

# Primary Care Cures

## Episode #2 – Jon Boski

Ron Barshop: You know, most problems in health care are fixed already. Primary care is already cured on the fringes, reversing burnout, physician shortages, bad business models, forces buy-outs, factory medicine, high deductible insurance that doesn't pay docs, and it's totally inaccessible to most of the employees. The big squeeze of always accelerated cost and decelerated reimbursements. Meet those making a difference with the host Ron Barshop, CEO of Beacon Clinics. Welcome to Primary Care Cures.

Ron Barshop: It's interesting, PCPs have a moral imperative to be happy. Lives depend on it, including their own universe. If that's true, then you can make the jump that burnout is directly linked to earnings, and after all, the worst compensated doctors correlate directly with the highest burnout rates. Of course, that's all in primary care. Primary care comp is a hundred percent determined by a very lousy business model. Every primary care leader has to seriously pursue ancillary income opportunities. It's one of only two model work-arounds that is fast, easy, and sensible from every angle: the payer, the patients, and the providers. The other, we'll talk about it in another show, is direct primary care.

Ron Barshop: You can ask any burned out doctor, "If you could triple your take home in the next few weeks, on a permanent basis, and working less hours, not effecting your workflow, would that help alleviate the burnout problem?" We rarely correlate mental health and financial health, but we all know one directly affects the other, which feeds spirals both upward and downward. Ancillaries are simply the obvious answer for that which ails most of primary care problems, burnout, shortages, reviving referrals into a 3.5 trillion dollar ecosystem. You can stop feeling sorry for yourself if you're a PCP today, you can take control, and be helping more of your patients with incredibly convenient ancillaries. So today might be your day for that solution.

Ron Barshop: Today we're gonna welcome John Boski. John is the president and co founder of Medcillary, a Dallas based ancillary services total solution. Welcome John.

Jon Boski: Thank you for having me. Appreciate inviting me to the show.

Ron Barshop: Sure. John, before we get into your business specifically, set up the problem that you wanted to solve when you and your partners dreamed up Medcillary.

Jon Boski: Sure. From my standpoint it's not a problem, per se, it's more of focusing on a multifaceted solution, and a vision for proving this medical ancillary world, and helping with creating a space for positivity, opportunity, and increased efficiencies. In my past life I was in the lab world, the pharmaceutical world, and also had a practice management company. In that, I noticed a lot of the short comings and deficiencies, and I wanted to make sure to help provide solutions to these clinicians that I worked with. Quite frankly, they were often times coming to me and letting me know of different ancillary items that they wanted me to look into, because there was a trusted consultative relationship with these practitioners.

Jon Boski: And the reality is they didn't have the time to do all the immediate research, and the ability to look into everything that's pitched to them. When I started Medcillary in 2015, I wanted to provide that one-stop-shop approach to providing strong, clinically relevant, and compliant modalities that would help out clinicians in each specialty. That's the creation and how Medcillary was born, was with that in mind. So Medcillary in itself is medical ancillary summed up in one word. It was really for the purposes of helping to promote good medicine to these clinicians, but also, in as much and as importantly, to really focus in on helping the clinicians be efficient, and letting them be practitioners.

Ron Barshop: So the good news is you have ultimately many solutions for doctors, and you go in and do an analysis to determine which would be the right ones to start with, and you slowly rotate others in there as they make sense for these, not only PCPs, but specialists. Let's talk about what should we expect, if I'm a doctor and you come visit me, what does the first visit look like, and how long does it take before I can actually implement some of these ideas?

Jon Boski: Sure, great question. We're really big on a focus, and you'll hear this, it's in our mission, our core values, the focus is on clinical relevance and compliance. One of these first steps when there's a doctor that's really wanting to work with us and collaborate with us, a big focus is, our shorthand for it is PNA, but it's a physician needs assessment. It's essentially our one page consultative worksheet to have a better understanding of what is being utilized in their practice. I have them take me through, obviously depending on specialty and what modalities they currently use, what modalities they wish they could use. There's been often times where we may have not had a certain specific modality or testing, but if the clinicians ask for it, one of the great things that they get

to know is that we will go find the right resource for them to bring it into their clinic.

Jon Boski:

And that's important too, just making it so that they can focus and practice medicine. That really is ultimately the driver behind what we do and why we do it. So to kind of go back to your question, the first step is truly consultative. It is really, "Let us get to know your practice." What we don't do is we don't go in pitching something specific, we allow them to tell us what they need, what they currently have, is there a better way to do it. My prior history, I worked for Pfizer Pharmaceutical, great company, great training, great learning, great education, and then started my entrepreneurial journey after that. But learning a lot there and really taking on the consultative sales approach, and focusing in on what are their needs, not pushing something down their throat that they may or may not need just because it matches us.

