From Burnout to Breakthrough: How Mark Mollenkopf Helps Doctors Win Back Freedom Transcript

(Transcripts are generated by AI and may contain errors)

Opening Advice on Entrepreneurship

I would say learn all you can about AI and technology. And second, don't be afraid to get out of your comfort zone and try something. And I mean, I'm a big believer of getting the shingle out front for yourself.

That's not easy. That's not a get rich quick scheme. There are lots of headaches. You're going to put a lot more hours in. But I think the satisfaction that you can get from putting your own shingle out front, getting kicked around a little bit, learning, paying attention, and developing something that can have an impact on the community, whether you're there or whether you're not, those are things that can make an impact in life.

At the end of the day, we can all make money. We can all have a job. You know, get focused on making an impact on life, and good things will happen. You didn't build your clinic to feel like an employee in your own business.

I'm Matthew Kalogli, and on Out of the System, hosted by Doctor 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.

Are you technically the CEO, the president, the president of the grand poobah? Presidents. You're the president. President, chief operating officer of cutting edge laser technologies.

Introducing the Podcast and Guest

Whatever that means. Whatever that means. We'll talk about that. We'll talk about that. So how are things? How's business? Things are good. Things are good.

We had a great, you know, great finish to the first half of the year. I mean, for us, it's seasonal. I mean, Q1, we spend more, we sell less. Q2, we get going.

You know, Q3, we tread water, and then Q4 is always, you know, 35%, 40% of our business, primarily driven by Section 179 tax. But we've got some new products.

We've got a great team. We've got a great team in the office, great sales team. So I feel very fortunate and lucky. Next year, we will be celebrating 25 years in business.

25 years in business? 2001, October 1, 2001 was our first full month operationally. You know think back to what happened in September of 2001 to figure out the timing of that That was just pure luck that you know It's funny is I started my first So I began my own real entrepreneurial journey not counting the car wash that I had of the country club in the shooting I know all that crap my real entrepreneurial journey began In 1998 when my son was born got the book rich dad poor dad and then I bought my first investment property two weeks after 9-eleven It was a complete dog, by the way.

Yeah. It was a duplex that I bought outside of LSU, and I didn't know what the hell I was doing. I lost my ass on it. But I got started. Yeah. You know what?

And the lesson many times, man, is what you just said.

Building the Laser Business

Get started. Yeah. Yeah. Did you ever think it would, like, looking back? Did you ever think, like, what did you think,

when you were doing this in 2001? So, you want to tell everybody how old you were back then?

I was in my, let me see, that's a, see, now you're asking me tough questions. So I was in my early 30s and I had just had my first you know, daughter, Caroline.

And growing up in Rochester, you know, my father was 35 years Xerox. My father-in-law, 35 years Kodak. So they, you know, they appreciated, you know, adventure and entrepreneurism.

But I mean, I'll never forget, I went home and my first conversation, of course, was with Cindy. And I told her, Cindy's my wife. And I had told her that, you know, I was interested in starting a business with Harold Kenrick.

And she knew Harold. And I literally had a one-year-old at the table. I had a good job. I was running sales and marketing for a company called Sound Technologies.

But at that point, there was a gentleman by the name of Kevin Wilson who dropped out of college. And at that point, he had a very successful entrepreneurial career.

And he went on to have several other successful ventures. But at that point, I realized I looked at my father. I looked at my father-in-law. And I said, do I really want to sign up for 25, 35, 40 years in corporate America.

And we had a unique opportunity. We were in the veterinary market. The business, Sound Technologies, looked at surgical lasers. Harold Kendrick was driving the investigation into surgical lasers.

And Kevin Wilson, again, another lesson. He said, you know what, looks like a really good business, but it's not a business that I want to be in. I want to stay true to our markets.

I want to get involved in vet packs. And he was more in the imaging space and diagnostics. He wasn't in the treatment. So Harold and I began discussions at that point.

It looked like it was going to work. It didn't. We finally separated and said, listen, you know, we've got to focus on sound technologies. We know we're going to come back to this.

Let's get our eye on the ball and let's deliver for the company that we're working for. Harold left sound technologies to go out and start the business on his own.

I followed suit. about five or six months later. And, you know, for anyone that thinks that path for entrepreneurialism is easy, is quick, you know, I haven't seen one.

You know, I haven't seen one. And so, you know, fortunate to have him as a partner. I believe there's a yin and a yang. I mean, all of the things that he does really well are my weaknesses and vice versa.

And lo and behold, you know, we're going to hit 25 years next year, which is an incredible, incredible feat. You know, we've had some really good years, we've had some challenging years, but at the end of the day, What we are committed to is each other and evolving and changing.

Because at the end of the day, if you're paying attention and you turn left and you turn right, you're going to make some mistakes. But if you pay attention, you can always get back on the path that's going to lead to success.

What did Cindy say? So you're 32 years old. You got this newborn. She grew up in a family that had the safe, secure job, the idyllic 1950s, 60s, wear the same suit every single day.

I don't recall exactly what she said, but I'd be hard pressed, Matt, to think if she wasn't concerned. You know, literally sitting there with a one-year-old.

Sounds like Sarah, my first one. She was staying at home. Again, I think that's the toughest job going. She decided

she gave up a really good career to be a stay-at-home mom and run the household, which ultimately made it possible for me to do what I ended up doing.

But I don't think she expressed it, but it would be hard for me to believe that she wasn't concerned. Concerned and scared. I mean, literally, it's, okay, here it is.

I've got a guy in Detroit, and I'm going to start a business, and we're going to go to zero salary, zero anything. We've got one laser that we had secured out of Italy, a surgical laser.

And we're going to give it a shot." And she looked at me and she said, okay, you know, if you think this is the best move. And for that, I'm eternally grateful because that level of support, if you don't have that support at home, you know, it doesn't go anywhere.

Now, interestingly enough, I'm driving through Canada to go meet Harold. He's in Novi, Michigan, Rochester, New York. Most people may not know. The quickest way to get from Rochester to Novi is through Canada.

My sister-in-law lives in Manhattan. So I don't remember the exact time, 915, 920. You know, I get the first call. Hey, something's going on. And you're in Canada.

I'm in Canada. You're in Canada. I'm making, I'm taking the shortcut to Novi. About 20 minutes later, I get the second call, and I'm stopping again. You know, it's rural roads.

If you get from, you know, kind of Wayne Gretzky's hometown to Windsor, you know, there's nothing but, you know, an occasional gas station. So I stopped.

I got gas. I was looking at the TV, the little black and white TV, and they were showing these planes going into the World Trade Center. And it was eerie.

So I spent the first night in Windsor, and they closed the border. I drove back to Niagara Falls. I spent the second night, so 9-12, in Niagara Falls.

They finally opened up the border on the 13th, so at least I could retreat and get back into the States. But it was, I mean, it was tragic. I mean, it's hard for me to feel upset about the business trip getting disrupted when you look at the tragedy that happened to 3,000-plus people, and that being the first attack really on U. S.

soil at that magnitude. You know, I always talk to Harold and we joke that that's like that's curveball number one, you know, and for anyone Starting businesses that was her shop breaker.

That was a you know, and that's a That's a tester.

Starting Out During 9/11

That was a tester, but we got started for the first three four five years we sold one product to one market surgical lasers to the veterinary market and We got paired up with partners out of Italy that since that day have been able to provide us with a whole host of cutting-edge, pardon the pun, technologies that have taken us into different markets.

And any market math that we've been into has really had the same core principle and focus. I mean, we help doctors practice better medicine first and foremost, and we introduce high-value technology that can help them generate practice profits.

And so this little niche that we're in, and we continue to be in 25 years later, our little tagline, better medicine, better business, you know, has stayed the same, and it's better medicine first for a reason.

