Part 3: Opening Your Own Practice Transcript

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Episode Introduction and Guest Return

Welcome to a special Heartline Echoes episode where we revisit some of the most impactful conversations from Heartline changemaking in healthcare. This rerun isn't just a replay.

It's an opportunity to reflect, reconnect, and reignite the ideas that continue to shape the future of healthcare. Whether you're hearing this for the first time or returning for some fresh insights, let's dive back into this powerful discussion.

Enjoy! Welcome to Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, a board-certified emergency physician, physician development coach, and educator.

After years on the front lines, I've learned that real change in healthcare starts within. Each episode invites you to explore the inner work that unlocks clarity and bold leadership, because healing systems through changemaking begins with following our heartlines.

It's great to have Dr. Kimberly Chan Ko back on the podcast. Dr. Kim was talking about her journey to opening a ketamine clinic with her husband. So if you haven't listened to those episodes, I would encourage you to go back and listen.

And as a follow-up, we're going to do some frequently asked questions that Dr. Koh and her husband receive about their ketamine clinic. And I just want to give you a little bit more information.

So Dr. Chan Koh created Ketamine Startup with her emergency medicine physician husband after several years as the creative director of their own ketamine infusion clinic.

which is reset ketamine in Palm Springs. And Dr. Kim is an ophthalmologist. So please go back and listen to how she became a creative director for their ketamine business from ophthalmology.

And it's a fascinating listen, but we're going to jump right into the FAQs.

Who Can Open a Ketamine Clinic

It's great to have you back on the podcast. Oh, thank you so much for having me. This has been a blast doing all this. So very happy to be here. So the first question I want to jump into is can any physician do this?

Are there any specific licensing additional training required or is it limited to certain specialties? You know, as of this podcast recording, there is no new other licensing than having a medical license in the state that you're practicing in.

And then all the usual stuff, you know, like the national provider identifier, your DEA license, and then of course there's all like the business end, like business license, fictitious name permit.

But there's no governing body that's saying only individuals with this many hours of training with ketamine infusions to treat depression or whatever, it doesn't exist right now.

That being said, most specialties that go into this are people that are comfortable with utilizing ketamine. You know, so emergency medicine, anesthesia, and then those that are not necessarily having been trained with ketamine are those that are used to treating individuals with mood and or pain disorders.

And so that's why you'll see a lot of psychiatrists, but you know, we've taught and we've also seen clinics that are

run by physicians that are of none of these specialties, you know, so OBGYN, family medicine, but of course, you know, they do the research to find out what they need to do and how to do it safely.

And I think that's a really important concept for our listeners to take to heart. you are a physician and you have a medical license. I think a lot of times, especially physicians, get so focused on what you have specialty training in.

And I'm not discounting your specialty training, but when you look at the number of hours of medical school and residency and continuing education that physicians do compared to nurse practitioners and PAs that frequently switch specialties all the time, that had less baseline training than you had, I'm not saying you should do something you're not qualified to do, but I am asking you to think about how much training you've had and how well you've proven yourself that you're able to learn new information.

Oh yeah. No, I think you've hit it on the head because it has to go down to, you know, if you were to go to yourself as a patient, would you be comfortable with the amount of effort and extra training you've put in?

Because I mean, there's always new things coming out, new techniques and new medications and new algorithms of how to do treatment. And what do we do as physicians?

We go, we learn, we do either a weekend workshop or you do some sort of training. This is no different of like taking ownership and really, really knowing what you know.

And I think that's one, it goes back to our previous podcast of being really clear on your values and who you are and like, don't kid yourself. because the specialties that have not been trained with ketamine, like the non-anesthesia or non-emergency medicine, the ones that I would feel very comfortable and okay with referring patients to or seeing they did the extra mile to really understand how to safely utilize that medication.

Absolutely. And at the end of the day, what it's all about is we want people to be doing what's safe and patient-centered and not getting into something just to make a buck, especially when you think about how vulnerable your patient population is.

Exactly. What kind of staff do you need to open a ketamine practice? Technically, you can get away with just being you. So just one physician. If you are comfortable with placing IVs, answering your own phone, using a spreadsheet to manage your or QuickBooks to manage your business side, it could be just a one, a solopreneur solo practice and like solo, solo, like not having anybody else there to support you.

And so that's why people are like, oh, I'm so worried about hiring and who should I get? Technically, that's not really an excuse to not take action and do this.

