DOCTOR'S CROSSING
CARPE DIEM PODCAST
BY HEATHER FORK, MD, MCC

TRANSCRIPT

EPISODE #234: Taking Back the Reins: How Two OB-GYNs Built a Nationwide Telemedicine Company on Their Own Terms

With guest Dr. Diana Kumar & Dr. Teresa Walsh

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DK (00:00)

You know, we are trained. You need to fit the circle into a circle and a square into a square. You don't get to fall out of line. I do truly believe medicine is in the state that it is because we have continued to put our face in sand and the inability to see what is coming, but also to not think beyond traditional medicine because traditions are now starting to break the system.

HF (00:22)

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 non-clinical 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 to the Doctor's Crossing Carpe Diem podcast. I'm your host, Dr. Heather Fork, and you're listening to episode number 234. Have you ever dreamed of practicing medicine in a way that truly reflects your values, where you call the shots, set your own pace, and care for patients in a way that you've always wanted to? There's a

quiet and getting noisier revolution happening in medicine, physicians reclaiming how they practice and redefining what care can look like.

Today's guests are a wonderful example of that movement. I'm so excited to introduce Dr. Diana Kumar and Dr. Teresa Walsh, board-certified OBGYN physicians and co-founders of GLISS Wellness, a nationwide telemedicine practice dedicated to women's health and menopause care. In this episode, you'll hear how Dr. Diana and Dr. Teresa left a large healthcare system to build GLISS Wellness from the ground up and did it in just eight months. They'll share what it took to make that leap, the benefits of having support and structure along the way, and how to decide whether to partner up or go solo when you're starting something new. It is my true honor and pleasure to welcome Dr. Diana Kumar and Dr. Teresa Walsh to the podcast. Well, hey ladies, welcome.

TW (02:42)

Thanks so much for having us. We're so excited.

DK (02:44)

Thanks Heather for having us!

HF (02:46)

I can't wait to get into this conversation because we had a little chat before and we were talking about chickens and you guys have a great rapport and you're not just business partners, but it sounds like good friends living there in Hawaii. So I'm so excited to launch in and hear your story. So would you like each to just introduce yourself so people can hear your voice and connect it to your name and then we'll get started with your story.

TW (03:14)

That sounds great. I am Teresa Walsh. I am a board certified OB-GYN. I did a little bit of a specialty in minimally invasive surgery and endometriosis, and I am the person with the chickens. So I am the chicken collector of the podcast, I guess.

HF (03:31)

And Chicken Rescuer, because I just saw it.

TW (03:33)
Yes, I did. I did an emergency blow-dry in the middle of the night the other night.

HF (03:38)
Oh this poor chicken. All right. Well, yeah, that was super cute. And I love animal lovers and rescuers. So Dr. Diana Kumar, yes, let's hear from you.

DK (03:51)
I'm Diana Kumar, also a board-certified OB-GYN. I am not an animal rescuer. Teresa is always threatening to bring the chickens to my house, and my dog will eat that chicken quickly. Yeah, I've been practicing OB for a little over 14 years and happy to be here.

HF (04:10)
Excellent. All right, so who wants to start telling your story of where this all began?

TW (04:16)
Go for it Diana.

DK (04:18)
You're going to lay it on me? Where does this all begin? I want to say it's what, two years ago? We were on a trip internationally. We were working for that big hospital group and we were a little burnt out and we started something called a burn book. I feel like all women should have it where you write your ideas and your thoughts and if one of us were to die, the other one had to burn that book. And then we had these ideas and those ideas included a clinic that we worked on our terms.

And we knew we were going to do it. We just didn't know how we were going to do it. And then telemedicine and other things fell into our lap and we started setting that up. And it took us a good, I would say, six to nine months to get our dream afloat before we left. And then we put our leave in three months after that trip.

HF (05:05)

Now, when we think of OB-GYN, telemedicine isn't often the first thing that comes to mind. Like, how do I deliver that baby? You were not delivering babies and there's a lot of things you can do and can't do. How did the idea of telemedicine come up?

