Episode Introduction and Guest Background

Welcome to a special Heartline Echoes episode where we revisit some of the most impactful conversations from Heartline changemaking in healthcare. This rerun isn't just a replay.

It's an opportunity to reflect, reconnect, and reignite the ideas that continue to shape the future of healthcare. Whether you're hearing this for the first time or returning for some fresh insights, let's dive back into this powerful discussion.

Enjoy. Welcome to Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, a board-certified emergency physician, physician development coach, and educator.

After years on the front lines, I've learned that real change in healthcare starts within. Each episode invites you to explore the inner work that unlocks clarity and bold leadership, because healing systems through changemaking begins with following our heartlines.

Hi, I'm very excited to have part two of my interview with Dr. Kimberly Chan Ko. If you missed part one, I would go ahead and stop listening to this episode and hit up part one first.

In part one, Kim walks us through her journey from being a full-time ophthalmologist to really changing her career up. She talks us through her journey to have a more multifaceted career, some of the personal development courses that she did, and now what she's doing with her husband, who's an emergency physician, they have their own ketamine clinic, Reset Ketamine in Palm Springs, and they teach a course called Ketamine Startup, teaching other doctors how to start their own ketamine clinics.

Quick note about the episode. This is never an attempt to provide medical advice. You should certainly consult your own medical professional. And we're going to be talking about ketamine today for the treatment of chronic pain and depression.

But of course, these conditions are managed by many different types of physicians and mental health professionals. So please take this information and put it into context.

And again, this is not medical advice. And lastly, Dr. Kim Ko is an ophthalmologist. She does not administer any of the ketamine infusions. Those are only given by her husband, an emergency physician.

So let's jump into the episode and find out more about how Dr. Kimco has helped her husband start the ketamine clinic and really what lessons we can learn and how we can apply what she's doing to potential other areas that physicians can start their own medical practices.

So I want to move to talking about your ketamine practice.

How the Ketamine Clinic Started

And it's super interesting to me as an emergency physician because I can't even imagine how much ketamine I've given to patients over the years. And I have a lot of colleagues that are interested in maybe opening their own ketamine practice.

So maybe we'll start with, how did you and your husband get into this practice? So it started off with my husband, as we mentioned earlier, emergency physician, loves his ketamine.

And so, you know, was utilizing it already, as you know, all of your emergency physicians who are out there listening. And so he started seeing some of the emerging research that was coming out.

It was like early 2000s was when the research was some of the more pivotal, what's the word, foundational studies were coming out. And he was. practicing emergency medicine, feeling a bit of the burnout, realizing if we were going to continue to do this for a long time, this wouldn't work out for him.

And so he kind of made this group of other physicians that he was working with to just like, let's figure this out. Let's figure out how to start a ketamine clinic.

And it didn't work out. These other individuals, they were busy or they had other things they wanted to do. And of the four, he was the last man standing.

And so, you know, he's like, fine, I'll just figure this out myself. And so I think that was like 2016. And by then, let's see, I graduated. I think 2016 was when I finished residency.

I was just a newbie attending and, you know, I was already kind of feeling some frustration. And I would notice Sam, that's my husband, he would be working on figuring out all these paperwork and all these different things, you know, evenings, mornings, weekends.

And it's like, okay, well, you know what, let me, you want me to help you take a look at some of this stuff. You want a second pair of eyes. And so I started to help a little bit.

And then we figured out just the logistics of starting up private medical clinic ourselves would go with them to find a location, would just help out, you know, being the partner and excited that, Hey, there's this other avenue, you know, and.

If you asked him, cause I was burning out and I wasn't sure what I wanted to do. I was like, I need an exit strategy. And right now I can't figure out my own stuff.

So I'm going to support you in creating this exit strategy, but we'll figure out my stuff later. Then, you know, I had to start marketing our clinic and I realized, you know, as I mentioned before, you know, I was like, okay, I'll make some Instagram posts and I will start, you know, writing blogs and support salmon writing some too.

And. Hey, you know what, let's buy an updated version of Final Cut Pro because I'd use it back in high school. I was like, okay. And so I just kind of fell into it with supporting him.

But when we started out, by then it was 2018. It took us two years because we were both, Sam was working three ERs, I was working at the academic center and I was a black cloud.

I would get all these ruptured gloves. And so like, we're both really busy. So it's like, okay, we're growing it slow. We're open only by appointment.