Jon Boski:

Our focus is providing for them, and that's first and foremost.

Ron Barshop:

My next question really is gonna be two bundled questions with the same answer. If I'm a patient in an ideal practice of yours, where you've literally rolled out everything, you don't have to tell all of your ancillaries, but tell us your top five. I walk into the practice and I have multiple issues and multiple complaints, take me through a practice and tell me what I'm going to see that's basically Medcillary behind the scenes.

Jon Boski:

Just off the bat, as you just mentioned, you're a primary care clinician or a clinician and you have five different modalities that you are using on the ancillary side, the reality is that you probably have five different sells reps, five different account managers. What we do, and again going back to the efficiencies, that all takes time. That takes the doctors time, that takes staffs time, that takes office managers time, mid-levels time, MAs time. What we do is we take, whether it be the five individuals that are there on behalf of those customers, and it really confines it into one. So you have one person, one point of contact to manage all of those needs and all of those processes. That's a huge bonus, and a time saver for clinicians.

Jon Boski:

We will go into clinics and they will immediately check off eight different items that they want to integrate. And while that sounds great, the reality is there is still a process that we need to go by, and we need to make sure that these are being successfully implemented. Because, different testing may be coming from different laboratories, and we need to make sure that the supplies are on-hand that the MAs, or the collector, the phlebotomist know how to properly capture the test, and to send it in, and what the timely constraints are, and that it's not getting mixed with lab A versus lab B. Those are really important. It's not just about getting them to utilize all

of our services, it's about getting them to successfully utilize the services that are most profound for their practice.

Ron Barshop:

Let me ask the question a different way. I would like to know the top five services that you will lay into a practice, typically. I know that you do the PNA on each individual client, and they've got 15 different answers, but just give me five of yours services so I can understand, as a physician, what I'm getting into when I meet with you.

Jon Boski:

What I'll tell you, and it will vary depending on clinician, but let's just say, for example, laboratory, lab testing, whether that's blood wellness panels, allergy, pharmacogenomic testing, cancer genomic testing, or it could be urine drug screens, obviously a large market and need for that as well. Just laboratory as a whole. There's also pharmacy, the pharmacy component. It's not a full-fledged retail pharmacy, and we do not do the narcotics, but from a convenience and increase in compliance function, it really helps because the patient will receive the medication on their door, call it one to two days later depending on time of day that it's submitted, the prescriptions. And that helps with really reducing the opportunity for non-compliance in their medication therapy. So that's a help there.

Jon Boski:

Also, automatic refills, which is also helpful in that non-compliance. Then there's also the pharmacies. We often times work with them in terms of making sure, whereas these more commonplace pharmacies, CVS, Walgreens ... There's a big focus on patient satisfaction and really helping to reduce the out-of-pocket cost for the patients. So really applying and finding the rebate cards is an important step and process that we have, in terms of really making sure that we are reducing the cost for the patient as well. There's a lot within laboratory, but those are two of the modalities.

Jon Boski:

In addition to that, one thing that we commonly hear is, "Our practice isn't making enough revenue solely on the professional service fees." That could be true, and likely is they do need the ancillaries to be a high functioning facility and continue to grow. But the other component is that often times, whether it's their outside biller, their in-house biller, they might be lacking and not completely up to speed. So what we also like to propose is that we have our firm take a look at their post 90 day AR, and let's see if there's any recoverable assets that we can find for you. Kind of what they would consider as lost money.

Ron Barshop:

Alright, John, so I'm a newly signed client, what am I going to have to invest, my own capital, either on the front end or an ongoing basis, to implement the Medcillary solutions?

Jon Boski:

That's one of the great things, there isn't a cost, so to say, for you to implement our ancillary modalities with our lab partners and pharmacy

partners. What we can do, on behalf of the laboratories, a phlebotomist or collector to make sure that they're up to speed and knowing how to utilize the testing that is being submitted and referenced through Medcillary.

Ron Barshop:

So folks, if you're listening, I'm speaking with John Boski, president of Medcillary. What he's saying is what I have found in the marketplaces, you do not have to invest a dime upfront, nor on an ongoing basis to add ancillaries to your practice. It's all bottom line revenue, which leads me to my next question. Can I expect to make north of a couple of grand and maybe south of 10 grand if I add, let's say your top three or four most common solutions, without any headaches, without long-term contracts? What does my income revenue stream look like, just as a range?