That being said, when we first started, Sam was the one that he did the IVs, he's done everything. And then he would have one medical assistant to assist, whether that's just having another person there to help hold space and watch the patient, check them in and help them to their car.

So technically you could do that. Now, it goes back to your level of comfort, your level of hands-on training. So if you don't feel comfortable getting your own IVs, you might want a nurse to do that.

Of course, you just need to be very aware of who can do what. and who can't do certain things depending on the state you're in. Absolutely.

Staffing and Startup Costs

And when you say help them to the car, obviously they have a ride. It's just getting them into the passenger seat. Oh, yeah. No, that's one of the things you need to be very clear on is who is your ride home?

And is this not you waiting in the car for two hours after your infusion? Patients will do that. So it's being very clear on you need to have a ride home or have somebody pick you up.

Absolutely. How much does it cost to start a ketamine clinic? Are people generally getting a small business loan to open their own clinic? It varies. Some individuals that we've worked with, they will use They've had some savings.

That's what we personally did. And then there's others that look for investors and depending on what state you're in, there's different laws in regards to the corporatization of medicine.

Some will take out a small business loan. Our rough estimate is between $75,000 to $150,000 to start. And that would include having a bit of runway, meaning money to cover your expenses for six months to a year.

Now, of course, it very much depends on the location you choose, what city, what actual physical location, because rent and staff are one of the larger expenses that you're going to have.

We kept ours extremely lean we were very lucky to find our first location, which was 1200 square feet. And we were lucky that our rent was under 2000 a month.

This was like, you know, pre-pandemic, pre up and down of the economy and all that stuff. And so we were able to keep it very lean. So of course, using our savings wasn't as a big deal.

Now, if it was 150K, by no means did we have that kind because we still had our student, our med school debt. But I would say low end, very conservative, 75,000. That's a good number to keep in mind.

So at this point, you've probably seen some people be successful and some people not be as successful. I would imagine there's a fair number of listeners like, well, you know, I don't know if I have 75,000 liquid right now, but I could probably continue to work half time.

and be able to cover my expenses. Do you think that's a potential strategy? It could be because when we started, we were still both working. I was full-time and Sam was working three different ERs and he would be just seeing patients.

He'd have one day of clinic a week and then three to four other days of the week, he would be in the ER. And of course, because we knew we were moving in this direction, of course you would do nights or holidays, weekends, anywhere.

He knew that his time financially would go further because he knew his goal or our goal was to make this clinic successful. I mean, that's one of our big tips.

A mistake to avoid is thinking you need to quit everything to make this happen. Because it's not just, not only do you need to figure out how to treat ketamine patients and all that, you yourself get to discover if this is really for you.

As little as you could invest time and financially, but then discover if this is a good fit for you is kind of a wise direction to go. But definitely, you can still keep your day job.

But just being very aware and mindful of that you are going to be juggling a whole other thing, a whole business yourself. Just talking to you, I'm reminded that you can see if there is a clinic that's already established or that's not even related to Academy.

Maybe it is a medical spa or maybe you have a colleague that has a family practice clinic and there's an extra exam room or space, you could sublet or even have a space within a clinic.

One of our students in our last round, before our course even ended, found a plastic surgeon that was like, hey, I have space, we're friends, we know each other, go ahead and start using this space to start your clinic.

So if you're able to find that, that can even drop that 75K down a little bit lower. That's a great point, because I do some veteran disability work and the company I work for sometimes sublets various offices, like chiropractic offices.

And depending on the arrangement, of course, which comes back to the finances is you may be able to leverage their staff if that's part of the agreement that they'll help check patients in and things like that.

But that's, of course, something you'd have to negotiate. Of course. But there is a way. If there's a will, there's a way to do this. How much are patients paying for a ketamine treatment?

Depends on location. It depends on how saturated that location is with ketamine clinics. I've seen most currently the lowest, about $500 for an infusion and then all the way up to a thousand.

It's in a location that has a higher disposable income and there's nobody else out there. So they kind of have the market all to themselves. Um, but that to keep in mind is for the depression treatments, which are traditionally, you know, shorter and may require less ketamine as compared to pain treatments, which are going to be a higher dose and longer.

And there will, they'll be priced higher. Let's stick with the person coming in for depression. How many treatments and how frequently are they coming into the clinic typically?

If this is their first time ever getting ketamine, they're going to have six treatments that can be spread over two weeks or three weeks. So that means one week is going to be two, the next week is going to be two, the third week is going to be two.

