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## SPEAKERS

Dr. Anthony Yeung, Dr. Hamid Abbasi, Dr. Steven Kornweiss, Trisha Talbot, Computer Generated Voice, Connie Boker, Jennifer Craig Muller

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### T Trisha Talbot 00:00

Today's episode is a compilation of our Healthcare Innovators Series episodes to date. We will hear from Banner Health Alzheimer's research for Early Detection and two minimally invasive spine surgery techniques so Doctors Yeung and Dr. Abbasi. Then Dr. Kornweiss shares how he is helping patients prevent chronic illness and level up their health with peak performance.

### T Trisha Talbot 00:24

And here at Providers Properties and Performance we often talk about the importance of having the latest market data when making investment decisions. Each quarter DOCPROPERTIES publishes a market report and gives you exactly what you need to identify opportunities for the greatest return on investment. Our Q2 report breaks down hot submarkets, sales activity, asking rents, cap rates and more. We'll go through it in depth in an upcoming episode but you can download your free copy at [docproperties.com/az-medical-office-market/](https://docproperties.com/az-medical-office-market/) and that web address will also be in the shownotes.

### T Trisha Talbot 01:02

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 01:17

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

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.

**C** Computer Generated Voice 01:44  
Episode 70, Healthcare Innovators -- Alzheimers research for Early Detection and Prevention.

**C** Computer Generated Voice 01:50  
One of the things that, that our team developed I think it was in like, I might be wrong on this, but I think it's like it was maybe 2009-2010. We had a group that came together to form the Alzheimer's Prevention Initiative and one of the major projects that they entered into with a large pharmaceutical company was a project in Medellín, Colombia in South America. There's a group of a population, you know, that is down there. They're all genetically linked. It's a small mountainous region and a neurologist there years ago started seeing this connection between these family members who would have Alzheimer's symptoms starting at like age 45 very early and started seeing this unique genetic link.

**T** Trisha Talbot 02:39  
Welcome to this week's episode of the Providers Properties and Performance podcast. The next two weeks we are going to feature a healthcare innovator and a consistent message of this podcast is how healthcare real estate is a demand driven and mission critical component of delivering health care services.

**T** Trisha Talbot 02:55  
Today's episode features a guest that is a perfect example. Our Healthcare Innovator for the next two episodes features Banner Health Alzheimer's Institute Imaging Program, a center of excellence at Banner Health University Medical Center supporting the research goals of the institute. Banner Health has two memory care facilities one in Phoenix, one in Tucson and a research facility in Sun City. My guests today are Connie Boker, Director of Operations and Jennifer Craig-Muller, Director of the All of Us research program. Thank you and welcome.

**T** Trisha Talbot 03:28  
Connie and Jennifer, welcome to the Providers Properties and Performance podcast.

**C** Connie Boker 03:33  
Thank you Trish.

J Jennifer Craig Muller 03:33  
Thank you.

T Trisha Talbot 03:34  
So do you both work out of the downtown Phoenix location adjacent to Banner Health University Medical Center?

C Connie Boker 03:40  
We do we do.

C Connie Boker 03:41  
And well that in at home.

T Trisha Talbot 03:45  
Right hybrid.

T Trisha Talbot 03:47  
For the audience, the Banner Alzheimer's Institute is a special Institute at Banner Health and it was founded in 2006. So why don't you guys provide the history of the BAI and why Banner created it and its mission?

C Connie Boker 04:00  
Jennifer, you want me to start?

J Jennifer Craig Muller 04:01  
Yep, go ahead.

C Connie Boker 04:02  
Okay, so, Dr. Eric Reiman is a psychiatrist is an MD psychiatrist, but really had after he got out of school at Duke and did his fellowship and at WashU and worked with, you know, some of the people there he really, really developed a strong interest in the brain imaging side of Alzheimer's disease. He always kind of had an interest in, strong interest in the brain imaging

side of that and so when he came to Good Samaritan Medical Center in the early 90s, he was actually the first person to bring a PET scanner to the state of Arizona. So PET is Positron Emission Tomography and unlike, you know, an MRI or a CT, it actually images the metabolic activity of the brain in this case it's used for other obvious of the medical reasons but his interest was with the brain imaging.

**C** Connie Boker 05:00

So we had that and then in order to do a PET scan, you have to have a PET radiotracer. This is actually a compound that has a very, very short half life and so you have to make it within you know, hours of where you're going to use it, because the half life is only like 120 minutes. So we developed the first radiochemistry facility within the state of Arizona as well, where we could actually manufacture that. Initially, it was a flourydeoxy, glucose PET tracer that he would use with his, his PET scans. And then we had several other tracers that were developed at the time that were very interesting. So that was kind of how the brain imaging research side of things got started.

