Meet the Sleep Bros: How 4 Sleep Physicians Are Pushing Sleep Medicine Forward Transcript

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Sponsor Intro and Sleep Bros Preview

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All right, gentlemen, it's another day, another dollar. No, not another $1. It's time for another show. What's going on today, Robert? Yes. Hey, Jerry.

So today we are joined by the Sleep Bros. Sleep bros? Who is that? I thought we were the sleep brOs, but I guess… Imitators. But today we have Dr. Ed Mezerhane, Dr Asim Roy, and Dr Vikas Jain, as well as Dr Jerry McConnell.

There are four powerhouse sleep medicine physicians who combine board-certified expertise with infectious humor and they make sleep science fun and also actionable.

And I think that we'll get to see Today, the different subspecialties that these guys all sort of got started with, but have all migrated and become these tremendous, tremendous sleep specialists.

So we're excited about today's episode. Dr. Miserhane was on our show in the past, right? Yeah, he's an alumnus. Yeah. He is. We probably got 20 views of that episode, though.

I think it was like, you know, episode 10. Oh, when we just… Well, hopefully this will reboost him. Because he has got a great product. And I will say that we're very grateful for him to support us back when were just starting.

So that's awesome. Yes, we were pups. We were, we were. It's going to be a good, good fun show today. I think we'll learn a lot and probably have a few laughs along the way.

Well, let's go. Let's see what's gonna happen. Yep. All right. On to the show. Sleep Tech Talk is brought to you by Fisher and Paykel. Fisher & Paykkel Healthcare is a leader in CPAP mass design and innovation for over 20 years.

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Meet the Sleep Bros

Lights out! Welcome everyone once again to another episode of Sleep Tech Talk, the sleep podcast with your host and friends, Emerson Kerr, Robert Miller and me, Dr.

Gerald George, Money Corrode. Folks, we have an amazing show today. It is a very, very full show. I do not think we've ever had a show this big. This is so big, Well, I'm not even going to tell you how big it is, but before we talk about that, just want to say a huge thanks to each and every one of you for joining us and making you a part of our lives and make us so big in the sleep world.

We can't thank you enough for that. Thank you all for the likes, subscriptions, the shares. most of all spreading the word. We thank you so much for that.

And a huge shout out to our sponsors for making this happen. we can't do it without them. Please be sure to check them out. With that being said, I'm going to say a big welcome to the Sleep Bros.

Gentlemen, welcome the show. If you could just let us know who you are. Doc? Sleep Tech Talk is sponsored by

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Excellent. Thank you, Jerry. Nice to see everybody. Dr. Ed Mejerain here, as I like to say, the local friendly neighborhood sleep guide down in Miami, Florida.

Happy to be back on this show. I can get to stay that I've been here with you guys before and happy to back with the Sleep Bros today. Thank you for having me.

I'm a Seam Roy, I am a sleep neurologist based in Columbus, Ohio. Run a private practice. Been practicing for about 20 years and very grateful to be here with my very close colleagues.

And I'm Vikas Jain, I am a sleep physician based in Frisco, Texas, run a pretty large sleep practice here in Dallas. I also licensed in 44 states, so we do a lot of work with TELUS sleep nationwide.

And then really focus on neuromodulation, building scalable sleep programs as well. Super excited to be here with the Sleep Bros and excited be with three of you and thank you for having me.

And good afternoon, everybody. I'm Jeremy McConnell, I am a sleep specialist and obesity specialist in Bradenson in Sarasota, Florida, and private practice.

Like my colleagues here, our practices are quite similar in different ways, including clinical research, laboratory, DME and other things. And so we'll talk about some of those things today, sure.

Awesome. Hey, I don't know how we made it through introductions and you guys didn't even have one crack on each other the whole time. We do appreciate you, guys, joining us today and how did this whole Sleep Bros group start and maybe give us some idea of what you do and, you know, how you have developed this relationship and all of the funny content, it sounds like, that comes out of happenings of The Sleep Bros.

