Ep 158 Transcript
157 Private Practice Cass

Sarah: Welcome to the Happy Hour podcast. This is Sarah in Oregon and today's topic is private practice expectations versus reality. Today on the podcast we have cast, here's a private practice owner in Hawaii. Cast. Welcome to the show. Will you introduce yourself?

Cass: Hi. Thank you. Yeah, my name is Cass Kim. I'm the owner of Central Oahu Speech, located on the island of Oahu in Hawaii. I'm also a children's book author and a young adult book author.

Sarah: So let's start by talking a little bit about your books. That's actually the part I'm most interested in, which is not the topic of this particular episode. But you can, of course, come back. Tell me a little bit about the books that you've written, speech therapy wise. I have this children's book series that has a focus on articulatory placement, so it kind of has that auditory bombardment, the opportunity for a lot of target practice with these sweet, happy little stories that go with it, like Wendy's Winter walk, PBMs, sounds, Ted and Tina adopt a kitten and sounds. And these books really focus on the opportunity to practice, but also they go based on the age that we expect these sounds to come. So they also have language concepts that go with those. So like Wendy's Winter walk is like finding items by name. Ted and Tina adopt a kitten has like prepositions. And then the older books have like comparing and contrasting like our. And our book is perfect for comparing and contrasting activities non speech therapy wise. I have the Wilders Trilogy, which is a young adult series that's kind of a zombie apocalypse, the kind of not it leans a little bit more into coming of age versus horror. And then I have a series and anthology series with other authors that I organized for four years in a row, and that donates to charity, and that's the autumn night horror anthologies, and we've raised over $11,000 for charity with those books.

Sarah: Do you see yourself writing more books? And I'm also just curious about your your full time copy. Now, is that where you want to stay? I don't see myself staying a full time as a long term, just because I don't see it being realistic to own a private practice in Hawaii with the reimbursement rates, we know that they're continuing to drop basically every year, more or less Medicare gets cuts and private insurance follows the Medicare rates, and everything else in the world keeps going up. So I like being in, but I don't really see it as being a long term option at this point.

Sarah: As we go through these expectations versus realities, we will really dig into that. And they vary so widely by. State.

Cass: and even region.

Sarah: Mm hmm. So let's get into the private practice expectations versus reality. I know when I started a private practice, I didn't personally know anyone who had a private practice. So everything that I did learn was from like, the independent clinician or I read a lot of blogs of like

mental health providers because it's similar in that, like how do you get a network for insurances, how do you do your medical records, what can you use things like that? So I learned the hard way, just making a lot of mistakes or trying things that didn't work. But the first expectation is you need to see 40 hours of clients a week to be full time, or 40 client sessions per week to be full time. So is that a myth? Is that reality? What is your experience with that?

Cass: Pretty much everything is going to be so region and city and state dependent for these kind of answers. In Hawaii, I have to see 45 plus visits a week to be able to pay myself full time and pay the clinic overhead. So guess in my case, like it doesn't end up being 40 hours, but it does end up being more than 40 treatment sessions. But treatment sessions are half hour each. So you know, you can figure that that doesn't really add up to 40 hours of direct care.

Sarah: And for me, I schedule about 27, 28, up to 30 sessions, which are 30 minutes, and I need to be seeing at least 25. So that's accounting for cancellations. So in my state of Oregon, reimbursement rates for private insurance, which is what I accept, are between $80 per session and $100 per session, and about a third of my total guess we would call it gross income goes to expenses. So a third of what I'm making with that is going to expenses.

Cass: Wow, that makes me want to cry. Think that's the first time I've actually heard the numbers? Because we talk about Medicaid a lot, but we don't talk about private insurance as much when we chat on Instagram. I feel like that makes me so sad because Hawaii is like, we're at 69, 29 is kind of the average here.

Sarah: And your cost of living in Hawaii, I'm imagining, is not low, nor are your business expenses.

