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SPEAKERS

Dr. Steven Kornweiss, Trisha Talbot

D Dr. Steven Kornweiss 00:00

Yeah, you're hitting on a really important thing. So the interventions for improving somebody's prospects of their long term health and longevity and decreasing the likelihood somebody will develop chronic diseases. There's only a handful things you can do, right? So you can address those four things you just listed nutrition, sleep, exercise, stress management, and then you can take supplements and medication. So pharmacology, and then obviously, you can do diagnostic testing and procedures if needed. But in terms of the interventions that I would prescribe to somebody coming into my practice, you basically hit four out of the five things. The last category is pharmacology, which is supplements and medications, but the majority of the things that somebody needs to do to improve their current well being so how well you feel and perform on a daily basis, but also your likelihood of living a long and healthy life. It's mostly behavioral change, and it's really really hard to do.

T Trisha Talbot 01:00

This is the Providers Properties and Performance podcast. The podcast that brings together leaders in healthcare and investment real estate to consider the possibilities in future at the intersection of practicing medicine, and healthcare real estate investment returns.

T Trisha Talbot 01:15

Welcome to the Providers Properties and Performance podcast. I am your host Trisha Talbot. As a healthcare real estate adviser 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.

T Trisha Talbot 01:41

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Today's episode is another interview for our healthcare innovators series. My interview today is with Steven Kornweiss about his new private practice called Performance Prevention and Longevity, where he treats clients looking to learn about and enhance their current health, prevent, or avoid something chronic, acute, traumatic or fatal. Personally, I'm a huge fan of his practice as I feel we will all be living longer, but being able to enjoy living longer is key and practitioners like Dr. Kornweiss can help.

T Trisha Talbot 02:15

Alright, Steven, welcome to the Providers Properties and Performance podcast.

D Dr. Steven Kornweiss 02:19

Thank you very much for having me on.

T Trisha Talbot 02:21

So Steven, you are now in private practice, you are doing individualized health and wellness at Korn Weis medical focusing on performance prevention and long jet on longevity. So you have to take the audience and I from where you were previously in emergency medicine, and then how you got to open up this private practice?

D Dr. Steven Kornweiss 02:40

Well, I actually still do both. So I practice emergency medicine still, and I have a private practice in addition. But basically what happened was, through the course of my medical training, I became interested in lots of different fields. And as a medical student, you have an opportunity to rotate through the emergency department as part of your training. And so I was enjoying all of the different aspects of my medical training. And then I found emergency medicine and realized that would give me the opportunity to deal with my favorite phase of care in almost every field, which is the acute, undifferentiated phase.

D Dr. Steven Kornweiss 03:19

So one of the most, in addition to the fact obviously, that you can alleviate a great deal of suffering and help people a lot in emergent scenarios. One of the most exciting things intellectually about emergency medicine, is that you're dealing with really acute undifferentiated patients, so you don't know what's wrong with them. Yet, in many cases, you don't necessarily have time to gather information from the chart, it's just very pure clinical medicine at the bedside, trying to make a rapid diagnosis and trying to do your best to understand the patient's physiology to successfully resuscitate them and get them into their next phase of care.

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Dr. Steven Kornweiss 03:55

And I always found that to be that rapid diagnostics and resuscitation to be that's what stimulated me most of my training. So that's what attracted me to emergency medicine. And I still love that and I still practice emergency medicine. But after a few years of being out of my training and practicing emergency medicine, I just you know, it's we deal with lots and lots of chronically ill patients, lots of people with chronic disease and disability. And you can kind of de-personalize it and push it into the corner of your mind for a period of time. But eventually you start to realize as not that I'm old, I mean, I'm in my mid 30s. But, you know, you start to see patients that are your same age or a couple years older than you and they're having serious problems.

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Dr. Steven Kornweiss 04:46

I mean, I occasionally see patients with MIs, who are in their, heart attacks who are in their, I've seen some in there as early as their late 20s. But definitely I've seen percentage wise it's a small number but in absolute terms there's probably a dozen or so patients who are in their mid 30s, who are having heart attacks or major vascular issues, strokes. Those are outliers, but it happens, and then cancer diagnoses and things like this. And so you're sitting there practicing medicine and thinking to yourself, Okay, I'm, you know, I'm 34 now and so is this patient? And what should I be doing, to try to prevent this from happening and, I realized that there's a lot, there are a lot of diagnostic tools.

