

0 (0s):

Hi, it's Dr. Weitz. Thanks so much for joining me for this episode of the private medical practice academy today. I'm so excited to have Dr. Chang ruin with me. He is the founder of Texas center for lifestyle medicine, and he is having a very exciting summit that I am proud to be a member of. That's going to take place October 18th through the 24th, and it's called practice physician automation summit. And I know that's a mouthful, but basically you're going to learn everything about private practice and how to make things better. So, so thrilled to have you here today.

1 (37s):

Thanks so much, Sandy, really happy to have you here. Your background is so much cooler than mine cause I'm stuck in my sister's bedroom. So I'm really jealous.

0 (47s):

Well, it's actually really windy here today in lake Tahoe. So it's clear as a bell, but anyway, I'm really thrilled to have you to talk about lifestyle medicine and how you actually started this practice. And I know that you, you know, opened this practice and have been incredibly successful at it. So I want to start with, how exactly did you come to start the practice? Was it you alone? How long did it take you to get up and running? Give us an idea.

1 (1m 22s):

Well, you know, I think that whenever there's sort of any business startup, there's gotta be some sort of a business plan that's, that's tied to it, which I don't think a lot of physicians actually do. And so what I wanted to start with are some core values and these core values are essential to what I wanted to have in clinical practice. I went to the culture of my practice and company to be top notch. I want everyone's to be working at the top of their game. That, that, that was a no brainer. And I really wanted people to come into our office and actually spend time. So I actually made it a point to see what numbers can we get.

1 (2m 4s):

And we spent one hour new patient visits and then 30 minute followups, which by the way we still do to this day and people were thinking like, that's crazy. You can make money out of it. Well, I highly beg to differ from that. And then the other thing that I really wanted to do other than spending time with the patient is that I wanted to have a company where we treat the employees just as well as we treat the patients as well, and then have a training process for that. And the reason I know all this is because when I started in internal medicine, I was in another practice and I was luckily to make partner on year two.

1 (2m 46s):

And so I dug in and figured out all the little intricacies of practicing medicine where the money was flowing, how the revenue cycle really worked. And I realized it is so complicated, but I also knew that those were the things that I really had to understand to even make a business plan in the first place. So, and when I first went into internal medicine at the practice, I mean, they're fabulous people. The whole team is fabulous over

there. But my issue is that, you know, originally I had 10 minutes slots with my patients and, and the 80% of my patients were diabetic. And I love talking about food and cooking and, you know, making sure talking noodles instead of pasta and stuff like that.

1 (3m 30s):

And I realized I was running behind all the time and I was just really, really burnt out. And I was doing inpatient at the time too. Plus I was doing hospice plus I was doing sports medicine being on the sidelines with the football players on the field. And so it really got tiring and burnt out, even though it was a great experience, but I knew what I didn't want didn't want to have. And so I wrote this book in 2014, the ultimate guide for type two diabetes reversal with a dietitian friend of mine, we co-wrote it together. And we put it onto Amazon, became a huge hit. And the reason we even did that project is because what I needed to know that I want to be able to scale my knowledge and my passion, like outside of clinical practice.

1 (4m 12s):

So in designing that book and watching social media, like I gained about half a million followers during, during those two years, between 2014 and 2016. And so I was able to, whenever eventually I started my practice was able to take my followers sort of with me. And, and I have, what's like to call a whisper campaign. A whisper campaign basically means that, Hey guys, I'm starting a practice. This is the building going to be in. This is the drywall Simon put up yet. And I actually put on social media each of the steps and, and, and the idea is to get people to whisper to each other, Hey, that's runs open your practice, Texas center for lifestyle medicine.

1 (4m 52s):

This would be really cool. And so, yeah, it's coming it's I haven't bought into the process. So we were actually able to fill up our entire first six weeks prior to even opening. But then nature happened called hurricane Harvey. And, and that's a whole other story

0 (5m 13s):

Having lived through hurricane Katrina. I totally get that. So, yes, but I think, you know, there are a couple of really great points that you bring up. Number one, you have the overwhelming advantage of actually doing the due diligence of understanding how the practice ran before you decided to start your own practice. And you know, one of the things I talk about all the time is that you can't possibly expect as an employed physician to just go to work, you know, show up in the morning, walk into clinic, see that first patient walk out at the end of the day and have absolutely no idea.

