

A Clinician's Perspective on Healthcare with Alejandro Badia, MD (Part 2 of 2)

- Alejandro Badia: [00:00](#) And I think that requires the public talking about it. If we could talk about the problems in healthcare as much as we did about something as unfortunate as racial injustice, but think about how much it's on the public mind now. Now I'm not suggesting that we burn or break windows, right? But I think that we really need to talk about this on social media. And I can tell you that I have a Facebook group called Healthcare from the Trenches, and I'm trying to encourage this banter and believe me there are people who certainly disagree with me, but that's great because that encourages us to dialogue and learn and improve because the status quo is just not acceptable.
- Trisha Talbot: [00:39](#) This is the Provider's Properties and Performance Podcast, the podcast that brings together leaders in health care and investment real estate to consider the possibilities and future at the intersection of practicing medicine and healthcare real estate investment returns. Welcome to the Providers, Properties and Performance Podcast. I am your host Trisha Talbot. As a Healthcare Real Estate Advisor to providers and investors, the best solutions occur when the two collaborate together as partners in delivering better patient care. Providers can deliver care to their patients when and where they need it. And investors realize the returns to build and manage facilities. We explore changes in medicine and wellness, the future of healthcare and using real estate as a strategic and financial tool.
- Trisha Talbot: [01:21](#) This week's episode is part two of my interview with Dr. Alejandro Badia. Dr. Badia is an orthopedic surgeon focusing on hand and upper extremities based out of Miami, Florida. He operates Badia Hand to Shoulder Center, The Surgery Center at Doral and OrthoNOW, an immediate orthopedic care center. During the pandemic, he finished his book called Healthcare from the Trenches: An Insider Account of the Complex Barriers of U.S. Healthcare from the Providers and Patients' Perspective. His goal is to generate awareness and educate us on how insurance companies and government regulation are causing healthcare costs to skyrocket and how it affects clinicians' ability to provide us care.

- Trisha Talbot: [02:01](#) I want to discuss this cost savings analysis that you've provided to your local government, which I thought kind of puts the nail on the head with regard to the cost savings that can be achieved through going directly to the right physician or going through the current system. And you talk about this, it's De Quervain's tendonitis and you show the example that the traditional system goes through the primary care, which puts them through months of therapy, which is painful and not helpful. And then going into a clinic like your orthopedic urgent care slash ER, that there's a cost savings and that's pretty significant. You could save the County of Miami almost \$10 million a year in the city of Miami, 1.3 million. That's insane.
- Alejandro Badia: [02:51](#) And that's just with the workers' compensation. So, if you look at just in general employer health, just the employees in both those government entities. 'Little Johnny gets hurt playing soccer.' There's a cost associated with that. Not to mention that mom or dad may take a half a day off of work to take that kid to the doctor. Many times here in Miami they'll go to the children's hospital and then they'll have to go to the orthopedist. The orthopedist is two weeks out with appointments. It's a mess, but the numbers I stated, are actually well-researched by our team. And what it basically said is that if all of the work comp claims, the orthopedic claims for our county and the largest city in Miami-Dade County, which is Miami, if those workers came to a specialized orthopedic walk-in center like ours, as opposed to general urgent care, the hospital and occupational health center, which is where most of them go because they have a contract, the occupational health center is staffed many times by a family practice doctor, who's making an hourly rate and they're doing the best they can.
- Alejandro Badia: [03:56](#) I'm not knocking them, but it's like you coming to me for an eye problem. I'm an MD, but I really don't know about the eyes. So everybody walks out unless it's a very obvious injury, these workers come out, with all the time, a shoulder sprain. Look, I'm a shoulder surgery. I don't even know what that means. I know what an ankle sprain means. There really isn't a shoulder sprain. It's not really even an entity, but it's just a very general term. They'll give an anti-inflammatory, they'll order therapy and all of a sudden that's money. So the De Quervain's is a type of tendonitis. Some people call it mommy wrist because you'll see it actually postpartum.
- Alejandro Badia: [04:40](#) So, a lot of women will have this and they think it's from picking up the baby or workers think it's from doing heavy work. It's usually a hormonal metabolic problem. If the tendons get a little bit thickened and swollen and they get stuck. So, an astute

