Primary Care Cures

Episode 155: Dr. Ron Piniecki

Ron Barshop:

Welcome to the only show dedicated to a new way of delivering healthcare. This new model has no name, but let's go ahead and call it direct contracting or digital first care. The new way centers on opting out of the games bigs play with their rig dice, their crooked game board and their purchased referees. And if you're looking for a future where everyone wins, that's the doc, the consumer, the employer, and with assured amazing outcomes and measurably lower costs that are ranging up to 60%, you're in the right place. I'm Ron Barshop, your host. I'm glad you're here.

Ron Barshop:

Welcome to the New Healthcare Economy.

Ron Barshop:

Don't blame the PCPs for this latest embarrassment published by the Commonwealth Fund. Study says primary care here trails our global peers, and a casual reader might blame our great PCPs. No, as Robin Williams told Matt Damon in Goodwill Hunting, it's not your fault. I'll repeat that until you cry and we hug in we'll have catharsis the [inaudible 00:00:22] school role, and then maybe we both might get an academy award. There's three reasons why US primary care, docs and nurses and TAs aren't even close to being at fault.

Ron Barshop:

Number one, corporate bigs recently wrestled control of the majority of primary care referrals with these especially aggressive acquisitions this pandemic thanks to $175 billion, no strings attached, handout called the Marshall Plan Cares Act. But really it's a 248 billion check if you add up all the federal [inaudible 00:00:53] that came in the last two years. None of them needed it in eight quarters of retrospect, except for the rural hospitals and HCA nobly gave their billions back. Kudos to HCA for giving back no strings attached billions. And in a weird turn, the healthcare universe intentionally is turning up the heat on independent primary care demonizing fee for service, which is exactly how most bigs bill charges.

Ron Barshop:

The heat comes from every imaginable direction. But the pandemic ghosting of patient volume was the final straw for tens of thousands of PCPs hanging on by their fingernails. So shame, shame, shame on UP fee for service PCPs, mostly independents, that's the battle cry from the value based care camp. But in the same breath, don't shame the massive fee for service universe of bigs living and dying by that same volume centric sword, the American hospital. And as an independent primary care grasp per air, big systems exceeded pre pandemic performance thanks

to light CMS audits of all things, COVID. And salaries like sky margin collection divisions which boost up their EBITDA.

Ron Barshop:

So independent PCPs are furiously paddling upstream with chopsticks in a leaky row boat and the bigs are powering downstream and a drug Lord's 1,850 horsepower cigar boat. It's not an even plain field when hospital loan PCPs can build and collect double or triple the collect they did the day after they sell a practice to a big. And for the turbocharge reimbursement the patient sees not only not one iota of quality increase, but is now steered to expensive, big known imaging labs and we're going to learn today about surgery centers. And the stark laws weirdly are not carved out for independence who get in trouble for self referring but it's cool for them to do it into the hospital system. So it doesn't apply, it's [inaudible 00:02:51].

Ron Barshop:

So while the doc doesn't benefit as an owner, once they sell to a hospital of that surgery or imaging referral, the RVUs accumulate very nicely towards a nice Christmas bonus. So that's the [inaudible 00:03:03] gain. Carve outs, price gain. Much, much more but the bottom line is the consumers and the employers lose. Tax revenues too, because 70% of all the bigs are nonprofits, charity hospitals, which is an odd word considering they're actual charity care as a percentage is calculated at exactly half of the for-profit hospitals like Tenant and HCA. That comes from a recent John Hawkin study, [inaudible 00:03:28], a friend of the show inducted recently. This factory medicine result where all of us feel like a number is squarely on the bigs.

