**EPISODE 192 - Refusing to Take No For an Answer: A Pedi ER Doctor's Journey to Help Kids With Complex Medical Needs**

**With guest Dr. Alison Curfman**

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master-certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hey there, and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host, Heather Fork, and you're listening to episode number 192. Today, you're in for a wild ride. My guest, pediatric emergency medicine physician, Dr. Alison Curfman, is going to share her incredible story of how her desire to improve care for kids with complex medical conditions led her on a roller-coaster journey in pursuit of her goal.

Her path to fulfilling her vision was not easy, and it had its share of setbacks. But Dr. Curfman's refusal to give up led to her co-founding Imagine Pediatrics, a market-disrupting healthcare group pioneering value-based care for a population of chronically ill children.

As we delve into our story, we'll focus on the importance of finding the right work environment where you can truly thrive. We often hesitate to let go of what is familiar and “secure” to face the uncertainty of something new, even if we're unhappy or feeling limited by our current situation. You deserve to make your career what you need and want it to be, full stop. I'm excited to bring on our special guest to help us see what's possible when we set our sights high and believe in ourselves. Without further ado, it's my distinct honor and pleasure to welcome Dr. Alison Curfman to the podcast. Hi, Alison. Welcome.

AC: Hi. Thank you for having me.

HF: Oh, it's such a pleasure. And when we spoke a little bit ago and you told me your story, I have to say my jaw dropped. And I'm excited to have you come on and tell it.

AC: Yeah, I'm excited to share. Thank you for having me. I'm a pediatric emergency physician, and I've gone through a handful of kind of surprising career transitions over the past couple of years, and I'm happy to share the story here today.

HF: Well, fabulous. Where would you like to begin, Alison?

AC: Well, I started out in academics and did my residency and fellowship in an academic environment. Really thought that I was going to be on an academic pathway for my entire career. But I was becoming more and more disillusioned with the state of health care as I went through fellowship and particularly being faced with the challenges of the ER and how it becomes kind of like the face of all the things wrong with health care, people not getting the access that they need.

I was really affected by a certain case when I was a fellow where I got a call from a rural hospital that had a very sick toddler. They didn't know what was wrong. They just were panicking. And they said something's really wrong with him. We're putting him on a helicopter because the fastest way he can get care is to fly to your hospital as fast as possible. And we hadn't really gotten a good history or physical exam or vital signs. It was kind of like a panic moment for that hospital.

And unfortunately, the child had an unrecognized head injury. And during the fight, he herniated and he died. And I was upset about this case. I thought, if only we could have seen him, if we could have helped evaluate him, even over video and helped coach that rural team through the evaluation and early treatment of a severe head injury, this outcome may have been different.

HF: That is such a powerful story. It's a very sad story, but it's often something like that that starts us wanting to make a change. And was this a pivotal moment for you?

AC: It was because it really seemed obvious to me. I was like, why are we not using video in our evaluation of children and outlying ERs? It was something that was being done a lot in other fields, particularly in neurology with TPA and stroke treatment. And I started to ask the questions, why are we not incorporating this into our practice?

And it was very clear that there was no reimbursement for it because there was no policy around the use of video technology in healthcare, particularly pediatrics. There was no policy because there was no evidence base for it. Nobody had really studied that. And there was no evidence base because nobody was doing it yet.

I became very motivated to start to pull together groups of folks that were interested in studying this and in bringing this into the field of pediatrics. Maybe not for emergency medicine yet, but in other ways. And this was way before the pandemic, before it became mainstream.

I ended up finding an opportunity to switch from academics to community healthcare with a local healthcare system that was putting a lot into virtual care development. And I took a role as a medical director of virtual care for pediatrics, which was a big leap for me. I, again, had thought I would stay in academics, but this opportunity came up and I made the change.

HF: That's so interesting. There's many things in this story I'd like to unpack, but one question I wanted to ask you, Alison, is it's not uncommon for us to see problems with a system. They're rampant and they can be very devastating and they can affect us personally, but it takes another step besides being bothered to actually do something about it. So what was it that caused you to say, I need to do something about this versus this is bad, but I'm too busy and this is not my problem. And it sounds like too impossible to change.

AC: I think some of that has to do with my personality type. I'm very focused on optimizing things and finding solutions and finding systems. It seemed to me that, well, we can't let this go on. We can't just keep it the same because there's a lot of ways to make it better.

I actually remember during fellowship, I spoke with someone in leadership and they said, what do you want to do your research on? And I said, I want to try and figure out how I can help, study what makes people go to the ER instead of other settings or how to improve access to care outside of the ER. And he was like, you will never solve that problem. You need to put your head down, pick a disease and study that and publish that. But you cannot try and fix the setting of emergency medicine. This is just something we have to accept about our specialty to not burn out.