0 (5m 53s):

How did the patient get scheduled? How did the copay get collected? How, how, how essentially is the sausage made? Because ultimately, you know, when you start your own practice, the seeing of the patients is really the easiest and the shortest part. There's a whole lot other stuff that's going on here. And if you have

no idea what that is before you open that practice there, the learning curve is that much steeper. I think your whisper campaign idea is exactly it. I think the problem when starting a practice, especially for people who have a non-compete, we should talk about that. You can't go out and solicit people, right?

0 (6m 35s):

You can't tell them, Hey, I'm going to such and such location, but you can have a Facebook page. You can have a social media presence, you can generate a newsletter, right. And get people's emails and simply give them information. And it sounds like that's exactly what you did by writing this book is give them information and have them want to hear more from you that way, when you ultimately do get around to opening that practice, you can simply then post the address and the phone number and once your practice, and you already have that six week headstart that you described.

1 (7m 16s):

And that's exactly what happened. You know, I, I would like to say it's all fairy tales, but in reality, I'll still under-prepared even doing, you know, all that research. So I think that the biggest thing, the biggest takeaway, if, you know, doctors are kind of out there starting their own practice or they're in private practices starting out, is that yes, there are non-competes that exist. I was fortunate not to have one, but there are non-competes that exist, but none of them prevents you from telling your story on social media, on your blog, because you're not soliciting, but it's like, Hey, this is exactly just what I'm doing. Right. And so, so let's I station comes in when you're purposely trying to reach out to, to a list that was, that was owned by the previous practice, whether it be email list, or even if you run like Google ad campaigns, geotag, that particular area, you can still get to trouble for that.

1 (8m 13s):

And so if you're, if you're spending any money for that, you really want to be careful talk to a lawyer first before you actually do that, because it can get to a, to a lot trouble. And, and, and, you know, I'm in the state of Texas. So Texas has this thing called the, the advertising clause as part of the Texas medical board guidelines. And there are specific things that you cannot do. And so I'm, I'm not going to get into details with it because you can just literally Google, what are the advertising guidelines for your state board, but be sure not to violate those things. For example, in the state of Texas, I think we had one of my friends who practiced, started giving away Houston tickets in exchange for likes, which is considered a lottery.

1 (8m 59s):

And it's highly illegal in the state of the second.

0 (9m 2s):

Okay. Things like that, don't pass the smell test. But the thing is, is that you don't have to give away anything or anything. You just have to give information, right? If you are simply posting or writing a blog about top 10 tips for weight loss, or how to manage your diabetes, or you post the, you know, an article that or comment

on the article, that's on CNN today, about how uncontrolled hypertension can be controlled with the dash diet and exercise, right? I mean, there is so much medical information that each physician can simply communicate to their patients that you don't actually have to advertise.

0 (9m 47s):

You're just educating them.

1 (9m 49s):

That's correct. And, and sometimes, you know, a lot of physicians asked me, like, where do you write this stuff on social media, LinkedIn, you know, wherever it is, you know, wherever there's a place to write, you can, you can actually write it. And then there are, there are other companies that pay basically give you free advertisement, like healthgrades.com, vitals.com, find a top doc.com. You can actually claim your profile if it's, one's already created for you. And then you write a blog on that and you instantly appear on the first page of Google within 24 hours. How cool is that? Because a lot of people pay tens of thousands of dollars just to appear on the first page of Google, but you can actually adapt platforms that are already on the first page of Google, like Healthgrades and stuff like that, and just make a blog and all of a sudden you're there, which is exactly what we did as well.

