

# Late Night With Chip & Paulie

Episode #13

Thursday January 19, 2022 @ 8:00PM(ET)

3



Santi Castaneda

Warwick Capital Partners

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4

# Last Webinar

Jesse Hackell, MD

Succession Planning

Retirement Planning

[Watch and download deck here!](#)

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# Agenda

- This Week's Focus
- Data Nerd Report
- News Round Up
- Santi Castaneda

# Whoops, Our Bad!

We accidentally timed tonight's webinar to conflict with the AAP's SOAPM webinar. Our fault.

- SKB is looking for PRF Reporting - Phase 4 Guide playtesters.  
[sberman@plateaupediatrics.com](mailto:sberman@plateaupediatrics.com)
- If UHC is no longer paying the increased rates for COVID testing per their agreement, please [submit a Hassle Factor Form immediately](#).

# Focus For The Week...



YOU WOULDN'T  
LET THIS  
HAPPEN TO YOUR  
PHONE. DON'T  
LET THIS  
HAPPEN TO YOU  
EITHER. *Self care  
is a priority, not  
a luxury.*

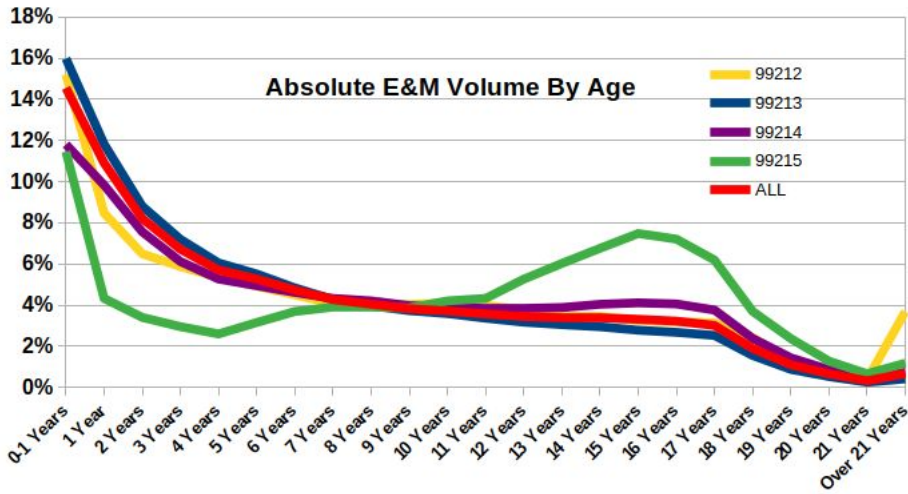
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## When you look at a problem...

## Consider the consequences or opportunities

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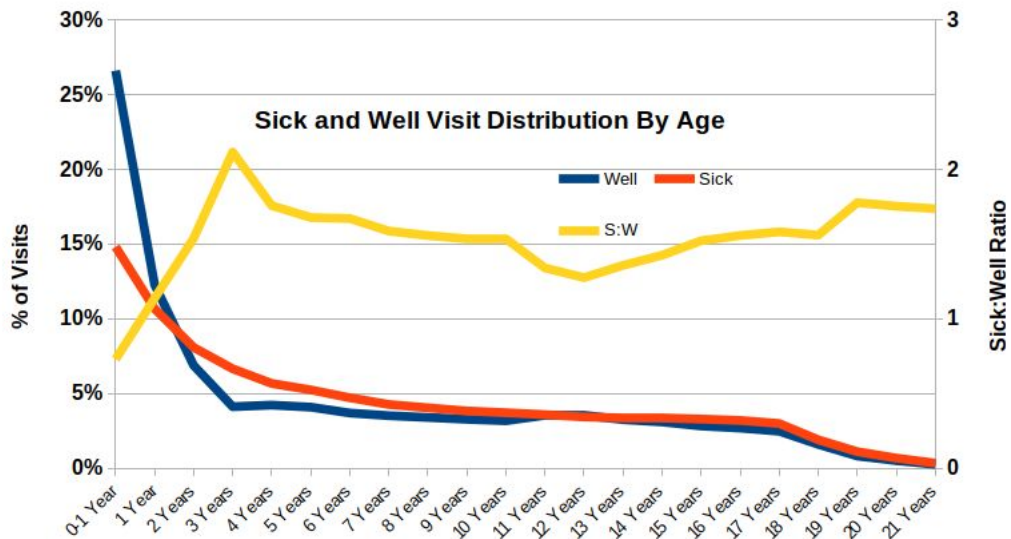
# Latest Data From The Data NERDS