When I took this new role, I actually built a whole program that was focused on helping keep children out of the ER and out of the hospital. And we were focused on children with medical complexity because they were really the ones who had the greatest need and the greatest room for improvement in their care. So we built this completely virtual wraparound program where we were supporting these children and their parents. And we were able to demonstrate a 35 percent reduction in their hospitalizations and cut their ER visits almost in half just by providing more support to the families.

HF: Now, I know that just didn't happen overnight and there were lots of roadblocks in the way. What were some of the things that you had to push against to be able to create a program like that?

AC: Well, a lot of times it's uncomfortable for people to think about doing things different in medicine. And they maybe don't realize that some of the reasons why we do things is deeply rooted in payment and policy, not necessarily what's quality care. We had to do a lot of networking around the program and what we were going to be doing for these children and help get the buy-in of other physicians who once they realized how much benefit we could give for these families, people got on board. But there were definitely people that were not happy about the program. But we got it going and it was really effective.

But again, another giant setback was it wasn't profitable in a fee-for-service system. And we were not equipped to enter in value-based or risk-based contracts based on where I was located. This was not something that my hospital system could take on. And in 2020, when the pandemic hit, the program actually shut down. We stopped providing virtual care for those kids. And my whole team lost their jobs or moved to a different position. And it was really devastating. I felt like a failure. I felt like I had failed my team and I had found this really unique way to care for these families. And I felt like I had failed these families.

But it was really the mark of a transition for me. I was in the wrong place. I couldn't grow this program past a couple hundred children. Even if it was working, we had essentially our pilot data that it worked, but that was not the right place to carry on that work further.

And summer of 2021, I was still kind of grappling with what I was going to do next. I was still practicing medicine, but felt like I was really missing that drive that I had had before. And I felt like this sort of care for children really works. I was very motivated to find a way forward.

The day that I told my co-founder that I would quit my job and start a company with her, I actually got a message on LinkedIn from a venture firm in Nashville. And it was one of their investment professionals who had found our publication and wanted to ask us about the Complex Care Program because their firm was interested in investing in a program with complex kids, a value-based program.

I think I got the message on a Wednesday night. By Friday morning, my co-founder Megan and I were on video with a couple of individuals from this firm. And 10 minutes into the call, the CEO of the firm says, “Will you guys move to Nashville and start this company with us?”

HF: Can you back up just for one second and go back and just tell very briefly these steps that led up to this conversation?

AC: Yeah. First, the program I built got shut down and I was in a pretty defeated mindset and spent probably six to nine months trying to decide what was I going to do next. I was still practicing, had a job, but it didn't feel as fulfilling anymore. I actually did hire a coach in the spring of 2021 to help me figure out what am I looking for and how do I know when I found it? And really getting my mindset in a place of thinking a lot bigger and beyond the typical restraints. I was in a mindset where it's like, “Oh, I live in St. Louis and we're established here. These are the only options for me.”

But there's a whole big world out there. And I think that it was that coaching and really priming my mindset that when this phone call came, that basically asked, “Would you be willing to uproot your family, your husband's medical practice and move to a city you've never been to and jump into a world you've never been part of with private equity and startups to follow this vision.”

It was a really bizarre twist to go from academics to community medicine to all of a sudden being plucked out of a Missouri hospital and dropped into the private equity world in Nashville. But that is exactly what happened. Within a few days of meeting this firm, we found that we were extremely aligned with our vision and that my co-founder and I were exactly the people that needed to help them build this business. And we all quit our jobs and moved to Nashville, which was a big, big change.

HF: That is such a phenomenal story. And that's what made my jaw drop when you told it to me like a week or two ago. Because here you are, you had created this program. It was working really well. You had the numbers that this was working well in terms of finances and it was helping kids. But there was really no precedent for it and you really couldn't get funding. And it was dead in the water and people lost their jobs. I'm sure that was a very devastating time. I think you said that this person who ended up calling you had found an article that you and your co-founder of this program had written about this program. And for some reason that interested them and they reached out to you and then they offered to like help you create this. Is that right?

AC: Right. The scale that the private equity approach of creating it as a self-sustaining startup, the scale opportunity of how many more children we could affect and how we could bring my clinical knowledge and my co-founders, like product knowledge, to a new population that could actually become like a multi-state or national medical group and help tens of thousands of children. It was very clear in my mind when that opportunity came up that there was no answer but yes.

HF: Like Oprah calling.

