# How To Incorporate The S.A.N.E Approach To Longevity Medicine Into Your Integrative Practice Transcript

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## Introduction and Angieu2019s background

Come to the Telomere Summit again. I'm Doctor Joseph Raphael, your host. I'm very happy to have Angie on today to talk about the business of functional health and her journey from corporate, health into, indigenous health.

And and, in the same pathway towards healing. She is an internationally recognized speaker on the business of integrative functional health, helping practitioners attain multiple six figure incomes while living their purpose.

She's obsessed. So excuse me. She specifically helps those in the healing arts who integrate holistic disciplines with passion, purpose and profit. The trilogy model of a successful integrative practitioner.

Her bio is quite extensive, but I'm going to let Angie tell us a little bit about her journey, and then we'll get into learning more about what she does and how it can help us in our practice.

So perfect. Thank you. Joe. My journey definitely has been a journey, and I think most of us in the healing arts can say we got into it for some reason, and the path sent us to the right.

Like I always say, a right. Turn it Albuquerque. Then we made a left turn someplace else, and then we're where we are, right? Ultimately, we all have a purpose.

And my purpose is really to empower and equip the clinician. So whether that is a licensed clinician, unlicensed clinician, it all works together in integrative medicine because as we know, the both the best of all the worlds are really what our client or our patients looking for.

So, I train the same approach, which I know we're going to get into in just a little bit. My journey started like most people. I was in corporate America.

Oh, 20 years in that rat race, right? And executive leadership. So I took teams to the top of their game and succession planning and looked at numbers and all that fun stuff, and I loved it.

My brain's wired that way. I love to look at metrics and how are we going to reach them and and really grow the person to, you know, expand them so they can meet that metric and then as, the God has it, I brought to my knees and had my first autoimmune diagnosis.

Not fun. You know, that's not at all aligning. Sounds like. But then definitely so so I experienced multiple autoimmune diagnosis is over the period of time, use lots of different methods and finally realized, you know, you look at the mirror in the mirror and you say, I own this like a pill for an ill isn't going to work.

I own this. And that really began my journey of healing me and taking ownership of my lifestyle and my eating, and what went in my mind, what was surrounding.

You know, we talk about epigenetics and and all those components. So I totally shifted my life. I left the rat race of corporate America and began on the natural health trail.

And that's where I am today. And I love it. Wow. That's a that's yeah, I mean, that's it. Often is, those kinds of, life changing events, illnesses or losses of loved ones that make us look at our lives and say, you know, why are we, why are we on this path?

And perhaps there's a better a better path. I had a car accident myself that led me into into medicine.

## The SAME approach: supplements, ancillary care, nutrition, and emotions

So, so let me ask you about this methodology that you have and what exactly is the same approach besides being a great acronym? And how does one utilize that in their, in their clinical practice of whatever type to, to help their, their clients achieve better health?

Yeah, absolutely. So the same approach is an acronym for supplements Ancillary Nutrition and Emotions. So what I found with over 5000 clients that I've worked with over the years is that when we had all four pillars, like hitting all the cylinders on a car, we really get those effective results.

And, you know, we've gone through in medicine, we've gone through, total indigenous, you know, don't take a pharmaceutical into pharmaceutical wins everything into.

Wait a minute. Pharmaceutical has side effects into. Wait a minute. Right. So we've gone through this path of you know, what do we do? And now we're really into that integrative, functional aspect of let's take a deeper dive of underneath what's causing the root cause, right.

And root cause differential. We talk about it every day and this is no different. So the sane approach is that roadmap for the clinician to understand what's the supplement purpose.

So we have also gone down that path of a pill for an ill right. So the folks have gone through I don't want a pharmaceutical. So they get 18 natural medicines. Right.

That's exactly it's kind of an irony there. Yeah. It's still a, still a pill for nil. You just don't need a prescription for it. Right. Exactly. And then what happens?

And overburden the liver, just like some of your pharmaceuticals. So we really didn't win, right. And so we come out of that and we look we look at these, these supplements as why are we using them.

Like what is the what is the purpose of astragalus and telomeres. We know what the purpose is, right? It's a spleen lover. We know it activates and lengthens, the telomeres, like we know what astragalus is going to be used for.

