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IMMIGRANT ORIGINS, ENTREPRENEURSHIP, & THE IMPORTANCE OF MINDSET WITH DR. MADAN KANDULA

David Mandell:

Hello, this is David Mandell, host of the podcast. I've got a terrific guest today and let me tell you about Dr. Madan Kandula and I'll give you his brief bio. We will link to the full bio and some other links in the show notes so you can learn more about him and even contact him if that's of interest. An acclaimed thought leader and entrepreneur, advent founder and CEO, Madan Kandula, MD is breaking through conventional constructs of a broken healthcare system to free patients and providers trapped by the frustration, complexity, and uncertainty that define America's healthcare experience for breathing and sleep issues. He's board certified in otolaryngology. I always have trouble with that one. Head and neck surgery. Dr. Kandula has been a pioneer in developing new techniques and treatments for patients with nasal blockage, sinus, snoring, sleep apnea conditions for more than two decades.

His visionary approach is demonstrated by being the first surgeon to perform balloon sinuplasty in Wisconsin. Because of his innovative track record and unique provider patient relationship approach, Dr. Kandula has become a healthcare leader of choice growing advent, we'll hear about this, to over 250 team members across 18 locations in four states and serving over 1500 new patients monthly. Dr. Kandula has been nationally recognized on the top doctor's list for many years, including doctors in America and has regularly featured on major media outlets such as CBS, today.com, yahoo.com, biz times, and today's top medical developments. So with that Madan, welcome to the program.

Dr. Madan Kandula:

Thank you. Thanks for having me. Great to be here.



David Mandell:

I really appreciate it. So let's just jump in and as a long time listener podcast knows, I do ask the same question to every physician who's on, which is where'd you grow up? What made you become a physician and how'd you gravitate into ENT?

Dr. Madan Kandula:

Yeah, absolutely. So I grew up in Dayton, Ohio, born and raised. I come from a family of physicians and so that was impossible not to, how do you say this? The ground had already been trended in front of me and I looked at other things to do with my life, but it sort of was the pathway that was the most likely to happen. So both my parents are physicians, my two older sisters were docs, and so that's again, they sort of set the trend, set the trend in that direction. And then yeah, went through high school, went down to college and then into medical school. And I think, how did I choose to be an ENT? Well, it's the best specialty that there is, so that made it very easy. I think the honest answer though, I mean that is my honest answer, but then my alternative answer is that I think the culture within my specialty within ENT fit me very nicely and it's a surgical specialty, which is definitively the pathway that was right for me.

And I think it's also a specialty that's comprised of gentle men and gentle women who are outstanding in their care, both in the clinical setting as well as in the operating room. And so there's a wide variety of patient types that we treat all sorts of different surgeries from microscopic surgery, to endoscopic surgery, to major head and neck cancer surgery. So the breadth and depth of my specialty is, like I said, out of the gate is second to none. I mean, I honestly believe it certainly was the only specialty for me, and I think for those who get exposed to it through their medical training, it's a very appealing specialty because there's a lot of facets of interest for folks.

David Mandell:

That's great. And I think I love your passion and I think that really ultimately it was the right specialty for you that fit. Now, I watched a video, you were referred to me by



someone at OJM group and I watched some video of interview with you and your family story going back to India is incredible. Now we don't have time for a lot of it, because it's not the point of this podcast, but maybe you can just give us the two minute synopsis of where your family came from.

Dr. Madan Kandula:

Sure. And I guess the long and the short of it. So like I said, I was born in this country. My parents and my two older sisters were not. They were born in India. It's hard to give-

David Mandell:

I know.

Dr. Madan Kandula:

It's hard to give it much credit, but let's just say that both of my parents really came from nothing and my dad in particular, he recently passed away a couple months ago, but regardless, I'd say my dad in particular came from as literally nothing as possible. So his dad was murdered when he was five. His mom wasn't of sound mental condition. And so some sort of miracle happened with him going from kind of a fatherless, destitute village in India to rising from that. And I actually gave his eulogy at his funeral last month. And so I was telling that story, but in telling his story is also the story when I was at his funeral, when I looked out at all of those people that were there, many of those, many of the individuals had their own story, own immigrant stories. And my father's was very unique in its own way. But I think there's a commonality and there's a sort of a shared spirit for people like me who are children of immigrants who came to this country with nothing.

