Introduction and Career Overview

That Joao Rafael is an amazing person who's really accomplished quite a bit in his life, in his career. So he went from an internal medicine doctor to one of the first doctors that really focused on anti-aging, and then to clinical sciences of anti-aging, and now is the CEO of of an entire tech platform while still practicing medicine as well.

It seems like a huge, daunting task. And he's been taking the last couple of decades to really achieve those tasks. But what I really want to know is how what is the mentality really behind that?

And, and Joe is such a genuine person who really wants to get his message out there that if we set on a path we as physicians can be innovative, can succeed, can do the things that we want, and also enjoy the actual process.

And so, Doctor Rafael is a board certified internal medicine doctor in New York, in his own practice, and has developed something called physio Aids, which is a tech platform that looks at the biomarkers of aging and also is world renowned speaker, international speaker as well at multiple, different, talks.

And I'm really honored to, to to have him on. He's been the face of ta sciences, which is a which is a company that's focused on telomere biology. And, actually, Doctor Rafael actually has his own summit coming up, just after the the new year in 2022, called the Telomere Summit as well.

So I can't wait to introduce, introduce him to, to the stage. But right before I do that, I want to thank you for being on here. And if you think anybody can really benefit from, concerns of the summit, go ahead and share this summit with people I get people on.

It's not too late. And plus, it's available for replay, as well. So without further ado, I want to welcome, welcome, Doctor Rafael to the show. So welcome.

I'm so happy to have you on the summit. Welcome. Thank you. Chang. Happy to be here. Yeah. So, you know, I think that both of us were in a state where we really wanted to transition from internal medicine.

One point, and sort of develop the things that we truly believe are and are passionate about. So we really want to know why. And how did you actually make that transition from internal medicine practice to what you do right now, which is longevity medicine?

Yeah. So, I trained in an internal medicine program that was one of the first primary care internal medicine programs at, Cornell University Medical Center in New York, at New York Hospital, back in the 80s, early 90s. Now.

Yeah, that's that's what I do. My residency, by the way. Yeah. That's what you did. Your residency? Yeah. Oh. Well, Wow. So we I know we had that in common.

So, so that program was probably there before you were there. And, you know, the reason I went into it was because I was actually passionate about the whole body.

The whole person, in health. I had some health challenges when I was younger. Broken bones, some neck pain, back pain. At one point, I almost had to take some time off from college.

So I was searching for holistic things, so I didn't want to specialize. I wanted to look at the whole person, and I wanted to get my doctor legs. So I went to this primary care program.

I mean, I enjoy my intensive stuff, you know, with Memorial, you know, that place and, and, and the ICU, etc.

From Internal Medicine to Longevity Medicine

but I really wanted to see what it was like to be a doctor in primary care. So I took off for New Hampshire. I stayed in the academic system, the Dartmouth-Hitchcock system.

And, but I was an adjunct clinical professor. But mostly without residence. Some medical students came through. So I was there on the front lines, seeing patients, you know, you know, all through their care, admitting to hospital, etc..

And after about five years of that, I realized that what I was doing really wasn't making a whole lot of sense. I was plugging holes in the damn what?

I really wanted to think about how we could keep them from getting older and needing to have the holes plugged in them. And at the same time, my parents were I was a little bit late to them.

So my parents were in their late 70s, early 80s and starting to struggle with health issues. I see, yeah, Alzheimer's disease. So I started to look around to see, you know, what there was available to, to help my parents because they, you know, they weren't getting back then.

There wasn't much to do as are still isn't too much to do. All that we can talk about the things that one could do about that at this point. Multi-modality approaches.

But, so I started to look at the literature, and it was a point in my life when I could take a little break financially. And I went to a conference out in Las Vegas, the one of the earliest, a forum for conferences, the American Community Aging Medicine.

And it was a pretty star studded crew that was there. Mark Blackman was there. Walter Pierce probably. Isn't it these maybe names from the early academic part of of, sort of age management or anti-aging medicine.