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# Latest Data From The Data NERDS



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# Latest Data From The Data NERDS

11

Copy of Free 2023 RVU Calculator

File Edit View Insert Format Data Tools Extensions Help Last edit: 11/15/2022 10:00:00 AM

100% 123- Annual 12

**PCC** Pediatric EHR Solutions

Build-Your-Own RVU Calculator for 2023  
 Instructions at <http://cf3psblog.pcc.com/free-2023-rvu-calculator>  
 v1.0 Updated 12/23/22

Medicare Multiplier: 100%  
 Medicare Factor: [To be calculated]  
 Practice FACF: [To be calculated]  
 Payment FACF: [To be calculated]

GPCC Location: National  
 Work GPCC: 1  
 PE GPCC: 1  
 MP GPCC: 1

Enter CPT Codes Below	Your Units	Your Price	Your Payment	Description	Status Code	Work RVU	Non-Fac PE RVU	MP RVU	Total RVUs	Medicare Rate	CPT Price at 100%	Medicare Relative Price	Your Paym Relati To Medica
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[bit.ly/2023RVUCalculator](http://bit.ly/2023RVUCalculator)

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12

## PMI Conference 2023

- First weekend in February
- Virtual options still available (Livestream & On-Demand Access)

**2023 Pediatric Practice Management Conference**  
 Houston, TX

**SOLD OUT**



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## 2023 PMI Conference

Download our official app:



Scan QR Code



Scan the QR code to download the app

<https://bit.ly/pmi2023instructions>

*Will ask for your email address...look for receipt from RSVPify.com*

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## PMI Conference Airport Options

### Bush / IAH - 27 Miles

Construction a nightmare...huge impact on ridesharing

- United
- Delta
- American Airlines
- Spirit
- Southwest (Limited)
- JetBlue
- Frontier
- Several Others...

•

### Hobby - 16 miles

- Southwest
- Delta
- American Airlines
- Frontier
- Allegiant

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Dust off your '70's attire and celebrate the PMI conference weekend with a silent disco.

Hors d'oeuvres, beer, and wine are included in the pricing.  
Cash bar will be available for mixed drinks.

Venue: On-site in the Discovery Ballroom @ Royal Sonesta Hotel

Saturday February 4, 2023 (8:00PM to Midnight)

Price: \$49.99 Register Via PMI Conference Registration Website

Thursday February 2, 2023		
4:30PM	Registration Opens	Grab Your Badge & Check In For The Weekend
5:30PM	Cocktail Party	SOAPM / PPMA Welcome Reception
Friday February 3, 2023		
6:30AM	Breakfast	Continental Breakfast Provided To All Attendees
8:15AM	Chip Hart & Paulie Vanchiere	Conference Welcome & Opening
8:30AM	Sue Kressly	The Key Ingredient to Practice Success: It May Surprise You
9:30AM	Jesse Hackell & Herschel Leslin	Medical Mal Practice Issues In Pediatrics
10:30AM	Morning Break	Snacks & Beverages Provided In Exhibit Area
11:00AM	Break Out Session #1	See Top Right For Details
12:00PM	Lunch	Buffer Luncheon Provided To All Attendees (MedMal Panel)
1:30PM	The Reach Institute	Billing For Mental Health Services
2:30PM	Nancy Spector	Moving the Needle: Mentorship, Sponsorship and Allyship
3:30PM	Afternoon Break	Snacks & Beverages Provided In Exhibit Area
4:00PM	Chip Hart	Boaring Tigers & Flaming Hoops
5:00PM	Cocktail Party	Drinks And Hors d'oeuvres For All Attendees