As you can see, you get the six in in that short period of time. Depending on how they respond, how their depression or anxiety or PTSD scores go, then either a booster will be scheduled.

Treatment Pricing and Patient Volume

For some people that are feeling better but needs a little bit more support, that might be within a month. Some people, it could be in six months. We've had patients that they had the six and they're fine.

And we have patients that had that initial initiating six and we see monthly. With our goal of stretching out as, you know, kind of treat and extend, how well can we support them in not having to need it so frequently?

Depending on the area that you live in, I mean, at the high end for six treatments, that might be $6,000 on the low end. maybe $3,000 for a patient, which is still pretty expensive.

For most people, that's a lot of money. How can patients pay for this? I mean, do some practitioners accept insurance? Will insurance be reimbursed for something like this?

It's still like a moving target. Things are ever evolving. Most clinics will be just purely cash-based. Then some will be cash, but then you can do a super bill.

So then the patient can take the super bill and submit it to their insurance and the insurance will cover a portion of it. We've had patients that had the majority of their treatment covered.

Others, they tried it and they didn't cover it at all. For some HSAs, that's something that you could use or care credits. There's like financing models that you could use, but you would need to have a person dedicated, in my opinion, to deal with that.

So that would increase your staffing because it can get complex. You're adding more paperwork. As of now, as of this recording, there is in Massachusetts, Blue Shield does cover the intranasal ketamine.

and ketamine infusions. And I mean, of course, other insurances do cover the intranasal spravato S ketamine, but it's very varied depending on where you are.

I mean, we have Blue Shield here in California. They don't cover it. I think there are some Kaiser's that do. But what

I've noticed is the insurances that do cover it, there's a lot of hurdles, there is a lot of things that patients have to do and prove that they've tried as insurance companies do.

As physicians, we're familiar with the frustrations that patients and physicians can have about getting treatment that is needed. So there's that added layer When I was just looking over the Blue Shield in Massachusetts, their requirements is they have certain age requirements and that they're not on certain medications.

It's just another layer. But yeah, there's a lot of variation. I mean, I know some clinics, they do provide some sort of, depending on if they're perhaps a veteran or a first responder, there may be discounts.

So there's different ways people are working to make this work. But as of now, I would say most insurances don't. Yeah. I think that's just something that every physician has to negotiate on their own.

I think there's a lot of moral injury happening within working in the traditional healthcare system that physicians feel that they can't devote the time maybe that they should.

with their patients where in this model, you set how much time you spend with the person. And then you also set how much you're getting reimbursed for that.

And currently, I'm seeing a functional medicine physician. And as far as my labs went, she attached ICD-10 codes to my labs. But then it was on me to ask for reimbursement.

And I'm still waiting to see she says a lot of her clients do get the labs reimbursed. You know, I think it's just an individual thing. Because on one hand, it's like, okay, well, I'm a physician, I'm pretty sophisticated.

So asking me to fill out forms and submit it isn't a big deal. But you know, some of our patients It's a big hurdle. Oh, yeah. I think as ketamine specialists, they're trying to figure out a way, how can we make this easier and more simpler or with more ease?

Because as you had mentioned before, this is a more vulnerable population. who isn't vulnerable when they are not feeling physically and emotionally well.

And then you add on top of that, fill out this paperwork and maybe if you cross your fingers and rub your belly and pat your head at the same time and throw some fairy dust, you'll get it reimbursed.

That's a lot of burden onto the patient. So I mean, we try at our clinic to help as much as we can with that. I know end of the day is if something's not happening, up to the patient to call and follow up on it.

And that's something that we wish could be a lot smoother. And I mean, for anything, for any type of treatment, I'd say. That's really refreshing to hear that there's some advocacy work happening within the ketamine specialist community to try to make that better.

Insurance, Reimbursement, and Patient Commitment

That being said, there's also the argument of, yes, it costs money, but if it's truly helping patients and they're willing to find a way to make it work, then they probably should have the choice to have access to that.

There's a certain amount of how much does an individual want to get better. And for some, that is putting the money where they feel compelled to put it.

And so the value they have in feeling better, because we've had some patients where they're like, oh, can you help us fill out these forms? And we're like, well, why do you need these forms filled out?

It's like, oh, well, I am finally feeling awful enough. I've hit rock bottom enough to where I'm willing to pull money out of my 401k early. and I'm willing to try anything at this point.

