

The Story of an Entrepreneur, Wound Care Clinician and Property Owner with Jonathan Johnson, MD

- Jonathan Johnso...: [00:00](#) To be perfectly honest, Trisha, the one thing that I wish I would have done differently is that I did a lot of quote, unquote, moving and shaking and get one time. I literally purchased a couple of things all at the same time, which I, in retrospect, I shouldn't have done because it just takes a lot out of you and it puts a lot of stress on you. The other thing I would make sure that you focus on as far as building and having your own space is start small with any type of changes that you're doing. I went gung-ho and just did a huge build out and elaborate this and elaborate that, which I should have just painted the walls one year, did the floor the next year, did some countertops that third year until you get to the point where it's not affecting your cashflow, because now you have to make sure you're taking care of every single one of your liabilities. And it just helps alleviate stress. And working hard and praying about it is really literally the only way I made it through and having a great team. But, I would definitely say buy the building, a hundred percent get your space and then start small with your projects for renovations or upgrading or making the office more aesthetically pleasing instead of doing it all at once.
- Trisha Talbot: [01:21](#) 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: [02:04](#) Today I interviewed Jonathan Johnson, a private practice physician based out of Washington, DC. He is a wound care doctor and he owns and operates two private practices, Comprehensive Wound Care Services and Capital Aesthetic and Laser Center. We walked through his journey from medical school to private practice and why he owns the property where he operates his practices out of, in the foggy bottom area of

Washington DC. He shares with us the changes he has made to his practice to adapt to his patients' needs, a strategy to grow in the future based on where healthcare is heading, and we discussed the value he places on educating others on wound care to achieve the best outcome. So, a warm welcome to Dr. Johnson, and I hope you enjoy the interview. Thank you.

- Trisha Talbot: [02:43](#) Jonathan, welcome to the Provider's Properties and Performance Podcast.
- Jonathan Johnso...: [02:53](#) Thank you. Happy to be here. Thanks for having me.
- Trisha Talbot: [02:56](#) So, tell me about your two private practices, Comprehensive Wound Care Services that you call, I think, Dr. Wound.
- Jonathan Johnso...: [03:02](#) Correct.
- Trisha Talbot: [03:02](#) And Capital Aesthetic Laser Center. And you're all based in Washington DC, right?
- Jonathan Johnso...: [03:07](#) Yes. A hundred percent. So, Capital Aesthetic and Laser Center, we are an aesthetic-based clinic. I am in the aesthetics and wound care specialty practice. So, we have an in-office aesthetics practice where we do non-invasive aesthetic procedures. And we also have an in-office wound care practice. We have a telemedicine-based wound care practice, which is under the moniker Dr. Wounds. And then we also have a mobile wound care service where we round in different nursing homes and take care of patients that have issues with wounds at those facilities. So, it's a little extensive, but we like challenges.
- Trisha Talbot: [03:44](#) So, why did you choose the location you did for your practice, the physical location you have for your clinic?
- Jonathan Johnso...: [03:51](#) Typically wound care clinicians focus on taking care of patients in either wound care clinics or they take care of patients in nursing homes, long-term care, et cetera. We had a really large following of patients that were being discharged and wanted an office-based resource where they could come and continue their care, and we could have a great continuity of care. So, we picked the foggy bottom area of Washington DC. It's a great area. We are literally right across the street from the George Washington College campus. So, that is a great resource for our aesthetics and some of our facials and some of our non-invasive procedures. And we're also five blocks away from GW hospital. So some of our patients, once they're discharged, they can come see us as well. We strategically located our office in a medical base

building. So, the majority of the tenants that are in this building are medical based. So, it's a great referral source for us and for others that are specialists in the field.

