

## A Hybrid-Concierge Model: The Best Alternative in 2021 and Beyond

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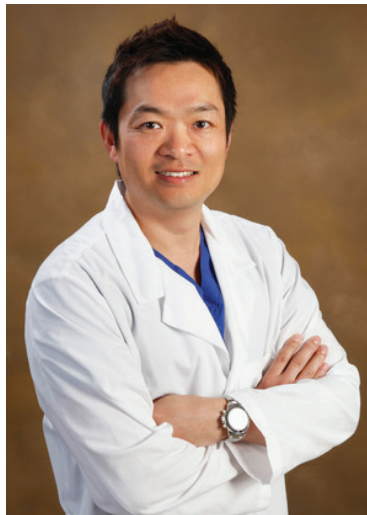
Over the past 10 to 15 years, insurance plans have changed the way doctors handle their practices. Obamacare was a great idea, but it didn't work out very well. I was watching my colleagues close their private practices at an alarming rate. Senior doctors were retiring much sooner than they anticipated because it was harder for them to keep up with all the new electronic health record requirements (EHR). The government has been running out of money in their attempts to implement new health-care plans—so much of it has been spent, and that capital needs to come from somewhere.

Insurance companies and the government are running out of money, and there are times they cannot pay for the best procedure plan. In that case, they alter the treatment guideline. They don't want people staying in the hospital, and they don't want patients undergoing big surgeries, because hospitals are losing money. This failing model is pushing patients away.

The standard of care is getting less ideal as time goes on. Patients are leaving PPO plans. They don't know what to do, so they join HMOs. As a result of this, private practice physicians have fewer patients every month. Private practices are used to receiving new patients automatically, and all that mattered was that they were good in their specialty. Now, patients aren't going to private practices and private practice revenue is dropping rapidly.

Not only are insurance plans and healthcare changes a struggle for private practice physicians, the economy has been tough, too. Inflation is higher. Living expenses are higher.

The reimbursement rate for doctors is going in the opposite direction—down. It's decreasing every year and doctors cannot keep up. With the current reimbursement rate offered by most insurance plans, doctors cannot pay their bills, including their student loans. Because of this, many doctors are leaving their practices behind, begging, wishing, and hoping to be employed by big hospitals, where they might get some kind of salary and won't have to worry about getting patients.



This is the present and future. Eventually, positions for doctors will be filled in most hospitals, and they will stop hiring. Actually, this has already begun. Hospitals are instead hiring more nurses, physical therapists, and physician's assistants. You are witnessing an era in which even physicians who are employed by the hospitals are losing their ground.

### My Solution: A Hybrid-Concierge Model

Again, with this economy and insurance plan changes, the traditional way of practicing medicine can no longer sustain itself, especially in private practice. We need to evolve and

learn a new way. I've honed my approach to three steps:

1) Doctors need marketing and sales knowledge. They typically hate discussing or even mentioning sales, but the reality is that they need to adapt to the new environment.

2) Doctors also need to treat their private practice as a business. They need to stop thinking about themselves purely as physicians and see themselves as a businessperson or entrepreneur.

3) Finally, they need to know more about a patient's behavior and psychology, because it's getting tougher for physicians to provide treatment plans without talking about the cost involved.

I want you to ask yourself what is best for your patient. Physicians have been brainwashed into approaching a patient's treatment plan based on diagnosis and treatment coding. This is a major problem.

Let's not forget about us. Doctors need to spend quality time with their families, and they need financial stability at the same time. Good news—it is possible for doctors to achieve this!!

In my book, "OPT-OUT", I provided an alternative route and approach and give private practice owners a whole new perspective. I want doctors to reach a point where they can see fewer patients, while providing patient-focused solutions.

For more information on receiving a FREE copy of my book, "OPT-OUT:", visit <https://www.optoutbook.com> or click here.

