



## **17 | What Doctors Should Know: The 2021 Legal Update with Healthcare Attorney, Brad Adatto**

David Mandell:

Hello, I'm David Mandell, host of the podcast. Welcome to the program. I'm excited about today and our guest, Brad Adatto, an attorney I've known for a while here. I know he's going to have some great ideas and advice for all you listeners. So let me give you a Brad's brief bio. We're going to link to his full bio where you can get a link to his law practice in the show notes. But let me give you the Cliff Notes version.

So he's got his BA from Texas Christian University, his JD from Loyola University School of Law. He's one of the two founding partners of the national business and healthcare law firm, ByrdAdatto. And as he reminded me, he is the better of the two. For those of you who are avid listeners, you know that his partner, Michael Byrd, was one of our guests early on in the podcast. So you can listen to them both and compare notes and see what you come up with.

Brad has worked with physicians, physician groups, and other medical service providers in developing ambulatory surgery centers in office and freestanding ancillary service facilities and other medical joint ventures. He regularly counsels with clients with respect to federal and state healthcare regulations that impact investments, transactions, contract terms, including Medicare fraud and abuse, antitrust, anti-kickback, anti-referral, and private securities loss. His extensive transactional experience includes preparing and negotiating corporate and commercial arrangements such as certificates formation, bylaws, shareholder agreements, asset purchase agreements, physician employment agreements, recruitment agreements, and medical, intellectual property mergers and acquisitions. There's a lot more I could talk about, but I'll leave that for you folks to go to his website and read the rest of his bio.

So with that, Brad, welcome to the program.

Brad Adatto:

Thanks for having me. Super pumped to be here. And I am glad that you didn't give that throw out ... that you saved the best for last of the two partners. But real excited to be on today.

David Mandell:

Excellent. Yeah, that's right. And I'm sure as we do this over the years, we'll have you guys back multiple times as there's only so much we can cover in our kind of 30 minute or so bites. So let's start kind of at the beginning, as I like to do. Where'd you grow up? What drove you or led you to become an attorney? And then eventually, how did you get into the area of assisting physicians? So you can take those three chunks if you want.



Brad Adatto:

Sure. And they all kind of fall together. I grew up in New Orleans, Louisiana. And growing up in New Orleans, early in my life, there was a couple of things I learned. Number one, I was a diehard Saints fan.

David Mandell:

That's right.

Brad Adatto:

I can't help myself for that. And number two, I wanted to play pro football, but then quickly realized that was not going to happen. And I remember it like yesterday, I was in sixth grade at career day and they had a bunch of different professionals up there on the stage talking about this is what I do, and this is how I do it. And I had really never thought about it, but who really thinks anything. And I remember thinking that what that attorney guy did sounded pretty cool. So we were walking out of the assembly and I was walking with one of my best friends and he's like, "I really want to be a doctor." And I said, "Great, well, I'll be an attorney and I'll help represent you." So that's really ... it was not really well thought out. I wish I could say I had a grand scheme of that the constitution spoke to me or that I read a case or a book about being a lawyer. It was literally that decision and it just kind of stuck with me going forward.

A lot probably had to do with the fact that I grew up in a house where my dad's ... he's now a retired orthopedic surgeon. My grandfather was a psychoanalyst. And then my mom's side of the family, they were all dentists and dental hygienists. So I grew up in a house where I was either supposed to be a dentist or some type of a MD and none of that really appealed to me. So I knew that I didn't want to be a doctor, but I always grew up around doctors and dentists. And so falling to this area when I started having opportunities to practice was ... it was really easy to get into that space.

David Mandell:

Sounds very similar. I think you know this about me. My brother, father, and grandfather are all physicians. And we used to visit my father at the hospital and said, that's not what I want to be, around a lot of sick people. So I ended up going to law school and becoming a wealth manager with a focus on helping doctors. So we're pretty parallel in that regard. And you're a Saints fan and I'm a Patriots fan. We've got the best of it lately. But I guess now a Bucks fan, since they're the Patriots south.

