It was Russian Eastern European or Chinese or Chinese, Oriental languages, or, German, etc..

So basically hidden from the Western mind. And I met a, colleague from the Czech Republic who, an M. D., Ph. D., who did his thesis, PhD thesis, PhD work on electromagnetics.

So he translated a lot of that literature, and he said, I have a manuscript, send me the manuscript. We worked with the manuscript and produced a book called Magnetic Field Therapy in Eastern Europe, a review of 30 years of research.

Now we had the research that was actually done 30 at that time was 30 years ago. Now it's like 50 years ago. So that science has been around for a long time.

Unfortunately, it's been sort of backroom. Subsequently, I wrote a book that the books behind me, there are Magnetic Fields, basically how they work. It's the book is called Power Tools for Health.

In that book, I wrote a book called Collecting Together as Much Science as I Could, and I have over 500 references in the book on clinical studies that have been done on magnetic field therapy.

Most of the ones that I quote are controlled trial that are all randomized, but they're controlled in various fashions. And through my own research review of the literature that's out there, there's a huge literature.

Most of it is basic science, not a lot of it. Not as much of it as I would like to see is clinical science. But still, it still

allowed me to produce a book with 500 references in it.

So there are at least 2728 mechanisms of action of most basic biologic actions of pmfs. And then the clinical studies in the book. Then I had 50 start 50 clinical conditions that then I basically supported with with clinical evidence.

So there's a substantial body of evidence on the effectiveness of pmfs to heal tissue. Was talking about what's already adopted, within, within medicine.

So, so let's, you know, my mom was at that point was, by the way, some so still playing with magnets and stuff like that for joints. It's something I grew up with.

You know, because I was, I was born in one, spent my childhood in China. So, so that was something that that I already knew about. And so, but then I came across this technology, which is TMS, transcranial magnetic stimulation.

So is that also PMF or is that something different? It's the same. It's part of the same spectrum. Okay, MRI in fact, there was a study done with Lane Hospital in Boston where they discovered that people were getting magnetic resonance studies were being studied for magnetic magnetic resonance using MRI type technology.

We're getting benefits to their depression. So that's one aspect. So even MRI could theoretically be therapeutic. And we know it has a risk with burning because of the radio frequencies involved with it.

But the huge static magnetic field causes basically no harm except for projectiles. So if you don't if you don't watch for that, but then, then TMS was discovered by a guy named Barker in the UK back in the 60s.

Transcranial magnetic stimulation. And one of the purposes behind the TMS was to get away from ECT. Electroconvulsive therapy for all kinds of psychological conditions paranoia, schizophrenia, psychoses and so on.

That's relatively barbaric, causing significant muscle contractions, fractures, you know, all kinds of problems. So they want to get away from that and discover that TMS can do, intracranial electrical stimulation.

So, essentially, pmfs are inductively coupled magnetic field stimulation. They're like inductively coupled electrical stimulation. So they're inducing charge in the body.

There are do si charge in the brain, which, charge will travel through planes, it'll travel down molecular pathways and so on, travel down nerves. So that's what TMS is basically, and particularly for depression.

So using TMS in the left frontal lobe primarily that area are they thought the magnetic fields would depolarize tissues and basically help with the symptoms of depression.

So TMS is now being studied for all sorts of neurological conditions. Parkinson's. Ms.. TBI, I did a review article. I probably should really review a review article on, TMS being used for TBI and concussion is a pretty substantial literature now showing the benefits of that for TBI.

Right. So it's inducing charge. And that's basically the principle that I work off, is that most of the therapeutic value of the way I conceive of it has more to do with the induced charge in the body.

So when you press pass magnetic field, past electrolytes, past conductors of any kind, based on Faraday's law, you're inducing charge of the tissue. When you do this charge, the body has more energy to be able to do the, the work that needs to do to re re rebuild and rebalance.

