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00:00:01.439 --> 00:00:14.880

Liz Grillo (she/her): Okay, so let's begin with introductions my name is Elizabeth grillo i'm a professor in the department of communication sciences and disorders at West Chester university and I would also like Tara mclaughlin to introduce herself.

2

00:00:16.199 --> 00:00:26.940

Tara McLaughlin: i'm Tara mclaughlin i'm a first year graduate student I went to westchester for my undergrad and just started my Grad school experience this year and I am Dr gorillas GA.

3

00:00:28.110 --> 00:00:33.120

Liz Grillo (she/her): Excellent so now i'm so excited to welcome our four panelists.

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00:00:33.810 --> 00:00:42.840

Liz Grillo (she/her): I wanted to share with everybody that this topic of private practice was the most popular topic picked by the first year graduate students to have you know.

5

00:00:43.140 --> 00:00:53.520

Liz Grillo (she/her): focus on a podcast so let's begin by having them introduce themselves so kira would you like to go first tell us your full name tell us anything you'd like to share.

6

00:00:54.150 --> 00:01:04.500

Keira Eyre: Sure, thank you for having me, my name is kiera air, I have been a speech language pathologist for almost 17 years I graduated.

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00:01:05.610 --> 00:01:11.520

Keira Eyre: From my master's degree in 2005 and i've been in private practice for 12 years so.

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00:01:12.540 --> 00:01:20.280

Keira Eyre: The first few years of that was in Virginia, where I used to live and then the last seven years has been here in Pennsylvania.

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00:01:21.420 --> 00:01:28.290

Keira Eyre: I really enjoy private practice and at this point I can't imagine working in any other settings so I really enjoy it.

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00:01:29.040 --> 00:01:31.650

Liz Grillo (she/her): Excellent Thank you Kara let's move to Mary Kate.

11

00:01:32.580 --> 00:01:45.930

Mary Kate: I, my name is Mary Kate Connelly and i'm a speech therapist as well, I started my my practice right in the middle of the pandemic in early 2020 and my practice name is clear speech language and hearing.

12

00:01:46.980 --> 00:01:48.570

Liz Grillo (she/her): Excellent how about Jennifer.

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00:01:49.290 --> 00:02:02.670

Jennifer Metaxas: hi i'm Jennifer my taxes and my private practice is called speech and language for kids it's in wilmington Delaware and I have been an esop for about seven years and I started this private practice in 2018.

14

00:02:03.300 --> 00:02:06.090

Liz Grillo (she/her): Excellent and then Melanie finally melt Melanie.

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00:02:07.530 --> 00:02:16.500

Melanie Abramowitz: I might my name is Melanie abramowitz and I also am a private practice owner my practice is called speech starts here.

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00:02:17.010 --> 00:02:36.420

Melanie Abramowitz: We are located in Philadelphia, but we provide in home therapy and virtual therapy, both in Pennsylvania and New Jersey and virtual therapy, also in California, I have over eight years of experience and I had been in private practice for a little over a year now.

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00:02:37.410 --> 00:02:46.320

Liz Grillo (she/her): Wonderful so let's get started, so one of the main major questions that the students asked was how does it work opening a private practice.

18

00:02:46.680 --> 00:03:00.240

Liz Grillo (she/her): Considering things such as a business plan state guidelines and insurance policies talk us through that and I guess, we can decide who wants to go first I don't know how you know you can raise your hand, you can go ahead and start talking.

19

00:03:03.210 --> 00:03:09.600

Jennifer Metaxas: um so to open up a private practice since i'm licensed in Delaware my private practices.

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00:03:09.900 --> 00:03:22.260

Jennifer Metaxas: in Delaware I needed to go through the state of Delaware to get you know the business license I had to get a city business license I needed to obtain professional liability insurance.

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00:03:22.710 --> 00:03:38.370

Jennifer Metaxas: And since i'm renting an office space, I also needed to take us take the steps to find an office space sign the lease and you know start decorate that office and make it ready for kids to come in, have some speech therapy there.

22

00:03:40.650 --> 00:03:43.740

Liz Grillo (she/her): Excellent anybody else, like to add to what Jennifer said.

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00:03:44.400 --> 00:03:50.760

Mary Kate: I can touch on that a little bit too, I think a lot of people think that starting a practice is this big daunting task and.

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00:03:51.060 --> 00:04:02.490

Mary Kate: kind of like Jennifer was saying there's there's there's a few things that you have to get but it's not quite as daunting as it may seem, I went through the start your private practice program with jenna Castro kasmin.

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00:04:03.180 --> 00:04:10.980

Mary Kate: Can Google it, she has a nice program that kind of lays everything out for you and I found that to be super helpful, while getting started.

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00:04:11.490 --> 00:04:14.850

Liz Grillo (she/her): Mary Kay could you give us that reference again say it saving.

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00:04:15.240 --> 00:04:19.920

Mary Kate: it's called start your private practice and it's by Jana Castro has been.

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00:04:20.610 --> 00:04:21.210

Excellent.

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00:04:22.230 --> 00:04:25.980

Liz Grillo (she/her): Does she is it do you pay a fee to participate in that.

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00:04:26.310 --> 00:04:31.200

Mary Kate: yeah so there's there was a one time startup fee and it's kind of like a.

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00:04:31.830 --> 00:04:46.350

Mary Kate: Go at your own pace course that you can take, and she has individual steps and you kind of have to complete the first step before going to the next one, and she has it laid out very it's very organized and I found it to be super helpful.

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00:04:46.800 --> 00:04:48.810

Liz Grillo (she/her): How long did it take you to finish the course.

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00:04:49.680 --> 00:04:59.070

Mary Kate: I think it might have even taken me like three three months or so, but you could definitely do it faster, I think, if you want it to go all in kind of go at your own pace.

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00:04:59.670 --> 00:05:02.340

Liz Grillo (she/her): Did you do that when you were done with your graduate Program.

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00:05:03.210 --> 00:05:05.160

Mary Kate: I did yeah so I took that.

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00:05:06.270 --> 00:05:16.830

Mary Kate: It was it was after I had been working for a few years, when I decided that I wanted to start my practice, I think I just kind of started googling starting a practice and that popped up and.

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00:05:17.610 --> 00:05:24.780

Mary Kate: It seems like a good way to to figure out what to do next, because it is kind of overwhelming when you first start getting started.

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00:05:25.050 --> 00:05:31.260

Liz Grillo (she/her): Right Melanie and kira would you like to add anything to the how you how you we begin opening a private practice.

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00:05:32.250 --> 00:05:41.880

Melanie Abramowitz: Sure i'll talk a little bit about as far as like a business plan goes so when I was first thinking about developing a private practice.

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00:05:42.270 --> 00:05:48.990

Melanie Abramowitz: I first thought of like what services i'd like to offer and what my specialty areas are.

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00:05:49.320 --> 00:05:58.770

Melanie Abramowitz: So I do recommend that you kind of assess like what strengths and skills, you have and figure out ways in which you can promote those strengths.

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00:05:59.190 --> 00:06:04.590

Melanie Abramowitz: And then of course you'll have to decide how you want to attract your clients, I know marketing.

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00:06:05.040 --> 00:06:15.120

Melanie Abramowitz: is a big part of the private practice, so I know we'll talk about that later i'm sure as well, but you'll also want to consider, like other factors such as.

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00:06:15.600 --> 00:06:25.230

Melanie Abramowitz: Just calculating your living expenses, making sure that you have enough money set aside to really carry you financially, while you're getting your business started.

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00:06:26.130 --> 00:06:40.680

Melanie Abramowitz: you'll want to set your rates and figure all of that out, and also a big part for me was I do accept insurances so I spent a lot of time credentialing with different insurance companies.

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00:06:41.340 --> 00:06:47.670

Melanie Abramowitz: Before I started my private practice and then you'll just want to make sure that you set goals for yourself.

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00:06:48.030 --> 00:07:03.480

Melanie Abramowitz: And you determine how many clients, you would need in order to maintain your practice and just overall just being organized and keeping good records and just continuing to network, I think, really helped me get the ball rolling.

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00:07:04.170 --> 00:07:07.890

Liz Grillo (she/her): Excellent and Melanie how many clients, do you service in your in your practice.

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00:07:08.760 --> 00:07:30.090

Melanie Abramowitz: So right now I have 20 clients so i'm still small, but I just started a little over a year ago, so i'm slowly building up and yeah I see clients, four days a week i'm pretty full most days so yeah just getting started, I feel like but off to a good start.

