How Virtual Care Keeps Patients Inside Health Systems with Michael Dalton Transcript

(Transcripts are generated by AI and may contain errors)

Telehealth, Trust, and the Episode Setup

Everyone wants to talk [music] about Everyone wants to talk [music] about telehealth. Few talks about what happens telehealth. Few talks about what happens when that growth breaks continuity, when that growth breaks continuity, [music] [music] [music] trust, and patient loyalty. Inside this trust, and patient loyalty. Inside this episode, I sat down with episode, I sat down with >> [music] >> [music] >> [music] >> Michael Dalton, founder and CEO of >> Michael Dalton, founder and CEO of Ovation, a virtual first care company Ovation, a virtual first care company [music] [music] [music] built by health systems like the Medical built by health systems like the Medical University of South Carolina and Metro University of South Carolina and Metro Health [music] to impact how leaders can Health [music] to impact how leaders can expand access the right way without expand access the right way without losing the relationship [music] losing the relationship [music] that actually drive outcomes.

that actually drive outcomes. Healthcare entrepreneurs, are you ready Healthcare entrepreneurs, are you ready to rewrite the rules for your business to rewrite the rules for your business so you can have more time off, a great so you can have more time off, a great [music] team, and more income while [music] team, and more income while creating a positive social impact? Then, creating a positive social impact? Then, you are in the right place. [music] you are in the right place.

Introducing Michael Dalton and Ovation

[music] Welcome to The Providers' Edge. I'm your Welcome to The Providers' Edge. I'm your host, Sabrina Runbeck. I'm a provider, host, Sabrina Runbeck. I'm a provider, [music] [music] [music] an international peak performance an international peak performance keynote speaker, and a best-selling keynote speaker, and a best-selling author. Let's open [music] the gateway author. Let's open [music] the gateway to profitability for you today. My to profitability for you today. My guests and I help healthcare [music] guests and I help healthcare [music] 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] life, and control [music] your future. This is your defining your future. This is your defining We are at health. Every year, there are We are at health. Every year, there are so many innovation, health system so many innovation, health system leaders, clinicians all joining together leaders, clinicians all joining together to figure out what can we do to figure out what can we do collaboratively to solve some of the collaboratively to solve some of the bigger health questions. And sometimes, bigger health questions. And sometimes, it doesn't have to be always it doesn't have to be always all-encompassing. It just needed to mean all-encompassing. It just needed to mean something that we passionate about, that something that we passionate about, that we found a solution, we can get to the we found a solution, we can get to the result that we want. And result that we want. And interdisciplinary areas like what you interdisciplinary areas like what you guys have created, it is part of that guys have created, it is part of that conversation. It's a how do you get conversation.

Why Patients Want Outcomes and Connection

It's a how do you get people connected to that family urgent people connected to that family urgent care and the mental health all of these care and the mental health all of these things sometimes depend on where the things sometimes depend on where the services are, it's hard to find.

services are, it's hard to find. >> Yes. And so, I'm so excited for you to >> Yes. And so, I'm so excited for you to join. What really truly brought you to join. What really truly brought you to health and what is the something that health and what is the something that you really want to get out of it? So, you really want to get out of it? So, I'm Michael Dalton. I'm the CEO of I'm Michael Dalton. I'm the CEO of Ovations. What brought me to health was, Ovations. What brought me to health was, I think, the opportunity to be able to I think, the opportunity to be able to

partner with other innovators, be able partner with other innovators, be able to hear what they're seeing. One of the to hear what they're seeing. One of the things that I've talked about is that things that I've talked about is that I've been coming to health now since I've been coming to health now since 2022. I've seen, I think, a maturation 2022. I've seen, I think, a maturation when it comes to the digital health when it comes to the digital health space. We're definitely in a in a space. We're definitely in a in a position where customers, patients, my position where customers, patients, my customers, I mean, it could be health customers, I mean, it could be health systems, health plans, they're expecting systems, health plans, they're expecting outcomes. So, we've talked a lot about outcomes. So, we've talked a lot about virtual care, digital health, and virtual care, digital health, and there's an expectation that if we're there's an expectation that if we're going to be able to continue to create going to be able to continue to create value, that we need to be able to value, that we need to be able to demonstrate how are we keeping that demonstrate how are we keeping that patient connected within their health patient connected within their health journey. We're not creating something journey. We're not creating something outside of that patient. And so, we're outside of that patient. And so, we're keeping them connected to the health keeping them connected to the health system. So, for me, one of the things system. So, for me, one of the things that I've been paying a lot of attention that I've been paying a lot of attention to is for our patient population at to is for our patient population at Ovation, about 75% of them are women. We Ovation, about 75% of them are women. We have not marketed it in that way, but have not marketed it in that way, but what we've created is a very easy, what we've created is a very easy, convenient, high-quality experience for convenient, high-quality experience for patients that maybe have a relationship patients that maybe have a relationship with our customers who are health with our customers who are health systems, but maybe they've had trouble systems, but maybe they've had trouble being able to access that. And that being able to access that. And that could be because of work, travel care could be because of work, travel care reasons, you name it. But what we want reasons, you name it. But what we want to be able to do is keep that patient to be able to do is keep that patient connected with the provider them with connected with the provider them with extended hours, 7:00 a.m. to 7:00 p.m.

