Navigating Medical Entrepreneurship: Insights from Dr. Gina Siddiqui Transcript

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Episode Introduction and Guest Background

Welcome to a special Heartline Echoes episode of Heartline Changemaking in Health Care, where we revisit conversations that continue to shape our path forward.

In honor of Asian American and Pacific Islander Heritage Month, we're proud to feature Dr. Gina Siddiqui, a visionary leader, emergency physician, and founder and CEO of CART Clinics.

Her bold re-imagining of healthcare delivery has been spotlighted in the New York Times, Time, and Scientific American. Whether you're tuning in for the first time or revisiting this inspiring conversation, we invite you to celebrate the innovation and impact of AAPI changemakers in medicine.

Also, I'd like to thank Dr. Siddiqui for helping take care of my dad in the last year of his life. The CART Clinics, the service that we'll discuss in the episode, was really very helpful to my parents.

And as a doctor that was struggling to help my parents in their hour of need, CART Clinics was truly a very special service that I want to thank Dr. Siddiqui for.

Let's dive in. I recently heard a quote from Dr. Michelle Woolhouse, a past guest on the podcast, that 80% of people have a book in them and less than 1% of people write it.

I think this quote applies to being an entrepreneur. I think 80% of us have a business in us and less than 1% of us do it because there's something that holds us back.

What holds you back is a limiting belief. It's something that you've put on yourself that's keeping you from doing the thing that could change the world.

Dr. Gina Siddiqui is the founder and CEO of CARTS Clinics and a practicing emergency physician where she grew up in the Virginia suburbs of Washington, D. C.

Gina has shared her passion for modernizing healthcare delivery in writing for the New York Times, Time, Scientific American, Quartz, and other outlets.

and has collaborated on projects to reimagine the care experience with the Rhode Island School of Design and the American College of Emergency Physicians.

Previously, Gina was the Chief Clinical Officer for Florence Labs and Clinical Leadership Fellow in the Office of Managed Care for New York City Health hospitals.

She's a graduate of the University of Pennsylvania School of Medicine and completed her residency training at Yale New Haven Hospital. I love all my guests.

There's something about Gina that really lit me up. recording this episode. There were just so many things that she said that articulated the feelings, the inclinations that I've been developing over the last few years.

Why Gina Chose Medicine

You're not going to want to miss this episode with Gina. Welcome to Heartline, conversations with healthcare changemakers following their heartline. I'm your host, Dr.

Andrea Austin. I'm an emergency medicine physician, coach, and educator. I believe that healthcare needs to

improve the quality care that patients receive and that supporting the workers is at the heart of this transformation.

I'm so excited today to have Dr. Gina Siddiqi, the founder and CEO of CART Clinics with me on the podcast. Welcome to the pod, Gina. Thanks so much for having me.

Excited to be here. We like to start the podcast with your doctor origin story. Can you tell us why you became a doctor? Yeah, sure. I actually wanted to be a health journalist at first.

And in college, I applied for these fellowships to go to other countries and basically report on how underserved populations were served. And I remember this trip I took to Chile where they have a really cool model.

Basically, indigenous healthcare is very harmonious with Western medicine. The two facilities are side by side. They're both funded by insurance. And I was basically following around a medical team taking care of a patient.

And as I watched this healer interact with somebody who had come from really far away, totally different kind of life circumstances, even cultural background, they just sort of like in a few seconds hopped into this super intimate state of connection with each other.

And I just kind of as an observer trying to write about this, I had this very clear feeling like I'm observing this thing, but I want to do this thing.

I want to have this type of connection with people. And I think now as I've gotten older, I've I understand that there's many ways to access that kind of fast track to building trust with someone and feeling like you guys are on the same mission.

But I think being a doctor is a really wonderful way to do that. Would you say the things that drew you to medicine are the same things that keep you in medicine or has it changed over time?

I think that it's the same things. But I feel like actually now in my career is the first time that I'm really getting to do those things. for a long time through med school, through residency, I actually kind of like wondered if I was wrong.

Like if I was observed this thing that happened in this other country, this health care encounter, and that that was not going to be accessible to me in the medical system you and I know.

And I for a long time thought that, oh, maybe the reasons I went to medical school and the kind of healer, doctor, person caring confidant expert that I aspire to be is not going to be accessible to me and maybe I need to sort of adjust my expectations and sort of settle basically.