- Trisha Talbot: [04:53](#) Very nice. That's common. I think when you're locating a medical practice, you don't want to have to have your patients go through law firms or title companies.
- Jonathan Johnso...: [05:03](#) Of course. A hundred percent. We want to stay as far away from law firms as possible. That's a bad word in healthcare: law firms.
- Trisha Talbot: [05:11](#) You don't want to talk about malpractice insurance?
- Jonathan Johnso...: [05:14](#) No, no. Knock on wood. I'm currently practicing in DC, Virginia, Maryland, and New York. So, malpractice insurance is ridiculous, obviously.
- Trisha Talbot: [05:25](#) That's crazy. Tell me about that. So, how do you practice in all of those states?
- Jonathan Johnso...: [05:30](#) Well, I'm licensed in 11 different states and the majority of the reason that I'm licensed in 11 different states is because our wound care practice continues to expand. And we want to make sure that we have a footprint in states that need our help. And in order, obviously to do business in those states, you need a medical license. So, that's number one. Number two: with the COVID outbreak, we're able to service patients from a telemedicine based standpoint. And, in order to service those patients in the future, I feel that you're going to need a medical license in that specific state, regardless if you're physically there, or if you have a physical location in that specific state. Currently, now CMS allows you to see patients cross state lines. But, I think when everything gets back to normal, those regulations will tighten just a little bit, but still allow us to practice cross state lines from a telemedicine standpoint, as long as you have a license.
- Trisha Talbot: [06:26](#) I think that's a great vision.
- Jonathan Johnso...: [06:27](#) It's great because it allows you to grow and expand in scale. And it also helps you to be able to see as many people as you can and provide the best care.
- Trisha Talbot: [06:36](#) Absolutely. It's interesting. My last interview was with a woman who does a lot on thought leadership and she was discussing how practices adapting to the new healthcare economy, where consumerism by patients is increasing, based on, more

healthcare costs being transferred to them. So, I see that you do a lot with educational videos and outreach and everything for helping your patients have a resource. I think either to learn about you before they become a patient or after they become a patient, and you also provide that education, to other clinicians and I think for your facilities that you partner with.

Jonathan Johnso...: [07:17](#)

Correct.

Trisha Talbot: [07:17](#)

So, what made you think of putting that out there in order to help expand your business?

Jonathan Johnso...: [07:24](#)

So, education is key, and I think that education is something from a healthcare standpoint that needs to continually be passed down or spread. Everyone needs to have correct education and the most recent education, because you want to make sure that the patients have the best care they can. The whole 'educating and wanting to educate' comes from my mom, who was an educator. She was a Fulbright scholar and was a Spanish professor for a while. My grandfather was a teacher and a lot of my family members are from teachers on my father and my mother's side. So, it's kind of an intrinsic quality, but to be perfectly honest, Trisha, the most important thing with education is your confidence in what you know. Because if you can teach someone in two minutes exactly what the concept that you're trying to convey to that specific person or patient, then you really know it. So, education is kind of a way to say, we understand what we need to do, and I understand this concept and now I want to impart it on you. And the more education you do, the better it is because you want to share the knowledge. It's key.

Trisha Talbot: [08:37](#)

In particular with your courses for clinicians, I think specifically that work in these facilities that you partner with. How important is it if they're the first one to treat a wound, to get it to a certain condition that helps you be able to help the patient better once they get to you?

Jonathan Johnso...: [08:54](#)

Very important, specifically in the wound care sub-specialty. Chronic wounds can last for an extended period of time. So you want to make sure you're providing the best management as quickly as you can. So, having that communication with other providers or other primary care physicians, other plastic surgeons, other dermatologists is really key because continuity is the most important thing to make sure that the patient is healing. So, from one aspect, teaching the providers that work with our group is very important because obviously we want them to scale and do well and make sure patients heal. But, just from a

colleague to colleague standpoint, it's also important because, if the field wants to continue to stay viable and wants to continue to be a great specialty that other providers will continue to want to be a part of, and for you to pass that down to other providers that are younger and are coming through the pipeline, you have to make sure your education stays fluid.

Trisha Talbot: [09:52](#) Absolutely. And your wound care clinic, and then you have your aesthetic clinic, they seem to be two different, obviously they treat two different target patients or maybe they do blend over.

Jonathan Johnso...: [10:03](#) A little bit.

Trisha Talbot: [10:03](#) But, you were trained as a general surgeon in hand and plastic surgery, double board certified in wound management, aesthetic medicine, and then in spare time, you got an MBA. So, probably because of all the educational support that you have in your background, but how did you decide to go into wound care and then how did that move over into aesthetics?

