DOCTOR'S CROSSING
CARPE DIEM PODCAST
TRANSCRIPT

EPISODE 75 A Career-Ending Injury Leads to a New Direction With Guest Dr. Stephanie Pearson

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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 non-clinical 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 75. When physicians reach out to me, they're often asking the question, "Should I stay, or should I go?" meaning of course, is it time to leave clinical practice or could it still work for me?

Sometimes, however, that question is already answered for them and it's not the answer they would've chosen. Our special guest, Dr. Stephanie Pearson, had that question answered for her when she was injured on the job in a role as an OB-GYN physician. Stephanie loved being a doctor and caring for her patients and never would've chosen to leave on her own.

Today Dr. Pearson shares with us her journey through this traumatic experience and the new career path in disability insurance that are emerged in its wake. We'll learn how

Stephanie started a company to help physicians with their disability policies and how she joined with her partner, Scott Ravitz, to create PearsonRavitz. We'll learn about this work she is so passionate about, and also some details to enter into this field if it piques your interest. I am very honored to welcome Dr. Stephanie Pearson to the podcast. Hi Stephanie.

SP: Hi Heather. How are you?

HF: I'm great. Thanks so much for coming on the podcast.

SP: Thanks for having me.

HF: Yeah. I know it's been a while since this happened to you, it's still making my stomach a little tight even to think about it though. Would you like to tell us how you got to where you're at, fill in some of the details?

SP: Sure. As you mentioned, it's been a while. About nine years ago, I was covering the labor floor and got called to do a precipitous delivery. Unfortunately, my patient was complete and unable to get an epidural. And unfortunately, I looked down and the baby's heart rate was really low and I had to get the baby out. I had multiple nurses in the room with me to help me maintain the patient's positioning. And unfortunately, as I was guiding the baby out, she kicked me the first time, pretty much right into my brachial plexus. My arm went numb, but I still had to finish the delivery. So, I twisted my body, thinking I was protecting myself. And unfortunately, as I finished getting the baby out, she actually kicked me a second time and kind of came across my shoulder. And two of my nurses were dropped to the floor.

And so, I started crying, which you know, is very professional. I put the baby up on her chest. I called for one of my partners to come finish and I knew something was wrong. Long story short she tore my labrum. I was told by my first orthopedist that professional baseball players pitch with torn labrum. So, I should shortly be able to do my job. So, I did.

And over the course of eight months, I developed a frozen shoulder. And on my last day of work, I literally could not get a kid out after having pushed for several hours and doing

a C-section with a first assistant who had not done very many C-sections. And I just could not get the angle that I needed to get my left arm into. And I called down one of my partners. We got the kid out. Baby and mom are fine, but I went up into their office crying and saying, "Look, if it were 02:00 in the morning and I was alone, I would've had to tee up this woman's uterus. I would've made her an obstetric invalid and it would've been my fault."

We all know in medicine, if you work enough, if you do enough cases, there's going to be mistakes. This wouldn't be a mistake. This would be on my shoulders, no pun intended.

HF: Right. Right.

SP: And it was August 3rd of 2013. Not that I'm counting, it was my last day of clinical work. I had surgery. I got told I'd be going back in 12 weeks. And I woke up getting told that my career was over, that it looked like a bomb had gone off in my shoulder. Eight and a half years later, I still don't have full range of motion in my left arm. I have some chronic nerve pain issues. And oddly in June of 2021, I woke up with a frozen right shoulder. And would've never believed that my left shoulder would actually be my good one. And so, I am kind of back where I was almost eight and a half years ago now with my right side.

Fast forward, I had been asked to be the chairperson of our department before I went out on FMLA and it turns out that in my contract, it said I needed to be able to do a 100% of my duties, which I was not clear to do OB and I wasn't clear to do OR time. And I was terminated the day that my FMLA was up because of how my contract was written. It was kind of a double whammy.

And I learned the hard way that our group disability benefit that I thought I had for almost a decade didn't cover work related injuries. Tough pill to swallow. I was told I would've been better off if I had fallen off my bike, and was flatly denied. I was then denied my initial workman's comp case because they said while an injury occurred, my frozen shoulder was idiopathic or better my fault because I continued to work while injured. I had to sue for that, four court appearances, one of which said I could be a billing secretary because I had the aptitude to learn codes.

HF: Oh, no.

SP: Yeah. I can't make that up. I settled because honestly, I was not in a good mental space. And then I found out that the two private policies that I had that I thought I did the right way, neither of them was exactly what I should have had. And so honestly, I tried to do a couple of other things before this kind of fell into place. I was 40. I was the primary breadwinner and was like, "Oh my God, I'm worth more to my family dead than I am disabled," which is a horrible feeling to have. And I was trying to figure out what I could do.

