Breaking the Rules of Orthopedics: Dr. Marc Pietropaoli’s Blueprint for True Recovery Transcript

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Introduction and Podcast Setup

By the way, if you do that, might as well have robots, which is coming. Oh, it's coming. You'd want to tell me. It's kind of already here, but yeah. It's just a matter of time, right?

I think it'll be like five years. They'll figure out a way to replace surgeons. I really do. For a lot of the things, not everything, but a lot of the things. Yeah. I mean, think about it. What if they had the robot do the opening and the closing? I mean, you can definitely do all the cuts. I mean, they do them anyway. They do them anyway. mean, some of the robots are designed so that the surgeon has their hands on it just to kind of seem like the surgeon's doing something, but. You really there are robots that do all the cuts without any issues. Doing the opening and closing would be a little more difficult, but not impossible. Yeah. Well, they'll figure it out. If they can build a pool table with AI and AI robot, they're going to figure out a way to sew somebody up. It's just a matter of time. Um, you didn't build your clinic to feel like an employee in your own business. I'm Matthew Golovly and on Out of the System hosted by Dr. Talks, we challenge the broken rules holding healthcare entrepreneurs back. Hear from clinic owners, rebels and builders who are creating bold. profitable patient center practices and doing it their way. I'm sitting here with Dr. Mark Pietrapoli, otherwise known as Dr. P. How you been, man? I've been great. Yeah? How's Tank? Tank? Tank the dog. Tank is great. He's been jumping in the lake and keeping cool because it's been warm. Yeah?

And how's the garden? Mark has the best garden ever. I can send you a picture of it right now. Yeah? Yeah, it's great. So Mark lives in Skinny Atlas and… He's an orthopedic surgeon.

We'll talk about his journey of getting out of insurance here in just a little bit. So he has this gorgeous piece of property. What is it like seven acres right on the eight acres overlooking Lake Skinny Atlas and he's got the most amazing high production home garden and he's got the best you got the best gardener of all time and that's your father-in-law right the Portuguese. Yeah. How's he doing. He is amazing because he's 96 as you know I just sent you that picture. He's 96 as you know. And uh like the day after his 96th birthday, he falls and breaks his hip, taking a flag down in 70 mile an hour wind. And he has a hip replacement in March. And now it is July and his garden looks better than mine. he's the guy that gets the hip replacement and keeps going. Oh my gosh. Amazing. Don't you like when you fall and break your hip when you're that age? Isn't it like, OK, we start the timer for 18 months? Yeah. And he's just keep going. Yeah, it's crazy. He's doing amazing. Yeah, amazing. I love the video that you posted. By the way, you got to follow what's your what's your Instagram handle or what's your what is the do you know is it? yeah. It's at Dr. Mark Petropoli that tick tock is gone is probably better than Instagram. But and then we have victory in motion one our YouTube channel, which is really that is very good. So I want to learn some stuff. Mark does some great videos. I love the video of like you had your dad out there.

You've got your white coat on, right? Don't you have your father-in-law? Yeah. Your father-in-law. I'm sorry. Your father-in-law. Yeah. Yeah.

Insurance Reimbursement and Surgery Economics

He's out there and you like, I forget what it was, but you're talking about like stretching exercises before you work in the garden. And then he starts dancing. He starts dancing. He starts dancing. You just messing with me. And then I love the one where you had the dog ask the question. You're interviewing the dog about, uh, but what it's been like since their owner. Yeah. The little, uh, what kind of dog was that? Since the owner. Was it like it was smaller than a chihuahua? think it is a chihuahua.

Yeah, I think it was. What's it been like since your own since your owner's had knee repair, not knee replacement? It was great. Walked the dog and then the dog walked her out of there.

That's just great. Yeah. That's Eloise, by the way. That's Eloise. We all want to know who that dog is. Yeah. So you got to follow Mark because he does some great stuff. But I think what's even better is you're insurance free, right? That's right. As a what? January 1st, 2025. How is it? Thanks to you. Thanks, man. Well, you Thank you. I appreciate that. And you've also done the work and your team's done the work too. So a lot of work. Yes. How's it going, man? Like we haven't talked, you know, we haven't had a chance to talk in a while.

it's, it's a whole different thing, clearly not relying on insurance, which is great, you know, and by far most ways, um, other ways, you know, it's, it's a learning experience for sure. Um, but what's interesting is some things kind of never change. I mean, you said from kind of day one. your list, know, your own list market to your own list. That's going to always be your best um referral source. know, I mean, we've, we've done, we've done a lot of social media. We've done local advertising radio. We've been on TV. um We've tried webinars.

We've done all kinds of things, all with some success. But still the top three referral sources are preexisting, you know, existing patients. existing patients referring somebody and doctor referrals from doctors who know, and trust us for, you know, 27 years or whatever it's been. Yeah. So, so tell everybody your background. are Syracuse undergrad, Syracuse med school, graduated top of class in Syracuse med school. Yeah, I got lucky. You lucky my ass. You might be the most fricking driven guy around. um Fellowed at, Birmingham for Dr. Andrews. Dr. Andrews, yep. m And Safe to say you're a pretty talented orthopedic surgeon?

I had great training and I'm fortunate I you know, I have pretty good hands. So yes, I would say yes. And how was the insurance business for you? How was that? What was that like?

We met three and half years ago, right? Is it like three and a half? Because it was probably right after Trevor. We started pretty much working in September of 2021 is when we started working together. Okay. But we met before that probably maybe. Month or two before that. so, you know, what would that be three four years ago? Yeah, four years ago. Isn't that crazy? God. We started working together in September of 2021. Yeah. And worth it, by the way. Thank you.

Thank you. You know, you in fact, you're going to be in my new book. So I'm writing a new book called Out of the System. So this interview will serve as part of that. It was the first time I ever realized how badly orthopedic surgeons were getting screwed. Because when you told me that you made $750 for an ACL reconstructive surgery, and that included 30 days of pre-op, 60 days of post-op, and you had to have your PA. 90 days of post-op. 90 days of post-op.

Maybe a day, you know, like the pre-op history and physical, but yeah, 90 full days after. 900, 700, know, 1500 if you're lucky. And then you told me you got 1,100 for a joint, but you, and I was like… or orthopedic surgeon because you do a well if you looked at I just basically looked at What what were we bringing in on average for each surgery people think?

That you're bringing in I just literally listened to actually Frank Schellenberger a podcast and he's non-operative and he's big on ozone Which is amazing by the way. Yeah, Frank's great amazing, but he was saying oh, you know, the system is geared toward uh surgeons and wanting to do surgery because they probably get $10,000 for a surgery. don't know exactly what they get, et cetera, et cetera. I'll text Frank after this. I'll text him after this.

I'll give him shit. Yeah. Well, what it ends up being was, you know, it was like $1,500. I was averaging $1,500 per surgery and that would cover, you know, uh that would cover my doing the surgery. That would cover 90 days of care afterwards. That would cover the PA and the nurses doing the pre-op. cover the billing, people doing the billing that would cover the front office, people making the appointments that would cover, you know, all the over, you know, the overhead. So $1,500 a surgery. Now you know why there's a lot of joint replacement surgeons who have their own surgery center and they do, they try to do 10, 15, 20 in a day, which is ridiculous. That's nuts. Yeah. How long does the joint replacement take? on average.

know it can vary. Well, no, mean, if you are running one of these, if you're in one of these factory uh orthopedic surgery practices where they're just doing joint replacements, the surgeon just comes in to basically put the, the cuts and put the implant in. So do the bone cuts. So really the PA starts with the surgery and close and also close.

It them up.

The surgeon might be in there, you know, anywhere between 15 minutes to a half hour. at the most and they're going from room to room to room. I've gotten, know, it's not necessarily their fault. They don't know any better. That's the system. And it is more of an assembly line and you don't truly need the surgeon to do the closing or do some of these other things either.

But it's not really great patient care. Let's face it. Yeah. Yeah. It's I'm not sure I want my healthcare. I'm not sure I want it to be treated like I'm building up. Model T Ford, you know what I mean? Pretty much what it is. You know, it's kind of it's really sad to me.

By the way, if you do that, you might as well have robots, which is coming. it's coming. Yeah. You'd want to tell me. It's kind of already here. But yeah. Yeah. It's just a matter of time. Right. I think it'll be like five years. They'll figure out a way to replace surgeons.

