**EPISODE 210: 5 Ways To Increase Your Income and Find Great Opportunities in Telemedicine**

**With guest Dr. Takashi Nakamura**

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TN: “The digital health space, it's not just urgent care or emergency or primary care. There's a lot of new things or niche care things that are coming out. There are a lot of more appreciative patients there. It's just a lot more fulfilling for me when you can just consult with patients from all across the country. So now that I'm doing telemedicine, I don't ever want to go back. I love everything telemedicine.”

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.

Hey there, and welcome to the Doctor's Crossing Carpe Diem podcast. I'm your host, Heather Fork, and you're listening to episode number 210. In case you're wondering about the frequency of the podcast and missed my earlier announcement, we made a change in November 2024 to release episodes every other week. I'm still fully committed to bringing you excellent content on a regular basis just with a new schedule of one episode every other week. And that could change. So, if you want to keep up with what's going on with the podcast, you're welcome to email us at team@doctorscrossing.com and be put on our newsletter list.

All right, on to the episode for today. Now I am very, very excited about today's episode because we're diving into the specifics of telemedicine, a field that continues to evolve and offers flexibility and good income when you know how to position yourself.

Joining me today is a true expert in this space, Dr. Takashi Nakamura. Dr. Nakamura is an emergency medicine physician who made the transition into digital health, finding time and financial flexibility along the way. Motivated to help his colleagues make similar transitions, he co-founded the All In Remote Physician Coaching Academy, also known as AIR. He's also the co-founder of NVP Medical Group, where he runs five national physician groups and he serves as chief medical officer for three digital health startups. He's a busy guy, but somehow he's always smiling, like I can see him right now. He is always smiling.

In today's conversation, Dr. Nakamura will help us explore five ways you can increase your income and find great opportunities in telemedicine. It is my distinct honor and pleasure to welcome Dr. Takashi Nakamura to the podcast. Hey, Takashi, welcome.

TN: Hey, thanks for having me. Thanks so much for having me, Heather. It's a pleasure.

HF: Oh my God. I'm so happy that you're here and also that we got to meet in person last month at the Grove Restaurant in Austin, Texas.

TN: Yes, it was a blast. Thanks so much. I think you're just saying the three hours that we spent just went by so quickly. It was so fun. It was so great to hear your story. And I know you heard my story and we had a blast.

HF: Yeah. And interesting, you are here to do your in-person retreat for the people who are in your AIR Academy. It was just about to start and one of your attendees was with us for dinner. We had a great time. And I wanted to tell you, I was at the Grove last week and guess who walked in?

TN: Who's that?

HF: Lyle Lovett.

TN: Lyle Lovett.

HF: Yes, Lyle Lovett came into the Grove. Yeah, different celebrities tend to go there, but that's like a very laid back place. But I told him, hey, you missed Takashi Nakamura. You should have come a couple of weeks ago.

TN: I think it's safe to say we missed him. We missed Lyle Lovett. But no, what an amazing place. And I think just in general, I'm so envious that you live there in Austin, Texas, because I was telling you, I can see why people love that place so much. People move there. We had a blast with the retreat. I think in total, there were probably about 70 members that came and went that were part of our program. So we all had a blast there.

HF: Yeah, it sounds like you had a lot of fun. You did some goat yoga, you told me, which that could be a whole separate podcast episode.

TN: It's a must try for one time. It's a must try once.

HF: Doing yoga with baby goats. Okay, I love it. Anyway, I'm really excited to have you here today. And as we often do, we love to start with our guest stories of how they got into this specific area. And it's obviously a calling for you because you've really made your way into it. So take us to the time when you're doing emergency medicine work and maybe had an inkling that, “Hey, maybe there's something else for me.”

TN: Yeah. This was four years ago. I'm emergency medicine by specialty. I was in a brick and mortar ER and my daughter had just turned five. She started preschool and there were some events for her at preschool and I didn't want to miss them. Initially what I did was I transitioned over to do night shifts in the ER so I can make it to all of my daughter's events. And I was thinking, I don't want to work anymore in the brick and mortar anyway. I thought maybe I can do some urgent care telemedicine.