Brad Adatto:

That is true. That's ... the snowbirds, they all went down there to play.

David Mandell:

Exactly.



Brad Adatto:

You know what, Dave? That's funny. Because it ... thinking back to what you just said about growing up, it's enlightening for at least us, I think, because we never had to worry about would I be interested in being a doctor? I knew what my dad did. I knew everything about his office because I kind of grew up going up to his office and seeing what he did. And it just never interested me. So it made life a little bit easier. Again, going back to that career day, that just never really tickled my fancy, but the aspects of the law did. So it actually worked out well that I had growing up that opportunity to see what my dad didn't, know what he did, but then know that's not what I wanted to do.

David Mandell:

Right. Well, my parents also say that I used to argue a lot. I don't really so much anymore. So they said that they thought I'd be a good lawyer. And of course, anything I've done in the law had nothing to do with litigation or arguing or anything like that. I mellowed out, I think, as I get older.

So tell us ... what areas are you helping with physicians? Because I know it's all over the board.

Brad Adatto:

Yeah. And so one thing to understand, especially for our practice, we don't litigate. And one of the reasons why we don't litigate is I learned early on and when I was ... I did a stint in the DA's office outside of New Orleans at one point. And I realized litigation really was about tearing things apart. In this case, with the DA's office, you're trying to put somebody into jail, but in typical commercial litigation as you're familiar with, you're breaking something apart there. This is mine. And you owe me for this or you broke this contract. And on the business side of it, you're actually creating something.

What I learned very quickly is I enjoy that aspect of the law, which is I get to surround myself with entrepreneurs who have these insanely great ideas. I get to stand with them and say, this is how you wrap up this business. This is how you bring on a new partner. This is how you sell it. And then luckily for us as a firm, we really found a niche because Michael Byrd's dad being a plastic surgeon, mine being an orthopedic, we found this area where the physicians ... we already had that trust level built up with them. We already somewhat understood the industry from afar. Of course, by any means, I'm not saying I understand what you do in the operating room. But we kind of understood their business from that perspective.

When we started practicing early on, I was so blessed to have these young physicians who would want to hire me to help them with their first contract. Then later on, they would have opportunities to buy into a place and then later on they would be the owners wanting to bring on young physicians. So I got to watch the evolution of a lot of my clients from their first contract to some of them are actually retired now. And then that has opened up doors to other individuals that are in this space. So in our day-to-day, we spent a lot of time with the entrepreneur, heavily on the medical side, because about 75% of the clients of the firm are in that space, and probably for me, 95, 99% of what I do on a given day falls in the



medical industry. But it's a great space to be in, especially there's so many different creative ways in which doctors and dentists do deals with entrepreneurs. So it's a lot of fun from a day to day basis.

David Mandell:

The other thing I wanted to point out to listeners because, like OJM, one of the reasons there's great synergy between ByrdAdatto as a law practice and our wealth management firm is not only do we have primarily physician clients, but they're all over the country. And I think that's one thing that's really unique about you. Can you speak to that a little bit? Just how you have clients in different places. And I wasn't going to read all the places you were even bar licensed. But all your physicians ... I mean, you have a lot of states out there. So the listeners who hear, oh ... you see the website based in Dallas and they have an office also in Chicago and then a physician who's also an attorney who we've had on, Jeff Segal is part of the firm in North Carolina. But you guys can really help docs in a lot of different places.

Brad Adatto:

Yeah. It's been amazing because I started off obviously practicing in New Orleans where I'm originally from. Quickly thereafter, we picked up a ton of clients in Mississippi and actually that's one of the reasons why I'm licensed there, because we did so much work there that they had certain licenses that you had to be licensed. You had this law in Mississippi that you had to be licensed to basically go fight. So I got licensed for that. And then as I progressed, I had the opportunity obviously come to Texas.