So TMS is one application. It's also been used for non healing fractures unions. So that was approved about 25 years ago. Relatively low intensity magnetic fields have been used to heal fractures that what unite.

So after six months of fractures consider a nonunion. If it hasn't healed right and pmfs have been shown to heal those fractures within six months to a year.

And now it's being used for, for, bone grafting in the spine. It's being studied for other types of bone healing and, but lots of studies now are showing that magnetic field therapy can actually heal fractures, and probably about half the time that it would normally take.

Right. That's that's great. It's interesting because, you know, you talked about TBI, traumatic brain injury and talk about nonunion fractures. These are these are solo mechanisms of repair.

That's pretty much universal to our to our whole body. Right. So, when I, when I, you know, when I studied, PMF therapy for, for the, the patient that I had was with, with cancer, a similar component.

I was able to really appreciate what it actually did, on the cellular component. But more interesting is that I think that if you're right, there's relatively a limited amount of data, but the one that's out there is pretty positive.

And plus there's not really any side effects and, and, no poor outcomes or anything like that. And so how do you, how do you extrapolate this, this technology using other disease states or clinical states or ailments?

If we understand pathophysiology and the model that I work off primarily is cell injury, the cell injury model, whatever injures the cell then creates a series of processes naturally that happen, decreased ATP.

Basically membrane, failure. So that number is the memory starts to feel edema, mitochondrial dysfunction. So there are a whole bunch of mechanisms that happen with cell injury.

And it turns out that the literature back in the 50s and in my power, in my, magnetic therapy review book, they found that those mechanisms pmfs have those mechanisms individually and different studies, different models.

So as a basic, approach through increasing charge, stimulate all those repair processes. One of the key elements of Pmfs is stimulating stem cells. So I did a I talked recently to a group of stem cell physicians and reviewed the literature on AP and FS, increased stem cells significantly, pmfs increase ATP production significantly and increased circulation significantly, decreased edema significantly.

They stimulate tissue repair and regeneration dramatically. So these are all basic mechanisms of working on the cell injury model, using the charge to increase charge of the tissues.

You know, when you have a cell injury, the membrane potential on a cell builds up on the outside. It's supposed to flow naturally and easily using, sodium pumps, potassium pumps, calcium pumps.

And when you when you, damage the cell membrane, that charge builds up on the outside of the cell. Why don't you start doing magnetic field therapy? You start to open up the cell membranes, and all of a sudden the charges start falling back and forth, and the cells re equilibrate with their millivolts.

You know, the cellular potentials. Well that's great. So basic actions. Yeah. So, from a business perspective, let's kind of go into that because this is the Physician Practice Automation Summit.

And the reason I have you on so let's talk about the business behind it for for a second, because I think that the math is there because I hear it all the time from from patients.

So let's talk about that. This is aspect. So let's, let's introduce or some of these therapy cover insurance if they are or what diagnosis do they cover.

Business Models, Insurance, and Cash Pay Options

And then if not, what other business models are there. Well, we talked about t brain injury. That's not actually a

diagnosis. It's covered by, with magnetic field therapy.

We mentioned nonunion fractures and and, bone grafting. So those are covered. But I think the first thing to do that drug resistant depression and ADHD is now covered by insurance for, for TMS employees.

Right. Okay. Yeah. Correct. And OCD and OCD okay, okay. I think I think that was relatively near very new. Yeah. There are different devices that do this.

The Aerostar is the one that comes to mind. And clinicians are buying these and using them as a practice. I don't like the business model of nurse because you have to buy the equipment and then you get charged a monthly fee for your use.

So the more you use it, the more you get charged. And so it's very hard. It's hard to get an ROI, with that and insurance coverage depending on insurance coverage, I think is I think it's risky business because we know what it's like to get insurances to cover it.

And it varies from insurance company to insurance company. They all have their rules. And with with rtms for treatment resistant depression. More and more and more insurances are covering it.