0 (10m 40s):

Well, and I think one of the things that I get asked all the time is how's how long is it going to take me to get profitable? And I think that the mistake that people make is they think, okay, I'm going to open my doors and patients are just going to come. Well, the reality is neither the patients nor the referring physicians are going to be sending, sending you patients. Nobody knows you're out there unless you do something to make yourself a presence.

1 (11m 8s):

Right?

0 (11m 9s):

So, so let me ask you this. Do you take insurance?

1 (11m 13s):

Yes. Let me take insurance. We're we're traditional insurance programs. So I know there's different models out there. A lot of the lifestyle medicine practices are DPC models of direct primary care models, where there's a subscription. We don't have that. We have a very traditional model and, and a lot of them are actually a cash only as well. And some of them are for employer, employee benefits and stuff like that. But where are your typical traditional? We take Medicare, you know, Tri-Care all the stuff like that and to speak for service.

0 (11m 42s):

And I'm going to ask you a point blank question. Sure. You can make a fair amount of money taking insurance, correct? Absolutely.

1 (11m 51s):

When

0 (11m 52s):

I asked, I asked that because everybody's seeing that I talked to once to do lifestyle or integrative medicine and they all want to do it for cash and they tell me, oh, you can't make money doing this with insurance. Now I know full well that the answer is absolutely. Yes, you can. And you can make a lot of money doing it, but I wanted it at my right.

1 (12m 13s):

You're absolutely right. And I, and I think where the problem is, and the, a lot of the doctors I speak to don't really have a guide of how to do this. So if you look at the American college of lifestyle medicine, they have a lot of billing resources that are there. They have a lot of new CPT codes that are coming out, and that's one of the resources you can tap into the American college of lifestyle medicine. And, and not only that, you know, there's other models, you just have to kind of think outside the box, you know, 2019 was a huge year for CPT and reimbursement, you know, because of MGMA, we all of a sudden have these digital communication codes. When you text the patient email a patient it's billable, we pick up a phone call and talk to them five minutes, it becomes billable.

1 (12m 57s):

So per minute unit time, it actually pays more than your ENM visit. And so, you know, you have to put your feelers out for this. And I feel like a lot of people don't have understanding, but I think the route is probably a little more upstream is that the revenue cycle is a black box. For most doctors. It is extraordinarily complicated unnecessarily. So, but it is a black box because there's 12 points in the revenue cycle where you don't get paid and you have to know all 12 different points. And it's not that obvious. And, and that's the, that's the main issue, I think, with a lot of lifestyle medicine doctors.

0 (13m 39s):

So when you started this practice, you know, I know right now you have multiple providers in your practice when you first started. Was it just you?

1 (13m 50s):

Yeah, so I was the only doctor, but we have, we had four other nurse practitioners and the PA, and then we got two health coaches after hurricane Harvey. And so, yes, it was very, it was a very interesting experience. And I'll tell you, I experienced that first year. It was some, it was some of the toughest times of my life. And I

learned a lot of valuable lessons from it and learn really how to lead a team through the toughest times. And so, yeah, so, you know, it was a, there was a lot of us. And then I also learn one of the most valuable lessons that I'm going to take a take away for the rest of my life. And the lesson is, this is you get what you tolerate.

1 (14m 30s):

So if you tolerate people that may be toxic within an organization, that's what you get. And so, so learned a lot of lessons through that.

0 (14m 41s):

And I think that that's actually also a very important message because you create the culture, you as the practice owner really create the culture for your, and you know, number one, you absolutely. If you want people to stay with you, and I will tell you firsthand that it costs more to work for somebody, hire somebody, train somebody, and then let them go and then have to go repeat that cycle than it does to retain them. Right. And so how do you retain, how do you retain good staff? You treat them well. Okay. I mean, w you know, when I retired, I had people who had been my employee for 20 plus years, but it's because you have to treat them with respect.

0 (15m 32s):

You have to treat them, you know, as true partners because you know, you as a physician think, oh, I'm the doctor. Yes. Except that the office manager, the M a, even the cleaning people, right. Everybody helps to row the boat in the same direction and run your practice. And if you discount those people and have a culture that is, you know, oh, you know, I don't really care about you, then people don't stay. And I think to your point, you know, you know, there's the old story about the one bad apple spoils the whole bunch. If you have a toxic employee and you tolerate that, right.

