

HOST KELLEY KNOTT & SPECIAL  
GUEST DR. BRENT LACEY

# DEBT, BURNOUT & PRACTICE MANAGEMENT:

INSIGHTS FROM A  
MILITARY SURGEON 



PATIENT CONVERT PODCAST

05

Patient Convert Podcast with Kelley Knott

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## Patient Convert Podcast - Dr Lacy #105:

Kelley [00:00:01] Hi, everyone. And thank you so much and welcome to the Patient Convert Podcast. I have a very special guest with me today, and that is Dr. Brent Lacey. Dr. Lacey, introduce yourself.

Dr. Lacy [00:00:15] Hi, Kelley. Thanks. So, well, I'm the solo gastroenterologist right now, currently practicing at Naval Medical Center Camp Lejeune in eastern North Carolina. So I've been practicing as a gastroenterologist for about five years. I've been in the Navy for about 10 years since I graduated from medical school. And it's it's it's a pleasure to be on. I'm really excited to get to talk to, you know, the docs in the physician liaison so I can be working with you. I think it'll be fun to branch out and talk about some some military and V.A. related topics because that's kind of a unique world. And so I've been on both sides of that with medical school and then intense being and practice on active duty. And then earlier this year, I started a started a Web site to try to help physicians and other health care professionals kind of navigate the challenging waters of managing in clinical practice, because I've observed that so many people come out of

medical school and dental school with a huge amount of personal debt and just no idea how to run a practice.

Kelley [00:01:26] Oh, yeah.

Dr. Lacy [00:01:27] And so and so your mission and my mission are very, very closely aligned. Just trying to get trying to get help with physicians, managing the practice, mastering the personal finances, and just getting back to the business of doing what they love most, which is helping the patients.

Kelley [00:01:43] Oh, absolutely. you bring up such a good point. This is such a common challenge. I know even with my physician clients that I face. But this is so unique because you're coming from the view of the actual physician as well as someone who has personally experienced this. So tell me a little bit about your experience and in how this idea came came to you and how you decided to start helping physicians through your experience.

Dr. Lacy [00:02:07] Sure. So so I was pretty fortunate to grow up in a in a house where I had parents that were very, very savvy about finances, just real smart about teaching us, you know, how to budget. And they opened my first checking account when I was 16. And so, you know, the idea of living on a budget was pretty natural to me, even when I was in high school and college. And so it just kind of blew my mind when I got into medical school and beyond and saw just how many people were struggling, living paycheck to paycheck. And that that kind of got me on a track where I was. I started doing a lot of one on one financial coaching and started a financial discipleship ministry, my church, which has blossomed into a pretty big, pretty big program.

Dr. Lacy [00:02:54] We ended up with about 300 families that went through our one on one coaching program, of course, of several years, and they paid off \$1.2 million.

Kelley [00:03:03] Ultimate goal was that it's worth celebrating for sure. Wow. Yeah, pretty big.

Dr. Lacy [00:03:08] Well, so and then I've seen I've seen it from, you know, from the hospital side and from the you know, from the non hospital side. And so, I mean,

physicians aren't immune to that kind of thing. And, you know, we see that contributing a lot to the epidemic of physician burnout. So my hope is to offer people some some encouragement and some equipment and medication to try to get them on the right track for those kinds of things.

Kelley [00:03:35] Oh, absolutely. You mentioned another hot topic. Just the actual financial burden. But how physician burnout is really becoming more known now. And I know that's something to do. You experiencing. Did you experience that when you were in medical school or was it more kind of when you went into the actual practice?

Dr. Lacy [00:03:53] Well, that is a great question. You know, I don't think I have struggle with burnout quite so much, although it's funny. I have a lot of people that have worked with me over the years that keep worrying about me probably more than I worry about myself, which is probably good because I need people to look after me after that as people. But, you know, I find for me, the thing is it's a challenge that keeps me going. I love working hard. You know, I love I love just seeing so many patients. And, you know, I find that as long as I'm active and doing stuff every day, you know, I tend to do pretty well. But I definitely see a lot of folks struggling. But, you know, in the area of, you know, just being overwhelmed with that, but also just feeling like they're just drowning. Yeah. Administrative handfults of everyday clinic life.