clinician sees this all the time and knows that in 85% of the cases, a single injection of a corticosteroid will resolve the problem within two days. But most of these patients come in with an MRI. My med tech knows. 'Dr. B, there's a De Quervain's patient and the syringe is ready for you in the ultrasound room.' Boom. She knows that. But no, these patients come to me or even to the OrthoNOW after eight weeks of treatment where they're not any better, they've had an MRI, they've had therapy, and at that point many times now they do need a minor surgery because they don't respond as well to the injection as if they had been seen early in the course of the tendonitis. That's just one clinical example that outlines the issue.

Alejandro Badia:

[05:41](#)

Then we looked at the number of comp claims and that's how these numbers got calculated. And they're actually very conservative. They're very conservative. It's unbelievable the amount of money that's spent because the people in charge of this, simply aren't listening to us. We're trying to tell them, 'look, we're the trenches. We understand this. The patient, if they went to the right person early on, they'd be off work for less time, we would expend less resources.' And the human factor, which is the part I care about as a doctor, it's very painful for me to listen to somebody who's had shoulder pain for five months. And they said, 'doc, I kept asking them to send me to a specialist. And now they do.' And the person who makes the decision is an insurance adjuster sitting maybe in Orlando or somewhere else in the country. That's really how medicine is being practiced. And I think people don't understand that.

Trisha Talbot:

[06:33](#)

Well, let's talk about how you propose we start changing the system. Because you mentioned some of this. You state that the change has to be, I like this, demanded by beleaguered clinicians and the potential patient through grassroots efforts of education, awareness and collaboration. If you could have each listener have a call to action following this podcast episode, either as a fellow clinician or a real estate investor that focuses on the healthcare real estate asset class, what would it be?

Alejandro Badia:

[07:00](#)

Well, I think we need to make a move towards basically getting the patient to the right clinician at the right time. So, if that means, if the propagation of walk-in centers that are specialized, where you're really seeing the right person early on, sort of getting rid of this concept of, you've got to go through this gatekeeper. Even the primary care doctors don't really like the fact that somebody with back pain comes in and they end up just maybe ordering a test, but getting them to the person who really knows how to manage back pain. We have to shift how we practice medicine. And I think that requires the public talking

about it. If we could talk about the problems in healthcare as much as we did about something as unfortunate as racial injustice, but think about how much it's on the public mind now. Now I'm not suggesting that we burn or break windows, right? But I think that we really need to talk about this on social media. And I can tell you that I have a Facebook group called Healthcare from the Trenches, and I'm trying to encourage this banter and believe me there are people who certainly disagree with me, but that's great because that encourages us to dialogue and learn and improve because the status quo is just not acceptable.

Alejandro Badia: [07:49](#) That way we're going to get the attention of the legislators who hopefully will get involved and say, you know what? We just cut the physicians again, nine and a half percent or something on Medicare reimbursement. So that just took effect a week ago. That's not the way to save money. Paying the doctors less, who are already, many of them are struggling. They really are.

Alejandro Badia: [08:38](#) I think the way to save money is to talk about what the real solutions are. And I give my own humble ideas and out of about 15 other contributors in the last chapter of the book. But if we can at least have a dialogue about that, then we could really save money. So, people just have to talk about it. I've done podcasts and I can tell you, there's not many people who really reach out to me and say, 'hey, I have some great ideas. What do you think about this?' That doesn't happen very often. And I'm hoping it will. That was the goal of the book. I can tell you, the book doesn't make a lot of money, right? With sales.

Trisha Talbot: [09:13](#) No, it's a tool.

