

Primary Care Cures

Episode 48: Rebecca Love

Nursing Can Rescue Healthcare Shortages. This Leader is on the Vanguard Rescuing Nursing.

Ron Barshop: You know, most problems in healthcare are fixed already. Primary care is already cured on the fringes. Reversing burnout, physician shortages, bad business models, forced to buy outs, factory medicine, high deductible insurance that squeezes the docs and it's totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of costs and the deceleration of reimbursements. I want you to meet those on this show that are making a difference with us. Ron Barshop, CEO of Beacon Clinics. That's me.

Ron Barshop: My producer was asking me before the show, what has changed since I started doing this show about a year ago? Cause he called me on Christmas Eve and we got the show launched in January of this year. And one of the most important awarenesses that I have is that direct primary care can be potential salvation, not only for our guests today and her cohort of nurses that she's involved with, but also for primary care in general. And unlike fee for service, patients that are enrolled in direct primary care have more interactions because there's less cost and time barriers involved. And self-insured employers are starting to learn these facts. So DPC is the hottest topic out there today in benefits. They have 59% fewer ER visits, 30% fewer days admitted to hospitals and the surgeries, the radiology exams, all of the downstream costs are substantially less by usually about half. So by adding direct primary care to an employer plan, it seems to be a no brainer because it pays for itself.

Ron Barshop: It also offers a way to win the talent wars. And this is working especially well for people that have engineers and software designers in their companies because again, it eliminates the co-pay, eliminates the deductible and allows someone to see a doctor for virtually no cost because the employers are paying for 90% of these.

Ron Barshop: So according to Merritt Hawkins, the average primary care visit in America today is just under 15 minutes. And we have now had four direct primary care thought leaders on our show and they have told me on average they're seeing about six patients a day, six patients a day. So as opposed to 20 or 25 patients a day, that gives them an hour. Plus they're texting and emailing and phone calling these patients all day long. So there is basically tons more interaction with the physicians. So, direct

primary care is something that I have woken up to. I used to think it was a neat little trick for the rich and now I'm realizing that it's a wonderful program for virtually any employee who is frozen out and functionally uninsured by high deductibles.

Ron Barshop: Today's guest is an expert in creative new models as well in primary care and in nursing. She is doing things for nursing that I've not seen anybody lead in the last year. Rebecca Love is not only an RN but she's also has her masters in several other degrees, is a nurse entrepreneur and was the first Ted speaker in nursing. She's also part of the inaugural nurse panel featured on South by Southwest, which was last year. Rebecca was also the director of nurse innovation and entrepreneurship at a school of nursing that was the founding initiative in the country. It's designed to empower nurses as innovators and entrepreneurs and she's also started and led the nurse Hackathon, which is a super cool event that's led to transformational changes in nursing and several companies who have launched products and services by nurses sometimes for nurses.

Ron Barshop: Rebecca is an experienced entrepreneur herself. She founded "Hire Nurses" back in 2013 and it was acquired last year and she currently serves as the managing director of US Markets, for Ryalto, which is basically a nursing app for booking shifts among other things. And as a director of NextGen ventures early this year, she, along with a group of really outstanding nurses in the field founded and was currently president of SONSIEL, which is a society of nurse, scientists, innovators, entrepreneurs and leaders. It's a nonprofit that has quickly attained recognition by the United Nations as an affiliate member to the UN so folks that get involved with this organization, Rebecca, can join a committee of the UN. Is that true?

Rebecca Love: Well that is, thanks so much for having me, Ron.

Ron Barshop: We're excited to have you. You really have quite the resume and are exactly the right person to found SONSIEL because when I looked at your board, wow. I mean all the top hospitals are represented. All the top nursing schools were represented. You have a bunch of rock stars on that board.

Rebecca Love: Well thank you for saying so. I think so myself as well. But they are great.

Ron Barshop: I don't know how y'all all came together, but bully for you. I think a lot of folks have the impression that nurses just need to stay quiet and do their jobs and I love that you're popping them up to create companies and fill needs because who better than nurses who have the feet on the ground and they're dealing with the patients literally handling the patients every day more so than even physicians knows where the gaps are in care.

Rebecca Love: Absolutely. And I think that the perception has always been that nurses have always been the support staff to basically follow orders that have been given to them through health systems and by physicians to manage patients, but not necessarily a position by which to lead or direct or change the future of healthcare.

