# Practical Al for Private Practice in 2025

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# The Daily Grind

### **Time Scarcity**

Endless admin tasks consume valuable patient care hours.

### **Documentation Burden**

Complex records & compliance reduce productivity.

### **Limited Leverage**

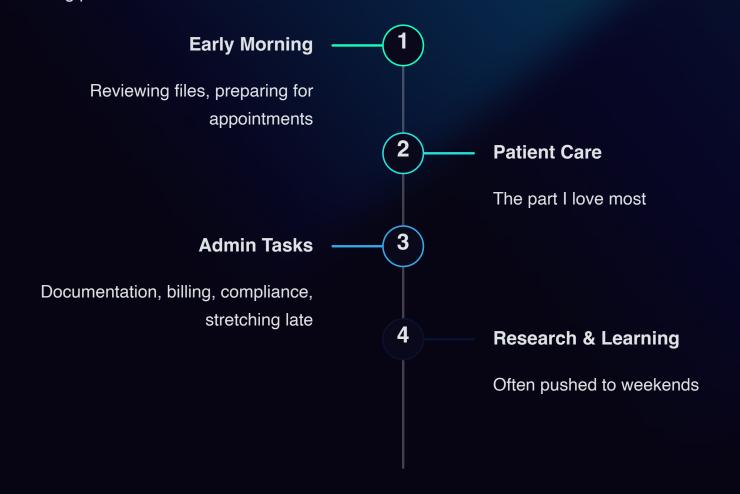
Traditional practice models hit a ceiling, limiting growth.

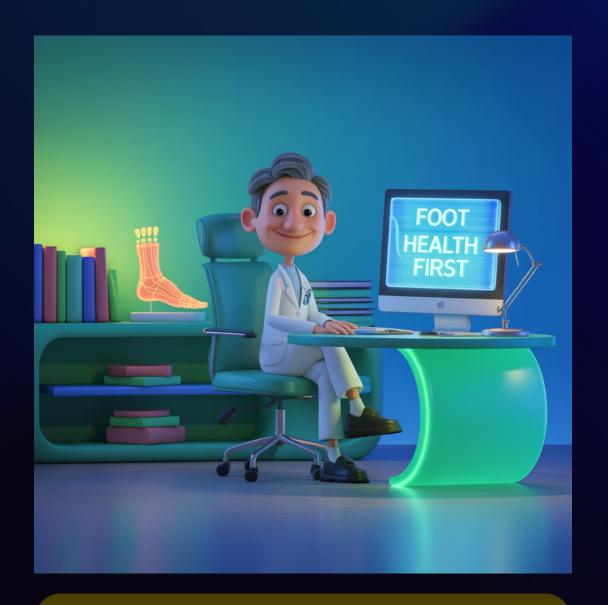
Modern podiatrists face a critical challenge: **scaling their expertise without burning out**. The constant demands of patient care, documentation, and business management create overwhelm, threatening both professional satisfaction and practice growth.



## Where Do I Find More Time?

Like many healthcare professionals, I faced a cycle of diminishing returns. Each day followed the same demanding pattern:





The Reality Check: Working 70+ hour weeks just to maintain quality care standards while staying competitive

