

0083 Private Pay Pressure and Ways to Scale

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Guys, I'm here with Lori Long. You can check her out at [prismlearningaz.com](#). Lori is an empire builder. From our conversation already, just before I hit record, you've got a lot of big ideas that are awesome and also a real value for your time and energy. So, there are a few different things we are going to talk about. Can we talk about the insurance one, first?

Lori: Yes, that would be great.

Allison: Tell everybody, maybe leave out the specific insurance companies names, but tell us about your experience with insurance and what you are playing with.

Lori: I started into private practice coming from a group practice and I took two insurances. One, I had a very low rate. And so, with private practice, I was getting filled with that particular insurance and making not a lot of money, having to work a lot. The other insurance, I have filled in autism. And so, they didn't have a lot of people for that, so I was able to negotiate a lot higher rate for that. And I also asked for a rate increase and they gave it to me. So, I went ahead and stuck with them. But I didn't [unknown 2:41] and I increased my private pay rate and I'm making much more money. But I'm just not sure if I should eliminate the other insurance. Because it pays pretty decently. I have not lost money on them yet. I think once I submit something and they don't pay, that's probably going to be where I'm like, okay, I'm done with this.

Allison: Got it. So, what is it about the insurance that makes you want to get off of it. I know it's not as high as your rates, so you're definitely getting some of a pay cut, right?

Lori: Right. Yeah.

Allison: What else makes you want to get off of it?

Lori: I think that's it. It's just, I get paid, it takes a long time to get paid for it. it's not like a super steady income. And I have to have a biller, and I pay that biller, so I lose money on that. I kind of want to stay on it, because a lot of those families are families that really need that. And there aren't hardly any providers out there that do evaluations. And are on insurance. So that's the difference between paying

\$2000 for an evaluation versus \$75 of copays. So, it's nice to be able to give parents a really high-quality evaluation that they wouldn't otherwise be able to get.

Allison: So, you and I were also talking about private pay guilt and wanting to give back in different ways and things like that. And you were saying you were limiting how many clients with this insurance you are seeing per month. And I wonder if those two things might go together. Maybe this is one of the ways in which you give back is you take this insurance and you see families who otherwise wouldn't be able to afford you.

Lori: In my mind it's been like that. And I also do some regular work for another organization where I take a low paying autism eval, and those families get scholarships and so that's kind of like a contract I have where I charge a lot less to be able to do that for families who do not have hardly any money to be able to give that. I guess, there are ways that I am providing help to other people.

Allison: Yeah. So, I think looking at it as like this is your sliding scale. And you've got two sliding scale spots a month.

Lori: That would be my sliding scale rate, probably. If I were to give that to somebody.

Allison: So, as we're talking about keeping that, is there anything inside you that's like no, but I don't want to take insurance. Or that this part is a pain in the ass? Or anything like that?

Lori: No. Because I have a biller now. so, the part of it that I hated, they've taken over. And I did my own insurance for 7 years, so I know the ins and outs of it. So, having a biller, I can be on top of them and make sure everything gets done correctly. I feel like it's been pretty effective for me. I spent this summer, I had three weeks off. I took three weeks of vacation to think about all this stuff. And I didn't get clarity on this. I had a lot of clarity about the other insurance. But I wasn't sure about this one for those reasons. And after three weeks of thinking about it, I still didn't feel like it was the right thing to get off.

Allison: Yeah. So, if it doesn't feel like the right thing to get off, then trust it. And, I think there can be a lot of pressure in the Facebook groups and in certain communities to either be completely off insurance or completely on insurance. It's interesting how that, depending on who you are around, the pressure is one of those ways or the other. So, I don't know if you're absorbing something about what people are saying, maybe in the Facebook groups about like being completely off insurance is the way to go. And if that might be influencing the thought of getting off.

Lori: Yeah. I think it is. Sometimes. I feel like I'm putting pressure on myself because I feel like well, I am full. And I don't have to take it. And maybe it's just my anxiety that's keeping me back. I don't know. After thinking about it, I don't know if it's just that.

Allison: It sounds more value spaced as you talk about it. Like it feels like it's a value of yours to be able to provide this for these families with this insurance. That's always the way I go, people are like, should I take insurance or not? I'm like, what is your value system say about taking insurance? And if it says, if it feels good, if it feels right, then by all means, take it. So yeah, it sounds like this one is good. And if they start giving you problems, then, there we go.

Lori: But so far, it's going okay. it's nice to hear you say that. I do feel like a lot of pressure to just go completely private pay. And it makes me feel a little more at peace about it.

Allison: yeah. Good. Then, you have this other really amazing idea about creating videos. Can you talk about that?