Medicare covers it, but it limits it limits the uses. And you can't go off label what you get with medication. So the usage is very restricted to that specific FDA indication.

So insurance for the most part does not cover it. So what we do then is we're basically saying that magnetic field therapy is a wellness technology. And then like, like with supplements and vitamins and so on, nutrition, you're not making disease management claims.

You're making basically functional and, and wellness type claims. Gotcha. And so, but let's talk about the more the cash based business model that's, that's behind there because, I have so many patients requested and we actually refer referral for it.

So I'm curious myself, so what is the cash based business model looks like? Is this is a purchase and deliver the service as a as a wholesale or what does that look like.

So there are basically three ways that you can make income from this stock. One is that you do treatments in your office and you charge for those for those treatments.

My usual recommendation is to charge typically, get a package, write a contract with the patient and have a package of treatments somewhere between 5 to 10 treatments at a time, depending on the condition you're treating people.

Docs will often do a demo session free just to get people sort of to understand what it feels like. If you have a high enough intensity magnetic system, the patient will feel it and they say, something's happening.

So they're bought into it at that point. Then typically the rates vary based on where you are on the country and the expense of the systems that you purchase.

So there are systems that vary in cost from 35 to 40,000 to put into a practice setting. And we have systems that I work with that are actually close to, now somewhere around $8,000 for the practice.

So ROI is much more you can get right much faster. And you can charge anywhere between a dollar to $3 a minute, treatment minute. The typical treatment session is 30 minutes.

That's it. And then you repeat it every day. Again, depending on the contract, you set up for people. So typically you might do five sessions the first week, four sessions, a third second week, three sessions, and so on, decreasing, as you start to see results in that.

So what are the most common symptoms to use for for these technologies the most common is pain okay. Chronic pain good is most common in the practice setting.

PMS are phenomenal for acute problem. So if you're having somebody with wound management problems, if you're having somebody with who just recently had surgery, you can get people out of the hospital much faster.

So if you can start them. Unfortunate unfortunately can't start them in the hospital because they're not approved. Right. So. Right out of the hospital at home, then you can start magnetic field therapy.

They'll recover much faster. I read a paper just the other day, in fact, about using, magnetic field therapy. Not expensive either for radial fractures.

Right? Like the regular fracture, the bone break. Like a callie's fracture. Okay, gotcha. And they put a cast on it, and the magnetic field is in to go through dressings and cast without any problems whatsoever.

So they found dramatic increases, decreases in pain, significant increases in function, return to work, return and decrease disability. General vitality benefits from using a small PMF system, basically the rest area.

So you could do that easily in the office setting because it's short course of treatment. I see, I see, so I didn't realize this is that great for acute issues.

So that's more for, for chronic issues. So it's really for both them. Right. It's for both it's more dramatic for acute. So with chronic the problem is that you're trying to convert a chronic inflammatory process.

In acute injury you have acute inflammation which is desirable to a point. Right right. You can increase circulation. You can decrease edema in the wound.

If you got a fracture you got edema. You got, a bruise. Yeah. If, you have, decreases in circulation, you can have compromised nerves because of the swelling.

So if you start magnetic field therapy intensive enough, magnetic field therapy. Right away after the surgery. So if you do an area right, you do an open reduction in internal fixation on a fracture.

They come home as soon as you start magnetic field therapy intensively, they'll get back on their feet much faster and decrease their dose, their usage of opioids.

So you can significantly reduce the use of usage of opioids. And if you combine, say, PMF, along with CBD, then again, you can basically eliminate the use of opioids.

I've had many patients who had, dental extractions, molars removed, wisdom teeth removed, one dose of painkillers. That's it. Wow. That's great. So so we know the utility of it.

And so from business side you can acquire a machine that's, you know, relatively low cost. And then you can deliver that service from a payment perspective, cost perspective.