Saturday February 4, 2023		
6:30AM	Breakfast	Continental Breakfast Provided To All Attendees
8:00AM	Suzy McNulty	Adolescent Mental Health In Your Practice Makes Sense
9:00AM	Breakout Session #2	See Top Right For Details
10:00AM	Morning Break	Snacks & Beverages Provided In Exhibit Area
10:30AM	Breakout Session #3	See Top Right For Details
11:30AM	Lunch	Buffer Luncheon Provided To All Attendees
12:30PM	Susanne Madden	Sell, Merge, or Pass Along? How To Best Evaluate Your Options
1:30PM	Natasha Burger	Same Players, New Game?: How The Pandemic Has Changed Exam Room Conversations And Patient Expectations
2:30PM	Afternoon Break	Snacks & Beverages Provided In Exhibit Area
3:00PM	Chip Hart & Paulie Vanchiere	Most Common Issues Seen In Pediatric Practices
4:00PM	Panel Discussion	All faculty available for Q&A

**BREAKOUT SESSIONS**

BREAK OUT SESSION 1 (FRIDAY @ 11:00AM)		
Founders I & II	Jill Wenskytis	Leading through Change and Progressive Discipline
Founders III & IV	Richard Lander	Spent A Day Coding With A Pediatrician
Ballroom	Heidi Chamberlin	A Practical Guide on Auditing Your Billing Department
BREAK OUT SESSION 2 (SATURDAY @ 9:00AM)		
Founders I & II	Nola Ernest	Your Pediatric Practice: A Tool for Change
Founders III & IV	Brandon Betancourt	Are Your Burnt Out On Burnout?
Ballroom	Suzanne Berman	Pediatrics Test Kitchen: Recipes for Insurance Wins
BREAK OUT SESSION 3 (SATURDAY @ 10:30AM)		
Founders I & II	Katrina Skinner	The Art Of Delegating
Founders III & IV	Rebecca Lamb	Proactively Manage Your Insurance A/R and Conger Common Denials
Ballroom	Jan Blanchard	2023 Coding Updates

**PRE-CONFERENCE SESSIONS**

(FEBRUARY 2, 2023) SUBJECT TO ADDITIONAL FEES

PRACTICE MANAGEMENT 101 PRE-CONFERENCE (FOUNDERS I & II)		
1:00PM	Lynne Gratton	Front Desk Best Practices
2:00PM	Paulie Vanchiere	Compensation Models For Pediatric Practices
3:00PM	Break	Refreshments Provided To Pre-Conference Attendees
3:30PM	Tim Proctor	Do Your Own Financial Analysis
4:30PM	Alicia Vaughn	Essential Key Performance Indicators For Your Practice
MARKETING PRE-CONFERENCE (FOUNDERS III & IV)		
1:00PM	Nola Ernest	Self-Promotion For Marketing Success
2:00PM	Dan Feiten	Using Analytics To Guide Your Marketing Strategy
3:00PM	Break	Refreshments Provided To Pre-Conference Attendees
3:30PM	Dan Feiten	5 Digital Tools For Marketing Success
4:30PM	Nicole Bakwin & Todd Wolynn	Responding To Social Media Attacks
SUPERGROUP PRE-CONFERENCE (LEGENDS BALLROOM)		
1:00PM	Susanne Madden	The Role Of Supergroups In The Future Of Pediatrics
2:00PM	Susan Sirota	Lessons learned from the field
3:00PM	Break	Refreshments Provided To Pre-Conference Attendees
3:30PM	Mark Weissman & Terry Lindquist	CI's- What Works For Pediatricians
4:30PM		Panel Discussion
THE REACH INSTITUTE PRE-CONFERENCE (CHAMPIONS I & II)		
1:00PM		Anxiety Assessment - Tools and Skill-Building
2:20PM		Treatment Of Anxiety
2:30PM	Eugene Hershorn, Peter Jensen & Lisa Khan	Refreshments Provided To Pre-Conference Attendees
3:15PM		Coding Mental Health Visits
3:45PM		Changing Practice Operations To Maximize Coding Payments
4:15PM		Q&A Session

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# Pre Conference Sessions for 2023

- **Practice Management**

- Front Desk Best Practices (Lynne Gratton)
- Compensation Models For Pediatric Practices (Paulie Vanchiere)
- Do Your Own Financials (Tim Proctor)
- Essential KPI's For Pediatric Practices (Vaughn)

- **Marketing**

- Self-Promotion For Marketing (Lynn)
- Responding To Social Media
- Effective Tools For Marketing

- **Supergroups**

- The Role Of Supergroups In Pediatrics (Susanne Madden)
- Lessons Learned From The Field (Susan Sirota)
- CIN's- What Works For Pediatricians (Weissman & Lindquist)
- Panel/Group Discussion

