

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

Trisha Talbot 00:00

This week's episode is the second in a two-part series featuring previously aired interviews of healthcare companies and physician owners sharing their lessons learned with a new facility, building a practice owning and operating their own real estate. As we transition this podcast into the second season, I look forward to continue interviewing clinicians and investors. We'll also include experts and healthcare real estate syndications, offering a wealth generating passive investment and other resources with valuable information to consider when investing in the asset class. Every healthcare real estate decision needs to be made with the exit strategy in mind throughout the lifecycle of owning, leasing, operating, acquiring and selling industries full of professionals that can help. While there are fees involved for services, some are performance-based, but I believe all pay for themselves at the end of the day. We healthcare real estate professionals have already made the expensive mistakes constantly aware of changing market conditions and have relationships put together for your specific strategy. All of this allows clinicians to focus on their first day job, avoid a second day job and benefit from those of us in the trenches of the healthcare real estate asset class every day. This is the theme for our next podcast season. The goal of the healthcare real estate industry is to consciously implement and execute real estate strategies efficiently, effectively and conveniently for healthcare organizations and clinicians. Using so many cliches, help us help you. We really can diagnose, treat, recover, prevent and heal all healthcare real estate ailments. Most importantly, though, we can make it thrive.

Trisha Talbot 01:35

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 02:17

Episode 41: A Clinician's Perspective on Health Care with Alejandro Badia, MD, Part One of Two.

Alejandro Badia 02:25

Oh, that was definitely in my mind, but I'm also very centrally located, now. It's a small city called Doral. It's just west of the airport. It's right near the Trump hotel. And the interesting thing is it's in the only real industrial area of Miami-Dade County. So, I'm literally minutes away from a bunch of manufacturing facilities. There are about 400 aviation companies, flowers that come in from Latin America and they get packaged here. So, at least for me as a hand surgeon, typically only work a few minutes from here. It just makes sense. Before I was in a very residential part near one of the big hospitals, but my patients were traveling. This location really makes a lot more sense.

Trisha Talbot 03:11

I'm very excited to bring you the next two weeks of episodes interviewing 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 the U.S. 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 the clinician's ability to provide care.

Trisha Talbot 03:48

Alejandro, welcome to the Providers Properties and Performance Podcast.

Alejandro Badia 03:52

Thank you. Glad to be here.

Trisha Talbot 03:54

First off, I feel I need to apologize for calling you a provider after reading your book. I'm just not sure how to connect clinician with a real estate term off the top of my head right now, but apologies if that's inappropriate, but I didn't know until reading your book, how it's a better term to call physicians clinicians, than providers.

Alejandro Badia 04:12

Yeah. Well, that's why I put it in quotes, but it's become a sort of insurance term, which I understand because we're providing that care, but I think it's important for what our role is in society and for patients. Actually, most physicians don't like to be called doctor. We're moving too far away from those Marcus Welby days.

Trisha Talbot 04:34

So just so the audience knows a little bit about you, you're a Hand and Upper Extremity Orthopedic Surgeon. How many years have you been in private practice and how many years did you work at a hospital?

Alejandro Badia 04:46

It's a quarter century, now. I've always been in private practice. I have a lot of respect for my colleagues going to academia where they're teaching more and more research, but I've done those roles. And I think you can do that in private practice. And one of my concerns is that is a kind of a dying...the pressures that I talk about in the book. So, I've always been in practice. I co-founded a group called Miami Hand Center, which grew to the point where like many physician practices, disbanded like divorce. But it's all good and I started my own center and then afterwards I saw a need for something beyond my practice, which I'm sure we'll talk about, which is OrthoNOW. And my hand and upper limb practice called Badia Hand to Shoulder Center.

Trisha Talbot 05:32

All right. So, you're based in Miami, Florida. And like you said, you have three companies. You have your private practice clinic, you've got a surgery center and then is it urgent care and ER, or just ER for orthopedics?

Alejandro Badia 05:43

Well, the term is orthopedic urgent care, but what's interesting is we moved away from that term because people assume that it's only urgent and it isn't. We have people coming in with two years of back pain. So, what it is is easy access. So, we call it orthopedic walk-in center.