So maybe this type of business model is pretty much wily in use for, for other treatment modalities. Well, I know that our psychiatrist friends are also using TMS.

That's off label for other disorders. That's using cash. Right. And so, and so you know, we know we know that these things are happening. But, you know, I think that the main thing is that, you know, if we are we are physicians that think outside the box.

We want to be able to demonstrate that what we're doing is actually working to de-risk ourselves. So I always encourage people to gather data. So if you're treating someone for something and you have to have some sort of objective way to measure that, something is getting better.

Right. And so, what are some things that you suggest to, to measure what would it be like symptom scores? Or would it be, labs or was it the all of the above?

What is what do you suggest? Well, let's go to a specific example. I did a study on TBI. I had ten patients as a pilot study, so I used a low intensity, relatively low intensity, portable, battery operated magnetic system.

And I had my patients I use the river made, questionnaire for concussion for TBI. And I use a device called the brain gauge. So I have an objective measure of neuro sensory function using the brain gauge.

Measuring Outcomes and Reducing Clinical Risk

And then I did the questionnaire, the symptom questionnaire. Okay. Have them completing that every week I had them doing I did pre pre assessments, pretreatment assessments.

They would then treat it themselves two hours a day after the first week. First, for the first four weeks I did testing every for every week after that.

It was a month later. After that it was a month later. Then I had them stop the magnetic therapy for a month and we retested using these parameters. So there are devices and technologies that you can use as clinicians.

We should we know these things. We we do RV, we do blood pressure monitoring. We do galvanic skin response testing. You can use whatever objective measures you have that for the particular problems that you're treating.

They will be helpful to you to guide you with with the results. I think most of the time clinicians are looking at symptoms. Symptom reduction is a, can happen rapidly, but it also depends on the problem.

Pain relief is a very common, very early signs of improvement. Circulation improvements are very rapid. Within days you see circulation improvements. I had I had a guy who had below knee was he was, advised to have bcaas bilaterally in his 50s for diabetes.

His boss brought him to see me because he knew I did magnetic therapy. He said, this doctor is going to take care of you. He was purple from the knees down.

No capillary return. Zero. I really didn't want to touch him because I thought, you know, the last thing I needed was somebody to go septic on me, wipe out his kidneys.

But they insisted, so I observed him, watched him very carefully, put him on a diet forum on a bunch of supplements, started magnetic field therapy intensively.

And literally a week later he comes back and there's 5 or 10% increase in, in capillary refill. So I follow him closely for the next 2 to 3 months. Three months later, he goes back to his surgeon.

Sergeant says, I guess we don't need to amputate. Now he was. I saved him from the VK, then a bilateral, because he would have ended up with a bilateral because following the conventional medical model.

Right. Then I had a little girl. I think I may have told you about this. Who tore off the end of her thumb and a doorjamb? Three years old. We had it reattached.

Did make that therapy for an hour and a half to three hours a day, every day. 12 weeks later, she basically regrow. Regrow had found that the nail was going back 12 weeks later. Oh.

That's incredible. That's incredible. And these things are, are easy to come by once you understand that the powerful, the power behind the technology.

And also once we understand how it's implemented within a clinical practice. Right. And so, you know, earlier the

go ahead. Yeah. I was going to say I strongly recommend if anybody's interested in this technology at all, you got to read the book.

I'm not promoting my book. Pushing my book. I don't make enough of it to get, you know, to get rich from selling this little book. But the book gives you the references, and it's helpful for clinicians and a lot of clinicians by because then rather than them, then them explaining the technology and having to defend themselves against something that's not rational and common and say, here's the book.

It's written by an MD. It's full of references. It's got lots of science. It's not pushing any particular product. There are some magnetic therapy books out there that are pushing a particular product.

It's this objective and balanced in terms of his general treatment and approach to magnetic therapy. If you do that, then you have the evidence. You can do all the reading like you did.