0 (16m 15s):

It goes, I'm sure that you probably have had this experience. It affects everybody in the practice. And it ultimately affects the patients,

1 (16m 25s):

The dots that that's a hundred percent true. And I think that as physicians, I think here, here's the thing, you know, we're trained in, in medical school and residency and in fellowship to be a certain way we're trained sort of in a, in a hierarchal system, that's there. And we're trained to, you know, respect our commanders. If you will come like the military. Right. And respect our attending physicians. Yes. We're the fellows or where the medical students and whatnot. So most residency in middle school cultures in the United States is relatively toxic, to be honest. And because of that, that very rigid hierarchical system that that's there.

1 (17m 9s):

You know, I trained at New York Presbyterian in Queens, and I actually think we have a, we had a really good culture, but we were a bit of an outlier compared to other people because of my chief resident, when I was an intern and stuff like that. But here's the thing we're trained in a way where we're expected to do things and then just, you know, get stuff done. So we expect other people to get stuff done, not realizing there's labor laws, right. There's overtime, there's a vacation. And for a lot of doctors come to kind of, you know, just battling through or like, you know, you know, why do they need so much vacation or time off?

1 (17m 49s):

We really have to understand they're not trained as physicians. They're not trained as clinicians. You know, they're, they're, they're, they're, they're regular. People would really have to respect that. Like, like they're our family. And so we can expect them to go to war for us, but what we can do is let them lead them in the way of saying, Hey, our values that we want to provide value to the patients at the highest level possible. And how do you give me there? And having that open-ended conversation with your staff is just absolutely important. And then you have to be consistent with everyone so consistent that you have a policy that's made for it.

1 (18m 32s):

You know, That's a good thing. And so, yeah, and even like, like, as mundane as it sounds with policy, that there should be no sexual harassment in the office, like, it's, I should have written there, like no sexual harassment. Like I was like, isn't it obvious? No, you have to write it down. We have,

0 (18m 53s):

It's not obvious at all, because I had a physician who thought it was appropriate to sleep with an M a I and S. And so, you know, and needless to say that that physician didn't stay and neither did the AMA, but the point, the point is, you know, totally agree with you, if you, just, because something is obvious to you does not mean that it's obvious to everybody and you don't say it out loud, if you don't communicate it, it doesn't actually exist.

1 (19m 25s):

Absolutely. So, you know, if it's not documented, it wasn't done. Right. That's what I learned in residency.

0 (19m 31s):

It's, it's exactly the same thing. And, you know, I'll take, I'll take it one step further and say, you know, your employees are not mind readers. People don't know what you want, unless you communicate it and you have to commune. And the other thing is that, you know, a lot of them don't have the same level of education. You know, some of them may have a technical education, maybe at most, they have a, bachelor's certainly, you know, you know, the average medical assistant for the average front office person. And so they don't necessarily have the same critical thinking skills and you cannot assume that they do. And so people you know, a lot of docs, I know, get annoyed, they get pissed off because their staff didn't know to do

something except that when you actually drill down, how would that person have?

0 (20m 23s):

How is it reasonable to expect that that person would have known that, right. If you don't tell them.

1 (20m 30s):

So whenever my staff doesn't know something, it's my fault, not theirs. So that's the way I kind of see it. And, and if you adopt that sort of attitude and just focus on exactly what they're going through a lot of times like, Hey, you know what, I'm sorry. I never, I've never really taught you this, but let's talk about how to avoid this in the future. Are you okay with that? And asking for permission, are you okay with that? It makes them feel like they're part of the conversation and they will work 10 times harder to never let that happen again. And then the next day can come back and say, Hey, you know, I'm really glad we had a conversation yesterday, but let's think about some ways that we can make this even better than it was before. Right. And then, so I make it a habit of doing that, approaching the staff with that.