My dad came to this country with \$7 in his pocket and obviously I wouldn't be here if not for him, and same thing with my mother, but I think to me, part of the dynamic there was being so close to an alternative reality for me, meaning we would go back to India every four or five years when as a kid. Seeing what India was like in the 1970s and '80s made me so thankful for what we have in this country and so thankful for



the opportunities that we have in this country in a way that has propelled me to this day. So anyway, I mean his story, their story together has yielded my story, which is I owe everything obviously to everything that they started.

David Mandell:

And I didn't know about your father and condolences on that and those who listen to this podcast know my father was the first episode of season four. So family's important. And I think if those of you listening want to hear more about that story there, we can put a link in the show notes there because it's a pretty compelling journey. So now let's go back to you during training, since this is a podcast that generally focuses on either career or entrepreneurship or finance. While you were going through medicine in the genes from your family, was any of those elements something that was on your radar screen in terms of entrepreneurship or finance? Were you reading the Wall Street Journal or were you just focused on the clinical and the medical in front of you? Where were you on this spectrum?

Dr. Madan Kandula:

A little dabble of this and that over time. Meaning that as a high school person, college, I think I just sought out on my own. I just remember in high school being interested in the stock market and as part of whatever class that would've been, we talked about that, but it got me interested a little bit. And then I am somebody who's, I think one of the key characteristics that I have is discipline is in my DNA. And so at a very early age, I don't know where it came from, but I recognized the importance of having a sound financial life and in my opinion, way back in the day, that involved simple acts done consistently over time yielded the magic in the financial world of compounding, compound interest but compounding your investment. So those were things that were kind of in the back of my mind.

My parents, they had set up their own practices in this country. I literally would not have known what they were entrepreneur meant growing up, but I saw an example in my parents of what it's like to own your own business. So I think that was also, honestly for me, part of the reason I chose to go into medicine was I came into this



profession in an era where starting your own thing was still something that you did, nowadays doesn't happen so much. And I think the final financial component for me was when I was in residency, I met my now wife, we obviously met back then, she ended up doing her MBA while I was going through my ENT residency and as part of her MBA was subscribing to the Wall Street Journal, which all of a sudden we started getting that every day. And I started reading that every day.

So basically probably from about 2001 until today I've read every single edition of the Wall Street Journal from front to back. And that honestly, I mean now that I think about that, I think that not just from a financial aspect of my life but my entire life, I'd say I owe a great gratitude to the wisdom that's embedded in the Wall Street Journal. For those that don't read it, there's certainly a financial component and there's a worldview. There's definitely a political worldview too, but there's a lot of good information well-written by intelligent people about all aspects of life, business and otherwise. It's been an important part of my life.

David Mandell:

It's interesting. I just do that as an example, but it actually turned out to be something that was a factor for you. That's interesting. So tell us about your first job out of training, especially what factors and if any financial factors came into play, how'd you choose that? And then was there anything that after the fact you said, well that was probably not the way to think of it, or maybe I made some kind of, I'm not saying mistake because we learned from everything, but just looking back, if I were to do that again or I was advising a young doc coming out, I might not have weighed this as much as that. So tell us about that.

Dr. Madan Kandula:

I'll start actually with the end. The end of my first employment experience ended horrifically. So therefore one would think, I would say, ah man, I wish I wouldn't have done that. I owe everything that I currently have to the fact that things didn't work out with my first employment experience. I'll tell you why. Here is, I came out of residency in 2003, I came to Milwaukee. I joined a physician who was soon to be retiring. So he



was in his 60s, he was in solo practice in ENT here in Milwaukee, winding it down. One of the hospitals that he worked at St. Joe's Hospital here in Milwaukee is in an underserved area. And so they basically, I don't know, you're probably familiar with something called an income guarantee, which is when a hospital for the listeners who aren't, it's when a hospital basically financially supports a new physician in that community.

So what that looked like is I joined this doctor's practice, but my expenses were covered by the hospital, my salary was covered by the hospital until I earned enough that I was covering my overhead, I was covering my salary, at which point I didn't have to have any further draws. And then just so everybody understands that whatever amount of money that I received from the hospital, that was, I don't know how you say this, granted to me as debt that it would repay with time.

David Mandell:

It's like a forgivable loan.

Dr. Madan Kandula:

Forgivable loan.

David Mandell:

You work it off.

Dr. Madan Kandula:

Correct.

David Mandell:

You stay there long enough, it is all forgiven, but if you decide to bolt, then you may owe that back. And that's all in the details and the contracts and things like that.