You can do all the reading you want. You can go find that if you want. But this is a great place to start, cheap as well, right? That's right. And and what's the book become?

It's called power tools for health how results magnetic fields Pmfs help you. Excellent tools for health. Oh, amazing. The let's let's go back to, to something called risk that I want to talk about because I think it's something that we really have to address normally, like to talk about risk.

But with the exception of Scott, right, again, the the lawyer that I had on the show, and we actually had, a discussion about doing things that are a bit outside the box.

And in that discussion we talked about several things. So within a clinical practice there's three main documentation. And one is the consent to treat another one is a consent for is to have a relationship with consent.

And then a third one is a financial policy. Right. And so for those who are doing things a little bit outside the box or doing things that's off label, there should be, there should be a fourth one that overlooks that, all the procedures that's being done within economic practices and have people understand that there's, you know, may or may not be, if you improve for some of the diagnosis, but because we're extracting you over time, we want to be able to make sure that we're providing the value.

Right. And so, other, the practice that you work with, other specific consents that's usually sent out for, for PMS therapies. So in my practice, I had a, I did have a consent form saying that I'm well, I am a primary care physician.

This is not primary care medicine in general. So I will be doing treatments that are outside the scope of most doctors. So a physician, I still monitor you.

I do clinical assessments, I create diagnoses. All the things that are a conventional medical doctor will do. And the consent basically says that, you know, that you're likely to be recommended, and I will be supporting you in your process of doing alternative therapies for those in Maryland.

We do have an alternative medicine law that allows clinicians to step outside the boundaries of conventional medicine. So always selected by your own state laws, then that helps you a lot.

Now, I still can't make claims that are unrealistic and I wouldn't like claims that are unrealistic to patients. I always hedge my my best. I said this is how it works.

This is what I expect. This is the kind of risks that you may get from the from the therapy. And then we monitor and we'll adjust our protocols based on, on that.

And unfortunately, you can't ask your peers, you can't ask my peers, you can't ask other doctors about this technology because they don't know anything about it.

So you could ask, but don't be surprised if you're going to get a blank look or, you know, again, basically telling you that you shouldn't do this. But magnetic field therapy integrates very well with almost anything.

There are only very rare circumstances where it's not safe. So from a risk perspective, fortunately, magnetic field therapy is extraordinarily safe. I mean, if you're blasting the brain with a mass with 8000 cows, enough to cause a motor for a motor to be triggered by, stimulating the motor cortex where you can cause the fingers to contract.

That's a powerful magnetic field, and that's called the motor threshold. And then they will switch over to the front of the brain and do it 20% above board or threshold.

Right. And there's documentation in the book on hundreds of thousands of pulses of magnetic field therapy with virtually no risk. Wow. Okay. So that's another kind of risk that you ought to talk about.

Is that the risk of the therapy itself? The therapy is very low risk. Right. Absolutely. And so that's something to really consider as well, because you're offering a lot of people like to think outside the box who are listening on the summit.

And and they like to do things that are, that are really good for the patients. But I think a lot of people are just going to get really discouraged and burnt out when they're asking appears about these things, and they don't know much about it, and they're going to get scared and shy away from it.

And I think it takes away the creativity of the doctor. Because, you know, we're scientists as well. We want to look at the data. Well, look at the research.

And when we look at a piece of machinery, that pretty much has has very little risk, no risk at all. And so it's of side effects. And I'm talking that on we have a hard time adopting this thing on for okay.

You know prescribing you know love it when what's make potentially cause tend to rupture. Right. So so I think that we really have to shift the way that we're thinking about technologies adopting these things on and working with the right lawyers, working with the right CPAs, or on the right financial managers to make sure that there is a business case.

There. And then we can adopt on this technology under a thought and, and the mental state of safety and certainty that we can actually do this, you know, and so and that's what's true automation is automation is not just about adopting on two processes that help you, but adopting a process that help you, that doesn't get you trouble and that doesn't create trouble later on in the future as well.