Jonathan Johnso...: [10:25](#) So, I really became interested in the field of wound care as a fellow in New York. And as the plastic and hand fellow, you're literally taking care of every patient, seven days a week with maybe about a 24 hour break. So, the plastic surgery fellow was in charge of all the wounds that came into the hospital. I kind of cut my teeth learning about extensive wounds and pediatric, which is children-based wounds and wounds that are going to heal tomorrow and wounds that are going to heal in four years. And when I ended up moving back to Maryland, I ended up working with another wound care group and really liked the interaction between the geriatric population, the nursing home population, long-term care and how excellent it was to see that those wounds would heal and having those conversations with the patients. And I just fell in love with it and love it to this day.

Trisha Talbot: [11:25](#) And how did you move into the laser and cosmetic?

Jonathan Johnso...: [11:29](#) Great question. So, the aesthetics was a crazy story because I am also a DC commissioning boxing and wrestling physician ringside official. And one of my colleagues was the chair of emergency medicine at one of the hospitals in the area. He knew an aesthetic practice that needed a medical director. And so, I ended up working with this specific practice for a little while for about a good three or four years. So, I learned about aesthetics and my background is hand and plastics. So, I also understood a little bit about aesthetics as a fellow, and I really liked the business side of it. And so, I was able to kind of put all of that into one package

here in our office with Comprehensive Wound Care Services and Capital Aesthetic and Laser Center.

- Trisha Talbot: [12:21](#) So, is there a story, obviously keeping the names anonymous, but of a patient that you felt that you've helped? They came in kind of traumatized and you were able to help them a lot with what you do.
- Jonathan Johnso...: [12:34](#) A hundred percent, great question. So, I remember there was a pediatric patient and this pediatric patient had a burn to his face. And if you understand the pathophysiology of burns, you get a lot of swelling, you get a lot of edema, so you need to treat those burns urgently. And for some reason, this was about 10 years ago or so, for some reason, there was a delay in bringing this young child in and through the course of treating him and removing some of the bad tissue and making sure that we found viable tissue in order to graft, you could really see the change in his appearance and it really changed his self-confidence. And that's one thing I do like about wound care is that if you're vigilant, you work hard and you apply the right standard of care and that wound heals, it literally changes the life of that specific patient completely, specifically when it's something superficial and it's something noticeable, on your face, your lower extremities, your upper arms, even your chest, your back, et cetera. Everyone wants to have that confidence that they feel good about themselves. And that also translates into the aesthetic aspect of our practices as well.
- Trisha Talbot: [13:46](#) And do you commonly, like if you'll treat a wound and then if they want a little bit more, something fixed, are you able to transfer them back over?
- Jonathan Johnso...: [13:56](#) Oh yeah.
- Trisha Talbot: [13:56](#) When you're done treating the major wound, and get it to a point where then it can have the extra aesthetics done to it.
- Jonathan Johnso...: [14:04](#) Correct. So, the great thing about putting both of the practices in one location is that a lot of times when the patient's wound is healed, they have a scar. And so, from an aesthetic standpoint, obviously the scar is not appealing. So, we have then the laser resources on the aesthetic side of the practice, which is right next door. You just walk right across the hall to the office. We have those resources in order to decrease the pigmentation of the scar and decrease the breadth of the scar so it's not as thick or it's not as raised. And so we feel that that's really a comparable specialty that when you heal the wound, you can also take care of that scar

that may not be aesthetically pleasing. So, that's kind of how we put both of them together.

Trisha Talbot: [14:50](#) There was something that was interesting when you were describing your practice. It says you combine medicine and smart technology. So, can you tell me a little bit about that?

Jonathan Johnso...: [14:59](#) The smart technology aspect is that we try to stay as paperless as possible. And I was blessed to have two great parents. My father was a dentist. He sold his practice about four years ago and my mom was running the practice. She was the business head. She basically made sure everything ran extremely smoothly. So, as a kid, I was used to sweeping up and helping with shoveling snow. We lived originally from Denver, Colorado, go Broncos and Nuggets and Rockies and Avalanche. Just assisting him in some of those dental procedures. So, I saw the aspect of being able to have a practice, grow a practice, provide great care in a practice. So, I really credit them with being able to show me that example and a great foundation and so kind of through that I was able to, formulate the plan.

