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UNEXPECTED CAREER PATH AND LESSONS FROM THE BUSINESS SIDE OF MEDICINE WITH DR. SHAMINDER GUPTA

David Mandell:

Hello, this is David Mandell, host of the podcast. Thanks for joining us. Today, we've got a very interesting guest. I am excited to talk with him, and I'm sure you'll learn a couple things from him as well. Let me tell you about Dr. Shami Gupta, and then I will give you his brief bio.

Again, he's another one of these docs with a very significant bio, so we're going to cut it down. Then in the show notes, we will have a link to his LinkedIn as well as another professional bio, so plenty for you guys to read up on. But Dr. Shaminder Gupta is a practicing internist and nephrologist in the greater New Orleans area. His practice focuses on the long-term management of chronic kidney disease and end stage renal disease. His medical training was done at Louisiana State University School of Medicine in New Orleans. He currently serves as the Chief Medical Officer for Monogram Healthcare. In this role, he's working to establish population-based programs that impact the lives of patients with chronic kidney disease. These programs interface with payers to help create patient-based outcomes that are also cost effective and efficient. With that, Shammi, welcome to the program.

Shaminder Gupta:

Hi, David. Thank you for the invite today. We're looking forward to our discussion.

David Mandell:

We are going to talk about a number of things. You and I have chatted a bunch over the last year. There's some interesting business things going on and entrepreneurship, but let's start, as I try to with all the physicians, we'll start with you and your background. Tell us, where did you grow up? What made you become a physician, and how did you gravitate into nephrology?

Shaminder Gupta:

Yeah, thanks David. I'm a lifelong Louisianian. I was born and raised in Louisiana and grew up in a town called Lafayette, Louisiana, home of the Ragin' Cajuns. I was an undergrad at University of Southwestern Louisiana, and I grew up in a town about 100,000 people. Really



loved my life growing up. My father immigrated to the United States in 1963, as a 16-year-old, and even got educated here in medical school. My dad is a retired anesthesiologist, and really inspired me to choose a career in the field of medicine, although I desired more patient care than anesthesiologists traditionally have. Really, he motivated from the time I was young. Went to med school at LSU and chose a career in internal medicine/nephrology along the way.

David Mandell:

Yeah, that makes sense. I'm a black sheep, so father and grandfather physicians, but just it didn't click with me like I did with my brother. I know you're a listener of this podcast. We were just talking about the last episode, which you listen to. We've had a fair amount of physicians who are second generation, but actually not as many as I would've thought, so far. Again, limited sample size. But good to see that. Yeah, you're a Louisianian all the way through, did all your training there.

Shaminder Gupta:

Yeah, everything. Did all my training. I thought, as I was growing up, in Indian families, if you're not a cardiologist or a gastroenterologist, you're basically short of what you should be accomplishing. So my father got over the fact that I chose renal. But I always enjoyed the numbers aspects of medicine, and nephrology is all numbers-based, for the most part, and allows you to be very cerebral and didactic in figuring out what's going on. So I was drawn to that as a medical student, and some of my mentors were nephrologists along the way.

But yeah, I worked in the Charity Hospital system here my entire career until joining Monogram, and really always wanted to be that doctor, that professor leading the medical school or leading the department, the folks you see as a trainee. I envisioned myself in that same role when I was first starting out in this space. Obviously, things have gone a little differently for me, but that's what I was dreaming of doing all the way through.

I've had the privilege of being able to teach residents and medical students in my practice, which is at a hospital just south of New Orleans, in a town called Houma, Louisiana, for the past 17 years. So I did get to do both, but not by choice, really by accident, and really I've been very fortunate to have had that happen to me.

David Mandell:

Yeah, there's enough there. Plan A, you knew what you wanted to do, but life is always plan B. It doesn't go exactly how we expect. Obviously, you know this, being a listener, this podcast has a slant, obviously, on finance, on entrepreneurship, on wealth-planning. As you went through your training, was this a topic that was of interest to you, or were you on the other end



of the spectrum? "Hey, I'm just thinking about being a doctor clinical, and I've never picked up the Wall Street Journal in my life." Where were you on that spectrum?

