

# Utilizing NPs, PAs, and Health Coaches - Part Three

## Benefits of group visits



**Reduces feelings of isolation and alienation**  
common in patients suffering from chronic illness



**More affordable care** than one-on-one visits



Provides **continuity of care/support** between follow-up appointments



Can be used to **attract new patients**

The next service you could use allied providers for is group visits. Group visits are an emerging model of care that I believe will become more popular in the future. They leverage the provider's time to serve more people and also provide much needed community and connection for patients suffering from chronic illness. In the future, I plan to offer training and resources on how to do group visits within the ADAPT framework model. At the time of this recording, we're just getting started with them ourselves, so I want to gain more experience firsthand before I offer that training.

In the meantime, you can check out Lifestyle Matrix's free webinars on group visits, which can be a helpful starting place. They do offer some group visit tool kits with curriculum, but I haven't checked out those curricula to see if the dietary and treatment recommendations are consistent with the ADAPT framework. Once we start offering this training, we'll likely provide similar curricula that is ADAPT-focused in the future.

Here is how these group visits can work. You can do a 90-minute meeting where you cover diet, lifestyle, and behavioral modification for a particular condition such as diabetes and blood sugar, hypothyroid, gut, and autoimmune. In the typical group visit model, you would take up to 20 patients, no more than 20 patients. You want enough to create a good group dynamic but not too many that each person doesn't get some attention.

## Financial impact of using allied provider for group visits

<b>Group visits per month</b>	<b>Fee for Group visit</b>	<b>Number of Patients per visit</b>	<b>Revenue from Group visit</b>	<b>Cost of Group visit</b>	<b>Total Cost of Group visits</b>	<b>Net Revenue from Group</b>	<b>Hours saved</b>
2	\$75	15	\$2,250	\$90	\$180	\$2,070	3

Let's say you charge \$75 per person per group visit, and you have 15 patients per visit. Let's say you offer two group visits total per month. The cost of the group visit is two-and-a-half hours of your health coach's time, let's say one-and-a-half for the visit and then a half-hour each for prep and wrap up. Your net income per month from this service would be around \$2,000. Now, of course, the more you grow and the larger your patient base, the more group visits you can offer on different topics.

And if you offer classes, which are more educational, you can accept more people. You would probably charge less, because nobody is getting individual attention. But this would be another way to take advantage of a larger patient base.

You could also open these up, especially the classes, to people outside of your practice on your email list, which could be a great way of advertising for your practice and getting people interested. In that case, you would have to structure them differently because those people are not your patients. They haven't gone through informed consent. They would be more like classes or educational groups in that case without discussion of specific patient lab results, making diagnoses, or prescriptions, but they could still be very valuable and still be a great resource for patients and prospective patients and also a great source of revenue for your clinic.

## Benefits of allied provider in patient portal



Dramatically **reduces your administrative duties**



**Quicker response time** to patient questions and requests



**Frees up time** for other pursuits and activities



**Reduces** likelihood of **burnout**

Last but definitely not least, you can use allied providers to help you with patient communication, requests, and questions that you get between appointments in the patient portal. At CCFM, a full-time clinician spends an average of six to seven hours a week answering patient messages, refilling prescriptions, and performing other patient communication tasks. That is on top of the time they are already spending seeing patients, and it is uncompensated. We discovered that an NP, a PA, or a health coach together can handle about 75 percent of that patient communication for clinicians. Most questions are relatively easy to answer once the allied professional is trained and understands the protocols. The NP and PA can refill prescriptions without the intervention of the clinician. This allows the clinician to focus on only the questions that he or she needs to answer and dramatically reduces the time spent doing this.

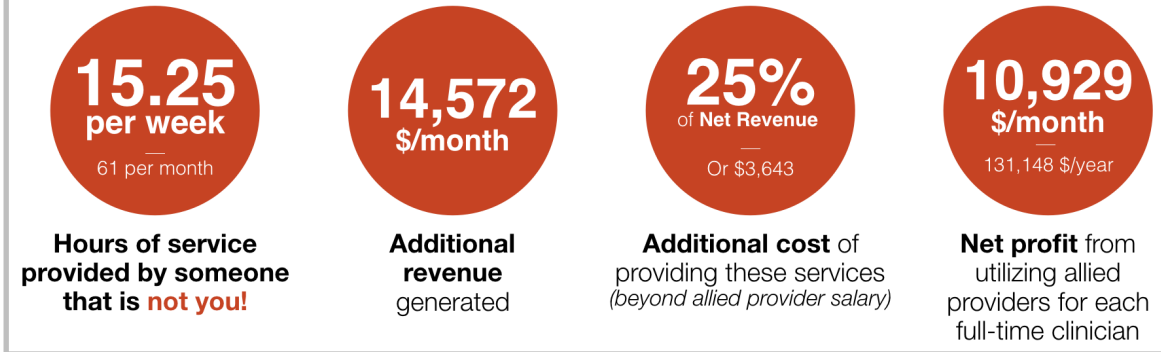
In summary, having an allied provider to help with the patient portal dramatically reduces your administrative duties, and it leads to quicker response time to patient questions and requests. It frees up some of your time for other pursuits and activities, which is really important for your quality of life, and it reduces the likelihood of burnout for that reason.