It was called back then, and I just got turned on. I was like, this is fantastic. You know, this is what I want to do. I want to see you know, what the evolutionary theory of aging has to tell us about why this happens to us as we get older, the universal finite rate.

So I, with my partner, who had the same interests, one of my 11 partners at that, Hitchcock clinic, we decided to move back to Manhattan. Open up a practice.

And, you know, in that movie Field of Dreams, build it and they will come. And, it took a while for them to come. So, so in terms of how to build a practice from scratch without having to wait around and wait for the phones to, you know, that that took a while.

But eventually they did come. We got successful since I was one of the earlier doctors doing this kind of thing. I was asked on, you know, daytime television shows and NBC, the Today Show, etc.

to sort of explain my new approach to medicine and, that's sort of, made the practice take off at that point. So that's sort of a just a brief, but relatively brief intro intro into into how I got to where I am now.

I mean, you didn't just magically get on television. I mean, I'm sure there was so much you haven't uncovered yet, and especially with this status, our practice start up.

And then not only that, like doing things a bit outside the box and then putting that out there. I'm sure there was the transition pain point. And then also just maybe a little bit of a fear and, and intimidation in the beginning.

Right? Oh, no question about it. I mean, I did a little moonlighting, at an urgent care center when I first came here because, I mean, literally, you know, we took out ads and we, you know, went into sort of the prominent magazines, Avenue magazine and, you know, other magazines in Manhattan to try to get, good clientele coming as

we knew we didn't want to be, we knew that we wanted to be a cash pay practice, because what I did was to prevent disease and to maintain health.

And insurance doesn't pay for that. Let's just be clear about that upfront. There's a lip service that's paid to it, but really, it doesn't make that much sense.

I mean, insurance is about the spreading of risk amongst a large pool. Of something happened to just 1 or 2 people. So then that can get paid for when everybody needs the same kind of care.

That's that's not what insurance based is. And that's that's why I decided to go out of it. So, you know, we waited and, but eventually if you start having good outcomes, which we did with patients, they start to tell other patients, and then one of the appearances on television got me to a, invited to a roundtable with Bob Butler, who was, the, founder of the National Institutes of Aging at the time.

And, he wanted to convene a panel to talk about this new anti-aging medicine that was out there, that had been sort of making headlines. And so I, I went to it and, and what happened was it really was sort of, bringing the sacrificial lamb to the slaughter.

These gerontologist and geriatricians all wanted to sort of tell me why I shouldn't be doing what I'm doing. That the science was hadn't caught up yet, etc.

but in the end, what I learned from that was that Bob said to me, look, Joe, you seem like a smart guy with the good schools. You're well trained. You call yourself an anti-aging physician.

What are you doing to measure the aging process? And I was like, well, my patients feel better. Their sex drives are better. They're muscle. They're more muscular, they're leaner.

They're doing things they weren't doing before. They're sending their friends in. I mean, I must be doing something right. He goes, yeah, I'm sure you are.

But again, if you're a high blood pressure medical, physician, and you lower blood pressure, you measure the blood pressure. What are you doing? Right.

So that's what set me off on the path of of looking at biomarkers of aging and trying to practice evidence based medicine in the context of aging. And that is what I think, in the end, sort of set me apart in our practice.

Apart because patients could see not only do they feel well, look well, their friends were saying, you know, you got more energy, but I could give them metrics and show them that, in fact, I was slowing down aspects of the aging process, some aspects, some function.

I was improving. I wouldn't say I was turning the clock back 100%, but, that kind of proof to the patient was, I think, a real game changer. So yes, if I had to label what you did and it's very respectful, is that you had a Y, you had a, you had a passion and a reason that was very close to you, your family, and you weren't really seeking out, some of the answers that was done in traditional training.

So you sort it out yourself in a very, very early process at that time where not a whole lot of people were, or on board with the entire aging process at a time.

And then you were challenge. You were challenge was the outcome. Like, how do we know that what we're doing for our patients is actually good? And how do you validate that within the scientific community?