Shaminder Gupta:

No, great question. I looked to my father earlier. He was an anesthesiologist, and I learned firsthand. He was doing very well financially in the '80s as a physician and had an unexpected health event that made him disabled basically, where he was unable to work for five years. I saw him go from being in his mid-40s at the top of the mountain, to struggling. My only thing I was interested in was not ever being in that position without some redundancies. My exposure was like most probably, save for retirement, max out your 401k. As a resident, I would do that. I sought out the 403(b) plan in our residency program, which most residents did not take advantage of. I put money into there from the beginning, even a few hundred dollars. Then when I started moonlighting, I would put almost all of my money into the 403(b). I wanted to, in my mind, have some comfort for my future self. But in terms of day-to-day investing or other things like that, I was not very savvy, keen or interested, to be honest with you, till much later. But I didn't want to be in the position that my dad found himself in unexpectedly out nowhere. I was 18 years old when that happened to him.

David Mandell:

When it came time to look at disability insurance, was that something that ... A lot of people are ... I don't say hesitant to it. I still pay my disability insurance, and I hope I never get disabled. It's one of those things, like a lot of insurances, you do it and you bite the bullet because you know you have to have it, because God forbid something happens. Was that something that was high on your radar because of your dad's experience?

Shaminder Gupta:

Yes, most definitely. Between disability and life, I've always been very proactive in those spaces, because I saw it firsthand. Like you said, you hope you never need it, but if you don't have it, you feel insecure, I believe so. So yeah, definitely it was paramount for me to have that from the get-go, all the way through, and still do.

David Mandell:

Yeah, it's interesting for us. Jason, my partner, and Michael, and some of the other folks on our team are really the ones who handle insurances in general and disability. But with over a thousand physician clients, we've had a couple go on disability. I can tell you, at that point, it's the most important thing they ever did, from a financial point of view. It is their best investment



because it's protecting them from what could be a double whammy, which is not being able to work and not having income.

Shaminder Gupta:

Correct. Correct.

David Mandell:

They're getting a steady income enough. Ideally, they do it right, then it should be tax-free income. Tell us about coming out of training, your first job. You were a Louisianan, and my guess is you weren't even looking at jobs outside of Louisiana, so that focused in your job search, which actually probably made it a lot easier. But were there any financial factors that came into play? If they were, tell us about that.

Shaminder Gupta:

Yeah. As a nephrologist, you don't learn a lot about finances as a training, like most trainees in the country, but in nephrology was one of few fields that had this business component to it at a very high level. You always understood, as a nephrologist, that one day you would own your practice, be a partner, potentially be a medical director for dialysis center, or even own the center or do a joint venture. So in a very nebulous way, that was the opportunities we would look for as nephrologists coming out in 2004 when I finished my fellowship. That's what I was looking for, a practice that would allow me to mature to partner, potentially be part of those financial opportunities while doing what I loved. That's what I envisioned for myself at the beginning.

Initial salaries and other things weren't really that important and hard to negotiate anyway, so I looked for a geographical location. I started in New Orleans, and my first job was a true private practice with a few partner physicians, which actually didn't really work out for me. I didn't enjoy it, because I missed the teaching component that I desired at the beginning of my career and I was unable to do that. So I quickly realized that I wasn't going to be successful financially or emotionally in this job, by nine months in. This is in 2004, going into 2005, when subsequently Katrina happened in August of 2005, in New Orleans. So a life changing event for me, just having been in private practice on my own for three months. So leaving my practice in May of '05, having a young daughter of three, a newborn, and a brand new mortgage, and becoming unemployed basically overnight as I was starting my practice, three months in. It was quite an eye-opening experience for me at a young age. That's what shaped my early decisions in my career.



David Mandell:

Yeah, so let's talk about that. You take a job private. You realize that, hey, there's this teaching component that's missing, so you say, "Okay." I think really important that you realize that and that it connected with you early, right?

Shaminder Gupta:

Yeah.