But what happened was, early in our career, both Michael and I had opportunities to speak on the national stage for a lot of different organizations. And it was one of those kinds of fun things. And David ... Dave, you know how this works is, I gave a speech. Someone really liked it and walked up to me and said, "Hey, I really liked your speech. I'm from Austin, Texas. Can you give that speech?" Oh, sure. And then the next thing you know you give that speech. And then someone says, "Hey, I'm from Dallas, Texas and I saw that you're from Dallas. Can you give that speech?" And it just kind of rolls from there. And so we've been really blessed that we've spoken all across the country. And so our clientele not only grew with us where they started in one city then moved somewhere else and we grew with them. But then because we had these opportunities to speak all across the country, we've been able to meet individuals in several different states.

A lot of the laws that we deal with on a high level are just like a tax attorney. There are certain federal laws, it doesn't matter what state you're in, and I want to address some of that, you have to abide by no matter what. So we can definitely ... I know we're going to dive deeper in that later. But then because we have so many clients in so many different states, we have a very strong flavor for certain states and certain unique areas that we're some ... I'm not saying we're the only experts by any means, but we're so focused especially in the aesthetic space in certain states, that we've been hired by ... I've been hired by law firms in Massachusetts. I've been hired by law firms in New York. I've been hired by law firms in Colorado, in cases against the boards where they've read articles that I've written and they brought me in to help shape the arguments even though obviously they had local counsel actually arguing from the



boards, but help shape how to respond to the board appropriately because they just don't understand it.

So it's been a lot of fun working in that space. And then obviously being creative, again, depending on what state you're in, really working with those different providers.

David Mandell:

That's right. And I know you've got plenty of associates who are also licensed in different states. I mean, it's pretty comprehensive what you do.

So let's talk for a minute about some of the compliance issues that physicians do face in their practice. So just in general first, and then we'll talk about HIPAA and then Stark and fraud and abuse briefly. So, when you talk to a doc, what are common things that you hear that raise a red flag? They say, "This is how I'm doing my practice or this isn't something that I'm doing," and you say, "Hmm. We really need to dig a little deeper in that." What are maybe some more common red flags that you been seeing maybe even in 2021, something maybe even related to COVID? What are you hearing out there these days?

Brad Adatto:

Well, the first thing I'm going to say, just in general, which a lot of people don't realize is how easy it is to miss those red flags from a compliance perspective. So anytime I tell a client is that you think you're going to enter into any arrangement with an outside party, and especially if you're dealing with another medical provider or medical entity, hospital, or a sales company or whatever it is, you should at least hit the pause button and say, hey, is this one of those situations to where I'm missing something important? Am I missing that red flag that I should see? And a lot of times, unfortunately, as you can imagine, you missed it because you didn't think it was ... you thought everyone else was doing it so it must be okay. And they don't really hit that pause button.

And so, as you were saying, what are the certain things? Well, hiring a new physician can cause you to get in trouble. Entering into a call coverage arrangement with a hospital can cause you to get in trouble. And then with nowadays under COVID, there's been a whole bunch of telemedicine issues that we've run across where clients didn't realize they don't have the proper patient consents or they weren't using the telemedicine rules appropriately with their state versus the other state. So those are the kinds of things where we say, anytime you're doing something that's new, it's great. I'm a very big proponent ... we're business attorneys first. But unfortunately in this area of law, especially in healthcare, there are certain things that just add to the ... as you can imagine David, it's already difficult enough to practice medicine. So I'm not saying it's anything easy by any means, but there are certain elements that even make it more complex.

And so one of the things we always talk about ... I'm sure you say the same thing when you're trying to help protect your client's assets, just don't try and do this alone and know that there should be and there are good healthcare attorneys out there that are going to help you walk through that piece. But sticking your head in the sand and thinking everyone else does it, I don't have to worry about this, that's where people get in trouble and that's where they don't realize they're going to get in trouble with



somebody. And typically it's the government, obviously that we'll talk about in a second. But you can get in trouble with your partners. You can get in trouble with those patients. All of those are just different areas that you can run into certain liabilities. And they just don't realize it until unfortunately after the fact.