Right. So I feel like a lot of doctors, have these great ideas, but there's always challenges when it comes to outcomes. And insurance companies measure outcomes, like you said, blood pressure data, Medicare.

Measuring Aging with Biomarkers

It looks at, you know, A1, c reductions. But these data points are basically disease outcomes and not necessarily functionality outcomes until very recently.

And in fact, 2022 CPT codes and the AMA committee actually talked about, let's look at some outcomes that are outside the box. Like like the social determinants health and stuff like that.

So I think there's a slow shift into, outcomes data. But the reality of it is I think physicians actually own the outcome data, not the insurance companies and not the government, because that allows physicians to be like innovative and creative.

And the things that we do is exactly why, you know, have you on the show so but but how do you balance this? How do you balance like this clinical practice and doing the innovation part, but also making sure that from a physician leader standpoint, like things aren't just like going to the side and blowing up and the how do you how do you have that transition within your new practice?

Well, it's always challenging, as I'm sure you know, you run a pretty nice organization down there in Texas. And, you know, look, I don't have a lot of hobbies, so, I mean, I work out, and, but my hobby is learning more about my field.

I mean, I really, you know, you don't hear a lot of internists saying they love what they do. And I do love what I do. And I still consider myself an internist, although I don't do acute care medicine anymore because I look at the whole body.

And so to balance it, I mean, you just have to consider that what you're doing when you're reading a paper that's not work, that you're you're enjoying it.

If you stop enjoying it at that point and you go do something, something else, you also have to have a put together a good team around you. You have to know how to delegate. And it took me a long time.

I definitely, you know, when I was a resident delegate to the fourth year medical student, the intern, etc.. But you learn that skill. But when you, when you open your own practice as your own baby, then it's you really kind of like it's hard to let go of the range and you have to build a team around you that you trust.

You know, like an office manager that can deal with the patients, look at the financial issues, etc.. But I don't talk to patients about financial issues.

So I let my, my, my people talk to them because I think that that's important to keep that out of the equation between the physician and the doctor, even though it's clearly important.

And I want my patients to perceive that they're getting value for what they're doing. That takes a big pressure off, you know, one of those pressures that you have as a doctor.

And the other thing I love about my practice that I'm sure you love about yours, too, is that they don't have to come see me. I mean, they don't want to see me.

They don't see me anymore. Nobody's telling them to come see me. They're not definitely ill. They're coming to me for my help. To make them function better and potentially live longer in a better state of health.

You know, I call that sort of the hero versus guide philosophy. Like we physician really should be the guide to allow the patients to be their own heroes.

Versus a lot of doctors are the actual heroes for the patient. That's where a lot of burnouts really occur between the physician patient relationship, I think.

But I think that's exactly what we're talking about. And then the but what's what really interests me about you is that

you maintained your identity as a scientist.

And that's really cool because we don't necessarily, like equates. Okay. I want to start my own practice. Yeah. I'm still a scientist and I'm a data nerd.

Right. And I want to to to to pursue my own field. So how do you do that? How do you how do you mix, like, clinical practice as well as being like a data scientist and incorporate that in like what what drives that that functionality for you?

Well, at first I say this, you know, I wanted to primary care and total medicine. You think that somebody that did that wasn't really a scientist type necessarily.

I've always been very curious and inquisitive, philosophy major, etc. but I, I was willing at that point to listen to the guidelines and apply them to my patients.

When I made the shift out of the disease sick care model to the health care model, where we actually try to promote function in health, right? Addition to just preventing disease.

I had to start thinking out of the box, and I had to start going to the literature directly myself. At that time, you know, the internet was opening up, PubMed was opening up.

You're able to get access to this stuff. And, and I consider each of my patients and then of what, so that the, the research that you do, you don't just take the guidelines and say, okay, look, this maybe they fit into the guidelines and this is what I should do.

You look at them in a, in toto with all the data points that you can, and then you basically apply, you look for studies that apply to them. And so that gets you started.