David Mandell:

Because some people, it takes them ... I can't tell you how many docs who've felt that way. It may not have been about teaching. It might have been about something else. It takes some five years from that feeling to finally executing a leave, because the fear of the unknown and just all of that. You were able to do that. Then you went into your solo practice where there was a teaching element? Or what was the alternative?

Shaminder Gupta:

Right. I took a position as a hospitalist at the university, but I had my own small private practice that I kept open. I was trying to build my practice basically from the hospitalist job I took. I was trying to build my practice that way. I had a steady source of income from the university. I had the flexibility of having my own practice with my own expenses, obviously. And that was my original plan was to build it that way, see patients, have a paycheck, and anybody who was un-referred or didn't have a doctor, potentially have them see me in the CKD space and build my practice that way over time. I might have been very naive at that time, but I think that was my goal was to be independent. I didn't want to really be tied down to a group or restricted at that time.

David Mandell:

Then Katrina hits. Just tell us what happens then. Just what happens in the that? I know there's that TV show my brother's cardiologist has told me to watch about the hospital, but take us through that three month period. Then how did it change over the three year period, your trajectory for where you get?

Shaminder Gupta:

Great question. Previously to me taking that first job as a private practitioner, I used to moonlight at a rural hospital in Houma, Louisiana, where I currently built my practice. When I was finishing up, they offered me a job there, but it was a 60-mile commute one way from New



Orleans, very small town. My wife has her own business, and we were not prepared to move to a small town, so I turned them down. As soon as the hurricane hit, I basically reached back out to that hospital, which did not have nephrology services, had a teaching service, and I said, "I need some work and I'd love to take you up on that opportunity from last year," thinking it would be limited. I came on as a three and a half day a week doctor, trying to build my practice in New Orleans, still trying to do it all and really just struggling to pay my mortgage. I had just bought a home, I had two young children, and it was a lot of desperation going on. But able to withstand that, rebuilding the city of New Orleans. Rebuilt our home that had flooded, and I just stuck with it in that first three-month period, up to three-year period, and now 17-year period.

That opportunity down in the Bayou, we call it, it's about 60 miles south of New Orleans. Never thought I'd be commuting to an office 60 miles each way. Found I was very happy in that environment and, most importantly, had the opportunity to build a nephrology practice there, because they didn't have onsite nephrology. I was able to teach residents and medical students. I was able to be a hospitalist and provide care on the floor. And I had the independence to build a nephrology program there, because they didn't have one.

Basically started from scratch there in November of '05, and built the program one patient at a time, and with the heavy focus on home-based dialysis eventually, which is how I have taken the next step to the place I am now. But that's how it happened. It was out of desperation, out of just, "I got to do something," and it ended up being the thing I love the most, in retrospect. But Katrina really changed my life in many ways, but, in retrospect, was one of the best things that ever happened to me, because it forced me to do something I may not have ever done before and remained open-minded to it over time. Because, yeah, a lot of places are far away, but the drive is just the drive now. It's not part of it. It's not a negative anymore for me like it was at the beginning, and very difficult.

David Mandell:

Yeah, it's interesting. A couple of thoughts on that. One is now I know why you listen to all of our podcasts, because you got podcast time. That's what I try to do-

Shaminder Gupta:

That's right.

David Mandell:

... on my drive.



Shaminder Gupta:

That's right.

David Mandell:

I don't have a long commute, but my family in south Florida live about 30 miles away, which, depending on the time of day, could be 30 minutes or 50 minutes. So I'm in the car, and that's when I listened to a lot of podcasts.

It's interesting. My father was a radiologist. In the beginning, when we were very young, worked in Rhode Island Hospital. I grew up in Providence, Rhode Island. That was just 10 minutes away. But he spent most of his career and was a chief at a hospital in Fall River, which is about 35, 40 minutes each way. But this is before cell phones. This is before podcasts. But I've asked him about it, and he said that those times are my wind down times. This is the time to think. This is my time to listen to NPR or whatever he was doing at the time. I don't know the drive that you have, but my guess, if it's in somewhat rural, it's not bumper to bumper the whole time.

