



EPISODE 72 Telemedicine - A Flexible Way to Stay Clinical

With guest Dr. Chet Tharpe

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello, hello, and welcome back to the Doctor's Crossing Carpe Diem podcast. You are listening to episode number 72. Today we're talking about something you can do from the comfort of your own home that keeps the clinical door open and brings in extra income. This can be particularly helpful when you're considering a transition, but not ready to stop practicing. It can also be a way to have more flexibility in your schedule and work when it works for you.

We're talking about doing telemedicine. Many of you are already familiar with telemedicine in your own practice, thanks especially to COVID. However, there are

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increasing opportunities to do telemedicine aside from an ever-expanding array of interesting companies you can work for.

Our expert guest, Dr. Chet Tharpe has extensive experience doing telemedicine for an impressive variety of companies. In addition to doing telemedicine, he also serves as a consultant to telemedicine companies. Dr. Tharpe did his training in allergy and immunology and practiced in several traditional clinical settings prior to doing telemedicine.

Today, Chet is going to talk to us about the nuts and bolts of doing telemedicine, what kind of companies are out there, how to get started, compensation and other helpful things to know. I am very honored and excited to welcome Dr. Chet Tharpe to the podcast. Hi, Chet.

CT: Hey, how are you? Thank you for having me here. I'm privileged.

HF: Oh my gosh. It's my pleasure. Absolutely. And I'd love to just tell the story of how I found you, is that okay?

CT: Sure, absolutely.

HF: I really wanted to have a guest who didn't just do telemedicine for one company, but had experience with at least a couple. I went on LinkedIn and I put in the search bar, some different telemedicine company names. And then of course I got some results and pretty quickly Chet just popped out at me because he had worked at not one, not two, not three, but over 10 companies. I'm sure it's more than that. You can tell me how many. But I felt like I had found the needle in the haystack I was looking for. But he didn't know me from Adam. So, I sent him a message and reached out and said I was interested in having him on the podcast. Within I think 30 minutes he got back to me and said, yes, give me some details. And here he is. I want to ask you Chet, you didn't have to respond to my message, you didn't have to say yes. What were you thinking when you saw me reach out?

CT: Yeah. I love telemedicine. I love talking to people about it. I love just interacting with other physicians. Since I do telemedicine, I've got my phone with me all the time. If I get

an alert through LinkedIn and if I have a few minutes, which I typically do most of the time, then I can respond and interact. I'm happy that I got your message, I'm happy to be a part of the podcast and share my experiences.

HF: Where would you like to start? Do you want to take us back to the beginning of how you got into telemedicine?

CT: Sure, sure. Yeah. I did my residency in internal medicine fellowship in allergy immunology, and I started my private practice in Florida. I joined a private practice in 2015, and at that time it was just kind of building up. It was building up my patient base and their days that I only saw a few patients here and there. And so, I needed to make some extra money. I had some loans and I Googled telemedicine or Googled other ways for physicians to make supplemental income. Telemedicine popped up. And at that time, Teladoc and Amwell were a few big ones that I latched onto.

This was in 2015 and I just did it during my downtime from private practice and really enjoyed it. It was a great way to see patients. At that time, I was only licensed in Mississippi and Florida. And so, telemedicine was new and I wasn't seeing a lot of patients. When patients would pop up into a virtual waiting room, I was able to see them. And yeah, like I said I really enjoyed it.

I've always been one of those that's had a variety of jobs. I was also doing some hospital shifts on the weekend. I have a few kids. I've had a lot of jobs and just needed to make a little extra money. Telemedicine from the comfort of my home, not going into the hospital, downtime, just seemed like the perfect thing to do and to get involved in.

HF: Yeah, you were one of the earlier adopters and you obviously liked it because you did more of it. And how did you decide to expand the variety of companies that you were working for?

CT: Yeah. I had really great experiences with both Teladoc and Amwell. I just started doing job searches online to see what else was out there. I found these cool gigs with Teladoc and Amwell. And still to this day one of the companies I use for job search is just a free Indeed sort of email blast about telemedicine and virtual opportunities. And so, literally through indeed.com I have found almost all of the gigs that I've done. Some I really

enjoy, some not so much. A lot of it just depends on your comfort level, but that's kind of how I found most. And to this day, I still look at opportunities and evaluate, "Would I like to work for them or collaborate with that company or consult for that company?" That's kind of how I found a lot of them.