Jonathan Johnso...: [16:00](#) So, I say all that because one thing they did have everywhere were paper charts. And I remember as a kid like going through and seeing this huge wall of just paper charts and they're pulling out the chart and the paper's here and everything. And that's how it was done, they practiced for almost 46 years. So, to answer your question specifically, is we try to make sure everything is streamlined, we use a lot of smart technology and the Dr. Wounds aspect of our practice focuses on telemedicine to the weekend warriors to the patient that's at an event and can't really connect with anyone to help them with their wound. So, we use technology to make sure that we focus on treating the patient effectively. We use aesthetic record on the aesthetic side to make sure we alleviate that paper issue as much as possible.

Trisha Talbot: [16:50](#) I'm waiting to not have to fill out the eight pages of preliminary paperwork before I go into an office.

Jonathan Johnso...: [16:56](#) And that's one thing we try to decrease as well. We like to make sure that there's an interactive electronic medical record, electronic health record, that our potential patients can review, see, fill out before they even get here, specifically now because of COVID. And that helps us to streamline exactly what we need to do.

Trisha Talbot: [17:17](#) So, moving back to the business side a little bit more, when did you decide to go into your own private practice?

- Jonathan Johnso...: [17:24](#) So, our mobile practice, I started that in 2015 after working with another group for a little while, and I kind of understood the business side. So, I was able to kind of branch off. And we got to the point where we needed an office-based location to see our patients that were discharged from the nursing homes and some of the long-term acute care facilities. So, what we did basically is we were able to put the wound care practice and the aesthetics in the same office because at the time I was also the medical director of the same aesthetic clinic. So, I figured we move everything in house. It's a great move. It's also a very daunting move because the office-based healthcare is starting to transition away from going to the physician's office and 10 people sitting in the waiting room and, interacting with the doc and sitting there for an extended period of time.
- Jonathan Johnso...: [18:15](#) And a lot of that was actually happening pre-COVID. But now that it's post-COVID, it's even more evident that a lot of what we're doing will be virtual consultations, chatting via telemedicine. And if you ultimately really need to come in, then you will have the resources in order to do that. And I think that's where venture capitalist is going. That's where private equity is going. That's where a lot of these large hospital systems are going is consolidating those resources so they're more streamlined from a virtual standpoint to alleviate unnecessary waiting and sitting around and paperwork.
- Trisha Talbot: [18:53](#) Right. Well, and I think it might also help create a little bit of streamlined time management for clinicians as well, because unless you need to physically examine a person, you could have pre-operation talk or post-operation talk, even you could get your nurses in there or medical assistants to have all the logistic information and then the post-op stuff, unless you need to physically examine somebody like some of that information can easily be done virtually.
- Jonathan Johnso...: [19:24](#) A hundred percent. A lot of that stuff can easily be done via electronic. If there's virtual ways to reach out to those specific patients, even from a marketing standpoint, that's the better way. And as you can see, everyone has a tele-health platform now. Everyone is streamlining to looking at how they can reach patients virtually. Teladoc is huge, obviously. Oscar just went public I want to say yesterday or Tuesday which is going to be an independent base, insurance-based resource. So, as we both know, the landscape of healthcare is changing extensively.
- Trisha Talbot: [19:59](#) Absolutely. So you additionally became an entrepreneur investing in your own real estate. So, how important was it for you to own the building and the space that you're in?

- Jonathan Johnso...: [20:09](#) Very important. It was important because I knew that my plan long-term was to continue to provide great care and having two different locations in one space. Again, I have to credit my parents for their vision and their foundation, which I was able to see, although I didn't go into the same field and a lot of what they do from a dental standpoint is a hundred percent different from what we do. I think the number one thing my dad would always tell me is, 'son, when I sold my practice, the value obviously was in the practice, but the extra quote unquote equity was in the building because that's going to scale and that's going to go up in value, increase in value at a higher percentage than your practice will.' It doesn't matter how hard you're working the majority of time, your building's going to go up in value. And, just being in a prime location and having a great patient base in the area we are two or three major things that made us purchase a location.
- Trisha Talbot: [21:14](#) When you were looking to purchase this, did you have any idea who you were going to have handle like all the property management things to do with the property?
- Jonathan Johnso...: [21:25](#) From a property management standpoint, I'm used to owning property. So, I have a team that helps us with the property management side, and I knew that I was going to be at the office and I kind of had the experience a little bit of the business background to know how to do some of the property management aspects. So, it was kind of a no brainer to be perfectly honest. I kind of knew that I wanted to own the location that I'm currently working in because at the end of the day, it's also something that you can pass down to the kids who may want to go into healthcare, don't do it. Who may want to go into healthcare. Don't do it. So, you never know. You a hundred percent never know.
- Trisha Talbot: [22:09](#) Well, any lessons learned that you wish you would have known before purchasing your property, that you could share to any of your physician colleagues contemplating it?
- Jonathan Johnso...: [22:19](#) To be perfectly honest, Trisha, the one thing that I wish I would have done differently is that I did a lot of quote, unquote, moving and shaking and get one time. I literally purchased a couple of things all at the same time, which I, in retrospect, I shouldn't have done because it just takes a lot out of you and it puts a lot of stress on you. The other thing I would make sure that you focus on as far as building and having your own space is start small with any type of changes that you're doing. I went gung-ho and just did a huge build out and elaborate this and elaborate that, which I should have just painted the walls one year, did the floor the next year, did some countertops that third year until you get to

