AI Sleep Medicine Tech Adoption by Doctors Transcript

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Introduction and Speaker Background

Everybody really excited to use cans. And Chef Hinson is the executive vice president at a company called Vitals Health, which has been working with us here at center for Lifestyle Medicine to deliver, sleep technology, in-home sleep studies and wakeful sleep fest within our clinic.

The reason I'm having him on there is not necessarily because of the sleep technology. The reason I have concern on is because during the pandemic, I was in charge of a, large premature institution.

And then he was in charge of sort of pivoting, the technology from inpatient into telemedicine and pulling all sorts of strings. And what he learned, that was actually a very invaluable lesson, to, to teach all of us.

And then now he's in the technology world, delivering virtual technology on the technology side. And what have you learned from pivoting from being in the weeds in the primary care clinic?

Pivoting and into the technology proving space is very much, something that we all have to learn and understand. And Sam was also in charge of our revenue, revenue optimization as well as return on investments with another company prior to that as well.

So he understands supply chain. He understands the business model of practicing medicine. And now he's understanding the test side. And for him to bring all those three things together and teach us some of the lessons from that, I think is absolutely invaluable for the Physician Practice Automation Summit.

Well, welcome. Welcome to the summit. Thanks, Jen. Really glad to be here tonight, man. You know, I think that I'm more happy than you are because I get to ask you all sorts of questions that I think you can answered better than a lot of people.

So I'm just going to dive into it, for, you know, you've been in population health space, you've been in primary care space, you've been in all sorts of different arenas, and now you're in the tech arena with, you know, home sleep studies and stuff like that, right?

Absolutely. Out of everything that you've seen, what are some of the biggest pain points when it comes to a lot of like clinician adopting technology or new upcoming technology?

But really the biggest thing is just embracing it, right? We all have busy practices. We have things that we're doing already. Right? And so we're really trying to deliver care the way we've we've always delivered care. Right.

And we really want to make sure that the models that we deliver and how we move forward are easy to adopt. Right. The technologies are there, right. How can we deliver that in a seamless way?

How can we remove the barriers and hurdles right. While adopting. Because again, there's a lot that goes into it. But it's not just the technology but then educating staff.

Clinician Adoption and Buy-In for New Technology

Right. Educating building teams, right to make sure that they understand, you know, how it all fits into the bigger picture. Yeah. It's the buy in. Right?

I think we need everyone to to have a buy in effect. So it's really not good enough that a physician knows, hey, I'm going to start this new line of service.

What a sleep studies or or some sort of other therapy. And then the staff doesn't necessarily pay in or know the perceived value to, to the patient. There's that.

But then there's also something else. Oh, that's something else is maybe one partner or one physician sees the value of what other people do not. So maybe that that conversation isn't there as well.

So I've seen that there as well. Right. And so well I think what I think is that when we have, when we have a conversation, the quality conversation is truly dependent of the quality of the questions that we ask.

Right. Oh, absolutely. And so I think the quality of the questions that we ask is also purely dependent on our own psychology. On, on the way that we do perceive our business and in the world.

And I think, throughout a lot of the summit, we talk about best practices as a leader, best practices as a coordinator and executor. But when it comes to technology, it's it's it's become become a little fragmented.

No. You've seen a lot of different practice types and you've been very heavily involved, with directorship and stuff like that. What are the artists? What are the hardest things or the or the most difficult challenges?

I guess you could say in herding the cats together for one common goal. What do you think? Well, I mean, last year I was in a primary care, environment.

Right. Obviously. Right. You know, started the pandemic, right through the middle of the pandemic. And then and really kind of brought to the forefront, you know what I mean?

The technologies that we had available to us, but we were in focus on because we were still seeing that face to face. And we really believe in, you know, I mean, that model being good.

I mean, what really drove you to be patient engagement and patient outcomes. Right. So we had to buy in, adopt buy put programs in place. But time and effort and resources to bring the teams together and make sure that we communicated from, from every level, right, how we were going to implement these new technologies. Right.

We obviously had to have our IT team, teams, invested. Right. We had to have our doctors invested or mas invested. Right. So that was critical, you know what I mean?

As the pandemic started and pivoted, right, I saw where we had a practice of, 100% of patients coming in the door to where we had 95% of patients that we were seeing via video.