What I did was I got five licenses, state licenses, and I worked for a couple of national telehealth urgent care companies. And I thought, maybe I can just see about five or 10 patients doing urgent care a day and that could maybe replace one or two shifts in ER. And so that's really how I started. I wanted it as a side gig. I was working a W-2 ER gig and I wanted to do a little bit more. I wanted to get paid a little bit more, get a little bit of a side gig going. And I thought urgent care was the easiest. It was a no brainer for me being an ER doc.

I started doing that and it was great. It was great for like an extra few thousand dollars, up to like $5,000 or $6,000 a month doing that. So I was able to take some shifts off of the ER and being more present for my daughter. I have a son as well, my family. And so, that's how it all started. It was actually a lot more fun and fulfilling than I thought it'd be. Then I got licensed up in 50 states in DC, which is very uncommon, still uncommon to do.

And being in Hawaii, the advantage there was I was able to then work a lot of night shifts over on the mainland. And if I was licensed nationally, I could take care of some patients who needed some urgent care or primary care consultations in the middle of the night on the mainland.

That's kind of how everything started, but having more licenses, having more leverage and being exposed to more things that got me interested and involved in a whole bunch of other things in telemedicine. I was very lucky. I got into a community or communities of folks who were multi-licensed, who are doing things that are just different, different from the typical synchronous type of telemedicine care that we all know of.

I've been doing that for four years now, got really fun, got good at it, met some others that are doing it, got together with a couple of the doctors. And we started a coaching academy to help people see that telemedicine is more than just the consultations and you can do some fractional work. You can be an advisor, you can oversee nurse practitioners, you can help run national telemedicine groups and just have some fun with it. It's been so fun, so fulfilling and very rewarding. And like we talked about, we just had our retreat with our air academy members last month in Austin, Texas. And it was nice because we're all remote. And so, we got together, we're able to see each other in person and we had a lot of fun.

HF: That's such an interesting story. It sounds like you opened a door, a crack into doing these urgent care telemedicine type consultations. And then you just found a whole new world that expanded for you. I'm curious, Takashi, how would you compare and contrast your enjoyment of being an emergency medicine physician and then doing this telemedicine work?

TN: Oh, wow. I wasn't burned out or anything in the emergency department. So I did enjoy and if I were to go back in the ER, I think I'll still enjoy it a lot. But it's really different. I think in the digital health space, it's not just urgent care or emergency or primary care. There's a lot of new things or niche care things that are coming out. There are a lot of more appreciative patients there. I think in that sense, I do enjoy consulting, doing more telemedicine things. It's just a lot more fulfilling for me when you can just expand your reach, speak and consult with patients from all across the country in rural areas, patients who otherwise won't get care to be able to care for them. I think there's a lot of enjoyment doing those types of things. Now that I'm doing telemedicine, I don't ever want to go back. I love everything telemedicine.

HF: I think that's helpful. And we're going to dive into this further about how it's not simply seeing someone for three minutes for their sinusitis or getting their sexual health medicine or all these different things. It's much more expansive than that. And I think this is something that you're going to help us with. Are you completely out of emergency medicine concretely?

TN: Yes. Yes. It's been a couple of years now. Yeah.

HF: Okay. Now to start us off, we're going to talk about some different types of telemedicine, synchronous and asynchronous. Can you just give us a little overview for people who may not be familiar with asynchronous, what that means and telemedicine in general?

TN: Yeah, for sure. For sure. We can start by saying what synchronous is, and that's what everybody knows of as regular telemedicine. When I say, hey, I do telemedicine, I'm in the digital health field. People think just synchronous medicine, like what me and you are doing. We're talking live, real time, audio, visual, and getting feedback from one another in real time. Now what asynchronous telemedicine is, it's a different modality. It's a different way to care for patients. It's where a patient can put in all of his or her information that's necessary for a specific type of medical consultation. And that information, what they put in is stored in a HIPAA compliant fashion in a platform. And that's done whenever the patient wants to do it.

Now the provider, on the other hand, can review that consultation on his or her free time, whenever I'm scheduled, whenever I have free time, I can just go into that consultation and I can give a personalized response or treatment plan in a reasonable amount of time to that patient.

Now if I have to ask questions, it's almost like texting, but obviously you're doing it in a little bit more of a digital store and forward manner that's compliant. And you can go back and forth like that. Now this is really good. It works very well for simple conditions, things like that you can do, and still obviously provide good standard of care, like basic medication refills that are done by a primary provider, lifestyle products, things like creams or oral contraceptives, things like that. These are things that can be done asynchronously pretty safely. I think if you do it right, it's very efficient and it's very convenient for both parties, both patient and providers. We can all pretty much do these consults at our own time. Does that make sense?

