

PPP_EP122_FN

Mon, 9/19 11:12AM 38:18

SUMMARY KEYWORDS

healthcare, vaccine, people, technology, pandemic, drug test, patient, drug testing, software, health, hospital, doctor, adult, company, providers, question, give, testing, book, staff

SPEAKERS

Trisha Talbot, Dr. Jonathan Baktari

- D** Dr. Jonathan Baktari 00:00

You know, medicine on some level is so fragmented. You without technology, right? You go see one doctor, repeat the same tests as your last doctor, go to the hospital, they don't know what your doctor did.
- D** Dr. Jonathan Baktari 00:12

So obviously, the fragmentation is like begging for technology, right? But the problem really is, you know, how technology is deployed becomes the issue. Because look, if Amazon can figure it out, right. And they're not, like, such a huge percentage of GDP, like healthcare is right, but they have access to like anything like on your phone, you know, you could order you know, a new sweater and it'll be there the next day. That's not how healthcare works right now.
- D** Dr. Jonathan Baktari 00:52

I mean, I'm still surprised how many people walk into a doctor's office and they're given a clipboard.
- D** Dr. Jonathan Baktari 00:58

But that's like, that screams to anybody like or if you try to call your doctor's offices and they say press one for this press two for them. Really um, that's that's really what it is. So obviously, we have room here with room to grow.
- T** Trisha Talbot 01:17

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 01:32

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 01:59

My podcast interview today is with Dr. Jonathan Baktari, founder and CEO of e7Health and US Drug Testing Centers. e7Health offers a software solution for many drug testing labs throughout the United States and US Drug Testing Centers offers adult vaccine solutions. Dr. Bakhari and I discuss how his company was already prepared for adult vaccinations to address the COVID 19 pandemic and how digital health and implementing technologies such as AI is the future of healthcare, no matter how long it takes for us to get there.

T Trisha Talbot 02:38

So Jonathan, welcome to the Providers Properties and Performance podcast.

D Dr. Jonathan Baktari 02:42

Well, thank you for having me. It's a big honor.

T Trisha Talbot 02:44

So I want to start with getting some background questions out of the way about so we can dive into your expertise.

T Trisha Talbot 02:50

You're the founder and CEO of US Drug Test Centers, and e7Health.

D Dr. Jonathan Baktari 02:55

and e7Health. Yes, both of them. Yeah.



T

Trisha Talbot 02:57

How did you move from being an internal medicine and pulmonary medicine physician to specializing in vaccines and virus testing to drug testing and the vaccines, right?

D

Dr. Jonathan Baktari 03:08

Well, so no, initially, I was just, you know, I went to normal training with residency, fellowship practiced clinical medicine, subsequently, you know, started teaching in med schools as assistant clinical professor, as well as the clinical practice, but then slowly, administrative positions opened up, that seemed interesting.

D

Dr. Jonathan Baktari 03:29

And so you know, as chief of medicine for one of the hospitals, I was medical director of an ICU and then other positions opened up, and hospital administration, insurance company administration. And so one door opened another and so I eventually got to the point where, you know, we had this opportunity to open up e7Health, which we did in 2009.

D

Dr. Jonathan Baktari 03:54

Subsequently, we spun off US Drug Test Centers as a as a sister company to e7Health, but just as one of the many things e7 does so, and then, you know, we sort of build technology for both companies. So we're, in many ways, we're a technology company masquerading as healthcare companies. Because our goal is to leverage technology to reduce friction for patients, for the staff, and that's what we've been working on. And we want to eventually scale it and do it more regionally and beyond.

T

Trisha Talbot 04:32

So what does e7Health do? And then you can then tell us so, obviously.

D

Dr. Jonathan Baktari 04:41

Yeah, e7Health was actually we were originally called the Vaccine Center, from 2009 to 2017 where we did adult vaccinations only. Meaning we didn't do primary care. We didn't do urgent care. If you came to see us with a migraine, we wouldn't see you you know, we'd refer you and because, you know, I think people don't know, but even per the CDC is about 50,000 vaccine preventable deaths in the United States annually.