Cass: Yeah, I actually haven't gone through and figured out like what percentage goes to the overhead. But I can say my clinic rent is 2000 a month and then parking is another 600 total. When you consider employee parking and parking validation for patients. And then of course, you have to add in the and the software side probably spend about 300 give or take on software a month. So it adds up very quickly.

Sarah: What I'm thinking is that as we're discussing, this is Asha. We really need some advocacy for these states where there's a low reimbursement rate because someone listening who doesn't have a clinic might be like, oh, $60 per session. That's amazing. But if we're taking out a third of that for expenses, and we're accounting for the time that we're spending scheduling, insurance, billing, taking care of all of the pieces of our businesses, that's not really livable or workable long term.

Cass: Well, taxes alone take a big chunk out of that.

Sarah: Yes. And we're paying taxes. Another private practice expectation that I hear a lot is I'll be earning 100 K a year if I go into private practice. And I think where that comes from is people are taking, you know, the rates that we're making. And because they're an employee

somewhere else, they aren't factoring in the business expenses. So they're thinking, oh, that would mean I would have a gross income for my clinic of 100 K, which is doable, at least, you know, in my own practice and my own state, I can gross 100 K a year, but am absolutely not net or paying myself 100 k year and paying myself about 14% more than when I worked in the schools. And I have the added benefit of I'm working four days a week and paying myself for five days a week, so that is a great benefit. And again, the reimbursement rate in my state allows me to do that. I have never earned six figures.

Cass: Yeah, I agree with that. Think it's a myth that that that's reasonable to expect in every location I pay myself. 60k a year, which sounds terribly low in Hawaii, but honestly, it's not a whole lot less than I've earned other places where I worked a heck of a lot more. I worked at a pretty well known rehab hospital here, and I. We were exempt employees. We were salaried. When you broke it down hourly, it was about 35 an hour, and that was with a shift differential for working the slightly later shift that bled into the evening and the Saturday. And here I only work Monday through Thursday and then a half day on Friday. And there I was working. I think by the time you count all the time, quote unquote, off the clock, that was exempt from any overtime that we did doing paperwork and stuff at the hospital, I was comfortably working 50 to 60 hours a week there.

Sarah: I also want to say, like, there might be people who live in wealthy areas that are taking home our six figures in private practice, or people who have quite a few employees. I don't think if you just had 1 or 2, you'd be able to do that unless you were also carrying a full time caseload. So it's not impossible, but it's certainly not the standard.

Cass: Yes, I agree with that statement.

Sarah: Another common private practice, expectation or myth is that I should be private pay only. I'll get plenty of clients that way and it'll be easier for me. And I think that comes from, again, marketing for different private practice courses. So people are seeing that it is possible to do this. And yes, there are absolutely clinics that are cash pay only. In my experience, they're in larger cities or wealthy areas. And in my experience, I was not able to go cash pay only and get enough clients to support a full time caseload. So that's my reality for that expectation. What's yours?

Cass: I would have to say it's pretty much the same here in Hawaii. There's a surprising amount of like, small private practices for like the area of an island and those that take private pay only. I don't think a single one of them is working at a full time level, and I have zero interest in trying to compete with them because they're already here. They're already hustling and trying to establish their caseload. For me, it just is so much more logical to take insurance because the longevity of the patient is a lot longer. The chasing them down is a lot less. I find that when we do have people who come to us with private pay, it's a lot longer intake process. While they decide how they're going to do, are they going to try to do a super bill? Would they rather just do like our prepaid package discount that we do - it just and a lot of times they end up ghosting once they really take a minute and look at all the cost and the fact that it's not like a one off

thing. It's not like a one time massage. It's not like a one time dog training. It's - this is a consistent cost.