So it was a really slow start with our clinic, but then things started to pick up the content that we were creating, the videos, the blogs, the social media was starting to pay off and we started to get busy and By 2020, Sam just came to do this full time and it coincided with all the turmoil of the pandemic.

I know some, I have ER friends and relatives and it was like on the East coast and they were dying, they were slammed. Sam was being furloughed at where we were at because it was just so slow at that time.

And we're like, there's so much uncertainty.

Who Ketamine Clinics Treat

And, you know, which was a, for many, I want to acknowledge it was, it was, and still we're still, I don't know where we are in all of this pandemic thing quite yet, but hopefully towards the end of it.

But it was, you know, for some it was a very difficult time for us. We were very lucky and fortunate that we were

already diversifying what we were doing.

And that health-wise, we were fine, and our daughter was fine, and our family was fine. And so we made the transition to focus on our ketamine clinic.

And that's kind of the short version of it. So what type of patients access a ketamine clinic? So mostly it can fall into two camps. You have those with mood disorders like treatment-resistant depression, PTSD, anxiety, and then you have your chronic pain patients.

They've tried other things that could be offered at pain clinics and such. So for us, the majority of our practice is treatment of depression, PTSD, and anxiety, but we also provide the chronic pain.

So the patients that come to you, so let's use an example. Let's say you have a patient that has refractory depression. Maybe they've had a couple of hospitalizations in the past and they're on maybe two different medications.

Are they coming to you independently or is it in conjunction with their psychiatrist or psychologist? It really depends. We've had both.

Collaborating With Mental Health Providers

And we make a point of how we practice is that we're like a team if they do come with a psychiatrist or a mental health care professional, whether they're referred by them or they have one, but they came to us because They feel like they're not getting better even though they're being treated by somebody else.

So we work collaboratively. So by no means we recommend that we never try to pretend that we're a psychiatrist or we're a mental health provider. Sam knows ketamine.

ER physicians know ketamine and know how to provide it safely and know what to do when something goes haywire, which is very rare, by the way. But we know how to take care of the patient with ketamine.

we like to work collaboratively with their mental health care provider because I know some clinics, they do have like an in-house psychiatrist or psychologist, somebody there.

But as of right now, we found that it's effective working with a psychiatrist that may not feel comfortable providing IV ketamine infusions. I've given a fair amount of ketamine and one of the potential reactions that can occur is this emergence phenomenon.

And a couple of the emergence reactions that I've seen, the patient has become quite agitated and we have medications to assist with that. And I've been in an emergency department with enough staff that, you know, if they're trying to get out of the bed or becoming violent, there's somebody there to help with that.

How would your clinic or how do you manage an emergency reaction? Because it's not like you have a security team that's going to come in. It all depends on how you utilize ketamine, right?

And for what is the intention and the purpose. So for our patients and most practices or most clinics will do a thorough consultation, review of medical records, making sure that this is a fit, right?

because we're not doing it as sedation to do something else. We're doing it with the sole purpose of you're here to receive ketamine to address your refractory depression, to address your treatment of refractory chronic pain.

So you're already coming in with that intention of this. And with ketamine and this rise of interest and in research into psychedelics, there's this concept of set and setting.

So by having the mindset and that deals with the patient's mindset, okay, why are they coming in?

Managing Ketamine Reactions Safely

What are they hoping to achieve by getting their treatment? So they're very conscious and very aware of, I'm here today to receive a treatment to help me with.

They can fill in the blanks, you know, and this is where that coaching actually comes in. It's like, you know, what do you hope to gain from this? How will you know you will feel better?

So they're already kind of thinking in that space and we're also preparing them, right? We're letting them know like, hey, these are the things that can happen.

There's always going to be somebody with you. If you know, somebody watching your vital signs, your actual physical indicators of how you're doing. But also you may see something, you may experience things during then.

We're here and the beauty of having it be IV as opposed to IM or oral is we can turn it off. You know, we just stop the infusion. We're priming them. We're letting them know what to expect and also helping them get into a better mind space going into it.

No, we don't want somebody that's going to be listening to heavy metal during or even before their treatment. We have a playlist of very soothing music, so they're prepared.

And then during the experience, we're very conscious of monitoring how are they responding both physically, but are they saying things? Are they very emotional, are they getting anxious?

And so addressing it there and then also helping them, being there for them when they come out of it too. And so I mean, and that's the part where that's the setting aspect, the environment that the patient is receiving their treatment.

