From Podiatry Medicine to Management to Mergers - Dr. Mikel Daniels on Healthcare Leadership Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Dr. Daniels' Background

Welcome to Healthcare Business Growth Conversations. I'm your host Rakesh. And today I am joined by Dr. Daniels, a physician who made the unique leap from the exam room to the boardroom.

He currently serves as president, CMO and managing member at We Treat Feed Podiatry, and multi-location practice with clinics across Pennsylvania, Maryland, Washington DC with both a medical degree and an MBA.

Dr. Daniels has been on the front lines of clinical care and now leads on a business side through managing clinics and driving mergers and acquisitions.

In this conversation, we will explore his journey, the lessons he's learned in leadership, and his perspective on future of healthcare management. Whether you are a clinician or an executive, you're simply fascinated by the intersection of medicine and management, This episode is for you.

Welcome. It's a pleasure to have you on the show. And I want to thank you for accepting to appear as a first guest in our show, thank and welcome. Thank you Rakesh for having me and I guess that proves you have no place to go but up.

Yeah. So the first thing when I met with you, I was not fascinated by your clinic side or another way you are doing business. The one thing that got my attention was your MBA degree.

So I just wanted to understand what inspired you to get an MBA? Did you get it before getting into the management side, or what is the story behind that?

Well, I mean, it's kind of a development that happened over time. So it started here in my current practice in 2002. When I finished residency and I had a senior doctor had been here for about 30 years by himself.

And two years later I was making more money than he was. So I took a pay cut and became a partner. Two years after that, I bought him out and it started to grow.

Right around 2008, 2009, when we hit for the first time a million dollars in revenue, I don't really know what I'm doing here because, you know, I, got no business training in graduate school.

I wasn't economics minor in college. So if you want to talk about isoquance or Lafferter curves, i'm your guy, but that doesn't help you much in business.

Um, so I decided that I needed more education. And so, uh, went and enrolled in a, in an online MBA program because I had to do it while I was still working.

um, and I finished that in 2000, 2014. Uh, and when I got done with that, I took another look and I realized, wow, really don't know what I'm doing. Um, cause I wrote my, uh, my capstone project on my own practice.

Oh, you know, And I kind of started to build from there. It's, it's unique in the sense that it like speaking two languages. When you go to a hospital these days as a staff member, everybody who runs the hospital, all the admin people, they're basically all business people.

Whereas when I trained 25 years ago, the hospitals were run by doctors and the doctors were the people who were chief executives. There was a finance guy who was the business guy, but he was almost like the token guy in the

boardroom because everybody in there pretty much were docs.

So now you go in and you see that you have these two, and I think warring factions is probably accurate to say, where you the doctors who care about the patient care and then really care themselves at the end of the day, because again, nobody's working for free, right?

And then you've got the hospital business people who don't understand what caring for patients really means and are bottom line oriented because their jobs depend on it.

Why He Pursued an MBA

So when you go into meetings and these two people are clashing and they're clushing because they are not even saying the same thing or arguing about the thing, it becomes kind of funny to sit there and, you know, smirk to yourself about how, they can't see the other side because their not talking about same things.

And that's where I think this kind comes in handy. You know plus it gets me some street cred and I got nice letters after my name on my email signature.

So it's all the fun perks of that sort of stuff. And as you pointed out, you were interested in it, so clearly it's an interesting point of discussion to bring into focus whenever I have these conversations.

Yeah, yeah. I know that was the one thing that stood out. And I'm like, okay, wow. I was a little bit on my toes when I talking with you during our early days of conversations.

When I put up a, I think a sheet, Google sheet with all the numbers, you just glanced and then you got the story behind those numbers just within a few seconds.

I wasn't only surprised, but I'm happy because it would be challenging working with and also it will be fun working. That's what I wanted to say. I was going to say, you know from business school that if you can't put it on a spreadsheet, You can discuss it.

Definitely. So like, while you are transitioning, right? Like, just from the physician, maybe whenever you decided to get your MBA, did you face any skepticism either from maybe a self-doubt or skepticism from peers?

