Podcast Introduction and Guest Background

Welcome to the Doctors Making a Difference podcast where we help physicians to be empowered with the tools they need to be successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. Today I am honored to have Dr. Kumar Ramlal as a guest.

Dr. Ramlal has had an interesting story and I'm interested to hear him tell this. He's a physician, he started businesses, he's had a child with significant disabilities and has worked with various foundations and has done so many different things in his life.

Dr. Ramlal, would you mind introducing yourself to our audience? Thank you, Peter. Peter, it is a privilege to be here. You yourself clearly have overcome challenges.

And some of what we're going to talk about today is how we not only overcome challenge, but how we thrive with the challenge. And in fact, how that helps us to sometimes find new direction and more importantly, new meaning in where we are and where we head into life in terms of Boy, it's some journey to how I end up here with you today, Peter.

I myself started off, you know, I'm a high school dropout from Guyana in South America. And here I am. I saw that in your, in your bio. Goodness gracious.

Yeah. So I'm a high school dropout and that's a story perhaps for another day, but made it to the United States as a foreign student. That's an I-20 visa.

Some of you I guess probably remember what that's all about. And currently went from there to medical school in Canada. And along the way, I've been a chief examiner in our specialty across Canada.

I've also been a residency training program director. But probably the single greatest professional achievement for me was straight out of fellowship, like day out of school, fresh, green blood, got an opportunity to build a provincial service for one of the provinces in Canada, about a million populations Saskatchewan that had never ever had somebody in my specialty before.

And I was charged with going out, raising money, training staff, figuring out what equipment to buy, building up teams, starting a clinic from scratch, and all the while running the clinical services and starting the training program so we could train our own residents and fellows as opposed to having them go off to other places to learn.

So that was straight out of school. Wow. So they didn't give you years to practice. They did not give me years to practice. In fact, I took on that job because it was the last province that had never had someone in the specialty and they were giving me this opportunity to go out there.

That was my own version of the Wild West, right? Professionally, that was a significant turning point and growth point and inflection point in my life.

And along the way, while in Saskatchewan, my son was born, we had troubles getting a kid, Peter. for many years. And then right when we thought we wouldn't get a kid, ended up becoming pregnant.

Career Path from Dropout to Physician Leader

And my son, pregnancy troubles, but he had severe developmental delay in autism. You know, when people think

of a head banging kid with autism, that was my son.

And thankfully that's not where he is today. He's 23 and he is the visionary and actually very much they co-leads with me Chintan project. And that's a global human behavior advisory and consulting firm for business owners.

That's what I do when I'm not in clinic and not running the businesses that we own and not running the diagnostic facilities that we operate. So that's a bit of who I am and.

Let's get some tools out to our listeners today so we can help them. This was kind of interesting. Somebody listening to this will be saying, OK, I'm a doctor.

I'm in residency or I'm in my first years. I think you had practiced as a pulmonologist, I believe, after fellowship. Some pulmonologist is listening to this and saying, OK, Dr.

Ramlal has practiced and now has started businesses and is taking care of a child with disabilities. How did you transition? I guess not out of medical practice, but you transitioned to doing more than just medical practice.

I'd like to hear more about the Chin Tan Project. And that's a big story from your son having a severe autism spectrum to being able to accomplish a whole bunch of stuff.

And I want to hear more about that story. I think along the way, Peter, probably so many of our colleagues, I started off thinking I was going to be a doc, right?

You go to school, that's what you go to school to do. That's what you're going to spend your days doing. And at some point, your future was supposed to look like something and you're not entirely sure how you're going to get there.

That sure as heck was how I was. And I knew that my career was going to be different, partly because of that first job. And that was an academic position.

But along the way, my son was born and I realized that an academic salary was not going to pay for private autism care. And you say, why are you looking for private autism care?

I thought in Canada, they've got this public health care that's just so amazing. Well, Canada's health care system does have very significant advantages over many in the world, but one of the disadvantages is access.