- **The Reach Institute**

- Lisa Khan, Eugene Hershoren & Peter Jensen

**PM, Marketing, & Supergroups  
Included With Livestream &  
On-Demand**



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[www.TheREACHInstitute.org](http://www.TheREACHInstitute.org)

# PCC User's Conference 2023

July 11-14, Burlington, VT



<https://www.pcc.com/uc-2023/>

[Last year's conference is all there for free...](#)

[www.PediatricSupport.com](http://www.PediatricSupport.com)





# What's On The Pediatric Practice Management Calendar?

January 19, 2023  
Paulie and Chip Late Show Webinar

- Coding Patterns (Q)
- Google/Apple Check (Q)
- WWW site management (M)
- Performance Measure Review (Q)
- Patient Cleanup (Q)

[bit.ly/PediatricPracticeManagementCalendar](https://bit.ly/PediatricPracticeManagementCalendar)

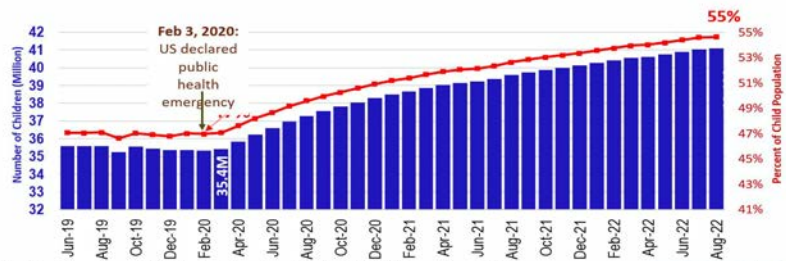
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# News Round Up

## Medicaid/CHIP Child Enrollment Trend June 2019 – August 2022

Number and Percent of US Children Enrolled in Medicaid/CHIP Before and Since the COVID-19 Pandemic



Note: Arizona did not submit any child data throughout the reporting period and is not included in this report. August 2022 data is preliminary. Source: AAP analysis of data submitted by states to CMS released through the Medicaid and the Children's Health Insurance Program (CHIP) Performance Indicator Project. American Academy of Pediatrics

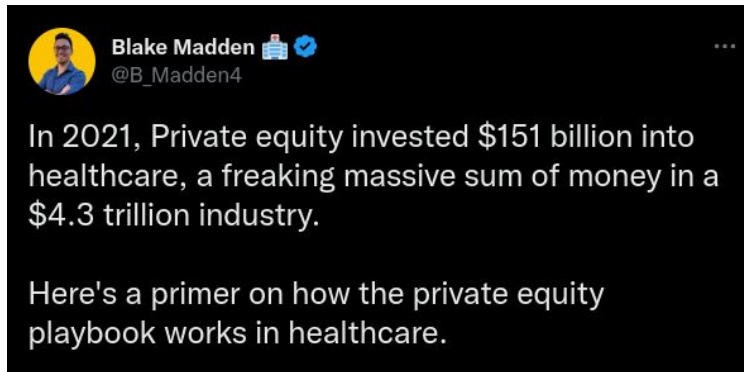
“The omnibus bill makes permanent a policy the AAP has long supported: children enrolled in Medicaid and CHIP should have continuous eligibility year-round...”

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# News Round Up

21



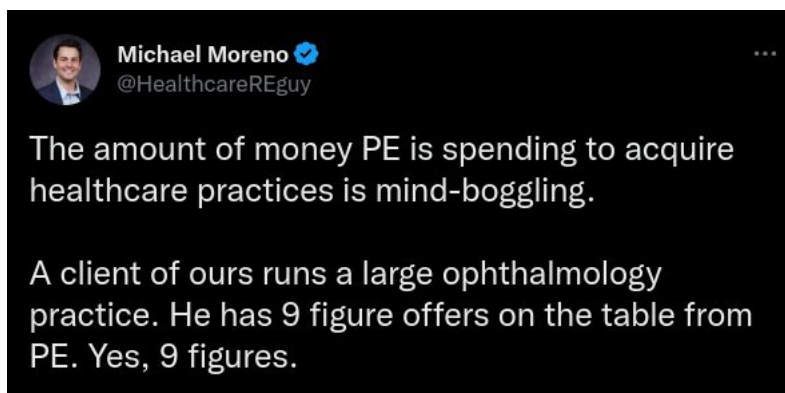
[https://twitter.com/b\\_madden4/status/1615699280282669058?s=42&t=FI2jsuic6zx0krqPFcH02A](https://twitter.com/b_madden4/status/1615699280282669058?s=42&t=FI2jsuic6zx0krqPFcH02A)

