

MAN ON FIRE PRESENTS  
**THE COMBUSTION  
CHRONICLES**

**EPISODE THREE  
MAVERICK MINDSETS**

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CO-HOST: MICHAEL HARPER  
GUEST: ANNETTE LOGAN-PARKER

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## EPISODE THREE **Maverick Mindsets** WITH ANNETTE LOGAN-PARKER

Cancer sucks—and so, in many cases, do the worlds of healthcare and philanthropy. When Annette Logan-Parker launched the Cure 4 the Kids Foundation at her kitchen table in 2007, she knew she would have to disrupt the status quo to defeat childhood cancer. As we review her amazing story, you'll discover the maverick mindsets you need for blowing up the status quo and the grit you need to overcome the obstacles in your path.

### THEMES & INSIGHTS

1. Perseverance is the best strategy for achieving your goals and dreams. Conquer any obstacles that impede your path to success.
2. If you don't like the rules, create your own. Never accept the status quo.
3. Maintain a posture of learning. The moment you want to admit defeat could be the moment you discover a new path to win.
4. The maverick mindset transcends industries. Disruptors must influence nonprofits to think differently. Charity isn't code for complacency.
5. Get creative to provide people with their needs. (Legal creativity applies here, too.)


  
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Cure 4 The Kids

### COMBUSTION QUOTES

 "You either need to educate people on how to be better at what it is they're doing, or you have to create an environment where you make the rules, and then you just make amazing rules."

 "I felt that I would rather fail at trying to do something extraordinary than not ever try something extraordinary."

 "I wanted to prove to the world that you can do a great job taking care of patients. And you can do a great job of taking care of the people who are taking care of patients. Because, in my mind, you can't have great patient care if you don't have extraordinary employee experience. And I did 30 years in healthcare and never once had an extraordinary healthcare professional experience."

### RESOURCES

[CURE 4 THE KIDS WEBSITE](#)

[HEALTHCARE HERO VIDEO](#)

[LAS VEGAS HEALS](#)

**Shawn:** Welcome to "The Combustion Chronicles" podcast, where bold leaders combined with big ideas to create game-changing disruption. I'm Shawn Nason, founder of Man on Fire, and your host for "The Combustion Chronicles." Throughout this series, we're bringing together the most unique and influential minds we could find to have honest conversations about not being okay with the status quo, blowing shit up, and working together to influence our shared future. We believe that when bold leaders ignite consumer-centric ideas with passion and grit, the result is an explosion that creates a better world for all of us. I'm here with my co-host Michael Harper, Chief of Radical Experiences at MOFI.

**Shawn:** On today's episode, we're speaking with Annette Logan-Parker, CEO of Cure 4 The Kids out of Las Vegas, Nevada. Annette, welcome, and thank you so much for coming on the show. I'm here with Michael Harper as well, our co-host. We met Annette three years ago, Michael?

**Michael:** Yep.

**Shawn:** ...in San Diego, California, and probably have not met another person in this world as like-minded as we are and is disruptive as we are in this space. Annette, I would love for you to share with the audience, so, um, they get a, a sense of your career. You know, we did some research and said you spent 30 plus years. That's really hard for me to believe, since you're only 30, Annette. But (**Annette laugh**), just share about your career in a couple minutes with us, um, and what took you on this health care journey?

**Annette:** Sure, great. Well, first of all, I'm so excited to be here today talking to you guys. You're my favorite disruptors. I started my health care career when I was actually really young. I was 15 years old, and I, uh, wanted to be in health care. And so, I started through uh, a regional occupational program while I was still in high school. I was 15, and I went to a certified nursing assistant program, and it was one of those programs where you get high school credit and the vocational program at the same time. So, and there's a little bit of a funny story, because I started out being a disruptor even way back then, because the criteria to be in the program was you had to be 16, and I was only 15. And I just could not wait to get into my academic journey, and so I had to lobby the program, and, uh, write an essay, and explain to them why I'm mature enough.

