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. We have Dr. Bart Rademacher with us today. Dr Rademaker has given me the authorization to call him Bart.

BART is an amazing guy. He has worked for years as a plastic surgeon. he's been nominated for a Nobel Prize. And he has done work all over the world and I'm very excited to get to know Bart and share his story with our audience.

So Dr Ratemaker, would you introduce yourself to our audiences? Yes, thank you so much, Peter. Yeah, my name is Bart Rademacher. I am a board certified plastic and reconstructive surgeon.

Been doing that for almost 28 years now. Love what I do. And I want to acknowledge you, peter, because this show is incredible. You're a champion for us doctors.

you're the voice for US and helping us understand that yes, we're doing the right thing and letting the world know that too. So thank Oh, thank you. I love hearing, I mean, you've obviously kind of known a little bit about the podcast, but I loved kind talking to and about doctors who are making, it's called doctors making a difference, right?

But doctors that are inspirational and are doing cool stuff. So I want to hear your story. Obviously are passionate about what you do. How did you go from being a young pre-med student to choosing this, this career of plastic surgery?

And then, you know, I kind of want to hear your path. But I'm originally Dutch, I grew up in five different countries, speak four languages, went to medical school when I was 17. But when we were living in Mexico, my father being an engineer, very successful businessman, he had my life pretty much planned out, but didn't know what that was going to be.

And so I had to do this aptitude test when i was 13 years old. Oh my goodness. The choice that I got was either be a vet or a doctor. And so I love animals, but I just didn't know how to handle them.

And I wanted to talk. So I figured, I'll be a doctor.

Bart Rademacher's Early Life and Medical Path

The truth be told, Peter, it was the absolute best decision. I loved what I do. It's been a long, long journey, and I'm very grateful that I can help so many people.

So at age 13, you had to make that choice. Yes, sir. So was that part of it? Was that test something that was administered by your family, or was through the country or the school system?

How did you end up taking the aptitude test at that young age? No, that's a private test. And my brothers did it as well. Another one is a doctor, another one that is an engineer.

My father was very insistent that we were going to have professional careers, we would be successful. We had figure out what there was early on. Yeah, those are interesting.

I remember I took one, just the sidebar, I take one of those when I was a freshman in high school and I can't,

doctor was on the list somewhere, but number one was funeral director.

And I'm like, Oh, like I don't know. Wow. Yeah. Like I, don' think I could do it. like dealing with people that are alive and having conversations with.

Right. Anyway, interesting where life's path take us. So that's cool that you had that idea, that seed planted in your mind, even at that young age. Obviously you re you rolled with it, you went with Yeah, totally.

So I mean, we moved to England, started school there, went to medical school when I was 17. I told my dad, look, I'm way too young to go to school. Can I take a year off?

He said, absolutely not. You're going to Medical School. A total of 17 years of training, Medical school with residencies. And I very fortunate to have a great training in Europe as well as here in the United States.

But one thing that was really important for me, Peter, is that growing up in all these different countries, seeing all the disparities of health and wealth and lack of trust in healthcare systems and all that, and a lack access.

When I was 21, I made a very conscious decision that I would help humanity at a global level. And what was also interesting is that by the time I completed my medical school, that what medicine was teaching us was really quite disconnected with what the communities were asking.

So that kind of started off on my journey where I'm at today. So interesting. So even at that, again, age 21, you're four years already at the point into your medical education.

You had an experience where you'd probably more than the average person you've been able to see across a whole variety of different economic realities that people live in.

you decided that you wanted to give back to the global community. I want to hear more about that decision. That's really interesting because most people go on a trip to a third world country or somewhere and they see it and like, oh, that's too bad.

Great. You know, I think about them. But then after a few weeks, you're back home and you've kind of put it out of sight, out mind. you know that it's there, but you don't think it.

So I'm interested how you actually made that decisions at that young age. Well, it was interesting because, again, very blessed life. And after I'd already made that decision and started medical school, my mother was actually involved in a very bad car accident.

And so she was actually unconscious for six months to end the hospital for about two years. And the fact that my father was so financially successful, we were able to manage this whole failed health care system that we see all over the world.

I'm not knocking the health-care system. It's a beautiful thing that they have it, but you and I know that there's some opportunities to make some changes for the better.

Right. But the point is that very blessed. And then I was actually watching a movie called The Warriors, and this is about the gangs in New York. And I felt so bad about these poor kids, totally marginalized, total disenfranchised.

They had to make these choices for themselves to survive. That was the pivotal point for me in recognizing, whoa, people need help. These young youths, these youth need the help from people like myself who had all the things given to them.

and I've got the opportunity to offer that to them as well. And so whilst I didn't exactly know what that would look like, it was a very firm decision that I wanted to be very successful so that i could do all the kind of work, help the world in every possible way.