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# News Round Up

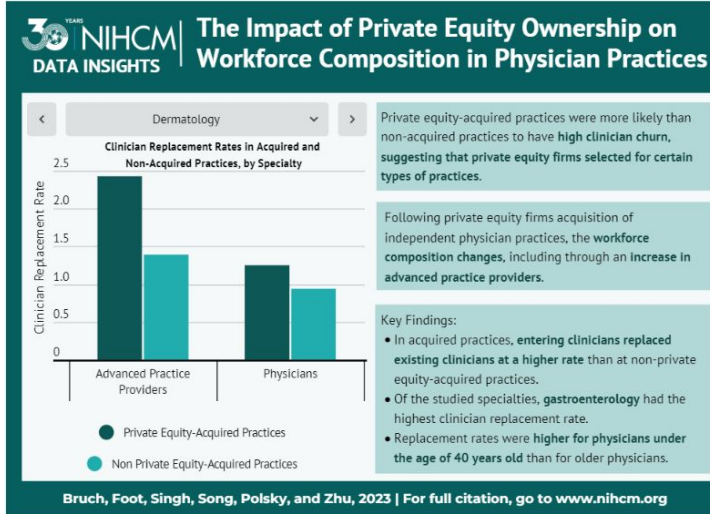
22



<https://twitter.com/HealthcareREguy/status/1615162844466786305>

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## Synopsis

New research found that when private equity firms acquire independent physician practices, the workforce composition changes, including through an increase in advanced practice providers. Private equity firms' involvement in the health care market is increasing across the US, yet very little has been known about the implications on the workforce. Varying state policies on private equity investment may offer greater opportunities for private equity firms, impacting the workforce, competition, pricing, and utilization of care within a local health care market.

# News Round Up

## Examiner Probe Uncovers 'Restrictive' Employment Contract at Optum; Veteran CareMount Doctors Feel 'Trapped'

January 15, 2023 | Adam Stone

<https://www.theexaminernews.com/examiner-probe-uncovers-restrictive-employment-contract-at-optum-veteran-caremount-doctors-feel-trapped/>

**FTC proposes ban on employee noncompete clauses**

ALEX KACIK

TWEET SHARE SHARE EMAIL

REPRINTS



The proposed ban on noncompete agreements is one element of the **FTC's broader strategy to limit anticompetitive activity in healthcare** and other industries.

The proposed rule would apply to independent contractors and anyone who works for an employer, whether paid or unpaid. It would generally not apply to other employment restrictions, such as nondisclosure agreements, unless they are so broad they function as de facto noncompete provisions.

Home > Provider Relief > Reporting & Auditing

- Reporting & Auditing Overview
- Late Reporting Requests
- How to Report
- Important Dates
- Nursing Home Infection Control
- Allowable Expenses
- Resources
- Audit Requirements
- Frequently Asked Questions

## Reporting & Auditing

### Reporting Period 4

The [Provider Relief Fund \(PRF\) Reporting Portal](#) is now open for Reporting Period 4 (RP4). Providers who received a PRF (General or Targeted) and/or American Rescue Plan Rural payment(s), exceeding \$10,000 in the aggregate, from July 1, 2021 to December 31, 2021 are required to report on their use of funds during RP4. The deadline to submit a report is March 31, 2023, at 11:59 p.m. ET.

### Program Update

OPINION | COMMENTARY [Follow](#)

**The FDA Wants to Interfere in the Practice of Medicine**

A little-noticed provision of the omnibus spending bill could give the agency power to ban off-label use of approved therapies.

By Joel Zinberg  
Jan. 12, 2023 6:49 pm ET



Physicians routinely prescribe drugs and employ medical devices that are approved and labeled by the Food and Drug Administration for a particular use. Yet sometimes physicians discern other beneficial uses for these technologies, which they prescribe for their patients without specific official sanction.