And I didn't want to touch it. You know, I'm worried about my future, but at this point I need to take care of me. And so I remember this individual is not into filling out paperwork, the least computer savvy, all that kind of stuff, but they're like, finally they're committed.

And for them, it was a means to themselves. And then it really showed us how much they were committed to getting better. That being said, of course, other people may not be in that case, but I think there is acknowledging, especially in this field of addressing people's mood disorders and lifestyle and mindset that, you know, those are all connected, a certain amount of self-motivation cannot be dismissed, like just saying, just because they want it is enough.

No, it's just truly wanting it. Or for example, patients that their significant other wants them to do it, and they just, fine, I'll do it because they want me to do it.

benefit for how much they paid to us doesn't seem as much as somebody who's like, you know what, I saved. I decided to not get the latest newest iPhone and I want to do this and I'm going to make it happen.

Those individuals seem to do much better and therefore you could argue their dollar went much further. Oh, that's super interesting. I'm trying to lose some weight right now and I'm working with the functional medicine specialist and there was an upfront cost related to it.

And it has been motivating because it's like, okay, I spent X amount of dollars on this. And I also just had to be ready. And it's such a quaint phrase and one that, you know, we're taught in medical school, you know, change theory, motivational interviewing with patients that you know, they have to be ready to change.

And, you know, honestly, for two years of the pandemic, I wanted all the carbs, I wanted all the yummy food, and it was very enjoyable. And it wasn't until the summer that I was like, okay, I'm actually ready to make a change.

And it's really been a very empathy building experience for me because, you know, the emergency room, I run into people all the time that are not ready to make a change.

And it's like, yeah, now I see where they're coming from. Totally. And I think this is that speaking to that ready to change, ready, willing, wanting, motivated to do so.

I think that's where some criticism of this, because you're going to get a lot of criticism if you want to open up a ketamine clinic and when you open it, when you tell your friends and your family and your colleagues, there's criticism to it.

Because there is almost this thought of you're preying on these vulnerable individuals, making them pay cash to take a medication that we've been using for decades in this weird way because you're just taking money from them.

But I think it's being very clear for yourself and then being very clear to your patients or potential patients of, I'm here, I know how to do this well, safely.

I care about not only you as a biological being, but as an individual with feelings and thoughts. but that also I'm only here for you when you're ready.

I'm not gonna treat you just because the research says it works or that your husband or your wife says it works and you should do that. It's, I think really supporting the ready individual, being caring and open and educational to those that are in that contemplation phase and that pre-contemplation phase.

Like I think just being very honest and I think that's how a way to keep this industry this ketamine industry and a much more above the board and ethical life.

It reminds me of a phrase from Brene Brown, which my listeners know I love to quote, clear is kind, kind is clear. And I think we have to be clear to our patients.

We have to be clear on boundaries. and they should be able to be clear as much as they're able to back to us. And that's really what it's about. Are you gonna be able to sleep at night?

As physicians, you're making a certain amount of money. And when you're going for that extra, which I'm happy for people to make as much money as they want, as long as it's in an ethical way.

And remember, you can be reported to the medical board by anyone. Anybody can hop on the website and lodge a complaint your way. So it's just a good reminder for all of us that, you know, you want to be doing things that if you're called in front of the medical board that you can look everybody in the eye and defend.

Exactly. I second that. So then that brings me to the idea of malpractice. And I think this is a huge barrier, not just for people opening their own ketamine practice, but I hear a lot of physicians say I could never go out on my own because the malpractice would crush me.

Could you give us any idea about in general how much it costs, how it works? So Dr. Kim wanted to make sure that we were giving you all the right information.

This by no means is an all-encompassing number. You should consult your own legal advice. This is just to give you a rough estimate of what you should consider with potential malpractice costs for a private medical clinic.

It really depends on your specialty. It also depends on the number of hours that you're seeing patients per week. But for her, and it also depends on right your state and your location because malpractice risk varies a lot based upon the laws that are in place in a particular state.

So roughly in California, if you're opening your own medical practice, something along the lines of a ketamine clinic, If you're seeing patients less than 20 hours a week, it will be around $5,000 a year, and if you're above 20 hours, it's going to be around $10,000 a year.

I was just on a call with a doctor that's opening her own telemedicine practice on the East Coast, and she's seeing patients Less than twenty hours per week and she was quoted around fifty five hundred dollars a year so that appears to be a number at least to give you some framework to keep in mind.