And so we literally were helping some doctors not necessarily break out of the system like we'll talk about today,

but we helped them. understand the concept of cash-based services.

Now, veterinarians at the time, it was all cash-based service, so it was cash and carry. Insurance has gotten their claws into the veterinary market, and we're starting to see some of the same challenges that we see in the human side.

Shocking, isn't it? But, yeah, it's, you know, a third-party payer that provides little value is going to… Intrigue you like shit? I can't imagine that this would happen in America.

What happens when the VCs get involved? Yeah, so anyway the VCs that are listening want to give you Yeah, so not to not to digress too much, but You know good good business partner.

We ended up finding great technology partners. I mean we are now coming up on 20 years with our with our same business partners, which I For many European-U. S.-based partnerships, they just don't last.

I mean, they're lucky if they last five years, ten years. But we got really, really lucky and fortunate to find good, long-term partners that spend a ton of money on R&D and provide us with technology that has a huge impact.

And the mindset for our partners coming out of Italy is the same. They're going to develop technology that can help patients get better faster. And oh, by the way, introduced and implemented properly, these become some of the most profitable investments and pieces of technology that sit within a physician's or veterinarian's practice.

Yeah, we'll dive into that. I want to go back to the starting. How scared were you when you started? I mean, looking back at it, I'm not talking like Because you know what's amazing is we're both the same age, and so I started 25 years ago.

I started right about the same time. Like, how, looking back at it, did you, or better yet, how stupid were you? You know, I think it's a, you know, I think it's a combination of scared, inspired, fearful, maybe some ignorance.

I mean, you don't know. Well, the ignorance helps. But I always, you know, Matt, and back in that day, I mean, I always knew if this doesn't work out, I can always go back and get a job.

I can always, I mean I was- Did you always want to be an entrepreneur? Did you always like envision having your own company as a kid? Honestly no. Honestly no because I didn't grow up in a community or in an environment that exposed me to entrepreneurship.

I mean, I had some friends in high school whose mom and dad may have had their own business. But Rochester, New York, this was Kodak, Xerox, this was Bosch and Lomb.

I mean, at its peak, I think Kodak employed 70,000, Xerox 35,000, 40,000, B&L. So this was not a entrepreneurial type of town. Now, Paychex and Mr. Tom Golisano has changed that in terms of the perception.

But those startup mode companies, they weren't here in the 70s and 80s when I was growing up and going through elementary and high school. So I don't believe that entrepreneurialism was something that I was drawn to.

It wasn't something that you put on a college essay that you wanted to do business or anything like that. No, no, but I knew what I didn't want. And so two key drivers for that decision for me was one, Kevin Wilson, seeing what he achieved.

And Kevin's been very, very successful. But I saw some of the early days, and those early days are bumpy. but they were bumpy and he persevered and he was committed and he got through any challenge that came toward him.

And then Harold. And if you were to ask Harold the same question, he may say differently. He may say, I always wanted to be an entrepreneur. And so, you know, he's the one that really kind of pulled me into the path of starting

a business.

And so between them and then once I got in and you start to understand that one, it's not a get rich quick scheme, and it's not less work, and it's not less stress.

I mean, if you want less work, less stress, and kind of a quicker way to riches, starting your own business probably isn't going to be that path. But, you know, the freedom, the flexibility, the ownership, the accountability, the opportunity to make final decisions.

I mean, over time, I quickly became really tuned into that because at the end of the day, if you own the business and you go through, you know, you go through different times.

I mean, sometimes the culture feels really good. Other times, it's like, you know, we've got to work on culture. I mean, at the end of the day, I believe it's people, people, people.

And we've been really lucky to have some great people. I mean, for a company that's 25 years old, we're going to have, I think, a couple people hit 15 years this year.

We're going to have a couple people hit 20 years. And this is on, you know, 45, 50 employees. So, you know, at the end of the day, if you can get the right people and, you know, I'm not really good at it, but they keep telling me if I just get out of the way and let the people do what you hired them to do.

good things will happen, and we've been lucky to do just that. Isn't that the hardest part about being the entrepreneur? Because really, you get the business started because of your balls, your chutzpah, right?

And you just work hard, and you get those first couple of sales, and you get the revenue coming in. It's not the hardest part about being the entrepreneur is all of a sudden moving into that phase of actually being the president or the COO.

Has that been a difficult transition for you over the years? Yeah, absolutely. Absolutely. And I would say if you were to ask some of the people that I work with today, the transition is not complete.

We got some work to do. No, but it's… Yeah, I mean, the good news is I'm a lifetime learner, so I pay attention. And, you know, leadership, culture, what I'll call kind of the soft side of business is way, way more important than I thought 10 years ago, and certainly way more important 20 years ago.

But leadership, it's like any other skill, Matt, like the golf swing. I mean, you've got to work at it. First of all, you've got to be self-aware enough to know that you need to improve in certain areas.

And leadership and letting go is always an area that… I mean, every job in this company was something that at one point Harold and I did, whether it's buying lasers, packing them, shipping them.

And so you've got insight into you know, every different area of the business. And the landscape of business has changed. I mean, right now, you know, we, you know, I, the leadership team, we are on a mission to truly understand, and I'm going to use a couple of buzzwords, which quite frankly, I'm tired of, but, you know, the AI opportunities, which you hear.

It's going to change so much. But we're trying, as a small company, we're trying to figure out not how to replace people. I mean, we're not looking to replace people.

We've got really good people. But how do we automate and how do we leverage some of this technology, some of this really I mean, literally groundbreaking technology that can have a huge impact, and it's much easier for a company of 40, 50 employees to implement some of these projects than it would be for someone that's got 200,000.

But if we could find the right business use cases, and it's not if we can, it's we can and when we do, it's just going to elevate, you know, the entire team to focus on much more strategic thinking and activities, high-value activities.

Leadership, AI, and Business Growth

I mean, every person in every organization in most cases has a fair number of routine, mundane, repetitive tasks that certainly have a decision tree along the way.

And, you know, we are on literally a mission to identify the two, the three, the four, the five, the ten, you know, AI agentic use cases that can take cutting edge to the next level without having to add more bodies, bodies, bodies, because, you know, there's a gentleman that we work with ironically out of Skinny Atlas where Dr.

P is going to come from, and he's leading the way to help small to mid-sized businesses. His term that he likes to use, and you hear it in other areas, is the human in the loop.

The human in the loop. This isn't put things on autopilot. I mean, there are things that you and me and others are really good at, and that's strategic decision making.

So at some point, you've got to have the human in the loop. But the companies that can figure out how to leverage technology, AI, build agents, automate redundant mundane tasks and get the entire organization up at a higher strategic level.

That will be the competitive advantage for years to come. So the thing I tell people is, oh, you're worried about AI, and it's going to replace this. And I do know.

Look, you can look at history. The automobile replaced a lot of people. The assembly line replaced people. But it also created a bunch of other opportunities, right?

And so I love AI, because it's allowing me to be able to hire the employee that I couldn't afford to hire. And for a lot of our doctors, let's take writing emails.

You have an email list of patients. Sending emails out three, four times a week is actually one of the best things you can do to stay connected with your patient base.

But nobody has the time. And a doctor's not going to know how to write copy. And they're not going to know who to hire. And if they're going to hire a really good copywriter, it's going to cost them $10,000 to $15,000 a month for somebody to send three emails a week.

AI can get that done for you with a little bit of training in like two weeks, three weeks, and you can have emails going out and send out that you don't even have to read in a review because it's your voice, your tenure, all of that.

So what it's doing is it's not eliminating a copywriter's job, somebody who's writing email copy, it's actually adding a staff member to your team that you never could afford to hire in the past and maybe never in the future.