*The statute gives the FDA the power, without any public input, to prevent patients' access to offlabel therapies even though their physicians and their patients have found the treatments to be beneficial or even essential.*

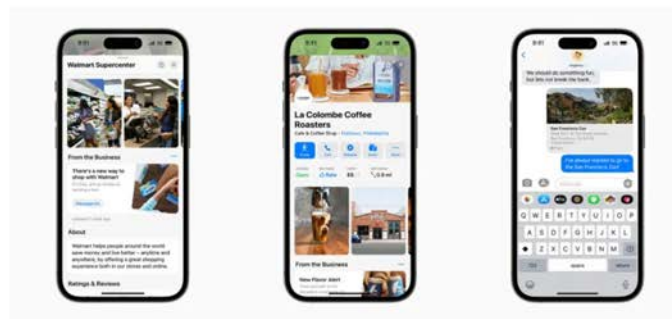
Examples abound. Erythromycin, a common antibiotic labeled for use in infectious diseases, is widely used off label to increase stomach motility and tolerance of oral feeding. Clinical use followed by randomized controlled trials established the off-label use of tricyclic antidepressants such as nortriptyline and desipramine as first-line treatments of neuropathic pain. Other antidepressants, such as amitriptyline and trazodone, are prescribed off label as sleep aids. Rituximab, a lymphoma drug, is used off label to treat a benign disorder, immune thrombocytopenia.

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**Apple finally lets businesses customize their listings in Maps**

The info will also appear in Messages, Siri and Wallet.



Apple

Jon Fingas | @jonfingas | January 11, 2023 12:15 PM

Apple Business Connect tool that lets any firm customize its location cards in apps like Maps, Messages, Siri and Wallet. They can add their own imagery, invite actions in other apps (such as booking a restaurant through OpenTable) or showcase the latest promos.

Apple will verify businesses before it gives control over a location card, but shops only have to use an Apple ID to sign up.

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### 39 hospitals with the most ED visits

Mackenzie Bean (Twitter) - Updated Tuesday, January 10th, 2023



Parkland Health and Hospital System in Dallas reported the most emergency department visits in 2021, according to figures compiled by Becker's.

Totals represent the number of emergency department visits tallied for a single facility, rather than total ED visits for a whole health system.

Figures were self-reported to Becker's by individual hospitals. The most recent past version of this list was published in 2020, looking at ED visits for 2019. A comparison of the two suggests ED visits are still down from 2019 levels amid the pandemic.

Reporting periods represent either calendar year or fiscal year 2021. Hospitals reporting figures based on a fiscal year are denoted with an asterisk. Start and end dates for the fiscal year may vary by hospital.

This is not an exhaustive list. If you have an addition or an update for this list, please contact Mackenzie Bean at [mbean@beckershealthcare.com](mailto:mbean@beckershealthcare.com).

1. Parkland Health and Hospital System (Dallas) — 210,152\*
2. Lakeland (Fla.) Regional Health Medical Center — 190,581\*
3. NYC Health + Hospitals/Lincoln (New York City) — 164,979
4. Grady Memorial Hospital (Atlanta) — 160,027
5. St. Joseph's University Medical Center (Paterson, N.J.) — 150,615
6. Texas Health Harris Methodist Hospital Fort Worth

1. Parkland Health and Hospital System	Dallas, TX	210,152
2. Lakeland	Lakeland, FL	190,581
3. NYC Health + Hospitals/Lincoln	NYC	164,979
4. Grady Memorial Hospital	Atlanta, GA	160,027
5. St. Joseph's University Medical Center	Paterson, NJ	150,615
6. Texas Health Harris Methodist Hospital	Fort Worth	142,330
7. Multicare Good Samaritan Hospital	Puyallup, WA	140,377
8. Los Angeles County + USC Medical Center	Los Angeles	136,161
9. UCHealth University of Colorado Hospital	Aurora, CO	132,160
10. Antelope Valley Hospital	Lancaster, CA	130,659
11. Yale New Haven	New Haven, CT	130,353
12. WakeMed Raleigh	Raleigh, NC	127,059
13. Boston Medical Center	Boston	120,811
14. Cape Fear Valley Medical Center	Fayetteville, NC	119,774
15. Montefiore Medical Center-Moses Campus	NYC	119,443
16. John Peter Smith Hospital	Fort Worth, TX	117,956
17. Wellstar Kennestone Hospital	Marietta, GA	114,925
18. Banner Desert Medical Center	Mesa, AZ	117,004
19. UCHealth Memorial Hospital Central	Colorado Springs, CO	114,956
20. SSM Health St. Anthony Hospital-Oklahoma City	Oklahoma City	111,577
21. NYC Health + Hospitals/Kings County	NYC	111,427
22. Beaumont Hospital, Royal Oak	Royal Oak, MI	110,259
23. University Health Hospital	San Antonio, TX	110,034
24. Baystate Medical Center	Springfield, MA	105,871
25. University of Michigan Health - Ann Arbor	An Arbor, MI	105,730
		3,295,220