And the other thing is, Peter, is that sometimes when we are faced with patients, we know how this movie is going to end. You've been there, I've been there, our college has been there.

We know how this movie is going to end. And I was there with my son, my wife and I, I knew where this movie was headed. And when my son was two and a half years old, we had a psychologist, well-meaning, doing a psychological assessment.

Then once he was all done, you know, came to my wife and I and said, Kumar, Pratima, that's my wife's name. And he was very well-meaning. He said, if you lined up a thousand kids to end-to-end, your kid is the third worst, for whatever that means.

And then he said, Kamara, Prakima, you don't have to worry. Imit would qualify for a teaching assistant in school. Peter, I swore I will not swear on your respectful podcast.

I do appreciate that. But I didn't allow it. But boy, it was more than beneath my breath. And I talked to myself, you blank. That is not my dream, my son.

And in that moment, a phrase came to me that I've used many times since. And it was, I know where this movie is going. I know how this movie was end. And that phrase was the following, if you don't like the movie, change the

script.

That's right. If you don't like the movie, change the script. And so I decided that we are going to change the script and that what all of the conventional therapies that were there, I knew where this was going.

And so we went, Amit has called us, he said, you know, the road less traveled means something to our family. I was pushed and squeezed and cornered enough that I was willing to look for different paths.

And in that process, I recognized that I was going to upset a lot of people by this time. I'm the chief examiner for pediatric pulmonary in Canada. By this time I had been asked by the residents, the training program where I was at was under, what did they call it?

Probation. And I was asked by the residents to take over the leadership of the program because I'd had a reputation for fixing stuff. That's what you do when you come into a province with a million people and you don't, you don't got a system, right?

Son's Autism Journey and Changing the Script

So their residents, other people wanted that job. I did not want that job. So the residents put their neck on the line to go to the department chair and ask the department chair if I could be appointed program director, knowing that the people who wanted the job knew that I didn't apply and that they would know that the residents had asked me to do it, knowing that if I said no, their necks were on the line.

right? We like to think that there's not vindictiveness in our profession, but you and I know better, we've been around, right? So, especially when you're a resident.

And so anyway, I took on that job. And so in the midst of this, I'm actually taking my kid to go search the world, find the best resources. We did. And I remember sitting in a room, this is relevant to how doctors might climb out of what they might think is a rut in their lives.

I sat there on the top of an auditorium and watched a three-year-old kid with Dung Syndrome reading a book faster than I'd ever seen other than somebody like Howard Bergen TV, you know, like a kid reading a book and answering questions.

I thought to myself, I want a piece of that for my son. I was going to get a piece of that for my son. And long story short, including putting my marriage at precarious, at very significant risk.

We got a piece of that for our son and they taught him to read. And then as soon as they taught him to read very rapidly, he read thousands of books. He's read over 14,000 by now.

He's written thousands of pages of manuscript. He said, when I make a dent in this world, it's not going to be in spite of my challenges, but expressly because of them.

make a dent in this world is not going to be in spite of my challenges but expressly because of them and I'd argue he found a way he found a way and within our business our medical business docs if they don't have a reason wouldn't be a reason to get up.

You had a reason, Peter, for changing the trajectory of your life, your career. And it doesn't have to be some big bad thing. It doesn't have to be cancer.

It doesn't have to be your kid having autism. It doesn't have to be being told your kid would qualify for a teaching assistant in school. You don't have to worry.

But what is it for each of us? And that's that why piece. And life is more than a why, right? Sean Colgate, the founder of the Unblinded Formula, the founder of the Calgary Recovery, I'd like to chat about that at some point.

He says, the biggest why's in the world, if you don't have a how-to, how the heck are you ever going to accomplish anything? You didn't dream up having the podcast with the impact and influence that it does.

There's formulas that you follow, right? There's systems that you follow to build that. There is a formula and, you know, so that why is important. That thing that makes you wake up and more importantly, the thing that makes you get up when you're not done.