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00:07:30.450 --> 00:07:37.170

Liz Grillo (she/her): that's wonderful and I think you and somebody I forget who maybe was Jennifer Mary Kate started during the during coven.

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00:07:38.010 --> 00:07:44.490

Melanie Abramowitz: yeah I started also actually Mary Kate and I both started right around the same time, I think, is that right Mary Kate.

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00:07:44.850 --> 00:07:55.920

Mary Kate: yeah I think we did we both kind of we both left the position we were in together and both kind of started right around the same point so we've been a great connection with each other we're always bouncing ideas off of each other.

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00:07:56.370 --> 00:08:05.190

Liz Grillo (she/her): You you both are so brave and so dedicated to you know take that on good for you Kara would you like to add anything to our first question.

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00:08:05.640 --> 00:08:22.380

Keira Eyre: So the only thing i'd add is making sure that you have a really good accountants that can guide you through some decisions, especially early on, about what kind of business structure, you would like a for many, many years I just had a sole proprietorship.

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00:08:23.700 --> 00:08:35.430

Keira Eyre: When I first opened my practice in Virginia, I had a what you would call a business partner, but we were both sole proprietors who simply shared office space and materials so.

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00:08:36.330 --> 00:08:56.580

Keira Eyre: As I moved away, though I continued the S corp in Pennsylvania, but i'm sorry the sole proprietorship and I have since moved into an s corp tax filing so you know the business aspect can really be helped with the right accountant who can help you make those decisions.

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00:08:57.210 --> 00:09:03.660

Liz Grillo (she/her): Now, do you have all of you, you know you left graduate school you started your clinical fellowship do you have any words of.

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00:09:04.110 --> 00:09:08.670

Liz Grillo (she/her): words of wisdom for the current graduate students, what do you wish that you would have learned.

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00:09:09.480 --> 00:09:16.260

Liz Grillo (she/her): about starting a business about a private practice when you were in a graduate program that could inform you know what you're doing now.

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00:09:16.890 --> 00:09:23.340

Liz Grillo (she/her): So, in other words, giving these suit current students kind of you know where do they need to look to kind of get them started if that's where they want to go.

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00:09:24.720 --> 00:09:36.630

Melanie Abramowitz: Oh, I would say that billing is really important, I didn't receive any type of education, when I was in graduate school about billing and I know it might be more.

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00:09:37.440 --> 00:09:52.740

Melanie Abramowitz: For clients who want or business owners rather who want to take insurances but I felt like it was a huge learning curve for me to learn all about how to bill and the cpt codes and.

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00:09:53.940 --> 00:10:05.490

Melanie Abramowitz: You know the icd 10 codes and all of that, so if I had a little bit more education, I think, in Grad school in terms of the billing aspect I wouldn't have had such a big learning curve and the beginning.

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00:10:06.030 --> 00:10:08.100

Liz Grillo (she/her): Excellent Kara you wanted to say something to.

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00:10:08.670 --> 00:10:16.410

Keira Eyre: push just going to say that you know as you finished graduate school and look into where you will do your clinical fellowships.

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00:10:17.880 --> 00:10:35.010

Keira Eyre: trying to find a place that will encourage you, and help you grow in the area of specialty that you want to pursue is a good idea, because you need that experience in order to be able to offer your clients something special and something more than they can find elsewhere.

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00:10:35.550 --> 00:10:43.440

Liz Grillo (she/her): Excellent so finding a way to set yourself apart, is a good way to look at it excellent Mary Kate Jennifer did you want to add anything.

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00:10:45.630 --> 00:11:02.970

Mary Kate: I would just kind of jump off of that, I think that great mentorship is really important, and I think it kind of builds your confidence as a clinician to having somebody that you can go to and ask questions and kind of build those skills, while you're just starting out it's really important.

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00:11:03.720 --> 00:11:06.600

Liz Grillo (she/her): Would you suggest a mentor in private practice.

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00:11:07.740 --> 00:11:15.630

Mary Kate: I think that that's a great idea and I think that sometimes mentors look different in that like I had mentioned before Melanie and I.

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00:11:15.900 --> 00:11:28.050

Mary Kate: kind of connect and there's there's other private practitioners that I think people it's sometimes it's more of a peer mentor just being able to reach out and network, rather than having somebody kind of overseeing what you're doing.

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00:11:28.680 --> 00:11:30.210

Liz Grillo (she/her): Excellent Jennifer did you wanna.

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00:11:30.630 --> 00:11:36.420

Jennifer Metaxas: yeah and in terms of networking um I actually am networking with an occupational therapy.

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00:11:37.560 --> 00:11:50.130

Jennifer Metaxas: place that's in my state and we bounce ideas off of each other all the time, and I think you know we're not really we can work together, because we can even share clients sometimes and things and we can.

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00:11:50.610 --> 00:11:56.190

Jennifer Metaxas: bounce ideas on how to grow, and so I think that that is something that you can also look into.

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00:11:56.730 --> 00:11:59.670

Liz Grillo (she/her): Excellent a pair of do you want to ask the next question.

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00:12:00.660 --> 00:12:04.020

Tara McLaughlin: Or what does the typical day look like.

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00:12:08.520 --> 00:12:14.280

Keira Eyre: For me, the the day starts really busy and early, I have a lot of.

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00:12:14.970 --> 00:12:26.910

Keira Eyre: You know I serve mostly children and young adults and I have a lot of kids who want to come in early before school or before the parents are at work, and then I often have a pretty quiet mid day so.

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00:12:27.840 --> 00:12:34.560

Keira Eyre: You know i've been able to fill in the gaps by obtaining contracts for cyber therapy or.

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00:12:35.700 --> 00:12:43.710

Keira Eyre: You could you know contract out some hours for early intervention or or you know another setting if you need to.

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00:12:44.220 --> 00:12:48.600

Keira Eyre: But it can be quiet in the middle of the day during little kids NAPs or during the school time.

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00:12:49.290 --> 00:13:05.790

Keira Eyre: hours, but after school is when i'm really busy, and in the evening, so I tried to play in the night before have everything set out in my office ready to go, so that I can start right away as soon as my kids get on the bus to go to school and get my workday started, then.

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00:13:08.520 --> 00:13:15.990

Jennifer Metaxas: yeah for us, we offer tella therapy therapy in your home and also therapy at the office so.

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00:13:16.470 --> 00:13:21.300

Jennifer Metaxas: I various speech language pathologist that work for my private practice and some.

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00:13:21.570 --> 00:13:33.060

Jennifer Metaxas: just go into homes some just to tell a therapy and some just go into the office, so it varies depending on what setting they are in, so my clinician that goes into the office.

87

00:13:33.510 --> 00:13:44.010

Jennifer Metaxas: She comes in and prepares for her day and families come in and they receive typically either a 30 or 45 minute session um.

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00:13:44.430 --> 00:13:59.040

Jennifer Metaxas: And that's how it works for the office setting for the in home setting that therapist would drive to this to the client's home into therapy at their house and then drive to the next home and do therapy there.

89

00:13:59.520 --> 00:14:16.890

Jennifer Metaxas: that's how the therapy setting you can do at your House, so there are clinicians that prefer that and it's interesting because each speech therapist has their own preference on what they would prefer, so I found that to be really interesting.

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00:14:17.340 --> 00:14:17.880

Excellent.

91

00:14:19.410 --> 00:14:20.790

Melanie Abramowitz: I am oh go ahead.

92

00:14:21.840 --> 00:14:22.410

Go ahead.

93

00:14:23.550 --> 00:14:29.850

Melanie Abramowitz: Okay, so I was going to offer my perspective, as a home based therapist just to piggyback off of that.

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00:14:30.690 --> 00:14:37.800

Melanie Abramowitz: So I travel a lot, so my days are spent really mostly in the road driving from client to client.

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00:14:38.280 --> 00:14:51.120

Melanie Abramowitz: And really every day is different, so I think working as a private practice owner really allows for flexibility with scheduling so I can plan my day to be as busy as I want or as open as I'd like.

96

00:14:51.780 --> 00:15:02.310

Melanie Abramowitz: But I do need to work around the clients schedules as well, so some days, my first appointment is as early as eight o'clock in the morning, but some days I don't start until 10.