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Social Security
ESPAÑOL ACCOUNT MENU

#### Contribution And Benefit Base

**Automatic Determinations** Social Security's Old-Age, Survivors, and Disability Insurance (OASDI) program limits the amount of earnings subject to taxation for a given year. The same annual limit also applies when those earnings are used in a benefit computation. This limit changes each year with changes in the national average wage index. We call this annual limit the contribution and benefit base. This amount is also commonly referred to as the taxable maximum. For earnings in 2023, this base is **\$160,200**.

**Cost-of-Living Adjustment**

**Tax data**

**Wage-indexed amounts**

The OASDI tax rate for wages paid in 2023 is set by statute at 6.2 percent for employees and employers, each. Thus, an individual with wages equal to or larger than \$160,200 would contribute \$9,932.40 to the OASDI program in 2023, and his or her employer would contribute the same amount. The OASDI tax rate for self-employment income in 2023 is 12.4 percent.

For Medicare's Hospital Insurance (HI) program, the taxable maximum was the same as that for the OASDI program for 1966-1990. Separate HI taxable maximums of \$125,000, \$130,200, and \$135,000 were applicable in 1991-93, respectively. After 1993, there has been no limitation on HI-taxable earnings. Tax rates under the HI program are 1.45 percent for employees and employers, each, and 2.90 percent for self-employed persons.

Year	Amount	Year	Amount	Year	Amount
1937-50	\$3,000	1986	\$42,000	2006	\$94,200
1951-54	3,600	1987	43,800	2007	97,500
1955-58	4,200	1988	45,000	2008	102,000
1959-65	4,800	1989	48,000	2009	106,800
1966-67	6,600	1990	51,300	2010	106,800
1968-71	7,800	1991	53,400	2011	106,800
1972	9,000	1992	55,500	2012	110,100
1973	10,800	1993	57,600	2013	113,700
1974	13,200	1994	60,600	2014	117,000
1975	14,100	1995	61,200	2015	118,500
1976	15,300	1996	62,700	2016	118,500
1977	16,500	1997	65,400	2017	127,200
1978	17,700	1998	68,400	2018	128,400
1979	22,900	1999	72,600	2019	132,900
1980	25,900	2000	76,200	2020	137,700
1981	29,700	2001	80,400	2021	142,800
1982	32,400	2002	84,900	2022	147,000
1983	35,700	2003	87,000	2023	160,200
1984	37,800	2004	87,900		
1985	39,600	2005	90,000		

Note: Amounts for 1937-74 and for 1979-81 were set by statute; all other amounts were determined under automatic adjustment provisions of the Social Security Act.

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# Cash Flow Planning

Goto Forum and search “Cash Flow”

Forum.PediatricSupport.com

Plan Year End Distributions

Home Latest Top Items

COVID 19 Business Impact Webinar #7 - April 30th Register Here. / Is This Forum Helpful? Want To Say Thanks? / PMI's Recent White Paper. / Watch Recent Webinar Now

### Cash Flow Projection Spreadsheet

Finance

Paulie

Many of us know how to plan out cash flow... I thought I'd help everyone get started with this basic spreadsheet... more details during our webinar this evening.