And that's not an unapproachable number so if the idea of malpractice is what's holding you back i would really encourage you to put that in the limiting beliefs.

Ethics, Burnout, and Readiness for Change

bucket and don't let that be the reason that you're not doing your own thing. When we first started, because they also do it based off how many hours of clinical practice per week.

And then also depending on if it's going to be a physician or an APP. So I am following your clinic on Instagram and I saw a post that, or actually your startup business, both of them.

But under that post, it said, if you're burned out right now, this may not be what you want to do. And I wanted to follow that up because I can see how that might be true because the type, especially for emergency physicians, we do see a lot of patients with chronic pain and sometimes that can cause a triggering response.

I would say it's a lot better now. I have a lot fewer patients demanding opioids. We were in a really bad place. I would say five years ago that people would get very angry and honestly scary about asking for opioids.

But I think now you know, my line with a lot of patients is I'm sorry, it's simply not possible for me to prescribe that. And if they really push me, I'm like, everything that I prescribe is audited.

And if this is not indicated or appropriate, I cannot do it. And that's been very effective. But circling back, have you seen or can you imagine that some physicians just kind of this state of mind where they are in their burnout, this

isn't a good fit?

Oh, yeah. I think it's where are you at in your burnout? Because we were burned out. We were crispy, smoldering at the edges. But it was more of a burnout of frustration with how inefficient administration was at the hospitals that we worked at and that we still had our love of patient care.

We still wish we had more time to spend with our patient, to talk with them and see them on a consistent basis in that we do a treatment, we see how they do, we make adjustments and help them get better.

within like a timeframe that we want to or and then having a patient encounter for however long we wanted to. But if we were in a burnout space of we're still in that moving the mindset and that, you know, the patients were still just the diagnosis and it's like, oh gosh, it's another fibromyalgia or another depression patient.

If you're in that kind of space, This is when the burnout is a good reason to not do it. What we've told people that have asked us, hey, is this a good idea?

Psychedelics and ketamine is really hot. It's like, well, why do you want to do this? Oh, I want to leave my job. I'm burnt out. I'm tired. It's like, well, you know, take a little time to kind of rediscover who you are, reconnect with who you are and be clear because This is a, it's a service industry.

It is a service guided purpose in treating patients with ketamine. And so being burnt out in that aspect definitely is not, you would be doing yourself a disservice as well as the patient to pursue a clinic.

Yeah. I think that comes back to know your why. That's what we talk about on the podcast all the time with people. And I've been burned out And when you're in that crispy space, sometimes you just latch on to ideas just because you're so miserable with where you're at.

And if you're in that space, we hear you and look at different things, but don't commit to something until you have a better sense of what you want and that you've recovered.

I mean, I've talked about it on this pod in 2021. It was really burned out. And part of it was circadian disturbance. And it took about three months of my sleep normalizing before I felt like myself again, that I was like, Oh, This is me.

I'm generally pretty happy and pretty nice and content. And, but it was largely, it was about, I don't know, at least half of my issues were related to sleep disturbance.

So, and I think we under count that so much. It's part of the culture of medicine that, well, you don't need to sleep. You can be on call. We can wake you up all the time.

Oh, totally. I mean, it's so funny you mentioned this because I recently wrote a blog for our ketamine startup about how important sleep is, not just for your patient, but for you.

Not only being a good clinician and ketamine specialist, but you need to have a clear mind and be really connected with your values and your why when you're making business decisions, whether any business or anything that you do, because it's doing things out of proactive or guided by your heart and your intentions of where you want with your purpose versus fear reaction.

And especially when you're sleep deprived, I mean, for heaven's sake, sleep deprivation is used as a torture means. And yet we culturally as medical professionals wear it as like a badge of honor at some point, which just now that I'm out of that world, it's just, oh, it breaks my heart.

But I remember being like, oh yeah, I was up for 36 hours and I did you know, five globes in two days, like, look at me, like, how cool is that? But now it's, oh, breaks my heart that I was in a space that I thought that was something to be proud of.

But of course, wherever you're at, there you are. And from there, you can make progress to go in a different direction. So I think if you're identifying as crispy right now, our heart goes out to you and number one, work on the sleep.

because it's really, really hard to fix anything else while your sleep is really disordered. We tell that to depression patients, right? We're like, let's get your sleep fixed.

That's usually what our psychiatry colleagues will do is like, let's take away the substances, stop drinking, stop doing drugs. fix your sleep and then let's see where you're at.