I think that there's a giant misconception amongst physicians that we're really not qualified to do other things. And it turns out we're qualified to do a whole lot of other things.

HF: Amen. You know that I will second that absolutely.

SP: At the time I didn't, but I did some medical editing. I did some biotech consulting. I did some med mal defense work, but nothing resonated, nothing made me excited to get out of bed. And then I had this kind of epiphany of, "I can't be the only physician that this has happened to, or is going to happen to."

I started reading everything I could and started lecturing to area residents, partly altruistically, partly for catharsis, because the more I tell my story, the easier it is to tell my story. And at one point, my husband who was my biggest supporter through the whole thing was like, "You know more than most insurance people, you should go get licensed."

And I thought it was the dumbest thing I'd ever heard. I was like, "I'm not a salesperson, I'm a physician." He's like, "But you're already doing it. You're educating people and you're doing it the right way. And you're taking away the swarmy salesperson aspect. So go do it." I locked myself in a room with books and magic markers and because I'm old.

HF: You're not old.

SP: I wasn't looking on a computer and I passed the test and cried in my car because I didn't get an A and my husband laughed at me and said, "Oh my God, has anyone ever asked you your board scores?" And I said, "Touché." And that's really how it all started. I

started working out of my house. We always say we started at the kitchen table. Nobody had any idea how fast this was going to catch on. And four and a half, five years later, we have clients in all 50 states and Puerto Rico and really trying to change the way that insurance is handled.

HF: Wow. It is really hard to hear your story because there are so many different points where you feel like it didn't have to go that way. It could have been different, but it is true that from ashes comes new creations and you instead of wallowing in what happened to you, what you could have and just gone into a really dark place and stayed there, you took this experience and you're making it into something to prevent this from happening from other physicians.

SP: And that's exactly how I went into it. I felt like education was something I really enjoyed as a clinician. I love teaching residents. I love teaching women about their bodies and all of that stuff. And this still lets me be an educator, except now I'm educating my colleagues instead of my patients.

It lets me still feel somewhat like a clinician in that I can bring my medical knowledge to the table and advocate for people in a way that your traditional insurance person really can't just out of sheer ignorance. It's just who we are. I do have to give my husband a lot of the credit. I was in a really dark place. I have no problem talking about it. I was suicidal. I wrote letters to him, to my kids and the three of them brought home a puppy and said, "We're not enough to get you out of bed, start taking care of something again, or you're going to be surrounded by filth."

And I will tell you that taking my dog on long walks was probably the best therapy that I had. And I will say having spent a lot of time talking to disabled physicians, that I'm one of the lucky ones that I had an incredibly supportive family. I had an incredibly supportive network of friends. And they're the reason that I'm still here.

HF: I appreciate you sharing that, Stephanie. I also want to say I'm really sorry about what happened to you. It just sounds so devastating. I'm glad you made it to the other side. Sure, this will be helpful for physicians listening. I know I have clients who've been injured, developed illnesses that have taken their careers away, and had mental health issues. And I think just hearing that there are other physicians out there that this has

happened to, but it wasn't life ending and it wasn't career ending. There are other things we can do. So, thank you for that.

You make me think of when I was a recent graduate from residency and I started my own practice and there was this broker who sold me disability and I think he was a financial advisor or something like that. And I remember thinking "I'm paying him too much money. I just don't want to spend this money." And so, I canceled the policy and I'm thinking back that if I had trusted him, say it was you or somebody that I really felt had my best interest and maybe he did, but I didn't feel like it. I might have not taken that risk. I love that you're doing this for physicians because that element of "Know Like and Trust" is so key when you're spending money that you don't think you probably will ever need to use that policy.

SP: And you bring up two interesting points. One, and I will say this is my humble opinion. I don't think that financial advisors should be selling products. I think it's really hard to be an expert in everything. And it almost seems like it's counterintuitive to what they're supposed to be doing. So sorry, that's my little soapbox on financial advisors. But as far as building trust, number one, I think everyone always needs to trust their gut, our guts just know.

But the flip side of that is I wish that I knew then what I know now. And that's a lot of the stuff that I bring to the table of, "Look, nobody wants to have to use it." But typically, when I do lectures, I'll start with, "Okay, everybody, raise your hand, who has health insurance?" Everybody raises their hands. "How many people have car insurance?" Everybody raises their hand. "How many of you have homeowners' insurance?" Almost everyone raises their hands. And then I hold up my left hand and I say, "How many people have their wedding or engagement rings insured?" And most of the women in the room will raise their hands. Well, you're more likely to become disabled during your working career than you are to get in a car accident, than you are to have your house catch on fire, than you are to lose your wedding band. And God knows, I wish I had lost my wedding band and not my left shoulder. It's just something that we're not taught.