So but we also want to dig underneath and go, why is it that we need a strategy less? So we look at supplements as the purpose of it. So is there a pathogen?

Is there detoxification like too many toxins in the world in the body as a whole? Is this an emotional issue like what is our root cause? Where is this coming from?

I always say I look at, I look at toxins, I look at nutrient deficiencies, like, where are we at here? So the supplements, we have a purpose. So why are we taking them?

When do we expect to have a result. So how are we going to know that something's working here. Right. Something has to move to happen. And then we go on to the ancillary.

So what does that look like. So ancillary is where we are collaborative partners. So the day of us doing it on our own I believe is out. Yeah it is. It never should have started really.

Right. Right. A lot of organizations and individuals may you know what I call islands and now they're sitting in the middle of a moat, right? I think health. Right.

And it takes all of us, all of our genius to come together to really serve the client and the patient. So we look at ancillary. So let's just say we're working on detoxification.

We're going to support detoxification with maybe massage lymphatic massage, or we're going to do chiropractic care or acupuncture or something like that.

So that's ancillary. And then we look at nutrition and there's all kinds kinds of rules on nutrition. Eat this don't eat that. Oh my gosh that's going to kill you.

Oh no. Everyone can have this right. All these rules. So when we look at nutrition we look at what can what do we need to take away. The pot of coffee needs to go at the same time.

So as you know, if you're taking a pot of coffee away from your patient, no one's going to want to be around them. That's right. Or there will be a sleep.

Exactly right. So then what we look at nutrition, we say, okay, what do we need to take away or partly take away? What do we need to add as a substitute action.

And then what do we need to neutralize. Because they're not going to give up their one cup of coffee a day. They're not going to. Then don't make them right.

Don't make them. And so we look at that and you customize it because, you know kale isn't great for everyone right? We know that. So we have to really customize that.

And then we move into the E for emotions. And this is where as we were talking earlier, this is where it's really coming in heavy right now in our world as of this recording, is this emotional trigger behavior, this indigenous ancestral generational emotions are stuck.

You know, Alexander Lorde's new book, The Memory Code. I do a shameless plug, but and he talks about memories being stuck, right? I mean, this is where we're coming to.

That's the emotional pillar. And so it's time for all of those emotions that we stuff because boys don't cry and girls don't do this. We have to start addressing that.

And that's the emotion column. And again, whatever modality, whatever collaboration, maybe you're using healing code, emotion code tapping I mean, there's lots of ways to fill that pillar, but it's really either a collaboration or you do it yourself, whatever.

You know, whatever your business model is. So that's it in a nutshell. So, it sounds like it's in some ways it's similar to the approach that that was talked about a lot.

It wasn't done sort of the bio psychosocial model, model where, you know, you're looking at all aspects and now we have molecular pathways. You're showing why those actually are linked.

I mean, we talked earlier about the link between telomeres and stress that Alyssa is, we've done a number of good studies on, and we now know that epigenetics is affected by the outside world, not only what you experience, but what you, put in your mouth or don't put in your mouth how you move your body or don't move your body.

What toxins and exposures, from infectious agents that you have. And so, yeah, I mean, we're, I think looking at more of a model of this mass of cells in motion moving around, it's interacting with its environment.

And and that's what we call people that, that are in need of help at times. And so your approach is, you know, I think it absolutely makes sense. You use it sort of more specifically in are you a practitioner as well, or you're more of a coach now or in how do you implement it?

Sort of in more in a more practical way within an integrative or practice, even like mine, a longevity medicine practice, which I should say parenthetically, you know, people always ask me, you know, what kind of doctor are you?

Because, I mean, you know, I trained in internal medicine, allopathic medicine, but I've been doing medicine, you know, in this field that was called anti-aging medicine or whatever.

And they say sometimes if you're an integrative medicine doctor. And I said, no, I'm not an integrative medicine doctor. But now, you know, I'm thinking that I actually am because all these fields are becoming closer and closer together.

And so, you know, they're all looking at they started looking at from different angles, but the pathways are all converging. We're getting science that connects them all.