Kelley [00:04:45] Oh, yeah. What do you think are some of the biggest pain points for physicians kind of drowning in those hassles of of owning a practice or managing your practice?

Dr. Lacy [00:04:55] Yeah, I think there's two I think one of the biggest ones is definitely finances. I mean. You know, I talk to folks all the time that have, you know, 200, 300, five hundred thousand dollars in student loan debt.

Kelley [00:05:07] Oh, yeah. You know, it's it's amazing. I mean, we talked to folks at their their student loan payments are more than their mortgage payments. I mean, they're easy, just so overwhelming. Absolutely.

Dr. Lacy [00:05:20] And, you know, we don't struggle with that quite as much in the military. Most of the folks that that are know military physicians either went through the

military medical school or went to medical school in a civilian facility on scholarship. But even so, most of those folks that I've talked to have spouses that have student loan debt or they have car loans and credit cards and all kinds of things. So. So that continues to be a huge pain point for folks, certainly. And especially, I tell you what is when when people get out of the military or or just get out of just get out of fellowship or out of residency and they go join the practice and they want to try and, you know, taken on in some cases. I've seen dental practices with a the new partners take on like a million and a half dollars worth of debt balance.

Kelley [00:06:04] Incredible. I can't even imagine.

Dr. Lacy [00:06:07] No. It staggers the imagination. Yeah.

Dr. Lacy [00:06:11] And I think the other big pain point that I hear from folks all the time is feeling like they have a lack of sufficient support. Right. And in particular, in terms of having adequate time reduction of administrative hassles, just spending time on non clinical clerical type work, you know, I mean, in a given 15 minute patient interview, you know, you may have five minutes to talk with a patient, which is the part that we all signed up for in the first place, because we like to help people. Right. And then he spent ten or fifteen minutes doing paperwork and doing, you know, other administrative things. And it's it's exhausting.

Kelley [00:06:51] Well, that's definitely a real problem out there or something that physicians have to start thinking more about because they want to focus on number one priority, like you said, patient care. But we have all these other responsibilities as physicians to kind of manage this program. So what are some of your biggest tips for helping them during that really complicated process? Plus kind of that overall stress, like you said, even going into it with the possibility of large student loan debt or even just debt in buying into a practice?

Dr. Lacy [00:07:21] Yeah, it's it's a great question. So the thing I always tell folks that are getting out of residency and getting out of fellowship is to not expand their lifestyle. What I mean by that is it's very common to, you know, for folks to come out of training and suddenly they have a giant leap forward in their income. And so they decide, oh, now it's time. Right. It is. It is my time. I've been I've been in school. I've been in

residency. I did have fellowship. I've been living in these little dinky apartments for ten years. I have been driving beater cars. Now I've got money.

Dr. Lacy [00:08:01] And then they go out and they buy two new luxury cars to see how living life, you know. Yeah. And then all of sudden they're looking down the barrel of, you know, ten thousand dollars worth of monthly payments on a variety of things, you know.

Kelley [00:08:14] Wow. How did that happen? So true.

Dr. Lacy [00:08:18] So what I what I always strongly encourage folks to do as a first as a first step is really focus on on getting out of consumer debt, you know. And the key to that is just living like a student or living like a resident a little while longer. I mean, when my wife and I my wife is a physician also, she's a pediatrician when we got out of medical school. We lived in a little apartment in San Diego while we were both in residency and both in fellowship. I mean, we lived in little apartments for the first 10 years, essentially, that we were married. And that was huge for us because we got we got all of our stuff, all of her student loans paid off before we got out of fellowship. We had our retirement savings well on the way and we had started already saving up for a down payment on a house eventually, which enabled us to actually go buy a house. We got stationed at one of our first first duty stations outside of train.

Kelley [00:09:17] And that's a huge difference. That's a different kind of going into it with, you know, trying to do a lot of life is a lot of delayed gratification.

Dr. Lacy [00:09:26] You got a find and a lot of time, you know, not doing stuff. And you keep asking yourself when you're going to be my time, when you're gonna be my type.

