

LAUNCH HELP

Do You Need a Consultant to Start Your Practice? DIY vs. Consultant vs. Done-for-You

You don't need a consultant — you need the work done. An honest comparison of the DIY, consultant, and done-for-you launch paths: cost, time, failure modes.



SCAN TO BOOK A CALL

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No — you don't need a consultant to start your practice. **You need roughly forty operational tasks completed; the real question is who does them.** There are three honest answers: you do everything (DIY), a consultant advises while you execute, or a done-for-you service executes the launch for you. Each works. They differ sharply in cash cost, your hours, time-to-open, and how they fail — and the right one depends on which resource you're shortest on: money or time.

What does the work actually consist of?

Strip away the mystique and a practice launch is a defined task list: entity formation, EIN and NPIs, state licensing and DEA, malpractice, business banking and payments, EHR and intake setup, HIPAA compliance and BAAs, branding and a website, and patient enrollment. (The full sequence lives in [How to Start Your Own Medical Practice From Scratch](#) and [The Complete Checklist for Opening a New Medical Practice](#).)

None of these tasks requires your medical judgment. All of them require hours, sequencing, and unfamiliar vendor decisions. That's the entire consultant-vs-DIY-vs-done-for-you question in one sentence: these are delegable tasks, and the three paths are three different delegation levels.

Do I really need a consultant to open a medical practice?

FROM THE BRIEF

Path 1 — DIY: cheapest in cash, most expensive in time

Doing it yourself means acting as your own general contractor: a lawyer for formation, your own filings for licensing, separate purchases of EHR, scheduling, billing, and website tools, and your own HIPAA program.

Cost: lowest cash outlay — you pay filing fees, insurance premiums, and software subscriptions you'd buy under any path, plus point legal help where you choose it.

Time: a fully DIY launch commonly takes 6–12 months, because the steps are sequential, unfamiliar, and done in spare hours around a full-time job. If you bill insurance, commercial payer credentialing alone runs 90–150 days.

The failure mode: stalling. This is not a hypothetical — the operational gauntlet attempted alone, at night, while employed, is the single most common reason launches die before opening. The tasks are individually trivial and collectively paralyzing. The second-order failure is tool sprawl: five disconnected systems chosen one at a time that never quite talk to each other, which you then live with for years.

DIY is right for you if: you enjoy operations, you have months of slack, and cash conservation matters more than opening date.

Path 2 — Consultant: advice, while you execute

A practice-startup or DPC consultant brings experience, sequencing, and accountability. A good one helps you avoid known mistakes, benchmarks your pricing, and makes introductions.

Here's the catch most physicians miss: **most consultants advise; they don't execute.** They will not file your formation, configure your EHR, or stand up your HIPAA program. You still do that — the consultant tells you how, and what order. You've bought a map, not a driver.

Cost: fees vary widely and typically recur per engagement. Unlike a platform or a built practice, the engagement leaves no product behind — when it ends, you have knowledge and documents, and you still own all the execution.

Time: faster than blind DIY because you skip dead ends, but the calendar is still governed by your own execution speed. Plan in months, not weeks.

The failure mode: paying for a plan you don't execute. Consultants compress the *learning*, not the *doing* — and the doing is what stalls launches. The physicians for whom consulting works are the ones who would have executed anyway and just wanted to execute correctly.

A consultant is right for you if: you want expert judgment on strategy and sequencing, you have the time and appetite to run the project yourself, and your situation has genuine complexity (unusual specialty, partnership questions, market positioning) where judgment matters more than labor.

Path 3 — Done-for-you: the work is executed for you

A done-for-you launch service performs the operational setup: formation, IDs, licensing support, malpractice placement, banking and payments, EHR configuration, HIPAA and BAAs, brand and website. The better ones are built for cash-pay models — which launch fastest because they skip payer credentialing entirely — and leave you running on one integrated platform afterward rather than handing you a binder and five logins.

Cost: a launch fee plus, typically, an ongoing platform subscription. More cash than DIY; compare it against months of your time plus the à-la-carte costs you'd incur anyway.

Time: for a cash-pay practice with the operational tracks run in parallel, roughly 4–6 weeks to live is a realistic benchmark (Openwell's internal delivery target; verify current figures with any vendor you evaluate).

The failure mode: scope mismatch. "Done-for-you" is a marketing phrase, not a standard — some services execute everything, some execute a slice and advise on the rest, and most are built for cash-pay rather than insurance-based practices. The protection is a written scope: ask exactly which tasks the service *performs* versus *guides*, and what system you're running on the day after launch. [Services That Set Up Your Medical Practice for You](#) maps the vendors and what each actually covers.

