

EPISODE 5.10 | JANUARY 22, 2025

## BALANCING MEDICINE & ENTREPRENEURSHIP: A BLUEPRINT FOR SUCCESS WITH DR. JUDE PIERRE

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### **David Mandell:**

Hello, this is David Mandell, host of the podcast. We have a really interesting guest today we're going to learn a lot from. Let me tell you about Dr. Jude Pierre, and then we'll start our conversation.

So Dr. Jude is trained in internal medicine and has been providing exceptional primary care since 2000 in the South Florida and Tampa Bay markets. He attended Howard University in Washington DC as an undergraduate where he obtained his Bachelor in Science degree in microbiology. He then completed his medical training at Albert Einstein College of Medicine in the Bronx, New York (where my father did his radiology fellowship way back in the day, before Jude was born). He completed his residency training at the University of Miami, Jackson Memorial Hospital, just down the road from me. And at the VA Medical Center based in Miami, Florida.

Jude has collaborated and mentored new physician graduates entering the healthcare workforce to help providers avoid many of the pitfalls of life in medicine. (One of the reasons I found him).

As an internal medicine physician, he has developed a keen sense of the requirements for physicians and healthcare providers to be successful in a rapidly changing healthcare environment. He is the host of the Independent Physicians Blueprint podcast and has a coaching business for other doctors, which you can find at [www.coachjpm.com](http://www.coachjpm.com). And we'll put all that stuff in the show notes in case you're driving and listening. So at that, Jude, welcome to the program.

### **Dr. Jude Pierre**

Thank you, Dave. Thank you, Dave, for having me on your podcast. It's been a pleasure meeting you and hearing what you do. And I'd love to share with your audience what I do. And hopefully we can help at least one physician gain something from this conversation.

**David Mandell:**

Yeah, absolutely. And in fact, as you and I talked and let the audience in on this too, there was enough here when Jude and I were speaking and kind of in two different ways. Because he has a successful podcast and years into it with a lot of great guests, I was looking at that and prep to chat. And there were a bunch of topics I thought were great that we could pick his brain on. And so we're actually going to do two episodes. You're listening to one, this is going to be midway through season five. The second one I think will be at the end of season five. Maybe it'll be pushed to season six. But that is where we kind of do a grab back of really interesting topics of things from his podcast, that I want our audience to learn about.

Today is a little more traditional for those who've been watching and listening to our podcast in that we've got a doctorpreneur here. We've got a physician who practices every day and sees patients, and he was running late for this because he was stuck with patients. And everybody listening and watching this is nodding their head, understanding that. But he's also done some really cool stuff entrepreneurially. So that's what I want this episode to be about. So let's dig in, this is about you. So Jude, tell us where you grew up. It's a little bit different, grew up outside the US. And how has that shaped you as a physician and as a person?

**Dr. Jude Pierre**

Yeah, well, I think it's shaped me a lot. I was born in New York, raised in Haiti. Most people do the opposite where they were raised in Haiti and come to the US for better opportunities. But my parents were actually Haitian and came to the US in, I guess, late fifties, sixties, and wanted to do something different. Actually, they were kind of forced out of Haiti for political reasons, but we can go into that.

**David Mandell:**

That's another episode.

**Dr. Jude Pierre**

That's another episode. And they went back, they had an opportunity to actually start a business in Haiti or run a factory. So you talk about the entrepreneurial brain that we had, me and my brother were both exposed to that really early on. Because when I was in the fourth grade, my dad actually went to Haiti and had an opportunity to

run a factory. He was working for a company in New York, Robert Simmons, Incorporated, which owned Joan Simmons. Think of Estee Lauder, think of the brush manufacturers that make cosmetic brush heads. While they actually made these heads in Haiti with the raw material from China. And so we would get the materials from China, assemble them and then ship them to the US. And in the US, they would put the handles on the brushes. And on the labels they would say, "Made in the USA." So it was really funny seeing that kind of stuff happening because we knew it was made in Haiti.

So going down there, he basically wanted us to move to Haiti from New York, and I was eight years old. He found a school for us and said, "We're going to Haiti." And so the spring before the summer that we moved, he took us to Haiti and we stayed there for two weeks. We went to the beach, we had fun. And two weeks later he said, "Okay, we're moving." Like what? Of course, we love it. And so six months later, we found a school in Haiti and I actually graduated Haiti in 1989. And then he always knew that we were going to come back to the States for school. And I always had a desire to become a physician.