So initially it, was an idea of well let me be like the president of a hospital system because I was thinking those terms then. Clearly now it's very very different and i'm excited to Yeah, well, it's great because there are so many needs both here in the United States and anywhere you look.

There are people who have tremendous access to wealth and every resource you can think of. And then there's people within just 50 miles or 20 miles, and they'll have such disparity, just an incredible difference.

in health outcomes. And then you translate that across the world and it's tremendous. I shared with you before we hit record, we're headed back to a place where I've volunteered for the last 10 years in Africa and wonderful people, amazing.

The work they do is just outstanding, but the resources are just not even comparable. You know, I remember one time we left them. We had raised some money from our local community and we left them some money behind to do some to care for some of the people that we had found that needed surgeries and things and I think it was I don't even think It was more than about three thousand dollars it wasn't very much money in terms of how much Money could be raised and they used that money for six months.

It funded all their operations They did I mean they took care of hundreds of people with that relatively small amount of money and in the united states like I Don't think we could keep my clinic open for even one day on that amount, you know by the time you pay staffing and you have the the power bill and all the different functions that go into kind of running a modern medical practice.

So anyway, quite a stark difference in wealth and access to care across different spectrums, different places in the world. And I do want to acknowledge you because you know you're doing one of the toughest jobs you doing truly doctors work out there and rural communities.

You are the pillar of every community, certainly up to about the 1950s, you And you're doing that once again, and obviously committing so much time to other countries.

I mean, that's remarkable. And so thank you for your incredible work.

Global Health Perspective and Humanitarian Motivation

Well, it's kind of you to say that. So fast forward with me on your career a little bit. How did you get to where you did some humanitarian work and you were eventually nominated for a Nobel Prize?

I'd like to hear more about that story. That's obviously kind a huge chapter of your life. Yeah, that was also a rocky road getting there, interesting enough, because, you know, as physicians, I think it's really important that we're really grounded and really focused on all the best, humanitarian efforts that you can do, but not for self-serving.

And what I found with a lot of these charity works out there that people were grandstanding and it was all about them doing these amazing work. And I was kind of turned off by it, by all of that, especially, you know, with the cleft lip areas, because when you go to another country, yeah, these guys are practicing on these poor kids and then leave them alone.

Then what? Then the fact of the matter was that I here in the Tampa Bay area and this doctor was begging me to go, please go. And so I was the last minute addition to this team.

And the fun fact was I almost didn't go because they're so disorganized, so fragmented, just, it was crazy. We arrive at Miami airport and people forgot supplies, people got the passports, and I thought, oh my gosh, what am I getting myself into, right?

And, I identified the most qualified person on the plane going back to, going down to El Salvador, And I interviewed that person. I mean, I drilled that personal in every single aspect of the expedition and everything else.

And by the time we arrived in El Salvador, they pretty much took over control of their entire expedition. So I became that executive leader, which is the most incredible experience I've ever had.

This managed everything throughout. People would walk two, three days just to get there and get a teary-eyed on this one when I remember all these people in this waiting room, and I interviewed every single person.

It was like two or three hundred people. I interview every person to figure out how I'm going to triage them. And I speak Spanish, so that was very helpful.

So I left that experience, Peter, with the most amazing inspiration, aspiration and determination to do a lot more. And that particular time we were all nominated for the Nobel Peace Prize for work that we're doing, changing people's lives.

And this is a time when El Salvador was still a very violent country. I remember just driving down to the place and we had the military escorts and it was kind of scary.

But yeah, it incredible and just really inspired me to do a lot more. Yeah, well, and I just want to reflect on that for a minute, Bart. I've been on quite a few of these medical service trips where you go and, I'm not a surgeon per se.

When we go to those places, we are usually working to screen a whole bunch of people and find the ones that are going to die if they don't get medical care and a lot of the times work we've done in South America and Mexico and in Africa, Kenya, Uganda, usually we're trying to work with these organizations that have boots on the ground continuously because that is one of challenges like you said before is If you show up, if you shine the spotlight on you and say, look at all this great stuff we're doing and we do it our way, we show and this is our to do and you guys get out of the way.

It doesn't work very well. So much better when you work with an organization that has people there continuously on the ground. This one we are going to in Uganda next week.

They have, it's one of my favorite organizations because it is run by People from Uganda they are there they they run it they're there every day they know the folks that we work with there in the villages and the towns and they, they'd know these people like every family they kind of have them catalog they no who needs help they have kind We wouldn't call it a clinic here, but they call a clinics there where they can get access to care.

