Margin, Mission, and Patient Care

No margin, no mission. If you don't, if we don't have money to pay our bills, if we don't have money to have retirement and for us to have vacations and a balanced life, how are you going to get the best medicine possible from your physician?

Right? How are we going to have our mission to save? I want to save a million people from unnecessary joint replacement. That is our big lofty goal. And we are doing a a great job doing it.

I mean, our outcomes are phenomenal. The durability of our treatments is amazing with the combined system that we've created. So I know that our mission can be accomplished, but without the margin, how?

There's no energy to make it happen. 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. Josh, you were talking about this thing about the difference between being a doctor and being in a business.

Yeah, so when we do this medical school training, right? It's like this intense… Oh, we're going to talk about medical school training. It's intense shit, right?

And then you go to a residency and you learn to really catastrophize. Catastrophize. That's a big word for early in the morning. Yeah, so catastrophize.

I mean, I don't know if any doctors feel this way, but you're looking at a patient and you're like, what is the worst thing that can happen here? And then we have to defend against that because we have this fear of being sued.

We have all these different things that have been trained into us by our mentors, by the legal system, by our own ideas of what medicine is in the United States.

We're always defending against something. And so basically what we're doing is we're looking at a patient, we're thinking, what's the worst thing that can happen?

And we have an N of one, typically. We make decisions in medicine. Oftentimes, I mean, we're supposed to make decisions based on data, based on studies, based on the standard of care across the spectrum.

Standard of care. That's a whole other topic, too. Right. But what we actually do is we make decisions based on our last bad experience. Yeah. And if you're making a decision just in that particular silo, and you're trying to make a decision so that you don't get sued, you're not making the best decision, are you?

No, you're making a terrible decision. You're typically making a decision that changes your career trajectory, changes the things that you're willing to do for people.

based on one experience so you have a knee replacement that develops this type this you know has this problem right well and then i change completely what i do based on this in of one even though i've done 5 000 knee replacements yeah the other 5 000 that were successful they were great nothing to do i got this one i'm traumatized yeah and then we spent our time in the outlier yeah that's right and in business That is absolutely the worst thing that you can do, right?

We can't take an N of one. Oh, we, you know, today, this particular segment, we weren't profitable. This, this, you know, this visit we spent too much on, this procedure we spent too much on, we can't make a decision to change the way that we do business based on that single experience.

And in medicine, we're really trained and it's very habitual for us to do that, to make decisions based on an N of one, right? What's right in front of us.

And so for me, one of my biggest mental hurdles was getting over that, right? Like how do we use this data that we have in our business? That's data that our administrators and our partners bring to us to make decisions for the business.

It's not exactly like a sick single person. No, it's not. It's not at all. And we're sitting here with the Schachter's Dr. Joshua Schachter and his lovely wife Amber, who's the CEO of Pinnacle Orthopedic, right?

And sports medicine. Do I have it right? Yeah, Pinnacle Integrative Orthopedics. So we've dropped sports medicine. We're doing integrative orthopedics.

But yeah, so what's interesting is so I'm a serial entrepreneur. I've run several successful businesses. Yeah, hospitality was really my thing for the last 15 years.

So taking care of people by feeding them and creating events where they're happy and successful really has been a great compliment, having that hospitality and business background, moving into medicine and creating this business.

But it has been very interesting for me watching the learning curve of Josh in this, how to manage the medical side and understand and learn and grow on the business end.

Because they're not necessarily… They're not even Two halves of the same brain. Exactly. They're not even associating. Right brain versus left brain.

No, it's not even right and left. It's very different, but it's very complement. When you get down to the brass tacks, and so I truly believe in this.

We don't bow down to the holy dollar in our business.

Doctors vs. Business Thinking

We are not trading to be a slave again to the bottom line, just like insurance companies and hospitals. At Pinnacle, we really talk about patient first.

Patient first leads to profitability, right? Absolutely. Happy patients doing a great job being well cared for by a doctor. will lead to a growing business that's built in integrity.

And that's the change that I really am excited for and love to see in the doctors around us who are in our circle, in your mastermind, being able to understand that that sacred exchange of energy, which was money, right, doesn't have to be an evil thing.

I mean, we don't talk, medical students aren't supposed to talk about money. But training in medical school, you know, that if you talk about money with a patient, you're somehow not serving your purpose, right?

You're not serving your calling. And the idea that it can only be one way, that you're either about money or you're about healing. Why can't it be both?

Exactly. The and. We don't need an or. It's an and. Yes, we want to create a profitable business. And this is something that I got from JJ Virgin. No margin, no mission.

Right. If we don't have money to pay our bills, if we don't have money to have retirement and for us to have vacations and a balanced life, how are you going to get the best medicine possible from your physician, right?

How are we going to have our mission to save? I want to save a million people from unnecessary joint replacement. That is our big lofty goal. And we are doing a Great job doing it.

I mean we our outcomes are phenomenal the durability of our Treatments is amazing with the combined system that we've created So I know that our mission can be accomplished, but without the margin how how there's no energy to make it happen We can say we can say for I've did the math rough math.

This is like napkin math, right? In 10 years, we can save the United States alone $4 trillion in medical costs. I believe it. 100%. And I think that number's low, right?

Yeah. We can save it. We'll still take the money and spend it somewhere else, but that's another topic for another day. But, I mean, you talk about this pain, how much pain costs the American people.

Oh, God. How much unnecessary pain, how much we spend on medicine, on physicians, on not even treating the issue of pain, just masking it, just making it bearable enough for the person to continue their job.

Or how about all the people in the cubes at the insurance company sending out the denials? Yeah, exactly. And then all the people in the billing department of an insurance practice, which you had one time.

You know, when I did, you know, so I was, I came out of training into a hospital employed position. How long ago was that? Yeah, it was in 2008. And in 2008, the hospital, the trend towards employment was, it was less than 50%. Yeah, it was just starting really to become a thing.

Yeah. And so it became a much more, a much more. It's much more accepted now. I think it's 80 to 90% of patients. It's a scary number. It's a scary high.

And when I started, it seemed like a great idea that they were going to pay me this money. I didn't have to worry about patients. To me, it felt like a really noble endeavor.

I was going to get to work. I was going to get to make a paycheck every two weeks, and it was going to be steady. And it was a great paycheck. And I wasn't going to have to worry about whether patients were insured or, you know, I wasn't going to have to worry about their status because I was working for a hospital who's going to take care of people.

But you also thought that you were going to have total autonomy over the way you practice medicine. Yeah. So the… That's a lie. Yeah, that was a total…

Well, and in the beginning… And in the beginning it started out, yeah, it started out we were a great partner and I didn't have to do any sort of wallet biopsy.

I didn't have to worry about whether a patient had this or that insurance because in my mind, my My vision of this was that this hospital was this great charitable organization that's there to take care of the community.

You mean back when they were charitable organizations? Well, yeah, but that's in the 1930s. Well, they do get state and federal funds. I'm not in a charity right now.

It's a charity for the board of directors. It really is, even in a public hospital. So that's what's interesting. We're in a community hospital. It's an institution that is that is built to take care of a community.

And that's what it shows on the tax rolls, that it gets all this government money and subsidy to do that. What I learned was, first, they were interested in partnering and helping to grow a practice and a business.

And I was one of the first two physicians that were employed by this hospital system. And so during my time there, my 15 years there, not only did I do 15,000 surgeries, like I did 5,000 joint replacements and just all this stuff, I, you know, on the sidelines, working in sports, you know, taking care of, just taking care of everybody that comes in, doing trauma call and all of the things that are involved in it.

First, I'm really passionate and excited about that because I'd love to operate, you know, come out of residency and I'm like, gung ho, hey, I'm getting money.

It's like the whole thing. But as you go, you start to think you're sitting through all these meetings with administrators and like, well, we really don't want to do that.

You know, you have a great idea. Well, yeah, it's not going to work. Our consultants say that won't work. Right. Like our consultants say that you have to have a pay cut.

Yeah, you have to. Oh, our consultants say that this year Medicare is cutting a 6 percent. So we're going to have to let you know that we're not going to pay you less, but your RVUs are going to be higher.

Your goal is higher. So you're just going to have to work a little more. You mean your commission structure? Yeah, so it's like basically the frog in hot water.

RV uses a commission structure. Exactly. Except it sucks because it's not even as good as a sales commission structure. And you don't have any controller of it and you can't even count them.

There's no third party. So there's no independent third party reviewer for your RV. Hey guys, when you're employed by a hospital system, do you have an independent third party reviewing your productivity?

Trust me, if you don't, you're getting hosed somewhere. You have no idea, by the way, how much Josh wants to tee off on you, right? I had a year where it was 10%. that they didn't pay him, and we had to go dig and fight.

It's coding discrepancies, and it's all these things. But you don't have any control over that. It's my point. Look, if you don't control the rules of the game, and you can change the rules as people go, and you don't have transparency, you can fuck people.

And even in the most honest hospital system, there's too many layers. There's too many tiers of bureaucracy, and there's too much interest in reducing cost.

and improving profitability even in a public hospital system for doctors to ever be safe. So what you just said is a very business, people think all the time with business.

we're going to reduce costs so we can improve profitability, right? Now, that's not necessarily a bad thing, is it, Amber? No. No, I'm just talking in business in general.

