Early Patient Analysis and Concierge Care

I basically looked at all my patients. I was like, where are they? I did zip code analysis on all my patients. I did like, you know, where do they live?

Like, what are they, what are they paying for? What are they, you know, what do they do? You know, like, and then looking at papers for, you know, really white papers of like, okay, what does it mean to go into a concierge field or go cash and, you know, what are the risks, you know, and that kind of thing.

And one thing stuck with me is like, okay, if you can get 20% of your patients to come with you, you're fine, you know. You didn't build your clinic to feel like an employee in your own business.

I'm Matthew Kalogli, and on Out of the System, hosted by Doctor Talks, we challenge the broken rules holding healthcare entrepreneurs back. Hear from clinic owners, rebels, and builders who are creating bold, profitable patient center practices and doing it their way.

Rowan, I'd call you kind of one of, like to the doctors, the providers, they'll know who you are, right? Because you do a lot of research, right? You're really like a science nerdy kind of dude, right?

And that's a compliment, by the way. Thank you. But you have your clinic, you have your clinic RegenCore method, correct? Yes. And it's in San Francisco and Palo Alto.

That's right. And then you have this other group, Launch Regen, which does a lot of the R&D, once we talk about that. And then on top of that, you have the Regenerative Medicine Orthopedic Society that hosts a lot of events.

And you're on the board at Toby. So you're really involved in a lot of really cool things. Yeah. It's been a lot of fun. It's been an amazing ride. And it's just kind of honestly been organically growing over 20 plus years of doing this.

It's just building the ecosystem unintentionally and intentionally.

Introduction and Career Background

just, you know, you see opportunity, you see ideas, you see need, and then you try and shape something around that. It's been a fun ride. And you're an orthopedic surgeon.

My original board was family medicine. I did an interventional sports medicine fellowship and then immediately joined an orthopedic group. So then I was a full partner in ortho group for 10 years.

Yeah. Before I went out on my own. So what I'm really curious, like, so you had a pretty good Life. Yeah. How long ago did you go out on your own? This is my sixth year.

Okay. Yeah. So you followed the traditional path down on a grad, right? Albany Medical School in Albany, right? That's right. Sunny, Albany. It was Albany Medical College.

Albany Medical College. Yeah. Did you were at Stanford, residency, fellow at Utah? University of Utah, yep. Okay. That's right. So like you checked a lot of the boxes.

Tried, yeah. And you went down the traditional path of being in a big orthopedic group. Yeah. Why'd you leave? Saw the writing on the wall, frankly. And I think we resonate on this.

Essentially, what I saw was that combination of needing to see more patients with decreasing reimbursements,

internal pressures that basically prevented me from being the best doctor I knew I could be, just realizing that the regenerative medicine field was exploding.

And I had been doing it since 2008. And it was like a total uphill battle back then. What, 10 cc's was a lot? Yeah, yeah, exactly, exactly. Yeah, oh man, we can go into that.

That's an interesting one. Look, I own ED clinics and we had the Magellan, right? Oh, right, yeah, sure, of course, yeah. And we're like, we didn't even know cell count existed and we're doing like 20 of these things a week and like, oh God.

So anyway. That's right. And then, yeah, and then just, you know, just realizing, and you know, honestly, my ORTH partners were very supportive and So they were supportive of you doing read-in?

They were, actually. So I actually… You were having the patient pay? Yeah. Do you remember what you were charging back then? Oh, man. Like, back in the day, I mean, for like a PRP or something, it'd be anywhere from, you know, 700 to 1,000, usually, back then.

Yeah. It's obviously higher now, but it was an interesting world. They were supportive, but they also didn't see the niche. They didn't see where it fit into the algorithm back then.

Keep in mind, this is 2008, 2009. Yeah. The reimbursements were still probably pretty good back then. Yeah. It was right at the cusp of Obamacare, right there, it was kicking in.

Yeah, exactly. We saw ultrasound diagnostic codes were pretty high back then. You actually could make a living doing ultrasound. Yeah, and then they got majorly cut after that, and a lot of the interventional pain procedures started to come down in reimbursements or get cut fully.

I just saw a pattern there, and at the same time I saw a pattern of patients really getting sick of the whole cortisone corticosteroid treadmill where they come in, they get injected with steroid and feel great for three months and then they come back worse than they ever were.

I just felt like, okay, I could do this better. So when did you know what age were you when you wanted to be? a doctor. And I know you talked about maybe it was a vet, but when did you know that this is the path that really intrigues me, that I like this?

It actually dovetails with the regenerative field. It's an interesting thing.

Leaving Orthopedics for Regenerative Medicine

So when I was a swimmer growing up, I had a small rotator cuff tear and it was very difficult for me to kind of swim. And so I spent like, you know, a lot of time out at the water and I did the traditional PT and had a couple of castorid injections and saw a couple of surgeons and they're like, oh, it's too small.

You're too young. Let's not, let's not do this. Um, let's not operate. And, uh, and then I met a doc who said, Hey, you know, we're from China. He said, Hey, we're, we're doing whole blood injections for 10, for 10. Wait a minute.

You met a doctor from China, Europe and Canada in Toronto. Yeah. How, when was this? This is random. This is 95, 95. Good guess. Yep. 1995, you met a Chinese doctor who said, we're doing this whole blood thing.

And then he said, OK. And I was going to Brown for college. So it was basically a thing where I was like, OK, nothing else is working. Let's try. And it hurt like hell.

No shit. It was whole blood. And literally no anesthetic. Just draw, boom, inject. That's it. No, nothing. Hold on a second. No centrifuge. Nothing. Nothing.

Whole blood. How many CCs? I don't remember. Don't you wish? Don't you wish you remembered? Yeah, I know. I want to go back to it. It felt like enough.

I remember the pressure buildup, right? So it had to be, what, like six, you think? Probably about that. Probably four to six. Yeah, yeah. And then it's just hurt like hell for like two weeks.

And then it worked. And then I was back in the pool. PT. Nothing. Nothing that we know now about laser, shockwave. Nothing. I was young, I was healthy, I had a great regenerative capability and it was a small tear, but it worked after other things didn't.

And so that was my light bulb moment that there was a treatment gap between conservative care and surgery and it was very poorly filled. Wow. Yeah. So at that point I was like, right, I want to become a doctor.

I want to like fill that treatment gap. I want to work with athletes. I want to like figure out what's in that gap. So I started early. Now, did you grow up in an entrepreneurial family?

Did your mom or dad own their own business? Yeah, my dad had his own business. What kind? He's an accountant and did several corporate accounting and personal accounting and M&A type stuff.

My mom was a teacher, so it wasn't like a dramatically entrepreneurial family by any means. It's about as conservative an entrepreneurial world you can be in.

Exactly. Mom's a teacher for the healthcare. Dad's going to slowly build an accounting company. Yeah, and they're both very, very pro-education and like, you know, get your degree and like, you know, go that stable route, you know.

But I always had that entrepreneurial side in me, you know. Like as a kid, did you have like a lemonade stand or? Yeah, you know, I think like for me, like I always saw the benefit of like, you know, growing capital, right?

And being able to then deploy it how you want, right? And so like I used to save my lunch money and never used it, you know, and like eventually like use it on a like, oh, you know, formal, semi-formal or formal and like rented limo.

And, you know, my parents were like, where are you getting the money from this? And I said, 10 years of lunch money, you know, stuff like that. Me on the other hand, I'm like, optioning future lunch money to pay for the limo for prom.

I'm like, I was the guy that worked in the bag room or the bar at the age of 16 and figured out, I'm like, if I hustle my ass off and I offer to clean this guy's car, I can make it finish for 20 bucks in the 1980s, right?

Yeah. Yeah, more fun than me. Sounds like it. Yeah, well, you know, I'm not really sure. I mean, look, we're different personalities, right? Yeah, yeah, yeah.

But yeah, I mean, you know, it's interesting to me, the people that, you know, working with doctors, it's really fascinating. And I meet a number of doctors, and I always look at them like, you're not really a doctor.

You're just an entrepreneur that decided to go to med school. Yeah. They're like, yeah, kind of. Like a couple of my, I would say it's probably about 20% of our client base.

Sure, sure. But anyway, so you knew you wanted to be a doctor, right? Yeah, yeah. What was the most frustrating thing for you as you were going through med school residency and then you come out and you're working?

Look, you're living the dream, right? Like on paper, you're in Northern California, you're in a big group. I'm sure you're making really good money. I'm sure they were paying you pretty well.

Yeah, it was great. I was their top producer in the group. What was that like as you were in the system? I mean,

how hard was that for you? It was brutal.

I mean, it really was brutal because, you know, as a group, we're all working our absolute ass off. And yet, you know, the cost of staff is going up, the cost of rent is going up, the reimbursements are coming down.

and I'm in like one of the highest cost of living cities in the country in San Francisco. Yeah. Right? So it was like you could see that like everything's starting to squeeze, right?

And so what's the answer? We all work more, right? And we worked longer hours, we tried to squeeze more patients in, and that's just not a good way to take care of patients.

What was that doing to you physically, emotionally? What was that doing to your marriage? Oh, it was terrible, right? I mean, it was definitely one of those, like, major stressors, major stressors.

And, you know, there was, you know, there was a time when I was like, man, I don't know if I want to practice medicine. You know, it's like… I mean, shit, you're a young dude now, right?

Yeah, yeah, yeah. So, how old are you, 48? Yeah, 47, yeah. 47. I mean, so this was, what, 10 years ago, 37? So yeah, it was 2019, yeah, so like six years out, yeah.

Wow. So I had this moment of like, wow, like this is what burnout feels like, right? And I was still like cranking and doing well and my practice was still taking off and everything was going up number-wise for me because I was working harder and I was like, you know, I was just motivated and a hard worker.

That's easy to do when you're 40. Yeah, exactly. You can't work as hard as you did. I'm 57. Yeah, yeah. You can't. It's different, right? And I'm on everything known to mankind.

You're busy. Yeah, you're totally busy. I mean, I take NAD and BPC-157, thymus and alpha, and a freaking cavalcade of pills and hormones and all this shit.

