



EPISODE 116 Be A Medical-Legal Consultant And Avoid The Courtroom

With guest Dr. Armin Feldman

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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're listening to episode number 116. Recently, I did a podcast on how to be an expert witness. This is a great option for those of you who want to use your medical knowledge in the medical legal realm, but not everyone is comfortable with this kind of role.

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I've had physicians tell me they would love to review medical cases, to be able to give honest guidance to attorneys, but they do not want to have to be an expert witness and give depositions.

Well, today we have a wonderful guest who is going to talk to us about being a medical legal consultant where you can share your expertise and stay out of the courtroom. Our guest is Dr. Armin Feldman, and he has been doing medical legal consulting for 15 years, and he's been helping other physicians get started with this kind of work for 13 years.

Dr. Feldman will be sharing a lot of details with us about this opportunity. And just a little FYI, he says that this work can be done by most physicians regardless of their specialty. If your ears are perking up, please join us to learn more about this very interesting area where you can use your expertise, help patients, make good money, and work a flexible schedule. It is my distinct pleasure to welcome Dr. Armin Feldman to the podcast. Hey, Armin.

AF: Hi, Heather. It is a pleasure to be here. I'm looking forward to our discussion.

HF: I am too. I have lots of physicians say they're interested in reviewing the chart. They love digging into the medical information and being a Sherlock Holmes in some ways, but they don't want to be an expert witness. So, this sounds like a good opportunity for a lot of different kinds of physicians.

AF: Yeah, that's absolutely correct. What I do and what physicians do that I've trained over the years is primarily, we do have some services to help the attorneys with their trials. Not that we act as expert witnesses, but primarily what we do is pre-trial, pre-litigation, medical consulting to PI and workers comp attorneys. And as you said in the introduction, in these areas of the law, probably eight or nine out of 10 cases settle. And that's where we come in.

Even though it's in these particular areas of the law, a physician really in any specialty can learn how to do this. So, what we're doing is we're always on the side of the injured person. We're always on the side of the little guy going up against the insurance companies. Often their own insurance company that's denying legitimate claims.

Over the years I've developed maybe 16, 17 different kinds of fairly specific services, different types of consultations that physicians can provide to these attorneys that will help them to increase their case values, save attorney time, get the appropriate medical care for their clients, and also negotiate all the medical issues in the cases.

HF: Well, I know we're going to be diving into all the details, but before we go any further, would you like to share a bit about your background and how you got into this area?

AF: Yeah, I'd be happy to do that. I'm trained as a psychiatrist and as a psychoanalyst. And I did that for a lot of years. Then almost by accident, I had met a young whipper snapper like me right after I got into practice. He was and still is a personal injury attorney, and he started sending me his clients that had been involved in auto accidents primarily, but any kind of accident and had a head injury.

Well, one thing led to another, and I wound up starting head injury rehabilitation treatment centers of a treatment program of my own design. And I had other psychiatrists, psychologists, neuropsychologists, psychotherapists, biofeedback therapists and others working at the clinic. I think we did a really great job of helping head injured people get back up on their feet.

That first clinic started in Denver. The next one was in Colorado Springs, the next one was in Detroit. And it just grew and grew from there. I was very fortunate after a period of time to be able to sell those clinics to a big healthcare company.

But along the way, I testified as an expert witness really more times than I want to remember on behalf of my patients who were either being cut off of their medical care or offered some pittance of a settlement.

And after I sold the clinics, first of all, I was out of a job, and I was thinking about what I wanted to do next. I thought, well maybe what I could do is just consult to attorneys on any kind of medical question that came up in a case. My internship was in internal medicine before my psychiatry residency, but we're all trained in general medicine as we go through medical school.

And it turns out that was an unserved niche. I developed what was a concept. Now, 15 years later, I'm happy to say that it's really turned into a new subspecialty of forensic medicine, this pretrial pre-litigation consulting. And I've had the opportunity, really the privilege to train about 1,600 physicians over the last 13 years.

HF: Of course, I know where my mind's going. It's thinking, "Okay, I'm a dermatologist. Why would an attorney choose me over say an orthopedic surgeon if there was a lot of body injury or a neurologist or someone else to do this review if it's really not about the skin?"

AF: That's a great question by the way. And there's a couple of answers to it, a multifold answer to it. And here's the first. It's that the way our legal system works, that physicians MDs and DOs, are sanctioned to answer medical questions about medical cases.

Now, if the case is going to trial, well, then the attorney will need medical experts in every area of injury. But if the case is going to be negotiated and settled, what the attorney needs are well reasoned, well thought out, well-researched medical opinions, reports, and other services that will help them to better negotiate and settle that case, as I said, for more money and less attorney time. Let me give you a quick example that I think will help you to understand that.

