Introduction and Revenue Cycle Challenges

Everyone. I have someone special right now. His name is Doctor Facile or should tell who is the Mdba and the founder and CEO of this company called Jensen Health.

So there's a reason why. Why he's here. Because, you know, with us at Texas and for lifestyle medicine, we've been trying to hack the revenue cycle thing with our practice for a while, and I just realized that we need a lot more data. So, when I happened to come across Jensen on LinkedIn, I'm like, well, what can I do?

What can I and automation do within the revenue cycle? So so it became a whole lot clearer. I went about a month later after I demo platforms anyways, so it wasn't for sale.

Thank you for for coming on. I really appreciate you coming on and talk about things. Absolutely. Thank you so much for having me. Yeah. No problem. So, you know, but let's let's talk about let's, let's, let's talk about some pain points first.

And it's the perpetual struggle of doctors not understanding the revenue cycle. What? And, and and being very reactive to what's in the bank account rather than where is your dollar or penny coming from?

So. So can you talk about why physicians are having those challenges, especially in the insurance market? Definitely. I think there are a number of reasons why.

But, it really boils down to just the changing reimbursement landscape, the changing policies, updates to the coding, both on the ICD and the CPT. And also the fact that really physicians are not equipped today to keep track of all those changes.

Having the knowledge of those changes and the know how to navigate, how to code appropriately, how to, you know, really, make sure that they're getting reimbursed fairly for the hard work they're doing.

And there's just a lot of other things that are technological. You know, issues as well. There's obviously the knowledge and knowhow issues, but I think overall you can view it from a knowledge.

So just really knowing what is out there, keeping track of what is out there and know how actually how to do it, how to code appropriately, how to build appropriately.

Yeah. So, so but you know what the problem is though, is that billers have the same struggle as well, right? Right, right. So I you know, I think we as we as doctors, we're like, you know, I'm going to hire a professional billing company or a coder and a biller and they're going to handle whatever things they handle.

And when I get in there, look at the numbers. Most of the time is over. Promise and under deliver. Right. And not only that, you realize that in some of the larger, billing institutions, there's clauses in the contracts that allow the billers to automatically write off things if they foresee is too hard to to get.

And these are like one liners within the contract. They exist in almost all of the billing contracts that I've seen. And so that becomes an issue because because, you know, if if I don't know that what I'm doing is getting denied or I'm getting paid for it, like, how can you engineer what you do from a business standpoint if you don't have that data?

So why do you think a lot of billing companies also have a hard time keeping up with the LCDs, the ICDs, the CPT Is and Libre three letters that are supposed to know.

Yeah, I think you you hinted at it. I think that a big part of this is the technology, just really having the core

technology to do this work. Mind you, a lot of those folks are coming from a traditional, billing health care background, which may or may not be the most amenable to really looking at large amounts of data.

Healthcare doesn't really have a track record of building great technology. You know, the healthcare industry as a whole is about 20 years behind other industries.

With respect to, data, you know, how to interoperate from one system to the other, integrations using data in a meaningful way. Security, a whole bunch of things.

Why Billing and Coding Break Down

So I would say the first thing is just the tech and the technology, ecosystem, for everyone, every player in the space, there's also the issue of transparency and visibility, which is one of the things that we focused on early on, when we started Gen2.

Really making sure that we're empowering our, our doctors are providers. Even the billers that we work with to see all the data, everything in one place, one stop shop.

Because that's really the foundation. Once you have that data in one place, you can do a lot of cool things with it, from automation to predictive analytics to just providing insights about a practice and how they can improve certain key things.

To drive, impact. Right. So, you know, well, I think this is a big problem, in the nation is that, well, you just said predictive analytics. You know, most doctors don't know what that means.

And then the second thing is, automation, automation, when you say that's like practice owners mean something different than in the tech world. So, you know, you're smart guy.

You went to Stanford, so. Yeah, from from the tech world. I think that the we as physicians are kind of just physicians without MBAs like yourself. We've has physicians are taught to really just kind of look in what's, what's worked before in the past.