How the Group Formed and Shared Expertise

Yeah, I don't know. Maybe I'll jump in on that one. So we're at a, the collective of the four of us and a few others, we were at the pharmaceutical training program in Chicago and we went out to dinner one night.

It was great dinner, it was awesome. But I think the synergy amongst the form is really starts from being private practice owners and having gone through so much the difficulties of running a practice, developing programs, managing patients, all those things.

It's like internal knowledge, right? Business intelligence and what goes on with it that we all shared in common and realized that There's some brotherhood there, there's commonality.

There are a lot of things we can learn from each other. And I think that really hit the right stride. It was kind of a selflessness, I should say, to sharing this information.

We each have different skill sets, and we bring those together and complement. That's how it started, I was going to ask the question is, have you guys been able to incorporate maybe some things that you each one of you specialize on and help the other guys with with that particular area?

Yeah, I'll jump in here. And that's one thing that I've always said, guys, listen, we're going through the same pain points. But of each individual practices in different parts of the country, i think we've learned to do maybe one or two things well.

Right. So why am I trying to reinvent the wheel about obesity management when Jeremy is the expert of that? Why is Jeremy trying to reinvent the wheel about remote patient monitoring when I'm the specialist in that, right?

And so we've learned to share these ideas and say, hey, look, well, wait a second, I already got a protocol for that. I've already figured out how to do this, why don't I impart that?

It's really in sharing ideas or sharing knowledge that this has really become a thing. So what is Sleeprose then? So Asim, do you wanna take that one?

I mean, basically, I actually don't know the exact moment that term coined, but what really, I think, stamped it firmly was an image of the four of us on Mount Rushmore.

And that pretty much, epitome of like the Four of Us on Mount Rushmore really just said, all right, this is now legitimate at this point. But I actually don't know the exact moment this happened though.

Yeah, I really don t. I think we just started like I would have a side chat with Jeremy and then a sideshow with Vic and I was like, wait, these guys are talking the same thing.

Like, let's just put it together. And then, you know, Miami is the bro capital of the world. So I called the chat the Sleep Bros. And then from there, I think it was either Jeremy or Vic.

I don't know who came up with the AI generated image of us on Mount Rushmore. And somebody intentionally leaked that. What? And then just kind of one after the other, after other.

And even actually earlier today, somebody mentioned something and he's like, yeah, the Sleep Bros told me that. I said, oh my God, this thing's kind gone out of the chat, right?

So to speak. Yeah. Really, it's just… It's like everyone's trying to bring sleep to the masses. And I think for the longest time, most of who, you know, disseminates information, it's all coming from university and academic centers, and that doesn't always really translate into the real world.

if I was gonna build my dream team or who do I want around me to learn from these other guys. And so I think just over time, some people in industry also realized, hey, like if we're looking for advice or if like, or we wanna learn it from the people that see patients on a day-to-day basis, what's the easiest method to do that?

It's kind of like to get the four of us in a room, you're probably encapsulating most of broad spectrum sleep medicine in all capacities because we all have worked in sort of all the various spaces with CPAP, oral appliance therapy, neuromodulation, research, AI, tech, et cetera.

So that's what I love about the group is like, you know, there's pretty much like we all add value to one another's practice. And so we'll grow together.

I think another thing is, like the idea of all of us in terms of the way we operate is relatively forward thinking and we are all early adopters. We're not afraid to try new things and see if it works.

Private Practice, Scaling, and the Future of Sleep Care

Not everything works perfectly when it's new, but we're willing to kind of push the limits there in terms of new technologies, new concepts, and it is hard to find people that are like-minded like that.

Would you say in a lot of ways that this is a really good example of multidisciplinary and multimodality where you've kind of brought that to life in this sort of setting?

Yeah, I would agree with that. Yeah. And I think one of the biggest challenges I thinks our colleagues are facing in sleep on the whole. So if you look at it and say, well, roughly, we're not training sleep specialists at the clip that

they're retiring.

