Hi. This is Nader Sami, CEO of Nimble Solutions. I'm really excited to be here today with the legendary doctor Alejandro Badia. It's a upper limb orthopedist, founder of OrthoNow, and also the author of Health Care From the Trenches.

And we are doing this podcast live from the business and operations of ASCs and the future of Dentistry Roundtable here in Chicago, Illinois. So welcome, doctor Badia. Really excited to have you here.

Thanks for having me and and to the whole Becker Organization for this incredible, educational experience. Great. Well, let's you know, it's been it's been fun so far, and today's today's gonna be a fun day.

And then we get to spend a little bit of time with Rob Gronkowski later today, so I'm excited about that. I guess It'll be it'll be hard to tell who's Rob and who's Nader today when we're standing next to each other.

So, so let's just jump in. So Yeah. So just starting off, you obviously have an incredible background, varied, and and just really wanted to start from the beginning of can you discuss how you built your practice?

What ancillary additions, such as building your own ASC, and others have you made over the years? Sure. So I I trained in the northeast, And my, I think, my Cuban roots, drove me to Miami where I wanted to use my Spanish.

And almost 30 years ago, I cofounded Something called the Miami Hand Center, which was, a group that eventually grew to 5.

We did a lot of academia. We're completely independent, And within the 1st couple years, we built our own ASC, so we were way ahead of the curve, certainly at Miami.

That was in Well, we started the practice in 95, but we had our ASC by 98. Yeah. Very early. And we, What was amazing is it often ran 247.

We would, get a call maybe finishing elective cases at 9:10 PM and get a call from one of the dozen hospitals we've essentially covered, and they trusted us so they would ship the patient over.

And that was much more efficient than us leaving what we're doing, Going to a hospital, god knows where, parking, going in, waiting, getting bumped by a a hot gallbladder or something, which happened to me many times.

And and, so what happened is once we did that, I I couldn't look back.

So what happened is, like many groups, after about 13 years, it It's splintered. I was the 1st one to peel off, and I built my own center in Doral next to the airport at, MIA.

And I I was kind of spoiled, honestly, having, my own surgery center, so I did that. I built that, and I I partnered with Titan Health Back then that later sold to USPI, and then we were a 100% physician owned.

I'm still in solo practice. I'm about to bring on 1, possibly 2 people In the next months and then 2 years, but there's no question that I saw the vision of having a one stop shop center.

It's obviously, it's convenient for the physician and the and the staff, but it's fantastic for the patient and even terrific for the payers, But they don't see that part, and that has been my challenge Yeah. As you know.

So the in terms of ancillaries, obviously, if you're a surgeon, Having a an an ambulatory surgery center to me is critical. Okay? Not to mention it's additional income. I'm not giving away that facility income To a big brick and mortar.

Right. And then I and then to feed that surgery center, I started Ortho Now. As you know, Nate, and you I know you've been a a big supporter That in Ortho now is an orthopedic walk in center.

That that's it. So people think we don't even call it urgent care because our extensive data analytics shows That it's only 30% of those patients are urgent, meaning a number 1 is usually ankle sprain.

So our number 1 diagnosis month after month is right knee pain or lumbar pain for whatever reason. So we've got the data. The important thing is access to the community.

Yeah. So so tell tell me a little bit about that. What went into starting OrthoNow, and Do you see many of these types of you know, you you'll hear about North Bay urgent care here and there, but I don't hear them too often. Right.

They're kind of popping up, but but tell us a little bit about, again, what went into that decision and, You know, what what's what's kinda happening in that market, and is there any kind of competitive, you know, situation in your arena?

Well, the the I think the concept was was being developed right around the time that, that I I did mine, but I saw them as very fragmented, so I had a couple, people that were inspiring to me.

1 was a a fella out of, Out of Texas that started something called Prompt Orthopedic Care. He said, why do I have to see every single person with knee pain?

I'd rather see the one That that needs an ACL, and I can spend time to discuss with them. So it is a feeder to the practice and, of course, as I mentioned, to the ASC, But they remain fragmented.

So if you live, where you live, right, in the Carolinas, there's quite a few ortho urgent cares. There's many in the Midwest, particularly Minneapolis.

But in the majority of country, including New York where I trained, that is still a foreign concept, and patients will go in With the confidence that I I think is great that that patients have for physicians, the confidence that a general urgent care practitioner is gonna know how to work up their knee pain and, oh, and treat it, and that just isn't the case.