And when we go, we'll try to find a whole bunch of people that may need something that day we can treat them. But every time we find someone, probably lots of that have something, that would go on to kill them if they didn't treat it.

The treatments are relatively simple a lot of the times. And if they need a surgery, we'll arrange for them to get the surgery. And, if, they have some medical problem that needs a medication, will help them arrange that.

Then, the whole objective is to try to, get those folks tied in with the care they, need and then the bigger, more grand objective beyond that is, to to keep the kids in school.

If the parents, can stay healthy enough to keep sending their children to school, because there's not a school system, so they have to pay for it. If they're healthy to send kids to schools, the kids pull themselves out of that deep poverty cycle if you fast forward 20 or 25 years.

It's inspirational to watch what people do when you just give them a little bit of an opportunity. Yeah, I love what you shared because it is all about respecting other people's cultures, their norms, and their lives.

in the way that they need to be respected. And that's also a challenge that I found there is that not many people did that. So it's great that you have that and the most important part, as you mentioned, is the sustainability.

I mean, you can't just, helicopter in, and helicopter out. You've got to give them something to stay well. No, that's amazing, Peter. Thanks for that, Sheriff.

Well, if anybody's listening and thinking they want to do international stuff, it's great. But make sure you get involved with an organization that has presence on the ground.

And then the other factor on this is you kind of have to it their way. Because if I show up and say, hey, we're doing this the way we do this in the United States, then you all just get lost.

Number one, it won't work. They won' understand because it's so different than the way they do things. And then number two, as soon as I leave, the work that we did will be undone.

So we try to just adapt and say, okay, what works for you? And let's try and make sure that I can help identify diseases and treatments and help you with all sorts of stuff, but I cannot be here after this short duration of time.

Anyway, sounds like you and I have had similar experiences in that regard. Yeah, and interesting enough, you know, one of the surgeries that we did, there was a girlfriend, a Jehovah's Witness, she had a condition called neurofibromatosis and she has this huge tumor on her head.

And, um, you know, normally I think, what would happen is that people refuse to do that surgery. And I figured, well, she needs this surgery, She won't accept any blood product.

She wouldn't except any anesthesia. So I literally, millimeter by millimeter, cut this scalp, a huge tumor off of her head. It took me about eight hours to that, without anesthesia.

I mean, just a bit of local injection as we went. I'm limited as to how much I can give at any given time. But after eight hours, I was able to reconstruct her scalp.

And the fun fact is that the next year I heard, it didn't go to next here, but the year that she was married. Oh, wow. So what a change to cause, you know, and something simple like that.

People would always ask me, why do you do this? And I know this is exactly the same for you is because I cannot. There's people who are needing us. Yeah.

Well, and it kind of goes to this whole idea Bart, like the things that drive us as doctors, it has to be that interaction with the person. Like I have a skillset and I haven't said a knowledge and you have need and can help you with that need.

And sometimes when I've done these things outside of the U S healthcare system, I found it refreshing cause I'm, It's just so pure. I'd like, not worried about anything else besides you.

Have a need, And I, have, a skill and let's try to meet that. Need in the best way we can. 100%. And I think when you think back to application for medical school and why do you want to be a doctor and all, everybody can think about that.

El Salvador Mission and Nobel Peace Prize Nomination

Like, I want help people. I wanna help out. Then we get kind of stuck in our modern system, which has lots of complexity. And some of that's necessary to have complexity because it has to sustainable.

But it is really nice to go back. What's the pure reason you do what you're doing? So that sounds pretty cool. Agreed. Well, tell me a little bit about you know you're in plastic surgery you've gone on these service trips.

You've worked in there in Florida for a long time. Talk me through a bit of what your practice is like and I wondered how you kind of have this these two different practice environments you've highlighted.

One is in the United States where you're practicing in a healthcare system that's large and broad and complex, and others where your going to El Salvador where it's a very different experience.

There's no real great system and it is quite pure but there's also not a lot of support services and follow up is challenging, etc. Well, yeah, so the way I actually became a plastic surgeon was kind of interesting because in medical school, I was good at everything.

I loved everything, people loved me as well. It's sort of like, well, can't do everything and so I started by excluding or eliminate different specialties.

Think my first one was like dermatology and then anesthesia and the only thing that was left over was plastic surgery. And so why is that relevant? Well I love what I do because I'm helping people transform their lives.

And so the best part for me in the realm of plastic surgery, whether it's reconstructive or cosmetic, I still think it still pretty much the same, transforming people's lives.

And it almost like they have a new lease on life. I mean, if it is just helping them with that confidence and then taking the leap of faith to do things that they otherwise wouldn't do, that's remarkable.