Yeah, yeah. H5, do it all. And I can't work anywhere near as hard as I do, actually. It's remarkable. That's really it. The bio battery just starts to shrink, right, over 40. And so I started to feel it.

I was like, okay, so I literally have to completely structurally change the way I practice medicine or I'm going to have to leave the field. And so that's when I started to really think about how can I really deliver the qualities of care that I, the reasons I went into med school, the reasons that I wanted to become a doctor, the empathy and the compassion.

National Leadership for the American Medical Student Association. I literally ran a conference where it was, the tagline was, if I remember it, preserve your passion, empathy as your right.

Burnout, Time With Patients, and Better Outcomes

And that was driven out over, you know, 15 years of medical training and residency and fellowship and proper practice and, you know, this like healthcare environment that we all practice in.

And so I went back, that's like, how do I regain that empathy? How do I regain that compassion? How do I regain the real reason that I went into medicine?

And it became clear to me that I had to go outside of insurance. And that was like, okay, well… Was that a crisis for you? Was that a crisis of thought?

For sure, for sure. Like, what were some of the things that you really struggled? So your son then would have been like two, right? Two to four? Yeah, he was young.

Right? Because your son, I think you said, is ten, right? Yeah, yeah, yeah. Okay. Well, that's it. And how long had you been married? So, since 2007. Okay.

What was your wife saying about all this? It was one of those high-risk things where it's like, we need a stable income. We're in San Francisco. But on the flip side, she was always supportive, right?

Yeah, yeah. But it was a major stressor, major stressor on the relationship. Okay, so let's go back to this. What was that? I mean, so you're starting at 38, approximately, let's say, 10 years ago.

You're sitting there and you're thinking, this is what burnout feels like. You're working more and more hours. You're getting to 40. You now have a young child.

That changes everything. That frickin' changes the whole game. Totally, totally. It's amazing how much energy those little buggers take, isn't it? I know.

Little sweet parasites. They're lovely, but yeah, and then the cost goes up exponentially. What was it like for you? Let's dive into that, because I'm really curious.

Was it hard to get out of bed? For me, it was like, I'm always a glass half full kind of guy. Yeah, you're a very positive guy. That's who I am. And so for me, it was kind of like, oh, this is an interesting feeling.

I'm more fatigued than I ever was. It's just like the end of the day because I'm working harder and I'm enjoying it less and less because you're seeing more and more.

It's like that reinforcement, I could be doing this better. I could be doing this better. I could be doing this better. Are you hard on yourself? Yeah, I mean, I have a very high standard in terms of how I hold myself with patience.

My staff knows it, and I hold them to that same standard. By the way, not a great trait to have when you're going through burnout. Oh, I know, I know.

It's interesting. Yeah, I know. I am a perfectionist in a lot of ways, no question. Oh, really? Never could have picked that up as long as I've known you.

Yeah, yeah. And so for me, it's like, I'm always thinking, how can I get better? How can I get better? How can I get better, right? And I could see while the numbers were going up, the quality was going down, and that was a terrible- Quality of the healthcare.

Yeah, exactly. The quality of the patient outcomes. Exactly. And the quality of your life. Exactly. So I was like, OK, something has to change, clearly.

And it really came down to, and I really thought about it and isolated it, it came down to time per patient. That was the metric that was most being damaged and most connected to poor outcomes.

So do you believe that there is a direct correlation between time spent with patient and outcomes? 100%. Yeah, I do too. I just wanted to… Yeah, I mean, it really comes down to, you know, on average patients in an orthopedic world have like three to five minutes to see their doctor.

That's it, right? You can't diagnose anything. Right. Yeah, so what are you going to do? Like, how can you take a history? Imagine if you and I just had a three to five minute conversation on the podcast.

Okay, have a nice day. See you in two weeks. Yeah, that was fun. Yeah, I mean, it was obvious to me, right? And it's obvious to patients, right? And you try on a systems level to get that information you need prior to them walking in the room, but you still need time to integrate it in your head.

There's all these nuances. Like, one of my best mentors always said, listen to your patient. Like, they'll give you the

answer, right? And if you don't have the time, you're never going to hear them out.

You're never going to hear what they have to say, and you're never going to come to a good diagnosis. Because it all starts with a good diagnosis, right?

You know, now that I'm in this world where I could spend an hour with each patient, I, you know, my diagnostic capability is just way better. And I think back to that era where you're just surviving and you literally go one or two layers deep in the differential diagnosis, right?

Whereas now I'm like 10 things deep in the differential diagnosis. I'm, you know, I'm thinking musculoskeletal, neurologic, circulatory, you know, psychosocial, all these things.

Whereas before you're like an ankle sprain is an ankle sprain. I think one of the keys to success just generally in life is to ask questions and listen.

I've been coaching entrepreneurs and business owners since 2004, so 21 years, right? I've done it one-on-one, I've done it group, one-on-one is ending for me, because it's kind of like seeing patients.

After a while, you love it, but you can reach a bigger group if you teach other people how to do it. But it's funny now today, so this week was coaching week, so I have a bunch of my one-on-one calls.

I literally, in a 45-minute call, I will literally maybe talk five minutes. Wow. And it's usually asking questions. I have a couple of clients, they'll talk for 40 minutes.

And then I'll ask one or two, you know, I'm asking questions. Sure. Sure. Yeah. And then in the last five minutes, I'll be like, they'll give you the answer.

If you listen closely enough, right, just like what you're saying with patients, they'll tell you what's really going on. Yeah. If you listen. Yeah. Yeah.

And that's when I look at medicine, so when I look at it through my lens, obviously not a doctor, right? No one has to be dangerous, right? Yeah, yeah, yeah.

But coaching is just like, it's healing. Yeah, for sure. You know, and in a way, I wind up being a therapist. I'm sure sometimes you wind up being a therapist, right?

Isn't that amazing? Yeah, I mean, that's really it. I mean, that's a huge, huge thing with every patient. What do you think that does to the patient when they can spend time with their provider?

What does that do? Do you think that there's an impact on their healing? 100%. I mean, if they think, it's like the equivalent, okay, so if someone comes, you take your car into the mechanic, right?

You drop your car off, they fix it, and then you go home, right? It's like you're happy it's been fixed. There's not a ton of emotion in it if it's done right.

And then you go home, right? Traditional medicine is starting to become a little bit like that. It's transactional and there's less of that emotional kind of connection of the healthcare provider and the patient.

And for me, it's the art of medicine is being lost, right? That kind of like you're part of the team, right? Like I'm invested in my patients outcome and they feel it they feel like they're on the team with me They're not alone right and they're not coming to me for a transaction.

They're coming to me for an experience With all the work we do with doctors, you know, we do some pretty interesting stuff, right? Yeah, and one of the things that we've noticed is We've had, I've probably don't know this.

So I've done some work, a lot of work in psychedelics, right? Okay. Okay. Cool. And I hang out with doctors and like, so y'all have taught me how to read like studies, which I'm really happy and I'm really pissed off because like now I can actually find the truth, which makes me happy and pissed off, right?

But anyway, so we do a lot of work with, I do a lot of work with psychedelics. I've done a lot of journeys. I got a guy that I work with. I started doing it about a year ago.

I started actually reading the studies on it about two and a half years ago. through and then listen to Huberman and because I come from a pretty traumatic environment growing up, pretty traumatic family.

A lot of verbal abuse, no physical abuse, but like verbal mental abuse, a lot of PTSD. And anyway, so I've done psychedelic journeys using different types of psychedelics and it's been amazing, right?

And I have wound up introducing a number of my doctors to go meet with this guy. Okay? I'm not gonna name names, right? Because, you know, that's a little controversial for some people.

I mean, I've had Mike Zeller on the podcast. It's one of our most listened-to episodes. We have a lot of doctors that listen to it. But here's the interest.

This is why I tell it. When you go through psychedelic journeys, you can't help but reconnect, get reconnected to your heart. That's interesting. Okay?

Because you're taking MDMA, otherwise known as MOLI, which is otherwise known as a love drug. You're taking a light dose. You might take 100 milligrams, up to maybe 200 milligrams, and two separate doses.

And you'll wind up like a gram and a half of mushrooms, psychedelic mushrooms. So you take the Molly, it opens you up, right? And what it does is it kind of like, I think everyone's got like, they've got like this space that they put on, right?

And they've got this kind of vibration that happens for them, okay? So the Molly kind of is like, I love you, right? Like it's really, it's a great, they should give it to every politician in Washington, right?

And like, we'd have no problems. Then you take the mushrooms, which kind of gives you this, not kind of, but it gives you the psychedelic experience. And what happens is when my doctors go to work with him, a traditional client will take 200 milligrams of Molly and like a gram and a half of mushrooms.

He usually has to double it because the doctors have lost their ability to feel connection to their heart. And because in medical school, it's like they cut your heart away from the rest of your body and they tell you to be smart and just use your head.

How have you protected your heart? Because you care deeply about your patients. I do. Yeah, it's so true. I mean, in fact, it's structural, right? Like, you know, I've had teachers in med school and- Really?

So it's structural? Yeah, yeah. Where they say, like, don't get emotionally involved with your patients. Okay, yeah, yeah, yeah. Right? Like, it's like a thing.

Like, it'll- And you rebelled against that? Yeah, oh, totally. Yeah, it just didn't feel right. You know, like, I naturally- You got some serious balls on you.

Yeah. I have a natural compassion, I guess. And, like, for me, I just feel like my group is to build connections with people and patients. And for me to lose that, it just removes the reason why I went into medicine in the first place.

How hard was that to protect that? I mean, because the entire system, three-minute appointments, three to five-minute appointments, you're not making any medical decisions.

The insurance company's making it. Like, working insane number of hours and not getting enough sleep, like, all these things play against it. How did you do that?

Yeah, I mean, honestly, like for me, I always started with like, how's it going? You know, like, you know, what's going on? What are you doing for fun?

What do you, you know, any, any fun plans coming up or something, right? So there's always like that one little, like one minute of like, it's small talk, but it's actually like getting to know the patient, right?

