Introduction and Omar's Background

All right, everyone, I got my really good friend today, Omar Khatib. He's, marketing leader, based in Silicon Valley. He's developed a lot of marketing strategies.

Two publicly traded surgical robotic companies. That's a mouthful. Through his words, as well as co-founded and successfully launched a consumer product for men's fashion. That's totally cool.

And he has successfully crowdfunded and launched a consumer product, and he brings so much knowledge on B2B marketing and B2C marketing. So for those who don't know what that means, B2B means business to business and B2C is business to consumer marketing and, and we're going to talk about some, some marketing strategies today, very candidly.

And, and we're going to talk about how technology and implementing technology and we're going to talk about how that is going to really change the face of marketing for doctors in general, but for the whole healthcare field, because if you haven't noticed, there's a lot of things that's out there ever since the global pandemic and there's censoring and all those different things.

So we really got to be careful these days, and we'll be touching a little bit about that as well. So anyways, before I ramble on, Omar, welcome. Welcome to the summit. Thank you very much for taking the time.

Absolutely, doctor Ron, thank you so much. You know, we, we see very much eye to eye as, as, pioneers and visionaries as to how do we take medicine and take it forward.

And so, I it's an honor to be here. I'm very happy to put this summit together. And we brought all these world class people. I'm very humble just to be even listed among those kind of names.

And so it's an honor to be here. And I'm excited to share some, you know, fantastic knowledge and strategies with everybody. Yeah. Awesome. So let's kind of dive right in.

And Omar, you know, we met, through your the company that you're currently working with was this Johnson Health, which is, artificial intelligence based or revenue cycle and billing company.

But we're going to go our topic is, is today is going to be more about automation in terms of bringing those patients and keeping those patients and provide, a, a hands down wonderful experience for them, which they actually deserve.

And that's how we survive as physicians and that's how we scale. So, first of all, let's, let's I want to talk about, for the last year, two years, I would say we've seen a shift and, one can call it censoring and, one can call it, clickbait, and but let's just talk about there's a shift in the marketplace, of people, latching on to things that may not necessarily be true, but it's very marketable.

And I think that physicians are honestly on the on the on the opposite end of that, where, you know, we have a B. S. meter that can go a half because of our education, but we can't really necessarily say that because the restrictions that we have.

So how do we as physicians sort of leverage the social media algorithms and, and leverage, leverage our voices to, to, to be heard? Yeah. So it's a great question.

And, you know, just for for those watching, you know, to kind of add a little bit, a little bit more credibility as to like, well, why should we listen to this guy?

How Physicians Can Use Social Media

You know, me, I, I, actually spend some time in medical school in Texas, went to Texas Tech University, left about halfway through to pursue a career in technology.

And my own father, was a general surgeon on his private practice for over 35 years. The last, like ten years of it was in varicose veins. So I have a very deep, respect and more importantly, understanding of the culture that is medicine. Right?

You can't just say and do anything you want as a doctor. I mean, you could, but it's a great way to wreck your credibility. So how do you walk that? Fine.

You know, you know, line of being engaging and engaging on social media, but then not ruining your credibility. Because you're right, there's a lot of regulations.

There's, you know, a variety of things. So the first thing I would say is let's start with the basics, which is you have to come to terms with the fact that people consume information in different ways. Right.

And that means your patients. And that means before they become your patients, because before somebody becomes a patient of yours, they're like everybody else, and they're consuming content on social media and without them knowing, right, for example, let's look at, the world of let's say, super, super alternative medicines, such as when somebody is trying to sell, let's say oils or crystals.

Right? And there's like, they're just they're just saying, like, this can cure anything, right? That is, is kind of like a memetic or meme where maybe somebody not knowing the exposure that's happening to them, but the point that they have a problem, that's the solution that comes to mind, right?

Nothing wrong with that. But there is something wrong with the one that's the only you know approach when it comes to solving your your medical ailment.

Right. And so as a physician, you have to find ways to take your knowledge as a clinician. And amplify it through social media. What does that mean? I'll give you an example.

Using my father, you know, my father takes, his used to take his knowledge of varicose veins. Right. And the kind of conversation she had with patients.

What is it? What causes it? All these kind of things. He would find this back ten years ago. Ways to put that information on Facebook and even on his website and proliferate it.

So that way, when people are learning about it, he has that information out there as a respectable physician versus what they might read on for him. Now, with today, your question is specifically around some of these like hot trending topics like Covid is, for example, one of those things.

Right? Absolutely. Yeah. Yeah. And so one of those things of what I would say is something that's interesting that that, physicians can learn from, you can learn a lot from observing your peers and a lot of physicians.

Sometimes I think, we get trained to be very skeptical, skeptical of things, which is fine, but you can't be skeptical of things all the time in business, because sometimes you just have to say, I don't like this, but I can learn from it.