Ron Barshop:

Marcus Welby is dead, dead, dead long live [inaudible 00:03:39] and George Clooney, the hospitalists. But I'll pit my favorite 10 PCPs any day against any country in the octagon and the competitor will tap out round one for comparing knowledge, competence, and caring of the American doctor. And I note this, it's not your fault doc. Point number two, our pandemic response rate is the lowest decile of death rates per 100,000 of all the countries on the planet. Now, again, I'm looking at data from John Hopkins to publish on their website every day, and this is thanks to a policy of chaos, not best practices. Muzzling, not open debate. Countries with a tiny fraction of our per capita spend had death rates, One, two, three, four percent of our own death rates for COVID. Polls and bureaucrats and frankly the bigs lobby don't get an F for this. They get banned for class for life.

Ron Barshop:

Do no harm was forcibly set aside to please the suits and the PCPs got sucked into this dark dystopian vortex had a fear for their job and noble many spoke out and immediately got canceled, de-platformed and fired and ridiculed. Now we can say this on this show, but if I try saying this in something like, oh let's say LinkedIn, I will actually not be able to publish anything for two weeks and that's happened to me more than once. This Soviet error response is not thanks to the doctors, but to a few docs and [inaudible 00:05:01] who beholden to corporate profits and suits. Not us and they're not beholden to outcomes for sure. It's not your fault. My third point is MAs wear scrubs in primary care clinics, but why? Most are transaction clerks and

[inaudible 00:05:16]. As is the front desk, the outtake, the referral coordinator, the biller coder or the collector.

Ron Barshop:

Even the practice managers heavily into the transaction of getting paid versus the delivery of care to me and you. And the room prep is even administrative too, but it's more acting like all janitorial let's call it what it is, and the only real caregivers are the blood draw, the triage nurse who seats us and cuffs us and weighs and the [inaudible 00:05:40]. They actually touch the patient care, something resembling care, so this rise of this administrative class in clinics is only to get reimbursed. To please the master of the plantation on big hill. No typos please are welcome to denial hill. The modern equivalent of, well let's not go there. Okay. This regime of pre authorizations and card chargebacks in 1985, fax technology reliance is a hot sweater in July the PCPs are forced to wear on the hottest day. And it's not on them this administrative blow unique to America. It's not your fault.

Ron Barshop:

"I'd like to thank the academy" Okay, cue the music and shut the guy up. But wait, there's a better, faster, cheaper way than this pain inflicted on all of us thanks to the corporate hijacking of primary care funded and delivered by the getaway drivers to the caper, the feds and the polls. All this gaming birth to direct contract movement in 1993, not only among primary care but among surgery centers, imaging and specialists. Today's guest, we're going to learn a lot more about free market surgery centers so soon happy birthday to you, direct contracting. Now, as we started using this word in the show, I'm starting to see this word pop up in sort of the lexicon out there a lot more often, because we finally have a name for this.

Ron Barshop:

So we're calling it direct contracting these days and even CMS has adopted this. But direct contracts who skip big bloated middles ditch this holy CPT code Bible, forget what ICD 10 even means or cares about it and now is employing 20 to 30,000 much happier PCPs who not only get higher quantity time, face time with the patient, but are getting higher quality face time without having to type type type type click, click, click click. So the surgeons can double or better their take home pay and everybody loves cash paid the same day. So we can all fire billers, coders, collectors, and when audio's pre-auth and prior offs and chargebacks and denials and claims. Give them the boot, all that silly nonsense. Thank you sir, may I have another? It's masochistic. Let the others play in that dystopian universe, we all have opted out including today's guests.

Ron Barshop:

So in this 30 million consumer strong alt universe where everybody has opted out, we also are all winning, which is our agenda. Today is let's sort out who wins and who loses if not anybody loses that's the secret, but who wins with free market surgery? So I've already given you the spoiler alert, nobody loses. And since 1993, 60 free market surgery centers are cropped up opening to locally serve employers and consumer that will pay cash in this impressive direct contracting ecosystem. The original free market surgery center in Oklahoma city has not raised their prices in 29 years. [inaudible 00:08:32] Dr. Keith Smith's in fact told me that they've lowered many procedures since 1993. Where else will you find that in healthcare?