Exactly. Exactly. And I think that's acknowledging the holistic or addressing also, you know, lifestyle of cause. We're so used to our traditional model of treat medication, treat with some sort of procedure and everything will be fine.

But it's like, you know, our patients and us don't live in a vacuum. We live in a world where there's social media and TV and food and toxic relationships and more supportive relationships.

And so being aware of how that all plays into affecting our sleep and our judgment. is key. Yep, we've got to take care of ourselves so we can take care of others.

So as we wrap up, is there one thing you wish you knew before you started your clinic with your husband? What I wish I had known but I understand now why I didn't know it then because it allowed me to come to the place where I am now is how clear is going to sound repetitive.

How clear is important to really know who you are connecting with your values, your why, your purpose. Because that really guided me and my husband and will guide you when you make decisions.

Because when we started, there was a week before our opening date, was a ketamine shortage. I think there was like a hurricane in Puerto Rico and that kind of affected everything and supply chains and all that type of stuff.

And we were like totally freaked out about it. And now in retrospect, when I reflect on it with the retrospective scope, we were so clear on Like we felt it was our mission and that we really knew we could provide ketamine treatments in a way that we would feel honorable and we could go to sleep at night and be proud of what we do and be able to say, Hey, this is us.

It was because, you know, and that helped us figure out these challenges because there's so many challenges that come up. But at that time we're just like, Oh my gosh, this, everything isn't working out.

But I now recognize we were so clear on why we want to do this. What is important to us, our values of we wanted to have more time for family, for our health.

And that if we could keep those strong, we could be even stronger doctors and have a better ketamine clinic and all these things, it would pay in dividends.

And so I wish I had been more clear because there was times that I didn't feel confident about our decision to start heading this way. That's totally out to left field at that time.

But I think that just being clear of, hey, this is what is right for me and having that clear value, being clear on my values and is hiring this person going aligned with what I want to accomplish and aligned with my values.

Lessons Learned, Marriage, and Business Balance

That would have given me more confidence and just a grounded. sense of, yes, I'm doing the right thing. I don't know how the outcome is going to happen, what's going to happen.

And that gets me a little nervous, but knowing I can be grounded with my values. And then also, I wish I was a bit more kinder to myself when we were starting out.

There were so many times that made little mistakes here or there, nothing malpractice or medically, but it was just like starting the business or it's like, oh, I could have darn it, I should have used the business credit card.

And why didn't I do that? It was like, oh, I wasn't used to these things. And just accepting that, hey, this is where I'm at and whatever I am doing is, I'm going to learn from it if it's something that's a non-ideal outcome.

So it was more of a personal, internal, just having more grace for myself and kindness. I guess going back to your Brene Brown quote, but not just for others, but for yourself, include yourself in that kindness and clarity.

I wish I had that back then, but now I know that's what I needed and therefore I'm grateful that I didn't. And that's good advice for everyone out there.

You know, doctors are notorious for the self-modulation. Come on, we have to be more compassionate to ourselves and to each other. It's a ripple and consultants are acting horrible.

It's like, we're all in this together. That's one of my worst, you know, my pet peeves is when we're mean to each other because it's already hard enough.

Oh yeah. I remember having to remind myself or my residents like end of the day, most of us, if not all of us just want to do some good, some sort of service and get home to our family, eat a decent meal, have a laugh at some point.

Like we're all human and yet it's so easy to forget. And especially forgetting that ourselves, we ourselves, are human and are deserving of kindness. So one last quick question, or maybe it won't be quick.

I just thought of this and I've been dying to ask and I think there's probably a few listeners. So you're in this business with your husband. I have a friend that opened a business with her husband and ultimately decided that was a mistake.

We're drawn to our spouses, obviously, or we hopefully for good reasons, but adding a business into your marital relationship is probably challenging to say the least.

Do you have any pearls of wisdom related to that or do you guys cover that in your course at all? We don't, but that's a great idea and a new module there.

How do we do it? There's some schools of thought that a business shouldn't be another baby. You should view your business as a machine and it's automated.

It'll print money out. But I guess because my husband and I are both very, very heartfelt. If you ever meet my husband or if your listeners are in emergency medicine, maybe you know him and stuff, but But I feel he's like the bigger heart than I am.

And so for us, therefore, it means like we view our business as another child, another baby. And so I think it's just being on the same page has helped us.