And I think that actually the more that I tried to persist in pursuing that thing, that relationship that motivated me so long ago, the more satisfaction I found in my career and I think I told you when we were chatting earlier that this is the first time in my entire career I feel like I'm actually being the kind of doctor I wanted to be.

Well, let's talk more about that. What do you do now? So I work in the ER a day a week, and the rest of my time I work in a practice that I founded called CART Clinics.

And CART Clinics is membership-based on-call physician service, but the experience, what it really feels like is members call us for any medical question they have.

24-7, someone who knows them always picks up the phone, and the doctor they talk to feels like a friend or a family member. And I think I for a long time thought that the path to that was us as doctors being that kind of confidante and helper.

Founding CART Clinics

But what I realized in the creation of CART clinics that part of what has to make that possible is a business model

that actually allows doctors to spend time that way and not be incentivized to sort of constrain their encounters and their time and interactions with patients to just really stingy windows of time.

Say more about how CART clinics works. Do you provide any actual patient care? Is it like telemedicine or is it different? Yeah, so if you had a friend who called you knowing that you're a doctor and asked for help, that's very similar to what they experienced with heart clinics.

So you're not their doctor. You're not sort of telling them definitively, this is your diagnosis or this is the medication regimen you should be on or see me in my office next week.

You're more listening to what their circumstances are in a holistic way and trying to digest What's missing here? What other questions should be asked?

Who are the pieces of the team that need to be involved? Where's the best place for them to get care? And that's really what CART Clinics does. Awesome.

And I'm just curious, how does that work as far as like the doctors that work for CART Clinic? Can they talk to anybody across this country or do they have to have the same medical license in the state with the people they're talking to?

Yeah, great question. So if you're not being the doctor, the patient's actual physician, you can be in any state as long as you're not establishing a doctor-patient relationship.

So we have what are called teams for each of our members. So they have a lead physician and then an on-call team that also knows their medical record, knows their story inside and out, but basically covers around the clock, weekends, holidays, anytime they might have a question.

So we try to match up actually our lead physicians to sort of be aligned geographically. So if there is something more advanced, they can do it, but sort of the core of what CART Clinics does doesn't require us being in the same state.

That is so interesting. So when did you found CART Clinics? Our first members came on board in August, so super new. Wow. How'd you do it? I think so many people listening, our audience does have a lot of people that want to start a business.

They have an idea and it's just so hard to get it off the ground. Could you walk us through that process? Yeah. And I think there's always survivorship bias with which ideas work, or I won't claim to have all the answers.

But the thing that I think not only helped make this company exist, but also helped me sort of stay motivated and feel happy and thrive earlier in my career was kind of double click on any time I saw something that patients were experiencing that I thought was just wrong and just leaning into seeing how I could fix it.

So I'm sure there's going to be different things that I noticed than some of these listeners noticed than you would notice. And types of problems that I'm drawn to, types of friction in the health system that especially grates me and I feel especially aligned to fix.

So literally how CART Clinic started is In the ER, I would give my phone number to certain patients after discharge. Like you kind of sense like this is a person they're going to meet some barrier in a few days or they're going to have some question or there's something that we've left lingering that like our existing health infrastructure is going to make really difficult for this person.

And actually if they call me a person who understands their context and story and has all the resources that I have as a doctor, I'm going to be able to solve this question super fast for them, right?

So I just was naturally doing that after my shifts and it made me feel a great sense of peace when I would call

somebody back and they would have an issue that they felt like was really insurmountable and I had a relatively easy fix for it.

And I kind of, that was a light bulb moment for me that, oh, like this is something that they don't have any other access to any other resource and me and my colleagues are able to fix this.

And then the process of doing that, of course, also came with warts and challenges. Sometimes people would call me back and I didn't have the resources that I needed to fix their problem.

And I thought to myself, gosh, like I wish that I had the hours and the colleagues and support system and time to solve this person's problem. So, I mean, it was like a very organic thing.

Nobody was paying me to do it, but obviously nobody was forbidding me to do it. Like, if you, as a doctor, do things that are going to try to help your patients and make them better off, we're very fortunate.