Ron Barshop: So tell me why nurses should be involved more in entrepreneurial ventures as opposed to just taking their paycheck and going to work every day because what is holding them back from doing this?

Rebecca Love: I think that nurses should be involved more because they are the end user of nearly every medical product on the market and they are the people that stand between the intersection of the patient and the delivery of care. They know exactly where all of the breakdowns are in the system, where all the interoperabilities, all the problems that exist, they are the one that lived them day in and day out and they recognize where these improvements can be made to transform the future of healthcare.

Rebecca Love: And I think this understanding and concept is really understood in the world of design thinking and at places like Google or Amazon where, basically, employees are rewarded to understand and explore where the breakdown is that makes the lives of their customer harder. Nurses are the ones who understand the breaking points that make the lives of their patients harder. The difference is, is in that places like Google or Amazon, when those are identified, solutions are put into place based on those end users. In healthcare, a lot of these breaks and when nurses bring attention to them are not accepted as a place that change needs to happen. And I think that's the fundamental difference and why, if we started to empower nurses to recognize where those bottlenecks and breakages were, that there's a huge entrepreneurial or even intrapreneurial movement that can fix a lot of the major challenges we have within healthcare.

Ron Barshop: Well, well said. When you started your own venture, which was of course way beyond what I described in the introduction, you must have faced some barriers yourself trying to get your app and your scheduling. What would we call it? Describe what it is and then let's talk about the barriers you faced getting it get started.

Rebecca Love: Yeah. So, no, I simply started a job board for Hire Nurses. It was a simple place that came from the idea of when one of my hospice patients wanted to die at home and the family couldn't find affordable care, and the same afternoon I went and saw a group of my nursing students who couldn't find nursing jobs and recognize that there was this disconnect. And so I started a company a year later and to say that I had it all wrong would've been an understatement. I thought it was as simple as putting up a website and it would work. And functionally that was not the case. And so just the

idea of starting a company was so foreign to me and what you needed to do and the barriers of trying to enter a market where I reached out to a lot of people and the question came back to me a lot, well Rebecca, you know, you're just a nurse.

Rebecca Love: Why would you start a business? And I remember reaching out to about 200 nurses when we finally got our platform live saying, "Hey, I would love your feedback. I'd love your engagement." And I got radio silence, not one message back from any of my colleagues about what I was doing. And for a long time, I took that sort of personally. Until as my career developed and I engaged with more nurses, I realized it wasn't because they were being rude or not, not wanting to engage. It was because nobody had ever taught us as nurses anything about business. So they felt that they had nothing in value to add, to respond. And I think that's the cycle that I live right now with so many young nurses and nurses trying to start their own companies that they just feel lost because they can't go to their colleagues for support on how to navigate. And I think that's where most entrepreneurs start is they have some kind of connection with someone who can at least point them in the right direction and that's never existed in nursing before.

Ron Barshop: All right, Rebecca, let's talk about the Hackathon. What an exciting project I think of Hackathons and I think of geeks at MIT hacking into the U S defense system. What is a Hackathon for nurses?

Rebecca Love: So I love that you sort of see it that way and you know, the truth is Hackathons did start in the tech space and more of the idea that we evolved around nursing was that if you put nurses in a room and you give them resources to solve problems that they deal with every day at the bedside and give them the support mechanisms, people, mentors access to information and different areas of expertise that they can come up with really great solutions.

Rebecca Love: So my idea of a gold standard Hackathon for nurses is a three day events where Friday night you kick off where nurses pitch the problems they want to solve, they identify through organic movement which teams will form. And over the course of those next 56 hours, they come up with new solutions to the problems that they have been dealing with on a daily basis at the front lines of healthcare. And it is a high energy going up the mountain coming back down rebuilding, supporting each other in a way to really empower nurses to feel that they are at the forefront of transforming the future of healthcare.

Ron Barshop: Do companies get formed from this or at least launched or started in some way?

Rebecca Love: You know what, surprisingly, yes. Unlike traditional Hackathons, what has shocked us is after our nurse Hackathon, how many nurses have gone on to really create new products and to start businesses. I mean some of them are simple things that we learned. For example, one of our first nurses came out of a Hackathon and we found out during the course of the weekend the Lure Lock, which is the connection device between patients and the IV had not been changed in patents since 1916, so over the course of the weekend, she totally redesigned the Lure Lock because she had so many pediatric patients with what we would call near miss events.