So I went to an American school in Haiti. So I spoke English first language, then I learned Creole and I learned French. So I came back to the US and went to Howard University and went to pre-Med, played a little soccer there, D-one school and didn't really make the cut. The first year, I was red-shirted. And then I actually ended up making the team second year and decided I wanted to continue pursuing my medical career. And it was very difficult to do both medicine and play D-one soccer. And at that time, Howard was really good.

And so I ended up going to medical school at Albert Einstein College of Medicine in New York in the Bronx. And that was tough because I think I applied to 10 schools, I got into two and got wait listed at a third. So that journey was very difficult. And I always wanted to go back to Haiti and it just didn't happen because of the political unrest. But all in the back of my mind, I remember my dad and the business and what he did. And that kind of sparked me to want to do my own thing.

**David Mandell:**

It's a great immigrant story, but with a little bit of a twist, like you said. Kind of in some ways a reverse, but it made its way back. So thank you for sharing that. Very interesting.

So you have this entrepreneurial background from the family, and we're going to get there in a second. But let's just talk about one thing before we get to that because there's a bunch of things you've done. But let's talk about the traditional medical career question for a second. Which is you come out of your training, which was Bronx and then down this way to Miami. And you have opportunities. How did you go about finding and then taking your first job? And what financial factors came into play? And then the follow-up on that is, now that you're a grizzled old veteran, and I say that with a joke because he's younger than me. But someone who coaches docs, looking back in your own journey in that first decision of taking that job, what would you have done differently, if anything, in that process? So take us back to that.

**Dr. Jude Pierre**

So that first job was out of residency. Even before the first job out of residency, I actually was moonlighting the first year of residency. Because my mind was like, I need to get out of debt. I need to be able to have a little bit extra money. I think at the time we were making ... I think it was \$25,000 a year, working 90 hours a week, and it was just ridiculous. So I ended up getting a job at the urgent care center at Jackson Memorial Hospital. And for me, part of it was money, but also part of it was trying to get experience. Because I wanted to be a physician that was able to know a lot and be able to do a lot. So I thought, hey, if they would hire me, I'll take the job and also get the experience. And that I knew what was going to help me later on in life.

So then during residency, I knew I didn't want to specialize, sub-specialized. So I knew I had every intention to go back to Haiti to maybe do some work. So I did some work, even in medical school, I did some work and did some projects down in Haiti. But in residency, I thought I was going to go back and kind of work. So I wanted to do something that was going to give me that opportunity to be able to do that. So I ended up working in the emergency room post residency. I was at downtown emergency room, and that was so that I can pay off my debt as quickly as possible.

Because I was in \$150,000, \$200,000 of debt. I knew that if I had a private practice, if I were to start my practice, it would be very difficult. I actually tried to do that. But come to find out that all the major payers, Blue Cross, Blue Shield, United Healthcare, no one was accepting new primary care doctors in Miami. Because they were oversaturated. So I would be stuck with just doing Medicare and Medicaid.

So one of the things that you have to know as a resident is, before you take that job, you have to know who's going to pay you.

**David Mandell:**

Who are the payers.

**Dr. Jude Pierre**

Yeah, the payers are the most important. And that is tied to the location. So if you want to live in a big city, you want to live in Miami, you want to live in New York, you want to live in California or LA, you have to know who's actually accepting physicians to be in the network. Otherwise, you have to go to a group that is going to already have that network, but then you'd be an employed physician. So now 70, 80% of physicians are employed by large or hospital organizations. At that time, that wasn't the case.

But I also knew that in order for me to further my career and to do what I really wanted to do in life, I needed to do things on my own. So when I took the ER job, it was great because I learned the inner circles or inner workings of the hospital. I learned about primary care, I learned about doctors coming in and seeing their patients in the emergency room, learned about chronic conditions and all the things that happened in nursing homes. So it was really good experience in the ER. And what I would've done different? I'm not sure if I would've done anything different. I think I would've probably paid off my debt quicker because I went from making \$25,000, \$30,000 a year to 170,000. And I did not use that money wisely. First of all, most of it went to taxes, but the right remaining should have been towards getting out of debt.

**David Mandell:**

Got it. Okay. So not so much a job search, but more kind of early financials. It's interesting you mentioned the payers, and that's not something ... I don't think it's come out in this podcast before. But I think it's especially true for those who are entrepreneurial and maybe thinking about their own practice, et cetera. And it would apply to dentists dropping the shingle going out there because the dental insurance is a piece of it, although of course some people ... more are paying cash. And what we're going to get to in the other episode, some tips, and insights, and best practices that you found with Medicaid and Medicare and things like that. But we're going to leave that for episode two.