So perfect example is how dentists and to to another extent, plastic surgeons hop on trends. Right. And so a perfect example of that. And again I, I don't know how you would relate this to Covid, but just on super hot charts we always see sometimes certain medical videos or things that where it's like a viral video. Right.

What a lot of dentists do or some really popular ones is they go on Instagram and they there's a filter where you can see the video, right, that that's being shown and it shows the reaction.

Right. And so a dentist will show the video that they're watching and then have a reaction and comment over it. Right. So that's something that if there's a vehicle for attention, right, taking that vehicle, but then jumping in it yourself and commenting on it is one way that as a physician, you can insert your professional opinion on things and educate the public.

So for example, if you look at and again, this isn't as controversial as Covid, but one of my friends, chat Dolly Beltex said he's, Spencer's house. You know, there's all kinds of viral videos.

Athletic people just doing dumb things and hurt himself. He'll often post this onto Instagram with no checks. And then your individual talking about, how it affects the spine or even, let's say he posted a video of a really crazy injury.

He will run the. Com the, post a little bit about what's going on right? So again, the whole key word detection is objective. It doesn't matter whether you like or not.

Is that corporate intention there. So how could you go. People's attention already is and show in a genuine, thoughtful and professional manner. Why vocational medicine to Instagram Facebook, the other places to Twitter?

I don't mind each one as much in media or on their assistance to a and and you know and so so one of those things is sometimes you don't have to always create content.

One thing that's very surprising is that people actually spend time reading through comments on certain posts. And so a lot of times when you see a viral post on Instagram or Facebook, there's going to be a lot of attention on that.

So you as a physician, again, if you have your name and you know more people are going to give more, you know, attention to your name because you have an authority piece on that, right?

So even commenting on these posts help the biggest thing here, again, if you want, is to accept the fact that people's attention, if you do not have control over it, the best thing you can do is either create the same behaviors of attention that people want, or those people's attention that already exists.

Go to them and engage as a physician so that you start building your credibility just like you would in the real world. Except this is more, more or less like the digital, you know, that's, interesting tactic because, so we see I see a lot of, physicians, you know, commenting on things specifically like coronavirus, obviously sending topical comments on, you know, ivermectin or hydroxychloroquine and all these well off label, drug uses, which are very hot topic right now.

Right. And, and they'll do reaction videos. And that's why I noticed, you know, watching Z dog MVP of the day. And he's like, he's reacting. Yes. And and and Zubin was just reacting to to very short clips of different things and then putting his take on it.

Same thing with, Tony Young, the plastic surgeon, he was he was reacting to, different, you know, implant sizes and stuff like that and sort of just trying to dispel some myths, some very comical ways.

So there's a lot of people that kind of put their spin on it and I think is, is is is very creative. And that's what creates a lot of the viral culture, you know, behind, this but what you've noticed is not, not no one really takes himself like that seriously.

There's always a fun component to it. And I think that's what humanizes, physicians. And I think, you know, on social media, like, this should be some sort of humanization.

So, you know, there's there's a few doctors that talk out there that can go viral that have a lot of knowledge, information, but they generally have wider hair and beards.

And so it was expected of them to sort of have that sort of authority. Right. But for, you know, younger generation

like myself and and my colleagues is, there's just it's very raw and very real.

And so and that's what I've always appreciated about this. But my, my, my issue and this is and if you ever go to my Facebook, there's a, there's a period of a year where I start posting for for specific reason.

I, I commented much early on in the pandemic about the data of the first source. Right. And vitamin D and how vitamin D can potentially, help with the coronavirus.

And at that time, there's not much data on it. And then it was just a very simple thing. I quoted from a journal that was peer reviewed, that got censored.

And then I got restricted access from my, my, my internet account. And then now everyone's talking about it because because it's a thing now. Right. And so, and then not only that, and then when the vaccine came out and, you know, I posted the, hey, I got the vaccine and stuff like that.

And they've also talked about some other things you can do with, naturally to, to help your immune system, very, very, very minor stuff with that very minor stuff.

I apparently I violated community guidelines because I was already I was already flagged from, from the first post about vitamin D, and then after that is as more and more account restricted access.

And but what I was doing is I was actually trying to model after my other practitioners, and what they were talking about, but they weren't really flagged at the time.

But I was one of the first ones to be flagged. And I think there may be some algorithm issues that there were over there.

Handling Censorship, Algorithms, and Credibility

And so we're, we're sort of in this, society of there's a fear of censorship and there's also a fear of being canceled, you know, the cancel culture if you.

All right. And I talked to a lot of my physician friends, man. And and they're just terrified about social media in general. And they're like, you know, what's going to put my head down and, like, do my own thing, right now.

But there's a lot of other practitioners that still want to be out there, and I still want to be heard because it provides a lot of pleasure. And it also builds your brand.