I really do. Like for a lot of the things, not everything, but a lot of the things. Yeah. Well, I mean, think about it. What if they had the robot do the opening and the closing? I mean, you can definitely do all the cuts. I mean, they do them anyway. They do them anyway.

mean, Some of the robots are designed so that the surgeon has their hands on it just to kind of make it seem like the surgeon is doing something. But you really there are robots that do all the cuts without any issues. Doing the opening and closing would be a little more difficult but not impossible. Yeah. Well they'll figure it out. If they can build a pool table with AI, an AI robot, they're going to figure out a way to sew somebody up. Right. It's just a matter of time. um What is what's life like now for you? So when I heard you tell me mate what you got paid, like it was one of those moments I was like, Oh my God, I think I have finally found the group of people that we can rescue. Right? right. Because if from a marketing parlance standpoint, you may or may not be problem aware, but you certainly didn't know that there was a solution aware. Right? So like in the marketing space, it's like problem aware, you know, that stuff I learned, which I would have never known. ah from you and all the other great people in our mastermind and just a lot of other people that you get exposed to because of that, then it's like it keeps going and going and going. Yeah. But the thing that was fascinating, that just really pissed me off. Like, it really just irritated me that we took a class of people that in my view are the best and the brightest. I mean, think about what you sacrificed. So when you, by the time you went through med school, residency, fellowship, How old were you when you came back to upstate New York? Let's see here. Like mid 30s? 31 or 32. Okay. And then how old were you when you started to practice? 31 or 32. Oh, so you started right away. You didn't go work for someone else. Well, I did. Good point. I was one of those 50 % who did leave my practice within two years. So I did join a group in Auburn, New York. I was there for a couple of years. The customer service was terrible and I left. Why did you want to have your own practice? didn't. I had no clue. get, think about it, zero, absolutely none, zero zilch. don't, I probably still in medical school and residency and fellowship, zero business training, none. So I didn't want to, what happened was I wanted to leave the group I was in because I couldn't stand where I was. They weren't, they, they treated the patient like they were the enemy. And even back then, since 1998, 1999, 2000, and back then, insurance sucked, just like it still sucks, but it's way worse now. sucks worse now. Yeah, it's worse now since Obamacare, not to get political, but sorry, that's the truth. And so if you treated patients really well, you still did pretty darn well, but you still were very busy, like seeing maybe 60 patients in a day, that's crazy. So I wanted to leave that group. And I had another friend who was in a big group in Syracuse and he wanted to leave. And so he ended up getting out before me and he didn't have any training and he, he was out for a year ahead of me because I had to stay ahead of the claws in my thing. had to stay there worst year of my life. Uh, and so I had to stay there and as we're talking, if there's any of the former partners listening to it, deal with it. tough, tough shit deal with it. Uh, and so he, He got an office in Syracuse. was in Skinny Atlas. We were going to have another office, two offices. Eventually, he's like, hey, I'm doing pretty well. I don't need another office. I don't want another office.

He goes, why don't you just do it on your own? I'm like, oh, crap. But that was good because he had done it on his own. And I'm like, all right, if he can do it, I can do it. then I just got some good consultants. That's a piece of advice. Get good consultants like Matt, if you to get out of insurance. But I got the insurance consultants. Karen's Upgoing Associates and some other consultants. And I started planning pretty quickly. I knew I was going to get electronic medical records, which no other orthopedic surgeon had at the time. So I'm like, I'm going to be the first

one. And I started collecting all my patient data and billing data. during that year, I was still in the other group, which was brilliant, I have to say. I had to do a ton of brilliant things, but that was brilliant. And so then I was able to plug it in and start from scratch. that was… you know, that was starting my own business and that was very, very difficult. It's, going through the same things now. It's, starting another business, but it's different, you know, and I have a lot more, at least a lot more experience and a lot less fear than I had back then. Cause I didn't know what I was doing, you know, back then. Um, but we built it up and I mean, I got to the point, as you know, I mean, I had almost 50 employees. had physical therapy, uh, MRI, X-ray, um, ultrasound, physical therapy, strength and conditioning, injury prevention. Oh man, you got everything. Yeah, I'll kind of be I didn't have a surgery center but pretty much everything other than that and we were getting close to 50 employees 2011 2012 doing very very very very well. That's why I was able to luckily afford my house where I live and then you know it start to go downhill and so by 2019 I was looking at the numbers and seeing you know $1,500 for a surgery $155 average for an office visit, you know What did you use to on a surgery? 20 bucks to 50 bucks for an x-ray or something. What did you use to make on a surgery? Like 2011, do you remember? Probably…

I mean, probably when I was starting out, it might have been close to double that, but it was never great. Great. But it was, it definitely had gone down.

Leaving Insurance and Building a Cash Practice

Well, and then your cost go up. But that's the other thing. Right, your cost definitely didn't go up. No, it's never gone up. It didn't go up and it went down. So it wasn't, it wasn't great. It did go down some, but the costs went way up. then, you know, then you have to see more patients. have to do more, uh, means you have to hire more people. And ancillaries, have to do PT and you have to do MRI and X-ray and all these other things that we did. And then your revenue goes up, but your costs go up right parallel with it, whether they stay below it, hopefully, or sometimes they they're on the other side. And then at the end of the year, you have a loss and your accountants are like, Oh, it's great. You had a loss. And I'm like, Why is that a great loss?

I don't understand. And they're like, well, you don't have to pay any taxes, but it's never good to have a loss. Just anybody out there running a business, don't think, I think it's just stupid. It's stupid accounting advice. Kind of like there's a lot of stupid medical advice out there. The whole way you keep scoring in business is how much money you made. Profit, right? Right. Profit is, profit's determining whether or not we did a good job or not. Yeah.

And Matt taught me to go into profit first, which is a different accounting methods for all of you out there listening. Very, very helpful. Yeah, it's it so kudos to you by the way because you will You'll be the first story that I tell in the book. It'll be that story You don't worry. You'll get to see it before I send it out to make sure I'm writing a book as well Yeah, what are you writing? We don't know I don't know exactly what the title is but it has to do with knee repair not knee replacement So very much story based which is the way to go and so working on that currently Are you writing it yourself using a I'm using a publisher?

Uh, so I, most of it was basically I did the, I did the longest webinar you could ever imagine. started with uh my origin story and all kinds of stories. like I said, long was it? How long was the webinar? Three and a half hours total. Just to get everything down. then I, I did take this current transcript of that. put that into chat GPT to clean it up. Then I got that to the publisher and then they're like, okay, I like this story. I like that story. I liked it. And then I got a professional storytelling gentleman named Michael Haig and he has worked with Hollywood actors and things like that. So we've gone through each story and tuned it up. And so it's going to be pretty story-based, but I lost a little momentum. I had a lot of momentum going there, but you know, business, different things happen in business. So you have to, know, but I am writing one as well. Sorry, I interrupted you.

No, no, no, no. You're writing your book. Well, no, look, the book to me is like one of the best things you can do, right? Like it's especially for the doctors. But yeah, but my point is you're going to be like the initial story because that was the that was the moment. That was the moment. So let's talk about this journey to get insurance free. What was that like?

Well, speaking of moments like I saw you on a Boston Biolife webinar, speaking of webinars. And so it was literally 11, 1130 at night or something. I don't know. It came across an email or something. I click on it. And it's like maybe

it was a short video to start with to kind of draw me in, which it did. um And you basically spoke to everything that most of us doctors know, like you're burned out, you're seeing tons of patients. The only way to bring in more revenue is to see more patients, spend less time with them. There's constant pressure on you, especially if you're an employed physician, to continue to see more and more and more. It's not satisfying. You don't get to really learn what's wrong with the patient.

literally, sometimes you walk in the room and you are already have an idea of what you're going to tell them and you just tell them. You don't even ask them anything. It's terrible.

