

Healthcare Owner Users of Their Own Real Estate (Part 1 of 2)

**Trisha Talbot 00:00**

The Providers Properties and Performance Podcast is a thought leadership forum to educate and inform healthcare companies and clinicians regarding the valuable strategic and financial tool their healthcare real estate provides. The healthcare industry itself is so complex starting with patients and clinicians to diagnose and treat them along with payers, regulations, medical devices, medical schools, and healthcare real estate industry to support the ever changing and dynamic needs. There's no shortage of topics to discuss in these interviews. The overarching theme of the podcast is to bring awareness to how strategic decisions on healthcare real estate can lower the cost of ownership and occupancy on a healthcare company's financial statement based on the value and costs associated with assets under management or the annual run rate for leases. Owning their real estate for entrepreneurial private practice physicians can be a personal wealth strategy as well.

**Trisha Talbot 00:52**

This week's episode is the first in a two-part series that features previously aired interviews of a healthcare company that built its own building, physician owners sharing their lessons learned with a new facility or building a practice as well as owning and operating their real estate.

**Trisha Talbot 01:07**

This is the Provider's Properties and Performance Podcast, the podcast that brings together leaders in healthcare 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.

**Narrator 01:49**

Episode 43: A Dentist's Journey Through Healthcare Real Estate Ownership with Dr. Rassa Abdoll of Center for Pediatric Dentistry.

**Rassa Abdoll 01:58**

I think the positives are always of course, in real estate that you own. My dad, I've learned so much from him. He always said to me buy real estate now and I regret it later. So, I think owning your own real estate, of course, is the best thing and if you specially work in it as well, because at the end of it, I've attended courses where they talk about the tax benefits of renting and not having to worry about anything and so on. But at the end of it, a 15-year 25, 35, 40-year career, you have that property that's accumulated a lot of wealth in it and the value of it is much higher.

**Trisha Talbot 02:38**

This week's episode is a conversation with Dr. Rassa Abdoll, a pediatric dentist, regarding his practice called the Center for Pediatric Dentistry located in Gilbert, Arizona. Our discussion includes his path to Pediatric Dentistry and his philosophy on care. Dr. Abdoll shares with us how he finally opened a new practice in his current building that he owned for several years prior. He strategically located his practice near where he lives, realizing the financial benefits of ownership, and we discuss how he delegates the day-to-day ownership tasks to a professional property management company. I hope you enjoyed listening to this interview as much as I enjoyed my conversation with Dr. Abdoll. Please join me next week for my interview with Robin Farmanfarmaian, a health technology expert, entrepreneur and public speaker.

**Trisha Talbot** 03:26

Rassa, welcome to the Providers Properties and Performance Podcast.

**Rassa Abdoll** 03:30

Excellent. Thanks for having me.

**Trisha Talbot** 03:31

Well, thank you for agreeing to this interview. I'm excited for you to share with the listeners your experience as a pediatric dentist and being a physician owner of your own property where you operate your dental practice.

**Rassa Abdoll** 03:41

Yes.

**Trisha Talbot** 03:42

So, tell me a little bit about the Center of Pediatric Dentistry in Gilbert, Arizona. How long have you been in business? And, specific to your practice, I think being in that location, it targets a lot of growing families.

**Rassa Abdoll** 03:56

Definitely, definitely. Well, I've been practicing now as a pediatric dentist for over 24, 25 years. I had another practice that I sold, which was a rental, I was renting that property. And I sold that a few years ago. I stayed on board and worked as an associate, and then decided to do my practice all over again. And I thought what better place than my own building that I had owned for few years. Because when I was looking around, it was really tough getting a good rent, a decent rent. So, I thought why not just go into my own properties. So, this idea started in 2019. Early and then late 2019 is when we actually opened up the practice, December of 2019. And of course, worked for a few months and COVID happened and here we are.

**Trisha Talbot** 04:49

Wow. Yeah, COVID has thrown us all for a loop for sure. So, I'm going to touch on the real estate a little bit then I want to talk about your practice a little more. But, with regard to the rental rates, what I have found, too, if you recall building this out, your price per square foot for your improvements is probably well north of \$100 a square foot.