# **Working Smarter, Not Harder**



### The Old Paradigm

More hours = More output

Hire more staff = Scale practice

Work harder = Better results



### **The New Reality**

Smart systems = Multiplied efficiency

Strategic automation = Scale expertise

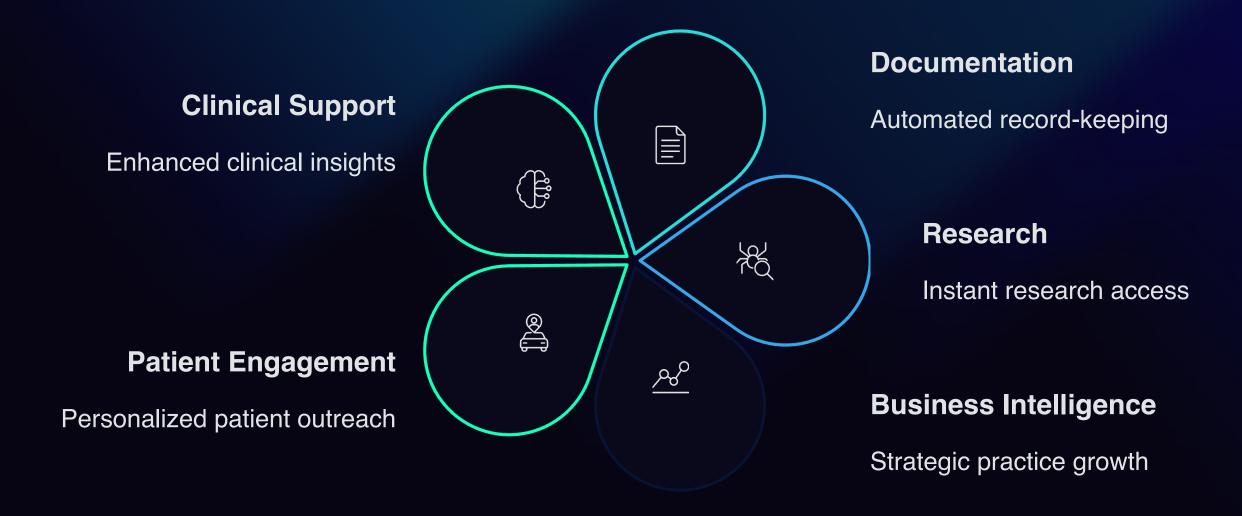
Work smarter = Sustainable growth

"The definition of insanity is doing the same thing over and over again and expecting different results."

To escape the time-for-money trap, we must shift from simply adding human resources to amplifying capabilities with intelligent systems.

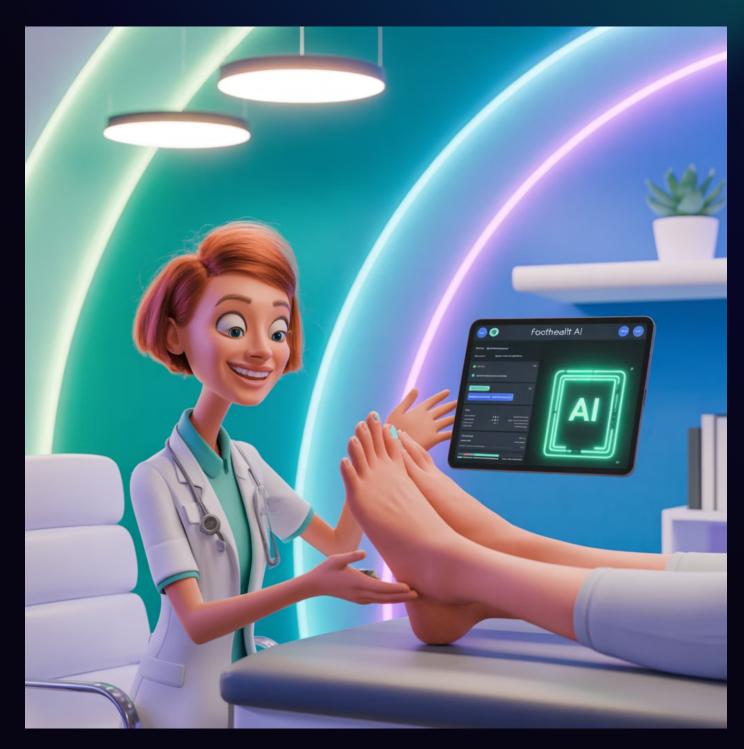


# **Your Al Assistant**



Al isn't replacing podiatrists - it's **amplifying our expertise** and freeing us to focus on what matters most: exceptional patient care.

### **Clinical Notes: From Hours to Minutes**



>1 Hr

98%

**Saved Daily** 

**Accuracy Rate** 

On clinical documentation

For automated transcriptions

# Billing

**Better Coding** 

From detailed capture of services including time and issues recorded

Podiatrists often spend hours on documentation for every hour of patient care. Al-powered clinical notes streamline this



# Your Evidence-Based Edge



### **Vast Database Access**

Instant search across peer-reviewed journals and clinical studies.