Dr. Madan Kandula:



Exactly. So exactly that. And so it was basically my commitment was four years and there's a quarter of that that would go away over four years. So that was the deal. Part of that deal when I signed up was that he was winding it down. The goal was I'd come in, he'd wind it down, I'd take over the practice and then everybody would be happy. I think what ended up happening is I came in, really his practice was dwindling, but on purpose. He was kind of moving towards retirement. I came in and my wife who's an audiologist and she was also an employee at that practice, we went out and we literally got the phone book out and we literally called and showed up at every single primary care docs office in town, every allergist, anybody who had the possibility of potentially referring a patient to us, we knocked on their door and saw what would happen.

And what ended up happening, this is in 2003, is they started sending patients to me while I was within his practice and our practice really it started to blossom like old school mindset. And so I think basically to cut that story short, I'd say this practice that was blossoming, he was getting all the proceeds of that practice. So I had an employment agreement where I was paid a salary and the hospital was paying my salary, but if I out earned my salary, it just meant less that I would've to theoretically pay back in forgiveness. But he got to keep everything, which is fine. That was the arrangement. I have no issues with that. But what became clear to me towards the end of that first year was that the conversations that we started to have before I got to town stopped happening about this transition.

And what became crystal clear to me towards the summer of 2004 was like there is no pathway here is that I've kind of created my own, I don't even know what you want to call it, I created my own prison here because I've got somebody who owns my production and what was to be wasn't going to be. And so it's still unclear to me, but in October of 2004, either I was fired or I quit, but one of the two things happened, but I stopped working in that practice. And on November 1st, 2004, my wife and I started our practice, which is Advent and it's been a wonderful ride since then.

David Mandell:



Looking back, I'm sure you're quite thankful that it all worked out that way because we will talk about Advent and all the success you've had and sometimes we think that way all the time. Certainly entrepreneurs do that one door's closing, another one's opening. But I think the story you just told is also important for people to hear just on a little bit of how a guarantee works and what to be thinking about and all of these kinds of factors, even if it ends up working out well, that concept, especially for the younger docs and maybe there's fellows listening and medical students, it's something you want to get familiar with because it is the way a lot of things work today, especially with possible some involved in what's going on.

So let's talk about Advent. I already sort of know how that happened or why, because of what you described. How did that start to grow and tell us about the growth. Before even the investor group came in, where were you two years after you left, five years after you left, et cetera? That's 2004, so we're almost 20 years now. So there was a period there before any investor group came on where you were a doc building their practice. So give us a little bit of insight there, how it grew and then what you would attribute success to and any key lesson learned along the way.

Dr. Madan Kandula:

Yeah, I mean I think it grew organically out of the gate for, in the same way that my wife and I grew our practice beneath this other doctor's umbrella is that when we popped out on our own, we set up shop, we called it Advent is short for advanced ear, nose, and throat specialists. So we branded as Advent back in 2004. This is true, part of the reason we chose the name Advent is that it is at the front of the phone book and it definitively would be above the practice name of my previous employer. His practice was called Affiliated ENT. And so it left me with just a few letters to choose from. It's going to start with an A, this is back in the phone book day, so this is really pre Google, pre internet so that's how-

David Mandell:

But it's marketing mindset. We'll talk about mindset in a little bit. There's a reason why there's AAA plumbing. I mean, back in the day, there were all those kinds of things.



Dr. Madan Kandula:

Absolutely, absolutely.

David Mandell:

But yeah, I love that. Thanks for sharing that.

Dr. Madan Kandula:

It's a truth. But long story short, but when we set things up, it was the same doctors who were referring to me when I was in the other practice started to refer to me when I was my own practice. And the single key to success for me throughout my career is really taking outstanding care of my patients. I mean, it sounds hokey, that was the key. So back in the old days, back in 2003, 2004, if somebody's going to do me the honor of sending a patient by referral for me to take care of them, then I basically was kind of my care of that patient was representative of the respect that was given to me. And all respect is deserve back. And so when a primary care doc send their patient to me, my goal was to treat that patient optimally, medically, service-wise, all of those things.

And from day one in my practice, that primary care doc got a letter fax to them, this is back in the day of fax, a fax to them that day before midnight. Every single patient, every single time without exception. And I mean literally my wife and I sometimes would be staying up. Our first born was born in July of 2004, we started the practice in November of 2004. And so for me, it was going to work, going to the hospital, going to the operator room, coming home, maybe eating a little bit, putting our child to bed, then getting the computers out, typing up our notes, faxing those off. Because back to discipline, that's how we're going to be successful is to satisfy my patients that I'm serving, satisfy those people who are doing me the honor of referring them and then rinse and repeat. I mean honestly, it worked wonderfully well. And I think that era was really, really hard yet very foundational for everything that's been built upon that.