And in retrospect, I probably was not mature enough, but I was going for it when I was 15. And I think they finally just let me in the program to shut me up, which (**Shawn laugh**) has influenced me in so many ways throughout my career, I've unfortunately had to use that strategy a few times to get what I thought I needed, for either my patients or my son when he was sick. So, anyway, I started out at 15 just absolutely knowing that I was going to be a nurse. And so, through that process, I went, you know, then went on to nursing school, I moved to Germany, and that's where I did my nursing and my business school together, and have just kind of been on the path ever since. You know, as I was thinking about this conversation and the concept of disruption, and, you know, how we're trying to really change the way health care is received, I was thinking about my early education as a young 15-year-old.

And one of the most important lessons I learned through all of my academic experiences came from my teacher when I was 15, in that tiny, little CNA program. And I often tell people, I learned more about how to be a good health care provider as a CNA than any other program. And I say that because I was super frustrated with an incident that took place in one of my clinical rotations, and I won't bore you with all the details of that, but I was going to drop out. I said, "If this is what nursing is, I don't want any part of it." And so, I met my instructor in the hospital cafeteria, and we were eating vanilla pudding, and she said, "What is it that you want to do? You're 15. Clearly, you're a go-getter. Now you're willing to, to quit after you worked so hard to get into the program. Talk to me about that." And I just said, "These nurses are so mean, (**Annette laughs**) and they're spending so much time fussing and fighting and not taking care of the patient," and working against the administration and the hospital that they worked for. I just thought, "Wow, like, they're not gonna really get anywhere."

And I said, "I want to really change health care." And so, apparently, I knew that when I was 15 years old. And she had said to me, "Annette, if you really want to change the U.S. health care system, and how patients receive care, you have two options. One is to complete your nursing education and then go into teaching and teach nurses how to be the best possible nurses that they can be. And then you just replicate that, thousand-fold over generation and generation. And she said, "Or your second option is to create an environment where you get to make the policy, you get to write your own rules. And if you can figure out how to get yourself into a situation like that, you will change health care, because you will be setting the standards."

And so, all these years later, it's really interesting, because I go back on to that conversation all the time, and think about, I had to create an environment where I got to make my own rules on what was important in that medical institution. And I think that my entire career led up to that, that point in going back to that original conversation when I was a very young girl, and reminding me that, you, you either need to educate people on how to be better at what it is they're doing, or you have to create an environment where you make the rules, and then you just make amazing rules. And I think that that's why Cure 4 The Kids Foundation is such a unique organization, because we get to make our own rules. Obviously, we are functioning within an accredited health care institution, and we have infection control best standards, and all of those things. But what's great about that is we get to exceed those standards, not just meet them.

And we get to find new ways to treat our employees, and we get to be disruptive and innovative in the patient experience world. And I think that, it's funny because the most important lesson I learned, I was barely even into health care, and I was trying to quit when I learned the lesson. It's kind of funny.

**Shawn:** You could not have led more perfectly there, Annette, around your teaching and policy mindset, and a mindset that we practice within Man on Fire, within MOFI, around proceed to apprehended, that you have definitely moved in a space, again, not done anything illegal, but

have you moved in a space... To let the audience know, you know, they have worked through at the clinic to be joint commission gold seal approved, have an amazing clinical process, their whole practice, their chief medical officer, amazing there on the staff. And I want to start sharing a little bit, and I know Michael's got a lot to ask you around this, and where Michael loves so much of your leadership style here, Annette. But, to jump into Cure 4 The Kids and how you literally started Cure 4 The Kids at your dining room table on the back of a napkin, and your passion that still today exudes probably even greater than it did there.

And there's so many stories for this audience. We could do probably a whole season with Annette and Michael and I just talking, to hear what has happened there. But, Annette, I really want to dive into that maverick mindset, and, Michael, I know you have a whole philosophy in how you've done a lot of work with Annette, and her team with us. You want to talk about that, Michael, and even on how you see that in the way Annette leads.

**Michael:** I think it has to do, from my perspective, with that role of frustration that you're talking about, Annette. That there's got (Annette: uh huh) to be that catalyst. Something that says, "I'm not okay with this, and that's going to inspire me and motivate me to make something happen differently." And in that, to say, this, this maverick mindset, and you are in Nevada, and that means that you're in the wild, wild west, right? And I think that has something to do somehow with that mindset of it's okay for us to jump out on our own and do something, and I don't even know if you think that it's risk. Would you say that it's risk, or would you say that it's more of a, this is just, we're going to make this happen, because that's what we do.

