How Diagnostics + Payers Speed Treatment with Dr. Julie Schulz Transcript

(Transcripts are generated by AI and may contain errors)

Opening Hook and Guest Introduction

What if healthcare [music] waste is not What if healthcare [music] waste is not coming from bad medicine, but from coming from bad medicine, but from delayed decisions? Every extra [music] delayed decisions? Every extra [music] handoff, prior authorization, and handoff, prior authorization, and disconnected workflow can slow patients disconnected workflow can slow patients from [music] getting the right from [music] getting the right treatment. Today, Dr. Julie Schulz, treatment. Today, Dr. Julie Schulz, physician executive and VP of product physician executive and VP of product [music] at Avalon Healthcare Solutions, [music] at Avalon Healthcare Solutions, breaks down how diagnostics, payer breaks down how diagnostics, payer partnerships, [music] partnerships, [music] and smarter workflow design are helping and smarter workflow design are helping speed care, reduce [music] waste, and speed care, reduce [music] waste, and make precision medicine actually make precision medicine actually actionable at scale.

actionable at scale. Healthcare entrepreneurs, are you ready Healthcare entrepreneurs, are you ready [music] to rewrite the rules for your [music] to rewrite the rules for your business so you can have more time off, business so you can have more time off, a great [music] team, and more income a great [music] team, and more income while creating a positive social impact?

while creating a positive social impact? Then, you are in the right place. Then, you are in the right place. [music] Welcome to The Provider's Edge. [music] Welcome to The Provider's Edge.

I'm your host, Sabrina Runbeck. I'm a I'm your host, Sabrina Runbeck. I'm a provider, an international [music] peak provider, an international [music] peak performance keynote speaker, and a performance keynote speaker, and a best-selling author. Let's open the best-selling author. Let's open the gateway to profitability for you today.

gateway to profitability for you today. [music] [music] [music] My guest and I help healthcare My guest and I help healthcare entrepreneurs and startup founders like entrepreneurs and startup founders like you break through barriers so you can you break through barriers so you can control your business, control your control your business, control your life, and control [music] your future.

life, and control [music] your future. This is your defining moment to be a This is your defining moment to be a Hi everyone. We are back at Health. It's Hi everyone. We are back at Health. It's always exciting to be in the room full always exciting to be in the room full of thousands of people who are care of thousands of people who are care about innovation, care about pushing the about innovation, care about pushing the boundaries of what we can do in boundaries of what we can do in healthcare. And today, we have Dr. Julie healthcare. And today, we have Dr. Julie Schulz here with us for Avalon. So, Schulz here with us for Avalon. So, Julie, what truly brought you here this Julie, what truly brought you here this time? Every year's a little bit time?

Avalonu2019s Diagnostics and Workflow Strategy

Every year's a little bit different. We're popping up with new different. We're popping up with new innovation, new pavilions. What's innovation, new pavilions. What's exciting for you this year? So, we know exciting for you this year? So, we know every day there's 10 new genetic tests every day there's 10 new genetic tests that are they get approved. And the that are they get approved. And the number of tests, whether they're routine number of tests, whether they're routine genetic precision medicine, is just genetic precision medicine, is just skyrocketing. And what are clinicians to skyrocketing. And what are clinicians to do, right? How are they ever going to do, right? How are they ever going to keep up with all of this information keep up with all of this information with guidelines that change every 3 with guidelines that change every 3 months? So, at Avalon, we're a lab months? So, at Avalon, we're a lab benefits management and insights benefits management and insights company, and we're we're helping to kind company, and we're we're helping to kind of help providers, payers make sense of of help providers, payers make sense of all of that in a very evidence-based, all of that in a very evidence-based, data-driven way.