And so, and here's the question. You know, I don't have answers to this is how the heck do you balance this? Like how what do you do? You, you know, look at awful.

And this is just my is one man's opinion. You know, I'm not I'm not a physician myself. But as I mentioned, I mean, aside from my father being a physician, I spent a large part of my childhood and young adult life, learning the culture of medicine.

The problem with physicians is very opinionated people, and they'll fight for things, but then they're very quick to give up control. And I mean, look, look at it.

Look at, how health care is run today. And I think a lot of physicians would I would agree. Part of that is that they didn't they didn't fight, to have the final word on a lot of things and to have influence.

And so somebody else did. And I think the same thing is happening with social media, which is if physicians decide that they're going to just, hey, you know, it's too hot to handle.

I don't want to deal with this. Someone else is going to and someone else is going to control that narrative. And it's

just one other thing that physicians are, you know, they they they're on there at risk of giving up.

And so, you know, for most decisions, I'm not telling you to go on and, and, you know, get involved with, you know, content involving like Covid vaccines, right?

You don't have to. But there's a variety of other topics that patients and people need to know about. Right. That you can have a very positive impact on.

And if you're not the one going on social media to create some kind of content and narrative. Right? And people say, well, I'm only one person. Yeah, but when more physicians do it, you know, that's how you, put out appropriate information and fight disinformation.

Because, again, there's plenty of people out there who are not physicians who are willing to put out their own narrative and make a quick buck off of people.

Right. And, you know, just regarding vitamin D, I actually, before the pandemic happened, like actually, right in February or March when we first went into lockdown because of a physician who posted, a video about vitamin D, and it was coincidental, right?

Because I saw this video like a few months prior, just about like staying healthy and decreasing viral load for flu and everything. He talked about vitamin D and supplementing with like, magnesium and zinc and balancing the moment that, the, pandemic happened.

My wife and I, vitamin D supplements, we went on that regimen for a full year. No problems. We ended up traveling. We ended up we did end up getting Covid.

We were over it. And about 3 or 4 days, we handled it very, very well. And I credit that physician for making that video explaining, hey, here's here's one other way to decrease, viral load.

Again, this is like pre Covid, but it just so happened I watched. Have you had an influence on me that could be you know any physician. And again you don't have to make like super over you know produced videos.

You know you don't even have to do infotainment if you want. Right. But take to these platforms because they exist for a reason and you can give you a lot of power in your business. Right?

That's the I think the biggest thing. And Doctor Ron, you're a perfect example that would you would you not agree that social media has had a positive impact on your patients and business overall?

Oh yeah. Absolutely. You know, and building social media and every year I feel like social media is changes in the way the environment changes quite a bit, especially this year.

Right? Oh yeah. And so yeah, I think I see, I see building an online reputation as a duty, because it is equity. Because, I mean, if you if you think about if you think about what you see online, it's the star reviews, five star reviews.

If you think about what people talk about you, I mean, your great grandchildren are going to see those things. Because that's not going away anywhere.

When Google indexes you, it's there, you know, for maybe for certain things. Right. Google owns the internet. Not sure if it's great for your own internet.

Yeah. And you're creating a digital version of yourself. You're absolutely right. It and I think the other thing is, you know, think of it like this. Let's make it as simple as possible, right?

So as a physician, you know, you create some videos talking about some questions that every patient asks about.

Let's, let's say it's, you know, an orthopedic surgeon.

So every case is going to come in. They're going to ask some certain set of questions. You're always gonna ask, take those ten, 15, 20 questions. You often get asked about certain procedures or whatever, you know, hey, pace, you know, 500 bucks, have somebody come in and film.

You do a quick one two minute videos answering these questions so them up on YouTube, throw them up on your Facebook page, right. And then create like a blog answering these things, you know, so that that way when people have these questions, they're able to find it.

But when I say find them, a lot of physicians think too big. They're thinking, you know, they're trying to compare their practices to, like a tech company, which nothing wrong with that.

But most physicians are just trying to serve their local community. So focus on that, because somebody who is in the local community, who knows of doctor, you know, Jane Doe or John Smith or whatever it is, they're going to feel a lot more comfortable going to your website or your Facebook page to get information, because I can speak and anecdotally from myself and other friends, I times when we're looking for medical information, we'll go to, you know, a local doctors page because it's like, hey, that's a doctor community that I know I seen around.

All right. That's like trustworthy information, right. And when that doesn't happen, that's when patients end up on all kinds of different websites and Facebook forums, and then they follow this rabbit hole.

And it's no wonder that patients make very bad decisions. Because, again, you have to use these tools that are in front of you. What do you like it or not, has nothing to do with it.

Like it or not, it is what it is. Yeah, that that brings up a really good point of, how your online presence, is directly, synchronized to your workflow within your practice.

And, yeah, I can't tell you how many times I post a video. Instagram. And my staff's like, okay, you didn't warn us. You want to do that? Now we have a bunch of phone calls and emails and stuff.