David Mandell:

And that reminds me of something that your partner said, secondary partner, in our interview was it could be a 50 cent problem or a \$5 problem. And he might've used different numbers. But if they come to you initially, if they've hit that pause button as you mentioned, and they say, "Hey, listen, we're thinking about doing this. What should we be aware of? What do we need to run by you?" Then that's a 50 cent problem. That's something that you can solve, ideally pretty efficiently because nothing's gone wrong yet, nothing is in stone yet. Versus once there's a problem and they come to and say, "This is the way we did it. And now we've got an issue." Well, that's the \$5 problem. It's ten times the cost, right?

Brad Adatto:

Yeah. You got it. Yeah. We call it the 5/50 rule as you're kind of referencing it, which is ask us or ask a healthcare attorney ahead of time and it's going to cost you five bucks. Ask a healthcare attorney after you did it, it's going to cost you 50. And the funny story behind that is I was in a room with a client of ours, big guy, played in the NFL, so big man. And he heard me say that to someone else. And he looked over at me and he goes ... he used the F word. So I won't use that so we won't get an explicit rating. But he said, "What the F did you just say?" I've never paid you \$5 for anything. You should call that the 5,000/\$50,000 rule. And how come I keep getting \$50,000 bills from you. And I said, "Because you keep calling after the fact."

David Mandell:

Right. That's it. And that's just one part of ... you just proved the other part of the ... second part of the equation. Right?

Brad Adatto:

Exactly.

David Mandell:

So let's talk about HIPAA for a second. I had a client just recently who had mentioned to me ... again, he wasn't really looking for anything from our point of view from OJM, but he said, "Listen, we just had a cyber issue." They got hacked and a bunch of patient data out there. He's part of a large supergroup and their lawyers are advising them on what they need to do. And they know there's going to be exposure. But it just raised the issue of there's cyber, which is related to HIPAA. You can have HIPAA issues without cyber. But it's definitely something that should be top of mind for everybody. So talk about that for a minute.



Brad Adatto:

Yeah, absolutely. I've been speaking on HIPAA for decades and most of the time, the moment I say the word HIPAA, people automatically fall asleep and stop listening to me. And so it's because they feel like they got the forms in place and they're done. And the likelihood ... so the Office of Civil Rights is the government body that goes around that ... and they can audit physician practices. The likelihood of you getting audited by them is obscenely low. But what you just hit, Dave, is essentially right on spot, is that the cybersecurity risk has gone through the roof. I know that I just recently saw an FBI report that cyber crimes are up 300% since I believe it was November of 2020. And they're looking for those human mistakes where someone does not understand the importance of why you have HIPAA.

HIPAA has two major elements to it. And most people understand the element of sign that paperwork, but the other one is the security, the security of where your ... your software, you store your data, the security of making sure the wrong people don't get in. And there's four major ways in which they typically will attack you from to penetrate whatever firewalls you may have. And some of that's just, as you probably heard of, phishing where they kind of lure you in by saying, "Oh, this is the government. You need to fill this thing out." And you start getting in and the next thing you know, they drop a Trojan horse. The other one is what we have ... we're very well of a wherever one that's active, which is an outside third party, they got hacked and all that information ... a lot of the information that was stored, basically the business associate had information on our clients. So that was an issue.

And then of course the simplest ways of understanding is what ... where are your vulnerabilities? So nowadays people are working with their laptops, sitting out in a cafe because they're not home, right? Or they're at home and they don't have the same firewalls in place and they don't realize how easy it is for them to be hacked or their computer to be stolen. And they don't have the ... they've never gone through a HIPAA assessment. It was like, "Hey, if my office manager is working off site and someone steals their computer, is the information stored in there ... is it secure? What type of security is it? How hard is it for them to pull that information?" And the last, but certainly not the least what you have to worry about, is [inaudible 00:19:00] insider, you had somebody working for you that's doing it. That does happen with HIPAA. Definitely have cases where internally ... where clients had somebody looking at files they weren't supposed to be looking at. That's still a very minor in the grand scheme of things.