And so you spoke to all that and you know, it happened to be that it was late at night and I'm reviewing charts and records. I mean, you get, you see all those patients, 40, 50, 60 patients. Nevermind, you probably got up at four o'clock in the morning to do surgery that day. least five. AM and then and then you're you you're you get done with work. You go home, maybe spend a little time with your family. You eat and then you go right back on your computer and you're catching up and you're also getting ready for the next day. And so I watched that. I signed up or watched the webinar and I said, yeah, I knew all these numbers and everything in 2019. I was like, that's when I made the decision. I'm like, I got to go for because we were I was doing PRP, platelet rich plasma since 2008. I was doing stem cells since 2017. I was doing laser since 2017. I was doing a lot of, we were doing some weight loss, strength and conditioning, uh strength training. so lot of those, none of that was covered by insurance. So we could see what were we bringing in from non-insurance and what were we bringing in from insurance. And so that also, I already knew that. So when you started talking about, don't have to see more patients, you actually need to see less and you need to start charging what you're worth. and a lot of these things aren't covered anyway. So just get out. And so that's when I became interested. And then you send me your book or Alejandro sent me the book. I read it three times. So your book did help quite a bit. Speaking of books. And then we met and I said, I'm going for this because like, you know, because what happened was 2019, I kind of made my mind up I was going to do that. 2020 obviously COVID hits all that stuff. Because you had to stop doing surgery. Yeah. So then it kind of but that also brought things together too, because when I had to stop doing surgery, I was doing PRP, was doing bone marrow, um I was doing the laser, was doing um the strength and conditioning, all these different things separately. And I always dreamed of like, hey, what if we put these all together? It would be amazing. so for the first time in 2020, when we had patients, I was still doing knee replacements at that time. And so um I had patients who were like, scheduled for knee replacement or wanted to be scheduled and we couldn't do surgery. And they're like, when's this one of the OR is going to open up when the OR is going to open my knees killing him and he's killing me. I'm like, well, I said, I don't know when but is there anything else we can do? And they tried all the standard crap, know, cortisone all that shit, PT and gel injections and everything and anti-inflammatories would rip their stomach up. I said, well, I have all these things. Why don't we put them together and try to get them approved through the insurance companies through um emergency use because we got We got telemedicine approved through emergency use and it's like, okay, maybe they're going to wake up. So we went back and forth with the insurance companies like we're going to do PRP and we're going to do bone marrow, stem cells. We're going to do all these things and prevent these people from needing a knee replacement. And they're like, okay, submit it and, and, you know, go ahead and do it. And then we'll, you know, we'll tell you if we're going to pay. And we're like, no, like we want to know ahead of time. They want to know ahead of time if they're going to put this money down, that's not, you know, not covered. They're going to want to know ahead of time. And what happened was. we went back and forth. finally we just did the procedures on the people and they did amazing. We did programs. And so it was like three or four people. They did amazing. And I remember going in the room because it went back and forth with the insurance company. It was maybe six months, four to six months after we performed the procedure. And I had to go in and tell them after the insurance company said no, no. But they were like, oh, I don't care. I'm doing great. And I never had to have my knee cut on. I stayed. I didn't have to come out of work and all this stuff. And then I had met you and you're like, what are you charging? But you were charging what 700? Well, for just for PRP. Yeah. Like so I was, I was definitely under pricing and undervaluing what we were doing. But the point was it worked.

And so then I started working with you on really how to really truly run a non-insurance or a cash based business. And there's a lot more to it than people think. But in the beginning, it's very simple. Technically. mean, if anybody is listening, Well, we hope they are listening.

They're listening right now. That's all I intended doing these things, is I want somebody to listen. Yeah, you're good. For all you guys listening out there, you've tuned into a good one because I was fortunate that I watched that

webinar. And like I said, it was the best decision I ever made other than like marrying my wife and having kids and all that. I'm glad you mentioned that. I'm glad putting Mary, marrying your wife was in front of mine. I swear. But I seriously mean that. It is the best business decision I've ever made by far. And so the point is in the beginning, he's going to say, you know, Matt or anybody who does this type of stuff, there's not, I don't think there's anybody else, but they will tell you certain things and it's the opposite. You've thought the opposite for your whole life. is like, is the opposite.

It's like George Costanza. Just go with it. Whatever he tells you, it may be opposite of what you think, but it's actually, it's true and it works. And I've really learned that even with marketing and stuff, like it's usually the opposite of what you think that's actually true. that actually does work. And so in the beginning, he's going to teach you how to market to your own list and we can get into all that. But I mean, you basically said, hey, we're going do an email campaign. You don't have to stop taking insurance right now. You know, you can't do that right now. You can't take 32. I think I had 32 staff members. You're like, you can't just stop taking insurance with 32 staff members. You have to kind of, um you have to kind of pave the way. Like basically I had to start telling my staff become more transparent, which I thought has really helped. Like, this is what we're getting for a new replacement. Did you know that? And they would freak out. This is what we're getting for this.

This is what we're getting for that. And they were getting really upset with the insurance companies. Fairly so. And not that they loved them anyway, but even more so. Does anybody love the insurance companies? No. so get your I'm pretty sure the CEO of the insurance company is hated by their mother. You get the team on board, and then you mark it to your own list.

patients are coming to you anyway because of the insurance. And you just start offering these things. um And people will go for it. I don't think that, you know, I don't think they're gonna pay out of pocket for something when they're already paying for insurance.

Well, they will because what they're paying for with insurance sucks. It doesn't work. And you get tons of patients who come to you. And as an orthopedic surgeon, when they fail all that, the only option I used to have was let's do a knee replacement. Now I have knee repair and not knee replacement because I did trademark that whole program that I developed during COVID. And uh I don't do any knee replacements anymore. Surgeries. Are you any surgery at all? Yeah, I still do some bear surgery, bridge-enhanced ACL restoration repair where we sew a collagen implant in between the torn ACL. Are you using biologics with that? you using Regen? am, because now that we're not in the insurance realm, anybody we sign up for that, do PRP and stem cells as Are you charging the patient directly for that bear surgery? Yes, because I don't take insurance. But most of those people come from Canada and they have to pay out of pocket anyway. that's, you know, that you just blew somebody's mind. You know that, right? Like somebody's right now going, what? What do mean? You did knee surgery and the patient was fine with it? Like we have a client, Stephen Meyer, who's in Beverly. No, he's in he's outside of Beverly Hills. So don't think, oh, it's barely else. He has like a six month waiting list.

He's been doing cash based joint replacement for like 10 years. He hasn't had insurance. Yeah. Because I got a six month waiting list. charge for whatever, 10, 15 grand. mean, patients can still submit it to their insurance. Although Medicare, if you don't participate with insurance, Medicare, you have to sign a private contract with them. There's a whole bunch of things that I know actually too at some point that maybe we can. Yeah, so dive into that. like, yeah. Well, I mean, like, can't you just have them sign an ABN or does it have to go beyond that? No, with Medicare, they have to sign an actual private. contract with you if you don't participate with Medicare, which is fine. no, they can't with Medicare. um If they do that, they if they go to someone who doesn't participate and they sign that contract, then they can't submit it to their own insurance. ah But private payers insurance can. em But I mean, the people with the people who have Medicare, they have worked their whole life. They've beaten their body up. They put all their money away. They've retired. They want to spend that money traveling.

They want to spend that money golfing. want to. And they don't have kids in college. They're a sucker. they don't. And so they're like, wait a minute. I don't want a knee replacement.

I've been told either suck it up or get a knee replacement. You have a third option. um And let me hear about it. And, you know, not everybody does it, but let's say 60%, 68 % do. That's pretty darn good. So yeah, not 100 % of

people who hear what we do end up doing it, but. It's probably 60, know, 60, I think 68%, something like that will do it.

It's amazing to me. Even I was kind of, I hadn't realized, I hadn't realized the depth of the anger for the patient. I had no idea four years ago, five years ago. Now it's like, I first, I was probably like, well, yeah, I guess the Medicare patients, Medicare, Medicaid patients will pay the EMS and they will. They're like our best clients. Yeah, they like I said, they have the money, they've retired, they want to enjoy their life. They're like, well, I spent, you know, $30,000 on this cruise and I couldn't enjoy it. Well, that's no fun.

So if I have to spend 10,000 or 20,000 or even if it's multiple joints, 30,000 or 40,000, they're spending that much on some of these amazing trips. And it's not like these are super people that you think are rich or whatever. For the record, tell everybody what Skinny Atlas is like. Well, Skinny Atlas is a very, overall, high-end vacation community. It's beautiful, it's small, it's only like 7,000 people. But outside of that, and Skinny Atlas has its own, it has farmers, has blue collar, but it's definitely a higher-end vacation town. But the surrounding areas are very blue collar. And by the way, I love farmers. Farmers are great. They want to get better. They've always this. Blue collar, no collar, right?

Yeah. Yeah. And so that's what surprised me the most. Again, that's the exact opposite. It's like, you know, people would say, oh, you live in a, you you're in an affluent area and it's easy for you. Well, no, actually those are the hardest people. Those people don't want to spend their money. I guess that's My best clients are like in the rural markets like you. So the best people are your salt of the earth, blue collar people, frankly.

like even women a little bit more than men are better clients because they make the decisions and when they make a decision, they go for it. know, guys are, we're kind of a little bit more goofy and we tend to not follow the directions as well. Whatever. Sorry. It's just the truth.

So, you know, I mean, if I had to pick the ideal client, it would probably be female. A 68 year old female? Yeah, for sure. Yeah, for sure. Yeah. Who worked for 30 years in the school system? If they said only one uh type of client, That would be it. Yeah, I would agree with you. So you make this decision. you start like you didn't make the decision right away. You just had to test it. Like when did you decide? Do remember the point? Was there a moment when you decided that insurance is a. This stupid, I'm not going to do this anymore.