HF: For the listeners, are you still practicing clinically in terms of a physical practice where you're seeing patients in person?

CT: I am not. I am not in clinical practice. I actually broke away from clinical practice in July of 2019. I was doing the private practice world, and telemedicine, I just really enjoyed it. I loved the freedom of it. I started doing it on the weekends and then I started having a shortage of patients because I was only licensed in Mississippi and Florida at the time. I started expanding my licensure through the IMLCC, which I believe roughly now you can get close to 30 licenses through the Interstate Medical Licensing Compact.

And as I went through that process and got more state licenses, I saw my virtual waiting room just kind of explode. And I also saw that those Indeed job searches opened up for me because a lot of times these companies will look for someone licensed in a certain state. Or nowadays they're looking to do telemedicine, companies want multi-state licensed physicians.

And so, that just really opened up what I could do and I was able to really make a nice living, not doing the clinic work, and just really focusing on telemedicine and a variety of opportunities and went for it.

HF: You make a really good point, Chet, about how having additional licenses is really helpful. How many licenses do you actually have?

CT: Currently I have 47 state licenses, plus DC. I've got a few more that are still pending to kind of round it all out.

HF: I think that's going to be a Guinness book of world records.

CT: I definitely have four or five colleagues that have all 50. So, I'm striving to be like them.

HF: Oh, well, you should get a medal, some kind of plaque when you get those. Let's do a little Q&A that physicians might have these questions when they're considering telemedicine. A common question that I hear coming up is this discomfort around making decisions when you can't put your hands on the patient, you can't listen with your stethoscope and it feels risky to them.

CT: Depending on what the patient presents with most physicians will agree that the history is probably the most important thing. Obviously, you can get a really good history with telemedicine. And in the physical exam, depending on what the condition is and what is going on with the patient, you could probably get a fairly good physical exam and have a really good idea of what's going on. But if you are unsure, you could absolutely refer patients.

A lot of times when patients reach out for telemedicine, regardless of what the condition is, they just want advice. And so, you do what you're comfortable with. I do not feel at all, and I've never felt like I've had to treat every single patient. And your comfort level far as treating patients via telemedicine without physically touching them, that just grows. That just grows over time. Things will change regarding what you're comfortable with and what you're not.

HF: When a physician starts with a company, do they get some training, some guidance? Is there someone they can ask questions of?

CT: Absolutely. Most companies have protocols of what you treat, what you don't treat in certain parameters regarding the conditions that are treated. For example, some of the big companies will outline acute upper respiratory infections and how these should be treated without antibiotics. We need to try to potentially avoid steroids as much as possible, oral steroids, systemic steroids, as much as possible and what you could prescribe, or maybe refills. Is a two-week refill okay? Or a 30-day refill okay?

That's one reason that patients utilize a lot of telemedicine for refill opportunities because they can't get in, or lately they've been concerned about COVID. You don't want to just willy-nilly send in a year of refills without a patient being examined. But yeah, these companies will have protocols and it gives you a safety net and a guide as to what you do and what you shouldn't do.



HF: Yeah. We tend to like guidelines and we want to practice evidence-based medicine. Now, a physician may be doing something that's in their specialty. They might be family medicine. And so, they're doing a lot of these more urgent care type calls, common things. You've obviously worked for a lot of companies. My guess is that these weren't all allergy and immunology type patients. Can you talk a little bit about a physician doing something that's different from the regular medical scope?

CT: Sure, sure. I started with Teladoc and Amwell, which were classic urgent care companies. And I only saw adults because I'm internal medicine trained. I really enjoyed that and then I learned more about men's health. When you think about men's health, you think about erectile dysfunction, premature ejaculation, and hair loss. And these were things that I did a little bit of in training, but not too much. I got a lot of training.

The first company that I worked for in the men's health space was Roman, an amazing company. They have really great protocols. They taught me a lot. And I learned that if you screen the right patients, you get the right history, you just don't need a physical exam to treat these patients appropriately.