**Annette:** Well, it's interesting that you ask that question, because a lot of people do look at this as risk. And particularly way back, at the dining room table when we were starting the whole organization, I personally never felt that it was risk. I felt that I would rather fail at trying to do something extraordinary than not ever try something extraordinary. And so, I think that the maverick mindset that you talk about is very Nevada. I laugh when you say it's still the wild, wild west, because, you know, in Las Vegas and in Nevada as a whole, you know, it's a unique economy, it's a unique community and culture here. And we do have a tendency to just say, "Well, we're going to do it our way, and figure out how to make it work." And that's essentially what happened with Cure 4 The Kids Foundation.

I had what felt like a lifetime in corporate health care, learning everything from, you know, specialty pharmacy to contract negotiations, to policy writing, to nursing preceptorship, and all of those kinds of things. And it just kind of gave me what I needed to be able to say, "I think... I know, not, I think." I really said, "I know we can do a better job," and that's what we did. We just went to work, and said, "You know, a big part of Cure 4 The Kids Foundation was not only based on my own patient experience with my son, who had a catastrophic medical situation, but it was also a lifetime in healthcare. And I was sick and tired of being sick and tired of how the health care system failed to meet the patient's needs on a regular basis. And, at the same time, failed to meet the needs of the health care professional at the same time."

And so, I wanted to prove to the world that you can do a great job taking care of patients. And, you can do a great job of taking care of the people who are taking care of patients. Because, in my mind, you can't have great patient care if you don't have extraordinary employee experience. **(Michael: "right")** And I did 30 years in health care, and never once had an extraordinary health care professional experience.

It was the grind, every day, you know, working uphill, against policies that didn't make sense, working in institutions that, you know, truly put the bottom line ahead of patient safety. And, you know, I'm not going to go into great detail about where that was or who those folks were, but it's not a secret that the U.S. health care system is broken. I think we all know that. Anybody who had to, you know, access the U.S. health care system and anybody who works in it knows it's broken. So, I don't think that I am unveiling some big, hidden secret about what we have to deal with every day when we choose health care as a profession. And, I, a lot like that 15-year-old girl, I just thought, "It doesn't have to be this way."

And so, I just started with a blank slate and said, "I'm writing my first HR policy, I'm looking at benefit packages, I'm looking at staffing ratios." I'm just going to be looking at all of the things that frustrated me when I was in health care, corporate health care, and I thought, "I'm going to just do the opposite of that." And it really was that simple. If this is the way it's always been done, great, I'm not going to do that again. I'm going to do something different.

**Michael:** "The journey has not been peaches and cream and super easy for this whole journey, right? You've had a lot of hills to climb and battles to fight. So, what is it that keeps you going through all of that, to get to this place where you are now?"

**Annette:** Well, I think, I think you're just born with this, hutzpah. You kind of have this inherent need to conquer something. And that mindset might sound maverick, or, you know, idealistic or whatever, but, I think I have to do something every day. I might as well do something that I feel is making a difference in the world. It's been a challenge. I mean, in the early days, I had lots of people tell me, "You're never going to be able to accomplish this." And, I was actually told once by someone, "Go take your nurse ideas, and focus on something you can actually accomplish." And, ironically, it's some of those comments that stick with me on those really tough days. I thought, "I'll be damned if I'm going to let them be right." **(Annette laugh).**

**Shawn:** I have an email that stays in my email box, that was written to me by someone who was pretty rude, and basically said "You'll fail at doing what you're doing." And I read that email almost every day, and I kind of want to put the middle finger up to him and say, yeah, like FU, around this. And let's be really clear, I want to share a couple things with the audience, and, again, we'll have Annette back on, because there's so much there and so much wealth. But, Annette, at Cure 4 The Kids, in 13 years now, 13 plus years, can you tell us how many children you've turned away?