D

Dr. Steven Kornweiss 05:32

And there's, I think there's a lot more that medicine, modern medicine has to offer in the way of prevention, then, many people take advantage of. I think there's a lot more that can be done. So that really interested me. And then I've also been an avid, I'm not very good athlete, but an avid recreational, amateur athlete, and an avid trainer and exerciser. A few years ago, I was spending a lot of time training for road cycling, just on a recreational level. And then also spending a lot of time training in the CrossFit gym. And through those activities, I became more and more interested in the way my metabolism functioned, and exercise physiology and nutrition. And so all of those things kind of became integrated in my mind. And those those things inspired me to go ahead and start my private practice so that I could learn more about them and help other people who are interested in the same things.

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Dr. Steven Kornweiss 05:32

I think if you are an amateur athlete. All it matters is that you do it. And you enjoy having fun doing it. I don't think anything else should matter.

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Dr. Steven Kornweiss 06:21

Well, I just didn't want to make it sound like I'm some high performing, you know, competitive athlete, because I'm not. I'm not great. Not great compared to others, but I do the best that I can within my own abilities.

T Trisha Talbot 06:53

Exactly. So reading some of you know, the things that your papers and everything seems like the preventative care even goes one step further from what some people are calling functional medicine. Or maybe it's the same thing where you treat the cause of the illness or the root cause, you know, to try to prevent it or prevent it from reoccurring. So how do you differentiate yourself from like, what would you say what you do? Is it the same as functional medicine or something a little bit different?

D Dr. Steven Kornweiss 07:24

Yeah. So just to be clear on this, I don't have any sort of affiliation with any professional society of preventive medicine or functional medicine or anything, and I haven't, I've read about and talk to some people who have practices that are called functional medicine practices, but I don't want to, I'll give you my thoughts. But I just want to be clear that I'm not speaking for functional medicine. And if I get it wrong, I apologize.

D Dr. Steven Kornweiss 07:55

But my understanding of functional medicine is basically, I think it's more geared towards people who are having symptoms of an illness, or they're having an illness. And I think that people who are attracted to functional medicine practices are often feeling like they're not getting answers as to what the actual cause of their problem is from a traditional medical practice or whoever their doctor is. And so they're looking for what's the real problem, maybe it's an environmental exposure, or maybe they think it's related to gut microbiome or nutrition, things that in a traditional primary care practice, the physician or the practice may not be trained or set up to have the time and the resources to dedicate to a really in depth investigation of a person's symptoms or problems.

D Dr. Steven Kornweiss 08:46

And I think there's a there's a lot of overlap between regular primary care or traditional primary care practices and functional medicine. So, you know, you could find a doctor who might just be very interested in investigating root causes of diseases that might have a lot of overlap with the functional medicine practice. And then as far as how that relates to preventive medicine, I think there's a lot of overlap because it turns out that a lot of chronic diseases are related to the same things that you would do to address your your long term health and your preventive care.

D Dr. Steven Kornweiss 09:21

So tell me about a little bit what your general patient profile is, is it athletes looking to improve or just someone that might, like you said, starts seeing some patients their age and wants to, you know, prevent themselves from from that from happening, or they've seen other providers and have no solutions. And they're, they're just trying to find answers.

D Dr. Steven Kornweiss 09:21

So if you went to a functional medicine practice for I don't know, an autoimmune condition or something, they might look at your nutrition and change the way you're doing your nutrition, they might have you manage your stress and change your sleep and try to limit your exposure to certain environmental toxins. And obviously those things would also be likely to make you healthier over the long run and be less likely to develop chronic diseases like cardiovascular disease, cancer and dementia. So there's a lot of overlap. But I think of functional medicine as addressing somebody who's already got symptoms and preventive medicine is for anybody you know, who just wants to live longer and be healthier and delay the onset of chronic disease.