1 (21m 13s):

And then now a much larger staff. And my administrative staff also uses the same language. And I think it's not just a level of respect. What's the level of encouragement that we have to give the staff. And we have to be under this, this state of constant and never-ending improvement in the processes and for it to become more fluid, because what's gonna happen is that you're gonna get a global pandemic. And they're going to switch from 95% in-person visit to 86% telemedicine within two weeks. And then if your staff is not with you, if you don't have the underlying operating system to carry, to allow them to carry you through, then it's not going to work out very well. Which is something that I see really, really often during the global pandemic with some of the other practices.

0 (21m 58s):

Well, and the other thing is that if you've been treating your staff with respect, if you treat them like they're partners, then their willingness to pivot. When you say pivot is a lot greater, right? If you, you know, aren't very nice to them, if you don't communicate with them, and then you want to pivot, they're a, they're confused. And B they're annoyed, both of which are not recipes for success.

1 (22m 26s):

No, definitely not. And, and I think this also goes to our previous point of documenting the process, like, you know, employee handbooks are an absolute necessity to have so that you can literally, if something needs to be put in done, you know, we have emergency staff meetings, let's, let's pull up a handbook and say, what can we do differently to accommodate for, you know, more telemedicine visits and et cetera, et cetera. Right. And so, and, and we, we treat the employee handbook, like the operating system that, that the practice runs on. Then there's a lot of certainty here on what should be done, right?



1 (23m 8s):

And so once the staff has certainty, they have this level of security and then pivoting becomes much more possible.

0 (23m 15s):

Interesting that you used the term employee handbook. I think that you and I probably are using different terms for me, the employee handbook is more like how much PTO can you have? What benefits do we offer no sexual harassment. This is how vacation is accrued. Those things. In addition to that, then there is this, you know, enormous tome, which is essentially policies and procedures, which is every last thing of how do we do? It's like a cookbook, you know, who turns the lights on in the morning, who's responsible for turning the lights off at the end of the day, who makes sure that the door is locked.

0 (23m 60s):

I mean that, so I don't really see that as the employee handbook that's, for me, that's what I'm calling a policies and procedures manual, because there needs to be truly a written policy and or procedure for every last task, even down to, how do you answer the phone know?

1 (24m 22s):

So you're right. You're right. We may be using different terms. And probably the reason is ours is completely digital and it's searchable. So we have policies and procedures with employee handbooks. And because it's almost like a Google where it's searchable, people can, can quickly figure out, Hey, what am I going to do in this situation? I'll give you example. We have a new hire, which we do a week ago and she's doing great. They're like, oh my God, I forgot how to upload or how to download laughs requests. So she talked to inquest in our employee and book, if you will, and then boom, there's a video of, of my office staff saying, Hey, here's how the ax is quest labs,

0 (24m 59s):

Right? So our policies and procedures manual, same thing online, you can search it exactly that, but there, you know, there will always be new employees, right. And which also comes to, you know, my favorite topic, which is cross-training people, because it may be that your usual inmate who knows exactly what to do for you is out today because her kid is sick or whatever. And so you have somebody covering somebody who you've crossed, trained, hopefully, but they don't know your nuance. And that is where having a policy and procedure where they can to your point quickly, Google, you know, search.

0 (25m 42s):

Okay. How do I do X, Y, and Z for Dr. Weitz when she schedules this, what form am I supposed to give? So-and-so it just simplifies life. So a couple of other things I want to touch on, I know that you have two health coaches, and I know that this is one of those topics that everybody is interested in trying to figure out, because it is a great way to extend a physician practice. It's a great way to actually take much better care of

your patients because it's somebody else who can basically offer another viewpoint, not necessarily a physician.