Right. And we were trying to deliver, you know, those service, same services through that model, right. Fast forward to me by telehealth, right. Any invite telehealth really accentuates how we did the same things when the pandemic started.

But now in the home safe space, right. How are we taking those models and, and the, in the equipment that we utilized for when we were in the, sleep lab spaces and now delivering to a patient's home.

Right. We had to come up with our processes. We had to come up with our scripts. Right. We had to get our employees or sleep coaches right. Comfortable behind a video screen.

Right. You know, I mean, a little bit different interaction, right, than seeing somebody live an in person. Right. Overcoming objections is a is a is a big, challenge for anybody.

Right. How do you do that all over the video. Right. How do you really you know, make him understand what you can't just reach across and maybe, you know, show them how to fit this or if that they have to do it themselves.

And maybe they're struggling with their piece of technology. So I think it's really vital that, you know, going back to everybody's going to be bought in later IT departments going to be bought in and how they're delivering integrated

model. Right.

Then we have to make sure that they the doctors the nurses, everybody, you know, I mean even the other builders understand is this is what's going to help us deliver patient care, you know, with with what we're dealing with from a pandemic standpoint.

So, you know, in my space we switch from we switch from only 5% telemedicine to 86% telemedicine two weeks. So I mean, we really have to get everyone on board and adapt to the changes.

We closed off 2 or 3 locations, right. And then we decrease our fixed costs. And so all those things kind of I think made it made a break for us. Right.

But I mean, the culture is strong enough where everyone's kind of swimming in the same direction. Yes, absolutely. And so let's talk about sleep medicine for a second, because, you know, one that's probably one of my big questions is, is this underdiagnosed sleep disorders?

And to the technology. So, you know, with vitals health, there there was a pivot during the pandemic. You're absolutely right. Everything went so, like, contactless, you know, like, I don't want contact.

And then how do you get someone to you? A doctor orders a sleep study on. And how do you get to their house virtually. How do you make sure they're fitments. Right.

All that's very difficult to do. Or I thought it was very difficult to do. But how has that transition been? And doing sort of this contactless like engagement interaction with with the patient via telemedicine.

Well, like any process change, right. You have to start really at the core. And we just explained it right.

Pandemic Pivot to Telehealth and Home Sleep Testing

We had to get our staff together and say, listen, this is what is going to help our patients, right? If we know the why and why we're doing something, well, then that really delivers.

You know, I mean, the most impact that you can have, right, is no need to do our work. We're doing it because at the end of day, how can we help patients?

How can we keep everybody safe? Right. When the pandemic started, right. I mean, there was a lot of cause, a lot of concern. I think there's a lot of, you know, misinformation out there about how you how you contacted Covid, how you did so everybody, you know, had concerns on many levels, not from a work experience or for a personal experience as well.

So getting those teams together, and that impacted our supply chain as well. Right. We had to get, you know, I mean, pivot right. To ship out more items.

You need to get the machine set out for the home sleep test to a patient's home, get those delivered, get them back. How well we got them back, how we're going to upload it.

So, you know, from a supply chain standpoint, they were heavily involved in these processes that we that we utilized today to really deliver these home sleep tests, right from what we do in the clinics to how we get this into the patient's home is really vital.

And it touches everybody from intake, customer service, supply chain billing throughout the whole spectrum of our business. Right. And I tell a lot of doctors that, you know, be careful the vendors are working with because they even make you look really good or make you look really bad.

And oftentimes it's nothing. Obviously, you know, it's a and you wish there was. But yeah, at the end of the day, I

think spot on with that. Yeah. And so it's that same thing like the doctors you know, refer a patient to another, another practitioner.

We want our patients to be taken care of by the practitioner. Same thing with the vendor, same with any of the services that that we want to and do and comprehend.

But the reason I need to have you on here on the summit is for the automation part. So let's let's dive into that for a second. Absolutely. So, so, what you guys do, which is, home sleep studies and also home wakeful sleep tests.

Yes, I test for daytime drowsiness. And you guys have some proprietary stuff like an EEG component to these things as well. Now, do you guys work in all 50 states but currently in this market.

But we're looking to expand, you know, to, you know, to all 50 states. You know, to me, you know, as as we continue to develop our technologies and really make it available to everyone, I mean, this is something that can impact everyone's lives.