**Rassa Abdoll 05:13**

Correct.

**Trisha Talbot 05:14**

And so, when you're thinking about leasing, you're paying the lease rate, you'll get some of that tenant improvement from the landlord for the lease, but probably not that much, maybe half. So, investing in this also saves you some money in the fact that, because you have to invest so much in your tenant improvement build out, it makes a lot of sense to own your own space.

**Rassa Abdoll 05:37**

It definitely did in my case, too, because when I was searching for a rental property, of course, I noticed that the areas that I wanted to be in, the bigger, more popular denser areas, the rent was high. But for some reason, these corporations were really not giving you much tentative improvement. And if I want to tentative improvement, a good amount, I had to go into properties that are more, of course, like medical, dental. I really wanted to be in bigger plazas, and shopping areas, and so on. So, I noticed that difference. And I thought, you know what, if I go into my own building that I own, obviously, I'm paying myself, so it's an investment that I get to keep and write off and so on. So, yeah, it was a no brainer. I did kind of dabble on whether I should go into my own property or rent a property for a few months. But at the end of it, it was just a win win for me to just go into my own property.

**Trisha Talbot 06:35**

And did you intend to be in Gilbert? Was that something strategic that you thought of because Gilbert is growing?

**Rassa Abdoll 06:39**

Yeah, the growth definitely did influence my decision, but I live at the border of Chandler and Gilbert, so I did not want to travel far. But also, I had the restrictive miles from the previous office. So, I had to move a certain distance away, which worked out great, because then, kind of Gilbert is a place where my office was, too. So, I thought that, like everything, just turned out, in my case, that it was a win win. And it worked out for me in the end.

**Trisha Talbot 07:11**

Nice. Nice. Well, let's talk about your practice a little bit. So, when you went into dentistry, did you intend to focus on children's dental healthcare and oral disease prevention?

**Rassa Abdoll 07:21**

No, honestly, my goal was just to get to dental school and get accepted and pass the years and make it through. But on my second year, I remember when we were put on rotations. I went to an adult clinic. And I thought, 'oh god, this is not what I want to do. I do not want to deal with adults and their mouths and there has to be another way.' I honestly debated about dropping out but I found out that there's a such thing as pediatric orthodontics. And I always enjoyed being around kids and working with kids and helping kids. So, I kind of got drawn to that. In my third year I requested to work at a pediatric office to kind of get the feel for it. And of course, I fell in love with it and I decided after dental school to do residency in pediatrics and my residency was really nice because we were kind of dual trained with orthodontics as well. So, I got kind of the best of both worlds, pediatric and orthodontics.

After pediatric dentistry I decided to join the Air Force and serve active duty. So, that was an interesting thing too, because I served the Air Force as a pediatric dentist. I saw the dependence overseas.

**Trisha Talbot** 08:36

Oh, very nice.

**Rassa Abdoll** 08:38

I was stationed in Japan.

**Trisha Talbot** 08:40

Wow. And, obviously now through the years, how important is it for a child to receive dental health care growing up in order to prevent dental issues as an adult?

**Rassa Abdoll** 08:50

Oh, it's crucial. It's crucial. In the old days, they thought 'baby teeth, why worry, let them fall out.' I even remember when I told my parents I'm going to be a pediatric dentist. They said 'really there is such a thing as pediatric dentistry? Don't you just let the teeth fall out even if they have cavities?' So, the mindsets have changed and parents do really, I think, seek out pediatric dentists for their kids' care. Helping a child earlier on, not only with the dental disease, dental cavities but also the growth and development of their jaw, their teeth, their skeleton, habits, tongue ties because I do that, too, tongue ties, lip ties. I do a lot of early interceptive orthodontics, expansions and so on. You really help make a difference in this child's adult years to have less issues and less surgeries or less problems, less TMJ. So, all around it's been a very rewarding field. I truly enjoy doing what I do and blessed to do it.

**Trisha Talbot** 09:50

Absolutely. Your practice offers orthodontics, oral surgery, periodontics and endodontics, in addition to just pediatric dentistry, correct?