Like, I'm like, oh, I'm sorry. And so even before I post anything, yeah, it's a good problem to have. Even before I post anything, I have to warn my staff, hey people, I'm about to post a thorough roid video and people with thyroid issues are struggling to call and want to make appointments.

So the first I'll say, a year and a half of, the current practices Texas Center for Lifestyle Medicine. So I would make a video of the week, and then the next day I would go live on Facebook, talk some other video.

I mean, and then whatever topic that is, everyone that is in the waiting room has that specific condition. And then next week is something else. So it's almost like, you're picking and choosing who you really want to see and talk about.

And I'll never forget the feeling that I'm like, wow. I'm like, is it just me or am I seeing the same patients? And and my office manager is like, you just did a video about Hashimoto's thyroid disease on Monday.

I'm like, oh yeah, I did. I mean, think about that, you know? Yeah. You mentioned that because again, looking at looking at and this is why Jensen exists.

I mean, Jensen's thing is we want to help private medical practices stay independent. And the way we do it is through the automation side of revenue cycle and billing.

Right. But it's all this is all when when people say science is a means to an end, right. The means is really just getting knowledge. That's why you run experiments to learn the end is is control, right?

We want to control certain things. So in your own way, you know, physicians complain about like, you know, I get

this random patient, they're impatient.

You can control this a lot more than you realize, you know, and what you just shared is a great example of that, you know, and and just to kind of is.

So I have a bone to pick, to be honest with you, because I went through a process earlier, you know, I'm, I actually just moved. So I need to find, a doctor, and I'm trying to find one.

And here's the here's the frustrating thing I went through. I searched on my wonderful, portal, both by UnitedHealthCare, which is the biggest health insurance company in the world.

There's like 1100 providers for this specialty that I was looking for within 100 mile radius. You know what I filtered to see how many of them had online scheduling, how many there were.

There's two literally. Oh, I live like 111. I'm not kidding you. I thought it was a mistake and. Yeah. And then and like, okay, so I'm not going to schedule online.

I'm gonna call then when I try and pick like I can't tell who I should pick. None of them have reviews. So I'm like, okay, let me search the can I do I have a Facebook page and I can't find anything.

So how am I supposed to, as a patient, decide like who I should go to? Like at the very least, you know, I don't even see Facebook page, but at least I see a video.

I'm like, oh, I really like this doctor. I want to go see them. Right? And so it's extremely frustrating as patient because we have this expectation of the consumer everywhere else.

Using Content to Humanize Doctors and Drive Patients

But getting beyond medicine just on the like, if you want to talk about it like this is not exactly marketing automation, but it's automation, have have something where it's easy for patients to schedule.

That's a point of automation that frees up your staff and that little time that your snaps freed up, which I can imagine if your stock isn't having to answer phone calls and schedule appointments answers.

Time to help you with marketing. Maybe creating some content assets, right? That's the way I think automation should be thought of. A doctor on your practices is kind of a, great example of this, which is what are some things that we can automate that's going to make our patients, you know, lives easier and happier.

And then because of that, we've now freed our staff up and our providers up to do things that are more important providing better care, patient, you know, education, right.

Doing a Facebook Live event, I guarantee you that if I go and audit a physician's office right now, I'll find one stupid thing that they're wasting time on doing, like, let's say, doing, phone scheduling.

And with that time, they might end up with an extra hour or two that week, which can be used to do those events, like a Facebook Live, to answer questions with people in the community.

This is our physician has to think about marketing. Yeah, I think so. So, that ties a perfectly that, you know, it may start with marketing, but it ends up affecting your, your operation and your revenue and your revenue cycle.

So another thing that that I didn't even think about until you just mentioned it just now is that, from, from the revenue standpoint, like making money.

We one of the great tools that we have, even, through Gensim, actually, is that we have visuals, we have visuals. And then, we also have different service lines and profit centers.

So, with automation sort of allows us to allocate our human resources to, to sort of pad up some of these, service lines that we know are generating the revenue and we know that we can pad up these services, and it's what people are actually asking for.

And, and, and that becomes its own thing. So it positively reinforces me. And I'm very proud of my clinic saying, hey, we have this fantastic, you know, cancer survivor program that we got going on.

And this is what it looks like and the structure behind it. So I think knowing your numbers really frees you up to do the things that you really want to be creative with your practice and having people on board.

And and not only that, it dictates how you really want to market. So it's not really a surprise. Like right now. Me personally, I love like neurology.

I'm internal medicine guy, but I love neurology. So 85% of what I see is neuroscience at this point. That's like my thing, right? So dementia and Parkinson's and all this stuff like that.

But I also know that because it's a profit center for, for me, I can take my time. I have one hour sessions with people so I can take my time. Do things are certain procedures that we do so that we can build something out of it.