97

00:15:02.850 --> 00:15:20.580

Melanie Abramowitz: And some days I have back to back appointments all day and other days I might have some breaks in between, but I do work pretty late hours because most of my clients are school age, so they need to be seen, after school which I'm sure everyone else here could probably relate to that.

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00:15:21.750 --> 00:15:33.750

Melanie Abramowitz: But between driving and direct therapy time I work, probably, on average, like two days a week for six hour days and then two days a week, eight and a half hour days.

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00:15:34.290 --> 00:15:43.110

Melanie Abramowitz: And then I go home and I do billing and session notes, at the end of each day, so it kind of depends, I feel, like every day is different.

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00:15:45.720 --> 00:16:01.620

Mary Kate: And then, for me, my practice is still somewhat part time at this point, so I have a part time job in an API classroom that I work, a few days during the week and then, I have a brick and mortar where I go and i'll see clients after school hours.

101

00:16:02.580 --> 00:16:06.270

Mary Kate: All in one place so i'm able to see kids back to back, which is nice.

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00:16:07.290 --> 00:16:23.670

Mary Kate: And then, but every day looks different kind of like Melanie was saying, our story so some days i'm working from eight until seven at night and then other days I work like a half a day on Fridays i'm only there for four hours so every day is different.

103

00:16:24.090 --> 00:16:37.590

Liz Grillo (she/her): How do you feel about private practice in terms of a work life balance, do you know it sounds like all of you, at least at one point worked for somebody else you know whether it's in a school or a medical setting your now.

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00:16:38.010 --> 00:16:47.670

Liz Grillo (she/her): All you know transitioning or you're in your total hundred percent private practice what's the work life balance in this setting vs vs is it a good, is it or they're pros and cons.

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00:16:49.080 --> 00:17:03.570

Melanie Abramowitz: I think it depends on how far along in your private practice journey, you are because I can tell you only a little over a year and I probably work more now than i'm hoping to work in the future.

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00:17:04.650 --> 00:17:10.980

Melanie Abramowitz: Because you know I am relatively new and I find myself there's you know there's always things to do.

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00:17:11.670 --> 00:17:18.300

Melanie Abramowitz: And I need to work on kind of streamlining things I think a little bit more i'm kind of starting from scratch, whereas.

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00:17:18.720 --> 00:17:25.410

Melanie Abramowitz: In a few years, I feel like I maybe we'll have a system going and I won't spend as much time doing other things.

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00:17:25.800 --> 00:17:40.860

Melanie Abramowitz: But I do leave one day a week where I devote to like my administrative duties, so I will see clients, four days a week, and then on Fridays I leave that day to do paperwork report writing.

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00:17:41.250 --> 00:17:57.630

Melanie Abramowitz: Billing and scheduling makeup stuff I need to things like that, and I really try to only work during the week, so I leave my weekends for time for myself, but like I said, being a new business owner, I do find myself working a little bit more than i'd like to lately.

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00:17:58.170 --> 00:18:07.680

Liz Grillo (she/her): yeah It makes sense, you know you're getting this off the ground, so it makes sense, you put the time in now and, hopefully, you can you know pull back as it becomes more solid and firm.

112

00:18:08.040 --> 00:18:15.930

Liz Grillo (she/her): kira and Jennifer it sounds like you've been in the business longer Maybe you can talk about you know the evolution of your work life balance Jennifer did you want to go first.

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00:18:16.170 --> 00:18:31.470

Jennifer Metaxas: Sir, so when I first started it was just me and I was seeing all the clients, and so it was it was a lot, and then I had my baby in October of 2020 and I had a caseload and I.

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00:18:31.980 --> 00:18:34.980

Jennifer Metaxas: had to do something right, so I hired.

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00:18:35.550 --> 00:18:49.110

Jennifer Metaxas: Someone for my maternity leave and at that time it was October 2020 so Tele therapy was whatever was doing so she did tell a therapy why I went on maternity leave and she actually stayed on with me at the private practice and she's.

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00:18:49.380 --> 00:19:00.090

Jennifer Metaxas: My go to tell a therapy clinician and once I forced myself to hire someone on because I had to I realized How nice it was to hire someone.

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00:19:00.870 --> 00:19:09.090

Jennifer Metaxas: So, then, I hired a few more people and it kind of just spiraled that way, and I think once I hired more people and had.

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00:19:09.390 --> 00:19:19.920

Jennifer Metaxas: People helping as well, it really helped with my work life balance, and I have you know now, I have a one year old at home, and I want to spend time with him.

119

00:19:20.280 --> 00:19:35.160

Jennifer Metaxas: And i'm able to do that, because of the private practice, while still having a good, I have a great work life balance, and now I can still make decent money while being home with my my child so.

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00:19:35.250 --> 00:19:37.740

Liz Grillo (she/her): Excellent so you are an employer as well.

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00:19:38.370 --> 00:19:45.240

Liz Grillo (she/her): Yes, how does that work, how do you pay do handle benefits do pay an hourly rate, what do you do.

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00:19:45.780 --> 00:19:58.770

Jennifer Metaxas: um so all of my therapists are independent contractors, so no one's full time so it's an hourly rate and they don't have its benefits because they're not full time employees.

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00:19:58.770 --> 00:19:59.820

Liz Grillo (she/her): Right right.

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00:20:01.620 --> 00:20:03.360

Liz Grillo (she/her): Excellent okay care let's hear from you.

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00:20:03.780 --> 00:20:11.730

Keira Eyre: Sure, so the first few years of private practice i'd say at least the first three years I worked a lot with Melanie was saying, I.

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00:20:12.270 --> 00:20:19.230

Keira Eyre: But I also wanted to work a lot, you know I lived in a different state than you know where i've gone to school and where I grew up and.

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00:20:20.160 --> 00:20:25.050

Keira Eyre: I really enjoyed it and I had a really good business partner to work through things with and.

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00:20:25.650 --> 00:20:33.660

Keira Eyre: So I worked a lot of evenings and a lot of hours, but then you know, I have three kids in five years, and had to change things a little bit.

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00:20:34.650 --> 00:20:43.620

Keira Eyre: I started working more around my husband schedule I started doing some you know just evenings and Saturdays for a little while, but now that my kids are in school full time.

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00:20:44.760 --> 00:20:57.030

Keira Eyre: i've been able to bounce back the other way, you know and add hours and grow my practice again after having contracted a little bit for the for the years I wanted to be home part time.

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00:20:57.780 --> 00:21:07.260

Keira Eyre: So for me that work balance is really good I at the beginning of every school year I I try to be really strict with myself and decide how many hours.

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00:21:07.890 --> 00:21:15.360

Keira Eyre: I should work and how many evenings i'm willing to give up at home, so I have tried to be.

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00:21:16.050 --> 00:21:29.490

Keira Eyre: Better about that and deciding that up front, instead of just taking on more and more people as they call and and then being overwhelmed So for me work balance life balance, at this point is much easier than it was in the beginning.

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00:21:30.120 --> 00:21:36.390

Liz Grillo (she/her): Excellent I love the flexibility of you know, the private practice private practice option.

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00:21:36.780 --> 00:21:45.570

Liz Grillo (she/her): and, frankly, the flexibility in our profession is just amazing I mean that's one of the main reasons, what attracted me to speech language pathology i'm sure everybody in this.

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00:21:45.750 --> 00:21:59.190

Liz Grillo (she/her): podcast would agree with me, but then you have additional flexibility when you have your own business right you're able to do your own hours agree part time it could be full time that is such an advantage so Tara i'm going to turn it over to you for the next question.

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00:22:00.750 --> 00:22:01.260

Tara McLaughlin: um.

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00:22:02.790 --> 00:22:08.010

Tara McLaughlin: Go, what are the pros and cons of working for a private practice during your clinical fellowship.

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00:22:11.910 --> 00:22:19.260

Mary Kate: I can't speak to that particularly but I did create my practice at a relatively young age, so I was about two years post.

140

00:22:19.770 --> 00:22:35.490

Mary Kate: My cf and I think on like kind of a related no, I think I would just want to instill confidence in those those people who are interested in that because I think we can kind of have a little bit of imposter syndrome and start to think that we're not qualified.

141

00:22:36.720 --> 00:22:43.020

Mary Kate: And you really do know so much more coming out of Grad school, then, then I think you give yourself credit for.