Awesome. And I think data-driven way. Awesome. And I think for us in healthcare, mostly people are for us in healthcare, mostly people are like, "Show me your data." Right? And like, "Show me your data." Right? And then I think we're so ingrained into how then I think we're so ingrained into how do we present data, understand data, you do we present data, understand data, you kind of have all the innovation out kind of have all the innovation out there solving a big problem. Is that there solving a big problem. Is that actually getting the engagement that we actually getting the engagement that we want? Right? Because we can build all want? Right? Because we can build all these technology solutions, but if these technology solutions, but if people are not using it, right? If we're people are not using it, right? If we're not using it, clinician, patient's not not using it, clinician, patient's not using it, then what's the point of using it, then what's the point of throwing millions dollars in it, right?

throwing millions dollars in it, right? So, with you guys with the So, with you guys with the testing and then focus on this data testing and then focus on this data part, how do you see the adoption part, how do you see the adoption usability come to play? The data, you're usability come to play? The data, you're right. The data is just one small part right. The data is just one small part of it, all right? Now, first of all, we of it, all right? Now, first of all, we have to have clinicians, data have to have clinicians, data scientists, all the right people at the scientists, all the right people at the table to first of all, do design the table to first of all, do design the models and make sense of it in a way models and make sense of it in a way that makes sense with good clinical that makes sense with good clinical medicine. But then thinking about how do medicine. But then thinking about how do we make it actionable for providers? How we make it actionable for providers? How do we engage payers? How are we working do we engage payers? How are we working with nurses, mid-level providers? It's with nurses, mid-level providers? It's often times it's the physician's kind of often times it's the physician's kind of that last point of care. So, we think that last point of care. So, we think about and I as a VP of product, I think about and I as a VP of product, I think a lot about that workflow of how it all a lot about that workflow of how it all comes together in terms of making sure comes together in terms of making sure that the workflow is thinking about all that the workflow is thinking about all of those steps, where things get lost, of those steps, where things get lost, and how we can make sure that at the end and how we can make sure that at the end of the day, all the work we've done of the day, all the work we've done actually gets used. Yeah, exactly.

actually gets used. Yeah, exactly. Because it's hard work, right? Building Because it's hard work, right? Building any business is not easy. And any business is not easy. And innovation, we have so many regulations, innovation, we have so many regulations, layer of people that need to get layer of people that need to get involved, approved. So, it's really involved, approved. So, it's really crucial to say, "What does that entire crucial to say, "What does that entire journey looks like? Who's all have their journey looks like? Who's all have their hands in this process?" And making sure hands in this process?" And making sure that we feel good about the impact that that we feel good about the impact that can be created. And it seems to be easy can be created. And it seems to be easy getting to the point of what the result getting to the point of what the result can be. And I think it sometimes it's can be. And I think it sometimes it's also about like making it so simple that also about like making it so simple that people can talk about it so much easier, people can talk about it so much easier, right? Also because genetic testing, I right? Also because genetic testing, I think people understand the importance think people understand the importance of it, but the application can be so of it, but the application can be so wide. And then from the lineage testing wide. And then from the lineage testing when 20 when 20 they started to now people can do they started to now people can do genetic testing to match the dose of genetic testing to match the dose of medication, right? And then supplements.

medication, right? And then supplements. What are you actually missing? You're What are you actually missing? You're not just putting everything in your body not just putting everything in your body and don't really know what's the marker and don't really know what's the marker for that, right? So, all of this. So, is for that, right? So, all of this. So, is there anything specific you guys are there anything specific you guys are focusing on any specific disease process focusing on any specific disease process or any application in terms of we see or any application in terms of we see that more of a direct-to-consumer or is that more of a direct-to-consumer or is more of a clinician led in smaller more of a clinician led in smaller practice versus a a system wide? Let me practice versus a a system wide? Let me walk you through an example in oncology.

walk you through an example in oncology. So, again, you know, it's impossible for So, again, you know, it's impossible for physicians providers to keep up with all physicians providers to keep up with all of the guidelines, all

of the evidence.

of the guidelines, all of the evidence. We're working right now in non-small We're working right now in non-small cell lung cancer, which is one of the cell lung cancer, which is one of the few tumor types where there's an few tumor types where there's an approved liquid biopsy that helps approved liquid biopsy that helps actually pick which treatment is going actually pick which treatment is going to be effective and matches the mutation to be effective and matches the mutation to the drug. But again, it's all so new.

to the drug. But again, it's all so new. Physicians are treating many different Physicians are treating many different tumor types. We see that only 18% of tumor types. We see that only 18% of patients are actually having this test patients are actually having this test ordered even though it's in the ordered even though it's in the guidelines. And then when they actually guidelines. And then when they actually get the results, only 44% of patients get the results, only 44% of patients are actually on the drug that was are actually on the drug that was recommended. So, not only from a recommended. So, not only from a financial, but also a clinical financial, but also a clinical standpoint, that's just a huge standpoint, that's just a huge opportunity to help them out. So, here's opportunity to help them out. So, here's what we're doing. We're working with the what we're doing.