We've got a problem ahead. Most of clinicians today, what, 75% are employed. They work for a health system or they work in maybe a larger multi-specialty group practice.

In many cases, they lack the authority to engage and do new things or try new thing, maybe perhaps, you know, siloed in or pigeonholed into a particular role because of the nature of those things.

One of advantages of private practice is the fluidity. of what we can do. One of the disadvantages is when it's your cash flow that's flowing, it takes on a different meaning.

So there's risk reward that goes kind of alongside that. And so one thing we've all learned, I think, in our practices is be decisive, make decisions, but fail forward and fail fast.

Figure out what works, and make those decisions and move on to the next step because we'll spend too much time wasting time. You can't survive that way.

So we all have a heart for that private practice environment, which I think is important. Although when you need some investors, you know, three other people to call pretty quickly to to get them to jump in.

Right. That's right. I've already requested money. Shucks. Yeah, I'm late to the game. Just don't just leave some on the side for me. OK. And, as Jeremy mentioned, right, being in private practices like.

being on your own, right? Sometimes you get siloed and like, hey, I wish I had somebody to ping an idea off of. And these are guys that admire their style, what they do, how trend forward they are, and how quick they were to react, or how visionary they're.

So for me, you know, i'm not at a university setting with a professor or 10 members of the sleep division, it's me. I now have three or four guys that I could quickly ping.

Hey guys, what do you think about this? I'm thinking this, I am thinking that. Have you guys done this before? What have you learned? what mistakes? How can I learn from this and so it's a nice way to have a collegiate conversation as well.

What I really love seeing and listening to the four of you is the fact that you have this collective knowledge. that you're able to share with each other and get, you know, they always talk about best practices and that sort of thing.

And to Dr. Jane's point about you are not tethered to a university waiting for somebody to say, we can do this and wait for all these steps before you get the thumbs up to, say okay, you can go ahead and try X, Y, Z.

You're able to get this information or get new information and proceed with it. And at the end of the day, I believe, and that's what I've seen from all of y'all's practices and what we see outside is that you'd get best outcomes from your patients as well as a result of that.

Could you talk on that a bit? Yeah, sure. No, no, go ahead. No. I mean, for me, the ability to make a decision, see if it works and again, get some advice from these guys like, hey, this is what I'm seeing right now.

This is our regional issues. What are you guys facing? The same things. Let's pivot. Um, let's look at this new technology home test, whatever it is. I think it allows us to be able to, again, move quickly and see if it works.

But that lack, there's no red tape, right? Like that's our ability to nimble that way. And again we all are facing relatively similar struggles. So it's important for us continue to learn from each other and and to see what we're each doing well and what were not doing.

You know, we're seeing such a change in sleep right now, you know as, as we see fewer sleep specialists, fewer,

sleep technologists, a lot more going to primary care.

You have the embrace of the GOP ones, even over CPAP when it's not indicated. How do you guys see your role in really continuing to be an educator, not only to the small business, but to really is out there on their own as a non-sleep specialist to really share knowledge and around this because it's kind of turning a little bit into a Wild West with some of these newer things and with 8109 on the horizon and things like that, you know, there's a knowledge gap that's rather extraordinary.

How do you see your role in this new frontier? Well, I'll take that if you guys don't mind. From my perspective, one of the things that we all understand, right, is this push to diagnose, diagnose because we just are missing a bunch of these patients, and ultimately, As Jeremy mentioned right there's just this sort of retiring breed of physicians and we're not training enough to be able to compensate and if we look at this figure that we've only diagnosed 20% of all the patients with OSA and We already can't take care of 20%. What are we gonna do the 80% that?

We haven't taken care. So ultimately we probably are not going to the ones to diagnose that that 80% that's missing, right? What we're gonna be left with, I think, is kind of quarterbacking and managing their treatment through extenders, through different types of providers, though networks of primary care, cardiology perhaps, ear, nose and throat, pulmonary, where we are just sort of running quarterback, looking at data, big data sets and saying, okay, what are we gonna do with this patient longitudinally?