And, you know, sleep is vital, right? I mean, and that's really what we we base our, our mission and our vision around is, you know, sleep is vital, so sleep is vital.

Why isn't sleep a vital right. And that's really, you know, where our passion is, is making sleep a vital to really hone in on, you know, how we can deliver a better experience for the patient so they get better sleep and they have better overall health.

Right. And sleep disorders are very closely integrated. And this big risk factor for the top ten causes of death in the United States. So if heart attacks, cancer, suicidality, I mean the whole nine yards.

Right. And so I do think it's very important for, for people to, to understand and tag on to this from a business perspective. Let's switch gears. Let's from a business perspective, we know sleep is important.

And me as a doctor I to ordered my home sleep studies. Is there a way because we're in South Texas right now. So Texas, there's specific, the specific rules that are in Texas that may not be all 50 state wide.

We understand that. Well, let's talk about Texas for a second. How are we able to take advantage of this as practitioners so we can get people like sleep studies earlier on to mitigate the risk?

And how do we make a business out of it? Okay, that's a great question. And so, as you touched on, we have certainly some unique, technology. If I tell us how, enable ambulatory wakefulness test, right, a 20 minute test, 12 minute test that a practitioner can do in their office.

Right. We all know that the test that we can do, the traditional, Epworth and those type of tests to really, understand the object object subjectively.

Excuse me? A patient's, sleepiness. But the key, if you will, really helps to bring an objective measurement to a, to you as a doctor. And it really underlines, you know, how we can, show that a patient's wakefulness is, impacted by the sleep that they're not getting?

Stands for ambulatory wakefulness test. Okay. So the twilight months. So a patient comes into the office and, we're testing them to see if they go into the sleep states.

Right. And so this is traditionally done by, by sleep labs. And what we were talking about earlier is pivoting, in fact, you know, a lot of sleep labs are booked out for a very long time now.

All sleep labs do wakeful tests as well. And waiting tests are extremely important because a lot of people have daytime drowsiness and narcolepsy. That's that's significant underdiagnosed when a lot of that could be, you know, stemming from sleep apnea.

And 1 in 4 humans actually have some sort of upper airway resistance that lead to sleep apnea. And so the statistics are absolutely huge there. So if the so some of this is covered by insurance, the wakeful sleep sleepiness, it actually is covered by insurance.

It's covered by Medicare and all. And all private payers. And so that's the unique part about this is the reimbursement is there for you to take advantage of, of using, utilizing this test, you know, make it part of your practice to then be able to order that home sleep test and then be able to really, you know, drive it to your, sleep device management and really getting those, those correct sleep devices to those patients, right, so that they can really improve the quality of their sleep.

To help with the health issues that you described just a little bit earlier. Yeah. So we have an incredible amount of people that fail awake. The wakeful test.

So they're in the office and the brain goes directly into, you know, states to sometimes REM sleep. And that's really dangerous. That's technically not really supposed to be driving when that happens.

But a lot of people who have metabolic issues and diabetes or something that have that, and it really impacts the quality of life, actually contributes to a lot of depression and anxiety.

And they don't know why they're anxious and at least insomnia. They don't know why they're staying awake at nighttime. And so these these are like hidden things and that are, that are in someone's brain that we can really pick out.

And then once we pick it out, you send them to a sleep study and then they tell you a diagnosis of sleep apnea or some sort of, some sort of sleep disorder.

And then after that, you can potentially send them to a sleep board physician because bye bye. Because if the. Well, during the whole pandemic, all the sleep labs closed, right?

Yeah. Absolutely. Right. I mean, it was yeah. Now there's a huge weight sign, but I want to come through somebody in the in Houston to do a sleep says it takes forever for them to get in.

And then you have to do like disability paperwork. They got to deal with all sorts of different things. It just it just increased such a delay and care and the other thing is that sleep apnea, undiagnosed sleep apnea is actually, an independent risk factor for coronavirus.

So independent from like, BMI and diabetes and stuff like that. So it's really scary that people are walking around with and, and having a risk factor that's never been picked up.

Right. And so I think that the value definitely is there. And the fact that patients can come into the office and not have to wait for sleep lock to open up in their revenue goes to you, the physician, that's that's what that really power holds.