Sarah: When I've searched for private pay only clients, I can find a few. And that's why there are practices that say, okay, we're cash pay only. But when I ask those people what their caseloads are, they're small. They're very part time. And again, I'm sure it is possible to have a full time cash pay practice, but I would say do some research and see if it's possible in your area or try it if you can. But for me, I'm in a position where my family depends on my income, and I believe Cass you're in the same position. And so I couldn't try to be cash pay and start with just working a few with a few clients per week. For my first year, I needed to fill my caseload, and I did that by taking insurance, that longevity of the patient. What you were saying, Cass, is so true. For example, I have some autistic students that I've seen for maybe three years, and they come every week and they consistently come and the insurance consistently pays, and that's what we need to stay in a position with our businesses where we can consistently pay ourselves. We need patients who can, or clients or students who can afford and consistently pay for speech therapy, and even my families who are quite wealthy when they look at the cost long term of paying out of pocket for speech therapy, they just think, I can't do that.

Cass: Yeah, now would agree. Like the few people that I've spoken to, that I've personally spoken to who have had reasonably consistent income as private pay only small businesses as speech therapist are extremely niche, and they're in a very high income area and probably also well populated. Yeah, we're talking like rich areas of like California.

Sarah: That makes a lot of sense to me. Here's another private practice expectation versus reality. Insurance is too complicated and it will take hours to do each week. It's so time consuming. I'm not going to do it. And again, we really discussed this in our last question. But I think what we've both found is that for our practices, we could not find enough clients to be a full time caseload if we didn't accept insurance.

Cass: Yes. Yeah. And insurance, it can be intimidating, but it's not that intimidating as long as you put systems into place and you know what you're getting into. So there are some insurance companies that I will never be in network with, I will not work with, because I know that they're the kind of insurance companies that do everything they can to not pay. They give you the runaround, they give you the long waits. They oh, they lost that fax. So sorry, you know, seven times in a row. How'd they do that? And then I do have two insurances that I know are consistent. They're on top of their game. They believe that their benefits are meant to help their patients and they're easy to work with.

Sarah: And I'm in a similar position. So when it opened my practice, I needed to take all the insurances because I really just needed to fill spots. But now that I've been open for many years, I only take two insurances and to be honest the process is simple. They pay on time and again, these are patients who will come week after week because they're paying a co-pay. They're not. It's not hurting them to financially come to speech therapy. And again there are people with insurance plans with very high deductibles where they have to pay maybe $8,000

out of pocket until insurance will chip in. But I would say people with low deductibles and good benefits are the majority of my caseload. It is so worth it for me to accept insurance. I don't regret it at all. It doesn't take hours and hours. I almost think the hardest part is when you open your practice and you have to get credentialed. So you're doing this packet that's like 20 pages. You send it in, you like wait three months. And this is to get credentialed to be an in network provider. I almost feel like that was the hardest part. And once I realized what I needed to do for insurance billing and got some systems together, it's just something that I do like. Once a week I track it and then I'm done, and it's really not that time consuming.

Cass: Yeah, I agree crunching is a headache, but the rest is not too bad.

Sarah: If someone's listening and they're a school SLP, this is what I tell people: if you're a school SLP and you're able to track IEP due dates and triennial re-evaluations, assessment plans, and how many days you had to do things, you have the skills to do insurance billing. It's new. It's something different. But I believe that if you've worked in the schools, which I did for many years and you, you know, dealt with all that paperwork and deadlines, you can learn insurance, billing.

Midroll: This episode is brought to you by the Happy Hour store at Teacher's Pay Teachers. Com. Current research says that 1 in 34 children has a diagnosis of autism. Given that is diagnosed and many areas like mine have long waiting lists for kids waiting for an evaluation, and given the larger umbrella of neurodiversity, this means that teachers will have neurodiverse students and autistic students in their classrooms. Yet many teachers are given very little training or no training at all on autism. Educating teachers on autism can seem like one thing too many in your already overloaded schedule as a school SLP, so let me tell you about a resource designed to help: autism handouts for teachers. This includes information like language to use and not to use when discussing autism. A very basic primer on Gestalt language that's teacher friendly. What parents wish teachers knew about autism, girls and autism, compliance based versus strengths based and student led activities, stimming in the classroom and a short dictionary of terms to refer to related to neurodivergence. Take some pressure off yourself and save some time by purchasing the Autism Handouts for teachers packet, and you'll find a link in the show notes. Now back to our conversation with Cass.