And this is the way that we did it is we learned this in training. And then, you know, we'll let the billing handle this. And as long as there's enough in the bank account, that's how we really care about.

But, you know, my company went through a period where we analyze other different practices in their financials and stuff like that, and we see, like, big time leaks of money that just kind of goes into black box.

Right? Right. And whether it's it's, you know, if it's a previous employee or something like that and there's a, there's very little. And every time we analyze in companies and because we were in acquisition mode right before the pandemic.

So every time we look at, look at a physician company, there's a lot of nervousness amongst the people who control the data, which is not the doctor. It's never the doctor.

The doctor may be the owner of the practice, but they don't control the data. And so we look at the data, we're like, well, this doesn't look right. And we approach the physician owner as well.

This has been like this for the last 30 years, you know, what do you want me to do? I was like, well, it looks like $40 million in the last 30 years of fraud.

Yeah, there's there's all kinds of stuff that you uncover when you dig deep. And in fact, you're absolutely right. Folks get nervous, you know, for one reason or the other.

Once you actually get into those numbers and, sort of digging in, things are writing off, even collecting, from from

the front desk and keeping track of those, those, payments.

If you don't have that visibility and transparency, you're just bleeding, bleeding money essentially. Yeah. And, you know, I, we also experienced that firsthand because we didn't when we first start, when I first started the practice to really have a grasp on.

Right, policies and procedures for, for collections and when we had a rule there. But you know, what happens if it doesn't get done? You know, none of that stuff was available.

So I think, you know, when when Jensen came into the picture, I think the the most important thing is how, you know, here are the numbers. How do I turn numbers into words?

Mean that okay, I know the numbers. What do we do next? And then how do we predict the future? Predictive analytics. Right, right. And so and I feel like a lot of practices, don't have that because they think, oh, maybe it's our office manager's role where CFOs, role.

But believe it or not, a lot of the the non physician administrative staff do not have an incentive to change anything because there's a comfort level that's there.

Yeah. And the minute that you get more analytical is when the discomfort sets in. They're like okay well and not not because they're, they're dishonest people.

They're like they have a pride and and rightfully so. They have pride in the practice. And you're really uncovering things down to the penny that we don't know where the allocation is.

And hey, why, you know, why do we give $7 less per patient for Cigna for the last six months? Right. And unless the physicians looking at it is not necessarily incentive for a lot of these stats change because the pain of changing is way too hard.

But depending on the physician culture. Right. And that's and that's the promise of automation. Right. Because if you look at automation holistically, it can be broken down to a few things, one of which is RPA robotic process automation.

And this looks at more repetitive tasks, things, things like checking your eligibility and baskets verifications, things like checking claims statuses, things that are very defined and repeatable, workflows.

And you essentially build a bot or robot that just does that over and over again based on those parameters. Right. And if you think about the amount of time that, practices are investing in, you know, just making phone calls to payers or doing this, going from one insurance company's website to the other and doing these manual tasks, it really does not, it's not a good use of time and resources.

And so the way we think about these things is that how can you free up time so that folks are doing the highest value thing within that organization? Right.

The things are really going to move the needle, the things that are going to drive, revenue and improve patient care. Most importantly. So that's just one pillar of automation.

And this is the predictive analytics, right, where you have some kind of model where you train looking at historical data. Right. And that can help you literally let you know if x if we see this pattern then why.

This is what it means, right? Looking at historical data using other data inputs.

Data Visibility, Transparency, and Automation

And the only way to do that is to actually have your data in one place, to have that data in a format that works, for

that kind of analysis and, and, automation.

And so that's one of the things that we focus on really bringing that data into one place. Normalizing the data, streamline the data so that you can start to get those insights, whether it's understanding your best performing, procedure codes and why it's performing best, looking at different parameters like pairs, like even, the kinds of codes you're using, understanding all those inputs really makes a difference so that you can make the best decisions for your practice, right?