We basically have free rein to kind of lean into that as much as we're willing to. You just kind of keep following that thread and chase that curiosity and one thing leads to another.

Did you take any courses or do you have a business background? I mean, I think that's the barrier for a lot of physicians is in some ways our training is so wonderful because we have that depth of medical knowledge.

But looking back on my medical training, if I was Dean of a medical school, there's definitely some stuff that I would put into medical school curriculum.

I mean, the truth is, I still am involved in medical education. I know that the amount of medical knowledge doubles every 60 to 90 days.

Learning Business as a Physician

So the way we were taught to go to medical school and memorize so much stuff, There's a certain amount you have to memorize. I'll give you learn all the bones, learn all the muscles, that.

But looking back, there's so much time we spent memorizing stuff, where now most of my time being a doctor is, yeah, you had to have that baseline knowledge, but it's being able to navigate how to learn.

So what I wish we would have had in medical school was some basics on business, some basics on how the financing of healthcare actually works. Because without that piece of information, I think it really holds a lot of us back from being able to negotiate, understand, and then when we want to start a business, how it would actually get funded.

So did you have any of that knowledge or did you have to learn or was it just about putting people around you in order to make park clinics take off? Yeah, I think that's a very insightful question and I have several reactions to it.

One is kind of broader and upstream, which is that I think, you know, not just medical education, like so much of our education right now is memorization and kind of, I guess, like obeying based and everybody's sort of talking about how jobs are going to change with AI.

And I think one kind of central thing to think about is how asking the right questions is really more important than kind of your own, from however many years ago your education was, ability to retrieve specific facts will be, right?

So medicine is definitely poised for a change based on that. I feel like you can think of a bank and how people used to go ask for transactions when like an ATM machine can sort of deliver on a lot of those rules.

I think medicine, a lot of the protocols that we've been trained to memorize are going to more or less be programmed into the equivalent of an ATM machine, right?

And patients are going to be able to consume a lot of that without a lot of human interaction. And I think the really powerful things that humans can do, like we said earlier, is really think about the right questions.

So I think not just medical school, any type of training the ability to sort of take a step back and say like, why are we doing this thing? And for whom is this relevant?

And where does this research kind of inadequately answer the question? And we should explore that further is really important. And it's sort of like the yin and yang, like it's kind of like not the curriculum, it's sort of like the student's attitude towards the curriculum.

So I don't know how much you can teach that versus just as a person who's in training, think about that to say, hey, like in 10 years, a lot of what I'm being taught is actually going to be obsolete or updated.

How can I make my intellectual scaffold about why this exists be stronger and more robust? So I think about that like with my son or just like mentees who I talk to as they think about like their training and learning and researching.

But to answer your question more directly, I took the GMAT actually and applied to business school and was a few weeks away from actually attending Harvard Business School.

I like put my deposit and everything when my son was a few months old. So I definitely thought there was a lot of value to formal business training, but sometimes what's that saying?

Like life happens and gets in the way of our plans. I took an opportunity at a startup instead to learn sort of trial by fire. And most of my business training has been that way.

Just talking to business leaders who I admire. I started a company in medical school. I started a clothing company in high school. Looking back, it was probably a latent interest.

Podcasts, great. There are protests like yours. There's a lot of learning, I think, to be done independently if you just follow your passion. I love that answer and I just want a few listeners to go back and listen to that last minute and turn it up because the answer for most doctors is, I need to go back to school.

I'll do it after I get the formal training. They're so used to being on a ladder in the next step, next step, next step. The truth is, doctors are freaking smart.

They are smarts. And a lot of times the issue with physicians is risk aversion. They want the safe bet. If I get this degree, then it'll be okay. But the business space is inherently not a safe bet, right?

So I think I would really implore the listeners to stop making the excuse that if I get my MBA, if I do this certificate, if I take this course, then I'll start my business.

Now, certainly there were things you did, and we'll get into that a little bit more, that you weren't just like throwing paint against a wall. There was thought behind everything that you did, but I love that you got into the arena.

to pull some Brene Brown into the episode, the Theodore Roosevelt quote about getting into the arena and being mired in the sweat and being open to shots that the idea is, yes, I'm in here and I don't know if it's going to pan out.

Like when I went into medical school, I knew the matriculation rate was nearly a hundred percent. When I started business, when I do stuff with this podcast, I don't know a hundred percent.