Kelley [00:09:32] It's so hard.

Dr. Lacy [00:09:34] Yeah. I call it doc itis like, you know, if you just get the you know, like, oh, I think I need a Tesla. I think I need, you know, the the combined age of my cars is 20 years and they are all paid for.

Kelley [00:09:49] So and you don't have that payment coming in every month. That's really big. And I couldn't agree more. I mean, I'm not a physician, but I am a business owner. And that's something that I think is really important. Or anyone is kind of living in your means for a little bit longer so you can live in that grander lifestyle a little later on. So I think that's a really great point, especially for physicians joining new practices.

Dr. Lacy [00:10:13] Even those physicians that may be purchasing new equipment that are crazy expensive and hopes to bring in new revenue for their practice, but have that debt and loans and may be stressed about how they're going to make up for those purchases. That's really, really good advice.

Kelley [00:10:31] What do you think? As a physician in the military, how different it is for you and the ways that it's different kind of in the health care industry. I know these listeners are going to want to hear your viewpoint as a physician in the military.

Dr. Lacy [00:10:49] Well, it's it's an interesting combination. I love the patients that I get to take care of. I mean, the it is it is absolutely amazing. Some of the folks that we get to see, both from the retirees side as well as the, you know, the active duty side. It's just phenomenal. When I was so give you a quick story, when I was a resident, I admitted to a gentleman overnight. One time he had passed out and we were doing a evaluation on him. As part of our history that we take, we usually end up asking, what's your military history? So these guys have been exposed to, you know, Agent Orange, like in Vietnam and things like that. And so those kinds of things matter technically. But as we're just talking, it's like. So what's your background, Cesar? Well, I served in the Navy during World War Two.

Kelley [00:11:39] Really? Yeah. I was actually on the on the USS Yorktown during the Battle of Midway. Oh, my. You served in the Battle of Midway. What do you say? I was I was a boiler tech.

Dr. Lacy [00:11:51] And when when the when the carrier got hit and was starting to go down, they gave you all call for abandoning ship. And, you know, I had to scramble up about four ladder wells before I got to the top deck and was able to jump off. He said after that, I put in for aviation school because I decided next on my ship.

Dr. Lacy [00:12:10] And I don't want to work that. It's a good thing. Wow. That's pretty incredible. You don't meet people like that every day.

Kelley [00:12:17] That's for sure. That's amazing.

Dr. Lacy [00:12:20] It's amazing the men and women that I get to take care of. I mean, I mean, being a camp was you know, I mean, I get into the you know, the MARSOC Raiders, I mean, the Marine Special Forces when I was in San Diego, I got to take care of the Navy SEALs. I mean, these are just some some of the most incredible people you'll ever meet. So. So those are the kinds of patients that you get. I mean, I just absolutely love there's also a camaraderie, rives breed a corps that you get in the military that I just don't think you get anywhere else. And I do love that. Now, the flipside of that is that it's a government organization. Right. So there's going to be bureaucracy. There's lots of layers of administrative hurdles that have to be cleared. We don't have to deal with civilian insurance companies. So it's it is simpler to get tested. I need it simpler to get medications that I need for the most part. But there's a lot of administrative snags that happen on a day to day basis that can hamper efficiency if we if we're not paying attention and really, you know, constantly updating our processes.

Kelley [00:13:25] Yeah, definitely. So tell me a little bit about that. That is a lot different than some of my clients, obviously, that aren't in the military either. Even with Physician liaison marketing, building referral relationships are actually kind of driving those marketing initiatives because like you said, it's different than civilian insurances, different types of medications. There are different types of processes for those medications. So I'd really like to learn a little bit about that.

Dr. Lacy [00:13:52] Yeah. So. So I think one of the things that happens that we were talking about Brown a few minutes ago is that one of the big pain points that we experiences. Is the administrative hurdles that we have to deal with.