This is the right therapy, not the therapy. How do you plug that patient in? into the right sort of treatment modality. And for us, again, if we even diagnose just another 20%, if get this double, we're not gonna be able to take care of those patients, right?

So it's gonna us kind of hub and spoke, I think, and people coming and saying, well, this guy I actually need to see, but that may be maybe 5% or less of what all the patients that maybe there, Yeah, I think it's gonna be way more than that.

You know, well, yeah, it can be a high percentage that are still complex and need that more specialized care. But at the end of the day, we need to leverage the technologies moving much faster, right?

And we could throw that AI word out there. It means a whole bunch of different things, but at the end of the day, I think we need to leverage technology.

The current limited resources we have amongst even just primary care is limited in itself already. So again, how are we going to expand our ability to manage these patients?

And there's many patients that do well, right? The home test, the AutoPAP, and FLY. Like we sometimes will see these seven years later, their machine broke and we're like, oh, where have you been?

And they're, like I did great. I didn't know I had to come back, right? Every one of us see those patients, so could we alleviate that? Or is there some sort of remote monitoring kind of platform, you know, as an expert in that space, how can we leverage that, insurance barriers?

Technology, Remote Monitoring, and Comprehensive Treatment

There's just a lot of things to navigate, but I think with our background, our expertise, to figure out what's the most efficient way to manage patients that need extra care and the ones that really don't need us.

people are oversimplifying a very complicated specialty. This is not just your AHI is six, and that's it, right? I mean, there is, you know, cardiovascular risk, hypoxic burden, AHIs, supine, narcole.

There's other conditions as well. And so it's not, just hit the easy button and everybody gets treated. If that was the case and we could just put everybody on AutoPAP, We wouldn't be here right now talking about all these other treatments.

And there's like so much data that even shows even a year out, like 70% of these, we're down to like 30, 40% CPAP adherence, and then people need other treatment.

How do we identify them? Are the primary care doctors going to know what to do? I think that's where they're going the specialist, and that's really where I think as sleep specialists, sleep techs, everyone in the sleep industry, like familiarize yourself with things beyond just CPAP, you know, because that is how you protect yourself from sort of becoming obsolete.

You know I wonder sometimes have we moved to a place where we spend more time qualifying patients than diagnosing patients? And there's 84 disorders for a reason.

And it almost seems like we've really gotten to place that all we're really, so many are just trying to get that AHA, like you said, Dr. Jane, and just move on to the therapy rather than really considering the X and Y axis and all the things that could really play into what is causing the comorbidities to be functioning the way they are relative to their sleep disorder breathing.

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Now back to the show. Think about 10 years ago. It was like, hey, sleep labs are lucrative. Let's open up more sleeplabs. And then home testing is lucretive.

Find more ways to deliver a home test. But all anyone's done is just increased diagnostics. No one has done anything about the treatment pathway to make that better, you know.

And so I think that's where, yeah, we're identifying a lot of people, but we haven't really found great ways to manage these patients on a large scale.

I mean, I haven t seen a great solution yet that s sustained itself outside of your neighborhood sleep docs like us taking care of p eople on day-to-day basis.

So, So, you know, I don't think that we're going anywhere anytime soon. We have a lot of distractions the last few years, with the pandemic and then a giant recall of one of our top manufacturers.

It's been a tumultuous few year. Absolutely. I think to your point, Emerson, we have to leverage the team. I think in order for us to scale, to see the volume of patients that are coming to us, I am one person.

I have 24 hours in a day. There's no way, as they say in doing stress testing, the treadmill always wins. It can always go faster and higher than you can.

So it's just a grind at a certain point. How can we effectively manage this volume of people in a sort of efficient manner, in cost-effective manner and do so with really good outcomes.

Number one, I always like to always say is you have to inspect what you expect. You have look at the end product and ask yourself, how good of a job are we actually doing?