HF: Yes, very well explained. And it's like we see patients in the office and that's all synchronous, but if we were answering messages and actually getting paid for them, that would be more asynchronous care. This is our first area of a way that you can increase your income and expand your opportunities in telemedicine is to do asynchronous telemedicine. Now, if a physician is listening and wondering, “Well, do I look for a job that's advertised asynchronous telemedicine or is it more that you apply to a company and then maybe they have different opportunities for the one role that we're doing?”

TN: Yeah, that's a good question. I think some companies do advertise that they do some asynchronous type of care as well. Some say that all they do is asynchronous care. There's a lot of companies out there that do this hybrid model where you establish kind of that patient to physician care synchronously. And so, you can do that first establishment of care through the video or phone. And after that, say if it's for a specific product or type of consultation, you can go ahead and get refills or check up on them asynchronously.

That's been a little bit more of a common model that I've seen lately, but it really helps because now you have establishment of care, which in some states, there's some very strict regulations where you cannot establish patient care from a provider standpoint asynchronously. It really takes care of that component. But after that, you can really still care for your patients, oversee your patients, do things on a HIPAA compliant chat form or text or something like that. Some companies will not advertise it like that, but it doesn't hurt to ask, “Hey, is this a synchronous type of company or not?” when you're applying.

HF: And in general, time being equal, is a physician going to make more income doing asynchronous telemedicine versus synchronous or does it really vary depending on what they're doing?

TN: Oh yeah, I think it varies. I think it really varies on what you're doing and how you're doing it. I think the most important thing about asynchronous care, being able to do that is that you're doing it on your own time. You can now prioritize being with your family, going out to dinner, having fun. For me, it's going to my son's baseball games and practices, my daughter's volleyball practices. And when I come home and when my kids go to sleep, then I can do asynchronous type of consultations on my own time. I think that's where it really helps.

Now, do some pay well? Yeah, some pay very well, but every company's got a different structure. Most of them are fee-for-service or we call it kind of like Uber style. You get paid per consultation. So, it depends on how efficient those consultations are. Depending on the store and for technology, you can get those consults done pretty quickly in some cases.

HF: Oh, excellent. Okay, this brings us to our second way to increase income and opportunity is to obtain additional licenses. And you mentioned you have 50 licenses?

TN: That's right. 50 state licenses plus DC. So I have 51 in total. Some of my members have more. Some members have Puerto Rico and Guam. I know a couple of doctors who are licensed in 54. 54 state licenses.

HF: Impressive. All right, talk to us about the physician who maybe just has one. How much might they be penalized by not having additional licenses and some routes to getting some of these additional licenses?

TN: Yeah, like I said, I started off with five licenses and I was doing urgent care. And what was sometimes not as fun was waiting for patients. Because like I said, the telemedicine landscape is such that you don't get paid by the hour in a lot of these companies. You get paid per consultation. So, if you look in your patient virtual queue and you have no patients to be seen, you're wasting your time. Now, if I open up my laptop and say, hey, I'm going to spend three hours on telemedicine consultations from right now, and I look at my queue, I have nobody to be seen, I'm not going to get paid. That's where I think having more licenses is going to be advantageous.

Now, back then, five licenses, I could still see five to 10 consultations, sometimes within the hour, five consultations within the hour. But a lot of times I just come back to my laptop every two hours to see if there are patients to be seen. With more licenses, I can really be productive during those three hours. I make my own scheduled office hours. And if I can see more patients, if I can get more done, if I can get my meetings in, I do some administrative work, I do QA work, I do some fractional medical directorships, fractional chief medical officer type of things. I help with guidelines. If I can really stack up those things to do where I can get paid in those 3 hours then I can obviously maximize my income and free up my time for later in the day.

HF: What would you recommend to a physician who wants to get their feet wet in telemedicine? They don't know if they're going to become like Takashi Nakamura. Should they just try to start with their state license and see how it goes?

TN: Yeah, I would recommend at the very least, get 10 licenses. At the very least. Really, it's just kind of a random number there. But we tell our members, once you have 10 licenses, I think these companies that are out there that are trying to hire physicians, they want them to be multi-licensed. At minimum with 10 licenses, I think that's where people are going to look at you and think, “Oh, maybe you can help my company out and help my patients in these states”, especially the ones that are obviously national companies. I'd say at least 10 licenses, but if not more.