Shaminder Gupta:

No.

David Mandell:

So if it's a relaxing drive, I think some people actually find that time peaceful. And especially with technology today, you can be useful.

Shaminder Gupta:

Yeah. My drive has evolved from, like you mentioned, with no technology to, now, nothing but technology. It's gotten better for me, really. You make a good point. The wind downtime is very important. My children are grown up now. My daughter is 21. My son is 18. But over the years, when I'd come home, I'd have all my work done. Whether it was phone calls or listening to something or catching up with something on the podcast, et cetera, I was done. When I got home, my mind was free. I was there for my wife and children, able to go to games and coach and participate and not have work looming over my head, which I really now value that so much more than I did at the beginning when I was first doing it. I still get the question, "You drive down there every day?" I say, "Yeah, I still drive down." Even in my new role at Monogram, I still drive down, because it's part of my daily routine. I still see dialysis patients for Monogram, as my practice now belongs to them. And I still see patients here, so I make the



commute. I drive down here. I work in my office down to the Bayou the same way I did, even though I could work from home. It's just part of my day.

David Mandell:

Yeah, it's interesting. It's all about plan B. Never thought you would do that, but in the end of the day, maybe it was a blessing in disguise, at least that piece of it, obviously.

Let's talk about your practice... You just mentioned, "my practice" and "Monogram", I mentioned them in the bio. Your practice was eventually sold, and it prompted a transition. How did that come about? What did you learn from that process? Then we'll talk about what you're doing part at Monogram now.

Shaminder Gupta:

Sure. Just a little bit of background, as I built the practice down in Houma, Louisiana, I started building a practice that focused on home-based dialysis. Again, not really knowing much about it as a trainee, met some influential people at some dinners. Just started chit-chatting with them, and they said that's where the space is going. This is in 2008.

Fast forward 10 years, I've built one of the largest home dialysis programs in the state of Louisiana for a single physician and got a lot of notoriety for it. I served as the Kidney Foundation president. I was talking about home dialysis all around the board. As the space grew to value-based care, which in my world I was always practicing value-based care in the Charity Hospital system. I wasn't driven by fee-for-service and number of visits. I was always driven by just do what's right for the patient, because I was a salaried physician and now thinking about that.

Then Monogram Health decided to launch in the Gulf states, and that was their first launching point. Our paths crossed in my leadership roles down here, and I was doing mostly the same things they were trying to achieve as a company across the country. That's how our worlds intersected back in 2018, early '19, just pre-pandemic. Meanwhile, I'm looking for something else to do besides slogging it away, working nights and moonlighting, and doing things like that. So this is a great opportunity to transition into something that's more corporate and bring my skillset and experiences to a larger company.

As we grew together, Monogram and I, I eventually decided that the practice ... They're managing my practice in the sense of the day-to-day of the dialysis patients, so I get to still see them. It was a lateral/forward move into a different space, and they were very gracious enough to allow me to continue to see patients while the transition was happening, but wanted me to be all in with them. That's how the decision was made by myself, after a lot of contemplation. It took some time.



Not to make this about hurricanes, but Hurricane Ida hit our area again 18 months ago, which prompted my practice to lose about 30% of the patients we had, because of relocation and the devastation that happened. So I said, "I don't know if I can withstand another hurricane or anything like that anyway myself, so this may be a great opportunity to take advantage of this growing company and bring my expertise and knowledge to the whole country-based approach as opposed to a small local-based approach." The timing, again, was prompted by something that impacted me, that I didn't have any control over. That's it in a nutshell, David, how it happened.

David Mandell:

At Monogram, I think you have the clinical role obviously, seeing patients, but you play some other roles as well, right?

Shaminder Gupta:

Correct.

David Mandell:

And you get exposed to other kind of business people and business thinking. Tell us a little bit what that role is and what you're learning as being in that seat.