TW (05:21)

I think we were seeing a lot of patients sort of where we were. Like we were in this sort of perimenopause, menopause sort of area anyway, and just realized like there was a deficiency in the space. And we also knew that like we were living it. We knew that there was some education that needed to happen. And sort of as people who are doing this every day, we knew it would lend itself because the vast majority of menopause care doesn't normally require a physical exam. It's a lot of counseling that patients don't receive the time for. So we can do most of the menopause care virtually. So we just sort of jumped.

DK (05:58)

When we started it, we actually had no idea how advanced telemedicine had become. COVID lit a fire under everybody. And I will tell you, we are both working moms. We don't have the time to get in our cars, go make it to an appointment, and then get childcare and whatever it may be. And then you sit there and you wait. I remember there were patients who'd wait 30, 45 minutes, and I'm just behind, I can't keep up. The world of telemedicine is so easy, you could do it in your car, you're on your way to Costco. Not that I'm saying you should do your appointment while you're driving, but

You know, it's just the fact that you could get it within your schedule. That's very, very tight. You don't have to leave your own home or being the convenience of any, any, wherever you're at. And then if your child interrupts the appointment, it's okay. Like we said, we've had that before. We understand it. We leave gaps into that, into those spaces. But then the technology right now, there's so much like wearable technology that gives us all the information we need. There's mail-in passengers tests that come to your house, that draw your own labs.

The ability to deliver medicine by Uber in multiple major cities, it's getting better and better so that you can get convenience. This is a big piece for all these women who are 35 up, very busy with their life.

HF (07:12)

When you were in this idea stage, did other ideas come up that maybe you wrote on a napkin and then the napkin got tossed or you argued like, I want to do this. No, I don't want to do that. Like, was this, I'd love to hear sort of the evolution of this idea that you did together.

DK (07:31)

Always still in the burn book. It's not on a napkin.

HF (07:35)

Yeah.

TW (07:37)

I think we were looking at sort of this idea of telehealth, which honestly we didn't really understand, like Diana said, what that encompassed when we got started. And then it was like, let's open a traditional brick and mortar. But then we just realized that we would be on, it would be nice because we'd be working for ourselves, but we would still have the same problems that we're having now. Like we would not be able to make it to kids birthday parties. We wouldn't be able to do early drop-offs or people are sick. We got to close the clinic. And it wasn't the flexibility that we wanted at that time.

HF (08:08)

All right, so you get this idea and then it's no mean feat to start your own business. So what were your next steps to go from the concept to actual implementation?

DK (08:21)

Well, most, I think most physicians at some point in their career do know the basic pieces. You need an electronic medical record in EMR. You need malpractice. You need a way for patients to make appointments and if it's telemedicine, how to connect with you by video, text or phone or whatever it may be. And those are the easy parts. And then the hard part is all the training you've had and the education behind it.

Filling all the gaps in the blanks, like putting out PDFs and forms that people need to fill out, finding the right lawyers that do your HIPAA compliance and ~ the consent to treat, getting those things lined up. Most people do the same thing for brick and mortar and

probably do the same thing for multiple other business entities. So that's the easy part. What we didn't know about was the telemedicine compliance and rules and laws that are very vast. And I think that if you're doing it in one or two states, it's easy.

You just know your state, but if you're going to do it across 50 states, as Trisha has mentioned earlier, doing more states gives you a much bigger network of both like access and patients. It's a lot harder. And so we fell upon all, you know, air all remote, which really, really escalated and allowed us to scale our ability to compliance, both in our clinic and ourselves quickly.

HF (09:40)

I want to talk for a minute about this program that you did air, All in Remote Academy, to help you because I think this was significant assistance. And we had one of the co-founders, Takashi Nakamura, on a podcast talking about telemedicine a while back. And he and his co-founder, Sunir Chandler, created this program. So tell us a little bit about what this was like.

TW (10:09)

There is a course for physicians who are looking to do telehealth in some capacity. I think as the course has evolved, as I've watched it, it's definitely geared towards people who are looking to sort of make this jump into full-time telemedicine and they sort of help you along with that, getting licensed, what the rules and regulations are, how to brand yourself as a physician. And for us, it was really helpful because like what Diana mentioned is figuring out what the legal landscape is behind providing care in 50 states.