Now, if you live in a state that participates in the IMLC, which is the Interstate Medical Licensure Compact, and there are 40 of them now, if you live in one of those 40 states, getting additional licenses is pretty easy. It's much easier. You don't have to go through that traditional route of getting the licenses with the verifications and making sure you're in good standing.

That process can take months. But with the IMLC process, it can really take days. All you need to do is apply and get a letter of qualification first, and then you can apply to however many licenses, however many states that you want. And they come in fairly quickly, some within days. Really, if you're in the IMLC state, you can get your 10, 20, or 30 state licenses and start practicing telemedicine within a month or two.

HF: Okay. We did a podcast episode on the IMLC. In case listeners are interested, we'll link it to it in the show notes. And that is episode 107. This is something that could make all these licenses much easier. I'm curious, Takashi, because it can be a lot to keep up with these things. Do you have a company or organization that helps you with renewal and all these headache types things you have to do with the licenses?

TN: Absolutely. Yeah. Anything more than just a few licenses, I think it'll help to have somebody monitor them, make sure you're in good standing, get all the CME that's required per state, and give you those nudges that, “Hey, this license needs to be renewed” and things. I have a license specialist who is taking care of all of my licenses and making sure I'm up to date with everything. And I highly recommend that. I think anything over a few licenses, yes, you do pay a little bit more for it, but it's like having a personal assistant there for you specifically for the licenses and making sure you're good.

HF: Okay, excellent. Before we go on to the third example we're going to give, I just want to ask you, let's say someone is really on the fence about telemedicine, but they want to toe dip. They're like, “Gosh, 10 licenses is too much for me to commit to.” Could they at least try with just their state license do you think, especially if it was from one of the big states that have a big population? Would that be feasible? I know it's gotten a lot more competitive. Could they maybe just try and see what happened?

TN: Oh, totally, totally. Yeah. Especially if you're in a state like California, for example, really big, Texas, Florida, they're really big with telemedicine. If you look for jobs out there that are looking for remote physician in those states, you'll find some, you can look up Indeed or ZipRecruiter, you'll find some jobs out there. It doesn't hurt to apply. You can apply very easily these days. All you have to have is a CV in hand and really just to upload and you can apply within a few minutes to companies. I think the barrier to entry is pretty low.

HF: Exactly. And if they aren't finding they're getting enough work, it just might be that they need to get more state licenses. All right. Excellent. Now we're going on to the third way to increase income and find opportunities is to diversify your telemedicine practice. Talk to us about this one.

TN: Yeah. There's a lot of opportunity out there if you look for it and if you're open to them. It's really cutting edge stuff. A lot of these things that come out in telemedicine, digital health, it's really trying to make things easier in terms of access and for a lot of different things. For me, as an ER doctor, it was pretty easy to diversify and do other things because I'm comfortable with being a little uncomfortable as an ER doc.

When opportunities came up for, say, men's health, like a men's health program, I'm like, okay, sure. I want to learn a little bit about that. And then an opportunity to come for a women's health program or perimenopausal health or something like that. I'm interested. I have friends that are experiencing these things. And so, it's for me pretty easy to just get in there, learn about it and see if I can help as a physician, if I can do these types of consultations and get comfortable with it. And it doesn't hurt to just put yourself out there to check to see if it's for you or not. Again, as an ER doctor, I got into a lot of things. Longevity. I love longevity. That's a big thing. People are trying to find ways, whether it be by supplements or medication or diet and exercise to just live longer. And so, that's of interest to me. And now I'm looking into that and seeing if I can be a consultant or a provider in that space.

Now, for those people who have, they are subspecialists, it's a little bit harder. If you're already a cardiologist you're looking for something specific to CHF or something. The opportunities initially might not be as good. That's why I recommend diversify, look into other things that interest you, things that might be more fulfilling for you. If you're interested in longevity care, then look into that. If you're interested in education, for example, and I am, look into things like nurse practitioner oversight. I'm a nurse practitioner supervisor for a few companies out there. I love that because I get to have these monthly meetings with MPs. I have educational moments. We look at cases together and things like that. And that's a nice way to diversify, too, because there are a lot of states that require some oversight by a physician.