So, I mean, we've used it for, you and I are the same, I'm all about culture, I'm all about people, right? That is the number one thing that I focus on as the founder and CEO, is our culture, our values, making sure we got the people on the right slots.

We just did a review of everybody and we took AI, along with a tool called human design, And we use Strength Finder as well. And we felt like some people were out of alignment in their positions.

We ran it through AI, and it gave us some examples. Christine is an example. So Christine has been our main salesperson. But as a company has ramped up, and she will have no problem with me saying this, she's not the type of salesperson that can put the company on her back, right?

You know what I mean, right? You need that salesperson that is just like, all right, we need $150,000 by Friday. Got it boss, I'll be right back. You know, like that person, right?

Right. And so what we found is she's actually better off being and handling our business development partnerships, right? So AI told us that based on her personality profiles, we've realigned a bunch of people, oh, now we need to hire this person, created this space, now we've got like this really amazing closer on our team.

But I think it's a great example, like people, I think if you're afraid of AI, I don't think, I know if you're afraid of AI and you're trying to ignore it, you're gonna get a run over.

You're gonna be like the travel agent that ignored the internet in Expedia, right? For sure, for sure. And, you know, when you look at the technology, I mean, you can go back to, you know, the internet.

I mean, you know, my daughters, 25, soon to be 22, you know, they don't even, you know, life without the internet. You ever send them a picture of a payphone and say, what's this?

No, no. What did that do about it? We were on a Boy Scout trip. This was probably 12 years ago, right? We're on a Boy Scout trip, and we're in the mountains of North Carolina, and we walk by a payphone, and I said, do you know what that is?

And they're like picking it up. They're like, how do you dial? I'm like, it gave them a cord. They're like, Mr. Gloggley, that's a little crazy. I'm like, we used to have like nine-digit codes that we remembered.

Remember that? The calling card. You'd have to plug that in first. And then all the best you could do it. And oh, by the way. You know, back to 9-11, we were in New York a week or two ago and someone was telling the story about when they were there or when it hit.

And then they went to the payphone and at some point they were just lining up to make calls and they ended up, you know, just getting out of there. But, you know, worse than them not knowing the payphone is when, you know, I reference a movie.

A movie from where, you know, and I've got folks in the office that do the same thing, and I might think it's hilarious, whatever reference to, you know, Caddyshack, Stripes, you know, whatever.

Those are classics. And I make a reference, and then I look around the room, and I realize no one actually even knows who Spicoli is, for example, so.

I have to give cue cards to the, because, you know, the average age of my staff is like 33, I think, so I have to, like, give cue cards. I'm like, okay, you have to watch this movie.

Yeah, some of them know dodgeball. None of them know caddyshackers. Yeah, you know, it's just it's it's just sad right and I'll just look at on like there's some of them They don't even know lines from the godfather.

Like how can that be? Is that I think our society is really in trouble if they don't yeah from the godfather Who's really watching who's watching full-length old movies now when you have your phone in your hand and you're scrolling through Instagram And you're going through this and you're going through that.

I mean, it's it's a lost You know, I mean Hollywood certainly has made it. I mean, I don't I'm not a big movie guy But it seems like they've got pasts, you know some of what would be that the real body blows to get rid of movies but You know, Instagram and, you know, the attention that's coming through the phone, also known as distraction.

I mean, I said, I think that's going to have some long lasting impacts on these kids. Oh, God. Throw in COVID. Jesus. And I mean, wow. I mean, I'm just…

When you read the studies, it's scary as hell. Like, if you look at what it's doing to their brains, And I mean, it's

really, I mean, you know, my youngest is 20, right?

So I've got 30, well, 29, 27 and 19. So yeah, I'm right there. Same, same ages, same ages. And, you know, God willing, they came through COVID, you know, fairly well, but you can't tell me any kid who came through COVID does not have that sort of, you know, I wouldn't call it PTSD, but there is a, I mean, that was a level when you had ejected and you got to leave school and you never go back to school.

And, you know, many organizations… When you're going back to school. You don't know when you're going back to school. And many universities and colleges and high schools dealt with COVID, you know, a lot better than others, depending on the state, depending on how committed the leadership team at that institution was to finding a way that's focused on the kids.

Let's just say what it was. COVID was a goat fuck. Okay, that was okay. We don't I said I sat at dinner in Phoenix in February With the woman who had testified in front of Congress about the six foot and I said so she was in the room with Fauci and all the folks And I said, so did you wear masks?

She's like, fuck no, we didn't wear masks. And they're like, so they're trying to come up. They got the immunologist. It should be 26 feet, 30 feet. Nobody should go outside, blah, blah.

You've got the Chamber of Commerce, like the US Chamber of Commerce. I'm like, oh shit, who cares? Make it one foot, right? So they didn't have basically, not basically, what she said, and this isn't a congressional record because she's testified in front of Congress.

And she was asked, how did you come up with six feet? And she goes, well, I'm a marketer, Senator. And what we knew is that everybody in America knows what six feet is.

Because six foot tall is kind of the benchmark for being tall. And she goes, what's the other thing? Six feet under. Six foot is in our lexicon of our vocabulary.

Everybody knows what six feet is. So that's how we came up with it. I have not heard that. And I can't say I'm surprised. When you look at what's you know, what many Americans have learned about, you know, the government and, you know, not intending to go down the conspiracy theory concept.

I got some tin hats. They're going to bring them in. Can we get the tin hats in here, please? I need the one with the spinner on top, please. Although I do like having that conversation, especially with people who don't like having that conversation.

We'll have a conversation more on the golf course. Yeah, but that's another topic. But boy, oh boy, if there's one thing you learned, it's, you know, own your own health.

own your own decision-making. What many people realized is, you know what? The government is the government. And I'm not anti-government. I'm not conspiracy theory.

I'm not going organic in Oregon and growing my own vegetables. But pay attention, because not all of the information that comes has been factual. It's been truthful.

And… Have they lied to us? And some may say they've lied to us. And you've got to follow… You tell me the question of truth very after this. plug it out.

I mean, I've confirmed the Easter bunny. I don't have, I don't, I don't have definitive information on the tooth. Then I'll have to go day drinking today.

That's good. You know, it's interesting too, because, so when you got involved in the medical space, it was a completely different ballgame. Obamacare, we didn't even know who Obama was, let alone Obamacare, right?

Like, absolutely, absolutely. Because keep in mind, we started, we were in vet only, for six years. So 2006, 2007, then we got into the medical market in 2008. And just like, you know, the timing of starting the business in 2001, we hit 2008 perfect.

If you remember 2008, that's when the world ended. The financial I was right in the middle of that. But, you know, again, we'll call it good strategy.

We'll call it luck. We'll call it it doesn't matter. But that helped us get through because right in 2008, 2009, we literally had expanded into the medical market.

Our partners from Italy had asked us, hey, would you like to take the same technology and sell to physicians? Originally, we said, no, we want to stay true to the veterinary market.

We want to go a mile deep. We're not interested in going a mile wide. And we thought about it and we said, okay, over time, do we want to add more products into our veterinary division or do we want to take the same products that we have in the vet division and go into other markets?

And that was a strategic decision. We said, you know what, we want to be a laser company. And so, we expanded into the medical market. we began to see very early on what the challenges are with the third-party payer system.

I mean, burnout for physicians wasn't close to what it is today.

Healthcare Burnout and System Critique

That was actually considered the good old days in 2008. But it was trending in that direction. And so, you know, we had a front-row seat for the U. S. healthcare system starting at eight and nine.

So, you know, you can do the math for the last 15, 16 years. And it's alarming. It is alarming. What's most alarming to you about what's gone on over the last 15 years?