0 (26m 25s):

And one of the things that people are always asking about is, Hey, can I get paid for it? And I, I know that you are like, Mr. How do I get paid for health coaching? So, yes,

1 (26m 39s):

So, so that's true. So let me kind of validate what you're saying for a second. So I consult for nine different companies on how to get paid for health coaching services from tech startups, Silicon valley companies, AI companies that read office notes and stuff like that. And so, but I'm also have my own that we actually engineer artificial intelligence to look at notes and look at, you know, provider ships and NPI numbers and stuff like that. So the other side is that I'm part of the national coaching Alliance, which is basically myself, my mom and his hospital, Stanford university of Minnesota Mayo clinic, and a bunch of other ones where we actually agree on national guidelines in terms of what's the health coaches can actually do.

1 (27m 28s):

So that's headed by this fabulous lady named Margaret Moore. Who's one of the heads of national national board and health and wellness coaches who actually got the AMA CPT committee to create health coach codes back in 2017. That was a huge victory, except that was a category three code, which means you may not get paid on it, but it's a tracking code. And so right now there's a push to do category one. However, the biggest victory is April 1st, 2021 health coach has got their own taxonomy at CMS. And so we adopted that taxonomy. So it became, you know, internal medicine, family medicine, and health coaching.

1 (28m 8s):

And all of a sudden we were getting reimbursed for things that we didn't really expect to. And we actually reached out to the insurance companies to make sure that this is actually a thing. So whenever your, whenever you have health coaches and these health coaches have an NPI number and they're non-physicians so technically there, there they're a, non-physician a qualified health care professional. So call it MPQ. So MPQ C's have their own set of CPT codes similar to like nurse anesthetist, nurses, physical therapists, dieticians, alumni. And so under the health code under the health coach taxonomy, because they are, doesn't have these title, they started, we started utilizing them for all the things that we needed to collect for core metrics or the ACO for them care.

1 (28m 60s):

They start participating in doing ever since the global pandemic started that you can bill the Medicare wellness codes, geo four, three nine through telephone calls and virtual visits. So we've got a health coach is involved in all of that. And now the health coach unit probably generates per person more than the actual physicians do in terms of profitability to the company. And not only that, the health coaches are trained to do

group sessions. So similar to how a psychologist or a licensed social worker has group sessions that health coaches are trained in behavior modification techniques within groups as well. So we have in-person virtual groups like virtual Tai-Chi and the whole nine yards, and they have their own specific codes that are associated with it.

1 (29m 46s):

And in 2022 there's brand new codes that are also associated with that as well. So this is forever changing, but I think it's important to, for people to understand that the health coaches have kind of arrived on scene. And once they get certified, they qualify for a MPI number, wants to get their MPI number. It's a lot easier than it was prior to April 1st, 2021.

0 (30m 8s):

And I think that, you know, one of the things people don't understand, there are only so many hours in the day. There are only so many patients that you can see. So in order to really take the best care of patients and maintain your peace of mind and leverage yourself so that you can generate the most revenue using these physician extenders, whether it's a mid-level, whether it's a health coach is really the key to building that robust practice. So, on, on that note, I want to tell you that, you know, I think that the, the use of health coaches to your point is only going to expand.

0 (30m 49s):

And I know that you have a mastermind that's coming up in the beginning of 2022. And so this is a teaser I'm going to invite you back and you can give us some details on how to actually use that health coach in your practice and get paid for it. But I really want to thank you tremendously for joining me today. This was awesome. I want to make sure everybody signs up for your summit. Again, the dates were October 18th through the 24th, and that's the practice physicians, automation summit and your,

1 (31m 22s):

What does start with one day earlier? Cause I have so many people talk in 17th. Now. I know we changed it up.

0 (31m 27s):

Okay. I got that wrong in any case, the details and the link to join our in the show notes below this. And you'll also find it on my website. So thank you so much coming today.

1 (31m 42s):

I'm truly honored to speak to a master. So thank you for having me on, and I'm always learning from you and by the way, I've listened to every one of your podcasts. So

0 (31m 51s):

Thank you. Hopefully we'll both listen to this one and chuckle because I think you and I are so like-minded anyway, have a great day. Thanks.

2 (32m 2s):

Thanks for joining me. Please be sure to sign up for my newsletter below, I'll be sending you tips on how to start a practice, grow a practice, and then add multiple services so that you can maximize your revenue.