And that's, of course, very comfortable chair, supportive music, maybe it's aromatherapy, all these things, a warm blanket. For us, a huge part is being very mentally present.

When you're busy in clinic, when I've been busy in clinic, I can dissociate a little bit and think of I'm moving the meat. I'm just trying to get through and not really being there, but enough to make sure people are safe.

For us, that doesn't cut it when we're treating somebody who has emotional pain and chronic pain that's related to emotional pain or vice versa. So part of that setting is, and we tell our staff this, your job is to be like right here with them, to be of support, to hold space and not scrolling on your phone or thinking about what you're going to go do next.

And so having that presence, right? And so you don't have that type of experience. Oh, I've yet to be in an emergency room where you have that kind of experience where you have it's nice and quiet, right?

And it's Everyone's attention, you know, your techs or your respiratory therapist or whoever, all that support staff that you have there is their goal is just to be present and of service and of love without getting too hokey about this.

And so we find most patients do very well and you don't have that emergence phenomenon. And of course, if somebody's very much struggling, which of course it can happen, stuff can come up, memories, nightmarish like challenges can come up.

And of course you have medication to address that too, if need be. Yeah, I think that's a really good point that it's not lost on me that probably a lot of the emergence reactions that I saw.

I mean, if I'm using ketamine on somebody, by definition, they had a bad day. It's to facilitate a procedure because they have a broken bone or, you know, really horrific laceration or some other injury.

Preventing Ketamine Misuse and Addiction

So something traumatic by definition has already happened to them. and they're already in oftentimes a lot of pain, the ketamine. And then there's usually a lot of people around them just because the nature of most procedures that we do involve various people.

And so all of that can be extremely triggering for somebody. So that's a really interesting point. The other question I had is, You know, the history of ketamine, some people know it as vitamin K as a club drug.

So there is the potential for abuse with ketamine. And I think emergency medicine physicians are particularly sensitive to this, especially kind of my age and older, because we train during the pain is the fifth vital sign.

And we dealt with the fallout of a lot of our patients becoming addicted to opioids and coming to the emergency department. for their fill-in-the-blank opioid of choice.

How do you avoid becoming a one-stop shop essentially for this to become a drug of abuse? Wonderful question. And it's a question that ketamine providers and clinics we talk about at these conferences, right?

How do we treat people with a medication that is very powerful and has a lot of use, right? And without it falling into You're just a clinic that get people gets people high.

I hear that all the time, which is, while in truth, there is some truth underlying like you're just getting people high and you're just having them escape.

And I think that goes back to intention, right. And, you know, why are we doing this. Within a clinical setting, it is the only time the patient's getting a ketamine, at least at our clinic, which I can only speak to fully, is that it's only one SAM physician is there giving them ketamine, is when they get ketamine.

Or it is specific patients where we would feel they are best served with having lozenges or trochies that they could use so they don't have to be coming all the time.

That's where it could get tricky though, because you're not going to have somebody there with them to watch and monitor how much they're taking by themselves.

It's that self-administering. And I think that goes to recognizing why are we needing to utilize those non-IV forms at home? If you may or may not be aware that there's, you know, during the pandemic with, fortunately, the law does not come to mind.

But, you know, there's a change where people could be prescribed medications without having to be physically seen in a clinic. You know, we had the rise of all these virtual appointments and all that good stuff.

Well, you know, as a result of that, people are getting access to medications that, you know, they weren't necessarily having a lot of support or being monitored as closely as we ideally would like as clinicians to make sure our patients are being served by the medication as opposed to using it as a crutch or using it inappropriately.

And so that's when ketamine is utilized in that way, you can have patients that are addicted. It is a possibility. When it is utilized in ketamine fusions with just in the office, just in the clinic, receiving the infusions under the supervision of a physician, you see very low rates of addiction because it's like you're coming in for the infusion.

Advice for Starting a Ketamine Practice

We check, how are you doing depression-wise? We have all these PHQ-9s or the Beck depression scores. We ask them, how are you doing? We adjust the dose and how often we treat based off of how the patient is responding.

When you're coming at ketamine from that mindset as opposed to I'm going to pop some ketamine, I'm going to go

to the club. It's a very, very different experience.

And I feel a way that, at least for our patients, we tell them the ketamine is here to help catalyze change in your life. the ketamine itself is not going to help you.

It is gonna support you in transforming your life, but it's not the end all. And for some patients, it's not going to be the end all, or it's not gonna be the absolute cure.