I'm not talking in the hospital environment. Now, in business in general, reducing costs to improve profitability, as long as it is in line with your mission, you cannot compromise the mission.

So in our business, we have five pillars that we operate and every decision that we make, whether a yes or no, moving forward, adding something, letting an employee go, that's tricky, comes with these pillars.

So the biggest, for me, the number one pillar is patient first. And we believe that, I know it sounds trite, or you're gonna hear that in a lot of places, but literally, it's something we use in meetings, we use for each other, when we're making decisions about change, is this patient first?

Is this putting the patient first? I'll hear it in the office behind the clinical desk. Okay, well, we're going to work through lunch because this patient has this problem and they only can come in at 1230 today.

That's a patient first decision, right? So we can be very small and it goes to the top. Integrity is another one that's really important for us. We're very transparent with our costs when it comes to in, in our business and with our patients, you know, and, and then also, when it comes to integrity, to be, as an individual employee, be able to hold each other in that.

And then, Josh's favorite, what's your favorite pillar? Mine's favorite is joy. Joy. We have to be joyful in what we do, right? Absolutely. And why is that important from a healing standpoint?

This is huge. This is a real passion for me. And as I've gone in my personal journey through the business, I've learned a lot of techniques, and a lot of mindset is so critical.

And you've had a big, we're gonna talk, you've had a big shift. Yeah, a big mindset shift for me. The mindset is a critical portion and it's, you don't get it out of medicine or you didn't get it out of medicine when I trained to teach the mindful part.

I mean, we can give you medication for your depression. If you have anxiety, we'll give you Xanax, but we won't really teach you how to change your state or affect your biology in any meaningful way with your mindset.

And mindset and healing is critical, right? Especially, you know, I do, You know, I do surgical procedures, I do regenerative therapy with stem cell and PRP, and I do, you know, and we do whole body healing with integrative care, with functional medicine, with hormone replacement therapy.

Well, the way that we perceive, the way that we experience our healing journey profoundly affects the biology. And it's proven again and again.

Hospital Employment and RVU Pressure

And so if you're thinking that when a patient comes into your office and they're expressing anxiety, that you could put them on an SSRI and solve that problem, basically all you're doing is you're like giving them a steroid injection.

So you're destroying their neurochemistry. You're doing more harm than good. And you're doing more harm than good. And so if we can give patients real strategies, that's one important facet of this idea.

But mindset in healing I really think is the base of the pyramid. We have a tendency to think of the mind as being up here at the tip. We think the physical body is the base.

That's like saying my hard drive isn't important to my computer. Yeah, exactly. It is the critical portion of your healing journey. I would say your physical portion is actually up here.

But the mental portion, the way that you relate to your own healing journey is absolutely critical. And so we do mindfulness exercises when we start any regenerative procedures.

You do it with the patient. Before we do a blood drop. Really? Yes. We're so cool. And we're like, hey, let's do some breathing. Let's do some visualization.

We're going to be positive about this. So how does the patient respond to that? They love it. Even in Wichita Falls, Texas. Yes. So remember, we're not in California.

Does Jesus know about this? I've actually had that question. I was like, yeah, Jesus taught this stuff. Jesus is here. He's here with us right now. Let's use this energy.

So I would encourage it. And we all, I think there's this whole question of legitimacy In medicine, you know, we have to be I can't wear I can't wear my my you know, my sandals You know, we we have to be all this the white coat.

You know, we have to have this shield I'm convinced in medical school There is a process that they go through because when I talk to doctors I ask I love asking this question.

When did you know you're gonna be a doctor? So when did you what age did you know that you wanted to be a doctor? My dad is a, my dad's a physician. I, I wanted to be an astronaut first.

Well, yeah, that's, I mean, and I wanted to play professional baseball, but I didn't. Right, right. Yeah. I wanted to be Miss Piggy, but it was taken.

She couldn't do that. I think probably around 15 or 16. Okay. So that's the common age. Yeah. And then the other question I ask him is when you met your spouse.

15. Where did you feel it? Okay. Are you kidding? Okay. I'll, I know how you're gonna answer that. I was 15, I don't know. Damn, she's hot. But like, where do you feel love, right?

That's the question is where do you feel love? In most doctors, like, and I ask our clients this all the time, it's like 80% are in their heart. Yeah.

So where do you make your medical decision? And they say in my head. Which means that they're disconnected to their healer. Yeah. Right? And I work, obviously I work with healers, right?

This is my job. Of course. 80% of them. There are a few the Roddy McGee's of the world that have their more sacral right in their gut in their guts 80% of you all are like hearts and we've done like human designs on them and Done all this testing and it's across the board 80 their empaths you all are empaths.

It's really interesting You're talking about human design because Josh didn't know anything about it. And so on the airplane on the way here Would you run it through chat?

Yeah, so I was like, you need to know, let's look at this. It was funny. So we were not funny, but interesting. Yeah. And so Josh, you learned that you're a manifest.

We are a lot the same generator. You're a generator. You're not a manifest. Are you just a generator? Yeah, okay, just a generator generator saying just a gigolo But it was nice and like most things in our partnership both in business and and we don't really separate things Our life is our life.

We live a whole life together But it live a whole life together. That's good for for us at work We have a lot of the same we can be in the same energy, we have the same intensity about us, but our skills are very different.

And I'm more of the idea and he's more of the implementer. And we got to see that in our human design. And so I think that was reassuring. What was your big takeaway from yours?

I remember what I think it was. I don't know if it's real or if it's full of shit, but it's good advice. So we we know everybody that comes through our program We run a human design on them and then we run it through chat GPT and we'll get we'll get like five percent like this is bullshit I don't believe in this astrological stuff and then they get like the the chat GPT.

They're like, oh Fuck that's kind of accurate. It makes a lot of sense. So I mean whether it's in the stars whether it's in the energy of the planet I mean, let's let's get let's go.

No, we can go I love it but but at the end of the day just like any other tool that we would use in healing or in our own journey or in our patient's journey or in our business's journey, if it's good advice, it's good advice.

It's good advice. Yeah. Take it for what it is. Especially when we have an opportunity, and we do this with our patients too, when we have an opportunity to look at those little pieces of ourselves, like those small pieces that are big lovers.

Right. Anthony Robbins talks about leverage and making behavioral changes. That's what we're doing. In our businesses, we're making behavioral changes to shift from an insurance model to a cash model.

In our patients, we're making behavioral changes to shift from their current health state to the desired health state, their pain level to the desired.

All those things, we need leverage. Ideas like human design, astrology, all of these teachings, they give us leverage. They give us opportunities to help make those changes.

And their data points to go, huh. Either that confirms what my suspicions were, or I never thought about looking at it from that standpoint. And you can have confirmation bias.

You can have like, oh yeah, that's exactly what it is. But it's really rarely that. Usually it gives you a little bit of a window. Like, oh, I never really thought of it that way.

Yeah. Well, and then also the more information you have, the more you can build a path for success, you know? The more we understand a situation, whether it be internally or externally, you can design your avenue of least resistance at that point.

Well, that creates more joy then. Exactly. Right? Which creates, which then creates an environment for you to be a better healer and it creates a better environment for work.

Like, I think one of the biggest challenges that we have, societally, not just in the United States, but in the earth is that people are trying to be something that they're not designed to be.

Exactly. And so it steals your energy instead of giving you energy. I'm a living testament to that because I spent the first 50 plus years of my life of trying to be something that I wasn't.

Exactly. Because I wanted to conform. I didn't want to upset the people around me. Well, and we have to understand that is deep inside of us. So in human nature, we are meant to live in community.

We are meant to be surrounded with others. So the idea that if I don't conform, if I'm not accepted by the herd, by the community, you could die in past times.

If you were exiled, if you didn't get along with people, now you can live in your apartment with door dash and never see another human being, right? Are you that healthy?

I would argue no. But could you survive? Yes. But in times past in our DNA, genetically, this idea of conforming of getting along with the group of pushing down your individual need in order to make those around you happy starts from when we're a child starts from before we were born.

So being able as an adult man to say, hey, these are the places where I compromised too much. Oh, yeah. This is where I'm giving, and I see this, I've seen this in other doctors that we know in our circles and in the mastermind, where they have this realization that they conformed too much, gave away the best parts of themselves to Western medicine and became not better healers because of it, but became like everybody else.

And that's not what we want. Exactly. And it steals so much. I mean, you saw Josh, how burned out were you? Oh my God. You were a mess. Total mess. Total mess.

Total mess. And that's, and who he is today is much more of the man that I married, but that 15 years getting chewed up, working in a warehouse, which is what, he was a factory worker.

You were a widget maker, right? Yeah. How many joints could you do in a day? How many how many how many knees could you do in a day seven seven practices could take ten?

Oh, I mean I would do between seven and ten cases a day and a lot of times when we hear about this much volume we think oh my gosh his complication rate must have been high his He must have been sued so many times.

He must have had patients who were on that isn't true His complication rate was far above the national average are below the necessary Sorry, far below the national average.

He was able to build, even at this high volume, a center of excellence. So you gave all the best of yourself to the system, but unfortunately, it wasn't because the work wasn't good, but the energy wasn't in alignment.

