

Utilizing NPs, PAs, and Health Coaches - Part Two

Financial and time impact of using allied provider for IC

ICs per month	Fee for IC	Revenue from IC	Cost of IC	Total Cost of ICs	Net Revenue from ICs	Hours saved
26	\$245	\$6,370	\$31	\$806	\$5,564	13


Okay, let's look a little bit at the financial and time impact of using allied providers for the initial consult. I'm using CCFM as a loose example here. On average, clinicians accept about 26 new patients a month, which comes down to about six to seven a week. At the time of the recording, we charge \$245 for the initial consult, and it is a half-hour appointment. So, 26 initial consults generates about \$6,370 in revenue per month. The median salary for a physician assistant in California is much higher than it is elsewhere in the country. It is \$122,000 a year, or approximately \$62 an hour, which means we would pay the physician assistant \$31 per 30-minute initial consult. That means that the total monthly amount you would pay the physician assistant for doing 26 initial consults would be \$806. If you subtract \$806 from \$6,370, that is net revenue to the clinic of \$5,564.

Now, of course, all of this is not ending up in your pocket. You have overhead and administrative expenses, all of which can be significant, and that is why we charge the \$245 for the 30-minute initial consult rather than just prorating it based on our hourly rate. It is income that you are earning without spending your time doing it, and that is the biggest trap that clinicians fall into—the time-for-money trap. If you're using a health coach, your net may be even higher, since the average hourly salary might be more like \$35 to \$50 or even lower, depending on where you are, which means that the initial consult would cost you \$17.50. However, you would have to review and sign these notes, so it's not comparing apples to apples in terms of time and money savings.


In addition to earning more revenue, you also save time, about 13 hours a month. This could be used to do more follow-up appointments, which are also revenue generating; accept more new patients,

again revenue generating; work on other projects, which, of course, may be revenue generating; learn to play the piano; pick up a new hobby; or spend more time with your family or kids.


Bi-weekly **check-ins**



Provide an **additional layer of support** to patients between appointments



30-min phone or video appointment every two weeks while the patient is on a protocol



Lower rate and more accessible than appointments with clinicians

The next way that we use allied providers is for bi-weekly check-ins. What is a bi-weekly check-in? We haven't talked about these yet in ADAPT in part because we're only recently starting to implement them. I'm excited about doing them, and I think they will play an important role in patient care.

As I said before, many of our patients are not sick enough for the hospital, but they are too sick for the standard outpatient model. Even within a functional medicine model, these patients need more support than a half-hour or a 45-minute follow-up every three to four months with a clinician. This is especially true if a patient is on a really complex protocol such as the antimicrobial protocol or an HPA axis dysregulation protocol.

Here is a scenario that happens pretty regularly in our clinic. We prescribe an antimicrobial protocol after the case review. The patient goes off and starts the protocol and then has a reaction to it, but instead of sending a message through the portal asking for guidance, which we suggest that they do, they just stop the protocol and wait until their follow-up two to three months later to tell us about it. This is really frustrating for both the clinician and the patient, and a lot of time is wasted where they could have been making progress. Our solution to this is to strongly recommend—though we don't currently require it, although we've considered requiring it—we strongly recommend that patients who are on a protocol do a 30-minute check-in with a health coach or whatever allied provider you have on staff every two weeks. We actually even build this into the chart notes when we prescribe the protocol and the handout. We're going to start incorporating it into the handout that we give that is part of the protocol as well.

During this appointment, the provider asks the patient how they are doing on the protocol and makes suggestions for how to tweak it if they are having difficulty. They can also make suggestions for general diet, lifestyle, and behavioral changes that may be beneficial to the patient. Finally, and perhaps most importantly, they can simply listen and provide empathy and support. This is, in fact, all that many patients need between appointments: someone to hold their hand and be a resource as they move through the protocol. Suffering from chronic illness can be alienating and isolating, and having this extra layer of care can make a huge difference not only in terms of helping patients feel supported but in improving compliance with the protocol and then consequently the outcome of the treatment.

If the patient has a specific question about the protocol, a lab result, or needs a refill on their prescription or supplements, the allied provider can either do that themselves if they are an NP or a PA, or they can refer it to the clinician if they are a health coach or a nutritionist. These check-ins will significantly improve compliance and, by extension, lead to better outcomes and higher patient and clinician satisfaction.