I think it's just being that very intentional, being very aware of how are the patients responding, that we can better address addiction to it, or avoid avoidance of addiction to ketamine infusions.

I'm predicting that there's a few physicians out there that are interested. I think that when a lot of us picked our specialties, like emergency medicine in particular, it really didn't dawn on us the idea of having our own practice.

Frankly, at the time I was like, oh, it'd be great not have to own my own business and deal with all that. But now, you know, as I've gotten older, I do value autonomy more.

So if there's somebody out there that's like, I'd like to learn more about if this would be right for me to start my own ketamine clinic, what would be a first step?

You're welcome to check our website out. That's www.ketaminestartup.com. And we have a lot of blogs on there. Sam and I both love writing. That's part of my creative outlets because we write a lot about things that we've experienced or surprises and all that kind of stuff that comes up starting your practice.

One other way to outside of interacting with our content is speaking to fellow physicians that do have private practices and see what their experience is like.

I tell you, it is very different, at least for being partnered with an emergency physician who is really cute. I'm used to at Christmas time getting Christmas presents because I have a panel of patients, right?

And my husband's like, it's very odd that I'll see the same patient or see multiple people from the family. When he told me that, I realized it is a very different experience, you know, to go from having, I mean, and not just talking about having a private practice, but a clinic that you see people over and over again.

So there's that transition of going from seeing patients that come into your OR and leave, whatever it means, and then going to, oh, we're scheduling patients.

I'm calling them to remind them. I potentially may see them in six months. that is a transition. And then also private practice, you are getting not only are you practicing the clinical medicine, but then there's all that business administrative stuff that, you know, love them or hate them, but administrators at the hospital take care of.

for you, but now they are yours. And I think if you're considering starting a clinic, if your desire and reason to do so is beyond, I just want an easier life, meaning what is your why?

Why do you want to do this? How do you hope that this can be of service to the world or yourself or your community? that can help you go through all this paperwork that we were never aware of because all these administrators took care of it for us and told us, just take these modules by the state.

And you're like, okay, whatever. I hate these, but I got to do it. Oh, now that we have our own private practice, we understand why there was all those modules were there, you know, and because there are these laws and requirements.

So I think being a really aware of why you want to do this. And sometimes it's not very clear. I'll be honest, you know, it can start off with, I just want more autonomy.

Right. But I feel there's something beyond that. I want more autonomy to practice a certain way, be of service to others, to be able to spend time with my children and also continue to utilize all those years of experience with ketamine.

There's something beyond that. And that's what I find helpful for those that helped us get through all the paperwork and frustrations of that administrative part of being in a private practice.

Correct me if I'm wrong, but you do have a resource. I think it's free that people can actually see if their community's already saturated. Yes. So you can go to, there's a couple of things.

First, the resource you're talking about, if you go to www.askp.org, that is the American Keta means society of practitioners, psychologists, and physicians.

They just had a rebranding of their name. There is a directory in there that you can put your zip code. And we utilize this for both our students or physicians that want to start a clinic, as well as patients.

They will have somebody call us from Milwaukee because they're like, oh, we really like your videos. And you seem to explain it well. They're like, well, Why don't we see if there's somebody closer to you?

So you don't have to be committed to coming all the way out to see us. So that's great. That's both great for finding for patients and also if you're concerned about, am I too close to somebody else already practicing this?

For your listeners in particular, we have a free resource. It's going to be at www.ketaminestartup.com forward slash revitalizing doctor that you will get you put your email in and then you'll get access to a free checklist that goes over all the steps, main steps to starting a clinic, but also a business plan template that is more geared towards starting a ketamine clinic.

So check it out.

Burnout, Autonomy, and Taking the First Step

For some people, just taking that step of checking it out and you go, oh my, that's too much or, oh, hey, that's not as much as many things as I thought is very clarifying.

That's awesome. Are there any parting thoughts, any, maybe your message you want to send to the burnt out women physician that's maybe contemplating starting her own practice?

I've been there and I'm finally at a point where I don't feel burnt out. You know, granted, yes, I don't practice medicine. I just want to acknowledge that.

But what I encourage you to do and it can be scary is just to take a step, take an action. And the thing is, we're as physicians is for me, I practice a lot out of fear.

I want to avoid things that could kill or maim my patients. You know, and all these types of things like I wanted them to get better. I wanted them to do well.

And so a step could mean did I make the right decision? Did I prescribe the right thing? You know, did I forget to order something and are they going to come back soon enough?