And just having some of that there and then closing with, okay, like have fun hiking in Tahoe or whatever, like just little things you could do. Like now it's way deeper.

Now I'm like going deep. How long, how long is an initial appointment for you now? Our time, yeah, one and a half hours now. Really? Looking at MRI, doing ultrasound, looking at imaging, running them through an hour and a half.

Deep dive on not just medical history, but social history and what are their support networks and what are their aspirations in life. It's a different, totally different healthcare delivery.

And what do they say to you? What do the patients say? Some of them are like, they look at me, a lot of them pause like, what?

Building a Cash Practice

No one's ever asked me that. And then they want to share. That's the crazy thing. Is that crazy? Yeah, they want to share. I mean, that's the whole therapy side of it, right?

And they haven't been able to share it to anyone. And then so you get really connected with your patients when you spend time with them. Yeah, and that just everything's kind of dominoes from there, right?

It's like then they know you're on their team You know, they like they they know you want them to get better They're they're vulnerable and they've shared with you something vulnerable again, you know Lots of patients talk to me about their childhood traumas and like, you know, they're failing marriages.

Yeah. Yeah, exactly Whatever right? Yeah, I mean in like, you know and you're there for them and like, you know, we'll have like a You know cathartic releases when we do certain things like I do a lot of you know manual work osteopathic type stuff and and as well as like injections as well as like and and like I'm doing like manual work while talking about some of this stuff and Like like I laid last night just totally break down and she's like, oh I feel so much better now, you know, like, you know stuff like that Yeah, it's like stuff you can't do in three to five minutes, right?

Yeah All right, so let's go back to your, in the big group. Thank you for sharing that. I mean, I think that's, I don't want to miss that just yet. So it's, to me, that's what medicine is supposed to be.

You're not just a healer of the physical body, because you can't heal the physical body unless you feel, unless you heal the energy component of it, the emotional burdens, the, I know that cancer is related to like the alcohol we drink and the cigarettes we smoke and I get that, right?

But I also know people that have gotten cancer that didn't drink and didn't smoke and ate really well, but they have really stressful lives. Like, I think that we live in a society that doesn't applaud you being authentic and being vulnerable.

100%. And I think the more vulnerable we can be, the more, like, just I know with my own transformation, like, if you would have known me when I was 40, I would have fucking assholed.

Right? Oh, wow. It comes out a little bit every once in a while still. Yeah, I was a really intense guy. Okay. Right? And I've done a lot of work. I mean, a crap ton of work.

Cool. And it's just, it's fascinating. It's really fascinating because I think, you know, my perspective on medicine is different than yours because A, I'm a consumer.

Okay? Yeah. And I'm your target customer. I'm 57 years old. I have a lot of disposable income, right? Kids are about pretty much out of college. Like, you know, it's not.

I mean, the other two went to like TCU and Furman. That was like 60 grand a year. He's at like a state college. I'm like, that's fine. No problem. $7,500 a semester, done.

But I had this different perspective from the medical side because I have… unbelievable understanding of what you all have sacrificed to follow your dream.

Sure. I have immense respect for it, right? Then I see how the industry is used and abused and how they're taken advantage of and how they're so disrespected.

Yeah. And I, working with doctors that we do, we work with doctors all over the world now. Cool. And they feel trapped. Yeah. You know? And I, owning the ED clinics, I know just the smidge of like when you can get somebody working again, right?

And their wife comes in and hugs you and cries and said, you saved our marriage. Like, that's gotta be addicting. Yeah. When somebody says thank you, doc, like, and they give you a hug and they bring you like a Christmas gift or something like that.

Yeah, yeah, yeah. Well, yeah, I mean, one of the kind of perks for my patients in my practice now is they get my cell phone, right? And so I get texts all the time.

Like, I got one last night. Like, you know, literally the patient said, hey, you know, you're not a doctor, you're a healer. Like, you changed my life.

And it is. It's really powerful. How did that feel? Oh, amazing. It's just like, you feel like, oh my god, this is why I'm doing this. I'm so glad. Because sometimes you don't get that feedback, right?

And you're just like, you're in a vacuum. And you're not really sure. Patients go out. They have lives. And so they're busy. And you don't get the feedback.

But when you do get the feedback, it's just like, OK, you are affecting people's lives. It's pretty cool. Yeah. I think if I can do one thing in the world for the rest of my life is that to release the healers, you know?

Get you all back to being healers again, not paper pushers. Totally. Totally. So let's go back. Let's go back. I want to go back. You're burnt out. So folks, you can see and feel the love.

If you were in this room with me, this is the first time you and I really had a chance. Yeah, deep dive. Every time we're with each other, we're like, hey, Matt, hey, Roland, we're at an event, we're shaking hands.

I'll be right back. So this is great. So I hope they're getting a chance to feel the love that you have that comes out of you. Did you start by taking insurance at the clinic?

No, so I… You went straight cash? Yeah. Oh, wow. Okay, yeah, let's dive into that. Yeah, so I… You really do have a big set of balls. Yeah. That's a compliment, by the way.

Thank you. I appreciate it. Yeah. No, you know, for better or for worse, I agonized over it for like three years. Like, I kind of knew I wanted to do it, but then I agonized and did a lot of market research for three years while I was under insurance before I pulled the trigger.

So what kind of research were you doing? I basically looked at all my patients. I was like, where are they? I did zip

code analysis on all my patients.

I did like, where do they live? What are they paying for? What do they do? And then looking at papers, really white papers of like, okay, what does it mean to go into a concierge field or go cash?

And what are the risks? And that kind of thing. One thing stuck with me is like, okay, if you can get 20% of your patients to come with you, you're fine, you know, and And so I looked at it and I had a big practice like I was seeing a lot of patients But you were part of a corporate group.

Were they gonna give you grief about taking your patients with you? Well, you can't go after your patients, right? You can't like go to them and say hey, you know come with me, you know But like, you know, I knew because I had such loyalty like that was one of my metrics like who, like, which were actually my patients that wanted to see me and not like a different doctor and not a different PA or whatever it was, right?

They really wanted to see me. And I sort of got like a rough number. Like, yeah, that's like more than I expected actually, you know? And then I also I just kind of had a sense like intuitively my patients wanted better care.

They just, they knew it. They knew they were not getting the care they deserved. And they wanted to actually like, they wanted something structurally different and they were willing to pay for it.

And this was six, seven years ago. It's even more prevalent today. And I tell doctors this all the time. I had a couple of coaching calls with two new clients yesterday doing onboarding calls.

And I'm like, you don't understand your patients are begging for this. Yeah. Right? They're sick of it. They're more pissed off at the system than we are.

Yeah. My Uber driver coming here, I was telling him what I was doing. And he just like went off on me. He's like, man, I pay so much for healthcare and they cover nothing.

And you know, it's like, this is ridiculous. You can give birth and like get a $20,000 bill at the end of it. You know, it's like stuff like that. My favorite game to play when I play golf, because I live in Scottsdale and I still play golf and I'm still getting to know people there.

And so I'll just go pair up with a group, right? Yeah. And then, you know, you're playing with a couple of other dudes, and then it comes out, what do you do for a living, right?

And so I let them go, I'm in sales and marketing, and they go, what do you do? I'm in the medical field. Okay, oh, you like a drug rep? I'm like, no. Well, you sell devices?

No. Are you a doctor? Hell no. Like, what do you do? Well, we're leading the exodus of 100,000 doctors out of insurance-based care into cash, so they become healers again.

People pay cash, and then I tell them, I play this game, how much do you think an orthopedic surgeon gets paid for ACL reconstructive surgery? And they're like, Well, my buddy just had it and it was like $5,000 is what the doc got paid.

It's like $750. It's $750. Yeah, it's ridiculous. And they will look at me like, and then I do the, and that includes 30 days pre-op, 60 to 90 days follow-up.

They make about $28 an hour. Then I do how much do you think they get paid for a vaginal delivery and OB-GYN? $500, $600. Yeah, yeah. And they're just, they're like, what?

Yeah. No, I mean, this was just killing my partners, my old orthopedic surgery partners. Like, they'd be blood, sweat, and tears in, like, a total knee replacement or something, and, like, well, they get, like, a thousand bucks.

Yeah, they get, like, a thousand bucks, $1,100. And, like, the insurance, like, get that, you know, the health kit, like, the CEO of the company, the hospital, or the surgery center, or that, you know, whatever.

There's just so many, so much bloat, right? And the doctor sees very little of it. Yeah. It's crazy. Okay, so you're thinking about starting this. You said you agonized it over three years.

If you had to do it again, what would you do different? I would have agonized for six months. Because that's it. What it is, it's rote, it's repetitive.

You agonize over the same things for three years. What are some of the things you agonized over? Yeah, I mean, I think a lot of it was like, you know, will I be able to cover expenses?

Like what would be my upfront like capital that I would need to like put forward to like buy equipment and get, you know, get in, get it rolling, get the business rolling?

Data Biologics and Outcome Tracking

And how long, what was the ROI on that, right? Like I agonize over that, just that concept, right? And then, you know, just do I have the patient population that would be willing to do this?

is there enough of a field, because I also said, okay, I am like 100% regenerative medicine when I go, right? And so was there enough of a market, right?

And so like in 2008, I would have said, hell no, there was no market, right? It was like, what's peer-to-peer? Like, actually, it's funny, like people are like, why are you using ultrasound, right?

Like, well, you know, why are you using it? Remember when he's V-ish, I just, I know where I, I used to, when I got involved in the business, whatever, 10 years ago, and then started coaching doctors seven years ago.

I remember I had a client, he's like, I know where the knee is. Yeah. I'm like, okay. Yeah, no, it's amazing how far we've come. Like the field is totally mature.

Like I have patient care and I'm in the Bay Area and there's like a lot of educated people there. But like, you know, historically it was like, you know, what's this platelet-rich what?

Plasma? You know, and now it's like, you know, what kind of system are you using? Like, what kind of dosing are you using? What's your concentration over baseline?