Yes, 2019 so I did. was OK. I did have that in my mind and then COVID hit so that kind of got derailed and then you know I had a mess administratively at my office, which is that honestly that cost me probably a year and a half right and you helped me. You and I worked through that for about a year at least. So what build are we gonna win? Voice is gonna show up today and not everybody has that big of a of an administrative mess to start with but we worked through it and that slowed us down a little bit but I knew in 2019 and then definitely once I started talking to you I'm like yes, and frankly, I thought we would do it, you know, we were gonna be our plan was insurance free by 23 Missed it by a year. It took till, yeah, really. mean, we technically, we were by uh September of 2024, um which was three years after I started working with you, but Medicare had a few little quirks where they wouldn't let us out until January 1st, which was, again, if people are doing this and they want to know some of those quirks, I'm more than happy to help. ah that, yeah, technically, officially, officially, it was January 1st of 2025. But that road wasn't easy not at all because so you have a so everybody understands he you have a pretty big practice You have rehab MRI x-ray, right? Yeah our PT rehab It's right PT rehab strength and conditioning. We call it v-fit victory. It's like I mean body fitness You had 30 plus employees weight loss.

Well, didn't you I thought you'd like 38 Whatever the number thought it was 32 when we started but it was there it was a lot. Yeah, it was 30s So you're making the switch. Talk a little bit more about that. Like, did you let them all go in one day? I mean, I obviously know the answer, but I want people to like, how did you do it? Well, you told me, which is again, I didn't believe you, but you're like, oh, you know, looked at our numbers and whatever. And you're like, oh, you you could do all you could do a cash based business with eight, eight employees. Literally, how many employees you have now? Eight. Yeah. So, but it, yeah, no, I mean, ideally. Wait, hold on a second, but that eight also includes, you still have the MRI. Yeah. And you do the V-FIT, the PT. Okay, so that includes all of that. Yes. Okay. So if it was a pure regen place, it's five, by the way. Yeah, I think we still, I mean, honestly, we need to hire an appointment setter and hire a PT, but that's, we talked about that. But basically it's somewhere around eight to

10 right now with all those other things, right?

If it's just straight. just going to do injections like PRP and bone marrow and things like that, then yeah, you could probably do five or less technically. How much resistance was there on the team? I mean, I think what happened was I told everybody, well, I had to get rid of a couple people, as you know. then once they were gone, then quickly had you come maybe within the month. It may even be. three years ago today that I did made the move to get that person and then you came in August. So I gave it a month, but I had a plan. was like, listen, guys, we're going to this. We've already been greasing the skids that, because we already been doing some of these regenerative programs and they were being successful. like number one, talk about how bad insurance is. Number two, beta test some things. Do do do some PRPs and some lasers and some and some bone marrow and show your staff how amazing these patients do because it freaks them out. And they're like, then they get on board because like It's amazing how well this stuff works, right? So then they get on board, they get excited, then bring an expert on like you, which I would highly recommend, who not how, read the book who not how. uh Actually don't read that first, read, read, oh yeah, read who not how first, then the gap and the gain, and then 10x is easier than 2x. Those are all Dan Sullivan, Benjamin Hardy books just for all of you out there. I would highly, highly, highly recommend reading them. Huge. But get a who not how, get somebody who knows how to do it, i.e. Matt. um And I'm not just saying that because I'm on his podcast right now. ah I'm living proof of it.

So, you know, it's the bottom line. I mean, like I said, best investment business I've ever made. So get your who not how. You came in in August. We had a team meeting offsite, completely like, don't do something in your office. Get offsite, get out, you know, get the expert to come in, get everybody pumped up. And we did. And, you know, and everybody was grouped into different groups, like the different um things we knew we needed to have to do to get out of insurance. There was like four specific groups of people. you know, people, some people say they want to do it. We also, you know, our values, we came up with our values and our vision and all that stuff at that meeting, because you really, can't build, you need a foundation. So get your values, get your vision, get your team, have your team help with that so they have buy-in, get your culture.

Staff Restructuring and Practice Reset

you know, set and you have to start with a good foundation. So we started with that right away. We literally started with our values like the first second, right? And our vision statement and our mission statement. We spent like the better part of a day. Most of the day, but it was well worth it. So All In, right, was one of our values. Right now, there are trust, excellence, All In and resiliency. There was eight of them, but those are the four that it is now, T. A. R. E. And so All In was part of it and that was one of the first ones people mentioned. Even though people say they're all in, eventually some people aren't all in to put like, some people are just not meant for talking to patients about money or just any of that stuff. if you're a billing person, you're not going to be needed anymore. Right. You know that you're not going to, so some people- Or they just believe that there's a lot of people in the medical field that just believe that everything should be covered. Yeah, true. And they don't think about the impact on the economic side of it. Yeah. So some people left, so that happens. And then we tried like hell as you know, tried like hell training. You came, we trained, we trained and trained and trained and trained. And when you start dropping and you know, start drop, we dropped.

So then we went with the 80-20 rule. went. We like the worst 20 % or something like that. took exactly the 80 % of insurances that only brought in 20 % of our revenue and we dumped them. So that was only 20 % of the revenue, but it was 80 % of the insurances. And the word starts getting out there a little bit. And so you see a drop in volume. even though that's- is that? How was the drop in volume for you? How nerve-racking was It's very, it still is difficult. You walk in and there's not like a ton of patients in the office. it still is ner- you still get nervous even though, you know, I mean, I'm just being honest. Like there's someone who just literally signed up for a program the other day for multiple body parts and multiple months of of a program for $40,000. think about how many surgeries…

How many surgeries is that? I remember when you sent me the text one day when you were coming back from surgery. 30 surgeries or 25 surgeries. But on the other hand, some of those people, just don't want surgery and there's no option for them. There's no option. And if they had to pay out of pocket for any replacements, $30,000 to $60,000, crazy as it is. So anyway, some people self-select and then you kept getting on me and I had a great, I also started the Profit First accounting method, which people can read that book. It's a great book as well.

Highly recommend it. So I had an accountant and now I start seeing the numbers more. And actually that's where at the stage I'm at right now, really getting more into numbers and learning that part of the business, which you don't learn that in med school or residency. yeah, I just…

You know, I was so loyal and and and I loyalty means so much to me, you know that I did not want to let go of anybody else because everybody else was good because you let a couple of people left. Yeah, some people left. And maybe we've done it like 25 or 26. Get rid of some. I won't call probably even less than that, but you know, but you know, some people left. And and so then, yeah, you just look at the numbers and you can't you can't afford. to have that high of a payroll. just the bottom line. And so, yeah, I mean, I had to literally let, I think, seven or eight people go. I didn't fire them. I had to lay them off, you know, just because that's what the numbers showed. You want to go into the detail of that conversation? Well, and then a few people left. So it ended up being like 10, 10 or 11 people all within two Two days before the Christmas party. Yes, but you know that here's all right. Here's my right.

We got to tell the story. Mark, like I'm actually well you I want you to you can tell the story, but here's my advice to anybody out there. First of all, like if you do get advisors who come in, listen to him because I didn't listen to you guys. I'm going to be quite honest. I mean, you've been telling me this for a long time and I probably could have. I could have handled it better because I think if you just have a conversation with the staff members that you're going to let go and. tell them what the reality is. That might have been better than letting go of seven people all in the same day, which sucked. It was terrible. It was of the worst days of my life. It was really bad because I love all those people. didn't want to let them go. you know, I had no choice. Yeah. Yeah. We had started. So was up there, I think, in June and we were sitting in your office in the back. And I think I got out. I think you handed me an envelope and I think I did the math. I think it was literally a napkin or napkin or an envelope.

I said, okay, so what's your revenue? What's your payroll numbers? And I don't think the payroll number included you. And you were at 48%. If I remember the number correctly. something like that. were high 40s. That was before you were drawn a salary. And I said, that number's got to be ideally 28%, no more than 33%. That has to include you. And I can't remember exactly.

I do remember I said, I don't like, you're like, well, who do I let go? I'm like, I don't care, just pick seven and get rid of them today. Like, I'm sorry, this sucks. Yeah, that was June, by the way. That was June. And look, I've had to do this. The most I've ever had a fire in one day, I think was 10 or 12. It sucks. It's awful. There's no part of me that enjoys letting people go. Business is just like your blood panel. It doesn't lie. The numbers don't lie, right? I mean, if you've got… A1 seed numbers that are whatever six or seven and your lipid profile blows like maybe it's time to quit the sodas in the in the barbecue like you it's like quit drinking beer I mean the numbers don't lie. So and you kept saying no, no, no, we're gonna land this off tonight pretty much was saying I mean you would we had months of You bring good months of bringing in three hundred and fifty thousand dollars, but if your your costs are 360 right right doesn't And you know it's not sustainable. like one of the rules in golf is your your best score and your worst score there's always going to be a range of 15 strokes. By the way, it's the same for PGA Tour players. Think about it. They'll shoot 62. Well 15 shots of their worst score is 78. Yeah. Right. Like or whatever that number is.