D

Dr. Jonathan Baktari 05:11

That's almost the same number of people that died in Vietnam, and on an annual basis. So we really saw an opportunity for adult vaccinations. And you know, whether it's in travel medicine, employee health, student health, there's multiple areas in healthcare that involve adult

vaccinations that nobody was really addressing. People were doing it as a sort of like a side thing to their urgent care or their side thing to whatever else they were doing. But nobody was focusing on that as a space. So we made it a space.

D Dr. Jonathan Baktari 05:43

And then we started providing every service around the vaccine. So if you were traveling, we gave you, you know, yes, the travel vaccines, but we also did counseling, we also gave you malaria prescriptions, and other prescriptions. If you were going to nursing school, and you needed vaccines, we also did the blood testing, the titers. We did the physical so we started providing all the services around the vaccines. And that's why we eventually changed our name because you know, we got pigeon holed, and I thought all we did was adult vaccines, which is true, we provide every adult vaccine available in the United States. But we also provide everything around the vaccine that you are going to need for employee health, student health, travel medicine.

D Dr. Jonathan Baktari 06:31

So we sort of evolved into a almost like we talked about before the show a COVID. company before COVID hit. That's what we were doing. We were giving adult vaccinations and we were testing for, you know, measles, mumps, rubella, chickenpox. We're testing for viruses. So you didn't have to get the vaccine if you didn't need it.

D Dr. Jonathan Baktari 06:52

So we were doing the testing. And so when COVID hit, it was like another, you know, virus to add to our menu of what we were doing. So it was a lot of people pivoted to COVID. And you know, they're gonna get into COVID business, we were already in that business. And so luckily, my staff, and I have an amazing staff was geared up for it in a really positive way.

T Trisha Talbot 07:21

So US Drug Testing Centers, what portion of e7Health that just, that's just the testing centers?

D Dr. Jonathan Baktari 07:26

Right. Yeah. So if you really want to, like dissect it. e7Health we have a drug testing division that supports student health, employee health, you know, because employees come and they need a vaccine, but they also are going to get physical and a drug test. Right. So if you're starting a new job, you might get all of that. So we set up a drug testing division, and we wrote software and technology for it.

D Dr. Jonathan Baktari 07:50

And we said, oh, my gosh, we could actually leverage this technology nationwide, because we can use other people's network to get the drug test. And our technology will drive it. So anyone, any employer, for example, can log on to our system once they are a client and they can send 20,000 potential employees to 20,000 locations on the same day.

D Dr. Jonathan Baktari 08:20

Okay, and literally half the people just walk in with a donor path that we create for them, get their drug tests, and all 20,000 drug tests would come back to their dashboard the next morning, if it was negative. And we would send them one bill. So that was the concept, allowing people to literally for their employers, for other reasons to be OSHA compliant. There are many reasons why people need drug testing, to allow them to do it nationwide.

D Dr. Jonathan Baktari 08:55

But have one account and get the results in one place. And pay only one person. And the old days, you know, if you had five offices, you set up five different accounts, five different places, especially for small to medium sized company would be a struggle. So I think we, again we're a technology company. So we write software and technology to address it. So everything, all our clients, they are on our own proprietary software for the most part. So the goal is to reduce friction for them, as well as our staff.

T Trisha Talbot 09:33

And then your testing company has 20,000 testing sites across the 50 states?

D Dr. Jonathan Baktari 09:40

If you include all of them. We have all the LabCorp, Quest meaning they're connected to our software, third parties. I mean, you name it if you go on our website. You know, I don't know the exact number but it is humongous. Yes.

D Dr. Jonathan Baktari 09:55

And that is the whole idea that you don't have to sign up with this company or that company, you can use our technology. We're sort of agnostic, and you can go anywhere. But you don't have to interact with them set up an account with them. You don't have to, you know, even book an appointment with them. We handle everything. And then you, you just get back to what you do, you know, what your company does, and we've become a drug testing solution, as opposed to just a provider of a commodity.

T Trisha Talbot 10:31

And so do you do you perform the actual tests or just the software?

D Dr. Jonathan Baktari 10:36

Well, I mean, on the e7 side, we do drug testing, where we actually collect the samples, but on the US Drug Test Center side, since we're sending them, most of our clients are out of state from where we are. So yeah, so they're going to our partner laboratories to get it collected.

T Trisha Talbot 10:52

But you do have some brick and mortar sites, and you mentioned, you know, before the show that you just purchased a property right next to a hospital.