So I want to now for the remainder of today's conversation, dive into the different entrepreneurial things you've been doing because there's a lot. Rental ... well, not just rental, but real estate in general is something that we're going to get into, again, specifically in the second episode about what you've seen and how you advise clients and how to use that, et cetera. But let's talk about you, which is, how did that first come on your radar? And what did you do to take advantage of it? Did you start with a rental property? Did you start with Airbnb? Did you start with just an investment property that you flipped and sold? And what were the key elements that got you excited about it? And what did you learn from it? Obviously, nobody hits a thousand, especially in the beginning. So give us a little insight into that piece.

**Dr. Jude Pierre**

So yeah, a lot of insight in that because one of my first properties ... well, the first property that I purchased during residency was a condominium conversion. So it was an apartment complex that converted to a condominium. And it was in Pinecrest. And so it really goes into location, location, location. So Pinecrest was up and coming at the time, I think it was around 2000, 2000 maybe 1999.

**David Mandell:**

That's an area of Miami for those watching, listening, don't know. I know there's some parts of Pinecrest, I don't know it that well, but I have some friends who live there that it's extremely high end now.

**Dr. Jude Pierre**

Extremely.

**David Mandell:**

Extremely. Like celebrities and all that kind of stuff. I'm trying to think of the one person I know who lives over there. But anyway, continue.

**Dr. Jude Pierre**

Yeah, so Pinecrest was a great area and it's right off the US-1, if you know Miami. And there's a railway that takes you right to downtown. So it was a great location for me because I was working at Jackson and I was renting at the time. And I had an opportunity to do a 100% finance because I was a physician, a 100% finance loan in a condominium conversion that was giving discounts and they wanted to sell their condominium. So I thought I had a pretty good deal. And so I got into that.

And after I got married, I realized how much equity I had and with a growing family, I said, you know what? Now I could probably get something a little bit bigger. I ended up making \$40,000 or \$50,000 in profits within three years on a primary residence, where I didn't have to pay any taxes on. And so that was kind of the thing that said, whoa, that's pretty cool. How else can we do this? And so then I went to flipping another second property and then buying other properties with the proceeds of that. And that's kind of what I did early on in the real estate business that we did. And-

**David Mandell:**

So, it started, just to be clear. Started with your own personal residence.

**Dr. Jude Pierre**

Yes.

**David Mandell:**

You had an opportunity to buy something as your primary residence with an advantageous loan offering because you were a physician. And then, were you able to sell that pretty at a good profit within a couple of years. Because it is your primary residence, there is no capital gains tax, if you're married for 500,000, single 250. And

you could leverage that and then thought maybe you could even do this for not your own personal residence. Meaning you started to either buy or rent and then lease out other properties for other folks. Is that right?

**Dr. Jude Pierre**

Yeah, that is. And it was a little twist to that because at the time that I had gotten married, my wife was pregnant at the time with our first child, we decided to buy a pre-construction home in Broward County.

**David Mandell:**

Wow, okay.

**Dr. Jude Pierre**

And so Broward had some pre-constructions, I can't remember the area. But it was a pretty nice home. We used some of the proceeds to actually put a down payment. But then I was looking for a job, I started looking for a job. So that became the second property that I bought pre-construction. It increased the value, and then I sold that and then moved to the West Coast of Florida using that sale. So we ended up closing on that property after we actually left the area. And that allowed us to do another deal on the West Coast side.

**David Mandell:**

Got it.

**Dr. Jude Pierre**

So I actually forgot about that deal.

**David Mandell:**

Yeah, that's interesting. That's great. So as you were continuing, you were doing some of the real estate, you were obviously changing job. Let's talk about that for a second. What attracted you about the Tampa area job? And from a financial point of view, what got you excited about it? And to leave South Florida, as we call it, sort of the East Coast side, the Miami, Broward metro area.



**Dr. Jude Pierre**

It was definitely an opportunity. So I asked my wife at the time, I'd like to put my resume out because I was done with the emergency room. It was two years in the ER, got burned out and said, "This is not for me. I don't want to be controlled by a hospital telling me when to admit patients and when to close the ER." So I ended up leaving the ER and then looking for a primary care job on the West Coast. Particularly in Spring Hill. So Spring Hill is about 45 minutes North of Tampa, and there was nothing going on up here at the time.