What's most alarming? I mean, you're really knee-deep. Your reps are knee-to-knee with the doctors every day. At the highest level, what's most alarming to me is the mindset of the physician.

And the mindset of the physician and the burnout, I mean, it used to be a physician was the most prestigious and impactful profession you could achieve.

If anyone went to medical school and became a doctor, wow, those people and the attitudes in the last 15, 16 years, and it's not an attitude because their desire to help the patient has changed, they have been fighting city hall for 15, 16 years with declining reimbursements.

with third-party payers, with private equity getting involved. I mean, there have been macro changes, and it is leading to a level of satisfaction that physicians are having that is unparalleled.

I mean, I believe I saw the peak… Dissatisfaction. Dissatisfaction. Yes, thank you. I believe the peak I saw was 63 percent of the physicians had said they were burned out.

Now it's down, back down to 48 or 50 percent. I don't see 63 to 48 or 50 percent back down. One out of every two physicians is burned out. Now why are they burned out?

They have no autonomy. They have no control. You know, they're being asked to see more patients in less time. It's impacting patient experience. It's impacting patient outcomes.

You went to medical school to help patients. And now you have someone… To serve humankind. To serve humankind. And now you have someone up on floor 18 you know, who's 29, looking at a spreadsheet, and now you have to see two more patients an hour?

Like, who wants to live in that environment? 16 hours a week on average doing paperwork. Which is crazy. And so, two things. So, one, the level of dissatisfaction that is in place with physicians is kind of the key point, number one.

And number two, the number of physicians who are recommending against medical school for their children. Isn't that amazing? That is a true test. So they're going to grind through it.

And the males and the females who committed to this profession, they're not going to like it. The ones that are smart are getting out of the system, and they're breaking free from the system.

And they're realizing, you know what? There is another way. It doesn't have to be a third-party payer system. It doesn't have to be an employee of a hospital.

And there are many, many leading physicians, and with your help, that are getting them to believe that there's a better path, there's a different path.

But when you look at burnout rates at 50% or higher and the fact that no physician is telling their kid to go to medical school, I mean, Matt, what else do you need to know there's a huge systemic problem within healthcare today?

So I was in Columbus before I came here. I stayed at the house of my college, my best friend from college, Gunner. And his wife is a doctor. She's a GP, family physician.

And they've got two kids, and I was joking with her. And I said, so, you know, your daughter's really smart, right? She considering going to med school?

She goes, I will not let her. She goes, absolutely not. And she had her own practice. Wendy had her own practice. And, you know, she sold to the hospital.

And it's been good for her, but she's like, you know, she's probably late 50s. And so she's like, you know, I got my five years left. You know, I'm going to ride it out.

And then the other thing is, I was in Columbus, and then I went to a housewarming baby reveal of one of my clients, and a couple of my other clients, past and present, were there, and we were all talking.

It's the same thing. I'm like, so, Anu, are you going to let your son go to medical school? He goes, well, maybe not. And he's a really good functional medicine doctor.

He's out of the system, been out of the system for 10 years. And I agree with you. The thing that scares me the most There's a couple of things that are really scary.

One, imagine sacrificing your 20s in your early 30s and you come out and you're treated like absolute dog shit. I mean, literally, the patient doesn't understand they get so mad at their doctors.

Their doctors aren't making medical decisions. They have to go look and see what the insurance company is going to pay for. They can ask for things, but they have zero control over what protocols you go through.

It's all driven by Sony and IQ. And to me, it's just disgusting. You know, and that is, that's on the heels of, you know, the costs associated with health care are going through the roof.

We spend four times more in this country than any other country. We have the worst outcomes. I just read that in the last 20 years, so 20 years where we've been in business, the healthcare costs per employee are up about 160%. And I won't get the numbers spot on, but I'll get them pretty close.

But it's like $14,000 an employee. So take an average company at 50 employees, 50 times 40. It's $700,000 in the last 20 years that health care costs have gone up to the employer.

And oh, by the way, the reimbursement has gone down to the doctor. And so, you know, you've got… Oh, and the coverage has gone down for the patient.

And the coverage has gone down for the patient. The experience has gone down for the patient. And yet, you've got third-party payers. you know, we don't need to mention healthcare company names, but record profits, hundreds of millions in profit, and it is such a problem with the system.

And I mean, I love, you know, I'm not going to turn this into an infomercial for what you're doing, but I love what you're doing, Matt, because you are providing physicians with the comfort and the confidence to make the decision.

And by the way, it's not right for everyone. And so there's going to be some folks that are going to want to stay in the system. And if you're 50, 55 and you sell to the hospital, you monetize your equity in the business.

I mean, it's often challenging for doctors to monetize because they may typically the exit is they're going to take 90 days on their AR and they're going to go out.

They don't really get a monetize. So if you have the chance to sell and you're at the right age and it's the right time, that's a wonderful scenario for you.

It's not a wonderful scenario for the younger partners in the practice, and it certainly is not going to be a wonderful scenario for the patient experience and patient outcomes.

And so when you look at this country, the richest country in the world, It is criminal. It is a shame to see the way that this healthcare system is evolving.

And for the first time in the last 10 years, we're seeing physicians that are actually having the confidence, having the comfort level, and seeing a path forward to say, I'm out.

I'm not playing this game anymore. I don't need to play this game anymore. And I'm going to develop a business model that is exactly what I envisioned when I went to medical school.

And that business model is I'm going to focus on the patient, and I'm going to give the patient the best choices based on their condition, and I'm going to let the patient decide.

Yeah, I'm going to actually have a conversation with my patient. And I'm going to have a conversation with my patient and I'm going to give them the best choice based on what I know about medicine.

I'm not going to give them the best choice on what I know about medicine that's reimbursed. I mean, go to any of the large hospitals. I mean, they are so far behind the curve on some of the cellular therapies, the PRPs, the BMACs, which are very effective.

They are so far behind the curve because they have not embraced or developed a system where they can incorporate cash pay. And it's not just the man or woman who's wealthy that shows up in the fancy car that is opting for cash-pay services.

It is the person who needs, it's the waitress, it's the waiter. They need to go to work. They don't have time for surgery. They don't have time to be down for six months.

And oh, by the way, my other doctor didn't tell me anything about these cellular therapies and that they could be effective. And so now patients truly are owning their own educational process.

And what are we seeing? We're seeing physicians that are carving a whole new path, oftentimes thanks to your guidance. We're seeing patients that show up at the doctor's office and for the first time say, I was in there 35 minutes.

And instead of looking at my doctor and seeing the back of his or her head while they typed on the computer, they were looking me in the eye and asking me questions about my condition.

And they weren't asking just about symptoms, and they weren't treating the symptoms. And then they were asking me, here's another unique question. What do you hope to do?

And so my answer wasn't run marathons. I want to play with my grandkids, and I want to play golf. So they built a path forward around the desired outcomes that I have, and they presented me with three or four different options, good, better, best, on what I can choose.

And oh, by the way, none of them were drugs, and none of them were surgery. And none of them were physical therapy. And none of them were physical therapy.

Three things they don't want to do. Because oh, by the way, I've tried physical therapy for a decade. Do you know Dr. Daniel Paul out in Colorado? Have you followed him on LinkedIn?

I know the name. OK, he's great. You need to. So he is completely out of the system. He left his fellowship halfway through because he's like, this is bullshit.

And we did an interview, this is probably two years ago, on the other podcast. And we were having a conversation about EMRs. And I said, so? Because I get asked the question all the time when people want to cash, which EMR should I use?

And what I want to tell them is none. And so I asked Daniel, I said, so you're fully cash. He's like got a telemedicine. He travels around, like goes to people's houses and like does injections or whatever he does.

I don't know how to write, but the point is, and I said, so what EMR do you use? He goes, Google Docs and Google Calendar. He goes, it's HIPAA compliant.