So, you know, in sort of a more practical way within a, an integrative practice or even a longevity medical practice like mine or even hopefully someday in a primary care practice, what kinds of, pearls and, and ways of implementing do you do you, do you teach?

Yeah. So I'll start off, I have had multiple, six figure integrative practices with nurse practitioners, MDS, Kairos, etc. I stepped out of that arena a few years ago and began an online training organization.

I saw a gap in the distance learning unlicensed role and where you know, everyone's a health coach, but they know nothing. And so, I'll be honest, it was, it was a trigger for me.

I'm like, seriously, you have someone's life in your hands. I mean, you gotta have more than this, right? You gotta you gotta deep dive here. This isn't going to work. So.

So I worked with over 5000 clients in my career. I mentor and consult to answer those questions, specifically with licensed and unlicensed professionals creating integrative clinics.

So it's about the business and how to implement it.

## Integrating the model into clinical practice

That's and I love to do that. So I hope you had a be successful in your practice. Deliver good health care make their clients better but also not be burned out, make, you know, make money, which is another half ounce of business.

And and put it all together in a way that works for everybody. You got. It's my favorite thing to do, because after 20 years in corporate America, I'm all about those systems. Right?

So my brain thinks automation systems was still a love touch because your patient wants love, right? I mean, that's where they're coming to you. They want more than three minutes, right?

I mean, that's the reality. And so I like to pull all that together. Where's the genius zone of the doctor. And then where's the burnout mark. Because, you know, it's something, you know, you get your cues on watching a burnout video right?

And you're like, I'm already burnout. What are you talking about? There is really, you know, the should us don't work. It's just fuel to the fire. The burnout fire. There. Exactly.

So I love doing that. So how you can implement the sane approach and all spectrums is a couple ways. I was working with, an ObGyn and we created a, a true health coaching program.

She's about a six month wait. So the first 90 days you're working with lifestyle, basically lifestyle coaching, health coaching, again using the same approach.

What do we need to move out? What do we need to add in. And then when you get to her we call it the warm up band for 90 days. And then you get to the band, right.

And then she's able then to carry her profession. She is into fertility. That's what she does. And she's ready her client, her patient's now ready for fertility versus going through three or 4 or 5 months of trying to say you need to drink water and get off diet whatever.

Right? Right. So so that's how you can implement it. You can use, a practitioner that's been trained in this approach as your warm up band to prep for you to get ready.

Another way, if you're not using that, let's say you're a solo practice or of just a couple in your office, you can still implement by. And this is something we work on doing some videos that have to do with it.

So your patient that is watching some training videos, I say that loosely. They're not getting a certification right. They're being educated to for them to understand this is our approach and we want to hit all four pillars.

But we need to know by and right. We need to know what are they willing to do and what, what can they do. And where do we meet? Was there a gap that you need to put somebody in to help them get to that point A to point B, so it can be implemented many ways?

Yeah. I mean, I think I was just thinking, as you're saying that, you know, I did an initial consultation this morning and I loved a lot of aspects. I love seeing new patients because they're always interesting, sort of to learn about them as people, but also the puzzle of what's going on with them and how they can get to the goals.

First thing I asked them is what their goals are, but I found myself thinking the thing that I don't love about it is saying the same thing over and over again, that they that I would, I should make a video that they see first or have them meet with somebody in my practice.

And this is Rafael medical approach to this. This is what he's going to be talking about. And then I don't have to go through that. They can use, you know, my years of experience for this, for the tough questions and and putting together a plan for them.

So, you know, I think that really is a major burnout that you, aspect where, you know, you just mouth. And I find myself talking even faster than I already talk.

I'm doing this because I just want to get it out. So I think that that's a great idea. And we're I'm actually going to start doing that. I thought about it, but now that you reinforce it, I think it really is one of the things that make someone feel burned out.

It it does. And we call that leveraging your genius is what we call it in my consulting that I work with. Because where are you? Right. And you're experienced, you've got genius, you've got years of wisdom.

Why am I having you have a conversation about did you drink water today? And did you x, y, z right. Whatever your field of medicine is. And that's really what we're looking at, is how can we leverage your genius to make it more adaptable to your business model?

So you use that support or in a true support way. So even if you integrate it and we call it onboarding, so you have a client onboarding. Here's what to expect.