Number two, you know, can we take the workflow and cut out as many of the barriers to delivering that care as possible? How can we do so with just managing an operation with the lowest cost possible from an overhead standpoint?

Well, what I've resorted to in my practice is to use a team-based approach. Using PAs and nurse practitioners and we have sort of like a hierarchy of complexity, if you will, and what they're trained in and they can do.

And they do a great job. They really, really do, they are focused in on those areas. When a patient rises to a certain level of And we use respiratory therapists and we used registered technologists who are in our practices during the daytime who function as sleep educators and are really there to triage and identify what the problems are because they're functioning at that point to the highest level of their training and knowledge.

and they do a fantastic job. And they'll do better job, obviously, doing a mask fitting than I will. What's the point of using an ND to do mask-fitting when I've got a great art team right here who's skilled and knows how to in the dark?

So I think the scale is gonna be that way. I the the skill is going to be internal, but also going lateral. So many of us here in this group, we operate more than one office.

So we're opening our fourth right now in my practice. And so being able to scale geographically that way I think is an important thing. There are, even in the state of Florida where population density is pretty high, there is a huge, they are fallow zones.

We're talking metro areas of a million people that have two full-time sleep positions. You know, it's like there's these massive deserts where there is just underserved populations.

We gotta kind of, obviously mobile technology and things like AI and other things are gonna play a role in those things in the delivery. You now, is that the answer?

I suppose, I think to a great extent it is, spoken hub like Ed said earlier. Sleep Tech Talk is sponsored by React Health. Within our LUNA PAP device line, each offering is FDA approved, encompassing CPAP, APAP by level and by-level ST models.

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I can't remember, I apologize, but one of you said the word order backing and Dr. McConnell, you were kind of talking about that. Would it be stretching it by saying that in the future we could expect Sleep Bros to be order-backing for GPs or any of these other extenders because of the issues that you just mentioned, that there's not enough access to care for patients?

I love it when a colleague reaches out to me and says, hey, I want to learn about sleep and I wanna be able to implement these things in my patient's practice.

I trained as a family physician and the way we were trained, we're trained to take care of the whole patient and to do as much as we possibly could, the 80-20 rule kind of thing.

And so my colleagues, I know that they're good primary care docs out there that would love to learn more about sleep, that we'd really love lean into this.

We've got to change our training paradigm. we've gotta allow those mid-career 40-somethings who are burned out doing primary or doing the hospitalist grind to get into sleep medicine because it's a great career pathway.

And we gotta find ways to make that happen. I think working with integrated networks is probably the right way to do that. Who's the gentleman at Kaiser on California?

who done his way. Yes, yes, exactly. So he's you know, how his practice functions and in this in that satellites book and up thing, I would think that would be fantastic.

And as I look at us, I think not only are our practice styles similar, but also we bring in sort of a unique and peculiar set of skills, right? So I looked at Jeremy and this guy's the master of KPIs, like, hey, the more I got a KPI for that.

Why Each Doctor Chose Sleep Medicine

I'm like okay, here's another one, so Jeremy has been able to be successful for many reasons, But one of the things that he always goes back to square one and I value that, Because he's always like, no, you gotta KPI that, because whether it's the process, whether its the person, the personnel, whatever that may be, You gotta kpi it.

You look at Vic, Vic is the master of efficiency. He's got a way to MacGyver the whole system with one click on a button, that guy's gotta all the data going everywhere.

a seam is the ultimate trend forward. Like, oh, have you guys heard? Oh, yeah, we've been using it on our practice for six months. I'm like, dude, you haven't said anything.

Oh yeah. Hold on, let me email that person. And so when you see this, I guess when our powers combine kind of thing, it would be nice. At the same time, why are you trying to reinvent that in your practice?

I already did that. Let me show you how to do it. It doesn't bother me to show how I do. You're in a different area. Well, maybe someday you'll come. But that's not realistically going to happen.