PC ownership. I'm a physician group owner. A lot of these health tech companies to comply with corporate practice of medicine rules, they need to partner with a physician who owns a group. That's one of the things where it has to be done in several states. It's easy to just partner with a health tech company to be the owner of the physician group and manage that group. There are things like that that not many people know about. But I think it's really fun. It's to me very fulfilling to help startups grow and things. A little bit more business. But these are just some fun things. If you just open to those things, you can find them.

HF: You said so many excellent things here, Takashi, because we're often thinking of the bread and butter urging parents from medicine. But you've mentioned supervising nurse practitioners, which some people want to do and other people will not want to do that. And that's just a choice. And men's health, women's health, anti-aging longevity. I'm sure there are opportunities in obesity medicine and all these other different areas.

And I like that you mentioned that we may need to get out of our comfort zone, learn something new. We all went to medical school and we all focused so we can focus on something new and learn. I'm curious, Takashi, do you see that many of these telemedicine companies, for example, there's an obesity medicine one. If you're a physician, maybe you're failing medicine, but you don't have a lot of weight loss management experience, but you want to do this, do some of these companies help train you?

TN: Yes, yes, absolutely. There are especially the big companies out there. If you're comfortable with it and you're a physician and you want to learn, there are opportunities to learn, whether it be by CME or the actual company that trains you. There are some companies out there that didn't start doing weight management initially. They were doing other types of care. And so, if you're already a physician there and you're already consulting with other types of fields and then they add in weight management or a diet program or something, if you're willing to learn about it, they have all the guidelines.

They have people on their board or advisory board who are specialists. In a lot of these companies, like the ones that I've worked for, they're just really easy to connect with by text or Slack or phone if I have any questions. I learn by myself. I learn from the company. I get guidelines. They're pretty strict guidelines for the most part because it's telemedicine. And you get these advisors really that you can connect with at any time. Yes, if you want to learn about it, there are opportunities out there and the companies themselves will assist.

HF: All right. That's wonderful. Now let's go on to number four, which is to improve efficiency and maximize productivity. You spoke to this a little bit earlier when we're talking about asynchronous telemedicine, but I'm sure you have some other tips and tricks.

TN: Yes. Yes. These are some of the things that we teach in our six-month Physician Academy, our course. The majority of physicians in the U.S. work a W-2 job. The vast majority. I chatted with GPT this actually, 94% of physicians work a W-2 job.

HF: All right. Go Chat. 94%. That's high. That's very, very high.

TN: That's very high. That's higher than the average. It's high. And what that means is they're used to just one payment form, one way of working. Now, the majority of jobs in telemedicine right now anyway, are 1099 contracts, self-employed type of independent contracts. That's very different. The way they do things is different.

In a W-2 contract, and I'm just thinking like a hospitalist or somebody that, like a hospital employee or staff physician, if they have patients or don't have patients, they still get their same salary. They get paid the same. Some days they could see have 18 patients that they have to round on. And other days they have like five. But it doesn't matter. They can just sit around and they can pontificate. They can have their coffee and things like that. And they just go about their 12 hour shift or something like that.

In telemedicine, if you don't see a patient, oftentimes you don't get paid. We have to teach that, hey, you have to get more than one contract. It's not like a W-2 job where you find one job, they take care of you and everything is good. You get paid no matter what. That security is not there.

What we teach is get several contracts, get multiple contracts and do it in things that you enjoy, obviously. Some pay very well, some pay not as well, but you really find it fulfilling. Just find a diverse bunch of contracts. And using those contracts, you can just try to maximize your time with them. For example, if you have a synchronous gig and you want to see a few patients an hour with that company, you can, but everything in between, you can then maximize. You just do a little more things. You can write some emails, you can create some guidelines, you can get paid in other ways. You can maybe fit in an asynchronous consultation or look into some patient charts and do some other things where you can get paid. You really try to make it so within that hour, you're fully working so you get paid a good amount compared to again, opening up your laptop, “Hey, I'm ready to work.” And there's nobody to be seen. And you're not going to get paid for that.

HF: Do you see physicians struggling a bit with putting on the hat of being a business owner, an independent contractor 1099? Because that's a different frame than we're used to seeing ourselves in.