But what I realized, Peter, early on in my career is that while I was doing all the work, What about all the rest that these people could do? And so I began focusing on all these things outside of, you know, plastic surgery, outside conventional medicine, how people can optimize their health.

And that began another journey. that I'm very excited about, which is essentially my primary focus today is, you know, how can we redefine the current model of healthcare?

How can you make it more accessible, delivery, and affordable as well? And so that's been a journey I've been on, learning all these different things outside of doing my plastic surgery and where I am coming today into two things, really helping doctors reimagine the business of medicine and the practice of medicines.

What are the tools? Because the reality is, as you and I know, is that there's gonna be shortage of qualified doctors within the next five, 10 years. And we dramatically need to do something about that.

And so that's one primary focus as I'm weaning off doing a lot of plastic surgery. I still do the emergency cases and all that. We love doing that, love helping people.

And then in addition to all of that whenever I get a chance, I haven't done any medical work outside of the United States lately, but every year I do go to Guatemala, we help build homes and these kinds of things.

So all these things are very much on my heart, want to do, and again, assisting other people to the same. Yeah. Think about that for just a minute. I want to reflect on what you said.

There just really aren't that many physicians relative to our population in the United States of America, and probably worldwide, I would say that's largely true, but we've seen a huge shift in our country where number of doctors who graduate from school, from residency.

It's kind of a mismatch on the size of the population. And then the second part is how long are people staying in practice? Because I think sometimes people get to their early 40s and they say, look, I've been able to pay it off and I want out.

I don't want to do this anymore because the system is so challenging to live in, so that I don't want to stay in anymore, even though I enjoy the medical part of it.

So I guess as you reflected on that, what would you say to doctors who find themselves in that situation, who say I find myself overwhelmed, burned out, overloaded, no longer enjoying my day-to-day practice, Even though, I still love taking care of people.

I'm not sure I can live in this system for a prolonged period of time. Well, and one of the things that you and I both

know is that the amount of time and dedication that we had to commit to, to become that doctor in the first place.

And in particular, if you become a specialist, all the years with that as well. I mean, my specialty training basically was nine years. Right, long time.

Very long, so I was like 37 before I actually started in my practice. So depending on how you approach that, I mean, either that's all you do. Um, and for many specialties, that the case.

And so you're not looking outside of the halls of medicine and show you have no idea what's happening in the world around you. I think this is the challenge with a lot of docs out there is they just don't know how to navigate the medical and economical and political and bureaucratic environments.

So recognizing that, because I'm privileged because, I don t have to rely on insurance. and I don't have to rely on all these regulations in that sense, that I have a luxury to have that financial freedom and do things differently.

So my purpose then became as to how do I help my colleagues out there reimagine the entire practice of medicine? And fortunately, I've been in the space of personal development, which I didn't even know existed.

Funny story by that, with that by the way. taught me so many things, and then business acceleration. And the fun fact is that, you know, doctors won't admit this, but we all know that they're lousy business people.

We have no formal training in business, really. None whatsoever. But the worst part is they think they are great at business. Because, again, we're taught to know everything.

Can't make mistakes. Have to be confident. So when it comes to business, okay, same thing, the same rules apply. But the reality is, they're not very good at it.

And so that's been my mission over the last four or five years, really to hone into that opportunity. No, I love that. That's awesome because it is really, as time goes forward, doctors are going to have to discover a way to stay in medicine almost despite the system, despite chaotic system of insurance regulation and things that make it so that it's, those parts of medicine that are really undesirable, we have figure out a ways to help people despite that and it sounds like you're tuned into that quite a bit.

I mean, here's an interesting fact. And again, you know, it's unfortunate, how people are getting their information. This is not our topic today. But the reality is most people think doctors are doing really well.

It's actually not the case. I know for certain cases, my plumber makes more money per hour than I do. you know, when I get reimbursed from the insurance companies, it's insane.

And they don't have the 17 years of training that I have and the debts and commitments and sacrifices and everything else. So when you look from year 2000 to 2020 and calculate inflation and reduction of reimbursement per case every single year by anywhere between 7 to 10%, that difference in loss of revenue is about 64%, Peter.

That's what doctors have been, you know, have happened to them over this period of time. And so with all the additional obligations and requirements and regulations and, medical records and staffing, a litany of things, yeah, of course they're burnt out.

When you compare somebody who just has technical training and compare it with, a doctor and where that revenue match happens is pretty much at the age of 55. Only by the 55 are doctors able to get the revenue that they deserve.

And oftentimes now it's not happening. Well, they talk about with medical school debt, et cetera. A lot of people aren't even back to being broke until you're well into your 40s.

Maybe if you pay off your loans really carefully, you are finally back zero.