There's too much to know in medicine. You I'm an orthopedic surgeon. You wouldn't wanna see me For back pain. I I I could miss something. Yeah. Okay?

So, so I'm hoping that Ortho Now will, let's say, almost Standardize it, and then and then we can have great discussion with the payers because it they don't really listen when you're small and when you're they just didn't want in a few communities.

So we we hope to go national with it, but I I think it will be a household name. Maybe not worth it now, maybe a competitor, but somebody We'll grab this Yeah.

And run with it. And and one thing that I noticed, I guess, check me on my my, you know, my facts here. But What I've seen with Ortho urgent cares around the country is that they're typically utilizing the existing office space Yep.

That they have, and then it becomes really an after hours Right. Scenario where between 59 or, you know, let's say that's the window.

You can go in if you had some issue. But my understanding is ortho now It's their own stand alone Exactly. Operations from kinda 8 to 8, and and staffed more fully as opposed to with just kinda junior folks at Exactly.

It's, well, for the look. The extended hours is is great for patients, and I I'd I'd definitely welcome that, But it's not the ideal situation for those clinicians.

Mean, every physician, for most part, wants to be busier, and they wanna grow, And you end up cannibalizing your practice somewhat if you're simply offering that convenience without putting stand alone centers in Strategic places.

K. Most practices are not in a strip mall next to an anchor store such as a major supermarket Or a CrossFit, which is really ideal.

Right? Or, you know, karate studio or a bicycle shop. Right? In other words, you can have a very small lean mean Orthopedic walk in center in a place that it's easy to access, easy to park. You don't have to get a parking ticket.

You can just go in, And you're in and out in about an hour. That's our model. About 70, 70 minutes or less is when we can assess somebody, Get the right study, usually a a a digital X-ray, maybe ultrasound.

Some centers will have an in office MRI, and you can do all that In in about an hour, and a patient walks out with a brace, with a cast, with maybe having had an injection, or As you saw a a few minutes ago, if it's something potentially surgical or complex, we use OrthoChat, which which is within our OrthoNow app, And that way, they communicate.

So I saw a patient, essentially.

I saw the X-ray, got the the history on a patient who had a hyperextension injury to a a finger And already diagnosed, you know, what I what we call a volar plate fracture, p I in other words, I already told that clinician, this is my recommendation.

That's pretty valuable.

Yeah. And and I just finished hearing, Ziv Neuwirth. I'm reading, the second of his 2 books currently. He just gave a talk. I had to leave early for this, and Zeeb says that we're not gonna be talking about digital health anymore.

It's just health. It's gonna be health in a few years. You know, we don't say you're gonna watch even stream a a digital movie. You're just gonna watch a movie at home.

Right. Right? So that's what's gonna happen in health, and I'm I'm I'm happy that in the musculoskeletal Realm, we're we're we're we're trying to lead the way. That's great. So so set them up at CrossFit facilities Yes.

At all the youth youth Sporting fields around the country. Nursing home. We're we're an aging population. Aging and and pickleball courts. And b s yes. Set up there, and you're you're you're gonna have so much this It's so true.

That's that's Well, it's all about public education. About a month ago, I had an article that came out about The 5, most common pickleball injuries because we see them at ortho now.

So the the goal is to educate the public and Preventive. So we we we give recommendation what you can do to minimize those strains or sprains.

You know? We can we can go into that, but that's important. I'm gonna have to read that article I like playing, and Rob Gronkowski we're interviewing later say is a big player.

Oh, is he? Okay. Mobile, 6 foot 6 version of a player, but yes. That'd be scary. Yes. So so I'm kinda moving, moving forward.

So in addition to, you know, your booming practice in Miami, You also opened a practice in New York City. What drove that decision? Are you doing different types of things in the different cities, or what's what's happening in New York?

Yeah. Well, it's it's certainly different. It doesn't have the infrastructure I have in Miami, but, why I did it is simply I'm a New Yorker. I I feel at home there. I spent a decade.

I I bought an apartment when I started my surgical residency at NYU in Bellevue, and I really love being there. And, I have a wonderful home in Miami, but I have a a small 1 bedroom, very strategically located, and I I like to go.

So I go every 4 to 6 weeks because, You know, the world is flat, and the reality is people can get to different places, and Miami and New York have a strong connection.

Yeah. They've had it for years. So I'm now just simply giving my patients an option. Now this has nothing to do with Ortho Now, but my hope in the future Is that we would have a number of Ortho Now centers around the city.