You weren't able to truly connect and be yourself with patients, and so it stole more energy than you were able to give, and it burned you out. Versus now we travel, we work hard, we do all of the things, but look at you.

I mean, look at both of you. Yeah. I think when we go into a practice, we have this sense of real excitement, especially when we're just done with our residency.

For surgical residents, it's a long road, right? It's a long road. And it's an abusive road. It's a very abusive road. The whole idea of surgical training has been, you know, built on abuse.

It's like, how many hours can you work before you're totally exhausted? It's basically abuse and a guy that was a cocaine addict. But other than that, it's a great model.

No sleep, no food. Ask yourself why you're so fucking dysfunctional. My general surgery colleagues, I love you guys. You guys get beat up. Like it's terrible.

I went into orthopedics because one, you know, we got to lift weights a lot.

Building a Patient-First Practice

And then, and then it felt like I, it felt like I wasn't going to have to deal with the mind. I think at the, in my twenties, I was like, I don't want to deal with anybody's anxiety or depression.

I'm going to just give them anesthesia. I'm going to, they're going to be asleep. I'm going to do a carpentry and then it's going to be great. And what I learned was one, If you don't deal with the mind then nobody gets better and so that but and then to the path to get to that that is is just fraught with a lot of a lot of abuse and you know hard hard days and nights, hard years, you know, low pay, not being appreciated.

And I think residents maybe have it a little easier now. We didn't have a work week. We didn't have like a cap, an hour cap or anything like that. Yeah, the cap is now 80 hours a week versus 120 hours a week.

Well, it wasn't capped. Right, it wasn't capped. You worked as many hours as they could get you to work. Which is, you know, nevermind that that's against, like, in my view, that's against the wage and hour Department of Labor stuff, but anyway.

Well, and not even that. This idea that we're training these doctors because somehow they're going to be up all night operating isn't realistic. Most orthopedic surgeries, I don't know what the statistics actually are.

These are elective cases. Yeah, so there's a whole idea, there's an idea of being Abused for your own good. Yes in in medical school training and we carry that into our careers, you know This whole idea that we we need to be this selfless Healer because medicine is a calling Well, everybody around physicians is a business person, and their calling is to make profit.

And they're the ones that come and tell you, we had one of our ethics lectures in medical school done by a hospital administrator who wasn't a physician.

We had one of our ethics discussions in residency with an insurance administrator. Yeah. So I think we really have to look at that. Propaganda starts early.

It does. Well, it is propaganda. So like if you, I had this, I had a business partner of mine who was a successful high school basketball coach. And We're working together and he's like, well, we just got to break the team down.

And I go, what are you talking about? He goes, we need to push them so hard that they completely break and collapse so that they'll submit to what we need to teach them.

We need to do some ladder sprints. I'm like, what are you talking about? No water. Well, I'm just breaking them down. I'm just breaking them down so that there'll be no resistance to me molding them the way I want them to be.

Oh, they're going to quit and work somewhere else. I'm like, this is how we want to, I obviously was not in business with him very long, but like that's, and I thought, like if you look at what they do to you in medical school and residency, It is no different to what they did to, say, Patty Hearst when they locked her in the closet for the liberation organization, the PLO, whatever she was a part of, so that she went out and robbed banks and killed people.

It's a form of mental abuse, and it's as abusive as anything else. In my view, it's as abusive as anything else, and they mask it with, you're going to be a healer and we're going to pay you a lot of money.

Well, also I think… And now they're not even paying you a lot of money and you don't get to be a healer. Remember, by 2030, orthopedic surgeons, read the literature, by 2030 you'll be making less than minimal wage to do a hip replacement.

For doing a knee and hip replacement. It's about $32 an hour right now. Yeah, and that… But do you like it? No. Do you deserve it? Fuck no. Well, and what's amazing to me, here are the people who carry all the responsibility.

They carry all the responsibility. They don't get to make the decisions. They carry the license to do any of the work that's happening in the hospital and in the OR and throughout.

And yet they have no control over the system, over reimbursement, over actually what's happening in the patient journey. They're the technician. And so I've seen this for a long time.

So I was a part of a lot of organizations around supporting physicians and medicine in Texas. And what we learned, unfortunately, I think it's a double-sided coin.

Doctors are taught to see each other, not necessarily as partners. There's a lot of I don't know, competition that's bred in amongst doctors. So they don't work together when it comes to legislation or lobbying for themselves anywhere.

And they're really, I don't know if it's insurance companies or hospitals or something with the training, because I'm obviously not a doctor, but they're not taught to work together.

And so when we, at the state level, when I'm going to the legislators and we're trying to work together, we can't get physicians to agree on anything even for their own good and so it's really created this environment where all of their power and control has been given away to these administrators because they're taught that they're not good at that they're not good at coming up with any kind of legislation it's ridiculous they're taught to be the smartest person in the room and you're the smartest person in the room by not giving the other person any help because if you give them help you give them insight they could become more powerful than you and be more smart than you are So they create this environment by being the smartest, you create this biggest silo.

Right. Which is not how you become the smartest. No, we all know that's not how it works. When we bring people into our program. Yes. You want to know the hardest problem we have?

when they create silos. As soon as we tell them, like later this afternoon, I'll have an onboarding call with a new member, right? And I'll be like, look, the worst thing you can do is when things get rough, and I'm going to tell you right now, things are going to get rough in your transition.

There's no ifs, ands, or buts about it. No ifs, ands, or buts. Yeah, we can talk about our transition. You do not shrink away and try to figure this out on your own.

That's like me trying to figure out how to fix my own goddamn surgery. You connect to the group, you ask for help, and we pound that in. If they do that, if we can get that where they start to ask for help and we can connect them to other people, they have an infinitely better chance of success.

If they don't do that and we don't see them on the calls and we see that they're not logging in or they're not connecting with others, we know that they're struggling.

Of course, we can easily go into our shell when things get scary. I think that that's human nature. And to be vulnerable to say, I'm having a problem and this is what it is to your other colleagues is scary.

So Josh, if you were in medical school in your residency and you're saying and you were vulnerable and said, I'm struggling, I'm having a problem. Well, first of all, my residency was a pyramid program.

So it was like, they hired five interns for two spots. Yeah, I remember you telling, I tell that story a lot, by the way. And so luckily in the residency itself, we didn't have to compete with each other quite so badly, but you spend a year competing five people for two spots.

And this creates in you these patterns, these psychological patterns where you don't want to trust, you don't want to expose your weakness. And then we also have that whole, I'm supposed to be this professional.

And it's predominantly male-dominated environment, 96%. And in orthopedics, it's a male-dominated. So definitely not like a… Not a lot of soft femininity.

Yeah, we never played drums in a men's circle. We never, like… So you didn't have petropoly in your group? Not a lot of Ayahuasca trips together or anything like that.

No, we did drink some… Not a lot of Mali and mushrooms? No, nothing, nothing. I love you, man. And there was no, I love you, man. But no, I mean, so exposing yourself as that weak link is definitely not something you do.

Or saying you need help at all. How hard was that when you started moving away from insurance? Because I remember the day you called me. I was in Vegas.

I remember the call as plain as day. But just that, what's it been like to ask for help? It's been really liberating, actually. Has it been hard? Sometimes it's really hard.

Like when? And I think in the mental component of what we do, it's really hard. I was super burned out. I mean, and it's great. You're ready to give up.

Oh, yeah. Yeah, it was like I wasn't going to be a doctor. I was going to shoot myself in the head or I was going to fly my paraglider into a mountain.

There wasn't really a whole lot of like wiggle room there. I had like two plans. So, let me tell you, that's lovely for your partner to hear, but it was the truth.

That's the truth. That's the truth. That's the vulnerability, but that's the truth. By the way, you're not the first one I've heard that. Well, the paragliding it is, but that, you know.

I think that, so for us, you know, I felt like we had to make a change. I was so burned out in the hospital. I'd done all

these surgeries. I'd been the chairman of the orthopedic department for like 11 years.

I've been the the chairman of their multi-specialty group for like almost a decade. You were checking all the industry boxes. I checked all the boxes.

The bingo card was full. I was getting paid a million dollars a year. I was seeing 50 to 75 patients a day. I was doing 30 cases a week. You know, now granted my reimbursement was declining, my authority was being ratcheted back on, the partnership with the hospital was declining year over year, not just with me, that's with every physician, but I was checking all the boxes and I just had this real sense of I'm not one, I'm not actually taking care of people because at the end of the day when you're an employee, Maybe you're a noble soul for the first couple of years of your practice and I want you to be, I think that's awesome.

But at the end of the day, you're looking at metrics like RVUs where the patient is broken down into this relative value unit where you get paid a certain amount per widget that you make.

And that's the thing. We're not looking at real people. we're looking at a knee in a blue drape and how many of those I can do in a day, right? Because the hospital is always ratcheting down.

They're lowering my reimbursement by 10% or whatever. They pass it on from Medicare to me. So that sense of frustration, one that I wasn't doing a true service to every patient to the best of my ability.

I was being, I was being good at my job. I was even being excellent at my job. But outstanding would mean I needed to really take care of all of the components of what makes us successful, not just the technical component.

And so the environment that you grew up in is to be the best. I always say orthopedic surgeons come up, they make it off Survivor Island. They are the best of the best, and they will tell you that.