I mean, you can't take care of everybody. We know that, we recognize that. And a lot of times, just having to reinvent something that has already been done well, why?

So it feels like we have the makings of the largest, most sophisticated sleep medicine practice in the country with the four of you guys. Yeah, I would agree.

Just got to raise some money to get that Let's do it. There you go. I think it could be very successful, systems-based operations, doing it in a strategic fashion, really examining the outcomes that we're trying to accomplish in the different disease states and the therapeutic modalities.

It'll be a heck of a lot of fun to try to engineer. You can look on the horizon and kind of see what's next for you guys. What's sort of the timeline in front of you?

What do you see as sort the evolution of, of of your guys over the next year or two? Nick, you want to talk about that? I don't know if you wanna. Yeah, I mean, there's a lot of.

problems to solve for it, right? I mean, I think part of this is just we, you know, the nice thing about private practice is we see the patients, we the problems, and we both see that our patients are facing and that us as providers are also facing.

And then we're sort of in this unique position where Kind of like what Ed was saying with our powers combined, we sort of have the resources to kind of solve for these different issues, right?

Like, how do we get better access to insomnia specialists? Hey, that's a problem we're trying to solve. How do you do a better job with remote patient monitoring, and how can we be more mindful about how remote patient monitoring systems deliver information back to the clinician, right?

Because it's not just about monitoring. What do you do with the data? And what do do what the person who's that only using their machine, but what you with people who aren't?

Is it just trying to get them back on one therapy or their avenues to then leverage that information to see how to give patients on other treatments as well?

So I think that's kind of where I see the future going. I mean, again, as you guys mentioned, there's gonna be a lot more patients being diagnosed with these conditions, but we have to find better ways to sort of leverage them and then kind get them into, sort triage patients appropriately into the right treatment for the patient.

And so I think that's really where we've been focusing our efforts, not only on how to make our own practices more efficient, but if we can sort of leverage a solution and it works for all four of us, then it's probably going to work for

the masses as well.

And, so, I we sort of have our own, you know, four practices to sort as pilot sites for any idea to really kind of see, is this a successful idea or really what didn't work well.

And I think also thinking comprehensively, right? Again, I thing, like, Emerson, you were trying to get at the idea like the GLP-1s and the pharmacotherapy of sleep apnea.

Is that going to, how are we going identify the right patient? Is it going be just kind of given to everyone? And it's not all just sleep apnea, right?

There's insomnia, there's hypersomnia. There is restless leg syndrome. And I think patients sometimes get so frustrated when we see them that they've been through a pathway that's only been focused on one thing for them.

That's really not their primary problem. And so, how do you kind of approach this in a comprehensive, efficient manner? And, so to me, that's one thing I think we all, four of us, do really, really well, is not just think narrow-minded about, A, just one disease state, maybe, or even just two.

We're thinking about all the possible scenarios here. and how do you attack that from different angles? And there's not always one simple solution. So I think it's important for us to be focused on that long-term because at the end day, like the run-of-the-mill OSA clinic or run of the OAS telehealth clinic, or the Run-Of-The-Mill Insomnia Clinic or The Run of The Mill Telehealth Insomniac, I mean, you're seeing ads for all these things out there today.

And so patients are finding them, but again, it may not be addressing the whole picture. And, so, having a comprehensive mindset and are there ways to leverage technology to identify multiple, you know, issues and what is their outcomes look like, right?

Are we improving longevity? And I think the GLP ones really shed light. If you don't have an obesity background like Vic or Jeremy, we were not very good in the past about thinking about weight management.

And so I that has shed like Jeremy's wonderful discussing this. It's such an important piece for us now. Fisherman Pykel Solo is the world's first auto-fit CPAP mask.

It simplifies setup with its revolutionary auto lock technology. Simply stretch to fit, touch to adjust. Go to fphcare.com forward slash solo. You know, one of the things that kind of ties you all together is the technology to outcomes and being early adopters, being a pilot site for the masses, so to speak.