Watch this five minute video. Watch this one will come back. Touch base watch this and watch this one. And so it hits those pillars or those core belief systems or systems that you use in your business.

And you're not repeating it. It's valuable. I encourage you to use it. You'll be amazed of how you're like, oh, wow, they actually remembered. Yeah. I mean, I'm just thinking that, you know, as with many people in my field, a lot of my patients, they're not coming to me because they're necessarily sick.

I mean, I'm a longevity practitioner, and they're busy people. How do we get them to take the time to look at those videos and to look at the to read that material?

I mean, we used to send out a guide to what we do, and we still send that out. I don't know how much of it gets read, and I sometimes talk to them. I don't necessarily know that they read it.

Is there any kind of tricks to making sure that they look at this stuff, besides saying, you got to take a test before you come in, to show that you've you've read this or.

Yeah. So video yeah, it can be totally part of the onboarding. So are you doing it distance or you're doing it in person for your visits, your consultation?

You know, until the pandemic, the initial consultation was typically in person. I'm doing some zoom calls now, so they have to come in to get blood tests done.

And we do other biomarkers, aging and other diagnostic tests that, you know, have to be done in person. So there is contact with the clinic typically, at least once, I may be seeing them in person, or I may be doing a zoom call, but there should be some time, to, to have a, you know, a personal interaction with some member myself before they talk to me.

Right. So then that's how you want to integrate it. So you want to put it into that here before your first visit or even during, let's say we're doing a consultation.

This is our overview. I'm going to have you. And you can screen share a five minute video. So you don't have to hear me talk so fast. Here it is. And then you're back in five minutes and then you carry on okay, great.

You can do a hybrid of it. We've done it. We've done it all kinds of different ways. And clinics. Yeah I bet it. But it works really well there. I mean I was funny thing I was when you're in person with somebody the there tend to be more they feel like they have to be focused on you.

When I was doing the zoom call, when I was telling, explaining some of this stuff in which I thought you needed to know, I could see that he was maybe looking around on the zoom call, and I was it was a little disconcerting to me, and he ended up being very happy and a nice guy.

But, so, yeah, I think you're you're right. You've got to you've got to engage them. Otherwise you're going to lose them. Right? You know something we do too, depending on how we create your signature program with the, practitioners, I'm working with, we even do a weekly Friday video on a topic.

So let's just say there's five topics that you're going to address. Now watch. What do they watch the video? Who knows. You report it once it's automated sent out.

And it's a five minute three minute on water. It's a three minute on whatever pertains to what you're doing in your practice. And this also just gets that touch right, that touch back to them.

So they don't think that you have forgotten them, especially in the world of zoom. Right. Sometimes we just want that touch. We just want to know that this wasn't a three minute visit, you know?

Right. Yeah, that's absolutely true. So your, your work is sort of I mean, I'm most curious sort of about the emotional part of it and, you know, what kind of stuff that you do.

You're you're a shaman or is that some of the shaman? I always get that shaman. And, you know, that's obviously come into real vogue now, these days where people are understanding how important the emotional state is and, and the use of some of these psychedelics and other things like, in that realm.

But I guess, sort of getting down to getting back to the indigenous. Tell me a little bit more about about that. Yeah. So I went through a four year program to become a full message shaman.

I had multiple teachers. It's a process. Yes. I participated in psychedelics. I do not encourage that unless you're in a very safe environment, because it gets a little weird.

It truly does. For me, it was one of the major healing pivots of my autoimmune disease. I'll just be really honest,

getting the mind out of the way and going deep into the root was one of the best things I could have done, and it was beneficial.

So you just want to make sure you're with someone that's trusted and it's safe. But there are other ways to move through your your crap, for lack of better words, right?

We all have it, whether we understand it or not. We all had childhood trauma. We all had adult trauma. We all had trauma when we went to the drive through at the bank.

I mean, we all had trauma and and I laugh because we all have had it and we just need to really just we've had it. And so using processes, the indigenous way we like to do journeys, we like to do guided meditations, we work through clearing different energy fields.

We work on soul retrieval. I mean, we work on many different aspects to really get into that emotional mental body aspect and say, where is this coming from?