The beauty of the men's health space and even the women's health space is that a lot of people need help with some of these really tough conditions. So, they're too scared to see a physician in person or talk to a physician in person regarding some sensitive medical conditions like erectile dysfunction. That's one area that I've really learned a lot over the years.

I started working with Roman in 2019. I don't currently work for them, but I work with similar companies and I really enjoy managing men's health. It gives me a lot of satisfaction because you can really help these patients greatly.

HF: That's an excellent point that you bring up is that people may be more comfortable going on a telephone call versus getting in their car, going to an office where they're seeing other people and having to talk to more than one person about this problem. That privacy can be a real benefit of telemedicine, not to mention the convenience. I love doing telemedicine calls when I have to go to the primary care physician. It just saves you so much time. It's usually five or 10 minutes versus over an hour.



- CT: Absolutely. Yeah. With a click of a button, you can see a clinician. It's amazing.
- HF: It's a great use of technology. What are some other areas in telemedicine that are springing up for physicians to consider?
- CT: Yeah. There are definitely a lot of different utilization review chart review companies that you can work for. I've really enjoyed working in that aspect and helping other physicians get medications approved and things like that. That's something you can consider doing. You can collaborate with other clinicians. That's PAs and NPs, who are also doing telemedicine. You can sort of leverage your knowledge and work with them and teach them and look over their charts. And I enjoy teaching. That has been a lot of fun. There are just so many different things that can be done. Just a lot of opportunities.
- HF: Yeah. Those are different things physicians can do in sort of the nonclinical realm. What are some other telemedicine companies in terms of different types of clinical offerings that they're giving besides the more traditional ones?
- CT: Sure. Yeah, you can work in thyroid health. You can work in mental health. You can work with chronic conditions and help patients manage diabetes or hypertension. There is just really a plethora of opportunities. My company, Curex, we're starting to do longitudinal management of asthma and working with spirometers at home and ways that we can track the usage of patients' inhalers, which is how you adjust asthma medications. There is an absolute plethora of opportunities in the telemedicine space in almost any specialty.
- HF: I think that's fascinating and I'm sure it's just going to increase over time because it's such a great model and it saves patients money. It saves companies money. Speaking of money, can you talk a little bit about the compensation, the range in telemedicine?
- CT: Sure, sure. Your typical urgent care consultation, typically you get paid like per diem. You're looking at roughly between \$20 and \$30 per consult. You can also work for companies where they pay you hourly. You obviously do what you can do in an hour. And those are going to run probably in the \$100 to \$130 range. That's kind of a rough estimate.



Now there are some companies that I work for that may really need, let's say, a clinician in a certain state for a certain patient, and they may pay me up to \$100 a consult if they desperately need help. It can have a pretty wide range of benefits.

HF: I've heard physicians who do telemedicine full-time and they might be an independent contractor so they're working for multiple companies, but it's their full-time gig, talk about how they've been able to replace that primary care salary and then some by just being very efficient too, with how they work.

CT: Yes, absolutely. When I went out to do telemedicine on my own in 2019, my goal was to completely replace my income. And thankfully, I was able to do that. And that's one of the reasons why I had so many jobs. I was kind of a hustler working for different companies trying to figure out which ones I liked, which ones I didn't, which ones I was most efficient at, which ones I really liked their protocols and I felt just comfortable practicing on their platforms.

That's just the benefit of just trying a bunch of different companies. And you spend a couple weeks to a month there and time invested to learn the company's platform and how they do things. But you find the ones that you like and you find the ones that you're most efficient at and you can absolutely replace income doing telemedicine full time. Absolutely.

HF: And that's great that you as a specialist were able to replace your income. I'm sure that's encouraging. You're already leading us into the next question I wanted to ask, which is how do you choose a good company to work for? And it sounds like some of it is trial and error. You get started, you'd see how you do. But when a physician hasn't yet worked for a company, what are some things they could look at to do that vetting?