And then once you get started down that you have to start exploring pathways, both molecular physiological, etc., and it's constantly, a narrative that's interweaving and is that's what keeps you charged off about wanting to do it.

One thing I would say also is get yourself a good reference. Packaging the software I used, I originally I used and note, which is great. Some people use Mendeley.

The thing that I love using right now is Zotero. Zotero. It's fantastic. You know, you can produce bibliographies for yourself, for patients, for papers.

If you have interesting paper, you just click up in the corner when you're on PubMed and it drops it right in there. And then you can go back and see that list of things that you're.

So that that makes it easier for me to keep track of all the different areas, because I'm not just in one specialty. I mean, when you're in, right, management, longevity, you're looking at every organ system because it all gets affected by the aging process.

So that's I mean, I think I became more of a scientist. I then got the opportunity to do clinical research in my office, and that's when I sort of, I think I became more of it.

And I realized that you have to do that in this day and age of medicine, if you're going to take the best care of your patients. Absolutely. And you have, I believe, your own summit coming up as well, right?

I do, we're in the middle of it right now. Talking about telomere biology and its applications and other aspects of the hallmarks of aging that affect younger biology.

Yeah, I mean, that's, that's that's beyond me right now. But how did you, how does it even get into, like, telomeres? Like, how did that become a thing for you?

Yeah. So serendipity really, you know, you have to keep an open mind and you have to keep yourself open people out. You know, people look back in their lives, they go, which doors are they open?

Which doors that they not open. And this is a door that I opened that was kind of a weird door sitting in my practice. And someone knocked on the door, you know, and said, we, you know, I represent this company, and and I wonder if you'd like to meet the founder to see whether or not you'd like to offer the product that they have.

And, you know, that's like, maybe like a sales rep type thing or like, but this would involve a pharmaceutical company. Also Zumba, a brand new type of supplement, that was had been well researched because it started as a drug, as a new investigational drug.

At, at a corporation called Geron. And had been then the company moved away from aging toward, cancer therapeutics. And so they sold off the rights and no patent.

The founder of to Sciences, this company came to me, after that introduction and I said, okay, I'll meet this guy. This sounds kind of interesting. I don't know much about telomeres, but, you know, why not?

I thought I've been doing a lot of hormone optimization and exercise. Antioxidants diet you and. Well, there. And I thought, you know, I go to the Endocrine Society meetings for seven years in a row at that point, or more than that.

And I thought, you know, it wasn't like I do everything there was. No, but I felt pretty good about that aspect of my practice. But I knew there was more to aging, so I said yes.

And what we ended up doing was following, 100 or so patients over the course of the year, taking my supplement protocol. And his telomerase activator and measuring my many, many biomarkers of aging, both molecular, cellular and, organismal.

I mean, organ system based. And to see what the effect was over over a year and we published that, in 2011 and then a second paper in 2013. And I've been doing more papers in telomere biology since then.

So it's been kind of came came about that way, said yes when, Chris said, no, I'm too busy. But I'm glad I said yes. Now that's great, because I think you kind of hooked into, your own, you know, curious brain.

Right? And when you get hooked into it and understand the science, the data about it.

Building PhysioAge and Clinical Research

And that's what creates a lot of joy, I think, in life and a lot of growth and contribution to the medical community. And I just wanted to tell doctors, it's okay to be curious.

Is it okay to do do your own thing? Whereas you have four other speakers on the summit that talks about how to really do your own thing with your own medical practice, and everyone took it sort of a different direction, whether it's academic, whether it's some it's clinical research or basic science, is is okay to do your own thing.

And we have someone I went into culinary, culinary medicine as well. And so, the, the, the air of opportunity is always going to be there. And so I feel like a lot of doctors may feel the burnt out when the air of opportunity comes.

So they kind of go into sort of the shut down mode. And then, you can miss really cool things that come your way. But in your prime example of, you know, you just said you love what you do, and then you're always that curious brain and absorbing more of the data and more of the knowledge and continuing your own path.