And then there is a formula for how you get there. Well, you've talked about your son and this incredible journey of him being told he had all these barriers, which he did, but he was able to learn to read and to write.

And then you started a business called the Chin Tan Project. Tell me more about that. I don't know if this shows up well on camera. This is a cardboard.

It probably costs less than 50 cents with the lamination and everything. But this is the letter card that my son still types on. And this, with this, He's written thousands of pages of manuscript that formed a foundation of the Shintan project.

It got started sitting on the knees of Dr. John DiMartini, who's not a physician. He's a chiropractor, or more importantly, he's a human behavior expert.

And when he was just before eight years old, wrote the following, I am at Shintan Ramlal, dedicate my life to helping children of all ages. listen to their soul so that they might find and follow their true calling and lead the world.

So that's what he wrote when he was just about eight. And it was on that basis that the Chintan project got funded to do this work. And he defines a child as one in a state of readiness to learn and to grow.

And he went on to say, if you accept that definition, who is not a child? For why else are we here? That was the basis of the Chintan project. Chintan is Amit's middle name.

It means thinking and his first name is Amit. And we named him Amit because my wife and I like that, right? Parents are entitled to pick. That means infinite.

So infinite thinking is what his name is. Yes. Here's how that Chintan came up is that in our culture, tradition, maybe one of your names comes based on the time of your work.

And he had a significant mass that had to be operated on when he was four days old. And we were told he had a 20 to 30% chance of mortality. And he was going for that surgery at four days old.

We didn't want our baby to die without a name. So we searched all the books. My wife and I don't know Hindi, all right? So we don't know Hindi, we don't know Sanskrit, so we're searching for words.

And then we saw his name had to begin with a CH, that sound. And as soon as I saw Chintan, which meant thinking, I knew that was his name. Just about midnight on his fourth day, before he went for surgery, he named him Amit Chintan Ramlal, not knowing if he was gonna make it through the surgery.

And we did not at that time know that our kid had severe developmental trouble or that he would have autism and that thinking was going to be a source of inspiration and leadership to the world.

On his 21st birthday, he made a video that was submitted to NASA and is now that video is in the permanent library of NASA, acknowledged for him at 21 as being recognized as one of the thinkers that would lead the world for the next 50 years.

It's called Shoshin Works. And his video was called Beyond Weightlessness for NASA. Here's an autistic kid making a video on beyond weightlessness for NASA.

But the argument was simple. And it was this issue of the weight is oftentimes the burdens that we place onto ourselves and what our minds allow us to place onto ourselves.

And that was the basis. That's why his video was picked to be there. And so that's the kind of work that we do on a philosophic basis with Shintan Project.

But the other thing that we do is that on a practical basis, we're business owners and we help solve the people problems above HR. So that means where the laws don't quite apply, you know, is there the business owners, they have all the same human red-blooded problems that every other human has, except that their human foibles have the potential to affect themselves, their own families, and generations of other families.

And so the leverage point of the business becomes very significant and we help them sort out our people problems. So whether it's succession troubles, whether it's partnership troubles, whether it is, you know, spousal divorce, whether it's sibling troubles within family owned businesses.

So that's Chintan Project's work. before we met on Blinded. And along the way, we realized that, you know, those services, because Amit couldn't speak, he was still typing on his card, right?

So I wouldn't be there with him. And so now I'm like, leaving practice to go do this. We spent over $2 million getting care and accessing resources for him.

And he's now working because when he was 13 years old, I told him, like, you're going to sit around like a loafer or are you going to actually make a difference in this world?

I know that doesn't sound good. That's what weird daddies do. And I said to him, I said, your grandfather left home when he was 16. Your dad left home when he was 16. You're going to be a loafer and hang out till you're 16 or you're going to do something with your life.

And my wife heard and threatened to kick me out of the house. And then Amit knew that in a strange way, I kind of meant it, but I expected him to pull his weight.