Oncology Use Case and Payer Adoption

We're working with the payers, and we're also trying to ease payers, and we're also trying to ease that prior authorization process so that that prior authorization process so that there's that administrative burden, that there's that administrative burden, that headache that I think is part of why headache that I think is part of why physicians aren't ordering the test or physicians aren't ordering the test or aren't following the care pathways we aren't following the care pathways we know they should. We're trying to make know they should. We're trying to make that as easy as possible. And so, what that as easy as possible. And so, what we've found is not only by providing we've found is not only by providing that decision support, but again, easing that decision support, but again, easing that administrative burden makes it that administrative burden makes it easier for them just to do the right easier for them just to do the right thing the first time. They don't have to thing the first time. They don't have to second-guess it. And then, we're able to second-guess it. And then, we're able to bring the time from taking the test to bring the time from taking the test to getting the drug from 60 days down to getting the drug from 60 days down to 15. So, I think it's a nice kind of 15. So, I think it's a nice kind of tangible way that it brings together, tangible way that it brings together, again, like with all of the right again, like with all of the right stakeholders at the table, including the stakeholders at the table, including the payers, and and really helping patients payers, and and really helping patients get the best possible care. Yeah, I see get the best possible care. Yeah, I see it's all about like everything we're it's all about like everything we're looking at is like faster to treatment, looking at is like faster to treatment, right? Or can we prevent something from right? Or can we prevent something from progressing to the end stage? So, for progressing to the end stage? So, for you guys, it's really shorten that gap you guys, it's really shorten that gap of delaying treatment because that's the of delaying treatment because that's the standard is the standard, and then we standard is the standard, and then we didn't have any option until now. And didn't have any option until now. And it's the exciting thing to go after the it's the exciting thing to go after the payers because they're already being payers because they're already being identifying triggering with the disease identifying triggering with the disease coding and then things. So, we actually coding and then things. So, we actually can help narrow down the group. And so, can help narrow down the group. And so, how many payer groups have you guys how many payer groups have you guys already been engaged with?

already been engaged with? >> So, we're working with over 30 payers. >> So, we're working with over 30 payers.

Scaling Through Payers and Employers

We actually have we're now contracting We actually have we're now contracting for 90 million lives. So, one in four. for 90 million lives. So, one in four.

So, yeah, we're working with a a very So, yeah, we're working with a a very broad swath of the the US. And lab broad swath of the the US. And lab spending is it's overlooked. It's less spending is it's overlooked. It's less than 5% of overall spend, but it has than 5% of overall spend, but it has outsized influence. We know that 70% of

outsized influence. We know that 70% of clinical decisions take into account clinical decisions take into account some type of testing, and we know that some type of testing, and we know that 50% of visits incorporate some type of a 50% of visits incorporate some type of a lab. And so, even though it's a small lab. And so, even though it's a small part of spending, it affects so many part of spending, it affects so many downstream things. And so, making sure downstream things. And so, making sure that, again, all the players at the that, again, all the players at the table have the information that they table have the information that they need in the right form, in a way that's need in the right form, in a way that's actionable, is really powerful. Yeah. I actionable, is really powerful. Yeah. I see you guys are seeing to next year, see you guys are seeing to next year, right? We're going to the last quarter right? We're going to the last quarter and going to the next year. What's the and going to the next year. What's the bigger picture for next year that you bigger picture for next year that you hoping to achieve? Oh gosh, you know, hoping to achieve? Oh gosh, you know, I'm going to be overly optimistic as I I'm going to be overly optimistic as I am, but it's It's a rough year for am, but it's It's a rough year for payers, right? Healthcare expenditures payers, right? Healthcare expenditures have, you know, exceeded I think even have, you know, exceeded I think even what most people were expecting, and what most people were expecting, and everyone's looking for, you know, ways everyone's looking for, you know, ways to save money now. Fortunately, we have to save money now. Fortunately, we have one of our solutions does that and it one of our solutions does that and it really helps to make sure that payers really helps to make sure that payers are only spending money on the most are only spending money on the most evidence-based, clinically backed tests, evidence-based, clinically backed tests, and we can help them save money and we can help them save money tomorrow. But my hope is that we start tomorrow. But my hope is that we start thinking even longer term. So, while thinking even longer term. So, while we're doing that, how we can start we're doing that, how we can start making sure that we diagnosed our our making sure that we diagnosed our our chronic disease patients who maybe chronic disease patients who maybe aren't getting the care that they need.