extended hours, 7:00 a.m. to 7:00 p.m. We integrate that with behavioral health We integrate that with behavioral health services, no matter what their needs services, no matter what their needs might be, we're able to support them.

might be, we're able to support them. And so, what I think about is been a lot And so, what I think about is been a lot of focus around women's health here, of of focus around women's health here, of course, weight management. 50% of our course, weight management. 50% of our patients who are coming to us for patients who are coming to us for primary care, they're actually seeking primary care, they're actually seeking support around weight management.

support around weight management. They're looking for access to be able to They're looking for access to be able to connect to a health system, and they connect to a health system, and they don't know where to start necessarily.

don't know where to start necessarily. But often times they have that trusted But often times they have that trusted relationship within the community with relationship within the community with their health care provider that health their health care provider that health system and so they end start with system and so they end start with ovation and we help them guide them ovation and we help them guide them along in that journey. So, you know, along in that journey. So, you know, it's been there's been a lot of focus on it's been there's been a lot of focus on that. Of course, AI there's been a ton that. Of course, AI there's been a ton of talk about that but what I've heard of talk about that but what I've heard is less about like AI as a platform and is less about like AI as a platform and more about AI within applied solutions more about AI within applied solutions and that's what I think is going to be and that's what I think is going to be required to be successful.

required to be successful.

Keeping Care Connected Across Virtual and In-Person

Right. All the tools are still require Right. All the tools are still require people to think about what's the people to think about what's the clinical cases to use those tools clinical cases to use those tools because we know if you put in the bunch because we know if you put in the bunch of bad data, you're going to get bad of bad data, you're going

to get bad results. So, it's all about going back results. So, it's all about going back to the core of how do we take care of to the core of how do we take care of patients? What's that clinical journey patients? What's that clinical journey looks like for the patient, for the looks like for the patient, for the caregivers, for the clinician to all be caregivers, for the clinician to all be involved in that journey and then let's involved in that journey and then let's add to the technology, the virtual care, add to the technology, the virtual care, the various modality to facilitate more the various modality to facilitate more seamlessly. So, it doesn't like you seamlessly. So, it doesn't like you mentioned, if we're outside the existing mentioned, if we're outside the existing realm of workflow, people going to feel realm of workflow, people going to feel like it's a burden. It's an extra thing like it's a burden. It's an extra thing they have to do instead of help. So, they have to do instead of help. So, having the health system, the clinician, having the health system, the clinician, the caregiver all in that initial phase the caregiver all in that initial phase of creation is very important. Now, I of creation is very important. Now, I believe the right company always do believe the right company always do really well, right? When people come to really well, right? When people come to us, I'm always like, "What's your us, I'm always like, "What's your minimum sellable product? Don't just minimum sellable product? Don't just give me a minimum viable product." give me a minimum viable product." >> Yeah. Because there are a lot of things >> Yeah. Because there are a lot of things that can be viable but not a lot of that can be viable but not a lot of things that create enough social backing things that create enough social backing and what we call that social capital to and what we call that social capital to truly get into adoption, for people to truly get into adoption, for people to see the value of what can be, right? And see the value of what can be, right? And so, I see you guys were building this, so, I see you guys were building this, tapping into I believe you guys are in tapping into I believe you guys are in the Carolinas. We're in South Carolina, the Carolinas. We're in South Carolina, yes. And in South Carolina and then in yes. And in South Carolina and then in Ohio. So, those are two markets and Ohio. So, those are two markets and that's the one thing that we really that's the one thing that we really focus on is I I would say I'd rather be focus on is I I would say I'd rather be in five states serving 500,000 patients in five states serving 500,000 patients than in 50 states because we want to be than in 50 states because we want to be able to have a deep relationship with able to have a deep relationship with the patient. Health All health care is the patient. Health All health care is local. So, in being a virtual care local. So, in being a virtual care provider, we need to be able to still provider, we need to be able to still understand what the health system, what understand what the health system, what those patients, what those communities those patients, what those communities are. We need to be an extension of that are. We need to be an extension of that relationship. You can't feel as if like, relationship. You can't feel as if like, "Hey, I went to my primary care provider "Hey, I went to my primary care provider in person and they know me really well.

in person and they know me really well. And then I have a virtual visit and they And then I have a virtual visit and they don't really know my community. They don't really know my community. They don't know who I am. They don't know how don't know who I am. They don't know how to connect me to the resources that I to connect me to the resources that I need as part of my patient journey." So, need as part of my patient journey." So, absolutely.

absolutely. absolutely. Right, because we have already seen Right, because we have already seen that. A lot of the time people say, "Oh, that. A lot of the time people say, "Oh, I went to my cardiologist office. I've I went to my cardiologist office. I've never seen the same doctor. They bounce never seen the same doctor. They bounce me from one doctor to another PA, to me from one doctor to another PA, to another MP, to everybody, right?" So, another MP, to everybody, right?" So, then people feel very disconnected for then people feel very disconnected for what they see medicine used to be is what they see medicine used to be is your family doctor, who knows everything your family doctor, who knows everything about you. And anytime you see other about you. And anytime you see other doctors, they already know. There's a doctors, they already know. There's a connection. There's a back feel of connection. There's a back feel of closing the loop.