Dr. Lacy [00:14:06] So, for example, in addition to just the routine things that all physicians have to deal with in terms of, you know, quality metrics and, you know, are we meeting our quotas for screening people for colon of computer three or four recognized screening and, you know, acute or diabetes meds being kept up to date and things like that. There's some military specific things that that increase the

administrative burden. So I spend a lot of my time, you know, assessing people for their fitness for continued service on active duty. And that's that is an additional layer of of clinical assessment that you don't really see in a civilian segment. So, you know, a guy who has ulcerative colitis, for example, or Crohn's disease in the civilian world, you know, we treat and we work on him, you know, we keep him going.

Dr. Lacy [00:14:59] But, you know, I can't I can't put a guy on, you know, and immuno and an immune system suppressing medication for Crohn's disease and then send him in Afghanistan where there's tuberculosis and hepatitis B. Oh, yeah. Other kinds of infection. So so that that definitely introduces a layer of administration.

Kelley [00:15:23] Yeah. So what do you do with those complicated type patients?

Dr. Lacy [00:15:25] Because you don't want to put them at risk. Understanding. You know, you know, they're active duty and the responsibilities that they have, but you need to treat them. So that's got to be kind of complicated as a physician kind of navigating those waters.

Dr. Lacy [00:15:38] It is. Well, I'll tell you, the hardest conversations that I ever have in my day-To-Day practice. The number one hardest conversation is telling patients, they have cancer or some kind of other terminal illness. But, you know, definitely another very, very hard conversation is when I have to tell a young man or young woman that they have a condition that isn't compatible with active duty service and that we'll continue treating them as best we can and get their disease under control. And once we get them stable, you know, we have to file the administrative paperwork to undergo a medical separation because they're just not able to continue serving on active duty. And for some of these guys, you know, they've they've they've been looking to this as their career for a long time. And they've got, you know, multiple generations of prior Marines or prior Navy Service people. They you know, they they want to try to live up to the family legacy and trying to have that conversations. It's just challenging.

Kelley [00:16:37] That's heartbreaking. I can't even imagine. Definitely. So do these patients. Do they stay in kind of the military medical system or do you refer those patients out to other specialists outside of the military?

Dr. Lacy [00:16:51] So for the active duty folks, we work very, very hard to keep all the active duty folks here and provide service to them. And, you know, being the soldier gastroenterologist here, for example, we don't have the capacity that we would if we were a big group of 10 docs or something. So so a lot of our retirees go out in town. But we work very hard to keep the the active duty folks and their dependents here, for sure. And then if they if they undergo a medical separation for something that's not compatible with the active duty service, then most of the time they end up going back to their hometown or they go back to because the family. So a lot of times they don't stay here. But the ones that do, we certainly keep seeing them here.

Kelley [00:17:34] Oh, wow. So that kind of leads me into something. So I did a lot of physician liaison marketing, obviously growing referrals and meeting with physicians. Do you have any advice for maybe physician liaisons considering to meet with someone like yourself to talk about kind of that continued care?

Dr. Lacy [00:17:49] Unfortunately, for those military members that are no longer going to be in kind of the military medical circle and how to navigate those referrals to specialists outside.

Dr. Lacy [00:18:00] Yeah. So what's the first thing I'll say is that is it? You know, we want to talk about the active duty side and if we talk about the V.A., because there's a little bit different. So on the active duty side, probably about seven or eight years ago when I was an intern or resident, they the military really clamped down hard on the level of interaction that pharmaceutical reps. And, you know, health care industry representatives can have with the with the physicians. So getting connected is a lot harder than it used to be. And I think there's some good things about that. But I think there's some there's some real downsides to that, too. So. So, for example, you know, there's you know, you're not allowed to have, for example, you know, drug reps can't bring lunches and or can't bring, you know, free pens and that.

Dr. Lacy [00:18:56] Yeah. So. There are some there's some tools that you would otherwise have at your disposal that are not going to be allowed on active duty military bases anymore. So that's that is that is a bit of a challenge. I would say one of the things that is one of things that would be, I think good for your liaisons to keep in mind is that by and large, we we are not beholden to any kind of, you know, salary changes or

pay this and that. And it's it really frees us up to focus solely on our primary mission of taking care of our patients. So, you know, the the best way to get connected with physicians is going to be to find ways to make their ability to care for their patients more efficient or to make it more effective. That's gonna be the best thing. So if you can come at it from a value perspective, you know, you know how you can help make my job easier.