And I go, really? He's like, yeah, have you seen the pictures of the companies that have EMRs? Like there's a company in Wisconsin, I forget the name, it's one of the bigger ones.

And he said, pull up the pictures online. It looks like Hogwarts. He goes, their campus is gorgeous. And he goes, that's them making money on the backs of you while your reimbursements go down.

The only reason for an EMR is for filing insurance. There's a lot of ways you can keep all the data and the records and the images that are HIPAA compliant that don't cost you a fortune.

And the point is that so many people are making money on the doctor's effort. I mean, you know, do you think you and I could have survived med school?

No. No. Not even if we had the answers. I mean, the good news is I didn't have to worry about surviving med school because I couldn't get in. But think about the number.

Medicare down 2%, 3% this year, 2025. Which is insulting because for someone it's like 75 cents. Reimbursement down. And so show me a business that has operating expenses that are even remaining flat, let alone decreasing.

So now you've got to run a business where someone is telling you that your revenue is going to drop by 3%. Every one of your operating expenses is going up.

You have to see more patients in an hour. You have to provide less quality. The system drives volume, volume, volume, volume. And volume in healthcare is never a good thing for patient experience and patient outcomes.

And the thing is, is now it's being driven by the venture capitalists, and not all venture capitalists are evil, just most of them are. It's kind of like lawyers.

But what they've done to the system, Most people don't realize this. When the Affordable Care Act, Obamacare came in, basically, and I'm summarizing this as somebody's going to send me some footnote that I've got this wording wrong.

So please send it over. But here's the gist of it. Here's the simplistic version of it. Essentially, what they did is to get the health insurance companies on board and the hospitals on board because they were not on board with this.

They went to the hospitals and they said, we'll guarantee your bad debt. And there were billions of dollars. So think about it. Somebody comes into the hospital and they can't afford to pay for it.

They still treat them. So they're out that money. They can't go out and get it. And so what they did is this created an influx of cash for all these. Remember before Obamacare, we were talking about before Game Online.

In Rochester, there were five different hospitals, right? There was St. Mary's, Our Lady of Perpetual Emotion, whatever it was, right? All the different charitable hospitals, they're all gone.

Every one of them is closed. And it's that way around the country, right? Remember when there was the charitable hospitals around Beninons or whatever?

Yeah, yeah. the Jesuits or whatever, they're all gone because they got so much money to be bought up. And so now there used to be just local hospital groups.

In Charlotte, it was Presby. Now it's Novant. Novant has whatever, 85 hospitals now. And that's all the venture capital money coming in. Like it's just, it's, they have all this excess cash, they're consolidating and the costs are not going down.

The costs are going up. I mean, I think the biggest, I think one of the biggest, this, I think in the next four years, we're going to see a massive, We're already starting to see in the rural communities.

We're going to see a complete decimation of hospitals because they're not economically viable. And so there's going to be massive deserts, healthcare deserts that people, they already exist.

They exist. Yeah. And the shortage, again, I don't know the numbers. I think it's 100 to 125,000. physicians in the next 10 years, that's projected to be the shortage.

And that is going to hit primary care, and that's going to hit the rural areas. And so everything that, you know, Obamacare, the Affordable Care Act, everything that they intended to do, is not going to happen.

No, costs are going up, fees are going up. You know, you look at private equity, and it's hard to find anyone who's got some touch points into, say, orthopedics that haven't seen a practice in their community get purchased and rolled up.

And listen, private equity, you know, it provides these physicians with the opportunity to focus on, I mean, theoretically, It makes a lot of sense. It allows the physician to focus on practicing medicine.

We're going to consolidate some back office operations. We're going to get 8 points, 10 points out of all of the different practices because they don't need an HR system.

They don't need finance. They don't pay. So they can run businesses much more efficiently, especially when they go through the consolidation and the roll-up, which is happening certainly in orthopedics and many other specialties today.

But then what's the next acquisition? What's the second bite of the apple, as many of the physicians like to talk about? What does that look like? And not what does that look like to the physician.

What does that look like to the patient? Because the larger those organizations get, the less they become focused on patient care and patient outcomes.

And I know that depending on, you know, they won't be able to get a hold of me, but it'll come to you. I'll get plenty of comments. I'll get plenty of comments that say that's not correct.

And I get it. Time will tell. But the roll-up of any sort of specialty by private equity provides significant benefits to certain people in that food chain, primarily the older partner of the orthopedic practice who's looking to get out.

The younger partners, good luck. Your practice got acquired a little too early for you to be able to monetize that. But I would love to see, and I would love to be proven wrong in 10 years, that patient experience and patient outcomes are better in a private equity-owned practice than not, because there is no way in hell I see that happening.

Well, because the whole model is we've got to make it profitable so that we can sell it in five years and get our money. Right. It's like buying a sports organization, right?

You don't make money when you buy it. You make money when you sell it. Like the bus family, they just sold, what, 10 million for the Lakers. And so look at the industries, Matt, that have done that.

I mean, well, I don't know what your cable provider is here. You know, Spectrum. You know, Spectrum is here. So there used to be, well, whatever, two or three cable companies in every market.

You know, you go back 30 years. Now they're all rolled up. Can anyone say that the experience they have calling their cable company, and that's probably not Spectrum, but any cable company, now that you have literally one choice, you've got that and Dish in your community, has the experience when you have an outage, has that gotten better or has that gotten worse?

Oh, and here's the best part. So now everybody's cut the cord, right? So now they don't have cable or they don't have Dish. And so now they have all these individual $9 things.

So when you add up all the different subscriptions that you have, YouTube, TV, Hulu, because you want to watch this one program on Paramount, people are paying 30% to 40% more because they have all these individual things.

And everyone's like, oh my god, I want to have selection. Yeah. The thing that is really sad to me is we've taken the best and the brightest of our society, doctors.

And I really do believe this. You find me next to military people, a group of people and first responders that sacrifice so much for their communities.

And, you know, from the military side or from the first responder side, they're dealing with more like the frontline trauma and things like that. But, you know, they come out a quarter of a million dollars in debt.

Doctors do. And then they have to go work for the hospital because they're like sharecroppers.

Regenerative Medicine and Patient-First Care

There's a modern day sharecropper. Because a sharecropper at the end of the year would think, okay, I've worked all year, I've worked my ass off, I'm going to get a check and I'm going to get out of debt.

They never got out of debt. And that's the way it is now. Like, being a doctor has become a form of indentured servitude, or sharecropping, or worse, slavery.

Because Dr. Ariana Demir said it best, you get groomed. It's a grooming process to tell you that, you know, they

don't give you nutrition classes, they don't give you business classes, and they purposely keep you in the dark.

It's just like what we did to the slaves. We taught, you know, they wouldn't let them read or write, because if you taught them to read or write, they'd realize how bad they were getting fucked.

And that's what we're doing to doctors right now. And when I say doctors, I mean all of this, right? I mean RNs, PAs, you know, ZOs, the whole system.

And they have so much debt that now their flexibility, at least in those first eight years, ten years, because what do they really want to do when they get out of medical school and they start making some money?

They're not even thinking about starting their own business. They're like, oh my god, I can finally buy a car. You took the words right out of my mouth.

They can buy a car. They can buy a house. But they are not in a financial position to be footloose and fancy free. They're like, you know what? I'm going to give up my income, and I'm going to go do this.

And so that's the sad part because they are the best and brightest. And I would agree with you. I mean, behind the military, behind the first responders, the police officers, you know, they are committing to make their communities in this country better at a level that very few people do.

And then they come out and they don't even know when you're going into medical school, the only kids going into medical school And as we talked about, there's not many of them who know what's happening with the system or the ones who are the sons and daughters of the physicians.