**C** Connie Boker 05:45

He did that at Good Samaritan Medical Center, which of course, is what now is Banner University Medical Center Phoenix, for probably about, well, more than 10 years and that's where I first met him when I was directing operations there. But in 2006, his biomarker research that he was doing, you know, he had an interest in formalizing the institution of Banner Alzheimer's Institute, and expanding the research to include clinical trials. And that's when Dr. Pierre Tariot joined in 2006, with the formation of Banner Alzheimer's Institute which was one of the first centers of excellence that Banner actually created. And since that time, it's just grown exponentially. And I can't remember but and Jennifer, you might know what this is. But I know when our public relations people talk, it's like there's a huge percentage, it's like, I think it's over 70% of media that mentions Banner that is related to Banner Alzheimer's Institute.

**T** Trisha Talbot 06:54

Wow. Well, I mean, you guys are doing amazing things and hopefully, we'll share all of that with the audience here.

**T** Trisha Talbot 07:03

So, Jennifer, why don't you go first, and then Kanye to give Connie a little break here. But when did you join the BAI?

**J** Jennifer Craig Muller 07:09

Yes, I've worked at Banner Health in different capacities. So I joined first in 2018. And then a year later switched over to BAI. So I've been here about two years now.

**T** Trisha Talbot 07:20  
And Connie?

**C** Connie Boker 07:21  
Well, let's see which time. I've been at Banner, probably oh, four or five different times. But the last time I started was in 2009, with Banner Alzheimer's Institute, so had been in a number of different roles, doing like Research Administration. At one point, I was Director of Research Finance, which you know, I'm not a CFO so that wasn't really any kind of long term goal of mine to become one.

**C** Connie Boker 07:49  
And my role in the last seven years has been as the director of operations for our brain imaging research program, which includes the PET scanning department, the MRI scanning department, our radiochemistry facility that manufactures these radiotracers. And then a group of very, very bright people who do all of the imaging analysis of the things that we acquire on our scanners, and they inform our investigators about all the interesting things that they find in the brain. They do quantitative analyses of changes in the brain that it's just amazing to me, I don't even know how their brains work that way.

**C** Connie Boker 08:31  
I just call it magic.

**T** Trisha Talbot 08:35  
Well, the BAI offers treatment and non treatment studies as well as support and education. And can you please provide an overview of some of the research studies and success stories? What are some of the interesting general results from treatment studies? Is there promising results for medication to help treat Alzheimer's or prevent its progression. And we should note that the research projects enroll not just those with memory or neurodegenerative disease issues, but also include healthy volunteers in both the memory disorders clinic and the treatment research studies, which include the pharmaceutical clinical studies.

**J** Jennifer Craig Muller 09:08  
Yes, I think first, I can give you an overview of the non treatment trials. So these are typically what we call observational studies. So it's really important to make sure we understand what healthy aging looks like. So that way, someone who is progressing has cognitive issues or is progressing through their Alzheimer's disease. We can actually compare that to what a normal individual would look like who doesn't have any disease or cognitive issues. So about 25 years

now, Dr. Reiman, who's the CEO of Banner research, started a cohort study in which he brings in healthy participants every other year. So we do cognitive assessments to kind of just figure out you know, how is their thinking and memory working? And then as Connie mentioned, we do brain imaging. So the PET scans, the MRIs as well as collect biospecimen. So blood and then spinal fluid through a lumbar puncture. So really, this study has had some pretty amazing results. It really kind of has set the foundation, like I said, to see what, see what healthy aging looks like.

**J** Jennifer Craig Muller 10:03

And then really, if you imagine studying someone over 25 years, you start to identify changes that occur and when. So Dr. Reiman was able to actually identify different biomarkers as what we call them. So these are really kind of proteins or different structures in the brain that are signs of the neuro degeneration that might be related to cognitive impairment. So Dr. Reiman has really kind of set the standard for identifying these changes really before clinical symptoms are available. So that's really the benefit of observational studies. So last year, he actually had a very large publication that might lead to a blood test for Alzheimer's disease.

**C** Computer Generated Voice 10:41

Episode 96, Healthcare Innovators -- Spine Surgery Trailblazer and Real Estate Entrepreneur.

**D** Dr. Anthony Yeung 10:46

The first in spine, but probably the second in the country to have a solely owned ambulatory surgery center that had no partner. I did it all by myself.

**T** Trisha Talbot 10:57

And what prompted you to begin an ASC?