But I also that so that generative from the revenue side. And so the thing that I've lost and maybe you have an answer to this is, If I'm, I'm looking at what I have right now and this is my baby, I want to nurture sort of this service, in the practice, this is what a lot of physicians have issues with, and mine too.

And then I'm like, oh, my God, I'm also seeing this. I have diabetes clinic here, and I have I'm doing I'm doing all this sort of stuff and but I want to dedicate time neurology.

How do I how do I shift my patient population to this neurology population of the people coming in through the door, like prospectively through marketing, so that I can see sort of my, my, my neurology practice.

I don't have to necessarily do that through through marketing. That's a great that's a great question. And before I answer that, I want to ask this. Let's say in this case, you know, you're doing a lot of different things, but you want to build your neurology. That's what you want to focus on in this.

Let's play this made up scenario. Would that also be this? You know, it's not the bread and butter of the practice yet, but you want it to be that is that correct.

Or in my view the bread and butter is whatever whatever. Yeah. But if we treat the service line then yeah. Yeah. Let's say it's, let's say it's, it's well, you know, if you don't mind, just because it's, it's a great example.

I'm going to use my dad's practice. Right. Okay. Yeah. Who might. So my dad. Okay. Was, general surgeon. So he was seeing people for, gallbladder. As he was seeing people for it.

He was doing breast, breast work. He was doing. He's doing a lot of different things. But it came a time where he said, you know, he wanted to start. He started doing more in office, like varicose veins treatment.

And then he wanted to transition to that. So the way you do that right is you have to pick something. If you look at all the great companies when it comes to marketing, let's look at look Apple.

There's two companies that just when it comes to marketing you, you have to pay respect to Apple. And Nike is the one with Apple. When Steve Jobs came back to Apple they were in a shambles.

But you know what? Why? They were in shambles. Very much like a physician's office. They had all kinds of products, maybe in the hundreds. The first thing he did, he cut the fat off.

He was like, we're not doing this. We're not marketing. He's like, we're focusing on this one thing. We're going to

market, right? So as a physician, when you want to make that transition, take referrals for those other procedures and everything like my father did.

But he made a choice to make a decision. Decision, you know, the root word decision there is to make, you know, to cut off, you're cutting things off.

So there is a clear choice, intent where my father said, I am branding and marketing myself and talking about varicose veins. That's it. End of story.

Because then once you do that, that creates a signal not only to your peers and your referrals. Referral referral network, but also to patients. Right, who are looking for that service.

And especially today in 2021, you know, the most, popular brand of soda is other, right? People are looking for other things. They're looking for very specific stuff. Right.

And that that's why it's not a coincidence that the more lucrative medical specialties happen to be the ones that start to really to down and focus on a specific area.

Right. And so doctor wants to answer your question. Make that shift. And you have to it's it's kind of scary, but you have to make that shift and be brave and say, okay, if I'm going to focus on this one procedure, I want to be known by it for it.

And it's not enough just to change your name, you know, on your on your building and tell a few people you have to take to, you know, you have to go online, you have to do some Facebook Live, put up videos on YouTube, you have to blog about it.

You have to find ways to distribute the content. So it's not enough just to create content around, let's say this one specific area you want to be known for.

You have to find ways to distribute it. That could be like perfect example, indicators like neuroscience. Let's say you make 5 or 10 videos specific to patient questions that might be answered.

Go to your offering practices and say, hey, I'm starting to focus more on this. If you have patients, come in and ask about this, here's some links to some videos I've created.

Here's some blog articles. Please use these and share it with your patient, because now you're proliferating that content and then locally within your city, wherever you're located, you started to build your name as the person who's known for like very much what you would very much like.

What my father did with varicose veins. That's the first step. That's such a great point because, you know, within like and this is what I tell people too, is like, don't let your specialty define you.

You define your specialty. Right.

Automation, Scheduling, and Practice Workflow

And I think that, earlier you said the bread and butter and that bread and butter is typically what's associated with like a specialty, you know, internal medicine, they have to do like diabetes and hypertension, which I still love to do.

But once again, you know, I choose I choose a path. And, and it really rewards me. So I think about most of the doctors listening to this has something that's in their practice that they do, that they value more than others, not necessarily that they do best, but that that they value, like, oh, you know, I'm, I'm orthopedic surgeon.

Oh my God, I, I love it when I operate on patients left shoulder. You know, for example, it could be the left shoulder guy. Right. Or or you know, or or you have like one of my, one of my friends.

That's a Michael Caplan here in Houston. He's he's a, you know, a doctor, but he is known as the sinus guy, not the entire, you know, so just the sinus guy.

And so, and he's sort of made me that brand for himself. So I think a lot of practitioners listen to this. I think about what truly makes you happy within your practice.

