



EPISODE #240 - How to Get Paid Consulting for Startups and Venture Firms.

With guest Dr. Alison Curfman

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AC (00:00.13)

I feel like every single person listening has ideas of things that are happening in their field, things that affect their patients, things that just, we shouldn't do it that way. Sometimes being a physician, you can feel really disempowered that we don't have the capacity to really make significant change. So I help create pathways for doctors to enter the startup space.

HF (00:28.694)

If you're at the white coat Crossroads and questioning your career, you're in the right place. Join us as we explore the many career options for positions within medicine and beyond. You can learn more at doctorscrossing.com. And now, let's go Carpe that Diem.

Hey there and welcome to the Doctors Crossing Carpe Diem podcast. I'm your host, Dr. Heather Fork, and you're listening to episode number 240. If you've been curious about side gigs for physicians, especially ones that don't require leaving your job and don't add more clinical hours, actually use your medical expertise, you're in for a treat today. My guest is someone you may already be familiar with as she was on the podcast sharing the amazing story that brought her unexpectedly into the world of startups and venture capital. My wonderful guest is Dr. Allison Curfman, pediatric emergency medicine physician and co-founder of Imagine Pediatrics, a nine-figure company that provides valuable resources and care to children with complex medical needs. Today, Dr. Curfman is going to help us understand what's possible for you

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If you want to consult with startups and venture capital firms, get paid for your expertise and make a meaningful impact, all without walking away from clinical medicine. And before we dive in, I do want to mention that we'll be hosting a free webinar on this topic with Alison coming up on Wednesday, February 25th, 2026. So stay tuned toward the end of the episode for all the details.

It is my true honor and pleasure to welcome Dr. Alison Curfman back to the podcast. Well, welcome, Allison.

AC (02:20.718)

Thank you so much for having me again.

HF (02:23.718)

I know, like, your story is so amazing and I'm going to link to it. It's number 192 on the podcast. So people can go back and get more details about this, like, too good to be true kind of story. But just to help the listeners, like, get to know you who aren't familiar with you, do you want to share a little bit of that story, high level?

AC (02:43.718)

Yes, I can give you a brief background. So I am a practicing pediatric emergency physician. I started my career in just straight clinical care, but had a lot of work that I was doing in telehealth and digital health development. And along the way got the opportunity to work on some population health programs, really focused on children with medical complexity because, and really everything I've ever done has come straight out of my clinical experience and the needs that I see in my patients. And so I built a program for these really high needs kids. It was very successful clinically, but didn't make any money financially. And so the program ended up ending during COVID, but I had published the outcomes that we had provided a lot of support for these families and it resulted in a really drastic reduction in their hospitalizations and their emergency visits.

Moving forward, I knew there was something really valuable here, but I wasn't in the right place to really scale it. And I ended up being recruited to a private equity slash venture firm in Nashville. That was a complete, like very bizarre universe, sort of aligning experience. And you can go listen to the other episode to hear more about that, but.

AC (04:07.03)

I was able to spend a year at this private equity firm building this company for children on Medicaid. And over two years, we grew to a multi nine figure valuation. We just raised \$70 million to take that model nationwide. And as of now, the company is caring for tens of thousands, close to a hundred thousand children on Medicaid with medical needs. And so the core of that story is really that

I knew as a pediatrician what these patients needed. I knew where the system was failing them. I knew where the problems were and how much cost it ended up causing to the system and to the payers and how much challenge it created for their parents. And so similarly, I feel like every single person listening to this has ideas of things that are happening in their field, things that affect their patients, things that just we shouldn't do it that way. And it can be really frustrating. And sometimes being a physician, you can feel really disempowered that we don't have the capacity to really make significant changes in more traditional healthcare settings. So I went on to form my own venture advisory firm. I work with a lot of different companies and at the level of the venture firms to help them with their concept development.

I work a lot on their clinical design, I do some advocacy and policy work. I do a lot with companies, but at the same time, I had a lot of physicians approaching me saying like, I would really like to do this sort of work on the side and other physicians that actually had an idea that they were interested in founding a concept. And so last year I started Startup Physicians, which is an organization to help create pathways for doctors to enter the startup space.