How did it go at that phase for you? So I had a lot of self-doubt. You know, as I said, I was a full-time working physician and the program I did was competency-based.

So, would come home every day after work and sit at my computer and basically write for an hour or two. And then I'd spend four to six hours on Saturday and Sunday writing to get this thing done because that's all you did.

That was good way for me to learn because I learned by repetition in writing. I actually got a little out of it. It was so skeptical of my ability to do it and to finish the programs that I didn't tell my wife until I actually enrolled, and I wouldn't let her tell anybody, including our kids, because I wanted to make sure that I wasn't going to give up and quit in the middle.

That's not usually my personality, but it is a little skepticism on my part. And for the most part, I really ended up enjoying the program. It was really kind of neat.

I have a liberal arts degree for my undergrad, so the one thing they taught me how to do was they'd taught how me to write, And, you know, it'd be funny when you'd see examples of projects and patients, people would have two or three pages and mine was 14. So, if you're going to do it, might as well overdo it kind of thing.

You know when I didn't really discuss doing it with my peers, I had a few very close friends who knew. Not all my friends do. And I think more after when people found out it was kind of a, again, it's, like, an impressive thing that people think of, which, you know, I didn't do it to impress anybody.

I did it because I wanted to know what was going on and I want to be able to grow my business in a responsible way. But yeah, people today look at it and it does get me a little bit of little higher level.

People speak to you on a different level, We have the same thing with patients. You know, you have to explain medical concepts to people who are not medically trained and you want to do it in a way they understand without insulting them.

And it's kind of the thing, in the business world, when you talk to non-business related people, as well as I do, is you start talking about quick ratios and net present values and people are like, oh, what?

I don't know what that is. Even some MBAs don' know that it is these days. But, you know, again, I think, all of school for the most part is basically just learning the vocabulary.

Some vocabularies are more difficult than others, but, once you kind of understand, it makes a little bit of sense. And this kind will gel eventually into the private equity conversation that I we're going to talk about.

Yeah, yeah, definitely. Looking back, what skills from being a physician helped you the most in your business journey so far? Well, I think the idea of being able to get through, you know, professional school.

Yeah. For me, it was psychiatry school, taught me how to not only time manage, but budget and accomplish the most important tasks first. As I said, business school is easy because all I do is write.

I mean, I wasn't studying for tests or doing anything like that. So it was really easy for me to sit down because I could do it as much or as little as I wanted on a given day.

And occasionally I took a day off. Couldn't have done that if I was in one where there was exams. Being able to do it this way is really kind of what propelled me forward.

And again, you know, every once in a while I sit around thinking, I should go get a degree in finance, but you get too old for that. Got it. So now right now you're building and managing clinics.

I just want to know the lessons from the ground in operations, right? Like, you know, whenever you sit in a boardroom and it is in the clouds, but whenever, just go onto the grounds and then see the day-to-day management.

So now from your perspective, what are the biggest challenges that you are facing in running a clinic beyond patient care? So obviously the most significant, I think, in any sort of medical business these days is, you know, our falling reimbursement and how even when we get small bumps, they don't keep up with inflation.

And we are estimated 75% down from where we were if we had been indexed for inflation since the 80s as far as reimbursements for services. So the hardest part about running a medical practice is that money is a dirty word in medicine.

Nobody in medical wants to talk about dollars.

Self-Doubt, Learning, and Physician Skills

from when you're a doctor. You know, I often tease that, you know the staff thinks there's a tree out back and every payroll period I go pick some money off and hand it to them, and fail to understand that the patients are what pay them.

And the services we provide for our patients, are how we keep the lights on and how they feed their children. But you've got to be very, very careful because it starts to look like you are pushing for services that aren't needed when that's not the case.

The case is we need to make sure that we're providing for our patients all of the things they need, to remain healthy and stable. And in my case, since I primarily do wound care, I have to preserve limbs and lives.

And that takes, it takes a lot of multitasking and a lotta different products to be able to get it there. It's not just as much as sitting and them giving them advice and walking out the door, which we call an evaluation management visit.