D Dr. Steven Kornweiss 10:21

So I've had patients who fit into all of those categories. You know, I'd say my general patient, or I usually call them clients, because in many cases, they're not sick. And I think the term patient invokes the idea of somebody who's ill or suffering from a disease. But in any event, most of them are somewhere between the ages of roughly 30 and 60, more towards the middle of that age range. And they're usually people who are very interested in their health, very motivated to do whatever they can to live longer and be healthier.

D Dr. Steven Kornweiss 10:55

And so yes, I have had athletes, like one of my favorite examples to talk about is a client who, when I started working with him, he was in his late 30s. He is a triathlete a very high performing athlete, outwardly extremely healthy appearing, but had an extremely strong family history of premature cardiovascular disease. So basically, every male on his father's side of the family had MIs in their 40s.

D Dr. Steven Kornweiss 11:21

And some of them were, you could explain some of you know, a couple of them had smoking histories and had metabolic syndrome and other sort of traditional risk factors. But some of them didn't, some of them were seemingly perfectly healthy. So that was a person who I was able to help quite a bit, we did an in depth investigation and looked at his lipids looked at his cholesterol synthesis and absorption markers, we did a coronary calcium scan, and we found a bunch of things that were we were able to work with. So we, we actually found that h 3090, already had a very small amount of calcium, in one of the coronary arteries on the calcium scan, despite the fact that this is a guy who is lean, muscular, has at least double the endurance exercise capacity that I have. But he's got calcium in one of his coronary arteries, which puts him in the 75th to 90th percentile for his age on that test.

D Dr. Steven Kornweiss 12:15

And so that's somebody who by traditional, if you just looked at his blood pressure, his lipid panel and his age, and the fact that he's not a smoker, and not obese, you put him into any 10

panel and his age, and the fact that he's not a smoker, and not obese, you put him into any 10 year risk calculator at age 39 or 40. And it's going to say incredibly low risk. But when you look at some of these other markers and see the fact that he's already got at least some advanced lesions in the coronaries, this is somebody who really needs in my opinion, aggressive preventive care, or else you can see the writing on the wall of where they're headed. So that's an example that I like to talk about, because I think that's somebody who may not get exactly what they need following this sort of standard guidelines,

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Trisha Talbot 13:00

I have a friend that fit in that category. He was a avid runner, and just early 40s that happened. So when people say that they're sick, or like to me if they if they talk about not feeling well, and you know, of course, I'm not diagnosing them for medical, I'm just being a friend and listening. But I ask, you know, how are they managing stress? Are they sleeping? Are they eating well? And are they you know, exercising? Again, not I mean, exercise doesn't have to be exhaustive, but even just like walking or anything like that, so how do you feel that those kind of pillars fit into what, when you start talking to a patient? And if those are completely out of whack? How do you get someone to focus on those for?

D

Dr. Steven Kornweiss 13:41

Yeah, no, I mean, right. So you're hitting on a really important thing. So the interventions for improving somebody's prospects of their long term health and longevity and decreasing the likelihood somebody will develop chronic diseases. There's only a handful things you can do, right? So you can address those four things you just listed nutrition, sleep, exercise, stress management, and then you can take supplements and medication.

D

Dr. Steven Kornweiss 14:09

So pharmacology, and then obviously, you can do diagnostic testing and procedures if needed. But in terms of the interventions that I would prescribe to somebody coming into my practice, you basically hit four out of the five things. The last category is pharmacology, which is supplements and medications, but the majority of the things that somebody needs to do to improve their current wellbeing, so how well you feel and perform on a daily basis, but also your likelihood of living a long and healthy life. It's mostly behavioral change. And it's really, really hard to do. It's really hard to do. I mean, everybody struggles with it, myself included, and basically the way I approach it is I figure out so I'll just back up a tiny bit.

D

Dr. Steven Kornweiss 14:09

So if I bring somebody into the practice, my main goal is to assess their their health risks and to categorize them categorize the risks by magnitude, and proximity. And then by also how interveneable the risk is like how easy it is to lower that risk. So some people, let's say someone's main risk is, I don't know, obesity or metabolic syndrome. But they are, you can tell by talking to somebody, maybe they're three years away from really being able to drastically change their diet and their exercise, but they're willing to adjust their sleep and their stress

management, then that's, you might start with that. So even though their nutrition and exercise might be the things they can do to lower their risk the most, the thing that they're going to be able to do the most, most easily right now is something else.