Yeah. You're absolutely right. So, you know, speaking about code. So whenever we were doing all these codes, I think for most physicians we're like, okay, I'm going to put a, you know, not on to on for whatever it is and, and and hit done on the no or check off on the note that goes to Biller and then it goes into this magical fairy dust.

And then and then we see if we get paid or not, but not necessarily on that code, but to see if money comes into the bank account. Right. And I think that era really has stopped because this is literally how doctors get are taken advantage of by, you know, the insurance companies and bureaucracy and stuff like that is because that magical fairy dust is not really investigated. Right.

And so, yeah, you know. Absolutely. And, you know, that's a huge, huge point because, yeah, at that point you're just getting scraps. You know, and if you don't know what you deserve to get, you know, you can be taken advantage of.

In fact, one of the things that we do is to really look at, underpayments. So really understanding what should that code reimburse based on your contract, based on what should be reimbursed and investigating that to what was actually reimbursed.

Right. And so by the time you're sending these claims, you should know what you deserve to get paid based on the contracts and based on what's happening, from from the payer. And and then, you know, if that does not happen, you should be empowered with the data to actually fight and get that, reimbursement that delta that you're missing.

Yeah. And we actually did that manually, a few years ago. Except I don't really catch up to to 11 months later. I'm like, wow. And why why why are we why is Aetna changing the $12 on, on on each of these codes right here.

So by the way, we didn't get recoup for that money for three years. All right. And part of it is we weren't really able to supply a whole lot of proof other than some jobs.

And then there's departments and appeals departments and appeals departments to. And then three years later, finally got it. And it was it was so like crazy because, like, if we didn't have a good financial health and the rest of the practice and doing other things like how can, how can like a solo doc survive on this, you know, it's just not possible.

And I think that, and the end of it, they're like, oh yeah, we had a, we had a glitch, you know, in The Matrix or something like that. Sorry about that.

And this is three years later, which, and there's multiple class action lawsuits that are going on for, for stuff like that currently in some other insurance companies.

But it's, it's a daily thing. I think that, that we have to use the same weapons that the insurance company is using to, to, to do this. And that's with, I think, automation, artificial intelligence, machine learning, bots and whatever it is.

So, I'm glad I'm glad Jensen really offering that to, to the masses here and, and so, so how did you come up with this? You know, like what? Why did you even start in Jensen?

Because I know you want to, you got your MD and MBA at Stanford, right? Right, right. And then, so how did you how did you come up? Yeah. Yeah, definitely.

I can tell you I can tell you a quick, quick story about how this came to be so I, you know, I did my MBA, Stanford, and towards the end of my third year, I, I, I knew I was not going to practice medicine.

So unlike a lot of my colleagues, I did not actually apply for residency, primarily because I wanted to do more sort of macro things and sort of have a bigger impact, from a tech standpoint.

But also, I would say I saw my attendings and really how they work with the EMR is and just the documentation, the constant back and forth in insurance companies, even at a teaching hospital like Stanford.

You'd be surprised, Eric. No one was spared from all that administrative work. And so that really the combination of those two things made me go more the business route. So I did my MBA, Stanford as well.

After that, I ended up working at a startup called NerdWallet. It was an early stage startup at the time, but NerdWallet is they they offer, you know, marketplaces for financial products.

And, you know, is this really, a place where you can make the best financial decisions on credit cards, loans, all that kind of good stuff? So that's where I got my baseline learning about startups, the tech world, you know, was based in San Francisco.

So really thinking differently about impact business and how technology can really you know, affect folks in a positive way at scale. So after NerdWallet, I jumped into private equity where, you know, I was, the VP of their health care business, and these folks were rolled up a number of revenue cycle and building companies.

And that was what really gave me exposure to, like, the whole shebang of, revenue cycle. I was working at a large health systems think of, you know, just some of the biggest health systems in the country.

And you not you will not believe all the waste, all the paperwork, manual work, just the number of people devoted to the most, manual tasks that just have to be done just the way this system is today.

And is this very hard to get folks paid even at the systems level. And so I was like, wow, if it's if is this difficult at this level, what about the independent doctor?