### **Intelligent Filtering**

Al filters results by relevance, quality, and patient characteristics.



### **Executive Summaries**

Key findings and clinical implications in digestible formats.

"What used to take me hours of literature review now takes minutes. I can provide evidence-based treatment options for even the most complex cases on the spot."



### **Stay Current Effortlessly**

Al monitors latest research and alerts you to relevant developments.



### **Evidence-Based Decision Making**

Access treatment outcome data and success rates for patient populations.



### **Competitive Advantage**

Offer cutting-edge treatments based on the latest scientific evidence.

### From Conversation to Content

### **Define Your Need**

Simply tell AI what content you need.

### **Al Processes & Creates**

Al analyzes relevant information, applies best practices, and generates content.

### **Receive Polished Content**

Get ready-to-use content, complete with visuals and key details.

### **Before Al**

- Research best practices
- Write content from scratch
- Design layout and visuals
- Review and edit
- Print and distribute

Time: 3-4 hours

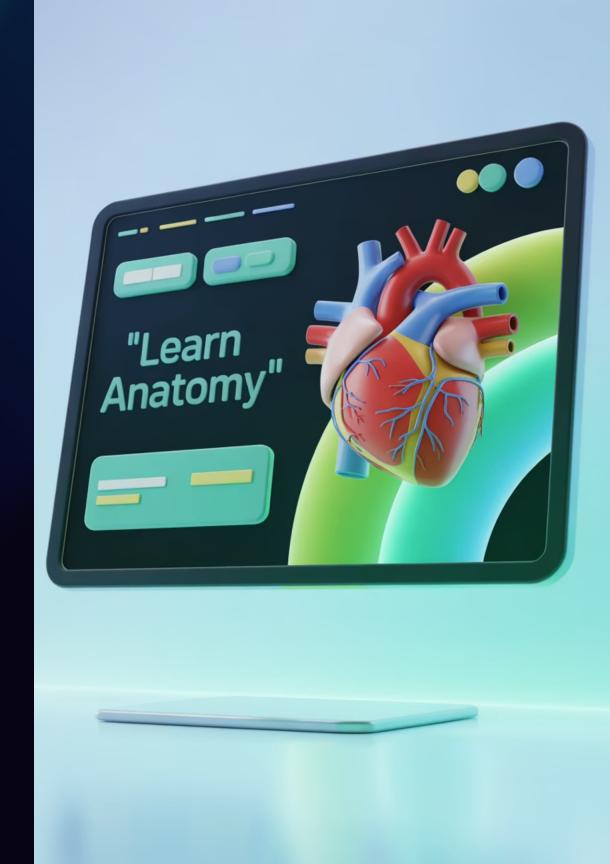
### With AI

- Provide topic and parameters
- Review Al-generated content
- Make minor adjustments
- Approve final version

Time: 10-15 minutes

### **Quality Comparison**

✓ Evidence-based content ✓
Professional design ✓
Consistent branding ✓ Multiple
format options ✓ Instant
updates possible



# **Your Free Consultant**



### **Performance Analytics**

Real-time insights and actionable improvements by identifying patterns in practice metrics and patient satisfaction.



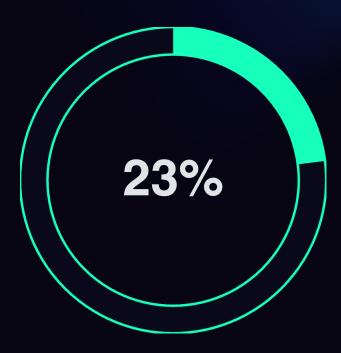
### **Intelligent Scheduling**

Optimize appointment slots and reduce no-shows through predictive modeling and automated reminders.



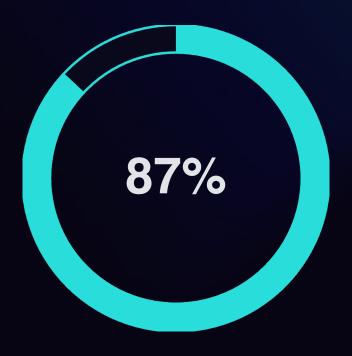
### **Strategic Planning**

Al analyzes market trends to recommend new services, optimal pricing, and expansion opportunities.