Rebecca Love: They kept bleeding out because the Lure Lock hadn't been designed for that population, that she created this new prototype over the course of the weekend and that has gone on to patent a company and that's not just been her, but we've had like the head who now is the director of innovation for U Penn School of Nursing, Marion Leary, with one of the leading cardiopulmonary scientists in nursing and she came up over the course of the weekend with the virtual reality simulation platform to transform the way that we teach CPR to save lives of everyday Americans. And so we've seen all these ideas [inaudible 00:12:02] out of these Hackathons, because the ideas were so good, because they were solving real human suffering, that was really important.

Ron Barshop: Do you think that the success of this is because you're actually giving them permission to step into their better self? Because, I mean, when you got zero response from 200 of your friends because they didn't feel like they have anything to add, I think just... You're turning on the spigot and saying, "No, you actually have something important to add." And they can see it for the first time when they start getting the juices running with the excitement.

Rebecca Love: You know what? So. We were at this last weekend, we just ran our biggest Hackathon ever with Johnson and Johnson at their headquarters and there was this person who spoke and he said, you know what? As a nurse, our first thing's that we do as a nurse, as we come in on a normal shift, we say hello to our friends and then we open up our computers and we start following orders. What we do in a Hackathon is you remove the ability for nurses to have to follow orders.

Rebecca Love: And what happens is, is when nurses are finally set free to create and to innovate and to challenge the protocols which basically have them living the definition of insanity, which by Einstein is to do the same thing over and over again and expect different results, suddenly you see that these nurses become so empowered, inspired that they just feel different and they just feel like they can finally make a change in a way that they've never been allowed to before. And I think that is the magic of a Hackathon for nurses because as a profession, we've usually never been given that

opportunity to not follow orders. It's been ingrained with us. So when you finally remove that kind of structure and that kind of barrier to our way of thinking, you just totally transformed the capabilities of a profession who've had decades and centuries of knowledge about health care.

Ron Barshop: Do you see more nurses going into forming their own practices? Because I mean my gosh, the rules state by state are ridiculous and some... Texas might be one of the worst for allowing nurse practitioners to practice in the top of their scope compared to other states that allow them to do lot more interesting things and widen their scope. Do you see business models where nurses are getting into primary care or getting into specialty care as the business owner themselves, more so?

Rebecca Love: Ron, I'm so glad you bring up this point. And yes, the answer is 100% yes. And the reason being is because there is a massive shortage in primary care. And the truth is, is most physicians are not going to want to pursue primary care because reimbursement rates on primary care historically are substantially lower than specialty. So the only people that are going to step in and fill that void are nurse practitioners, and in the country currently have 21 States that have full practice authority, which basically means a nurse practitioner can practice to the top of their license without physician oversight to manage primary care in most instances.

Rebecca Love: Now, I think that this model is going to be forced to be changed as the healthcare systems transfers from the fee for service model of reimbursement to bundled payments, and that's going to show the value of nurses more so than the fee for service because fee for service model basically the more you do, the more you get paid that incentivize physicians to stay in the roles that they are and control primary care.

Rebecca Love: Bundled care practices, though, it's really going to start to focus on the role of the nurse practitioner to maintain the health of our very chronically ill patients, keep them out of hospital system and manage that care more effectively where physicians will move more so into the hospital system to engage at the points of care where nurses cannot manage, because there's going to be surgeries, there's going to be high specialties, things that basically nurse practitioners are going to be very good at, is carrying that space between the out of hospital setting and the inpatient setting and I believe functionally, the only way we're going to meet the needs of our growing healthcare demands is to allow nurse practitioners to gain greater independence in their scopes of practice and in states that have highly restricted, those in past are going to be forced to based on the fee for service models that are coming down for reimbursement.

Ron Barshop: So my friends that are in Texas that are nurse practitioners referred me to charts over the last 10 and 15 and eight years to see what scope of practice

changes have happened in Texas, and basically nothing. And I asked, "Well, who is blocking you?" And they didn't say the AMA, but they said physicians that don't want to lose their hedge money over primary care. They don't want nurses nosing in on their space and it's sort of ridiculous because they're already doing that under the supervision of a doctorate. It kind of seems futile. I mean it's not feudal like futile, I mean feudalism like ancient, "keep the power over the women" kind of thing. I don't understand why does AMA or why do physicians keep fighting nurses to expand their scope when we clearly are a train wreck about to happen with shortages.