Alejandro Badia: [09:15](#) Amazon takes the half of it, which is great. They're a great company. And what I like about is just that it's an opportunity to get out there more, but there just isn't as much engagement as there should be. And I'm hoping that's going to change. A book I just read, I didn't read it before I wrote my book, and I wish I had, was by Jonathan Bush, who ironically is the first cousin of George W, our second Bush president. And he was the founder of Athena Health. And he wrote a book called Where Does it Hurt, holding up an x-ray, which is the United States. And he went through and it was kind of like a love song, break up with somebody. You think every song is singing to you, right? And I read this book and I said, 'boy, this guy is exactly talking about what I've been saying.' And I'm not alone. There's a lot of people who don't want to accept the status quo. And we just all need to get together. And with the patients, the patients need to get engaged. When they have these issues, they need to talk about it and say, 'my insurance company sent me here and this was a waste of time and why

couldn't I have done this?' And when that happens, then people will take notice.

Trisha Talbot:

[10:31](#)

Well, you give me an idea to have a special podcast with just clinicians talking about this, but I know you talk about how you tried to motivate some physicians locally. And none of them showed up to the meeting. And I think that they're probably like, 'I'm trying to work as hard as I can.' And then a lot of them have families and other people in their lives that they need to attend to. But, what do you think if there was some maybe retired physicians that could maybe take the charge and supported by the physicians working, but they're retired, but they been through the system, they know it, but they have the time to spend with their government officials and legislators to try to change some things.

Alejandro Badia:

[11:13](#)

That's a great thought. I hadn't thought of it that way. I can tell you, there's a retired urologist from the university system here, and he started a company called Health Drum. So, like beating the drum. So, Healthdrum.com. What that is, is one of a number of websites, which talk about common sense payment for everyday things. The problem is we depend on insurance for everything, where I really think insurance should be kind of like catastrophic insurance you have for your home, right? In Miami a lot of people have windstorm. I have my own perspective on that, but certainly you should probably have insurance or something if you got diagnosed with a rare cancer, you need a bone marrow transplant or you get hit by a bus and you're in the hospital for a month with multiple fractures.

Alejandro Badia:

[11:59](#)

But, for an ankle sprain or to assess your hypertension, your blood sugar, maybe we should just pay for that. Maybe all that money shouldn't go towards what is now like the big five health insurance companies. Let them worry about the larger things. But I think when patients put some skin in the game, meaning they pay for something, I find that they're a lot more engaged with their care. They're going to maybe not eat that second candy bar if they're having problems with their blood sugar, right? Maybe they're going to exercise more. And these are things that actually Jonathan Bush said as well in his book and other books I've read is that, there really has to be some responsibility in the public. Even if it's to a modest degree and maybe depending upon what your income level is. But certainly, there is a difference in behavior when you have to pay and it's not that third party. 'Oh, let the insurance company pay.' That hasn't worked out too well for us. I think we need a change in approach.