And me being, in in Manhattan every month or so Will help me drive that corporate decision once once we have the right strategic partner.

And what where in the city is your so the, it's in in Graham it's next to the Gramercy Surgery Center, which is literally blocks from Miles Stomping Grounds Hospital for joint disease.

It's now NYU Langone Orthopedic Hospital, but I'm 4 blocks from that. Okay. Because I really don't need to be in a hospital For for essentially everything I do. Oh, that's that's great. That's smart. And I live in Tudor City.

I don't know if you know. It's a a wonderful little little oasis. Yeah. I used I used to live in New York City years ago. It was great. Super fun. I was I was up on the upper east side, so a little further away from you.

But The city is still the city. Right? Yeah. It is. It is. So, in in terms of cutting edge technologies, you're, you've you've always been, again, very current cutting edge kind of guy.

What are you using today to help your practice and your patients? What emerging technologies do you see on the horizon that will change the game for orthopedics?

Well well, certainly, the communication between, the clinicians is critical, and already people use, Regular texting or or in Latin America, my colleagues use WhatsApp, but now patients will be able to access us as well.

So we we were doing, telemedicine well before the pandemic, but the patients often didn't adopt it. So we had it, but now with the pandemic, people learn to use Zoom and other platforms, so now people welcome it.

The reality is that majority of orthopedics, unlike, say, behavioral health, really has to be hands on. So many times, we'll do a very quick Counsel and say, no. We really need an X-ray, or or that doesn't sound too bad.

Ice it. Do this. Do that. And then if it's not better, in some days, come see us. My own personal practice of of Badia hand to shoulder center, because of all frankly, because of all the challenges going on in our health care system.

I realized being in Miami that I could build a practice without walls, mostly in, Western Hemisphere.

So I have Canadians. I have Central Americans, I have South America's Caribbean come, and before they make that big trip, they wanna get comfortable with me.

And I also wanna have a game plan. I don't want them to come and And say, wow. That doesn't need a rotator cuff repair, but rather you may need a, you know, a reverse shoulder replacement Because that's not a repairable cuff.

So those are decisions I can make by looking at the imaging, and a big shout out to My Medical Images .

Com. That was started by, by, Dan Hodgman who was one of the first, basically, one of the first digital X-ray, one of the first PAC systems, And we were the 2nd group in the country at Miami Hand Center to have PACS.

So he started this in a way to download images, and you can view them remotely And from from different types of platforms so that I'm actually speaking to the patient about their imaging study on Zoom Health.

Okay. And by the time they come to Miami, we we have a plan. Yeah. And it can be altered slightly, but we have a plan.

That's excellent. And also kinda related to all this activity that we've been talking about, you've really Kind of shifted, I think, the focus of your practice and have done a lot with medical tourism.

Yep. What kind of drove you in that direction, and what steps have you taken to ensure success in that arena?

And, again, what what impact broadly has that had on The shift of your your mix of of practice in terms of payers, patients, etcetera.

Oh, I tell people that the the inbound, You're sort of saying medical tourist or medical traveler that people like to say now.

It it's it's a different paradigm. Unfortunately, what's happening With, health care and bureaucracy and the insurance companies, it it's it's it's been very stressful for patients and clinicians.

And I hate the word provider, by the way, so the clinicians. And what happens is when I I noticed that I saw these patients, It was a different dialogue.

They were very focused just on solving their problem rather than all the complexities that go along with With accessing care, which is very unfortunate.

So I realized that it was more enjoyable. So I started, Let's say educating those patients from, say, one of my top, cities right now is Guayaquil, Ecuador.

I mean, I'm better known in Guayaquil in in in the neighborhood of San Borondon than I am in South Beach, which is minutes from my house.

I I really am. I'm better known there. Patients come and said, oh, you you know, you're very well known, and, but it's a pleasure because they come very focused.

And, of course, the reimbursements, which is a terrible word, by the way, to pay. I they pay us. Right. We get paid for work we do, and it's it's still fair.

When those international insurance companies start going, and it's happening, transitioning to sort of brokering us through American companies, then, unfortunately, I have to move to a self pay model.

Yeah. And many of these patients are willing to do that. Say, you know what? My shoulder, my wrist is worth, the same as, you know, having that European vacation this year.

That's a decision that patients make. And I think we're gonna be faced with that in this country very, very soon. Yeah. So what efforts so You just said Equit one of the cities in Ecuador Yes.