It's a foreign concept until you know somebody that it's happened to because I get a lot of those phone calls. My partner just had a heart attack. My best friend just got a brain tumor. Oh my God, my partner just got MS. Insurance at it's a basic root. Nobody wants

to have to use it. But this is one of those few kinds that really changes your life. Whether you have it or not. I know people that have had to sell their houses. I know people that have had to go on Medicare, Medicaid, food stamps, spouses have left because "That's not what they signed up for." There are so many things that go into this, and I think that since we approach it from a stance of education and empowerment and not just saying, "Okay, Dr. Fork, this is what you need, sign here." Like that, that's not what we're about.

HF: We have to understand the potential cost of not having it compared to the cost of purchasing it. I'm just curious, especially since I didn't have a disability for most of my career. For an average physician's career lifetime, what are they looking at? I know there's going to be a range of investing in disability.

SP: The textbook rule of thumb is that men should expect to spend between 1% and 3% of their gross income and women should expect to pay 2% to 6%. Now you're saying, "Oh my God, why do women pay so much more?" It is based on actuarial data across all fields. Women have historically left the workforce more because of injury or illness. We do get a little bit of safety on the life insurance side. Life insurance tends to be more expensive for men because they tend to die younger and more successfully at their own hands. Disability insurance unfortunately is more expensive for women. A lot of that is bent into the fact that, one, we have the ability to make other humans and have babies. Pregnancy related issues account for almost 9% to 10% of disability claims every year that men just don't have. Additionally, women tend to seek care more. We're all healthy till we go to the doctor.

HF: Right.

SP: But that's the textbook answer.

HF: What I'd like to do is just take a quick break and we'll come back. And when we return, I'd love to start talking a bit about options for physicians who might be interested in working in the disability space. Okay, don't go away. 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 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 find these resources under the freebie tab at doctorscrossing.com. Now back to our podcast.

All right. We're back with Dr. Stephanie Pearson. And we're going to hear a bit about this company that she started and how you might be able to work in this area, whether it's doing something similar to what she does or in disability in general. All right, Stephanie, take us there.

SP: Our company specifically, we've built over the last four and a half, five years and we have built quite the infrastructure. It's not just one broker working out of their house. We now have 25 full-time employees. Just like physicians need ancillary help in the hospital, we want all of our brokers to have the proper ancillary help in the industry. We've even kind of taken away some of the dare I say swarmines of the insurance space. All of our brokers are salaried. We don't pay by commission. We want people really to be caring about the education and empowerment side, not to sell.

With that being said, we are really changing the way that insurance is handled. Traditionally insurance does get paid by commission. A person is making an agreement with an insurance house and as they sell policies, they get paid a commission on that policy. And so, we truly are reinventing the wheel and trying to make it a little more above board and transparent.

I am currently mentoring a couple of other disabled folks, a doctor, a dentist. I love teaching. There's definitely enough business to go around. As far as kind of breaking into the private sector, quite honestly, the easiest way to do it is to do it through somebody else. I think it's a lot harder to just say, “Hey, I'm starting it in my house without connections.”

Within the insurance space as a whole, there's actually a lot of room for physicians. Every single insurance house has medical directors who help with the underwriting of policies. They have physicians on the R&D side, helping with production of these policies. You have health insurance, life insurance, disability insurance. Every house has

the need for medical expertise similarly to the physician migration into pharma. A lot of the same avenues exist in the insurance space.

HF: You're absolutely correct. Of course, you know this area really well. I've had more physicians go into the straight health insurance, but I have had some go into the disability side, a psychiatrist, a physical medicine rehab physician. And they are actually enjoying this work and getting to bring what they feel is their knowledge and their integrity to what they do.

One thing to consider is you can do chart review and disability depending on your specialty. That's something you could do as an independent contractor without ever leaving your job to just get a base for what it's like to do these evaluations and write up the reports.

SP: Right. And all of them hire independent medical examiners too. You can stay completely clinical and still kind of dabble into that space to see what looks like when people are going on claim.

HF: Right. And for people who don't know about the independent medical exams, could you just explain what those are?

SP: Basically, all of the insurance companies employ physicians to help them when it comes time to somebody making a claim. I call them and say, “Hey, I can't do my job anymore because of A, B, C, D. This is my treating physicians' notes.” Well, they can look at your treating physician's notes and agree or disagree. And then they can say, “Well, you know what? We want you to have to see an independent medical examiner.” Somebody who you've never met before, who doesn't know you, who may not be your friend. Because there is also this slight mistrust in the physician-to-physician kind of space with disability that we have friends who are going to write whatever we want them to write. And so, they set you up with a different physician and they take you through their hoops of what can you do, what can't you do? It's very, very specified. It's almost like a checklist.

