Dr. Ben Condon on Healthcare Innovation: Making Medicine Work Better for Everyone Transcript

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Spearheaded by Dr. Joe Brain, certified professional coach and rehabilitation physician. Hello and welcome back to you. The Burn Out Recovery podcast.

This week, I'm delighted to have a guest on the podcast, Dr Ben Condon. Ben, you're welcome. Thanks, Charlie. So Ben and I haven't actually met in person so far.

I'm sure it will happen at some exciting conference, possibly CCIM in September. Ben is a doctor himself. He is the digital health innovator and he's the clinical director at Heidi.

Ben and I have met through a coaching call before so you can see we're both interested in investing in our growth mindsets and there's so much more to your story I'm sure Ben.

Please introduce yourself to my audience and give them an idea of how you've got to where you are now. It's always hard with you trying to think about how I got here.

Ben Condon's medical journey into health tech

It feels like a really coherent plan. When I tell it retrospectively, it was a bit of a journey and it's pretty unclear where I was heading, if I'm honest.

But I graduated medical school and I really wanted to do plastic surgery. I've got a free flight to my left ankle. Ankle reconstruction got infected in year 12 and spent 10 operations the whole term free in the hospital and thought I would have to have my leg amputated at one point.

And then a plastic surgeon came and said, I will do a Free Flight. You can keep your leg. I think that just, yeah, like I don't know, I'd always wanted to do medicine.

But at that point, the idea of putting people back together in that same way was pretty compelling. And that experience, sustained me through medical school and through the first couple of years of the internship and

residency and was really lucky to pretty early on get some experience with Peter Mack doing big kind of head and neck and breast reconstruction with the plastic surgery team.

Um, and I loved it. my first job as an unaccredited registrar, it became really clear to me that whilst I could do the long days, the really long day, that the calls overnight just did me.

It was not sustainable. I'm not a very good sleeper at the best of times and getting a phone call every 10 minutes was, yeah, not compatible with life.

So it actually was like a really challenging, probably 12 months for me to acknowledge that that actually wasn't going to be a sustainable path for me and almost kind of like mourning that idea of what I wanted to.

And then I kind honestly found myself into a spot and first on my life, I didn't know where I want it to do. There wasn' a plan. It wasn"t like a pathway that I was kind gunning for.

And that was really disorientating. I was fortunate to have some mentors that were in urology and they pulled me into a research group and tried to push me down that pathway.

But again, I think it wasn't like having to recognise that whilst they were great people and I had a great experience, it was not the thing that I wanted to do.

So then I took a job in emergency really just to reintroduced myself to the rest of medicine, other than surgery, and within a month COVID. So I ended up being in a COVID emergency department for the pandemic, which was like just a bizarre time, really scary.

And yeah, I think it's just unpacking, still unpack that completely. But the thing that stood out to me from my time in emergency and particularly through COVID was you see all the shortcomings of the health system roll through your door in catheteries, fours and fives and people that shouldn't necessarily need hospital care had they had an intervention some period beforehand or they just have fallen through the cracks for whatever reason and they end up in your and then the flip side of seeing the hospital like evolve so quickly to meet the needs of the pandemic really kind of showed me that actually change was possible in the right conditions.

But I think then coming out of COVID, you see that the system is so stretched at baseline, maybe there's just not capacity within the systems unless you have this incredible stressor.

That kind got me thinking for a long period of time about How else do you make change? Do I want to go to management consulting and advise on change management or do I wanna jump into health tech?

But I think what was clear to me was I didn't have a clear specialty that I wanted to pursue. I didn't want to kind of do something for the sake of doing it.

So, yeah, took the leap and applied for, started applying for HealthTech jobs because I kind was like, I think management consultancy is just going to be like being flogged as a registrar with a different title.

Have a hunch this is going be just as much hard work with some travel. And then landed, yeah, like landed at Eucalyptus, which was a really interesting first place to land.

Like, I think they like had a completely novel model of care that was quite, you know, there was, a lot of resistance to it from general practice and kind of the medical community at large.

But I, think what stood out for me is the way that they, challenged your assumptions. My assumption as an emergency doctor was that people weren't willing to pay for primary care because that was what my lived experience was in the emergency department.

