Podcast Introduction and Guest Welcome

Welcome to the Doctors Making a Difference podcast, where we help physicians to be empowered with the tools they need to successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. Have you ever wondered, is there more I could be doing with my career?

Is there some way I can scale my impact? Or is some I way can escape the machine and do something a little bit more impactful for my patients? Today I think you're really gonna like this episode.

I am pleased to sit down with Troy Badger. Troy and I have known each other since medical school and am excited to present this to you. Hope you'll enjoy it and listen and find it really interesting.

I'm excited to welcome my friend, Dr. Troy Badger, with us on today's episode. Dr Badge, would you mind introducing yourself to our audience? Yeah, no, it's fun catching up.

Basically, you know, can I give you my backstory? To start, I know Peter from medical school. So I am an interventional cardiologist by training, went to medical at the University of Utah with Peter, stayed on to do my internal medicine, general cardiology and intervention cardiologists at Utah.

Afterwards, I've been practicing in Idaho for about 10 years now. Over the last about three to four years, have developed more of a keen interest in preventive health as well as performance medicine.

And over the past about two years I have been working towards building a kind of small niche private practice that I work in alongside my traditional job.

So it's mostly the backstory there. Yeah, well, that's interesting. Again, I have the context of knowing Troy for many years. We went to medical school at the same time.

And I also practice in Idaho, Troy.

Troy Badgeru2019s Medical Background

So that is kind of an interesting intersection of the Intermountain West. It only has so many medical schools. University of Utah, University Of Washington serve a big broad sweep of this part of a country.

You find a lot of doctors that kind are trained regionally that have stuck around. That's cool. One of the things I thought was interesting in your story, and again we have the context of knowing each other years ago, is this idea that you became an interventional cardiologist, you work kind of a traditional practice, but then I read your website and we talked a little bit about this before we hit record.

You had this moment somewhere in the recent past where you realized I think to do something a little bit different, I need to scale my impact or maybe even realizing how subject all of us are to all the diseases that can come later on in life.

I want to hear about that process a bit. Yeah, my aha moment was the personal one. And I know you've shared your personal health issues and struggles and those, you know, were kind of brought on by, I'm sure, scary diagnosis, which came out of the blue.

My process was similar in the sense that it kind came of out the Blue, but it was kind a different, chronic disease

process that started building up over time.

About seven years into my very busy interventional cardiologist practice, started realizing, holy smokes, if I don't get my own, healthy in check here I want to be one of these patients on the table for someone else right and that was a kind of a situation that really hit me and actually what happened was I had a very hard long call weekend one of the 72 hours straight interventional cardiologist type calls where, you know, You're also taking primary call, getting called in every night.

You have no break, sleep deprived. And I went into atrial fibrillation out of nowhere. We're too young for that. Oh my gosh. Like the last thing I want to deal with for the next 30 years is a fib, right?

Like most annoying disease process. But as we know with the atria fib relation, it's always a disease, process related to something else going on. overweight, had some metabolic disease, my lipids weren't in check, you know, all the different chronic diseases that we pay attention to so much for our patients.

It's very easy to neglect for ourselves. So at that time, it was more of my personal health journey trying to get back into what I felt like was adequate shape or health, which comprised of obviously not only from the exercise fitness component, but also really starting to take serious in understanding my own kind of chronic disease risk factors and whatnot.

And from that, like a lot of people I know, Peter T is a nasty name to discuss these days with with everything going on. But I really did take heart, you know his overall message in terms of what his book outlive really hit.

And I feel like, take away all the side stuff. which obviously is critically important to discuss in a different context. But in this type of setting, I really do feel like he is spot on in the vast majority of the way that he conceptualizes chronic disease and how we need to deal with it.

Personal Health Wake-Up Call

And so at that point, i really dived into that world, mostly focused on myself, but over the period of a couple years realized, hey, this is something that I feel would become a fun kind of clinic to get involved with in that kind of brought me to a point in my life where at that time I moved away from a really good job in Idaho to Utah and did not feel like I found a good fit with the traditional healthcare system here in terms of the different employed cardiology jobs.

And at point, I looked into different ways of developing a different type of clinic model. So I started what I call Cardio Strong MD, which is more of a private health kind of concierge type process that involves preventive health, but also really just deep diving on a lifestyle, medicine, longevity track.