Done-for-you is right for you if: time is your scarce resource, you're launching a cash-pay model, and you'd rather make the clinical and business decisions than perform the operational labor.

The three paths, side by side

EXHIBIT

	DIY	CONSULTANT	DONE-FOR-YOU SERVICE
Cash cost	Lowest (fees, insurance, software you'd buy anyway)	Engagement fees, often recurring	Launch fee + platform subscription
Your hours	Very high — you do everything	High — you still execute everything	Low — decisions, not labor
Typical time to open (cash-pay)	6–12 months	Months (your execution speed)	~4–6 weeks (vendor benchmark — verify)
What you're left with	A practice + a self-assembled tool stack	Knowledge and a plan	A practice running on an integrated system
Dominant failure mode	Stalling; tool sprawl	Unexecuted advice; no product left behind	Scope mismatch; cash-pay-only fit
Best for	Time-rich, cash-tight, operations-curious	Complex situations needing judgment	Time-poor physicians launching cash-pay

What people get wrong

The most common error is a category error: assuming "get help" means "hire a consultant." When physicians say they want help, what they almost always mean is *they want the work done* — and advice is not work done. The honest hierarchy is: a consultant compresses learning, a done-for-you service compresses labor, and DIY compresses neither but conserves cash. Match the path to your actual constraint. A time-poor employed physician who hires an advice-only consultant has solved the wrong problem and still stalls; a time-rich physician who pays for full execution has bought something they'd have enjoyed doing.

Reality check

Whichever path you choose, three things stay yours and cannot be delegated:

- **Demand risk.** No consultant or service can guarantee that patients in your market will pay for your care. That's the one assumption worth testing before you bet your salary on it — ideally with a small panel on the side before you resign, where your contract allows. [How to Test Your Own Practice Without Quitting Your Job](#)
- **Runway.** Plan 6–12 months of personal expenses regardless of path. Panels fill over months (commonly 6–18 for a DPC practice reaching a sustaining panel), and a fast launch does not mean fast full revenue.
- **The decisions.** Model, pricing, panel size, clinical scope, and brand are yours. A service can execute them; it can't choose them for you. Underpricing out of fear is a self-inflicted wound no vendor prevents. [The Biggest Mistakes Doctors Make When Starting a Practice](#)

And one structural caveat: nearly all fast-launch paths assume a cash-pay model. If you're committed to billing insurance, the 90–150 day commercial credentialing clock runs no matter who you hire, and your timeline is months under every option.

Frequently asked

Do I really need a consultant to open a medical practice?

No. The launch is a defined list of operational tasks, and a consultant is one of three ways to get them done — advice while you execute. If your constraint is time rather than knowledge, a done-for-you service (which executes) or careful DIY (which conserves cash) may fit better.

What does a practice-startup consultant actually do?

Strategy, sequencing, benchmarking, and introductions — they tell you what to do and in what order. Most do not file your formation, configure your EHR, or build your HIPAA program. Confirm in writing what your specific consultant executes versus advises.

How much does it cost to hire help starting a practice?

Consultant fees vary widely and usually recur per engagement; done-for-you services charge a launch fee plus an ongoing platform cost. Compare any quote against the real alternative: months of your own time plus the same filings, insurance, and software bought separately.

What's the fastest way to open a practice?

A cash-pay model (no payer credentialing) with the operational tracks run in parallel — which is what a done-for-you launch service does. Roughly 4–6 weeks to live is a realistic vendor benchmark for that path, versus 6–12 months for sequential DIY. [How Long It Actually Takes to Open a Private Medical Practice](#)

Can I start with DIY and bring in help later?

Yes, and many physicians do — but the expensive parts to redo are entity mistakes, tool sprawl, and HIPAA gaps. If you go DIY, get the entity right first and choose integrated systems early; retrofits cost more than doing it once.

Is a done-for-you service worth it if I'm only testing a side practice?

Often, yes — the reversible side-launch (entity, licensing, lightweight systems, a small panel where your contract allows) is exactly the situation where you have the least spare time. Just confirm the service supports starting small and scaling rather than assuming a full-time launch.

HOW OPENWELL CAN HELP

Done-for-you, end to end.

If you've concluded you want the work executed rather than explained, that's the niche Openwell occupies: a done-for-you launch for cash-pay practices — formation through first patient — with your clinic running on one integrated platform afterward.

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RELATED OPENWELL BRIEFS

- [Services That Set Up Your Medical Practice for You: What Exists and What They Cover](#)
- [How to Start Your Own Medical Practice From Scratch: The Complete Sequence](#)
- [How Long It Actually Takes to Open a Private Medical Practice](#)
- [How Much It Costs to Start a Private Medical Practice \(Real Numbers\)](#)