Ron Barshop:

So let's make this real for you guys. A hip replacement of the three pre market surgery centers on this show, including today's guest ranged from 14,000 to 22,000, total hip replacement. Had a system, the same procedures going to start at 35 grand and jumps... I've seen as high as 118, 120,000. And you can't argue that you're getting better quality because you're not and you can't argue that you're getting lower infection rates because you're not and you can't argue you're having lower complication rates because you're not. Because the folks that are doing these surgeries at pre market centers just do these procedures. And I hear today's guest nodding in agreement violently so much the wind is shaking around his head.

Ron Barshop:

So today I'm happy to introduce to you the latest free market center to open Dr. Ron Piniecki, who's an anesthesiologist and co-founder of the Wellbridge Surgical Center in Northwest Indianapolis. Welcome Ron to the show. Any comments before get going?

Dr.Ron Piniecki:

Thanks so much for having me on Ron. You really hit on a big point because when it comes to total joint replacement, we actually looked locally at the hospital systems that we are surrounded by and the pre cash pay price was I believe 134,000. The cash pay discount added in was 79,800 and that didn't include anesthesia or surge professional fees or imaging. So you're on the money.

Ron Barshop:

If somebody has a high deductible, there's no reason for them to ever go there because they can burn through their high deductible with you and then they can get... there's money to spend afterwards. It's ridiculous. First of all, when did y'all start Wellbridge and how are y'all coming along with it? Is it going nicely for you?

Dr.Ron Piniecki:

Yeah, it's been an exciting time. The process started about five years ago at a free market medical association conference that myself and Dr. Eric Inman, one of the other partners here at Wellbridge we attended and met Keith Smith. We had been 10 years into practice at that point and realized that we were somewhat complicit in a system that was not only broken but was actively breaking more and more in front of our eyes. And so kind of Keith was the kind of the point person and really the first person that we spoke with, met with and got to know really well and talked about how he was fixing the problem. And it really resonated with us and so it got us excited about getting back to kind of the basics that you referred to earlier in this conversation about basically the delivery of care.

Dr.Ron Piniecki:

You have a patient, you have physician, nurses and techs. And how do we cut all the rest of the bureaucracy and the business side of things that aren't necessary and that are inflating costs. So after meeting Keith, we spent about two years learning, understanding how this could possibly work with a lot of insight from Keith along the way. And then we spent about two more years developing proformas and business models and looking at our local market to determine how

aggressive and how competitive we would be. And then just built the building, hired the staff and now been up and operating since fourth quarter of last year.

Ron Barshop:

I'm so excited for y'all, that's really happy news. Can you imagine a future, Ron, and then by the way, I love your first name. It's really good. Doesn't it mean super smart and handsome guy? Yeah, I think it means that. Can you see a future where there's hundreds of these pre market surgery centers across the country and basically they just out competes the big systems.

Dr.Ron Piniecki:

I can, and I think it's going to have to happen. The alternative is not appealing to anybody. We've seen what government involvement in healthcare can do and what it's done already and how it's affected the current system that we're in and I don't think that's the direction we want to go in. We talk here all the time and I think Keith even echoes the same statement that we want to see competition in this space because competition is going to spur growth, it's going to spur advancement and it's going to advance the delivery of care.

Dr.Ron Piniecki:

I firmly believe that there's not been much advancement in the delivery of care, the actual process the patient goes through and the quality of that process in the last 30 years, it's only gone down. And so through these models and these desires to deliver quality and excellence in care, not just quote unquote standard of care that's going to happen. And so the short answer is absolutely.

Ron Barshop:

What is the secret to getting these 60s? And I know you're not on affiliated but you know each other, these 60 surgery centers all on centers of excellence lists for people like Walmart. Because right now Walmart's just picking these gigantic Mayos, Cleveland clinics. They're picking these monsters to serve the centers of excellence for their employees because they're paying for these surgeries and these procedures. But I can't imagine why free market centers like yours can't make that list because we know from Keith, you have virtually zero complications in this because when you have a pro that's all here. She does all day long, they're going to knock it out and they're going to be more efficient and they're going to have less infection rates, and they're going to have much better processes, right?