Lori: Yes. You know I've been evaluating kids with ADHD, Autism, anxiety, for a lot of years. And it initially started out doing a lot of consultation. I'm a school psychologist so I've worked in the schools doing consultation. And, I've worked on positive behavior support programs where I've helped schools implement things. But what I've seen with kids with ADHD, is like I get done with an evaluation and I need to refer them to a therapist. And there are not a lot of therapists that have the skillset to know how to help parents. And a lot of times I end up spending my time doing two or three sessions about how to implement a reinforcement system. And a lot of times it just isn't super effective. I don't have the time to implement that. And I can't reach very many people doing that. So yeah, I've had a couple of ideas of, I took this course through the Beck Institute on CBT, could I train other therapist on how to do some of these things, and parent training and understanding a behavior analysis on some of those things. But, also, in training parents and doing a course for them on how to get the skills to work with their kids with ADHD and a lot of different areas. So just educational videos but with active learning. I guess. And I love teaching. That's something I'm super passionate about. I wanted to be a faculty member that was the route I was going. And I didn't end up doing that for a variety of reasons. I didn't want to work 70 hours a week and make no money. But, I loved teaching, so I felt that was a good way of me mixing some of those things. it's something I'm good at.

Allison: Yeah. So, I'm thinking you'll need to check with your board. Technically it's psycho-ed, so it could be covered under your license. But I would definitely check with your board to make sure. Otherwise, doing it as a completely different business could be good. So, I think this is information parents want. I mean, you're seeing, this is information just this small subset of parents that happen to be in your obvious want. Which I think is translatable to a larger population as well. And I think a lot of therapists are not trained in this. And parents might not be getting the help that they need. So, I think there's probably demand for this. And I think it would do well.

So, there are a couple of different routes. There's creating an ecourse, which it sounds like some of what you were talking about was at the Beck institute was like a hybrid course? Where it's partly facilitated, partly at your own pace, is that accurate?

Lori: Possibly. Yeah. I would like to have a Beck Institute sort of forced you to do it over, they tried to force where it had to be done in a certain amount of time. And it was like once a week they came out with new content. Which I like the idea of I think people need to sit with that. And they need to actively implement those things if they are going to learn how to do it.

Allison: So, if you're doing research on this stuff, what you are looking for is dripped content. Is what that is. How people like drip the content at a certain amount of time.

Lori: I like that there's a word for that. I would have never known that.

Allison: It makes your searching easier if you know the weird terms they come up with. So that's dripped content. I'm thinking about these families and how great it would be if there was dripped content and then a weekly or monthly Q&A, group Q&A. so it would be one hour of your time a week or a month, that they could all come together and talk about what they've learned that week or month. And that way, if they have questions specific to their kid or something that makes it really hard to implement, then they are getting some of that extra help. But because it's a group dynamic, it's not like you're having to meet with all of them individually. it's just more implementable for folks. And I think it would have people telling their friends and there, as they are meeting other friends whose kids also have ADHD, they'd be like this is an amazing resource that's changed our family.

Lori: I think that's a great idea. I just have no idea how anyone would go about making a video and anything like that. I have talked with a faculty member I worked with a lot, and he's written books on

ADHD, so I was kind of thinking about him doing it along with me. What are your thoughts on bringing someone else into the picture?

Allison: Looking at things like revenue, if he's coming into the picture, are you splitting the profit? Or are you paying him for his time sitting down and talking to you? And then you do all the marketing? The marketing is the hardest work of all this. It is the thing that is going to take the most time. So maybe you pay him an hourly rate for his work. Or it's a joint venture and he helps you market. I mean, you guys would kind of play with different options there. And I think, if you feel like he's got great value, that he would provide great value to your people, it makes sense to bring him on.

Lori: He is somebody with a recovering social phobic. Imagine doing a video. In fact, the other part of it. So, I don't know if you have advice on that.

Allison: Yeah. Like practice. Honestly, I know that's not a fun answer. Because I was a total cardboard cutout of myself every time a video turned on. Like, I couldn't function like a normal me. And as a result, nobody would have wanted to watch those. Because I was just some scared looking woman talking in like stilted ways. So, I would get out my phone every day and I would record myself talking about something for at least a minute. Then, I would make myself watch it. And that gave me an opportunity, I mean, it was exposure therapy, right? It gave me an opportunity to see that there were things about my face that I hadn't noticed before that I really didn't like. And it gave me time to get over that. Then, there were things about the way that I spoke that I didn't love, that I could either change or tweak or get over. I learned I had this habit at the time of sniffing. I would be like sniff, sniff. It really was not attractive or cool. And I had no, I didn't realize I was doing it all the time. But I was probably doing that constantly in my life. And it's making, I mean, watching those videos showed me. You don't have a cold, Allison. What are you doing? So, I was able to stop that weird habit that I had adopted.

Lori: that's really good advice. And yes, exposure therapy, just in general.

Allison: Yeah. The whole thing is awkward. Because if you're doing your phone, you're watching your phone as you're talking. So, your kind of getting that double dose. Because then you're watching it again afterwards. So, you could even write down your sets and say, remember back in October I was at a 9 in discomfort and now, you know. So, you could collect some data on yourself if you wanted to. But eventually, I loosened up and I was able to actually show up as myself on camera.

Lori: Well that's good to know.