D Dr. Steven Kornweiss 15:48

So it's a process of sort of prioritizing things based on those three categories, the magnitude of the risk, the proximity of the risk, and what you can do to alter it, and then you just go one at a time. And it's an iterative process. So you figure out what you can do right now, to move the needle, the most, try to get that improved, and then reassess the risks and look at what's the next intervention that you can prescribe and sort of coach somebody through to make the next biggest difference, and so on, and so forth. And the idea is to basically do this indefinitely, and just iterate through the risks and the interventions over and over and gradually move the needle. Because, I mean, you realize pretty much immediately if you looked at all those categories in your life, if you did every diagnostic test available and quantified your exercise and your nutrition, your sleep, you had all this giant, you know, huge list of information, and all these different things you could do to improve your health, it's just massively overwhelming. So you've got to start, you have to start.

T Trisha Talbot 16:52

I'm just imagining the list of like, gave someone like this comprehensive list of everything they needed to do, it might just kind of run off the page.

D Dr. Steven Kornweiss 17:01

Well, and I've done that, and I still when I bring somebody in, I collect a huge amount of information. And I produce a, you know, a very detailed, lengthy report, that basically is what I just described. But then when we actually go to make interventions, it's just one or maybe two things at a time. Because behavioral change is hard. And that's 90% of what I do is informing, educating, and coaching to try to move these things in the right direction over a long period of time.

T Trisha Talbot 17:33

Well, given that you I think we could probably spend hours and talk about the comprehensive one I'd like to focus, if you don't mind on food and nutrition, because I feel this is like a personal, I guess opinion, obviously of mine. But I feel like, you know, and this happens when you know, when you feel sick? What's the first thing you do someone wants to give you like chicken soup, or they want to give you like good food to eat, and to try to help you feel better. And to me, I'm like, Well, what if you just did that just ate good food, or, you know, at least like, you know, the 80/20 rule. But I have found that the more whole foods I eat, and I guess the more intent that I put into the food that I'm putting in my body when I go out the amount of bad food that's out there everywhere. I mean, you know, as soon as you go to an event of any sort. A baseball game or football game, or you know, what have you, it is there's there's actually nothing there anymore that I'll even eat. So what is your opinion on how food and you

know, the amount of processed foods that are in our diet? Because I don't feel that the human body gut was made to process all these processed foods, which is why so many people have issues. But what's your opinion on this?

D Dr. Steven Kornweiss 18:51

Well, there's a lot to unpack there.

T Trisha Talbot 18:56

One or two things I mean, yeah, it's a lot.

D Dr. Steven Kornweiss 18:57

Yeah. So I mean, in general, I agree with your sentiment. And the problem with I think the main problem with processed food, or there's two really big problems with processed food. One is that it's typically hyper palatable, meaning that it makes you want to eat it as much of it as quickly as you possibly can. And it's very hard to stop eating. You know, I don't we don't need to get into this. But there are there are scientists that work for food companies that figured out how to make these foods taste as good as they possibly can. And the flavors and salt and sugar combinations and textures are things that typically don't exist in in whole unprocessed foods.

D Dr. Steven Kornweiss 19:40

And so, you know, if you had a family size bag of potato chips, you can basically eat the whole thing. But while you're still eating that if somebody brought over if you ate half the bag of potato chips and somebody brought over a steak or a piece of broccoli, you'd say no, I'm full. I don't want any food but you can keep eating potato chips. So the processed foods are hyper palatable they make you want to eat them endlessly. And then at the same time, they're usually extremely energy dense meaning they're very high in calories from both carbohydrates and fats. And they're usually very simple carbohydrates. So it's just, it's basically an energy bomb that makes you want to keep eating it. And so it's just extremely easy to overconsume energy with processed foods in a way that's not really quite possible with whole foods.