Like, are you using leukocyte rich, leukocyte poor? Like, all this stuff, and like, you know, they come in with papers and stuff. So the field is definitely maturing, and patient education is out there, and I think there's a cultural shift away from, again, that corticosteroid sort of treadmill if patients actually want to get better, right?

And so they're looking elsewhere, you know, outside of the system earlier. And so for me, I saw the writing on the wall that that was happening. When you told your partners that you were leaving, what was that like?

Yeah, it was hard. It was hard because, you know, like, you're part of, like, this army that is beaten down, right? It's like, you know, it's like, right?

So, like, when I started in the group, we had, like, seven docs, right? And we've slowly grew, grew, grew until we're about 20 docs, right? By the time I left.

And you literally are sweating it out together, right? As a partner, right? Because you're, you know, buck stops with you, you know, you got to pay your staff, you got to, you know, all that stuff, right?

And so we were just suffering, suffering, suffering, suffering, suffering. And so you end up taking one for the team.

Like, you know, that's just a little bit longer.

You know, the payoffs come and the payoffs come, you know? And then when I was like, okay, I just can't do this. I got to like do something different, you know?

And like, so when I actually told them, at first it was kind of like, you know, you're like failing the team kind of thing. Was that your feeling or was that their feeling?

I mean, I definitely felt that first, you know, like, you know, you know, but then I got over and I was like, I got to do this, you know, and then and then they felt it clearly, you know, but then they're also like, you know, we get it, you know, it's like you're because I had such a carved out niche at that point, like that was very different from their practices.

And so they're like, you know, I basically said, look, I want to do stuff. outside of even orthopedics, right? Outside of the musculoskeletal space too.

I'm doing hair, I'm doing ED, it's still 99% musculoskeletal. So they're like, what, you want to touch a vagina? No, no, no, no, I don't want to. You want to do a what?

Okay, we'll touch a vagina. Yeah, yeah, exactly. In the right context. Yeah, yeah, exactly. So it is kind of like, the orthopedics surgeons are very in their lane.

They're fair. You should try having them as clients. I spoke to Ariana this morning. They are black and white. There is no gray area. My favorite thing is when the masterminds, when we do our quarterly meetings, I got about half my clients are Regen.

So they're PM&R, orthopedic, sports manager, medicine. Those are the three. And you all are very similar. And then you've got the functionals. And the functionals are like, like, isn't life great?

Let's go look at the bluebirds, right? They're all like, they're 50 shades of gray, right? And they're all, they're like, pediatrics, they're pedes, they're family, they're urology, they're everything.

Like, internal medicine, like, there's no common bond. And it's so funny, because the orthopedes, the orthopods are like, you don't understand, I'm an orthopedic.

Like, that's the whole attitude they've got, right? They've got like this type A personality, which is like, just relax, it's okay. Well, you know, for me, you know, a big part of my thing was like, you know, look, I'm in a new field, you know, I'm doing the procedures, I feel like I'm getting good outcomes.

But I was always had a suspicion there was a recall bias there. Like, you know, like, what happened to the patients that didn't do well and never came back?

Or like, what percentage of my patients were getting good results but never came back because they were doing well? And I just didn't know what that number was, right?

So I was like, you know, this is when, like, you know, I met, you know, our mentor, Preston P. Chair Malunga, who basically, like, you know, he said, you know, this is what we're building with data biologics.

And, you know, we need to have accountability in our field. We need to understand how our field is working and what's not working. It's not data biologics as a godsend, isn't it?

Yeah. And so I got involved so early in 2018 or 2019 or something. And so I got busy with that right around the same time. And it was fun for me to build this product and really take my clinical questions and put it into a structural software product.

So tell everybody that they're not familiar with data biologics. What is it? You're on the board? Are you on the board? Yeah, so I'm on the board, lead investor, been involved basically from the beginning.

Okay, and tell everybody what it is. I don't want anybody thinking that we're talking shop in there. Yeah, yeah. So basically, it's the first regenerative medicine specific patient reported outcome registry in the world.

And it is now, the cool thing is the software itself can be used for any field, not just regenerative medicine. And we structured it that way from the start, but the key initial founders really- And that was Jerry Malanga.

Jerry Malanga, J. Boa, and Chris Rogers. And basically, they wanted to track how the field was doing. And I give them such credit for it because when you look at a lot of these studies, especially the early studies, they're very controlled, right?

And, like, they exclude a lot of people, they include only a very narrow subset of people, and it really didn't capture, like, you know, real life, right?

And so, we basically said, look, you know, we're doing all these injections, and we have no idea how they're doing, so let's start tracking them. And we built a software platform that basically pushes the patients' phones and tracks them with validated academic scoring systems that you'll see in any peer-reviewed publication.

And we've basically put them into a very sophisticated software platform that can then do a very deep, crazy deep dive analysis on what, including digital twinning in terms of saying, if you're a 55-year-old female with a rotator cuff tear, what is the most likely procedure that's going to work for you based on 60,000 cases and 240 docs?

And so this is where we're getting in the industry that cell count matters, right? Yeah, exactly. Yeah. Because we didn't know that, what, five years ago?

Six years ago? Yeah. Maybe? Yeah. I've been tracking, I've been counting my platelets since 2020. So like when I came out. Okay. Yeah, I started, I got my first cell counter.

And so yeah, it's, you know, I was a very early adopter in the cell counting world. So yeah, so you figure like five, six years, most of us are, most of the leaders in the field are counting now at this point.

I think everyone should be counting, but yeah, that's where dose and concentration and You know kind of the types of PRP started to matter Yeah, and and I want to go into like the different types of PRP and how that matters and everything Yeah, because I think it's a really important topic But I want to keep tying this into the business.

We're gonna come back to like the the science. Yeah nerdy party. Yeah. Yeah. Yeah, okay Yeah, because I have a lot of questions out that I want to ask you.

Yeah But how does that having that data? Do you use it to share with your patients to help them convert? Talk to me about that. Yeah. So my patient consoles, effectively, if there's any question, I'm going to be pulling up my data biologics registry.

And I can take any little variable and I could basically put them in and say, hey, you're a 55-year-old woman with You go down to race and everything like african-american.

Yeah races it's on there, but I don't often pull it out But like I definitely do I pull up everything else, you know, and and I basically say look, you know This is what the data would show But you're looking at age gender age gender maybe ethnicity.

Yeah, my okay BMI is important. Yeah, for sure for sure. Yeah and And we're looking at like duration of outcomes. We're looking at like, you know, speed to outcome and, you know, that kind of thing.

So, you know, I can be like, look, that's what you're likely to see with PRP, bone marrow, fat, you know, A2M,

whatever else therapy we want to use. And they see it right in front of them.

There's like a beautiful graphic that like integrates all that data into a single slide, you know. And it's a really nice way of visually showing them what they should do.

And you sort of then have to use your clinical brain and say, this is what I think you should do. These are the other options. And it's not like I'm like 100% saying, you need to do what this registry says you should do, because it may be different based on their clinical, their life and their desires and that kind of thing.

But it's a really good starting point for our conversation. So, when you started your practice, did you have any business experience, like real entrepreneur business experience?

Not as far as like starting my own business, per se. You know, I'd had several, you know, I got involved with when I was at Stanford with a company called Cosmix and they're just like a deep web company and they asked me to write a blog and turned into a big blog and I got paid per blog.

And then we ended up having like an amazing exit to Walmart, right? Really? Yeah, it was such a random thing. You are a very layered random guy. Yeah, and so I got the entrepreneurial bug there, right?

Global Conferences and Regenerative Medicine Events

And then subsequently, you know, I was part of a neuromodulation company. fellow at Doximity and Doximity went IPO'd. And so I had these like, you know, successes based on, you know, sort of things I had built with these companies and then advised for eventually.

And so I always had that element, but like the actual like hardcore starting a business, incorporating and getting a business account and getting a business credit card and understanding a budget and understanding payroll and all that stuff, like this was the first time.

Yeah. Yeah. How huge learning curve. How stressful was that? Incredibly. Yeah. Incredibly stressful. Was that harder for you than med school? It was, um…

It was different because there's a lot of risk-based stuff with business, like pro-cons, like you need to take this risk in order to get this outcome.

And it was just a different language than what you're used to in med school. Med school is like a fire hose of information that just never stops. But in a way, there's a safety net in med school.

Sure. Yeah. No, for sure. Like you're, you know, and things are repeated and, you know, that kind of thing. In the real world, it's like, you know, you can sink your ship with a single decision, you know, and that is a scary thing for doctors.

Very scary thing. Well, because your whole training is designed to don't fuck up because somebody dies. Yeah. Right? You're, you fuck up with what you do.

real bad shit happens. Totally. Right? Totally. As an entrepreneur, if you lose a hundred grand or a million dollars, which I've done both, you're just like, you're like, okay.

Yeah. Anybody want to go get a pizza? Yeah. Let's go play some golf. It stings, but like, yeah. At first, you're like, oh my God, my world's going to end.

I mean, I've been bankrupt, I've been insolvent. It's like, I've had cars repoed. I'm not proud of any of it, right? Like, this is one of the big challenges that I have when we work with doctors is, In a way, your history of your field is actually to take risks to discover how to heal a human, to think outside the box.

But the industry has taught you to stay within the box so that you don't get sued. Totally. And yet as entrepreneurs, it's like, let's go fuck something up and see what happens.

Let's go break it. You know so interesting you said that's very timely you know I just this webinar I was leading an hour ago an hour ago yeah from a little art studio basically it was with a major you everyone's heard of it but it's a major health care system in California.

And I was just walking them through like this new equipment that, you know, I use and they're going to be integrating into their system. And I was just telling them how I use it and they were like blown away because, you know, their version of PRP was like kindergarten compared to like, and I was trying to present it in like, you know, eighth grade level, you know, but it's clear like they were at a kindergarten level.

On a system basis, we're talking, you know, hundreds of docs doing it at a kindergarten level. Right. And it's just, it's just reinforced to me. Okay.