Trisha Talbot 06:02

And then, reading your book, you started these as an entrepreneur to make the most efficient use of your time and make your surgery schedule more efficient for you and take more control of your compensation as well as provide better care for your patients. And I'm assuming at a more economical cost than going to the doctor, or as you mentioned going through the route of the primary care physician first, just to go through a bunch of unnecessary therapy and things like that.

Alejandro Badia 06:32

Yeah. There's just so many hurdles that patients have to jump over to get care nowadays. And I see a lot of international patients and ironically, they go through less of that than we do. So, we're continuously making our own healthcare system more complex, even though I firmly believe as a proud American that we really have some of the best, if not the best healthcare in the world. But it's become so cumbersome. So, that is a goal that, at least with OrthoNOW is for people to start the journey in the right place. And then if something is complex then they would be routed to somebody like myself. If it's a knee problem,

they would see my colleague who sees almost exclusively knee problems. If you have a liver problem you want to get to the liver specialist, right?

Alejandro Badia 07:20

That's the paradox about healthcare is people think that the specialists are more expensive. Atul Gawande, who I love books, but he just came out with an article talking about primary care and yes, we need primary care doctors, of course, but medicine has become so complicated that I really believe the role of specialty care to increase because paradoxically it's actually less costly in many cases. We actually order less tests. We just have a gestalt for what the problem is. So that genesis of kind of building this center where patients come here, they park right here, I'm looking at the parking lot, and they walk in and they get the right care. And that's become almost an ethereal, nebulous kind of thing to see nowadays. And it shouldn't be that way.

Trisha Talbot 08:07

Well, and I see that your clinic is strategically located by the Miami International Airport. Is that to make it easy for people to fly in and see you? I'm assuming.

Alejandro Badia 08:15

Oh, that was definitely in my mind, but I'm also very centrally located, now. It's a small city called Doral. It's just west of the airport. It's right near the Trump hotel. And the interesting thing is it's in the only real industrial area of Miami-Dade County. So, I'm literally minutes away from a bunch of manufacturing facilities. There are about 400 aviation companies, flowers that come in from Latin America and they get packaged here. So, at least for me as a hand surgeon, typically only work a few minutes from here. It just makes sense. Before I was in a very residential part near one of the big hospitals, but my patients were traveling. This location really makes a lot more sense.

Narrator 09:11

Episode 42: A Clinician's Perspective on Health Care with Alejandro Badia, MD, Part Two of Two.

Alejandro Badia 09:19

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 09:59

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 10:39

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 11:29

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 12:42

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 13:18

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 14:19

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.

Narrator 15:15

Episode 46, The Story of an Entrepreneur, Wound Care Clinician and Property Owner with Jonathan Johnson, MD.

Jonathan Johnson 15:23

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 16:45

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 17:31

Jonathan, welcome to the Provider's Properties and Performance Podcast.

Jonathan Johnson 17:34

Thank you. Happy to be here. Thanks for having me.

Trisha Talbot 17:36

So, tell me about your two private practices, Comprehensive Wound Care Services that you call, I think, Dr. Wound.

Jonathan Johnson 17:43

Correct.

Trisha Talbot 17:43

And Capital Aesthetic Laser Center. And you're all based in Washington DC, right?

Jonathan Johnson 17:48

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 18:26

So, why did you choose the location you did for your practice, the physical location you have for your clinic?

Jonathan Johnson 18:33

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 19:34

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 Johnson 19:44

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 19:52

You don't want to talk about malpractice insurance?

Jonathan Johnson 19:54

No, no. Knock on wood. I'm currently practicing in DC, Virginia, Maryland, and New York. So, malpractice insurance is ridiculous, obviously.

Trisha Talbot 20:07

That's crazy. Tell me about that. So, how do you practice in all of those states?

Jonathan Johnson 20:11

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 21:07

I think that's a great vision.

Jonathan Johnson 21:08

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 21:18

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 Johnson 21:59

Correct.

Trisha Talbot 22:00

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

Jonathan Johnson 22:06

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.

Narrator 23:09

Episode 25: Increasing Health Span One Starfish at a Time, Part One of Two.