D Dr. Jonathan Baktari 11:00

Right, so we have US Drug Test Centers, corporate headquarters there, so but we don't actually do drug testing there. But that's where the sort of the brains of it are. And the amazing staff and then yeah, then we opened up an e7 office there. And yeah, so it's a medical corridor a few blocks from one of the bigger hospitals. Yes.

T Trisha Talbot 11:24

And was the intention to be next to a hospital? So you could be in kind of a health care corridor?

D Dr. Jonathan Baktari 11:31

Yeah, I mean, a lot of the services we provide are, you know, when we talk about employee health, there's many types of sectors. But the healthcare sector needs employee health services, just because, you know, hospitals have employee health departments, but for every one hospital, there's nursing home, surgery centers, you know, the companies that don't have the bandwidth to have their own employee health department. So we become the outsourced employee health department, for healthcare companies, as well as defense firms, government agencies, cities, water departments, I mean, you name it, there's almost nobody that wouldn't need our services.

D Dr. Jonathan Baktari 12:14

But yeah, and also, we thought it was a really strategic investment. All medical buildings tend to, you know, in terms of their value tend to appreciate. So it was an empty building, and to be able to fill it up with only medical uses, you know, we thought it was a good investment for the company, two we needed space anyway.

T Trisha Talbot 12:22

T Trisha Talbot 12:33
Right?

D Dr. Jonathan Baktari 12:34
Right. And so if we take some space, and then we have other people who also take space, and it's all medical, we thought long term, why rent when you can

T Trisha Talbot 12:46
buy?

D Dr. Jonathan Baktari 12:47
Buy it, and then and if you're gonna buy and you're in the healthcare sector anyway, why not buy a medical building in a medical corridor, and fill it up with medical tenants.

T Trisha Talbot 12:57
tenants. Makes sense to me?

D Dr. Jonathan Baktari 13:00
I think this resonates probably a lot more to you than some people that might be listening. But

T Trisha Talbot 13:05
Yeah, no, no, that makes sense all day long.

T Trisha Talbot 13:08
So I'm gonna move on to the COVID-19 and you mentioned that your company was already a COVID company before COVID that you were an expert on it, you know, before it existed, and can you touch on that for me?

D Dr. Jonathan Baktari 13:22
Well, only in the sense that, you know, I mean, when people think of COVID, they think of, you know, vaccines and testing for viruses. And we were already doing that for, we were giving out the rabies vaccine, yellow fever vaccine, Japanese encephalitis vaccine, meningitis vaccines, shingles vaccines, you know, these are all adult vaccines generally, you know, you know, you need a tetanus shot, a booster every five to 10 years, pneumonia shots, flu shots.

D

Dr. Jonathan Baktari 13:55

So these are all - people think vaccines and they think children. But the really, there's a whole gamut of adult vaccines, that people now may realize that because of COVID, but we were in the adult vaccine, kind of spectrum before it hit. So we understood, you know, how important adult vaccinations were for adults, as well as testing for it. And our software was geared up for it.

D

Dr. Jonathan Baktari 14:26

I mean, our processes. You know, we have a vaccine refrigerator. I mean, most doctors have like a refrigerator from Home Depot that they have, we actually have a massive vaccine refrigerator, which keeps all the vaccines at equal temperature, we have processes, you know, monitor expiration dates, and we have training in how to give the vaccines for for our staff. So we that's all we were doing from 2009 to 2019 when the pandemic hit.

D

Dr. Jonathan Baktari 14:58

So it wasn't a stretch to, like, understand, you know what, what the SARS cov II virus was and the direction it was gonna go.

T

Trisha Talbot 15:09

So for COVID, you were already set up with people systems, the technology and the infrastructure to deploy the adult vaccine?

D

Dr. Jonathan Baktari 15:18

Well, yeah, I mean, initially, you know, we didn't obviously, the vaccine was managed by the government. So we didn't, it wasn't commercially available, so we couldn't necessarily get it. But so what we focus on as we rolled out the antibody tests very early. We actually we were one of the few people that rolled out very early the pandemic, home saliva where you spit into a little tube, home saliva, or work saliva testing that we would shipped to you, you'd FedEx it back, and you'd go on our portal.