closing the loop. >> Yep. >> Yep. >> Yep. >> Which we often don't see that. And when >> Which we often don't see that. And when we can see that, nowadays people travel we can see that, nowadays people travel a lot, but they still have a home base, a lot, but they still have a home base, whether that's health care or connecting whether that's health care or connecting to virtual. Yes, we get them the ability to virtual. Yes, we get them the ability to see someone, but we still want to to see someone, but we still want to close the loop of how well you know that close the loop of how well you know that person. So, I love that because every person. So, I love that because every month I look at the top referrals within month I look at the top referrals within our overall practice. So, that's across our overall practice. So, that's across urgent care, primary care, behavioral urgent care, primary care, behavioral

health. And always within our top 10 health. And always within our top 10 referrals is actually a referral to referrals is actually a referral to virtual primary care. And who was making virtual primary care. And who was making that is our urgent care team. So, what that is our urgent care team. So, what we try to do is we often have like we try to do is we often have like patients that they're younger. Maybe patients that they're younger.

Building Adoption Through Workflow and Trust

Maybe they don't understand the value of they don't understand the value of primary care. They And they You know primary care. They And they You know what? They could be within their 20s, what? They could be within their 20s, they could be in their mid-40s. They they could be in their mid-40s. They They maybe have not established that They maybe have not established that primary care relationship. So, they come primary care relationship. So, they come and what's unique about a patient is and what's unique about a patient is they do have an opportunity to select they do have an opportunity to select They can get in line. I hate that term, They can get in line. I hate that term, but it is It's an epic functionality but it is It's an epic functionality called getting in line and they wait for called getting in line and they wait for the next available provider or they have the next available provider or they have the ability to select the time and the the ability to select the time and the provider for an urgent care visit. Once provider for an urgent care visit. Once you've seen that patient maybe two or you've seen that patient maybe two or three times, we start talking to them, three times, we start talking to them, "Have you thought about establishing a "Have you thought about establishing a relationship, building a relationship relationship, building a relationship with a PCP? I'm sure this is working out with a PCP? I'm sure this is working out you know, this is working out really you know, this is working out really well. We're able to help you. But let's well. We're able to help you. But let's think about what we could do if we had think about what we could do if we had somebody that was established and had somebody that was established and had that relationship." And to your point, that relationship." And to your point, you know, there are health systems, you know, there are health systems, there are you know, practices that will there are you know, practices that will hand the patient off. More often than hand the patient off. More often than not, yes, the value able to be on a not, yes, the value able to be on a medical record, see that continuous care medical record, see that continuous care journey, that's helpful. But what most journey, that's helpful. But what most patients want, we see in their under patients want, we see in their under their patient satisfaction survey and their patient satisfaction survey and their comments, they do want to be their comments, they do want to be connected to a provider that knows them, connected to a provider that knows them, that understands them, that they build a that understands them, that they build a relationship with.

relationship with. >> [snorts] >> [snorts] >> [snorts] >> And they sometimes have Often times we >> And they sometimes have Often times we see it from coming from patients is they see it from coming from patients is they truly feel like they've never had a truly feel like they've never had a better relationship with their PCP in better relationship with their PCP in this way because they feel connected.

this way because they feel connected. They feel that they're on an equal They feel that they're on an equal status as well. It's minimizing some of status as well. It's minimizing some of that white coat syndrome, of being able that white coat syndrome, of being able to say, "You know what? I'm in the to say, "You know what? I'm in the comfort of my home, or I'm at work, and comfort of my home, or I'm at work, and I'm able to have a conversation. I feel I'm able to have a conversation. I feel maybe a little bit less stressed, and maybe a little bit less stressed, and I'm just talking to my provider, you I'm just talking to my provider, you know, across that video screen." And it know, across that video screen." And it goes really, really well. Yeah, and then goes really, really well. Yeah, and then we definitely see that disconnect, and we definitely see that disconnect, and then the people who do really well in then the people who do really well in that, right? I remember even when I was that, right? I remember even when I was going through training in primary care, going through training in primary care, we have the old lady who dress up to go we have the old lady who dress up to go to your doctor's office, right? And then to your doctor's office, right? And then in that moment, it's like, "Wow, like in that moment, it's like, "Wow, like look at what they are new high, right?" look at what they are new high, right?