Plastic Surgery Practice and Broader Health Mission

You no longer own any debt and maybe you were back at zero, but you have not really amassed a lot resources that would help you to put things aside for your life or for retirement.

Well, it's a blessing to be in the medical space. The financial realities are not as rosy as the public think. I think a lot of people, whether people ask me like, oh, should I become a doctor?

And I say, well, only if you love it. You know, if I want more people to do doctors, somebody's got to take care of me when I'm old. Appreciate your interest, and I would strongly encourage you to it if love.

But if, you've got realize that it is not, If you're trying to to for some sort of financial thing, You can do a lot better in business or in other things and with a little more predictability.

And being a doctor is a wonderful career. I highly recommend it to someone who loves science and loves helping people. But if you're doing it because you think, oh, I'll be a multimillionaire when I'm in my 40s, it's unlikely.

You have to really play your cards right for that to happen. Most people, like you said, 55 is when you find they can make the cards sort of play out.

So you've got yourself financially independent and you are able to do it. for the vast majority of physicians, it takes a long time. But here's the truth, though.

If we teach doctors how to rethink the business of practice medicine, we can change all that, and everybody wins. And that's a mission that I'm on, is how do we actually end up doing that?

Because the reality is, you're right. I mean, people who love being doctors and doing the right thing, have that integrity, they're the ones that have to be in charge in a way.

And when we reclaim that autonomy, when you reclaim the ability to be causing the changes, then everything's going to change and everything is going improve for everyone.

No, that's a good point. So you're talking about just kind of taking a little bit more control of your career, your finances a lot earlier on in your, in, you know, career.

And well, do you have any, I know we, That's probably a whole separate topic, but any tips, any place you would point people toward to start learning about that?

Well, first of all, recognizing that we didn't get the formal training, like you said, and begin to looking at programs and courses out there that will have to do that.

And that's one thing I'm also working on. So that may be a future conversation that we can have, you know, helping doctors rethink the business of medicine, just give them the tools and the tool that I learned through personal development and people like Tony Robbins.

You know some people don't like this guy, but I've learned so much and it's really radically changed my life. And even more so, this Sean Caligay from Unblinded Mastery absolutely has helped me grow my business exponentially.

And these are the fun things that are actually available for everyone. Thank you for sharing that. One of the things I want to talk about today is regarding getting paid by insurance.

That's one of our challenges. We've kind of danced around a little bit in our conversation, but lots of times doctors find themselves in that same boat.

They say, I've shown up in the middle of night or in a challenging situation and I used my skills to help you because I wanted to. It's my commitment to be there.

But I think insurance companies sometimes take advantage of that and say, well, the doctor is kind and has this Hippocratic oath they've taken. They're going to just show up and take care of the patient.

But whether or not they get paid, we'll see. Sometimes people find themselves in a situation where they have done all this work. And then you go back to the side when it's time to bill for that work and insurance.

Companies will kind of find various reasons why they say well you're out of network or we're not going pay for it or you don't have a contract with our with our insurance agency or whatever it may be, at the end of it, the doctor doesn't get paid.

I'd like to hear a little bit more about your experience, I know we've talked a bit about this, about Calghee Recovery specifically, and I would like hear more of your experiences and what you would tell other doctors about that.

Yeah, and just to be fair. I mean, I blame us doctors for not doing something about this earlier on because when you think of any kind of corporation, what's their primary responsibility is to take care of the shareholders and they're going to find every sort of way to do that.

And that's exactly what happened. And it's in all aspects of, you know, in business and bureaucracy and government and all that. So the opportunity very specifically is this, is that, insurance companies have found a way to not pay doctors to tune a $500 billion every single year.

500 billion with a B? 500 million dollars every year to all these emergency cases that oftentimes surgeons are doing, ER docs are that are quote-unquote out of network.

So what that means is that when somebody goes to the emergency room and they have a fall and the need surgery and They have they an insurance policy, but the surgeon on call isn't part of that insurance network and so technically he's out-of-network.

Now, the patient doesn't have a choice at that moment to decide which surgeon they'll have, because that's the whole point of having contracts with insurance companies and you've got a selected number of surgeons you can work with, but this is at three o'clock in the morning, and so the surgeon on call is responsible for that.

I mean, that by law, they have to take this case on. So at the end of the day, what's been happening until recently, about two, three years ago, is that the bill that would not be paid out by the insurance company or underpaid, the patients will be balance billed.

And so let's say, for example, that bill is $20,000, which is kind of an average cost for these emergency cases. Sometimes they're a lot more depending on the severity.

and the insurance company would say pay 2000, then suddenly the patient would get a bill for $18,000. No patient is going to be able to just say, I'll write a check for 18, 000. Exactly.