But yeah it's 78. So there's there's always a 15 to 20 shot range. Right. Well if you think about that in your business you're to have months that are 350. You'll have two months that are 350. You're going to have two months that are 150 and the rest of the months are going to be around 250. Like that's just what the numbers are going to be. So you can fight that and say, we got to have more 350 months, which you want to have. But the reality is, if I dollar, if I dollar cost average of this thing is whatever 275 is what it is. And so I'm looking at the numbers going, I knew there was no way you were going to be able to sustain this. Like I knew your numbers and I knew like we were going over P and L's and I knew your cash position and I just was like, you ready to fire? Like every month we like, have you decided? Then you were like, I'm going to Portugal. I'll do it after I go to Portugal. I'm like, oh fuck, I've seen this show. Like I've seen this before. And then we had a call in December and you basically said, I'm like, you really need to let people go. And you go, you're right. Okay. And then you were like, when should I do this? I'm like, tomorrow. And you're like, okay. And Carl had been after you to do that too, right? He knew it needed to be your right. He's right. Yeah, he knew what needed to be done. Our director of operations, he knew what needed to be done.

And frankly, he and a couple other staff members really, really handled it well and helped ah because it wasn't easy for any of us. ah But yeah, they knew what needed to be done. ah So that was a Thursday. was like a Wednesday because Thursday. We had a Wednesday call.

Yep. So Thursdays when that happened and then I was operating, I had a full day of like surgery on Friday. Surgeries on Friday. So I knew, I, we were, that was also when um you do need to empower your staff more. So that was, that was the time that I was, that you were going to do an offsite meeting with them through Zoom. Through Zoom, cause I couldn't make it up.

Without me there. So, cause it's, it is beneficial to not have you there all the time. Yeah. And so that was going to be the time we did it. Well. That was the time we did it, but it wasn't great for you and for Carl because that was the hardest day. was probably one of the top top three hardest days I've ever had in my business. Your team was not happy and then you were supposed to have your Christmas party on that Saturday and you guys canceled it. Yeah, that was tough. That was a tough one. Do you have a Christmas party this year?

We had a Christmas celebration in the in the office. It was actually very, very fun. Cool. More like a frat party was fun just amongst the staff. It was it was good frat party like.

Beer slides like beer among beer pong and stuff like that And Adam and I Adam and want Adam and I want you get people drunk and like put him in the MRI. that what you did? No, everybody got dry got driven home safely by Sober spouses or girlfriends or friends that's smart. Yeah So what happened after that you let all these people go this was a year ago, right? It was the body year and a half. It was December of 23 or 23 Yeah. Yeah. So what happened after that? Well, there was a really rough uh meeting that you guys had and then you know I had to face everybody on that Monday and just be a leader and be like hey own you know own up to what was I mean they kind of knew the people who were there were that who are left were truly you know all in and you know a couple had to be level set a little bit because they're just inexperienced you know they don't and you know some people had been only working just in general since college or graduating from whatever school for five years. This is like a huge shock to them. So they learned a lot and grew up a lot that day. And then we um reorganized a little bit. think we were concentrating on maybe too many things. So we narrowed our focus a little bit back to our beachhead, which if you read Matt's first book, what is it? The anatomy of a seven-figure medical practice. should read that book before you read his next one. um And he talks about a beachhead and we're both huge World War II buffs. can, anybody knows about D-Day, you'll know about a beachhead. But our beachhead was, is knee repair, not knee replacement. Even though I'm an orthopedic surgeon, sports medicine specialist, mostly knees and shoulders over the years and all these other areas, Matt said you had to concentrate on one area, like what's your beachhead? And so that was knee repair, not knee replacement. And um you can still do these other things, but you have to have one kind of niche that you, you, you, you, you, you land on the beach with first and you focus all your efforts toward. talking about like, how do we treat the knee? How do we inject a knee? How do we, what are the systems for advertising for knee problems? You know, how do we rehab a knee? So all your systems, because we started to get more into doing, getting our systems set up, it's easier to do for one body part than it is to try to do for let's do a back system and a shoulder system and this and that and the other thing, get your knee one done, get it all done, get it honed. get your marketing off for that. And then you can always, you're not gonna quote unquote, kick a shoulder out of bed or kick a hip out of bed, right? But you're going to concentrate on knees mostly. And it makes it much easier for training and messaging and all those things. So we started honing in a little bit more on that, because we were getting a little um probably spread out. Not that we don't wanna spread out a little bit more eventually, but right now, that's kind of what we're.

Concentrating on mostly so how's it going? Like how is I mean? know you're having good good months and bad months You're gonna have those but like how's this now that you're completely out of insurance. What's it like for you? Number one is very liberating. So it's great that part. I mean you feel do you feel do you have passion again for medicine? Yeah, and I mean burned out. Were you burned out? Yeah for sure. Yeah. Yeah, I mean I and I've Just I mean being in The journey to get there was super exciting, super exciting. So once you get there, you know how that is, it's like, what do we do next? Right? You got to have your 10x goal.

That was a 10x goal. That's a 10x goal, getting out of insurance. uh By the way, an orthopedic surgeon, single orthopedic surgeon, getting out of insurance after 25, 6 years, that is 10x. That's a 10x goal. Read the book, 10x is

easier than 2x. Now you got your 10x goal.

Now you got to go for the next 10x goal. And we've been, we've been struggling with that a little bit. Um, but not, not tremendously. mean, I mean, as I said, our 90 day goal, I mean, we kind of got, uh, January to March, we had this goal and, uh, we, think we improved on it. Uh, March to July, we had another goal. You know, we do these 90 day goals, but what we found was, know, cause we tried to get kind of cute with our marketing and everything.

But what you find is bottom line, it's still your existing list, existing patients, the existing patients referring other new people, and then doctors who know I can trust you, as I said. So it's the third time I've said that. But your existing list is huge. And if you're going to start with Matt, that's how you're going to first start. You're going to start with your existing list. You don't have to be worried and scared. It's really the first part is actually pretty easy. And then there's there's ups and downs. So right now, I think I'm in a bit of a transition uh phase But it's nothing we can't Like figure out or get through like get scaling and really getting our I think the marketing part and all that because you don't have insurance anymore to bring patients in it's not automatic right, but you've got to go through like a hundred patients to find somebody who's a good fit or 60 patients, right like no, no, so again I'm just talking about like if it's a general practice like the old school. I'm not talking today today It's like you get 10 leads in and like how many come in and buy Yeah, so I mean, I should look at our big board number here. But again, Matt gets you all these different uh ways to look at your business, like the vital signs. And so, you you got your leads, and then we classify our leads into avatar leads, our ideal patient versus non-ideal. And then we're constantly trying to work to get more of the ideal ones versus the non-ideal ones. And when I say ideal, meaning that age category we talked about, They have been told they need a knee replacement. They don't want one, that type of thing. Because that's our avatar. Not that if someone came in with their hip or a kid, we have a kid who wants to um qualify for the Olympics, has bad Achilles tendonitis, and he wants to qualify for the Olympics eventually. He's like 31. I call him a kid. the point is, regenerative medicine works for all kinds of different areas, et cetera.

Pricing, Patient Avatars, and Regenerative Medicine

But our avatar is that age category that we just talked about. em And so working toward getting more of that type of a person in the door, then we also, we don't just let people come in. We kind of did something similar to what the functional medicine doctors learned. You're still doing the thing where they come in and they do an evaluation? Yeah, so another thing that we learned, you know, being in Matt's mastermind, Mavericks, is, you know, there's a lot of regenerative medicine doctors in there. So some of us are orthopedic surgeons, sports medicine doctors. but you also have your pain management doctors. You also have some other non-operative doctors who are doing regenerative medicine, and then you have the functional medicine.

They're doing more like the hormone replacement therapy, the peptides, et cetera, and your goal was always to meld those together, which that is another thing that we're working on.

um And so ah I learned from them how they um have patients come in because it's… Yeah, they do like a lab, right? they order a lab panel and the patient, first of all, they order a lab panel and they pay a certain amount, X, Y, or Z for it. And then the patient's going to come in and review that lab panel. So number one, the patient's going to show up because they want to for the follow-up appointment because they want to know the results. We kind of do the same thing. don't. And for the record, the functional people are charging like $2,500 to $3,500. The cheapest is Rob Powers at like $1,200 or something like that. Yeah, so we basically have the same range to get somebody in. mean, we call it a clarity day or comprehensive diagnostic evaluation. it's $3,500 and they come in and they spend at least an hour with myself or my PA or my orthopedic PA, Alison or Jordan, and then get a very history, look at all their old records, get x-rays, do an ultrasound, do an MRI, especially to look for bone marrow lesions, which cause a lot of pain that people miss. They get a full one hour total body fitness evaluation. um And a lot of people who have knee pain actually have a problem with their back or problem with their hip or whatever the upper body can affect the lower body. So we treat the whole body. The team will get together. We'll talk about what we think the plan should be. We'll even talk about it front of the patient. Then I'll sit down or Jordan, my PA or Alison, our RSPP will sit down another hour and go over all their goals, all the questions that you provided for us. go through that list of questions. um And at the end of it, we want to figure out what their goals are. and you know how really ready they are to go through a program and then we give them usually three options. You know, well, they always have the option of doing nothing and they always have the option of surgery.