Scaling Through Behavioral Health and Employer Partnerships

" And then you're just having a whole And then you're just having a whole conversation with you while you're conversation with you while you're taking them vitals and taking their taking them vitals and taking their history. And

versus this things kind of history. And versus this things kind of shift in a few years due to, yes, the shift in a few years due to, yes, the pandemic and all that. We start looking pandemic and all that. We start looking at how do we get care in a best way, but at how do we get care in a best way, but can we still have that continuation of I can we still have that continuation of I still know you. Whether it's a through a still know you. Whether it's a through a computer screen, or versus if you're computer screen, or versus if you're actually in there with a person. So, actually in there with a person. So, telemedicine become a lot more and we telemedicine become a lot more and we can reduce the Everybody keep using can reduce the Everybody keep using urgent care as their primary care, which urgent care as their primary care, which yes, if you think about the clinician yes, if you think about the clinician practice, they are definitely always by practice, they are definitely always by shifts, right? People cannot be shifts, right? People cannot be following you versus with the primary following you versus with the primary care practice. Yeah.

care practice. Yeah. >> Well, I think that the one thing though >> Well, I think that the one thing though about I'm sure many of your listeners about I'm sure many of your listeners have heard this, but I think the value have heard this, but I think the value of being able to have that virtual and of being able to have that virtual and being on video. So, I would say 99.7% being on video. So, I would say 99.7% of our visits they're done via video.

of our visits they're done via video. The only reason that we wouldn't is we The only reason that we wouldn't is we did have like we had an outage today and did have like we had an outage today and there was one patient who wasn't able to there was one patient who wasn't able to be be seen. So, we did an audio we be be seen. So, we did an audio we flipped the audio. But in general, we're flipped the audio. But in general, we're able to pick up on so many of those able to pick up on so many of those other cues and build a relationship, other cues and build a relationship, actually see the home, see the setting actually see the home, see the setting that the patient's in. Maybe it's a pet, that the patient's in. Maybe it's a pet, you know, whatever that you know is in you know, whatever that you know is in that visit. And that helps build that that visit. And that helps build that relationship and that connection as relationship and that connection as well. So, you can still get dressed up well. So, you can still get dressed up and you know, when you're on camera and and you know, when you're on camera and you can still do so and be in the you can still do so and be in the comfort of your home to be able to do comfort of your home to be able to do that. And I think that's the one thing that. And I think that's the one thing that we've seen and so many of the that we've seen and so many of the patients who they maybe haven't seen a patients who they maybe haven't seen a primary care provider in 5 7 10 years, primary care provider in 5 7 10 years, they're getting in and because that they're getting in and because that virtual care has reduced the barriers virtual care has reduced the barriers they don't have to leave work or that they don't have to leave work or that we've had those extended hours, they are we've had those extended hours, they are able to to really be the co-captain of able to to really be the co-captain of their you know, health care journey with their you know, health care journey with their PCP and their care team. And so, their PCP and their care team. And so, if they need to be seen, you know, once if they need to be seen, you know, once a month and maybe there's the number of a month and maybe there's the number of things that they're tackling together things that they're tackling together with their PCP, it's a lot easier to do with their PCP, it's a lot easier to do that when you're not having to take away that when you're not having to take away you know, two hours a day to be able to you know, two hours a day to be able to go you know, to the network and order go you know, to the network and order practice.

practice. practice. What I love about this first part of What I love about this first part of [music] our conversation with Michael is [music] our conversation with Michael is that he remind us patients are no longer that he remind us patients are no longer looking for more health care options.

looking for more health care options. They are looking for outcomes [music] They are looking for outcomes [music] and connection. and connection. We talked about why convenience alone is We talked about why convenience alone is not [music] enough. If your solution not [music] enough. If your solution helps people access care, stay helps people access care, stay connected to trusted providers, and removes to trusted providers, and removes friction from their daily life, friction from their daily life, >> [music] >> [music] >> [music] >> that's where real adoption begins. Now, >> that's where real adoption begins. Now, before we jump into the second [music] before we jump into the second [music] 2/3 of today's conversation, let's take 2/3 of today's conversation, let's take a quick pause and [music] share a quick pause and [music] share something that you will be able to something that you will be able to benefit from. If you are a founder benefit from. If you are a founder beyond [music] series A, or

you have beyond [music] series A, or you have been leading a well-established [music] been leading a well-established [music] organization in the health system, organization in the health system, physician organization, [music] physician organization, [music] a venture capital firm, we would love to a venture capital firm, we would love to speak with you and feature you as one of speak with you and feature you as one of [music] our speaker on our top [music] our speaker on our top 100-ranked podcast. Go to the [music] 100-ranked podcast. Go to the [music] providersedge.com providersedge.com providersedge.com to apply. Correct. And as you guys are to apply. Correct. And as you guys are are looking into the next year, where are looking into the next year, where does that vision looks like? What's does that vision looks like? What's what's the next year would be what's the next year would be ultimately?

ultimately? ultimately? >> So, one of the unique things about >> So, one of the unique things about Ovation is that we do have, as I Ovation is that we do have, as I mentioned, integrated behavioral health.

mentioned, integrated behavioral health.