Sarah: The next private practice expectation. If there are waiting lists in my area, I'll get full pretty quickly. And this is something that friends that I have had that are SLPs are like, well, everyone else has a waiting list, so I should get full right away. And that becomes a challenge because it actually takes. Or at least it took me quite a while to get full. And I want to make sure that people listening who are considering private practice budget for that. So it took me and again, this was like six years ago. So I can't say with 100% certainty that these dates are correct. But six months until I was mostly full, I was like at 70 or 75% of what I wanted and a year to get fully full. What were your experiences? Are there waiting lists in your area? Did it take you a while to build up a full time caseload?

Cass: There are waiting lists in our area. The waiting lists vary anywhere from three months to a year long at any given time. There are some places that closed their waiting list once they hit the year length, and just don't add any more. At that point. We were in network when we started, so think that that really helped. We're in network with the like two of the very large insurance companies on the island who have people on waiting list. So that helped a lot. And so we actually we outgrew the first space that we were in extremely quickly. We started in May of 2022. We were renting two days a week from a local physical therapy clinic. Kind of just reached out to a bunch of physical therapy, small clinics and was like, do you have a room I could sublet? Do you have a space I could sublet? And this company allowed us to have their whole space on Tuesdays and Thursdays, because they are still building their own caseload. We outgrew that space by mid-July, and we came into our own five day a week office in August of 2022. And it's been busy since.

Sarah: So to summarize - you opened in…was it January of 2020? May or May of 2022? And by August you were full? Yes. Yeah. Yeah yeah. Do

Sarah: Do you think you would have been full if you didn't accept Medicaid? Because I think that's probably why it took me longer to get full.

Cass: I don't think so. I will say in the beginning, we did have more Medicaid patients than we currently have, partly because a lot of our Medicaid patients end up not wanting to make the drive. A lot of them live on a further part of the island than some of the others, like we serve a lot of military families. We're very close to the Joint base, Pearl Harbor, Hickam area. A lot of our families that are on Medicaid are local families, and they live further away. And so the drive and balancing that drive with multiple jobs, because so many families have two parents that work two jobs to survive in Hawaii, think they just couldn't make it work. So a lot of them would come for a couple of weeks and then kind of slowly, no show or late cancel until we had to have the discussion about if it was really going to work, because you have to have some consistency. I would say we've never had more than eight Medicaid patients on the caseload at a time, and right now we only have three.

Sarah: okay. In my area, the hospital that does pediatric outpatient, so that would be similar to a clinical setting has closed their waiting list. And they are almost all Medicaid. Basically, if you accept Medicaid, that's what your caseload is going to be, just because most kids are Medicaid. Let's talk a little bit about renting a space versus driving. And of course, you and I both have had spaces from the start.

Cass: I didn't know you had yours from the start.

Sarah: I had a space when I only had one client. I have never driven to homes. It was for a lot of reasons. So I am team rent a space when you can afford it. And I started with a very, very small room that I was paying $350 per month plus like a CAM rate, which is like what you pay for the shared expenses of someone to like, clean the bathrooms, heating the air conditioning and

trash. So it was more than 350 added on to that, but it was a pretty slow and easy way to start out. I also have heard of many SLPs who will find like a physical therapist, occupational therapist that is a pediatric practitioner and rent some space from them. Have you have you always had a space also?

Cass: Yes. Yeah, we started right away with that. Two days a week at the PT clinic, there was no driving to homes and we have actually never even done telehealth. We have actually never done telehealth.