Is your number 1 Yep. You know, city, I assume. Like, I don't know what's 2, 3, and 4 on that, but what, what steps did you take to you know, you must have done something from a marketing perspective.

How did you become known in that area to build that that kinda Well, ultimately, it's how you treat patients.

Right? And and and patients have a circle of friends often, you know, in the in the similar Socioeconomic level. So these are patients who can afford to come. I also do charity work. I did a a bunch of surgery about 2 months ago.

In fact, The day after my own rotator cuff repair, I flew to Quito, Ecuador, and we did surgery for a week on on, you know, people who who couldn't afford Otherwise so that's very rewarding.

But the reality is that being accessible, answering their questions remotely, and then I put an international patient coordinator in my office.

That's all she does. She helps them with the travel logistics. She sets up the telemedicine, which most people now are doing.

And then when they're when they're in in Miami, We're, navigating them through the process, which fortunately is very easy in my center because it's all in 1 building, but still people have questions.

And I think that's the the American public is frustrated because our system is is failing them, in in that manner.

So what we've done is tried to correct those problems, on that scale. My website's a critical part. It's just doctor badia. com, d r, Badia. And, pay I I they get an immediate response from me.

I'll I'll be here on my phone, and I'll Check it every like like most people nowadays, every every few hours. And if I get a patient riding in from, say, Barbados or Mexico City Or, you know, somewhere in Canada.

I I I try to answer them right away, and then and then I copy certain people from my office To facilitate the process. Got it. So it's a lot of more of your own effort It is. Grassroots It is. Referral based. It is.

Not really. It doesn't sound like a lot of digital marketing, You know, it's hard to say that No. I mean, we just redid my my website, and we're gonna we're we're, improving the the SEO. Obviously, Google continues to be The monster.

And, so so Google search for both Ortho Now locally and my own practice even abroad. They'll they'll look up, in, you know, in Spanish, you know, best, hand surgeon or something like that. And, you know, hopefully, I come up.

I think you would. And it's really interesting. And and so, you know, addition to all that we've already discussed, and I don't really understand how you do all of this, but you are also a renowned author of Health Care in the Trenches.

So can you tell us about about that book, and I'm also fascinated with that, you know, book writing process.

How did you go about deciding to do it? How did you actually, you know, get it written, and how'd you get it published with the very limited free time you have?

Yeah. No. It's it's a great question. I'm I'm kind of Honestly, based sometimes that I that I actually pulled it off, but I had a little help with something called the lockdown of the pandemic.

I had been thinking about this book, which I wrote A little bit out of frustration, and I think the readers can detect that, and that's okay. I I want the the public because I wrote it really for the public.

They get a sense that me and and other men so many other other clinicians are are frustrated with the system, and I had been collecting some ideas from other contributors.

So the book has 26 contributors. Finally, when I got back from a meeting, Asian Pacific hand meeting In Melbourne, Australia, we went on lockdown. So my, my ex wife did said, you know, you came from Australia.

You can't see the kids, you know, except from afar. And we the elective surgery was curtailed. Even in Miami, we were curtailed. So I wrote the book in 10 weeks. I I had the time then. I just didn't do a lot of binge watching.

I, you know, I watched, you know, a little bit of breaking bad or something, but, for the most part, I was at the computer about 10, 12 hours a day. And I I just knocked it out because it was it was really written from the heart.

I start the book, the introduction, by by saying, I didn't real I didn't want to write this book because the reality is why would I wanna take all this time, but I felt it had to be done.

And I do a lot of scientific writing even though I have absolutely no University, a title or affiliation?

The my experience at Miami Hand Centers, we we were all pretty much academic. So I had to stop Writing clinical papers and summaries and book chapters in my field to do this because I felt the story needed to be told to the public.

So so if you're gonna summarize in, like give us the 22nd Yeah. Elevator pitch, what does the book say?

The book says that, That there are major problems in in in health care delivery, and I wanna point them out from the clinician's perspective In the trenches, not an academician, not a bureaucrat, not a politician.

And I think the overarching point is there's too many middlemen, And I and I and I talk about that.

So the the second section of the book talks about, different categories of that, and, obviously, the longest chapter is the chapter on insurance.

Alright. Yes. I'm sure I'm sure that'd be fun for all of our our friends on the insurance side of things here.

So, There's no animosity, and I say that. And I say, you know, why they're not that motivated to change when you think about it. So, unfortunately, that motivation is gonna have to come from the public.