Shaminder Gupta:

Yes. I had no exposure in the business side of this at all, other than doing a joint venture with the dialysis company and learning that on my own. So this has been a golden opportunity for me to meet all kinds of interesting people, smart people in the business space, clinicians. The practice is a very small part of my day. It's really about building a program across the country to do all the things you mentioned in the intro, value-based care for chronic kidney disease and end-stage kidney disease. But learning on the job has been fantastic and fun for me. I'm in the room with a lot of people who make big decisions. I'm contributing to those decisions. I have the opportunity to work with Senator Bill Frist, who's the chairman of the board of our company. Never would have had that opportunity in any other way. I wasn't seeking it out, but I think because I was doing something I loved and being passionate about it, it has opened other opportunities for me.

That's what I really would like to convey to others. I think doing what you love and being passionate about it, but also being open to meetings and opportunities is where you really can take the next step into the next stratosphere of opportunity. I pinch myself every day, really, thinking that I'm doing what I was doing in Houma, Louisiana, New Orleans, Louisiana, now in



40 states, and really impacting the lives of thousands of patients through our protocols we've developed.

David Mandell:

That's great. Yeah, it is, I think, a theme of this podcast, I think, because the folks who come on here is that if you are passionate about an area of medicine, there's probably a business opportunity around that, too. Doesn't mean everybody wants to take it. There's plenty of docs who they're just busy enough and happy enough in their life, want to be clinicians only. There's nothing negative to that, but there is an opportunity for those, and especially young docs who are listening who say, "Could I combine this with some kind of entrepreneurial activity?" What you're saying, and a lot of folks who have been on here, is keep your ears and eyes open, and those opportunities may come.

Shaminder Gupta:

Yeah, I found that, obviously, clinicians are good clinicians, but if you can communicate and are open-minded to hearing good ideas from others, they need doctors to help manage these healthcare companies, doctors who are effective, who can communicate, who know what they're talking about. Those CEOs seek those types of physicians out for these roles, as long as you have some clinical experience that is where you're an expert or can share your expertise in. I would encourage any young physician listening to your podcast to spend that first five, 10 years to distinguish themselves in some way. Whether they're a hospitalist or a cardiologist or orthopedic surgeon, nephrologist, what do you do that's different than your colleagues? Because medicine's becoming very commoditized where we can all just be interchangeable. You can hire another doctor for less money, and then you don't get that raise or get that promotion unless you have some special skill that you're good at and that you love. So I would encourage anybody listening to this podcast to really do that as they're building their career.

David Mandell:

Yeah, that's great advice. Maybe we'll come back to that in the last piece of advice at the end. Your wife is also an entrepreneur. She's a business person. Tell us a little bit about her business. I know it's growing, so give us a little insight there.

Shaminder Gupta:

Yeah. My wife, I admire her work ethic and all she's done. She immigrated here on her own from India in 1989, and became an architect and then an interior designer, then an urban planner. As we had our children, her career took a slowdown for a few years, for the first five



years of our children's lives as they were growing up. In 2008, she decided to open her own business focusing on interior design. Now she is an entrepreneur who owns her own business focusing on wallpaper, upholstery and interior design through the greater New Orleans and Louisiana markets. She's a business owned by a woman, has two full-time employees and she's done very, very well for herself. Serves on the city planning commission of New Orleans now and has become an expert in her field. I couldn't be more proud of her to see what she's doing on her own. Took that leap of faith and let the time ... It took time to develop her idea, but 15 years later, she's doing exactly what she wants to do, when she wants to do it. Her business is called Spruce, and it's located in New Orleans.

David Mandell:

Okay. We'll put a link to that in the show notes, too.

Shaminder Gupta:

Great.

David Mandell:

I want to talk a couple questions on wealth management. As you've gone through your career, you've had challenges, obviously, hurricane related and others. How have you handled wealth management decisions? In the spectrum between, "Hey, I outsource it all. I have a good team," and et cetera, to, "I do it all myself," where are you on that spectrum? How have you found advisors? What has worked? What hasn't worked? Give us a little insights around that type.