Agency, Burnout, and Better Shifts

if it's going to pan out. But I know that I'm going to learn a lot and hopefully bring value and it'll persist or it will evolve into something else. Any reflections on that?

No, I love that. I love how you put it. I think taking an existing playbook, you can kind of estimate out time and the success rate. Just like you said, it was medical school, right?

Like all of us were in cohort of what happened to the class before us, the class over that. Maybe there are little changes to the curriculum or like you're going to do your pre-clinicals earlier or later, what have you.

So if you're going to repeat a recipe that you've already cooked, you can say how long it's going to take. But if you're going to make up a new recipe, there's all the upside of like, this is an exciting new recipe, but yeah, there's risk that maybe it's going to take longer than you expected, or it's going to not be good at all, or even something will explode in the kitchen.

Yeah. And was that something that was just inherent in you? Like that's just, Deena, I started a clothing business in high school. It's never scared me or it's been a muscle that you've had to build or a little bit of both.

Yeah, I think it's both. I think for a long time, I didn't think I looked like a business leader. the kind of picture in my head of what a business leader was didn't square with who my personality and my strengths and my flaws.

And I think that was part of what I thought business school was going to kind of like magically give me. And I totally understand a smart, thoughtful person, which most doctors are having doubt and seeing all the ways that it could fail or the ways that you are inadequate.

And I think It's kind of true, right? There were things that the first time I started a business, tendencies I had, personalities I had that were gonna increase the likelihood of the business failing.

So I had to practice improving those things and honestly reflecting on myself and thinking about how I could build a team that accented my shortcomings and build structures and discipline around myself that made those things more likely to not get in the way.

But I think the thing that was always intrinsically in me was not to be afraid of something hard if I wanted it, just to say that it's better to try than to just be sad that the thing doesn't exist or that you haven't done it.

I can't stand that. I can't stand just feeling like, oh, health care is terrible and I'm just waiting to retire. That's just tragic to me. That is such a truth bomb there.

And I think for many of us, myself included, the pandemic led to, some people are not going to like what I'm going to say, some learned helplessness behavior.

And we've been If you look at the psychological research on learned helplessness, go back to the experiment. It's the dogs that are getting shocked and they can't predict when the shock is happening and eventually they just give up and they don't try to get away from the shocks.

And I honestly feel that a lot of doctors are behaving that way because we've been conditioned to in the abusive medical industrial complex that we work in.

And there was finally a switch that flipped in 2021 that I actually do have agency. I have choice where I work and I have choice about the things that I allow and I worked so hard for this and I'm really freaking good at it.

And so am I going to allow the medical industrial complex to take this away from me? Or am I going to find a way that I can still let my light shine? Because, yeah, I'm smart.

I could learn real estate. I could learn something completely not involving medicine. But this system isn't going to take that away from me. And that was the moment in which I could see a path forward.

Two thoughts. One is, as the doctor, if you do what you said, the thing that you know is right, You really, like, you have such high ground. Like, nobody can tell you, stop doing that thing that's right for patients, right?

So if it's not kind of what the precedent has already been, or it's not the most time efficient or cost efficient practice, but you can make a clear case, like, this is actually the right thing to do for the patient in front of us, you really get to just do that.

That's the first reflection. The second one, I don't know if you remember like in your training, you'd sometimes see doctors who were clearly burnt out.

Yes. Yeah, right. Yeah. And then you would see also some doctors who were super, super not burnt out. Like they could be like a hundred years old, right?

And there's this light inside them. And the thing that was always crazy to me is like, sometimes they work like in the same department, right? Side by side, right?

So they're in the same nonsense, both of them. And one of them, like the administrative burden and the insurance calls, it just like weighs down on them, right?

And like, they're just like sucking all of that in and it's like taking away all of their enthusiasm. When a patient asks them something that like the system doesn't have good resources themselves, they take it on themselves and they're like so upset, right?

And then there's this other doctor and it seems like that stuff is just like ricocheting off of them. They're just like, okay, whatever, that is noise.

And I'm sure you have experienced both of these states, right? Like I have experienced them. I've had the state where I'm super burnt out and I'm blaming on the patient, I'm externalizing, I'm doing all these bad things, right?