HF (06:03.308)

I'd love it, Alison, if you could start us off with some examples of what actually the physician would be helping with and advising on.

AC (06:12.308)

It's a very broad spectrum. And one of the things I want people to do before they get into it is to try and identify what interests them. So there are options to be more externally facing. So, you know, they need a lot of credibility from physicians. And so if it's a

company that you trust what they're doing and you feel comfortable associating your name with their brand, you can really help them with some of their marketing, some of their business development. It really helps to have a physician in the room when these companies are working with payers and wanting to explain their model. They need a clinician there to support that. But there's other options too, as far as product development and design. So if it is a tech product, really being able to identify if you are the ideal end user, like I...

Using the product and identifying where the problems are, whether that's a device or a software. And then another thing that I see companies needing is they have this idea, they do like a pilot, it seems to get started, but they need to be able to prove that it works. And so these aren't large-scale clinical trials of randomized controlled trials, but they need doctors to help design.

And run validation studies. So how can you rapidly measure the outcome or the variables that are associated with the life cycle of their product? So for instance, if we were to implement this new care delivery model and our goal is to keep people out of the ER, how do we actually measure that? So study design and implementation. And then the other thing is a lot of times for a care delivery model they have like a spreadsheet of how they're going to run the model, but they don't have actual clinical workflows. It's not like you could have a doctor and a nurse come in and know exactly what they need to do. So they need someone to oversee like the quality and the safety of like, how are we going to implement this? How are we actually going to do this work and put that into like a playbook or a workflow? Those are the sorts of things that I see there being a huge need for.

HF (08:31.106)

And now is there a physician or two who comes to mind when you think of someone who actually found something and they're consulting and the kind of impact that they're having?

AC (08:41.106)

I have a couple that I can think of. So in particular, there have been a lot of opportunities in women's health and in behavioral health. There's like a lot of companies I know that are looking for. It's just, those are two areas that are just exploding right now. And so I've



had a couple of doctors that are, one's an OB and one's a psychiatrist who have applied these concepts and really put themselves out there.

And have been able to find roles as formal advisors. And sometimes when you're getting started, it is important to realize that you sometimes have to work up to the level of income that a well-seasoned advisor can charge. And so there's options to work with companies on an equity only basis at first, because there's a lot of early stage companies that are very excited to work with a physician, but maybe don't have the cash flow to support a contract. So those can actually be really great first opportunities because you're new to this, you have a lot of value to add, they need a lot of help. And if it goes well, it will amount to something meaningful in terms of actual compensation. But what you have after that first engagement is you have a relationship, you have a track record, you have a reference.

You have something else to put on your resume. And quite honestly, you will be walking the walk. You will be able to have the sorts of conversations with your next client that show that you have experience. And so it's not the sort of thing where I think of like, okay, like when you do your residency and then you do your fellowship and then in your years out, you're like gaining experience. just takes a, it's like a very gradual curve of becoming

AC (10:38.094)

A really seasoned expert. I feel like everyone I've talked to in the field, they're like, it's like you need that first opportunity to really start to get it and understand how to add value. And then you can, a lot of times can charge full rates because you have experience. And so that's a pathway that I've seen people take. And then I have someone else who is really focused more on helping innovation.

Products really get their name out there because the intended user is of their specialty. And so you can do things like network development, you can do things. So I know she does retainer contracts for about \$5,000 a month for each company. And she does a lot of help supporting some of their marketing and messaging.

She'll get on calls with other physicians who need to know about the companies or the products. And that's work that I do for companies too sometimes. I have a client where

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I'm doing some fractional chief medical officer work, which is a little bit higher level than an advisor. I still would consider myself in more of an advisory role. I don't like having people reporting to me or deliverables or like core things that I'm creating.

I'm overseeing a lot of the medical strategy for the organization and what clinicians need from the organization, as well as doing some things related to more risk management. And then another organization where I'm doing more policy work because they really need to get their product approved by Medicaid. So there's a whole continuum of things that you can do, whether it's research or outreach or product development or working with an internal team.