And now you're about to launch your own summit for, for telomeres. So congratulations on that. Thank you. Yeah. I mean, you have to, what is that chance favors of a bared mind.

I think it also favors somebody who's, you know, willing to take a chance. Absolutely, absolutely. But let's talk about something else that I've been very curious about that you're developing, which is physio, aids, health analytics.

Why don't you just, talk a little bit about that and what it's intended to be? Yeah. So that was an offshoot, of. Well, I mean, to step back a bit. Yeah.

The rest of the conversation with Bob Butler was, you know, what are you doing to measure these things? So I went on a deep dive into how you measure the aging process, at many different levels, and found that there was a burgeoning literature of biomarkers of aging, which are things that correlate with chronological age, physiological markers like systolic blood pressure.

And then, you know, even more, better marker, arterial stiffness, pulmonary function, fev1, and then all the way down to telomere length. And now there's, you know, DNA methylation, etc..

But I did that deep dive. And I said to the owner of geosciences, no, Peyton, you know, for me to recommend this, it needs to lengthen telomeres or keep them from getting shorter.

But it also has to have an effect on, you know, major organ systems are going to call it something is having a beneficial effect on patients. So let's measure all those systems.

So we did and we I did it along with a, statistician who was a, geneticist, head of the Genome Technology Center at Stanford at the time. You can come and, he crunched the numbers.

We together looked at them. And in addition to the stuff that we published in the paper about the reduction in senescent cells and, and decrease, in short, telomeres and ultimately other metabolic health markers, we found that for biomarkers that were not in blood in two blood biomarkers, if you put them into a multilinear regression model, ended up predicting chronological age better than any of the individual ones, and each of the individual ones contributed independently to it.

So we're like, that was a bit of an moment where we said, wow, we have a way of knowing whether or not in toto you have a beneficial effect of something in a patient that you're doing.

So that was the the founding of physio health Analytics. We then, you know, put together a software development team and made it web based, and continue to add other markers to it to not only tell people where they were in the aging process way before disease.

Starting in your mid-twenties, are you more like a 20 year old or you're more like a 30 year old? I have 50 year olds or more like 40 year olds, overall.

And I can tell them based on the markers that we measure and then putting them into the system, you know, how what they're doing, both through my prescriptions and supplement recommendations, their lifestyle changes, their diet changes, their exercise changes, how the needle is moving in their aging trajectory.

And then they can look at it themselves in a way that is, easy to understand. We give an overall age for the overall physio age. We give an individual age for the cardio age for the full age, the cuter ways, the telomerase age, etc.

for the major biomarkers of aging that correlate highly with age. And then we do 600 other markers, depending on how many patients willing to pay for, to look at other aspects of the of, of of health that may not correlate tightly with age.

But we know what is good, what is okay, what is borderline, and what is bad. So we give a great, a through F. So it's a physical health analytics is a biomarker imaging system, a health report card.

And then it's a recommendation engine that helps patients and doctors using it in tandem, measure what the effect of the, where they are, the aging process in health in the first place, what their weak systems are in their strong

systems are.

And then how that how it's changing over time. That's the that's what I call meaningful use for air. It's not a fully HR at this point, but it gives a metrics for you to know.

I mean, you mentioned hemoglobin A1, C for instance. Yeah. They're going to look at that. They're going to say okay if it's 6.0 it's prediabetes. If it's 6.5 is diabetes.

It's not going to say anything about 5.5 versus 5.2. Well, if you go from 5.5 to 5.2, you're doing yourself a whole heck of a lot of good. And if you just if you just say, okay, well, you're you're normal for your abdomen.

Well, you're, you know, either below 5.7 or above 5.7, a patient who's gone from 5.5 to 5.2 is not going to get credit for the stuff that they've been doing, be it, you know, belly fat loss, exercise, muscle mass increase, berberine, metformin, you name it.