**D** Dr. Anthony Yeung 10:59

That's because I became good friends with the administrator of St. Luke's Hospital, and the guy who was running the clinical trials, and she was marketing me for about, oh, six, seven years, and got me you know, on TV shows and so forth. Then I said, How much are you making off of every surgery that I that I operate on your hospital? She said around \$10,000 per case, I said, Hey, I do 40 a month, I can borrow and pay it off in less than a year.

**T** Trisha Talbot 11:36

Welcome to today's episode of the Providers Properties and Performance podcast where I am joined by Dr. Anthony Yeung, retired spine surgeon who developed the Yeung Endoscopic Spine System where he has lectured internationally and is currently writing a book regarding the

procedure. His private practice, Desert Institute for Spine Care, DISC for short, is now run by his son and other partners. He opened one of the first ambulatory surgery centers in Arizona for spine surgery. I hope you enjoy his interview.

**T** Trisha Talbot 12:09

Anthony, welcome to the Providers Properties and Performance podcast.

**T** Trisha Talbot 12:12

Thank

**D** Dr. Anthony Yeung 12:12

Thank you. Thanks for having me. I'm excited to be on your program.

**T** Trisha Talbot 12:16

Well, thank you. I'm grateful to have you. So you are a retired spine surgeon.

**D** Dr. Anthony Yeung 12:21

I am.

**T** Trisha Talbot 12:21

Can you please share your career path and how you came to develop the Yeung endoscopic spine system?

**D** Dr. Anthony Yeung 12:27

Well, it was by chance. I started out in chemical engineering and I turned down a scholarship because I went to the College of Mines and I decided I don't want to do this. And so I gave up my scholarship. And I went into Liberal Arts, where I decided I liked to be a physician because when I came to this country in 1949, I was actually raised by my mother and my father stayed behind in Hong Kong.

**D** Dr. Anthony Yeung 12:57

And we started a gift shop called the China house, we had antique material that was like at gumps. Okay, so I worked from the age of 10 years old in my uncle's grocery store for 10 cents an hour. And I continued working throughout. And I listen to my mother's and say, Look, don't

your Chinese, but you're not American. I'm not even going to speak Chinese to you because I want you to turn it around in one generation. So that really had an impact on me.

**D** Dr. Anthony Yeung 13:28

So I became very bossy so that my sister didn't even like me, because I was so bossy. But it all turned out that I focused on what I thought I was good at. And that was engineering, math, physics but all my friends were too boring. They're engineers, and I go, I'm going to do something different. So I decided, okay, I'm Chinese invest in property, you can't invent land anymore. And so as a result, you know, I sat there for 40 years, and now that land that I invested in, it had water rights 100 year water supply. And now I'm selling that right now. So this right in your area.

**T** Trisha Talbot 14:10

Yeah, that's great. So when did you decide to go to medical school?

**D** Dr. Anthony Yeung 14:16

I was one of those people that was not discriminated against because I was Asian. And every year there was one Asian person in the medical school. So happened that I was selected one for 1965. And the guy that interviewed me was a missionary in China, and he was all fascinated by my background, and wanted to know I said, Are you going to ask me any tough questions? He said, I'm on the committee. You're in, forget it. So, I was lucky. But now, I find that if you're Asian, you're, you know, you're supposed to be.

**T** Trisha Talbot 14:54

So you finished your residency and how did you decide to go into spine surgery?

**D** Dr. Anthony Yeung 14:59

I started in 1971 and I happened to be liked by my program director, and I was getting ready to go to Vietnam. And I said, I can get deferment. If I get accepted and residency program. It was filled easy. I'll make one for you. So I got in in 1975, just as the Vietnam War. And so I spent two years in the US Navy, with a Lieutenant Commander American uniform, and I was stationed in the Philippines traveled all over Asia. And at that time with Asian girls, I was hot stuff. So I said, Okay, not bad.

**D** Dr. Anthony Yeung 15:21

So anyway, I then use to what I liked, and develop the young endoscopic spine system in 1998. And I opened my own ambulatory surgery center. But as luck habit, I was liked by the administrator of St. Luke's Hospital, who marketed my skills, and it got the fellowship trained

spine surgeon, man, because here I was, I was just a general orthopedic surgeon, and hospital was promoting me.

**T** Trisha Talbot 16:21

So you didn't do your fellowship in spine surgery? You did your fellowship in general orthopedic surgery. Yes. Right. All right.