142

00:22:44.400 --> 00:22:56.040

Mary Kate: Like we talked about earlier, I think it's still important to have a good mentor if you're if you're doing that, so that you, you have somebody kind of looking out for you and you absolutely need to have a supervisor during that time.

143

00:22:57.330 --> 00:22:58.470

Mary Kate: But I think that.

144

00:22:59.310 --> 00:23:10.560

Mary Kate: there's kind of always there's always something to learn in our field, and so, nobody really is coming out knowing everything like you can be 15 years in our field and still not know everything.

145

00:23:11.790 --> 00:23:25.560

Mary Kate: And so don't feel like you're the only one who's who's kind of feeling that light, because I think people with so many so many years of experience, feel that way, and I would just encourage you to use the practice to kind of learn and.

146

00:23:26.820 --> 00:23:30.780

Mary Kate: and grow in those areas that maybe you don't feel as confident in.

147

00:23:32.520 --> 00:23:43.020

Liz Grillo (she/her): anybody else have you as a business owner Have you taken on a cf would you consider doing that, or you know what are your thoughts about doing a clinical fellowship in a private practice.

148

00:23:45.390 --> 00:23:46.590

Jennifer Metaxas: is good.

149

00:23:47.010 --> 00:23:48.720

Jennifer Metaxas: Oh go ahead, sorry.

150

00:23:49.350 --> 00:23:50.640

Keira Eyre: No you're good Jennifer go ahead.

151

00:23:50.790 --> 00:24:04.200

Jennifer Metaxas: Oh, I actually did my clinical fellowship in a private practice, but it was a very big private practice where there were lots of clinicians there, so I was able to bounce ideas off of other.

152

00:24:04.740 --> 00:24:10.170

Jennifer Metaxas: People that were working there, I was one of three clinical fellows that were working for this.

153

00:24:10.530 --> 00:24:19.710

Jennifer Metaxas: Practice, so it was a really good experience, because I got to see how private practice actually works and it might feed into it a little bit.

154

00:24:20.160 --> 00:24:34.590

Jennifer Metaxas: Before I realized Okay, this is something that I feel like I can do myself so that was that's also a way that you can go if you're interested in private practice just trying it out and seeing how you like it um.

155

00:24:36.240 --> 00:24:47.580

Liz Grillo (she/her): yeah I like the idea of you know, like you're suggesting Jenner Jennifer having multiple clinicians that you can learn from that's so valuable wherever the students decided to go for their clinical fellowship.

156

00:24:48.030 --> 00:24:53.130

Liz Grillo (she/her): That was a really valuable experience, that was an experience I had as well, I was so lucky that I had.

157

00:24:54.000 --> 00:25:06.030

Liz Grillo (she/her): So many other clinicians I could bounce things off of rather than just just my one mentor so that's a real advantage Jennifer Do you see any cons and doing a clinical fellowship and a private practice.

158

00:25:06.540 --> 00:25:17.850

Jennifer Metaxas: yeah I feel like they're most private practices aren't huge so if you're in a small private practice, it might just be hard to learn from other people, so I would just.

159

00:25:18.450 --> 00:25:25.380

Jennifer Metaxas: advise if you're planning on doing a private practice for your political fellow try to find a big one, with lots of resources.

160

00:25:26.610 --> 00:25:28.650

Liz Grillo (she/her): Excellent cool kira did you want to add something to.

161

00:25:29.130 --> 00:25:43.260

Keira Eyre: This exactly what I was going to say is it's hard to take on a cf when your schedule is so flexible for your own schedule, it can be kind of hard to offer the right kind of hours for a cf.

162

00:25:44.040 --> 00:25:56.340

Keira Eyre: However, I was going to say the same about finding a very large practice, for example in this area, something like a therapy play place or EBS or something where there are many different.

163

00:25:56.880 --> 00:26:05.730

Keira Eyre: conditions that you can you can learn from and then also cancellations can be an issue in private practice so.

164

00:26:07.230 --> 00:26:12.000

Keira Eyre: Finding a place where you'd have a good full schedule is ideal.

165

00:26:12.900 --> 00:26:15.390

Liz Grillo (she/her): Excellent Melanie did you want to add anything.

166

00:26:16.920 --> 00:26:27.270

Melanie Abramowitz: Oh, I started my private practice seven or eight years after my clinical fellowship so I can offer too much insight on to what that would look like.

167

00:26:28.140 --> 00:26:40.320

Melanie Abramowitz: But I do think you know everyone's journey is different so as a cf you are working under the supervision of a licensed speech language pathologist So if you wanted to.

168

00:26:40.740 --> 00:26:49.680

Melanie Abramowitz: Either start your private practice during your clinical fellowship as long as you have a supervisor and the caseload to support it, I would say that it's possible.

169

00:26:50.640 --> 00:26:59.550

Melanie Abramowitz: But I, for me, I personally felt like it was beneficial for me to gain experience first before jumping right into private practice.

170

00:27:00.090 --> 00:27:08.250

Melanie Abramowitz: So yeah an option would be to then try to find a private practice for your clinical fellowship that you could maybe work for first.

171

00:27:08.970 --> 00:27:17.640

Melanie Abramowitz: or just you know recommend I would recommend getting experience just in a variety of different settings with different populations to I think that would be really helpful.

172

00:27:18.120 --> 00:27:34.140

Liz Grillo (she/her): Excellent that kind of leads into the next question, which is what populations do you all work with it sounds like most of you are working with children, young adults, maybe, maybe, maybe there's other populations, we haven't touched on yet so let's talk about that next.

173

00:27:37.980 --> 00:27:47.370

Melanie Abramowitz: So I actually I specialize in working with the deaf and hard of hearing population, and I am also a certified auditory verbal therapist.

174

00:27:47.940 --> 00:27:59.700

Melanie Abramowitz: So I work with actually both children and adults with hearing loss, many of which you use cochlear implants or hearing aids so that's my primary specialty I did.

175

00:28:00.240 --> 00:28:09.750

Melanie Abramowitz: receive the certification as a listening and spoken language specialist with just an additional three to five year certification from the ag bell Academy.

176

00:28:10.440 --> 00:28:19.920

Melanie Abramowitz: To specifically specialized with this population, and I have been essentially devoting my entire career ever since I graduated Grad school.

177

00:28:20.340 --> 00:28:35.640

Melanie Abramowitz: To working with children and adults with hearing loss, but I also see children with a variety of other disorders, I would say other specialties of mine would be literacy disorder speech down disorders and just general receptive expressive language delay.

178

00:28:36.870 --> 00:28:40.260

Liz Grillo (she/her): wow wonderful that what a way to set yourself apart Melanie.

179

00:28:41.700 --> 00:28:47.940

Melanie Abramowitz: yeah I mean the listening and spoken language specialty certification is definitely very rare in our field.

180

00:28:48.450 --> 00:28:57.090

Melanie Abramowitz: And there's not a whole lot of people around the area who have that certification, so I find that most of my clients actually.

181

00:28:57.810 --> 00:29:08.730

Melanie Abramowitz: In the beginning it was hard to find where those specific clients were but now once they found me the bulk of my caseload right now is all hearing loss which I absolutely love.

182

00:29:09.510 --> 00:29:23.010

Liz Grillo (she/her): Excellent and i'm sure your marketing materials, you know that's probably front and Center for you, you know, to highlight your unique specialty that's wonderful and the name of her practice is speech starts here H EA r.

183

00:29:24.150 --> 00:29:25.440

Melanie Abramowitz: yeah exactly.

184

00:29:28.140 --> 00:29:32.790

Liz Grillo (she/her): very clever like that so anybody else what other populations do you all work with.

185

00:29:33.360 --> 00:29:44.250

Mary Kate: I actually worked with a very similar population just because we both work together in that setting previously, and I also have a hearing loss myself so that kind of drives my passion for working with that population.

186

00:29:45.150 --> 00:30:03.510

Mary Kate: But I mostly work with pediatrics I also see some adults with hearing loss and do our own rehabilitation with them, but that's the only adult population, I see him, and you know I work with fluency social language auditory processing and then a lot of them are speech down disorders.

187

00:30:04.170 --> 00:30:07.440

Liz Grillo (she/her): Excellent Karen Jennifer carry you want to go next.

188

00:30:08.130 --> 00:30:12.930

Keira Eyre: door, so I work with children from toddler age through young adulthood.

189

00:30:14.100 --> 00:30:22.410

Keira Eyre: I generally refer out fluency disorders babies, I do get a lot of calls, but I I refer them out.