Most indigenous shamans, when we work, my heritage is Cherokee.

## Emotional healing, shamanic work, and trauma

So when we work in the shamanic world of healing, there's also a concept of past lives with the belief that the soul has reincarnated to expand into this life.

And and many Christians and other religions don't believe that. So you don't have to participate in that aspect of it to still get benefit of healing the emotions that you jumped when you were three years old.

And to the spleen and there it hangs, right? Or fear in the kidney. I mean, there's a lot of science. I mean, gosh, Doctor Lipton and dispense, and I mean, all of them have been around a long time telling us hello, there's an actual human right?

Yeah. Yeah. I always like to say the unconscious always gets even. If you're a child, the little child is is is injured. They're not going to let you forget, right?

Right. It will it will show up somehow, you know, whatever that is. So whether you use indigenous methods or using like I said, there's tapping. There's so many other modalities out there.

The key is to really, especially right now, to recognize that we are being asked to change the dynamics of our family. We're being asked to recognize those emotions and those triggers and those traumas and to begin to heal them.

And it even goes back in the generational aspect. And and when I'm working with practitioners, I've trained over 10,000 internationally, practitioners and spoken a lot of stages.

What I always speak and say, if you got your mama's nose, there was emotion that came with that nose. There's more than genetic pieces of methylation and this and that and all that science.

And I get it. And and it's true. But there's also an emotional piece. There's emotions trapped into that size of your nose or whatever the case may be.

And so going back to that DNA and I'm coming from a shamanic view, going back to that DNA and going into that cell. And is there something to clear from that generational you got your mama's nose or your dad's leg, you know, is there something there that we can heal that's been trapped and carried on through the generations?

And this is the time where we're really being called to do that in a universal energy. If we get into energy medicine, we're really being called that in alignment that it's time to, the buck stops here.

It's time for us to look in the mirror, take ownership of our health, and quit thinking pill for an ill and really recognize we all have gone through trauma.

Like, let's move through it. Let's just begin to heal it and quit complaining about it. That may be more than what you ask for. Joke. No, no, no, not at all.

I mean, I'm just thinking, I think you're right about what they're asking you. What? Do you have any thoughts about what the impetus of that is? Or is it, what forces have come together, cultural, or otherwise, to, to make us sort of focus on this kind of stuff, you know, astrology, if you study any astrology in astronomy, but astrology, you really study it.

There is an alignment and a shift energetically. I mean, you could go way off into dimensions and all kinds of stuff. But even if you study the Schumann resonance, I mean, it's changing.

It's heightened. We're getting flares in the air, as I call them. I mean, there's just a lot of just breaking point. We are being shifted energetically to a breaking point to either choose left or right.

There's a fork in the road. And we truly have an opportunity as as a society and as human race, to say, I'm ready to heal all the trauma and all the everything and live a different life that really is manifesting and really is living our purpose.

You know, I think for so long that we've all just done the job because we done the job that we're really being called to. What's your heart want to do?

And, you know, it goes back to what I do with practitioners. What what do you really want to do? I mean, what what not what your dad did and his dad did.

What do you really want to do? So let's make that a sustainable practice, living your purpose, because your passion is going to fuel that. But you got to bring an income, right?

We talked about that a few minutes ago and really hit that purpose. Passion and profit. So what's happening right now is that the universe literally astrology, if you study it, is saying we're shifting you.

You have a couple choices here. Feel the pain and exit or push through this and begin to heal the human race. Yeah. I mean, I think there is really something interesting going on.

Certainly in medicine, we're we're changing in a number of different ways. And paradigm is shifting from disease to to, you know, I not the term wellness.

I like to think of it as sort of optimal health. You know, the way in which the World Health Organization defines it, which some people think is overly expansive.

But, you know, really it isn't, you know, total social, a physical, social and mental well-being. And that, you know, you really can't have any of those unless the other ones are working as well.

And then that has to be aligned with, you know, what you're doing with yourself in your life. The purpose part of it, in a more sort of I get a little bit more the curious.

You mentioned a lot of different techniques. What, indigenous tools you have. I mean, I'm sure you have experienced all of them, but which do you particularly like and for what reasons and and what sort of indications and how might one integrate them into their practice.