And then even beyond getting licensed in all 50 states, there's some company structures that need to happen in the background that we had no idea even existed. So for us, AIR was really helpful for sort of figuring out what we didn't even know that we didn't know. And also I think that for me personally, I'm naturally a very much an introvert and my natural state is to be at home by myself. like there...

If you guys know Takashi and Suneer, they're very outgoing. So they were also able to sort of help us with meeting different people that honestly we would never have come across on our own. So we're really grateful. We had a great time and we're glad we did it.

DK (11:16)

They also have a big network of people to help support your telemedicine. Like, you know, malpractice. These are the people we use. These are the people we've seen used for big corporations. We contacted all of them. It allows us to be around, but it gave us a starting step to kind of get us somewhere. And then EMR, same thing. We had like the big four that you ChatGPT, you'll come up with the list, but what about these smaller players who may do this specific care a lot better? Then it's these kinds of connections that make us much more effective and be able to scale quickly.

HF (11:49)

Now that you've done this, when you think back, what would have been like to do this by yourself? Do you think it would have taken a lot longer? You might have given up or just would have been really frustrated?

DK (11:59)

Oh, for sure. You always pay for a little bit more expertise so you can get your information faster. But also, we didn't know what we didn't know. So it keeps you out of these legal gray areas that many other companies may make the same mistake. Mistakes can be very expensive when starting your own practice in your own business. So that's where it kind of kept us from falling in the same pitfalls that other startups had done or they had already done.

HF (12:27)

And people can use this program if they want to start their own telemedicine business and they could also use it if they wanted to just work for a lot of different telemedicine companies. Is that correct?

DK (12:39)

I think, Teresa, you say it best, right? It's for people who really, really want a career in telemedicine.

TW (12:45)

Absolutely. I think that what was helpful for me, even aside from starting GLISS, was that, you know, I really, did, like, I'd been a W-2 employee my entire life. I had no idea

how to sort of, like, be a 1099 employee on my own. Like, how do you do taxes? How do you, what sort of, like, do I need an LLC? Like, how do I save for retirement? And I'm the sole breadwinner in my family. Like, my husband works, but my salary or whatever I make is what pays the bills. So, like, to jump really was sort of nerve wracking for a little while. And I feel like working with air sounds gave me the confidence to be able to like, so my kids are not going to be homeless.

HF (13:23)

Now you bring up a really great point, about how the fear can set in. Most physicians don't go into practice thinking they're going to start a whole new venture and it may or may not work. We like security, we like certainty. So when you were thinking about starting your own thing, what was the thing that kept you going when you might have asked that question like, are we going to fall on our faces? Is this really going to work? Are we going to be able to monetize it?

TW (13:54)

I don't know if that fear ever went away, right? The need to succeed just to prove everyone else wrong. I think that is always a primary motivator for it. But in all seriousness, I think that Diana and I always talk about this even right now, like we'll be like, all I got to do is make tuition and my mortgage payment and it's going to be okay. Like that was the bare minimum. And like, I knew what that number was. And I like, once I actually calculated it out, like I would call it the number needed to quit.

That became a very real number and it became very easy for me to get to it. I'm like, I can do that. I know what is out there and I didn't want to hustle. So even if I didn't have GLISS, I would be okay. So that was helpful. And working with Diana is whenever one of us starts, we usually call it spiraling, like going down into this dooms hole of depression and being scared and being anxious, like everyone does when they're about to quit a very reliable job.

We would call each other up and then be like, it's my data spiral. And we just work ourselves through it.

DK (14:55)

It's a saying, right? In a marriage, both of you guys can't fall in love at the same time or one at a time. Only one of us is allowed to spiral at any one time. But it's not, I don't know, we don't say spiral interfering, but you know, we are trained from a very young age in medical school and before that, that you need to follow the steps to be a doctor. You need to fit the circle into a circle and a square into a square. And when you step out of the line, medicine is very, for a long time, trained so that you get zapped, get, you don't get to fall out of line. It is where

I do truly believe medicine is in a state because we have continued to put our face in sand and the inability to see what is coming, but also to just not think beyond traditional medicine because traditions are now starting to break the system. But that being said, it's very scary for traditions to not to do that anymore. I'm dependent on a 401k and a, ~ what is it? I call it the golden handcuffs, but...