AC: Well, I remember us both calling our husbands because we had flown to Nashville together just a few days after meeting the folks at this firm. And we were like, “Hey guys, can we all quit our jobs?” And it was just, thank God for a really phenomenal supportive husbands. But we all moved to Nashville and we started incubating this company which we literally went to the library and got a bunch of books like startups for dummies and things like that. Because I was like, “I don't know how to do this.”

But we incubated the company in 2022 and about eight months into designing and building the model and getting funding for it, we got an incredible contract to be able to actually launch operations in Texas. And we were hoping to get at least a population of about a thousand children. And we actually got a population of 10,000 children.

In, I think, August or September of 2022 we hired our entire executive team and built all of our clinical team and went live in January of 2023. And it's just been growing ever since. We're taking care of over 20,000 kids in two states. And we really grew from three co-founders to almost 300 employees in just over a year.

HF: That is just phenomenal, Alison. More power to you. I have to give you a ton of credit for believing in yourself, believing in what you wanted to do for children and not taking no for an answer.

AC: Yeah, it was a wild ride. It was fun. All of a sudden I felt like having left a truly medical environment and moved into a business building environment. I felt like my clinical voice was respected and it was necessary for us to build this foundational model for how we're going to care for kids. It was surprising because only eight or months into our operations I actually had another transition because despite building this company I found that I'm really not an operations person. I'm not someone that is great or loves running operations for a large company. I'm really more of a visionary.

It was another transition. I moved into more of a strategic advisory role for my company and had hired a lot of great operators. And now I've moved on to create my own consulting business where I'm working with a lot of different firms and startups and other groups to really help bring quality into their models.

HF: Well, again, I love your story. There's much value in hearing how we can actually do something that feels impossible. Now, as I mentioned in the intro I really want to unpack this in terms of how listeners can think about their work setting and their work environment, perhaps things they want to be different or how they want to make changes and how they can start moving forward. But before we dive into that I want to share a message with a resource for you. Don't go away. We'll be right back.

Hello, my dear listeners. I wanted to tell you about one of my dear friends who is a physician unexpectedly had to use her disability policy after developing a retinal detachment and hemorrhage from using an eye drop. She never anticipated needing her disability insurance but fortunately she had excellent own occupation policy in place.

I want to make sure that you have the disability coverage that you need and want. Our sponsor for the podcast, PearsonRavitz was co-founded by Dr. Stephanie Pearson, a physician who sustained an injury while delivering a baby and was not able to continue practicing. She is very much invested in helping you and does not have any agenda other than making sure you have the best coverage.

If you would like to schedule a complimentary consult to review your existing coverage or explore new coverage for disability or life insurance, you can reach out to her and her company at pearsonravitz.com. And I'll also have a link in the show notes for you.

All right. We are back here with my wonderful guest, Dr. Alison Curfman. Alison, now when people hear a story like yours, they can be very much inspired and they can also think, “Well, that will never happen to me. I don't have her personality or this just wouldn't be possible for me.” And sometimes they even shut their brain down in thinking about themselves. What would you like to offer for physicians to start thinking about their own work environment and if it's serving them?

AC: Yeah. I think that a lot of people have very limited mindset about what their opportunities are. I certainly did. I thought there were two academic institutions in St. Louis and those are going to be my two career options for the rest of my career. I definitely had that very limited mindset. And sometimes if you just keep asking yourself, “But what else? What else? What else is on the table? What else could there be?” You've seen physicians creating careers out of all sorts of different angles of things.

And for me, it was a huge leap to leave where I was from and to move my family. But in many ways, it has been much better of an environment for all of us. It’s like, ask yourself, well, what else? Am I being limited in the number of things that I think I can be doing?

HF: I know some physicians who are unhappy, they do try to move. They might find another clinical setting. They might do what you did, switch from academics to community medicine or vice versa. They might go to telemedicine or do locums. And they keep moving the deck chairs around on the Titanic, so to speak. But then they still feel unhappy. What do you do at that point? If you feel like you've made these changes and you're stuck?

AC: Well, I have really appreciated a perspective that I had an executive coach for the past couple of years, who is wonderful. And she has shared with me several times this concept called ikigai. It's a Japanese concept, meaning of reason for being. Because I've definitely had times where I'm like, “Am I doing the right thing? Like this doesn't feel like the right thing anymore.” And sometimes it's surprising because you're like, “Well, I just started this thing and it felt like the right thing a few months ago. Why is it not the right thing now?”

But it's really this concept of asking for things and finding the intersection between all of them. What you love, what you're good at, what the world needs and what you can be paid for. And that intersection of those four things is what this Japanese concept is called ikigai. I have done that exercise with myself multiple times. And then also as new opportunities come your way, you can assess like, “Well, does that fit into my framework of how I experience the life that I'm building for myself and what I want?”