Jon Boski:

There is obviously multiple opportunities. I think that from a cost savings approach, there's certainly that component. There is also opportunities where you can have significant revenue and increase practice efficiencies, quite frankly, by integrating services and utilizing a one-stop-shop approach as opposed to multiple different facilities.

Ron Barshop:

What are your biggest challenges as a company and as CEO of Medcillary?

Jon Boski:

When someone's wanting to integrate eight modalities at once. And I'm using this example because this happens quite a bit. They are really excited and amped to get going with our services, but we want to make sure they're implemented successfully. So scaling it back and telling them, "Hey, let's integrate these first two. What are the most important ones that are utilized most in your clinic?" and then adding them on. That's really important and imperative to make sure that they understand the reason why is that, yes, we'd love to get up to using eight of our modalities, but we have to make sure it's being done successfully. We want to make sure that your MAs, if it's not in terms of laboratory testing, that your MAs, your staff aren't being overwhelmed with the new process and new procedure.

Jon Boski:

They're gonna have access to our account manager that will help them out, and train them, and educate them, but we want to make sure that they have everything, all the proper supplies, materials, information, understanding of why and what the motivation is in helping these patients to really effectively implement all processes. We have had that happen before, where they really want to integrate so much and too much at a time that we just really have to temper that.

Ron Barshop:

I would say, John, my biggest challenge with Beacon Clinics is finding an exam room that they can spare. There's a lot of docs that have used every

inch of space, there's nothing available. Does that become a challenge for some of your potential clients also?

Jon Boski: No question, we've certainly had that before as well.

Ron Barshop: It's frustrating because, gee, a 10 by 10 room can really make a lot of revenue for some of these folks. Are there any books that we should be reading if we're physicians looking for solutions to this problem, or new models that nobody is talking about.

Jon Boski: Great question. I don't have an answer to that 'cause I haven't written or authored that book. But I think it just goes back to I'm a big believer in positive thinking, and there's a book by John Maxwell called The Difference Maker. It's a profound book that impacted my life. Positive thinking is a mindset, it's a mentality, it's a way of living, and when you have that mindset and mentality then anything can be accomplished. I think the focus and the point of what I'm trying to say is that as long as they have that mindset then anything is able to be accomplished.

Jon Boski: Physician Practice America is another great publication that has some good information and literature. But beyond that I think it's really just reading about business, having the right mindset. I think those are ultimately the most important.

Ron Barshop: 'Cause doctors have too much time to read.

Jon Boski: Right.

Ron Barshop: John, I just want to thank you. I just have one more question. But we really should write that book together. I've written probably the first 10 chapters, I'll let you write the next 10, and we'll get something out there that's actually practical for physicians looking for answers. There's just so much pain out there. When you read 50, 60 percent are burned out in a profession, there's something wrong with the model. It has nothing to do with them personally, they just chose a very bad brick layer model where you get paid by the procedure, by the bricks, you don't get benefits by doing anything more than adding volume and time, it just becomes precious to you.

Ron Barshop: How do we reach John Boski if we want to learn more about Medcillary?

Jon Boski: I would say visit Medcillary's website, [www.medcillary.com](http://www.medcillary.com). You can find us on most social medias. We're on LinkedIn, on Instagram. We focus a lot on culture, that's really important, having fun, and people enjoying where they work and the space that we operate in, and really having a love and passion for helping clinicians, helping their patients is important for

us. So definitely, find us on Instagram, Facebook, LinkedIn, or [www.medciallry.com](http://www.medciallry.com).

Ron Barshop: These are one of the good guys folks. There's plenty of mercenaries out there that are after money, money, money, and they're not interested in outcomes, they're not interested in the patient, they're interested in bottom line. And that will come out in their sales pitch every time. These are one of the good guys that are interested in helping your patients get better outcomes, have greater conveniences, and have more services to offer that will keep more patients discovering you because of the convenience factor.

Ron Barshop: And Medcillary, by the way, is spelled M-E-D-C-I-L-L-A-R-Y. [Medcillary.com](http://Medcillary.com) is where you're gonna get answers for these solutions we'll discuss today. Thank you again, John, and we hope to talk to you again soon.

Jon Boski: Absolutely, thank you Ron, appreciate for having me on your show.

Ron Barshop: You bet.

Ron Barshop: Thank you for listening. You want to shake things up? There's two things you can do for us. One, go to [primarycarecures.com](http://primarycarecures.com) for show notes and links to our guests. Number two, help us spotlight what's working in primary care by listening on iTunes, or wherever you get your podcasts, and subscribing. And leave us a review, it helps our mega fund more than you know. Until next episode.