Right. But we give them three regenerative options, programs, like a good, better, best, frankly, and um they can choose from those options. So I would rather have someone say no than maybe. And you've taught us that, which is very important. Maybe it's just I want to tell you, no, I'm just too polite. And it takes too much time going back and forth. So I'd say I think it's 68 % and it was a fluctuates but it's about 68 % of people choose one of those three programs and go on. So of the people that pay the $3,500, 68 % are buying. Yeah, it might even be more than that. We've had months where it was but I'm going to say. How hard is it to sell people a $3,500 office visit? Well, that's the thing. So you have you have your avatars calling or you have people calling and then you have the front office has to know how to have scripts and things like that because You need to know what you're saying. So everybody's saying the same thing, one voice. But that's kind of the semi-hard part if it's someone completely cold who's never heard of us, right? They're just calling. um But that's where doing all the social media comes in, because a lot of people see us on social media or go to our website or hear me on a radio show or a TV show or something like this, a podcast.

All these things, the more you talk about those stages of awareness, you the customer journey, uh all those things. The more educated they are before they make that phone call, the more likely they are to, know, sometimes they just call and say, I want to do it. don't care.

know, you blah, blah, blah. But other times they like we had somebody call the other day, talk to Jamie and she heard us on the radio and Jamie went through the part that we don't accept it currently, incept insurance. And the lady said, OK, this conversation hasn't hung up the phone, but at least it didn't waste her time. But she's not done because she's not going to get the results that the results that you want. So it's just a matter of time. And some of those people come back. Yeah. You know, right now somebody is listening to this and they're about ready to veer into a ditch because they they're like, did he really say he charges $3,500 for an office visit? Yeah, but it's a whole day too. It's like four or five hours.

That's the thing I want them to get. It's four to five hours. Now, have benefits that like other people don't. You've got the open MRI. You've got the PT. You've got all that stuff.

can do all these things. even if you're just doing ultrasound. Yeah. Oh, yeah. Right. In a basic physical exam, you could charge We have people that'll charge 500 to $1,000 for that. Yeah. I mean, you can charge whatever you want. I think it's fascinating that 68 % of the people, it doesn't surprise me that 68 % of the people convert after the $3,500.

about it. Yeah. If someone's going to pay $3,500, most are going to, most of those people are probably going to be more likely. And what's the average, what's the average transaction value on that? What's your, what's the average package price? The average transaction value ranges. from probably 15 to 20,000. 15 to 20,000. And this doesn't include no functional medicine yet. We're not doing anything like that. No, not yet. Or ozone, which… Ozone's great.

Yeah, ozone's fantastic. Have you met Frank? You know, yeah, you met Frank. yeah. Mastermind. Yep. Yeah, Frank's great. I'm gonna go to one of his… You're gonna go to Reno? I'm gonna.

I'll see you there. I'm always in Reno. I'll probably… The next one's in October, I think. I'm… we're gonna… plug that out for you, Dr. Schellenberger. Yeah, Frank Schellenberger's the best. If you want to learn ozone, he's the godfather of ozone. For sure. He's the godfather of a lot of things. There's a guy who has taken some serious arrows for 30 plus years, know, 35 years. mean, like, basically got ran out of California. Like, they're like, get the hell out of here. That's why he wound up in… I'm like, how do you wind up in Carson City?

He's like, well, I was in California and the medical board was basically running me out of town. They were threatening to take my license. He said, screw this. So we went to Nevada.

He goes, I didn't want to be in Vegas. We came to Reno. Have you been to Reno? Never. You're not missing much. But Carson city is great, right? Like it's whatever on the other side of the hill or whatever it is. But yeah, Reno's an interesting place without a doubt. you know, it's, it's just an interesting place. Good one. We're there. We'll have to work to find a good steakhouse. me just do that. Really? Geez. Yeah. But well, so that's October. October. Yeah.

Yeah, he's fantastic. What did your peers think about this? Oh, I've gotten some I've read some interesting office notes from a few people that were like, know, just really just said some terrible things. Now, what's interesting, what do mean office notes like, like, so so someone who saw us and then went to this other doctor who does knee replacements or whatever standard surgery and said, Hey, I saw, you know, Dr. Polly's office or victory in motion home of New York parent on your placement. went there and they They said that they could do this uh program with me and it's X amount of dollars out of pocket because insurance doesn't cover it. then I read the note, I can't believe a colleague of mine is doing this type of thing in the medical notes. Who does that? Because then as the patient come back and you see those medical notes? Are you serious? So I've seen some of that. Have you got a lot of shit? Well, not a lot, but I've seen that. And then now, but what was more interesting is recently, I think it's because we've been doing uh radio advertising too, but recently I've been getting referrals from other orthopedic surgeons or their PAs or their nurse practitioners. You know why? Because, I mean, there are patients who just don't want the knee replacement. They don't want any more surgery. And when a patient's in your office and you have nothing to offer them, you feel terrible. So I think in some ways they're like, very getting excited that, there's another option out there. I don't know it yet. I'm not going to probably ever going to learn it. But go see Dr. Petropoulou, go see his office. And we've had more of that recently, which is really kind of cool, I think. You know, I'm always fascinated by the industry, right? Because if you know, orthopedic surgeons are clearly the best of the best. And I'm not just saying that because you are one, right? But like you made it off Survivor Island. I mean, You what are the other tops? did a post on that. think neurosurgeons near well neurosurgeons will tell you they're the best by the way any neurosurgeons that are listening we understand you remember the end that post like who would you want to hang out with an orthopedic surgeon or a neurosurgeon? neurosurgeons As that was the as dr. Roddy McGee says uh bone broken bone fixed. What do need to know? All right, you know, so You know We don't even know if the neurosurgeon worked. Um, you know, I do love neurosurgeon. do too. Yeah, I just but You know, they're, but it's, you're so trained to just do a thing a specific way.

It's just become an assembly line. Yeah. I mean, do you, I mean, people that you did fellowship, you did your fellowship with, or like within that group within Birmingham, what's it called?

The Blind Squirrel Club? is it? Blind Squirrel Society. Blind Squirrel Society. Like, do you get a lot of shit from those guys and gals? Well, I'm going to be at the sports medicine meeting in Nashville on Wednesday. I will. I will find out and see. But in general, no.

But more locally, yes. But I think, I know, I just think that's, it's not necessarily their fault. There's a lack of understanding. And I probably would have thought it was crazy too, frankly, uh five years ago or 10 years ago, frankly. But they are universally exhausted and burned out and not happy people either. Even the orthopedic surgeons, which is, I mean, are getting less and less happy. I mean, we know primary care has been just decimated.

Yeah, they have no job satisfaction whatsoever. Orthopedics, it's better, but it's gone a lot downhill and universally. How hard has it been from an identity standpoint? mean, it's in your name, it's in your title. I know you still do some surgery. How hard has it been to give up surgery in that part of your identity? Well, for me, it's not that hard because I did it for 25 or 26 years. And so I'm thankful. I'm thankful for that. I mean, there are, if everything was perfect and I'm in the OR doing a case and I have the like an experienced staff with me in the same, like what Dr. Andrews had, uh if I had that every day, it would make it a lot more tolerable. But this turnover in the ORs and the delays and the wasted time, it's just not fun. It's just, it's not. efficient, it's not fun, even though the surgical part of it is fun. And I do love I still do love that. And the cool thing about being in the operating room, it's like either like if you're in the shower, or you're in the bathroom, or in the operating room, no one's usually going to mess with you. Yeah, like you don't get phone calls, right? It's pretty good. It's pretty it's good. Those are good times. Those are great visuals. No, I wasn't Nobody can mess with me in the most part. I let's go through the fraternity.

Yeah, then they would do the ice water dump over you. Yeah. My god, I was part. No, that's for you. So what do you think's gonna happen? I mean you're We're dealing we're looking at the numbers um You know, there's this massive number of doctors that are 55 plus that are burnt out There's not enough doctors coming in. We're 125,000 doctor short last time I saw last statistic I saw. What's what's gonna happen? Like, what do you would you tell would you tell I know your son's a lawyer, but would you have told your son or would you tell your daughter if they wanted to go to meds if they wanted to become a doctor? What would you tell him? I mean, I would I would

tell him like I tell anybody. I mean, I'd still say, you know, whatever you think you want to do, it doesn't matter what it is. Like Don't listen to what everybody says, et cetera. Go for whatever you want to really do. So because I do have a lot of students come through my office and they're like, well, you I'm like, you got good hands.