190

00:30:23.430 --> 00:30:28.260

Keira Eyre: And my specialties are speech sound disorders, the practice of speech.

191

00:30:29.820 --> 00:30:49.830

Keira Eyre: Language disorders and i'm beginning up some additional certification in oral facial biology So those are my main areas of interest and I would say, more than half my caseload is speech sound disorders, at this time, so that's where I pursue you know extra training and things to.

192

00:30:50.220 --> 00:30:52.020

Liz Grillo (she/her): Excellent awesome Jennifer.

193

00:30:52.560 --> 00:31:10.140

Jennifer Metaxas: In my private practice is all pediatrics and I work with a variety of speech language disorders, including speech sound disorders receptive expressive and pragmatic language disorders childhood oppressive speech autism and fluency as well.

194

00:31:10.410 --> 00:31:25.920

Liz Grillo (she/her): Excellent do you find I mean you all, are going to know private practice obviously more than than I do, do you find that it's more common to have pediatric based private practice business owners versus adult or does it does it, you know what do you see more of with.

195

00:31:26.070 --> 00:31:28.050

Liz Grillo (she/her): Work go ahead, Mary Kate.

196

00:31:28.500 --> 00:31:36.330

Mary Kate: I will say I get a lot of calls from people who are looking for adult services and it's very hard to find people with practices that are are.

197

00:31:36.690 --> 00:31:47.280

Mary Kate: Accepting clients at this time, so I think there is definitely in our area in the Philadelphia area that there's a higher number of pediatric private practices.

198

00:31:47.610 --> 00:31:58.440

Liz Grillo (she/her): yeah so students here that there's a need for consideration for for adult clients and private practice here Jennifer Melanie would you add to that I.

199

00:31:58.620 --> 00:32:03.840

Keira Eyre: Think what drives the fact that there are very few adult private practices is.

200

00:32:04.950 --> 00:32:20.730

Keira Eyre: needing to work with insurance and medicare So there are a lot of rules that a small private practice owner might have a really hard time being able to work with and making a full, you know financially.

201

00:32:22.830 --> 00:32:32.760

Keira Eyre: You know, sound caseload width, so I think that that's why there is a lack of adult based private practices.

202

00:32:33.120 --> 00:32:43.140

Liz Grillo (she/her): Interesting I mean you know if so, if you decide to do an adult private practice, you know you could decide to build insurance or medicare or whatever, but you could also say.

203

00:32:44.370 --> 00:32:49.500

Liz Grillo (she/her): i'm going to i'm going to bill for services, out of pocket, but then you have to have the adult who's willing to do that.

204

00:32:50.760 --> 00:32:54.570

Liz Grillo (she/her): You know, pay pay pay pay the fee, without going to insurance.

205

00:32:55.320 --> 00:33:09.510

Melanie Abramowitz: right we yeah yes i'm just gonna say so, I expect medicare but if I were to not take medicare I would not be legally allowed to see any clients who have medicare.

206

00:33:09.870 --> 00:33:11.880

Melanie Abramowitz: So we are not allowed to accept.

207

00:33:11.880 --> 00:33:22.320

Melanie Abramowitz: Private pay from any client that has medicare, so there are some Yes, some laws and regulations that we have to abide by.

208

00:33:22.680 --> 00:33:26.520

Liz Grillo (she/her): So Melanie that's because your practice accepts medicare Is that why.

209

00:33:27.270 --> 00:33:40.530

Melanie Abramowitz: So we we accept medicare so i'm able to see clients with medicare but i'm, even if I if I did not take medicare at all, I would not be allowed to accept private pay.

210

00:33:40.680 --> 00:33:41.070

Melanie Abramowitz: For, though.

211

00:33:41.910 --> 00:33:53.190

Melanie Abramowitz: Even if, even if a private practice is private pay only and they don't take any insurances if an adult came to them, who had medicare they would not be allowed to accept private pay for it.

212

00:33:54.510 --> 00:33:57.450

Liz Grillo (she/her): Okay that's a big that's a big thing to know students.

213

00:33:59.130 --> 00:34:00.900

Liz Grillo (she/her): So has this always been the case.

214

00:34:01.950 --> 00:34:03.240

Keira Eyre: yeah so far as I know.

215

00:34:04.020 --> 00:34:19.860

Melanie Abramowitz: yeah it's lifted, you could find more information about medicare on Ashura they have a ton of resources, about medicare but there's all sorts of like guidelines and and things you'll want to research, because it is quite.

216

00:34:19.920 --> 00:34:37.620

Melanie Abramowitz: complicated and I don't always understand the reasoning behind it, it seems kind of silly to me when I was first starting and I would have a medicare client call me and say that they would be willing to pay out of pocket and I told them sorry are not allowed, so it gets a little complicated.

217

00:34:38.010 --> 00:34:49.890

Liz Grillo (she/her): yeah I mean no wonder why like kira said no wonder why or I think Mary Kate said this as well there aren't as many private practices service servicing adults, there you go hey Jennifer did you want to add something.

218

00:34:50.400 --> 00:34:59.070

Jennifer Metaxas: yeah I mean I don't know very many private practices that specialize with adults and I bet it's for that reason.

219

00:34:59.160 --> 00:35:02.580

Jennifer Metaxas: i'm having all those extra laws and regulations so.

220

00:35:03.120 --> 00:35:09.690

Liz Grillo (she/her): yeah that seems like a major whole to me that's bothering me but Okay, we have to just have to live there and be okay with that right now.

221

00:35:10.950 --> 00:35:11.430

Liz Grillo (she/her): So.

222

00:35:12.450 --> 00:35:19.350

Liz Grillo (she/her): What what are some advantages and disadvantages, you have experienced working in private practice, I would say medicare right now.

223

00:35:19.830 --> 00:35:30.840

Liz Grillo (she/her): To me seems like a major just because I work with adults, you know that's my primary practice interest so that's a major disadvantage for me, so what other advantages and disadvantages, do you see in this setting.

224

00:35:31.770 --> 00:35:38.160

Jennifer Metaxas: I love the sense of ownership and the flexibility that comes with it, I love the independence that comes with.

225

00:35:38.970 --> 00:35:47.130

Jennifer Metaxas: Practice but kind of that a disadvantage would be with more more of that independence, there is less if you have a small.

226

00:35:47.490 --> 00:36:02.850

Jennifer Metaxas: Private practice less collaboration with other professionals, so if you're in a school, for example, there are so many people that are constantly surrounding you that you could always bounce ideas off of and at a private practice it's a little bit harder to do something like that.

227

00:36:05.100 --> 00:36:11.460

Melanie Abramowitz: I would completely agree, I think those are probably my exact same advantages and disadvantages.

228

00:36:12.570 --> 00:36:21.990

Melanie Abramowitz: Because I am you know used to working as a team and sometimes I do miss having that support and collaboration with others.

229

00:36:22.710 --> 00:36:38.040

Melanie Abramowitz: But I like Mary Kate said earlier, you know we can always call I have so many great Ips that I can always reach out to if I need support and in the beginning, when I first opened my private practice I actually reached out.

230

00:36:38.640 --> 00:36:51.510

Melanie Abramowitz: to other private practices in the same area and built up a little referral network and referral list, and I think that's been really huge because we i'm still in contact with a lot of them.

231

00:36:52.230 --> 00:37:02.820

Melanie Abramowitz: up into this point today, and if I ever have questions I can always reach out to them and, like I refer clients to them, they refer clients to me so that's been really great.

232

00:37:03.780 --> 00:37:13.710

Melanie Abramowitz: But as far as an advantage, I would say to you're not always driven by an IP where I feel like in the schools.

233

00:37:14.520 --> 00:37:28.680

Melanie Abramowitz: You really had strict rules or guidelines and whereas private practice, you can really incorporate goals that are important to the client and the family and just provide really more specialized care in that regard.

234

00:37:30.150 --> 00:37:33.150

Liz Grillo (she/her): Excellent Kara would you like to offer advantages disadvantages.

235

00:37:33.450 --> 00:37:38.310

Keira Eyre: Sure, so I agree, you can offer much more individualized personalized services.

236

00:37:39.510 --> 00:37:48.060

Keira Eyre: And i've always appreciated the the longer term relationships and the closer relationships, you can have with clients and their families.