If you're just doing that, you are probably not only short-changing the patient, but you also short changing the practice. Yeah, got it. So that's what fascinates me, right?

Like, you know, your still practicing while managing the clinics. Can you share a decision and how that improved both patient care and the financial outcomes for you?

So what we've been doing, or my whole philosophy during practice has been to continue to bring into the practice different service lines of items that we had referred out.

The latest thing that brought into our practice is we started to do compression garments for patients with lymphedema or venous insufficiency. ulcerations.

You know, before we used to just say, you know go get them or here's a script or go on Amazon or whatever. And the problem is, is you, know patients couldn't find them, patients could afford them.

They're huge compliance issues. So we brought that in, which generates dollars for the practice and is really helping our patients because now we know they're getting the right things and we're going over with them how to wear them and were making sure they understand and it's really kind of improving patient care while it also had a positive effect on our bottom line.

that's an excellent thing to do. So, yeah, like on the same line, you know, whenever, if you see it from the clinical side, now you think of excellence, how can you achieve the excellence on a clinical site?

But on financial side definitely, as you said, we've got to find the sustainability first. How do you balance between clinical excellence and financial sustainability in a day-to-day decision?

Well, I mean, clinical excellent comes first, there's no ands, and ifs or buts about it. we don't take care of patients in an appropriate way, then there won't be any financial stuff to take of.

So, you know, aside from the fact that, it's a moral obligation on our part to do it, clinical excellence, patient care always comes first. I tell the new doctors is provide for the patient, take for care for patient and then we'll figure out how to make money off of it.

Because again, You can't make money off of people who aren't here. So you got to take care of them or we got close the doors. That being said is, we want to make sure we're doing this in a cost-effective manner and we are being good stewards with the reimbursements that we were billing for.

Since you are on the operational side and now you're taking care on clinical side, if you had to give one operational principle every clinical leader should follow, what would it be?

So when it comes to operational excellence, I always say, you know, You have to make sure that you have the right people, because you just can't teach nice.

You can teach people what to say on a phone. you can Teach people how to file something. If you don't have nice people, you're going to fail. Nobody wants to be barked at.

And if you have somebody who brings their home life to the office or wears their heart on their shoulder, that's a problem. Because at the end of the day, we're here to help people.

But by the same token is, is we are here, to save limbs and lives. So, if nobody's here we can't do that. It's really that simple. You just can teach nice.

So you've got to hire it. That would be a great suggestion on the operational side. Now, that's a good thing. I think you got enough of building and managing the clinics every day while working as a physician.

So I also know that now you're expanding. When we started working with you, I believe you were like two or three locations.

Clinic Operations and Reimbursement Challenges

And then now, you are into 13, 14 locations, and then a few of them are mergers and acquisitions. And I was surprised whenever I saw when you got into the M&A side of the business.

So I just want to talk quickly about it. What drew you into M & A side healthcare? Was it a strategic move or did it just the opportunities unfold for you?

I would say hubris. is probably what dragged me there. You know, thinking that I could build a better mousetrap than everybody else and trying to kind of go for it and prove my thesis.

It's not easy. it is very, very difficult to hire and or replace physicians. If you're an accountant, okay, you can go and you work in another state waiting to take the CPA exam.

If you're a lawyer, you can work in a law firm doing legal stuff without having passed the bar or while you are waiting to pass the Bar. In medicine, You have to be licensed by the state and then credentialed by insurance before you could actually make a living.

So we can't just hire somebody off the street and get them to start a week from next Thursday. It takes weeks if not months to do that. That's been the biggest factor in going through this.

So that being said is, is it doesn't make a lot of sense in my opinion to open de novo locations unless it is something where there is a gross absence.

And basically people would be pounding down your door from day one because they have no other choices. You know, that's not the case in, you know most large cities or metropolitan areas.

It's certainly not. The case on the East coast of the U S. So my theory has been, is if you can purchase a practice where the patient population and the equipment are already established, it's going to cost less than building something from scratch.