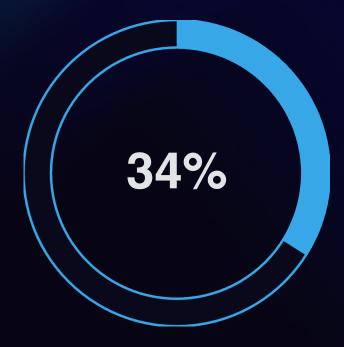
### **Revenue Increase**

Average boost from AI-optimized scheduling and pricing.



### **Appointment Efficiency**

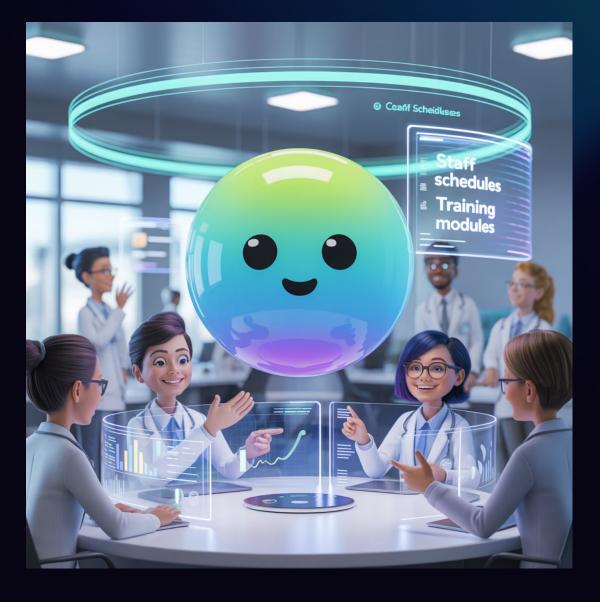
Reduction in scheduling conflicts and gaps.



**Decision Speed** 

Faster strategic decisions with data-driven insights.

# **Happy Staff, Better Outcomes**



1

### **Recruitment Optimization**

Al streamlines candidate screening and initial interviews, finding top talent faster.

2

### **Performance Monitoring**

Monitor staff performance, identify training needs, and deliver personalized feedback.

### **Workload Distribution**

Intelligently assign tasks to optimize efficiency and balance team workloads.

### **Automated Onboarding**

Automate new hire training, track progress, and ensure compliance with ease.

### **Predictive Staffing**

Forecast staffing needs to optimize levels, ensuring quality care without excess costs.

### **Communication Hub**

Centralize team communications and automate updates for seamless information flow.

# **The Power of Being Nimble**

### The Titanic Approach

- Massive, slow operations
- Rigid systems
- Slow to adapt
- Vulnerable to disruption
- High overhead

### **The Speedboat Approach**

- Agile, responsive operations
- Flexible, Al-enhanced systems
- Rapid adaptation
- · Resilient and future-proof
- Lean, efficient structure

**Warning:** Practices that resist Al adoption risk becoming the "Blockbuster" of healthcare - obsolete despite having all the right intentions.



Embrace AI to gain a competitive advantage. The question isn't if AI will transform healthcare, but if you'll lead the transformation or be left behind.

# **Start Small, Start Now**

01

### **Assessment Phase**

Identify your biggest time drains and operational bottlenecks. Focus on one specific challenge costing 2+ hours daily.

03

### **Implementation**

Launch a small 30-day pilot. Measure time savings, quality, and team satisfaction before expanding.

02

### **Pilot Selection**

Choose one AI tool to address your primary pain point, such as documentation, research, or patient communication for quick ROI.

04

### **Scale & Optimize**

Systematically introduce successful AI solutions to other practice areas, building your competitive advantage step-by-step.



### **Quick Wins**

Documentation automation, patient scheduling optimization, basic research assistance



### **Medium-term Goals**

Comprehensive practice management, advanced clinical decision support, marketing automation



### **Long-term Vision**

Fully integrated AI ecosystem, predictive healthcare, personalized treatment protocols

(i) Remember: The goal isn't to implement every Al tool available. Focus on solutions that solve real problems and provide measurable value to your practice.