The pension plan and that I know that I'm not going to be able to not lose my job and have an eight to five job. But that's where our burnout does lie along with physicians that you are a gerbil on a wheel. Every single day they said, okay, you can see now, you know, you were seeing 20 patients, it's 28. Today it's going to be 32. And sorry, that's just the way it is. And then eventually is the golden handcuffs and everything worth your 32 to now 40 patients.

And you took, you know, one day a call a month or four days a month and now you have to take eight. So I don't know, I see it as like, we should be seeing what else is out there and be open to it. So when I say spikes, I do think there's a lot of people who are traditionalists who look on the other side and say, now that's not possible, or she's out of her mind, she's doing something different. And sometimes we're here to like, hey, we're going to prove you wrong here. This is doable. And not only is it doable, it's going to change the way we see medicine and or add a different view of medicine.

HF (16:59)

And when you left, you gave your notice and you didn't have the practice. So you took a risk. And I think I said it was eight months from when you got the idea to when you actually opened. Is that correct?

DK (17:13)

We have a non-compete. Yeah, we had a non-compete. couldn't open. We would totally open. And one would go up while the other one would go down if that was possible. I think a lot at that time, non-compete were still, they say they're non-enforceable, some of these companies have big pockets. So they can make your life not so great. So we just said, okay, we'll get ready. And then we're gonna open the door the day that door closes.

HF (17:40)
Tell us about opening day.

TW (17:43)
It was such a blur, but I feel like it was this sort of like, it was like a sigh. Like it was like all of a sudden it was like, we can do it, we did it and we launched and it was just like, even if we fail, like it's going to be great. Like we are going to, we know that there's a need for this. We just have to help people find us. And I feel like that was really our, one of our core beliefs when we started, like we know that people need this and once they figure it out, it's going to be, it's easy. So that's kind of what we were just going with.

DK (18:13)
I felt like a weight was lifted off my shoulder. I'll be honest.

HF (18:16)
Do you remember how many patients you had that first day that you saw in telemedicine?

DK (18:21)
One.

DK (18:26)
One of our nurses, yeah, was one. It was one. But it was okay because in telemedicine you can have other contracts. So we were already supplemented. had jobs lined up through AIR that were bringing in salaries that matched our income, if not more. We outmatched our income within the first 90 days.

HF (18:49)

Okay, so this is huge. So unpack this for us. Tell us about this alternative income and also what GLISS Wellness looks like. And that's G-L-I-S-S, GLISS Wellness. So we understand your model and these other things that you are doing.

DK (19:05)

Yeah, so we could be medical directors. You can work as an OBGYN as a telehealth provider for multiple other companies or for startups or and they already have the marketing and the load. So they just need you to come in and see patients just like you would in brick and mortar. But it adds to your CV. It adds to your experience. It allows you to see what other companies are doing for their EMR and how to see patients more effectively and all these things.

So you could do all that while your clinic gets busier and busier. And we do something called stacking, where you open your clinic and any slot is not filled, you are adding in patients from other companies or help covering them. working in, Teresa had mentioned working in a different time zone, Hawaii is a great place to be because we could cover the East Coast while the East Coast is asleep. And the East Coast covers up while we're asleep.

It provides different hours where I put my kid to bed, two hours of work at the end of the day. That's not GLISS. But it helped make all the income and then slowly as GLISS grew, those companies dropped off. We were like, we don't have time for this company anymore. So sorry, but you know, I don't have any more time for you. And what became six or seven companies became two or three and GLISS provides now the other chunk of salary.

HF (20:23)

What are some of the things that you see for telemedicine patients? What are they reaching out for?

TW (20:31)

My gosh, I mean, if you can think of it, they will come for it. I think that where, I don't know, as physicians, I feel like there is this sort of ~ area where you're like, hey, Diana, Heather, look at this bump. What do you think? Do I need to go to the doctor for it? And I feel like with friends without physician friends, that is what they're coming for, right?

They're like, hey, I have this bump on my back or I have this bump down below. Do you think I need to get the scene? And I feel like that's really where telehealth kind of comes in.