Who's gonna demand it? Just like we've you know, we've seen this with, what what happened with, you know, the police, and And it it escalated to to racial injustice and issues, and, the you know, there's there's a a a secret sauce now.

It's called social media. So I I do try to be increasingly active on social media because you can really reach people, and it's and it's not expensive.

Yeah. No. That's that's great. We need more people Fighting the fight on that. So whether you're an employer and you're seeing 10, 20, 30% increases in premiums, whether Yes. You know, you're a a provider, a clinician Uh-huh.

You know, feeling Thank you. So, yeah, I'm trying to I'm learning quickly, you know, who's who's worked so hard and struggling to get paid properly for what they what they did, patients getting pulled into the mix.

It is, obviously, it's what we do for a living, and it's it's messy.

It is. Every day. So there's definitely, Again, more people fighting that fight is wonderful. There's hope. There there is hope. And, you know, as as as we look at, you know, the orthopedic ASC Arena. There's been rapid growth.

You would start to see a lot more than typically used to see multispecialty Environments which we still have quite a bit of, now you're starting to see more and more single specialty orthopedic ASCs, and there's been a rapid growth.

It's arguably the fastest growing specialty within the surgery center market. And, you know, and and so total joints have driven that, other you know, high acuity procedures.

What do you see on the horizon that's gonna continue to drive that orthopedic growth in terms of Any trends, big you know, kind of macro trends and or, specific types of procedures that are now gonna start to go from inpatient HOPD to ASCs?

One of the big factors in the concern for patients is naturally pain and safety. Right? So one one of the big problems we have in this country is, Is is issues in hospital safety.

There are medical errors because these are big places, obviously, very well meaning. But when you have a very focused smaller, surgery center particularly focused in a particular type of surgery.

Your outcomes are naturally gonna be better. You're you're gonna have just the nature of the facility. You're gonna have a much lower infection rate.

It's gonna be much, less expensive. Right. And so we're already seeing that because of of improvements in anesthesia and, perioperative nursing that we are now able To do, you know, say, hip replacements, which is amazing.

What still puzzles me and other orthopedists is why is it that's a CMS And some of the payers will accept a hip replacement that presumably you need to walk on.

Right? Whereas Shoulder guys like myself say, well, why can I not do a shoulder replacement?

They just go into a sling. They're they're you know, it's a moderate incision, And yet because the, the bureaucracy has not caught up with the advances.

Yeah. And that's what I talk about with the middlemen needing to be More collaborative. I do a lot of prosthesis at the base of the thumb for for what's called basal joint arthritis of the thumb.

It's a it's a most common Painful form of arthritis in the hand, and I've been doing a prosthesis for for over over a quarter century.

Not It's not as popular amongst American surgeons, but yet with Medicare, I I wasn't able to really do that because they won't pay for the implant, which is absurd.

So and I don't go to hospital all anymore. So what happens is I can't see some of those patients. Or now what I I recently opted out of Medicare, which I did not want to do, But the system kinda drove me to this.

Yeah. So now the patients say, you know what? I'm gonna forego upgrading my my plasma TV, and I'm gonna, You know, pay for a prosthesis. Yeah. And they're very happy patients.

But the people in the trenches really need to to drive this change, And we need to be partners, and I find it's a very adversarial, problem, with the payers and, which, Guy named Carl Schussler, who's very big in employer health.

He he he doesn't call them payers. He calls them processors. Yeah. And it's really what it is.

But yet, you know, we do need them. I understand. But they've they've gotten way too much control. Yeah. And it's silly because the reality is we wanna save money, which would make Them save money. I'm a capitalist.

I'm a Cuban I'm a kid born in Cuba. We became communist, so I don't I have no problem with a health insurance company making making good amount of money. But it can't be at our expense of people actually delivering the care.

Yeah. Are are you seeing a lot of movement in terms shoulders into the ASC. Yes. Absolutely. They say that's the fastest growing, but but still, it's not on the list.

As far as I know, it may have changed in the last month, and I don't think it's on the list. And I do reverse shoulders, which you probably know is actually a bigger surgery.

My favorite is a resurfacing, and I've been doing that outpatient for, You know, for 15 years. But the reverse shoulders because of, advances, for example, you know, shout out to, Pacira Pharmaceuticals with with EXPAREL.

I I myself had a a tibial osteotomy, which is a a painful surgery on the knee. I had that never had pain afterwards, and I've had both my rotator cuffs done.