TN: Yes, yes. Us physicians, we've worked so hard through schooling, through education, through medical school, through residency, to be that doctor, to know that, “Hey, I have this job security, you have this pension that's waiting for you in some programs, some hospitals, you're going to work to a certain date, and everything's going to be taken care of, you have your medical insurance, you have family insurance and things.” To go from that mindset to thinking, I am now self-employed.

Now, the good thing is hey, now you don't have a boss, you are your own boss, you can now create your own schedule. We definitely like tell them, hey, there's some really cool things about being self-employed, but a lot of people have a hard time letting go of that security. Just saying, “From full-time, even from full-time to being per diem, I'm going to lose my health benefits, I'm not going to have my pension, how am I going to support my family?” Those types of things.

It's really hard to get people out of that mindset to be like, hey, look, there's actually more here on the other side of things. You can actually work more, you can work when you want to work, and in some instances, you can get much more. If you do things right, your income can actually increase. You can put more towards your retirement, which a lot of people don't know. If you're self-employed, you can put much more into your retirement accounts and things. Teaching them, it can take a while.

HF: I know you've worked with divisions from a lot of different specialties in your academy and your consulting. Could you give us a few examples of what you've seen in terms of income and whether this is from leaving their full-time job, letting go of that security, and then how they made it into finding this replacement income?

TN: Yeah, for sure, for sure. Now, let me say that income part is good, but I think there's so much more to that. There's the fulfillment, there's the time flexibility, geographic flexibility. There's just overall wellness with doing telemedicine. And so, what I can tell you is with our first cohort with the academy, which finished about six months ago now, we did a survey a few months later, and more than half of them are now making more than 2X their own income in the brick and mortar, which is crazy. This is not really what we were planning for.

HF: Wait, say this. Go back and say that again. Say that again because this is really key.

TN: Yeah, it's pretty cool. More than half of our members were making more than two times their brick and mortar income five months after our program, not even a year into doing telemedicine work.

HF: Wow, that's impressive.

TN: That's great. And again, that's nothing that we were trying to do. We don't guarantee those types of things. We just say, hey, look, you can do all these things on your own time, and really it's about fulfillment, just getting that flexibility to do other things, to prioritize other things first and then do telemedicine, do your career stuff secondary to your family and things. That's kind of what we try to teach, but really, because you can work when you want, how you want, and you're your own boss. Some people want to work more.

One of our guys, we actually had to stop him from working because he was working more than his brick and mortar, but he was having fun doing it, and he was making a good amount of money doing it. He was very efficient, and he has several contracts. And so, we had to tell him, hey, this is not why you're doing telemedicine. Make sure you spend time with your family, and let's not forget why you're doing these things. So, it's really easy.

Telemedicine is 24/7. You just get on your laptop, and you can talk to people in the middle of the night. If they want to, they want to speak with you. We just have to be careful. Yes, the income, if you want it, is there. If you have the right amount of contracts, the fulfillment is there. The wellness is there. And if you want to create time to be doing other things for your health, for your family, that is all there for you.

HF: Can you mention some of the specialties of the physicians who are in your academy or were in your academy?

TN: Yeah, I believe just about 60 or 70 percent of them are generalists. What I mean by that is emergency, internal medicine, family medicine, pediatrics. We have a handful who are women's health physicians. We have a couple of neurologists. We have an anesthesiologist. We have a surgeon now who also does aesthetic care. We have a couple of cardiologists, dermatologists. People of all sorts of specialties who want to do things in telemedicine that are enjoyable to them. One of the things we teach is, hey, look into other opportunities. Look at some fun things that you might want to do or you want to look into doing. And that's what they're doing.

HF: Can you give me some examples of what someone like an anesthesiologist might do in telemedicine? I'm not doing remote anesthesiology.

TN: There's pain management. There's non-opioid pain management that she's doing. There's a rehabilitation program, a company that wanted to partner with our medical group that wanted to hire her. That wants to hire her right now. She's looking into that opportunity. But she's also into weight management. She went ahead and got obesity board certification this year. And she's looking at opportunities. Actually she's working for a couple of weight care jobs right now.

HF: Okay, very interesting. Again, this is showing that you can diversify just because we went through one door doesn't mean there are other doors that will open. We're getting close to the end here, but we have one more way that we want to talk about to help you build your opportunities here, which is to build a strong network, find mentors and resources. And you're obviously a great resource. So tell us about this one.