You know? Yeah, technology so often that's another form of automation. So this is a form of automation. And the nice thing about this technology is the clinician doesn't have to do it.

What I do, when I did my practice, I taught my patients at the first visit, I want to say, except that I taught them how they would do it themselves. So I got them a series of IV sessions.

They'd come and they book the time and the equipment is made available to them. They come in and they sit down and they do their own treatment. Well, that frees up staff time.

It frees up other time. You can come in and pop in and say, hello, how you doing? How's it working for you? But you know, it's really not. You can create a visit.

So that's the other way to to charge with the technology. You create a visit, five minute visit, right where you do your clinical assessment on the results and, and the value of the treatment for the patient.

Documentation, Consent, and Practice Automation

You charge for that time. Unfortunately, with most insurance companies, you can't charge for the device time. Now

you can as electrical stim because remember, it's inductively coupled electrical stimulation.

And that could be hands off. But the the value of hands off electrical stimulation is a pittance. So I don't recommend doing that. I recommend charging separately for this because it's not covered by insurance, not covered by Medicare, you know, and so on.

Right. So earlier we talked about, you know, doing doing a visit for, for the do the Edam visit, you know, for this type of visit coming in. But you're right, you can't really charge for what that visit is.

You can charge for the other part of it, which is basically, you falling off the patient. Now, here's the thing that the I actually recommend a lot of people do, because what we want to do is collect data to make sure that people are doing well.

One of the things I also recommend people doing is doing check ins. So check ins are now virtual. So there's specific CPT codes for 5 to 10 minutes of check ins.

You can literally follow up with them or have your nurse practitioner or, or P. A. follow up with them on these check ins. This is they actually reimburse.

Quite. Well, these are these are pretty new CPT codes. And they can be in between treatments for, for stuff like this as well. We well, we mean we do the same thing for neurofeedback in our, in our practice as well.

So one so you can make it a way where it's very worthwhile, but you're also collecting the data and on the check in you're really documenting what they're seeing you for your diagnosis.

How are they actually doing getting these scores on board, making sure that their symptoms scores are improving, that they're being taken care of. And I think that that provides a lot of value to to doing good medicine.

Now, most people are thinking, well, you know, is this is this some sort of a fraudulent way of doing things? And I'm going to say, no, I'm gonna tell you why.

Because we know, based on a lot of data, that the more check ins a doctor does with the patient when it comes to phone calls, texts and all stuff like that, the more seconds that that happens, the less readmissions, hospitalizations, E. R.

visits there are. Okay, malpractice risk reduction. Exactly. AML, US risk reduction is that then that's huge. And so we really have to get out of the mindset of, oh my gosh, am I charging for this?

Am I charging for that? And just think about, patient centric perspective. Are you delivering good medicine for your patients? Checking in with them? This is not an issue because Medicare pays for the check ins price pays the check ins, Tricare, which will several insurances take Medicaid based on the check ins.

And so these checking visits are designed for the purpose. In fact, when we met with, the American Medical Association CPT committee, one of the things that they recommended is that doctors build these check ins more, especially during the global pandemic, like check in with your patients, you know, and so we did remote monitoring with our patient during the pandemic.

We checked in with them. And it was it was a very, very good because when we approach the payers, they can we build these checking codes with the patients.

And like I did like absolutely go reach out to the patients right. Exactly. So and so when the pandemic hit, you know they took away the, the video component for the check.

And now you can do phone call check ins without subtitles. And so in January 2021, they decided to make that permanent. They're like, no, we continue doing this because of how good the outcomes became.

When we're doing these, these check and adherence follow ups, all of those become better for people that are more attend to their treatments and more likely to continue their treatments.

Absolutely, absolutely. And talk about polypharmacy. If you have something that's going to prevent polypharmacy and they're taking, narcotic overdoses and stuff like that, it's it's it's a game changer.