No offense to my neurologist. brain surges but the but really like it's this we're the fucking best and I'm going to overachieve in every single aspect of my business life that I possibly can and they they bank on it hospital and they use it against you oh they love it yeah yeah they use it against you so I was I was seeing so I was seeing so many I was getting so many micro frustrations, right?

Like all these little things, like I start to develop carpal tunnel. I go, I have to go to employee health. They denied me an EMG, you know, like I say, like I'm telling you have carpal tunnel.

Oh, we think you have carpal tunnel, but we're not sure it's due to your, it's due to your work. I'm an orthopedic surgeon. I use a hammer for 15 years for you.

You don't think that kind of drill and the hospital is like, at Home Depot. I can even hear the conversation in the ministers, do not get this guy at EMG.

If we have to pay out Workman's Comp for an orthopedic surgeon, are you kidding me? We're going to pay out Workman's Comp for every surgeon because he's not going to be the only one.

The Manco robot was not designed to be good for the doctor. Yeah, so we have a lot of ergonomic problems, but at the end, so all these things, you're treated more and more like an employee, but you're not even…

But you're not even an employee. Yeah, you're not even an employee. You're not a partner, not an employee, you're a cost center, you're something that they're trying to cut all the time.

Oh, they're trying to figure out how to replace you. Yeah, absolutely. So after years of that sort of frustration, I didn't want to do it anymore, right?

And then so when we started, and so the idea- And yet your identity is wrapped up- Totally, you're Dr. Schachter. In being an orthopedic surgeon, you're Dr.

Schachter, and on top of it, you're Chief of Surgery in a small Texas town. Well, and that's- Yeah, it's a big deal. Everyone in our community, we have 107,000 people, and between my restaurants and Joshua's position at the hospital, Everyone knows us.

If you, if Josh hasn't operated on you or somebody in your family. I fed you, you fed him. And you haven't eaten at my restaurants and I didn't make somebody in your family's birthday or wedding cake.

Were you really from Wichita Falls, right? And that's the joke. And so I think when it came time for us to make the change, the idea was, okay, Josh, let's just get you out of the hospital.

We were thinking the frustration really came from the hospital end. Let's create this new private practice. The idea was to do that. And I wrote the business plan.

We got it all together because of my health journey. I knew that we needed to work more on the perioperative, the pre and post operative. for patients.

And so I was like, Hey, there's all this data that shows hormone replacement in your age group of patients is really going to help them not only be better prepared for surgery, but heal better afterwards.

So we had started that idea where we're going to do some hormone replacement, we're going to do some optimizations for patients, just, you know, in this around operations.

But we weren't thinking of being cash practice. Yeah, because you started you were going to have your own insurance practice. And here's so another thing.

Right. So we and we. We have so many lessons to teach. So we took the whole team. Don't worry, we can have you back. It's OK. We took the whole team from the hospital.

And that's a whole nother lesson. We'll talk about that. You want to talk about that? We can talk about that mistake. And then we tooled up to do the same practice that I was doing at the hospital.

You were doing the exact same model you were doing on your own. So on my first day open, I saw 50 patients. My PA saw 25. I did 25 surgeries. How fucking exhausted were you?

And I was completely exhausted. And that's when I called you. I know. I remember when you called me. I'm in Vegas. It was the second week of January. We opened January 1 of 23. And you were like, I can't do this anymore.

We traded one master for another. And it was just the same. It was just the same. And your burnout was just, if anything, it was worse. Because he thought that he was leaving the trap.

And he realized he just went from one gilded cage to another. tighter, smaller. And you built a goddamn gilded cage yourself.

Burnout, Identity, and Leaving the System

Exactly. With the specs that you got from the other one that you hated. Right. And so that was the thing. So he was just as miserable, if anything, more burnt out because now he felt hopeless.

And so finding you was really an opportunity. It was a golden door, a parachute. because even with my business background and the things that we've done and our business plan was good, but it was based on a flawed system, this insurance-based system.

So having the opportunity to meet you and have structure to really break out of the cage was amazing. I have, so you call Matt and you tell me about this guy and I'm like, eh, I don't know.

I could tell when I got on the phone, like she is not a fan. Hey, I've worked, I started out in car sales. I've been around sales and marketing people and in this industry since I was 20. So I know the lingo.

I know the talk. I know how people are going to close you. I know they're going to get to your pain points. I'm like watching you do the system to Josh, but we needed it.

So that's the amazing thing about sales, right? Right. You know you're in line with what you're supposed to be doing because you're selling people what they really want, what they need, not just what we wanted, what we needed, what we needed.

But you had to wrap it in a pretty enough package. You had to put a spoonful of sugar. So because the pill is not easy to swallow. No, the pill is not easy to swallow.

And I'm just, I know that it was divinely inspired or aligned or what does Jung call it? A synchronicity of our life. Pick a time phrase, whatever it is, certainly a blessing.

And we wouldn't be where we are today without your ability to take that job. I think the take home from our transition is that you, so often when we develop a lot of resistance and we develop a lot of burnout and we want to create We want to create something new, but like you said, you take the same, the plans from the job, from the, from the structure that you hated, and then you build a new structure based on those plans.

And that's exactly what we did. And I think that's exactly what a lot of physicians do when they leave an employed system. And that's what you're going to be doing, right?

Like you're leaving an employed system. None of you guys are in, I mean, very few of you are in private practice. And if you are, you're probably bringing.

all of those habits, all of those preconceptions, all of those resistances into your new endeavor. And that's where I think our experience with you, Matt, and with other people who have been our mentors over the last couple of years is that you really have to step outside those patterns.

That's an uncomfortable process. So one of my favorite parables that Jesus teaches is in Matthew 916 where he talks about the parable of putting new wine into an old wine skin.

And the reason why you don't want to do that is when you put the new wine in the old wine skin, the old wine skin is going to burst because the new wine is still fermenting.

Like, it's not like the wine that we have today. Like, it was wine so that they didn't have bacteria in the, like, everything that they drank was alcohol or if they didn't, they'd die, right?

Because there was so much literal shit in the water, right? So if you do that, what happens is that you're going to put that new wine in there while it's fermenting, it's going to explode and you're going to lose all the new wine.

That's the problem, is that most doctors try to copy the model that they're leaving and they hate thinking it's going to be better. Right. Exactly. We did all of it.

We took all of our employees, all of my team members from the hospital, including my PA, and we paid them the same rate they were making at the hospital.

Yeah. There's no risk for them. There was no motivation. Oh, gosh. They had no skin in the game. We just made all of those mistakes. And I think the biggest mistake that we made was thinking that we could do it the same way and that we would have a different outcome.

And when I determined that this was just the same thing over and over, that's when I reached out for help. And I reached out to you. And in our conversation, I could see that we had an opportunity to do things differently.

And that was going to be really, really important. And that process has definitely not been easy. You think that you're going to come out and you're just going to, oh, I'm going to do this cash practice.

It's going to make a lot of sense, all these things. The way that you think as a physician is not necessarily the way that you think as a business person.

It's not conducive. Yeah, the way that we think in this box that traditional Western medicine puts us in is not conducive at all to doing a cash practice.

Because at the end of the day, we're not pushing paperwork. We're not working for an insurance approval or to defend ourselves during a peer-to-peer so that we can get something approved.

We get to work to the patient's benefit. We get to work to the best outcome for the patient for what they want and what they need. And I think it's really beautiful.

And it's the most rewarding thing that I do in the practice now. Do you love being a doctor again? I do. I do. I love being a doctor. You love being a healer.

I love sitting in my waiting room and talking to my patients. Without looking at your watch? Yeah. I went from doing 50 patients a day to if I have six new patients in a day, we're cranking.

busy now that can that that's a very and that is a very profitable day but it's also used to be very scary oh i remember so if i was having time between patients if you had time between patients what happened if i wasn't yeah then i'm i'm like oh my god we're gonna you would call me or text me saying the world is falling apart but to be able to spend that time and to really and to really deliver to patients what they're seeking as far as healing.

That's the best part about doing a cash practice. Because they get to choose their path. It's not chosen by a third party. It's not chosen by an insurance guy that I'll have to do a steroid injection before I get an MRI, before I get a this, before I get a that.

No, we do what the patient needs in that moment. And it's a really beautiful way to do it. Now, I think then people, some of your audience is gonna be like, well, you're only taking care of six people a day.

Don't you owe it to more people? What would you say to that? Well, that's why we're talking on this. Why would I say that? Because we're also taught population health.

remember we're in a system that that rewards volume right yeah and so I've spent 20 years which by the way is not the path to boost it's generally unlike if you're selling cheap shit that's gonna fall apart that's right it works that's right it's great well if you sell cheap shit that costs $20 a copay right you got to do a lot of copays right like so that We're taught, and it's even instilled in us as a sort of a, we need to give the most medicine to the most people, even if it doesn't really help them very much, you know?

Like, I mean, cardiologists tell us that statins should be in water. Quantity, not quality. Yeah, it's all about quantity. Well, but what we've realized is we can make in that hour, instead of I don't know, a dozen appointments with a provider.

A patient can come in in our practice because like we do integrative orthopedics. So what that means is we integrate functional medicine. So that's testing based medicine with musculoskeletal care.

And this was shocking when we first realized how our joints are connected to the rest of our body, right? Your joints are connected to your hormones. That's right.