So I've been rereading Simon Sinek's start with why. I'm going to ask you that. What's your why? Because they were talking about specifically early adapters there.

Yeah, sure. Actually, my interest in sleep medicine came from my work in obesity. I was an obesity medicine specialist first. And early 2000s, I've been doing this for a while, early 2010s there was a good bunch of papers published on how dysfunctional sleep affects hormones that regulate appetite and how that makes it more challenging for people to lose weight.

So it really began out of a sheer interest and trying to help those patients. And even before that, my story is I've had obesity since I was four years old.

So this was something that was a bit of a career kind of personal and professional kind quest. But it really started with that. It was clinical curiosity.

it wasn't something I learned in my residency training. And just learning about it, I didn't think I would make a Career Path out of it. but it was just something evolved over time.

I'd say today my view is that patients deserve better care across the board. They deserve care both from a clinical

outcomes perspective, but also from, if you will, a customer service perspective.

The service of medicine isn't where I think it needs to be in terms of taking care of patients. I look at it that way. If I can't If I can't treat my patients the way that I would want my parents treated, you know, or my grandmother treated.

Then I just, I, can t stomach that. That's not for me. And if I cant work toward to really changing people's lives in a significant and substantial manner, and even though that sounds cliche, dude, i'll go do something else.

It just it's, it really is where the rubber meets the road is are the people we care for. So I keep that in mind, that's the heart of it. I hope that our patients feel that and our team feels that too.

So for me, I think I'm an internist by training. And I got into this for the simple reason that I was seeing a lot of my patients in primary care and realizing that the guys that were training me were minimizing the sleep.

And then realizing, you know, all the sort of downstream complications of that and really understanding that sleep was a systemic thing. I think the other thing is, is that it's nice what we do, right?

Because we get a little neurology, get little psychiatry, we give family medicine, and we internal medicine. We get pulmonary, We got ENT, Right? And so we got to do a bit of everything, And that's Nice.

And as you start looking at this and seeing these patients, there's only two sleep patients. It's either very easy or very hard, right? So the very-easy patients very quickly, very drastically, no pun intended.

it's a 90-day difference. A game changer, it is an equalizer. I'm back. Thank you so much. You changed my life. They want to hug you. they're going to cry with you, that sort of thing, And then the very difficult patients are very challenging, right?

Closing Thoughts and Post-Show Wrap-Up

Whether that's OSA, whether that some type of Osa in central sleep apnea or chain stokes, Whether, that is insomnia, hypersomnia. Circadian rhythm disorder, it's challenging.

And so that sort of keeps you going, do you have a nice mix of, wow that was gratifying and oof, this is a tough case, what am I gonna do here? I don't know what else to do.

So, for me, how I see it. For me, I'm also family practiced by training. So to me I think During family practice residency, it's a lot of chronic care and sometimes you don't really always see the impact you're making because you making an impact over time.

And so that's what really drew me to sleep is like you could change someone's life in just the night, right? If you can sort of figure out what's going on, you treat their condition appropriately, You can literally give them their life back in a much more meaningful life.

So I think that what always drawn me asleep. and then I sort the additional why during training was I had one of my attendings who once told me, there's only so many sleep docs for the entire US population.

So these people come to see us, we get one chance to get it right. Because if we don't take care of the patient, who's going to be the next person who will?

And when's their next opportunity to sleep specialist? So that's probably the current why is just I think patients deserve to You know, counseled appropriately about all treatments, not just show up to one place that's a one trick pony that only does one thing.

Because I you know I think they're coming to us as sleep experts and our job is to really help direct our patients

and give them the right information.

about all treatments that's there. And so that one thing I appreciate about the SleepBros too is not just our expertise, but I think everybody's dedicated to doing the right thing for patients.

I've never once felt like anybody doesn't have that at the top of everything we do. So I that where there's great alignment for all of us as well. Yeah, no, those are all great.