the point where it's not affecting your cashflow, because now you have to make sure you're taking care of every single one of your liabilities. And it just helps alleviate stress. And working hard and praying about it is really literally the only way I made it through and having a great team. But, I would definitely say buy the building, a hundred percent get your space and then start small with your projects for renovations or upgrading or making the office more aesthetically pleasing instead of doing it all at once.

Trisha Talbot: [23:41](#)

It's like living in the house that you're remodeling.

Jonathan Johnso...: [23:46](#)

Correct. A hundred percent, yes. A hundred percent.

Trisha Talbot: [23:49](#)

Tell me about a patient that should come see you outside of the facilities, but just a patient that should come see you to get treated.

Jonathan Johnso...: [23:57](#)

There's three different tiers of the business. So, from a telemedicine standpoint, typically we're seeing the weekend warrior, the guy or the gal, that's a bike rider or they surf or whatever they fall, they scrape their knee. 'Doc, do I need stitches?' Contact us. We'll help you make sure you don't waste time or money and a copay going to the ER, going to urgent care, where I could literally say to you, 'hey, put this on it. We can send it to you directly from our website.' That's one type of patient from a telemedicine standpoint. The second type of patient, our office-based wound care patients, are the patients where the wounds aren't healing. You left a nursing home, or you left long-term care, or maybe you're a home health patient, and you hadn't seen progress with the wound, come in and see us.

Jonathan Johnso...: [24:48](#)

We'll take a look at that wound and figure out the best resource for you. And then from the aesthetic side, we work with a select group of patients that focus on how important their skin is. We focus on skincare, we focus on moisturizing, taking care of your skin, wearing sunscreen, et cetera, also focusing on anti-aging. We want to focus on our neuromodulators, which is your Botox or Dysport, or Xeomin et cetera, as well as your dermal fillers and then your laser hair removal, which is very, very important. And then we will be rolling out our smart lipo coming in the next six months or so. And that's a project that we're working on with a couple of groups, which I won't divulge right now because we're still in some talks. But, I think that's another great resource to help our clients feel better about themselves and to help remove some of those hard to remove fat areas after diet and exercise really has not seen a decrease in in those areas. So, we're really excited about that new chapter that we're going to have coming

probably in the next six months or so. Those are typically our three to four types of patients that we see.