Financial impact of using allied provider for bi-weekly check-ins

Check-ins per month	Fee for Check-in	Revenue from Check-ins	Cost of Check-in	Total Cost of Check-ins	Net Revenue from Check-ins	Hours saved
26*	\$75	\$1,950	\$18	\$468	\$1,482	13

*To be conservative, assume that only 50% of new patients will schedule both bi-weekly check-ins.

In addition to providing a much needed additional layer of support, these bi-weekly check-ins can also provide significantly more revenue to your clinic to support operations and growth. These check-ins are 30-minute appointments, and they are done by a health coach. The advantage to this is they can be offered for a lower price to patients than follow-up appointments with a clinician, and that also improves compliance. If you have 26 new patients, and they all scheduled two check-ins in their first month, that would be 52 check-ins. However, to be conservative, let's assume that only 50 percent of your patients schedule both check-ins in the first month, so that would be 26. At a fee of \$75 per 30-minute check-in and a cost of \$18 assuming the health coach makes \$36 an

hour, your net income from this service would be about \$1,500 a month. You aren't really saving time here because you wouldn't be doing these otherwise, but you are providing 13 more hours of care to your patients at no expense to you. In fact, you are earning additional revenue. This model only considers the first month of treatment for each new patient.

In reality, many protocols last more than one month, and your patient may choose to continue having bi-weekly check-ins for several months or even throughout the duration that they are under your care. For example, in some cases a patient will start on the antimicrobial protocol, and then once they finish that, we get the heavy metal testing back. They might start on a metal detox protocol, and they might do an HPA axis protocol, so they could be on various protocols for six months or longer. In that case, the monthly net revenue for this service would likely be closer to \$3,000 to \$5,000 per month per full-time clinician. Of course, if you use an NP or a PA for these appointments instead of a coach, you would pay them a little bit more, and your net revenue would be a little bit less, but you could also slightly increase the cost of the service since the provider offering that service has a higher level of training, and your net might end up being roughly the same.

Benefits of **allied** provider follow-ups



Allows you to offer
**greater number
of follow-up
appointments**



Allows you to
**continue accepting
new patients**



Offers **more
support to
your patients**

The next service we use allied providers for is established patient follow-up visits. These are similar to the follow-ups you would do yourself as a clinician, but having an allied provider do them accomplishes three things. First, it allows you to offer more follow-up slots. This is key because as your practice grows, the total number of patients you serve will grow as well. There is a lot less turnover in a functional medicine practice than a conventional medicine practice, in my experience. If you're doing a good job, patients will tend to stick around. I've accepted new patients for only about one-and-a-half years of the past five years, and without allied providers or Dr. Nett's support, I would still have a three- to six-month wait for established patient follow-up visits. That's

too long when they are on a treatment plan. Having allied providers offer follow-ups in addition to yourself gives your patients options for seeing someone sooner rather than later.

Second, because it gives you more follow-up slots, it allows you to continue to accept new patients rather than shutting down your practice, and I wish I would have figured this out earlier because it may have allowed me to keep my practice open and grow the clinic even faster.

Third, it just offers more support to your patients, which again is really something that is so important and can't be emphasized enough in this current model that we have.

Obviously, doing follow-up appointments requires a higher level of training and expertise than initial consults and even the bi-weekly check-ins. If labs are ordered or interpreted and supplements or medications are prescribed, that would have to be an NP, a PA, or of course an MD, DO, ND, DC, or LAc doing them. If you have an NP or a PA on staff, and they have observed you and perhaps they have done the ADAPT training, they can be a fantastic resource for your patients.

Financial impact of using allied provider for EP follow-ups

Follow-ups per month	Fee for Follow-up	Revenue from Follow-ups	Cost of Follow-up	Total Cost of Follow-ups	Net Revenue from Follow-ups	Hours saved
24	\$125	\$3,000	\$31	\$744	\$2,256	12

Let's say once you've been in practice for a while, your allied provider is doing six 30-minute follow-ups per week for your existing patients. That is a total of 24 per month. Say these cost \$125 per half hour, maybe \$250 an hour, which might be a lower rate that you offer with an allied provider than it is for yourself. Say you're paying a physician assistant or an NP \$62 an hour or \$31 per half hour. Your net from these follow-up appointments would be around \$2,250 a month, and then you've provided an additional 12 hours of service to your patients that you are not doing yourself.