237

00:37:48.840 --> 00:38:03.450

Keira Eyre: that's certainly then very motivating for carry over at home, and I really like just being able to also choose the the the type of client that I like to want to work with.

238

00:38:04.350 --> 00:38:19.950

Keira Eyre: disadvantages or scheduling cancellations, those are those are tricky things and for many years, tax time was a big headache until I got a much better system in place so that I wasn't doing it all.

239

00:38:20.970 --> 00:38:32.970

Keira Eyre: All the paperwork in January in February, so you know for a while that that was that was hard, but for me the advantages definitely outweigh any disadvantage.

240

00:38:33.450 --> 00:38:35.310

Liz Grillo (she/her): Excellent Mary Kay did you want to add anything.

241

00:38:35.940 --> 00:38:39.780

Mary Kate: or I think everybody kind of touched on a lot of those advantages already.

242

00:38:40.380 --> 00:38:48.420

Mary Kate: love the flexibility of it and being able to take a vacation if I want to take a vacation and not have to wait for the end of the school year to come around.

243

00:38:49.230 --> 00:39:04.440

Mary Kate: I also really love, working alongside the parents in this setting I think it's a great way to kind of coach and mentor and I see so much more success with my students, because the parents are able to take what we're working on in our session over into their home life.

244

00:39:05.640 --> 00:39:16.980

Mary Kate: As far as disadvantages for me i'm a single woman, and so this setting kind of gives a lot of variable income and so being like the sole provider for myself is.

245

00:39:17.520 --> 00:39:23.280

Mary Kate: You know I always have to be really conscious of what is coming in and what it's going out each month.

246

00:39:24.030 --> 00:39:35.430

Mary Kate: and especially with this year, and you know who knows, like with Kobe there's lots of cancellations, I think a lot of people are hesitant, even at the slightest sniffle to come in, or to do a session.

247

00:39:37.050 --> 00:39:47.580

Mary Kate: Tele health really helps combat that but it's it doesn't always work out so that's just something to keep in mind, but absolutely the advantages outweigh the disadvantages.

248

00:39:48.270 --> 00:39:52.710

Liz Grillo (she/her): Excellent so we talked a little bit about billing we talked about cpt codes.

249

00:39:53.340 --> 00:40:04.230

Liz Grillo (she/her): I see I CD codes and we actually talked a little bit about that in my medical speech language pathology class, I know that some of those students are here at some of those terms should sound familiar.

250

00:40:05.100 --> 00:40:18.420

Liz Grillo (she/her): So maybe if we talked a little bit about medicare maybe Melanie you can talk first about what is that process like to become a medicare provider is that is that really involved at it take a while to get there you've only been in practice for a year.

251

00:40:19.440 --> 00:40:23.010

Liz Grillo (she/her): What was that process like and then we can talk about the rest of you how you all do with billing.

252

00:40:23.820 --> 00:40:34.020

Melanie Abramowitz: yeah so you need to be credentialed with each insurance, that you would like to take so you would have to fill out an application to.

253

00:40:34.830 --> 00:40:48.570

Melanie Abramowitz: get a contract with that insurance company, I actually ended up hiring a credentialing company to help me with that process, because it was very overwhelming in the beginning to have to.

254

00:40:49.140 --> 00:40:55.590

Melanie Abramowitz: navigate starting a private practice, in addition to getting credentialed with all of these insurance companies.

255

00:40:56.370 --> 00:41:04.350

Melanie Abramowitz: But I will say it does take a very long time, especially because I also started in the middle of the pandemic.

256

00:41:04.860 --> 00:41:19.200

Melanie Abramowitz: So everything was kind of delayed because of that as well, but it took I want to say almost six months before I had my first insurance contract and then they all started coming in, shortly after that.

257

00:41:19.710 --> 00:41:30.540

Melanie Abramowitz: medicare was the quickest actually to come back that usually is only like about if you do everything right, it should really only take maybe two weeks at the at the most.

258

00:41:31.320 --> 00:41:44.730

Melanie Abramowitz: But the other companies, it really depends, they usually give you a time frame like it could take up to 120 calendar days, if not more, to get credentialed with some of these companies.

259

00:41:45.060 --> 00:41:53.220

Liz Grillo (she/her): Well, that was smart you thought about hiring a credentialing agency to help with that aspect of the business kira Jennifer Mary Kate, how do you all handle billing.

260

00:41:54.960 --> 00:42:10.320

Keira Eyre: Well i've been private pay for 12 years you can do that, depending really on the type of clients you attract and the area you serve, but for me it has worked very well, it keeps.

261

00:42:11.520 --> 00:42:13.770

Keira Eyre: My life a lot simpler.

262

00:42:15.120 --> 00:42:27.060

Keira Eyre: And, but you could use an like an emr to help you streamline that process, I simply just send bills, at the end of every day to my clients and.

263

00:42:28.500 --> 00:42:38.520

Keira Eyre: it's it's worked for me to just provide super bills for some of the parents to get out of network reimbursement for their children's services, depending on their coverage.

264

00:42:39.300 --> 00:42:49.710

Liz Grillo (she/her): So do you base, and this is for everybody, do you base your fee, do you base a little bit on the cpt codes, how do you the what your billing, how do you decide what the fee is going to be.

265

00:42:51.450 --> 00:42:52.980

Liz Grillo (she/her): This is for anybody yeah.

266

00:42:53.070 --> 00:43:04.200

Melanie Abramowitz: So well because I accept insurance, it might be a little different for me versus everyone else, but I base my rates on the cpt codes versus.

267

00:43:05.220 --> 00:43:16.950

Melanie Abramowitz: By session or by time because I have to charge the same rate to my private pay clients, as I would, to my insured clients and the cpt.

268

00:43:17.550 --> 00:43:28.620

Melanie Abramowitz: Codes that we build for our on time, most of them for speech therapy are on time, so if I had a separate rate for 30 minutes that I would for an hour.

269

00:43:28.980 --> 00:43:44.340

Melanie Abramowitz: Then, that would not work with the way that you bill insurance, so my sessions range from 30 minutes 45 minutes to 60 minutes, but I build by the session versus the time.

270

00:43:44.460 --> 00:43:45.480

Melanie Abramowitz: And that makes sense.

271

00:43:45.750 --> 00:43:50.190

Liz Grillo (she/her): yeah and for students who don't know i'm sorry i'm we're throwing around these terms emr stands for.

272

00:43:50.550 --> 00:43:59.250

Liz Grillo (she/her): Electronic medical record I think CPT stands for current procedural terminology, so if you just go into [ama-assn.org](http://www.ama-assn.org) and Google.

273

00:44:00.120 --> 00:44:12.150

Liz Grillo (she/her): Well, while you're on [ama-assn.org](http://www.ama-assn.org) search CPT codes there's a whole lot they do a wonderful job I think of kind of describing what they are and they update those schedules once a year, usually so the new.

274

00:44:12.990 --> 00:44:21.270

Liz Grillo (she/her): codes are up there now on the actual website to learn more about that Jennifer and Mary Kay did you want to add for billing.

275

00:44:22.500 --> 00:44:30.300

Jennifer Metaxas: i'm also private pay, so I do not go through insurance and since I have independent contractors, they give me.

276

00:44:30.600 --> 00:44:43.290

Jennifer Metaxas: Their client logs at the end of the month and I build the families at the end of the month, when I get their logs so that's how I personally deal with billing and it's been effective for my grammar practice.

277

00:44:43.710 --> 00:44:48.450

Liz Grillo (she/her): And is your rate based on time, or is it based on what melanie's kind of doing.

278

00:44:49.110 --> 00:44:56.580

Jennifer Metaxas: Since I do not go through insurance mine it, I have a different rate for 30 minutes different rate for a 45 minute session.

279

00:44:56.580 --> 00:44:59.100

Liz Grillo (she/her): Okay, so you're doing time cure, are you doing time to.

280

00:44:59.580 --> 00:45:04.080

Keira Eyre: same thing and for the same reason Jennifer you.

281

00:45:04.440 --> 00:45:11.070

Liz Grillo (she/her): Do you build a certain disorders different differently or know every so it's totally time based.

282

00:45:12.270 --> 00:45:14.130

Liz Grillo (she/her): Interesting okay Mary Kate What do you do.

283

00:45:14.910 --> 00:45:18.780

Mary Kate: Either private pay us well I also two times rates.