**D** Dr. Anthony Yeung 16:27

I decided, okay, I'll just do what I like. So basically, in I teach my grandkids, my son is a spine surgeon, my daughter's a dermatologist. And my son wants sports medicine. I said, Well, you know, his friends told him, if you do go, don't go into spine, and follow the pathway your father led, you're crazy. Then my daughter says, you know, I like dermatology, but it's too hard to get into. I said, Don't you dare take anything less? Take Take do some research, and you'll get into a program and the dermatologist. Yeah. Not doing very well. So I'll die happy. And I'm gonna laugh at the generation of my family.

**T** Trisha Talbot 17:09

So what was happening in spine surgery that got you thinking about this particular system that got you to develop it?

**D** Dr. Anthony Yeung 17:16

Okay. Most people will follow what the academics tell you follow this, follow that, learn how to do it, use this textbook. I said, What about the people don't fit in the program? I want to treat pain. By the time I finished, I have done 11,000 cases, nobody's going to pass me up for the next couple of years. But 11,000 cases I, I would identify the cause of the pain with the endoscope.

**T** Trisha Talbot 17:45

So you did 11,000 cases?ri

**D** Dr. Anthony Yeung 17:47

11,000 cases. And because I developed the young endoscopic spine system, I was advised, don't use your name, because the people don't want to tell where they learned it because they, you know, people will just travel in Arizona where they say, Oh, I'm on the West Coast, I can come by. And I basically, every five years, I reviewed my cases, so that after about 10 years, I knew that I can guarantee my results. So when I guarantee my results, I said look, you pay me more than insurance pays, I'll accept your insurance. And I'll guarantee you, if you don't get what you want, you don't have to pay.

**C** Computer Generated Voice 18:28  
Episode 104 - Healthcare Innovators - Creating Better Outcomes with Minimally Invasive Spine Surgery.

**D** Dr. Hamid Abbasi 18:34  
In 2022, about 80% of the surgeries are still being done open, old fashioned way but more and more, he come to the conclusion that the surgery that we did 10 years ago, it was seven hours, we do it in one hour, and send the patient home in two hours. And those patients recover so much faster. So this was always in the back of my mind your question? This is a long answer to your question. How or when did I come with this? It is that it was clear to me from my first days in the med school that something needs to be done better. Doing a surgery and losing half of your body blood is not really a good way to perform surgery. Yes we can transfuse if you're prepared for that. But this patient takes them years to recover. And on and on as they went I saw that others discipline there already are ahead of us. So I took it upon myself to bring the spine surgery where general surgery went 40 years ago. joint surgery 20 years ago, an OB GYN like eight years ago now it is our time.

**T** Trisha Talbot 19:56  
Today's podcast episode is part of the Healthcare Innovation series where I feature a healthcare company or a physician that is making an impact on patient care procedures or outcomes. My guest today is Dr. Hamid Abbasi, Medical Director of Inspired Spine where he performs minimally invasive spine surgeries priding himself and being able to help patients that others have been told for years, they had to live with their pain. His medical campus includes education, training, and surgery centers. For those that watch the YouTube video they can share in his diagram of the spine as he explains how the minimally invasive procedure he performs has better outcomes.

**T** Trisha Talbot 20:37  
Hamid, welcome to the Providers Properties and Performance podcast.

**D** Dr. Hamid Abbasi 20:41  
My pleasure.

**T** Trisha Talbot 20:44  
So let's start with your background, I find it interesting that you have a medical degree in neurosurgery and a PhD in computer science. So when I read it, I thought it might be a typo. But once you share your path to neurosurgery and then computer science for us.

D

Dr. Hamid Abbasi 21:02

I do believe the path for most of surgeon is not a strange one. It just requires people who are very dedicated to what they do and they're not afraid for the path to be a very long one. So I'm born in Iran and I actually did one year of med school in Iran. It was just about six years after the Iranian Revolution. And it was crazy, for lack of other terms.

D

Dr. Hamid Abbasi 21:36

So literally I got in trouble so I had to go. And I went to Germany 1987 I went to Germany. And then I actually went to German school and some pre med. 1989, I started my med school in Germany. And as if that wasn't enough, in 1993, I started a PhD in computer science. By that time, the computer you and I are talking is a marvel. At that time, the computer we bought was \$750,000 for my PhD where I wrote my programs. And the classic course was \$250,000.

D

Dr. Hamid Abbasi 22:26

And the amazing part is your cell phone probably has 350 times more capacity than that computer. But gee, I wrote a program to use the phone, your computer to more graphical picture from a CAT scan, put it in the computer and then make a model, 3D model that you can cut at different angle to see how it behaves then you do it for real person. We call that the finite element model that as well. When they crash the car, they use the same computer technology. So we use that for medicine.