And so by the time he was 13, he was already writing white papers that businesses were buying. So that's the foundation of Chintan Project. That's how we got started.

And then those white papers started to become advisory works to help businesses exit.

Building the Chintan Project

We developed an expertise in mergers and acquisitions because that's a time of significant human stress. Human stress reflects in business challenges.

That's the work that we were doing in Chintan Project. And that's how I, almost because my kid needed me, started working progressively more in that field.

very, very relevant to our colleagues here is that because he and I were writing on this card, my name was on many of the things that were written. Because we'd go study together, right?

He would study more than I did. I've not read 14,000 books, right? So he'd study more than I have. And he would have the general ideas. I'd help edit.

But my name was on stuff. I was in university faculty. And most university faculties have this thing that they own any IP you create. Well, Peter. I become a pretty mean daddy tiger, a mommy tiger, if you touch my kid.

And so you might touch my IP. You could take anything I do in medicine, but you do not touch the stuff that my kid has worked for. He's worked way too hard to do what it is that he's done in his life and is doing in his life.

And I was not going to do that. And so I quit my academic career while I was chief examiner. I left academia and went into private practice because I was not going to allow the university to steal something that was rightfully his, rightfully ours.

I believe that is what docs need to understand. Like they know what is rightfully theirs. And sometimes they don't even know because the game is so hidden from their very eyes.

But there are things that are rightfully theirs. And they've done the work, they've put in their time, they've invested their lives. And frankly, you know, their relationships, many physician families suffer as a result of what we invest in the career.

And in my country, the government wants to get the most doctor services for the least. And insurance companies would like to get the most doctor services for the least pay also, even when there are systems for doctors to fight and win.

Sometimes those things are very well hidden. We don't know the game that is being played at meta levels above us in many, many situations. Well, I want to reflect back on what you've taught us.

I mean, you've spoken about your personal experience of going through this and starting a fellowship and training, and then the personal challenge of having a son with major challenges and having to spend a whole bunch of extra time and resources to get what he needed.

And then you found not only did he respond to it, but he became an inspiration for you to change your practice. And when you found that his intellectual property was being taken by a university, That motivated you to change even further and say, we have to be able to operate outside of the sphere of our employer.

And then you've been able to take that and work with businesses. Sounds like all over the place to work on human relationships. We don't have anybody on Antarctica or the Arctic just yet.

No, but that human relationship aspect affects every single thing we do because we're humans. And it doesn't matter what position you're in. We're not robots.

We're not AI. We're individuals. And that does influence everything. So I can see why the ChinTan project sounds like it's been quite successful at helping a lot of businesses.

The biggest bottleneck in the ChinTan project right now is that, frankly, I'm still practicing. And it jokingly says that, you know, his aim is that I leave the practice of medicine altogether.

And he said he is 100% certain that I wouldn't miss it one bit more than I missed going to the ICU and doing a consult. And I'm not so sure yet, but he said, look, how long was it after you left working at the hospitals that you wouldn't go back?

Clearly, that was a very short runway to that realization in my life. And he says the same thing is going to happen here because you're still going to be helping people.

You're still going to be serving people. You're still going to have a rippling effect and you're still going to have human connection and all of those things that you believe that medicine is doing for you.

You will be serving the world of a higher level at a different scale. And if he had it his way, I mean, literally we'd be done as a family working as a doc.

Yeah, that being said, it's baked into our DNA a little bit. It wants to help people. It's neat that you can have both those worlds and you've been able to do it for a long time to help patients in the ICU or wherever it is that they come across needing your help.

I've got almost 5,000 people who are referred waiting to see me. Goodness, that's a long waiting list. That's a long wait list. Okay. And then for those who might not notice it, that's Canada.

Everybody's got that wait. No. In my city, there are several people in the specialty rare practice who've got under two months of wait. Okay. We are efficient, but I can't see five grand of patients in two months.