D

Dr. Jonathan Baktari 15:49

And so we had that portal technology, you could order it on our website, online, we integrated and automatically would be FedExed to you and the results would then go on to your portal. So once you create an account, the results would be there. All of that was sort of pre existing, our online portal and all that.

D

Dr. Jonathan Baktari 16:12

And so yeah, so it was a lot of I know, my staff, you know, for the first couple of months, when, when the pandemic hit, they were we were all working really hard. But we weren't starting from scratch. We weren't like doing Botox, and now we're doing COVID testing. Right, which is, you know, they used to be a Botox, and other doing COVID tests. And so for us, this is what we do.

T

Trisha Talbot 16:41

So what do you think we learned from COVID? And what do you think will be better prepared to do for the next pandemic?

D

Dr. Jonathan Baktari 16:47

Yeah, actually, I did an Op Ed piece on this. And I think in the in the Toronto Sun, but preparing for the next pandemic is honestly realizing that how pandemics really, you know, start. Pandemics tend to really start often if you really kind of look at the more common pandemics and animal transmission to humans, I mean, whether MERS, SARS, all of them have this sort of like background, and whether this came out of the lab in China or out of a bat or, you know, some market is still the same thing that we're talking about an animal virus that somehow crosses over.

D

Dr. Jonathan Baktari 17:38

So it's clear that, you know, those are just we just have to understand that when we interact with wildlife, and when we interact with different scenarios, that that's going to increase the likelihood of transmission, another pandemic.

D

Dr. Jonathan Baktari 17:54

So I think, you know, it's a very tough question to answer. But I mean, even DeForest is a nation where animals become in closer contact with humans, and, you know, all of these things that allow, you know, more human interaction with, you know, animals, bats, what have you, they all increase the chances of pandemic, so there's a, there's something to be learned here.

D

Dr. Jonathan Baktari 18:21

You know, about it. Also, on the flip side is preparedness, you know, I think in just the lack of masks, the lack of this and lack of that, you know, it's, you would think, you know, we would learn from that, and understand that, but also, I think, you know, learning to follow the science and not being, you know, not just following anecdotes about what the right thing to do to be a little more patient do double blind, randomized studies on things as opposed to, hey, this worked on two people over here. So. Right so.

D

Dr. Jonathan Baktari 19:04

My favorite line that I learned in medical school that I repeat is, you know, the plural of anecdotes is not data. You know, so it's tried and true. So I think those are to answer your question. Those are the broad things we can learn.

T

Trisha Talbot 19:20

Yeah. And I think as long as we continue to travel like we do, as well, I mean, people move all over the globe, faster than any other time.

T

Trisha Talbot 19:30

So let's go to digital health because you guys are obviously a technology company. So why is digital health the future of healthcare?

D

Dr. Jonathan Baktari 19:37

Well, it's the future of healthcare because, you know, medicine on some level is so fragmented without technology, right? You go see one doctor, repeat the same tests as your last doctor, go to the hospital, they don't know what your doctor did. So obviously, the fragmentation is like begging for technology, right?

D

Dr. Jonathan Baktari 20:02

But the problem really is, you know, how technology is deployed becomes the issue. Because look, if Amazon can figure it out, right. And they're not, like, such a huge percentage GDP, like healthcare is, right, but they have access to like anything like on your phone, you know, you could order, you know, a new sweater, and it'll be there the next day. That's not how healthcare works right now.

D

Dr. Jonathan Baktari 20:34

I mean, I'm still surprised how many people walk into a doctor's office and they're given a clipboard. That's like, that screams to anybody like, or if you try to call your doctor's offices, and they say, press one for this press two for that. Really, um, that's, that's really what it is. So obviously, we have room here, room to grow, a lot of room to grow.

D

Dr. Jonathan Baktari 21:03

But digital healthcare has too many. I think it has too many masters. You know, they're trying to please Medicare, and they're trying to please Obamacare, and they're trying to please Blue Cross and Cigna. And they're trying to maximize reimbursements.

D Dr. Jonathan Baktari 21:20

And by the way, we're also trying to make the patient's life easier. And by the way, you're trying to maybe make the providers life easier. You know, the interaction between Amazon and you does not involve any third parties. And so it's easier to drive technology, when you only have two people sitting at a table. If there's three people sitting at a table, and you're trying to drive technology. And each one has a different set of interests, not even necessarily conflicting, but the current set of interests. Who are you writing this technology for? Right?