284

00:45:19.890 --> 00:45:34.890

Mary Kate: And you know I just kind of I guess for you were asking earlier, how you came up with the rates for me, I did a little bit of research on the cpt codes, but also just looking at other practices in the area, some of them will post their rates, not everybody does I don't.

285

00:45:35.670 --> 00:45:40.410

Mary Kate: But some people do, and you can kind of get a feel for what the going rate is in your area.

286

00:45:40.710 --> 00:45:41.700

Liz Grillo (she/her): yeah good idea.

287

00:45:42.090 --> 00:45:47.370

Mary Kate: it's different in different areas it's very different from New York City to Philadelphia to like Alabama.

288

00:45:47.790 --> 00:45:53.460

Liz Grillo (she/her): Right yeah makes sense, so knowing the area makes sense Tara did you want to ask the next next question.

289

00:45:55.230 --> 00:45:57.690

Tara McLaughlin: How do you advertise your private practices.

290

00:46:00.690 --> 00:46:08.730

Keira Eyre: So I find that a spot establishing relationships with referral sources is a big deal, you know if depending on what your.

291

00:46:09.930 --> 00:46:18.060

Keira Eyre: ideal case looks like you might want to have a good relationship with some local orthodontists or pediatricians.

292

00:46:19.140 --> 00:46:26.130

Keira Eyre: your nose and throat doctors audiologist so they're really good referral source which can help spread the word about your practice.

293

00:46:27.570 --> 00:46:33.570

Keira Eyre: You can offer screenings to you know private preschools or private schools.

294

00:46:35.100 --> 00:46:49.620

Keira Eyre: In the past, offered screenings to homeschool groups which I really like doing I think it's an underserved population that they, in turn, offer me an opportunity to.

295

00:46:50.640 --> 00:47:04.980

Keira Eyre: See kids for therapy during the school day and then word of mouth after all these years is the most important thing you know happy parents lead you to other parents that want your services.

296

00:47:06.180 --> 00:47:10.230

Keira Eyre: And then I always offer a free 15 minute phone call to.

297

00:47:11.580 --> 00:47:25.650

Keira Eyre: You know, to kind of get to know what a parent is looking for and then to see if it's a fit for both the child and for your practice, and that is that's a big way to get new clients as well.

298

00:47:26.370 --> 00:47:28.380

Liz Grillo (she/her): Excellent Jennifer did you want to go next.

299

00:47:28.860 --> 00:47:41.280

Jennifer Metaxas: or so i'm listed on Google so when people Google speech therapy and kids i'll pop up in my area, so I think that's really important, I think I get a majority of my calls through Google.

300

00:47:41.490 --> 00:47:59.310

Jennifer Metaxas: I also get calls through word of mouth so again like what you just said, happy parents talk about it, and still get referrals that way, I also have some social media accounts, which I think help attract business, so I have a Facebook.

301

00:47:59.880 --> 00:48:18.150

Jennifer Metaxas: I have an instagram and I also made a tic TAC, since I have a little one at home, I just do strategies with my one year old and just little language tips that you can do with your kid every day and and posted that and so all of that put together, I think attracts business.

302

00:48:18.330 --> 00:48:19.620

Liz Grillo (she/her): that's a really good idea.

303

00:48:20.760 --> 00:48:27.960

Liz Grillo (she/her): Yes, I i'm also a business owner as well, and I have social media is the biggest like issue for me.

304

00:48:28.890 --> 00:48:39.780

Liz Grillo (she/her): So you know just you know you're supposed to post like daily and it's like at you know I can barely get once a week so social media is a challenge for me, but with this generation with.

305

00:48:40.290 --> 00:48:51.810

Liz Grillo (she/her): These students that's not the case may potentially the case, it was kind of like second nature to the students, I wished, I had more of that natural ability to want to you know, be more active in social media, I have to force myself to do that.

306

00:48:52.830 --> 00:49:02.040

Liz Grillo (she/her): So I think that the current student, you have a major advantage over over my generation, for example, Mary Kay would you like to add anything for how you advertise.

307

00:49:02.340 --> 00:49:08.940

Mary Kate: yeah I mean I I use social media a little bit too I wouldn't say it's the bulk of where where i'm using are getting referrals.

308

00:49:09.420 --> 00:49:14.520

Mary Kate: So I don't spend a whole lot of time on there, to be honest anymore in the beginning, I had more of a presence and I think.

309

00:49:14.760 --> 00:49:20.670

Mary Kate: If you go and you look it up, you can still see that i'm on there, and so it looks like a working business but that's not where i'm getting.

310

00:49:20.940 --> 00:49:26.820

Mary Kate: Most of my referrals so I kind of stopped posting quite as much on there, and a lot of times i'm getting.

311

00:49:27.360 --> 00:49:31.230

Mary Kate: searches from Google ads I think that's my biggest referral source.

312

00:49:31.620 --> 00:49:41.790

Mary Kate: And then, when I first started out, I was going and networking with a lot of the area, doctors and daycares and that has also been super helpful I I just kind of made up little flyers.

313

00:49:42.780 --> 00:49:49.260

Mary Kate: You some basic word art things and and put those out there and they have been really helpful and.

314

00:49:49.590 --> 00:50:01.320

Mary Kate: Even some of the daycares have been so nice to let me keep a stack of the flyers right in the entrance so that when parents come and pick up their kids from school they see that they're able to take it home, you know that's something that they're interested in.

315

00:50:01.710 --> 00:50:13.740

Liz Grillo (she/her): yeah that's very smart I when I go to the pediatricians office for my girls, I see you know that's I see those flyers front Center like ooh who's the speech language pathologist but yeah that's really smart melanie's you won't offer anything.

316

00:50:14.790 --> 00:50:24.870

Melanie Abramowitz: Sure, so I think advertising and getting referrals is definitely a lot harder than you would think it takes a while to build up the caseload and.

317

00:50:25.230 --> 00:50:34.530

Melanie Abramowitz: Opportunities don't necessarily just fall into your lap, and so I have done a variety of different advertisements in the beginning.

318

00:50:34.920 --> 00:50:53.100

Melanie Abramowitz: I send out postcards social media posts, I did some paid advertisements also like merchandise, with my logos like just to name a few things, but I do think that most people have found me through Google, like most people have been saying, or by word of mouth.

319

00:50:54.240 --> 00:50:59.520

Melanie Abramowitz: I also think Facebook mom groups have been a huge referral source for me because.

320

00:50:59.850 --> 00:51:09.090

Melanie Abramowitz: My name will get mentioned in those groups or if someone posts something like i'm looking for a speech therapist I can kind of comment and leave my information.

321

00:51:09.480 --> 00:51:24.090

Melanie Abramowitz: But yeah I would say just networking getting yourself out there and just talking to people and letting them know what you do and why you do it, and I think having that specialty area is definitely key as well.

322

00:51:24.360 --> 00:51:36.300

Liz Grillo (she/her): yeah excellent so does any do any students have any questions that they would like us to ask that we haven't asked you're welcome to unmute and ask you're welcome, to put it in the chat.

323

00:51:40.350 --> 00:51:45.480

Casey, Erin N.: So I have a question it's about hipaa, how do you remain hipaa compliant.

324

00:51:47.130 --> 00:51:56.700

Casey, Erin N.: Like, I guess, because I know there's different like some systems aren't hipaa compliant and some are because I work for private practice as a receptionist so we use like I think it's called practice perfect.

325

00:51:57.120 --> 00:52:04.290

Casey, Erin N.: And like for all the client records so like i'm just wondering like, how do you like what systems, use and how do you remain hipaa compliant within those systems.

326

00:52:05.820 --> 00:52:06.870

Melanie Abramowitz: So I use.

327

00:52:07.170 --> 00:52:24.960

Melanie Abramowitz: An electronic medical records of them called simple practice so it's probably similar to what you were describing but it's all hipaa compliant so all of my intake paperwork from new clients is documented digitally and there that's where I do my billing I do my invoices.

328

00:52:26.010 --> 00:52:34.020

Melanie Abramowitz: My progress notes everything goes into there and then clients can also message me securely through there as well.

329

00:52:34.590 --> 00:52:45.720

Melanie Abramowitz: So that's kind of my way to keep everything hipaa compliant I also use a credit card transaction system called IV pay that's also hipaa compliant and that's how I accept payment.