aren't getting the care that they need. How can we use analytics to make sure How can we use analytics to make sure that our precious GLP-1 dollar that that our precious GLP-1 dollar that we're spending is going to the patients we're spending is going to the patients who need it the most? We see that in our who need it the most? We see that in our data that, unfortunately, among data that, unfortunately, among diabetics, the healthier patients are diabetics, the healthier patients are three times more likely to get a GLP-1 three times more likely to get a GLP-1 prescription, and among obese patients, prescription, and among obese patients, the healthier ones are 14 times more the healthier ones are 14 times more likely to get a GLP-1 prescription. So, likely to get a GLP-1 prescription. So, I really hope that we start looking at a I really hope that we start looking at a longer-term view and finding ways that longer-term view and finding ways that we can really, you know, get that we can really, you know, get that preventive care in the hands of patients preventive care in the hands of patients and providers sooner.

>> [music] >> What you just heard is a reminder that >> What you just heard is a reminder that having great data is not enough. If having great data is not enough. If clinicians, [music] payers, and care clinicians, [music] payers, and care teams can't use it easily, the value teams can't use it easily, the value gets stuck. Dr. Julie also showed us gets stuck. Dr. Julie also showed us something founders [music] something founders [music] should pay attention to, such as when should pay attention to, such as when you remove friction, like prior you remove friction, like prior authorization delays and [music] authorization delays and [music] confusing workflow, outcomes move confusing workflow, outcomes move faster. Innovation wins when it [music] faster. Innovation wins when it [music] fits in real life, not just when it fits in real life, not just when it looks good on paper. Before we jump into looks good on paper. Before we jump into the second half of today's [music] the second half of today's [music] conversation, let's take a pause and conversation, let's take a pause and share with something that might be share with something that might be useful for many of you listening.

useful for many of you listening.

Long-Term Incentives and Care Coordination

>> [music] >> [music] >> [music] >> If you are a founder with the >> If you are a founder with the established solution beyond series A, established solution beyond series A, [music] [music] [music] or if you have been leading a or if you have been leading a established [music] organization, established [music] organization, whether that's a health system, ACO, whether that's a health system, ACO, [music] multiple clinical groups, we [music] multiple

clinical groups, we would love to hear from you because would love to hear from you because [music] we know how you build your [music] we know how you build your organization, how you're leading, how organization, how you're leading, how you're creating impact matters [music] you're creating impact matters [music] that everyone can learn from. That go to that everyone can learn from. That go to theprovidersedge.com theprovidersedge.com theprovidersedge.com to apply to be our next speaker. [music] to apply to be our next speaker. [music] Right. It's all about like finding the Right. It's all about like finding the right people instead of just thinking, right people instead of just thinking, "Oh, this sounds good. This is good. Let "Oh, this sounds good. This is good. Let me just grab a prescription and start me just grab a prescription and start testing it, right?" And then testing it, right?" And then when those are really not at their when those are really not at their space, even though they think it is part space, even though they think it is part of their treatment plan. And then of their treatment plan. And then sometimes because some of these things sometimes because some of these things are too readily available and not are too readily available and not regulated enough, and that's why we're regulated enough, and that's why we're seeing that skew of, "Oh, everyone's on seeing that skew of, "Oh, everyone's on it." Right? And like everyone somehow it." Right? And like everyone somehow just able to get it, but not having that just able to get it, but not having that holistic view of how medicine should be holistic view of how medicine should be and taking into all the consideration of and taking into all the consideration of the family, their genetics, and their the family, their genetics, and their other comorbidities Yeah. When making other comorbidities Yeah. When making those decisions. So, we're excited for those decisions. So, we're excited for you guys to be on this journey. I also you guys to be on this journey. I also always love to ask a fun question. If we always love to ask a fun question. If we give you a magic wand, the magic wand give you a magic wand, the magic wand grants you three wishes to help speed up grants you three wishes to help speed up the goal for the next year, how would the goal for the next year, how would you use the magic wand? Oh gosh. I just you use the magic wand? Oh gosh. I just wish we were all incentivized for like wish we were all incentivized for like just rather than like a two-year just rather than like a two-year horizon, maybe a five-year horizon.