CT: You're right, Heather. A lot of it really is trial and error. You typically get onboarded with their platform and you see how user friendly or how much you like navigating their EMR. Each of these companies will have their own EMR. And you'll obviously learn what they require and what you feel comfortable with. A lot of it is jumping in and then seeing, "Well, how long are these consultations going to take me? Do I feel comfortable prescribing? Do I feel comfortable with their protocols? Do I truly feel comfortable



managing patients?” Sort of with this rubric that they give, which is their clinical protocol and how to manage and how to address patients with certain conditions.

And there have been companies that I've worked for that it hasn't worked for me. I'm not knocking the way they do things, but it didn't feel right. And there are some companies that I've worked for where it's like, “Okay, this makes sense. This is good medicine. I feel good doing this. I feel like I'm really helping people.”

Those are just kind of some big things. A lot of times you'll see that on the front end when you apply and they reach back out to potentially give you a job offer, you'll go through that with them. What conditions do they treat? How do they treat it? What kind of patients do they treat? Who they don't treat.

I also look for things like non-competes. I don't like getting put in a box and I don't like non-compete contracts very much. I avoid companies that have strong non-competes. I also choose companies that have malpractice policies. I think that's extremely important as well that they're protecting us. Those are definitely some things that I look for.

HF: Those are fantastic tips really. You gave a host of different things to think about and consider. And I was going to ask you about malpractice so thanks for mentioning that. I think if you're an independent contractor, you really want the company to be providing that, not having to do it for yourself.

CT: Yeah, absolutely. Actually, I do have my own policy that a company that I've found on Indeed, they needed a physician who had their own malpractice policy and I didn't have one at the time. And so, they said, “Well, great, we'll help you set one up.” And now I've had it for a few years. And it is not cheap covering all the states that I'm in, but it was just a great perk of working with one of these telemedicine companies.

HF: Oh, interesting. Before we go on, because I want to ask you a few more questions. I want to just take a short break and we'll be right back.

It makes me happy to share free information with you, such as this podcast. If you'd like to have additional free content, you can go to the Doctor's Crossing website and check out the freebie tab at the top of the page. Here, you can access a downloadable career transition starter kit as

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well as guides on topics such as interview prep, resumes, chart, review, telemedicine, pharma, and medical writing, with more on the way.

If this sparks your interest, you can find these resources under the freebie tab at doctorscrossing.com. Now back to our podcast.

Alright, we are here with Dr. Chet Tharpe and we've been talking about doing telemedicine. Now, is there anything you think I haven't asked you that would be important for our listeners to know? I know we could go on for hours, but when you think about what we've already discussed.

CT: I think the most important thing in telemedicine, especially if you want to make this a full-time gig, but if you want to really supplement your income, it's going to be expanding your state licensure. And that can be really scary because it's expensive. It is expensive to go out of pocket and to just spend the time getting the state licenses. There are forms to fill out. You've got to get references in a lot of states.

It's tough but once you get licensed in a state that will make you so much more attractive to these companies and just allow you to do so much more. That is probably key or the most key thing that you can do. And I would start with the Interstate Medical Licensing Compact, because just through one application, you can get close to 30 licenses really fast. That would be a great place to start.

And then you definitely want to have big states like New York, California, Texas, Florida. Those are going to provide the most telemedicine patients for you. Those are the ones that I had when I decided to go out on my own and they've served me well. They've definitely served me well.

HF: I'm so glad you mentioned this because I'm sure physicians were wondering like, "Well, if I can only get a couple licenses, what should I do?" And I will link to that Interstate Licensing Compact in the show notes. And I also want to mention that I have a freebie, which lists a whole bunch of telemedicine companies and you can get that by going to the doctorscrossing.com website and just hit the freebie tab at the top and you can download that telemedicine guide. I'll make sure that Chet has looked at this to see some companies that I might need to add.

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This has been really, really wonderful. I feel like I found a gem when I was searching on LinkedIn for you. Thanks again for saying yes to a total stranger. Now I feel like we're friends coming on the podcast.

CT: Absolutely. Heather, thank you so much for having me. People can contact me. I'm happy to help in any way that I can. I just would love to pay it forward. That'd be great.

HF: That is so generous of you. Thank you so much, Chet. We'll make sure not to take advantage of your time, you're a busy guy. But thank you again and don't forget guys to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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