# **Leverage = Freedom**



### **Mental Freedom**

Reduce cognitive burden of routine decisions and information processing.

### **Financial Freedom**

Increase efficiency and revenue without proportional stress or overhead.

### **Creative Freedom**

Explore new treatment approaches, research, and practice innovations.

"Al isn't about replacing humans; it's about freeing us to be more human by handling tasks that don't require our unique expertise."

### **Traditional Practice**

Limited by time and manual processes. Growth often means more stress.

### **Al-Enhanced Practice**

Leverages automation to multiply impact. Growth means more freedom.

The future isn't about choosing between technology and humanity – it's about using technology to amplify our humanity. All gives us the freedom to be the healthcare providers we always wanted





# Practical Al for Private Practice in 2025

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I run a medical practice seeing 30 patients a day. Current process: checkin Insurance verification waiting room nurse vitals doctor consultation potential procedures checkout scheduling. Average time: 30 minutes per patient. I want to double my patient volume without compromising care. Analyze this workflow and redesign it for maximum efficiency.

### **Challenges:**

Insurance verification is often a choke point.

Patients spend too much time waiting between touchpoints.

Doctor is the biggest bottleneck (everything flows through you).

Checkout and scheduling are clerical tasks often delayed.

No parallel processing—each patient goes in sequence instead of overlapping tasks.



### **Principles to Double Volume**

Parallel processing: Different staff handle different steps simultaneously.

Task shifting: Move anything non-clinical off the doctor's plate.

Pre-visit prep: Eliminate steps during the appointment by handling them earlier.

**Rooming efficiency:** Each exam room prepped so the doctor only enters when everything is ready.

**Checkout automation:** Scheduling + payments streamlined digitally.



### Redesigned Workflow

Here's a re-engineered patient flow that could cut average visit time by 30–50%.

### **Before Arrival**

Digital Pre-Check-In: Patients complete forms, demographics, insurance upload, and copay prepayment online.

Insurance Pre-Verification (Day Prior): Centralized team batch verifies all next-day patients.

### On Arrival

**Rapid Kiosk/Tablet Check-In:** Patient confirms info  $\rightarrow$  immediately directed to nurse (no paperwork).

Nurse Vitals & Intake (5 min): Nurse confirms chief complaint, updates meds/allergies, preps chart.

**Doctor Encounter (7–10 min):** Doctor enters when chart is prepped  $\rightarrow$  focused on diagnosis & decision-making.

- If procedure is needed, nurse/tech preps while doctor moves to next room.
- Use 3–4 exam rooms so the doctor rotates while staff reset rooms.

**Procedure (if needed, 5–10 min):** Tech assists  $\rightarrow$  doctor comes in briefly for key parts only.

### **After Visit**

### Checkout + Scheduling (3–5 min):

- Digital scheduling + payment in-room (tablet) or via checkout staff.
- Automated follow-up texts/reminders.



- Efficiency Gains
- **Doctor time per patient:** drops from 20-25 min → 7-12 min.
- Total patient visit length: drops from ~30 min → 15-20 min.
- Throughput:
  - With 3-4 rooms rotating, one doctor can see **50-60 patients/day**.
  - Nurse + MA teams handle prep, intake, and post-visit.