D Dr. Jonathan Baktari 21:54

And who's liable for the security?

D Dr. Jonathan Baktari 22:02

There you go. Yeah. So it I think therein lies the challenge in digital healthcare. Because if it was as easy as just making the doctor and patient happy, you know, you'd never need to call your doctor or hospital to get your medical records or refill your prescription or, you know, find out what's covered and what's not covered.

D Dr. Jonathan Baktari 22:31

You know, yeah. How many times have you showed up at a pharmacy and say, Oh, by the way, that's not covered, you're like, well, there's got to be a better way for me to know that.

T Trisha Talbot 22:40

Right?

D Dr. Jonathan Baktari 22:41

Then the me show up, wait 45 minutes, and then find out it's not covered. So at least this is what my patients tell me. And so I think, I think digital healthcare is the future, but we have to figure out what the priorities are, you know, you give a software engineer a top one priority, they usually get it right.

T Trisha Talbot 23:02

Right.

D Dr. Jonathan Baktari 23:03

Okay, but you give a software engineer, okay, these are the top four priorities. Well, I mean, we write software. So at a point you get, you're writing the code, right, and you got a fork in the road, this is going to increase reimbursement, but make the patient's life a little more difficult or this is going to make a patient's life a little easier.

D Dr. Jonathan Baktari 23:24

But you know, reimbursement may drop because of this, because whatever. And so there's just when you're writing technology, at some point, you just have to pick one or the other as the priority in that step. And so, you know, it becomes when you talk to people who write technology, you, you see that they work on priorities, like what's the goal here? Is it user experience? Is the quality is a combination? Or is it some other things besides user experience and quality? That matters?

T Trisha Talbot 24:04

Yeah, and I wonder, making it easy for the patient to navigate as a starting point, you know, how can a patient open up their phone because it will happen at some point open up their phone, they need to, you know, see this doctor find out if they're in their insurance, you know, what the copay is going to be for that physician, out of pocket, any out of pocket costs for whatever procedures, just nothing's that transparent in healthcare. So it's gonna be a long time to get there. But we can get that information usually for pretty much any other thing. But healthcare is still somewhat of an, I guess, inefficient market.

D Dr. Jonathan Baktari 24:41

Well, yeah, I mean Trisha, let me ask you a question. I mean, let me like, ask you a question. Turn the tables on you. If you were the head of a healthcare organization, and I came up to you and I said, Listen, I have this new technology that I want to sell you that it's going to make your patients lives better. 1000 times easier. Okay, you with me? And we're gonna, they're gonna love it. They're gonna have access to everything. But your Medicare reimbursements will go down 10%.

T Trisha Talbot 25:11

Right.

D Dr. Jonathan Baktari 25:13

Are you buying the software? Are you buying? Are you buying this technology?

T Trisha Talbot 25:18

So well, that's a question. I mean, so first, you know, do you take Medicare? And if you do then yes, and but then also will it affect other reimbursements? So you have to go through and do all

yes, and but then also will it affect other reimbursements? So you have to go through and do all of that research, right?

D Dr. Jonathan Baktari 25:30

No, and I use Medicare as an example. But let's say globally, whoever you're using, right, they'll go down 10%. But your patients lives will be and your providers life will be easier. Right. And your're head of this organization, what do you say?

T Trisha Talbot 25:46

But wouldn't the insurance companies be incentivized with, I guess making? I mean, they wouldn't have if they could automate a lot of the questions that come in to them for all of these pre authorizations. You know, it would save them some money on their end as well. But yeah, they're not there yet.

D Dr. Jonathan Baktari 26:07

So but again, if

T Trisha Talbot 26:10

and we'd have less people to call at the insurance company, and we'd absolutely get no information.

D Dr. Jonathan Baktari 26:15

Yeah, yeah, I guess someone who would be cynical, would say, you don't want to make authorization easier you wanted to be. I mean, again, if I'm, if I'm being cynical. Yes, I'm sure many insurers can be wired to me and look at their software. They're improving. But is it really that straightforward? I don't know.

T Trisha Talbot 26:42

It's not. And I think the more walls they can put up and make people have to jump through people be like, Okay, I'm done doing this for today. All right, I'm done doing this. And then it just, you know, they keep kicking the can down the road, and the insurance company doesn't have to then pay for that procedure.