We still have a long way to go. Oh my God. We have a long way to go. Yeah. Yeah. How would you change medical school? If you could go in, somebody said, okay, Ron, you're get to redo medical school.

Yeah. What are some of the changes you would make? Yeah, I mean, for sure, go from sick care to preventative care. I think that'd be like a foundational difference.

You mean like actually talk about nutrition in med school? Yeah, yeah. There's a novel concept. Yeah, yeah, like think about lifestyle. You mean the impact of like inflammation from sugar?

Yeah, like the why, like asking the why question, like why did you get sick? Why did you get injured, right? Like, you know, because we don't really get taught that, like beyond like Oh, you got infected by someone, right?

They don't talk about, okay, how did the immune system fail? All the stuff around that, right? Or like, why did you get the asthma? Why did you get that atopic sort of thing?

What were the triggers? Essentially, I would take a step back and think a little bit more functionally on that and a bit more integratively on that and teach it.

What else would you do? Would you change residency? Would you change the number of hours working? Yeah, you know, I would. That's an interesting one. So, you know, I think I probably would teach the business of medicine way earlier.

Yeah. That's my dream, by the way. Yeah, no, you should. I want to be in a med school. I want to be teaching medicine. I want to be teaching business and medicine in med schools.

Yeah, no, you should be there. I mean, you should be there from day one, honestly, because what happens is that med students from day one are inculturated to become part of the insured provider army, right?

And so you end up thinking down a certain pathway as dictated by big pharma and insurance, right? And it was very clear to me Because when I, you know, I just brought on a partner who's male trained and super stud, like amazing technically, but thinks in an insured way.

So I have this like thing when I talk to, you know, doctors at conferences and stuff and, you know, I speak a lot and, and I, like I, in my mind, I'm okay, these are inculturated doctors.

There is definitely, they have a prison mentality, right? And you know, just as prisoner, right? Just as, you know, someone kind of gets out of prison, they have trouble reintegrating into society.

Same thing with these doctors. And so you have, so that's why I think what you're doing is incredible because you're like deprogramming and you're giving them the tools to actually have confidence that they can do it, right?

And like go get the practice that they knew they could have, but were too scared to get it or they're too enculturated that they didn't know they could do it.

Yeah. And it's a big, it's a, we do a lot of reprogramming in the second quarter of our program. We talk, the whole quarter is designed to talk about money, the conversation that you never had.

So we talk about the new wealth story, right? What can you do with money? So we tell the story of Blake Myosky who created Tom's shoes. So you buy a pair of shoes, he gives a pair of shoes.

Yeah, you know, right? Great story, right? And you know, now the VCs are involved and I mean, they've given away 50 million shoes. He sells those shoes for more than anybody else, right?

And yet his business continues to grow. People can buy the shoe cheaper. And so what I always tell people is one of our hallmarks is charge more. Like that's not the only thing we teach, but it's like charge more.

And the reason being is like John Knapp, Dr. Knapp, Donna Wilmington. John's like, well, if I charge more, then these other people aren't going to be able to afford it.

And I go, but John, they can't afford it anyway. So why don't you just create a foundation that does it for free? And he goes, oh. OK, yeah, I can get behind that.

Because then he's really completing the full circle of any healer. That's my new initiative. Just tell me about that. Yeah, you know, literally I just, you know, had that same moment where I was like, oh gosh, I want to be able to give this to everyone, right?

I'm just seeing all these amazing results and saving like hundreds if not thousands of people from needing unnecessary surgery, but I want to give it to everyone.

And so like, I think the model is exactly what he says, like develop or have a foundation that people feed into and get some sort of care for that. And then that allows me to kind of do, you know, procedures for free to people who can afford it.

So what I've noticed is that there's really no limit to what you can charge because of the marketplace that we're going after. Okay. So the market that we go after is 50 plus.

Yeah. Okay. Yeah. They're me. Sure. Right. Sure. And you know, you're not there, but like when you, you know, when the kid goes off to college and you're not paying for like lacrosse and you know, soccer and travel soccer and all this shit, like, yeah, even though college is expensive, it's not.

Yeah. It's a whole different ballgame. And you've saved for college, so you're like, oh, it doesn't hit that much. And you've got this extra money, and then you have all this extra time.

So then you go on, you start working out again, you start playing golf again, and then your body starts to fail you. It's really fascinating. You know, like, literally, I think I pulled a hamstring that's like my demographic, but we'll pay anything because we see our friends, my friends now having heart attacks, cancer, joint replacement surgery.

They're 57, 65 years old, 60 years old. Right. Right. And we don't want to become that. Yeah. So we'll pay anything. So I believe you could have a model.

where for every procedure that you do, because when you look at the cost of the procedure, for every procedure that you do, you're paying for a third of another procedure for somebody to get done for free.

That has less advantage. Now imagine if we did this in functional medicine, which I have some clients do. What we do know is a lot of the mental health issues that are going on with people that are homeless, because I have doctors that have worked on this, they've done studies on this, that if we can fix their gut health, their mental health

drastically improves.

Direct correlation. There's a direct correlation. We know this for a fact. And I have a doctor here in California who's very well known. He's taken on the FDA twice in one.

Wow. Yeah, he's an OBS kind of guy. Dr. Ken Toltorf, he's a badass, right? Ken's like, yeah, I did that study 10 years ago. But imagine in functional medicine, if we took a portion of the profits and we use that to help heal people that were homeless or marginally homeless or something like that.

Imagine what we can do to the health of the country. Sure. I mean, we spend, what, two and a half, almost 3x more than the next country in our healthcare, and we have the 50th worst outcome.

I know. It's terrible. Is that terrible? It's embarrassing. Yeah. So, okay, so you're doing that kind of work. So let's talk about this work you're doing with Data Biologics, and I want to talk about your events and everything.

Yeah, yeah. So you're on how many boards for events? You're on IOF slash Toby, because IOF and Toby just merged. Yeah, let's see. You have your… Yeah, Regenerative Medicine Orthopedic Society, which is an orthopedics-specific And you have an event coming up when so that will be March 20th to the 22nd in Tokyo Yeah, and and that's a looking forward to it.

Thank you. Yeah, they can't wait to be there Thank you first. Thank you for the invite. Yeah. Yeah, it's gonna be always and And that's you know a sports in order.

So let's talk about that event Like what is that event about like what are people gonna get? How do they fight? Let's let's talk about this a little bit Yeah, one of the kind of crazy things is, you know, I've gotten way more involved internationally in the space of regenerative medicine as I realized the US is actually falling behind, you know.

Really? Why? Why is it? We are not the leaders anymore. Why? And regulatory, primarily regulatory limitations. Wow. Yeah. And so there are countries that have actual governmental accelerator laws and policies that allow them to go faster than us.

Japan being one of them. Seriously? I would have thought Japan would have been a lot more conservative.

Stem Cells, PRP, and Treatment Protocols

So they're encouraging this. Yeah, they're very supportive. Same with the Bahamas, which is why one of our clinical trials in the Bahamas. There's a few others around the world, but yeah, it's interesting.

So when you look at the body of publications, it's starting to shift a little bit. And so, you know, a bunch of us about five years ago, kind of globally, just colleagues, you know, knew each other through the field.

Like, you know, why don't we actually like formalize this and actually like have a global group of experts that can really grow the ecosystem globally, not just be national, right?

And learn from each other and innovate together and sort of like change policies together. And so it's like a vertically integrated group. It's been incredible.

It's been such a fun ride. Yeah, your event in Miami last year was great. Oh, thank you. It was really good. And I go to a lot of events, right? Yeah, yeah.

I go to some bad ones. Yeah, I'm sure. We talked about that four years ago. Again, I'm not as… I know enough, right? Yeah, no, no. Your event was really good.

You had some great speakers. You had some different speakers than what you see. You had some really insightful panels. I thought it was really, really well done.

Thank you. Yeah, we really try that with that. I mean, that's really what we're trying to do is like, you know, what I realized from a lot of these conferences is you get a lot of information, but superficially, right?

Yes. And it's hard to retain a lot of it. And so what we're trying to do, you know, specifically in Tokyo is we're doing a little bit of a different model where, you know, typically in a cadaver lab, you're in there and you're pounding it out for like eight hours and or four hours depending.

But you don't really get skills, right? You get exposure to skills, right? And so what we're doing is we're actually having cadaver labs every single day for the conference and really doing a deep dive on a couple of very specific topics.

And our goal is to like people actually feel like they can then go back to their practices and do it or use it. We have to get the events to more, instead of somebody talking about something for eight minutes and then the next thing goes and the next thing goes.

I feel we have to do more just like what you're saying. Here's my study. Now, instead of eight minutes and let's get the next speaker up, let's spend another 15 minutes.

Let's let them go deeper. It's like a lot of the events are like the insurance model. You can't go deep enough, right? So what if we flipped it around?

And we said, okay, we're going to have less speakers. We're going to go deeper into it. And then we can go back to the application of that day to day in the clinic.

The application is important. Yeah. So in, so to that point where, you know, we're doing a lot more panels, like actual, like, you know, less of the like talks and a lot more like battles, not battles.

Yeah. I know what you mean. Like what you guys did at Toby. Yeah, exactly. That was really cool, by the way. Yeah, yeah, yeah, thank you. And yeah, I think it's just more fun that way.

It's more the audience engagement is better. They remember certain points better. And if you're up on stage like we are, it's like, OK, if you're been asked to argue a counterpoint which you don't believe in, it actually makes you understand your subject matter way deeper, right?

Yeah. I mean, like the old school stuff we did in debate class in college and high school. Yeah, yeah, that's right. Remember? Yeah, yeah, exactly. In debate class, you would be like, well, I don't I don't believe that prostitution should be legal.

Well, guess what? You're arguing for it to be legal. Yeah, exactly. So that's what we're trying to do. I think it's more exciting and probably more relevant, and it'll have a lot more stickiness.

Because one of the things is when you leave these conferences, there's a lot of excitement, but you realize that only 20% of the information is stuck.

Well, what happens is they come back in on Monday and the phone rings off the hook and they're so excited to do this thing and Gladys Smith is there complaining about her bunions again or whatever, right?

