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These advancements continue to further enhance patient experience and outcomes. Lights out. Now a word from our sponsor, MedBridge Healthcare. Medbridge Healthcare is a leading provider of sleep lab management services and home sleep apnea testing.

MedBridge partners with hospitals, healthcare systems, and medical academic institutions to offer comprehensive, fully integrated services for sleep disorders.

Welcome to sleep tech talk, the sleep podcast. Well, today we're going to be doing things a little bit different. They used to Jerry opening this up for us, but Jerry has got some other things going on in his life.

We certainly miss him today. So he is, he has so important to this show and. We're so appreciative to all the work he does. But today it's just Robert and I.

And Robert, we've got a special guest today. Who do we have with us today? Hey, thank you, Emerson. We are missing the radio voice, the face that was made for radio.

Is that how it goes? Exactly. We do miss Jerry and we'll catch him on the next episode. But today we're diving into the world of sleep health and innovative solutions for conquering sleep apnea.

We're thrilled to have with us Dr. Douglas Cron, who's a distinguished primary care physician, clinical professor at New York Medical College, and the visionary co-founder of ConqSleep.

Conk Sleep is a groundbreaking telehealth platform revolutionizing how sleep apnea is diagnosed and treated, offering online assessments, personalized telemedicine consultations and seamless home delivery of equipment.

As someone who's personally navigated the challenges of sleep Apnea, Dr. Cron brings a unique blend of medical expertise, compassion and patient-centered approach to transforming lives through better sleep.

His work is making restful restorative nights more accessible than ever before, Dr. Crone, it's great to have you with us today. Thank you for joining us.

And if you would just dive in and tell us a little bit about yourself. Sure, and thank you for that kind introduction. As you stated, I'm a pediatrician.

I don't come from the internal medicine world.

Dr. Cron's Personal Sleep Apnea Journey

Don't from pulmonary and critical care. A primary care pediatricians and I entered the sleep apnea world because I was a patient. And as a physician, um, the decade of denial as a patient, which almost everybody goes through.

And then I went through the diagnostic pathway, Which I didn't consider to be seamless. and despite the fact that I had pretty decent private insurance, I Didn't find that to Be inexpensive and I did not get the post therapy support that I wished I had gotten.

And like many doctors who are both practicing medicine and who receiving care, we often realize that after

diagnosis is made, the value is often coming from a nurse or a therapist of some kind.

And what I saw missing from my journey, um, besides expediency and, and besides cost efficacy, I didn't get the backend support. I did get. The sleep coach or the respiratory therapist I wished I had, kind of teach myself everything on YouTube.

And like a lot of business founders in the non-medical world, I said, you know what? I think I know how to build a better mousetrap. And so I came up with Conch.

Well, I think that that's probably not an atypical example of a lot of patients' experience as they get through the diagnostic process and then on to PAP therapy, which is unfortunate.

It obviously spurred you on, to develop your own platform, your on service. But first, let me ask you, conch sleep, where does that come from? So the name itself, one of our co-founders, Colin Mitchell, who's the former head of marketing at McDonald's and the formal global strategist at Ogilvy and Mather, he came up with the names, but it was C-O-N-K, and it actually was my nurse who said, Doug, it would look so much better if there was a K at the beginning and a k at end.

And so the name originated from Colin Mitchell and then Tara De Chico came up with the spelling of it, which was much cooler. And that's how we came up with the name.

And, you know, of course, it's derived from being asleep, being cocked out, You know? Being so exhausted that you're sleeping restfully. That's why we got that name since starting moving from where you were before as a pediatrician and to sleep, what have been some of those really surprising developments, discovery?

At your core, you're a scientist. So what've been of some those discoveries that as you move from being a patient to really being caregiver in this space, or some things that really stood out for you that were some learnings that maybe surprised you along the way?

OK, well, I mean, there were developments that occurred after we kind of conceived the idea. And so why don't I just briefly describe the platform? So ConkSleep is a telehealth platform that's dedicated to the online diagnosis, device distribution, and post-therapy support for obstructive sleep apnea.

Our disruption, our innovation, is the use of adaptive logic questionnaires.