Right. And so really from you know, I mean from vitals standpoint. Right. Our inside sales team helps us schedule patients like our sleep coaches do a great job and and really facilitating that sleep experience, you know, through video.

Right. Once their patients get those, devices, you know, at their home to help them set that up and understand what they're doing, why they're doing it right, and really coaching through that whole experience. Right.

And give them that, that comfort that, you know, doing it at home is just as valuable as doing it in a sleep level. Right? And let's face it, I mean, I'd probably more comfortable sitting in my bed, you know what I mean?

And doing it versus maybe, you know, a strange bed. So you feel like patients really probably, you know, benefit from just that comfort level, you know, being in their own environment while they're doing this testing.

Yeah. Absolutely. Absolutely. But, you know, there's also data that that whole sleep studies aren't as sensitive for, for, a diagnosis themselves of sleep apnea especially better at people than, than in that study.

Sleep Disorder Screening, Reimbursement, and Clinical Value

Right. And I do have a lot of rebuttals, for that too. So even though that's true, you can still see, based on the wakeful test, that they're still drowsy and you can still see the Epworth Scale still above 11, which means they still qualify for in labs sleep study, which is still going to be the gold standard of of diagnosis like. Yes.

Yeah. But by you having those initial two, mechanisms of quantification of sleep that's not really concerned. And even on the, on the vitals, on sleep studies on the report, you actually we're actually doing sleep stages.

And because we have EEG, hooked up for the patients. So you can see whether they're M1, M2, M3, and REM sleep. Right. And so understanding the importance for doctors like yourself, right, in that EEG component.

Right. To really understand you to me what's going on and really help to diagnose and get a little bit deeper, you know, into what the issues really are.

So just because, you know, they don't meet the diagnostic criteria for sleep disorders. So I'm like, hey, but guess what? You don't go to deep sleep any of the three nights that we, we did a sleep study for you.

And that's something that we, we see all the time. And I'm really passionate about it. And I will tell I'm fired up about it is because this is heavily underdiagnosed.

Right. So it is. And just the whole value of sleep, right? I mean, you for a personal level, you know, from what I see from patients, right. You know, really just validating what the restorative properties of sleep are and why so important, right?

I mean, our founder know me, has his sleep apnea and insomnia, right. Is which is really drove him, you know, to really be so passionate about what we do here by two hours.

And that really just trickles down to every one of our staff. And so I'm really trying to deliver, you know, through that passion and the technologies that we employ. Right.

Bringing the technology, the AI and all those things that really can help drive a better patient experience is really focused on here by Talis. Yeah. You mentioned I how about how is artificial intelligence get incorporated to all this?

Well, that's an exciting part of what we're doing right now, right? We're really trying to hone in on, you know, I mean, the using the artificial intelligence to really pick up on you know, the, the trends and what we see in and from patient calls, but from sleep.

Right. And how it impacts, different diagnosis. Right. So you can kind of see those trends and we can kind of see how, you know, the trends are leading to, different ways that we can help to deliver better outcomes to patients.

Doctor. Yeah, we have we have multiple AI companies on the, on the summit, and each one has a different application AI for revenue cycle management. We have AI for transcribing where the AI for for looking at text analytics of what patients are testing in.

And and I think, you know, we're in the 80s where we really leverage leveraging technology in the medical sector. I think I think they, you know, utilization of AI.

So behind in the medical sector, and we've read a lot of articles. That's that's absolutely true. So I'm glad you guys are kind of embracing that. That part of the technology I found is really passionate.

I mean, like every day comes in and I mean like the energy that it brings. You know what I mean? To drive a

technology. Right? You just said it right. There's there's not enough focus.

You know what I mean? From the healthcare space. And what we do and, you know, from a technology standpoint, a analytics standpoint, the AI, right, how that all combines to really help to deliver better outcomes.

Right? I mean, really trying to get to the point where these things are going to be something we're still developing, right? They're commonplace. They're in health care. Right.

And they're helping doctors going back to what we taught in earlier. Right. You know what helps the doctors? Here's the predictive analytics. Right. Here's, you know, information that you can use.

I mean, not just, you know, the test and the way things have always been done. Right. Better information because I think, you know, from what I've seen in my experience, right.

Doctors just wanting information to make better decisions. Right. If we can help deliver that, you know, I mean, will that that's going to help everybody, you know, I mean, not only doctors but our patients as well.