D

Dr. Hamid Abbasi 23:04

In 1996, I finished my med school but my PhD was still ongoing until 1998. So I did meanwhile, residency in Germany. But that wasn't good enough for me. So I went to Stanford, I did a postdoc and research associate position. I helped them to develop the navigation system for spine because I was very knowledgeable about that. But then I knew there's no way I'm going back.

D

Dr. Hamid Abbasi 23:33

So I applied I actually matched to a general surgery program in Dartmouth College, Dartmouth College in New Hampshire. And after that, I reapplied and matched with a neurosurgery program in Galveston, Texas. And then I had to repeat everything again. So I have one of the longest residency. My residency was 13 and a half years. In average, people do half as much residency. But after that, after I finished my residency and I rotated in all major hospitals in Houston, my residency program was in Galveston, Texas and we decided to see another part of the United States so we decided to come to the Midwest and that's where I am now in. I'm in Minneapolis and practice across Minneapolis. But as well we are now actually having satellites in multiple states. Arizona is next.

**T** Trisha Talbot 24:38

Good. Yeah, I was saying you just haven't hit the Southwest yet. So you're starting to perform brain and spine surgeries and and you continue through your career and perfecting your craft. When did you start to focus on minimally invasive spine surgery?

**D** Dr. Hamid Abbasi 24:58

This is a secret that the doctors don't tell our patient often. For a very long time that if you miss poke smaller holes, the patient have less injury to recover from common sense, right? Big hole, lots of recovery, smaller hole, smaller recovery.

**D** Dr. Hamid Abbasi 25:21

And about 70 years ago, even more, maybe 80 years ago, the OBGYN doctors, the woman doctors started using tubes you know, you don't make a big opening in the body, you just put a tube in and through the tube, you perform what you need to perform.

**D** Dr. Hamid Abbasi 25:44

Once the tube and the reason for that is obviously for a woman, you have a big opening to a uterus and you can put bigger or to tubes in. About 50 or 60 years ago, the urology, the doctor who take care of your bladder and the kidneys and so on. They noticed that the technology they could do smaller kind of endoscope. So they start using that.

**D** Dr. Hamid Abbasi 26:11

In 1980s, 40 years ago, the general surgeon discovered that, you know, you can make a hole in the belly and then do the surgery through the smaller hole and then patients recover so much faster. And they'll orthopedic surgeon about 20 years ago discovered, wow, the technology is far enough that we can put it in your knee or in your joint and perform a surgery and send you home same day.

**D** Dr. Hamid Abbasi 26:40

Now, all experts agree if we wouldn't be doing surgery like cholecystectomy, endectomy and so on, like the way we did 50 years ago. They would break medical system because the patient had to stay in the hospital for so long. They have so much to recover from. Yet in spine, they are doing surgery still today in 2022 mostly the way we did it 40 and 50 years ago.

**C** Computer Generated Voice 27:10

Episode 107 - Healthcare Innovators - Promoting Wellness and Preventing Chronic Illness.

**D** Dr. Steven Kornweiss 27:16

Yeah, you're 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.

**D** Dr. Steven Kornweiss 27:46

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.

**T** Trisha Talbot 28:17

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.

**T** Trisha Talbot 28:37

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

**D** Dr. Steven Kornweiss 28:54

Thank you very much for having me on.

**T** Trisha Talbot 28:56

So Steven, you are now in private practice. You are doing individualized health and wellness at Kornweis Medical focusing on performance prevention and longevity. So you'll 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 29:15

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 29:55

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 emergency 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.

**D** Dr. Steven Kornweiss 30:31

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, we deal with lots and lots of chronically ill patients, lots of people with chronic disease and debility. And you can kind of depersonalize 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.

**D** Dr. Steven Kornweiss 31:22

I mean, I occasionally see patients with MIs, heart attacks, who are in there, 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, 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.

**D** Dr. Steven Kornweiss 31:47

And so you're sitting there practicing medicine and thinking to yourself, Okay, 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 are a lot of diagnostic tools. And there's, I think there's a lot more that

modern medicine has to offer in the way of prevention than many people take advantage of, I think there's a lot more that can be done. So that really interested me.

**D** Dr. Steven Kornweiss 32:19

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. And a few years ago as 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.

**T** Trisha Talbot 33:05

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.

**D** Dr. Steven Kornweiss 33:15

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 compared to others, but I do the best that I can within my own abilities.

**T** Trisha Talbot 33:29

Exactly. So reading some of you know, the things that you think your papers and everything, it 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 if you what you do? Is it the same as functional medicine or something a little bit different?

**D** Dr. Steven Kornweiss 33:59

Yeah. So just to be clear on this, I don't have any sort of affiliation with any 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 34:30

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.

T

Trisha Talbot 35:23

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