The brilliant thing that happened in Congress and Senate was that they came up with a no surprise act, which means that in all of these cases, the patients are no longer billed by either the institutions or the doctors.

That protected them. And so now what that left the doctors with is a situation that insurance companies would severely underpay the surgeons. And then pretty much the surgeon had no recourse that they were aware of to actually collect what was rightfully theirs.

So said differently, let's say that $20,000 case that doctor performed, insurance company pays maybe $2,00 or maybe just $1,500. And then the doctors had no idea how to recover the remainder.

And so what's great is that the Caligay Recovery Firm, they've been in this business for the last 25 years, more in the sense of helping doctors recover their monies from insurance companies, So they've been in this space.

They have a lot of experience. And when this whole No Surprise Act came to be, they were very much in the front line to help doctors recover that money.

Because where it currently stands, just to keep it very simple, is simply this. is that when a surgeon performs a case and they receive an underpayment, let's say 10% of what's owed to them, it now becomes a legal matter according to the act.

Doctors, Burnout, and the Business of Medicine

And so with a recovery firm, they can take this information and go to an arbiter, and then the arbitor will then, a federal ID or independent dispute resolution, Arbitrars, and then the arbiter will decide what's fair and equitable.

They will decided what the doctor then deserves. And so it's a process that is very active right now. But most doctors just don't have an idea about it.

Their administrators don t know about, the billers don And if anybody is doing it, it's quite likely to be suboptimal because the firm that we work with, they're the leaders in the filing throughout the country.

I mean, there are doing more files in, say, states like Texas and California. My understanding is you have to file within 30 days. It's a very narrow, tight time window.

Is that accurate? Yeah, so the whole process is technically stacked against the docs. What I love about the integrity and the visionary aspect of this company is actually working closely with Congress and Senate to make some changes with that as well.

But as you said, I mean, there's a 30-day window. The clock starts at the moment that the doctor receives the bill, and at 30 days there is a four- day window, If you submit the claim a day before, or you just submit a claim the day after that window, you're done.

You cannot recover anything. And I'm not exactly sure what the logic behind that. Then once you submitted that, then more clocks start in. So the timelines are very, very strict.

The reality is, and for all those doctors listening out there, the reality that most doctors, most administrators think it's a medical issue. They try the appeals.

they bypass that window, they can never, ever recover that money ever again. And so finding a recovery firm that has the integrity to be able to do this in the proper way, that the experience and the data to get the best results, I would say there's none other than the Calgary Recovery Fund.

So, Caliggy Recovery, the idea is if you're a physician who does these and you are getting patients whose insurance just won't cover it, and yet you were on the hook, you must show up by contract with your hospital.

You're there doing the procedure, helping somebody. And if find yourself in this situation pretty routinely, pretty much need to have a group like Calaggy recovery already on your team, already saying, look, I plan on this.

Instead of waiting for it to be a disaster, let's just plan it. We know that's going to happen routinely. And then you file that information to Calgary Recovery and then they take care of it because they can help meet those stringent timelines so that you can actually recover.

How successful has it been for you? I mean, are they able to recover most of the things that they go after when they approach it through the proper timeline?

Yeah, so 25 years, 27, 28 years of experience, they've recovered close to $1 billion through this entire process of working with insurance companies. There's a relevant thing that doctors need to think about, because most doctors just want to be in denial.

I mean, I'm just being really transparent and honest. They don't want to think about this. Their team doesn't wanna think this, they'd rather just write it off.

But when you think of the amount of money that's left on the table that is rightfully theirs, that could help boost their business, and if anything give it back to charities, give back it to the community, it's insane.

$500 billion every single year is what's currently available. And so the importance of that is that doctors are scared, how it's going to affect their reputation.

They're focused on, well, maybe I'm greedy. No, this is what's rightfully yours. And the best part of all this, Peter, there's no risk for the doctor.

There's not upfront monies. It's all about contingencies. So they're recovering money, which is not only 8 to 10 to 12 times as much as what they're recovering right now.

Through this process, it's with the highest integrity, the high transparency, and it makes no sense not to consider it. So if a doctor is performing any kind of emergency cases out of network, that's just a shoe-in.

I mean, you've got to connect with, your platform, Peter, because I know there's a link that they can connect with and figure out what the next step is.

They'll talk to a representative, a very fluid and seamless process. No risk, no extra burden. In fact, it reduces the burden for the office because now they don't have to deal with all the appeals that were doing previously.

So it's insane not to be part of this, and I hope those listening recognize that. And again, it's a quick phone call, 30 minutes with one of our representatives, figure out what is right for yours and it'll absolutely change their lives.