What about the solo practitioner or the folks that wants to help their own community and do something that is more accessible that, because we all know that getting care in an outpatient setting Non-hospital affiliated setting is way cheaper, way affordable, or more affordable, relatively speaking, than a hospital.

Building Jensen Health and Predictive Analytics

Right. In fact, there have been studies that show that you actually get higher quality care in non-hospital settings. But what we're seeing is that the tide is going towards consolidation because it is so hard.

It is so hard for, doctors today, independent private practice today to, to to just keep the lights on, to be able to remain independent. Right. So it was really that realization that really made me want to focus on the specific segment of independent medical, professionals, doctors and surgeons and what have you.

And I think in addition to and the inside is like, how can you build tools? How can you build infrastructure to enable doctors get paid on time and in full?

How do you simplify this entire process end to end? How do we bring some of the technologies that have worked in other industries at scale? How do you bring that to health care?

Modern technology, modern user interfaces, powerful software in health care. Right. And that's really the the genesis of, of gentle, gentle, is Latin for revival, is a Latin word for revival.

We want to revive, private practice, independent doctors, you know, the community doctors that are just getting

started and just give them the tools to be able to thrive in this environment. And in addition to the the tech.

Chang, what makes us unique is that we laid on a, a fintech player where we're able to pay for claims upfront. So instead of instead of folks waiting, months to get paid weeks or months to get paid, for practices that we, we have deep integrations with, we can just pay that claim the moment we submit it to the insurance company and take the risk on the back end.

So, and the only way you can do that is if you actually, if you have powerful data and you cannot really predict what is going to get paid. So it's not a trivial problem.

So we spent a lot of time building this kind of capability. And so yeah, that's, that's a nutshell. You know how Jensen came to be. Yeah. That's great.

So that's interesting because, it's like, you get you get cash flow the minute the claim is submitted. Not waiting for the insurance companies to come back necessarily.

Right. And, and, but with but the reason you have the power is because you have the predictive analytics and say, hey, there's a high chance I'm gonna get paid for this based on this code, based on historical data. Right.

Exactly like that. Yeah. And and I don't think a human can do that on a large scale, because there's a lot of statistics that go into that exact. And so, so the the other thing is, is, if there's technology that can support this, I'm assuming that what you're trying to do is decrease your own fixed costs by having less humans do the things and have them be more of the leadership role, the health practice.

Right? Right. Exactly. And that's our philosophy. And we believe that should also be translated to the practice. You know, there's some codes that and I think we were talking about this, to some time ago, a couple days ago regarding how we were able to help your practice with, some of your cost structure because of, you know, how, you know, we're able to help with reimbursements and just improving the bottom line, so to speak.

And maybe you can share a little bit more about that. But from our side, we're laser focused on how do we make sure our folks are working on on only an exception basis.

What that means is that the rule, the rules should be everything flowing through on its own automatically, and we should only have human intervention when there's an exception or something.

Like a long tail thing, something they need to review. And typically we want this to be less than 10% of the entire workflow, right? The entire transactions.

So that's really how we approach it. We look at every part of the revenue cycle, you know, both holistically and, and which are stage by stage. So from eligibility to coding to submission, to claim status checking, payment processing, all that stuff and just be laser focused.

How can you automate this? How can you increase the quality of the the work being done here, monitoring over and over again? Yeah it's great. You know, with with our practice, for example, one of the things that we noticed is that, with more of the analytical stuff that's coming through, we're going back into aging claims, you know, back a year ago.

And so you oh, my God, how do we how do we miss this? Can we can we can we change this, please? Yeah. Yeah. We're actually able to find quite a bit that was left on the table.

And I think I was telling you before I was with Jensen last month was our it was our most profitable month because just of the sheer amount of data that we, we got and it changed like, oh, all we did was a 1 to 2 millimeter shift in our processes and procedures.

Right? Was and oh, okay. Well, this I wish I knew this a few years ago. Right. That docs or docs or it can be even

as much as ten, sometimes 15. You've seen we've seen some pretty just bad, you know, just billing operations.