That's a couple of years people are waiting to come in. I take that personally. I believe that it's a privilege to be trusted as we are. And in my case, it's not just trusted by the patients.

Another doc is putting their name on the line to say to their patient who needs care today, that's why we refer, right? Who needs care today to say it's worth waiting for that clinic.

Well, and just like when your son had so many needs, you were willing to go wherever it took to make sure he got what he needed. And so if your fellow physicians recognize that they're going to get excellent service when they come and see you, and they're going to get recommendations that are life changing and impactful, they'll wait.

And I think that's an important piece of it. I mean, like I was saying to you, I think before we came on live, Amit is currently getting treatment in Miami.

Like you guys have got phenomenal specialized care, the best in the world in so many things. And yet we feel that that system is burdened in the US. People say, why would a Canadian care about American docs?

Because my kid's life depended on that at one point. And so I have a very personal reason why I not ought to, but do care about American healthcare. Yeah, the job is similar, no matter what country you practice in.

And there's drawbacks to every system. In the United States, one of the biggest things is insurance. We have to deal with that because every system must be paid.

And you've probably noticed this in your practice, like I have. You work so busy and so hard, you have very little time to think about how it's going to get billed because that would take another whole specialty to do it.

In Canada, you know, you get shielded a little bit from it personally, but then you see it when your son is accessing that care. him to be able to get the care that he needs.

And what happens is that, you know, when you think in terms of the insurance system, insurance companies would like to get the most for the least, right?

They run a business too. What happens is that they are looking to do that in whatever way they can, including working to screw the laws and the regulations in their favor.

Leaving Academia and Protecting Intellectual Property

Talk us through that. You've worked a little bit with Calagay Recovery, and I know that's been one of the things that you and I got introduced by a gentleman who works with that organization.

And I do think that's interesting because, again, you're a Canadian doctor, but it means a lot to you because of your son needing that care in the United States.

And you can extrapolate from that. There's needs for so many patients, so many doctors across the system. Yeah, talk us through that. What have you found to be useful for kind of navigating those challenging circumstances?

A couple of things make this resonate so much more deeply than might appear at the surface. Firstly, on a personal level, my kid needs American healthcare.

Secondly, I know what it is like to be robbed and to have things that are rightfully yours be taken away. We've

talked a little bit about that. Yeah. And Thirdly, when the people who make the rules, in my case, it's not an insurance company, it's the government of the province that actually makes the rules, the government of the country that makes some of the rules that I have to work with.

And so when those rules are structured in such a way that we as physicians don't even know how we can play to win. We don't even know how to play to win.

One of the things that we recognized when we met Sean Callegay, I told you that we're certification partners. We work directly with Sean Callegay in many different arenas.

And some of the leadership of the unblinded group is that Sean Callegay is a founder of Callegay Recovery. And for 28 years now, they have been helping healthcare practitioners, mostly physicians of multiple different levels, recover monies that were rightfully theirs.

So as of today, they have recovered $1.18 billion for mostly physicians. And their real gadgetry, their real expertise is around out-of-network care. So what has happened is that insurance companies have pressured, squeezed physicians such that they believe that the only way they can survive is by being in-network.

Well, there's something called the No Surprises Act and surprise billing laws specifically designed to protect patients from surprise medical bills. And what this law says is that If somebody has got insurance, wherever they show up, so long as they did not choose to go to an out of network facility, they need to get treated as though they were in network at your facility.

So if you fell off the ladder and you were taken by the ambulance to the closest hospital, and you have insurance, whether or not you're in-network at a hospital, you were to be treated and you were not to get any bills to you beyond what you would have had if you were at an in-network facility.

This law was designed to protect patients, and rightfully so. What then happened though is that insurance companies were paying their physicians at their lowest rates of in-network care, so it became unfeasible for doctors to offer the services at those hospitals.