HF: Sure.

AF: Early on, of course, this never happens to me anymore because people know who I am, and that's what happens to all the physicians that do this. But early on, I was hired by an attorney to give a medical opinion of some issue with a case where the injured person had a rotator cuff injury. What we do in every case, of course, we're going to talk to the attorney, then we're going to read the medical records. Then in every case we interview the client of the attorney. Typically, we'll do that by phone or Zoom 95% of the time. If we really have to eyeball them for some reason, we'll meet them in the conference room at the attorney's office, then do our medical research. And now we're in a position to render opinion, write reports.

I wrote this report about this rotator cuff issue. The attorney that hires me sends it over to opposing counsel. Well, what's the first thing opposing counsel's going to do? They're going to look me up. They get on the phone and they say, "Well, why should I pay any attention to Dr. Feldman's report? He's not an expert in rotator cuff injuries." And what the attorney will say back is, "Well, Dr. Feldman works as a medical consultant for me in all my cases. And if you force me to take this case to trial because we can't settle it, and I have to hire a retained orthopedic surgeon, that orthopedic surgeon at trial is going to say exactly what Dr. Feldman said in his report, draw those opinions because Dr. Feldman is relying on exactly the same literature that my expert would rely on at trial. So, let's get this issue settled in the settlement."

And that's a practical example of how that works. When physicians are a little anxious about getting started because they're dermatologists and they know they're going to have fractures and head injuries and all these other things, what I always tell them is "Hey, necessity is the mother of invention. You'll learn the medicine that you need to know when you need to know it."

Some physicians, as you know, they just like staying in their lane. They like their specialty. That's it. But if you love medicine, if you got a kick out of medical school, if you like learning about a whole variety of different things in medicine, and you like to solve problems and conundrums and so forth, then this is for you. In fact, you get paid to do it. You get paid to do your research.

Now, I'm not in any position to do orthopedic surgery or a neurosurgery, but I certainly would put my knowledge base of spine injuries, rotator cuff injuries, complex regional pain syndrome, depression problems after an accident, whatever, up against anyone because this is what I do. I am absolutely currently up on the medical literature for all the things that we encounter.

HF: If we're thinking about potentially doing this, I'm sure a physician might be wondering, "Do I need to be clinically active? Do I need to be board certified? How many years of clinical practice should I have?" These kinds of qualifiers.

AF: And all of those things are important if you want to be a medical expert. But what's important if you want to be a medical consultant is are you ready to roll up your sleeves, listen to what's going on in the case, interview the client, do the research, and write a cogent report. That's what really matters.

I'll tell you that the physicians that do this, including me, by the way, of course, is they get a kick out of this is actually fun. I was talking to a physician who was in my coaching program the other day, and he said, "Hey, I want to run something by you." And he pointed out that in the medical records, he found that the client had certain symptoms and he said, "Hey, I wonder if this client might have complex regional pain syndrome." And I said, "Yeah, based on what you're telling me, it certainly is a possibility and why don't you go find some review articles on that? And by the way, here are a few suggestions I have for some tests that you can let the attorney know that their client should have."

Sure enough, this person was diagnosed with complex regional pain syndrome, which of course is a medical damage, in the case happens to be a fairly big damage. And so, he was able to tease that out, that wasn't his specialty, obviously, but tease that out. The interesting thing about that is in these injury cases, whether they're PI or worker's comp, every physician is just looking at their part of the elephant. And so, as medical legal consultants, we're really the only ones with that 30,000-foot view. And so, we have that opportunity to find diagnoses that may be missed.

HF: Right. Just to go back to that question for a minute, I'm assuming you need a license, and I would also assume that it's probably advisable to be board certified. Would you also recommend people to have some degree of clinical practice ongoing?

AF: Yeah. Well, it wouldn't hurt. First of all, you don't need to be board certified because you're never going to be deposed, you're never going to go to trial, and you can't be board certified in everything. You're rendering opinions as a medical consultant, as a generalist that the attorney then is going to take to advocate for their client. I think that a little clinical experience certainly is helpful, and it's helpful to have a medical license, although I suppose in an absolute sense, you really don't need one.

But here's why I tell everybody you should have one. And that is when you send a report, when the attorney sends a report over to opposing counsel, they will look you up until they know who you are. And you don't want to have to have the attorney argue on your behalf. The attorney can say, "Well, my consultant is licensed." It's more for the negotiation process than it actually would be for doing the work. But yes, it's certainly useful and I recommend that you be licensed.

HF: In terms of active practice, are the majority of physicians still doing some type of clinical work?