So we started acquiring practices and, you know, with every practice we've acquired, we'd had the doctor stay for at least some period of time, sometimes as short as three months, and sometimes, as long as five years.

And just kind of grow while we're looking for replacements and while working in other physicians to kind to handle that volume. But I do ascribe to the, you're getting bigger or you getting smaller theory.

So, I always pushed to get bigger. But again, it gets to a point where it becomes a little bit overwhelming, not only to be somebody in a dual role, but to not have the entire support system in place of middle management to run the day-to-day operations.

One of the most difficult things we have is supply chain. We don't want supplies sitting on a shelf collecting dust in one offices while we're out of them on another office.

So, you know, instituting, JIT type inventory control is great and I understand it and, some of the uppers understand, but then, when you're the medical assistant and you are in there counting the number of cam walkers

and don't pay enough attention and then you miss two and the office runs out because we think we have two more there than we did, it's a problem.

And that's kind of, you know, where we get with these sort of things. That being said, the entire reason why I started this and now I've started not only to work with, private equity and corporate partners, but along with also purchasing or acquiring my own is I need an exit strategy like everybody else.

I mean, I'm not going to just one day get up and say I am retired and put a padlock on the door and leave. Something's got to happen. Because, you know, in light of some of the things that have happened here politically in the States, with people being killed and the like, the business doesn't stop just because you're not there.

The business keeps going on and The Business doesn' care. So, I hate to use the example, but the turning point USA where they appointed, what's his name?

Charlie Kirk's wife to be the new CEO when he was murdered. My wife is all up in arms because of that. And I'm like the Business Doesn't Care. Because she's like, oh, they should be in mourning.

I'm like the business doesn't care. People care, the businesses doesn' care there's business that needs to get done. There are things that need to happen and life has to go on just because you're in morning or because your sick or you don't feel like it doesn"t mean you can just not do it.

It's the business just goes on. It has no sympathy. business is taken care of. And that's kind of what's kinda propulsed me kinda down this, where we're trying to get to the point where you can get the scale where somebody's actually interested in it.

Because somebody like me isn't coming around to buy somebody, like, me. We're buying, you know, onesies and twosies from an office perspective, we are not buying tensies or fifteensies.

So, that is kinda where the whole thing just kinda melts Awesome. It is a really great nugget and a good piece of advice that you just shared. I just want to go a little bit deeper into it because whenever I personally think of it, the first thing that comes to my mind is culture.

Because whenever you open up a new clinic, you are pretty much bringing in your culture to a different location of your new cleaning. But whenever your acquiring the existing clinic the existing clinic would have its own culture, its workflow.

And then how does this change the culture and workflow for the clinicians and then for patients?

Adding Services to Improve Care and Revenue

Well, I do think that everybody has something to offer as far as things they're doing that are a little bit better than what other people are doing. So there are always things that we can learn and we do learn anytime we have brought in another practice.

That being said is, is one of the reasons we're buying the practice is because it's successful. So we don't want to come in and change successful, why?

That doesn't make any sense. There are obviously some changes that have to occur. We have be on the same electronic medical record system. we need to have the cash collection policies and things along those lines.

What I tell people is, from the time the treatment door closes to the moment the door opens, I don't want to change a thing. It's successful in there.

That's the stuff we want keep going. Outside of that, yes, we'll change the advertising structure. We will rebrand. we will make sure that we have staff that's capable of handling the systems the way we need to do it.

all of that stuff. But I don't think if you come in and you're trying to change the way doctors are practicing, it's going to be a recipe for disaster.

Because one, you can't teach an old dog new tricks and all physicians are old dogs. And number two is, why are you interested in bringing them in in the first place if we just want to changed them?

Yeah, that's really a good question. Yeah. You're right. Everyone has something good to bring in to the table. On the other side, what are the common pitfalls do you see with these M&A's?

So, you know, the biggest issue that we have with physicians is either the change in the electronic health record system or the required level of documentation that do.

So we run an internal audit program to try to make sure we're doing everything compliantly and billing out 100% accurately. And especially if you're a doctor and you've been there by 30 years by yourself and never had to have anybody check it, that can be a little bit difficult.