If you thought about becoming a surgeon, they might be like, ah well, no, I just want to do the PA thing. It's a couple of years. It's only a couple of years and I don't have I won't have as much debt and et cetera. Like, well, why don't you at least try, you know, go go try and we could use good good. We need good doctors. Right. No kidding. I mean, so I still strongly encourage it. I mean, it's people like you, people like myself, people like all the people that we know are slowly changing things and for the better. I don't know if RFK is going to or not. I haven't really kept that much track on it, but I haven't seen a ton of improvement yet. But I hope that things improve. It's coming slow. I mean, in my mind, his hands are a little tied. I mean, in my mind, the bottom line is I think what has to happen is and people may think I'm crazy here, but this is my own thoughts and everybody can have their own thoughts. But I think when you're born, you should have a health savings account immediately. Yeah. Okay. Yeah. Absolutely. And then obviously if there's people who can't afford it, et cetera, well, the government's already paying for Medicaid and all these other things. So fine. Fill up that person's health savings account and put a certain amount in each year. For the people who can't afford it, they can put in, they have to put a bare minimum in each year, but then you can put in a lot more and you can also donate. Like maybe there's you know, you should be able to donate to people's HSAs or there should be some maybe regulation of how that's done. Whether it's a private company or it's a government company or government uh organization, that probably wouldn't be best. But they could uh help fund people's HSAs.

But then when people pass away, they could donate that money to their kids or to their grandkids or it down a tax free. Yeah, like I mean, and you should be able to put in a lot of money tax free into an HSA, but it can only go towards medicine no matter what. no matter what. You can go to preventative if you want to do Regen. Right. So and then you have catastrophic insurance.

So you're going to need, you're not going to have enough. If you get in a car accident and break every single bone in your body, you are going to need, there's going to need to be catastrophic insurance. But I think there should still be catastrophic that is, um that is uh covers major medical expenses up to whatever. And then all the other stuff can be done through the HSA. maybe that's stuff that should be taught in school and everything too. Like, doesn't even get taught in school. RFK has said, you know, they get like one nutrition class now.

He's requiring two semesters. What do you think of that? Well, there you go. I mean, that's I think they're requiring it to keep their accreditation. it depends on what you're getting taught and who's teaching it to.

Future Growth, Training, and Closing Thoughts

Well, let's just hope the food companies aren't in charge of the nutrition classes. Here, eat these Cheetos. It's just so bad. ideally, yeah, that's good.

I mean, there should be more practical stuff taught in school. Like all the Home Ec stuff and all that stuff. I don't think they do any of that anymore. learn how… Just in general like how to balance your checkbook and stuff like that like just in general high school or yeah How to take a needle and put a button on a on a shirt or you know? How to use power tools and regular tools that would miss I would have failed that class Very good at power tools as you know we used to do some crazy stuff and shop yeah, oh no I remember yeah I remember like you know I had wood shop remember that like you the lamp and everything like that put on the lathe I was great Yeah, like I'm surprised more more of us didn't get killed, but it didn't happen, right? Yeah, remember that? Like, there was always the one kid, because you were taking the wood blocks, remember? And he had to, put wood glue on it. And then we'd get, like, all gooey, and then, like, he'd run his fingers through the hair. Remember that? And then you, like, stick their head underneath. But yeah. That was you, wasn't it? No, that wasn't me. That wasn't me. Like, I remember everybody, every, if you had it first semester, it great. You had your Christmas gift for your dad. Yeah. How's that? You'd give him that?

Of course. That checkerboard, like, you'd give him a, like a checkerboard lamp, and you could put the lamp in there, and they'd do that whole deal. Was the best. Still a stepping stool that I have that I made. Yeah, like, you

know, I get worried.

I get worried. had this conversation. was in Columbus at a noob's, a noob had a housewarming party. he invited me. So I'm like, sure, how the Yeah, I'm going to show up. So we were talking, I was talking about this with somebody and she is, she's a big fan of functional medicine, but she's like, we have to make it more and more affordable. We have to make it more and more affordable. And I was explaining it to her. said, look, I agree in concept, but the only way you're going to make it more affordable is if we drop the costs and the costs are the costs, right? Like when you went through your costing, with your bookkeeper accountant, CPA, you were shocked at what your expenses were, right? Like as it relates to it? Very much.

Like you had to really massively increase prices, didn't you? Yeah. Yeah, I mean, you tell me, but bottom line is figure out, I mean, just a simple way to do it. Figure out what your costs are completely and then charge 30 % more. Is that reasonable? So yeah, your fixed costs can't be more than 30%. But yeah, like… you should and then you got effect on all your other costs, your fixed costs, your malpractice, your rent, your utilities, all of that. And then, yeah, you should have 20 to 30 percent profit margin in there. mean, there's how else do you bonus your staff? How else do you invest in other things? mean, you mean, retirement?

How do you pay off that? How do other how do other I mean, what's the what's just the industry standard on on charging over costs like. It doesn't have to be in the medical business, but is it 20 or 30 percent over? Well, it's whatever the market's going to pay, but I mean, what's the I mean, 20 to 30 percent. I mean, that's kind of average, right? Yeah, 30 percent, I would So why would anybody get upset with us for charging what we charge? So what would you say to people that That's exactly how we figured it out. Right, what would you say to people that go, doctors should not be charging, they shouldn't be making money, they shouldn't be profitable? Well, first of all, well then you go out business, and then that's why the healthcare system is where it is. That's why you have burned out doctors. That's why you have seven minutes for the average visit. Are you kidding me? Come on, if that's what you still want. When you're over 60 with a swollen prostate, it takes longer to go to the bathroom.

Yeah. If that's what you want, crappy healthcare, fast crappy healthcare without a lot of options, then keep pushing doctors out of it because you're right. Not as many are going to med school. um Now crappy healthcare that's four times more expensive than the rest of the world.

Right, exactly. gets the worst outcome of the industrialized nations. mean, it's just, it's insane. It's absolutely insane. is that? Because of big pharma and insurance companies. Sorry, but it's true. You don't have apologize for selling the truth. companies make trillions.

Yeah. Okay. Big pharma makes hundreds of millions or hundreds of billions, me, hundreds of billions. insurance companies make trillions. On you. Nobody else makes trillions. um UFC. Big pharma doesn't. People get pissy about big pharma insurance companies make trillions. I'm sorry. Yeah, they do and they'll deny it and this that and the other thing baloney That's because they control the pharmacy benefit managers to make more money off the pharmacy benefit managers and then they the interest Totally plenty which is supposed to be illegal by the way plenty of plenty of good podcasts and information and research Have you listened to maybe listen to bring a Bueller? Uh, isn't it great? Like how he's just exposed. I met him down in Vegas.

It was he's great guy I mean What has happened in this country, and I think it's hilarious that people run around talking about, it's big pharma, it's big pharma. That's like, they're pawns. They're complete and total pawns to the insurance companies. The insurance companies- It insurance first, for sure. Oh, they're like the five families in the New York mafia back in the 50s. I'm sure I'll get a letter on that one, but I don't care. Big pharma's up there, but it's- the insurance companies for sure. Big Pharma is like the Carpenters Union. Like they're controlled. Either the insurance companies own pharmacies or some pharmacies own insurance companies. It's just, it's terrible. Can you imagine if, and you know this is going to happen, you know at some point one of the health insurance companies is going to have so much money they're going to offer to start buying Big Pharma and the pharmacies and they're going to control every channel and Congress, Washington will let it through. They won't have an issue with it. They'll be like, oh yeah, that's fine. It's going to be great. We have our own version of Americanized. single payer, it's just five of them that control 85 % of the market. It's horrible. And doctors are over there. So you think doctors will revolt at some point? You think that it'll reach a point where they're just like, is ridiculous? Are we

there? Doctors inherently are not um like that. go into very empathetic people. go into medicine. I mean, I truly did go into medicine to help people. And I have a lot of students who come through and I tell this story. When I was interviewing for medical school, I was told by tons of quote unquote advisors, don't when they ask you why you want to go to medical school, don't tell them because you want to help people. I'm like, that makes no sense. That's why I'm there.