Yeah. So one of my favorite is the inner child work. So really going back to that inner child, the child that still wants to come out and play, but we've been taught through society, you don't laugh, you don't smile.

You know, we're all stone faced, right? Because that's our protection. It goes back to our heart. Well, you know, we're that unconditional love hasn't been there.

I love going into the inner child and really coming out to play. And and when we do some of our guided meditations, I can take you back to that inner child and we can go, wow, that's where that hip pain is coming from, right?

The right side, hip pain. You're not moving forward in life. Your inner child still stuck. So let's begin to heal that. Let's let's do a ceremony around that and let's begin to heal that.

And you'll see a shift. You'll see a physical change in the body, usually within 330 days max, typically 72 hours. And then the second one is soul retrieval.

So anything to do with the soul work? I love the retrieval. I love going in to find out when your soul decided a part of it. A splinter of it decided to dart.

You know, it could have been during MLA station experience. It could have been during some bullying when you were in third grade. You know, it could be any of that.

And it doesn't mean the soul left you. I mean, that's not what it is. But there was a part of it that said, oh hell no, I am out of here. I'm going for safety. Right?

And so we go back to that experience, this trauma. That's why it did it. And we go back to that right before it happens. And we take you visually to that experience and we begin to change and heal that.

And then we bring it all the way to our current experience. And then we have a ceremony. It's an actual process that we have a conversation with that piece that left.

And you get to know that piece and then you realize, wow, that was the piece that I used to have joy and laughter with. And I, you know, I don't have joy and laughter anymore.

Wow. It comes back and there's a ceremony to it. And again, within about 30 days of that experience, you find that you laugh at more things and you just see more joy instead of, you know, the anger of frustration or whatever the dense energy that you might be experiencing.

There's a whole lot more, but those two are the ones I get the best results with. Yeah. I mean, I think that that is something that most patients should use, but how do you like I'm not a therapist or or, you know, obviously when I practice internal medicine for a while, I've pretty much 30, 40% of what I did was therapy.

But, how would you integrate that? I mean, I remember a patient sitting across from me telling me about how he was buried in ice, you know, and snow up to his neck by somebody was bullying him.

And you had night terrors for the last 40 years of his life. I mean, I can't address I mean, the other sort of besides sending to a psychiatrist like a therapist or the other, ancillary resources that one might use for that.

Absolutely. So you want to find someone like myself and I have a group of individuals that can actually offer that service remotely for them, and so they can offer their shamanic services via zoom, via phone, whatever methods.

And then we're able to go and do those processes with them. That's great. Yeah. I mean because I mean I just if you talk to patients exactly what you're saying, they've all had traumas and you know again trauma is it doesn't have to be something that is appalling if you're not a it can be relatively minor and have a do a lot of damage.

And none of it should be, thought that it's, you know, less than, so to speak because, it just depends on what the what stage of development you're in and whether you can handle it or not.

So, I guess it's probably a kind of work that everybody should do because, as you say, everybody has their

traumas. And actually these days, well, everybody a lot of people are doing it now.

But, well, that's, that's very interesting. I mean, I think that's the kind of thing that we used to think was sort of soft in medicine. I know, certainly in allopathic medicine.

But now with these connections to the, you know, epigenetics and molecular biology of telomeres and, the bioenergetics, you know, linking to these, all these things, it's, it's it's all it's all coming together.

It really is, is pretty fascinating. What else? What kind of pearls would you have for somebody, you know, starting out, what would be the first thing?

So what's the top of the list of things that, people have to, Because I have a lot of doctors come to me. Well, how did you get to where you are? You know, I'm full time practice.

I love what I do. I'm doing what I. What I really wanted to do. And, they're, they're stuck with one foot in traditional medicine or they're, you know, in a whole other field like you were.

And they're trying to to transition over what kinds of. And you've been coaching lots of people to do this. What do you tell a person like that? The first thing I like to do is take them through a clarity process, because at the end of the day, you got to what does that really look like to you?

And I want to do right, right. I want to do what you're doing. Well, what is that like how many hours a week do you want to staff? Do you want to do by yourself?

What how much income do you want to earn? Profit. Do you want to earn like like really go through that. What does it really look like? You walk through the door and or you do it all online.