**Rassa Abdoll** 10:00

Just to kind of stand corrected, I don't do any periodontics, per se. What periodontics do is nowhere that I do anything like that. But if there's anything, early help with children, so oral surgery, for example, of course, we refer them for wisdom teeth extractions, anything perio that has to do with surgery or grafting, we'll refer them out. My practice is from birth to 21. And then, I do see special needs, and that has no age requirement. And I see special needs at 40, 50 years of age, only because unfortunately, nobody else wants to see them. Any endodontics, I do refer out. But of course, if it has to do with baby teeth or with a special needs, then we'll do what we can, of course to help them. Because it's hard to send a special needs to an endodontist to be put to sleep to do endo because they don't do that. But we do that. We do have that advantage in our office, or if we do go to surgery centers and some of us go to hospitals to be able to provide that care. So, it is kind of limited what we do, but it's not, we kind of tend to do a little bit of everything in our practice. But I do do a lot of infants and tongue ties, lip ties, sleep apnea on children, growth and development, early interceptive orthodontics and so on.

**Narrator 11:26**

Episode 29: Providing Financing and Investing in Dental Healthcare.

**Nikki Green 11:31**

All the above. Yeah. So, as I'm getting a little bit more established in my dental practice, I want to diversify like a lot of us do. So, I'd like to own my own property. I need the space. I have a vision for my dental practice of growing to be really the premier dental practice. I would like to say we're maybe already are close to that. But I want our building to reflect that. So, right now we're in a strip center. It's gorgeous on the inside. We've done a great job with our remodel there, but we're still in the middle of a strip center. I want a standalone building that stands out to be a destination dental practice.

**Trisha Talbot 12:07**

Today's interview is with Dr. Nikki Green, a cosmetic dentist and entrepreneur in Fort Worth, Texas. Her practice offers patients the latest technologies to provide smile makeovers quickly and painlessly and an answer to dental insurance coverage lagging behind the increasing costs of today's dental services. She offers a membership program for her patients to receive the care they need that avoids more painful and expensive services later. A financing option that she finances herself offers patients to pay for services that they want now over time. In addition to these programs, she purchased a property where she can move her practice offering her the branding to become the premier dental care destination and has long term investment plans with the property. Join me in welcoming Nikki to the podcast.

**Trisha Talbot 12:53**

So, Nikki, I'm really excited to have you as a guest on the Providers Properties and Performance Podcast.

**Nikki Green 12:58**

Thanks, Trish. I'm actually really glad to be here, even from my car.

**Trisha Talbot 13:03**

Well, you're a dentist and entrepreneur and you're about to purchase a property where you operate your practice out of, so we have a lot to discuss.

**Nikki Green 13:10**

Yes, absolutely.

**Trisha Talbot 13:11**

So, Fort Worth Cosmetic and Family Dentistry is a very large practice. You have four dentists, six hygienists, and several staff members. So, when did you open your private practice and how did you build it to what it is today?

**Nikki Green 13:23**

Well, I started my private practice in, I actually purchased it December of 2007, meaning that my first year in business was the year of the great economic recession of 2008. Frankly, I think I was too young and too dumb to

even realize what I was doing. In hindsight, it's just a good part of my story. But yeah, that's when I started my private practice here in Fort Worth. So, I've been at it since beginning of 2008.

**Trisha Talbot** 13:53

Baptism by fire, huh?

**Nikki Green** 13:54

Totally.

**Trisha Talbot** 13:56

So, this pandemic, even though I'm sure it's caused you some problems, probably you're like, 'you know what, I've already been through one downturn, I can handle another.'

**Nikki Green** 14:03

Honestly, that is so true. When it hit, even though it's unprecedented, and we didn't know what to expect, I thought, 'yeah, I've been through murky waters before. We'll figure it out.' And I'm certainly in a lot better position to go through it today than I was in 2008. So, we are figuring it out.

**Trisha Talbot** 14:20

Well, you yourself, you're focused on cosmetic dentistry and the latest techniques and technologies surrounding that. So, what innovations are you using in your practice right now that have the most impact and results?