But you know, your gut biome has a huge impact on the inflammation in your knees. So anyway, so in the kind of medicine that we practice, Dr. Schachter or one of our other providers getting to spend an hour talking about what's actually happening with the patient, coaching directly with them, whether it be diet, lifestyle, understanding how

their supplements are working or not working.

whatever that is, we make huge changes in that one visit. I get a text from Rocky today. Rocky's a guy that I met about three months ago. He came in, his wife brought him in.

She'd done regenerative therapies with us. She'd done our whole, like, big program where we do metabolic optimization. And she's been a patient now for two and a half years.

Incidentally, she's lost 80 pounds and has both knees feel great. Imagine that. And she's playing tennis and bowling and all the shit. Wow, I've lost 80 pounds and my knees aren't hurting anymore.

Imagine that. It's amazing, right? What a novel concept. And her x-rays look better. So she brings us her husband. Well, Rocky is in denial. He's a typical tough guy.

He's type 2 diabetic, and he's been in and out of the hospital for a kidney failure, and we've done all this stuff. And we sit down together three months ago, and he's got a lot of shoulder pain.

And let me tell you, for those of us who are considering doing integrative orthopedics, doing orthobiologics, doing functional medicine, You need leverage to get patients to change their behavior.

And joint pain actually is a pretty good level. That's a really good one. Yeah. And so that's what we've discovered is that, hey, if we can offer patients real solutions and use joint pain as a motivator, like that's better.

So there's two great motivators, right? There's the joint pain motivator and doing for someone else. So having, you know, you're living your life for your grandchildren.

We're really wanting to make sure that we reinforce this. But Rocky came and that was his big pain point, right? He had shoulder pain and shoulder pain was keeping him up.

and he could not spend quality time with his grandson, right? And so we sit down and we start to talk about lifestyle change and his wife's over and Lamarose, my patient, she's been doing this stuff for two and a half years and we're starting to talk about health and she's like rolling her eyes and I'm like, so what's your overall health like?

Well, I have this candy drawer and my desk and when I do my work, that's what I do. And so we learned about his resistance and his health care and his health journey.

And what I learned was he really felt hopeless. He felt like he did not have an opportunity to feel better because he talked to his doctors and they would say, well, you need to cut your sugar.

Is he 60 plus? No, he's 50. He was 55. I mean, he's 55. You know, obviously I'm 57, right? Like, it's amazing to me how many of my friends, 55 plus, start to just feel hopeless.

That's it. I got to wind it down. I got a couple more years of work in. We're told to slow down, that you're going to be in pain, and that this is just the beginning of your steady decline into somebody changing your diapers, right?

That's a lie. It's just a part of aging. You're just getting older. This is how you're supposed to feel. This is something you should feel. He had been taught that because he's a type 2 diabetic, it's a hopeless process.

He's going to be in the hospital in and out for the rest of his life, blah, blah, blah. We made some very simple changes. When he signed up, we treated his shoulder.

Shoulder's 100% better in a month and a half. But PRP doesn't work. But what we really made progress on, and PRP doesn't work if you fuck it up. If you're using a kit from Arthrex that 2x's your platelets, and you're not getting a certain amount of cells in there, and you're not doing some ancillary care, and you're not working to optimize the patient, you're right.

It doesn't work. If you do these things, it's extremely effective. If you put at least 5 billion cells in, preferably 8 billion. 10 is better. 8 is great.

8 is great. 10 is better. 10 is better. But what we really move the needle in is an anti-inflammatory diet. When we balance your gut, when we start to use some peptide therapeutics, when we really start to think about your genetics and your methods.

Sleep hygiene. That's my big kick lately. Sleep hygiene. All of these, right? God, sleep. Think of all those years we didn't sleep because we thought we bought the fucking lie.

That's what we're supposed to do. We're told that sleeping is lazy. Americans never slept more than one hour a night. Well, that's bullshit. Well, he died when he was 33. So why do I want to fucking do that?

I mean, that's not a really good idea. So let's find a better mom. We really talk about the foundations of health with our patients. And this is stuff that everyone has control over.

Movement. Sleep what you put in your mouth. Mm-hmm basic and for him It was a it was like you could some of the lights came on and I said the first thing we're gonna do Rockies You're gonna go home today.

You spent all this money You're gonna go home today and you're gonna dump out that candy drawer, that's all I want you to do this week. That's it I don't want when you're sitting at your desk.

You don't eat candy The other thing I did was we got rid of sweet tea and we started water That was it, basically. And in two weeks, how much did he lose?

He lost about five pounds. That's a big… But the pain… But here's the thing, he came in and he's smiling. And I'm like, how are you feeling? Well, my shoulder still hurts a little bit.

I go, how do you feel otherwise? He said, I feel like I have some control over what's happening in my body. Boom. Wow. That's a mic drop for people. All you did was get rid of candy in your drawer.

He's like, yeah, it was like $20 worth of candy. I said, we're going to save all that money. And in stepwise fashion over the last three months, Rocky's down about 40 pounds.

He is walking five miles, five days a week with his wife and spending time with her. I bet you're getting busy too. And every time, every time we see him, He is more empowered.

He is more excited about his health care, about his health journey. And he feels better. Do you remember when you had imposter syndrome? Remember when you would call me going, I don't know what the hell I'm doing.

How can I charge more than Don Buford for PRP? Remember this? Yeah, well, yeah. So thankful to Donnie. I mean, he's been just an amazing mentor as well, right?

He's a great man. And he's the guy with regenerative. I call him the OG. The original gangsta. He totally is. When we change in our life, especially midstream in a career, when you've been making a million dollars a year in the top level of success for what you envision yourself, when you want to change horses in the middle of that race.

You want to change the direction of your horse. You didn't even get a horse. You decided for a camel. I was going to be like, I'm not jumping off this horse.

I'm going to get on a camel. I'm not going to change what we do. You changed everything. I just had this image, by the way. It's on the internet. Have you ever seen the one where the midget races a camel because a camel can't run very fast?

Have you seen this one? No. No, the dwarf. Anyway, go ahead. It's totally inappropriate. They're like a foot race

between a guy and a camel? A little person against a camel.

Everything's on the internet. How did this wind up in my feed? What did I collect? I was going to say, what algorithms got you the camel? I feel bad about the algorithm that just showed up in my feed.

Mindset, Meditation, and Healing

I think imposter syndrome is one of the most insidious and difficult things to overcome in It's certainly in my career and when I look at others, when I see other docs, when other docs talk to me about their situation, what their dreams are, what they'd like to do with their direction, their practice, it is the biggest part of what they struggle with as well.

Well, you had a little bit of what I call the wet ass hour when you came to me because you had been going through some health issues. Yeah, I was really sick and you were really really sick.

Yeah confided in me later that you're worried about losing her Yeah, yeah, I almost lied everything that everything that you had fought for and believed in and thought you had Not only had you put the ladder up against the wrong wall But you put it up against the wrong building in the wrong wall with the wrong ladder, right?

Yeah, like you're really having a crisis of Josh For me, I had to learn new skills. I had to expose myself to new ways of thinking about medicine, that really were more aligned with what I wanted to provide to the people that I take care of.

And part of learning new things, especially when we enter into a into a whole new avenue of the way that we practice and the way that we think about patient care.

That creates in us a lot of insecurity. A lot of us are pretty insecure when we go. And medical school doesn't make us feel more secure or residency. If you think you come out of residency and you feel like you're secure, and you might feel like you're really good at this, but security is not something that medicine provides to us.

I think the most insecure people have a tendency to be the most overachievers. Oh, absolutely. Of course. 100%. It's our anxiety that drives us to do these things, right?

Because I'm in that group too. It's the patterns that we've, the ruts that we've made in our brains that have created the drive to make us this successful.

And we should be thankful and grateful that we have this much drive, that we have this system of activation that makes us into these people where we can achieve highly.

But at the same time, it can really be damaging and detrimental to us if we let it get out of control. If we start to think, well, I am not the authority of this whatever.

So what makes me, what gives me the right to charge X? What gives me the right to charge X? Well, it turns out you are the authority and anything that you expose yourself to in medicine, you're going to soak up.

And if you really look at, if you really want to make a big change in your career, like you're going to talk to Tracy Gapin and he has been just such an innovator in his space and he comes at it from being a surgeon.

No, he was a urologist. He was a urological surgeon. Yes, of course. So he comes at this from being a surgeon. Well, he's just a highly competitive person.

Absolutely. A lot of us are like that. Yeah, he's really competitive. We have to be able to empower ourselves to learn new things and to grow and change.

And in medicine, there's a very strict way. You need to be taught by an attender, or you have to be in a classroom,

or you have to take this course to get this certification.

What makes you qualified to talk about this? I have a brain. You know, trust me, how many of us have sat through classes in medical school where the guy was a fucking idiot, or, I mean, let alone in a conference where somebody's talking about it and you're like, this guy is mumbling his way through, I don't even know what's going on.

You can become the authority based on your knowledge and based on the way that, and that's the wonderful thing in the freedom of practicing medicine. You have a medical license.

And as long as we do this patient-forward, patient-centered, always thinking about the patient's highest good, I think if we explore new avenues of taking care of people and new…

new ways of doing what we do in medicine, that it's a very noble effort and that patients thank us for it. But getting there from a, I have to have this cookbook.