And so over the last year or so, I've been involved with that at the same time. this doesn't really pay the bills. And so I've taken back my old former job in Idaho, where they've been gracious enough to work with me on a schedule that is manageable with the travel.

Right now, that's my primary focus and job, whereas this is a little bit more of a passion project and get to working with select clients and patients, but also still kind of develop my own niche within this type of field.

Yeah. Well, I'm just thinking for my patients and family members, nobody wants to be on your table, the interventional cardiologist, because that's the ultimate, you know, it's like trauma.

You don't want to on a trauma surgeon's table. There's a fire. That's when you're the fireman, putting out the And yet, most of the very large majority of our patients have diseases that are largely preventable or manageable if we catch them a lot earlier.

Not everybody. There's some family history, genetic kind of things that really would make people predisposed to cardiovascular illness at a very young age.

But the large of majority folks that I come across as a primary care doctor early on you know you see someone that's 25 30 years old we started then to say hey if you live different eat different you can have a different outcome if You live the same as everybody around you and eat the Same as Everybody around You you'll have the.

Same outcome as. Everybody else which is metabolic disease which leads to Cardiovascular disease and you Know all that stuff so it's interesting I don't talk to very many proceduralists who do that final step who say I want to get into the preventative stage or maybe don't even have the time to really get into it.

So I'm interested how you kind of came to that outside of realizing your own help was finite. How did you like have courage to finally start something?

That's impressive. Yeah, I know. It's a great question. And I guess for transparency's sake, it's the situation where a lot of these niche type of models are hard to really be sustainable in today's environment.

Right. With I don't take insurance. So when you're in the cash based market, and we'll talk a little bit more about this, It is a struggle just to have patience and find patients.

That's completely different ballgame. Patient expectations are different. How you market is critically important. And so, you know, I'm not able to really stand up here and state that, hey, this is the pathway because of X, Y, and Z.

And that's why I've made it work because, truthfully, haven't made a work. to the point where I would do this full time. And I don't think I'd ever would because I do find a lot of satisfaction in the procedural component, which is hospital-based, does require that traditional system.

I find significant satisfaction out of the STEMI that we are able to quickly rebasterize and plug that hole in a dike, at least save their life and then hopefully, as you mentioned, kind of Do the long range or long term transformation, which does require significant lifestyle changes and whatnot.

So, you know, I'm still at the point where I kind of navigating both worlds. I do definitely have a feel like I have the foot in both world's. It's a situation where it's been more of a passion project from this perspective.

But at same time, like, have learned a lot in terms of the different struggles that physicians have when they go outside of the traditional setup. At the same time, I think the only way to really learn those lessons are to actually experience it.

So I do feel like there's been tremendous value in that. To your point, you know, it's hard to have the ideal situation or setup, right? I mean, I think we could all look at our current health care system and wish that we had a model that really incorporated preventive health to the max.

And this is a little bit outside my realm within the traditional system, because as you mentioned, a lot of this through general primary care. Whereas from a cardiology standpoint, oftentimes when patients are finally referred to us, it's a little bit more down the line, end of the road, at least from the patient's perspective.

With that said, there is a growing subspecialty within cardiologist, preventive cardiologists, which is taking a bit of more of a frontline approach of preventative health.

not only from a libid and hypertension standpoint, but also from the cardio renal perspective as well. So that field is growing and a lot of different opportunities for physicians within cardiology to kind of dive into the preventive health world as.

Building a Preventive Cardiology Practice

Well, with that said, you know, most of the time we have specific jobs and the expectations when we become employed. And so we're not always able to follow those specific passions.

But at the same time, I think it is. critical that we find whatever professional fulfillment we do find. you know, try to search for that. And again, this is something that I kind of grew out of my own personal health struggles.

But then at the same time, I feel like I do have a unique perspective to try and bring a little bit more of an evidence-based traditional perspective.

Having seen thousands of patients suffer from end-stage cardiac disease as well as trying to understand the different risk factors that go into that and trying and bringing that expertise and knowledge into a frankly, a very kind of frightening world.

And that's the world of Instagram and social media influencers. So we could dive into that as well. But the more physicians that are able to engage within that network is only helpful because there's a lot of misinformation out there.

There's lot patients and people that just want what they feel are authority figures, giving them the correct information. A lot times that hard to really tease out over 30 second TikTok videos.