And what is an onboarding process? So now that you've got clarity, the next step is, is how do I onboard my new patient. Like what does that look like?

Do I have a signature program. What's included in that. And then you've got to round that out like what is this? And I always say it's better to be lean then all spread out, especially at the beginning, because if not, you're doing all these things right, especially when it comes to marketing.

You're doing YouTube and Facebook and this and that and this and that, and you're spread way too thin. Nobody knows anything. And you feel chaos because it is the right.

And so it's really in our business academy, I train you on how to go through the three phases of business. And the first phase is just that what does it look like?

And then part of that's doing a market survey, you know, this is who I want. This is the niche. This is what I want to do. Well ask the people what do they want?

I mean, you're assuming, you know, right? I mean, that's so funny because when I first started, you know, this was back in 1998 when I switched from internal medicine over, you know, it was I knew that I didn't want to do internal medicine.

I had done five years of it, and it wasn't like my fire. So that purpose was no longer there. But I was fascinated with aging in the body, and I was watching my parents get older.

I was at a point in my life where I could just do a one day, and, it's I sort of did a build it and they were coming. I didn't do the market surveys, and we sat around and waited for the phones for a quite a long time and, and for people that have to have a, you know, an income during that transition.

That's something that has to be a thought about. I mean, I've been lucky in having people working with me who

think about all these other things that I need to think about more myself.

But, I mean, those are those are, I mean, I just hearing them from you, I can't under, under emphasize how important looking back, how important they really are so that you don't I mean, look, I wasted probably a year and a half a year, year and a half, and I had some fun.

I was here in New York, so, single guy, but but, but, you know, if you think about it, that was a lot of lost income in time that if I had planned better, it would have been.

But it would have been done. So you actually had you have services that are available now to to do that you would tell. So somebody might get in touch with somebody and get in touch with you for those.

Yeah, absolutely. So you would just send me an email. So it's just office at and etsy.com. So A and s.com. And then we set up a time in which we have a discovery session.

## Business strategy, scaling, and practice growth

And then that allows me to know can I help you. Do I have a partner that can help you better. Like what phase of business you're in. What part you need me? What? You don't need me?

And it is. Then once we do that, then we decide. I put together a proposal and we decide this is what we need to do when we do it. Metrics. What your part is.

What my part is. The whole nine yards. Again coming from corporate America running, you know executive leadership. I have to look at the big picture. And then I drill it down on metrics and when we're going to hit them.

So I'm very metric driven. So if you're a doctor or practitioner that's not metric driven, I'm all about putting your feet to the fire. It's about metrics.

It's great. Yeah. I mean, that's that's what needs to be done. You know, this is what the plan is to get to here. Then from there, what's the next thing?

And, that's, that's meet those goals, which is something that is absolutely needed in health care practitioners, doctors, etc., are not trained in business.

I mean, that's that's, the unfortunate part of it. And, and moving into these more cash pay fields, you know, it's one of those things where it's great when patients, clients come to see you, they're seeing you because they choose, with their economic power to come see you.

Nobody's telling me you have to go there. You're not forced to go there, so that's great. But the other part of it is that you have to be receptive to what they want, and that has to match what you want to give them.

And, you know, you go through those kinds of things, absolutely do. And you also do the marketing and the other side of it as well. But yeah, we go over all of that.

And what needs to have what, what doesn't need to happen. You know, some people are doing the basic DPC, so direct primary care, some folks are doing memberships, some are doing a hybrid.

I'm working with a husband wife medical team in Louisiana, and one is an ER doc. He's about to get out of big box medicine and open an urgent care. The other is internal medicine.

Her focus is cardiology. So she's now going to get out of big box university medicine. And and they're going to share a space. And so what I'm doing with her is she she is integrative.

So she understands the power. And we are deciding what machines and what activity she really needs to do. And

phase one to bring in the income, still be able to provide the services.

She's going to be DPC. So and she's taking one insurance. So she's taking a PPO. So a little bit of a dynamic there. And then what she needs for phase two.

So you know, you can do integrative care, but does she really need to go and buy a far infrared sauna and this and that and whatever. Not yet. Yeah. I mean, you definitely I mean, I make those decisions here in Manhattan where I, you know, real estate is at a premium.