## Financial impact of using allied provider for patient portal

Number of hours saved per month	Additional patient hours	Hourly rate	Net Revenue per month
20	8	\$400	\$3,200

Let's look at the impact of using allied providers for the patient portal. It cuts the total number of hours that you might spend on patient portal tasks from seven hours a week to less than two hours. These additional five hours could be used for whatever you want: writing blog posts, working on a digital program or a class for passive income, seeing more patients, self-care, or some combination of the above. It is a huge quality-of-life benefit. You're saving 24 hours a month. If you ask most clinicians what they like least about their job, it is the administrative stuff such as charting and refilling prescriptions, so having help with this makes a huge difference with job satisfaction and preventing burnout. It can also have a real financial impact. If you use that time to create a product that generates passive income, that is something that would boost your revenue while simultaneously reducing the number of hours you work. You could simply choose to see patients for maybe two more hours a week. If you're saving five, maybe you would take three for yourself, and you see patients for two more hours a week. If you did that, this would generate an additional \$3,200 in revenue a month, and you would still have three hours a week, or 12 hours a month, for working on your online platform, taking tennis lessons, or spending more time with your kids and family.

## Total impact of utilizing allied providers for full-time clinician



Here is what this model looks like when you put everything together. You save a whopping 15¼ hours per week, or 61 hours a month. Put a different way, you're able to provide an additional 61 hours of service per month to your patients without spending that time yourself. That is an enormous difference. You could potentially generate almost \$15,000 a month per full-time clinician in additional revenue. Now, I've already removed the cost of hiring the allied providers who would be associated with these services in that net \$15,000 per month figure, but we have to also consider that having additional members on staff creates more work for your administrative staff, the people who are processing the charts and doing all the behind-the-scenes work. Let's assume that 25 percent of that net revenue, or \$3,600, would go towards providing those additional services above and beyond the salaries of the allied providers. That ends up being a net profit of roughly \$11,000 per month, or roughly \$130,000 a year, for each full-time clinician if you're utilizing allied health providers in this way. Put a different way, you're generating up to \$130,000 more a year while working less. Who doesn't want that?

What this doesn't measure, though, is the huge benefit this model provides for your patients in terms of the quality of care you offer. Their questions get answered faster. They get much more help between appointments. They get community and support with group visits, and you finally bridge the gap we talked about earlier: taking care of patients who aren't sick enough to be in the hospital but need more than one visit every three months. If you have happy patients, you're getting fantastic results, and you're providing them with this level of support, just the word-of-mouth referrals that you're going to get through that will fill your practice and beyond probably faster than you'll know what to do with all of those patients.

Also, these numbers on this slide don't measure the very real quality-of-life benefit for you. You're doing less admin work. You're not doing everything yourself. You are able to focus on what you love and you do best. For that reason, there is far, far less chance that you will burn out, and you'll be able to sustain this kind of work and offer your service to the world for many, many years to come.

You'll notice that I've been making the calculations using a fee-for-service model. Another way of charging for Allied Provider services and even clinician services is a subscription model. The patient pays a monthly fee and receives a set number of services or unlimited services. People do it differently. The main advantages to subscription is that it provides more predictable revenue, revenue automatically scales up as your practice grows to cover the additional staff you'll need to provide services and has an equalizing effect where people that don't use as many services subsidize those that use more. We've considered a subscription model at several junctures, but always end up deciding against it for several reasons.

First, it can be a logistical nightmare. If someone's on a subscription plan that entitles them to X number of appointments a month, the admin staff needs to track how many they've had and that can be a lot of work. Second, it generates or can generate significant billing grief. Most patients are not accustomed to a subscription model in healthcare and you'll get a lot of complaints and questions about why they're being billed each month, even when it appeared to be clear when they signed up. Almost every clinician that I know that has tried a subscription model has stopped doing it after a relatively short period of time. Your mileage may vary of course, and this is just my opinion, but that's why we have chosen not to go in that direction for now. What we have thought about more recently, is a kind of hybrid model where it's mostly fee-for-service. But we offer some additional services like a monthly webinar or group or something like that for a small monthly fee, maybe \$25 per patient per month or \$50 a month or something like that. But we haven't acted on that and I will update you if we do.

So where do you find Allied Providers to work with? A great place to start is in the forum for graduates of the ADAPT Practitioner Training Program. We're setting that up soon and it should be ready by the time you finish this program. I'm recording this at the end of 2018. So we're expecting this to be ready by mid-2019. For health coaches, as many of you know, we started a Health Coach Training Program in 2018 and we're right now about halfway through the first cohort. I have long had a vision of a collaborative practice model where clinicians and Allied Providers are trained in the same philosophical and practical framework, and they're able to serve patients much more effectively as a result. And I'm excited that that's finally coming together now with the Health Coach Training Program as well as the Practitioner Training Program, and then some of the collaborative opportunities that we're planning.

You can hire an ADAPT trained health coach once they're finished with the program and know that they are right on the same page with you in terms of their approach to treatment and care. You don't have to train them in your foundational way of doing things and you can just focus on on boarding them right into your clinic. Another option is the Institute for Functional Medicine's job board. There are often people looking for jobs there. The downside is you don't know if the people you hire from that venue have training in ancestral health which we talk a lot about in this program or core coaching skills, or a very practical hands-on approach to functional medicine. But I found Tracy, my nurse practitioner that works with me now from the IFM board and she had a fantastic solid background. She was IFM certified and then it was just a question of putting her through this ADAPT program and having her apprentice with me and learn the way that I do things. So that's definitely worth checking out.