But you just nailed it. I mean, right now, cyber security is a huge issue for a lot of our clients where they're just opening their eyes up. We have a client of ours who did get hacked, and this happened about two years ago, and was completely shut down, had to go back to writing everything down on notes and ended up ... and so you'll hear this term called Bitcoin. Well, two-plus years ago, he had never heard of Bitcoin. He ended up having to pay out almost \$800,000 in Bitcoin to the black market to get all his records back. And this was two ... maybe it was even three years ago now. But he had never heard of Bitcoin. He never heard of how he got hacked. He never knew about the Trojan horse.

The only saving grace he actually had was he had cybersecurity and he had a million dollar policy. And but for that ... I mean, he literally had to hire a former FBI negotiator to negotiate via the dark web. So it happens and this is a one person ... this was a one doctor shop. This was not some huge mega group. And so he said, "But for the having the cybersecurity, I would have gone bankrupt and I would have to





close my practice." And so he was able to eventually get 90% of his charts back, but it was pretty touch and go there for a while once he got shut down.

David Mandell:

That's a scary story. So let's shift briefly. Talk for just a couple of minutes about Stark and fraud and abuse laws. I've heard the terms and a lot of docs may have some familiarity, but what's important for them to know today in 2021 about those areas.

Brad Adatto:

Yeah. And of course no one really wants to spend that much time on it and if I really went into the details, it would feel like you're drinking on a fire hose. I'm not going to hit them completely. But in this industry, if you're an office manager or you're a physician and you're in this space and you're touching program payers, that'd be your Medicare, Medicaid, Tri-Care, you have to understand that when you're dealing with these federal payers, that you have certain laws that other payers don't have to answer to. And sorry, that you have certain laws that you have to answer to.

So Stark is the one that a lot of people know. It's a sexy name because they've heard it over and over again, but they don't realize what does that mean. That's the federal anti self-referral laws that are out there. And the important element is there are a lot of ways in which you can meet, which is none of the Stark exceptions, meaning that there are ways to legally enter into arrangements, but failure to meet one element is a violation. And these violations add up very quickly. And so obviously if you're in this space and you are taking federal payers, make sure that as you enter into different financial arrangements, that you're making the Stark exception.

Stark is a little bit interesting because if you don't meet all the elements of a Stark law, it doesn't exist. Where most people, the vast majority of everyone gets in trouble with, is under the ... which is known as the federal anti-kickback law. And that's basically the kitchen sink. The federal government has enforced Stark over the years. And Stark's a relatively new law. The anti-kickback's been around since the civil war. So this is not a new law. And in reality, it is ... and especially in the healthcare space, it's so easy to violate. Because basically it's, if they can find one purpose of this entire transaction is for you, the physician, to receive certain funds or services for referring to another entity, that can trigger the federal anti-kickback law.

So when we're involved in transactions in which there's arrangement between a hospital and physician or physicians and physicians, we are very well aware of the laws. And then the federal government has been kind enough to give us what was called Safe Harbor, certain little spots that they, the government, are comfortable that if you meet all these elements, that you're safe. If you meet some of the elements, it's not a per se violation, but we'd have to examine which element you failed to meet. And so, again, that's again an area where we spend a lot of time with our clients, making sure that they understand their ... what's out there. And so again for you, the office manager, when you are entering into that and you realize, hey, wait a second. I remember on David's podcast and they were talking about when I entered this arrangement with the hospital and I do have a ton of Medicare patients. What do I need to





worry about? Those are the kinds of things where you should hit that red ... hit that pause button we talked about early on and make sure you get with a health care attorney that understands those rules.