Building ConkSleep and Telehealth Innovation

So if you ask the right, I don't know, somewhere between eight and 20 questions and previous responses affect the way later responses are interpreted and they're weighted differently based on the rest of the person's medical picture, you can come up with a diagnosis of obstructive sleep apnea with an accuracy that approximates that of an overnight sleep study.

So that was our premise. And, you know, a lot of this data was available in published literature. It's empirically derived. None of that, was a surprise when we came up with the idea.

What came as a surprise are the different platforms and different types of vendors and technologies that are available. So for example, when we started this idea, consumer wearables were mostly about tracking.

And in the last 18 to 24 months, consumer wearables have really begun to enter either a diagnostic or at least a diagnostics screening arena. Most notably in the obstructive sleep apnea space, the Samsung Galaxy Watch and the Apple Watch 10 and now the apple watch 11. which can screen for obstructive sleep apnea, which with excellent specificity.

And so that was something that we learned about while we had already conceived of the idea that I think gave kind of legs. Well, you know, wait a second.

This whole space is getting democratized and as Colin would say, disintermediated. You don't necessarily need a doctor and a device for everything anymore, at least not to give you a good idea of what you might have.

Another thing as we began to formulate our business model, and this may not sound so sexy or so medical, but drop shipping. There are all of these third-party logistics options, you can save so much money as a practice and a potential vendor if somebody else is holding your inventory and then ships it directly to the patient.

It saves on time, it saves money. Your shipping costs go up a little bit because you're essentially also paying for warehousing, but you don't have to purchase your inventory until you've already sold it.

And you've now, you have the ability to reach so many more potential patients, potential customers without going bankrupt because you don't have to put in all of this money at the beginning.

You can pay as you go in kind of a consignment model. What else were we surprised about? Those relationships, those types of vendors are available with doctors.

So we've been able to staff our doctors, I'm sorry, staff KongSleep with doctors that are licensed in every state in the country. And we can also have a consignment model.

So I don't need a huge head count. I can contract with staffing agencies. I could get to know a few different doctors and we pay them as they use them.

And if they're not being used, they are free to work for anyone else that they want including themselves. So that was something that we weren't aware of and immediately we began to tinker with the model.

We don't have to hire a doctor. with vendors. And then the third thing was we found that with respiratory therapists and sleep coaches, there are lots of options available, where again, I didn't have to build out the conch sleep head count.

filled with respiratory therapists, filled sleep coaches, I didn't have to buy the software to track the patient's device usage, their residual AHI, the leak.

I was able to get a sleep service that provided me with that and I could get it on a consignment pay-as-you-go model. These things don't sound like medicine, but implementation and access is 90% of the battle.

And we were surprised that there were so many willing and capable vendors out there. So you mentioned sleep coaching. How does that work for the program so that our listeners can understand?

Because we hear that the whole range of sleep-coaching on our show, but can you take us through how that model works for Conk Sleep? Hey, Emerson, let me add one more piece to that question because ultimately it's about outcomes.

So can tell us a little bit about the outcomes of your program, what you've seen so far as well, in addition to Emerson's question? Right, so the outcomes we're seeing is, you know, we are seeing a compliance rate that is better than the stated national average.

The stated average is something like, I don't know 50-53%. You know, we are in a relatively small sample size. We are getting and by compliance, people are using their machine 70% of nights at least four hours at day 90. That is what we're defining as compliance.

Sleep Coaching, Outcomes, and Patient Support

We're getting about 75% and our vendor overall, including our vendors, other customers, is getting 83%. That's really good. In terms of What gets us there?

What get us to that compliance? Within a couple days of the device arriving, a respiratory therapist has a 45-minute one-on-one video teleconference. So we immediately switch once the devices arrives from what would be called asynchronous virtual care or asynchronous telemedicine, which people are very familiar with with like Roman and hims and hers.

You fill out your questionnaire, you write about your symptoms, You, fill what your medical history is, and then a doctor reviews that maybe a few hours later, maybe the next day, And then comes up with a diagnosis and a prescription plan.

