Podcast Introduction and Guest Background

Welcome to the Doctors Making a Difference podcast, where we help physicians to be empowered with the tools they need to be 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. I'm excited to welcome my friend, Dr. Troy Badger, today with us on today's episode.

Dr. Badger, would you mind introducing yourself to our audience? Yeah, no, it's fun catching up. Basically, you know, kind of give you my backstory to start.

I know Peter from medical school, so I'm an interventional cardiologist by training. Went to medical school at the University of Utah with Peter. Stayed on to do my internal medicine, general cardiology, and interventional cardiology at Utah.

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

And over the last about two years, I've been working towards building a kind of a 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. So that's kind of an interesting intersect 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 the country.

So you find a lot of doctors that kind of trained regionally that stuck around. So 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 worked 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 little 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 of came out of the blue, but it was a kind of a different, you know, chronic disease process that started building up over time.

About seven years into my very busy interventional cardiologist practice, I started realizing holy smokes if i don't get my own health in check here i'm going 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 those 72 hours straight interventional cardiologists type calls where You know, you're also taking primary call, you're 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.

Personal Health Wake-Up Call

Oh my gosh, like the last thing I want to deal with for the next 30 years is AFib, right? Like the most annoying disease process. But as we know with atrial fibrillation, it's always a disease process related to something else going on.

And at that time, I was overweight. I had some metabolic disease. My lipids weren't in check. 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, I 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, you know, 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. And so at that point, I really dived into that world, mostly focused on myself.

But over the period of a couple of years, I realized, hey, this is something that I feel would become a fun kind of clinic to get involved with. 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 that point I looked into different ways of developing a different type of clinic model. And so I started what I call cardio strong MD, which is.

More of a private health kind of a 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.

And so right now that is my primary focus and job. Whereas this is a little bit more of a passion project and get to work with select clients and patients, but also still kind of develop, you know, 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 a trauma.

You don't want to be on a trauma surgeon's table. There's a fire. That's when you're the fireman, you're putting out the fire. 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 majority of folks that I come across as a primary care doctor early on, you know, you can 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 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 health was finite. How did you have the courage to finally start something?

That's impressive. Yeah, no, it's a great question. And I guess for transparency sake, it's a situation where a lot of these niche type of models are hard to really be sustainable in today's environment with, I don't take insurance.

And so when you're in the cash based market, and we'll talk a little bit more about this. It's a struggle just to have patience and find patients and that's a completely different ball game.

And 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, you know, truthfully, I haven't made it 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, which does require that traditional system.

I do find significant satisfaction out of the STEMI that we are able to quickly revascularize and plug that hole in the dyke 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'm kind of navigating both worlds. I do definitely have a, feel like I have a foot in both worlds. It's a situation where it's been more of a passion project from this perspective.

But at the same time, I feel like I 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 healthcare 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 is 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 cardiology, preventive cardiology, which is taking a little bit more of the frontline approach of preventive health, not only from a lipid and hypertension standpoint, but also from a cardiorenal perspective as well.

Building a Preventive Cardiology Practice

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 well.

With that said, you know, most of the time we have specific jobs and 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 to 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 to bring that expertise and knowledge into, frankly, a very kind of frightening world.

And that's the world of Instagram and social media influencers. And 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 a lot of patients and people that just want what they feel are authority figures, giving them the correct information. And a lot of times that's hard to really tease out over 30 second TikTok videos.

But at the same time, I do feel like physicians have a unique perspective because we have that experience of seeing the different pathways of disease that 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.

And so 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, and we're recording this in February 2026, the way a lot of our patients are receiving information is through personalized media, you know, whether it be Instagram, TikTok, 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 thing.

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

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

Because the more clicks they get, the more content they get viewed, then the more money they make. And 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 had one of my older patients, I think she was like 82, she came in and she said she wanted a clearly AI scan.

I'm like, why do you want a clearly AI scan? Because I saw it on Instagram and I was kind of clearly AI 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, you know, like you got to put your ear to the wall to see what people are talking about.

And 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, you know, 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're trying to break out in a non-traditional type of practice, you kind of do have to develop, they call it your brand, but you do have to develop kind of 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, you know, 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 be 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, you know, trying to find reasonable MD, DO physicians that are willing to voice their perspective and expertise to get within those algorithms. I feel as you kind of alluded to is needed.

But at the same 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 be merciless in what they say because they have the benefit of anonymity to say whatever they want.

And sometimes if you say something it's not popular, even though it's true, you know, sometimes you can get some negative feedback. So it is required to put yourself out there.

But it's 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. And that's 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. And another point that I think is interesting with it, and I'm not a social media researcher, but are the generation that's kind of rising and people kind of 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 think it has more impact than we realize, maybe not the ones who make the comments, but it does get viewed by a lot of people. And if they say, boy, if Dr.

Badger says that's something that's important, I really probably should listen. Yeah, no, 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 employee position 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 have to offer. 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 the 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 their healthcare from it too, right?

Physicians on Social Media and Misinformation

So we could talk about all the direct to consumer telemedicine type sites out there, you know, the HRS and the HIMS and the Maximus tribes and the different TRT clinics, but it's branched off more so than just the TRT 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, 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. And so, you know, 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 is more to it, I think, than just the misinformation and spreading what we feel is best practice. It's also just incorporating these patients 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 was 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 another about the risks of vaccines. This person had a lot of concern then. 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, I trust you. You're my doctor. I want to hear what you have to say about it.

But she's like, 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's just conjecture and what's 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'll go to 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 sugar coat it or say, Oh, yeah, just do this.