David Mandell:

Makes sense. I mean, in our world, in the world of finance, we have various regulations and we have a compliance officer and a compliance attorney and we need to be ... it's not the same exactly, but it's enough that we do press pause in business arrangements and think about that first in our communications with our clients. And of course, even the cyber risks and things that we think about every day. So there are some parallels there. Now-

Brad Adatto:

Yeah, and the only thing I wanted to add real quick on that, Dave, is making sure that just because you don't take federal payers, there are states that have their own version of baby Stark, and/or their version of state anti-kickback laws. And finally, be really careful because this is the catch all for a lot of our ... especially our physicians, is the medical board has a catch all that that says, if you're doing something unethical or unprofessional, they can go after your license and I've definitely had medical board say, "Hey, we believe you're violating Stark," even though they don't understand what that means. And they try to trigger that the doctor is acting unprofessionally and unethical. Of course, we had explain to the medical board that Stark only applies in certain limited circumstances. And it was one of those sniff tests to them, "Well, we still don't like it."

And so, again, just be careful when you are entering an arrangement because I've talked to doctors over the years in multiple different states that say, "Oh, well, I don't have to worry about that because I don't have federal payers and I'm good to go and I can actually receive kickbacks." The answer typically is no, even if your state doesn't have it, be careful because your medical board will go after you. And unfortunately I've seen that over the years.

David Mandell:

Interesting that you have to be concerned about that too. So a question I also asked Michael when he was on and I want you to just comment on before we get to the last question, which is in any area of law that a physician might be working with an attorney, whether it's transactional or the compliance, etc., any kind of best practices, do's and don'ts when it comes to attorneys in terms of just a good working relationship? What physicians should understand about working well with a lawyer and how to be smart about it?

Brad Adatto:

I think the easiest way to answer that is trust. You have to have a bond and a trust with your attorney in the sense that you feel open enough to tell them unfortunately your deepest, darkest secrets. And the reason why I say that is I've had over the years experiences where the physician wants you ... everyone wants to be seen their best light. And unfortunately, sometimes as a young physician or a senior



physician, you've made a bobo, you did something you probably shouldn't have done. And then when you explain the story to your healthcare attorney, you put it in the best light, and you may have left off a couple of little key factors that you just didn't think were relevant to the story.

And unfortunately over the years I've learned is that the very first time like, okay, that sounds okay, but let's really map this out and go through the facts. And then the next time I talk to them, "Well, I forgot to mention this part, Brad. And this is da da da. I didn't think it was important." And you're like, "No, that's kind of important." And then you're like, finally ... I remember this clearly, we had a group that the third time when they were trying to walk us through their model, I said, "Look, guys, I'm here to help. That's my job, to help you be compliant. But I can't help you if you don't have the trust that I'm not going to judge you." And so I had to explain to them ... they're very successful entrepreneurs in this particular case, we're working with physicians and they were embarrassed by some things they did. And there were some ... well, there were fixable moments for them that we could do some corrective actions to fix it.

But if you don't feel comfortable and you feel like they're judging you, that's not ... well, number one, that's not a good relationship anyway. But you need to have that comfort level, that they're going to be with you side by side, no matter what it is, and then put you in the best defensible position. And more importantly, if there is a way to do a corrective action, quickly take care of that. So that trust is very important when you're working with your healthcare attorney. Because one thing I didn't say earlier is every single fact is very dependent on whether or not you're compliant or not. A change in fact and circumstances makes a huge difference of whether or not it work.

David Mandell:

That makes sense. I have my small law practice, but my background is being a lawyer and doing that full-time for the first 12 years of my career. It's sort of inherent as a lawyer, you want your clients to open up and trust you because you've got attorney client privilege and your ethical duties are to your client and you can't really do anything that's not in their best interest. But a lot of physicians, I think, and general people don't understand that as much or embrace it. And so they shouldn't be embarrassed or anything when they're talking to their lawyer, because like you said, your role is to help them and you can't help them unless, you know really the truth. And that's on both the compliance side, but it's also on the positive building something? What are your goals? And think it through and don't be embarrassed about that.