Hospitals saw it very, very hard to recruit physicians to get people on staff. And doctors found that they were squeezed and some of them folding their practice or taking employed physicians.

I mean, I was at the American Association of Neurologic Surgeons and I met the guy who's the last private practice neurosurgeon. And he had just taken an employment job because he couldn't deal with the system anymore.

It is very easy when we lose that entrepreneurial spark to fold and become common. We were not meant to be common. We didn't get into medical school and do the training and put up with what we did to be common.

And the system is beating people up because they don't see a way out.

Helping Doctors Recover Lost Revenue

And what Calgary Recovery does is for anyone where even a small portion of their work is out of network, It allows them and they are dealing with emergency circumstances, people who cover the hospitals.

It allows them through an arbitration process to recover money that is rightfully theirs from the insurance companies. This is not a patient collection service.

This is not somebody calling your patient to collect their deductible. This is true arbitration in a federally sponsored program to help you as physicians recover your monies.

To get some sense of what the dollar value is, that's a $500 billion per year. That's a B, $500 billion per year, according to the CMS. That's how much money is being stolen from our colleagues every year.

Think how hard our colleagues work. Think of what we give up. Think of the investments and, frankly, sacrifices that we make to have a half a billion dollars stolen from us.

each and every year. Ninety percent of cases go not arbitrated because doctors don't even know how to play. Frankly, Peter, if your listeners are in any way dealing with emergency services, if they are in any way having out of network bills for emergency services, you know, they should reach out to us and they can reach out to me directly.

They can reach out to you. And if you directed them to me or to Justin, then we can get them sorted out. This is Calgary recovery is the 900 pound gorilla in that game.

So the average win rate is between eight to five and 95%. The average recovery is eight to 12 times what the initial offer of the insurance company was.

and the doctor does not pay unless they win. As far as we know, we're the only company that fronts the filing charges. So $1,000 filing charges we will front and we will do the arbitration.

We will proceed only when the dollars are recovered by the doctor. Then it's on a contingency basis that Calgary is paid. So basically, if it's a doctor who is coming in on an emergency basis, especially you're contracted with a hospital and you say, okay, I'm on call and, you know, I don't look at their insurance when they come in an emergency.

We just take care of whatever, you know, and I think everybody's the same. You made a Hippocratic oath. You said, I'll take care of the patient no matter what.

But if you don't recover a payment for the services, Pretty soon, your business can't stay intact. And that's what you said. If you're a private practice doctor, you can hardly stay in business if many, many times you're getting a cut rate because you were out of network.

It's hard. You didn't get to choose whether or not to be in the network. It's a serious cut rate. You're getting between 5% and 10% of what you could get for out of network.

So even if it's a small number of out of network emergency cases, Average recovery for a spine surgeon, $127,000. It doesn't take a lot of cases to go from can't make your practice fly to being able to frankly live at beyond a barely working wage.

To me, this makes sense. And most doctors listening to this are so busy, they're not going to have time to say, well, I'll file the claim. I think it has to be filed within a very short time.

The time frame was designed by insurance companies. Insurance companies set the rules up so they can win. So from the time you get your EOB, you've got 30 days.

to offer to negotiate. And then the federal law varies. There's minor nuances within states. But from the end of that 30-day period, you have literally four days to file for arbitration.

And if you miss that window, it's done. It's over. And that money is permanently lost. So you pretty much have to have a service like this to be able to recover.

You cannot do it. It's either doctors don't know that they're losing out. Some of us are beat up enough that we don't care that we're losing out. That's true.

That's sad and it's true. And then for the rest, varying levels of people are frankly lying to them. If you've got your own in-house billing service, it's impossible for them to have the infrastructure to file these claims in time and to know how much they should be filing for.

We are filing 4,000 cases a month. You think there's some data as to what it takes to win in an arbitration? And so

knowing how much to claim, how much is a reasonable claim for that service, what's likely to win is important because if you claim the same amount that they offer to you, you'd win 100% of arbitrations.