You know, nobody likes to be questioned. And the problem with medical records is if it's not in there, it didn't happen. So you can't assume or read between the lines to get information.

It has to directly be stated. So, you know, when we bring in our system and, like anything else, every EHR system now is templated and we make sure that we do the best we can to update our templates anytime there's changes in documentation requirements, but then physicians don't want to use those.

They want use old ones they had from before or whatnot, and they're not always in compliance. So that's the biggest integration problem that have is just doing that.

And then sometimes, secondarily, it's You know, bringing in the service lines that we have that they've always sent out. We have a PCR lab, so we do our own specimens.

Well, they always send them to a Questor lab course. So, you know now sending them us, well that's a little bit difficult, but then again, that is a revenue source for the practice.

You know, and it's a speed issue and there are other issues why we have a PCR lab more so than just that. But, you know it is the same thing with the compression garments.

It is same with diabetic shoes. The same things with wound supplies. These are things that we've brought in house that a lot of practices just write scripts and send out.

So, when you do it in-house, the documentation for that has to be pristine. So, you know, that's where this kind of templated information comes in because, they fill out the blanks in the template and they get all of the necessary documentation required to build that.

You know when the next audit comes, we're successful in on the audit.

Balancing Clinical Excellence with Sustainability

Again, if you're not doing it, You don't understand it. If you are not, doing you probably don´t want to do extra work for it but again, it's one of things that keeps the lights on and that´s kind why we are in business.

Got it! That's very good insight. Yeah. One final question on the other side. What are the key signs that a clinic or a practice is a good fit? So that kind of goes back to the earlier part with M&A stuff.

I've spoken to a ton of stuff and when you swim in this end of the EBITDA pool, you're not talking to BlackRock. So a lot of it is, is you know, a couple of, you guys who, got out of college and went to work for a Goldman or a BlackRock and you got involved with a a few deals and made some good money and then leave, they pool their

money, and they form their own little fund and come looking for SMEs to then purchase and grow.

And one of the things I've noticed is they very, very much like to use fancy business terms and M&A terms that If you don't have an MBA, you probably don' know.

I jokingly always say this, they get their kicks for making doctors look stupid because they don''t know that it's simple things. Well, I do. So they kind of can't pull it by me.

You know, that's, so they dont know what to make of me sometimes for that. But you know I think going back to the just of the question is, From a practice standpoint, the culture matters based on the duration.

So, you know, if you have someone who's staying three months, it just doesn't matter. I mean, they're not going to do that much damage in three month anyway.

You can't fix things in 3 months. The longer the doctor is planning on staying with the practice, The more that integration is worthwhile. You know, I always say I really, really wish people would be honest during their job interviews because we interview doctors and everybody comes and they wear their Sunday best and put up their best face forward and nobody comes in and says, you know I'm just not a nice person.

No, people don't like me. Yep, sorry. They don't do that. So, you know, unfortunately you don' know that until sometimes till afterwards, in which case that goes back to replacing them is very difficult and expensive.

And again, from our perspective, we're podiatrists. There are not enough podiates in this country. It's only about 15,000 podietrist in the whole country, there's just not enought of us.

We have an aging population that is growing sicker, fatter and older.

Hiring the Right People and Operational Principles

They require more of our services and there is fewer of use to provide them. So, you know, culture is important normally in M&A's, but it's often something that we have to work through more so than seek out.

That's a great way of looking into it, especially when you're considering ace. So I quickly jump on to Oh, now your leadership and management lessons.

I know you have been in that for quite some time right now. So since you're practicing every day, maybe not every, but still you are actively practicing.

How do you personally balance your identity? Is there an identity crisis that you go through? Now, how do really manage it? So I try to delegate as much as I can and be as hands-off with day-to-day operations as i possibly can be.

So for example, I don't interview, hire, fire, or evaluate support staff. We have the physicians and then we have operations people and we a VP of operations who basically speaks to, we call them administrators, but are area managers.