**Nikki Green** 14:32

Yeah, we are very much a technology driven practice. I've always said from the beginning of my practice years, I want to be on the cutting edge, not the bleeding edge. Sometimes when you step out with technology, particularly around healthcare and some of the intricate things that we do, sometimes you can be on the bleeding edge, which means you're trying things that don't work and unfortunately your patients are your guinea pigs and patients don't like that. So, we try to be on the leading edge but not necessarily the bleeding edge. So, when I say that we use Cerec technology, I actually was a very early adopter of Cerec technology. I've used it in my hands since about 2004, which is considered a pretty early adopter. Cerec technology is where we mill crowns and veneers in house. So, people know the traditional way you go to the dentist and have a crown or a veneer, then you go and you have the tooth prepped, and then you get into a temporary and you spend a few weeks in the temporary while the restoration is being fabricated at a lab somewhere else, and then it comes back via the mail and then gets inserted into your mouth.

**Nikki Green** 15:35

So, that's the typical way that it's done. And I'm not going to pretend like we don't do some of that, too. We do. There are times when we need to utilize our labs, but for the bread-and-butter dentistry, you need a crown on a posterior tooth or tooth breaks and you need a quick fix, we have Cerec technology in our office that allows us to do that. We use 3D cone beam, which allows us to place implants in house and know exactly where in the bone that implant is going to go. We can even combine that with our Cerec technology where we can design the crown

before the implant ever goes into the mouth. So, that's kind of cool. It speeds things up, makes things more predictable. Patients love the technology. So many dental offices are kind of stuck in about the 1970s, and so they are expecting a hand cranked dental chair, there are still those out there. And so, when a new patient comes in, they see all of our bells and whistles and all of our technology and they see what we can do digitally on the screen. They love that it really gets them involved in their care. So, we like to stay on that cutting edge.

**Trisha Talbot** 16:40

Well, who doesn't like to see the before and after before you actually go in and do it?

**Nikki Green** 16:43

Yeah, yeah, absolutely. Which we didn't even touch on that. There's so much technology that frankly, I take for granted. But yeah, we can do digital mock ups if someone comes in wanting a smile design, which is a lot of what I do in the office, we can digitally mock that up and show them right there instantaneously, what their new smile might look like, much like if you went and tried on a new hair color or something. We can do that with a new smile. So that's some of the technology that we incorporate. I'm getting into virtual consults right now, which is kind of fun, where I have a meeting somewhat like this. Ten years ago, no one would ever imagine that you could talk to somebody about the possibilities with their smile and with their teeth virtually, but with iPhone cameras and the detail at which they can take photos, and I can do that today. So, we like to stay on that cutting edge.

**Trisha Talbot** 17:32

That's great. Well, in these interviews, I like to talk about something unique you do with your patients, or that you have to offer and you're talking about speeding up the process, which who wants to go around with a bad looking tooth for longer than they have to. Obviously, some people are nervous to go to the dentist. They think it's going to be painful. But then, there's the cost issue, which a lot of people, I would say they defer something until it's an infection or something serious that they need to address because of cost. So, you offer a dental membership program, as well as you have a ton of education for helping patients navigate costs and financing their dental care. I really like your educational videos that you offer. I've actually never seen something like that before. But why did you start developing the membership program for financing and what motivated you to put those educational videos on your website for patients to have when they're at home?

**Nikki Green** 18:26

Yeah, I'll get to the membership in a minute. But first I'll just talk about the cost issue. It is the elephant in the room. So many times, when it comes to dentistry, the truth is, dental insurance stinks. It has stunk for years. It was developed in the mid 60s, and in the mid 60s, the average yearly maximum was \$1,000. We are now in 2020. And the average yearly maximum is \$1,500. So, we haven't moved the needle up. Whereas in the mid 60s, a crown cost \$90. Now a crown cost \$1,200. So, we have not moved the needle up at all when it comes to dental insurance. So, we have to address the elephant in the room that dentistry does cost. In my opinion, it's a value, for sure. We like to be able to smile, we like to be able to eat, we like to be able to chew, we like to be able to do all that without pain, without difficulty. So, in my opinion, the value is there. But we still have to find ways to make that affordable for our patients. And for all of our patients. My practice is not just a white collar, top of the line, high end practice. We do high end dentistry, but I want to be able to serve, my last patient that I just worked on was a local cop. I

want to be able to serve my local cops, I want to be able to serve my local teachers, I want to be able to serve anybody that values their mouth.