Frankly, I think the way we've been able to have a business and that we continue to be married and develop and grow is that we both do our own personal work.

We also do our own self-reflection and taking care of ourselves. We recognize that, yes, the business is important. Our individual health has to be key.

And then also is doing something for the business going to actually harm, that may be good, but could actually

harm the business, we need to evaluate that.

Because there's times where it's like, oh, we could see more patients. And that would mean Sam would be in the clinic nine to six. five days a week. But then he wouldn't be able to take care of himself.

But then that would also mean I have more backend business marketing stuff to do to help supply that many patients in between to fill that nine to six, right?

We wouldn't have time for health. We wouldn't have time for nurturing our relationship. So I think we've realized that if it's going to hurt our relationship, but help the business, oh, the relationship and family trumps business.

We're clear on that. And we've structured our business so that it's I think we would be willing to leave the business if it hurt us more in our relationship and our family.

So we as a couple had talked about this and we revisit it. It's like, what's the point of being able to double our profit if we don't see each other or we're just biting each other's head off?

And so it's just having that dialogue and acknowledging that each of us have our own personal work because, hey, we're both physicians. We're both salty, burnt out, crispy at one point, but to remember to not go back to that and to just have continual progress and growth.

That is how we could still be in business. And then we felt so compelled and called to start a second business. So we actually have another baby at our course.

And again, we revisit that. We're like, hey, you know, we can launch it more often. We could do a podcast and videos. You know, we can do this and that and this and that, but it's like, wait, that will take two hours of our time when we could be taking our kid to the beach and taking our dog who's getting older.

You know, we're not going to have them all the time. We're not going to be able to have that quality time. You know what? We're not going to launch that podcast right now.

We're not going to start another course or add another module because that's going to cause our relationship and family to suffer. So that's how we navigate it.

Wow. That is fantastic advice for our listeners. I know we mentioned it before on the previous episodes, but can you just quickly tell our listeners how they can connect with you and Sam?

Yes. Since you're listening to this podcast, and I think probably in the show notes, they'll have it too, but you can go to ketaminestartup.com forward slash revitalizing doctor.

And that's where you can enter your email in and get a business plan and a checklist. And then if you type in ketamine startup on Instagram, Facebook, LinkedIn, and all that good stuff, you'll find us.

And for our ketamine clinic, you can frankly just put reset ketamine into any of the social media platforms and you'll find us. And so yeah, that's where we are.

And yeah. And you know, if you have questions, feel free to email us through ketamine startup and, or message us on any of the social media platforms and more than happy to answer your questions.

Oh, this has been such a joy. Kim, thank you for being our most frequent guest on the pod.

Closing Resources and Final Takeaways

I just went through and I'm like, well, I guess you're tied with Linda, but she's our co-founder, but you're in the hall of fame for three episodes on the podcast.

And I just really thank you for being on here and sharing your wisdom. It's just so open about everything that you and Sam have learned and so inspirational.

So I mean, If you're out there going, I can't leave what I'm typically doing, Kim's an ophthalmologist that now is the creative director for her husband's kind of mean startup clinic.

It's their clinic, but he does the infusion. So I think it's such a great story about whatever road you… Well, actually, we're on video, so I'm going to This is the little thing that's on my desk.

It says, if you don't like the road you're walking, start paving another one. And that's a Dolly Parton quote. And I put that up in 2021 when I was having a really bad episode of burnout.

And I decided I was a grownup. That was pretty smart. And if I didn't like what I was doing, I needed to make some changes. And so I keep that quote on my computer.

So if you need to hear that again, if you don't like the road that you're walking, start paving another one. And thank you, Dolly. And thank you, Kim.

Thank you so much for having us. It's been an absolute joy. And I hope this episode and other episodes of your podcast reach the ears that need to hear it.

Absolutely. And if you liked this episode, please share it with a friend. Every time I hear all day long, people are calling, texting, messaging me that I'm so burned out or I know this doctor that's so burned out.

Share the message and let's get more doctors on the right path because what's good for them is good for our patients. It's all of us together. And when any of us are miserable, it ripples.

So true. Yay. All right. Well, thanks again, Kim. And we'll have you back. I'm fully sure that we're going to have you on season two. That'll be exciting.

I'll be honored. Thank you so much. Thanks for listening to Heartline, Changemaking, and Healthcare. If you're ready to deepen your own inner work or want to bring these conversations into your organization, visit andreaaustinmd.com.

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