And if it's not in my cookbook, I can't do it. That's a tough transition. That takes really changing the patterns of thinking that you've had. Usually for me, it's 20 years.

And for some of these people, it might be longer or shorter, but it's very ingrained patterns. You know, you think about medicine, right? And you think about medicine compared to entrepreneurs, right?

In doctors, you talk about the cookbook. They follow the recipe exactly. Entrepreneurs are like what are the ingredients? Let me see what the hell I can make right right exactly right and that's that's I mean you write your own recipe like a business plan you are taking components and you are going to write your own recipe to cook it the way that you think is going to be best for that business in your segment in that space and when it comes to the business plan around medicine or at least around integrative orthopedics and understanding and being able to show all the ingredients, all of the opportunities that we had in order to get the best outcomes for our patients.

And so it's been a journey for you to really be able, even though we had them all, you have a great understanding. You've done so much training in hormone replacement therapy for both men and women.

You've done so much training and supplements and peptides and neurotropics and all of the wonderful opportunities that we have in medicine now for our patients.

You've spent so much time your whole life in diet and exercise. You were raised by a vegetarian mom in the 70s, you know, understanding whole food. You were blessed to have that as a a foundation in your life.

But you didn't see that as medical knowledge to share with your patients because it wasn't in your cookbook of orthopedics. But without having that broad using all of the ingredients available to you, having all of those modalities and being able to put them in, we wouldn't have the successful practice.

You wouldn't have Lemurral. You wouldn't have these patients having these major changes. Yeah, they came to us because of musculoskeletal issues, a bad shoulder, a bum knee, but the way that we're treating them using all of this I don't know, it has been amazing to watch you not adopt because you had this skill and knowledge and you've continued to grow it, but to be able to integrate it into the practice, to be able to have the confidence with patients and we've been able to create these programs with all of this knowledge, but it took a while.

I mean, the limiting beliefs around, well, I didn't go to residency, for functional medicine or for endocrinology or whatever, thinking that you had to go back and do some four year residency training just to talk to people about their diet is ridiculous.

We can, in cash practice, it gives us the freedom to really go deep in subjects, whatever we're interested in. You can go anywhere you want. And that is the beautiful thing.

And what I really love about cash practice is that we're not constantly working at this paperwork, right? Like we're not constantly trying to fit ourselves into this box.

You actually have time to work on your skills. And to study. And also, we create a practice that is our personality and our desire to heal expressed in a physical form right and it attracts the people who need your kind of medicine we have we live in a small town we say this i don't know which tall falls texas so we're two hours north of dallas We're right on the border of Oklahoma, but we have patients who travel from all over the country who will fly in and come and see us because they want the shactor flavor of medicine.

This is what they've been attracted to this energy and what we provide. And we don't have to get them pre-qualified. It doesn't matter that they live in California.

And the idea that, yes, are there functional medicine doctors where they live? Yes, of course there are. Are there orthopedic doctors who are doing orthobiologics?

I'm sure they're all over. But what we provide is a very special flavor, a very different kind of energy that attracts our patients. And that's what I would say to doctors.

The more that whatever the practice that you're going to be helping them with, Mad, if they come to you and they're ready for this transition, the more that they can understand their flavor.

Yep. What's true to them? How what really matters to them? Josh has always been fired up about working out He talked about as a 20 year old he liked Orthopedics because they all of the residents and fellows all went to the gym together, right?

So fitness has been an important part to you So being able before when he worked at the hospital, did he ever get to talk about nutrition and fitness?

No No, he didn't have time in his 15 minutes with patients to be authentically himself and talk about the things that matter. No, he had 15 minutes. We got to talk about your knee, nothing else.

It doesn't matter that they are type 2 diabetic. It doesn't matter that they have high blood pressure. He can't talk to them about getting rid of that candy drawer processed food.

There was no time for that in that system. So without having this cash-based model, you wouldn't be able to practice this authentic level of medicine.

I think that's kind of the take home. You really, yeah, I agree. But it was an interesting journey. It was very interesting to watch both of your journey in this process, right?

I knew you were healing physically. Well, in mind, Joel, I was writing you a business plan like I have before. Here you go. Here's your office manager.

Here's the way a regular medical office runs, right, with insurance and all this stuff. And then I was going to go on to my next entrepreneurial thing.

Right. But. But then you started having the crisis of Josh. Yeah. You did a lot of work, let's talk about the work that you've done, that both of you, that you've done, to kind of change your perception on things.

So you mean like mindset? Not just mindset or even the journey stuff that you all have done, whatever. I know you've done some other things other than just like read a Tony Robbins book is what I want to get to.

Oh, yeah. Because you started me on my journey. I tell that story all the time, by the way. Hey, Manny, you look really stressed out, man. I'm like, I am.

Hey, man, you ever do mushrooms? I'm like, not since college. Hey, man, why don't you try these? And that's how it began, right? I think there's a lot of opportunity.

So don't expect to start a journey like changing your career mid-path to do something that you're passionate about without meeting some resistance and having some difficulties.

Winston Churchill says when you're walking through hell, pick up the pace. And it is very much that type of journey and has really been that type of journey for me.

When you go from a super high functioning position and you change to a camel in the middle of the horse race, it creates a lot of internal dialogue, right?

And for me, that imposter syndrome was really difficult. It was really difficult. First of all, do any sort of cash option for these things that I didn't go to residency for.

I had extensive training in those things and a lot of experience, but it really, I had a lot of that resistance. For me, it's been a combination of support and learning and going to, and using resources, using coaching.

I have a counselor that I work with every week You got to especially… Especially if you feel these big resistances and you make these transitions, you have to use some resources.

And just reading a Tony Robbins book by itself doesn't work, not for me it didn't, but using other resources. There are all types of journeys that you may need to do, whether for you that's ketamine therapies, or you need to go to Peru and do an ayahuasca trip, or microdosing, whatever is legal in your state and happens to be acceptable to your medical board.

The need to make internal adjustments and to grow internally. is really significant. You have to go into these practices and into these ideas thinking, not only am I going to change the way that I think about medicine and the way that I use my knowledge that I've accumulated over years, but you also have to think I am going to grow and change as well.

If you are not willing to grow and change as an individual, as a person, as a healer, then you should not leave your golden cage because it is a painful process that is extremely and ultimately rewarding it is not comfortable well and if you're seeking comfort going into cash practice right off the bat it's not going to be it will get but it's not comfortable to stay in the old model no the old models shit but here's the problem it's the devil you do know versus the devil you don't we we we get and our brain reinforces reinforces that discomfort to us and if it's if it's If we are familiar with it, then it's okay.

The devil that you know. If we go into something that's unknown and unknowable, because it's in the future, on my cash practice, then that discomfort is changed to insecurity, and then we catastrophize.

We think, oh, this horrible thing is going to happen. It is a needed change. It is something that you're seeking when you want to leave the gilded cage that's traditional medicine.

I think what Matt's also something that when we talk about I think I said this earlier, and I don't know if we were on then, but we live our whole lives together, right?

Joshua and I have been together since we were teenagers. We've been married for 28 years. We have two adult children. Well, Lily's 19. She's kind of an adult.

She thinks she's an adult. She definitely does. She's perfect. We love you, Lily. Yes, we love you very much. She's on her own journey at university. But what I think the point is, is it's not just about changing careers, because how disconnected were we when you were at the height of this as an employed physician?

You had no energy for your family, for your children, for your parents. Well, I was working like a resident, too. I was

working 60 hours a week or 80 hours a week, right?

And that was part of the problem is the disconnection from your authentic self, from your ability to have energy for the rest of your life.

Integrative Orthopedics and Lifestyle Change

And so coming into a cash practice or understanding that when you convert over, You have to reestablish those connections with self first and then with the people in your life and how you do that is so important because when you were still anxious Stuck in limiting to beliefs of I can't do this or I'm not trained well enough our bottom line suffered Yeah, you were not in alignment and balance.

You didn't have energy to give the clients you had a lot of I don't know, frantic-ness about you. And it's hard to be a healer from that space. And so when you are able to take a step back, to heal those defined security in yourself, to regain your power as a healer and provider and understand that you do have this base of knowledge, that you are allowed to practice medicine without the approval of an insurance company or the right code or whatever it is, When you were able to regain your power and have your footing and be more in tune with your desires and take care of me and your family, our bottom line got better, right?

His ability to be whole and centered in himself. And so we used, Josh and I both meditate. We're daily meditators. We do an old, you know, verdict style meditation where it's a, Silent internal mantra just so you know our flavor.

I believe I believe meditation is like declaring what level of Christianity The reason why I say that is we're not listening I have to be on my soapbox about this a little bit.

Mindfulness and meditation, I'm so happy that it's out there and that it's becoming really accepted in our culture and that people are understanding how important our mental state is and how it interacts with everything in our life.

It is the lenses we perceive our own reality. Meditation is really good and especially silent meditation, not a guided through an app. We're not listening to someone give us a journey or a visualization.

Those things are great. But when it comes to being able to actually de-stress and to regulate your own nervous system, being able to sit quietly. How do you prevent like the million thoughts of the check list?