**Nikki Green** 19:48

So, we have to address costs. So, that's been a big part of our practice for years is creating financial arrangements that work for patients. So, we have some that are just kind of your standard run-of-the-mill, we've got CareCredit, things like that, that patients are familiar with. We also have a really interesting way patients can pay for their dentistry called compassionate finance. I'll talk a little bit about it because I know some of your people that are listening are healthcare providers. It's actually where I'm the bank. So, I am actually the one financing the care. For years, we were taught not to do that, right? We were taught 'don't be the bank.' Well, the reality is, sometimes patients need help. And they can't find the outside financing and such. So, it's something where there is a 20% down payment required, but then they can finance their dental care over a period of months or a period of years. There is an interest rate attached to it. And I don't manage that. That's managed through an outside company, which obviously I'll pay a percentage of. But, talk about during an economic downturn. Things like that are huge, because that's a way for patients to be able to afford ideal care.

**Narrator** 20:58

Episode 16: A Physician Owner's Path to Advocating Sleep Health and Hygiene.

**Troy Anderson** 21:04

It's really never about me. It's always about what the patient's needs are. And so, when I came out here, I was recruited by Banner Estrella and Abrazo West now, which was Old West Valley Hospital, because that was an expanding growing area and hospitals were put there to serve. And they needed neurologists to help them manage those patients in that area. And then I expanded over to Honor Health because they came to me and asked me to do the same and they were short physicians in that area. I really didn't want to do it, but I just did it for them, because nobody else was willing to do it. So, I expanded those locations. And then downtown, we'd discovered that everybody was going to these new suburb locations and all the doctors downtown had left a doughnut hole there.

**Trisha Talbot** 21:54

Today I welcome Dr. Troy Anderson, a neurologist specializing in sleep medicine. I appreciate Troy's passion to advocate for his patients and empowering them to help themselves when promoting sleep health and hygiene to deal with sleep disorders. Troy's medical practice Phoenix Neurology and Sleep Medicine, began with Troy's humanitarian interest in serving his patients and providing high quality care. His healthcare real estate strategy as a physician owner started with locations and areas where he served his patients and grew into investing in his offices. Please join me as we hear Troy's story.

**Trisha Talbot** 22:30

So, in the world of healthcare real estate, you're defined as a physician owner, as you've chosen to invest in some of the office locations where you also operate your practice. So, you are a neurologist specializing in sleep

medicine and neurological disorders at Phoenix Neurology and Sleep that now has five locations throughout the Phoenix metro areas, correct?

**Troy Anderson** 22:49

Yes, that is.

**Trisha Talbot** 22:50

So, did you always know you wanted to focus on neurology when you decided to practice medicine?

**Troy Anderson** 22:55

You know, what's interesting is neurology has always interested me, even in high school, but I was in the Navy for 12 years before I came to Phoenix as flight surgeon, and I was in charge of and part of the rescue when a 747 jet crashed, the Korean Airlines 801 crashed in Guam. And I was in charge that rescue and there was a lot of people that I saw, victims that I saw that were alive when I first saw them, but when I had a chance to get back with more equipment to get them, they had passed away. It always is a burden on my heart. And the reason why that accident occurred was because the pilot and the company did not adhere to then sleep policies, which were more recommended than required. And so, the pilot basically did too long of flights and then got into that mishap. And so, I always felt like sleep really drew to me. I was really interested in it in terms of neurological aspect of it, but also on how it could serve humanity. And maybe I couldn't save those people, but I can save somebody else from having an accident. So, that's how I got involved in sleep medicine, which has been just amazing. It's been really a blessing to me more than I have been to it.

**Trisha Talbot** 24:12

And you decided to go into private practice pretty quickly after your residency. What initiated you to open private practice rather than work in a hospital?