And there's two of them and then her. So the three of the are the ones who are ultimately responsible for employee schedules and employee evaluations and hiring and firing and all of that stuff.

You know, I can't do that. I don't really want to do to be honest with you. When I first started I would sit in on these interviews with the doctor who was here and his favorite question was to ask people to spell metatarsal.

No idea why. That was just a question he asked every time. If you could spell it, you got a job. You know, so it doesn't behoove me to sit here and, you know talk to them because again, as I said, nobody comes in and says, I'm just a jerk.

So, uh, and quite frankly, not enough time. I just don't have the patience for it. The hiring and firing I do is on the provider level. So, you know, I'm responsible for the providers.

So I interview them. I work out contract details with them, when there's a problem. You know I have to discipline them those sort of things. And my style in that is always very, very simple.

possible scenarios. Number one, we're having a physician's meeting, everybody's here and you can't sit in the corner quiet. Okay? Number two is if there's a problem and I have to come to you.

Or number three is, if you come with something or even if come and just want to talk, I'm happy to do it. My door is always open. I don't ask people about their personal lives.

get involved in whatever happens outside of the practice. I'm not big in telling them what to do for patients. There are certain things that they have to, which we've covered already, but for the most part, I try to stay away from them as much as possible for two reasons.

Number one is because who really wants somebody looking over their shoulder? And even if they think they do, they really don't. And if you do look over your shoulder, then they're gonna lack the ability to things by themselves for a long time.

And the second being, you know, patients like doctors for different reasons. And some people like that are straight into the point. Some people, like, doctors that chat it up like I do.

There's definitively an art form to getting in and out of a treatment room in 10 minutes without the patient thinking they only got 10. Again, that's one of those things where you can learn it.

But I'm not asking patients about their spouses or their kids.

Growth Through M&A and Exit Strategy

It's none of my business. So if you want to share it with me, I'm curious. I'd like to know. And I am happy to discuss it. But I won't come asking you about it, and I will stay out of your personal affairs.

That's kind of that line of separation that we do. Where, you know, And don't want imply that I wouldn't have them as friends, but they're not my friends.

They're my co-workers. You know I okay with blurring the lines as long as it's well understood that they are my coworkers. Don't expect them to come to my birthday party.

Like, as you said, the way you communicate with the patients as a physician is a type of leadership quality, right? Like how does those leadership principles actually carry it over into your management style whenever you just started managing the clinics?

This is from the management of the clinic's point of view, not just the patient's. So I mean, again, that goes back to the operational things. And again as I say, I try to delegate that as much as possible.

I'm not really part of the supply chain. I have to ultimately approve of the product if we're going to use it in the practice. But I'm not out there shopping around for copy paper and that's not my job.

So delegating that to operations is what allows me to kind of have that separation. And I always joke, I wear a couple of hats, you know, the chief medical officer, but I am also the Chief Marketing Officer, Chief Financial Officer.

Chief Human Resources Officer for the physicians. I juggle all these hats which is why I end up working eight days out of a week. because there's always stuff to do.

And I live in this perpetual state of fear that I'm never going to get caught up because I never do get called up. I am always just a step behind what I really need to be doing.

Yeah, like when you said you are the chief medical officer and also the Chief Marketing Officer. Whenever I saw the CMO title on your LinkedIn, I really thought like, is it Chief Medical Officer or is Chief Marketing Officer?

Because I see you talking about marketing, writing not only LinkedIn articles, but also you are publishing in various publishing sites and then doing all kinds of marketing for the brand.

So that's really good. Finally, for any physician considering a leadership role, how can they step up without losing credibility as a physician? I think that, you know, given the consolidation we're seeing in medicine, somebody in my role is going, my roles going to go away.

I mean, it's just not practical for someone to continue to do this from a long-term perspective, especially as we bring in ambient technology, listening and the like.

Part of the problem is, and I tell people this all the time, is whoever came up with the health insurance industry and developed it into what it has become today is an evil genius.

Because from a business perspective, it's an amazing thing. It is set up amazingly well. From a practice standpoint, It's terrible. And I mean that because it takes the one thing that every physician hates doing and that is documenting and makes their entire income dependent on it.