Because you aren't asking for enough, right? And if you claim ridiculous amounts of money, you'd win no arbitration. So there is that sweet spot of what is claimed.

And so Calgary Recovery, as the largest non-state filer in that system, is has got that data to win on behalf of doctors. And yes, it is in their vested interest to win because otherwise they are putting out their filing fees and all of the labor costs, all the work that they do with no chance of recovery.

We do not get to go back to the doctor if there is a loss. There is no recourse to the foundation. Well, it makes sense, and I appreciate you highlighting that.

Kumar, this has been interesting. We've heard about your very personal stories about your son and your family, and I want to thank you for sharing. And then your experience dealing with the university and in some cases, you know, having intellectual property taken from you in a way that was unjustifiable.

And then, You've started a business, you're inspiring others, and now you're in the work of trying to help physicians stay in practice, stay independent, stay relevant, and like you say, not ordinary, not plain, but be able to be extraordinary.

And part of that is being able to understand, like you said, the financial game that's being played behind the scenes, because I'm not a finance person.

You're not a finance person. None of us go to medical school and unless you have a finance degree, you're probably not into that. But it is important to surround yourself with people who do know that so that you can continue to provide that service.

I do really appreciate you going through that. Do you have any other thoughts you'd want to leave with our audience or tools or resources you'd want to point them toward?

Each of us has got challenging situations and challenging times in our life. The lesson that came to me at the time when that psychologist told us what he did about my son, if you don't like the movie, change the script.

If that lands on people, that would mean a lot to me personally. If people know that there is a how-to, it's not just a why, but a how-to to get things done.

That would be meaningful to the audience, I think, and to me personally.

Closing Thoughts and Contact Information

Lastly, And to come to that point of Caligay recovery is that all the well-meanings in the world, if we are not appropriately, fairly compensated for the labors that we do, there'll be nobody to look after the patients as we go forward.

We owe it to ourselves. We owe it to our families who have trudged through the mud with us in literally sometimes and figuratively. We owe it to all of them.

We owe it to our current patients. And we owe it to the patients to come to make sure that not just the practices of medicine survive, but the businesses of medicine survive.

I will fight vehemently for the entrepreneurial doctor, because that's where those innovations arise. That is why my son right now is in Miami getting cared for by one of those entrepreneurial, phenomenal physicians.

Peter, it's been a privilege to chat with you. Thank you very much for this opportunity tonight. Thank you. How, if

somebody wants to get in touch with you or follow your work, what would you point them toward?

Do you have a LinkedIn account or some way that they can contact you? That would work. LinkedIn account would be easy. And ChinTan project, I'm not sure how it shows up in your screen, but that's backwards, but it's ChinTan, C-H-I-N-T-A-N project.

You search me, you're going to find it in there. My son is Amit Chintan Ramlal. He didn't want it named after his name, but he could live with it being the thinking project.

So there you go. Nice. Well, again, thank you so much for taking the time to do this. And I look forward to following your work. Thank you so much. Have a great evening.

Yeah. Thank you very much, Peter. Thanks for tuning into the Doctors Making a Difference podcast. And thank you for what you do to help your patients and your community.

Your work truly helps so many people. We produce this content to help you have the tools you need to stay in medicine and to highlight the amazing work being done by physicians around the world.

Please note that while I am a physician, and many of the guests on this program are also physicians or other professionals, the discussions on this podcast do not represent my employer or any professional organizations to which I belong.

This podcast is for your information and entertainment only, and should not be taken as professional advice. You should seek appropriate professional advice pertaining to your own situation.

Please check out more of our content on our website doctorsmakingadifference.com. Also, please follow, like, or subscribe on your podcast player or YouTube channel and give us a five-star rating.

It really helps to spread the message. Finally, if you'd like to be a guest on the podcast or if you'd like to nominate someone else to be a guest, please visit the website or email admin at doctorsmakingadifference.com.

See you next time.