Funding, Growth, and the Future of Ovation

So, whether that patient is in coming in So, whether that patient is in coming in through urgent care or primary care, we through urgent care or primary care, we have the ability to provide a warm have the ability to provide a warm handoff to behavioral health provider at handoff to behavioral health provider at Ovation in real time. And what we really Ovation in real time. And what we really are trying to now embed is that within are trying to now embed is that within some of our specific conditions, yes, some of our specific conditions, yes, we're going to make that patient we're going to make that patient available and aware that we have these available and aware that we have these behavioral health services, but we behavioral health services, but we really are trying to destigmatize the really are trying to destigmatize the opportunity to be able to connect with opportunity to be able to connect with the behavioral health provider. So, if the behavioral health provider. So, if they're part of their weight loss they're part of their weight loss journey, we will assign them, you can journey, we will assign them, you can call them a care advocate, that's a call them a care advocate, that's a licensed clinical social worker going to licensed clinical social worker going to be part of their care team, and start be part of their care team, and start introducing that. So, if there's not introducing that. So, if there's not that stigma that comes with it, and that that stigma that comes with it, and that they're just helping them to be able to they're just helping them to be able to be successful. GLP-1s or weight be successful. GLP-1s or weight management drugs incredibly helpful, but management drugs incredibly helpful, but there's an overall lifestyle change there's an overall lifestyle change that's going to need to happen. Your PCP that's going to need to happen. Your PCP can help facilitate that, but it is can help facilitate that, but it is going to take that larger team-based going to take that larger team-based effort. And some of that coordination effort. And some of that coordination across the health system, across your across the health system, across your community. So, that's one area. We're community. So, that's one area. We're also we probably will more than double also we probably will more than double the number of visits that we have. And the number of visits that we have. And we will continue to build out some of we will continue to build out some of the virtual to in-person relationships the virtual to in-person relationships that are needed, some of the hand-offs that are needed, some of the hand-offs that maintain trust. And also what we're that maintain trust. And also what we're looking to be able to do for our health looking to be able to do for our health system customers, the value that they system customers, the value that they see is that you have patient starts see is that you have patient starts virtual, then they're connected with virtual, then they're connected with other ancillary services. So, we want to other ancillary services. So, we want to create some of that additional adoption create some of that additional adoption and close loops for both referrals to and close loops for both referrals to the health system as well as maybe some the health system as well as maybe some of the resources that are in the of the resources that are in the community. So, in my mind it's we are community. So, in my mind it's we are looking to build and take on a couple of looking to build and take on a couple of other health system customers, but we other health system customers, but we have a tremendous opportunity to have a tremendous opportunity to continue to be able to scale our continue to be able to scale our services for Metro Health and the services for Metro Health and the Medical University of South Carolina.

Medical University of South Carolina. Yeah, so it seems like now you guys are Yeah, so it seems like now you guys are decent traction hospital connection. Now decent traction hospital connection. Now it's about what's bigger, what's next, it's about what's bigger, what's next, right? What's the additional services to right? What's the

additional services to help you to scale up this help you to scale up this community-based solutions and add on to community-based solutions and add on to things people already are looking for, things people already are looking for, right? Well, one thing that as I think right? Well, one thing that as I think about that is one thing that we really about that is one thing that we really focused on as well for our health system focused on as well for our health system customers is helping them connect with customers is helping them connect with employers and their employees. So, they employers and their employees. So, they are already very large employers. For are already very large employers. For our respective customers combined, they our respective customers combined, they have about 40,000 employees. That's a have about 40,000 employees. That's a large number. What we want to be able to large number. What we want to be able to do though then is they're going to other do though then is they're going to other employers is to be able to offer Ovation employers is to be able to offer Ovation as a service that can support employers as a service that can support employers and employees, keep them connected to and employees, keep them connected to the health system. But also as I think the health system. But also as I think about it, there's one use case. There's about it, there's one use case. There's a university. They have students that a university. They have students that coming in and you think about coming in and you think about establishing a relationship. Those establishing a relationship. Those students all the times will be gone in 4 students all the times will be gone in 4 years. What we don't want them to have years. What we don't want them to have is then, you know, they got to go have is then, you know, they got to go have they got to go find another PCP. They're they got to go find another PCP. They're breaking that relationship. Or if they breaking that relationship. Or if they go home for the holidays or professor go home for the holidays or professor that's you know, they may be teaching that's you know, they may be teaching virtually. They never have access to virtually. They never have access to that on-site clinic. So but virtual that on-site clinic. So but virtual creates an amazing ability. And also creates an amazing ability. And also they don't have to come to the campus.

they don't have to come to the campus. We can provide those services extended We can provide those services extended hours as well as provide those services hours as well as provide those services to their family members. So that's to their family members. So that's something that we're trying to help something that we're trying to help translate that into value for our health translate that into value for our health system customers to say, here's an system customers to say, here's an opportunity to sell to employers to keep opportunity to sell to employers to keep them connected and helping reduce their them connected and helping reduce their overall cost of care. Yes, it's about overall cost of care. Yes, it's about expansion of what other entities can do expansion of what other entities can do through the services you already have.

through the services you already have. And it just make a natural sense. And it just make a natural sense. Instead of feeling like, oh we're Instead of feeling like, oh we're creating a completely separate solution.