Dr.Ron Piniecki:

Th that's true. And in the case of Wellbridge and I'm sure Keith is the same way in these other centers as well, we track this stuff and we actually scrutinize over these data points. And we have done that from day one patient one, because we know that we have to demonstrate, if you're a new entity in a system, in an area that you have to demonstrate that, hey, you are above board in every aspect. Infection rate, complication rate, quality of surgeons, quality of the facility and, technology that's incorporated into the design and of the ORs and that kind of thing. So all that stuff really matters.

Ron Barshop:

Did you ever have any trouble recruiting any surgeons to your model once you got it going?

Dr.Ron Piniecki:

I can tell you in Indian, it's a unique situation. It's probably favorable, for sure favorable for us. If you look at the Rand study in some of the data points out there from other studies, Indiana is the fourth highest cost of care in the country out of 50 states and they are the fourth or fifth lowest physician reimbursement out of 50 states. And so in the surgical space, I can speak to that more specifically, when we're dealing with and interacting with surgeons, they see this, they feel this year to year and what's going on and you have two camps, right? You have the employed surgeons and you have the private practice surgeons.

Dr.Ron Piniecki:

On the private practice side you have one or two individual small groups all the way up to hundred physician groups. Those individuals are all interested in being a part of what we have going on here. And even on the employed side of things, I had four surgeons in the last three weeks that are employed with contractual non-competes with healthcare systems that say they want to operate at Wellbridge and actually have asked the CMO and or administration to allow them to operate at our facility on their side time, vacation time, otherwise unscheduled time at their hospital facilities. And they've been told all universally no.

Ron Barshop:

Your universe will pay them much more than they'll receive any other way because it's cash pay and because again, there's no middlemen, no bill or coders and all that administrative regime. How much more will a surgeon make if they do a procedure with you typically than with outside?

Dr.Ron Piniecki:

Significantly. A lot of these people are professional colleagues at minimum and most of them are also friends. People that we know in the community, our kids go to the same schools and we've seen each other in social events. And so after 10 years of working with somebody you know the quality of the individual and their complication rate and the patient response to them and how patients perceive them. But the conversations usually pretty simple, we say, "Hey, Dr. Smith, we know you're a fantastic general surgeon in the community, your patients all love you and you are supremely talented at what you do. What do you need to make this work?" There is so much margin that the hospital is built in that I frankly don't don't care oftentimes what that number is.

Dr.Ron Piniecki:

And they want to be fair about it and honestly it's not a situation where we're wanting to try to get 5% over what commercial reimbursement is for a procedure. We want to make this more than favorable for them. And so I just asked them, "Hey, what's a number that makes sense for you?" And that's a lesson I learned from Keith Smith when we met with him. He said, "Look, I just oftentimes offer them a number that they think is fair." And so there's no haggling involved, but the short answer is they can usually make between the increased reimbursement and the increased efficiency compared to hospital based practice, probably about a hundred percent more. So two times as much on an hourly basis.

Ron Barshop:

Yeah. That bears out from talking to Sean Kelly in Texas here. So the docs clearly they get more efficiency and they get more take home and they're not going to have as many complications because it's their team, their staff, right?

Dr.Ron Piniecki:

It is. It depends on the specialty. A lot of the orthopedic surgeons we partner with have first assist so they bring their staff. We have some cosmetic surgeons that also do the same. Those work out nicely. But also our staff are basically trained in all areas that we... We don't have individual staff that do just general surgery but can't do ENT. Our staff are trained and really experts in all those fields and are capable of scrubbing those cases. When it gets to very specific surgeries that are very involved like total joint replacement, we have staff that have done additional training, CSTs and first system, additional training in those fields.

Ron Barshop:

Mm-hmm (affirmative). Let's talk about how you had conversations with the local TPAs and third party administrators, and then the local employers that are self-funding to introduce them to your concept.