You know, I'd love to have an Ivy drip lounge, but it's not going to pay for itself. There's people down the street that are doing it, and they've got storefront, real estate and and, you know, that doesn't really leverage my expertise because it doesn't take, you know, that much to do that.

So, yeah, you have to make those hard decisions, and know your market. Know, you know, know who your potential customers are. So that it sounds like that would be great.

I should have met you 20 years ago. 25 years ago. Maybe I've got a car by now, but, What? I love doing it. And I love that integration. So in your case, you're going to partner with the Ivy lab and say, hey, let's collaborate, right?

Yeah. Right. And let's go back and forth. And there's sometimes money involved. Sometimes it's just free lives. I mean, you could be so creative and and the market now and I alluded to it earlier, folks are saying okay, let's collaborate.

But it's time to collaborate. Let's create a trust. Trust between each other and let's truly make this happen. And when you're looking at, the medical profession coming out of what I call the big box medicine into their own, they're not entrepreneur trained, and that's not where they're geniuses.

So if you can create systems that allow them to shine their genius without, you know, responding to emails, you know what I'm saying? Then you have a win win and their passion and, they're satisfied with what they're doing.

And it's just a win win for everybody. Yeah. One thing just popped into my head, how, you know, one of the difficult things right now is finding good personnel.

You know, good you know, people that are trained in, in particular, particularly the integrative field as well. I mean, just regular old nursing and MDS, certainly.

But, is there help you, given that? I do so I personally our company has an entire Filipino team that we have. Yeah. So we've established an ecosystem, a metrics, all the parts that need to matter, and then they work on us hours.

So they're working the night shift per se for them. But at us hours for us. And then after that, depending on what the role is, I have contacts throughout the United States on where where's the need?

Is that a remote need? Is it, on site need? Like, what is the gap? Where is the gap? And how can we leverage that for the best profit? Because you have a payroll percent to stay within.

You have your genius, you have your marketing to bring in business. Like how can that person help with all that aspect? So when you're hiring someone, they can't be an expense.

They have to pay themselves. Plus, so how do we leverage that? That's exactly right. Yeah. That's not a good business model. One where they're just an expense.

Well, this has been really an eye opener for me. And, I know that these I mean, I knew the services were sort of available, but sort of the details and how, I can say, you know, truly that I would like to avail myself of them.

I have a great person running my practice now, and, but I'm going to ask you to watch this, this this video as well.

Do you have any sort of, parting words of wisdom, to or anything more you'd like to say?

I would just interesting something. Yeah, it is interesting. I, I want to say thank you for letting me come and what I like to say, play with your community because I love it.

I love really equipping and empowering folks. And anyone watching this, if you're a practitioner and you're ready to, like, stand in your power and fill the gap of the soul like you're like, I want to do this and I'm ready, I just encourage you to shoot me an email and let's connect to see if there's some way I can guide you or do I have.

And, you know, I have a massive network. Is there someone I can connect you with that could also help you? Because it's time in our lives regardless of age, that you are.

It's time in your life and in our lives to stand in our purpose and really drive it with passion. We're being called to do it. Especially the DPC. The private practice model is people pay.

So the fear of thinking, well, I don't take insurance, they won't pay that. That's an old fear. That's not happening. Folks are demanding health care and they're demanding quality health care, not the two minute visit, but they're demanding health care and folks will pay for it.

And so I just encourage anyone that really is ready to stand in their power, that someone that wants to integrate, maybe even trauma ism or that emotional piece, reach out.

Let me see how I connect my people with your people and let's just make it happen. It's time. It's really time for us to live our passion and we deserve it.

And I couldn't agree with you more. Absolutely. I think that's so true. People are willing to pay and, you know, they're tired of the old model. And I thank you for giving, your words of wisdom on this.

And, and thank you very much for being on the deliver summit. Absolutely. And you can always check our website out. We have that, five day challenge for that same approach.

If you want to do that same approach and those will be in the notes, I'm sure. Perfect. Well, thank you again, Angie. It's been a pleasure. All right.

Thank you. In person. Absolutely. Thanks. Bye.