Yeah, I mean, it's one of those where long-term, you know, we can hope that the system will make changes so that we don't put people in this situation.

Because I've said it before on this podcast, and you and I talked about this before we hit record. I want to leave medicine better than I found it. And one the big challenges right now is we've created this environment where doctors are kind of, what do you say, almost victimized a little bit.

You say like, well, those mean doctors, see, they're trying to bill you for more than your insurance is willing to pay. So we'll put the onus on them.

We'll make them the bad guys. Or the hospital doesn't have to play the difference. And a lot of people find themselves as physicians, find themself saying like well I'm just doing this service basically for free or we're writing off 90% of the cost and you can't really do it that way.

And the amount that it costs to still to perform that procedure or do whatever medical thing is required. There's a fixed cost to doing that because you have, oh, our time, you've got staff, there's lot of stuff that goes into it.

And you certainly wouldn't ask another professional if you went to your electrician or your plumber or whatever and said, sorry, my, uh, My insurance company says I have to take, give myself a 90% discount on, on your services.

Sorry. You don't get paid. Or like you said, you go to the grocery store and load up your cart, bring you up for $500 and you say, sorry, I'm only going to pay you 50 bucks for this.

My credit card company says I can't pay anymore. I understand this and I think this escapes most people and even

us doctors as well, is that we are so hyper trained.

A lot of us have become super specialists, not like you though, because what you're doing is great.

Insurance Underpayment and Caligy Recovery

You're addressing your rural communities, which we absolutely need. But the reality is that you need to be hyper-focused on your skill set. And you just don't have the time and the bandwidth to take care of all the other things.

One of which is the financial well-being, financial health of your business. And when now you have all these other elements, the burdens, number one, are you getting paid?

Number two, you know, staffing that's harder these days. Number three, all of these administrative things and legislative things, and regulations, this and things that are called outmoding with technology changing.

And now every two or three years you'll have to upgrade and all this other training. So there is so much. The biggest one is the financial strain makes it a lot harder.

Because once you have the financial freedom, then you're going to be able to function as the best possible doctor you can absolutely be because then everything else is going basically take care of itself.

And that's the game that we're playing. They've been trained to deal so much, right? I mean, you know how medical school was a residency. I remember the times when I was in the operating room, 36 hours in a room.

All right. And I had like one hour sleep between, let's say, four and five a.m. But that's the kind of training. So we tolerate a lot. And we've accepted a lot because of the goodness of our heart, but it's not sustainable.

And I think that's the key thing that we need to look at. Once we have that financial freedom to have a sustainable business, we can then pick and choose where we're best at, take care of those things.

Guess what? The community health will be so much better. That's again, the game that were playing right now. Yeah, I love what you just said, Bart. I just want to reflect on that for a minute.

One of the most important things that we can all do is look at our financial house and put it in order. That's so important because if you have played your financial cards right, Live conservatively in those early years after residency.

Invest wisely. Don't take risky investments. And then, of course, get paid for what you do. You know, use Calgary Recovery to help you out if you're in that situation.

If you those things, you can find yourself financially independent. Then you could say, well, this is the part of medicine where I feel like I make the biggest difference.

And I'm not doing this because I have golden handcuffs. I am not up to my eyeballs in debt. And then you can also modify your business to be able to do the things that make the biggest impact on your community or on the world or whatever area you want to focus on.

The world is yours once you have kind of figured out that financial game. Yeah, totally. Let's be honest. We're in crisis mode right now. know, lacking enough doctors, and certainly by 2030, 2034, the prediction is, you know we won't have, we'll be short of 100,000 doctors.

Boy, that's not very far down the road. No, it's Not. That's crazy to think about. Well, I would want to, listeners on this podcast, to have those tools, have the perspective.

You know your journey is awesome Bart, like we've talked about the desire to become a doctor and make this

difference and talk to people and help, And then just the financial realities of it is you have to be able to play that financial game so that you can continue to give back.

And it sounds like you've found a way to do it and you're still doing it. You're in practice and still helping people out, which is pretty cool. Yeah, and it's awesome because, fun fact, by the way, I was six months into medical school and I realized, you know what?

I don't like doctors. I'm never going to marry one and never gonna marry anybody in healthcare. And now I'm here, you know, championing their cause. And because the reality is, is that, having a healthy community changes everything.

It affects all the disparities and all of the frustrations and, all these other things that we are faced constantly. If we can just help people with their health, everything's gonna change.

That's been my mission. and excited to be part of it. It's awesome. Well, we tell people all the time as doctors is like, if your health isn't good, nothing else matters.

And it's true, like people talk about so many things that matter. I've been a patient a lot these last couple of years, and I just thought so much about the doctors who have helped me.