David Perrine 23:15

I just had a vision of what I wanted to do. And for me, it was having this health center. What did that look like? I wasn't sure and that's why I called it Perrine Chiropractic Health Center. And I knew there were going to be additional things besides chiropractic. It's allowed me to create that vision and find my purpose, what's my purpose, and then once that's figured out, create a vision to fulfill that purpose. And to me, it's like having that north star. You're going to have storms that come and are going to throw you off course but it's like I can always look back at that north star and go, 'okay, just reset the sails and this is where I'm going.'

Trisha Talbot 24:04

Today's episode is the first part of a two-part interview with Dr. David Perrine of Perrine Chiropractic Health Center, where he shares his journey to health care after switching careers. He discusses his vision for his private practice where he holistically diagnosis his patients to get to the root source of their symptoms to increase their health span, and how he is helping his patients listen to what their bodies are saying to them. In the second part of the interview next week, David introduces us to how he became involved in a CrossFit gym to create a community focused on improving their mental, physical and emotional health. And we learn more about him and his leadership vision.

Trisha Talbot 24:40

David, welcome to the podcast. I'm so excited to have you here.

David Perrine 24:45

Thank you, Trisha.

Trisha Talbot 24:46

I'm really excited to have this conversation with you. I am impressed by your commitment to wellness and finding the source and causes of issues and a lot of people come to you with physical ailments, but you try to figure out what are the other things mentally or emotionally that might be going on. I just have to ask you though, how many patients come to you, first time patients, and they say, 'I've heard of you, you've helped a friend of mine. And I have this constant chronic pain, fatigue or other illness. I've

been poked and prodded. I've all these tests. I'm not being diagnosed with anything physically wrong with me, but I don't feel good.'

David Perrine 25:26

It's unfortunately very common. And I think the sad part is, for so many patients, that it becomes their problem, where I think sometimes there's an arrogance, where 'if I can't figure it out, if I can't provide you a diagnosis, then it's got to be your problem.' Where it's just a matter of maybe seeing outside your scope, but not looking in the right place. I think that's the real key. And for me, listening is the absolute key. I remember early on in my training, being taught your diagnosis is made in your consultation. So, just sitting down and listening. That provides me a tremendous amount of information. And then I can start digging in a little bit deeper, looking into, just as you said, mostly on the physical side, but also, are there stress issues going on? Are there nutritional issues that that need to be addressed? So, looking at the whole picture, it's not really one area, and I think we have a tremendous healthcare system here. If I had a serious illness or a trauma, there's no other place that I'd rather be. But we really don't do a very good job at these chronic types of issues that are multifactorial. We're so specialized. So, really looking, it's sort of an over over-utilized term, but the holistic side versus the reductionistic. side.

David Perrine 27:00

So, if you think of a reductionistic model, you go to your doctor, and you have a list of five different symptoms, shortness of breath, some digestive issues, maybe some dermatological issues, you're not sleeping well. Well, all of a sudden, you're going to get a colonoscopy, you're going to get a full cardiac panel, there's all these things. And not that those things are bad. But they're really not going to find the underlying cause of most of those issues. So, it's really trying to look at that big picture, that 30,000-foot view, and then coming down and understanding the fact that everybody is different, every patient is unique. And I think that is one of the things that I've learned most over the years is to really understand and again, I had another great teacher who taught us that your patients didn't read the medical books, so they're not going to come in with 'A, B, C, D, E, and here's your diagnosis.' They're coming in with a wide variety of things, and you just really have to listen and play your Sherlock Holmes.

Trisha Talbot 28:13

That's funny you say that, because I actually think that in my vision of providing health care for whatever it's worth, I really think that having a better concentration on preventative and functional health to try to, at least if there is something wrong, narrow it down to what it is, because then the specialists, they're paid for not necessarily spending all of that troubleshooting time with the patient. But they're paid for having somewhat an idea of the target zone. And then that's when they can actually add their value and solve the problem. And then the patient goes into a rehabilitation and I think that it needs both people because you don't want to go to a specialist saying, 'I have pain and I don't know what's wrong,' because they are not paid to spend the time with you.

David Perrine 28:59

No doubt, no doubt, Trisha. And that's where, to me it's really looking at things from a team approach. So, if you come in to see me and I sit and I listen to you, and I look over your history, and we try to do a very detailed history, there's two things to be thinking about. Is this a disease or is this a dysfunction? So, someone coming in with what we call some red flags, 'I've been losing weight, I haven't been trying to, I've got a lot of pain in my abdomen,' those kind of things. 'I've had a little bit of blood when I go to the bathroom.' Now, that to me is 'hey, there's potential disease.' That's where we send to the specialist, but that's rare. Most people are dealing with dysfunction, things just aren't working right. And there are imbalances.