Shaminder Gupta:

I think in the beginning it was more myself, self-directed retirement type planning, index funding, some of that stuff. I was always interested in general about reading about it. I've had an accountant for years, who I've been working with since I was a resident, and has been my ... I bounce things off of him. He helps me out to make some of these decisions. Some naivete, frankly, thinking every deal's going to work out. I swim for the fences sometimes, and have not always hit home runs, but I learned that from my father who's also pretty risk taker a lot in the business space. But really the beginning, just a lot of me followed by my accountant. But now I think the team is crucial, having a banker. I have an accountant, a banker, a lawyer, all that help me make the decisions about life changes or transitional changes. But in terms of wealth management, that's been my general approach in taking some calculated risks here and there as they present themselves, with the advice of the team that I work with.



David Mandell:

In those relationships, has there been a key success factor? Obviously, it sounds like you've worked with some of the people for a long time. One of the challenges sometimes people have is, "Hey, I got this person from fellowship, and I think might have outgrown them." Others struggle to find somebody they can trust, and they're not really sure how to do that. If you were talking to, let's say, a young doc or experienced doc coming into the area, how would you tell them to try to find the right people around them?

Shaminder Gupta:

Yeah, I think the trust is very important, because only somebody who trust can tell you that that's a bad deal and not tell you what you want to hear. I think I've had the fortunate of that with, "I don't know if that's right for you. Are you sure you want to do that?" That's very important, I think, for someone to be able to tell you that as well or maybe push you to do something that you may not have thought you should be doing, because it does sound like a good opportunity because they know your personality and risk tolerance well.

I think the challenge, of course, as you alluded to, is how to grow that team, how to make somebody maybe who was doing everything for you maybe focus on one thing versus the other. I'm at that point in my life and career now where I'm contemplating how to grow that team as my needs change, as my finances have changed, children in college, wife with a business, financial, some opportunities to invest in other things. Yeah, that's been my general approach. But I think the key is having someone. As you grow into this space, you got to have somebody that you trust, that you can talk to. It's probably not your relative. It's probably not your brother-in-law. It's probably not your cousin. It's somebody that really knows what you need to have done, will spend the time to help understand what your goals are at each stage of the way, each stage of development.

David Mandell:

Absolutely. It fits with my approach personally and also how we work with clients here at OJM. What do you see in the future? What's going on with you in terms of where do you see in the next three to five years in terms of what you're doing? Then we'll wrap up with my typical last question.



Shaminder Gupta:

Sure. I'm very excited where we are, and Monogram has grown tremendously. We've been very successful with our modeling and continue to grow across the country. I'm really proud of what we're doing in providing the care to these patients who need it most. For me personally, I'm just enjoying where I am right now. I never would've imagined I'd be at this company, having a podcast with you, David. I never could have imagined this even happening to me in any way, but I'm enjoying and embracing it and realizing that I'm a thought leader in this space, and I want to continue to grow in that space and share my experiences as to the next opportunity beyond Monogram. That's where I see myself now. But I'm also a dad with two college kids. My wife and I have been married for 25 years. We're empty-nesters now, basically, or on the brink of it. So looking forward to that next phase of life and enjoying the stuff we like to do. I'm really excited about that.

David Mandell:

Yeah, it is great. Let's end with the last question I ask all the docs on here. You know this, because you're a listener. What's the one thing that you would advise, let's say, a fellow or even going back to yourself, Shami? Rewind the clock 25 years and say, "Hey, I only got one piece of advice for you," in the area of finance or work, et cetera. What would it be?

Shaminder Gupta:

I think the one thing that residents and fellows do have is time. Taking the advantage of the time horizon to invest and participate is something they often don't take advantage of or I wish I'd have taken more advantage of. I think saving for your future self. No matter what happens in the middle, the goal is to be comfortable when you retire. You might not hit a homeowner every investment, but if you're socking money away every month, when you're 60, 65, you'll be fine. In the middle, you'll be fine, too, because we're doctors and we earn well. We don't have everything we want, but we have more than most. So I think being happy and satisfied in the middle. I think taking calculated risks. You don't hit home runs without striking out every once in a while, so it's okay to miss the ball sometimes, but don't miss out on something because you're afraid. But do it early, so you can make up for it if it doesn't happen.