I think that what you need to do is just start exploring what are the problems you're interested in solving, because what really opens people's minds is when they start to do the research on what's out there and they realize how many people are actually building solutions in their field. And if you go to these health tech conferences, they're all really excited about meeting physicians.

HF (12:56.952)

Okay, so there's so much in here that we could dive into and I know we don't have a ton of time, but you make a really great point about how in the beginning it's possible you might not be getting paid. You may get shares or you may get some kind of equity or you may not, you may just be able to say, I helped this company and they can go from free to fee. So it's sort of like being an intern, like you said, you pay our dues and then you get the experience.

And it can go from there. Now, I know a lot of physicians might be thinking, I might be ruled out for this reason, okay? So if we talk about how soon someone could start this, could they even do it in residency? Or maybe it's someone close to retirement, someone who maybe is no longer clinically active, or maybe they don't have board certification or an active license, like who can do this?

AC (13:52.952)

You actually named like every one of those made me think of a doctor that I've been working with. So, okay, let's talk about trainees. I think this is so important for trainees to get involved. I have told the stories on my podcast of several people who started during

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medical school even working with companies or maybe took an interesting role in between their med school years.

Some of these people are just like geographically located somewhere where they're kind of infused with it. And so they did start during residency. But I have a fellow I work with on a concept that he's been developing and he has several roles advising companies and is building his own startup. And he's a first year fellow. And I founded a research network when I was a first year fellow because there's ways to get involved that it's like, it doesn't matter how far along you are. You know, a lot of stuff.

So the fellow resident trainee side of things like, yes, get involved. You have fresh ideas. You are not entering the system with this systematic, like, oh, we've always done it this way. You see stuff that some of us might miss because it's just been ingrained in us. So second example, someone who may not be practicing clinically, I actually, that's exactly someone who I've worked with who, for certain reasons cannot practice clinically anymore and for medical reasons and wants to still use this like 20 years of knowledge they've invested in their mind and in their experience because it's still so valuable, the knowledge and experience and skills that this person has. And so that has absolutely not been a barrier.

I actually will say that most, I still practice because I like to and I want to and I feel like it really keeps me connected. Most of the doctors I know that are CMOs or are leading startups, they don't necessarily practice clinically. A lot of them let that go at some point, which you don't have to, but it also shouldn't make you think there's a barrier. Like it's very normal in the industry to have physicians who have gone in an industry direction as opposed to a clinical direction.

So that doesn't rule you out. And then you said people who are like more on the tail end of their career. I have someone in my program right now who is, you know, retiring as a clinician and has just so many great skills and is very comfortable putting themselves out there and very comfortable reaching out, making connections, going to meetings and has like this whole pipeline built out of opportunities.

And as he closes those deals, I think he can very easily kind of wind down the clinical time and move into more of this as a part-time or full-time role. So I think it's available to

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anyone. You have to be willing to do the work. The mistakes I see people make, I will talk about this more in the webinar, but it is one that we covered a lot today, which is like thinking that they don't, not knowing how valuable your own expertise is. Like it's really valuable.

Or having too much pride to be able to be like, yeah, I'm gonna do this like an intern again, like realizing that there's so many things you don't know, you gotta learn them, it's gonna be your first time doing it, you might fumble a little bit or not get paid as much for this first gig, but it's such a good learning experience. You're able, a lot of doctors are really good at learning, so I think that being able to come into a situation and...

AC (17:42.55)

Even if you've been practicing for 20 or 30 years, realizing it's kind of like being an intern all over again. And then three, people that give up too soon. So you don't want to get one role that's equity only and then be like, this is not what I wanted. I'm not making money. Because I think, again, once you get that experience, you have a track record and you have so much more context. Like I learned more by working at this firm for a year than I ever learned in my whole life MBA program. So I think that this is available to all physicians. And even if you're not practicing or don't have active licenses, there are opportunities for you to be this thought leader and really use the knowledge that you have.