And it's really it's really practicing great medicine. And the creativity comes from the fact that we as doctors are able to prescribe things that are best for the patients.

And if we have the tools to de-risk ourselves and de-risk it for the patients and communicate it in a way where it's useful, they can really adopt on to, you know, in any technology.

Right. And we know as clinicians, that most of our interaction with patients is verbal, verbal, audio and visual. Right? It's not examination, it's not palpation.

It's not auscultation. Most of it is verbal. We will occasionally add on a two minute cost, you know, ask to ask a story visit. Right. I add that to the visit, but not 90% of the visit is audiovisual.

Right? That's true. That's very true. So you don't need you don't really need the other stuff most of the time. But once you've done enough of this, you know when you need the other components that are more physical.

Absolutely, absolutely. Well, you know, I can't thank you enough for for being out here and talking about it. Oh, go ahead, you want us? I'm sorry. We talked about ROI, but I didn't finish the two other aspects of ROI.

Oh go ahead. Yes, but magnetic field therapies and I do a lot of support to doctors who purchase systems from Doc Polycom. We support you.

Closing Thoughts and Consultation Offer

And we have a we set up something called a training academy as well to help doctors to learn more about maps and growing that component of it, and to try to get, actual, CME, credit after, educational credits.

But you can also, help patients to buy systems for themselves from going to the office eventually wears out. People don't want to keep going because they have to pay for that, especially if insurance doesn't cover the whole cost.

So then what you can do that is you get you can have a partnership program with us where you encourage patients to purchase it. And we have to talk about safe harbor laws and so on. But, physicians can get reimbursed for that referral.

And then there's a third model, too. And that is, where you can purchase, bulk, you know, purchase equipment yourself in some volume and then resell on your own practice.

Gotcha. So they'll they'll be with traditional wholesalers and it's they're both. Right. Yeah. Great. And so this is, we're going to talk to Polycom and they access this information. Yes.

They can email us at info at Doctor Polycom if they want to ask questions. And I'll be glad to return calls and help people to make decisions about what may be most appropriate for their setting.

Right. And watching this live on the summit, the link is actually with a description of the videos in your email. And if you're watching on replay, it's actually going to be directly in the description. So but thank you for that.

So I want to ask you one last thing that I asked. Pretty much most of the summit members. What are you what are you what have you learned recently that you wish you knew maybe five years ago?

Well, I'm still learning about the technology. You know, my own evolution with magnetic field therapy started with

static magnets, fridge magnets. And I still do them to some extent.

But I've switched over to the electromagnetic field. I think what we're missing are a huge amount in magnetic field therapy. Other than our observable clinical skills.

With assessment, we have not evolved like the tricorder, Star Trek, we have not evolved to the point where you can go scan like that. Yeah. We didn't have a fingerprint treatment.

Yeah. That's what that's what I'm sort of looking to see what we might be able to do going forward. That's what I wish we knew more of. Oh, amazing. That's great. That's great.

Well, thanks for being on. Really appreciate your time. It's been a valuable experience. And then I mean, we covered everything from the size of Pmfs all the way to the business of medicine, robotics and automation.

And then it's been a fabulous talk. So I really want to thank you for that. Well, thank you very much, Chang. Enjoy the rest of your day. Be safe. Be well.

Yes. And you viewers, be well as well. Thank you everybody. After I finished the interview with Doctor Pollack, we talked in the background and I asked him, you know, it's really easy to get mixed in the noise of the true information about pulsed electromagnetic fields.

Pmfs. And so she said that for anybody that's from the summit, just go and email him at info at Doctor pollock.com. So it's I info at and Doctor pollack which is Dr.

Live.com and in the subject line just requests consultation from the automation summit. You'll personally reach back out to you, and then give you some available times, to speak with from the consultation.

So go ahead and take advantage of that. So once again, it's info at Doctor Polycom I info at DARPA uk.com. Thank you for.