- Trisha Talbot: [13:00](#) Yeah. And I would say that I think obesity is one of the biggest common problems. And some is genetic and it's really sad, but some is just the 'supersize it' mentality. I do think COVID has put taking care of yourself and preventing illness is better than waiting to get sick, and then trying to fix it.
- Alejandro Badia: [13:25](#) We spend almost half of our healthcare dollars in the last six months of our life. And it's a hard question. We're going to have to ask ourselves as a society. But sometimes with people, it's really better to learn how to accept death. To me, it's a lot more humane to make somebody comfortable with their loved ones when they're really sick and not have them spend their last few weeks in the ICU, which is an incredibly expensive thing that is futile. And I remember this at NYU Medical Center in the surgical ICU. We have the technology to keep people alive a lot longer. The question is, 'should we?' That's a hard ask. The book Being Mortal by Atul Gawande, unfortunately Haven Health just tanked. But that was between JP Morgan and Berkshire Hathaway and Amazon, strangely enough. That was the health initiative they were trying. But Atul was the CEO for that. A very bright guy. And he's written a number of books in healthcare. But he confronts that problem head on. And I think in society, we need to do that. We really do.
- Trisha Talbot: [14:34](#) I was having that exact same conversation with somebody recently. It's interesting. So, you mentioned in your book, because you wrote it right during COVID that now is the time while people are holding physicians in such high regard and frontline workers and healthcare workers, because they are helping to save our lives. You said now is the time more than ever to ignite change as a result of society, relying heavily on these capabilities of our frontline healthcare clinicians battling COVID-19. When the pandemic is over, how do you feel clinicians should ally support for significant changes and tell their stories to demonstrate the pitfalls of our current system, which has I think been exposed with COVID-19.
- Alejandro Badia: [15:15](#) Well, I think exactly what we're doing. I'm sure that a year ago there weren't many podcasts about this, and I can tell you there's interest now. Now, the question is when will we see this at the level of a CNN or a Fox news or a Wall Street Journal. You see little bits and pieces, but there isn't really a real collective discussion about how we can actually change how healthcare is delivered and saving money. It seems every time we talk about healthcare, we talk about covering the uninsured. Well, okay. That's all well and good. But, maybe if how we delivered the care, we'd have the money to pay for the uninsured to just give them the care. And that's the argument I'm making, but there isn't that

discussion. You don't get people like myself who are doing this every day to be able to speak about it on CNN, for example.

Alejandro Badia: [16:12](#)

And I think that the public, if they took the time to read something like this and all the other books that are out there, talking about this, then we might see some change. I was making a point that I think that physicians and nurses and other, as you said, frontline workers are getting a bit more respect now than we had been. Many times we read about physicians in the news. It has not been positive many times. The one person who was bilking Medicare or some unfortunate surgical malpractice case gets a lot of attention. But we don't get attention for all the good things that clinicians are doing every day. And I think people see that now with COVID because they really are. And I don't include myself in that. I am certainly no hero.

Alejandro Badia: [16:54](#)

I'm a specialized hand surgeon. I'm not in the hospital ER intubating people who are spitting up virus-laden phlegm and blood. These people are out there and I think the public is recognizing that. I'd like to tell an anecdote. I was waiting for an Uber outside my house. I forgot what happened with my car, but I had to get to the office. I had surgery that day. And so, I'm in my scrubs and some guy was running and he turned, he said, 'thank you.' I turn around and I was thinking, and I realized, 'oh, I have my scrubs on.' And then I ran into him at the bridge because the bridge was up and I took a picture with him and I put it on our social media. And I thought, here's a time that a perfect stranger was thanking a clinician for the work we do. And that kind of told me something about the public perception currently. And I think we need to ride that wave to get some real change.

Trisha Talbot: [17:50](#)

Absolutely. That's great. I love that story. So, if there isn't any change, where do you see the cost and ability to receive care in our healthcare system in five years?

Alejandro Badia: [18:00](#)

Well, if there's no change, I think you're just going to see big healthcare systems employing people like me. The incentive isn't there, right? When people are employed like that they're looking at their watch. I remember, like I said, at the VA, I would do two knee replacements and I wanted to get, because I'm a hustler, I wanted to get to the patients waiting. They're on waiting lists, almost. And I wanted to get the third knee replacement in and the head nurse would come in and say, 'nope, Dr. Badia, it's two o'clock. By the time we get the patient in, you can't be done by four.' And I'm afraid that if we don't change, it's going to be like that. 85% of medical students that are coming out of medical school now are employee. When I was at NYU Medical School, which is now free, by the way. So, one positive, tuition free. At

NYU I remember, I think only about 6% of us in a class were employed, like complete salary. Now it's 85%. It's changed in two decades. And I'm worried because there are ramifications to that.

Trisha Talbot: [19:08](#) Absolutely. Absolutely. So now, Dr. Badia, we move into the 'get to know you' part of the interview. So what was your first job?