**Annette:** Well, we don't turn any child away for financial reasons at all. So, we've never turned anybody away who couldn't afford care, and we don't really turn kids away. We have had an opportunity to say, "We think you will receive better care by this specialist who focuses on this rare disease," or, "We want to send you to L.A. because this is where the best neurosurgeon is." And then those patients always come back to us for care, but we don't, we don't look at a child and say, "I'm sorry, your, your family doesn't have the means to pay, so you don't get to be treated here." "It's not unusual for people to hear me say "The price of poverty for a child should never be death," and we live by that rule. You know, it's kind of the Robin Hood concept, where we are a traditional medical facility that chose tax exemption as our business model, knowing that if we're to provide the type of care that we believe these kids deserve, it's going to cost far more than the insurance industry will reimburse us for.

So, you know, we collect, we go and collect for services, like everybody else does. But we take those profits and we roll them over into advancing the mission of the organization, and we complement that strategy with philanthropy. So, we hold events, golf tournaments, galas, all those different types of things, and then we use those resources to make sure that we can cover the costs. And often, the cost is very high. You know, we're talking hundreds of thousands, if not close to a million or more, dollars to treat a child who does not have any medical coverage. And, you know, we started this concept prior to the Affordable Care Act, when kids were literally left uninsured. And, um, you know, now, with the Affordable Care Act, we've been able to transition that over to helping what we call the working poor make sure that they don't have a financial catastrophe simply because their child has a very unfortunate diagnosis.

**Shawn:** "Yeah, again for the audience, this is two things you said in that, I still remember the day, and Michael, you were sitting in the back seat of the car. We were, I think we were driving down Flamingo, Annette, for the first time you were taking us to the clinic where you are today, when you talked about, that the, you know, that the price of poverty shouldn't be death for a child. And I still remember, I'll never forget that day, I remember where we were on the road, when you literally took the breath out of both of us. And it was just one of those moments where I was like, "Holy shit, like, that's what our whole health care system has done." I mean, you heard Annette mention that they are a non for profit, they bill like the traditional medical system. But I really want the audience to understand, Annette, what percentage of your annual budget is philanthropy giving, and how you still maintain not turning any child away, because this is, this is the maverick disruptive mindset that people need to understand.

**Annette:** Well, that's a great question. So, on an average, it's a very small percentage. On average, over the last 10 years, it's been less than 2% of our entire operating budget comes from philanthropy. And we have been able to provide extraordinary care and an extraordinary experience for our health care team. You know, we don't underpay our health care team to make this happen. We pay very competitive. We have an excellent benefit package, and our employee experience is an extraordinary experience. We, we just feel like we work smarter, not harder, you know? We are aggressive at our contract negotiations. We are aggressive at our

purchasing and acquisition pricing agreements. We just find a way to do what needs to be done. And, you know, I think one of the things that is also very simple in who we are and what we do, when we have a really challenging patient care situation that we're presented with, and we're talking about how are we going to buy this expensive drug, how are we going to do this, and how are we going to do that? And then, I always say, you know, "What does this child, who's in front of us, that we're talking about, need us to do?" And when you can say, in health care, take away all of the smoke and mirrors, take away all of those other things that are happening, and say, "What does this human being," and in our case, "What does this child need us to do?" The answers are always self-evident. When you say, "What does this person, whose medical problem we're working on solving, what do they need from us right now?" They need us to find a way to provide this high cost drug.

Okay. So, does that mean we negotiate with the manufacturer? Does it mean we, you know, do a fundraising, hey, how can we help cover the cost of this drug for this patient who's uninsured or underinsured? And we just find very creative ways, and I love how you point out, very legal, creative ways, to get people what they need.

**Michael:** And speaking of that piece that's philanthropy, I mean, you keep the cost down, you negotiate, you're, you're a savvy business person, and you also have a disruptive mindset around philanthropy, and a different way of looking at it, in a way that we know that you want to change and influence the world of nonprofits to think differently. Can you say a little bit more about how we really should be thinking about non-profits. instead, of just being the same ol', same ol'?