But at the same time, you know, I do feel like physicians have a unique perspective because we have that experience of seeing the different pathways of disease that often oftentimes the people on social media just don't experience.

Oh, yeah. No. So two points just kind of based on what you're saying. One is I love that you are trying to scale your impact. And that's something that I think everybody finds at some point.

You say, I wish I could shout this from the rooftop. I Wish I Could Help other people understand how important this message is for your health or for disease prevention.

Or if you just made these little changes, you'd have a huge impact down the road. That ability to Scale your Impact. Again, pretty impressive you've been able to do that outside of just the traditional thing.

And then the second thing is, I think, in 2026, we're recording this in February 20 26, the way a lot of our patients are receiving information is through personalized media, you know, whether it be Instagram, tick tock, whatever social media they prefer, You can kind of make your own reality and every algorithm feeds the same thing and people I mean, they come in all the time and they will have heard a whole bunch about one particular topic because they clicked on something and then the algorithm fed them another thing and another.

Whether it's based on truth or if it is just people trying to generate clicks by saying things that are ridiculous, the person has no way to distinguish because it looks the same.

So I think if we leave social media to only be for content creators that are non-physicians, we're going to get a quality of data or information that matches that.

And it's not necessarily going be evidence-based and it is not going really in the patient's best interest, but it will be in a media producer's interest.

Because the more clicks they get, the content they view, then the money they make. So I think we have to, as physicians, put information out there. Otherwise, our patients really don't know where to turn.

They can't find truth. Yeah, no, it's funny you say that. I had an experience where I was in clinic and I have one of my older patients, I think she was like 82, she came in and she said she wanted a clearly AI scan.

And I'm like, why do you want a Clearly AI Scan? Because I saw it on Instagram and that's kind of ClearlyAI being the coronary CT angiography. with AI analysis, which is actually a great test, but not in an asymptomatic 82 year old.

Right. And it kind of hit me. It's like when your grandma's telling you stock tips. Yeah. You know, like you got to put your ear to the wall to see what people are talking about.

So to your point, especially if you're an introverted, not super articulate person like myself and feel a little silly putting a camera in front of your face, recording a video for three minutes.

It's not something that is super fun and oftentimes can get outright silly. But at the same time, depending on what you're trying to do, obviously, if you are trying break out on the non-traditional type of practice, you kind of do have to develop, they call it your brand, but you do you have develop your niche audience.

And whether that's through Instagram or TikTok or LinkedIn, you definitely have to have a social media presence. So not only from a personal, practice growth perspective, but to your point too.

I don't want to call it a professional obligation or responsibility, but at some point someone needs to be involved within those algorithms. Obviously a lot of the traditional MD leaders through academia, you know, aren't the types that are really going to able to connect with general population, so you probably don't want those guys out there.

At the same time, the people that are kind of intrinsically motivated by social media, you might have to question some of their motivations because maybe they're trying to grow their own brand.

So, trying find reasonable MD, DO physicians that willing to voice their perspective and expertise to get within those algorithms. I feel, as you kind alluded to, is needed.

But at the time it's not always all that fun. No, it's not. It can be challenging and then you get a lot of negative feedback because, you know, people online can't be merciless in what they say because they have the benefit of anonymity to say whatever they want.

And sometimes if you say something that's, not popular, even though it is true, sometimes you can get some negative feed back. So it does require to put yourself out there, but it just an interesting thing like when you and I went to medical school, people really didn't get their information from social media.

There was social, media there's Facebook, but it wasn't where people were primarily going. And now I read a statistic that said that YouTube is on its way to becoming probably the largest media resource in the entire world.

Lots of people are getting information. From that and then branches out to Instagram and TikTok and LinkedIn and various things. So I think the more content we put out that's actually legitimate, it's useful.

Another point that I with it and I'm not a social media researcher but are the generation that's kind of rising with people kind born from 1990 on in general as a population that group of people really does value authenticity and sincerity and lived experience you know maybe a little bit more than just having it be sort of a canned experience.

So I think when a board-certified interventional cardiologist gets on and says, hey guys, this really matters. This is a big deal. You need to think about this.

It doesn't have to be flashy or glamorous. They say this person is speaking from the heart, from experience, and it means a lot to me when I receive that kind of stuff.