HF: Yeah, I've heard of ikigai and it speaks much truth because we often don't even ask ourselves these questions. We're living more on the symptoms of what don't I like. And it can be hard even to think about what we do want. How did you find the confidence to pursue this problem you wanted to fix when that person a long time ago said, oh no, Alison, just do this research, write the paper and forget it because you're never going to change anything.

AC: Well, I think I draw most of my inspiration from my clinical work and my interactions with patients. I definitely see physicians that are burning out on full-time clinical medicine. And I will say that by cutting back and I am still practicing, but way less than full-time. And I find a lot of joy in the practice that I'm still doing. And I am very inspired by the patients that I care for and the stories that they have. I don't care what someone thinks about an unfixable system, they have a fixed mindset. I have a lot of ideas.

And I think that knowing when you're in an environment that's not serving you, I think I hear especially a lot of women physicians who are being passed over for leadership opportunities or feel caught up in bureaucratic politics and things that are really organizational, just look beyond that. There's many opportunities.

And one of the things that I'm working on right now is whether I can help other physicians to explore what it would mean to do work with industry or with private equity companies. My mind has been very open, especially living in Nashville where it's the healthcare capital of the world, 40% of healthcare startups come out of Nashville. There's so many people working on ideas for healthcare companies and they need physician input.

I think it's a fun way to use your clinical knowledge to really inform something that's going to be much bigger than yourself. I felt like building a company was really a force multiplier of myself. I could impact so many more children by building a model and a company that would go way beyond myself than I could seeing individual patients in the ER.

For your listeners, I would say, asking yourself if your environment is serving you and then actually being willing to explore ideas outside of your self-imposed box. I definitely thought for the longest time, nope, I'm not leaving academics or no, I'm not leaving St. Louis or no, no, no, no. These are my hard boundaries, this is how I've designed my life but life changes, things change over time.

HF: Right. I want to stop you here to dig in a little deeper because what often happens is we get stuck on the how. People might think I have this idea, she had this program, she was able to move it forward but I don't even know, how do I even find people to contact? How do I even start exploring this idea? It feels like this vast sea of uncertainty and darkness.

AC: Well, a lot of it has to do with mindset and whether you're actually going out and talking to other people and connecting with people. I've heard the phrase that you are the average of the four people or five people you spend the most time with. Spending time talking to people who are doing interesting things or exploring interesting concepts, I always encourage people to do that. And now with the internet and social media and all of that, there's a lot of ways to connect with people that are doing interesting things and you don't even have to pay for them. There's a lot of groups you can be part of.

HF: Right, perfect. This is great. We're going to take it even one step further. So let's say a physician has an idea but they think, “Well, why would anyone care to talk to me?” Then there's this hesitation of “I'm kind of new with these ideas. People are going to just think I'm blowing smoke or I don't know what I'm talking about.” If someone says, how do I even reach out to somebody? What do I say in that first message? And how do I specifically target a person? Can you make it even more concrete?

AC: Well, first off, you aren't going to necessarily have a resounding success with the first person you talk to. A lot of it's about volume. A lot of it's about changing your messaging as you get feedback. So, really iterative feedback. I'll give you an example. I just started this consulting business which feels kind of wacky to me because I was like, “How do I do that?” But I started the business and I had some initial clients but then I built a website and I have had meetings with many different people in my network to say, “Hey, will you react to this? Will you react to what I'm offering? How I'm branding myself? What I say I do.”

And I've gotten tons of feedback and changed it along the way. And then with that, I also asked, do you know anyone that needs this? Do you know anyone that would be interested? And it's accumulation of all these conversations, hundreds of conversations that get you to the point of connecting with the person that you need to connect to that may actually turn into an opportunity but it's not a one-time deal.

HF: Those are fabulous suggestions. And I love what you said before about we are the average of the five people that we spend the most time with, to surround ourselves of people who are doing things that we want to do or how we want to be different. And you also said that you're not going to get a perfect from the get-go and to ask for feedback and ask people for other recommendations and those are fabulous suggestions.

So if you could identify one thing, Alison, that would help people go from thinking, “I'm not really worthy in a way of reaching out to people” to having that confidence or just courage to put it out there. Like they say, sometimes you get jelly on the counter. Well, that's okay. You just put it out there and you keep improving as you go along.

AC: I would say one of the greatest lessons that I've learned during this whole journey actually comes from my co-founder, Megan, who she's not clinical. Her background isn’t clinical, is in product design and technology. But when you think about how technology is designed, they don't go spend decades building this perfect product and then launching it once it's all the way all loose ends tied up.