Think about that for a second. It's a crazy, crazy concept. So you don't want to do it, and then you're mad when they don' t pay you for it. It' s a brilliant business model.

I don t have nice things to say about insurance companies from a provider side, but from business side. That's why healthcare stock is what it is, because they understand this.

So is doing someone who is reviewing physicians and doing quality standards and raising the bar, basically, it's a full-time job unto itself. It doesn't loan itself to being in practice and being responsible for patient care and those sort of things.

And that's why I kind of think it is going to go away. You're finding fewer and fewer people if you start looking at physician groups and, you know, there are physician consolidation groups all over the country and all different specialties.

If there's a physician in leadership, the physician is not practicing and that's becoming more and more the norms. You know I think I'm amongst the last of a dying breed in that sense.

So, you know, having a medical degree and a business degree can be very beneficial for maximizing the performance or the returns from a medial business.

That being said, one of the biggest problems medicine has today is for-profit healthcare and I work in for profit healthcare. I'm the problem. It doesn't make a lot of sense and if you talk to people in different parts of world, they don't understand it at all.

What do you mean you make money on sick people? So in the future, you're gonna see that. Part of it is there's some of the medical schools now that have joint programs, so five-year MD, MBA programs.

Culture, Integration, and Common M&A Pitfalls

And for those, I always wonder whether or not this is gonna become a business track where they don't go into a medical residency to learn a specialty or an area of concentration, and they just go off into business once they finish medical school to work on medical startups, tech startups ambient listening, AI, those sort of things.

But when you, when, you have this technology, it tends to take something you don't want to do and do it for you. Which means it makes you a little bit lazier because you're not reviewing it as much.

And again, I have a whole list of stuff my, my AI has said that makes no sense. I'm going to start Twitter handle, stuff. My AI says, but even unless you reading it, and it's so easy just to hit, good check, check check and not read through all of it.

And again, AI does hallucinate. I think one day they're going to find there's some virus, some sort of drug that AI uses and every once in a while gets infected by it and starts blurping out ridiculous answers.

That's crazy to hear and it's scary as well. So since you're talking about the future, and also you said your role is not sustainable. Like where do you see the role of physician leaders evolving in the next five to 10 years?

And then like one part you said, you know, get completely need to step out from the practicing phase to like just step onto the boardroom. Is that the way to go or do see them evolving any other way?

I mean, again, I think the way it's going to evolve is you will have business almost like you have as a medical, as medicine specialty. You know, lots of people who have gone to medical school with no intention of ever clinically practicing.

And for that to then do a residency slot or take up a training slot for somebody who wants to provide patient care seems counterintuitive to me. So I do think it is going become, you know instead of going into internal medicine or going on to surgery, go to the business track.

Again, the business trend also allows you to do a lot of research-oriented biomed because, again, you're going to understand the economics behind it and you have the science background to understanding it as well.

As I started with this, it's the people running hospitals this time don't really understand what patient care is. They're looking at their press gamey scores.

and saying you're doing this and this. But at the end of the day, they don't really understand what it takes to get there, especially when patients are scared or upset or we're giving bad news.

It's not as easy as it looks to be able to stand there because you can't walk in and say, I'm sorry, you have cancer. You have six months to live. Thanks very much.

Here's your bill. You know, it's more than that. Not that there aren't doctors that do that, but it, more that that and unless you've had experience on the patient care side, It's really hard to understand what these business aspects and what the ramification of these businesses choices really are.

So, you know I do see, physician executives, basically on a track for that as opposed to clinicians. And again, that's also problematic because there's not enough medical school seats anymore.

And, you know, again older sicker population, not have enough doctors. If we have doctors that aren't going to be practicing physicians in some way, shape or form, and that includes the ones that are also going off into research, we're all suffering because of it.

Leadership Style and Delegation

So, it takes more than just a medical degree to understand how to run any sort of medical business. And that's why I think it's going to become kind of its own specialty.