Whatever it is, moving further towards optimal health is what the software is designed to help people do through the full range of a value or any physiological parameter.

Gotcha. So it's it's diving deeper into the data set and understanding not just what's abnormal or what's normal. It's what should be normal for you, depending on a, you know, set of goals that you want to achieve.

So so that's that's great. And I think that's really the missing link in, in, in what we consider to be, medicine these days. So I do an apology for that.

So earlier, you said you didn't have a whole lot of hobbies. I beg to differ. I think, you know, it's just that I don't have a whole lot of time for my hobbies.

Gotcha. And so this is. I mean, this seems like a hobby, too, because right now, I mean, you went from, you know, internal medicine to, you know, longevity medicine to a software developer with a Stanford statistician to, software engineers.

And this is I mean, this sort of is not your typical path as a, as a physician. But, I mean, how did you how did you even think about, hey, I want to do this, and I'm going to get a statistician in software engineers.

Or did you already know them? Like, how does that even come about? Well, originally, I was introduced to your through the company, because they needed a statistician to analyze the data.

And then ultimately, Johan did some software work for us, but we needed somebody who was, you know, not as smart as he is. Who? Not. Which is not to say that a software engineer is not smart, but, not a PhD in genetics, and biostatistician.

And so we, we, you know, found actually online, looking for, you know, there's some great tools for that, looking for a software developer and, you know, for a while there, I tried, you know, working, offshore.

That worked out somewhat. I mean, it's there were a lot of ups and downs in that process. And, you know, I still hard time thinking myself as a CEO of a software company.

But I do have my lumps and bumps from it, that's for sure. And, yeah, it is a hobby. I mean, because I like it. I mean, I do enjoy it. I like seeing, you know, the software come to come to fruition.

I like using it in my practice. I like getting feedback from other doctors that are using it and showing, and seeing how it's helping them manage patients.

So it's a hobby in that regard. I'm trying to turn it into a relatively bigger business at this point, and we're looking to develop it into a larger area, although it's used, you know, around the country and around the world and in doctor's

offices.

The practice is kind of medicine. Are you still in clinical practice right now? Oh, yes. Yeah. Goodness gracious. You have no time. Yeah. So that's the thing.

You know, there's there's not, there's not the best balance in that regard. But, you know, again, I really like what I'm doing, and I like seeing new patients, and I have a good team around me to help, manage patients as well.

You know, for some of the stuff that I don't necessarily need to get involved in, which doesn't mean that I, you know, don't pick up the phone and call my patients.

And that's the other thing is that, you know, in a patient, in a practice like mine, it's it's very high touch, we, you know, take care of the patients.

Telomere Biology and the Summit

Say they will text me at times. I'm on call 24 hours a day. Although, you know, they'll call up saying I'm aging too fast. You know, it's like it's not emergencies in that regard, but, but but we we we we want the patients to feel like they're, you know, we we care about them, and we do.

So, I mean, I'm in full time clinical practice. I set aside two days a week to do software development to, you know, to participate in and calls and learning new things.

I was just on a really interesting call earlier, and, to, you know, because what my patients want from me more than anything else, you know, the software is great and important and it gets integrated in the software.

What they want for me is to tell them what in the fascinating, fast paced field of longevity medicine, I think can be applied to them, that's cutting edge and, and what shouldn't be applied to them.

You know what is just not ready for prime time for them based on their risk benefit equation. So I spend a good a good amount of time doing that, which I think, you know, is important.

And go to com I mean it's fun to I, I before Covid I traveled a lot. I went to conferences all over the place and Europe, Asia, you know, it was it was a lot of fun.

Getting back on that again. But, but now, you know, conferences sort of. Maybe we'll be virtual. Maybe we won't be. We'll see. Right. Yeah. Like this one.

This is a virtual conference. That's right. So there's a lot of doctors out there that are listening. And they also have their own desires, wanting to be innovative and entrepreneur world and maybe startups.

What are you what are some suggestions or advice you have for these doctors at this point who are just starting out to think about these things? Yeah.