We can kind of provide urgent care for us, so we have a Volvar clinic. Like we provide that secret sort of safe space for you to take a picture or to send us a message and say, hey, I have this weird discharge. What do you think this is? And so you can sort of run it by someone to be like, yeah, that's not normal. You need to go get seen. Or like, hey, I'm sick and I am too sick to drive into the hospital or the clinic. Can you help me? Yes, I can write you a prescription for a Z-Pak or something similar. So I feel like this is really where telehealth sort of shines, and that is where patients really find it beneficial.

DK (21:32)

Hone in because for that women's part, imagine being having mastitis. If any female out there has ever had mastitis, it's horrible. You're like, you have a newborn or another child at home. It's like 9 PM. You've got a raging fever. You know you have mastitis and you now have to go to an urgent care to get the cloxacillin. Well, here's, we have this urgent care here. They just click on it and they say, hey, I have a fever. This is like, bring up the video. Let me see your breasts. Let's see where the redness is.

Yes, you can rule out pretty much like most patients actually with mastitis do sometimes look septic, but you can see that she is losing, she could do this, she's hydrating, she has good support at home, her Dacloxacillin through CVS. They even have CVS delivery now in certain areas. And she gets it without ever leaving the comfort of her home or having to leave her newborn to go to urgent care, wait two hours and come back. So there's those pieces, but the vaginal thing is a big issue. Like 2 a.m. the morning college student finds a bump after a new sexual encounter, or I live in rural Alabama, my closest

GYN is an hour away. The last opening is like two weeks away and I'm freaking out. Sure, we can see that and we can diagnose it and we can treat it. That's the beauty of it.

HF (22:42)

And you both are licensed in 50 states, is that true? True. And how do you keep up with the licenses?

TW (22:50)

I don't. We paid a licensure to do it and that is probably some of the best money we spent. that and the person who did our website was, I never regret spending a penny on that.

HF (23:01)

Now, what is the future that you're seeing for bliss wellness and this partnership that you have and does AI figure in?

DK (23:10)

Where does AI not figure in these days? If you're not saying AI, you are. We just finished an accelerator here in Hawaii called Blue Startups and we had the clinic and everything set up. What we want to build is an AI diagnostic tool that helps physicians diagnosed with the vulvar vaginal skin disorders. And this is for the doctor who's in Alabama. I keep saying Alabama, but Georgia, wherever.

Where there's a lot of rural areas where they're like, hey, I am stuck. I'm seeing this. There's nobody here to help me and I need help. And you take a picture and it can look at things and say, hey, this is the likely diagnosis. This is the likely treatment, but do you still need help? And you would click and then be directed to us where we're helping patients from afar and making sure that the AI is correct or not correct. But we need vaginal pictures in order to train that model. So this is the next phase of gliss wellness. Trying to build this model to be much more accurate.

HF (24:13)

You seem like movers and shakers for sure. And I love that you're innovating and iterating. And I'd love to see what things look like in a year. I know it's going to be different and exciting. And I love how you're bringing these resources out there. And now I did mention in the intro, as I want to squeeze this in, because we're getting close to time here, about this decision of, should I go solo? Should I have a partner? Maybe your own experience and thoughts about this. Maybe what you've seen with some other folks.

TW (24:43)

Well, I'll start since I don't want to know what Diana thinks right yet, but I think that I wouldn't have been able to do it with Diana without Diana. I mean, I think that, you know,

it divides the workload. It divides the finances. We have bootstrapped this from the very beginning and it's just been the two of us and it would have been very difficult to do solo. And then it's really nice to sort of lean on someone when you're just like, I don't want to answer emails this week or I'm going to go out of the country and spend time with my family.

And so one of us will stay behind and do some work or, and I feel like it's been really great and she hasn't killed me yet. So we're grateful for that too.

DK (25:23)

I totally agree. It's very, very scary to jump off a cliff by yourself. It's much easier if you're with a crowd. I'm going to, if some people use air, by the way, we'll go back to air in that way, right? There's 30, 40 people per cohort and they lean on each other and they feel more empowered as a group. I will say though, as the two of us, don't like groups of 40. We are much more paired as two and we lean on each other and we'll add people in, but there are some people who work better as a single person.