**Troy Anderson** 24:19

I did. I wanted to do a full Navy career but for family reasons I left the Navy and came out here to Phoenix, which was unexpected. I grew up in California. I was expecting to go out there but I basically came out and I learned a lot from the Navy in terms of making it about the mission, being friendly and caring and being an advocate for patients. Those were my main ideals. And so, I just started a patient centered practice that would follow sort of my Navy humanitarianism.

**Troy Anderson** 24:20

I'm excited to interview you because you had spoken to a group of healthcare executives a while back and you discussed how a person can only go days without sleep, and then they actually can pass away.

**Troy Anderson** 25:03

It's actually 12 days.

**Trisha Talbot** 25:04

So, I wanted to talk to you a little bit more. When patients come to you for sleep disorders, are they aware of the importance of sleep health?

**Troy Anderson** 25:12

Some get there eventually. I see a lot of patients that fall into certain categories. One category is like that. They know something's off, and they know that they're not grounded in health, and they come to me, and they want to get grounded and start living a diligent life. And then I have other patients that they're asked to show up, and they don't really believe that it's an issue and they really belittle their asleep. And so, it takes some convincing with them. And most of the time I'm successful and sometimes not. And then there's another category which initially start like that. But later on, down the road, they have like a heart issue, or they're older and wiser and they can kind of see the clock ticking. And then finally they get to their senses and they come back and see me after they've been diagnosed with the disorder years ago. They come back and want to get it taken care of.

**Trisha Talbot** 26:04

And have you seen a rise in patients with neurological or sleep disorders as a result of the isolation and shelter in place situation we are dealing with in combating the Coronavirus?

**Troy Anderson** 26:16

I have because a lot of people have the time now to focus on their health. And so, we've actually seen a surge in patients during the Coronavirus where people are off work, and they finally have stopped their busy lives. And they can focus back on their health and want to come back and get these things taken care of which have been outstanding for quite some time in their life.

**Trisha Talbot** 26:38

And how many of these sleep disorders, have you seen an onset with maybe some depression occurring and insomnia just because people are feeling some isolation effects?

**Troy Anderson** 26:53

Absolutely, people require human interaction but also in addition to that, there's this unknown and anxiety. So, I have seen an increase in insomnia and a lot of my patients just because of the anxiety of the situation of the unknown and how dangerous the coronavirus is.

**Trisha Talbot** 27:12

And I'm not sure what normal we're going to return back to, but normally prior to Coronavirus, we were always in a 365, seven day a week, 24-hour day culture and how many of those types of patients do you see that just can't turn off?

**Troy Anderson** 27:26

Yeah, a lot, actually. But we try to get patients to learn how to deal with it on their own and honestly, here's the thing about it is, if you have a good sleep hygiene and sleep practices before Coronavirus, it's easier for you to take care of it meaning that it is taught, and we preach this and sleep medicine that you need to put the hand up

sometimes to the outside world and work. And the normal typical day, I tell my patients after seven o'clock don't work and no planning of any sort. That's really your time to do what you have planned to do. But unfortunately, in today's society, we let these external stresses, emails, bank accounts, bills, penetrate all throughout, into the bedroom and right before bedtime. And you really need to learn how to segregate out your different roles. One which is taking care of the household. The other one is you being a person and needing time for yourself and if you could do that beforehand, when things like the Coronavirus hits and you know how to worry about things when it's time to worry about them and then not worry about them when it's not time to worry about them. So, if you can learn how to get good sleep practices it's a natural jump to do that. But unfortunately, when everybody's going 24 seven and they're allowing work to penetrate all throughout their day and into their night and on to their bedroom and on their bed, then it's just harder for them to find this period of peace.

**Trisha Talbot 28:58**

And then, how are you think screens affect sleep habits?