Kelley [00:19:54] That's definitely a conversation I'm going to be willing to have.

Kelley [00:19:58] I hope you hear that, liaisons. We talk about bringing real value for our referring physicians. And you heard it right here. Dr. Lacey's talking about how to really create value for him during our referral process or how he's gonna be able to recognize that pretty quickly. So that's really good advice. I know a lot of them out there are going to really appreciate that. But it's also user we're talking to. I mean, what about V.A. clinics? We have a totally different environment when we're talking about our veterans.

Dr. Lacy [00:20:25] And yeah, you have a lot, you know, information that you can help us not only liaisons on onsite, but on the physician side and how we kind of incorporate that with today's health care.

Dr. Lacy [00:20:36] Yeah. So. So the V.A. system is is unique. There's there's two sort of a subset of V.A. hospitals and V.A. clinics. One is the V.A., the V.A. hospitals, probably the bigger VA hospitals that are connected to an academic medical center of some kind. So, for example, I trained at the University of Texas in San Antonio for for my medical school and the two big hospitals that we were affiliated with as the university hospital, which is basically the big county hospital. And then the V.A., the Audie Murphy V.A. out there. So huge, huge V.A. hospital. And then the other subset of folks of clinics that you'll see will be. You're not not standalone, but sort of isolated V.A. clinics that are not connected to an academic medical center. So for the ones that are connected to the big the big medical schools and the big tertiary referral centers, you know, it's it's gonna be a little bit different. But but I would say the biggest thing that the biggest thing to keep in mind with the V.A. is that it is a tremendously large bureaucracy. So, you know, the just like just like with the laws of physics, you an object at rest tends to stay around.

Dr. Lacy [00:21:54] The V.A. is a big object and it takes a lot to get things moving sometimes once you get in. Once you get connected, you know, the docs that work there are awesome. You know, they the work there are awesome. Know your your ability to interact with with these patients that have been, you know, our service members for 50 years is just great. It's getting in the door. That's hard.

Kelley [00:22:19] I know I've had limited experience, but it is a totally different world for sure.

Dr. Lacy [00:22:25] Yeah. And you're probably gonna have the most success. I'm not going to the physicians directly necessarily, because by and large, you know, the physicians are just super busy. I mean, they're just going 90 to nothing all day long. I remember when I was a 30 year medical student, I was on my rotation in vascular surgery and we legitimately would have 100 hundred to one hundred and twenty five patients a day in our clinic that are being seen by one vascular surgeon, three residents and four students or something.

Kelley [00:23:01] Oh, my goodness.

Dr. Lacy [00:23:02] So, I mean, we're just going 90 to nothing all day long, though, the idea of breaking away for even a 30 minute visit. That's just that's just not going to happen.

Kelley [00:23:11] I mean, yeah, especially for someone who's not a physician. Right. Yeah.

Dr. Lacy [00:23:15] So what I would what I would propose is that you would you would find more success, which is kind of getting through a gatekeeper or so a practice manager or, you know, a clinical nurse supervisor, someone like that, someone who's in a position of authority and leadership, who you can offer value to the physicians and to the nurses in that clinic. But you know, that way, when it's when it gets actually brought to the physician's attention that's coming through a it's coming through a trusted source, nothing leaves and aren't trusted. But, you know, they're they're coming in from the outside. And frankly, we're naturally going to be wary of outsiders. So.

Kelley [00:23:58] Well, that's that is excellent advice because I know I really haven't been able to connect with any V.A. physicians or V.A. Physician liaison, but it sounds like there's a good opportunity to kind of help and create that support system and just kind of navigating the most successful and efficient way to do it without kind of taking up that super limited time that these physicians have. But as we talk about it and we did talk a little bit about this, but I wanted to know. A little bit about the psychology behind active military and V.A. and, you know, the opportunity for other physicians around. And what is your opinion on this?

Dr. Lacy [00:24:40] So, you know, by and large, we're very mission oriented in the military, and I think the V.A. sees this a lot as well. But we're we're we're very. We're very focused on the mission of taking care of patients. We're not we're not really burdened by worrying about business, you know, overhead or business expenses or are we going to make payroll this month and things like that that, you know, you're really you're really seeing.