D Dr. Steven Kornweiss 20:33

So that's a huge thing. If a person is willing to get rid of processed foods from their diet, that alone, if they're eating, you know, if more than 10% of their diet is processed foods, and you can eliminate or reduce processed food intake by 65% or more, that can make a massive difference in in big things like obviously, weight loss, but it can also make somebody feel better, it can improve their glycemic control depending on what they're eating.

D Dr. Steven Kornweiss 21:04

But then you also have to be careful with how you define processed foods, because when I'm talking about it, now we're thinking of things like potato chips, and I was at the hospital last night and I ate a pack of those, you know, those Lance bright orange peanut butter crackers. Ya know what I'm talking about. Those things are so there's six crack, I was looking at it last night, there's six crackers in one of those packs, and it's 220 calories. And I mean, I could just keep going or you could just eat sleeve after sleeve after sleeve, if you eat five sleeves of those, you've got to over 1000 calories right there. So that could be more than half your daily intake depending on how big you are. And your basal metabolic rate and, and whatnot.

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Dr. Steven Kornweiss 21:46

But there's also other things that are not completely unprocessed, like bread and butter, for instance. So, you know, there's some processing required to produce butter, there's some processing required to produce bread. And those are going to be more available sources of carbohydrate and fat. I mean, you can consume a huge amount of calories in bread and butter pretty easily as well. So but yeah, I think you're right, processed foods are a big problem. And nutrition is obviously a huge, huge determinant of health.

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Trisha Talbot 22:21

Well, and I think your practice is very timely. I mean, we humans, we're going to we're going to live longer. I mean, our generation is going to live longer than our parents, and so on and so on. And I think that most people want to live that and with a good quality of life versus being sick. So what are some of the advice that you can offer, you know, someone that might be listening to this, just, you know, a couple pointers that are kind of common in what you do to promote longevity and good health?

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Dr. Steven Kornweiss 22:50

I guess it depends, I mean, it depends where a person is with their health. I mean, if somebody is following, if somebody is seeing their doctor once or twice a year, and following every single guideline, and they're, you know, following the sort of traditional guidelines with nutrition and exercising every day, you've gotten a long way there. And then if you're wanting to do more, that's a person who might be interested in looking into the sort of things that I'm doing. But I think there's a huge percentage of people who aren't even necessarily doing those things.

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Dr. Steven Kornweiss 23:23

So, you know, it's really simple stuff like getting your bloodwork done, at least every year, you know, following the guidelines for colon cancer screening and breast cancer screening. And I think there's a lot more aggressive screening that can be done for cancer and metabolic disease and cardiovascular disease. But at a bare minimum, at least go to your doctor, educate yourself about the standard guidelines and follow those for starters.

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Dr. Steven Kornweiss 23:48

And if you really want to go beyond that, then you know, and you're willing to invest a fair amount of time because doing what I do does require it requires a time commitment. And it requires some extra expenditures, expenses for testing and potentially if you decided to take medications or do something else. So it depends on where somebody is in approaching their health and how much time and money and energy they're willing to devote to it. Some people don't want to some people don't aren't interested, you know, they'd rather just not worry about it and take their problems as they come. And that's not my approach, but I understand why some people want to approach things that way.

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Trisha Talbot 24:32

Well, I think the theme is, you know, some people feel the doctors are only there when they're sick, and they should only go to a doctor if they're sick. I think you know, I think what you see you've seen in in the emergency department, sometimes that's too late. It's always too late. And you can't I mean, you can't fix it if it's broken to that. I mean, there's just some things you can't come back for from and and I think getting the thought is as we are going to live longer going to a doctor for preventative care so that in the next 10-20 years, it doesn't become severe, critical and fatal.

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Dr. Steven Kornweiss 25:14

fatal. Yeah, I mean, so atherosclerosis starts for many people, when they're in their teens. You know, you have fatty streaks in your aorta when you're a child. And then people start developing atherosclerotic plaques when they're in their teens and 20s. So this is this is known from, it's been known for decades from pathology studies of trauma victims. People in their, by the time you're in your 20s, and 30s, many people have advanced atherosclerotic lesions. It doesn't necessarily mean they're going to have an MI, but this is a disease, it starts very early in life. So if you want to be as aggressive as possible with cardiovascular risk reduction and prevention, yeah, waiting until you have an MI, or waiting until you're 40.