AF: Yeah, the answer to that is yes. And I'll tell you why. Because the vast, vast majority of physicians that do this, do it as a part-time side gig. And so, they're all in practice. What I tell physicians is if you really want to do this, you really need to carve out about eight hours a week in order to do this justice and make it fly.

The vast majority are doing this on a part-time basis as their own business apart from whatever else they do. Now, other physicians, they do it in lieu of fully retiring. There are some physicians that do it full-time, but far and away physicians are doing this as a side gig.

HF: In thinking about how to find opportunities, where are these jobs posted? Are they on LinkedIn? Are they on Indeed, or is it more word of mouth than getting connections with attorneys? How you find these opportunities?

AF: Yeah. Again, good question. It's not really a job. Each physician has their own consulting business when they do this. And so, when I'm teaching physicians, I'm teaching them really about two things. One is the medicine you need to know, but equally important is the business side, since you're going to be starting your own consulting business, specifically a medical legal consulting business.

The training is also on how do you start up and more importantly, how do you run a successful medical legal consulting business long term? How do you launch the business? How do you market the business? How do you operate the business on a day-to-day basis? How do you interact with the attorneys and help with those scripts for that, training with that? It's all a part of the training that I do.

And those physicians that are in the coaching program, of course, the third leg of the training is get a year of coaching with me. So, you can always pick up the phone and say, "Hey, I've got this case, or this attorney said this to me, I didn't quite know how to

answer it.” And they can get all the help that they need based on my having done this for 15 years full-time.

HF: How long in general would it take a physician who maybe was working outside of their specialty like myself to ramp up to where you're actually getting new business and you're making a reasonable amount of money?

AF: Yeah, you're asking very good questions, Heather. Here's the answer to that. One of the things in the training program is a step-by-step very detailed business launch plan. And that business launch plan will take you from zero, no business to up and running with your business. Now, up and running is defined as now being in a position to go out and start soliciting attorneys for business.

You can get through that business launch plan in as little as three weeks but I'll tell you that physicians who are doing this as a part-time side gig, if you're on average with other physicians around the country, it's taking three to six weeks to get through the launch plan.

Then from the time that you start soliciting attorneys for business to the time that you should start seeing cash flow, if you're, again, on average with other physicians around the country doing this, it's typically three months. And from that point forward, you'll be making money.

Now, in the beginning of course, how much money you're making is somewhat dependent on how much marketing that you're doing. And so, what I can say about the marketing plan is, first of all, it doesn't have anything to do with advertising. In fact, it doesn't have to have much to do with spending money.

What it really has to do with is old-fashioned elbow grease. There's no getting around the fact they had call attorneys and make appointments with them. Either go to their



office or do a Zoom meeting and do an initial presentation where you are telling the attorneys how this is valuable to them, what it's all about and how to do that script to do that help for me to do. That's all part of the training.

When you go meet with attorneys, one of the things they'll say is, "Well, I've never heard of a doctor doing this before." And many of the attorneys really, if not most, they get it. They understand why this will be valuable to them and their clients. They're certainly willing to try you out on one case. They're willing to take a flyer. And obviously a vast majority of those will start using you routinely because it's very unusual for us to touch a case and not to significantly add value to the case.

Most of the time that value is money, the bottom line of the settlement. But it could be value in finding a new diagnosis or helping better in the negotiation process or other things. But we're always helping the attorney to make sure that the injured person gets the appropriate medical care that they need for their injuries.

And then the other thing about that is, what I always like to say is that not only is this fun, interesting, lucrative, but this is an opportunity to really help people that are injured. I think we all go into medicine because we want to help people. So, here's a nonclinical opportunity that you can see the tangible results of how you've been able to help an injured person and help their attorney better negotiate on their behalf.

HF: You're right, Armin, it's true. When I was listening to your podcast that you do, and you were talking about the case where the woman had serious injuries from a car accident and the insurance was not paying and she was a hairstylist and she couldn't work, and her thumb was injured and they finally figured out what the real problem was. But being able to help her, I'm sure, was incredibly satisfying.

AF: Yeah, it really is. And in that case, we're dealing with lay people. One of the things I teach is when you write your reports, you're not writing this for another doctor,



although treating doctors and IME doctors share our reports all the time. But you're not writing this for a doctor, you're writing this for lay people. So, you need to make things imminently clear.

In this case, the woman didn't have an injury to her thumb. You can't see that there was any problem. But what it turned out to be, and what we were able to diagnose actually, was that the woman had a thoracic outlet syndrome and we could prove that up in a legal sense. We could quote the literature on this. And the woman was afforded her insurance benefits. She'd paid those premiums every month expecting that was going to be the case, and then she could count on her insurance benefits to get the treatment she needed.