Got it. So as you said, then there is a huge gap and there's a scope for the medical business side of things for any young doctor to think of. I'm just curious to ask this question because we had, I asked this long back, but I want to reiterate this.

The more and more clinics that you open, either a new clinic or you just go and acquire new clinics, what is the identity that want you to get into? You as a leader, leading the VTREAT feed priority brand from the front.

Or do you want to be in the back end and then just be the WeTreatFate product and evolve as a brand itself one day? Because that is really, because you are the person, you're the face.

Like if I just remove you from, from any communication, We TreatFATE has no face and so how do see it evolving in future? Sometimes I do think it depends on what day of the week it is.

When it comes to podiatry, there are lots of small, finite, intricate things that we have to do, where as I get older and my hands start to hurt, are becoming more and more difficult to physically.

So doing fine manipulative surgery, I mean, when you start operating on toes, it's not that the surgery is difficult, but you can't be slashing and burning down there and there's too much stuff you So you have to have these kind of finite skills that I think your skills will diminish with time.

So using that logic, I would say that, you know, that would find my way no longer to be doing wound care at the end of my career, or surgical care, practice care and more into management at my end career.

You know, that being said is as time has gone on my clinical time which had decreased is now increasing again, and I'm doing more and more more clinical Time, just because that's what we need to do to be able to service our patient population and the patients come first.

For myself, the idea was this was my exit strategy. I would first stop with patient care and just do business side for a while. And then when I was done with business-side, I will just retire and go off into the sunset.

Again, now I don't really know. Right now, doing both is an easy way to burn out very quickly.

The Future of Physician Leaders and Healthcare Business

And why, you know, that being said is, is I'm stubborn enough not to quit. So I just keep going. I am like the energizer bunny of podiatry. And that's what I'll do until it gets to the point where either I don't want to, or I can't, Or maybe I could afford not too.

But that day is not tomorrow. Yeah. Got it. Is there anything else that you want share that I didn't cover? That you think you wanted to share? Um, I do think the idea or the concept of starting practices from scratch, especially as a solo practitioner is virtually impossible these days.

People, you know, it's just, so expensive to do an upstart of an office when it comes to the equipment you need and the staff you hire and those sorts of things.

Plus the necessity for the business background, uh, makes it hard. Uh, 30 years ago, people routinely got out of residency, hung up a shingle and practiced for 30. Those days are over.

You know, the costs involved, upkeep costs and the back end costs are so high these days that it's very, very difficult unless you have an established flow of patients to really kind of keep a practice going.

So, you know that being said is when we interview residents coming out of school these day or as a residency, none of them are really looking to start a practices or buy into a practiced.

They're really just looking for jobs. We're hiring labor, which wasn't the way it was when I was there. You went, got a job, became a partner and you sold to somebody else years down the road.

And again, that doesn't happen anymore. So I do think the only people who are going to remain in solo practice are doctors who buy established practices from an older guy.

And those are becoming fewer and farther between. I mean, even pediatrics, which has always been very fragmented with lots of mom and pop businesses and lots onesies and twosies is starting to grow.

over necessity because you have to manage costs and you need to dollar cost average everything and You just can't do it by yourself. Not to mention is is you can never really go away or go on vacation when you're by Yourself.

There's nobody you got to find someone to cover for you. And that's one of the things we're having partners You know, they cover me. I don't have worry about going away My patients not getting care because, you know when I come back if something went wrong, I got an answer me Yeah, got it.

That's a great piece of advice. And I think you are the knowledge powerhouse. Like I can get more stories out of you. But for today, I want to stop here, but definitely I wanted to have you telling more story in the future.

Definitely we should have more conversations in future Thank you, Dr. Daniels for featuring on our first show. Thank You for sharing your journey from medicine to management and to mergers, right?

For our listeners, check out Dr Daniel's recent LinkedIn article, Bridging Medicine and Management for more insights. This has been Healthcare Business Growth Conversations.

If you enjoyed today's episode, follow the show and share it with someone passionate about the business of healthcare. I'm Rakesh and I look forward to continuing the conversation in our next episode.