David Mandell:



I really want to emphasize that because we've had some docs on, in fact, I can think of Michael Ast, A-S-T. And for those of you who haven't listened to all the episodes, I think he's season one, it might be season two, he's a surgeon at the hospital, special surgery in Manhattan, orthopedic surgeon. And he speaks a lot. In fact, I heard him talk and that's why I wanted him on about branding. Branding for a individual physician. And some of the lessons that he is talking about is exactly what you're saying, which is I think one of the things he said, say yes when you're young doc, when you're coming out, say yes. Take the patient, take the stitches, take the things that the older doctors won't take. And what you're talking about is that kind of discipline of following up on the referral sort of business 101. Thanking them for it, telling them we're going to take care of the patient you referred. Doing a good job for the patient.

So what happens when that patient goes back to the primary care doctor and says, "Thank you so much for referring me to Dr. Kandula." Well, what does that do? That gives them the confidence to then send the next patient. And then at some point, there's almost no way for someone else to get in there because you've done the job and you've satisfied their need as a, not only a physician, but just even bigger than that, business owner. It's the same thing, if we get a referral from an attorney, we do a great job for that attorney, thank you for that referral or from a CPA, they're going to get asked the same question, who should I use to do my financial planning? And if you do a good job enough, they don't have to think about it anymore. And someone else knocks on their door, says, yeah, you might be good, but I already got something that works.

Dr. Madan Kandula:

Absolutely.

David Mandell:

Take the risk out of it because it's part of the job. I think, and you may say differently as we talk about how things have changed, but some of the lessons you're saying, especially for the young docs, I think it may be a little bit of different context. It may

not be sending that fax, but the discipline of taking care of referrals, of going out and thinking about what docs would refer you, whether it's in network or not, or the same hospital or even with the same practice, making sure they refer you in a multi-specialty practice in the right way. I think those things are all still very worthwhile and always will be because you're dealing with humans and humans want to refer business or patients to people they know do a good job. It reflects well on them. They're taking a risk by doing that referral.

Dr. Madan Kandula:

Yeah, absolutely. I mean 100%. And I think things have changed over the years. The fundamentals never change that way. Even if you're a huge hospital system, at the end of the day, if you're a physician, it's taking good care of those patients that you're basically honored to be able to take care of, and you're providing service to the patient, you're providing service to those individuals who put that patient in front of you, the referring doc, or maybe it's the ER doc, whoever it is. And that's your goal. I mean, I believe that that should be your goal. And I think you just touched on something just reminded me of, yeah, back in that early era, all of the service I just described is certainly where it was at. The early days of Advent and Advent, currently we focus on the nose and throat, we're an outpatient based practice, very direct to consumer. There's a lot of branding, marketing, all of those things that went into it. But how I was known when I first came into town, because you need to be known for something, was the lowest of the low from a surgical case that an ENT does is pretty much doing a trach. Because these are really sick patients, inconvenient as far as having to go and do these tracheostomies. But I was trained, humbly speaking, I felt very well trained coming out of my residency. And I became very shortly the trach king of Milwaukee, which isn't a glamorous title, but it's a title, it's something to go off on. How do you become the trach king is you're Johnny on the spot. Basically you get comfortable and familiar with the ICU docs, the ICU staff, the ICU nurses. So when there's a patient who needs this procedure done that they pick up the phone and you're happy to answer it, you'll be right there. You get the case done in a simple, clean, elegant, efficient manner and you do that.



And part of what was in the back of my head was, I mean, I didn't only just do trach cases, but when I went to the operating room, there's an audience there, which are the scrub nurses, the anesthesiologists, the circulating nurses, the housekeeping staff. And again, I had this in my mind way back in 2003, 2004 is when I went in that operating room. The typical rub on a new surgeon is they're slow. They're kind of annoying. New surgeons, newly minted surgeons are annoying too. The hospital and the staff, they take a lot of time. They're very needy, they're kind of clueless.

And every time I went in the OR, I went in with a mindset that I am performing and there's my audience and I'm going to show them what I'm made of, because back to personal branding, branding in general, every single brand, you're either adding to the value of your brand and every interaction you're subtracting from. So every time I enter to the operating room was a chance for me to add value in the minds of those people in the audience by doing a good job on that patient, obviously with the patient, their family, so forth and so on. And those little additions over time factored into in Milwaukee, at least people knowing, oh, hey, that's Dr. Kandula, he's the guy you want to see if, fill in the plank. So anyway, that was definitely part of the process.