So now you may have already answered this, but I'll throw one more thing, one last question to you, which is, think about a young physician and there are some listening to us who fit that category, sort of starting out. What's kind of the one thing you would tell that young physician starting out in practice, especially if they're going to have their own practice and be more of a entrepreneur? Obviously different if they're employed, but let's just assume somebody who's going to have ... not only be in medicine, but have some kind of practice or entrepreneurial business as part of that. What's one thing that you would tell them as they start out?



Brad Adatto:

I think hopefully what you heard is, yes, there's rules out there, but ultimately we are pro you going out there and finding the great deals. We love working with physicians who are entrepreneurs. And so I've actually been on panels before, someone says, "So you don't like physicians doing deals." And I say, "No, no, no. That's the farthest from the truth as possible." I want young doctors, middle aged doctors, older doctors to find every business deal that works for them first and foremost. I just want it to be legitimate, whether or not ... the physician especially, no matter what age you are, you worked really damn hard to get your medical degree and get licensed in that state. And I take that serious because I know how hard I worked to get to where I am, to get my license. And I want to protect that.

So ultimately my job is for you to find those great business opportunities, and let's just wrap it up and make sure that they're compliant and to look for them. Don't ... I know a lot of physicians when they get out there, their very first job, especially if they're starting their own business, their head's down the whole time and they don't look around and see what opportunities exist for them. And then when they finally look up, it's late in the game. So make sure you look out, see what other opportunities are out there for you. And then of course then investigate the [inaudible 00:31:00] from a business side. Are they a good business partner that you want to work with? And then obviously after that, look at it from a risk assessment on the compliance side, which is, hey, ultimately, is this arrangement, does it meet a compliant way for you to do it? And if so, let's wrap it up and get a good deal for you. So I love doing, again, from the beginning. I love working with entrepreneurs and I love finding ways for it to work for the young physicians.

David Mandell:

That's great. I think when people hear a lot of the from a lawyer, these are the things that'll trip you up, these are the red flags, etc., sometimes they may get ... I wouldn't say discouraged but the way I look at it is this. If you're a physician, you have the entrepreneurial spirit, you're going to do your own practice, etc., you work with a firm like ByrdAdatto so you don't have to worry about everything all the time. You have somebody.

I don't worry about compliance all the time. I read an article, I say, "Hey, did we run this by our compliance attorney? Hey, have we thought about this?" But mostly I'm outsourcing that so I can focus on writing the next book and speaking and doing this because I've got someone on our team whose job it is to keep us on the straight and narrow. That's one of the things I would encourage physicians to do is ... and I think it sort of piggyback on what you're saying, is see those entrepreneurial opportunities, go for it, but just make sure you have someone on your team keeping you protected and doing it the right way.

Brad Adatto:

And I would say to add to that is, don't believe everything you hear in the ... when you hear from one physician that your ... the quote, locker room talk where they say, "Well, yeah, I heard that's completely illegal because that violates Stark and anti-kickback." Or you have someone else who's in the doctor



lounge, says, "Oh, I've done that. And I was told it was totally legal." Make sure you vet it for yourself. I mean, you can listen to opportunities, but still, ultimately you need to get your own attorney to vet it for you. Don't rely on that word of mouth.

David Mandell:

For sure. Because like you said before, one fact either way can change it. And in a locker room, they aren't giving you every single fact. So there's no way you can make that judgment.

Well, Brad, thank you so much for being on. It was great. I'm sure I'll have you on again. Maybe even before Michael. So we'll turn that around in the next 12 to 18 months. And I know I'll see you in a couple of weeks at a conference we're both speaking at. So thanks for being on.

Brad Adatto:

Thank you again for having me. And I do look forward to seeing you in person sometime soon.