And it's okay to pick and narrow that focus. But do do so you have to be strategic. Right. And so, and I feel like in where the risk comes in, Omar, is that as doctors, we have this sense of guilt.

You know, I was like, oh, no, I can't see you, Mr. Patient, anymore because I'm doing this. So medicine's culture is literally built on a hierarchy of guilt, like we put through medical school, through training.

It just part of it. So we do this through it to ourselves all the time. But but you're absolutely right. Which is like, you know, things change, people are understanding.

And, you know, you're in my interview with you was fantastic. And one thing you, I might be slightly misquoting here, but you talked about how if you don't know, your if you don't know the numbers, you don't know your business.

Frankly, the numbers are your friend. And so, you know, just to kind of, high average here, like the gems. And the one thing I tell our customers is that, you know, we're a data driven, you know, platform and service, right?

And there's reimbursement, intelligence and medical practice, revenue intelligence, meaning you got to know your numbers. And so when you have a platform that tells you that, you can see that, hey, this procedure is actually giving me the highest bang for buck, but I'm not focusing on it.

And I do actually like doing this. So maybe I should start focusing in marketing on this. That's a big thing for physicians that I love seeing agenda, which is, you know, certain, you know, surgeons who are reviewing, wide variety of procedure.

We point out, hey, you're actually getting reimbursed at a higher rate doing this one procedure, but, you know, market it. Why not that. And, you know, one surgeon even said like, yeah, actually, I really like doing that procedure.

Why why shouldn't I? Why don't I just focus on that? There's nothing wrong with this, you know? And I think, again, that the guilt and shame is always going to be there.

We have to get over it. Right. So you you're as high as you. I as you taught me, doctor. Run. The numbers are your friend, you know. Yeah. You know, math is your friend.

I know I was never good at math. As Asian as I am. I was never good at math. But, math is definitely your friend, so. So, let's talk about Jensen a little bit, because this is the the company that we work with at Texas Center for for Lifestyle Medicine.

We actually just had our team strategy session with with the Jensen team leader today. And it was just fabulous. And so, marketing, you can't talk about marketing without looking at the revenue.

So if you currently have a practice in currently on a practice, work within practice, you got to know your numbers first. Then you figure out how to allocate marketing strategies towards the things that have a good ROI or return on investment.

And so, it is so damn hard to get numbers, in Medicine man, especially if you take insurance because you have this thing called a revenue cycle, which I don't know what it was when I, when I started the practice.

But this revenue cycles basically, amount of money collected through time and there's denials and there's pills and

all stuff like that. But just to get like a dollar, you have to know how much money you spend to get the dollars.

So we learned earlier on and a part of what we were doing in the I. V. infusion side, we were we were spending so much time getting that dollar was spent about 100 and a dollar and 20 to get $1 back was didn't really make any sense.

Or like, okay, let's really narrow focus here. Let's get rid of that. And that one strategy can, can really, help us understand things. So, you know, I think with, with the company gentleman, by the way, it's it's, it's a company that's always focused on on numbers.

We are able to to really, make our own key performance indices or KPIs of what we like to see, to know that we're, we're successful. So, you're the guy.

We're in the gentleman shirt. So I want, I want to talk about or talk about this and, your, your, your, I think your CEO interview on another, another segment.

So I won't go too much into it, but I really want to relate once again, the revenue cycle to to the marketing ability. Right. So let's go back to, a scenario.

What was you said earlier? So, hey, I'm a doctor. I really like fixing this thing and makes me feel really good about myself, but the numbers aren't necessarily there.

But yet I like doing it, and so, because I put value in doing this one thing, you may you may want to hey, I'm okay with the numbers being less because I'm way less burnt out.

You know, doing this one particular thing. Right. But here's what I see, Omar. And we experienced this within our facility as well. As I see that the numbers aren't transparent at all at all through the systems UnitedHealthCare, Aetna, United, Cigna I mean, the most transparent ones probably is Medicare.

But but it's not at all transparent. And then sometimes, you know, you can get paid, you know, a dollar and 70 short, for procedure, all of a sudden like, oh no, sorry.

It's a listing error. And it's been like that for the last year. Well, and if you don't catch it, they can't, you can't you can't take that money back.

Right. So there's so much invisibility when it comes to the revenue cycle. Right. And so how the hell do we do that. Yeah.

Revenue Cycle, Numbers, and Marketing ROI

And and I'm just so just, you know, I feel like I would be supporting this, but, like, let's I'm just going to say that while I'm wearing a general shirt, this is my personal opinion, right?

Yeah. I just sell this on my company. But I really don't like insurance companies because these these companies are set up to screw over patients and doctors just, you know, you know, and the fact that they answer, to Wall Street, a lot of times they're their thing is they're incentivized to make more money, which means that if they find a way to not pay a physician what they're rightfully owed, you know, that's what they're going to do.