And like we talked about, I'm amazed. Now there are plenty of doctors who are saying, well, you know, the system is changing, but it's still a profession that is unlike any other.

So there are still sons and daughters of physicians who are going in because they're just, they embrace the calling and they embrace the healing. It's a calling.

And it is, I mean, that healing mindset, you know, God bless every one of those folks, especially the ones that go in when their mother or father know that the system may be a little broken.

Like that's a whole, I mean, there are generations after generations of physicians, and God bless those families. And they just have faith, and they believe that at some point, you know, all of these pain points of the current system are going to have to change.

they can educate their sons or daughters who are coming out of medical school to go into and start with a cash-based practice if they don't happen to be saddled with that.

But what's encouraging, and we've talked about the things, Matt, that are frustrating from the healthcare system, but what's encouraging is there is a movement.

There is a movement of physicians, and it is PM&R, it's podiatry, it's ortho, it's of a whole host of different specialties, a movement, a commitment, a community that is moving forward and moving forward quickly.

And they're moving forward quickly with evidence-based options for patients that happen to be cash services. And they are not falling into the trap of, well, insurance doesn't reimburse it so it can't work.

I didn't learn about this in medical school, so it can't work. They are saying, no, no, no. And they're asking more questions. The younger sector is acting, they're asking more questions.

They're not, like, if you're 55 plus or 50 plus, you may not ask as many questions. Aren't you noticing, though, that doctors are 40, you're like… I'm not buying the same ship over and over again.

No, no. And they see the pain points. I mean, they see, especially when you get out, they're starting to see the pain points of medicine. And before we hammer on the U. S.

healthcare system, I do want to say this. I thought we already hammered on the US. No, no, no. So we're going to go back, can you go back in the classroom?

After, after. Okay, okay, got it. In spite of hammering, it's not the physician. No. It's not the nurse. It's not. It is the system. And so fortunately, you know, every American is lucky to have people who want to continue to go into this healing environment because that is, you know, a profession that the commitment to get to that level is unbelievable.

But, you know, I'm a glass half full guy. So I believe that at some point, and I don't know if the system's ever going to get fixed. I don't know if it'll get fixed in my lifetime.

But what I'm encouraged about is there is a clear, a better, a definitive, and a profitable, and a joyful path for many physicians to get into medicine and not have to be, you know, tied into the system.

All right. So how do they get out of it? So from the standpoint of when you say joy, joy about the system. What have you seen happen over the last five years in the industry?

Specifically, I mean, because there's been some pretty big changes, right? What have you seen going on in the industry in the last, say, five years? Let's start with regenerative medicine and the organizations that are leading that, whether it's TOBY, whether it's IOF, whether it's ARMOS.

There are organizations now that are pulling together these physicians who are committed to focusing on the patient first. I mean, at the end of the day, all of this noise, all this stuff, it just comes down to, are you really focused on the patient first?

And so there are a variety of organizations and physicians that are owning the new therapies, the cellular therapies, the modalities, shockwave, laser, whatever, picket.

And oh, by the way, those are all evidence-based technologies or cellular therapies that work. So you can say, PRP's not right for me, PRP's not right for my practice.

You can no longer say that PRP doesn't work. You can do the same thing. You can't say it's not right for the patient. You cannot say it's right for the patient.

You can say the same thing for BMAC, for shockwave, for laser. So it might not be right for you, and it might not be right for your practice, but you can't say it doesn't work.

And so that is a huge, huge checkbox for all of these. And I won't even refer to them, Matt, anymore. It wasn't even that way three years ago. No, no.

I mean, you're still fighting the city. I won't even call these alternative therapies anymore. They're not alternative therapies. They are mainstream medical procedures, whether it's an injection, whether it's a modality, an energy device that can work.

And so we're now seeing those really evolve, and we're seeing them get the respect that they deserve. And the physicians that are taking a patient-first approach and looking at the patient and deciding what the best path is for the patient, not necessarily based on what gets reimbursed or what we can do tomorrow or what I get paid the most on.

I mean, I hate to say it, those were factors in many physicians' decisions. Well, let me just give them a shot of, you know, a cortisone shot. They're going to get a reimbursement that's Because I'm going to get a reimbursement.

And oh, by the way, I could actually do it today and just get in room three and it can be done in 15 minutes. A patient-centric approach with some of the smartest minds in medicine are taking the entire path in a new direction.

And that new direction It's going to be a long time until it challenges, I think, the core health care system. But that new direction is going to serve many patients well, and it's going to serve many physicians well.

Because when you look at burnout rates, when you look at frustration, you know, patient outcomes. I mean, did you ever want to go to medical school to have someone tell you after looking at a spreadsheet and a dashboard of KPIs that you need to see three more patients in an hour?

Are you crazy? Yeah, so you can hit your bonus. So you can hit your bonus. Or the pediatrician is now owned by the VC group and you've got to have 95% of your patients getting the vaccines so that way you can get your literally $150,000 bonus check.

We can dive into that. Look, there's, you know, it's, it is, and I agree with you, the, so I've been in this space since 2014, so just over, yeah, just over 10 years.

And I remember when we started doing PRP for erectile dysfunction, people were like, what the hell is that? Like, we had a hard time even convincing men to do hormone replacement therapy.

Now it's ubiquitous, right? And I'm amazed how many men still don't know about it. But like, now PRP lasers, like, I'll just call her one of my ex-wives.

So she blew her hip out, right? She had a grade two tear. She went and saw Dr. P. And she got her BMAC and everything. And then you guys were kind enough to let me use a laser at home.

And I mean, the recovery on that Those combined modalities of the BMAC and the physical therapy and doing the laser every day for six weeks. I mean, you know, I'm not at liberty to share her MRI, but if this was five years ago, That would not have been an option.

She would have just tried to build up scar tissue through physical therapy and she would always have problems with her hip. Like she wouldn't have been able to play golf or work out or hike or anything like that, right?

The advances that we've made, like with your technology, your M7 laser, my doctors rave about it. Like I was just talking to Dr. Goyle and he's like, they just got it and I think they paid for it in like four months or something like that.

They are booked out and the results that they're getting through the patients are insane. And the patients are happy. They're not taking these pills. They're not getting addicted to the opioids.

Thank you, Sackler family. They have control, and that's what patients want. When they read studies, patients want control. They want to have a conversation with their doctor.

They don't want somebody involved that they don't know. And that's the thing that I think we could, like you do and I do, is that we teach doctors how to have relationships again with their patients.

And although my little world is energy devices, it's lasers. Like I said, we've gone a mile deep as opposed to a mile wide. We don't sell anything else.

We want to be experts in that particular category. But the physicians that into we both like to golf to use the golf analogy. That's a club. That's a club in the bag.

Shockwave, you know, whether it's tech or what I mean, there are other energy devices. It's not it's not. Either or. I mean, all of those energy devices have things they're really good at, and all of those energy devices have things that they may not be so good at.

Now, again, I would build a pretty strong case that, you know, start with laser and then just because of the versatility. But again, we'll save that for another day.

But the positions that can tie together. the cellular therapies, with the energy devices, with some of the other options that they have. And oh, by the way, you may need surgery.

So, I mean, there are some patients at some point that may have to go. Surgery is not a bad thing. Surgery is not a bad thing. But when you've got a hammer and everything looks like a nail, that's the bad thing.

But the physicians that are now, and these folks, by the way, they're the most educated in the country. And the ones that are leading the way down this unique path of medicine are the ones that are learning every day.

Find me a physician that is not a lifetime learner, and it's a lifetime learner. They're looking for studies. They're looking for evidence-based. And then they're bringing it into their practice.