Rebecca Love: Yeah, I think it comes down to one thing, which is money, right? Right now, physicians can make a lot of money off of having nurse practitioners work for them. The average nurse practitioner who works in a practice underneath the physician, bills three times to four times her salary for a physician based practice. Does that make sense? So they make a lot of money for a physician. So if a physician is able to have five or 10 nurse practitioners working directly for them and generating that revenue that supports his practice, I mean it's the fundamental movement of capitalism.

Rebecca Love: The question that we've now bridged into, has capitalism moved into monopolism or monopolies in this situation? And I think that's fundamentally the conversation we're having here. Has the system failed us because physicians have created a monopoly, not because it is for the best of the patient or the best of the health care, but because it is the best which lines their pockets as opposed to can we create a system of a quality here that allows nurse practitioners to do the good that they're supposed to do to care for patients?

Rebecca Love: And so I think that the fundamental issue that we're having a breakdown over. And I don't know if that's ever going to change in some of these societies for a long time, because, as you're saying, nurse practitioners still are largely female. We are not as strong as lobbying for ourselves. And until the patients get behind this and say, "We demand better access to primary care." And the physicians say, "Well, we can't provide access to better primary care because we don't have enough of us" that there will be a forced change. And I probably think this, honestly, will be led by payers to say, "Hey, you know what? You need to give access to nurse practitioners" and nurse practitioners, therefore, will start demanding more access to the revenue in which they generate not only for the practice but for themselves.

Ron Barshop: I learned one other shocking thing from my friends and that is that the residencies, the training programs, almost are non-existent. So for physicians, I mean we're talking about doctors [inaudible 00:18:58] nurse practitioner, we're not talking about nurses, we're talking about doctors.

They don't have the same residency rotations, the same funding from the federal government. They don't have the same support to get their 10,000 hours logged to become an expert that MDs and DOs have. Is that true?

Rebecca Love: It is. Unfortunately there has been a longstanding dichotomy in nursing versus physician-based education. Where physician-based education has largely been supported financially by the federal government. That same kind of system does not exist for nursing or for nurse practitioner education and also there is not a direct support system in place by which nurse practitioners are guaranteed residencies in equal capacities to those of medical students. This shortage of residencies and placements obviously sort of hand ties the nurse practitioner and the doctorate of nursing practice specifically to a shortcoming and a lack of ability to strengthen the profession.

Rebecca Love: Always, we know it's fundamental arguments in the world. It's access to education and training is a differentiator in any market at any country. When equal opportunity is not presented for nurses and doctorates of nursing to receive the same access to training and education as their physician counterparts, you have virtually handicapped a profession from being able to move forward. So you are 100% correct. This issue of access to residencies and placements and access to training is fundamentally a flawed system within the United States and something that needs to be addressed to meet the shortages specifically in primary care so that we can do a better job caring for our patients.

Ron Barshop: It's a little crazy. We're in 2019 talking about equality for nurses. We're talking about inequality in the funding areas in the entrepreneurship area. So really, what do you see in the next five years, organizations like SONSIEL doing to sort of change that dynamic and essentially y'all's lobby? What are y'all doing to change the dynamic in states like Texas that are a little bit in the dark era?

Rebecca Love: Yeah, so SONSIEL's mission as a 501(c)(3), [inaudible 00:21:07] we cannot do lobbying. It's simply to rebrand the image of nursing to the world. So there was a study done by Johnson and Johnson a few years ago, which basically asked people what their understanding of nurses were. And what they learned is that people had great respect for nursing, but they had little understanding of what we actually did as nurse. And so the studies came back, you held people's hands, you empty bedpans, you changed bedsheets, you followed orders.

Rebecca Love: So what we found is that people have little understanding of what the profession of nursing actually does. So the goal of SONSIEL is to redesign and rebrand the image of nursing so that we are seen as the experts and the knowledge gatherers within healthcare to drive substantial

change. And what that means is we want to change the image of nursing not only to our own profession, but more importantly to the world so that when you sit there and say, hey, in health care, we need to change this, we need to change primary care. We need to change access to care. We need to change the way that patients deal with their financial shortfalls when they're in the hospital system between them and payer and who is going to have the expertise to solve that?