It's kind of sad because you have folks working very hard and they're just not able to realize the benefit of the work, and they're not even able to stay afloat because they're filling up a leaky bucket.

Right? It's it's a leaky bucket. And you need to plug those leaks so that you can actually have the water to take you know, so that's it's incredible how much, how much how many leaks there were in our bucket as well.

So yeah, I think and, you know, I consider us doing pretty good even before because, you know, I certainly knew a lot more about the revenue cycle than my physician counterparts, yet we still leaking, you know, quite a bit.

Six figures, by the way. It's it's quite a bit, yes. Leaked, that we're able to recover within, within three months. Right. Yeah. And so I think that the lesson here is that without data, we're flying blind.

Right. And with data, we're able to curate and do the things that we want to do in standardize our procedures and not only that, decrease our fixed costs.

If I have, you know, too many employees focus on one thing, then not a whole lot gets done. And, I know the return on that investment for that employee is not very modest.

And I want to really change the system. And that's what we did. That's and we continue to do that with the revenue data coming in. So, you know, some examples, for example, the idea of a medical system, and as, cynical as it sounds, the idea of a medical system sounds really silly to me because here's what the medical system supposed to do.

The medical system is supposed to assist the physician. That's it. Right. And if you go to every practice, every medical system has a different set of rules.

There's a medical system for this and this and this and this and this and this. Right.

Cash Flow, Underpayments, and Practice Efficiency

And so, what happens is that this structure has been here for the last 600 years, at least the doctors having medical assistance. Right? It might have worked in 1927, but right now, with the digital data, decrease fixed because you might need virtual assistance, right?

You might need to. And we decreased our footprint in square footage in our facility during Covid, because now a majority of our staff is not in our facility.

It's working off site. And so, and I think that, you know, people understand, like for every penny or every dollar that you save is a dollar worth of profit for every dollar that you earn, it's it's $0.30 worth of profit, if you're lucky.

Right, right. And that's the thing here. And it's not about just revenue cycle management. It's not about just getting money. It's about using that information, decreasing the fixed costs and in and take away the a lot of the bloat, within processes within the medical facility.

And all of a sudden even without increasing your revenue, your profitability is is is to X, you know, like over a span of, you know, 2 to 3 months, right.

And that's actually what we've experienced, you know, ever since the pandemic. So that that the so this idea that something should be done that always been there always has been done.

It's to really change the, the whole that's the whole point of the summit. The summit is what abandoned all the crap that didn't really work. I think. I think, you know. Yeah.

And I'm glad we were able to help in that way in a very material way, like that. But I think you're absolutely right. I think that just changing the mindsets and because really, as doctors, you owe it to yourselves to, to do, to be able to thrive in this, in this environment, to be able to adapt in this environment, to be able to look at your entire cost structure and optimize and cut out, extraneous things that are not needed.

And you also owed it to your patients, to, right, the patients that really rely on you. I mean, they're getting great care. They want you to succeed. And, you know, we really, as doctors, really need to just take a very deep look at this data is really going to be is the answer.

Using the data in the right way is the answer. The data can actually you know, I we're talking about this, you know, a few days ago as well. But thinking through how the data can incentivize you to do the right thing.

So, for instance, a lot of these new workloads that have been released, that, are supposed to promote communication between one doctor and the other. Right.

How can you start looking at those new, as new, those new service lines as ways to improve your both your top line and also your bottom line? Right. And you're doing the right thing.

You're doing the right thing by promoting communication, breaking the barriers between and the silos between one doctor, one specialist, one surgeon, and an integrative physician or primary care physician.

And it really goes it really goes a long way. And these are the things that you need to capitalize on in order to thrive in this new environment. Absolutely.

So, yeah. Speaking of other patients, talk about improving health care for the patients. Right. And that was a really good example. So and I want people to understand this.

So there's there's a lot of anxiety that pops up for most doctors is you say, hey, can you talk to my surgeon about what you're what you're thinking? And can you talk to my cardiologist? Right.