Whatever it goes on, right? So you go back into your rote kind of, you know. Especially if you have an insurance practice, you're back to seeing 60 patients, you don't have time to think about anything.

Exactly. Okay, so you're going to be hosting it in Tokyo. Yep. Okay. Why Tokyo? Because of the regulatory thing or what? Yeah, you know, it's like we, you know, we're in, we try and do it in different regions of the world, right?

So like, you know, we're in Athens, Greece, and Naples, Italy, and Istanbul, and Miami, and now Tokyo, and Sofia, Bulgaria. And so now we're like, hey, we haven't done Asia yet.

And I recently brought on my partner, Dr. Kentaro Onishi. He's just a total badass, just really, really well-trained and really, really well-published and just doing a great job.

And so we got out of our comfort zone and realized, hey, we haven't done one in Asia. Why? Well, there's a language barrier, right? And we're like, well, my new partner is from Japan.

Will there be translators? Yeah, so this is going to be a very interesting part of it. So real-time translation, we're using technology to translate in real time.

It's going to be cool. Oh, that'll be really cool. Yeah, it'll be a fun, fun experience. And we're trying to break down walls, right? Absolutely. And increase the wheels, decrease the friction.

So because, you know, what happens is you get a lot of convergent evolution between countries, especially countries like, I'll give an example. So I was in Madrid, I got invited to work with an amazing group that takes care of Real Madrid and a bunch of, you know, kind of Premier League and, you know, football, soccer players.

And what I realized was, you know, this is a Spanish speaking practice, obviously, they're in Madrid. And, you know, there were fellows from all over Latin America.

who were rotating through that practice to learn from this guy and his daughter. And it was just so interesting because I was like, man, there's this whole, like, this is happening all over the world in different languages, but they're not talking to each other because of the language barrier.

Right? And I was like, I wonder if we can put together a group that can actually, like, you know, use technology, you know, and thankfully, like, you know, we speak English and English is a global language in a certain way.

Well, we get a little myopic in America, just like, well, how can we not speak English? Like, what's wrong with you? Yeah, exactly. And it turns out, I mean, the Japanese are doing some amazing things.

Interesting. I mean, amazing, amazing things in the regenerative space. And we just don't hear about it because of the language, right? And unless you're reading the publications, you're not going to read about it.

You're not going to learn about it. You know, as a kid growing up, I went to Catholic grade school. So I'm pretty sure that this story was told in Catholic grade school.

And it was the story of the Leaning Tower of Babel. Oh, yeah, sure. The Tower of Babel, not Leaning Tower. I'm sorry. I got it wrong. Tower of Babel. Yeah.

And basically, it tells this story always stuck out with me. And so it was that. And there was also the story of in ancient Babylonia, when they conquered, what they did was the emperor took people from every different ethnicity group that they conquered, and instead of letting them stay all together, which he thought that if they all stayed together, they would rise up against him, what he did was he moved them and interspliced them, and what happened was they shared ideas, and that actually led to his downfall.

Interesting. Because they had never been integrated before. Yeah. because of their languages, and they figured out how to communicate from their different languages.

And what they did is they made better weapons, better whatever, technology, and they were able to overthrow the evil emperor faster. And I think of, like, when you're telling this story, that's the story I think of.

Because if we can break down the language barriers, because you know, like, most people don't realize this, when everybody thinks of the Wright brothers created flight.

Well, what was happening in the exact same time is that in France, there was someone, they actually were designing an airplane at the exact same time.

And it looked exactly like what they were designing and had all like 95% of the same Principles behind it. Yeah. Yeah. Yeah. Now this is the early of 20th century.

There's no TV. There's no radio There's no cross-cable. Maybe there is like maybe they're I don't know maybe more is code across Yeah, but there there was no sharing of ideas, right?

It's not just the sharing of ideas is that all these things come together in the ether at the exact same time Like as Michael Jackson says when they release a song like when he would create an idea for a song He realized that everybody was getting the same idea for that.

He had to be the first to get to it Yeah, and so For our industry to really grow, we have to really look beyond our borders. 100%. Because if somebody out there is making a faster discovery about the impact of regenerative therapies and a new way of doing it…

Yeah. Think about how many patients we can save. Think of what we can do to the health of our country and our planet. Well, I mean, to that point, you know, like, you know, I have an interest in research and so we are doing a culture-expanded bone marrow derived mesenchymal stem cells study and to get that…

Wait, say that again. It's because, like, you talk about it like I'm going to order a pop tart. Put some peanut butter on it. Say that again and say it louder and explain to people what this is.

Yeah. So basically, you know, in the US, you know, everyone's heard of a stem cell treatment, right? Right. And so colloquially, what, you know, people equate that with is like, okay, you got a bone marrow concentrate or maybe fat.

Adipose, right. Or maybe umbilical cord blood or maybe orange, something like that. But it turns out, like, none of those actually have, like, live functioning cells at any significant numbers.

Really? Even the bone marrow? Even the bone marrow. Wow, because the bone marrow acolytes would tell you that that's not the case. Well, there certainly are live stem cells.

There are live cells, no question. But there's very few of them, relatively speaking, right? So you might get, you know, 20,000 to meet, if you're really aggressive and take a ton and you're doing it the right way, like a couple million cells, right?

And yet the outcomes are still pretty damn good. And so it tells us, hey, it's maybe not just the stem cells that are doing it, right? And so our study, we're basically using very high doses of pure mesenchymal stem cells.

Okay, and explain to somebody what that means, because I get non-doctors that listen to this too. Oh, yeah, yeah. So basically, you know, these are progenitor cells that can, you know, exert, they do several things.

So, you know, there's a differentiation, stem-ness pathway where they can turn into things like cartilage, tendon, ligament, that kind of thing. bone, and then there's the paracrine effect where they can exert, tell the cells what to do and influence the environment of the joint to heal or the tendon to heal and recruit other cells into the area.

They're like mobile pharmacies that can give certain things to injured, damaged cells. They're like political action committees of the body. Yeah, it's pretty interesting actually.

It is interesting. There's a fascinating science around it. And so they historically have been like thought to be the stars of the show. These are the reasons we can heal tears or heal cartilage defects or prevent or reverse arthritis, which we don't know yet.

And so, you know, but, you know, historically we've been limited to, you know, simple harvests and simple injections, right? We could do things to, you know, centrifuge and, you know, filter and spin and stuff like that, but we can't culture amplify, right?

We can't throw that into a, you know, bioreactor and grow them out and multiply their numbers and then take that and inject it in, okay? Because the FDA basically said, no, you can't do that.

That's creating a drug. Which, by the way, I agree with. Unfortunately, what happened is that stagnated research in this country. There are lots of places outside of the US that are taking this research on.

You're getting US stocks like myself building teams in other countries to do this research. Because what you're finding is that you can get better outcomes.

Yeah, we think where, you know, we're still, we're doing it from the perspective of we don't know. By the way, when you say you think, you're actually, you're seeing some results that are encouraging.

We are. 100%. Okay. Yeah. Right. Because I know you well enough, I know like your mentality of like, I know when a doctor says we think, that means that they're encouraged.

Yeah. Oh, it's a hundred percent. We just went through the data in the study and we're part of a global team, right? And multiple sites. And it's actually pretty impressive, right?

Like, you know, 83% of people with Neostrethritis are doing well after these treatments. What is doing well like they take their pain from an eight to a four?

Well, there's a hundred percent return to play like no other treatment can do that Not even surgery. So to me, that's like a whoa. Okay, that's a holy fuck number.

Yeah, exactly Yeah, that's what we say in marketing. Yeah. Yeah, so so so so literally there's like there's certain Elements where we're like, wow, this is actually potentially a game changer, right?

Wow Yeah, now we don't know if it works for everything, right? So this is where the devil's in the details, right? I don't want to like just generalize and say it's gonna work cuz a knee is a long way from doing a shoulder and a shoulder Yeah, exactly.

There's different mechanics and different needs and different measures of success and you know, you know, so so there's a lot of science still left to be done, you know, but someone has to do it, right?

But just think of what we can do with knees, right? So now we're not doing as many knee replacements. Yeah, sure. Right? Yeah, exactly. Yeah. Think of how many more profits we can give to the health insurance company because they're going to be paying out even less money.

Yeah. That's right. Yeah, you know, and we really are in an epidemic of knee arthritis now, so we need every solution possible, you know, because there's not enough surgeons to do the total knees that are needed.

Yeah, and there's also probably a lot of total needs that are done a little prematurely because people are like, fuck it, I just want to get the knee replaced now and not keep doing the cortisone shots or PT or whatever they're doing.

Yeah, exactly. And, you know, that may work for them and some, but, you know, we all see kind of the failures, the people that don't do well with knee replacements and you wish they had given us a couple shots at it, you know, for when I did it, you know.

Well, you know, I have quite a few surgeons now that won't do, they still do joint replacement, or they'll still do ACLs, but they won't do it unless they're doing Regen.

Yeah. Biologic. So, Roddy, Dr. McGee does that. Okay. I think Donnie Beford's doing some of that a little bit. I know Arianna, but Arianna Demers is giving up surgery.

She's ending surgery at the end of the year. Wow. Yeah. I knew she was reducing quite a bit. Yeah. That's good for

her. But I have, you know, like Stephen Meyer, Dr.

Meyer was here in town. He's in Beverly Hills right down the street. He's doing now, you have to do regen when you do his joint replacement. And he opted out of the system 10 years ago.

He's been taking cash for joint replacement. He's booked like six months out. Isn't that great? That's so cool. There needs to be more like that. There does need to be more like that.

The surgeons get scared. They really, there's so few orthopedic surgeons out there that are willing to take the risk to go cash bully. And they have the skills to do it.

Oh, we're targeting them. Yeah. I'm serious about this mission that we're on. We're going to change healthcare in a very positive way in this country and in this world.

We know that conservatively, so I just finished my book. I sent you the form to it. I just finished it last week. Conservatively, over 10 years, we can save $4 trillion in the healthcare system.