Sarah:. What were your thoughts when you were deciding if you wanted a physical location or not? And I know a lot of factors go into this, right. How rural is your area? If your area is urban, how long is it going to take to get from place to place? Do you even feel comfortable going to people's homes? How many people can you see a day? If you're driving, if you're adding on that driving time versus if you're just staying in the clinic and clients are coming to you. So a lot goes into that decision. What are factors that went into that decision for you?

Cass: So actually, when originally started, I was hoping that we could offer a lot of push in services at like preschools and Montessori daycares and things like that. But unfortunately we did start in 2022. But Hawaii had a very hard, very prolonged shutdown with Covid. And even in 2022, in the summertime, if you recall, Omicron was kind of making a wave, the Omicron variant of Covid. And so even then they were not allowing visitors into a lot of places. So it just wasn't a business model that was going to work in this place in that time, which is why I ended up shifting to like, okay, well, we're just going to expand to a full time clinic instead of two days a week and a clinic and, you know, 2 to 3 days a week driving to preschools and stuff. I really wanted to offer that preschool option, because I know how many families have dual working parents and how hard that is to get care. That was like the reasoning behind wanting to do that model. But now that we're paying for a space five days a week and it is quite expensive, we have to use it basically. And I didn't want to do home health in people's actual homes. I did adult home health for about two years, and there were many, many times where I was very uncomfortable with the area that I was asked to go in, or with the condition of the home that I was in. I had some really wonderful experiences too, but there were enough experiences that made me a little leery that I didn't want to put anybody else in the position of like, don't feel safe, but I'm expected to do this.

Sarah: And for me, what went into the decision was, okay, if this place is $350 per month plus some change, that would be about one client a week. So one client a week over the course of a month, right? 4 visits a month would pay for my space. And that made me feel very comfortable. Like that's something that's sustainable. This is something I can afford. And I eventually rented a bigger space in that same building. And then just a few weeks ago, I moved into after being at that same place for like 5 or 6 years, I lose track. I moved into a totally different building because at my old building, people just really expected it to be silent and there to be no noise, and I was not able to do that. So I asked if I could break my lease. And over the 4th of July weekend, I moved into a new space right next to an SLP friend of mine. And it's in a medical building and it's kind of sectioned off from the other practices. And we're not really sharing walls with anyone we have… so there's two treatment rooms, one that's hers, one that's mine. And

right outside of our doors is our own waiting room, which is really cool. I used to have a waiting room that was like kind of far away and shared with other providers. So, so far that's been good for me. But for me, financially, it just makes sense to have a space so that I can see kids kind of back to back and within a shorter number of hours, rather than me driving around. Also, I live in a town of about 20,000 people, and within our valley there are a lot more people, but some people are driving 30 minutes, 45 minutes. I have a new family that comes 50 minutes and they come every other week because it's such a long drive and so if I was, you know, working out of my car and going from house to house, I would be doing quite a bit of driving just because of the area I live in. And if it was the opposite, if I lived in like LA or New York City, you know, going into homes, you would have to really have a small area in which you are seeing people because so many hours of your day would be spent not seeing clients kind of just going between clients. And that is extra work. It makes sense to keep costs down in some situations, but it can be a lot of extra hours during the day.

Cass: Yeah I agree. Just the sheer volume of patients that we can see having a clinic space, it's a whole different ballgame than driving from from home to home, for sure. I think that also would kind of come down to the reimbursement rate question. If you're getting more per visit, it makes more sense that you can drive to people and then also your personality, right? Some people really value that drive time to recharge themselves. And I did like that when I did home health. But now I'm in this phase where like if I go boom, boom, boom, boom boom, patient patient, patient, patient, I feel like my day flows so fast. And it's really like my energy level stays steady instead of having these weird dips where it's like, oh, well, now guess I have to go see this person. And I'm like, yeah, okay. The next one, next one. Okay. Let's go. Come on. We're doing this like and then at the end of the day I'm like, okay, now I can like relax,

Sarah: I can't do more than three in a row without needing at least like a 15 minute break. Just my energy level is not good. And I've also had some medical things going on, so I've been tired all the time. I can't imagine seeing like 10 to 12 a day back to back. I have done it but didn't also own the practice. So I think when someone considers what a full time caseload is that, you know, I'm, I'm actually seeing clients. Part time, but this is absolutely a full time job because of the other things involved in owning a practice. I don't think I could see 10 to 12 like more power to if if I had to, I would. I'll say that I have to figure it out, which is, I think maybe where you're at.