I have to follow all that. For me, I'm a neurologist by background. Leaving medical school and entering a Neurology program, i had no clue what sleep medicine was.

i didn't even know it existed. We get very little training. And my intern year, I was going to be a stroke specialist, was my original plan. And in my turn year I got an elective and my program director was like, hey, there's these guys that do sleep, and there is this Dr.

Schmidt, Helmut Schmidt who passed away a few years ago, one of the pioneers in the field. I spent a month with him and it really just opened my eyes.

Holy cow, this is amazing. And what I also saw was these patients leaving the office like you changed my life, right? And in neurology, you don't see that often, we're diagnosing strokes or Parkinson's disease or whatnot, but often we can't change the course of their disease.

And this is where we can intervene. It has a huge impact. And for me at that time, the real power was how little we knew about it and what the opportunity there was to learn more about a thing that many people blew off, right?

And now we're getting to the forefront and the amount of innovation today is just growing astronomically. Technology is getting better. The awareness, wearables, nearables whatever.

And then on the therapeutic side, to me is the biggest focus right now. I mean, yes, we need to diagnose and identify these patients more, but we really need focus on therapies and how to get to the right therapy as quickly as possible and be more personalized in our approach.

And that's really my biggest passion right is to try to achieve that as much as we can. Well, gentlemen, thank you all so much for joining us. This has been an amazing, amazing episode and amazing show, but we are out of time.

Thank you so. Hey Jerry, I do have one question before you wrap. Okay. All right. We have to know who's going to send us the picture of Mount Rushmore with you four on it.

You know, could we use that for our promo cards for the show? Oh man. Well, I have to say the kicker to that is our friends at one of the industry companies that we did some work with actually made up temporary tattoos of The Logo for us.

That's great. That was hysterical, gotta say. Hey, I'd be happy to support that temporarily. But thank you all so much for joining and folks out there.

Thank you for. Joining us as well. We thank. You so. Much for the likes for subscriptions and most importantly the shares. Be sure to check out our sponsors without whom we can't do this and until next time we say thanks and lights on.

Alright gentlemen, that was. That was a lot of shows, so it's time for some post cows. What did y'all think? I felt like, honestly, the time just flew by talking to these guys.

There's such a great example of things we talk about all the, time of innovation, of multimodality care, multidisciplinary ideas coming together. I mean, just a refreshing way to look at sleep.

through four different lenses. Really a beautiful, entertaining, and just fun time with the Sleepbirds. Such a good show. Yeah. So I took two things away from the show today that I would say the first one is, you know, do you guys remember sort of a day in time when a solo practitioner sleep specialist sort at times struggled for volume?

It doesn't sound like that's the case with these guys. That's good news for the industry and for all the patients that they take care of. You know, so that was one thing that sort of struck me is that they all seem to have very busy practices and they're obviously very successful in what they do.

But also, the second thing I took away from it is, I think I heard Jerry commit to wearing a sleep rose tattoo. I'm just saying. Hey, but I did say temporarily, okay?

Hey, you get me one. I will support it. It was definitely a fun show and I'd be happy to support them in that regard because I really believe their mission is really strong and they have a lot to offer.

They have these great ideas. They roll out, they try it out. And they say, hey, this works. This doesn't work. How can we get better for our patients?

And I absolutely love here. It's kind of a marriage of passion and intellect. Yeah. Really cool to see. Oh, that's very well said. Very well. Jerry read a book.

Did you hear he reference some book that he just read, Mr. Smarty Pants? Once in a while, I do. We'll start with why. You reach back into your library to find that.

He did. It had nice pictures. Nice pictures in it. So you know me with books. As long as that has pictures, I'm good. No, that's a really good book. It's excellent.

Yeah, it really is. I am rereading it now. Maybe Simon will give us a shout out on his show now that we've talked about him. Well, uh, think it was a great show.

You guys want to call it? Yeah. All right. Until next time. Cheers. Be sure to check out our clinical sponsor, Sleep Review Magazine. More details in show notes.