**Troy Anderson 29:02**

Screens can, for sure, but that's not really a big role. It doesn't play a big role as much as just having a routine, you know seven o'clock, do your whatever it is, leisurely routine you have planned for yourself, 8:30 start turning down the lights, only like lamp shade lights, no overhead lights, have a shower, light snack, watch an easy program, nice and easy. Then go to the bedroom, dark, quiet, cold, get a noisemaker like a box fan in there. And then just don't bring anything in your bed except for sleep and leave everything outside your bedroom. That routine, waking up on time, going to bed on time, making sure you're sticking to seven and a half hours of bedtime. That routine will supersede. Now, when it comes to arousal when you're waking up, blue light has been shown to wake people up, for sure. But at nighttime patients can watch a YouTube video or Netflix, Friends or something and it's more of a state of relaxation that you need to achieve.

**Narrator 30:04**

Episode 32: Acutely Serving the Behavioral Health Needs of Mature Adults.

**Natalie Lamberton 30:10**

I would like it to be as mainstream as acute care hospitals. I'd like for it to be no big thing to check into a behavioral health facility and to get yourself stabilized and to have a better quality of life and then to be released out, back home or from wherever you came and having a better quality of life. I'd like for that stigma to go away. I'd like for there to be more access to mental health, because you've got access to a primary care provider like it's nothing but finding a place for behavioral health care can be somewhat challenging.

**Trisha Talbot 30:51**

In today's episode, I interview Natalie Lamberton, CEO of Talas Harbor. Talas Harbor operates acute care behavioral health hospitals focused on healing the emotional and mental health of the geriatric population. We discuss how Talas Harbor is growing to serve both the behavioral health and any co-morbidity, physical health ailments of its older patient base. Serving those most vulnerable is something that comes easy to Natalie as her experiences is in leading hospitals in rural areas and with underserved patients.

**Trisha Talbot** 31:19

Welcome, Natalie, to the Providers Properties and Performance Podcast.

**Natalie Lamberton** 31:22

Thank you so much. Glad to be here. Thank you for having me.

**Trisha Talbot** 31:25

Well, you have a lot of experience as a healthcare executive running hospitals. So, what attracted you to Talas Harbor?

**Natalie Lamberton** 31:32

It was an opportunity to do behavioral. I'd never done behavioral before. So, in my career, I've done rural, urban, suburban, for profit, not for profit, post-acute and acute, but never behavioral. And it's Gerry psych. So, the elderly are near and dear to my heart. And I thought this would be a new challenge. And it's a startup and it's slated to have several hospitals in the system. And it's my first system position, so I thought this would be a great opportunity.

**Trisha Talbot** 31:32

And Talas Harbor offers acute care and post-acute behavioral health care, correct?

**Natalie Lamberton** 32:05

No, well, we offer acute medical behavioral health care for the geriatric population.

**Trisha Talbot** 32:11

All right. So, do you want to tell us the background story of Talas Harbor and how it started?

**Natalie Lamberton** 32:16

Sure, Talas Harbor has been around, I believe, about two and a half years. The president comes from post-acute care, so he used to run assisted livings. He saw that there was a need to send his residents to psych facilities, and it can be dangerous sending geriatric elderly patients to psych facilities that are adult 18 and up. You put an 87-year-old person with a homicidal, suicidal 23-year-old who's aggressive and irritated, that can be a dangerous setting to put them in. And so, he saw a need to have a specifically Gerry site to send this residents to. So, he's decided to start some for himself.

**Trisha Talbot** 32:55

And Talas Harbor brings together health care providers from multiple disciplines to treat patients. So, how does this approach deliver better patient care?

**Natalie Lamberton** 33:02

Yeah, interdisciplinary medicine is always best practice no matter what area you're in. But it brings together social workers, case managers, nurse practitioners, psychologists, psychiatrists and brings them all together in an interdisciplinary setting, so that they can treat the entire patient physically, emotionally, mentally. And so, all these crafts come together and treat the patient, come up with the treatment plan, and then you've got the entire person that you're treating, not just their behavior.

**Trisha Talbot** 33:34

So, are these providers employees of Talas Harbor? Do you guys contract with private practitioners?

**Natalie Lamberton** 33:41

We do both. We do both depending on what practitioner it is and what model that they want to be in. But mostly, we employ our providers. And we do of course, have a medical director, and we've got an associate medical director as well. So, in psychiatry someone's an actual medical, MD physician, because we are a medical psych facility in that when you get 55 and older population, typically they come with comorbidities, diabetes, COPD, CHF, hypertension, things like that. So, they don't just come with the primary diagnosis of a psychiatric condition, but they also come with a medical condition more than likely as well. So, we can treat their comorbidities as well as taking care of the primary psychiatric diagnosis.