So we've got to keep in patient, you know, for sure. I mean, this is a business type efficient stuff. First off no matter what. Right. And so similarly.

Yeah. And delivering value to the patients, delivering value to, to the staff, I think is important to know. One thing that I do want to talk to the people who are watching this, about is the value to the staff, when I ever practice owners or I'm going to Segars, that's all kinds of new technology.

When I see when I consult with other companies, other practices is that the staff has sort of this glazed over look. Oh, my gosh. Well, I guess we're going to we're going to adopt this new thing is we need different treatments and, and stuff like that.

And so I do want to, to say that we really have to look at the staff feedback and, and, and determine if our messaging is accurate, if we're saying, hey, we want to adopt these studies and we do X, Y, and Z, it may not be as impactful as like, hey, you know what?

1 in 4 patients are coming to our clinic, have this disorder that's undiagnosed. That's a major risk factor for Covid 19. Here's the thing that can help us look at that completely different conversation.

Right. And so and so let's talk about that for a second. Let's talk about the communication with the staff. What should that really look like when adopting the new technologies.

Oh great question. Because I mean, it's similar to what I think that we've gone through with our staff. Right? I mean, and what we did to train, you know, the why, right?

Why are we doing this? Like just explain. Right. There's now Covid implications, but it goes back to the whole, patient's better health by the disease states that they're dealing with.

Right. So from your staff perspective, right. And we have programs such as a concierge patient experience, right, where our staff comes in to help train, your staff, other, you know, facility staff, right, to making sure they understand what's the why why are we doing this?

I mean, what's involved? Really engage them, right? Really sit down with them and not just say, okay, here it is. Drop it off and you know, we're out the door, right?

But this whole model that, you know, again, through our conscious patient experience where we come in, we sit down with the teams, right. We put it we have a program we put in place, right.

That goes through each step of the process right from the intake part of it. Right. You know what we're doing, how

we're delivering that message to, you know, the you know, the referral. Right.

How do we support that referral process. Right. And that goes back to our sleep life program. I, we, you know, we partner with a company called Sleep Life, you know, from a software standpoint to really help the referral process and get, information from a doctor's office all the way through the process of intake, you know, at a DME company, right, to help deliver that experience.

Right? But you show the stack, you know what's involved, right? So from the for our standpoint, how do we onboard, you know, those patients into our practice, how we go through the the intake process, the scheduling.

Right. How then the sleep coaches are right. So if they understand how we're handling the patients right I think it helps them to understand, you know, how we're partnering with them, supporting them and making sure that we're here for them to answer their questions, you know, helping part of the process, right, all the way through building right and making sure those questions are answered when those patients do come back and say, hey, I have a question about, you know, this bill or this bill or this, that you'll be right.

So we're here to support through the whole program of our patient concierge. Yeah, absolutely. And one thing that I wish that everyone had was what's called Progress bar, which is like, you know, where are you in the stage?

AI, Workflow Automation, and Staff Communication

Did you receive the order? Did you did you reach out to the patient? Do you text the patient to the patient? It's based on verification and approval. So I think all vendors involved this is basically that progress bar.

And what I like about like two of you guys. So you guys actually have a whole system over the patients actually are. So my staff logs in, they know exactly where it is.

It's like, oh, you know, it's just pending approval. And and then they talk to you on, you know, September 13th to do that test. So all that communication is nice and it makes the staff look like superstars.

And they really like that. And that's how you get a staff buy in you know. Oh and that's the technology aspect right. How do we make their job right. You know we know there's a lot of demands.

We know Covid has driven a lot of different demands. You know, cleanliness you know, from patient protocols that are different. Right. The video components. Right.

There's a lot more that goes into it. So these technology, you know, aspects really help my sleep life. Like I mentioned, software that really helps you deliver that to your staff.

Really helps you. Like I said walk through the whole process, log in, find out where it's at. You know, if there's a question, then you can pick up the phone.

But they don't have to. They should pick up the phone, send an email. Text is part of their day to day routine right. So it's built in. Right. And then the AI, as we talked about earlier, that's built in, you know, into that program as well to really pick up on the analytics, you know, what are patients calling.