And then I want to go home. And then I've had the cases where I just I'm on a mission to figure out this thing that's going on with this patient and nothing is going to stop me, right?

And I don't notice time going by. I don't notice having to go to the bathroom. I don't notice the BS of some staff person who has SAS. Like nothing can get to you.

So I just think it's so There's a lesson there that both of those people are in the same environment and there's a way that you can kind of internalize or externalize these things and think about what you can control and what you can't.

And nobody's going to have every day be sunshine and rainbows. going to be days in your work environment that are just hard. And I don't mean to say you should stay in a toxic work environment.

How CART Clinics Supports Patients

Like if there's ways that you can change your number of hours, your circadian rhythm of your shifts, your things that you do on the side that bring you joy, of course, all that is going to help strengthen you.

But when you're there, on the battlefield, right, in the difficulty of patient care, you do have a lot of agency actually in how that stuff affects you.

Oh my gosh, so, so true. I just worked a shift yesterday and I actually had a really, really good shift. And I thought like, why did that happen? Why was that shift different?

Because there was many, many things that could have derailed it at any point. And I think it's exactly what you said. I was very clear on what I had the ability to change, what I didn't.

and I focused my energy on what I could actually do well. And then when any hiccup came up, when there was like, okay, this is going to be a difficult conversation, this is going to be kind of an unpleasant potentially exam or

something happening, is I timed it for when I had like the emotional reserve to do it.

And that I think there's sometimes in emergency medicine or any medicine, And especially we're kind of hot to always go faster and just we'll get it over with just do do that and it's like honestly there's the longer you do it there's a lot of rhythms like some things have to happen right now.

But there's so many more things that can be delayed until you're kind of plus stuff you're ready. You had your tea you did a quick lap around the department now you're ready to go in.

and do that procedure or that conversation. And that's something that I just couldn't really access very well my first year or two out of residency. Definitely.

Because I think the more it takes experience, like you said, also the more you do the exercise of asking yourself which things do I have control over and which do I not, you actually realize you have a lot more control than you thought you did.

And then you sort of say what you did, which is, okay, there are like a long tail of time-sensitive things that I have to do immediately, but there's actually way, way more than I thought things that I can wait five minutes, I can wait 10 minutes, and like doing a few quick breaths or a lap around the block takes seconds.

And then you're in a much better state to do that thing. You'd probably be more successful at the procedure. You'll probably be able to talk to the patient about it once rather than them debating or being upset or even calling patient relations.

There's a saying I think the physician Victoria Sweet first coined, the efficiency of inefficiency that sometimes when you're practicing medicine, you do an inefficient thing, more thorough and thoughtful and a little extra at the beginning.

And it's actually way more efficient to have been inefficient upfront for the patient and for you. Yeah. And the other thing that comes to mind is something, again, I heard from Renee Brown, is the most compassionate people have the highest boundaries.

And when you first hear that, it's like, what? And that's not how we're taught in medical school. We're actually taught to give, give, give, give, give, that everything in service of the patient, the patient is number one.

And yesterday, honestly, just because we were kind of bedlocked, There's only so much you could do to make things happen. So there kind of were more lulls.

And I had this older patient, she was pretty old. And so her daughter was actually pretty old too. And her daughter was like, I just really want a hot cup of coffee right now while I'm sitting here.

And the Edie, I don't know what it is. Edies are always so cold. They're so cold. So I would, I've actually never done this before, but I knew I was going to go out and get a cup of coffee for myself.

And I decided that I was going to buy, cause we actually don't have free coffee for patients or families. So I said, I'm going to buy this cup of coffee for this, this old woman sitting with her mom who's even older.

And I can't do that every day, right? But I had the lull. I wanted to go get it for myself. And it was like a nominal amount of money. It was like, a dollar and a half or two dollars or something.

And when I gave her that cup of coffee, it came from a place of abundance. It wasn't out of scarcity. There was nothing behind it besides like it felt good to do and I had the capacity to do it.

And so now I'm looking at my shifts like that. There's shifts that are just like off the walls. Like it's everything just to try to like make sure no one literally dies.

Right. shifts that are kind of like a little bit more breathing room, which granted there's been a lot less of those since the pandemic. But yesterday was a shift there was like, I can go get this person a cup of coffee.