creating a completely separate solution. This is already existing. This is an This is already existing. This is an easy conversation for them to benefit easy conversation for them to benefit from more patients staying in the health from more patients staying in the health system as well as supporting these system as well as supporting these additional businesses in the community additional businesses in the community who can help better retention, less of who can help better retention, less of having to take off work because their having to take off work because their family needed to go to a doctor office family needed to go to a doctor office for any appointment or they have to for any appointment or they have to take time off work sick days to do all these time off work sick days to do all these exceptional services. As we wrap up, I exceptional services. As we wrap up, I always like to ask more of a fun always like to ask more of a fun question. So if we give you a magic wand question. So if we give you a magic wand and grant you three wishes and that and grant you three wishes and that three wishes can help you in really three wishes can help you in really speed up all the goals and the speed up all the goals and the additional things that you really aspire additional things that you really aspire to do with the company, how would you to do with the company, how would you use the three wishes?

use the three wishes? Ooh, I love that question. Three wishes. Ooh, I love that question. Three wishes. So if you have a CEO and a founder on So if you have a CEO and a founder on your podcast that is not talking about your podcast that is not talking about money, capital, I could use more money, capital, I could use more capital. So yes, that would help in capital. So yes, that would help in terms of growth. So I think if we're terms of growth. So I think if we're looking at and that's something for us, looking at and that's something for us, we're in a good position right now. But we're in a good position right now. But being able to have that additional funds being able to have that

additional funds would help us grow with additional would help us grow with additional health systems, be able to grow our health systems, be able to grow our services. What right now today we have a services. What right now today we have a virtual patient center medical home. We virtual patient center medical home. We want to build out a multi-specialty want to build out a multi-specialty practice. So, we think about cardiology, practice. So, we think about cardiology, endocrinology. Those patients who are endocrinology. Those patients who are engaging today virtual primary care, engaging today virtual primary care, they can do so for other specialty they can do so for other specialty services as well and stay connected to services as well and stay connected to the health system. Another wish would the health system. Another wish would be, in my mind, be, in my mind, telehealth and the waiver that's telehealth and the waiver that's currently in place that we have currently in place that we have permanent coverage. The that permanency permanent coverage. The that permanency to be able to, you know, to have this to be able to, you know, to have this kind of like, you know, waiting game kind of like, you know, waiting game that happens every, you know, 6 9 that happens every, you know, 6 9 months, that would be phenomenal. And months, that would be phenomenal. And then also, if I could wave my wand, I then also, if I could wave my wand, I would love for Ovation, maybe, you know, would love for Ovation, maybe, you know, some of of those who are watching and some of of those who are watching and listening, there's a lot of funds right listening, there's a lot of funds right now around rural health transformation now around rural health transformation grant, you know, about being able to grant, you know, about being able to bring virtual care or services to bring virtual care or services to communities in that are rural. And so, I communities in that are rural. And so, I would love for Ovation and other virtual would love for Ovation and other virtual care companies to be able to have that care companies to be able to have that opportunity to bring their services and opportunity to bring their services and keep patients who are sometimes keep patients who are sometimes disconnected to as part of their health disconnected to as part of their health or have to travel long distances, or have to travel long distances, virtual care innovation are a perfect virtual care innovation are a perfect opportunity for that. I'd love to be opportunity for that. I'd love to be able to offer our services to them.

able to offer our services to them. Awesome. And then clarify on the Awesome. And then clarify on the funding, what stage of funding you guys funding, what stage of funding you guys look for to help that extra help, right?

look for to help that extra help, right? Because expansion always take a little Because expansion always take a little bit extra capital. bit extra capital.

Key Takeaways on Scalable Healthcare Innovation

>> Yeah. We're unique in that we're a >> Yeah. We're unique in that we're a non-profit. Okay. non-profit. Okay. >> So, we've received phenomenal funding >> So, we've received phenomenal funding from our original investors, MetroHealth from our original investors, MetroHealth and uh Medical University of South and uh Medical University of South Carolina. Yeah. So, interestingly, we're Carolina. Yeah. So, interestingly, we're looking for other health systems that looking for other health systems that want to be part of that consortium or want to be part of that consortium or others who see the value in that play, others who see the value in that play, but they're really looking for, I would but they're really looking for, I would say, more of a consortium or opportunity say, more of a consortium or opportunity to invest in how they build out and they to invest in how they build out and they have a similar vision for building out a have a similar vision for building out a a virtual practice that's connected for a virtual practice that's connected for to their health system. Yeah, I to their health system. Yeah, I definitely see the alignment more of definitely see the alignment more of finding those ventures on the health finding those ventures on the health system side, more medical school, those system side, more medical school, those type of academic side, mission-driven type of academic side, mission-driven side. So, then you understand what the side. So, then you understand what the bigger population health at play.

bigger population health at play. >> Absolutely. And for us, we are more of a >> Absolutely. And for us, we are more of a physician-led organization because we physician-led organization because we believe in having patients and believe in having patients and clinicians in the forefront of the clinicians in the forefront of the conversation. And that's why the podcast conversation. And that's why the podcast is there. That's why we interview other is there. That's why we interview other innovators is to see how can we do this innovators is to see how can we do this better together, right?

better together, right? >> Yeah. Having the right conversation, >> Yeah. Having the right conversation, then the physician become your champion then the physician become your champion through the ACOs, health system, or through the ACOs, health system, or individual private practices. And then individual private practices. And then they sometimes can be ambassadors or they sometimes can be ambassadors or board members because they truly believe board members because they truly believe in the change. Instead of not everyone in the change. Instead of not everyone should create their own company, right?