But I it has more impact than we realize, maybe not the ones who make the comments, but it does get viewed by a lotta people. And if they say, boy, if Dr.

Badger says that's something that important, I really probably should listen. Yeah, and I think oftentimes as physicians, especially in our current environment where there's a little bit of attack on expertise and obviously, you know, loss of autonomy with employed physician jobs and feeling like we don't have a voice and a lot of opportunities.

You know sometimes we kind of downplay what type of experience training that we actually do have and what we do to offer.

Why Physicians Need a Voice Online

As you mentioned, if you do put yourself out there, you're going to get a lot of the hate, which I got my kids backing me up in the comments section. They'll come out.

But at the same time, it's just the reality of world we live in. And to kind of parlay that point, the other issue, too, is that this younger generation, they're not just getting their information from these algorithms and these sources, They're actually getting health care from it, right?

So we can talk about all the direct to consumer telemedicine type sites out You know, the hers and the hymns and The Maximus tribes and different TRT clinics, but it's branched off more so than just the TRD and whatnot.

But from a primary care perspective, you know a lot of very smart. business entrepreneurs backed by venture capitalists and having lots of money and, you know, having the ability to create the tech infrastructure are basically creating these direct to consumer clinics, which these patients aren't wanting to go call and schedule an appointment three months from now with the local employed physician.

They're wanting their healthcare access now and they want it from the confines of their basement or their house. So, How we can still provide that access to what we feel is more of the traditional evidence-based care will be dependent on how we create these models that can actually reach what these patients want, especially going forward.

So, there's more to it, I think, than just the misinformation and spreading what feel as best practice. It's also just incorporating these patient and getting them the right healthcare that they deserve.

Yeah, and I think just kind of thinking about your point, it reminded me of a story just from a few days ago. I had a very sincere, nice patient who is seeking information, not about cardiology, but it was seeking around vaccination of her children.

But because the algorithm had fed her one thing after another after about the risks of vaccines, this person had And some people come to me and say, you know, I've already decided vaccines are the devil and we're not going to do this.

But this person was coming saying, where do I turn for truth? Like, and it was a real sincere question. She's like, trust you. You're my doctor. I want to hear what you have to say about it.

Since she was getting it exclusively from social media feeds. She's like, it's how do I find what's actually real and what just conjecture and information and where do i find information all these studies and thought it was interesting because I think in a previous time people would have said, well, if I really want to research it online, I'll go to the Mayo Clinic website or I will go into something with one of the local university medical school and see if there's some actual information or I'll ask my doctor but people are going first to several hours of media consumption first and for this really sincere patient it was hard for her to find something that was actually based on actual data you know because you don't want to just sugarcoat it or say oh yeah just do this it's fine want but you're time limited, and that's one of the challenges.

And trying to create content that is actually based on real data that can be consumable by an individual who wants that kind of tailored personalized medicine is really important.

So I know we've kind beat this point to death, but I think it's important as doctors to make content and be involved in the process even more than we are right now.

Yeah, no, to your point, I kind of like to say after, you know, kind this post-COVID environment, people like the hate

on doctors, but they usually don't hate their doctor, right?

They kind hate the concept of feeling like fallacies up there telling them what to do, not trusting the different changes, which I think a lot of people in medicine were used to change, over 20 years.

We understand that things are supposed to changed, But the general population just had a really hard time with that concept. And not to Legitimate grievances out there too with how that message was, you know relayed but to your point if a patient has a physician They usually trust that physician, right?

Otherwise, they probably would try to find another physician and I think as you mentioned the main issue is How do patients actually have a physician in today's world?

And I don't do direct primary care, but I'm trying to kind of do something on the side here that is somewhat similar and a little bit more of a direct specialty care.

But from a Direct Primary Care perspective, I think that's the big selling point is that you do have more time to do personalized medicine once you kind take away the third party interference with insurance and all the different hassles of having to maintain a high volume kind of low reimbursement type of practice that in that type structure, you're able to provide that one-on-one personalized discussion care.

And I think that's ideal. I'm not a primary care physician, but I don't think there's any question that that movement is only going to become more popular going forward for that specific reason.

I think you're right. A lot of people really want the benefit of having the time and the resources to be able to talk to somebody in detail and go through their problem at the amount of time that they need and then be accessible at maybe not just the traditional nine to five hours.