D Dr. Jonathan Baktari 26:56

Right, right. I remember. You know, I called that a prescription for one of my family members, and just a couple of weeks ago, and I went to pick it up, and it was just a very cheap antibiotic. And, and I went through the drive thru, and the like, yeah, so the here to pick this up. Because

And, and I went through the drive thru, and I'm like, yeah, so I'm here to pick this up. Because Oh, I don't know if it was CVS, or Walgreens or whatever it is, oh, Walgreens, we're not in your plan, you got to go to CVS. And like, well, how much is it? Like it was 20 bucks? You know what? Here's the 20 bucks. I mean, so you're like thinking, Oh, I'm gonna go and get the doctor to call me or I'm gonna call it into this other place. Right. Sure. And it's sort of like you're suggesting that you get battle fatigue?

T Trisha Talbot 27:41

Totally, totally. So. Okay, one last point, or question and then we'll go to the Q&A, but talk to me about using AI and drug testing software.

D Dr. Jonathan Baktari 27:52

Yeah. So you know, our AI just in general and all our technology is more focused on quality and medical errors that's how we've rolled it out, and we use it both in drug testing and in e7Health. The question really is, especially in medical errors, I don't know if you've seen the whole world of how many lives and how much damage medical errors natural mistakes that happen in everything healthcare, the wrong prescription, I have heard people take out the wrong kidney, the wrong this the wrong that or been given a medicine they're already allergic to, or whatever it is.

D Dr. Jonathan Baktari 28:35

So I think the easiest way for me who lives and breathes quality, and its a cultural thing that we have, in our organization, quality, quality, quality, we have been focusing on leveraging technology to manage not only medical errors, but also patient errors, like, you know, when they're supposed to come back, you know, what is it they were supposed to get? You know, we don't leave it, well come back in six months, and we'll give you this and they kind of leave it up to the patient to make the appointment in six months, and come back and say remember, you asked me to come back in six months for a mammogram.

D Dr. Jonathan Baktari 29:17

No, no, no, no, don't do that. You know, we schedule the mammogram when you're there, or whatever it is, and you have the appointment, even if it's six months, okay, and we don't like call us back and book an appointment for this or that or, and we just our technology and systems really anticipate errors. And you know what, in fact, we have things for our staff that if something is not right, they simply can't proceed to the next level.

D Dr. Jonathan Baktari 29:50

But let's just say a vaccine our system indicates the vaccine they're about to give is expired by an hour, by a day. Usually we do it ended the day, but somehow, let's say it happens, you know, our system just won't let the person move ahead. Yeah, you're like stuck.

T Trisha Talbot 30:09
Right.

D Dr. Jonathan Baktari 30:10
You know, and I think it's that it's a form of AI, which leverages technology to make sure that policies procedures are built into the technology. And as you change, you have the flexibility of changing that. So you reduce medical errors, patient errors, as well as compliance. You know, you know, for example, when we give you something, or we do something to you, you know, we send a like, we give you a vaccine, there's a whole sheet from the CDC, we read to you that, actually, some places don't even do that, but we read it to you, but we also automatically gets pushed to your patient portal. So even when you go home, I mean, what did they say?

D Dr. Jonathan Baktari 31:02
Well, you know, what did they say I should be looking out for. And so, like many places, just use the patient portal to give you the results, but we also use it to ensure compliance give you directions. So you can go on your phone, say, Okay, well, how was that? how was I supposed to do that? And this is a really long winded way of telling you that I think we can leverage technology and healthcare to manage, reduce, all those three things, you know, compliance, medical errors and patient errors.

T Trisha Talbot 31:37
That's great. I find it amazing that you're right that some practices don't do the follow up for like a another appointment or procedure, but they know how to call text and email you several times before your appointment. So you don't forget, right?

D Dr. Jonathan Baktari 31:58
Yes, yeah. It's, it's like an it's called, like a no show algorithm, because they really, that's what it is. They're trying to prevent no shows. So.

T Trisha Talbot 32:08
Yeah, exactly.

T Trisha Talbot 32:10
Okay, so what was your first job?

D Dr. Jonathan Baktari 32:12
Oh you mean, even before college? I mean, my

T Trisha Talbot 32:17
It can whatever, yeah. Whichever one you want.