Dr.Ron Piniecki:

We have. Our third partner, Jeff Williams, he is the kind of the business marketing outreach and business development guy. Who's been basically knocking on all the doors and meeting with these entities. So he's interacted with quite a few TPAs and brokers and there are a fair number that really are interested in this and really want to see this work on behalf of their employers. It's been a little bit of a challenge to try to figure out what the pressure points are. We do know that there are certain entities out there that are reimbursed on a percentage of claims, that it would not be beneficial for them to partner with Wellbridge because if you reduce the cost by 50% then each one of those claims as a percentage drops for them as well.

Dr.Ron Piniecki:

And so it's a matter of getting to know them and understanding who they are and working through those processes. The other part of that is we to get in and talk to the decision makers at the companies directly, the CFOs and the COOs. All the companies care about this but they also rely on those brokers and TPAs to basically interpret the information for them. So navigating that has been, been exciting, but also challenging, but it's moving forward and we're, we're pretty excited about it.

Ron Barshop:

Well, there's a big giant thing that's happening in your favor right now is that the CIA is forcing the brokers to disclose all their hidden fees. And from previous guests on the show we know that there could be up to 17 hidden fees they're not disclosing to the employers. There's going to be a lot of employers when they see all these little nickel and dimes. It's not nickel's and dimes, we're talking about millions that they're unaware they're feeding off these planes. So that's going to actually help y'all, I believe, this transparency. Let's talk about the consumer, how does the consumer, the patient, when they come to see y'all versus going out into the larger world?

Dr.Ron Piniecki:

That's the part that really kind of gets me excited, like I said, as clinician. One of the things I've had a problem them with is when I worked in the health system patients would ask, are you in network? And most of the time I didn't know or I assumed I was, but I couldn't say with a hundred percent certainty. But the part that really bothered me was that depending on their circumstances, who ensured them and what their circumstances were as far as their policy, the price for the anesthetic care that I delivered varied vastly. So it could be anywhere from a few cents on the dollar to five, 10 X more than the lowest number for the cost to the patient or the employer.

Dr.Ron Piniecki:

And that's just fundamentally in my mind not fair. It's discriminatory is what it is. If I'm delivering care to a corporate entity that's partnering with Wellbridge, I want them to have an absolute, the best value that they can get. And if an individual comes in and needs surgery, I also want them to have the best value. I don't think we should discriminate based upon those circumstances. And so we're really kind of passionate about that part of it

Ron Barshop:

Just so [inaudible 00:21:38] refreshing for many of our listeners to hear a surgeon talking about best value because that's the last thing on their lips in most of their worlds that they live in. So it's just really nice. Now let's talk about outcomes again. I know you're going to have to play with the outcomes from others that are in this field right now, but what do the outcomes look like in terms of patient readmissions and infection rates and all that? Do you have a sense of that from your colleagues?

Dr.Ron Piniecki:

I do. We do weekly meetings to look at quality, quality improvement is basically what it is. And I can tell you right now we've been open only since fourth quarter of last year so we're a very, very new facility, but we currently have zero infections. We've had zero complications as well. So we haven't had any bring backs, any post surgical bleeds, any transfers out to hospitals. And so those metrics are very, very important to us because employers are asking questions at the hospitals and, or the entities that are currently the big fish.

Dr.Ron Piniecki:

Don't really, I guess, devote time and attention to which are questions like what is the reasonable return to work timeframe for this? What things can be done based upon the type of procedure, minimally invasive, invasive versus open. That's going to allow them to heal. The employees to heal quicker and for them to recover with the best outcomes and also for them to return to functional ability too. So all that stuff matters to the employers and those are things that we care about. It matters to the people, it matters to the employer and it matters to us.

Ron Barshop:

That's great. I'm going to jump in here with a tiny editorial, how the community benefits is if the employer is now saving, in your case, 50, $100,000 dollars on the surgery and doing that with large with a thousand employees. Then they can now give a raise to their employees and they can

take away their premiums, deductibles, and copays. Are you seeing a little bit of that happen in your community?