- Trisha Talbot: [26:04](#) Very nice. Before we move into the Q&A, I do want to comment that I love that you're also very socially conscious in social issues and disparities in health care for minorities and the elderly. And, I think advocating for those folks is important. And I think what you're doing is impactful.
- Jonathan Johnso...: [26:26](#) Thank you. I appreciate that. Yes, definitely.
- Trisha Talbot: [26:29](#) So, now we'll go into the Q&A to get to know you a little bit outside of being a physician. What was your first job?
- Jonathan Johnso...: [26:36](#) At the age of 14, Trisha, I had a lawn mowing business and I think that kind of sparked my entrepreneurial bug. And so in my neighborhood at one time I had about 14 lawns and I was charging about 20 bucks per lawn. And I was doing pretty well. And the reason I ended up going into the surgical route is one of my neighbors was an orthopedic surgeon. I happened to meet him one day and he took me into his office. As he's writing the check, I'm seeing bones and skeletons and everything else in his office. I asked him what he did. And he said, 'why don't you shadow me?' So, for the rest of the summer, which was probably about a month left in the summer, I was 14. And I was in the operating room, just watching him and observing him.
- Jonathan Johnso...: [27:23](#) And from there, I kind of knew this is what I really wanted to do. And I was an athlete. I played football, baseball, basketball, and track competitively in high school and a little bit after high school. And so, I always wanted to match the sports medicine with the orthopedic side and ended up getting into the field and figured out that wasn't the path for me. So, I ended up transitioning into surgery and then into the plastics and into wound care. So, that was my very first jobs along the way. I was an INROADS intern and INROADS is a great organization. It's a national based organization that helps talented minorities connect with fortune 500 companies in a specific field. So, engineering in e-commerce and in biotech you have a chance to work with a large organization. So, in my last year of high school, I was actually working with Coors Brewing Company and I was working in the food science lab.
- Jonathan Johnso...: [28:25](#) And so, I kind of had a recipe of how to make beer, basically. And we were doing DNA research on yeast fermentation to figure out which cells fermented effectively, which would obviously change the taste of different types of products. And I'll never forget. I was leaving work one day. It was like my last day. And I was going

to college and I had a suit on because it was my last day. And I was just saying bye to people. And one of the guys, who was the manager, his name was Lubb, L U B B. I can't remember his last name. And he pulls me aside and said, 'wait a minute, wait a minute. You're not interviewing for a job here, are you?' I said, 'no, it was just my last day.' And he's like, 'no, man, you need to go to college, go to college.'

- Jonathan Johnso...: [29:12](#) Because they knew I wanted to be in healthcare, but at times INROADS didn't have a path for folks that were pre-med. So, the next best resource was food science, which was still quote unquote biology, which was my major at the time. And I was like, 'no Lubb, I love you guys, but I don't want to go into these big, huge kettles every day and sample yeast and everything. So, those were the two jobs I can definitely remember. And I worked a little here and I worked a little there. But it was great, like I said, to definitely work with my parents. My sisters and I did the same thing where we were asked, let me just say, forced into coming to work every day.
- Trisha Talbot: [29:56](#) Voluntold. You were voluntold.
- Jonathan Johnso...: [29:59](#) Right, I was voluntold. I like that. I like that. But like I said, it was a great experience. And I think that all those specific situations, number one, I'm very blessed to have them, but number two, it's for a purpose. And you don't really realize that until you look back on, what type of skill or what type of interaction or whatever at that specific time is supposed to be used in the future to help you excel. And that's just basically what it was.
- Trisha Talbot: [30:27](#) That's awesome. What could you imagine doing for a living if you weren't a physician?
- Jonathan Johnso...: [30:32](#) You know what? If I was not a physician, I wanted to be a general manager of a professional baseball team.
- Trisha Talbot: [30:39](#) Very nice. The Rockies?
- Jonathan Johnso...: [30:42](#) Well, yeah, the Rockies, just anyone at that time.
- Trisha Talbot: [30:47](#) Wherever you can get a job.
- Jonathan Johnso...: [30:47](#) Yep. Hey, you know, 'Theo Epstein, hey let's make it happen.' But I was a huge baseball fan. I played baseball all through high school and it was really my passion. And if I was not in healthcare, that's probably what I would be doing. I would be in some organization on the coaching side because I don't know if I was good enough

to be playing. I would have tried, but my parents were like, 'you don't want to be a 35 year old, Triple A baseball player, do you? No. You're going to college.'

Trisha Talbot: [31:20](#)

So, what positions did you play?

Jonathan Johnso...: [31:23](#)

So, I was a shortstop and a leadoff hitter. And I played a little center field, but the majority of my career was the second baseman. And that's what I did. Yep.

Trisha Talbot: [31:35](#)

Very nice. What or who are you reading or listening to right now for news, information or inspiration?

Jonathan Johnso...: [31:41](#)

So, I'm sure when people answer this question it sounds like a commercial. So, I will try to be as non-commercial as I can, but I am a huge fan of an app called Blinkist. And what it does is it gives you different segments and different snippets of popular books in different types of categories. For instance, you read about econ one day, the other day you read about mental preparation, then you'll read about leadership and then you'll learn about world art and with my busy schedule and I'm going from here and I'm going from there and I'm interacting with a lot of different types of people on any given day. When I do have a little bit of that downtime, I like to learn as much as I can and focus on as many topics as I can. I also liked the books by Noah Oppenheimer.