That's exactly what I want to do. So what were you supposed to tell them? I don't know. Like, I'm not sure. don't tell them that. So don't tell them that you want to help. So yeah. So I tell all the students, said, like, you better want to you better want to help people. That's why you go into it. And and be proud of that. And I mean, with all these, you know, we're helping people's own body heal itself, which is amazing. And not needing a bunch of drugs and artificial things that have all these side effects. PRP has no side effects. It's your own platelets. We're taking your own platelets. We're like, people say, thank you so much, Doc. I'm like, I didn't do anything. Your body healed itself. I'm just helping your body heal itself. Like, I didn't do anything. Yeah, I, yes, I did. learned how to, you know, all these different ways to harvest it and et cetera, but still it's… when it really comes down to what actually is happening, it's your body healing yourself. So thank yourself. And I got people who've lost 130 pounds, come off their medications. Isn't that great? Yeah, like they don't need those medications with a lot of, no, either way, I'm not telling people to go off their medications on their own. And Matt's not saying that. And obviously listen to your own doctor. Yeah, do not take medical advice from me. The point is that there's a lot of unneeded medications out there and that I think everybody can agree with well there's there is not one I I Can't I cannot justify in any form of the benefit of somebody being overweight Like there's there's none like remember like a couple years ago people like oh, it's fat shaming like you can be as big as you want I'm like mmm. That's really that's like saying go ahead and take as much heroin as you want. That's bad. I agree you can say in a way that as a positive way like if we can do this, this and this, it's going to lead to lower blood pressure. Yeah, better food supplies. Better sex drive, everything. You can think of everything. It's going to improve all those things. so it's just the way it's framed, but some people like to always go negative. Yeah, no kidding. What do you think? Do think there'll ever be changes about the way that they train doctors? Because how many hours were you? When you were in residency, how many hours a week did you work out of 160 hours?

Yeah, definitely 80 to 100. I think they're limited. Is it limited to 80 or less? I think it's 80 or less, like weren't you working more than 100? Yeah, at times for sure. You think that was a good system?

How do I put this? I think that, well, all I know is I wanted to go into orthopedics. I kind of wanted to be a sports medicine. I knew you had to go into ortho. But as I got into medical school and I saw the differences of the personalities of the doctors, I definitely wanted to do orthopedics because even if it was 3 a.m., they were kind of always joking around and having fun and whatever. Kind of like that. the Band of Brothers. Yeah, yeah.

know, coaster movie. Yeah. I mean, just kind of like it was just a band of brothers. So and and there were some sisters in there, too, which we had. And they were they were tough, just tough, fun, hardworking people. ah So I think there's it's like dose. It's like a dosage. You can overdose or you can under dose uh and so too much Training and not enough sleep, etc. Etc is not good But too little is not good either and I don't know as though I think they got a hundred hours is too much I think 40 hours is probably too little. Yeah, I think they've got I think what's happened is though sometimes it's like they're counting the clock exactly and it's like You know, you're in the middle of a surgery and you have to leave. that's the Yeah, that's the training. Now someone comes in, and it's been going on for a long time actually, but someone comes in and relieves the resident.

That's why a lot of, a lot of doctors just have PAs and stuff like that because they can stay for the whole thing. But like that, to me, that's not really good training. So I'm very happy with the training I had. Was it hard? Yeah. But I was like, by the time I was done, super confident, super, like nothing fazed me. That's what you want. You don't want a doctor coming. I mean, there's doctors who come out of their residency who don't know how to do surgery. Like what? Wait, orthopedic surgeons? Yes. Come on. Absolutely. We had a guy. It's in the name. I'll leave it. I'm not going to say where it was. It was a school in Pennsylvania, a very prominent school, um very high up school. Did his uh medical school there and did his residency there. And he came to uh the fellowship with Dr. Andrews in Birmingham, Alabama. and he didn't know how to operate. said, he goes, I came here to learn how to operate, which he sure as heck learned how to do with Dr. Andrews. We all did. like we knew how to, like he hardly did any surgeries at all, which is terrible. Like that's just a joke. And there are places like that, that the doctors just, I think

even just if you don't even scrub in now and you just watch a case and don't scrub it, I think that counts towards your hours now, which is a joke. You got to be like, you got to be scrubbed in doing stuff. Yeah, like you can't just be scrubbed in. Don't you have to hold the scalpel like Syracuse Upstate Medical University, man, we just we really learned how to do surgery. So we went did our fellowship. We didn't need to we didn't really um need to learn how to have good hands. We just had to learn how to use them in smaller poke holes and the arthroscopic stuff that Dr. Andrews did. But yeah, some some and it's still like that. And point is, the less hours that they're actually engaged in the residency program, the less training they have when they come out. there's some stat. I don't keep track of this stuff that much, but I heard it somewhere where there's a uh fair amount of orthopedic surgeons who come out who are not trained. That's mind blowing to me. That's absolutely mind blowing. So they're learning on the job. They've seen a lot, but… I really don't. Yeah, there's very few things I want to learn on the job.

Maybe my golf instructor, not my orthopedic surgeon doing my knee replacement. Somebody's probably gonna rip me one for that, but it's true that it's there. know what? There's some there's that doesn't matter mark like you know what let's you know, we can't Can't we got to fix the system? So what does the future hold? What do you got on the horizon for you and for the practice? ah Well, I uh I do want to What for me I think? getting even more Facile and in depth with the the financial part of things and how the whole practice runs. So what we did last 90 day quarter was we mapped out our entire patient journey from literally from marketing to just a regular phone call coming into just every type of thing you can imagine. The whole process, the phone calls, everything, it's all on Vizio's. So, and then you click on the box and the box has like a summary. Written. That's so cool. And then it has a Vizio and then it has a video. It's not 100 % done, it's 80 % done. 80, 20, we still got to, I mean, probably even more than that, maybe 90. But that was our 90 day goal and Carl led the way there and did a great job. we, so we knew that the business growth was going to slow down a little bit to get that, we got to get that, you know, honed. And so, and, and, and, um, you know, from past people who've come through that, know, very well who have experienced what we do and we're trying to make that uh uniform. um And so then this 90 days, I'm going to really learn more about the, I know this is kind of boring, but you need to learn this stuff. More about the financial and the reporting and how all these things, all that's done. But then more, um probably after that is more getting into marrying the functional medicine with the Regen. So getting the hormone replacement therapy and the ozone fascinates me. So I'm absolutely going to learn about that. ozone's great. By the way, it's how I discovered I was allergic to heparin. That's amazing. All the PRP procedures I've had. Wow. I've never had BMAC or adipose. So yeah, I was at Will's getting my first ozone and I turned, I mean, I'm beet red to begin with. Like I imagined me being even more red and like my whole face was itching and you can't move, right? Because you're getting, you you've got IVs running in and out right they're taking it out one spinning it puts it in the other so you can't scratch your nose and everything was itching and he wakes he goes Taps me because my eyes were closed I was trying to like meditate and get through it and he goes are you allergic to heparin and I go not that I know of and he shows me a mirror I'm like I guess I am give me a syringe like this big of like yeah, yeah, yeah, right Benadryl or it you have to You have to coagulate anti-quagling. Yeah, so I don't know what we'll do next time.

I haven't had one since but yeah, no, it's great. Well cool Any final thoughts? What would you tell someone, what would you tell your younger self coming out of residency and fellowship today, if it was today? What would you tell a young orthopedic surgeon coming out today?

Honestly, that you could start out without insurance. You really could. I frankly think it would be easier if you had the right mentor. So if you took someone and maybe I helped them and maybe Ariana helped them, they could easily, you could easily start out. without insurance.

uh I know that sounds crazy, but you absolutely could. uh I think that's like next level for you probably, somewhere down the road, your avatar. that is an avatar. We're already getting them. They're already coming out. Going out of one. We're getting them PM and ours are coming out going. I don't I'm not going into the system. What do we there's that one guy who just the Eisenberg. Yeah. Yeah. So he he's only like what a year or two into ended practice or he was like a year in a practice not even that and he's leaving. He's leaving the big practice in August. So that it can be done. It can be done. What I would what I would recommend to anybody out there is if you're burned out and you're tired of the same old thing and tired of especially if you're employed by a hospital or something like that contact Matt because like I said It was the best investment I ever made and I'm very happy I made it. And nothing's easy in life. there's nothing that's easy in life, but it's way more exciting, way more fulfilling. And I have gotten a lot more free time back to spend with my family and in my garden and all those things.

Grandkids? Yeah, grandkids. Got another one coming. Do you really? Geez, man, they're getting after it. Well, it's Mark and uh Hannah. Really?

Oh, well, you're gonna have to get me caught up on that then. Mark, you're on the podcast. We're not going to talk about on the podcast. Don't worry about it, Mark. We're going to save you the embarrassment. cool. Well, thanks for coming in, brother. It's good to see you.

Appreciate it. Yeah. Thanks for all the kind words. Thank you for everything that you've done for me. Seriously. You're welcome. Appreciate it. It's our pleasure. All right. And if they want to find you, by the way, give them your website just in case. Yeah. www.victoryinmotion.com.

right. Yeah, and he knows how to repair hip too. So there you go. That's true. All right. Thanks everyone. Appreciate it, Mark. Thank you. Yep. Bye bye. If this episode got you thinking differently, hit follow and share with someone stuck in the system. Please leave a review. It helps us grow. more? Visit MavericksProfitSystem.com to schedule your free discovery call and explore how far your business can go.