Can you talk to to which other specialty can you talk to? My primary care. And then all the doctors thinking about when the hell I'm going to have time to go to call and arrange these meetings, right?

Right. Until, you know, you understand that your texts or phone call, if it hits five minutes, you actually generate more revenue per minute than seeing the actual patients.

If you talk to the consultants or the primary care. And most people are going to be hearing this for the very first time out of my mouth. But I know because we have data.

And so that's why I allocate, half day a week for me to talk to other physicians is because it's a good revenue model. And guess what? It over delivers on the patients.

And then whenever we send the patients, hey, I talk to your gas. And Roger said he just wants to know we agree on everything. Let's move forward. And they are so grateful.

Right, right, right. And guess what? When they and by the way, they do sign releases, financial policy, they get billed for it. But when they get that bill, they love it.

All right. Like, you know, I'm happily paying this because. Because you just talk to my doctor. Well, no one else did. And that is the communication is really where the future of medicine goes.

And I think that's where AI and tech should really focus on bringing people and communication together between doctors and stuff like that, because right now there's I think there's there's just too much animosity between physicians, especially during Covid.

But you can't do that without without looking at the data. Right, right. No. And, you know, you absolutely hit the nail on the head. You doing the right thing by communicating with all the stakeholders in that patient's care journey.

And you're getting paid for it, right? You're getting paid to do the right thing. Communication remains perhaps the biggest barrier in health care to make that makes things broken.

And once you start breaking the silence of barriers, you start to see a lot of great thing. It certainly is good for the patient because the patient experience is elevated.

The doctors are rewarded for doing the right thing is no longer a thankless task where, you know, you just, dreading spending all this time, but provided, you know.

So you said some of for some of the doctors the first time. So this is the knowledge piece. The knowledge gap right from the knowledge gap. And then, you know, the knowhow gap, which is where all the, the, the tech, the automation, the analytics really lets the doctor see the data that drives that decision to like, oh, well, maybe I should really invest more in doing this stuff.

Well, I can see how this could affect our, you know, our top line in certain ways or even even patient outcomes. You can track a whole bunch of things right from financial to clinical.

But having that data is so critical in this, in this scenario. It's no it's no longer critical. It's, it's it's it's a necessity because I think critical is still optional, but necessity is actually needed.

Yeah. Because I, I've seen too many of my friends. It's kind of go south, you know, and I have two, two of my really close friends are doing startup, you know, medical practices right now.

And, and, you know, I kind of smile a little bit because I don't think that. No, they're in for, but at the same time, it's it's a nice fresh start during the pandemic era to really kind of rethink the roles of, of, of different people, you know, no buys them.

You got to get virtual assistants, you know. Right. Because they actually have full time capability of, of, of, of doing things. Very focus on the frees up your arms and then, you know, things can kind of marry together.

I think that the, the there's an intimidation here. Let's and I'm going to talk about billing in general. So you usually have, private practice, doctor with Billers that they hire full time, a part time, or you have, and outsource, billing agents, revenue cycle management.

Right.

Patient Communication and Better Care Coordination

And so, the, the and generally the, the percentage cut of the, of the Biller encoder is it's usually pretty dang high and people don't know high is, but but it's actually pretty high when you, when you're approaching, you know, six and a half, 7% it's pretty dang high.

Because that's, that's a lot of money. And and what comes out of that is usually something that's really under delivered. Right. And so from I think there's intimidation on the billing companies, the billing right now because how much has changed since the pandemic, you know, you know, every, every other every other day, you know, during the height of the pandemic in April.

Yeah, April, May CMS has come up with brand new things. You know, Bill, bill, this at location 11. No actually do location number two for telemedicine.

No, don't put location at all. You know and then and then and these are like put being put out on like national media. And so and I and I receive this information because I'm very familiar with billing codes but with average

Doctor Who doesn't necessarily do it.

But then whenever I talk to other billing companies, like they're behind on it. And not only that, most of the billing companies that I've spoken to don't didn't know that you can get you can bill for your doctor talking to another doctor about patients.