should create their own company, right? There's a lot of work. There's a lot of work. There's a lot of work. And time and There's a lot of work. And time and money that you have to throw in there.

money that you have to throw in there. >> Yes. So, instead of having to create >> Yes. So, instead of having to create your own brand new thing, if you're your own brand new thing, if you're really passionate and truly have really passionate and truly have existing companies that are connected to existing companies that are connected to your own mission, then invest, advise.

your own mission, then invest, advise. That has a lot more gain, actually, and That has a lot more gain, actually, and then less headache. So, for anybody out then less headache. So, for anybody out there who are thinking about investment there who are thinking about investment or your hospital-sided adventure, think or your hospital-sided adventure, think about population health solutions as a about population health solutions as a variant and start looking, start variant and start looking, start engaging, start having those engaging, start having those conversations because we all have to conversations because we all have to collaboratively come together in order collaboratively come together in order for these solutions to expand. And for for these solutions to expand. And for sure, virtual primary care, telehealth, sure, virtual primary care, telehealth, it's a solution that has been popping up it's a solution that has been popping up in the past few years, have been in the past few years, have been successful in many of them, and giving successful in many of them, and giving us virtual second opinion versus virtual us virtual second opinion versus virtual primary care versus the psychological primary care versus the psychological side that many people cannot do, and the side that many people cannot do, and the virtual critical care. Yeah. Right? A virtual critical care. Yeah. Right? A lot of hospital really need those lot of hospital really need those health. So, we have all these solutions.

health. So, we have all these solutions. It's just a matter of coming together. It's just a matter of coming together. >> Absolutely. >> Absolutely. >> Absolutely.

What Maiko shared here is a smart What Maiko shared here is a smart reminder for every founder. Scaling is reminder for every founder. Scaling is [music] easier when you expand from what [music] easier when you expand from what already works.

already works. We talked about integrating behavioral We talked about integrating behavioral health, [music] serving employees and health, [music] serving employees and universities, and creating smoother universities, and creating smoother handoff between virtual and [music] handoff between virtual and [music] in-person care.

in-person care. The real opportunity is not building The real opportunity is not building disconnected [music] products. disconnected [music] products.

It's building ecosystem that keeps It's building ecosystem that keeps patients supported, loyal, and engaged. patients supported, loyal, and engaged. Now, many of you are [music] Now, many of you are [music] also in earlier stage of your creative also in earlier stage of your creative journey, whether you're clinician, a journey, whether you're clinician, a scientist, [music] scientist, [music] building a solution, seeing gap in the building a solution, seeing gap in the space, then come to pitch to yes, so you space, then come to pitch to yes, so you can practice your pitch in front of can practice your pitch in front of [music] investors and operators who can [music] investors and operators who can help you to get to the next milestone.

help you to get to the next milestone. Go to pitchtoyes.com Go to pitchtoyes.com and see you at our next virtual and see you at our next virtual diagnostic [music] diagnostic [music] lab.

lab. lab. So, as we conclude, how will people find So, as we conclude, how will people find you to continue this conversation? you to continue this conversation?

What's the best way to contact with you? What's the best way to contact with you? So, we're on our website, ovation.com. So, we're on our website, ovation.com.

You can also connect with me through You can also connect with me through LinkedIn and my profile, Michael Dalton, LinkedIn and my profile, Michael Dalton, is on LinkedIn. We also have Ovation is on LinkedIn. We also have Ovation LinkedIn, where we're super active. We LinkedIn, where we're super active. We have about 10,000 followers there, and have about 10,000 followers there, and we'd love for you to be able to reach we'd love for you to be able to reach out and we can share more about Ovation out and we can share more about Ovation and how we're creating value for you.

and how we're creating value for you. Awesome. Love that. So, for everybody Awesome. Love that. So, for everybody who are listening, watching, if you have who are listening, watching, if you have been involved in any work in population been involved in any work in population health, comment below. What is there health, comment below. What is there something that you already been working something that you already been working on? You've been involved in virtual on? You've been involved in virtual primary care, urgent care work, and this primary care, urgent care work, and this continuum of collaboration, expansion of continuum of collaboration, expansion of this care for rural communities even.

this care for rural communities even. And then, message Michael to have a And then, message Michael to have a conversation with him, whether it's for conversation with him, whether it's for support, investment, or just simply support, investment, or just simply learn more about what they can do. And I learn more about what they can do. And I appreciate everyone for joining us.

appreciate everyone for joining us. Thank you. Thank you. As we wrapped up today's conversation, I As we wrapped up today's conversation, I want to bring this [music] full circle want to bring this [music] full circle because Michael shared something that because Michael shared something that many founders and healthcare leaders many founders and healthcare leaders need to hear right now.

need to hear right now. Growth in healthcare [music] Growth in healthcare [music] is not about building the loudest is not about building the loudest solution. It is about creating trusted solution. It is about creating trusted [music] solution that fits naturally [music] solution that fits naturally into how patients, clinicians, and into how patients, clinicians, and health system [music] already live and health system [music] already live and work.