Dr.Ron Piniecki:

We are. And it depends on the entity, the employer, because some of them are very aware of the environment and they've done their due diligence and they're starting to think that way. Other entities we've had to kind of suggest that, which is fine, but that's one of the big points that we try to make is you're going to save thousands, maybe tens of thousands per encounter for some of these surgeries, it's worthwhile to basically incentivize folks to really think about their spending.

Dr.Ron Piniecki:

Because it's fundamentally their spending as employees. Their premiums are going to go up next year if the self-funded entity has to pay out huge dollar amount claims. And so the employees got to be aware of that and kind of educated on that part. One of the things that we always say is if you're looking for ideas, want to think about maybe waving a deductible if they come to Wellbridge or other surgery centers similar to us because the savings are going to be so great that everyone benefits.

Ron Barshop:

Yeah. There's enough in there for everybody, absolutely. So that's what's happening. I believe, again, on a large scale as more employers discover folks like you is that when you have the friction of healthcare disappear from the employee's paycheck that gets rid of a lot of class warfare and inequities that people see in access, of course. We have free direct primary care to onsite are near site which is, again, the guests on our show are companies that are now scaling the old fashioned mom and pop DPC into a national brand.

Ron Barshop:

And so we have folks that are in all 48. So states right now, though eventually been 50, we have folks that are in 10 or 20 states regionally, you have several up there that are growing very fast and they're all growing 60, 70, 80%. So clearly this is like a vortex of [inaudible 00:25:27] and people want this badly. This new way of doing direct contracting.

Dr.Ron Piniecki:

I totally agree. And we are kind of an open book here. Medicine and historically has been one of those things where not many people understand it reasonably, so it's complicated but also there's a lot of smoke and mirrors. We're trying to be transparent, not only in our costs here, but also in how we do things. A patient has a right to know what the operating room looks like and have questions answered. We do tours all the time of the facility and show them the spaces that you're in and kind of take the mysterious aspects and like the confusing aspects of medicine out of it, because we want the patients educated. We want them to ask those questions and understand the process.

Ron Barshop:

Mm-hmm (affirmative). And the final winner that I like to talk about and think about is, so we've talked about basically the doctors are winning, employers are winning, the consumers are

winning, clearly the costs are going down, outcomes are going and improving in your early stages, we'll talk to your from now I'm sure be more of the same. The community wins. Now the shareholders. So we talk about the triple aim, no, it's not even the quadruple aim, not even the sextuple aim, it's the septuple aim, seven aims, and the shareholder being the last one.

Ron Barshop:

If a company and a self-insured employer is now saving 20 to 60% on their second biggest spend after labor, which is healthcare, because [inaudible 00:26:55] resignation and keep good people, not have to be always constantly recruiting, which is what I found in my company. I never lost anybody once I gave free healthcare. And the shareholders can win because it all drops to the bottom line. If you're saving 10,000 per employee, 5,000 per employee, that's all bottom line. It's like a tax credit, it drops to the bottom line, there's no filter it has to go through. It's a saving. So spend.

Dr.Ron Piniecki:

I totally agree. And you know, I think back to 15, 20 years ago, I remember my wife's a physician as well and I remember she was an employed physician with a private group and her group healthcare cost for the premium to her was $1 per employee. And that was with a good plan at the time with relatively low deductibles and access to all the greatest and best doctors and facilities. And if we could move the needle on that to try to get healthcare costs from being a back breaker for the companies to basically being a small line item on the pay stub, that's that to me would be a huge win.

Ron Barshop:

Well, if you're Hoosier or a Texan and you're going to feel the same way about saving money and not wasting a bunch of time and all the friction that goes with that. So Ron, I'm obviously a big fan of this. You know what I think it's going to move the needle on this whole movement? Because it's a movement, we don't have a leader, we don't have a John F. Kennedy, we don't have Martin Luther king, but we definitely are a movement. I mean, I guess maybe Keith Smith might come the closest to it. But what I believe is that we have an opportunity to bring people on this show that are successfully engaging with y'all. And at first you may be nervous about bringing employers on that are saving a ton of money, but letting the CFO speak on the air, to speak on a show and talk about this is really kind of my focus this year.