Alejandro Badia: [19:18](#) Selling newspaper subscriptions. I was about 14 and this guy would pick me up and three other middle schoolers and drop us off. And I remember it was a really rough part of town in Newark, New Jersey. And we walked door to door and had to knock and sell prescriptions to the Newark Star Ledger, which was a daily paper in Newark. I imagine it still is. But it taught me how to cold call on people, talk to them, explain benefits of something. It's kind of like discussing a surgical procedure. You have to explain what the pros and cons are. And that was my first job. And then I got into the hospitality. I was a bus boy. And then later on, a waiter. Those were my early jobs.

Trisha Talbot: [20:01](#) Very nice. What would you be doing for a living if you were not an orthopedic surgeon?

Alejandro Badia: [20:07](#) I thought about that. And what really fascinates me is when I go by these construction sites. I'm fascinated in Miami they're building what I think we're calling the Iconic Bridge. I don't know what the name is, but it's going to be a really cool looking bridge that will resemble a spider and it'll be lit up and it's going to resolve some problems, traffic problems that we have. And I drive by that every day. And I'm fascinated. And I say I wouldn't mind doing that. I'm hands-on. Orthopedic surgeons, we're hands-on so, construction worker or supervisor, or maybe the engineer, but I'm not a great engineer. So, my dad's an electrical engineer. I admire what he did. But the reality is I can't imagine doing anything else. That's the issue when you're that young and you've decided what you want. I didn't get to Cornell and have the luxury of saying, 'okay, what interests me?' I'm kind of envious of that and that's kind of cool.

Trisha Talbot: [21:14](#) You didn't take the time to find yourself?

Alejandro Badia: [21:17](#) Yeah, no, no. In other ways maybe, but not...

Trisha Talbot: [21:20](#) Not in academics.

Alejandro Badia: [21:23](#) I will say I'm telling a patient of mine, who's a beach lifeguard who has a shoulder problem. And I teased him several times. I go, 'I think I could still swim the hundred-yard pretty fast. And I said,

'if things get any worse, I've done beach lifeguarding.' You're taking care of people. There is some occasional stress. It's a healthy lifestyle. Maybe I'll do that again.

Trisha Talbot: [21:46](#) What or who are you reading or listening to right now for news information or inspiration?

Alejandro Badia: [21:52](#) Oh that's a hard one because it's one of the frustrating things is that it's hard to get objective news now. So, I think I do what a lot of people do. I go between CNN and Fox News. I think the reality is somewhere in between. It's really sad. I listened to the BBC a lot. I love British culture and I do that. I listen to World News. And then for reading, I tend to read a lot more non-fiction and fiction. So, right now I'm reading about a Navy SEAL. And for some reason, I can't remember it. I'd love to give it a plug. Actually, the reason I'm reading that book is I've always been fascinated by that, special forces and what they go through and I chose this book because the only real negative review I've had on Amazon about my book was a guy who didn't call me a very nice name, but he was incensed that I compared surgical internship to maybe like bootcamp or SEAL training. And I think he missed the gist of what I was trying to convey, but I figured if he liked the book and he's that harsh of a critic, it must be a pretty good book. So, I bought the book and I'm reading that now.

Trisha Talbot: [22:59](#) Very nice. What is one thing you do every day for healthy self-care?

Alejandro Badia: [23:04](#) I, myself am the subject of orthopedic surgery. I think you hit your fifties and you start having these issues. So, I started playing tennis at 50 because I treat all these pros, some people that your listeners would recognize, and they will often ask me if I played. And I kind of felt bad because I've played a little racquetball and squash, but I've never really played tennis. One of my patients, who's an excellent tennis pro, started teaching me and I took a liking to it, but I've had all these interruptions. I've had a few left knee surgeries. I've had both shoulders scoped. But I'm feeling pretty good. So, I started playing already again and I hope to do that at least three times a week. So, I would say that. Fitness, I can't really run anymore because of the knees so I cycle. And sometimes just sitting and looking at the water. I'm lucky enough that I live on the water in Miami. And I just sit. I won't say I meditate. I'd love to learn that skill because I think it is a learned skill, but I definitely sit there and introspect a little bit.

