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From Tragedy to Opportunity: Founding Practice Pearls

PRACTICE PEARLS

Hosted By: Dr. Larry Kaskel.

Emile Allen, M.D., Founder and CEO of Practice Pearls.

At the peak of his medical career, Dr. Emile Allen sustained a life-altering injury while performing an operation. The injury required years of recuperation and curtailed his career as a highly successful urologist. While recuperating, he confronted firsthand the challenges of navigating the healthcare system and drawing upon his experience he became the Founder and CEO of Practice Pearls.

DR. LARRY KASKEL:

Dr. Allen, welcome to the Business of Medicine.

DR. EMILE ALLEN:

Thank you Larry, it's a pleasure to be here today.

DR. LARRY KASKEL:

I am curious what exactly happened if you don't mind talking about it?

DR. EMILE ALLEN:

Sure Larry. Back in 1998, I was in private practice and very excited about doing a particular urological case of the elderly lady that had chronic bouts of pyelonephritis and chronic pain and had a very large 10 cm caliceal diverticulum on the upper pole of her kidney and this is kind of a urologist's dream because it was a case where I was going to be helping this elderly lady very easily by performing a heminephrectomy, and during the operation everything was going well as I was mobilizing the descending and transverse colons in order to gain access to the kidney. While I was operating on the patient, the Bovie machine or the cautery unit malfunctioned and there

was an electrical arc that flew through the mesentery of the patient's bowel, hit my left middle finger, (01:30) and the electricity radiated up through my arm, through my heart, through my brain, and exited my right ankle.

DR. LARRY KASKEL:

Wow.

DR. EMILE ALLEN:

Yeah, it hurt quite a bit. Witnesses tell me that I was thrown back about 4 to 6 feet and I landed on my feet and I kind of staggered around and then I subsequently passed out on the floor. Apparently, a code was called, but luckily CPR wasn't needed.

DR. LARRY KASKEL:

You finished the procedure, I hope?

DR. EMILE ALLEN:

Well, another doctor came in and finished the procedure and nothing really happened to the patient. The patient looked fine. Later on, <__02:05__> did not work appropriately and electricity had to take the path of lead through this, that happened to be me and my ankle just happened to be touching the base of the table.

DR. LARRY KASKEL:

So that patient did fine, but then you became the patient.

DR. EMILE ALLEN:

I quickly became the patient and the difficulty with that was that at first, you know, everyone was really concerned about my electrical injury to the median nerve of my left upper extremity, which obviously I was too because I had very little function of my hand at that time and even I was under excruciating amount of pain and I was in the hospital for approximately 5 days under a cardiac and neurological evaluation and quickly started rehabilitation and hyperbaric oxygen treatments and I subsequently over about a 6-8 week period of time developed reflex sympathetic dystrophy and atrophy of the musculature of my upper extremity (03:00) and got down to the point where you could see the bones and ligaments, and, you know, I was really fearful of where this was going in my career.

DR. LARRY KASKEL:

I hope you had some disability insurance at that time.

DR. EMILE ALLEN:

Yeah, I certainly did, and I suggest that you have specialty disability; that saved me, it really did.

DR. LARRY KASKEL:

They didn't say, "hey doctor you can operate with your right hand?"

DR. EMILE ALLEN:

Yeah, you just can't, and also it is important to have office overhead expenses insurance too. One of the problems that I was facing though was that I continued to have problem with decrease in my concentration and I got to the point where I wasn't able to count change and I was having problems reading a book and I was lethargic all the time and I actually had to close my practice and move home with my parents looking up things, thought they were around that has helped me.

DR. LARRY KASKEL:

You were pretty young, being 38.

DR. EMILE ALLEN:

I was 38.

DR. LARRY KASKEL:

That's a pretty young time to end a career abruptly.

DR. EMILE ALLEN:

Right, and obviously there was an emotional aspect to that too. You know, I was very depressed and trying to figure out what am I going to do with this next aspect of my life.

DR. LARRY KASKEL:

So how much of the fatigue and the memory stuff was from the electricity versus a little PTSD and depression?

DR. EMILE ALLEN:

I think the majority of it was. It turned out that I had a right parieto-occipital lobe injury found on special neurologic testing. It took a while to actually find that, and I had developed petit mal seizures, but I was on a number of medications and got to the point (04:30) where I was having over 800-900 dollar prescription co-pay every month, so that was really tough too.

DR. LARRY KASKEL:

Which med actually ended up helping you for most of the problems?

DR. EMILE ALLEN:

Neurontin was a very big component and Depakote, and it took about 2-1/2 to 3 years before I got to the point where I could read a book again and that my brain function came back to kind of present now and I am very, very happy with that.

DR. LARRY KASKEL:

But you are only at 70% before the operation.

DR. EMILE ALLEN:

Well, I guess so, but still I have the reflex sympathetic dystrophy, but the musculature has definitely come back and I have about 50% function of my hands and some fine motor difficulties that I deal with.

DR. LARRY KASKEL:

Dr. Allen, once you got back your function of your brain and your arm, how did you decide to come up with Practice Pearls?