And then that doc gets to report back to the insurance company and say, “Yes, we agree. No, we don't and agree.” And as I had mentioned to Dr. Fork earlier, I did have to go to one and went in a little suspicious thinking, “How is this guy going to be not biased? The

insurance company is paying him to say that I'm fraudulent." And he read my story and said, "Why are you here?" And ended up putting more restrictions on me than my own treating physician, which probably did me a favor because my treating physician was trying to really help me get back. And I probably would've put myself in a position that was not super safe.

HF: That's a great example of an IME physician. And I like that you brought this out because it is another piece of the whole disability arena where a physician can contribute.

SP: Oh, absolutely.

HF: Can you talk a little bit about compensation in this whole arena?

SP: I can touch on some, because I'm not in some of the spaces. When I was looking into doing this, the range was crazy. The average new insurance agent broker is making about $60,000 to $70,000 a year. However, I personally know folks who are making seven figures. And so, it depends on where you're focusing. Are you focusing on individual policies? Are you focusing on group policies? Are you looking at big companies, small companies? I don't know a whole lot about the health insurance space, except that I have a couple of friends who have left medicine and are working for IBX and those companies. They appear to be somewhere in the $200,000 - $300,000 range. I have a couple outliers.

HF: Yeah. That's my experience for the disability medical directors. That's usually where they start. And then they can go higher. You actually hire physicians when you have a need to work for your company. Is that correct?

SP: Yes. Right now, I have one other disabled physician and I have mentored three non-medical people to broker with us. I am currently mentoring a disabled physician in Florida, a disabled dentist in Michigan, hoping to mentor a disabled CRNA soon. As we grow, ultimately, I would love to have physicians and other healthcare folks taking care of our own. That is one of my long-term goals.

HF: I'm sure it's satisfying too, to feel like you're helping because it was your own personal experience. There's this connection. I'm sure when you're speaking with another

physician who's injured or has been disabled where you get them and you don't even have to say words, but there's this understanding that we can't get any other way.

SP: Yeah. And honestly, without sounding trite, this isn't rocket science. I feel like I really can teach just about anybody how to sell it. It's also the back end. It's getting that horrible phone call from somebody saying they just found a brain tumor. I have to go out. And me being able to help them through that process that nobody helped me through.

So, helping them get their claims packets, advising them to put all their medical records in one place to remember, "This is what the course is going to look like. I'm here if you need me." Not that I get more joy out of that, because that sounds kind of sick, but it means a lot to me to be able to help those folks almost more because nobody helped me. I really felt alone when I was going through the process.

HF: If you could tell that younger self of yours when she was injured and feeling really dark and hopeless, some words of hope, what would you say to her?

SP: I would say your brain is still completely intact and you're young enough to reinvent yourself. Figure out what you're passionate about and go after it.

HF: Wow. Thank you, Stephanie. I think there's others out there who need to hear those words. They're not just for you, but they're for others. They're beautiful. And thank you. Is there anything else you'd like to share before we wrap up and find out how we can get in contact with you?

SP: More for anybody out there who has an injury or illness, I have created a private Facebook group called Physicians for Physicians, which is a support network for physicians who because of injury or illness have had to change the scope of their practice or leave clinical medicine. I go by my name, Stephanie Pearson. I was not smart enough ahead of time to come up with a pseudonym, but it has been incredibly supportive and helpful for hundreds of physicians who have found themselves in a fraternity that nobody wanted to be in.

HF: I'm so glad that you mentioned this because I already know people I'm going to tell about it. I will definitely link to that Facebook group in the show notes. And that sounds

amazing. How else can others get in touch with you who are interested in having some help with their disability policy or anything else?

SP: Our website is www.pearsonravitz.com and that's really the easiest way. All of our contact information is there, the phone number, our emails. Facebook, I'm under my real name. LinkedIn, I'm under my real name. Instagram, I am spearsonmd. Admittedly, I'm not on there all that often, but that hopefully will change soon. We're upping our social media game. I'm really accessible now.

HF: All right. Well, I'll link to all those things and I know this sounds really too cheesy, but I think you have really broad strong shoulders. You carry a lot on them and thank you for carrying this torch for physicians. Thank you so much for coming on the podcast and I hope to stay in touch with you.

SP: Likewise, this has been a pleasure and anytime I can help you or your folks, let me know.

HF: Thank you so much. Well guys, thank you for listening. I'm always wanting to bring these amazing guests to you, and Stephanie it's no exception. I hope there's something in here that's helpful for you or someone that you might want to share this podcast with. Please feel free to do that. And don't forget to carpe that diem and I'll see in the next episode. Bye for now.

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Podcast details

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