HF: Right. And so, I want to take a quick break and we'll be back and we just have a few more questions I want to ask you before we wrap up.

Guys, I wanted to remind you that if you're listening to this in the month of February 2023, there is a 15% discount off of my LinkedIn for Physicians course. And this course helps you optimize your LinkedIn profile, it helps you network and find jobs and opportunities on LinkedIn. This could be something where if you were doing this type of work, it could help promote that you are doing medical legal consulting and potentially have attorneys find you.

So, if you're interested in this course, you can simply go to the Doctor's Crossing website at doctorscrossing.com, hit the product tab at the top of the page, and you'll see the LinkedIn course there. I'll also put a link for it in the show notes as well as the discount code, which is going to be LINKEDIN15 and that'll give you 15% off.

All right, we're back here with Dr. Armin Feldman, and we only have a few more minutes left. I could ask you a thousand more questions but we like to keep these about 30

minutes. One thing I'm wondering, are you able to give some guidance about compensation?

AF: In a broad sense, I'm sure as you know we can't talk specifics in a public setting, but the way that I've advised physicians over the years is do an informal survey of your colleagues and determine what you think is the average fee per hour for doing medical expert work in your community.

Now, obviously, there's a range. It's not that hard to figure the average. Once you get that number in your head, your fee per hour as a medical consultant, it's going to be a little less than what the experts charge. But if you take that number, and multiply it by the number of hours that you plan on working, you're going to be very pleasantly surprised.

HF: Okay. Well, thank you for that. Could a physician take cases in any state, or do they need to focus on the state that they're licensed in? I know you said you don't have to have a license, but in general, are you working in your state?

AF: Yeah, that's another good question. Here's the answer. Before the pandemic, every one of these medical legal consulting businesses was a local business by the nature of the business, by the nature of the marketing for the business. Most importantly, by the nature of the long-term relationships, professional relationships that you want to form with your attorney clients. These businesses tend to be local businesses to the city or the area that you're working in.

Now, of course, during the pandemic, when we couldn't get face-to-face, I started experimenting and had other coaching members experiment with doing our meetings by Zoom and a little bit, Heather, to my chagrin, those meetings were almost as successful as converting attorney prospects to attorney clients as meeting face-to-face.

If you wanted to do some business outside your local area, you could, but we're also finding some curious things since the pandemic. And that is if you're in Lincoln, Nebraska and the attorney is in Poughkeepsie, Pennsylvania, and they say "I have this case for you", we're finding that no matter how sincere they are because your relationship is electronic, it's not face-to-face, we're having a little harder time getting medical records delivered to us, communicating with the attorneys effectively and so forth. There are physicians doing this who have a home base consulting business and do some cases here and there, but it does have its own issues.

HF: Okay. Would you like to share a little bit more about your program and how physicians can get in touch with you?

AF: Sure. I do conferences and I do have an online course that I run. And the latest run of the online course has started January 30th, although there'll be online course opportunities in the spring and in the fall. Most of the physicians that train with me train through my one-year coaching program. That program, as I said, it's about the medicine, it's about the business, and it's a year of coaching. I read a lot of drafts of reports, all kinds of different things.

I actually help the physicians with some of their marketing in the beginning, and I'll help them get their first appointments to meet with attorneys. And once they get those first appointments, we meet on phone or by Zoom for an hour, I get them prepped up for that first meeting.

HF: Oh, that's so great. You do a lot of handholding, it sounds like.

AF: Well, I do a lot of one-on-ones. And it's part of what I enjoy doing. So, if physicians are interested in that, they can go to my website for the coaching program that is at mdbizcon.com and get information about that.



HF: Perfect. I will make sure to put that link in the show notes. And is there anything, Armin, that I didn't ask you that you'd like to make sure that we touch upon?

AF: You ask great questions. Maybe if it's okay I'll just emphasize one part.

HF: Yes.

AF: And that is yes, this is interesting, it's fun, it's lucrative, but it's very rewarding. It's very satisfying to know that you can use your hard-earned medical knowledge and still help people and do it in a nonclinical way.

HF: I really love that you have this program to help us because physicians are really willing to work hard and they love learning. We're great at learning but we often want a roadmap and to also have somebody that we can ask questions that have gone before. So, I think this is a really nice combination of a very interesting and rewarding opportunity and also a path to move forward where you don't have to figure it all out yourself.

AF: Yes. And I can vouch for that having been the one that did figure it out for myself. And one thing that I tell physicians that train with me is a lot of what I'm teaching you is based on mistakes that I made large and small along the way.

HF: Well, thank you for being a pioneer, Armin, and thank you again for coming on the podcast.

AF: It was a pleasure.

HF: Likewise. All right, well, thanks so much for listening guys. Don't forget 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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