**Annette:** Absolutely. I think that, you know, the days of, you know, our grandparents' charities are gone. You know, we give nonprofit organizations the biggest challenges in humanity, and we say, "Solve these problems," whether it be, you know, in my case, really sick children, whether it be in the case of hunger, whether it be in the case of violence, or, or whatever, whatever your goal is. But these are the big, hairy problems that society has to fix. And nonprofit organizations are normally the ones doing it. But we create an environment with our outdated standards and our outdated philosophy on how people in the nonprofit world should be paid. Somehow, they should be paid less to work harder and solve bigger problems.

That doesn't make any sense. And, an example would be marketing. You know, a lot of nonprofit organizations are judged if they use their dollars on marketing or awareness campaigns, because everything is supposed to go directly to supporting the cause. And it does, marketing supports the cause. We just look at it completely differently. Somehow, nonprofit organizations are supposed to be a group of people who are martyrs, who don't expect to be paid for the services that they do, and I look at it very differently. I want the physicians who are the best at what they do to work for me and solve these big, hairy problems with me. And those people deserve to be paid what their peer group in the for-profit world would be paid. And so, I think, I think it's changing, but I think it's changing very, very slowly, and the, the old



rules of how resources that are donated should be used to advance the mission of the organization should be looked at differently.

I don't think it's an accounting equation that says, "You need to stay under this percentage." I think you look at what are the actual outcomes in advancing the mission? Are they doing what they said they were going to be doing? And are they helping the people that they said they were going to be helping? In, in our environment, you know, we have been very fortunate, because we, we blow these standards out of the water, because, you know, 100% of our donation dollar goes to directly to the patient. It doesn't cover our salaries, it doesn't do that, because we have a mechanism in place where we can earn our money the old fashioned way, through billing and collecting, no different than any for-profit health care institutions in the country. What makes us different is what we do with our revenue, and how we see the world.

And so, we exceed the standards that I'm talking about when it comes to donors expecting their dollars to be spent in a certain way. Other nonprofit organizations struggle with that. And if you don't have a mechanism to make money and you still have an amazing cause, and you rely 100% on donations, those standards need to be lightened up, and they need to be, you need to understand that in today's world, you need to spend money differently to accomplish your goal and your mission.

**Shawn:** Yeah. So, being really sensitive to what's going on, obviously, in society today and the frontline workers that I know that you have, and honestly, Annette, know that you've actually gone back and put scrubs back on, to be working in the clinic through this pandemic and everything, there's also a little project that you're working on that, something you're writing that you want completed by September, that is actually a total disruption to health care. We've watched you on this journey for a couple of years. Do you want to talk about that little plan that you're trying to write and really break and change part of the health care system?

**Annette:** Sure. Well, I am drafting a childhood cancer plan. And without boring the audience in all of the background to cancer plans, and how every state has them and all of that, I am working on creating a road map for how kids in Nevada receive care when they have the unfortunate diagnosis of some type of cancer. And I am wanting to, through this document, my goal is to influence legislation and change policy at the state level, to make sure that kids get access to research, kids get access to the latest and greatest treatment that we know is available, regardless of their type of insurance that they have. And, you know, I'm looking at... We all know, at least in, in my world, you know, people who are, are working in childhood cancer, we know what the children need.

They need social work, they need child life specialists, they need behavioral health, they need neuro feedback, you know, they need very expensive drugs. There's just, it goes on and on and on. Very few of those things that I just discussed are actually reimbursable in the environment where kids receive their care. Most pediatric oncology care is done in the out-patient environment today. And as a matter of fact, you know, we only want to hospitalize children, or anybody for that matter, when they absolutely have to be hospitalized, because just being in

the hospital is not a good situation, and it can lead to other complications, hospital-acquired infections, and, not to mention for a child, long stays in the hospital impact the family, impact education, impact sibling relationships, and it just kind of goes on and on and on.