Turns out if you design a clinic that speaks to a patient where they're at in language that's familiar to them in their

demographic and make the care accessible and digital so that they don't have to leave their office or their home, they'll pay a lot of money for it.

They'll find room and the money to invest in an outcome. And that to me was like really powerful. Whether that be in the kind of men's sexual health pilot clinic or through Juniper and pilot weight loss programs.

Because most of those patients were coming to us having been to a couple of doctors and being told to just e-class exercise more and, you know, like not really helped in a way that we would hope that that we as a system would meet people in need.

So yeah, I think that was lots of learnings about what makes a good business, the world of venture capital startups and baptism by fire in many ways. but a really awesome experience.

Let's ask a question in there if that's okay Ben. Were you doctoring in the eucalyptus space and maybe just tell my listeners, some of my international listeners they might not be here.

I think we roughly know what eukalypstis is so it's digital health Digital primary care clinics, essentially they spin up a clinic to treat a condition or a group of conditions and market that to that population of patients.

So they started with pilot, which is their men's health brands, they did discretionary sexual health, hair loss, and then eventually metabolic health.

Really with a point of difference is like a lot of men don't like admitting they have having an issue, but ultimately they want their issue addressed.

So via telehealth, it's less intimidating. You speak to them in a language that's familiar, like they might talk to a friend at the pub. It feels a bit different, But the idea is about reducing stigma and making it more accessible and normalizing that as a common issue that men face and hopefully getting a great outcome.

My role was, I did do some consults, so I saw both sides of it, but my Monday to Friday job was working in the kind of medical operations team, which is like the system that underpins that.

So working on the guidelines and government structures to make sure that in a telehealth consult, you're making safe and appropriate decisions. You've got appropriate referrals back to GPs and the rest of the system.

And how do we train people to do a great tele-health consultation? Because it's a skill. How do you measure that? I guess they had about 150 clinicians at one point.

As an organization, how can you ensure consistency of decision-making and experience across 150 clinics? And because it is digital, everything is visible.

which can sound really scary, but actually it was really amazing to see when you're able to like. give clinicians as a cohort feedback on this is the dream path and this what we're aiming for and where we are falling short.

That feedback is not something you get in medicine. So then seeing that then change and evolve and the quality and care and treatment path for lack of a better word of the patient, we were very quickly able to iterate on that, which is really cool.

Do you think in that way that the clinicians were then brought along the journey Because I contrast that with, you know, working in hospital or working at a brick and mortar primary health setting.

Sometimes you're there doing a job, seeing patients day in, day out. And if you are being kind of compared to, in a nice kind way, I guess, and the norm, but also the vision of where the whole company wants to go to is there, does that bring a different incentive?

Do you think people feel more part of the business?

How digital primary care works at Eucalyptus

I certainly think so. And I mean, I guess I'm biased because I was on that. I hope that was the effect. Like I think like elephant in the room, i'm not a GP and I always giving GPs feedback.

So, you know, like I, was very anxious at the start about making sure that the feedback was respectful and based in. like comparing them to a cohort of GPs and peers and just having a constructive conversation with a peer.

And I think, yeah, generous assumptions, always assuming the best in people, but also earning that trust and being like, this is not punitive. This is about making you be the best clinician you can be and about getting good outcomes.

And what I mean by that is because everything was visible, we could see, for instance, if a doctor's describing behavior started changing. So there's like an archetypal patient.

They would normally prescribe with a kind of cohort mean or median, but all of a sudden there is variance. It's an opportunity for a conversation. Why did you do that?

I had this patient that had a really bad outcome. I'm now a bit nervous with that kind patient, with the kind archetype. In medicine, you can make all of the right decisions and still get a bad outcome, or you could make bad decisions, and the patient might not get great outcome but they might get horrible outcome which we're trying to avoid.

And how do we as an organization support clinicians when they've made a good decision and they got a back outcome to then continue to make good decisions despite that bad out coming?

Because we had such a large volume of patients, it was actually really helpful because we could be like, hey, like you've treated in the last three months, a thousand patients with that kind of demographic and you know don't change your medical decision making for one bad outcome when all of these other patients have had incredible results and continue to have good results.