**David Mandell:**

What year was this?

**Dr. Jude Pierre**

This was in 2002.

**David Mandell:**

Wow, okay. So it's been a while.

**Dr. Jude Pierre**

Yeah, it's been a while. So 2002 ... so I like to say this because sometimes you have to move to a certain area to get the opportunities.

**David Mandell:**

Sure.

**Dr. Jude Pierre**

And so that was my move to an area where I thought, I didn't really think I was going to be there this long. But I've been here 23 years now. But what I did in Spring Hill, it would've taken me a lifetime to build in the Miami market. So you have to look at that as a young physician coming out, discuss with your spouse, discuss with ... what are the things that you're willing to tolerate to gain the growth in your practice?

So I was willing to tolerate coming down to Miami or going to New York because we had some family in New York. Pretty much every three months we were traveling just

to get out of the rural area. And so the opportunity was really to build a practice, income guarantee from a hospital to a growing practice that was physician owned. So at the time and currently, our practice is physician owned. And I found that it was much more friendly and I was able to do what I wanted to do. I would see patients and whether it be nursing home patients, psych patients, inpatient, outpatient. I was able to do whatever I wanted to do in that practice and I grew very, very rapidly.

**David Mandell:**

Yeah. Well, I mean, I think it's not surprising. But I think I want to point it out. Which is it's just that big supply and demand picture when it comes to your skill set. OJM we've been working with Docs for 17 years. And before that, myself and the partners who founded the firm, Jason, myself and Carol came in right after that. We've been working with clients as an attorney, a CPA or financial advisor for 30 years. And we've seen so many docs who are city people and they train in city people and they go to small places. You're 45 minutes from Tampa, so you're Tampa metro. Maybe not when you started, but I'm sure by now it's considered Tampa metro. Because Tampa is one of the largest growing or fastest growing areas in the last 20 years. So, you bet right.

But even for folks who are going to a place that isn't really growing, but it's just a rural or small city and the demand is there, there is no X, whatever, orthopedic surgeon or dermatologist or cardiologist in the area. Versus you hang up a shingle here in Broward County, it's two and a half million people and it's been that way for a long time and it's saturated, right? So yeah, you could be a great physician, but you're fighting against the tide. Versus the tide taking you. I mean, whatever analogy you want. And that's a sacrifice. But we've seen docs do that very successfully for 30 years.

And what you just said is really accurate. It's like what can you sacrifice? What's worth it? Because if you ask these people say, hey ... I'm not going to say it out in the waiting room. But I don't really love living here from a personal point of view, I'm not saying you're saying that. Some of the people in smaller towns, not near metro areas. But it's just been so successful for them.

And we are helping them think about their second stage of where they're able to sell their practice in their fifties and they got 20 or 30 years. And I have one client move from the middle of nowhere in Louisiana, and now they have a place in Manhattan. And that was always their dream. And how they can do it and not have to work because they did so well for so long in that small kind of town. So it's not for everybody. I think you kind of maybe threaded the needle in that you were in an area that you probably didn't know was going to grow so rapidly, and it's not that far from a major metro area. You can go in for dinner and things like this. So I want to point that-

**Dr. Jude Pierre**

Yeah. But I also want to piggyback off of that, as well, because it doesn't come without risk also. And so there's a risk of relationship risks of being too busy. So I've seen specialists come into the area that we have one neuro ... no, sorry. We have no neurosurgeons in our community. We have one in the south. We have one neurologist, maybe two neurologists in the community. So you run the risk of being too busy and too overwhelmed where you accept everything and you don't really understand what you really need, versus what you want. Because everyone wants to be busy, but do you need to be busy? So I think physicians need to understand that, hey, even though you're the only one, it doesn't mean that you have to accept the whole kit and caboodle. Because you can burn out like that.

**David Mandell:**

That's right.

**Dr. Jude Pierre**

So you have to measure what you want versus what's available in the community. Have a budget, know what you need to make and say no. And that's setting good boundaries.

**David Mandell:**

I think it's a great point. It is a continuum. I don't think anybody wants to be in a practice where they're not busy at all and they can't pay the rent. And they're in a group where they just can't get patients. That's probably pretty rare these days. But you don't want to be on the other end, which you just described. So it is that balance,

and that's going to a number of factors. Which is your personal makeup and then how you can be efficient. Can you hire some PAs?