By moving doctors to cash. Wow. Because the doctors can't, let's just think about this from the microcosm of the knee. Yeah. Okay. So if you think about what the model is and the insurance model, the model is designed specifically to make money for the health insurance companies.

It has nothing to do with the care of the patient and it certainly has nothing to do with enlisting your opinion of what needs to be done. Okay. Because to do a steroid shot and wait and come back and do some PT and wait and come back, that's not in the best interest of the patient.

Healthcare Policy, FDA, and the Future of Medicine

That's not healing. That's band-aiding. So now imagine if you were able to design a treatment protocol that could solve the problem and instead of being reactive, be proactive.

If somebody has a joint and they're 50 pounds overweight, hey, let's get you on some semaglutide or trazepotide. Let's get you with our nutritionist. Let's get a food log going.

Let's get you some PPC 157 post, right? Thymus and alpha. All of these things that we know for a fact, because I know I have doctors that track it on data biologics.

Like Dr. Schachter, we know for a fact if we combine functional medicine with orthobiologics, we get a significantly improved outcome. And what we also know is the patients will pay $25,000 for it without even blinking an eye.

They won't even hesitate. If you link it to you're investing in your health, you're investing in your wellbeing, you're investing in your family's wellbeing, they need to see past their knee and see the butterfly effect from it.

And they do. They don't at 40, but they do at 55. It's really interesting. You know, I've been doing this 10 years. It's fascinating. Yeah. Especially when there's like, you know, major surgery and joint replacement on the table.

Think how long you're out of work. Yeah. Think how much lost productivity there is. Yeah. Okay. Complications. There are complications. Sure. Right? Sure.

Yeah. I mean. Yeah. I'm not going to say there's not complications with orthobiologics. However, I would bet that they're significantly less. They're much more.

And you don't burn any bridges, right? Yeah. I want to spend the last little bit. I want to talk about our country. I want to talk about FDA. I want to talk about kind of what you're seeing of what is the best.

What are the best practices these days from a cell count? What's working the best? I think it's important for people

to understand. I want to make sure that people get, by the way, if people want to learn more about your event in Japan, how do they find out about what's the site?

So, Regenerative Medicine Orthopedic Society, RMOS. RMOS, is that.org.com? I believe it's.com. Well, okay, so if it's not.com, just Google search it.

Type in.org. And throw my name on it, and that should tell it. Type in Rowan Paul and RMOS, and it'll pop up. So, let's talk about our country. You said something that we can't do some of the things.

What's your feeling with some of the, I'm asking everybody this question about Secretary Kennedy and the work that's going on at HHS. What's your thoughts and feelings on it?

Do you think, you think this is good for the biologics industry? You think this is mediocre, bad? Like what's kind of your feeling on it? You know, strike me as a very political guy.

Yeah. You know, I think it's a mixed bag, I would say, right? I think there's, on the one side, it's opening up people's mind by brute force, frankly.

Literally. That there's other elements, other facets to health than what we've traditionally thought of, right? And I think there was always the integrative functional medicine docs out there and people who were really living in that way and like, you know, very anti-allopathic medicine or western medicine and never see doctors and never see surgeries and whatever.

And there's always going to be, you know, people like that. He's sort of democratizing that mindset, I would say. Think that's good or bad? I'm not trying to be, it's not an either or.

I don't know. I mean, I think in some ways it's good to have the exposure, right? Because again, most of us are enculturated still to a big pharma mentality, right?

A kind of traditional allopathic approach of medicine, right? And for me, just personally, I definitely find myself backing out a little bit from that and looking at other countries, other cultures, other…

Ways of doing the same medicine and treating the same things and and I'm seeing there are some dovetails to what you know He's talking about now. There's a lot of pseudoscience that he's bringing that's like, okay, come on like this there's some extremism there is and so from a Science point of view by the way said the same thing about Jerry Malanga when he came out.

Yeah Yeah, yeah. Yeah, exactly. You knew Jerry I didn't but you know, I'm just he was the name that I picked that I picked but I Yeah. No, yeah. So, you know, so there's like, you know, I think his intentions are good.

I mean, he's, you know, at least he's starting to pull back to the level of, you know, we need to think about our food chain and our food supply and, you know, what, you know, start from the ground up, right?

It's like, we know we are what we eat. I think that's pretty well accepted. People are starting to realize you feel what you eat, right? So that whole gut brain kind of dynamic.

And we now know that our food supply is generally It's generally less about nutrition and more about profit, right? Totally. Big agriculture has certainly gone the path of increasing yields rather than increasing nutrition.

And so I think he's shedding light on that a little bit, right? And then all the pesticides and all that stuff, like who knows what that like long term effects of a lot of these toxins or whatever, right?

So I think there's a lot to talk about there. We still don't know 100% like what is actually relevant to people's health. I think he's opening a discussion in that sense he's good.

I think the risk is like you might throw out the baby with the bathwater because we don't want to forget about the scientific principles and like when you take You know when you start to apply that on a population level that could have unintended consequences as we were talking So, you know, I think you know again, we'll see what happens But what do you think the impact do you think the impact could potentially be good for our industry for?

Biologics, I think it's helpful. Yeah, I think I think it is helpful because it is turning people's mind to like you know, how can we heal ourselves, right?

How can we take our body and heal ourselves? How can we augment that? And so people are naturally seeing, you know, orthobiologics, biologics in general, as a tool to heal themselves, right?

Rather than symptom suppression medications and stuff like that, you know? So I think that's a good thing for our field. Yeah, you know, all I can think of is our system is incredibly broken.

For sure. And we are getting really shitty results for the amount of money that we spend. Like, if this was a business, if you and I bought this business, right, and we're spending this amount of money and we're getting this kind of result, the business minds of you and I would be like, well, fuck, let's look at everything, right?

Let's question everything. And that's uncomfortable for people, isn't it? To question everything. Yeah. I mean, where, you know, it reminds me of a book slash movie by Naomi Klein, The Shock Doctrine.

I don't know that one. It's super interesting. Okay, Shock Doctrine. Okay. Yeah. And it's basically like, you know, when you have like major, massive shifts on a cultural level on a, you know, like major shifts in governments, like collapse of a currency and then, you know, stuff like that.

People's minds open up in a way that they wouldn't otherwise and allows them to kind of make major steps and change and major progress as opposed to slow incremental over many decades.

And we may be in that time and space now with the current administration and what's going on in government. We'll see. Again, it's the optimist in me hoping.

Yeah, I'm an eternal optimist. Yeah, hoping for a kind of meaningful, you know, positive change from it. And, you know, we'll see. We'll see. We'll see what happens.

It's a very interesting time to be alive in this country. It's a very interesting time to be alive. It's a very interesting time to be in the medical field.

I think they're, again, I have a completely different perspective. I did not grow up wanting to be a doctor, right? I grew up wanting to win the Masters.

Or, you know, fill stadiums and sing and write rock and roll songs. But it's a very interesting time to me because I really can see, like, I'm very good at seeing things.

Like, I can see trends and I have a friend, some of my friends will say I'm like a seer. Like, I can kind of see the future, pieces on the chessboard, right?

Like I'm like, okay, this pattern is really interesting. Yeah, we're similar in that way. Here, the thing that, if we're really going to make meaningful change in healthcare in America, I don't think we'll have a better opportunity than we have right now.

I agree with that. Now, law of unintended consequences, right? Yeah. A lot of people don't really like Trump, right? But to me, Kennedy, while there's, I know for a lot of people, there's a lot of things that he says that they're like, What the hell is that?

But if you look at what he did with the waterways in our country and how we clean up the environment, shit, if he

can do half of that with health care in America, we'll be in good shape, right?

Yeah. I mean, just to like drive the forces and maybe the dollars towards preventative care. God, if we just did that. God, if we just got rid of the dyes and the food.

Yeah. Yeah. Yeah. Yeah. No, I think preventative, I mean, it's just, you know, ounce of prevention is whatever it is, right? Yeah. Whatever that is. Yeah.

Okay. So let's talk about what works in biologics. Tell people if somebody is just someone is a doctor is listening to this. They're in practice. They're getting ready to get started.

Yeah. Obviously they can go to your group to get training. Toby just merged with IOF. They've got a big event in June of June 17 to 20. So there's going to be like, you got the two gold standards are coming together to create the platinum standard or industry for training, which I think is going to be great.

Yeah. But what are some of the things that you are seeing that are work? What are some best practices? Yeah. Cell count, A2M, geek out for me. What's the data telling you?

Yeah, so we know for sure that dose matters, right? Dose matters, concentration of platelets over baseline matters, number of cells, or if you're using cells, like mesenchymal stem cells, total nucleate accounts, those numbers matter, right?

And so, as a result, you know, we realize, and studies have come out in favor of this, like, if you actually want to maximize your treatment response rates, the number, percentage of people who actually get benefit and actually respond to the therapy you give them, you need to hit some critical thresholds.

Yeah. So, what are those critical thresholds? So, for instance, in a knee, right, if you want knee arthritis patients to actually do well, you need to get above 10 billion platelets.

Really it's 10 billion now 10 billion now you can you can doesn't mean you're not gonna get an effect at 5 billion But to get… Is it more than 2X from 5 to 10? Is it like 8X from 5 to 10 billion?

It's percentage of response. Okay, so it's percentage of… And durability of response. So you can get someone feeling better at 5 billion, right? But it might last 12 months.

It may last 12 months instead of 18 months, right? And so platelet dose over time, you know, so like, you know, we're trying… This is where like the kind of numbers guy in data biologists kind of, you know, get me excited.

Can we calculate like a number of platelets per day or number of platelets per month to get people out the long as possible and then dovetail that with the economics of like a cost per platelet?

You know that's rather interesting. Yeah, does it cost more to get 10 billion platelets versus 5 billion from a how much more? Is it for sure? No, no, no question.

I mean, there's like, you know, 50 PRP companies that can get to five billion and very few that can get to 10 with the same amount of blood because the technology is in the capture, right?

The hard part is the capture rate, right? The capture of the platelets, not the capture of the blood, right? Correct. I want to make sure I got that clear.