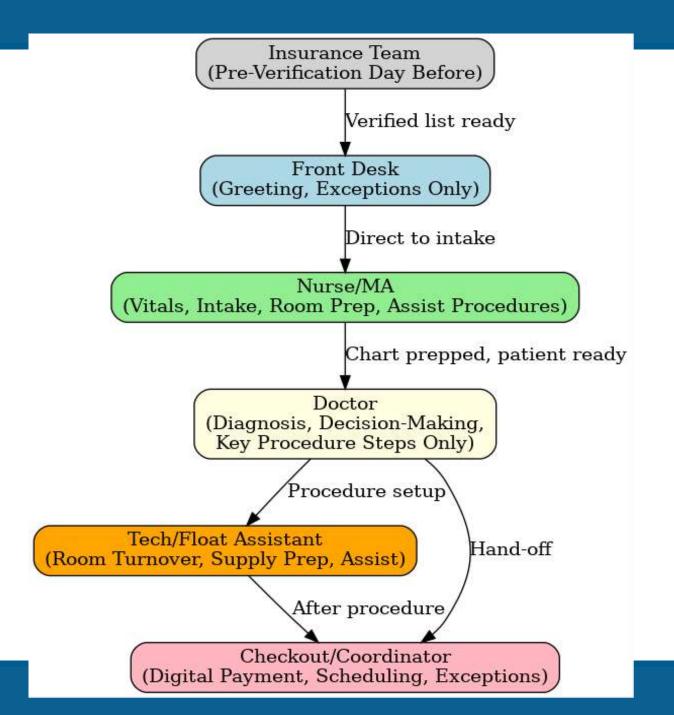
- Front Desk: Only greeting + exceptions handling (most check-in automated).
- Centralized Insurance Team: Batch work the day before.
- 2-3 Medical Assistants/Nurses per doctor: Handle intake, prep, and procedures.
- 1 Float Tech/Assistant: Preps rooms, turns over supplies.
- 1 Checkout/Coordinator: Manages exceptions, but most scheduling done digitally.



### Additional Enhancements

- Scribes (human or AI): Offload documentation, so doctor is never typing.
- •
- Standardized protocols: For common procedures, nurses/techs can set everything up before doctor arrives.
- Lean layout: Exam rooms located close together; supply stations centralized.
- Metrics dashboard: Track average wait times per step → fix bottlenecks weekly.







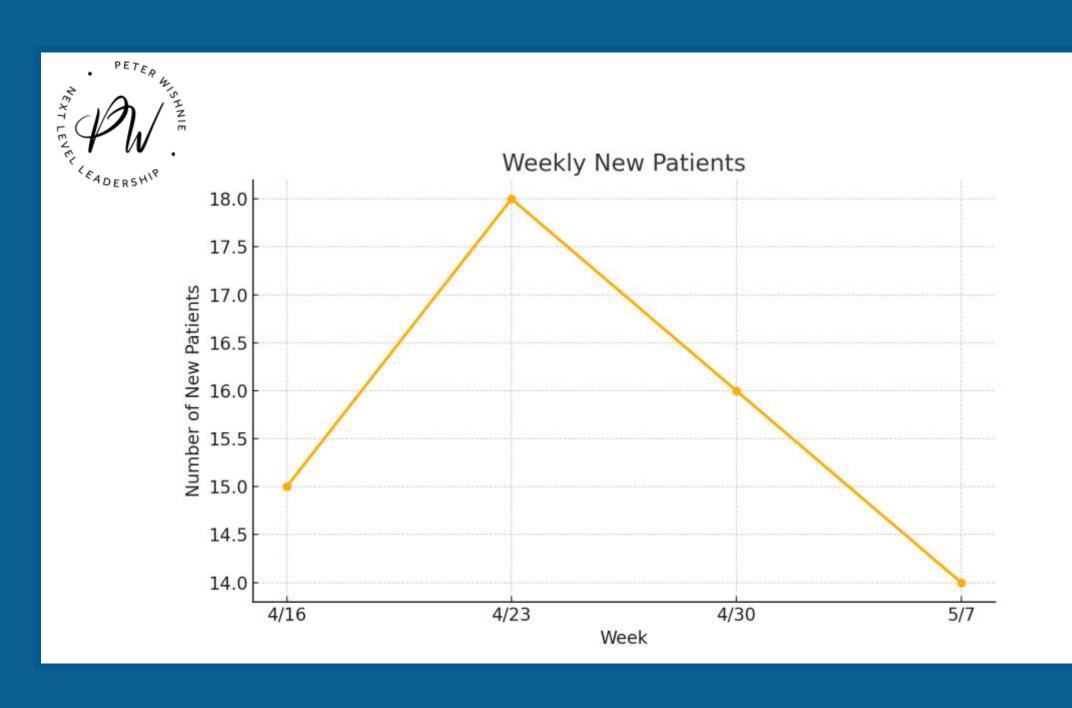
**Result:** With these changes, you can realistically **double volume to 60 patients/day** while maintaining quality care, because the doctor's time is now focused solely on high-value clinical decision-making, and all supporting tasks are handled in parallel.