So as it pertains to that, with your job, you still work as an employee model, interventional cardiologist, and then you started Cardio Strong, which is a direct to consumer specialty access clinic.

A couple of questions I wanted to get, if you don't mind, just kind of the nuts and bolts of how to do that. Cause some people find they can't do it because of non-compete contracts.

Other people will find that it would be really hard time-wise and finding the time to be able to advertise it and build their own business. So I'm curious what you've found so far.

Obviously you're kind of in the building phase on your business, but I wonder if other people listening to this say, maybe I could do something similar.

What have you found? What are some of the lessons you learned? Yeah, no, it's definitely been a little bit more tricky than I imagined for me I have a bit of a different structure where again a lot of my employee Responsibilities are consolidated where I take extra call.

Direct Specialty Care and Practice Logistics

I do extra weekends I work heavy when I worked in terms of straight shifts and that Freed me up now more so to accommodate the travel because I live out of state I don't have the issue of the non-compete because i don' do my private practice within the state that my employer is at and And I have a really good setup there and I'm very happy and appreciative of them accommodating my travel schedule.

So from a pure logistic standpoint, can be very difficult. I got involved with a lawyer who was somewhat helpful in terms of getting a lot of the structure set up, but it's costly.

It was on a love online forums and groups. The DPC, the direct primary care Alliance has a of different steps to go through. And honestly, a lots of his trial and error.

Got involved in EMR that I hate. wasted about a year and a lot of money on that. But I do think the more and more of the physicians kind of coalesce together.

So the physician groups online have some different communities that are super helpful and being able to learn lessons from each other is, I think, the way going forward.

With that said, it does take a while. And I'm not at the point where I am planning on ever being self-sufficient or having this model kind take over the day job.

Because of that, because I do think there's a lot of different tricks and difficulties involved with a direct care model if you're not direct primary care, main one being recruitment of patients and marketing, right?

I realized you work really hard just to try to find a work. And so, depending on how willing you are to do that, you know, that's kind of debatable. So, what I've learned is, again, this is a little bit more of a passion project.

I have a kind a small group of kind niche clients that a lot of them are master athletes, endurance athletes that wanted cardiac risk evaluation coupled with kind of really more intensive preventive health.

So we monitor their continuous EKG monitors, their wearables. We do labs every three months in terms of tracking their chronic disease markers. And I have a nutritionist that we work with as well as an exercise physiologist.

It's a little bit more developing a kind an integrative health care team that can be utilized by these patients. I feel like there's lot of lessons out there and it kind depends on your target.

market, your demographic, the different price models out there. It's definitely not an easy world to dive into. So it does take, if you are risking a lot in terms of not only your time, finances, but your job opportunities, then having all your ducks lined up prior to jumping in is definitely needed.

I appreciate you going through it. Any business you start is going to be challenging from that aspect. I love what you're doing, Troy. It's probably going explode in a good way because people really crave that desire to have personalized, detailed, preventative cardiology.

Most of us die of cardiovascular disease. The most common reason people die is some metabolic disorder leading to cardiovascular illness of some type and so focusing on prevention focusing, on a lifestyle that reduces your cardiac risk factors is huge.

And so I suspect this is going to become really popular in your case for your particular business. But going forward I expect a lot of patients they're turning to direct primary care and if they say I can directly call if I want to spend an hour with my personalized cardiologist because I've got some risk factors.

For a lot of people, that's worth it. It's was every penny to spend that time, get the questions answered and to come up with a real disease management plan or prevention plan.

And so I think it's going to be successful. I that model will probably be a little bit more popular going forward. Yeah, I do too, and it'll be interesting as you mentioned.

I definitely think the direct primary care is going to continue to blow up as I feel it already has in a lot of markets. And I think direct specialty care poses some additional challenges.

But at the same time, there's not only a need, but there is a desire by patients to have some different options. Whether cardiology, we're such a hospital-based practice, it's hard to see us really changing that.

And again, you're always going to need really good hospitals, or you are always gonna need those good hospital-based physicians to take care of you when the emergencies come.

Absolutely. It's not a situation where it's ever going replace that because you can't nor should you. Whether or not more patients can find more access from a preventive health standpoint going forward, I do think there's going be some innovation there.

You have a very motivated business climate around this right now. There's a lot of venture capitalist money, a lots of tech software engineer guys that are really into this longevity medicine movement and they're gonna bring a lotta money and again, the infrastructure there.