**Dr. Jude Pierre**

That's right.

**David Mandell:**

All the business things that I know you coach people on and how to be efficient. We're not going to talk about scribes because that's for episode two. But there's so many interesting things you had in your podcast of how to be efficient. Okay, so now you're in Tampa, you're in that practice, you're growing. Are you training? Are you working with residents and fellows? How'd you get into the coaching mindset? Where you're like, hey, I'm learning some stuff now, I've got a successful practice. I'm busy as I want to be, but not overwhelmed. Or I've learned a couple of tools so I'm not so overwhelmed. And I can maybe share some of the wisdom that I've learned and I'm continue to learn with other Docs. How did that come? Were people asking you for advice? Was it organic? Did you-

**Dr. Jude Pierre**

Yeah, somewhat organic. And came out of some jokes with my practice because I've hired at least four or five physicians in the practice over the past 20 years. And all of them, maybe all but one have gone on to be and grow their own successful practice. Some of them are probably bigger than my practice at this point. And so they used to say that you're like the Buccaneers or you're like ... I forgot the team that actually will bring in the talent and then the talent will get really good and then leave, and then they win the Superbowl somewhere else. So that is what-

**David Mandell:**

Well, that was the case for Tampa until they got Tom Brady then.

**Dr. Jude Pierre**

That's true.

**David Mandell:**

But anyway, continue. Yeah, I mean, so you had some people really learning from you and applying. And you said, hey, maybe they're learning some good things from me.

**Dr. Jude Pierre**

Yeah, and so there's also some burnout issues that occurred, relationship issues. I ended up getting a divorce in 2014 after having four kids. And so those things kind of made me realize that, hey, although I am somewhat successful in the practice, I'm doing well, I've got some real estate property. But is it all that? There has to be more of a work-life balance, there has to be more of a, how can we help you practice longer.

And so, one of the things that I went through in my journey through my processes was saying, how can I share my story? How can I help the next physician? And whether it be through coaching, whether it be through podcasting that I'm currently doing now. What is the easiest way to share those things? So one of the first things I did was create a course, created Learn About Medicare Advantage. And that course helped physicians understand or ... it's still up and running. And it helps physicians understand the business of Medicare Advantage, which is my primary business. We made-

**David Mandell:**

What's the course called?

**Dr. Jude Pierre**

[LearnAboutMedicareAdvantage.com](http://LearnAboutMedicareAdvantage.com).

**David Mandell:**

Learn about-

**Dr. Jude Pierre**

So, LAMA.

**David Mandell:**

LAMA. Okay, interesting.

**Dr. Jude Pierre**

So, LAMA helped-

**David Mandell:**

We'll put the link in the show notes too. So that gets back to the payer thing that we were talking about, which is how to build your practice around, if that's going to be a major or a primary or almost exclusive payer in your practice. Recognizing that, what do you do to be efficient around that, I imagine is that's sort of the thesis.

**Dr. Jude Pierre**

That is. And what it does is also helps you determine whether or not you want to do it. Because some physicians may not want to see 10, 12 patients a day and make twice as much as their colleagues. I'm not sure how many would not want to do that, but it comes with some things that may not be palatable to you. You have to do referrals, authorizations, prescribe generics. So there are certain things that you have to do to manage your population so that you're not running a deficit or you're not running your practice into the ground. Because insurance companies look at that.

So even if you're not doing Medicare Advantage, I see Medicare Advantage as a summary of what the insurance companies go through. Because if the insurance companies are managing the risk and they're giving you the patient population and you, as a provider, keep ordering the most expensive tests and you keep admitting to the patients to the hospital because you're never available, then eventually they're going to say, "Hey, you know what? We're not going to have you on our panel. We're going to cancel you. We're going to terminate your contract." So physicians have to understand how to manage their populations, even though they may be getting fee for service and they may be getting paid for every patient that they see. If they do that too much or if they order too many tests, those insurance companies could come back and say, "Hey, we're not going to deal with you anymore." So it's not just

about learning about Medicare Advantage, but it's also learning about how to manage your population of patients.