**Trisha Talbot** 34:27

And just so that we clarify for some people that may not be familiar, it's not just dementia. It's actual behavioral health issues that need to be addressed.

**Natalie Lamberton** 34:36

Right. Suicidality, anxiety, depression, things like that. Dementia and Alzheimer's, we know that in those elderly populations, sometimes they do you have things like that. We can treat the patient who maybe have mild or moderate Alzheimer's and dementia because they actually do have a primary psychiatric diagnosis. We take care of that primarily. And then secondarily, we can help treat the other things that are going on.

**Trisha Talbot** 35:06

And how many locations do you have and where do you focus geographically?

**Natalie Lamberton** 35:10

Right now, we have a location in Bullhead City, Arizona, and we are opening a location probably in the next month in Phoenix. In the next two months or so we've got one in Las Vegas. And then we've got several other locations identified with the expectations to grow over the next five years or so.

**Trisha Talbot** 35:31

You see a need.

**Natalie Lamberton** 35:32

Yes, absolutely. Absolutely.

**Trisha Talbot** 35:35

So, you just completed that facility in Bullhead City. So, what drove Talas Harbor to that location?

**Natalie Lamberton** 35:42

The president actually had an assisted living in Bullhead City. And there was an elderly gentleman that started having behavioral issues. So, they had to send him out of the assisted living and into a hospital setting. The hospital couldn't handle or manage him. And he really needed a psych hospital. And so, an ambulance came, put him in a four-point restraint, drove him four and a half hours to Phoenix, and put him in a hospital there were the family couldn't travel to see him. The gentleman declined. And within 30 days he had passed away.

**Trisha Talbot** 36:19

And how old was he?

**Natalie Lamberton** 36:21

I'm not sure how old he was, pretty elderly, I believe. It being that, had they had that resource in town, had they had the family be able to visit and had all these resources and things around in Bullhead City, I think that that gentleman would have fared much, much better and had a better quality of life and a better outcome than he had. So, that's kind of what triggered the president to say, 'you know what, I think I'm going to build one of these.'

**Trisha Talbot** 36:49

And how many beds does it have?

**Natalie Lamberton** 36:51

It's got a 24-bed footprint.

**Trisha Talbot** 36:53

Nice. Nice size. In a lot of interviews, I hear behavioral health is the most needed and the most lacking in medical care today. Do you agree?

**Natalie Lamberton** 37:03

I do agree. It's likely that everyone will have some episodic mental health issue in their lives. The five things that happened to you most important in your life are life, death, marriage, divorce, there are a lot of things that happened to us that can give us episodic depression or anxiety and things like that. And most won't seek care in their lifetime, even though they're going through an episode of a mental health issue because of a situation or things that they're going through. So, it is much needed. And the stigma is going away, but still there. So, it's a touchy subject for some.

**Trisha Talbot** 37:39

So, people are supposed to go through the human condition without having help is kind of what it is?

**Natalie Lamberton** 37:46

Exactly.

**Trisha Talbot** 37:48

When you have those struggling times and need support, you're not to have it.

**Natalie Lamberton** 37:52

Exactly. And it's unfortunate.

**Trisha Talbot** 37:54

I can't imagine. But, are the increased need for behavioral health services in geriatric patients occurring as a direct result of some isolation happening with the pandemic.

**Natalie Lamberton** 38:05

Absolutely. And it's not just happening with elderly. It's with pediatric and adult, as well. But specifically with elderly because they're somewhat isolated to begin with, they're older, maybe their spouse has passed away, a majority or a good amount of their friends have passed away. And so, it's really important for them to socialize, as well. And with the pandemic and COVID happening, they're isolated, becoming episodically depressed, having anxiety, not being able to see their loved ones or their adult children and grandchildren and things like that, and so it can be very, very difficult.

**Trisha Talbot** 38:45

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