Jonathan Johnso...: [32:32](#)

It's called Intellectual Devotional. I don't know if you've heard about this, but what it is is it's weekly digestible topics that range from music. It ranges from economics. It ranges from art, leadership, popular people, et cetera. And so, I like learning a little bit about those different types of concepts. I'm a huge art fan. I like the surrealist artist Kandinsky, Gaco, I've been to Salvador Dali's home in Spain. And I have a couple of pictures. I would say, in the house that I had. So, just anything that gives you that snippet right then and there is very, very important.

Trisha Talbot: [33:14](#)

Absolutely. So, what is one thing you do every day for healthy self-care?

Jonathan Johnso...: [33:19](#)

Healthy self-care. Number one: meditation and prayer is very important. And I know this is probably what everyone says, but it really helps to channel your thoughts for the day and it helps you stay focused on what the most important aspects of your to-do list is for that day. So, I have a to do list. And when I think about specific things, I put it on the to-do list and I check them off around nine o'clock at the end of the night, once the little ones are down. I check them off and okay, did I do this, do that? And I

have a long-term checklist and a short-term, and I try to get that short-term checklist done. But, I try to wake up in the morning and I focus on what's the most important thing I need to do today and make sure I'm thankful for the day. And then I just move forward, make it happen.

- Trisha Talbot: [34:11](#) Absolutely. So, you think a person is born with the desire to heal or is this only learned through their medical training?
- Jonathan Johnso...: [34:19](#) Hmm. 'Am I back to my medical school essay? Do you want me to pull out my essay and read that?'
- Trisha Talbot: [34:24](#) 'Why do you want to be a doctor?'
- Jonathan Johnso...: [34:28](#) Oh yeah. The funny thing about it, and for anyone who's a medical student that may be listening to your podcast, I hope that they do, you rarely get that question. Because if you're in that interview, they want you there for some reason. They're just trying to make sure you're not crazy. They're trying to make sure they can go out and have a beer or whatever, have a drink with you, have dinner with you. You can come to their home and you're not going to act crazy. A lot of times that's literally what it is. Like I said, focusing on just being yourself is a hundred percent important. And I think that the more that you do that, the better.
- Trisha Talbot: [35:06](#) I think that's great.
- Jonathan Johnso...: [35:06](#) Did that answer your question?
- Trisha Talbot: [35:11](#) I don't think there is an answer to the question, but that is an answer, to be yourself. And I think if you want to help people.
- Jonathan Johnso...: [35:18](#) Well, I think to answer your question, the foundation of healthcare in general is to serve. Period. And the way that I've always thought about it. I don't care if you are triple board certified in neurosurgery from the top, medical institution in the country, right? Kings College to Harvard to MD Anderson, wherever. At the end of the day, you are a high-paid waiter. That's it. You're there to serve the folks that are sitting at that table to make sure that they have all the healthcare that they need. And they get up from that table after having that meal, either healing them, helping to reassure them mentally, focusing on helping them be more productive in their life. And if you think about it that way, you don't let the ego 'what I did and my resume' and all the rest of that stuff get in your way.

Jonathan Johnso...: [36:18](#) So, to answer the question, you need to have service as the foundation of why you want to do healthcare, and then as you learn through experience and obviously the texts and the literature, you will formulate where you want to go. It will speak to you, but you have to have that service foundation first. Period.

Trisha Talbot: [36:36](#) Well, I appreciate how personable that you come across. This interview is fantastic.

Jonathan Johnso...: [36:42](#) Thanks.

Trisha Talbot: [36:42](#) But, when I was doing my research, you're very personable. I think you are very warm and welcoming to your patients and want to be a resource for them and I think that's fantastic.

Jonathan Johnso...: [36:53](#) We try. Thank you. We try.

Trisha Talbot: [36:54](#) Well, thank you for this interview. It's been wonderful.

Jonathan Johnso...: [36:57](#) Of course. Definitely. Happy to help out any time and good luck to you, as well.

Trisha Talbot: [37:02](#) Thank you. Have a great day.

Jonathan Johnso...: [37:03](#) You, too. Bye bye.

Trisha Talbot: [37:03](#) Bye bye.

Trisha Talbot: [37:04](#) 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.