I flew the next day. My my surgeon wasn't that happy, but I flew to Ecuador the day after, and I had complete well, in fact, I never really had pain after my real pit of tuff.

So that is a big difference whereas people, the public needs to learn this because the public naturally is gonna be afraid of pain after certain orthopedic procedures.

Yeah. So it's it's always comes down To patient education. Yeah. No. That's that's great. So really exciting to see that move.

And then I do I am in the camp that I think shoulders is gonna be. Obviously, we need Medicare to cooperate, but I think that's gonna be in the next kind of big wave, that will follow sort of the total transplant.

I would like to see Medicare and all the payers, in my you know, I have a podcast every 2 weeks called fixing health care from the trenches, and I re and I'm gonna do 1 tomorrow, actually, here from here.

I I reiterate 3 points that could change health care, and I'll just tell 1.

We need oversight, not authorization. So it it's it's it's fine. There are bad players. I I was speaking to somebody yesterday at dinner who who had worked with, doctor death, Right.

That that got a lot of play. And so there are some bad players out there, but you don't need to take every clinician and Put them through hurdles to deliver care. It really drives up cost.

Yeah. So so if if if a surgeon thinks that they can do x procedure in an ASC safely, And the medical director agrees, anesthesia agrees, nursing agrees, then why is the payer standing in the way even if it's even if it's Medicare?

Right. That that doesn't make any sense to me. Agreed. Agreed. And Yep. And, so so this has been wonderful.

I'm gonna finish with 1 last kind of fun question, I think, is Is, I I saw your podcast recently with Jordan Belfort, The Real Wolf The Real Wolf of Wall Street, which is, You know, maybe the greatest movie ever.

And, big big big, showing a lot of range, Margot Robbie from Leonardo's wife in that to Barbie this year. Oh, okay. I I was unaware. I I Yes. Yes.

Yeah. She's Barbie. But so so what interesting or funny stories do you have from spending time with Jordan Belfort? Oh, well, so I I I won't go into any detail about The procedure, you know, due to HIPAA, even even though he, approved.

And I think most forward thinking patients, want other patients to learn. So he had a a A a a painful issue that, that we resolved.

He's he's, he's actually having some minor issues now because these things you know, patients think many times that You have a surgery in that 2 months, 3 months later, you're gonna be absolutely pain free.

It's not always the case. But one thing, he did teach me. He just put out his 4th book, And, I'm learning about the book, industry.

And, his his comment from his 4th book is Stay in index funds. So could you imagine? Here's a guy who's been an expert in investing, and he's saying don't try to outthink the market. So, You know, I'll I'll try to follow that advice.

Yes. But, you know, I'm I'm looking right now to see if I can get a publisher because I self publish. You asked me before the process. I hired Somebody who was wonderful to walk me through the process of self publishing, through Amazon.

So the book is available on Amazon. It's also on Barnes and Noble. And He I think if a big publishing house gets behind it, then then maybe the public can really Yeah.

Be faced. Because It it's all about that. Right? If if you have a critical mass in the public, then maybe people will get, you know, engaged and wanna change the system.

Yeah. So to your index fund, I I was just reading the other day that over the last 50 years, all the gains we've seen in the stock market have come from 2% of the companies.

Wow. So 98% of the companies have either performed flat or underperformed. So unless you're lucky enough of your stock picking to get in that 2% Microsoft, etcetera.

Beat by the market. So another Shout out to the index fund strategy folks here at Becker's, you even you even get some financial advice from none other than NATO who is really I I see you as really as an expert in this area.

And, I wanna thank you, by the way, for your interest in in, some of these things I'm doing, particularly ortho now, because, you know, in the end, I'm a doctor.

And, I never took a business course, but I have some innate sense of marketing. And and I'm, I'm not afraid, I'm not adverse To risk, which I think many of my colleagues are.

I'm not sure where that comes from, but definitely, I need to surround myself with people Such as yourself because these are are are hard, issues to to tackle.

You have to have expertise from so many areas. Yeah. Well, thank you for appreciate that, and thank you.

You are a brilliant and talented surgeon and entrepreneur and businessperson, and it's really inspiring for all of us to see someone who's, You know, doesn't sleep and goes to the mountain of the clock to watch so many different things.

So this was wonderful, and thank you for taking the time to spend with us today. I, love to hear, you know, comments and and questions and because, you know, in the end, we're we're all learning. Thank you. Great. Thanks.