TN: Yeah, I think this is the most important by far is to be surrounded by like-minded people. Because if you're in that call room with like-minded doctors in the brick and mortar who hate telemedicine, think that they're just pushing pills and antibiotics to everybody that's asking, you're going to get that same type. You're not going to be able to learn about it. That's all you're going to know.

What I do and what we create actually with all the remote academies, we create these communities of people who are in sub specialties or specialties within telemedicine who can come up with guidelines together, who can be the forefront of some fields in medicine. For me, too, when I got into telemedicine, I got into communities of like-minded people, people who are nationally licensed, who are doing some cool things in telemedicine. Without them, I would never have known about other opportunities out there.

When I wanted to get into coaching, I sought out the advice of coaches, people who are successful coaches. Now that we have businesses, I've had no idea how to run a business, but I sought out business coaches and got into groups that were full of business leaders. I think having a community of people that you can just talk to, you can run ideas by, you can ask questions, being the dumbest person in the room in those communities, it'll go a long way.

HF: You learn the most. Yeah. And what I found with physicians is that whenever I asked one of my clients “Can I share your example on the podcast? Would you like to come on the podcast?” They invariably say if it will help one person yes. We really do like to help each other. Now, would you like to share a bit about what resources you offer a little bit about your academy? And I think you may be working on a course too, is that correct?

TN: Yeah, that's right. What we have up to this point, we have an All In Academy. It's an elite course. It's high ticket. It is for people who really want to do learn and just really breathe everything telemedicine and who want to have the option of leaving their brick and mortars.

It's really for a small subset of folks. And we really limit that because you want to make sure that everyone's doing what they want to do in telemedicine. We do have a cap there. It started at 30, 35 people per cohort, which is six months long. And we overfill it every time, which we've been very lucky, but we overfilled this cohort, this current cohort at 40 people. Again, this is really for that small population of folks who really want everything telemedicine.

Now we are starting a virtual course within the next month or two. If you want to be informed about this, this is for the side gig person. This is for how I wanted to start, how I did start for those who want to maybe shave off a shift or make a little bit of side income and do it compliantly, safely. Doing it how the doctors think. We want to make sure we protect our licenses. We're doing everything the right way. We're giving really good care. We're doing things above board legally.

And so, if you are in that group of folks who want to dabble in telemedicine and make some side income and be fulfilled in that way, while still doing your other passions and working your brick and mortar, we do have a virtual course coming up. Just get onto the allinremote.com website and put in your information. You'll be in our newsletters and things like that too. But when we do come out with this course, you'll be informed.

HF: I love that, Takashi, because there's not one size that fits all in terms of budget and how much people really want to put into something. So you have this high price point, white glove service, the academy for six months for physicians who really want to take that route. But then I love that you're coming out with an online course for people who want something more budget-friendly, and this is something they might want to dabble in, but they don't really want to necessarily make a big jump.

We will have your links in the show notes so people can get on that list and find out about more information. And I also just wanted to add that for this episode, I'm linking to a freebie that I have, which is a list of a bunch of telemedicine companies. And I'm going to send this to you, Takashi, if you don't mind just looking it over and seeing any that you think I should add.

If you're interested in this freebie on telemedicine companies, you can just go to the Doctors Crossing website, hit the freebie tab at the top of the page, we have a whole bunch of freebies, including the telemedicine one, and we're just adding two new ones on your resume, tips for impressing recruiters, as well as one on great prompts for using Chat GPT, which is a game changer. Even if you're not interested in telemedicine, check out the freebie tab and you'll have an abundance of free things to choose from. And I will put the link in the show notes too.

TN: I love that. Oh, I'm going to check it out too.

HF: Yeah, definitely, definitely. Wonderful. I want to wish everybody, including you Takashi, happy holidays. This is coming out right at the holiday season. I want to thank you so much for coming on the podcast. I'm so just honored to have you here.

TN: Oh, same. I'm honored to be here. I can't wait to hang out with you again.

HF: That was fun. I'll tell Lyle next time so he gets the date right. He was disappointed. All right, my dear listeners, thank you so much for being a supportive community for the podcast. Please share this with anyone you think could benefit. Like, subscribe and review the podcast. And as always, don't forget to carpe that diem and I'll see you in 2025. Have a wonderful holiday and New Year's. Bye for now.

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Podcast details

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