horizon, maybe a five-year horizon. Would that be okay? Would that be okay? >> [laughter] >> [laughter] >> [laughter] >> Can we just, you know, optimize for >> Can we just, you know, optimize for patients' health in five years? It's so patients' health in five years? It's so hard, right? Cuz we know these diseases hard, right? Cuz we know these diseases take so long to address. So, I think take so long to address. So, I think that would be my way how can my wish how that would be my way how can my wish how can we incentivize ourselves to take can we incentivize ourselves to take care of patients on, you know, longer care of patients on, you know, longer term. And I'm just going to have one one term. And I'm just going to have one one wish.

wish. wish. >> [laughter] >> [laughter] >> [laughter] >> I got to come back after I make my wish. >> I got to come back after I make my wish. Yeah, I think that's the principle of Yeah, I think that's the principle of like the old school doc way of someone like the old school doc way of someone who take care you, your family from who take care you, your family from pediatric all the way to senior years.

pediatric all the way to senior years. And then now we're seeing so And then now we're seeing so fractionalized. Even you go to the same fractionalized. Even you go to the same practice, you might be seeing multiple practice, you might be seeing multiple different providers. So, people feel different providers. So, people feel like, "Oh, you have no idea what like, "Oh, you have no idea what happened to me last time. You're barely happened to me last time. You're barely reading my chart. There's no reading my chart. There's no patient-provider relationship anymore, patient-provider relationship anymore, right?" So, that there's a friction that right?" So, that there's a friction that we have built to create lack of trust in we have built to create lack of trust in the pathway. And then you also have the the pathway. And then you also have the multiple layer of people just can't get multiple layer of people just can't get care, right? Certain diseases, certain care, right? Certain diseases, certain specialties, it's just not available, specialties, it's just not available, right? And then people are locked into right? And then people are locked into certain state again, even there is certain state again, even there is available outside state and they have a available outside state and they have a high premium. So, the more that we have high premium. So, the more that we have figured out from the payer side, from figured out from the payer side, from allowing the public understand the allowing the public understand the options, and then not to say a more options, and then not to say a more option is a good option, right? Then option is a good option, right? Then it's an analysis paralysis. It also it's an analysis paralysis. It also connected what you meant by the nurses, connected what you meant by the nurses, the care providers, all the way to the the care providers, all the way to the patients that patients that care for them.

And specialists, too. The care for them. And specialists, too. The number of times I've spoken to, you number of times I've spoken to, you know, an ologist and a PCP, and they're know, an ologist and a PCP, and they're like, "Well, who's responsible for their like, "Well, who's responsible for their diabetes? I thought it was you. I diabetes? I thought it was you. I thought it was you." thought it was you." People start bouncing, right? And it's People start bouncing, right? And it's different in different markets. Correct.

different in different markets. Correct. And I think there's never going to be a And I think there's never going to be a right question. It's always a big how right question. It's always a big how can we have an open enough dialogue and can we have an open enough dialogue and closed-loop communication, and not just closed-loop communication, and not just chart it, "Oh, there's my plan. I'm chart it, "Oh, there's my plan. I'm hoping someone will just pick it up," hoping someone will just pick it up," right? How can we get back into that, right? How can we get back into that, "Oh, I can actually message, call, or a "Oh, I can actually message, call, or a different automated way to actually different automated way to actually trigger the care plan"? So, things are trigger the care plan"? So, things are actually following up. We have CRM actually following up. We have CRM system. We have all these tools. Let's system. We have all these tools. Let's do it better, right? Like, it's not like do it better, right? Like, it's not like back in the day that you're bumping into back in the day that you're bumping into your clinician on the hallway be like, your clinician on the hallway be like, "Hey, let me psychocur- console you and "Hey, let me psychocur-console you and before you go see that person," right?

before you go see that person," right? And we have all these tools. So, I think And we have all these tools. So, I think the more interoperability start coming the more interoperability start coming into play, the more people like you guys into play, the more people like you guys that are actively, specially identifying that are actively, specially identifying these subgroups, will have more these subgroups, will have more solutions. And it's exciting to be in solutions. And it's exciting to be in this space right now. We have a lot of this space right now.