Kelley [00:25:10] So that's a good day.

Dr. Lacy [00:25:11] Yeah, but but it allows us to be single minded of purpose. And so all of all that we really think about day to day is how can I make my processes more efficient? Talking I see more patients. How can I take care of my patients more effectively? We also tend to be fiercely protective of our time and of our staff and of our of our resources. So like I said, there's a there's a real esprit de corps, a real camaraderie. But, you know, when you're, you know, kind of huddled in a foxhole together, it tends to create an us versus the outside world sort of mentality. So breaking into that can be challenging. So the thing I would say that's that would be the number one turnoff for someone coming in is someone who's coming in to sell me on something. Right. I don't ever want to hear a sales pitch.

Kelley [00:26:02] I don't ever want hear you. Well, I can bring you. Oh, my goodness. Drives me crazy.

Dr. Lacy [00:26:08] Does you know if someone comes in, I'll give you an example. So someone comes in and says, you know, I was working with a drug rehab not too long ago that said, it was telling me that one of our two big medications that we use to treat

Crohn's disease, they come out with a new formulation of the medication. There was no additional cost.

Dr. Lacy [00:26:27] And had it eliminated one of the preservative agents that they used to use and had basically made the injection medication pain free.

Kelley [00:26:37] Ok. Well, that's that's something that I'm interested in. You're telling me that I got I got medications and I can tell a patient is not even going to hurt anymore. Tell me more.

Dr. Lacy [00:26:47] Right. Something that's going to actually provide value for your patients.

Kelley [00:26:51] Right. I mean, have that conversation every day of the week.

Dr. Lacy [00:26:53] Right. My brother, he's a surgeon as well. And he always said what bothers him most about people coming in a cell is he doesn't appreciate when someone tells them, tells him how to treat his patients without a medical degree. And I think that's neat. And he's kind of a butt about it. But he always says, you know, that's the worst part. When someone's coming in and pushing sales, it's just, you know, there's value, like you said. How is it going to help or value my patients? Verse kind of. You know, this is what you need right now and why it's better. And you must use that kind of attitude, which I think I teach my physician liaison. Make sure you're not selling, promoting or advertising when they're in front of physicians like yourself and wasting that super limited time. You get to talk with a physician away from clinic, away from patients to sell promotor, advertise when we really need to talk about like exactly what you said values and creating valuable processes that you're going to actually care about.

Kelley [00:27:52] Well, I think that's we're talking to the clinical practice manager or a clinical nurse supervisor or or a CEO type person can be really valuable. Is is asking, you know, what are the what are the pain points? Because I'll tell you what. As physicians, we will be happy to pass complaints up the chain of command if we've got something that is preventing us from caring for our patients sufficiently. So I guarantee you that the people that are in charge of running the day to day operations of the clinic are going to know all the pain points. And so, you know, trying to get that information from those folks and then coming up with solutions, say, oh, you know what? I've got a

fix for that. We've got the same problem as three other clinics. And here's what we didn't. It totally works.

Dr. Lacy [00:28:36] Yeah. That's a big difference. Well, Dr. Lacey, I want to say first, this is coming right off Veterans Day. And we are so appreciative of your service and all active military and veterans out there. And I think it's something super important that we talk about and we don't talk about enough in health care. And kind of my favorite part about having you on today is there's big differences, but there's a lot of similarities. And it's really, really important we talk about this. And I know I have a lot of physicians listening today and I want to know kind of what advice you have for them and how you can help them and what you're doing. And I see that we can also there's some free resources you provide. So tell us a little bit about that.

Kelley [00:29:20] Sure. Well, the two pieces of advice that I always give to my residents and my students is, you know, with regard to trying to avoid burnout and deal with, you know, to sort of the day to day grind of medicine. Number one is do what you can to get out of debt as quickly as possible. Right. Live like a student. Live like a resident. Live beneath your means. You know, I might. The cars that I drive are 10 years old and they they're paid for. That is really. OK. You know, that that is that is huge. Do what you can to eliminate debt from yourself, I'll tell you what. You know, if you if you walk outside to if you walk outside in your backyard, when your house is paid for, the grass feels different under your feet, it feels nicer.