It's an agile process. It's small iterative steps in the right direction. You make what's called a minimum viable product and you put it out there and then you do testing and you get feedback and you make it better and better and better. And then it becomes an exponential improvement over time.

If you have an idea or you are interested in exploring some other area of there are people doing real estate or legal case reviews, or any number of things, it's like, do a small thing, do a small thing and maybe set a goal to make this like tiny adjustment over time. And then take this MVP approach. I put a really bad website out there. And then a lot of people be like, “Uh, don't talk like that. You need to make it in first person. You are way too focused on this.” And you have to be able to put something out there or try something that's a small step and then just keep taking small steps and see what happens.

HF: That is so great. And I often talk about start with a lemonade stand at first. I think you could put up really fast and you can improve the lemonade over time. But you hit upon something so important. I think as physicians we wanted to get the A, we wanted to get the A plus. We want to be ahead of the class. So it's hard to think about a minimum viable product or B minus work. It makes us cringe. It's like nails on the chalkboard, but you're so right. If we give ourselves permission, “Hey, this is where I start. It's where Steve Jobs started and we can just get out of the garage and rolling down the street. Otherwise we'll stay in the garage all the time, trying to come out with this perfect baby and we won’t get out of the garage.”

AC: Yeah. No matter what it is, you're trying to explore, you're not going to get it perfect on the first try. You have a good understanding of what risk could be involved that you're not doing anything that's risky or too risky, but what's the worst that could happen? And there's tons of people that want to help you. That's the thing that people enjoy helping other people. People enjoy giving feedback. They enjoy being asked about things.

I think there's a lot of opportunities to connect with other inspiring people who are doing things or thinking about things or trying to do something different, and maybe where you start exploring, turns out you're actually going to do something way different than that, but it's the process of exploring it that actually gets you to where you find your spot.

HF: Absolutely. And when you're talking, it reminded me of how in medical school, we don't expect to be perfect as students. We're allowed to be learners. We may not get that central line the first time, or we may not get that chest tube. It may not be something you want to showcase. We are allowed to have that growth mindset because you had talked about fixed mindset not being helpful, as a learner to remind ourselves that yes, we still are learners and we love learning. And if we think of ourselves that way, rather than having to be perfectionistic, then I think we give ourselves permission that does allow us to try new things.

AC: And I think a lot of people are held back by their own imposter syndrome, which is pervasive among physicians and high achievers. Actually some of the most competent people are the ones sitting around feeling like I am such a loser. I have definitely had many times in my story where I spent lots of time thinking I was such a loser. And when I think like that, there are zero opportunities that come my way.

And when I try and pick myself up and say, “Okay, what can I learn from this? What else could I do? What are the other options? Who can I talk to? Who knows something about this?” And just getting some forward inertia, all of a sudden, little opportunities come and then bigger opportunities come. And then you're on a totally different pathway with inertia rather than just wallowing. I've done my share of wallowing in the past.

HF: I have too. Absolutely. Well, this has been such a wonderful treat to have you on the podcast. I'm impressed with this whole new opportunity that you've created for children and you're helping them and it's working. What's next for you?

AC: Well, I am working with a lot of different companies now. I found my passion working with really early stage concepts and companies because I love design and I love building something new.

And so, I am doing consulting for private equity and startups. But I'm also interested in finding ways to help other physicians get into this sort of work. I haven't really developed that yet, but I've definitely had a lot of physicians approach me and say, how did you start doing this? And how do I start doing this, maybe even on the side?

Because we have deep clinical knowledge as physicians and we have deep understanding of the system and how it works. We're the ones that see the holes in the system and can definitely bring that knowledge to other external groups that are trying to find new solutions.

So, anyone can feel free to contact me. I don't have any sort of a coaching or development program yet, but I would love to connect with other physicians that are interested in bringing their knowledge to more of an industry setting.

HF: That is so great. And you like solving problems. So, I don't think you're going to be daunted by this and it's such a needed offering to help physicians in this way. How can doctors get hold of you?

AC: My website is alisoncurfmanmd.com. And my email is alison@alisoncurfmanmd.com.

HF: All right, perfect. Well, I'll make sure to put that information in the show notes. And thank you again for coming on the podcast.

AC: Yeah, thank you for having me. I really appreciate it.

HF: My pleasure. All right, my dear listeners. I would love it if you would share this podcast with one person, just even one person who you think would be helped by this episode. And just a reminder about our sponsor, PearsonRavitz.com, if you would like to schedule a consultation to talk about your disability or life insurance coverage. And as always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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