Well, I mean, I think, you know, first of all, don't do it for the money. You know, it's too much work for that. And, you know, better off buying Bitcoin.

I guess if you wanted a while ago. You know, I think you have to have a passion about it because it's going to be a lot of work and that's going to come through that to anybody who's thinking about investing in you.

You know, you really if you have an idea, you're passionate about it, you see its use case. You know, I use my software in my practice every day, and I couldn't function without it.

At this point, I it's important for me in the kind of medicine that I want to practice. So I think that that first of all is and then also, you know, for me that, I mean, again, visual aids is not a household name yet, so I'm, I'm giving you

advice out here about, you know, a company that's still growing.

But I think that you want to you want to try to do things as. I don't say small, but I mean, you want to be careful about accepting a lot of money. If you want to have a plan in place, incremental progress, set milestones and then have a team around you that just, you know, has the same passion and executes and keeps you in line because, you know, if you try to, it is difficult.

I'm going to say it's not difficult. It is very difficult to mix clinical practice with, you know, having a company and software development because, you know, you're never you're never on break.

Basically, if you're not seeing patients, you're thinking about what you want to do with this other stuff. So I think that's that's, you know, that's where having passion is important.

Otherwise you're just going to ground, ground into the ground. Yeah, absolutely. And, you know, and my experience is, you know, I'm kind of straddling the fence myself, several businesses and being administrative as well as in clinical practice, full time as well.

It's hard. And she uses different parts of the brain. And what you do as a physician, the role is quite different as a CEO or as any sort of physician leader, managing an operations and trying to guide and everything like that because there's, performance indices needed set.

There are, you know, trajectories. And so I do think that, what you said is really echoed by a lot of the other, people that's on the summit talking about, you know, how do you execute certain things and just taking it one step at a time, not doing too much.

And then if it blows up, that's fine. Then just to come back a little bit and then and then retrace your steps.

Advice on Innovation, Leadership, and Balance

But, but, you know, I think that, I'm under the category of a guy that's always looking forward to to failing, but I want to be able to make sure I feel forward and learn from it and then utilize that concept to drive forward, you know?

Yeah, I've been doing that a lot. I've never called a. Failing forward. It's like, you know, I didn't really fail, so I can't quit, but I didn't get exactly where I wanted to go.

So I made some progress. So yeah, it's interesting. I don't think I would say that. Remember that you're a physician. You know, some people maybe are more business people and went into medicine because they want to please their mother or something.

And some people. So they might have great business sense, but I think a lot of physicians, while they think, you know, obviously smart people, you know, I am very careful about choosing people around me who, can handle the administrative and the financial.

I know what's going on, but I don't get in the weeds with that. And I have colleagues of mine, you know, in the New York area who are very hands on about that, maybe because they've gotten burnt at some point by, you know, a business person.

But it really is tough when you're, you know, sort of trying to do the numbers stuff that's not your that's not your strong point. At least that's not my strong point that I, I think that you have to find somebody that, team that you trust and let them take care of the numbers.

Keep an eye on it, for sure, but but, you know, you know, about physiology, pathways, patients, things like that. And that's maybe, I think the thing to keep, keep your, keep your focus on.

Yeah, absolutely. We all have our different strong suits and weak points and, no matter what it is, we have to make

sure that there is a team around us.

And we have to be humble to the fact that, our team are going to be able to see things that are invisible to us. And, our communication has to be respectful.

So they let us know what these pain points, weak points are. And I feel like a lot of, leaders feel like we have to take on everything ourselves. We have to do everything ourselves.

And what happens is, that the team becomes a bit intimidated, because it's going every which direction. And I see that quite a bit. And, you know, I used to be that type of leader as well.

So I've tasted that pain point. But but you're absolutely right. I think the team around you is not only going to be protecting you, but we have to let them understand that from a communication perspective, it's got to be mutual.

It's got to be respectful. But we're here to protect each other. We're here to work for each other as well. So, very, very happy you, you said that. And so, what do you think is something that you learned recently?