And so whether or not that translates to adequate health care in terms of how it's delivered, I think it is gonna be a little bit more based on how they involve the clinicians.

A lot of these models obviously don't really care to have MD expertise, you know, and so I think that's going to be their kind of missing link as they go forward.

But ideally, trying to work in collaboration with the ability to deliver those models, but also to delivery healthcare in the way that we feel like it should be delivered.

And that is not to take away from the different types of clinicians that will be involved with these types projects, I do feel like we oftentimes bring a unique perspective and expertise that is still needed in today's world.

Oh, yeah. You want physicians at the table. I mean, there's nobody else in all of our healthcare that has spent as many years. It takes minimum 12,000 hours of formal training to become a physician.

And if you go into subspecialty care, it's going to get closer to 20, 000 hours. Nobody else has done that kind of number of hours on the job, middle of the night training again and again, and, again on disease process.

So if you leave physicians out on your planning, you're really missing out. If you doing that from public policy standpoint or from, your personal business development for people that are doing health apps or telemedicine, it's really important to have physicians at the table.

I agree with you. And I do feel like, for physicians looking at different opportunities, either as they wind down their career or while they're still working a traditional job.

kind of building their own, I don't want to say the word brand because that's kind carry some different negative connotations, but at least building there online platform or voice.

It also provides an opportunity where those different opportunities may come to you. And that was kind one of my motivations, not to that I'm just sitting by the phone waiting for someone to call.

Advice for Physicians Seeking Change

But at the same time, there's a lot of people that do need that type of expertise and kind coming together on different partnerships with these different types of models.

can be beneficial not only from a professional standpoint, but also from health care delivery standpoint as well. So I do feel like physicians, as you mentioned, having a seat at the table, being involved with whatever innovative kind of delivery model out there is only beneficial for multiple reasons.

Oh, yeah. So shift with me for just a second. I want to ask one of the things we talked about on the podcast is ways to stay in medicine, stay relevant in Madison to be able to make it still work for you.

A lot of our peers that are kind of at our stage in their careers are looking for a way out. They're still frustrated with the insurance model or they're frustrated.

With the hours or whatever it may be. A lot of people find that the only thing they can come up with is, oh, I've got

to do something else. I got a generate income outside of medicine or leave it completely.

You've found a way to make kind of a big shift in your career, kindof a pivot where you work a little bit more of defined timeline and work on a passion project.

And I think it's interesting and a lot people, their temptation is to leave and so I'm just going to become a real estate investor. Nothing wrong with real state.

That's great. But if nine out of ten doctors get to their mid-forties and decide, I've got to leave medicine, you leave a whole bunch of patients without that expertise.

And I think it's a preventable problem if we help people have the ability to adapt or modify their careers so they can find meaning and joy in what they're doing, find an income that works where the income is not the thing that's the driving force.

You're do it because you want to make a difference and help. I'm curious, as you've started this and kind of made a shift in your career, what insights or advice would you have for other physicians who may be fighting, whether it be burnout or dissatisfaction or boredom or whatever force that they may facing in that stage of their career?

Yeah, that's a great question. I think what I've learned or some insight that I can provide is that it's lot harder than it looks. You know, I thing as physicians we, you know especially if you grew up around the boom years of people in terms of the tech guys getting huge exits and what not.

Like, oh I chose medicine when I could have done this. It's still a really hard world out there. Our expertise is in medicine. That's our training. And that what we know.

Its very hard to replicate. you know, what we're paying up per hour doing anything else unless you have the ability to really bring a lot of money to the table and kind of minimize some of that risk or take on more risk.

So one, it's more difficult than I would have imagined. And not only try and deliver a healthcare model that's without insurance, but even trying to find different avenues within to utilize our expertise, whether that is consulting or through illegal means or whatnot.

One, I think it is more difficult if I were to give advice to someone. I still say that trying to blend your traditional practice with a model that works best for you with finding the better right employer.

For me, had a really bad setup with the job after I moved. And so then I just realized I'm not going to be able to make myself or be happy in the setup.

But I have found an employer that I feel like delivers great health care in a traditional model. You know, if I still lived in that community, I'd be full time and I'm full-time basically traveling.

So I do feel like trying to find the practice setup that is still conducive with all your goals, whether that be from a lifestyle perspective or from the professional standpoint is probably the easiest and best step.