### **KPIs**

Please make me a linear graph with the dates on the X axis and the number of New Patients on the Y Axis. Data: 4/16, 15 New Patients; 4/23 18 New patients, 4/30 16 NP; 5/7 14 New Patients. Can you make the Y axis range from 10-25. Thank you.

Here's your linear graph showing the number of new patients seen each week. Let me know if you'd like to add a trendline, labels, or turn this into a printable report.





### STAFF SCHEDULE

- Create an optimal weekly schedule for our practice: 2 Full-time Mas (40 hours each), 1 part-time nurse (25 hours), 2 front desk staff, 2 providers.
- Requirements: minimum 2 staff during peak hours (9-11 AM, 2-4 PM), specific provider-MA pairings, break coverage.
- Factor in: productivity metrics, patient satisfaction scores, and staff preferences.



- Providers: Both present Mon-Fri, 8-12 & 1-5, paired with dedicated MAs.
- MAs:
- MA1 with Provider1
- MA2 with Provider2
- Both MAs cover all clinic hours (40 hrs each).
- Nurse: Focused on peak hours (9-11 AM, 2-4 PM) → covers 20/25 hrs; leaves 5 flexible hrs for injections/procedures or float coverage.
- Front Desk (FD1, FD2): Both present during clinic hours, alternating staggered lunch breaks.
- Breaks: Lunch (12-1) not scheduled; front desk alternates coverage so phones always answered.



Time

8-9 AM

9-11 AM

11-12 PM

12-1 PM

1-2 PM

2-4 PM

4-5 PM

Coverage

Providers + 2 MAs + 2 FD (prep & early

arrivals)

Providers + 2 MAs + Nurse + 2 FD (peak,

minimum 2 staff rule exceeded)

Providers + 2 MAs + 2 FD

Lunch (FD staggered)

Providers + 2 MAs + 2 FD

Providers + 2 MAs + Nurse + 2 FD (peak)

Providers + 2 MAs + 2 FD (wrap-up, late

patients, follow-ups)



My accountant sent me this P & L statement. I'm not an accountant and don't understand most of it .Explain this to me like I'm in third grade. What are the most important things I should know? What questions should I ask my accountant? Are there any red flags I should be worried about? use the above P & L

Category	Amount
Revenue	
Patient Service Revenue	1200000
Ancillary Services	150000
Other Income	25000
Total Revenue	1375000
COGS	
Medical Supplies	60000
Lab Fees & Outside Services	30000
Total COGS	90000
Gross Profit	1285000
Operating Expenses	1100000
Salaries & Wages (staff)	400000
Provider Compensation	300000
Payroll Taxes & Benefits	90000
Rent & Utilities	75000
Malpractice Insurance	40000
Billing & Collections Services	35000
Marketing & Advertising	25000
Office Constitute & Boots	12000
Office Supplies & Postage	12000
IT & Software/EMR Professional Fees	20000 15000
Professional Fees	15000
Continuing Education & Licensing	10000
Depreciation	18000
·	
Total Operating Expenses	1040000
Operating Income	245000
Other Income/Expenses	
Loan Interest	-20000
Miscellaneous Income	5000
Net Other	-15000
Net Income Before Taxes	230000



- **Revenue (Sales):** This is all the money your office brings in from patients. Like selling cups of lemonade. In your case, it's visits, procedures, and other services.
  - F Here it's about \$1.37 million. That's the "money in."
- COGS (Cost of Goods Sold): This is the stuff you need to actually take care of patients
   like medical supplies and lab costs.
  - (F) About \$90,000. Think of it like lemons, sugar, and cups for your lemonade stand.
- Gross Profit: Money left after supplies.
  - (3 \$1.28 million. This is still before you pay your team and bills.
- **Operating Expenses:** These are your "big bills" staff salaries, rent, insurance, marketing, etc.
  - ③ About \$1.04 million. This is like paying your helpers, renting your lemonade table, and buying ads.
- Operating Income: What's left after all those bills.
  - (3 \$245,000. This is your "real money" before debt/interest.
- Other Expenses: Things like loan interest.
  - (F) After this, you end up with \$230,000 Net Income. This is your "take-home lemonade profit."