work. work. Today's episode, we explore how virtual Today's episode, we explore how virtual care can expand access, strengthen care can expand access, strengthen relationship, [music] relationship, [music] open new revenue channel, and scale in a open new revenue channel, and scale in a way that way that >> [music] >> [music] >> [music] >> actually improves outcome instead of >> actually improves outcome instead of adding more noises. Here are the key adding more noises. Here are the key takeaway. [music] Number one, if your takeaway. [music] Number one, if your product lives outside existing workflow, product lives outside existing workflow, growth gets expensive.

growth gets expensive. Many founders think [music] better Many founders think [music] better feature wins, so they put more money, feature wins, so they put more money, more energy, more funding into just more energy, more funding into just product development. Not in healthcare.

product development. Not in healthcare. Michael made it clear, if [music] Michael made it clear, if [music] patients or clinician feel like your patients or clinician feel like your solution is one more thing to manage, solution is one more thing to manage, then adoption [music] slows down.

then adoption [music] slows down. Winning founders don't just build Winning founders don't just build products. They remove friction for products. They remove friction for [music] what already exist. So, the [music] what already exist. So, the question for you as founders are, are question for you as founders are, are you creating a tool or

adding [music] you creating a tool or adding [music] another burden?

another burden? This will be a good question for all the This will be a good question for all the healthcare administrator [music] healthcare administrator [music] out there to think about as well. Number out there to think about as well. Number two, convenience is not the product, two, convenience is not the product, [music] trust is. Ovation offers [music] trust is. Ovation offers extended hours, virtual care, behavior extended hours, virtual care, behavior health, PCP continuity, [music] health, PCP continuity, [music] but the real product is this.

but the real product is this. Patient feels known. That's what drives Patient feels known. That's what drives retention. retention. retention. Too many startups [music] chase Too many startups [music] chase convenience alone. Convenience attract convenience alone. Convenience attract users. Trust keeps them. Number three, users. Trust keeps them. Number three, [music] narrow geography can be national [music] narrow geography can be national expansion. Michael said he'd rather expansion. Michael said he'd rather serve few states deeply than all 50 serve few states deeply than all 50 shallowly. [music] shallowly. [music] This is founder wisdom. Many early stage This is founder wisdom. Many early stage companies over expand before they over companies over expand before they over perform. Depth create proof. [music] perform. Depth create proof. [music] Proof create scale. Not the other way Proof create scale. Not the other way around. Number four, around. Number four, >> [music] >> [music] >> [music] >> the next wave of AI winners will be >> the next wave of AI winners will be applied, not theoretically. Michael said applied, not theoretically. Michael said something many founders need to [music] something many founders need to [music] hear. The conversation is shifting from hear. The conversation is shifting from AI as a platform to our AI in practical AI as a platform to our AI in practical use cases.

use cases. Translation, investors and buyers Translation, investors and buyers >> [music] >> [music] >> [music] >> are tired of AI buzzwords. >> are tired of AI buzzwords.

They want measurable outcomes. They want measurable outcomes. Number five, Number five, >> [music] >> [music] >> [music] >> integrated behavioral health is a >> integrated behavioral health is a revenue plus outcome opportunity. Most revenue plus outcome opportunity. Most founders [music] separate physical founders [music] separate physical health and behavioral health. That health and behavioral health. That creates gap.

creates gap. Ovation builds warm handoff in real Ovation builds warm handoff in real time. That means higher patient time. That means higher patient engagement, better outcome, more engagement, better outcome, more retention revenue inside house [music] retention revenue inside house [music] ecosystem, and stronger total care value ecosystem, and stronger total care value story. Founders [music] who integrate story. Founders [music] who integrate win faster than founders who silo.

win faster than founders who silo. >> [music] >> [music] >> [music] >> Number six, expansion is easier when it >> Number six, expansion is easier when it extends existing assets. [music] extends existing assets. [music] The employer's strategy was smart.

The employer's strategy was smart. Instead of investing [music] a new Instead of investing [music] a new business line, they repurposed current business line, they repurposed current infrastructure for employers, infrastructure for employers, universities, remote [music] workers, universities, remote [music] workers, and family members. This is a founder's and family members. This is a founder's goal. Before launching new product, ask, goal. Before launching new product, ask, what current engines can sell [music] what current engines can sell [music] into a second market? So, let me ask you into a second market? So, let me ask you this. If you could fix one broken this. If you could fix one broken handoff in healthcare today, primary handoff in healthcare today, primary care, mental health, specialists, care, mental health, specialists, employer [music] care, what would create employer [music] care, what would create the biggest ROI?

the biggest ROI? Thank you for listening. [music] Thank you for listening. [music] Remember, the positive change we're Remember, the positive change we're seeking starts right here with me and seeking starts right here with me and you.

you. you. >> [music] >> [music] >> [music] >> If you're a fan of the show or if you >> If you're a fan of the show or if

you are just having struggles or success are just having struggles or success that you're either [music] experienced that you're either [music] experienced in the past or are experiencing now in in the past or are experiencing now in the healthcare industry, these matter to the healthcare industry, these matter to all of us. I want to hear from you.

all of us. I want to hear from you.