And it was really one of the most meaningful things that have happened in like the last few months. Yeah, yeah. And how nice like to remember that like every new day is a chance to lean into some crazy new thing you could do.

that might make you connect to someone in a different way. And there's just no reason that that has to plateau or peak at any stage in your career. That's such a great message.

Such a great message for the audience. Well, let's bring this back to CART clinics because I really want our listeners to have a better sense of how they could connect people with CART clinics.

And I actually was just thinking Obviously, if my family member calls me, my mom, my dad, I'm going to try to do this for them. And I'm in a place where, you know, generally I can, although I do have a father in Iowa that is becoming increasingly hard to do because I'm geographically removed from the resources in his area.

But I get acquaintances sometimes that essentially ask me to do this for them. And there's kind of some tension because it's like you're not in my inner core and like I'm really sorry this thing is happening to you.

But like you're starting to ask like a lot of a lot from me and getting back to that coffee analogy. I'm feeling like I actually can't. bring you the coffee?" So is that a time where I could refer somebody to park clinics that I've kind of helped them out a little bit, but now they're like asking about chemotherapy or like some other thing that I'm just like, this is not my wheelhouse and honestly, you're not in my inner circle.

Yeah, yeah. I absolutely love what you said about how to cultivate a sense of abundance and boundaries. I have to think of like a way to make a sign that's really good.

Reimagining the Future of Healthcare

And yeah, that's the basic premise of when someone should come to car clinics is exactly what you just said. There's been some medical change or question or inflection point in their lives.

It doesn't have to be like a bad thing that happened. Sometimes it's like, I am getting really interested in fitness or getting really interested in longevity or alternative medicine and the doctors who I talked to don't seem to really have like the time to get into this as deeply as I want to and I feel this guilt to ask them questions for a longer period of time because I kind of sense the timer running down on our visit but on the same token I want to talk about this longer and I want to go super deep with an expert and I pay for that so that's really the whole purpose of car clinics and To your point about your family that you wanted to help, that was part of the genesis of this company is people would call me friends, acquaintances, as you mentioned, neighbors, whatever.

And sometimes, even if I had all the time in the world, which of course I didn't, I also didn't have the network and the resources, the infrastructure in place to help them, right?

Like, if they're in Iowa, how am I going to find a great doctor or specialist in Iowa? So the months leading up to the launch of Card Clinics, that's what my team took the time to do is to say, what are all of the physical, brick and mortar, doctor's offices, and what are their areas of expertise?

What are the things that you don't find online about them and what types of patients they see and if they're really accepting your patients that you really want to know?

And then what are the digital companies that are coming out that do these kinds of things without as many geographic constraints that solve actually a lot of these specialist problems that people have?

And then what are actually the supplements and imaging centers and other sort of ancillary health pieces that we need to have a good understanding of and vet and rigorously assess before we recommend them to a patient.

So again, people start companies that kind of heal something that they need themselves. I was building and investing in this network that I wanted to have when people called me that de novo that day, that Thursday night, someone called me after dinner.

I wasn't going to be able to just magically pull out of a hat. It's brilliant. I absolutely love what you're doing and that you've found what aligns with your passion, with your strengths.

And this is so exciting. If we have somebody that would like to refer somebody to CART clinics, how does that work? Members can just contact us directly on our website.

It's carteclinics.com. We have a LinkedIn page. And actually, the other thing that I think I would love to reach out to this audience about is we're always trying to build up that physician side of the network.

So I think there's a lot of natural alignment in your listeners for the priorities that we really look for in doctors who work with our patients. people who want to have those more lasting deep connections with patients as sort of an accent to their clinical practice, people who have strong opinions about aspects of our healthcare system that could be done better and want to rigorously help patients assess who are the really good actors who deserve more patients and what are the places that we should give transparency about really how they operate that is really not that desirable.

So I also would really welcome any doctors Other providers, we have nutritionists, physical therapists, personal trainers, anyone who's related to health can reach out to CART clinics and we can try to figure out which of our members would benefit from their expertise.

I love that because we do this right naturally as doctors. And I have my also kind of my holistic medicine group that my masseuse refers me to my acupuncture person, which I haven't set up yet, but it's on my list.

And then I can't remember who in that group was then, oh, this physical therapist. I mean, we all kind of do this, but it's such a hodgepodge. process.