David Mandell:

I love it. It confirms what we've heard from other speakers. It confirms my understanding of business and how we do business and how I do things myself. And it gets back into that discipline. If you make that your standard operating procedure, then it happens every time.

Dr. Madan Kandula:

Sure.

David Mandell:

Okay. So you're growing, you're successful. When did getting an investment group involved get on your radar screen? Did they approach you? Was it something you heard from colleagues? Was it something you started to think about and reach out



or take a proactive approach? Give us a little bit of that. And then once that happened, what'd you learn going through the process in bringing that kind of partner on?

Dr. Madan Kandula:

Basically, we started practice in 2004. I partnered with a private equity firm back in 2020. In the interval, I'll just call it, the first decade in my practice was me as a solo doc, my wife is an audiologist. We had one office here in Milwaukee and really I focused on general ENT. And over time I started to focus on nose and throat issues in particular, snoring, sleep apnea, nasal obstruction, allergies, sinus issues. And then over that first era of my practice, I started to focus on office-based procedures for nose and sinus issues. And so that was that first, we'll call it 10 years. Towards the back end of that first 10 years, I started to bring on my first PA and then I brought on another PA.

And then really between 2014 and 2020, what I recognized is that there is a service that I'm providing that is massively needed out in the world. And that me doing it is great and people were flying in from across the country to come to see me to take care of them, which is great on one hand, but to me, kind of sad because I knew that what I did and how I did it is something that I could teach others to do. And if they did it in my way, they too could be successful. So between 2014 and 2020 was me bringing on some additional surgeons, teaching them kind of our model, bringing on additional PAs, starting to expand. And so by 2020, we went from one office to 10 offices, I believe, by the time I started talking with the private equity folks. And then to answer that question, they approached me.

And I think the long and the short of it is what I recognize sort of 2018, 2019, is that with the growth that we had, I was getting to the point where I really needed to truly professionalize the organization. And while I know medicine and I've learned business and I've learned marketing, I don't know all the nuances of finance and accounting and compliance and IT and all of these back office things that I knew we were going to need to have in place before we really started to expand. So while they approached me, it became a mutual dance of me making sure that I was finding the



right partner with the right skillset and resources. And obviously what I needed to make sure that they understood was that there was a specific investment thesis with what we're doing here at Advent. Meaning this isn't a general ENT practice. Most of your listing audience who are physicians who've heard of private equity, have heard of the typical private equity model, which is buying a company and then bolting on additional smaller practices.

So you take a bunch of different practices in a single specialty, you bunch them together, and then you go out in a few years and you sell that to another private equity firm and that kind of thing. That's the opposite of what we're doing here at Advent. There's none of that playbook that's going on here. And so what's happening here is that my goal is to take what we're doing here at Advent and what we've done in Milwaukee and take that coast to coast. So far, we are in four states. We've got 18 clinics currently. We're growing. And that has been made possible in part by my finding the right partner for me who's really partnered with me truly in making this organization capable of doing what's there to be done. And it's been a little over three years and it's been wonderful, which is probably not a normal sentence that you hear from... Most docs who have experience with private equity, don't use the word wonderful when they talk about it.

David Mandell:

Well, so we've had a fair amount, those regular listeners here know that we've had a bunch of people on who have gone through transactions, but they're mostly, like you described, meaning there's platform, practice and they're bolting on smaller practices. And that can be very successful, very lucrative. And to be fair, we've had, again, we had in season three, I think orthopedic surgeon and their CEO, their two years post transaction, and they were really saying good things. Now, I'm guessing that's why they came on the podcast. If they didn't, they wouldn't want to put their dirty laundry. So there's a little self-selection out there. But listen, I'm a believer that it can work and we know it works in certain circumstances. Yours sounds certainly different. It's more of a expansion of an existing practice model, not a platform



acquiring other smaller practices. And they both can work, they're just two different deals.

But I'm glad that you made that distinction because again, I want people to listen and there may be people listening who have that vision that you have with their own practice in their own specialty, in their own way, that it's not about acquiring other practices, it's growing what they've been doing. So I think it's good for people to hear that that option exists out there and there's an appetite whether it's private equity or it could be debt or it could be venture capital, that there's business people out there who might be amenable to that, not just the traditional, what we've described as sort of a platform Bolton deal. So I'm glad you distinguished that.