Trisha Talbot: [24:07](#) Yeah. I love the water. Do you think a person is born with the desire to heal or is this learned only through their medical training?

Alejandro Badia: [24:15](#) I definitely think there's something innate about that. It's like a calling. I'm not sure. There's a lot to learn, but in the end you have to, as a physician or any kind of clinician, you can ask nurses the same question. I think that there's a certain desire just to help people. And when you combine that with science, then that's the ideal profession for that. Because I think many people do incredible things to help in the community. But we're lucky in that if you have an interest in science, which I always have had, then you can combine it with helping people. And that's an ideal situation. It's a privilege for me that somebody can sit in front of me that I've never met and I tell them that I'm going to make an incision from here to here and put in a metal titanium, new shoulder. That's a gift in society and I do cherish that.

Trisha Talbot: [25:08](#) Awesome. You said you do a lot of workers' compensation, but what is kind of your specialty that you do there at your office?

Alejandro Badia: [25:17](#) Yeah, it tends to suit my personality. I've never been one, like my dad likes a certain restaurant. I'm always looking to try something new. So, what I love about my specialty, people don't realize, is it's honestly the most diverse surgical specialty. People will say to me, 'hand surgeon, what do you do?' And of course, if we're on South Beach, they'll say, 'what do you do to make the hand look better?' If I'm a surgeon, I have to be a cosmetic surgeon, right? Or in Scottsdale, right?

Trisha Talbot: [25:47](#) Right, right.

Alejandro Badia: [25:47](#) So, I go, 'no, no, I'm the guy you might call if you're working in your garage and you put your hand into a circular saw.' And then all of a sudden it's like, 'oh my God.' So, what I like about what I do is it's incredibly varied, right?

Alejandro Badia: [26:00](#) So, I do trauma. I do arthritis, reconstruction. I do congenital problems with kids born with defects. I do arthritis. I do nerve problems. I do vascular surgery. I do everything that other specialists do. Neurosurgery, but all from here down. And that is amazing. And I think that's something that's often not appreciated until you're actually in the specialty. And you realize, 'my God, I look at my surgical schedule and see 10 completely different procedures.' Whereas, when I did cardiothoracic surgery, that's opening the chest. You're saving lives. But, it's three or four major surgeries. And that just didn't suit my personality.

Trisha Talbot: [26:43](#) Well, there's a lot of bones in the hand to take care of.

Alejandro Badia: [26:46](#) And we take it for granted, but to be able to do this is an incredible thing. To be able to restore that as much as possible is a gift.

Trisha Talbot: [26:59](#) Well Dr. B, I loved this conversation. And if there's anything I can do to help get the word out with what you're doing, I'm happy to help. And I think that we'll be speaking again.

Alejandro Badia: [27:09](#) I hope so. And I think to really impact healthcare requires a collaboration. And that can mean the brick and mortar. You've got to have efficient places while situated for people to access care. And you need all these disciplines. The first thing I tell investors is I am horrible at reading contracts, P&L sheets, it's just not my strength. And I think everybody has to recognize your strengths and weaknesses and come together. And I think we can really have a big impact. There just has to be a desire and a will. And that, I haven't seen it fully, but I'm optimistic.

Trisha Talbot: [27:46](#) It's brand new day.

Trisha Talbot: [27:48](#) I'm grateful for you tuning in to the Providers, Properties and Performance Podcast. If you enjoyed it, please subscribe, rate, review, and share the podcast with others. As a disclaimer, this podcast is intended for educational and entertainment purposes only, and not intended for specific real estate investment advice.