So we diagnostically approach things with asynchronous virtual care, but once the patient is diagnosed, And the device arrives, we switch to synchronous 45 minute real time video teleconference onboarding, which was very different than somebody dropping by my house.

dropping a machine off on my kitchen counter and showing me how to clean it and then leaving 10 to 15 minutes later, that was my experience. From that point on and for the next 90 days, there is a proprietary software that I'm sure almost all of your listeners are familiar with that is tracking the patient's device usage.

And so in real time, the sleep coaches or the respiratory therapists, when necessary, can find out if somebody's not using their machine, give them a call, find why.

Most people, you really got to establish success, certainly in the first 30 days, but the 14 days. is best if people have residual AHI, if there's being a leak detected, and then either the respiratory therapist or a sleep coach has the ability to problem solve and troubleshoot in real time.

Are you a Sleep Tech looking for new opportunities? Well, MedBridge Healthcare is one of the largest employers of sleep technologists and they are growing.

If you are a sleep technologist interested in a new position, potential paid relocation, or looking for a career advancement, consider a Career with MidBridge Healthcare.

Now back to the show. Fisherman-Pickel Solo is the world's first autofit CPAP mask. It simplifies setup with its revolutionary auto-lock technology. Simply stretch to fit, touch to adjust.

Go to fphcare.com forward slash solo. So I've got a couple of questions for you. One, this certainly fits a certain segment of patients. Are they able to utilize their insurance benefits in order to cover the services for conch sleep?

So if insurance benefits include HSA and FSA, yes. We do not contract directly with insurance companies. And I think most of the seasoned veterans listening to this right now know that if you don't get an overnight sleep study, and sometimes if don t get polysomnography, insurance ain t going to pay for it.

So we're using adaptive logic questionnaires. We stand by it. we've run simulated studies and I'd like to at some point get into the whole concept of pretest probability and why an adaptive logical questionnaire can be so accurate.

But we don't necessarily follow the guidelines that private insurance companies demand. but completely HSA and FSA eligible, every aspect of it. The doctor care and diagnosis, the respiratory therapist care, and then the equipment itself.

Very good. And I'm assuming with some of the questionnaires, there has to be the ability to identify other sleep issues that a patient may be experiencing.

Is that something that is currently part of treatment regimen for conch sleep, or is that future iteration of program?

Insurance, Screening, and Risk Stratification

So if you mean by distinguishing obstructive sleep apnea from central apneia or insomnia or even just plain old insomniac. Well, Yes, that's mostly a future iteration and something that we look to get going.

And as a matter of fact, we are in touch right now and working on possible collaborations with both digital and in person or virtual in-person, virtual live providers of CBTI, cognitive behavioral therapy for insomnia.

There are digital platforms and there are virtual human platforms for that. Yes, we are moving towards that, but the back end of our digital clinical interview Asks a lot of questions.

I mean, we ask if you have congestive heart failure. We ask, if, you, have a history of epilepsy or a, history, of narcolepsy. we, ask about your psychiatric history.

We ask what medications you're on. We asked, you know, including opioids, hypnotics, benzodiazepines. Um, we ask about the recreational drugs that you use, which are very important questions to ask.

And we also ask, what your occupation is? Are you an airline pilot? Or are you a truck driver? Do you operate a train or a taxi? And I just want everybody out there to know, at that point in time, we immediately refer our patients, our customers.

We actually, don't take their money. we say thank you, but no thank-you, and we refer them to a sleep center. I think that's brilliant, doctor, because I mean, you're really mitigating risk, not just for you, but the patient.

But you know, I thing one of the things you've touched on a few times, and I want to make sure we get to this before we wrap up the show, it sounds like the magic sauce is the questionnaire, that you guys have got a really cool mousetrap that has done a good job at really identifying and triaging the patient.

It sounds like you get a great first triage at the beginning to send them down the right clinical pathway, but as you, if you can take us down, the questionnaire as comfortable as, you are with describing it so we can have an understanding of what really is the engine behind conch sleep.

Sure. Well, the first question is going to be, have you screened as high risk by your Samsung Galaxy Watch or by you Apple Watch 10 or now 11? We're going have to, or as of this last Friday, we have update the question because if the answer to that is yes, We are going bring you down a completely different weighted pathway.

And that's the very first we ask. The second question that our DCI asks, which is often the first question screened for is, are you a man or are a woman?