That's actually a billable event. So I don't think there's an intimidation because there's not really incentive for these companies to go after it. Because the minute that the insurance company sees the new code coming out, they pause.

You on the revenue cycle, say, wait, what is this code? Right. And let's let's have you submit some more notes. Which aka insurance company say let's bye bye.

Some more time to see if they just leave it alone. Right, right. And without data and without the like, and especially with what Genzyme provides on that data.

What is that? What is that lead time and what does it tell time behind that? You have no freaking clue. And so how are we going to engineer and re-engineer health if if we don't have the that data.

But the intimidation of of billing companies there and that's I, I think it's good it's because, we have to propel into the future and bring hands into the doctors practices and see the community practices and and to do that, we have to get really high quality, accurate data over time.

And predictive analytics, you know. Yeah. Yeah. You I think you nailed it. I think this is the time to be to be bold. And, you know, and I speak for myself in medical school sometimes you just, the psychology is that, you know, you always want to sort of feel like you know, it all or not, not even know it all, but just have that confidence that you know what you're talking about.

But it's okay not to know as long as you are going and you want to learn and you have the right mindset around data, around just, hey, we're learning and and I want to improve.

I think that's the right mindset. The thing about the billing companies, as you mentioned, is some of them charge a lot of a lot of, a high percentage, but they're going after the low hanging fruit, right? Yeah.

And if they're not able to improve your collections, materially, 1015 20% that, that that math doesn't work. Your actually your margins are actually going to shrink.

So you're just going to have this crew taking a whole bunch of real revenue. And it's the same old thing. They're not bringing anything new thing to the table.

They're not keeping up with all the new changes, the policy changes. They're certainly not bringing in tech. Or they just it's just, a lot of talking, but no actual delivery.

And you just need to hold them accountable. You need to see the data. You need to really have the confidence. And don't be afraid to rock the boat in some ways, because if you don't rock that boat, you know you're going to sink with the boat.

You know you have to, you know, because now is a very instrumental time, as you said, it's, a necessity now. It's it's not, it's not is not a luxury is a necessity to be able to use data to make the best decisions.

Yeah. So, you know, as as you're talking about this, I'm having flashbacks or through, you know, in billing, billing companies, stuff like that. And I'll tell you guys, I've experienced everything this man just talked about, rocking the boat, finding things out, being just absolutely stunned.

How much is left at the table once another billing company stunned again. Once another one's done again. So I

feel like every year we had it. We had what I knew.

But what it really allow me to do is to see exactly what's really screwed up about the revenue cycle. And this is I learned so much by just being very analytical.

You know, I'm not expecting other doctors to do that. What I'm expecting other doctors do is learn from all of us. Please learn from all of us. You don't want to taste that taste that pain point from all of us, you know?

Right. So, I'm I'm very glad to to to work with you guys. And so I'm very glad to have you guys give me the opportunity to actually look at really cool data that I didn't think was possible to, to even get.

And then when we turned the data into words, then we know, hey, I want to scale here, I want to shrink here, and I want to move some pieces here. And it's like playing chess and it's kind of fun, right?

You know, it's great. And it's been a pleasure to to work with you. And we're just getting started. I mean, once we actually get deeper integrations and it's going to be night and day from what you're seeing now, but it's, it's very exciting to work with you as a leader.

And, you know, I think this is just the beginning. There's a lot of cool things to build together and, you know, and potentially even help more and more, doctors, that, that, that could really use, some, some support in this area.

Oh, yeah. Absolutely. So, you know, I'm going to ask you a question that I asked most of the summit, speakers and, you can take your time in thinking about it, but, so when the gentlemen start, what year, 2019, 20 years ago.

Yeah. All right. What do you know now that you you wish you knew back in 2019 when you first started? Gentlemen. Thank you. I think one thing. I would say the biggest lesson over the past two years is this consistency.

It's it's a very boring word, but it's a very powerful thing. Just being able to be consistent.