And that is fine for them. I have seen some partnerships end up badly. So choose your partner wisely, as Teresa will say. It's like a marriage. We are financially married together forever. ~ so you want to make sure that it's a serious good business. We would work together for what, eight years before this already. We knew how we operate in very stressful situations, as well as financially. We knew what we were getting into. So you just want to make sure the person you're with is somebody that knows well enough to say that. That would be my only advice if you're going to do it, but that it does make it easier.

HF (26:27)

Right, it's a personal choice and I'm so glad it's worked out well for you. You guys have a lot of great chemistry and I think it is fun to get to share something like this with someone else, absolutely. So any last words either of you would like to share before we wrap up?

TW (26:46)

I think if this is something that you're thinking about doing, you should just do it. Like life is great. One of the things that I was always wanting to do, like when we were talking about jumping ship, was that we wanted to slow travel and take our kids places. And

we've really been able to do that as one of our things now. Like next summer, we're going to spend the summer in Europe and we'll be working on GLISS remotely. And I think that without telehealth, there's no way that we would be able to do something like that.

DK (27:12)

Yeah, I would say the same. say just do it. There's never going to be a good time. I mean, we should be what we would be at the peak of our career. I don't know what to say. So most people would say not to make this change at 40 plus like it's a midlife crisis kind of thing. But I don't know. We were never in a crisis. We were just free. It's the part where I'm in the age where I don't give what other people think, but also my plate is full and I'm very choosy of what goes on my plate as it should be. So this is it, part of the career where I've decided I'm going to now change the course. I'm going to choose the course because it's been chosen for me for more than half of it.

HF (27:54)

Now, some physicians who might be thinking about telemedicine could be worried about losing their surgical skills or losing their procedural skills. How did you address this for you?

TW (28:05)

We still do locums every once in a while. And so we typically will pick places that lack OBGYN coverage. So we go, I love to go to Iowa. It's like my favorite. has been to rural Washington and we pick places that do not have help and that they're most like basically solo practitioners just need coverage. And it sort of allows us to kind of see what's still going on out in the community and what people want and.

So I still do deliveries every once in a while. I still operate, but I just, it's nice to do it on my own terms now.

DK (28:40)

Yeah, same. think it's, it's a, don't get burnt out when you're doing it every three months or so we go in, you work really hard for three to four days. When you leave, you're so grateful for your telemedicine job. ~ And then and then you keep up your your skills and you're seeing patients in person. Our goal for GLS and everything else we do has

always been access. So it's nice to see what's happening out in the smaller towns in America who really do not have any and that keeps us kind of abreast of but is necessary for women's health.

HF (29:13)

I'm really glad you made this point because it doesn't have to be all or none. You don't have to completely leave or shut the door and this gives you a lot of options so I think that's fantastic. Well this has been such a wonderful conversation and I can't thank you both enough Dr. Diana and Dr. Teresa for coming on the podcast and sharing your amazing story. But before we wrap up I want to know what's the best way for listeners to find out more about you and connect.

DK (29:40)

So thanks Heather for having us. The best way is that we actually have two Instagrams. We have an at Gliss spots and at Gliss wellness so they can message us directly there and our website is www.findglist.com. We're also both on LinkedIn if they want to find us that way too.

HF (29:57)

Excellent. I'll make sure to include all those links in the show notes and thank you again, both of you. So before we wrap up, I also want to mention that the AIR, A-I-R, All in Remote Academy, which is a high-end program that helps physicians build full-time careers in telemedicine, is going to be launching a new cohort in January 2026. So this is a program that Diana and Teresa did that really helped them out.

So I'm gonna be including a link to this in the show notes if you want to find out more. And for those of you who are thinking about dipping a toe in telemedicine, I have a special freebie for you, our telemedicine resource guide. You can find this on the doctorscrossing.com website under the freebie tab and there are a lot of other freebies there too. So that will be in the show notes. And as always, I'd be so grateful if before the sun sets,

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community. And as always, don't forget to copy that DM and I'll see you in the next episode. Bye for now.

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