So that was really interesting and it's just the feedback bias that our brain sticks to isn't it for those individuals. But it's totally human nature and you're like, you've just been burned by this.

I would want to avoid that. Absolutely. We want avoid it too, but also by not making the best decision for the patient because you'd been done, actually depriving that patient in front of you of potentially a great outcome as well.

So yeah, it was really it was really encouraging to see like how receptive and how much clinicians valued it. And to be able to like show that in the data and I guess show them when you set clinicians up for success, you get a great commercial result, not because you're doing it for the wrong reasons, but you doing the right reasons with the motivation and making the patients kind of the center of what you do still has, equate to really great commercial results as well, which is obviously the goal in any business, but it kind of feels a bit dirty to say out loud if that makes sense.

Sure, yeah. Well, congrats with all the success that you can believe that's been sold. Yeah, it's pretty wild. It's a great result. And yeah, then I guess after two years of being up in Sydney, I wanted to come home is the shorter end to that story.

I'd started using Heidi whilst locuming and was kind of blown away by the technology and annoyed Tom and Leah enough to get a job eventually and the rest is history.

So yeah, it's been a really fun ride. Awesome. That's so good to hear. Yeah, lots of different areas you've worked in and tested different things out and thought about that work-life balance as well of what works for you, I guess, and

what doesn't work for maybe determining that you don't actually really want to be at the coalface so much.

You want be this other sort of innovation, well, entrepreneurial, but you're in a big company rather than something preneuring. Yeah, yeah, really exciting.

So I guess, why do you think it's important for the medical workforce to sort stay well and sustainable? And I get through your different zones that What do you think contributes to the clinicians staying well and staying sustainable?

Because the whole thing about burnout is that people often think quitting is the answer. I know I'll leave this place. Get out or leave my medical career and get out of it completely.

Yeah, I think like the thing that I glossed over there was like at the end of that emergency, certain pandemic, like I was entirely burnt out. And I have had a bad relationship with burnout across my career, whether through medical school, like burning out at the end of second year and not recognizing it and then just kind of, yeah, just feeling like the only way through is just grinding it through.

So I've learned the hard way that it will catch you and it's called me a few times. I think the thing for me, that stood out was when I didn't have a sense of alignment with purpose and when i was doing a lot of that emergency work, not really knowing where I was going, it was very difficult to absorb the system failings and the crazy rosters and all of the night shift and All of this stress because I wasn't feeling like it aligned for me.

I think the difference when especially training or finishing, there was like, for them, it was always there, was just like this was their space and like having that sense of purpose and resonance for then was kind of what carried them through the hard bits.

And I think I've found that in health tech, trying to just make the system a little bit kinder to clinicians, if I'm honest, like that to me, the way I kind view what I was doing at Heidi and what was going at you, because if can be a part of a company that makes it like a little bit easier for every clinician to be five or 10% better versions of themselves.

That's like, that impact will be disproportionate to what I could ever achieve as like a single clinician across the career. But I think the thing that I now try and focus on is just like I've acknowledged to myself that, I like being busy and I liked the chaos as part of the appeal, a bit of a workaholic.

calendar management, scheduling an exercise like I would a meeting, treating it with the same commitment that I wouldn't with a meaning or an interview or whatever, actually showing not kind of changing myself and then having having some flags in the ground, I call them in a calendar to look forward to.

Okay. Once a month, where am I going to dinner with my closest friends? And they're all working shift work and most of the clinicians.

Burnout, purpose, and staying sustainable

So it's hard, but we all just put that flag on the grounds. Where are we going for dinner in February? It's in my calendar and it doesn't get moved. Right.

recognizing that one big holiday a year was great and it's awesome to go see some places, but having to wait 11 months for your next holiday, not sustainable.

So yeah, having some, being a little bit more thoughtful and having a couple of long weekends booked in and intentional time with my partner and friends and family.

It sounds silly, but I find just having things to look forward to makes the long days a lot more achievable and it gives you room to breathe and come up to the surface.

So I think that's how I navigate it. I all the science says that like looking after yourself and putting your own oxygen mask on to steal that analogy is like the only way to make a career like in such a high stress dynamic, pressured environment, sustainable.