Closing Takeaways and Founder Lessons

We have a lot of hope. Now it's just like, "Okay, there's hope. Now it's just like, "Okay, there's a lot of ideas. Who are the strategists a lot of ideas. Who are the strategists to help us find that? Who are the next to help us find that? Who are the next level of people who actually implement level of people who actually implement that? And then who are the true that? And then who are the true champions to help us talk more about champions to help us talk more about these things so we can get them educated these things so we can get them educated to all of that in the proper way, to all of that in the proper way, right?" I think that's so true. You have right?" I think that's so true. You have fancy tools, but at the end of the day fancy tools, but at the end of the day it's people thinking about patients, it's people thinking about patients, working with one another, trying to working with one another, trying to solve problems. And that's the hardest solve problems. And that's the hardest part. The technology is actually easy.

part. The technology is actually easy. >> [laughter] >> [laughter] >> [laughter] >> So, as you guys are expanding, are you >> So, as you guys are expanding, are you hoping to continue to expand to the hoping to continue to expand to the payer market, more on the lung cancer payer market, more on the lung cancer detection side, or you guys are starting detection side, or you guys are starting to already going down other pathways?

to already going down other pathways? So, like I said, we work with a lot of So, like I said, we work with a lot of health plans. What we found is that it's health plans. What we found is that it's [laughter] interesting. Medicare [laughter] interesting. Medicare Advantage has actually, you know, gone a Advantage has actually, you know, gone a lot further in terms of value-based care lot further in terms of value-based care than I think the commercial and than I think the commercial and self-funded market. And so, self-funded market. And so, now we're starting to work a little bit now we're starting to work a little bit more with employers, brokers, to help more with employers, brokers, to help out the self-funded space because a lot out the self-funded space because a lot of times, because they've taken on that of times, because they've taken on that additional risk, their provider additional risk, their provider ecosystem in terms of their TPAs, in ecosystem in terms of their TPAs, in terms of all of the different, you know, terms of all of the different, you know, building blocks they're bringing building blocks they're bringing together to make that health plan, together to make that health plan, they're so fragmented that it's actually they're so fragmented that it's actually a lot harder to do a lot of that a lot harder to do a lot of that value-based care. So, it's an value-based care. So, it's an interesting opportunity, and I think interesting opportunity, and I think employers

are actually the ones who are employers are actually the ones who are incentivized for a longer term wellness incentivized for a longer term wellness of their employees. And I'm really of their employees. And I'm really excited about that. Yeah, and now I I excited about that. Yeah, and now I I actually recently met someone who actually recently met someone who specialize in tax deduction for the specialize in tax deduction for the employers. So, then they can have the employers. So, then they can have the money to use for a health plan money to use for a health plan incentive. I'm like, "Wow, more people incentive. I'm like, "Wow, more people should know about that." Because a lot should know about that." Because a lot of the question is going to be like, of the question is going to be like, "How do we squeeze in? We understand "How do we squeeze in? We understand retention is valuable, keeping your retention is valuable, keeping your employee happy, right, healthy is good, employee happy, right, healthy is good, but where is the allocation of fund but where is the allocation of fund coming from?" So, I think that more coming from?" So, I think that more people can merge together for these people can merge together for these resources, then we can really do resources, then we can really do something a lot bigger and then in all something a lot bigger and then in all different facets of the support. So, I different facets of the support. So, I thank you so much for being here thank you so much for being here chatting. I think it's exciting for chatting. I think it's exciting for everything that you guys have already everything that you guys have already built and then can't wait to have more built and then can't wait to have more follow through to see how you guys are follow through to see how you guys are planning on next year. How can people planning on next year. How can people best to continue this conversation with best to continue this conversation with you? So, I love for people to read our you? So, I love for people to read our lab trend report. That gives all the lab trend report. That gives all the nuggets and information and insights nuggets and information and insights that you need to know to get smarter on that you need to know to get smarter on labs and diagnostics, where the labs and diagnostics, where the different costs are in terms of site of different costs are in terms of site of care, where it's growing, what's not.