Yeah, capture of the platelets. So once you like spin it down and you kind of have separated out the plasma and you've concentrated your platelets and, you know, your plasma and stuff like that.

You know, a lot of these systems like, you know, those like what I call tier three systems, which are not very good, but they're ubiquitous everywhere.

You know, they'll get like 40% capture rates, right? The best tier one systems are getting over 80%. Around 80%. So that's a big difference. That's a huge difference.

And the best on the market, which is the one I use, is the M-Site system. Basically, they have over 90% every time. They have a new system called the Espiriton system.

And I count every single one of my PRPs. And so I can see it in real life. And you know, it's, I'm getting, I'm like, I'm pretty meticulous with what I do, my practice.

And so I'm routinely seeing 92, 93%, 94%. I did 97% the other day. Oh my God. Yeah, which is unheard of, like unheard of, unheard of. So when you go from a 40% cap…

Was that 97 because you did something different or was the patient just really healthy? Nope, it's in processing. It's in processing, okay. Because I know some people are like, oh, whatever.

Yeah, so their baseline will be whatever it is. The system will get you to a certain number of concentration over baseline, but it's up to you to capture all that.

And there's like, you know, it's like 0.25 mLs more blood will change your platelet dose appreciably, right? Because we're talking about concentrated over microliters.

And so, you know, so basically, yeah, I mean, it looks like we need that 10 billion plaintiffs to get that meaningful response. It doesn't mean you're not going to get it at 5 billion, but again, to get everyone better or as many as you possibly can, we need to get to there.

What's the impact of adding auxiliary treatments? I know you use laser a lot. You use M7 from CE, but shockwave, laser, have you done any work with hormones and adding those in?

Yeah. When we start to add these protocols in, how does this impact? It does. So for sure, for sure, for sure, we know that adding photobiomodulation and specifically high-potency class 4 laser, like the MLS laser, will increase your response rate.

For instance, we'll take, again, the knee because of so much of the database is knees.

Advice for Doctors Considering the Leap

From 78% with PRP alone, all different kinds of PRP systems, all different patients, all different age groups, 78% is what we're seeing in the data biologics registry for outcomes, for response rate.

We're taking that, you add photobiomodulation, totally non-invasive. Yep. 92. Set it and forget it, by the way. Doctor doesn't have to do it. I can run the machine.

Exactly. Right. 92%. 92%. So for me, that's like- How many treatments? Six? Eight? I mean, when I look at my patients, right, like I am doing like two or three.

Really? Yeah. Yeah. So you don't need that many. Now, there's people who do 8 to 10, right? But I don't think you need that many to get that response rate to jump, you know?

Yeah. Now, what I would say from the business side, if you're coming in 8 to 10 times, you're deepening the relationship. Sure. Okay. Which and their commitment and our commitment.

Yeah, and From my business mind then you it opens up the conversation. Well, you know your shoulder hurts or your friend like it's enough because it's not something it doesn't take a lot of time and They feel good about it.

And that's interesting that you're now had the data that show I haven't heard you share that before but that's

interesting and And that's great, like you can get it done two to three, so that if you have a capacity issue.

Sure, sure. And the other thing is, you know, shockwave therapy, specifically. You a fan? Shockwave? I love shockwave, yeah. Okay, you do both? Yeah, I do a lot of it.

Do you do laser and shockwave together? I do, I do. And they have different roles for me, and I treat slightly differently. You know, like for instance, if they have like bonedema, like say they have rotator cuff tendinopathy, but they also have glenohumeral arthritis, and they have bonedema with it.

You know, I will often treat that bone edema if they don't want to do neutrosis procedure with focused shockwave. And it works really well. And we don't really have a whole lot non-invasive that can actually treat that, you know?

And so, you know, I can say anecdotally, for sure, we're starting to see benefit. Now we need to get more data on that. But I can tell you that, you know, shockwave in the registry is doing really well on its own, right?

Even without biologics. And so for me, it is a meaningful treatment to have in your practice. It's another tool you should have. I feel very lucky to be in the position I am where I have all these devices, and practice is doing well, and we can afford these cutting-edge devices.

But they all have their use cases, right? And we still don't know specifically Will people is it a more is better thing where if you do focus shockwave and softwave and MLS laser and You know PRP and bone marrow if you do it all and just throw the kitchen sink of the patient Will they do better than if you just do shockwave, right?

You know, we're still trying to figure that out a little bit, you know, or just doing PRP We know the response rate is better. We don't know the durability.

Yeah, we don't know that kind of stuff So so there's a lot of science left to be done, but I think there is some real There's some meat there. Like, I do anecdotally say we are using biology to heal ourselves.

We need to energize that biology. We need to stimulate that biology. And I think that's part of why we break down in the first place. We lose that the physics of healing is lost.

Transferring that sun's energy into healing is lost as we get older. We get inflamed, that kind of thing. So restoring that, I think, is important. Yeah.

Yeah. It's great stuff, man. Will you come back and dive, do a deeper dive on the science of that? Yeah, just let me know next time, like if you're going to be in Scottsdale or if you're coming through LA or something like that.

Yeah, it'll be fun. I would love to have a much deeper dive. There's a lot that we can tap into, maybe bring up data biologics and look at some data. Oh yeah, sure.

Yeah, that's a great idea. I think people would really dig that. Oh, that'd be fun. Yeah. No, there's, there's a lot of stuff coming out of the antibiotics.

Like we're, we're hitting some critical capacity. Oh yeah. Like you talked to Leah, she's like, yeah, we're finally at the point where she gets like her eyes get big.

She's like, we finally have enough data for me to really dive deep. Like I talked to her, Toby, she was so excited. Oh my gosh. It's like, now it's like an everyday thing.

Now we're starting to look at it like, whoa, this is meaningfully different. Like we're on an accelerating curve now, which is exciting. Yeah. Um, final thought, someone's listening to this.

They're in a group, they're in a hospital. They're scared as hell to make the leap. What do you tell them? If they pull you aside at an event, what do you tell them about making the leap of going up out on their own?

You don't want to be the last person on this sinking ship. So you don't want to be Leonardo DiCaprio. Correct. And the Titanic. Yeah, with the soundtrack going.

Yeah. No, I mean, that's really what this is. I mean, we're in a sinking ship in this healthcare system we are in right now. And it's just going to get worse.

It's just going to get worse. And now's the time, you know? I mean, I think, you know, the… What's the terms? Like, you know, fortune's favor, the early…

The bold or whatever. Yeah, the bold or whatever, right? It's like, it's basically, we're in that era where, like, you know, if you take the leap, like, you'll do better than if you take the leap in five years.

Um, because there's a saturation component and, you know, that kind of thing. I don't know, I just think, like, now's the time. Like, now, like, like, people like me who went out early and, like, and have done it and have shown that it works, like, Like we've de-risked the process and then with people like you who are like scientifically like kind of like attacking it with this bigger and like You know, you've proven the model yourself right and how to get them there like why wouldn't you do it?

Yeah, like we have you know before they only had the science now What we are trying to do is to bring the science of the business to it Yeah, because medicine and business are exactly the same kind of science sure Right?

Like we have data in business. One of my favorite things and then I know we got to end is one of my favorite things is people will say, hey, I've got, I want to go back to my big group and talk to them about referring patients.

Yeah. And I'm like, yeah, great. That doesn't work. It doesn't work. It doesn't work because especially if they're owned by the hospital, they get in trouble if they refer out.

Yeah. I'm putting air quotes in trouble, but you know what I mean? It's frowned upon. We have proven processes. That's the thing we have to explain. All I'm asking you to do is just do this.

Just treat it like you just learned how to do PRP. Just go do this. Just go do it five times. Go make five sales and then come back and talk to me. And then come back to like, wait a minute, I have a client.

Outside of Bethesda, Maryland, he's doing three spine procedures PRP today. He used to charge $1,000 for me. He's charging $2,500. Okay. And so he's like, man, I'm going to make $7,500. He goes, it takes me 10 days to make that in the insurance business.

Yeah. He's like, I think this is going to work. I'm like, yeah. And just think what happened when you're charging what you're really supposed to charge.

Yeah, exactly. Yeah. No, totally. I mean, it's a hard sell. I remember that feeling of, you know, there's like a steady, you know, patients in the door because of their insurance or whatever.

But like what you don't realize is you take care of them and then you may or may not see their reimbursement. Right. And that's right. It's so crazy. Right.

It's so crazy. And you'll spend so much time on the phone trying to get things approved. Right. It's like that's you don't want to live that life anymore.

Right. And at the very least, drop, you know, certain insurances. Get rid of the balance. Yeah, just drop 20% from the fat. Yeah, exactly. Take the HMOs out, like take the worst-performing PPOs out.

If you have balls, drop Medicare, which I recommend, honestly. And then go from there. See how you survive, and now you've refined your patient population, and then you decide if you can go cash.

Yeah, great. Ron, I appreciate you taking the time. Thank you. I appreciate you taking the time to fly down here. Yeah, it's fun. It means the world to me.

Yeah. And yeah, we're going to have you back. We'll do a deep dive on data biologics. Love it. Love it. And what's working protocols and things like that.

I think people will dig that. And if you want to go to Japan, it's RMOS. RMOS. And we don't know if it's dot com or dot org, but type in Ron Paul, RMOS, and that'll find it.

Exactly. And that's March 20th to 22nd. I'll be there as well. Maverick's team will be there. Yep. Follow me on LinkedIn, because there's an amazing discussion there.

Yeah, there's some great… Follow you, Donnie Buford, a couple of the other OGs, as I like to call them. Arianna is great to follow. There's a lot of really great conversations.

You get Paul Tortland zipping in there every once in a while. So, yeah, really good stuff. And then Toby and IOF, which are on the board for Toby, and you've been involved with Toby for forever, right?

Forever. That's merged now. That's going to be June 17 to 20 in Denver, and we'll be there as well. Another great event. Ron, thank you. I appreciate it.

Thank you so much. Lots of fun. Okay. So much fun. You got it. Thank you.