Rebecca Love: The answer simply becomes, well of course the nurse or the nurse practitioner has that knowledge, that expertise to have a seat at the table and create the solutions that we need. So SONSIEL, it's about sort of saying your image of what you think of nurses today is not the image of what it's going to be in the next 200 years. Our goal is that there will be more nurses quoted in the media. Currently less than 2% of all articles that deal in healthcare mentioned a nurse. We want to see that number representative of our percentage of who we are in healthcare, which is the vast majority.

Rebecca Love: We would like to see more nurses appointed to leadership positions in hospital systems, C suite, D suite levels, not only in hospital systems but also in industry, so that the voice of nurses is recognized as a competent part of driving healthcare strategy. And then lastly, more nurses on boards, more nurses driving through global issues and then also seeing the future of nursing basically paying it forward to the coming generations, so that the next generation looks for it and they say, "If I want to transform healthcare, the profession that I want to be is a nurse" because the studies are showing that we are facing a serious shortage. 1.25 million nurses. We are losing more than 50% of our new nursing graduates leave the bedside within two years of practice. It's the largest exit from any profession that no one seems to talk about. And fundamentally we believe at SONSIEL that if we don't do something to rebrand nursing, not only to ourselves but to the world, there will be no one left at the bedside to care for patients.

Ron Barshop: Where are these nurses going? That's a huge fallout. Where are they going? Are they going into executive positions? Are they going into pharma sales and device sales? Where are they headed?

Rebecca Love: So about 50% leave the professional altogether. Another portion will switch more to like what you're saying, a school nurse, an outpatient nurse and then returning back to school to preserve being a nurse practitioner. So, we graduate 250,000 nursing students a year. We lose 125,000 plus from the bedside within two years of practice. And so this cycle of what's going on specifically because, in the profession of nursing, a career in nursing, your first day of your career can look very much like the last, there is no career progression as there is in most other industries.

Rebecca Love: So it's not like, Hey, you've been a nurse for three years, you're going to be appointed to assistant nurse. Step one, and move up a ladder that can take you from med surge to the ICU, to the ED, to an assistant director position. There's nobody has ever thought about career progression for nursing and if you look at the generations that are now younger than us, they are very in tune with the impact that their career can have over a trajectory of time. And if we don't start looking at that, nursing differently and creating these pathways and investing in a career of nursing, that's the challenge that will go, that will go unsolved, that will lead to this continued shortage that we have.

Ron Barshop: You know, it's amazing. We don't have a shortage. We have a retention problem in the fact that nobody is addressing this on a large scale basis or on a macro level is just kind of shocking to me. I kind of intuitively knew that nursing was falling off, but I didn't know 50% my goodness, that's a unsustainable number.

Rebecca Love: You hit the nail on the head. It is absolutely retention. I mean this idea that burnout is not a real factor going on in nursing, and then we're talking a lot about it in physician. I mean the pressures that are facing nurses today are substantial. The interoperability in healthcare systems which are constantly asking nurses to do more with less and to deal with multiple systems that don't talk to each other and that the patient's level of acuity. If you can walk and talk, you're not in a hospital system today. If you can do those two things together, the level of acuity of patients that are in hospitals are so sick compared to where they were 10 years ago. There has been a dramatic shift, patients 10 years ago that were on ICU are on med surge floors and patients that were on med surge floors are now in nursing homes.

Rebecca Love: Like their level of acuity is incredibly intense and I can tell you from experience that 12 hour shifts you would not eat. You would not go to the bathroom on a 12 hour shift as a nurse. And that was not the exception. That was the norm. And so the reality is, is that these expectation of what nurses are supposed to manage without having any ability to influence the outcomes or the processes or the projects that are coming onto the floors, meets for a dire situation where nurses and those dealing at the front line feel disempowered, disengaged, and an inability to make an impact to transform this system.

Rebecca Love: And I think that's why SONSIEL feels so powerful. To me, this is saying, let's give those nurses that ability to transform the work environments that they're in so that you can lead to greater retention and solve the challenges that are pushing these nurses away from the bedside and out of the practice of nursing at huge numbers. Give them the opportunity to solve the problems that they have not been able to solve, given the chance to

solve before and let them see if we can't fix healthcare together. And then also by doing so, solve the retention challenges that we're seeing by the bedside.