You know, what are, you know, the best time to reach out to really how long are things taking in that? So we can really try to dig in to help reduce turnaround time right from intake all the way through, scheduling to get the test done and really making sure it's seamless for for doctor in their practice.

It's amazing. It's amazing. So, you know, as we, as we end the year, I like to ask you the question that I asked most of the summit participants, and this, this what do you know today that maybe that you've recently learned that you wish you knew, maybe last year?

Wow, that's a great question. I think it's it's I mean, through that year and through we talked about it. Right. Like

what the impact on technology can really have mean and deliver a better patient. Right.

Because before Covid really hit. Right, we're still doing the same things. You know, we had there's technologies in place, but I think we've accelerated I don't think we that we have by.

And I know there's companies out there like lighthouse. They're really trying to develop those technologies to keep up with the changes in healthcare.

Right. Help deliver solutions. Right. So, you know, if 18 months ago we said, well, listen, if we were to start doing this little bit ahead of the curve, right, you know, delivering telemedicine and you know, being the video, right, it's in the traditional, you know, outcomes.

We would really be further down the road. Right. But it's also helping the doctors and the facilities really manage patients better. Right. Because at the same time is how COVID's impacting, you know, I'm sure and have a lot more studies coming out.

Right. In regards to, you know, what the effects of Covid are, I mean, the other disease states and then what that's going to do for sleep as well. Right? So I'm really interested.

You know what I mean to see how that's going to now impact I mean the conversations sleep and and what that doesn't, you know, for the sleep industry.

Absolutely awesome. So thank you so much for your insights. What a fabulous talk. And it's really nice to kind of walk through what physicians should really look at when they're working with vendors and best practices.

I think summarizing all that was that was a great talk that we had. And for, for those who were interested in, the link is with the description in the video.

So go ahead and click on that link and it takes you to the vital sites. And then if you have any inquiries, go ahead and fill out that form. And we'll go from there.

So, one last parting words. And I want to add on this one question, for you, is this you you made it. You made a recent career change, and that's really from, like, a director of a primary care practice now into tech, right?

Yes, absolutely. It's a it's a big shift. Right? It is the things that you now learning in the tech space that you wish you knew as a primary care like director.

Absolutely. Right. I mean just the impacts that and having a sleep program. Right. I mean, really, didn't necessarily focus as much on sleep, right? I mean, we had a lot of from a full risk model, value based care, right?

Lessons Learned from the Tech Transition

We really, took care of the patients, you know, from a VIP concept of bringing patients every month, really trying to diagnose some of the more needier populations.

Right. In my previous job. But what I think was lacking was just, you know, a focus on sleep and what the restorative values and, and, and what sleep can really do, in addition to what we were trying to achieve.

Right. A lot of great things were happening there. And you really learned a lot. Right? And now flipping over to the tech side and seeing how this really impacts me in a patient, right.

And really delivers and makes them focus, you know, more on their sleep now. Again, it's still a challenge. We know that right of getting patients to get that up.

Yeah the 7 or 8 hours of sleep every day. But if you don't have the conversations right, you're not really, you know,

making sure that they understand what the restorative values are and really what the benefits they can have.

Then, you know, there's the rest of the you know what I mean? The outcomes are lost. And again, I think we did a really great job, but I really wish we could have incorporated more of the sleep aspect like we're now from a technological standpoint, you know, and, you know, getting into vitals, what I did, you know, I had this opportunity last year with Covid, everything else.

I said, well, let me just kind of sit down, you know what I mean? And so that's why, you know, I looked at the other opportunity, but, you know, when the founder kept, you know, saying, hey, listen, we really need you.

You know what I mean? Here. And, you know, and I came down here and I saw really great things that we're doing. It really got me excited. Right? So sleep really is something that's vital.

And, you know, it's something that we really, are focusing on is making sleep at night, right? Why isn't sleep available? Right? Instead of just, you know, saying it's vital.

Let's make it a body. Excellent first. Well, thanks so much for being on our shoots. Taking so much time out of your busy schedule. Oh. Thank you. I really appreciate it.

It was really nice to be on here and share some of these insights with with everybody in the summit. Great. Excellent. So be interested in vitals and talking on to the most groundbreaking sleep pathology.

Click on that link. That's with the description of this video. And then go out and fill out a form on the website. So thank you. Once everybody.