So I love that CART Clinics is doing this in a way that's so smart and so well researched. And that really makes this efficient because this can take hours, even for a doctor, even something you need.

It's like, yeah. Yeah that's like very versed in a lot of this stuff. You can really go down a wormhole trying to figure this out. And I love and I don't know if everyone picked up on it that you had mentioned that the way you're getting this information too is more than what you're going to find on Google because or insert whatever browser thing you want to put in there because all of that there's stuff that's not in the reviews on is essentially how the surgeons are on the operating room.

It's a very different story. Exactly. Yeah, we all kind of we we know beyond the shiny pictures and the other thing and I didn't know this like this is a little truth bomb that I'll drop is there's a lot of different services that will rank a doctor as a top doctor, best doctor, whatever.

And it's all paid for. It's all like advertising. It's pay to play. And it's very interesting once you start kind of digging underneath of the surface about how we message and this information is shared with patients.

Yeah, I totally agree. And some of that work is that research work is valuable, like a small amount of it, but a lot of it is like totally a waste of your time, right?

Like you're calling, you're waiting on hold, and then you get through to a receptionist, and then you tell them your story, and then they tell you information that they didn't have on their website that makes you know, oh, actually, this place is, I totally wasted my time waiting on hold here.

So I think it's also just like this like waste in the system that makes people deterred from taking care of themselves because they're like, okay, like literally trying to see a physical therapist is not worth the inconvenience and

headache that I would have to endure to get there.

So just forget it while you can order your groceries delivered to you at any hour of the day with a few clicks. I love that. Is that where the name Park Clinics came from?

No, it's not the name. It's not like Instacart shopping cart, but the words do sound alike. Cart, like all a cart, obviously is part of what we do, right?

We're letting people select specifically the services that they want and not the service they don't want. So you can really use your insurance and your budget to find the right things that are important for your health priorities.

But the real core of the meaning is cart means math in French also. And when I learned about the origin of hospitals and sort of why our medical system is centered around this place that does big expensive procedures but really doesn't manage our health before we get sick, I learned that hospital has the same root as hospice and hostile and hospitality, which is guest.

Closing Remarks and Call to Action

And that's really how you feel in a hospital, right? You feel like a guest in someone else's house and it's their roles and it's their terms and they're yoking you to an IV poll and you can't even get up and go to the bathroom when you want, right?

And if you're really sick, like we see in the ER, cardiac arrest patient or somebody who's bleeding out from a massive trauma, yes, they're guests. We should make all the decisions for them.

But upstream of that, and for 99.9% of other living adults in this world, we have perfect agency to listen to our choices and think about what we want.

And what we want isn't to be a guest in someone else's house. What we want is a man. So That's what I want to make. I want to make a map. And I think that what the hospital was for the last century, the next century is going to need masks for a more empowered, more healthy, more educated population with a lot more healthcare resources that are available to us.

That is amazing. That was not a pre-planned question and I'm so glad we got there because I think that is just such a beautiful description of the road ahead.

And what I hope we inspire in our listeners is this is the age of disruption in medicine. It is not going to look like it has been and for many people that's scary but for me it's exciting because it can't look like it's thin this is not work I mean our patient population is older sicker more complex than ever before, yet we have the technology.

There is such potential to completely disrupt and improve the system, to bring it home to what we leave here, be better for physicians and better for our patients.

Totally, totally. And the things that you love to do that you don't get to do as much now because of the current system, well, let's set up a new system leveraging technology where more of that is done by technology and we can do the human things, the stuff that can't be automated that I think for most of us is really why we went into medicine.

I love it. It's so great. Well, if our listeners want to connect with you, maybe they're really fired up and they're excited that maybe they could work with CART Clinics.

How would they get in touch with you? Yeah, same thing, LinkedIn. Our website has a contact us form. I'm on Twitter. I'm really open to, and it doesn't have to just be for something like endocard clinics.

If you just want to chat about what your goals are and see if there's a way that I can help you get there, it would be

my honor. I love that. Oh, this has been such a treat.

I can foresee more episodes with Dr. Gina Siddiqui. Thanks for joining us on the podcast today. Oh my gosh, me too. Can't wait. Thanks for listening to Heartline, conversations with healthcare changemakers following their heartlines.

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