Ron Barshop: So a couple more questions, Rebecca. It seems I don't have the same worldview you do, but it seems to me that there are more chief nursing officers now that are being promoted to the C suite that I hope their job is to give a career path to the new nurses that are coming on board and to the senior nurses that don't have a career path right now. Is that what a chief nursing officer's role is, is to make sure that that's happening? Or is it to recruit? Is it just the chief title that doesn't mean anything? What's going on there?

Rebecca Love: So I do think that chief nursing officer titles are almost consistent across every healthcare system. But what fundamentally, if you're a chief nursing officer title without a vice president title, it means you don't have any monetary or budget underneath you. So the powerful title in nursing today is a vice president title because that means you have a budget, you have the ability to hire, it has ability to fire, you have the ability to build programming, you have the ability to bring in program, new solutions to deal with the challenges that you're facing as a workforce.

Rebecca Love: Now what has shocked me is that even in today's system, how few chief nursing officers are listed on hospital systems or industry websites as senior leadership. I still think there's a fundamental separation from recognizing nursing as leaders. I do think that's happening much more for nursing leaders who are male and we're seeing them promoted at a substantially higher rate and recognition at a higher rate than their female counterparts.

Rebecca Love: However, I still think there is a large breakdown between having nurses be recognized as significant leaders within their system within senior leadership. The reality is, there is a couple of degrees that are separating that and it's nurses who tended to obtain an MBA for example, have a significant career trajectory that we haven't seen traditionally before. And they are breaking through that level because they can speak to the business of healthcare. So people'll often ask me, Rebecca, like what degree would you say I get as a nurse? And they're saying, should I go for my MSN or should I go for my MBA? And I said, it depends what your outcome wants to be.

Rebecca Love: But to me the degree that is going to be unstoppable in the future of healthcare will be an RN or a BSN with an MBA behind it because you can one, finally start speaking to the business of healthcare. You can speak to strategy and finance and operations. You recognize how to formulate a discussion, an argument to progress towards the financial impact of a

healthcare system. If you don't have that fundamental knowledge, nurses inherently will never take a senior leadership role with any healthcare system or any industry.

Ron Barshop: So I think you've answered my next question, which is you have three children with your husband. I'm assuming you would advise them to get in nursing as long as they made sure that had an MBA tagged onto it.

Rebecca Love: I think that would be a safe one. I think I would only encourage my kids to go into nursing today to also go with a dual degree in an MBA. I think that will be the game changer and I think that will level the playing field because the truth is, is MBA's leveled the playing field 30 years ago for women in finance and in business in a way that we haven't seen it elevated yet in nursing. And I think what's interesting to me is actually that degree, the MBA, is almost the equalizer between men and women and all industry in the United States.

Ron Barshop: Well, so how do people find you, Rebecca, and how do folks find SONSIEL for the next Hackathon and other support that y'all do for the nursing profession?

Rebecca Love: Well, if they go to SONSIEL, S-O-N-S-I-E-L.com, they can find me, they can find the organization. But the best way to connect with me is on LinkedIn, which is Rebecca Love, and I constantly love to talk to people on there, so that would be the greatest way to connect with me, but also you can send us an email info@SONSIEL.com and we'll get back to you guys as well. But thank you so much Ron, for having this conversation and recognizing value that nursing plays in healthcare.

Ron Barshop: Big time. Final question. You get a banner to fly over America to give a message to all Americans. What is your message?

Rebecca Love: That the year of the nurse, 2020 is going to be the year that redefines the future of healthcare for all. Support your nurses.

Ron Barshop: [crosstalk 00:31:33] You're going to get some kind of prize, we don't know what yet, but that is... Nobody has talked that [inaudible 00:31:37] briefly. You definitely deserve your Ted stage. You earned your keep today.

Rebecca Love: Thank you so much. Have a good weekend. Bye bye.

Ron Barshop: Thank you for listening. You want to shake things up. There's two things you can do for us. One, go to primarycarecures.com for show notes and links to our guests. And number two, help us spotlight what's working in primary care by listening on iTunes or wherever you get your podcast and

subscribing and leave us a review. It helps our megaphone more than you know. Until next episode. (silence)