It's fine. Want to give her a detailed answer, but you're time limited. And that's one of the challenges and trying to create content that's 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 of 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, I know to your point, I kind of like to say after, you know, kind of this post-COVID environment, people like to hate on doctors, but they usually don't hate their doctor, right?

Right. They kind of 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, right?

Over 20 years, we understand that things are supposed to change, but the general population just had a really hard time with that concept. And not to say that there's some, legitimate grievances out there too with how that message was relayed.

But to your point, if a patient has a physician, they usually trust that physician, right? Otherwise, they'd probably 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 you know, I'm trying to kind of do something on the side here that is somewhat similar, 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 of 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 of structure you're able to provide that one-on-one personalized discussion care and I think that's ideal and you know I'm not a primary care physician but I don't think there's any question that that movement is only become 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 kind of at the amount of time that they need and then be accessible at maybe not just the traditional, you know, nine to five hours.

Yeah. So as it pertains to that with your job, you know, you've you still work as a 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 find that it would be really hard time-wise or 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've learned? Yeah, no, it's definitely been a little bit more tricky than I imagined. For me, I have a little bit of a different structure where again, a lot of my employee responsibilities are consolidated where I take extra call.

I do extra weekends. I work heavy when I work in terms of straight shifts and that freed me up. And that was 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't do my private practice within the state that my employer is at. 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.

I was on a lot of online forums and groups. I know the DPC, the Direct Primary Care Alliance has a lot of different steps to go through. And honestly, a lot of his trial and error, I got involved with an EMR that I hate.

And so I've 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 lot. And I'm not at the point where I'm planning on ever being self-sufficient or, you know, having this model kind of 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 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 of a small group of kind of 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.

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

market, your demographic, the different price models out there, you know, 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, 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. I think it's probably going to explode in a good way because people really crave that desire to have personalized, detailed, preventative cardiology.

Most of us die of cardiovascular disease. It's the most common reason people die of some metabolic disorder leading to cardiovascular illness of some type.

Direct Care Models and Patient Access

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 suspect 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 worth every penny to spend that time and 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 think 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 I do think there is a need or there's not only a need but there's a desire by patients to have some different options right and so.

Whether cardiology, you know, we're such a hospital-based practice, it's hard to see us, you know, really changing

that. And again, you're always going to need really good hospitals.

You're always going to need those good hospital-based physicians to take care of you when the emergencies come. And so it's not a situation where it's ever going to replace that because You can't, nor should you, and whether or not more patients can find more access from a preventive health standpoint going forward.

I do think there's going to be some innovation there. You have a very motivated business climate around this right now. There's a lot of venture capitalist money.

lot of tech software engineer guys that are really into this longevity medicine movement and they're going to bring a lot of money and again the infrastructure there and so whether or not that translates to you know adequate health care in terms of how it's delivered I think it's going to 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.

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 deliver health care in the way that we feel like it should be delivered.

And that's not to take away from the different types of clinicians that will be involved with these types of projects, but at the same time, 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, that there's nobody else in all of our health care 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 gonna get closer to 20,000 hours. Nobody else has done that kind of number of hours of 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're doing that from public policy standpoint, or from know, 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, you know, for physicians looking at different opportunities, either as they wind down their career or while they're still working in a traditional job, kind of building their own, I don't want to say the word brand because it must kind of carry some different negative connotations, but at least building their online platform or voice.

It also provides an opportunity where those different opportunities may come to you. And that was kind of one of my motivations, not to say that. I'm just sitting by the phone waiting for someone to call, but at the same time, there's a lot of people that do need that type of expertise and kind of coming together on different partnerships with these different types of models can be beneficial, not only from a professional standpoint, but also from a healthcare 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 medicine 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 I've got to do something else. I've got to generate income outside of medicine or leave it completely.

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

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

That's great. But but if nine out of 10 doctors get to their mid 40s 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 enjoy in what they're doing, find an income that works where the income is not the thing that's the driving force.

You're doing it because you want to make a difference and help people. So 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 finding, whether it be burnout or dissatisfaction or boredom or whatever force that they may be facing at 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 a lot harder than it looks. You know, I think 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 whatnot, like, oh, I chose medicine when I could have done this, you know, it's still a really hard world out there.

Our expertise is in medicine. That's our training. That's what we know. It's 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 is 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's consulting or, you know, through legal means or whatnot.

So 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, I had a really bad setup with a 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 the traditional model.

Advice for Physicians Seeking Change

And 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 of your goals, whether that be from a lifestyle perspective or from a 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 lot of cases, that's just 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? Cause it's 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 a 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're trying to practice in a good way, not good way, what we've 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're offering, but it's definitely tricky.

You know, patients pay a lot of money in their monthly premiums through their insurance. They want that to cover their additional health care costs. So the ones that are looking either have a lot 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're looking for, then obviously you can 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 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 of thinking to others who I've talked to, if you don't like your job, if you hate the call schedule, if you 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.

Because 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 an employer. I love that you've kind of 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 to 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 of forced in that situation for X Y and Z reasons you do have to kind of keep an open mind and try to search for it and so.

At the same time, I think there is the space to where it's even if you practice your traditional job and try to 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 lot 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.

And so it doesn't stop you from using your spare time to trying to find your own passion projects. 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 need a personalized cardiologist to give me the

help I need. Where can they follow your work?

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

So www.cardiostrongmd.com. So yeah, if anyone wants to reach out and questions or whatnot, happy to help. Again, I'm open and honest that this is not something that was super easy, nor is it something that 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.

Where to Find Dr. Badger and Closing Remarks

And I hope you keep in touch, Troy. Good luck with all the stuff you're doing. I appreciate it. Yeah, it was great catching up, Peter. Love the podcast and look forward to following you and all your great work.

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