I think lastly is always take a meeting. There's nothing wrong with hearing somebody out. They may not be fruitful that day, but they could connect you to someone else. That's happened to me multiple times in my career, where the first person I met wasn't the one, but connecting me to someone else who was that opportunity. Those would be the few bits of advice I would give myself 25 years ago or someone coming out now.



Lastly, do what you love, as you ... I know that's a theme of your podcast, for a lot of people who participate. If you're not happy doing your job, you're not going to be successful, across the board, whether it be at your home or at work or anywhere else. It'll come out. There's a lot of unhappy doctors out there who are trapped in their space and field and feel like they want to leave, but they can't. It gets to be too late sometimes. So I think being honest with yourself is something that's really important, too.

David Mandell:

A lot of good stuff there. The first point, it's really we say this in terms of investments. It's not timing the market. It's time in the market. I think I've said this on another podcast Warren Buffett's net worth, if he had retired and stopped investing at 65, he'd been worth 50 million, which is obviously a ton of money, but it's not a billionaire. It's not 50 billion. The fact that he's kept doing it from 65 to whatever 90-something he is, that's where that curve really became a hockey stick. To your point, young people, even a little bit of what you can do decades out makes a big difference.

The other thing I wanted to emphasize is to take the meeting. I really like that. I wrote that down. I think I've mentioned this with another guest, but when you go to business school, like I did at Anderson, at UCLA, it's all about networking, building your network. That's an asset you have just like something on your balance sheet. I have this asset. Especially when you're younger, I might not have this [inaudible 00:29:51] assets, but I've got this network. I don't need to know the answer to everything, but if I know somebody who knows the answer, then I do know the answer to everything.

As we've talked about, these meeting, the changes, some self-directed and some weather-directed, you were able to, I think, turn those into potential, from potential negative or real challenges to positive, because you were open-minded to the situation and to people and what was going on. Even you referenced that with regard to Monogram. I want physicians to hear that, because you don't really learn that in medical training. Take a meeting. That's not part of training, but it could be something that's very important for your long-term career and happiness, because some doors will open by taking those meetings, that wouldn't happen otherwise.

Shaminder Gupta:

Yep. I think within the doctor community, because we're all high achievers academically, within that group, there's also people that are leaders. When you join your local hospital committees or your organizations that support your field and get involved with others who are doing that, it creates that internal network that creates opportunities down the road. I think that's something



that young doctors often don't do, because they're too busy or don't want to, but you have something to say. We have something to say, and you will be heard. Because when we do talk about things, people do want to hear our opinions in general about our experiences. I think that's something that is a missed opportunity for a lot of people when they don't jump on those committees and become the people that are on those committees 10 years later, leading the hospitals or chiefs of staff and section chiefs and all that. That's how they got there. They didn't get there by accident. I think that's something that has to be planned out in advance.

Just like the decisions you and I are making today are going to impact us five to 10 years from now, even though wherever we are in life now, what are we doing today is going to make a difference. I think you always have to think that way, that that meeting today may impact you a year from now, five or 10, as opposed to next week. I think that's something I've learned in my career. I took a meeting with Monogram just on a whim, and it's the best decision I ever made, to be honest with you.

David Mandell:

Right. That's case in point right there. That is true in many ways. Shami, I really appreciate you being on. Really interesting stuff. I think in the future, maybe in another year or a season or two, we'll have you back on because I know there's going to be more interesting stuff you guys are doing. Really, thanks for taking the time. Appreciate it.

Shaminder Gupta:

Yeah. Thank you, David. I really appreciate it. Have a great day.

David Mandell:

Excellent. For all the listeners, thank you for listening. If you are a physician who has an interesting story, which I'm sure many of you do, feel free to contact me. I'm always looking for new guests as well. Tell your partners. Tell your colleagues, et cetera. We want to get the word out on this podcast. Again, in another two weeks, we'll have another episode. Thank you for tuning in. Shami, again, thanks for joining us and we'll see you again in another couple weeks.

Shaminder Gupta:

Great. Thanks, David.