Allison: And to remember, you're the expert here. And you're sharing something with these families that they really, they want to know. And these are eager participants. You know? So, remembering, like standing kind of in that power of, you have something really valuable to provide folks. And it at least helps me pop out of any self-consciousness that I fall into.

Lori: Ok. That's great advice. I like that.

Allison: If you're able to do it through your private practice, if your licensing board says that's okay, then, it makes things a lot simpler. And if you have to create a completely different business structure for it, then it's also weighing like, does that make it not worth it for you? Because you're valuing your time, too. And could you just create these videos and have them live on your website if you're wanting to like give back and not create a whole different business structure. They could just be Psycho-Ed websites that people can reference. Or you can sell it if the board allows you through your website, or through a different business entity.

So, either way is great.

Lori: Any advice on who to go for things like that? Who helps to create stuff?

Allison: There are different platforms. So, I think teachable is a really popular one. And it's easy to navigate into to put your videos in to. it's laid out in an understandable way. it's not like you're going to have to code or anything. Tiffany McClain and I historically, like every year, we do something called NEXT which is for people who have full private practices and are looking at what's next for them in business. So, you'll hear about that, I'm sure, if you're on our email list when we do it next year. I think teachable is good. There's some software you need to get familiar with. You can record it on your phone or computer. And upload it into Vimeo. And that will allow you to put it anywhere in the world on the internet you want to. So, there's a little bit of tech stuff. But it's not super hard. It can be frustrating, but it's not super hard. And if it's glitchy, like my go-to tech team is Counselor's Concierge, they are awesome. And they've helped me with launches before. And the frustrating tech stuff that makes me not love work sometimes.

Lori: I understand. Okay.

Allison: And then, you had another idea, too, that we should talk about, about being a holistic center. Like having an OT on board. Having a speech therapist on board. And your comment to me was I like how much I'm working right now. I don't want to not have down time again. That's a really big undertaking. A really big undertaking. So, I think it might be more of a collaborative, if you want to go that route. Where you find an OT you trust. You find, like you find a team of people you really trust. And you're all just sharing expenses. But, you're not necessarily paying them or making money off of their work. But you're all in house, you rent a space together. That would be a way that it's less pressure on you. But you've got good people in reach.

Lori: Right. That's a good idea. I feel like it would be awesome to be able to do something like that, but I think right now, at this point of my life, and maybe never. I mean, I like working three days a week. it's glorious. And I always want to just do that. So, okay. Yeah. I think you're right. I think that's going to be a ton of work. And just out of curiosity, like with your own personal experiences. I know you don't have a group practice, correct? it's just kind of you?

Allison: I have an employee. Just one, though. And I was not looking to start a group practice, it just made sense with this one person, for both of us.

Lori: What has prepped you with doing that?

Allison: With group practice, margins are just smaller than make sense for me. Because, honestly, to pay somebody what I believe a therapist should be paid, it means like my cut, if we are doing a percentage is barely going to cover my expenses for having another person onboard. And with a multi-disciplinary team like that, you're looking at different kinds of, like chronic health workers. Like having a few different ones. Because they are not all going to be under one umbrella nicely. And meeting everybody's needs. But for me, I would rather make that money through other means, basically, and have less work and less management to do.

Lori: Yeah. And that's where I was kind of like, when I think about what I could potentially, where could make the most money potentially with time and investment in my time and that seemed like the best route.

Allison: Yeah.

Lori: Because I do testing, I have the option, and I have a practicum student right now, they are free, and they can do testing. And I supervise them, which I like. And I can get a resident for not a lot of money. And they are awesome, if you get a really good one and it's not a lot of money. So that's where [unknown] and see. But, running the numbers with having an employee, I kind of felt the same way. I don't know if it's worth it.

Allison: Yeah.

Lori: With the [unknown 19:15] that goes along with it.

Allison: And I think your idea for a course for parents for kids with ADHD, I think that would take off. I really think that has legs. So, depending on the amount of work it would take, to get that off the ground. And whether or not that work is worth it to you timewise, I feel like that could be a great income stream.

Lori: Yeah, and it's not something I have to do immediately. And instantly either. So.

Allison: You can kind of keep playing with it in your mind and seeing what parts of that sound fun, what parts don't. the parts that don't, if you can hire them out, hire them out. If it's you on video, you can practice.

Lori: Yeah. I need a little while practice being on camera.

Allison: Yeah. it's fair. it's totally fair. I get it.

Well, awesome. Do you feel like we covered all those, and not like to the extent that you'd hoped?

Lori: Yeah. I am amazed that you [unknown 20:12]

Allison: Bam, bam, bam. Yeah.

Lori: No. I feel so much better about things. This is totally worth it. Good to have a little direction.

Allison: Good. Well, yeah, keep us updated. How things are going and how it is with your resident and intern. And if that's maybe the route you keep going. It will be cool to see.

Lori: Yeah. I'm excited.

Allison: Well, cool. Thanks! I'll see you later.

Lori: Bye

Allison: bye.

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