Just about being a CEO, running a company that you wish you knew when you started this whole journey? I mean, I think that, you know, one of the lessons that I've learned is that it takes a whole lot longer than things can take.

I mean, that's not a new lesson on, to be sure, but if you know, I've for the first, you know, five years or so, I was beaten up, beat myself up about the fact that it wasn't exploding because you hear all about all these companies explode and have super scalable models.

And, you know, my original model in our practice, you know, in our practice, but in the software there was hardware and software. And so that was a little bit of a pain point.

But I think I had expectations that things would, you know, be rapidly taking off. And they, like you said, they continue to get better. And I think now I'm taking, comfort in the pace that things are going.

And then, you see, you know, it also doesn't go linear. It goes all of a sudden and some introductions are made, and all of a sudden a whole explosion of, of opportunities takes place.

I'm at that point right now, which is very exciting for me. People looking at the software that, you know, may want to make a major infusion of capital into it, to grow it to a big place.

But, yeah, you know, there's things to work on while you're waiting for that, you know, perfecting things, working on things to, to make it better and don't lose.

I think I'm beating myself up less now about not being, you know, a software billionaire multi-billionaire. At this point, particularly since, you know, I still love my day job, to which the three days a week kind of thing.

So, you know, I think that's not perhaps, you know, new, but I think I just would echo that you really kind of have to take care of yourself. Otherwise you're going to just be, You know, you're right.

I also echo that sentiment because you do expect things to just kind of take off. So, you know, for in my practice, there were so many different obstacles that I did not see.

Everything from, you know, Hurricane Harvey to, to employee, and staff issues and communications and patient stuff. And I think that, you know, that's the reason I think you talked about the very beginning, is that you don't want to do for the money.

You want to make sure that you do it for the passion of it, because as long as that passion in that drive is there, it's all worth it in the end. And you know, later the money will come.

Like you said, you build it slowly and steady and then something happens where it can go higher, or something happens when you all of a sudden realize, this may not be the direction that I want to go. And it's okay.

So okay, let's just pivot to another direction and then work on that level of passion. Right? That's absolutely right. Yeah. I mean, there's been punctuations over the past 25 years, you know, nine over 11 now, Covid, that, you know, definitely make you think, well, where am I going from here?

But I think, you know, you if at core, you know, that what you're delivering is, is useful and helps patients, helps doctors do take better care, of what their of their patients.

Then, you know, there's always going to be need for that. It has to be, you know, something that's actually working. But but that's I think that's the thing has kept me going, you know, and the other thing is just, there's just such an explosion of knowledge in this field that, that has, you know, because of social media, because of the internet, people have a taste of it, but they don't have a good vetting of it.

And I think that, you know, that's, that's that's an area that doctors really need to step in and, just in their own, in their own practices. And, I find that that's, that's something that I'm doing on a regular basis now. That's that's beautifully put.

So, Joe, I want to thank you for being on the summit, and it's so great to talk about the things that are not really often talked about, in the physician side, which is going through burnout in startups and tech and all that stuff like that.

But that's what this is, some is really designed to do. But thank you for sharing your experience. What a unique journey that you've had. And you're going to continue to have.

And I really appreciate you just kind of being vulnerable as well, with, with the doctors here. So thank you for that as well. We're weapons. Great speaking to you.

And I look forward to keeping the conversation going between us. Absolutely. So how do people find you if they want to know more about what you do and the software and everything like that?

So, the software is, physio.com. Why SEO ag.com, that's where you can learn about what the software does, how it functions. I regularly post on Instagram at Rafael, MD, FDLE, MD those are the two main sources.

I mean, I'm on Facebook, but mostly mostly Instagram and R, and I have a practice website as well. Rafael medical.com, for patients that are potentially interested are for doctors that want to come.

You're patient. You're I've probably 25% of my patients are doctors. So, yeah. So thank you very much. It's been it's been a pleasure. You know, thank you so much for being on.