[PMI\\_Cash\\_Flow\\_Planning.xlsx \(43.8 KB\)](#)

"Back Of The Napkin" Cash Flow Calculator						
1	Today's Bank Account Balance	\$	35,000			
2	Outstanding Checks To Clear The Bank	\$	32,000			
3	Credit Card Balances	\$	7,500			
4	Est Available Cash	\$	15,500			
5						
6						
7						
8						
9	Week Of	Estimated Weekly Deposits	Estimated Payroll Expense	Vaccine Invoices Due	All Other Office Expenses	Running Balance
10	3/29/2020	\$ 20,000	\$ 15,000	\$ 5,500	\$ 5,000	\$ 8,500
11	4/5/2020	\$ 20,000	\$ -	\$ 2,500	\$ -	\$ 24,500
12	4/12/2020	\$ 17,500	\$ 15,000	\$ 1,750	\$ 1,500	\$ 23,750
13	4/19/2020	\$ 7,500	\$ -	\$ 1,750	\$ -	\$ 28,000
14	4/26/2020	\$ 7,500	\$ 18,000	\$ 1,500	\$ 3,000	\$ 12,000
15	5/2/2020	\$ 7,500	\$ -	\$ 2,000	\$ 1,500	\$ 16,500
16	5/9/2020	\$ 5,000	\$ 15,000	\$ 2,000	\$ -	\$ 2,500
17	5/17/2020	\$ 5,000	\$ -	\$ 1,750	\$ -	\$ 4,750
18	5/24/2020	\$ 5,000	\$ 15,000	\$ 1,500	\$ -	\$ (8,750)
19	5/31/2020	\$ 5,000	\$ -	\$ 1,200	\$ 5,000	\$ (8,150)
20	6/7/2020	\$ 5,000	\$ 19,000	\$ 900	\$ 1,500	\$ (23,800)

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# Impact Of Private Equity On Pediatrics

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# Chip & Paulie's Ice Cream Shop

34



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# Chip & Paulie's Ice Cream Shop

35

Revenue	\$	400,000
Expenses	\$	(300,000)
Margin/Profit	\$	100,000

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# Chip & Paulie's Ice Cream Shop

36

Margin/Profit	\$ 100,000
Multiple	5
Purchase Price	\$ 500,000

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# Chip & Paulie's Ice Cream Shop

37

- Seller (Chip & Paulie) split \$500k
- Buyer is getting 20% return on their investment if they simply continue the operation as is
  - (*\$100k annual profit / \$500k paid*)

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# Chip & Paulie's Ice Cream Shop

38

- Buyer repeats the cycle and buys the competitor with same revenue/margin
- Make 20% return on that investment too

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# Chip & Paulie's Ice Cream Shop

39

- Reduces milk quality & staff wages because they've cornered the intersection ... reduces cost to increase margin to \$120k for each by reducing expenses, raising prices, or both.

Purchase Price of Chip & Paulie's	\$	500,000	
Purchase Price of Second Shop	\$	500,000	
Total Initial Investments	\$	1,000,000	
Year 1 Margin (2 Shops)	\$	200,000	20%
Year 2 Margin (2 Shops)	\$	240,000	24%
Total Earnings	\$	440,000	

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Wait, there's more...



# Chip & Paulie's Ice Cream Shop

40

- Buyer borrowed \$1mm at 6% interest
- Accumulated \$120,000 in interest costs over 2 years

Year 1 Margin (2 Shops)	\$200,000
Year 2 Margin (2 Shops)	\$240,000
Total Earnings	\$440,000
Cost Of Financing	\$120,000
Margin After Financing	\$320,000

**Actual Return On Cash**

**266%**

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# Chip & Paulie's Ice Cream Shop

41

Why Stop There?!?

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# Chip & Paulie's Ice Cream Shop

42

- Two years later: Buyer flips both ice cream shops:
  - Combined new margin per year (\$240k)
  - Sells for multiple of 5 for \$1,200,000

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Sale Price	\$	1,200,000
Purchase #1	\$	(500,000)
Purchase #2	\$	(500,000)
Financing	\$	(120,000)
Margin Y1	\$	200,000
Margin Y2	\$	240,000
Total Gains	\$	520,000
Cost Of Financing	\$	(120,000)
<b>ROI On Cash Outlay</b>		<b>433%</b>

43

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# Chip & Paulie's Ice Cream Shop

44

Moral of the Story:

ANYTHING with positive, reliable cash flow generates  
“value”...

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1. The general role of  
private equity in  
creating/leveraging  
business opportunities

45

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## 2. How private equity firms identify their investments

## 3. Why private equity firms are investing in medical practices

## 4. Potential conflicts for private equity firms between their obligation to investors and the patients being served

## 5. When private equity partnerships are a reasonable/viable option for a pediatric practice to consider

6. What pediatric practices should be looking at when deciding if such a partnership is right for them.

7. What should pediatricians do to protect themselves?