

DON SELF & ASSOCIATES, INC

MEDICAL SOURCE, INC

WHO WE WORK WITH

&

WHO WE WON'T WORK WITH

Don Self & Keith LaBonte have owned our own individual companies for 20 plus years and we've learned who we want to work with and who we choose not to.

As a seminar leader, Don has taught physicians in every specialty in hundreds of seminars over the past 22 years, and in a seminar, everyone is supposed to learn from the same data, but not everyone gets the same benefit from that seminar. Where one attendee may garner a great deal of info – based on their own circumstances – the person next to them may get little, due to their knowledge and experience. That is the problem with a seminar to a large group. That is not the best way for us to help make positive changes in the healthcare field that will achieve better medical outcomes while increasing the practice income.

Consequently – we are consultants. Prior to being able to help a practice – we have to learn about that practice, what they're doing, why they're doing what they are and why they are not doing other things. We ask a lot of questions. To assume that everyone needs the same thing would be foolish. We spend quite a bit of our time and our intellectual property when we're working with a practice – and since our time is limited (as yours is), we do not wish to waste it.

Therefore – we choose to not work with jerks, people that act like an ass, people that disrespect their staff or employees or managers or others. Once in a while we run across a physician or a manager that thinks they are “above” others. They are truly pitiful.

There are some people whose minds are so small & arrogance is so large that they believe only someone with a doctorate or a masters is deserving of “their” time. Their first question when we start working with them is “what are your credentials” as if to say my time is more important than yours. The really sad thing about those people is that they could be so much more beneficial to their patients, their employees and their friends if they just learned that there is so much they don't know that could help them – if only they were not asses.

The philosophy that Keith and Don has is that we choose to not work with those kind of people. We will not work with those wanting to do services for the primary purpose of making money instead of the primary purpose of improved patient care and medical outcomes. I have fired clients when I found they were doing things for the money as the primary goal instead of for the patient.

We (Keith and I) know that we will help practices increase their income by as little as \$50,000 a year to as much as \$5 Million a year (a 7 provider practice in Arkansas), so why in the world would we want to do this with someone like those we mentioned?

God has given Keith and I a gift of understanding the present healthcare environment and we can make a HUGE difference to patients. We KNOW there are patients alive today because a physician listened to us about this or that service. We KNOW there are patients today whose lives have been turned around because a doctor did a therapy that we recommended and we do not give a damn whether more than a million dollars was spent on putting it into the NEJM or JAMA or any other. The patient who is alive today doesn't care whether it was in the peer reviewed journal and I pity not only the doctor who is afraid to think for themselves – but more importantly for the patients they are tasked with taking care of. How many doctors continued to KILL patients because the “accepted” method was to bleed patients? How many patients are suffering that are seeing the doctors around you because the doctor hasn't got the good sense to realize that maybe PQRI has some validity?

Yet – we talk to doctors all of the time that are looking at PQRI only for what it can do for them financially instead of what it can do for the medical outcomes it can achieve for their patients. So – they see the PQRI for the \$15 a day it can make them – and totally miss the fact that it can not only make them a BETTER doctor – but that it can also increase their income by another \$350 a day – so easily.

Once in a while, we talk to a doctor who says that clinical lab tests are only used to “confirm” what the doctor already knows through their history and examination. If that isn’t the definition of ARROGANCE, I don’t know what is. In fact, one doctor whose practice income (5 doctors) has increased by more than \$40,000 per month by following just one of our recommendations, told us that this is what they were teaching in medical school when he attended.

So – if your doctor and manager are nice people and willing to learn – we may be able to help them increase the practice income by following the CMS and HHS guidelines on PQRI and through our free telephone analysis. But – if they are not – then you don’t really want to call us as we only work with people we like.

Don Self