care, where it's growing, what's not. So, Avalon Healthcare Solutions or lab So, Avalon Healthcare Solutions or lab trend reports are a great place to learn trend reports are a great place to learn more.

more. more. >> [music] >> [music] >> [music] >> What stood out to me in our last segment >> What stood out to me in our last segment is that healthcare is not just about is that healthcare is not just about more options. [music] Actually, we have more options. [music] Actually, we have paralysis analysis and biases with paralysis analysis and biases with choices, but rather the right options choices, but rather the right options [music] for the right people at the [music] for the right people at the right time. Dr. Julie also remind us right time. Dr. Julie also remind us that short-term [music] incentives often that short-term [music] incentives often block long-term outcome. And founders, block long-term outcome. And founders, you need to listen closely. [music] you need to listen closely. [music] Technology is rarely the hardest part, Technology is rarely the hardest part, even though you guys tend [music] to put even though you guys tend [music] to put more money, more time just to improve more money, more time just to improve the technology [music] itself. What you the technology [music] itself. What you have to focus on is alignment, trust, have to focus on is alignment, trust, ownership, and communication. Those are ownership, and communication. Those are truly what will make progresses happen.

truly what will make progresses happen. Build for human first, then let the Build for human first, then let the tools support your mission. Now, if you tools support your mission. Now, if you are a founder, [music] are a founder, [music] someone who has idea hasn't yet tested someone who has idea hasn't yet tested or you're already building toward those or you're already building toward those goals, we would love [music] to hear you goals, we would love [music] to hear you at our next pitch tick yes diagnostic at our next pitch tick yes diagnostic lab, where we have mix of founders, lab, where we have mix of founders, investors, [music] investors, [music] and operators listening to your ideas and operators listening to your ideas because you likely [music] wouldn't want because you likely [music] wouldn't want to put a lot of time and energy and to put a lot of time and energy and resources into something that is really resources into something that is really needed a messaging position versus needed a messaging position versus [music] something that we don't see [music] something that we don't see being practical. So, before you waste being practical. So, before you waste [music] your time building all that or [music] your time building all that or you are ready to fund raise, then you are ready to fund raise, then [music] we would love to hear from your [music] we would love to hear from your ideas and share with the rest of our ideas and share with the rest of our ecosystem. [music] ecosystem. [music] Go to pitchtoyes.com Go to pitchtoyes.com to apply for our next [music] to apply for our next [music] diagnostic lab.

diagnostic lab. Perfect. So, for anybody else who's Perfect. So, for anybody else who's watching, who's listening, if you're watching, who's listening, if you're already in the diagnostic space, we already in the diagnostic space, we would love to hear what are the would love to hear what are the somethings that you guys have built to somethings that you guys have built to speed up the path to being identified.

speed up the path to being identified. Because at the end of the day, the Because at the end of the day, the faster we can get to a result, the faster we can get to a result, the faster we can catch up for the next faster we can catch up for the next phase of treatment and the options that phase of treatment and the options that can be discussed. And for anybody who can be discussed. And for anybody who really want to look into those data, go really want to look into those data, go to applog and start reading those to applog and start reading those reports and reach out to Dr. Chung and reports and reach out to Dr. Chung and to have those open dialogue. Many of us to have those open dialogue. Many of us are very active on LinkedIn, so we can't are very active on LinkedIn, so we can't wait to see what you guys are all ready wait to see what you guys are all ready being doing out there, so the more being doing out there, so the more Today's conversation unpacked one of the Today's conversation unpacked one of the biggest challenges [music] in health biggest challenges [music] in health tech scaling, which is turning tech scaling, which is turning diagnostics and clinical data [music] diagnostics and clinical data [music] into faster, actionable treatment into faster, actionable treatment decisions inside real health care decisions inside real health care workflows. We explored how payer workflows. We explored how payer partnerships, prior authorization partnerships, prior authorization [music] strategy, precision medicine, [music] strategy, precision medicine, and workflow design directly impact and workflow design directly impact adoption, care coordination, [music] adoption, care coordination, [music] and health care waste. And for founders and health care waste. And for founders building in diagnostics, AI decision building in diagnostics, AI decision [music] support, oncology technology, or [music] support, oncology technology, or value-based care with payer innovation, value-based care with payer innovation, [music] [music] [music] this is the real work behind creating this is the real work behind creating scalable health care outcomes. Here are scalable health care outcomes. Here are the key learning points [music] the key learning points [music] from today's interview. Number one, if from today's interview. Number one, if clinicians must work harder to use your clinicians must work harder to use your product, adoption [music] will stall.