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Dr. Steven Kornweiss 25:28

And now you can plug your age into a 10 year risk calculator it's too late. And even when you're 40, the biggest determinant of your risk for heart attack is age based on these calculators. So even most people in their 40s, if they've got lots of other risk factors, your 10 year risk, your risk of having an MI by the time you're 50 is still relatively low. And so you could very easily make it to 50 with lots and lots of disease developing before somebody finally pulls the trigger on doing some primary prevention. I think there's a lot more going into primary prevention of cancer and cardiovascular disease and dementia. There's a lot more talk about that even in the last couple of years. But in in traditional medicine, the prevention is coming. To me it's coming way too late. So I think I obviously agree with what you're saying.

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Trisha Talbot 26:55

Well, let's I have some get to know you questions so the listeners can get to know who you are a little bit. So what was your first job?

D Dr. Steven Kornweiss 27:02
My first job was working. Do you know a restaurant? Friendlies? It's a chain restaurant?

T Trisha Talbot 27:08
Yeah.

D Dr. Steven Kornweiss 27:09
So I grew up near Hershey, Pennsylvania, and my first job was working at the ice cream or soda fountain at Friendly's. So anybody who came to order an ice cream sundae or a milkshake or something like that, I made that. For four summers.

T Trisha Talbot 27:29
Well, you know, this is my, my growing up back East. So Ben and Jerry's started back East. And so there was like this old house that was converted into like a Ben and Jerry's ice cream. And that used to be where everyone would typically get their first job.

T Trisha Talbot 27:48
What would you be doing for a living if you weren't a physician?

D Dr. Steven Kornweiss 27:50
I probably would be developing software. But yeah, the two things that I really loved, that I really fell in love was in high school, where I took computer programming courses every year in high school, I loved that, and I loved biology. And then I ended up my undergraduate degree was in neuroscience, which was kind of a nice marriage of those two subjects. And I ended up pursuing medicine, but I've never sort of, I've never lost my love of technology and computer. So I still do some things in that arena. And if I wasn't in medicine, I'm sure I would be in computing or software design or something like that.

T Trisha Talbot 28:29
So I just interviewed a neurosurgeon. And in his free time, he takes apart computers, and he has a degree in computer science. S it's like coincidental that you say.

D Dr. Steven Kornweiss 28:40

Yeah. That makes sense.

T Trisha Talbot 28:42

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

D Dr. Steven Kornweiss 28:46

So huge inspiration and sort of thought leader in the field of preventive and longevity medicine is Peter Attia. I don't know if you're familiar with his work at all, but just a really inspiring, super smart guy and I love following his work. And I think he's, you know, kind of leading the way in the clinical practice of the type of medicine that I'm interested in practicing. So he's a big inspiration. I listen to everything that he puts out, read everything he puts out and then I love Jocko Willink. Do you know Jocko?

D Dr. Steven Kornweiss 28:58

That's amazing. Okay. Yeah, Jocko is a retired Navy Seal and he's got just a massive podcast and books and he's just he's like a pretty intense military personality, but I really enjoy it. He's an awesome guy. You definitely need to go check out a couple of his.

T Trisha Talbot 29:13

No.

T Trisha Talbot 29:13

Oh I like that. So do you think that a person is born with a desire to heal? Or if they only learn learn it through their medical training?

T Trisha Talbot 29:13

What does he talk about?

D Dr. Steven Kornweiss 29:13

Oh, my goodness. Well, he talks about tons of stuff. But his I think his main when he retired for the military, his main thing was he started a leadership consulting company. And so a lot of his content is about leadership. But then he also reads firsthand accounts from firsthand accounts of military books firsthand accounts from wars. So he'll read books from Vietnam, World War One, World War Two veterans who have written firsthand accounts of what goes on in those wars. And then I'll sort of give his commentary. And it's just really fascinating. But yeah, and

then he's into martial arts and jujitsu. And so there's a very wide range of topics covered, but he's got a very, very special sort of way of talking about things. That's very matter of fact, and it's is really fascinating guy