And I think there's so much pressure that, like, if it's if not me who and when and like this is very like there is acute pressure like showing up for our patients but I as a profession, as caregiving kind of cohort, whether you're a doctor or nurse or you know, allied health person, like you, you very, I think we're almost trained, maybe guilted into putting ourselves last, but to make it sustainable and to, make a, we are not aiming for a five-year career.

You want it to be a 30 plus year career that's fulfilling and challenging and all of that. Like we need to we need to make sure that we're looking after ourselves.

And I often used to joke that I'm a do-as-I-say-not- as- I-do type doctor. Sleep is really important, you know, as talking to the surgical registrar who's on call not sleeping.

But I think more and more I am realizing that like actually practicing what we preach to patients is just common sense. It's not even that profound really, it's just obvious.

Yeah, sure. No, but so many common threats through that is you're irreplaceable, you've got to keep going, there's no fat in the system or we've gone chronic understaffing and high workloads.

I can really agree with you with some of that a sort of silent curriculum that comes in even in med school, which is fascinating that you referred back to a sense of burnout at the end of second year when I guess you probably weren't even at a clinical.

No, it was just the pre-clinical grind of like exams every kind of six to eight weeks and just trying to absorb so much content whilst also trying to learn on like a three hour shoot every Tuesday, all of the clinical skills needed to not embarrass yourself in front of a patient the next year.

Like you were so close, it had been like six years of study at that point. to like be nearly within scratching distance of being in an hospital. Yes. It's terrifying too.

I was like, I've got no idea. Like I don't know how to take a history. Yeah. So I think it's just the swell of like pressure, pressure that you put on yourself, but also just like acknowledging the volumes, the volume of content that was required.

That was pretty relentless. So great that you've got sort of the flag in the sand or the plans through the months and the holidays and mini breaks. I think that's wonderful to look forward to.

Are you across sort what your warning signs are if you're drifting down the roller coaster of burnout? Because it sounds like you'd been there more than once.

So you are in a different company now. Two years in, there's huge growth going on in Heidi. Congrats with all the exciting things globally going there.

Yeah, no, it's really exciting. What are you looking out for in yourself? I'm really lucky because I go to therapy every week just to keep on top of it.

I think it just helped me I want to mirror up to myself. So I think I'm getting better at spotting those warning signs. And I've got a really supportive boss who's always checking in, which is really helpful.

But I, think for me, I am a bad sleeper at baseline. When I' m tired and stressed, and particularly with lots of travel recently, i'm an even worse sleepers.

so rumination creeps in. I Think for, me it shows up in like self-doubt, like that silent self doubt. Like I'll go from a

meeting and I will be less decisive or I like second guess.

how did I say that the right way? And that then very quickly can absorb your whole day where you're playing this game of did i, didn't i and it all becomes a bit foggy.

That to me is like, you need to clear the afternoon and do something different, go around, get to bed and just be a little bit intentional and like taking a break early.

I think that that's the big one for me, really. And I don't know, it's just the sleep, but recognising that, that creeps in is self doubt more than anything.

What would then happen normally or before I would intervene is like that then the self-doubt, the rumination, sorry. makes the sleep worse and it's just like you all of a sudden get into this kind of pretty green cycle of rumination, sleep deprivation and stress.

So that's the big warning sign for me. And then I also noticed now that I'm like, if I'm really busy and kind of the pressure's on, maybe the exercise falls off the plate for a couple of days.

But if i've done that for week, i'm like, okay, this is if, I can't find 40 minutes in a day to go for run, like that's a flag, or maybe not a fly on a singular day, but if it's five days in row, then okay there's there needs to be a realignment here.

So I think just having the space with a boss who you can have those chats with and, you know, we talk openly about balancing the speed and the breadth of stuff we have to get across with everything going on at the moment, the key is not to burn out here, like, so how do we…

It's explicitly spoken about and I I don't think we've seen it enough, whether it be in ourselves or just in the profession. I think it makes sense. If the work is sustainable for us, we can get the outcomes we want faster in many ways.