Cass: I think for me to like, I just really get frustrated for me, don't want to feel like I'm stuck somewhere. So if I'm in the clinic, I want to be working. And if I'm caught up on my paperwork because I'm fairly efficient, if I'm caught up on my paperwork, I'm caught up on my billing. There's not a lot of other things to be doing. And we have, you know, two cancellations plus a dock break. Then I'm just sitting there for like an hour and a half. Like, sometimes I'll, like, chat with the receptionist and see what her life is like and that kind of thing. But I'm also trying to maintain those boundaries of, like, I'm the boss. Like I'm friendly but can't be like the friend. And I just get really. I can't focus on other things. Like in my head I was like, oh yeah, if I have this hour break, I'll, I'll work on an editing project or I'll work on this. But very rarely can I sit in my clinic space and focus on something that's not related to the clinic without just kind of being

scattered everywhere with my brain. So I have to be I don't if I'm in the clinic, I want to be doing work.

Sarah: Yeah. And to be fair, I'm starting to get my energy back after a long time of having a lot of fatigue. And I'm starting to - what's so funny is I used to be like, oh yes, I cancel. Like I'm so exhausted. Like it's a little more energy I can save up. And over the past few weeks, especially when there's a cancel, I'm like, I really wish there was a kid here. For me, at least I come into the clinic quite early to finish my paperwork type stuff and administration tasks. So if a client doesn't show up or if it's like a late cancellation, I kind of get bummed now. But I think that's just because I'm starting to get feeling better.

Cass: That's a good sign for like, health wise, which has got to be, like, satisfying.

Sarah: Yeah, it's like something is changing. All right. I'll take it.
If someone is listening. What? And they're considering starting a private practice. What do you think are some important things to consider? And I'll start because just so that you can have a minute to process, I don't like to spring questions on people. I would I would consider, are you the breadwinner? Do you have money saved? Because the first 3 to 6 months, you may not be making much money, but you may have quite a few expenses. I remember things like I had to pay a deposit and like first month's rent right away, and I didn't have the money thinking about, okay, if this is you know, I really like the metaphor of a plane speeding up before it goes into the air. I will need an on ramp. So do I have the money saved? Can my family handle this? If I'm making less income than we are expecting? Have I prepared for this? And do I have a plan for how to pay for expenses when I'm not getting paid yet? Because a) you probably won't have all the clients you want right away and b) my first insurance payments. Now I'm getting them mostly within four weeks, like 4 to 6 weeks is the range. But most of my checks I get about four weeks after I've seen the kid. But at the beginning, when I was brand new and I had just started seeing the client, I think it was like 2 or 3 months until I got my first payment. So really thinking about budgeting and making sure you're okay and your family is okay is probably my number one piece of advice.

Cass: Yeah. Think that's extremely like legitimate advice that people should think very hard on. For me, I think the number one piece of advice would be know how comfortable you are with setting and maintaining boundaries. That's got to be the hardest part for me as being a private practice owner. You are the one who's responsible for saying like you can't no show for visits and expect to keep being able to come here and there as you want sporadically, you have to be the one who has a policy about attendance and maintains it, who has a policy about paying copays and maintains it. You have to be the one who's willing to have the hard talks with parents like, yes, as clinicians, we sometimes have to have difficult discussions with parents, but I feel like as a business owner, the discussions are a different type of discussion. Often as clinicians, we don't have to talk about money with people. Nobody or very rarely, I should say, are people very comfortable discussing money, particularly like, hey, I'm sorry, but you owe me money. You have to, though as a business, you have to be able to collect and you have to be able to make sure that the clients that you are taking and keeping are valuing that time and using that time,