And it's not an evil thing. It's just this is like human nature. It's a business, right. And so what Jensen does is it provides that leverage to a physician and provides that, you know, I guess that ability to see what what is has been invisible and make it visible now.

And we work very, very hard to put it on a platform where it's very simple to understand. It shows exactly what has been submitted, what you know, what what your charges are and what you're actually, you know, collecting.

Right. It's very, very clear. And when you're able to see that level of detail and it's transparent, that's when and again, you know, it's not enough just to give the technology.

That's why we have team leagues. That's why there's an education. And support side of of gender. And that's what brought me here is because we're not just showing up and telling a medical science, hey, just let us do the medical billing and you don't have to worry about it.

We're going to do the medical billing, but we're going to transparently show you the data. We're going to be held accountable, and we're going to teach the physician, the practice manager, everybody in the in the organization how to think about revenue cycle management.

So you can actually really own business, own the numbers, own the money. Because once you have that right, that's when you can start acting like a like a true business owner and you can say, hey, you know what?

We reduced and this is a I'm quoting, I will mention the practice we've reduced. You know, we've we've reduced the number, of our denial denial rate has gone down by like 10 or 15%.

Our revenue has gone up by 8 or 9%. So we actually have a nice good amount of cash coming in month over month that we did not have before. So let's take a quarter of that money and just invest it in marketing, maybe getting some content put, you know, paying for some paid advertisements.

Right. So that patients, whether it's the actual patient themselves or maybe their kids or somebody who's taking care of them, sees some of this content about a problem they have, and then we are the ones educating them so that when it comes time for them to say, I need to see a doctor about this, there's only one place if they're thinking about the same concept, doctor, one that I just told you.

This is how the biggest, most powerful companies in the world think about marketing, which is how do we become the source of education for this problem.

So we teach this person the name of the problem, what the problem is, how to solve it. Because if you do all those things, they're going to come to you for the solution, right?

And you can do that, but it only happens when you know when you know your numbers. When it comes to revenue cycle, you're absolutely. Yeah. It only happens when you know your numbers learn learned the hard way.

Well, yeah, that's true. And even in the startup world, like, you know, I go through a lot of venture capitalists, Dax and there's a few VC to mentor me.

And we have there's a framework which shows, you know, because at the beginning you spend a lot of money on sales and marketing, but you don't get there until you actually know your numbers, like your cost of customer acquisition is how much is going into different parts of the business, because then then you know what it's going to cost to put into sales and marketing.

And so then, you know, specifically, hey, I'm putting a dollar in, I'm getting 2 or 3 or $4 out. And if you're if you're if you're not getting that, if it's a negative, then it's like, well, we have to figure something out here, right?

You got to make more money or you have to reduce costs, but you don't know that unless you know the numbers. Yeah, you're absolutely right. And I call that a money machine. Right.

You know, if you if you can put in the dollar make to then you basically have a money machine. Right. And so to do that you really have to know your numbers.

But not only do you have to know your numbers, you have to turn the numbers into words like, what am I going to do? I know my numbers, or what am I going to do with this?

I'm going to leave my team with this, and what do I want to leverage? You know, and you know, and this is not about chasing money. No, this is about chasing what you love to do as a practitioner.

Know your numbers and your your numbers and your desire may not match, you know, you know, like, for example, you know, if you're an ObGyn, you really like, oh, you like delivering the babies and stuff like that.

Well, the Gyn can make more money, but that's not what he desires. But you can say, hey, how much is it worth it for me to just go fully, you know, OB or if you are that, that that orthopedic surgeon a what if I just just focus on frozen shoulders as a diagnosis?

Like what does that happen to me. Right. It may not make as money as as doing some of the, other things, but this is what provides me with a lot of satisfaction.

And the numbers will set you free. And so and that's the takeaway here is the numbers that you free. And that's the most important thing I want people to take away from the Automation Summit is that without knowing the numbers, you don't you can't.

You can automate things. You know, that's such a great way to put it. I love that you framed it that way. And you're absolutely right. Because again, you know, forget it.

Let's set Genzyme aside for a second. Let's just put, you know, transparency into your data. Like how much are you getting reimbursed? Where's the money coming in from?

Once you get that clarity, you have a path to to say, you know, I do actually really love doing these one or 2 or 3 basic types of procedures. So now you actually have somewhat of a roadmap to say, well, for me to get to a point where that's all I'm doing, this is what I have to do.

This is how I should market. This is how many patients I have to see. And a lot of times doctors should take that route, end up making more money in the long run because that's what they're focused on.

And that's when people start flying in. There is certain, physicians I know they're doing in office, chiro classes, which, yeah, it's crazy. It's actually a thing.

And now that at that point, now you go beyond your own community, and that's when people are flying in to see you. This is how you should, you know, how you think of as a business owner, you know.

And but I completely agree this, that that's that's the best way to look at it. And then let's say, even so, you don't make as much money as you did or let's say you, you're still at the same amount.