So a step seemed very scary. But this is a step for your life. This is a step of wanting to be happier, to not be burnt out. I mean, imagine to not be burnt out, but to be happy or content.

Happy gets sometimes overused. So just to be content. So just taking a step to that, you know, maybe it's simple as saying no to providing another lecture for the residents.

You know, you love them, but you need some more time. So saying no, just like a little action and you'll find either it works or it doesn't. And there's so much information from there.

And just taking a small step, find what brings a little bit of joy, a little bit of lightness, a little bit more contentment, and just go with that. And I think from these small steps, there's much more clarity.

And I wish I had known that earlier, because I just waited until it was so uncomfortable, and I had to take a step that felt super scary. So learn from my mistakes and just take a step.

Oh, I love that. And that ties into Dr. Naomi Lawrence Reed's second episode. I think I titled it, Just Take a Step. So we're seeing that as a theme throughout the guests we've had on season one of the podcast is actually, I was coaching somebody today that has what I would call the term is BHAG.

big, hairy, audacious goal. And we were going through, okay, what are the sub goals? What are the steps to get there? So that's a great message as we tie up.

I want to make sure our listeners know how they can connect with you. I know you've said your website a couple of times, but are you on Twitter or Instagram or any other ways?

Yeah. So our clinic, if you're curious about our ketamine clinic, just purely for your potential patients, yourself, whatever it may be. We're at resetketamine.com and we're the same handle for all the social media.

You know, we have an active Instagram and all that. If you're curious about learning about how to start a practice and what it's like to own a practice, a ketamine practice, that's ketaminestartup.com.

as well as the same handle for all the social media. We're mostly active for Instagram and we do have some Twitter, so at Ketamine Startup. And me personally, I have an Instagram at Dr.

Kimberly Ko. But if you're really interested in exploring the whole ketamine world, the two aforementioned websites are key. And then also the one for your listeners in particular.

because this is only where you can get that business plan. We wanted to make something special for you guys. Wow, that is such an awesome gift. And I can't wait to share that.

We'll make sure that link is in the show notes. So that is so cool. You know, our listeners can start making their own business plan or looking at just like you said, you may see that ketamine sounds exciting.

And I think when you're really burned out, it's not uncommon that a lot of things are going to sound exciting because You're unhappy. And I think that what you said earlier is the message we're seeing a lot of is a lot of times you don't know what you want.

You just know what you don't want. So working with a coach to clarify your values will really help.

Resources and Ways to Connect

to make it more clear what you actually do want. But I also think, and Naomi talked about this in her episode too, it's okay to try stuff. It's okay to explore this.

Maybe you spend a couple months looking into if a ketamine clinic works out for you. And even if you decide ultimately that's not going to be a good fit for you, there's so much that you learned through that process.

Totally. I mean, I thought I was going to be a YouTuber for a hot minute. Just trying things out. Just trying things out. And I loved that episode with Dr.

Naomi. So yeah, just take action. Just try things out. Action brings clarity. I love that. Action brings clarity. Oh my

gosh. I think you just made the title of the episode.

Action brings clarity. Wow. I had to throw in some sort of vision related thing. Awesome. Thank you so much, Dr. Kim, for being on the podcast. And I'm going to have to have you back.

I actually think my call to action for our listeners is go ahead and come up with some questions that you have. For Kim, you can tweet at both of us, actually.

That's fine. And or email me or reach out to her directly, and we can do a follow-up episode of listener questions related to starting your own ketamine practice.

How does that sound? That sounds great. I would love to. This was a blast. I had so much fun. Not usually this chatty, so that means I had a good time.

Awesome. All right. Well, thanks, and we'll see you back next time. Thank you. Thanks for listening to Heartline, Changemaking and Healthcare. If you're ready to deepen your own inner work or want to bring these conversations into your organization, visit andreaaustinmd.com.

You'll find resources and ways to connect with me for coaching, speaking, or consulting. Don't forget to subscribe, leave a five-star review, and share this episode with a friend or colleague.

Until next time, keep following your heartline. This podcast represents the views of the host and guests. It does not represent the views of any entity we work for or with.

It is also for informational use only and does not replace any professional advice, including medical or psychological. If you are interested in unlocking your true potential, reach out to me.

If you're an organization interested in supporting the wellbeing of your people, I'd love to connect on innovative solutions. Schedule a strategy session at andreaaustinmd.com.