Ron Barshop:

So I want to get more folks like you alongside folks that are happy with people like you to tell their story, because that gives other employers courage. Because I think this whole thing is a big kind of a honey trap or something. They don't know what's going on, like it sounds too good to be true and it's not, it's real.

Dr.Ron Piniecki:

Yeah, totally agree. Totally agree. That's that's what everyone says. It's like there's no way that you can be half much or less and have a nicer facility and have a better experience. And I know on paper it seems that's true but when you come and see it and experience it and the patients

we've taken care of over the past months going to attest to it actually is when you realize the margin that's been built in and all the extra stuff.

Ron Barshop:

Yeah. And to boot you've got really good looking smart guys named Ron that are head of the thing. So this is...

Dr.Ron Piniecki:

No doubt, no doubt.

Ron Barshop:

Adds to the joy. Well, okay. So is there anything I missed that we should cover? Because if not I want to sign off with a fun question for you.

Dr.Ron Piniecki:

No, I just appreciate the opportunity to share what we've learned and where we've gone and where we're going.

Ron Barshop:

Well, not only am I a fan, I'm a raving fan of what this all is about. You can tell I'm passionate about it. So first of all, how do folks find you guys, Ron, if they want to talk to you?

Dr.Ron Piniecki:

Sure. Yeah. We have a website that's active with a fair amount of information about Wellbridge, the history of it, who we are individually and as a group. And also I think at last check over 300 procedures listed that we're adding to weekly with transparent pricing. These are bundled prices, all in, includes everything. The surgeon, the anesthesia, the facility fee, any implant, pathology, unless specified otherwise. It literally is and all their follow up. So it literally is all of the care.

Ron Barshop:

Oh, you just said something interesting. I'm sorry to interrupt you but you said all the follow-ups. You're saying the rehab is also thrown in there?

Dr.Ron Piniecki:

In certain cases. In most cases it is. Like, for example, total joints, the self-directed rehab and information that's necessary to the patient and the instructional parts of it, as well as postop x-rays. And I think with standard in the joint replacement industry and specialty is two follow up visits. All of those things are included in the cost of the procedure and that applies for all the procedures we do. So if there's one indicated post-op visit versus three, that's included in the cost.

Ron Barshop:

Nice. Okay. That's refreshing because a lot of folks don't do that. That's good. Well, Ron, thank you. So my final question is if you could fly a banner over Indianapolis or over America larger, what would that banner say to all Americans?

Dr.Ron Piniecki:

I think if I was able to fly a banner and I was trying to reach patients who are frustrated, hurt, or basically bankrupted or in the risk of being bankrupted by the system or the process would be, you deserve to know the cost of what you're receiving and the quality of it before you're obligated to receive it and we'd like the opportunity to demonstrate to you why we're better.

Ron Barshop:

See, they're going to read that banner cause it's going to take 16 airplanes to say that.

Dr.Ron Piniecki:

Yeah, that would be a mini a jet. I need something with a little more power.

Ron Barshop:

They're going to go, "what are all those 16 planes doing flying over our lake?" By the way, I almost married a girl from Indianapolis but I would've had to run a very large retail operation you recognize the name of and I didn't love her that much. I love Indianapolis, I love driving up to Chicago easily, it's really a beautiful part of the country and the people are so nice there, but I didn't want to marry that girl and be in that business. So anyway, I'll tell you after the show who it was, you'll recognize the name right away.

Dr.Ron Piniecki:

Understood. Understood. Well, like I said, I really appreciate you having us on and I don't know if I answered earlier, but yeah, if patients are curious, they can go to Wellbridgesurgical.com and feel free to reach out to us through there.

Ron Barshop:

Okay, Ron, thanks again. We'll check in with you as the time marches on. Okay?

Dr.Ron Piniecki:

All right. Thanks so much.