And then they're seeing patient outcomes after making a decision based on solid science. And now the ones that have all the cellular therapies, they get a couple energy devices, and they look at the patient.

and they focus on the patient, they understand the condition, and they understand what the patient wants to do with their life, and they build a treatment plan, and they focus on continuity of care forever.

That is such a unique concept compared to our break-fix, which is something breaks, we get it fixed. I mean, that's what it should be called. The U. S.

healthcare should be called the break-fix system. I think it's actually break, break, break, moderate fix. Yeah, yeah. Break, break, break, a little bit more duct tape.

Yeah. I mean, you don't want to get the patient. God forbid what our premiums we pay for should actually, like, do for us. Yeah, it's fascinating to me because, you know, I get really frustrated with the American healthcare system.

I used to be like, I'm not going to pay attention to it. And just, cause I'm one of these people that I have to dive into something, right? Like I can't do something casually.

Like I can't have a casual opinion about X, Y, and Z. You know, I have to like, I have to read, I've got to go read both sides of it. Like that's the way I learn, right?

Like I don't make snap decisions. And when I get into something, I get into something. And what's really frustrating me is the deeper I dive in, the more disgusted I get.

Because let's, let's take, let's take joint pay. Okay. That's your main market, right? For years, for decades, it was, take these pills. Now, the Sackler family, in my view, I'll probably get a cease and desist on this, but I really don't care, they're no different than the Medellin cartel.

I mean, you watch Dope Sick and all of this. I mean, that family made billions of dollars, and they basically were drug dealers, an addictive drug. And, you know, and then you look at, and you look at that, and then you look at what's going on with like corticosteroid shots.

Like I'm convinced the class action lawsuit that's coming out with corticosteroid shots is going to be massive because now we understand how bad they are.

Like any, to me, pain management orthopedic surgeon that we work with, because we have a lot of mutual clients, they're like, I would never, I mean, never ever again would I ever recommend that somebody do it unless it's extreme cases, like they're going on a trip and they need to get rid of their pain.

But the abuse of what they have done in our system, it just pisses me off because there's such simple solutions like

your laser. I've seen what it does for the patients and I've seen what it does for the doctors.

Like they actually get to spend time and talk like the patient comes in two times a week. And the doctor actually goes in and talks to them while they're getting the procedure done.

I'm like, hey, how are the kids? What's the new dog? They bring their dogs in. How are you feeling? How are you feeling? How's your wife? Oh, your wife's good.

Bring her in. Let's get this squared away. And the patient isn't asking. It's just covered by insurance. Like some do, they just want to feel better. I mean, it's going to make you feel pretty good.

Did you think you'd have that kind of impact in your business, or did you hope that you would have that kind of impact in your business? You know, what's interesting is we started in the vet market with therapy lasers.

And so you look at a profession that has to fix things. And, oh, by the way, they have to fix things with a two-legged, four-legged, maybe no-legged animal that doesn't talk.

And so they've got to do a lot of work. They've got to do the crystal ball. I want to be a pet psych, because nobody's going to know if you're right or wrong.

Swing out to California. I'm sure there's plenty of them out there. Oh, yes, there is, buddy. It's a booming industry. It's a booming industry. animals, and you take the golden retriever who's got, you know, neosteroarthritis or IVDD, we started treating them with laser.

And the truth be told, we were selling surgical lasers, and for, I bet, the first 20 or 25, it was kind of a buy one, get one. Buy a new surgical laser, you get a therapy laser.

So we didn't have to necessarily, and that was intentional, by the way, we didn't have to necessarily get them to believe that infrared light is going to help the patient.

So it's included. The net result of that launch strategy in the vet market was we had 20 or 25 long-term surgical customers. I mean, surgical lasers, you cut, you see there's no bleeding, less discomfort for the animal, it's very visual.

Therapy lasers are different. But what these doctors, what these veterinarians quickly heard was, Kujo hasn't jumped on the couch in four years. And I got home and the first thing he did was jump on the couch.

Now, what's interesting is I had to tell him to get off the couch because he forgot six years ago he's not on the couch, he's not allowed on the couch.

So get rid of the placebo effect. And so veterinarians became believers very, very quickly in laser therapy, in particular MLS laser therapy, because of what the patient could do.

The dog could jump in the back of the pickup. The cat could get up and down the stairs. And so the applications there, and then as we migrated and launched the technology, thanks to our partners, in the human space, the same results were happening.

And as Dr. Scott Sigmund will say, he was the chief medical officer of OrthoLaser, the FRO, a franchiser of orthopedic wellness centers across the globe, what he will say is, it should not be a surprise that as a species, we have an affinity for light.

I mean, when you look at the Earth, the planets, photosynthesis, I mean, it all starts from light. And so he's another big believer. He staked his medical reputation on photobiomodulation, on laser therapy, and he started a business, the ortho-laser business, with the premise that more patients need this, and orthopedic surgeons need this.

And oh, by the way, orthopedic surgeons need to get this technology out of their office into a dedicated location that's going to be easier for the patient to get to.

It's going to be a better patient experience, but they get a benefit from photobomb modulation, in particular with post-surgical recovery. And he staked his medical reputation on the line, and that was a decade ago.

And before he did, I mean, he went to Italy twice. He went to conferences. I mean, he was not going to put his reputation at risk on something. So he was one of the very first to put the flag in the ground and said, laser works.

And now you look at AAOS, the recommending, that laser therapy can now be included as part of a protocol for knee osteoarthritis. You've got the CDC that came out and supported.

So, you've got some of the organizations now, just like we expect them. They're, you know, 10 years behind, but those are important factors in credibility for laser therapy.

But it works, and it works, and it's drug-free, non-invasive, non-surgical.

Impact, Partnerships, and Final Advice

And so we have a lot of our, you know, quite a few of our functional medicine doctors have bucket laser because they have patients that come in, they're seeing them for, you know, their gut health or whatever.

And they're getting the laser because it's an easy, if somebody has just basic knee pain, shoulder pain, whatever, back pain, it's They may not be doing the full regenerative therapy, but for a lot of people, they've tweaked their back, elbow, whatever.

And so they're using it because they're like, oh my god, this is another great way for me to be able to stay connected to my patient. That's what I really, this is what I hammer home to my clients is a tool like yours is a way to not just serve the patient, but it's to connect them.

And the more you can connect to them, the more you can find out about what's really going on in their health life. And then you can be way more proactive for them.

You can be a real advocate for them versus just a reactionary thing. These physicians that are leading the way in regenerative medicine, energy devices, they are connecting with patients.

And I'll make this statement, not because they just want to connect with patients. They're connecting with patients because they want to follow the patient and make sure they're achieving the goals they want to achieve, which is that they are not interested in just treating the symptoms.

They're getting to the root cause, and whether it's whether it's some of the regenerative stuff or whether it's energy devices, there are lots of tools that have now been proven that are helping these doctors achieve unbelievable results when many of these patients have been, I mean, they may have even had surgery.

And so that's the, you know, you asked me earlier, you know, what's most exciting? I mean, when I look at you know, these pioneers, and you know the pioneers, I know the pioneers that are leading this movement.

It's incredible. It's incredible because they are saying no to traditional medicine and they're saying yes to the patient. And when they realize that the financial model Although it's scary for them and they have to have a coach, they have to have a team, they have to have a community, which again, that's what you've built at Mavericks.

I mean, you help them go from A to B and develop very specific strategies that when implemented and followed will allow them to get to the other side of the bridge and realize I'm free.

And that takes all of the frustration that they ever had about being a physician, everything that they hate about the

system, the insurance reimbursements, patient every 10 minutes.

You can't do this because it's not covered by insurance. It takes all the negatives and gets them into a situation where they get to follow the patient, they get to celebrate the patient's success, and they get to be rewarded by patients who are thrilled that they've been able to help them.