DR. EMILE ALLEN:

Well, as a patient, I found that it was very difficult navigating the healthcare land mines that we have to go through for simply getting office appointment visits and also having treatments in the hospitals, and I thought that it would be fairly easy for me (06:00) to again navigate that system since I was a physician, and it really wasn't, it was just as difficult for me as a patient and it was frustrating at times, and one of the questions that I kept asking was how can I make this situation better. One of the things that made me look at my life differently and my accident differently was reframing the whole incident into a guest. How can I use the knowledge that I do have and experiences of having the perspective as a patient and a physician to come back and help my fellow colleagues. As we all know, physicians are having lot of difficulties in practicing medicine now a days and I don't need to go into the details of that, we all know about it, but one of the things that I realize was that when I was in private practice I wish I had had a lot of the business skills that people outside of medicine have. During my recuperation, I was taking quite a few courses in marketing and sales and real estate investing and personal development and I kept saying to myself, well I wish I had this information when I was in private practice because I could have utilized a lot of this to help me with better customer service and run my office with increased productivity and efficiency, and that subsequently led me to developing Practice Pearls.

DR. LARRY KASKEL:

Let's share some of your pearls, for example, what have you learned in terms (07:30) of potential malpractice traps that may await us out there?

DR. EMILE ALLEN:

Well, one of the things I think that physicians really need to be aware of is that a lot of malpractice occurs because from a point of attorney's point of view is battery. Battery is the unlawful touching of a patient and it's also failure to obtain consent for medical procedure and explaining those procedures to those patients effectively and clearly. Battery is not subject to damage caps in many states. Thus, it places that physician's personal assets at risk. Another thing that I learned is that failure to refer to a specialist will place that physician at the same standard of care of that specialist, so therefore you now have the presumed education, training, and skills required of that specialist, so for instance, if you are a family practitioner and you are reading an EKG and you rule out a myocardial infarction, and in reality the patient did have an MI and ends up dying, you are going to be held to the same standard of care as a cardiologist and one of the other things that was really amazing to me was that most physicians have been taught the idea that when we do make the medical mistake that we should deny (09:00) and defend, but in reality what the plaintiff's malpractice attorneys are now teaching and what has been shown is that if you make an effective apology it reduces litigation.

DR. LARRY KASKEL:

Yeah, I think many physicians have trouble saying I am sorry, I messed up, and please forgive me. I think we have the same problem in our marriages.

DR. EMILE ALLEN:

That's true, but you don't actually want to say I am sorry, I messed up. You don't want to admit that you messed up. You just want to say you are sorry and that you are going to do whatever you can to figure out how this happened and you will be in contact.

DR. LARRY KASKEL:

Emile, I think many of us physicians think about and worry about our patients suing us when in fact the potential enemy may actually be amongst our own ranks in our office.

DR. EMILE ALLEN:

That is so, so true. We have to realize that we are entering into some type of a partnership agreement with our colleagues or may be hospital-based employee. As a physician, we need to have the insight and the basic tools to create a solid infrastructure for our practices and chilled ourselves from personal liability for professional act and omission. We need to allocate risk amongst the practice group and too many doctors partner up with other practitioners and lose affiliations. They do not address these typical business issues (10:30) such as, you know, what are the partner's respect of obligations to the partnership and one another, what type of mechanisms are in place in order for cost and revenue sharing, are there any defined and objective dispute resolutions, procedures for partners and employees, etc.

DR. LARRY KASKEL:

So, it behooves of any physician to get a good attorney and spell everything out in a practice agreement.

DR. EMILE ALLEN:

Oh exactly, because, you know, one of the things Larry is that each one of these issues that I just mentioned could destroy a practice and it can affect your personal assets because you are not going to have any type of insurance to cover you under something like this and it could take years you left that practice to go out and start another practice and build it up to the point of where you were at. So it is basically just like a marriage, kind of like getting a prenuptial agreement, making sure you know what are all the potential things that could go wrong, you know, so you are prepared if something does go wrong so it's a smooth transition.

DR. LARRY KASKEL:

Emile, I assume you are married.

DR. EMILE ALLEN:

No, I am not. Have been before though.

DR. LARRY KASKEL:

All right, so as you know it's very difficult keeping a marriage intact, so here we are having a professional partnership, in a sense, another marriage, how do we go about nurturing that relationship?

DR. EMILE ALLEN:

The bottom line is clarity with communication. The words that come out of your mouth can be just as sharp as a scalpel (12:00) and if we are not using those words effectively, we can cause more damage than good, just like we can in the operating room.

DR. LARRY KASKEL:

They say to have a good marriage, you should say two nice things to your partner before you go to bed at night, so perhaps I should do that with my associate before I leave everyday.

DR. EMILE ALLEN:

That certainly would help quite a bit, it certainly would. Negative comments are never going to be of any benefit to anyone.

DR. LARRY KASKEL:

Well, Dr. Emile Allen of Practice Pearls, thank you so much for talking with me on the Business of Medicine today.

DR. EMILE ALLEN:

Oh I appreciate it, it was my pleasure.