Narrator 29:55

Episode 26: Increasing Health Span One Starfish at a Time, Part Two of Two.

David Perrine 30:02

I hope it becomes more of a norm, Trisha. I think what's exciting is you're really seeing this movement in the medical community as well, where, when we talk functional medicine, this isn't necessarily a chiropractic, naturopathic, there's a large group of medical professionals who are driving this, as well. And that just adds credence to what we do. It's still, unfortunately, an insurance-driven model. My hope is that we're going to see more incentive on the wellness and health side.

Trisha Talbot 30:42

Welcome to the second part of a two-part interview. In this episode, featuring Dr. David Perrine of Perrine Chiropractic Health Center, we discussed the vision for the future of healthcare where preventative and functional medicine providers work in partnership with specialists to provide better health care for patients and ideas for insurance companies to potentially lower the cost of health care. In the first part of the interview in Episode 25, David shared how he is trying to help one patient at a time where his health philosophy is to educate his patients to help themselves by treating the root causes of healthcare symptoms and how he invests in himself by owning the real estate where he operates his private practice.

Trisha Talbot 31:23

So, you have your private practice, and then you also are involved in a CrossFit gym. So, how'd you start going in that direction?

David Perrine 31:30

Like I said, I've always been involved in fitness. The gym is actually in our church, which is really cool.

Trisha Talbot 31:38

Oh, it's actually a part of your church?

David Perrine 31:42

Yeah, it literally is. So, we transitioned this space into this CrossFit gym, one of our ministers, he was into fitness as well and we trained together for a number of years. And there was another minister who came in and he actually was involved with special forces, the Army Rangers, and they're similar to the Navy SEALs. So, they are a special breed. Well, he came back one time, and he was talking about this workout regime that they're doing. And our minister had always been interested in creating this wellness ministry. So, we started up this CrossFit gym at the church and I am the wellness coach there. So, we'll do nutritional talks and things but really what I love about it is it's focusing on fitness, but it's really about building community.

David Perrine 32:38

Now, there's a lot of people, you go to the gym, you park, you go in, you check in, and you leave, and you've got your headphones on and you're focused. Where for us, it's having that community. So, misery loves company. So, we might have 50 people in a workout and everybody's cheering people on and we'll hang out afterwards and talk. So, it's just really a great social side of it. So, when we look at the physical, nutritional, emotional, spiritual, it really has served many purposes. And it's been fun to see people who have really changed their lives by becoming members of our gym, not just from a fitness standpoint, but they're taking so much better care of themselves emotionally, they're eating better, they have better relationships. It's amazing how these things just sort of spill over. For me, my workouts are not about my cholesterol, or my blood pressure, those are just sort of added benefits. It's really about the emotional side of what my workouts do for me and how they energize me and they fuel me.

Trisha Talbot 33:58

That'll be nice when we can work out and groups again.

David Perrine 34:01

I know, I know, I know, this has been really hard for everybody, but I just tell them, it's like, we hang on and what we're going to do is, we have a couple options. We can just sit and really complain about what's going on with the pandemic, or look at it and go, 'oh, my gosh, I cannot believe how much I took for granted. And I'm so grateful for the opportunity when we can go out to dinner without thinking about it, when we can go to the gym and sit around and just talk. We've taken those things for granted. So, I wouldn't wish this pandemic on us or anybody, but it's how are we going to process this and to me, I'm really, I'm finding that I'm using this as a tool. We can use it as a setback or a setup.

David Perrine 34:59

So, to me, it's like, okay, this is an opportunity for me to set up what's coming. I don't know when. Is it three months? Is it six months? Is it a year? I don't know. But one thing I do know that this will pass. It's just a matter of time. So, I am looking at it and going, 'okay, what have I taken for granted? What are some of the things that I can do differently?' I think from a healthcare standpoint, it's like, gosh, I think there's going to be a lot of people who are very interested in healthier lifestyles and nutrition and things like that. And so, I've got to be ready to provide those services for those people. So, there's definitely opportunity out there.

Trisha Talbot 35:42

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.