**David Mandell:**

Right. It makes sense. I mean, it's not really a direct analogy. But I think of the big law, you're getting paid by the client, there's no third party insurer generally. Although there are certainly if you do med mal defense, insurance companies paying you almost exclusively in your practice. You have to understand in some ways who your clients are. You've got your patient, obviously that's your main, your fiduciary duty, your ethical duty, et cetera. But there is a relationship there with the payer that needs to be managed. And certainly, you're not only in it for altruism to help patients, you're also there to make money. And so that is attention and you have to step back and go into it with that proper mindset. Then you'll make certain decisions and how to craft that practice, so you're doing the best for patients and for yourself.

**Dr. Jude Pierre**

Yeah. And if the payer sees that you're doing the right thing for your patients, you're keeping patients out of the hospital and you're doing ... your patient satisfaction scores are up. They're going to send you more patients. They're going to cancel the next doctor and say, "Hey, we've got a doctor that's doing better. Let's bring him on." And then that allows you to grow your business, maybe hire an extender, maybe hire another physician, maybe partner with a hospital to bring your physician. So there is a method to that madness, as well, as I coach.

**David Mandell:**

And there is some alignment in the incentive there too.

So let's talk about the podcast. Independent Physicians Blueprint podcast, tell us about that. And certainly you'll be getting this handsome guy on as a guest at some point soon. But tell me about that and what got you into it and how that's been going.

**Dr. Jude Pierre**

So it's been going great. We are in our third year of recording, and we are really focused in season two. Season one was all about Medicare Advantage. So learning about-

**David Mandell:**

Tied to the course.

**Dr. Jude Pierre**

The course. But also helping with the personal and financial things that physicians may be struggling with, bringing on guests and specialists and thought leaders that can help physicians not burn out and not stress out.

So season two was about learning about independent practices. And how physicians can start an independent practice, maintain one, understand what it's all about. So, we had guests and leaders in the direct primary care business world, leaders who are doing telemedicine practices, concierge medicine practices. So things that are not affiliated to big hospital corporations. Because we feel, at least I feel now these days, hospital corporations don't necessarily have the physician's best interests at heart.

**David Mandell:**

I don't think you'll get a lot of argument from my audience here.

**Dr. Jude Pierre**

Yeah. So we need to be independent of those corporate controls, so that we can decrease our stress and increase our revenue. And how do we do that? Well, there are certain things that we do and we show you, and we interview guests in those lines. And it's a rebrand for us because we were the Practice Impossible Podcast, and now we're the Independent Physician of the Blueprint. Which I think is more in line with what my philosophy is moving towards. And we want physicians to be independent, we want them to know how to practice medicine the way I think we should be practicing medicine.

**David Mandell:**

That's great. Yeah, and obviously we'll link to that and at some point I'll be a guest on there too.



**Dr. Jude Pierre**

Absolutely.

**David Mandell:**

We've been chatting about that.

So as we wrap up on this episode, one big picture piece of advice for ... say we have Docs listening or watching who, they haven't done anything entrepreneurial yet, but they're always kicking it around, whatever that is. It could be any side hustle to other business, to some entrepreneurial idea, et cetera. What kind of big picture mindset advice would you give a Doc watching or listening?

**Dr. Jude Pierre**

Don't do it yourself. Seek wise counsel.

**David Mandell:**

Great.

Dr. Jude Pierre (32:34):

So I know you said one thing, but I think it's kind of tied in together.

**David Mandell:**

Oh yeah, no, I like it. And that is something for those maybe just tuning in or haven't listened or watched that many of them in the past. So many successful Docs have said that. Which is obviously we're big believers in it, we're advisors. I've spent my life helping clients who need help. Sometimes they don't realize what they need, but they have some sense that I don't want to just take on too much alone. It's a very specialized world.

So the world of business is as specialized as medicine. I've got in our firm, seven partners, and they all have different experience and expertise. And I'm not trying to manage the investments of my firm. I get this all the time, "Oh, what do you do?" I'll be playing golf. "I run and founded a wealth management firm." "Oh, so what do you think about this investment or that?" I said, "Not what I do, not what I do." You got to

have other people who do it. And even for my own portfolio, I'm not second guessing it. So wise council, don't try to do it yourself. I like it. Jude, thanks so much for being on.

**Dr. Jude Pierre**

You're very welcome. Thank you. And I can't wait to have you on to talk more about what you do, as well.

**David Mandell:**

Yeah. Yep. And we'll be scheduling that. So for all you folks listening or watching, thanks for tuning in. As always, if you liked what you heard or watched, listened, give us a five star review, give us some positive comments, tell your colleagues about us, et cetera. And as always, we'll have another episode to you in another two weeks on a Thursday. Thank you so much.