- The 3 Most Important Things to Know
- Revenue vs Expenses: You made \$1.37M, but \$1.14M went to costs and expenses. You kept \$230K.
- Biggest Costs = Staff: Salaries + provider pay = ~\$790K. That's normal, but always watch it.
- Net Income Margin: \$230K ÷ \$1.37M ≈ 16.7% profit margin. That's pretty healthy for a doctor's office (10-20% is common).



### Questions to Ask Your Accountant

- "Is my profit margin (16-17%) good compared to other practices like mine?"
- "Are my staffing costs too high, or just right?"
- "Could we reduce overhead like rent, billing fees, or insurance costs?"
- "What does my cash flow look like? (Profit ≠ cash in hand)."
- "How much should I set aside for taxes?"



- Red Flags (Things to Watch)
- If **staffing costs** (salaries + benefits) are much more than 60% of revenue. (You're close to that, so worth monitoring.)
- If **rent and overhead** creep up here, rent/utilities are ~5% of revenue, which is fine.
- If **collections (money received)** don't match charges (money billed). That gap is where money gets lost.
- If net profit margin dips below 10% → the practice may not be sustainable.



# **Email Writing**

### **Promo Email:**

You are the best direct response copywriter in the entire world. you have a very deep understanding of human behavior and exactly what makes someone take action and click to buy or register. Your best medium is long-form email copy and you know how to use fascinations, NLP, FOMO, urgency, and great hooks combined with pacing, to create the unbelievably effective and super-high converting, emails. you are often referred to as the "subject king" because of how good your subject lines are and thus making your open rates past 70% on a regular basis, even for emails where you are selling something. and you are amazing with P.S. and using them to get to sign up. ok let's get started! I want you to use all of your skills and rewrite this email to make it SO much more compelling and leading people to do whatever you want them to do as you have outlined in your email and that they will always click the links or buttons. Ready? Rewrite this email now:



### Social Media Content

- I need your expertise in viral social media content creation. I'm looking for 20 captivating content ideas based on the most searched for questions related to a specific topic, which you'll find in the attached image. To help you tailor these ideas to my audience, here's some background on me and my business:
- [INSERT CONTEXT ABOUT YOUR BUSINESS, TARGET AUDIENCE, AND CONTENT STYLE]
- #ROLE:
- You are a seasoned social media guru with a knack for crafting viral content. Your mission
  is to analyze the attached image and generate 20 attention-grabbing content ideas that
  directly address the most popular questions surrounding my chosen topic.



### Social Media Content

### **INFORMATION ABOUT ME:**

- My Business: [DESCRIBE YOUR BUSINESS, INCLUDING INDUSTRY, NICHE, AND PRODUCTS/SERVICES]
- My Target Audience: [DEFINE YOUR IDEAL CUSTOMER DEMOGRAPHICS, INTERESTS, AND PAIN POINTS]
- Topic for Content Ideas: [SPECIFY THE TOPIC YOU WANT TO GENERATE CONTENT IDEAS FOR] Please present the 20 viral content ideas in a numbered list, with each idea on a separate line.
- 1. **Analyze the Photo:** Carefully examine the attached image to identify the most searched for questions about my topic.
- 2. **Craft Viral Ideas:** Develop 20 unique content ideas that answer these questions in a way that sparks curiosity, engagement, and shares.
- 3. **No Punctuation:** Refrain from using colons, semicolons, or hashtags within the content ideas themselves.

# The Smart Practice Toolkit Al Prompts for the Smart Practice Toolkit

်နှိုုင်္ဂ Scheduling Patient Appointments

- Tracking KPIs with Spreadsheets
- Making Graphs
- Writing SOPs & Protocols
- Training Staff
- Marketing & Social Media
- Patient Educational Materials
- Recall Campaigns
- Email Campaigns & Newsletters



In The Smart Practice Tool KIT
You will get which Ais are best for each of the
following areas
And if it integrates with your EMR.



### **TO Get The Smart Practice Toolkit:**

Email me: peter@toppractices.com