We're wanting to say enough is enough, and let's put all these rules aside that we have to live within, and come up with rules that actually makes sense for the patient population. One of the examples that I'm talking about is in health care with the Medicaid population. In Nevada, we have these edits in the adjudication process, through this very sophisticated computer algorithm. And most Medicaid systems are set up for healthy, poor children, not very, very sick children, whether they're poor or not. And they have these edits that say, you know, you could only use this code three times in a year or rolling 12 months. Well, the reality is those particular codes that we're, I'm referencing, we exhaust those in the first week of diagnosis. And then we are forced, through the health care system, to be denied, and appeal, and all of those processes that go into place for sometimes hundreds of visits in the next 12 rolling months, when the reality is that's just a ridiculous waste of resources for us, at Cure 4 The Kids, and for the state of Nevada, because every time we have to appeal a claim because the system is broken, they have to work that appealed claim on their end.

So the administrative burden that is placed on the facility, as well as the payers, they have to work the opposite side of all of that, the administrative burden in the U.S. health care system is just overwhelmingly ridiculous. **(Shawn "yeah)** And I want to disrupt how we look at that administrative burden. You know, it's not unusual for me to have conversations with insurance companies and say, "Look, we don't give poison to babies because it's fun. We give poison to babies because this is a last resort, and we're wanting to save their lives." So when we have to spend an hour on the phone, trying to get authorization to give poison to a child with a documented cancer diagnosis, that's just a waste of everybody's time.

**Shawn:** Yeah. And let's be real, Annette. I know you're saying you want to do this for the state of Nevada, but I, I know you well enough, and I've had enough drinks and dinners with you that you want to change this for the whole United States and the country. Again, we'll have Annette back on with us, and Michael and I may dig into some more stuff there. But one of the things we want to do, Annette, kind of to close out these episodes, is have these combustion questions, which are some fun, rapid fire questions we just want to ask you, and we're going to let Michael jump into this and ask you some fun questions. And you don't get a lot of time to think about it.

**Michael:** So, Annette, if you were stuck in the elevator with Brene' Brown for seven and a half minutes, what would you ask her?

**Annette:** "Oh, my gosh, wow, that is a challenging question. I would want to know what put fire in her belly? You know, I mean, she's taken on a huge subject matter. And she has been incredibly impactful and, also criticized in a tremendous amount of arenas. I would want to say,

what floats your boat? What makes you keep going and what excites about vulnerability and shame? And, you know, I would want to go deep into about what makes Brene' Brown tick.

**Michael:** In seven and a half minutes, I believe that you could do it, actually. Yeah, I believe that.

**Shawn:** yeah, absolutely

**Michael:** I believe that wholeheartedly.

**Annette:** Yeah.

**Michael:** Number two, you ready? You've been given an elephant and you cannot give it away or sell it. What would you do with the elephant?

**Annette:** Oh, I would start a circus. I love elephants, and I would start a circus with my elephant.

**Michael:** That would be good.

**Michael:** Last question, what do you think of garden gnomes?

**Annette:** (laugh) – I think they're a little creepy and yet whimsical at the same time.

**Michael:** Do you have any?

**Annette:** I do not.

**Michael:** We can work on that.

**Shawn:** We'll work on that. We know where her backyard it.

**Michael:** To be continued. (**Shawn – laugh**)

**Shawn:** Annette, thank you so much. And just for the audience, if you want to go and learn more about Annette, and Cure 4 The Kids, it is [cure4thekids.org](http://cure4thekids.org). You can also find information, we post about them all the time through MOFI, through Man on Fire, they are a passion and a love of ours. But Annette, we want to thank you so much, and we'll have you back on soon and share more great stories, so thanks for being with us today.

**Michael:** Thank you so much.

**Annette:** Absolutely. It's always a pleasure to talk to you guys. Have a wonderful day.

**Shawn:** Thank you so much for listening to this episode of the Combustion Chronicles. None of this would be possible without you, the listener. If you'd like to keep the conversation going, look us up at ManOnFireSocial on Instagram and Facebook or find us on YouTube at the Combustion Chronicles. Give us a shout and join our disruption movement. And check out this episode's downloadable recap-page at [manonfire.co](http://manonfire.co). We know you lead a busy life, so if you're driving, exercising—or maybe blowing your own shit up—don't worry, we've already taken the notes for you. Each recap is filled with guest information, episode themes, quotes, resources, and more! And remember—Please subscribe, rate, and review if you like what we are doing. And if you don't? Do it anyway!