that there are other people who are desperate to have that spot for their child and who would come every single time, and even regardless of the like question of who who really needs it and values, it is also the question of if you have half of your caseload no showing half the time, are you even going to make your overhead and be able to pay yourself? So I think boundaries as a business owner is really difficult and think you have to be comfortable enough with yourself and understand enough about how the business works to hold those boundaries.

Sarah: I agree, I think that's absolutely the hardest part. And sometimes it will be a behavior that a client is doing, like a no show or late cancel where you have to say, I need 24 hours notice unless there's an emergency. Here's an example of my policy and I'm going to charge you. Now, there are insurance policies where we cannot charge a no show fee. And you can figure out what those are as you do the credentialing process by asking them. But the point is, families are never happy when I say, I'm sorry, you have to go back on the waiting list. If you don't come, I can't pay myself and I cannot give my family the income we need. And this can't - this isn't working. Some people may get angry, some people may get defensive. Some people may say, oh, well, you're just in it for the money. And I say, yes, because this is my job and I am performing a service in exchange for money. That's what we do here.

Cass: Yeah, totally.

Sarah: And it sounds harsh, but after, you know, having a private practice for many years, I just have had to get really honest with people. And say, I'll tell a little story if it's helpful. I had one parent who was being very rude to someone in my office. I said, you know, I've been informed of some unprofessional conduct on your part towards someone on my staff, and that is not behavior I tolerate. And you have a choice to continue coming, but have someone else bring your child to sessions, or I'm happy to refer you to another clinic. And that seemed really harsh at the time, but this person's behavior was so outside of what was acceptable that I had to say it. So that's one example of things that, you know, I, I did tense IEP meetings and I did tense situations in the school, but telling a family member of a child “that behavior is not one in which I'm going to accept, and you are no longer welcome here.” These are the kind of things you have to do when you're in private practice. And it really sucks. It's really hard to really second guess yourself. And over time, all of these boundary conversations that you constantly have start to really wear away at your energy.

Cass: I Agree and I think, first of all, that situation sounds really hard, but I applaud you for maintaining the safety of your space. I think the biggest pro of having a private practice is we get to control the way that work feels like the energy of the space, the safety of the space. But it's still. That had to be a really difficult conversation to have. I was going to say, I do think to the other thing that's a little bit tricky as a private practice owner when it comes to maintaining those boundaries, particularly when it comes to like maybe discharging a patient is you always worry about all the public reviews that people might make too. Like if somebody is angry enough that you have to say, I'm really sorry, but we're going to have to discontinue services, they might be angry enough to like, just give you this awful review in a public forum. And that's it hasn't happened, thankfully, but it's always a possibility, especially in this world that we live in.

Sarah: Yeah. And you become a semi-public person when you have a business. People can read my Google reviews and see who's happy and not happy. Not everyone will like you all the time, I mean we try. We try to be as helpful as we can, but we can't do it all. Who do you feel like would be a good fit for owning a private practice? Whether it's personality type? Life circumstance, region of living.

Cass: Alaska has really good reimbursement rates and so does California. So I guess this would be good areas as far as reimbursement. 1s I'm a little envious, but personality wise think you have to be somebody who has follow through. I have seen some private practices fail, and a lot of it has been people who are so busy chasing the next big idea that they're not following through with the stuff that they have to do in front of them, like following up on insurance claims that got rejected or denied, following up on setting those boundaries and maintaining them, and doing any kind of paperwork that you need to do to get claims paid. That stuff has to come first. It just has to.