product, adoption [music] will stall. Even strong science loses when workflow Even strong science loses when workflow gets messy. If your solution adds gets messy. If your solution adds clicks, extra logins, or more tasks, clicks, extra logins, or more tasks, busy clinicians will avoid it. The best busy clinicians will avoid it. The best product [music] fits smoothly into product [music] fits smoothly into existing workflows and save time existing workflows and save time immediately.

immediately. immediately. >> [music] >> [music] >> [music] >> Number two, buyers don't purchase >> Number two, buyers don't purchase innovation. They purchase fewer [music] innovation. They purchase fewer [music] headaches.

headaches. headaches. Founders often sell features, but buyers Founders often sell features, but buyers want relief. If your product reduces want relief. If your product reduces admin burden, [music] prior off admin burden, [music] prior off friction, or reporting chaos, it becomes friction, or reporting chaos, it becomes valuable fast.

valuable fast. In healthcare, simplicity [music] often In healthcare, simplicity [music] often wins over novelty. wins over novelty. Number three, your best [music] ROI Number three, your best [music] ROI metric might be speed. Reducing metric might be speed. Reducing treatment delays creates both financial treatment delays creates both financial [music] [music] [music] and clinical value.

and clinical value. Faster diagnosis, approval, and therapy Faster diagnosis, approval, and therapy access [music] can improve outcomes access [music] can improve outcomes while lowering avoidable costs.

while lowering avoidable costs. Speed is [music] a metric buyers Speed is [music] a metric buyers understand instantly. understand instantly. Number four, incentives [music] shape Number four, incentives [music] shape behavior more than behavior more than intentions do. Most stakeholders want intentions do. Most stakeholders want better care, but [music] they still better care, but [music] they still follow budgets, reimbursement models, follow budgets, reimbursement models, and performance [music] targets.

and performance [music] targets. If the system rewards short-term If the system rewards short-term decisions, behavior will follow. decisions, behavior will follow.

Founders must sell into reality, not Founders must sell into reality, not theory. [music] theory. [music] Number five, big opportunities live Number five, big opportunities live inside fragmented system. Healthcare inside fragmented system. Healthcare gaps often [music] exist because payers, gaps often [music] exist because payers, providers, specialists, and patients all providers, specialists, and patients all have to coexist [music] together. When have to coexist [music] together. When no one clearly owns the problem, no one clearly owns the problem, progress stalls. [music] progress stalls. [music] Founders who create coordination and Founders who create coordination and clarity can unlock major value. Number clarity can unlock major value. Number six, [music] fancy tools don't fix six, [music] fancy tools don't fix broken communication. Technology helps, broken communication. Technology helps, but trust and accountability still but trust and accountability still drives results. Many delays happen drives results. Many delays happen because teams are misaligned [music] because teams are misaligned [music] or no one closes the loop. In or no one closes the loop. In healthcare, people determine whether healthcare, people determine whether innovation succeeds.

innovation succeeds. Now, let me ask you this. If your buck Now, let me ask you this. If your buck ears only think six to traumas ahead, ears only think six to traumas ahead, how are you selling a five-year [music] how are you selling a five-year [music] outcome?

outcome? outcome? Thank you for listening. Remember, the Thank you for listening. Remember, the positive change we're seeking [music] positive change we're seeking [music] starts right here with me and you. If starts right here with me and you. If you are a fan of the show or [music] if you are a fan of the show or [music] if you are just having struggles or success you are just having struggles or success that you're either experienced in the that you're either experienced in the past or are experiencing now in the past or are experiencing now in the healthcare [music] industry, these healthcare [music] industry, these matter to all of us. I want to hear from matter to all of us. I want to hear from you. Visit sabrinarombach.com/connect you. Visit sabrinarombach.com/connect >> [music]