



WORK SAMPLE

CLIENT: Beacon Clinics
PROJECT: Blog

BLOG POST

Dear burned-out PCP's: here's why burnout solutions don't work (and what does).

As a primary care physician, you undoubtedly know what a huge problem burnout has become in our industry. In fact, there's a good chance you're one of the 54% of physicians currently suffering.

I don't need to tell you why burnout happens. You're on the front lines, working longer and longer hours, squeezing in more and more patients, fighting with insurance companies, trying to navigate legislation that changes by the day... it's tiring just to think about!

Burnout creeps up on you slowly, starting with longer hours, steadily tipping your work/life balance until you're regularly neglecting your own needs. You start to get resentful of your work and even your patients, and it starts to chip away at the motivation, enthusiasm and compassion that used to drive you.

You start to feel mentally, physically and emotionally exhausted by the demands of the job, maybe even stressed and depressed. Healthy habits become harder to maintain, and you might find yourself becoming increasingly dependent on drink or drugs to help you wind down at the end of a stressful day.

In the most extreme situations, burnout may be so overwhelming that suicide feels like the only way out. Burnout really is that serious, quite literally deadly in some cases, and yet the majority of the solutions offered to you are woefully insufficient to tackle the problem.

What are those solutions? In my experience, there are only two good ones and a boatload of mediocre ones, and unfortunately it's the latter that are heavily promoted as the savior of burned-out PCPs.

The mediocre pseudo-solutions to burnout

Many PCPs are going down the 'side hustle' route, where they take on speaking engagements and represent pharmaceutical companies, for example. Good for picking up extra (albeit unreliable) income, but how does adding more work solve the problem of burnout? It doesn't, of course!

And what about the ubiquitous 'self-care' approach? Well-meaning folks will tell you that meditation, exercise, group therapy or counselling are the answer to your burnout. Indeed, they're all valid ways to cope, particularly if your mental health is starting to suffer.

However, they don't address the root cause of burnout — an unsustainable business model. You can't just work your way through it and you can't meditate it away. So what can you do? Let's talk about those good options.

The only workable solutions to PCP burnout

If you're an independent PCP, you have two choices for eliminating burnout while maintaining/improving your practice revenue.

The first, the Direct Primary Care model, cuts out the insurance middle man and lets you bill your patients directly. PCPs love it because it saves them as much as \$0.20 on the dollar that would usually be eaten up by insurance (not to mention time), and patients love it because it brings their primary

healthcare costs down.

However, as wonderful as this model is, it only really works for those PCPs whose patients are in the top 10% of earners. What about those PCPs who serve middle and working class demographics?

The ancillary services model

My favorite option! By adding an ancillary service (or several) to your practice, you can generate additional income to alleviate the financial pressures of the PCP business model. Even better, when you use a fully managed ancillary service like those we provide at Beacon Clinics, you can cut your workload too.

There are 20 ancillary services that have proven themselves to be particularly profitable, and all of them happen to be 100% insurance-reimbursed. At Beacon, we specialize in allergy testing because, with more Americans seeking care for allergies than any other condition, you're almost guaranteed the high patient volume you need for a successful service.

We set up a fully equipped 'clinic-within-a-clinic' in your practice, and staff it with our own allergy specialists, trained and managed entirely by us. We conduct all exams and testing, and we compound our medication in gold-standard immunotherapy labs (which is why our patients enjoy an almost unheard-of 90% allergy elimination rate).

We then refer the patient on to you to administer allergy shots and such, and you submit a single, 100% reimbursable charge under your NPI, all deemed within the scope of your practice and immune to insurance pushback. (Or, if your patients are in the high-income demographic, you bill in cash — even better!)

All of those allergy patients you'd usually send on to specialists are now staying with you for the duration of treatment. They love the convenience and comfort of going through the entire procedure with one trusted care provider, and you get to keep the revenue in-house — without adding to your workload.

You can use your additional revenue to cut your workload even further, hiring a scribe to take your tiresome EHR responsibilities off of your hands, for example. Just think how much your patients would benefit from the extra face-to-face time you'd be able to spend with them, instead of being stuck behind your computer.

You can see why I'm so passionate about this model. If you're to fight burnout, you simply must fight the overwork that creates it in the first place. This is the only model that lets you do that without compromising your income and your livelihood. Everything else is simply a band-aid.

A word of caution...

The success of the ancillary model depends heavily on the provider you choose. I divide them into two categories — missionaries, who are focused on improving patient and practice outcomes, and mercenaries, who are focused on profits above all else.

Mercenaries cut corners and try to squeeze your patients with unnecessary services, leaving them feeling cheated of both money and effective care. It's your reputation that suffers, but the mercenary doesn't care as long as the bottom line increases. Ultimately, they'll leave you with even more problems than you started with.

Missionaries put the patient first because they know that happy, healthy patients make a profitable

practice, and a profitable practice makes a happy, healthy physician. They're rare, but they're worth their weight in gold for PCPs like yourself.

How do you find the missionaries and avoid the mercenaries?

I use an objective risk profile to assess whether an ancillary provider is a missionary or a mercenary based on their business model. If you're thinking of adding an ancillary service to your practice, contact me now and I'd be happy to share my risk profile with you.

Best,

Ron

END OF SAMPLE

by Louise Sinclair | louise@sinclaircopywriting.com | www.sinclaircopywriting.com