HF (18:29.952)

Well, that is very reassuring and I love that you spelled it out. Now, I know you'll be talking about this more in the webinar and it's a big piece, but just high level. can imagine a physician thinking, okay, she's kind of pumped me up here. I feel like I can do it. I qualify. These companies and opportunities seem like they're on the other side of a 50-foot wall. I can't even see them. I can't even imagine how I would scale that wall and find them. So just a couple quick ideas about how people actually find these opportunities, connect with them and be seen as the person that they need.

AC (19:05.952)

I'll give you a very brief version of this like five steps that we'll go through in the webinar. But first is understanding, well, first addressing your mindset, which as a coach, I know you are great at helping people understand their own mindset and their beliefs about

what, you know, an abundance mindset, what opportunities are there for you really believing it. Two is understanding your own narrative. What is your story? Who are you? What matters to you? What are the problems you want to solve? And it's more than just, I'm a pediatric emergency physician. I have a narrative that I shared today, but it's why are you driven to do this and what sorts of things are you drawn to? And so this will be like looking at a whole menu. I have a guide you can download on my website of 50 different ways doctors can contribute to startups. You know, it's like a menu. It's like, oh, I like that one. Ooh, I don't like that one.

I would not want to do that. And then even identifying like, okay, like someone who's an OB, it's like, okay, are you interested in things like maternal fetal care or perimenopause or like women's health in general or all of it? So it's like a menu. So identifying your narrative, what you want to contribute to, and then you can come up with a great LinkedIn profile, like a one-liner, how you introduce yourself, and it will feel weird and uncomfortable at first, but it's fine. Like everything is weird and uncomfortable at first.

And then I take people through a process of lead prospecting. So there's three main ways I teach people to get leads. One is cold outreach on LinkedIn, which sounds scary, but it's like, what's the worst that happens? They won't respond. But I teach people how to run deep research reports to find companies that would be fit to their profiles and who to reach out to at the company, what exactly to say and what to do if they respond back and they are willing to meet, taking them through the whole process.

Two are your own professional society conferences. Like there is an entire exhibit hall floor of people who paid tens of thousands of dollars to be in front of people exactly like you. So instead of walking around looking for free bags and chapstick, go say, I am a physician in this field and I work with companies on this and I really like your product and I'd love to hear where your company's going.

And I've gotten so many advisory roles just talking to people at literally like the AAP conference. It wasn't even an industry conference. And then third is actually industry conferences. There are some amazing health tech conferences that are getting like a huge physician following. There's other physicians working on getting more doctors to come to these conferences. We have special discount codes. There's ways to get



involved and it will blow your mind if you go there because you walk around every once a doctor.

So those are ways to find opportunities and then I have actual guidance on what to do once you've made the connection. So you need to have some services, like you need to be able to say things like, here's what I do for companies and we walk through pricing, it will be different depending on how experienced you are and what stage the company is in. But trying to figure out how to close a deal and then how to onboard and manage a client. So.

It's a step by step thing. You start with one step and then you move to the next one and the process works.

HF (22:31.952)

Well, I know this can sound like a lot to people, but we can follow steps. Like you think about what we knew that first day of med school. If someone had said, go into the OR and remove this gallbladder or figure out how to handle this brittle diabetic in the emergency room, we'd stare like a deer in headlights. None of what you're talking about is harder than any of those things because you are not gonna kill somebody.

AC (22:35.952)

Correct.

HF (22:43.952)

If you send an email that just doesn't land with somebody or they're like, no, sorry, we can't use you. So understand, this is not an overnight thing, Alison, and this could be something someone could still do full-time practice, part-time practice. They could do it even when they're clinically inactive. But if someone's thinking, do I want to put in the energy and the time to learn how to do this?

What would you say are the reasons why physicians find this so satisfying and are willing to climb this bit of Mount Everest, a mini Mount Everest?