What's most important? You pointed pointed out, doctor one is the satisfaction of fulfillment. The physician burnout is on the rise and physician suicide rates are on the rise.

Like I think it's, you know, physicians are have a higher suicide rate by like 30% compared to the general population. It's not by accident, you know, it's because I think there's a lot of lack of transparency.

They don't know the numbers. And so as a result, every physician does what they think is the right thing to do, which is I'm just going to work harder.

That's not the solution. Right? Yeah. And a lot of times in working harder on the burnout, even more because a lot of physicians don't feel like they're really appreciated.

And, you know, and I mean, I mean, some of these physician like, really large physician forums on Facebook, and what drives me nuts is just the amount of griping and complaining that's in there, something that's seemingly small.

And then and then there's a lot of resentment that really occurs in, in the people that, post those things. I just feel

kind of sorry for them because they they feel trapped, you know?

And trust me, I was one of those people back in the day when. And I felt trapped. But, you know, how do you get untracked? And you got to start with the numbers, you know, you know, I think that for those, you know, physicians who are kind of listening to are out there.

And if you're in private practice, click on a link that's with, this video, I just click on it and it is a free assessment, that you have for your practice. Jensen.

I mean, it's such a wonderful tool. When I clicked on it, that's probably one of the best, best decisions I made for, for this quarter. Yeah, yeah. And it's a great.

And speaking about the numbers look come to Jensen. We'll do this free billing and reimbursement. Certainly you're going to learn a lot. And we're going to show you the data numbers shocks everybody.

But it gives you a place to start. And you know, as Doctor One pointed out, you know I'm very proud of our technology platform. But I would say I'm even more proud of our people because, you know, each practice they get, you know, we have a customer success team.

We have RCM certified RCM managers who work with you to really coach and teach you the business of medicine. Right. And I think that's a very empowering thing for a lot of people.

So I think, I think, you know, if people are listening to this and a lot of people really want to be kind of set free from some of the day to day stuff, you gotta have to, to be a little innovative and engineer things.

But it starts by click on that link and just say, hey, let's see what the practice is doing. You know, there's there's not really any risk to it.

Finding Focus, Burnout, and Closing Advice

So and but then I know some people are just like, yeah, rather be blind to it right now because I really can't take a lot of negativity. But, you know, those people wouldn't be really listening to this video, to be honest with you.

So I think that I think the I mean, you this, this, summit has attracted, like thousands of really innovative people, from around the world. I think they all came here for a very specific reason.

But, you know, as the old saying goes, the truth will set you free if maybe, I guess, in 2021, it's the data that the data will set you free. Yeah, absolutely.

The data will set you free. So. Well, great. So, we're going to want to close this, what's the question that I asked a lot of my interviewers and is, I want you to kind of go back in time, and I want you to go back on to, say, four years ago, all right?

Just just imagine yourself four years ago. What do you know now that you wish you could tell yourself four years ago, if you go back in time? What gets everyone?

No, no. You know what? I'll I'll I'll tell you. I'll tell you it. Yeah. Because I'm staring at it right now because I have it written up. So I remind myself this, watch your thoughts.

Because without speaking of words, you watch your words become. Because those words become actions or watch your actions. Because those actions become habits.

And watch your habits becomes those habits become your character. You got to watch your character because that becomes your destiny. And the takeaway here is we literally do become what we think a long time.

And as you can see, I'm sitting in my life. I read a lot of folks, a lot of old ancient books, you know, nothing. There's nothing new under the sun. And this is what I realized.

And so as a physician, if you think that you're just going to be in the rat race, you're around this hamster wheel forever. That's what's going to happen.

You know, that's why I think in this country, the First Amendment is so important because, you know, in order to think, you have to speak and the words you speak, you take action towards.

So that is such an important thing. And it makes me sad to hear, like you're mentioning, that some of these physicians are complaining of this group, but, you know, you really do become what you think you are.

You know, I think there's even a quote like, whoever you think you are, you're right. You know, that's that's something that, I wish I knew I knew four years ago, because not knowing that now, I mean, it is definitely transformed my life very, very much so.

Well, that's a wonderful takeaway. It's a beautiful way to close. So thank you very much. How can people find you on, on social media and whatnot? Yeah, absolutely.

You can find me, on LinkedIn, Twitter, Facebook, Instagram, YouTube, and Snapchat just to look up, my name, Omar. And we'll have the link and, yeah, we'll have the link in the video description for when you click on.

So just find me there. And I would say the platform I'm most active on is, LinkedIn, LinkedIn and Twitter. But I'm active on all of them. So yeah, awesome.

If you haven't, check out his his podcast too. It's it's absolutely fabulous as well. Well, thanks everyone for joining us. We're going to sign off and then I'll head on to the next session.

I'll talk to you soon. And during the.