And if the answer is man, obviously, if you're using tools such as the stop bang or things like that, you begin to enter into a possibly different diagnostic category.

And, If you are woman, that's left alone. If your answer is, I'm a woman, everything that follows is different, including the very last question we ask, which is are you in menopause or are your perimenopausal?

Because sleep apnea follows an arc that's not that different from cardiovascular disease. So prior to the onset of menipause in women, coronary artery diseases, you know, 70 75% a male disease sleep apnea is the same.

But once you get about 10 years past menopause, you're talking about something that's 5050. And so we believe that you need to weight that risk. of you know, whether or I say the absence of the risk of being male, you need to weight that then with a metabolic condition that puts you at a very high risk for sleep apnea, which is menopause.

We then ask your height and weight. But again, we don't hold women to the same BMI cutoffs as we hold for men. Obviously at lower BMIs, women are gonna experience different things.

Same with next circumference. We ask the question as many people do, but we have different cut-offs. for women than for men. It would, you know, a woman is going to begin to run into kind of upper airway problems well before

she has a neck circumference of 16 inches, whereas for a man that might just be fine.

We then go into a series of the sleep-related questions. But again, for women focusing on fatigue and headaches in addition to sleepiness, not that we exclude those questions for men, very important to ask those question of women.

For people who have equivocal responses to many of our screening questions, we ask whether or not they have type 2 diabetes. And then if the answer to that is yes, it's going to change the way we view how every question before that was answered.

And for people who remain equivocal, we then take them through the Epsworth sleepiness scale. We also know that visceral fat and truncal weight is really, really important and a risk factor in obstructive sleep apnea.

So we're asking people a very simple question. What's their most recent waist size when they bought a pair of pants? And again, we have different cutoffs for men and for women.

And I want to emphasize something. We're not simply a questionnaire-based diagnostic platform.

Closing Remarks and Contact Information

We are a questionnaire-first diagnostic. There's a difference. If we say you don't have it, then we believe you need HSAT or PSG under the direction of a doctor, and we are happy to make sure that you have a list of the sleep slenters that are closest to your zip code, and we do that.

So we're not simply a questionnaire-based diagnostic algorithm, we are a questionnaire-first based algorithm. Well, I love that and love the approach of really sort of this expedited patient process.

I recently had a conversation with a healthcare system. It was 12 weeks to get a home sleep test, 12 week. And that didn't even count the time the patient had to wait to see their sleep specialist before the home-sleep apnea test could be ordered.

So we're probably talking 16 to 18 weeks through that sort process, Dr. Cronith, I know that it's the fastest 20 minutes of your entire life and recording a podcast, but we're at the end of our time, so any last thoughts?

And then how can our audience find out more about you and find more out about Conk Sleep? All right, well, first of all, then we'll just have to do this again.

That's number one. Number two, conksleep.com. They can get onto the website there. We also offer GLP-1 management. which you can get through the ConchSleep.com website, also through Conchslim.

And we offer GLP-1 management, and we are also willing to provide the diagnostic gateway for dentists who practice dental sleep medicine and offer oral appliance therapy.

We don't do any of that fitting. we don' offer any home-fitting oral appliances therapies, but dentist in most states aren't allowed to diagnose, we can get them that diagnosis.

Um, and then in terms of whoever's out there, uh, listening to this, um, from a concierge medical practice, From a direct primary care practice from A medical group that does risk based contracting from dmes out There who would like to capture a little bit of the self-paced space.

Um yeah, Uh dkrone at conksleep.com. Email me directly. You can contact us through the website. And also happy to work with licensed clinical social workers and psychologists who perform CBTI.

They obviously are not allowed to prescribe and we can help them out too. Dr. Kroll, thank you so much for joining us for this episode of Sleep Tech Talk.

For all of our listeners, we're so grateful and thankful for you. And it's really all over the place. The US, Canada, lots of other parts of the world listen to SleepTech Talk, We're absolutely happy to and appreciate all the likes, subscribes, and the listens that you've given to our program.

We certainly appreciate our sponsors, and with that being said, lights on. Be sure to check out our clinical sponsor, Sleep Review Magazine. More details in show notes.