Dr. Madan Kandula:

Yeah. And I mean, I think to me on that wavelength, I'll pretty much, I don't know, it's a bold statement. I'll pretty much guarantee that any physician who's had a positive experience in partnering with fill in the blank private equity hospital, doesn't matter. Whatever that blank is, the ones who have a positive experience are the ones who are coming into those relationships from a position of strength, not weakness. The ones who have a negative outcome or are generally speaking, those who are coming into those relationships from a position of weakness. And I guess that's my strong opinion. And so I think that's where, for those physician listeners in particular, I would be very, very cautious if you are looking to partner with fill in, again, it doesn't matter whether it's private equity or hospital, but if you're looking to partner with an outside entity because your practice is sort of whatever, teetering on the weak side of the equation, so forth and so on, I would caution you that those partnerships are likely, you're not likely to be singing songs of praise on the backend.

On the flip side, I'd say if you are a physician, and this is not just for physicians, it's probably for everybody, but I'll say physicians in particular, for those listeners that are physicians who have a very strong idea about where they want to take things into the future, they hopefully have a strong practice, then you are in the position to define the terms that you are willing to accept to partner with, fill in the blank. And that's an entirely different relationship. And I think the fundamental though comes



back to physicians coming from a position of power, which is very rare. In 2023, a physician who has actual power is a unicorn, is extraordinarily rare, but it's also something that's extraordinarily powerful.

David Mandell:

Yeah, I agree. A lot of that makes sense. And this ties into a concept that you and I have talked about, and I want to end with this and combine my question that I wanted about this and what I typically ask a doc, which is, what's one thing you would tell a young physician starting out? But I think this can be combined here because you and I have talked about the importance of mindset in a big picture for physicians and how it's helped you and the advice you give or would give to other docs. So give us a minute or two on mindset, how important it is, what you've taken from it in your own life and practice and what you'd want to share with the fellow docs.

Dr. Madan Kandula:

Yeah, and I guess I would agree, mindset is crucial. I think there's saying that the one thing you can control is your attitude. And I'd say, well, okay, your attitude comes from your mindset. And those intangibles are so powerful. If you're coming into your life with strong convictions and a solid mindset and a mindset coming from both a place of strength and a mindset that's coming from a place of abundance. I'll speak to the physician audience in particular, is that in the healthcare system as it currently exists, there is nobody, there's no entity that is more powerful than the physician. While we've seeded some of that power to others, that is a choice that you don't have to choose to make for yourself. So I think if you understand the power that you have, you understand, and again, you're using this for good, not for bad, but if you understand how powerful you are, how important you are to everything that happens around you, and how much the patients that you're serving are looking to you to own and control that mindset, you'll do the right thing.

Although on the flip side, I'd say it isn't easy. I mean, how you get to have a strong mindset is daily practice and habits of making sure you're doing the right things to



take care of yourself and making sure that you want to have a good mindset, a strong mindset, and just by wanting it's not going to happen by wanting it and following that up with simple actions will allow you to have it. And once you have it, it will unlock doors to destinations you can't even imagine. And most people will never understand what that looks like. But I am telling you, for physicians in particular, in this country in particular, everything is possible and all of those things are only possible if you have that mindset that's sound and locked in.

David Mandell:

This leads me, I think on to another episode we will do in the future where we will dig down into the kind of habits that could lead a doc to develop that. I'd love to bring you back and drill down into that. You and I haven't talked about it yet, but I'm guessing that you could impart some things you do and we could both drill down into some habits that I do, and that could be a really valuable episode. How about we do that sometime maybe in the next season?

Dr. Madan Kandula:

Yeah, that sounds awesome. No, that sounds perfect.

David Mandell:

I really appreciate you being on. I think this went pretty quickly and we covered a lot of ground, but I think there's some other things we can talk about. Thank you again for taking the time. I appreciate it. It was great to have you here. For all the listeners, thank you for listening. Do the things I should do, which is follow us. If you don't already tell your colleagues about us, give us a review, ideally, if it's five star, if you are so inclined. And for those of you docs who are listening who have an interesting story to tell, it may be quite different than some of the other docs. It could be on a subject that is related. Career, finance, entrepreneurship, something around that. Please reach out. We're looking to always schedule new physicians on the podcast. And with that, I'll thank Dr. Kandula again, I'll thank you for listening, and in two weeks we'll have another episode.