Now, I do feel like a lot of the traditional practices should be able to accommodate physicians as they either want to wind down or take on a less intensive burden from their perspective.

And it's just unfortunate that a of cases that's not the case, right? Where you don't have that opportunity. So many things kind of go into that, especially if you're in a high call situation.

How do I have a practice set up where I'm not on call every third, fourth night because it is horrible for your health? You're going to die early because of it.

It's just not natural for humans to be up working high stress, high acuity jobs every third, fourth night and then

continue with the normal day job. So it's tricky.

I think you should start by trying to find the right type of setup. you know, using the traditional means. If not, then you could look into these different avenues, but at the same time, it's hard.

It depends on what you're trying to do. But in these cash based models, if you are trying practice in a good way, not good, what we would state a more traditional evidence based practice, You know, you're going to be one of the few that are able to pull it off.

The cash models can really vary. Obviously, it depends on what your services you are offering, but it's definitely tricky. You patients pay a lot of money in their monthly premiums to their insurance.

They want that to cover their additional health care costs. So the ones that aren't looking either have a lots of means to do so, which Sometimes physicians can be a little bit wary of that or are so desperate for something different that they're searching for these alternative models.

And if you do provide, you know, what they are looking for, then obviously you could thrive in that type of model. But at the same time, it's difficult.

Yeah. Well, I like what, you know, this whole conversation, it kind of hinges around what you've done, which is find what's you want out of life and go get it.

You know? It still takes hard work. Nobody gets easy street. Most people have to still go out and work for what they want. But I mean, just kind thinking to others who I've talked to, if you don't like your job, If you hate the call schedule, or if don t like the type of work you're doing, go search.

Be willing to travel a little bit. Look around and talk to your employer. Cause most employers would say, I'd rather have X, Y, and Z specialist in my clinic or my staff, even if it's not the way I envisioned it, they would rather, have you in one way or another.

So if you can work a defined period of time where you work one weekend out of a month, or you kind of do something a little bit more defined, you, can kind, of reclaim your life.

It's, not worth sacrificing your health or your, life to appease and employers. I love that you've kind have been able to do that. Yeah, no, 100%. And, you know, my situation, we wanted to live in a certain area.

So we moved away from a good job because my wife wanted live near her family. And when you start looking around for jobs, there's only a couple options.

Most hospital systems have bought up and control the market. If you choose to live in a certain location, you kind of have to abide by what opportunities are there.

And that was kind, of what led me to look for an alternative model. So to your point, if you are kind forced in that situation for X, Y, and Z reasons, but you do have, to kind keep an open mind and try to search for it.

At the same time, I think there is the space too, where it's even if, practice your traditional job and, try do the best job you can. There's a lot of things that we could also branch into from our own personal passion projects that can still provide a lots of value to others and not only from a personal standpoint, but also helping the community in a different way.

And oftentimes we're not able to do that full time because like everyone else, we need a job and pay the bills. But at the same time, that's just kind of life.

So it doesn't stop you from using your spare time to trying to find your own passion project. Well said. I appreciate it. So as people listen to this, some people are going to say, Hey, I need to get a hold of Dr.

Badger or I want to follow his work. Or maybe somebody will say I'd need a personalized cardiologist to give me the help I. Where can they follow your work?

Where to Find Dr. Badger and Closing Remarks

Where would you turn people to? Yeah, so my Instagram is CardioStrongMD and that's kind of my social media handle and actually my website as well, www.cardiostrongmd.com.

So yeah, if anyone wants to reach out, any questions or what not, happy to help. Again, I'm open and honest that this is not something that was super easy nor is it something I do full time.

I feel like You know, to jump into that world full-time, it is very difficult. At the same time, I do feel like I've learned a lot of lessons that I'm super happy to share for those looking at alternative models.

Awesome. Thanks again for sharing your whole experience here. And I hope you keep in touch, Troy. Good luck with all the stuff you're doing. I appreciate it.

Yeah, that was great catching up, Peter. Love the podcast and look forward to following you and all your great work. Thanks for tuning in to the Doctors Making a Difference podcast.

And thank you for what you do to help your patients and your community. Your work truly helps so many people. We produce this content to have the tools you need to stay in medicine and to highlight the amazing work being done by physicians around the world.

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