And it's not just theoretically like, oh yeah, I need a good doctor. Just from the very bottom of my heart, just can't say enough good for the people who've used their time and energy and that base of knowledge to help me through my troubles.

You want to be able to show up to your doctor and say, this is a person who cares about me, wants me to have an excellent outcome, is just as invested in the outcome as as I am, and you can't get that unless your doctor is well rested and is motivated and wants to be there and want to help and doesn't feel like they're just punching the clock for somebody else.

And so all this financial stuff, I think actually really does make a difference on the level of care that we can do and the motivation for people to stay in medicine, keep practicing and doing the things that they are good at.

No, 100%. And that's, you know, real for everyone, anyone in any profession. When you've got that financial security, it gives you that comfort level to do what you know is right.

People will violate their values, they'll violate the beliefs, satisfy their needs. And one of which is certainty. Certainty that you're going to be able to pay the bills next month.

Certainly that your legacy is going be in place. All of that revolves around our finances. having the tools and resources for this whole medical recovery for many of those doctors out there.

But also this firm has the opportunity to help doctors on other issues when it comes to insurance. And so, again, I mean, i fault the doctors as good willed in good natured as they are, they just strictly focused on what they're really good at and just lost sight of all the other aspects of what makes a business thrive.

And, so it's time for us just to take control. You know, I'm not knocking the system, i'm knocking anything else. I am just knocking as docs. Hey, we can do this.

Let's work together. And with people like you, Peter, who are enlightening us with opportunities, that's what's going to make the real difference. I want this episode to go down as just, you know, obviously we're highlighting Caligie Recovery today, but as one of those tools.

We talk about a lot of tools on the podcast, just in general as doctors, these are the tools that allow you to stay in practice. So in the show notes, I'll include a link for Calagie recovery.

and talk about how you can access that resource because it's likely that if you're someone that takes call and does procedures in the middle of the night, you are going to find yourself needing Calgary recovery.

So I think that's a great one to highlight today. I do want to ask what comes next for Dr. Bart Rademacher. You've done so many cool things in your life.

What's on the horizon for you? While I'm launching a company at the end of this year, it's just a teaser and so I hope to get on your show maybe in six months when I am ready to launch it.

It's super fun. And it's all about making it a lot easier for people to access the health that they can have. And, it is just a departure. It's not a challenge to the current system, but it just gives people more choices.

I think it was Jay Leno who said this, you know, when you have more choice, then you can be happier. He was referring to that he was super wealthy. When you are super-wealthy, And in the world of neurolinguistic programming, we know that that system that's most flexible wins.

And so it really is all about giving people flexibility. opportunities.

Future Plans and Closing Remarks

But also one thing that's really dear in my heart, and this stemmed from my experience in El Salvador, when I saw that there was such a need to help people with opportunities to contribute beyond themselves.

There's two things that qualify as what makes us happiest. One is growth, one is contribution. What I found when i was looking at doing charity expeditions to other countries, I organizations have restrictions.

So there are religious restrictions, professional restrictions and all that kind of stuff. When we can contribute on ourself, it makes a difference. And so I established a foundation then called WellBe Medical Frontiers to satisfy that need.

Hopefully within the next three, four years, I will reignite that and really giving people the opportunity to go to different countries. Exactly what you said, when people are on the ground, where the infrastructure is there, and then I can plug in people into that that have otherwise no experience but really want to help the world, then that'll be magical.

Awesome. Well, and I think all that stuff will do just what we talked about before. You'll leave medicine better than you found it, Bart. This is really inspirational and love catching up with you.

And I hope we'd stay in touch. I would like to hear more about the next step on your journey, like you say, in a few months as you keep going forward on this.

No, absolutely. And again, you're a champion for us. You're the voice for so much is needed for that and so many different levels. I mean, your showcasing what people are doing remarkably for our communities, doing things differently.

It gives us that inspiration to stay the course, not to be disillusioned by the system and knowing that we're better than that. and it's with anything.

We got the agency within us And you're reminding us of that. Thank you so much, Bart. Keep in touch. We'll talk to you later. Absolutely. I want to emphasize the importance of what we've spoken about today.

Doctors train for years to gain the skills necessary to be able to perform at a high level, to able perform the very best for patients who have entrusted them with their care.

And sometimes, despite our best efforts, patients receive the excellent care, but doctors are not being paid for

those services. If you are one of those doctors who finds yourself in a situation where you're not being paid for the services that you've rendered because of insurance confusion, it's very important to receive proper representation so that c-a-l-e-g-y recovery dot com forward slash doctors dash making dash a dash difference.

I encourage you to go there today and visit and find out what you can do to be paid properly for the things that you've done. Thanks for tuning into 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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See you next time.