You don't. Do you prevent your heart from beating? No. You don't prevent your brain from thinking. Its whole job is to think. And we can talk. I can talk a lot about meditation.

Meditation is not about not thinking. It's about not being attached to those thoughts. it's about explain that okay so it's not about not thinking it's not about being attached to those thoughts so what i what i mean by that or my limited understanding i am not a meditation teacher i am certainly not your guru but you're definitely a product you definitely i definitely i know that i've seen meditation the power of meditation in my own life and those around me um the people that i look up to in the world both who are living now and in the past Meditation or silent prayer has been an integral part of what has made them tick.

And so I find it fascinating in a road that I continue to want to travel and learn more about. But when I say the not thinking, so our brains are designed to think that is their entire job.

Thoughts are supposed to be happening all the time in your head. And that is just fine. But when we want to have silent meditation, the best way that I like to explain it is our thoughts are like a basket full of kittens.

Here they are. Have you ever tried to keep five kittens in a basket? Right. They're not going to happen. They're going to keep climbing out and climbing out.

You don't yell at a kitten for being a kitten. You gently pick it up and put it back in. But I'm not petting it. I'm not engaging with it. I don't have to feed it or clean it or try to teach it to stay in the basket.

It's a gentle process. So let the thoughts happen. Right now I'm thinking about dry cleaning and I need to update my credit card for something else because they just expired.

And I have all of these thoughts happening, but I don't have to think about them, right? They can come and go. It's about not being attached. And that's where a silent mantra can come into play because it can keep you focused instead of on starting to solve the problems that the thoughts, right?

The thoughts may be telling you things that you need to do or not do or remember, right? Instead of getting on the to-do list of it or going down the rabbit hole of that thought, I can gently watch it go by, gently put the kitten back in the basket.

And with the mantra, continue to stay on the process of just being right there. And so the thoughts are going to happen, just like I'm going to continue to breathe.

My heart is going to continue to beat. My muscles are going to continue to contract depending on movements that I'm making. But none of that has to distract from the fact that I am just observing, just being an energetic being.

in this world right now. And I the thing that the thing that fascinates me about the whole medical industry and just I mean there's a lot of industries it's not limited just to the medical industry and you can look at Wall Street Finance or whatever right.

There is this And it's so wrong, this belief that unless I'm working hard and 80 hours a week and burning myself out and going from task to task and checking things off, that I'm not as successful as I should be.

And one of the things I've learned now at this stage, like I literally have three things on my calendar today. You all, Gappin, and then later on I have an onboarding call with a new member.

Perfect. That's it. Like I wasn't, I didn't do a ton of work before I came in this morning. I didn't do any, well, I tried to print something out on the printer, didn't work.

We had some IT issues. Deep-ass printer. Let me call the team. Hey, I can't get this one. I can't get it. I'm going to swing by FedEx and go home and just get it printed.

But this, and I think this is the inherent problem in the medical field, is they, I believe that they purposely make it so that you don't have time to do any self-analysis, evaluation, thinking, calming of the mind, because if they keep you perpetually working and busy, it feeds itself.

Right. Right? I think it's a natural, there's a natural way that the system works. It's a bit, it's really nefarious to think that they planned it this way.

I mean, hey, there's some really smart people in the industry. There's some pretty smart people up there. So yeah, they probably did plan it this way.

I'm sure there was a conversation. It's probably a bit of a conspiracy and or they figured out, hey, this system keeps doctors thinking about nothing but having to take care of the next piece of paperwork.

Let's ramp that up. Because our numbers are going better. Yeah. So what happens is that, you know, I'll take that conspiracy theory. Over whether or not we land on the moon.

I'll take mine. So for us in medicine, it's not just the patient volume that's ever increasing that we have to see more and more people to make the same amount of money, especially an employee.

But it's the paperwork. It's the EMR. It's the electronic medical record that we all have to deal with. It's taking your charts home at home. And the system is designed to sort of turn up the heat and make us produce more and more widgets.

It doesn't allow, whether it's on purpose or not, it doesn't allow for self-reflection. There's no room. No room to think. No room to problem solve. There's no room for new skills.

No room to be a father, a mother, a partner, a spouse, a friend. Exactly. There's no room for that. And whether, like you said, it's intentional or not, it is the case.

And so we don't get any innovation in medicine, not from physicians. So who do we get? A research doctor, but it takes 20 years before we see any change in actual medicine.

I think the most innovation we're seeing right now is in the cash space. Oh, definitely. We have people who are willing to… So again, let's talk about this revolution.

How do we fix medicine in America? So, yeah, that's a good question. I think it's a two-pronged situation, in my opinion. I mean, what were you going to say, Jack?

I think in medicine, Well, you have the problems of public health, right? Right. And how do we take care of people in a car wreck? Right. You can't afford it.

How do we take care of people who really want to invest in their health and live longer? Those are two different problems. It's really kind of two different problems.

If you invested in education and public health early in somebody's life and really wanted to make a lifestyle change, you have to implement those early.

What are your thoughts on what Kennedy's trying to do? I know. Look, you can go anywhere you want. I don't give a shit. I think it's a great opportunity for us to look critically at the way that the system is approving new drugs and the way that it's approving new treatments.

I think it is… feels like a lot of a show right now because there's not substantial changes made at the FDA level that I've seen. Well, we've also gutted our public institutions of health, although they were certainly flawed.

The institutions of research, of funding research, of women's health research, which happens to be half of the population, have all been defunded. So it's also been an opportunity to try to privatize at the at the hospital and insurance level, even more.

If anything, we're making it worse and not better. So we're taking away opportunity for the safety net of public health without any of the improvement.

So I applaud the idea of change. What about from the food supply standpoint? What about getting rid of the dyes and chemicals? It puts a lot of emphasis on some…

There are some great things about that, right? Like getting rid of dyes, fluoride out of water. But they're also making it protections for some of these large companies on other chemicals.

So it's a lot of bait and switch. So we're protecting the chemicals that are poisoning us the company. So lots of states have already passed legislation around protections for these companies because now we have irrefutable evidence that we have been poisoning our crops for decades.

And we are going to have no ability to have any recourse against these companies who have known. It's like cigarettes. It's like the 60s and cigarettes.

It's the same thing with our industrialized food. And did we ever really solve the cigarette problem? Well, no, we just let them go by the food companies is what we did.

That's right. And so here we are again. Right. Right. And we understand that these processed foods are making us

sick, costing millions of dollars to taxpayers.

Billions and trillions. Billions and trillions. And instead of actually addressing those, let's make fresh food easier to get. Right. Right. It's not about demonizing these companies.

It's we have lots of places, lots of industrialized countries who have solved these problems. This isn't like a we don't need to to write a whole new script here.

We can look at Europe. We can look at the countries who have healthy food for children. I mean, I love I love when the food companies like, oh, we can't possibly do that.

I mean, it's going to be so expensive. Like you're doing it in every other country. You're already fucking doing it. You can't do it here. I think the thing that in the United States, we need to take off, take off our glasses that America is the best country in the world.

And that's just how it is. And we need to take a critical look at what's working for us and what isn't. And we need to to truly. Have this introspection as as a people.

It's you know, I find America just so fascinating, right? Like really the only country on the planet that like is it really is this melting pot, this mosh pit, right?

Yes. But the thing that fascinates me the most about America, we were talking about this off camera. So I spent a lot of time in California, right? Yeah.

I love California. Right? Gorgeous, weather's amazing. Like, how can you not love California? But I could walk into a bar in California. And California is all about, babe, you do you.

You know, you do your, you know, live your truth, right? I could walk into a bar in California. I could do a line, I could inject my veins with heroin, do a line of cocaine, walk outside, take a dump on the street and everybody be, and walk back into the bar and everybody's like, yeah, man, you do you.

But if I take out a cigar, and I just cut it and I dry smoke it, I don't even light it. Oh my God, you're gonna give us cancer, right? And then, you know, you can live in Texas.

Everybody's got their definition of what freedom is as long as it doesn't impinge upon their freedom. Well, everyone wants to be, is all about freedom, right?

And let's, right, lose exactly as you said. The problem with freedom of speech is everybody has it. Right? That's the problem, right? Until freedom of speech is great when you're with your friends, until somebody says something that you don't like and then you don't want to hear from their freedom of speech.

Speaking of freedom of speech, did you see what happened in front of our clinic? Did you what your clinic and which stuff? Oh, yes. Oh god. Here we go What happened these auditors come by and they were so have you heard of auditors?

Yeah So they come and they're trying to educate. Is that his platform Josh? He's gonna educate you all the local news guy. That's gonna educate No, it was one of these it was one of these online sort of true.

Oh, yeah They'll fill me without talking and it's their First Amendment right to film everything in public and what I just came out and asked questions and And I didn't freak out or call the cops on him.

It was really trying to get Josh to get angry. I've had that happen. Because he was filming into our clinic. So as patients are coming in and out. That's a HIPAA violation, isn't it?

No. The one that's responsible for HIPAA is me. Oh, yeah. He can film anything that's in public view. Because

that's First Amendment. Oh, wow. It's a really uninteresting sort of process, but it's The whole idea is that they want to get people to behave badly in front of their businesses so they can post right so you can see what an asshole Yeah, but here's here's the thing about this whole conversation with regards to health care in America is If we start the conversation and we look at the data Like you can't you can't look at the data in America and say this is a good model, right?