AC (23:31.224)

I mean, they need us. It's so important. Healthcare is, I mean, I'm driven by impact and purpose above all else. Healthcare is changing so fast. We have to have a voice at the table. So that as a motivator is one major thing. And they really, really need good clinical input for us to be solving problems and creating high quality solutions. Two is that it is so fun. Like if you have been feeling like a cog in a wheel or like sort of disempowered really hierarchical bureaucratic organizations feel that way. Startups have like very little politics because there's just not that many people there and they haven't been established very long and being around founders like they're so optimistic, they are so visionary, they would not be dedicating their lives to finding a solution to a problem if they weren't this aspirational type of person and so

Being around that energy, it opens up your mind and it's fun. And the other thing is like, we don't have a lot of creative outlets with our clinical knowledge. It's not like I'm managing septic shock. What should I do this time? Like we follow protocols in our clinical lives and this is a way to be like, think outside the box, like expand your mind. What are all the things you could design, you could do? We don't have a lot of opportunities to design things. And so it's...

It's fun, it's energizing, great people, and the sorts of physicians that are doing this work I have a lot of fun with.

HF (25:04.952)

So guys, can you hear her enthusiasm? I mean, it is so genuine. I wish you could be here and see her right now. And it's just such a wonderful thing to feel like you are making an impact in a way that's meaningful for you. So if this resonates, we'd love to have you join us on the webinar. So Allison, can you tell us a little bit more about the webinar, what they can expect, and then tell us about your course too and how people can get in touch with you.

AC (25:32.098)

Yeah, so we'll go a lot deeper on this in the webinar. We'll give people sort of the teaching they need, like the basics. So that like, if you wanted to go do this on your own, like we'll give you the basics. I want you to have resources and ideas and start trying it out. And so we can get into that a lot more with, you know, a webinar where we can also



do Q and A and help get people past hurdles. And then in my course, it is a physician only course.

Where if you're looking for more guidance and a really step-by-step process, we have a lot of tools as well. So I have AI tools to help write all your assets. I like templates for how you create proposals and contracts. And we have the deep research prompts and process to create your entire business plan and usually create like a list of, I don't know, a hundred or more leads for you to go follow up on.

And so, it's a community-based thing, so we have a lot of fun. We really support each other. So if you're looking for more accountability and like a step-by-step process, it's called the Startup Physicians Launchpad, and you can find it at startupphysicians.com.

HF (26:48.952)

Is that course open now or is it starting with enrollment soon?

AC (26:43.646)

Yes. We are enrolling now and you can enroll anytime, but we have some special bonuses that are available right now.

HF (27:01.646)

That is fabulous and as physicians we tend to like programs because you're also super busy. Like think of all the time that Alison will save you if you want to do this but you don't want to reinvent the wheel and figure it all out on your own. So I will put the links in the show notes for her course and our website. Also for the webinar that's going to be Wednesday, February 25th, 2026 at 8 p.m. Eastern, 7 p.m. Central and 5 p.m. Pacific Standard Time. So all this information will be in the show notes. You can reach out to myself or Allison if you have questions too. And just one last thing I wanted to say is that if you go and attend the webinar, we're going to give a big discount on our LinkedIn course and a resume kit, because these can be helpful for you if you're reaching out to be a consultant or advisor. And now...

They are CME accredited so you can get your category one CME credits too. All right, Allison, any final words you want to share with our listeners?



AC (28:04.646)

No, I just hope this was inspiring. I love working with physicians. I love seeing how many ideas they have. It's been so fun to me to have people of all these different specialties. Like, my gosh, do you know what we could do with eyeballs and what we could do with neurosurgery and what we could do with mental health? And let's get these ideas out there. You guys have such great expertise and it's so deeply needed.

HF (28:28.646)

Well, thank you. And a big thank you to Allison. After this company that you helped found became highly successful, you could have just said, okay, you know, I'll just go along my way. But you said, I want to help other physicians be able to do this too and do consulting. And you've put in, I know, countless hours and so much thought and care to this course and the resources that you offer. So a big Texas-sized thank you to you.

AC (28:56.888)

Thank you so much.

HF (28:58.888)

You're welcome. All right, my dear listeners, please share the podcast. And we still have our contest going on where if you share it with two people and email us at team at doctorscrossing.com, you win a prize. And this is a great prize. Let me tell you, you're going to want it. So don't forget to Carpe that Diem. And we'll see you in the next episode. Bye for now.

HF (29:23.512)

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