330

00:52:50.460 --> 00:53:07.710

Jennifer Metaxas: My email address is hipaa compliant you can get a business Google email address that is hipaa compliant if you just do a few extra steps with that also with my fax machine, I have a virtual fax machine, but you can get a hipaa compliant fax machine as well.

331

00:53:11.310 --> 00:53:12.480

Rafetto, Chelsea: I just had a question of.

332

00:53:13.530 --> 00:53:16.410

Rafetto, Chelsea: If you like worked in another private practice.

333

00:53:17.490 --> 00:53:25.500

Rafetto, Chelsea: Did you like one to always do bright private practice or did you always want to make your own or start your own private practice.

334

00:53:27.660 --> 00:53:36.960

Mary Kate: I wanted to start a practice even right from the start, when I was like very first in college, even when I was like in my undergrad Program.

335

00:53:37.230 --> 00:53:47.910

Mary Kate: But I didn't think that I would do it at this point, I definitely thought that it would be like 2030 years down the road, and I think just you know the pandemic kind of.

336

00:53:48.600 --> 00:53:56.760

Mary Kate: expedited things and made me rethink like what I really wanted my life to look like and just kind of make some changes and make some adjustments adjustments.

337

00:53:59.760 --> 00:54:01.380

Liz Grillo (she/her): Here I think you wanted to say something.

338

00:54:01.560 --> 00:54:15.540

Keira Eyre: yeah so I worked in a larger private practice for three years, early on in my career and really didn't see myself opening my own practice because I was really happy with how things were going.

339

00:54:16.350 --> 00:54:29.460

Keira Eyre: But I remember the owners husband telling me one day oh I just know that you'll be opening your own practice, you know, one day, eventually, and I didn't think much of it, and the next year that practice closed so.

340

00:54:30.870 --> 00:54:39.000

Keira Eyre: I then had the opportunity they told me that I could you know just go ahead and take over the phone number take over the client list and.

341

00:54:39.630 --> 00:54:52.290

Keira Eyre: So I had a ready made very full time practice to start, so it kind of just happened and that happened very fast, but i've never looked back and really appreciated that opportunity.

342

00:54:55.380 --> 00:55:12.000

Jennifer Metaxas: I always knew I wanted to do private practice ever since I was in Grad school and I think for a while and my career, I stepped away from private practice but I always found myself coming back to it so i'm glad i'm finally doing it full time and doing what I love.

343

00:55:16.320 --> 00:55:31.380

Piperato, Jamie: I have a question is there one thing with your practice that you wish that you had done sooner, or is there a different direction that you wish that you went instead of maybe the direction you're going in that might be a bit of a different, more difficult question.

344

00:55:32.670 --> 00:55:39.240

Piperato, Jamie: But in terms of like if there was pivots that you wish, you had done or differences, what is, what do those look like, for you now.

345

00:55:45.630 --> 00:55:46.920

Melanie Abramowitz: Tough question, I think.

346

00:55:47.940 --> 00:55:52.710

Melanie Abramowitz: I mean I I could say that i'm happy that I decided to take insurance.

347

00:55:53.700 --> 00:56:05.340

Melanie Abramowitz: I know that that's different for everyone else's practice, I think, starting out private pay was challenging for me to find clients and opening up.

348

00:56:05.970 --> 00:56:17.370

Melanie Abramowitz: The insurance aspect really opened a lot of doors for me, I do have a lot of clients that are still private pay but it allows me to have more flexibility and who I can treat.

349

00:56:19.050 --> 00:56:26.100

Melanie Abramowitz: So I don't know if that's necessarily an answer to your question, but yeah like I like that I chose to accept insurance, maybe early on.

350

00:56:28.050 --> 00:56:36.660

Mary Kate: I I started out right away with a brick and mortar like before I even had clients and I think if I could go back I wouldn't have done that, because they were probably.

351

00:56:36.780 --> 00:56:43.890

Mary Kate: Two or three months, where I didn't have a single person, and I was paying for this space and I had this cute little office that I was so proud of, but.

352

00:56:44.220 --> 00:56:45.780

Mary Kate: nothing to show for it really.

353

00:56:45.780 --> 00:56:53.820

Mary Kate: So um but now it's been great like it paid off, in the end, but I think I probably would have waited a little bit until I kind of started that.

354

00:57:00.030 --> 00:57:02.940

Liz Grillo (she/her): Does anybody have any other questions for our panelists.

355

00:57:06.660 --> 00:57:18.210

Tom Konecny: I had a quick question about tella therapy to us how do you remain hipaa compliant with our therapy is there, do you use zoom or is there a company that you outsource that.

356

00:57:21.000 --> 00:57:30.840

Melanie Abramowitz: With my electronic medical record system they do offer a Tele therapy platform, however, I don't use that one because I don't like it as much as the zoom.

357

00:57:31.710 --> 00:57:42.480

Melanie Abramowitz: I actually use it's called secure video and it's a hipaa compliant platform that connects through zoom but zoom recently came out like a few months ago with.

358

00:57:43.260 --> 00:57:55.890

Melanie Abramowitz: Their own hipaa compliant platform that is definitely more reasonably priced then they originally had because in the beginning of the pandemic, they only offered like their big package plans.

359

00:57:56.460 --> 00:58:08.220

Melanie Abramowitz: That weren't very feasible for small businesses, but I do believe now they they offer a hipaa compliant more reasonable package but I don't know what other people are using but I use secure video.

360

00:58:12.090 --> 00:58:33.210

Keira Eyre: During the pandemic, I went through three different ways of providing Tila therapy, but I end up with what melanie's talking about the hipaa compliant zoom I just found it much more reliable and it was a lot easier to use the materials that I wanted to use through that platform.

361

00:58:35.550 --> 00:58:39.300

Mary Kate: yeah and that's what I was familiar with, as well, I felt like I had some sort of.

362

00:58:40.710 --> 00:58:45.300

Mary Kate: Familiar already with it, so I stuck with that and just use the hipaa compliant version.

363

00:58:51.660 --> 00:58:53.880

Liz Grillo (she/her): Any other questions from the students go ahead Jamie.

364

00:58:54.960 --> 00:58:57.090

Piperato, Jamie: Sorry, Dr 11 other question, and this is.

365

00:58:57.480 --> 00:59:10.650

Piperato, Jamie: For Jennifer when did you get to a point where you were ready to bring independent contractors on was there was that the goal, from the very beginning or did you reach a point where you're like I think I can manage this now and it's time for me to continue to build.

366

00:59:11.940 --> 00:59:20.250

Jennifer Metaxas: yeah at the very beginning, I didn't really think about hiring anyone on when I had my baby and I had to go on maternity leave it kind of.

367

00:59:20.790 --> 00:59:29.040

Jennifer Metaxas: forced me to think about that, in a way, so the months leading up to when my baby was born, I really thought about it.

368

00:59:29.310 --> 00:59:37.710

Jennifer Metaxas: And you know just wanted to go instead of full on employee, I found that to be pretty overwhelming I just started with an independent contractor.

369

00:59:38.460 --> 00:59:47.460

Jennifer Metaxas: That was a little bit more straightforward and I, at that point was if I didn't have this baby I probably would not have hired on so i'm so thankful that I.

370

00:59:47.700 --> 00:59:53.340

Jennifer Metaxas: pushed myself to do that, I think there's always little things in private practice where you get challenged and you.

371

00:59:54.030 --> 01:00:09.390

Jennifer Metaxas: buy ways to push yourself and at that point in time that's what I had to do and I had to make a decision, do I just tell these families to take a break for a few months, and maybe they won't come back or do I risk, you know, taking.

372

01:00:10.620 --> 01:00:15.360

Jennifer Metaxas: Independent contractor on and seeing how that goes i'm so glad I did so glad.

373

01:00:19.680 --> 01:00:21.480

Liz Grillo (she/her): Does anyone have any other questions.

374

01:00:26.910 --> 01:00:42.090

Liz Grillo (she/her): Well, this has been really awesome What a wonderful discussion, I appreciate all four of you for being so open, and you know with your communication, and it was just it was just wonderful What a wonderful experience and again, thank you for your time.

375

01:00:43.200 --> 01:00:43.590

Liz Grillo (she/her): and

376

01:00:44.160 --> 01:00:45.630

Liz Grillo (she/her): Yes, yes i'm so.

377

01:00:46.830 --> 01:00:54.150

Liz Grillo (she/her): Thank you, and this will be on our website eventually i'll share the link with you when it's there and it'll be on spotify in January.