Dr. Lacy [00:30:11] I'm sure. No. But that is really, really true. I mean, you you're invested so much more, especially when you know that there's not this looming debt or terrible financial decisions. So I think that's right.

Dr. Lacy [00:30:22] And the other thing the other thing that I've been really trying to coach folks on is the idea that, you know, that this this word burnout needs to be a mantle that we claim for ourselves.

Dr. Lacy [00:30:34] I think we really need to get out of that habit. I see posts all the time on social media to understand burnout. And, you know, we're yeah, we're victims of our society. And, you know, we're you know, the oppressors are coming for us. Things like that.

Dr. Lacy [00:30:48] And there's there's some validity to those points. But I think if we internalize that and say, well, yeah, I am a victim, the other system stacked against me, then we just we just kind of give up. Right.

Dr. Lacy [00:30:59] And, you know, the thing I encourage folks about is, you know, we're not we're not victims. We're not pawns of the system. I mean, if you if you really feel that way, if you really feel like there's, you know, things laying you down to get involved, you know, pass your concerns to your to your superiors, you know, get involved in committees, get you know, get people talking about things, make a difference.

Dr. Lacy [00:31:22] Don't don't sit there and, you know, clean that burn out is crushing you and then just don't do anything about it. You know, take control. I mean, we we need to I think as physicians really reclaim the authority over this area of burnout and say, you know what? This is what we need. We need support. We need help. We need to be able to take care of our patients better.

Kelley [00:31:45] I love that. That is such a good point. I mean, sometimes physicians are so burned out to take care of burnout. But no, that's really true. Kind of create a good community. I know where are the physicians can be exhausted and overwhelmed. Both have to do something about it. You've got to take yourself out of that mindset, find a support group, find resources. And that was just such an important point. I think that's really, really, really something that isn't talked about enough. We talk about physician burnout, like you said, and how it can happen. But, you know, what are we doing about it as far as taking care and taking back control?

Kelley [00:32:19] Know in part. You know, I. And we all need to do that for ourselves.

Dr. Lacy [00:32:23] And some you know, some folks need some extra help. And that's why that's why I started my Web site, the scope of practice. You know, I'm a bit of a nerd.

Dr. Lacy [00:32:31] It's just the scope of practice.

Dr. Lacy [00:32:35] It's a place where people can go to learn how to manage their businesses effectively and master their personal finances. And people want to connect it. [www.thescopeofpractice.com](http://www.thescopeofpractice.com) and there's a ton of great free resources on there. There's a there's a free e-book that I wrote that is available on the front page for your listeners. They can sign up and get their downloaded free for nothing.

Dr. Lacy [00:33:00] A great primer on how to manage student loans. Nine hacks to make your clinical efficiency increase immediately. So it's really practical, actionable stuff that will help catapult people to the next level.

Kelley [00:33:17] Absolutely. So you heard that case. It is the practice scope, a dot com and there's three resources free there. So there's absolutely no excuse for you not to check that out and implement some of those strategies. But Dr. Lacey is also pretty active on LinkedIn. So make sure you guys connect with him on Facebook and LinkedIn and any other social media sites where they can connect with you.

Dr. Lacy [00:33:41] So, yeah, primarily on on Facebook and LinkedIn. So if you search the scope of practice anywhere there or just go to the scope of practice dot com. There'll be lots of great information for you. And you can always contact me through any of those sites.

Kelley [00:33:56] Absolutely. Well, thank you so much for joining me today. That was really fun. And it was great to have a totally different perspective. I love bringing in the military. We need to talk about it. And you guys, we need to always show our support and our gratitude for all that you guys to active service and veterans. And we couldn't appreciate more. And for the service you provide to your patients as well, that is really important. Who's taking care of our military? And we couldn't thank you more.

Dr. Lacy [00:34:24] Well, thanks for your support. Thank you so much.

Get in Touch with Dr. Lacy

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Thanks for listening. Kelley Knott