In some ways, I just think that it's a really healthy dynamic, which I'm really grateful for. Yeah, no, great. So good to hear what works and, you know, that that leadership is supportive and maybe being an example, I guess you're a leader in the team as well, but sort of being that example of your own vulnerabilities and picking up on what What's shifting for you?

Okay, it's time for me to really take some action now. I might be finding it hard to make decisions at work or whatever, but I can see I just need to cut myself some slack, get back out on the footpath or beach or wherever you do your exercise.

And I think it's really important to just be able to take, to know yourself and trust yourself that you'll start taking that action for yourself so that can show up better in your whole life, not just work.

No, absolutely. I don't think that's so true. It's like the, I thinks the thing that has been really cool to having like people around you to kind of help you see that sooner, but then to, take the three hours off, go for a run, get a bit of sleep and come back the next day and just feel better.

Like the feedback loop is actually there. I think it's like, you kind of deprive yourself of seeing how much better you could feel if you avoid that.

Self-care, support networks, and closing reflections

Yeah, I think it's really, touched on the fact being a leader, it has been nice to feel the support that I get from above, but also then also it is very easy to just be like, go home.

To someone who is starting out their career, so to kind of pay that forward as well. But yeah, It's a work in progress

but it was good fun. Yeah, no, that's great.

So I always ask my interviewees, what's a self-care practice you rarely miss? I think I wanted to be honest, but yeah, I saw this question and I'm not actually very good at being like, consistent.

I mean, rarely missed for me is don't miss more than two workouts in a row rather than don' miss one. And I thing for may it's the social connection that I'd think about.

Yeah, I think the reason I moved back from Eucalyptus from Sydney was just because of the I've got five brothers and I'm really close with them. Very, very lucky to have a great network of friends here in Melbourne and the disconnection from that was really challenging.

So that social connection piece is probably the thing that I am really intentional on. That's how I recharge with other people. Yeah. And as I mentioned, a pretty bad sleeper.

I try my best to go to bed consistently and optimize, but it remains in Achilles heel. So I think the other thing that I would say is I'm trying to be kinder to myself.

When I get it wrong, I look for my own worst critic a lot of times and that can just make things worse. That would be the, the the thing I'd say I try and I've tried to do more consistently.

Now, I love hearing that if we can call it support or connection, you know, the social or the impact of having a good social group and going to them and staying connected with them.

That's so good to hear. Not many of my interviewees have sent the Social Network. Yeah, I think it's so important. I particularly, as I was contemplating leaving the hospital, you feel like a bit of a pariah.

And even four years ago, it was more so genuinely, people were like, what are you doing? You could be on a training program. You're nuts. But it were my friends that were in medicine that are like…

you are not happy, but also you could be brilliant at this if you just gave yourself the chance to. And that's kind of, you hope that that is how your friends show up for you, right?

But yeah, it's really special. I think particularly for me, that how I feel in my cup. So having good people around you makes the world of difference.

Well, Ben, I'd say this has been a pretty short and sharp, but very insightful and meaningful interview. Is there anything you'd like to leave the listeners with today as we round out this episode of the Burnout Recovery podcast?

I'm just really grateful to have the opportunity to kind of share my story. And I think the more we talk about it, hopefully the normalised it becomes.

I hope me trying to look after myself better, it helps somebody else and that's all you can really ask for. So thanks for the opportunities to talk to you.

You're so welcome Ben, it's been great to have you on the podcast and I also wanted to say thanks to Heidi for being a sponsor of the podcasts as well.

It's great have the collab with you guys. You know that ripple effect that so many different things can do for those of us in healthcare and i say that broadly not just for medics.

whether it is having the care partner of an AI scribe, if I can say it that way, whether its having a therapist who's in your corner and you're seeing them weekly.

I have a coach who I catch up with weekly, your support network as well. And then that sort of vertical and maybe

horizontal openness and communication with your peers and colleagues in the workplace as well.

I think there's so many gems of how those multiple different parts of the jigsaw puzzle can really help us with that ripple effect across healthcare. Yeah, sure.

That's why we're doing it. So yeah, it's a pleasure. Ready to take the next step in your burnout recovery journey? Visit drjobrade.com for free resources, all 150 plus podcast episodes and information about my keynote speaking.

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