And that's what's cool. Yeah. And their partners or their spouses or their kids. Like, that was the coolest thing for me when I had clinics is when the partner would be like, thank you so much.

Like, can you imagine? It's very intoxicating, by the way. Yeah. I know we got to run here in just a few minutes because I know you got to work. I know this isn't really considered work for you, just hanging out and talking with me, but I appreciate you making the time.

Yeah, of course. I love what you're doing. I mean, you are, and I should know this, but 100,000… We're going to lead the exodus of 100,000 doctors out of insurance and cash.

We believe we can positively impact the health of at least 100 million people by doing that. I mean, to me, that's a game changer for our society. That is a game changer.

It's a game changer for those physicians. So keep up to good work. Well, look, the way I look at it is everybody's going to come at it from their own direction, right?

Your focus, your silo, is laser technology, right? Going, as you say, a mile deep. For us, it's those doctors in the functional medicine space and the Regen space.

Funny enough, we actually have some veterinarians that want to start working with us. Okay, cuz it's all cash. Yeah, it's like they're like they're getting screwed too.

Um, but the point is is that like I want to go back to this thing we talked about when we first started when you You know, you started your first company when you started this company.

You said something a couple of times You said you were really lucky What do you mean by that? Cuz you're not Irish My partner's Irish. I'm not yeah, he carries that flag.

Well, you know I would When I say lucky, now, first of all, I'm not a believer that business success happens through luck. I mean, you gotta be prepared.

And I mean, I think good things happen and lucky breaks happen to people that are prepared. When I look back and I think about the key difference makers for our business, the cutting edge laser technologies business, it is one, you know, being fortunate enough to hire some really good people early on that literally have been with us for decades.

And then two, finding the right partner from a technology perspective. And again, We did a lot of due diligence. I mean, you know, there was not a U. S.-based laser manufacturer that could provide us with what we needed.

So that was another interesting conversation with my father and father-in-law, who were two U. S. manufacturing guys. Like, you're going to Europe? to find product?

Well, there's no one in the U. S. at the time that made, and even still today, that makes the technology. So, you know, just another proud moment for my parents.

But we looked around, and there was one, you know, Lucho Zagato, who is the C. E. O., who's since retired from AZA, the relationship that we formed as a company with him was a game changer, and Alessandro Bazzari from the Allend group.

He helped on the surgical side, Lucio on the therapy side, and they brought us technology, they brought us ideas. I mean, we were much more aligned than, just say, a vendor type of relationship.

It quickly became a partnership, and so we did some vetting. I'm not sure we knew what we didn't know at the time when we selected them, but we literally ended up with the best partners we could possibly end up with.

Both those gentlemen over time became friends. It was business first, but a friendship after. And anytime you can do business with folks that you've got a really good relationship, and both relationships.

I mean, there are times where, again, they make stuff, we got to sell it, you know, and we want them to make things faster or better or different. But lo and behold, to have decade-long relationships with a world-class leading manufacturer on the other side of the pond, there was nothing we could have done, Matt, to prepare for that.

So that certainly was lucky in hindsight. But more importantly, getting the people that we got early on in the organization to help drive the growth over 25 years, that's what Harold and I feel fortunate about every day.

And I'd be remiss if I didn't mention Rob Turner, who joined as a… World's greatest CFO, the calmest CFO. He is the calmest. He is the calmest CFO. Are you sure you're a CFO?

Because you don't look stressed out. But he came in as a CFO. We were looking early on to raise some capital. And anytime you have the CFO that raises their hand and says, you know what?

I want to invest in the business that I'm currently working in. So, that was the third, the fourth leg on the stool that truly provided the foundation for us to be able to celebrate 25 years next year.

Yeah, that's great. What would you tell, we'll end with this. Well, first and foremost, before I ask you the question, how do people get in touch with you?

They can get in touch with our cell phone number. You want to give that out to them. No, I'm kidding. 800-889-4184 is the office number. www.celasers.com.

CharlieEdwardLASERS.com is the website. you know, just call the office or go online. If there's anything we can do to help, you know, any of your listeners, we'd be honored to do so.

Yeah. And it's like, look, I will personally attest. Like, I don't attest for a lot of stuff because I'm not really in the industry of medicine. I can just, I can attest because I see what my doctors do.

And they routinely are paying off that machine within six months because they have so much business, so. Well, thank you. Now, you guys run a great organization.

I'm not, you know, I don't have a lot of deep vendor relationships like this because it's a little bit of a difficult place for me to be because I could offend.

You know, it's kind of like me picking a political side, right? Like, you know, we're talking religion, because I'm going to offend somebody, right, or what.

But this, universally, my clients are like, it might be one of the best pieces of equipment they've ever bought in their life. Like, I hear it all the time.

You know, listen, that's it. you know, from service to operations to the sales team to the implementation, customer success. I mean, all we do is this.

So I'd like to think after 25 years, we can do a pretty good job. You've done actually a pretty good job of getting out of the way. I know you gave yourself a lot of shit at the beginning, but look, you couldn't have built this size company unless you learned how to become a real chief operating officer and president.

Well, I appreciate that. And, you know, just back at you. I mean, the clients that we have that have worked with you, I mean, you've changed their life.

I mean, it's not, you know, the impact that you have on physicians, Matt, who join your system, it's life-changing in so many ways, all of which are positive.

So keep up the good work. Cheers to 100,000. And we're here to cheer you on and support you. All right. What would you tell your 32-year-old self with 25 years of experience under your belt now?

What would you tell that younger, thinner, I'm assuming you had a little bit more hair, maybe not wearing glasses? I had more hair. All of the above. All of the above.

What would you tell that kid? What advice would you give him? Right now, I would say learn all you can about AI and technology. And second, don't be afraid to get out of your comfort zone and try something.

And I mean, I'm a big believer of getting the shingle out front for yourself. That's not easy. That's not a get rich quick scheme. There are lots of headaches.

You're going to put a lot more hours in. But I think the satisfaction that you can get from putting your own shingle out front, getting kicked around a little bit, learning, paying attention, and developing something that can have an impact on the community, whether you're there or whether you're not, you know, those are things that can make an impact in life.

At the end of the day, we can all make money, we can all have a job, but, you know, get focused on making an impact on life and good things will happen.

Yeah, great. Mark I always enjoy hanging out with you so much so that I'm going to play golf tomorrow. Absolutely looking forward to it. Donald Ross golf course.

Do you remember who won the last time we played? Just I can't really. I think you started with this and I'm going to affirm again you won. So I am vowing to beat you.

Now again I need to get some shots because it is your home course and like. I'm going to have caddies tomorrow. I'm going to have like an equalizer or something like that.

This is just a, this is just a, it's a common folk course. There's no caddies. There's no common folk course. There's no caddy program. We're just going to go out.

You're going to try to hit a seven iron, you know, at the pin and good things will happen. I mean, I got to assess Dr. P and Joe Gaug and see you know, kind of where their games are at, and then we'll pick partners and we'll get after it.

All right. Or maybe we can be partners. I think you and I should take that. I'm just taking my shots and do that. That'd be a lot more fun. But just in closing, keep up the great work, man.

I mean, I love what you're doing. I love your team. And we're honored to be a small part of what you guys do. Likewise. And I think you guys are doing some amazing work.

and you're reaching, you're really opening up, you're really opening up the door. Like you're getting in there and you're starting that conversation with these doctors, because unless they have the tools, it's harder for us to actually implement what we can do.

So yeah, great work. All right, cool. All right, we'll see you at some conference soon, I'm sure somewhere along the way. Absolutely. All right, brother.

Cheers. Thanks. 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.

Want more? Visit MavericksProfitSystem.com to schedule your free discovery call and explore how far your business can go.