D Dr. Steven Kornweiss 30:37

I don't know. I mean, I would assume that it's both, you know, I think, I don't, maybe there are some doctors who have some special nurturing quality that they were born with. I don't really, maybe that's an older generation of medicine. I don't know. I think in the modern, I think most people are caring and want to help other people. I think that's sort of a natural human tendency for most good people. And if you choose to make medicine your job, whether it's because you're just dedicated to helping people or you don't like to see people suffer, or you're pursuing it on an intellectual basis, I think that as long as you regardless of which one of those things is your primary motivator in medicine, I think most people do a really good job caring for patients and just trying to do their best with what they do. But as I think it's probably a little bit of both, right, I guess, if you had absolutely no innate desire to help people or to be involved in working with people, then it would probably be pretty tough to nurture that ability in medicine, but I think it's, I think it's taught and nurtured throughout training. So I'm gonna say both.

T Trisha Talbot 31:53

Yeah. And I think it depends on what type of medicine you practice. I mean, for what you do, you have to make incredibly quick decisions with information and scientific information and make quick diagnosis and then treat people. So I don't think making them comfortable, emotionally, is the primary care of what you do, immediately, After the immediate care, you know, once you get them stabilized, you can do that, I think in the heat of the traumatic moment, in the acute care, it's like that, I think it depends on what type of like specialty because some specialists will come in, and they just like, the rattling off statistics and ranges, and you know, so you know, that they're very good at what they do. Because they can do that all in their head.

T Trisha Talbot 32:38

But, you know, and maybe primary care is a little more, you know, relationship based, because you typically see them every year. And then what you're doing now is marrying both of them. So you get your acute care, and then you get the one on one.

D Dr. Steven Kornweiss 32:52

Yeah, well, I think regardless of the field, it makes a huge difference to try to put yourself into your patients shoes, even in even in the emergency department. Even when we get a you know, a really sick emergent trauma patient into the emergency department, you can just say one or two very quick phrases or sentences to the person that will help calm them down, you know, just telling the trauma patient, hey, there's a lot of people in here, we're going to be doing a lot of things right now, we have to do these things to make sure that you're okay. And

in a few minutes, I'll be able to give you some more information. Just something like that, which takes, you know, five seconds can completely calm the person down and lets you do your job better.

D Dr. Steven Kornweiss 33:33

And then you can shift your attention to the medicine. And then with my other practice, and, you know, other doctors who have practices that depend on, most doctors depend on their patients doing a lot of the work, right, like, you know, there are certain things like fixing a broken bone, where you could probably get away with if you really wanted to with almost not talking to the patient, you know, you can take them to the operating room or you sedate them reduce the fracture or put on a cast and then send them off to the physical therapist. And there's not a whole lot of that. I mean, there's some things the patient needs to do, obviously, they need to take care of their wounds and do their therapy.

D Dr. Steven Kornweiss 34:12

So, but a lot of fields require a lot of buy in from the patient, especially in primary care, preventive care. And so if the, if the patient or the client doesn't feel really comfortable, doesn't understand what's going on, doesn't believe in it. If they didn't have autonomy or a big say in their care, I mean, you're just not you're gonna fail as a physician. So that's a huge part of what doctors have to do to be successful. And unfortunately, a lot of people will just blame the patient for being non compliant. And I'm like, that's,

T Trisha Talbot 34:48

Well I think the patient has to feel comfortable telling you the truth because if that's the first thing if someone says that they're not a smoker, but then they're smoking, you know, three cigarettes a week, that's a little different, you know, to Yeah, I think the first thing you have to build is telling me the truth. I'm not going to judge you. I'm just going to I need to know so I can help you.

D Dr. Steven Kornweiss 35:07

Yeah. You have to convey that with your whole being to the words sometimes aren't enough. So but yeah, communication extremely important.

T Trisha Talbot 35:18

Absolutely. Yeah. Stephen, thank you for your time. It's been a great interview. Appreciate it.

D Dr. Steven Kornweiss 35:22

Yeah. Thank you so much for having me on. I really, really appreciate it. And



Trisha Talbot 35:28

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