D Dr. Jonathan Baktari 32:19
I was a straight arrow. You know, I went to college, med school, residency, fellowship, you know, so, but I did, like, in the summers, when I was in college, I worked as an orderly in the hospital. In high school, you know, worked at a restaurant just doing menial stuff. So, and, you know, even younger that shoveling snow in the winter for the neighbors and making money shoveling the driveway kind of thing. So, but yeah, once I got into college, it was like an express train and went right through it all.

T Trisha Talbot 32:58
What do you think you'd be doing for a living if you were not in healthcare or went the path of a physician?

D Dr. Jonathan Baktari 33:07
Okay, you know, I think what I'm doing now, which is more the administrative side of entrepreneurship, being a mentor, focusing on leadership. You know, internally, I give classes for my staff, on everything from, you know, how to handle phone calls, to how to mentor other people, what qualities to look for when you're hiring people, sort of almost like CEO kind of stuff.

D Dr. Jonathan Baktari 33:43
And I think now that I'm doing it, it kind of feels, you know, it feels comfortable for me, I kind of feel like so I think probably just yeah, going that, that sort of administrative, CEO route, and helping build cultures, build other leaders is a lot of fun for me.

T Trisha Talbot 34:05
I like that.

T Trisha Talbot 34:06
What or who are you reading or listening to right now for news, information or inspiration?

what or who are you reading or listening to right now for news, information or inspiration.

D Dr. Jonathan Baktari 34:11

Well, you know, I've been reading a lot of business books, because obviously, you know, I'm technically in charge of our business growth. So I don't know if you've ever read Tribal Leadership, which is a really great book about how to improve culture in an organization where your, your success is measured by I don't want to wrap up the book in one sentence, but your success is measured by how much you make other people succeed, not necessarily just you.

D Dr. Jonathan Baktari 34:43

So I just read another book called Blue Ocean Strategies, which is a classic business book about how to grow your company in in the direction where your competitors become irrelevant. You don't want to be just another person. You know, just fighting for the same thing, but can innovate in a way where you don't have competitors. And so, just off the top of my head, I wasn't prepared for that. But those are like, couple of things I've been looking at.

T Trisha Talbot 35:14

Oh, that's great.

T Trisha Talbot 35:16

What is one thing you do every day for healthy self care?

D Dr. Jonathan Baktari 35:19

Yeah, so first of all, I really tried to limit, you know, and it's something I preach to my patients, you know, limit carbs to avoid processed carbs, and simple carbs. And, you know, if you're going to have carbohydrates, just to have it in good carbohydrates, as I always call them, you know, fiber and protein somehow wrapped into it.

D Dr. Jonathan Baktari 35:47

So that's it, and then to stay active, you know, go to the gym at least three times a week, get your heart rate up. And also, I think, in terms of healthy living is just, sometimes you have to turn it off, and, you know, not be on 24/7. And actually, what I tell people is, if you really are able to turn it off, sometimes the best ideas come to you when you're sitting on a beach somewhere. Right? And so to be able to do that, to be able to turn it off. So you can get recharged.

T Trisha Talbot 36:21

Absolutely. Do you think a person is born with the desire to heal or this is just learned through their medical training?

D Dr. Jonathan Baktari 36:31

Well, I think when I started, I think a lot of people who went into healthcare help, I was like, almost like a calling that drove them, I think as you know, but when I started healthcare, like 75% of doctors went into private practice, where they were their own boss.

T Trisha Talbot 36:51

Right.

D Dr. Jonathan Baktari 36:51

If you're entering medical school right now, there's a 75% chance you're going to be working for someone. Right? And so I think that's changed the equation where people going into health care, you know, if that's the point of your question, feel less and less, that it's a calling and more and more, that it's a job. And so, I mean, of course, there's exceptions, but I think as more and more providers and doctors work for someone else, as you can just imagine, like even in your field, you know, when you're working for someone versus it's your own business, your own thing. You know, sometimes your passion goes up when you own the thing. So, you know, do you own the hotdog stand or you work at the hotdog stand? I mean, it matters,

T Trisha Talbot 37:46

Right. Absolutely. Well, this has been a wonderful interview. I really appreciate your time.

D Dr. Jonathan Baktari 37:51

My pleasure.

T Trisha Talbot 37:55

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