Sarah: If it doesn't, again, you can't pay your expenses. If you have employees, you can't pay them, you can't pay yourself. And for most of us, our family is count on that income. I'm going to say something that might be a bit controversial, but to be fair, you know, I am the sole income earner for my family, so I'm in a bit of a different situation. But I actually think this job would be best for someone who has a partner who makes. More than half of the income they need and who can go part time. Because for me, if I could do this part time, I would have a lot more energy. I would have a second income and probably be less stressed about money. But that's not where I find myself. And while there are private practice practitioners and owners who are breadwinners for their families, or whose families really need it to be a full time income, that is not the majority. And I think that's for a reason. I do think it's a fairly good fit for people who want to work part time, are okay with the income fluctuations that happen with private practice, and who aren't the primary breadwinner.

Cass: I agree with that. I mean, I've said it in my Instagram stories in the past, and I'll say it again: the only reason I've been able to take the risks that I've taken, like creating a children's book line that was six books long that I published before I knew if they'd ever take off, opening a private practice and choosing to still take Medicaid, knowing that it pays $21 a session. These are things that I've only been able to do because my husband does make more money than me. He is the one who pays the mortgage. I just pay for all the other things. That's something - that is a privilege that I would not have been comfortable, I think, to take the risks that I've taken in moments perhaps not even capable of doing it without his income and his support, even though his support is usually like, do what you want to do.

Sarah: I think of single people too. I'm not trying to dissuade people who are breadwinners for their family or who are single people, maybe also who have a single income. I think it's totally possible. It's totally doable. But if I were asked like, what's the best use case for this work setting, I would not describe someone in my situation. This job has been a good fit for me in my

situation, but I also don't see doing this ten years from now. I see myself doing something different, whether it's hopefully something within the profession where I'm not directly seeing students because I've been in the game for a long time, like more than 15 years, and I'm tired and need a break.

Cass: Yeah. It's a difficult profession. Think to really look at like a 30 plus year career in. Can't really can't imagine it. And like, thank God it's such a broad profession. I've switched what I'm doing so many times because I get to the point where I'm like, I'm not enjoying this. This is more hard than it is good. And for me, that's been the biggest benefit of the private practice is I can shift and move things and see what makes me feel better, and I'm the only person I have to check in with about that.

Sarah: Things that I love about private practice, or the relationships I make with my students and my family. The independence that I get to have.

Cass: Oh yeah. Absolutely. The families are incredible. We've been super lucky. I think we've only had like two parents that were even difficult. For the most part. Our parents are incredible. Our kids are amazing. The progress is so rewarding, you know, was like literally crying in a session at the beginning of this week because just the gains were so incredible for this kid. And like, the mom is always so involved. And it's just like we're both crying, you know, and it's like, this is why we do this. This is why we do this.

Sarah: Thank you for like, your honesty. Just as far as like how many students you see the a realistic income you make. I could have asked a lot of people to be on this show, and I think very few of them would have been as open as you are today. So thank you.

Cass: Oh, absolutely mean we're only as I don't know, as a whole, as a profession, we're only as good as how we support each other and how honestly we do that think.

Sarah: And that's today's show. Thank you again to Cass for speaking so transparently about private practice. It takes a lot of guts to be as open and honest about both the struggles and benefits of owning a private practice, and I think Cass's story will be helpful to so many SLPs. Opening my own private practice has been a huge game changer for me. It's increased my work happiness. I feel like the work that I do matters. I enjoy working with families, I see tremendous progress and I get to be as independent as I want to be. If you are considering a private practice or if you have one and want some coaching to grow, please visit SLP Happy hour.com forward slash coach to see my calendar and pick a session. I've gotten some great feedback about these sessions, and people who have been coached by me say that they saved money from their time with me because they've learned so much, and that they feel confident to take the next steps in their businesses. So go to the URL in the Show Notes or SLP Happy Hour and click on coaching tab to book a session. I hope this episode was a little slice of an SLP happy hour for you, and that you enjoyed this conversation with Cass as much as we enjoyed our conversation together. Until next time.