Consistency, Leadership, and Closing Thoughts

Whether it's in your messaging to the market, just, you know, for us, we're really focused on independent medical providers. You could be a solo practitioner, you could be have a surgery center.

But just the folks that are doing this out there in the market, consistency in, in the, in our, in our quality of work. Right. You know, just holding yourself to that standard and being consistent because it's very easy for things to slip as you grow as, you know, one thing or the other.

But there's such a power there and it compounds over, over and over again the more you do it. And so it's, it's, it's it's a very powerful thing. And, and I and I wish I, I, you know, I wish I knew the power of consistency, right from the beginning because it's something that, you know, we've just because that's just the way we do things.

But we've learned from a lot of our our customers are provider partners that this is something that the value of the, you know, we're going to give them consistent, word, consistent reports, you know, that kind of thing.

So that's, that's the thing that really, comes to mind. Yeah. So I, I agree with you there because, I think there's whenever you're in a company, whether it's a medical practice or tech company, consistency seems counterintuitive when you have to innovate to change.

But part of consistency is that you have to be you have to be. You have to consistently innovate as well. Right? Right. And shift. And so, you know, I think your definition of consistency is not how you do the same thing all the time.

And don't. No, you know, it's essential to your values and your goals. Right? Right. And it's a very mature thing to say because a lot of companies not even started.

Large companies struggle with the consistency of sticking to the core values because, you know, even us, we dabbled here, dabbled here, dabble here. What happens is that our essential core process was compromised because of the dabbling and the allocation of resources.

So I 100%. Yeah. Right. This this. Yeah. So I just been just looking at that end, end result. I really want to help Doctor One's Texas lifestyle go to the next level consistently just hammering on that.

And once you have that true that true vision, you know you're going to innovate is all part of that consist. You consistently innovating. You're consistently not letting things dropping the ball and this little thing or the other, you know, you're consistently just doing what needs to be done right, making sure that that foundation is is strong, you know, otherwise you're just going to be all over the place.

And then things just start to fall through the cracks, which we don't like at all. Yeah. And that's really part of being a being a great leader too. Is that consistency of delivering value to your staff?

Right. To the people who kind of look up to you and, and then serve those people. And, and I told, I was speaking in another summit leader that, hey, you know, the way I view myself is I'm the CEO of Texas Center for Lifestyle Medicine, so I don't my employees don't work for me.

I work for them. Right. And that's always going to be, you know, my consistent bias, if you will. Right? Right. And so I think and I think that's really lost and, and I think from a medical practice point of view, we also have to be consistent with our patients too, because guess what?

If the patient has inconsistent like billing standards, if they're getting a bill for something that was done a year and a half ago, because the revenue cycle didn't really, really match up, which happens.

Absolutely. Have. So the literally a bill can be like for something a year ago. That's inconsistency. And it's because something happened within the revenue cycle that didn't really match up. And they're getting EOB later.

They're like, oh, you're just doing fraud. So so that is very, very common. And then the docs was like, well, let's just write it all off. I mean, it's been a year, right? Right.

You can't make that mistakes because those out of millions of dollars per doctor over the years, you know, that's more than retirement. Just just that small amount and consistency.

And so but but thanks for being on man I know we've talked for a long time. I kept you for a long time. Thanks for being on. It's always the always pleasure to you.

Yeah. You know and so but you know guys if you, if you want to, try out, gensim has a really cool service where they actually do a whole analytics, for your practice free of charge.

And the link is in the in the description below. You can't lose. We found 350 grand just in my practice, FYI, on the analytics. And I actually came through a few months later.

So it was it was really nice to recover those charges. But but yeah, just just just click on that. And if you, if you have any questions, you know, in the link, there's also, a form that you fill in once and then you can submit your questions over there as well.

But go ahead and just just take a look. And you know, you can't lose is as long as long as you're willing and open and honest about, what you might find and be excited about the errors that are fine and, and know that the mentality is for you to sail forward, that you want to fail right now.

So click on the link. Thank you guys. And thank you for Zo, for her, for, for being on. Thank you Chang crew. Appreciate it.