No, no, no, we spend the most money. We spend the most money with the worst outcomes. Yeah. Okay. And it's been like this for years. If we just start there, like if this was a business, let's say you and I bought a business together.

Okay. If I bought the American healthcare system. And we said, okay, we're spending the most and we're making the least, we've got the worst return on investment.

You're going to question everything, aren't you? Well, the first thing that I would do is start with children. The first thing I would do, what did we already talk about?

Healthcare Reform and the Future

What is the foundation of health? Sleep, movement, diet. Yep. Sleep, movement, diet. I don't want pills. We don't need to talk about supplements. We don't need to talk about any of the high level.

Let's get to the base. Right. We see a lot of this in biohacking. I'll see you guys. How does type 2 diabetes when they're 14 a good thing? Exactly. Or should be an accepted thing.

But their parents, we've set up a society to where we don't teach about these things. We know that the food pyramid is not the way that we should be eating, and yet we still teach that, right?

That is still the foundation of nutrition in an elementary school. Do you imagine if the three of us were eating by the food pyramid? Oh my gosh. I wouldn't be here today.

Exactly. real change in your life. So we would get rid of all the processed foods in school. That would be the number one, because what you grow up eating is what you're going to crave to eat as an adult.

So Josh, because he grew up in a very healthy diet, he craves like brown rice and grilled chicken and broccoli. That is his comfort food because that's what he grew up eating.

Those are the things that his mother, his sweet treat or these flaxseed muffins with no sugar. And he loves them because it's comforting and because that's what he ate as a child.

I don't think anybody else on the planet could love So as a doctor, so then from a doctor's standpoint, you see these patients, you've been in medicine for 20 plus years.

Obviously, you've seen the human body and the American human body go through a pretty radical transformation. Radical. Right? Especially kids. When you were doing joint replacements 20 years ago, were the bodies as big as they are now?

Oh, no. It's gotten quite a lot worse. We're not all big-boned people. I bought that line for a while. I'm just big-boned. We see real changes. I think over the last five years, I've seen a lot of of studies around, well, is obesity actually a risk in surgery, or should we just accept this?

And then as the lifestyle changed, now we're trying to prove that people with obesity don't necessarily have that much of an increased risk when we do surgery.

So, and we see a lot of that. I can't even spell anesthesiology. And I know that that's a bad idea. It's like permission. It's almost as a society, like, well, we're overweight, we're fat, we're unhealthy.

Well, let's hope that I shouldn't shame somebody and talk to them about it. Let's give ourselves permission to be this way. Well, okay, you can have permission to be that way, but your lifestyle choices are impacting the length and quality of your life.

And they're impacting, how does this impact the people in your life that you love? Well, and the costs of your care. I mean, if you think that your type 2 diabetes only affects you, look across the table at who you have breakfast with.

Because everybody sitting at that table is going to be affected by these decisions that you're making right now. Like, you know, I was talking about, I was talking about my patient earlier and his type 2 diabetes, well, you know, we get this really internally focused, oh, my health is, you know, oh, woe is me, but, you know, it's not just you that's having to deal with your health situation.

It's all of the people that you love and value. Think about how this is getting passed down to the next generation and how your kids are seeing that and what they're gonna do.

And then you're modeling it. Yeah, it's just a vast, it's a vast. But it can go in the opposite. So you have a wife who changes her health and what happens?

Yeah, and so what we see, what we saw with Lamaril, is that she changed her healthcare trajectory. Rocky Kane, he was resistant, but he had this behavior modeled.

And so the ripples that we can make in a negative way with our health, like you were saying, oh, well, you know, so the parents are obese, now the kids are obese.

Well, if we can make some changes and take some agency for our own health, then the ripple effects of that are massive. We don't, and even if they don't really buy into what we're doing, like Rocky didn't buy into what Murl was doing for years, eventually it may move that lever.

And so that's why it's so important for us to make these behavioral changes and to really think about the way that we are practicing medicine and helping our patients in their healthcare journey.

And you cannot do that in a traditional American system and be successful with as many patients as you're able to be and still have some agency as a physician.

I don't think those two things happen together. You know, when people say that America is the best, they're missing the component of being the best. And that is to be ruthlessly honest with yourself about where you can get better.

We have to be in integrity with ourselves and in authenticity as Americans. I love this country. I do too. The ability for change and options that are available to a person who was born in this country in the past has been incredible.

Josh and I both grew up, we didn't have a lot. My grandparents were dirt farmers in Oklahoma, right? I was not raised to own multiple businesses and have seven figure businesses.

That was not what I was born into. Neither one of us. But to be able in a country to where I can educate myself and have opportunities, of course, we work really hard for them.

But I know that that doesn't happen everywhere on this planet. And so I am so grateful to be an American. But at the same time, what makes America great is we have to get back to being honest with ourselves about where we can improve and how.

And have a conversation without being offended. I'm fine with being offended, but we need to be civil with each other. We need to understand how important it is to see each other as human beings, to be able to sit down at the table.

I mean, Matt, you and I don't agree on everything, but I love you dearly because I know you as a person. And understanding that Again, back to medicine, our patients are people.

We are people. We all need to see each other with compassion and do our best to treat each other with that compassion. And we've set up such a system in the United States to other each other so much.

And until we can get past that and understand that we're all just human beings trying to do our best, things can't get better. I keep joking, I want aliens to come so that we can be Team Earth, right?

Team people. If we can be united by one ugly alien bug, I think things can change really quickly now. Then again, if the aliens, if and when they do show.

I'm gonna believe they've got some better technologies than we have. Hey, no, no, no. People, we're team humans. Alright. Team humans. We're miraculous.

I'm pretty sure they're out there thinking, don't go there, those people are all crazy. You see that planet over there? That big blue one? Earth? Don't go there.

We're the wrong side of the tracks of the galaxy. They're like, you don't want to go there. They're nuts. That's crazy. Those shootages. I think being a human being is a beautiful, miraculous experience.

Yeah, I do too. We have so many opportunities both internally and externally our bodies are incredible I've learned so much just being in this practice how quickly people can heal themselves.

It's amazing It's really all we do is obviously not a doctor, but we don't do anything We give them the tools and their bodies naturally heal themselves.

That's the way it really works And I think the cool thing for you and I is obviously we don't have a training like a Josh or a Donnie or whomever, Mariana, whatever, but then to like see it from our perspective of the real magic that they were.

I mean, it's real. It's real magic. For real. It for real is like, I mean, what first Mickey Barber did for me. And then when I moved over to Wilhoss, like just the transformation, I'm like, You're a fucking magician.

Exactly. How in the world can I be like this at 57? It's amazing to me. But there's no reason for people to be the way that they're there. You don't have to be stuck.

You don't have to be stuck. You can you don't have to be. You don't have to feel like I'm 50 and the best parts of the best physical parts of my life are over because that isn't true.

It really isn't. And it's not easy, but it is simple. Yeah. If we can have healthy habits if we can I know I keep talking about sleep diet and movement But if we can eat real food move our bodies even just a little bit every day and sleep sleep It's easy.

Just lay down people go to bed on time and wake up when the Sun comes up Josh last question What do you see in ten years for for health care in this country?

What's your hope in your dream, buddy? My hope and my dream is that the system changes radically and that we are able as patients and physicians to take agency for our own health and be able to direct our own journeys to some extent.

My dream is that people who want it will be able to access the type of care and healthcare journey that they desire, that really empowers them to meet their health goals and to live longer, happier, more joyful lives.

And I would love for that to even be a basic system where that sort of journey is offered to everyone in America.

Yeah, I agree. That's my dream. Imagine what a beautiful society we could have if everyone was well rested, calm, balanced, nervous system and blood sugar.

Imagine. Imagine how beautiful it would be to be able to go into a store and not have somebody anxious and in pain and dealing with all of that. I think it would be beautiful.

I think it would be beautiful, too. I think it's possible, too. I know. It certainly is possible. I think there's no doubt in my mind that healthcare is the foundation of a better place.

Yes. And if we all know that that's what we want, we want to be a happier, more well-functioning human society. We've got to be healthy. I really appreciate you all taking the time while you're in town to come visit with me.

This is great. I love you all very much. Thank you. Hey, we wouldn't be where we are today without you and the things that you taught us. And then there's Tracy Gaffin.

Look at him. There goes the neighborhood. You got to stay right there. You'll be on in a minute. Yeah, no, but I just wanted to say, Matt, that we wouldn't be where we are having a Again, we doubled our profitability in the last 12 months.

We're seeing more patients. We are proving our system again and again. We're adding another health coach to our practice. We have changed. So many lives in our community and we wouldn't have done it without you.

So Thank you so much. I received that by the way. Thank you That's your california talking that is my caliph I spent a lot of time in california. I received that.

It's a very it's a very powerful thing though. It's a very well And I want you to know that I mean we We have so much more to do and accomplish together I think and so i'm just grateful to have you Have you on our team?

I think our life I Thank you very much and thank you for being here and thank you for being in my life as well. You have made me a better man and a better person.

Awesome. And you all have taught me a ton. So thank you. All right. Thanks, everybody. Thanks, guys. If this episode got you thinking differently, get follow and share it with someone stuck in the system.

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