There you go.

Introduction and Guest Welcome

There you go. >> Good morning everyone and welcome to >> Good morning everyone and welcome to Signals and Symptoms podcast. As usual, Signals and Symptoms podcast. As usual, we are very excited with my three we are very excited with my three besties. Now we have Dr. Mannering, Dr.

besties. Now we have Dr. Mannering, Dr. Castro, and uh doc Mr. Marks. So, I'm Castro, and uh doc Mr. Marks. So, I'm just going to call him Harvey, Isa, and just going to call him Harvey, Isa, and Ed. And of course, all the three Ed. And of course, all the three co-hosts are present. Ed is in transit co-hosts are present. Ed is in transit but as usual his amazing uh you know but as usual his amazing uh you know reverence to making this a success has reverence to making this a success has has been here through uh while he's has been here through uh while he's traveling. Today we have a very special traveling. Today we have a very special guest uh Dr. Baston uh she has she's the guest uh Dr. Baston uh she has she's the chief executive officer CEO of Venile chief executive officer CEO of Venile Health and we're going to talk about Health and we're going to talk about this and her journey into what we call this and her journey into what we call true entrepreneurship and understanding true entrepreneurship and understanding everything. Um, as you know, uh, Harvey everything. Um, as you know, uh, Harvey is a full-blown AI. This is not his real is a full-blown AI. This is not his real face. This is AI that's talking.

face. This is AI that's talking.

Dr. Bassin's Background and Career Path

[laughter] [laughter] [laughter] And, uh, me, I'm partly, you know, AI. And, uh, me, I'm partly, you know, AI. And then we have Isa here who is truly And then we have Isa here who is truly truly grounding us, uh, as most women do truly grounding us, uh, as most women do in our lives to reality, which is in our lives to reality, which is patient, patient, patient first. And patient, patient, patient first. And that's where Dr. Baston and her that's where Dr. Baston and her information comes in. First of all, she information comes in. First of all, she has a wealth of information. If I go has a wealth of information. If I go through this, it's going to take a whole through this, it's going to take a whole hour that she has been in the department hour that she has been in the department of health, commissioner of health, etc., of health, commissioner of health, etc., etc. But more importantly, she has been etc. But more importantly, she has been working on what we call coordination of working on what we call coordination of health from a patient view. And again, health from a patient view. And again, uh we all need to be grounded in this uh we all need to be grounded in this age of AI and technology and not forget age of AI and technology and not forget why we exist in the first place and that why we exist in the first place and that is patience. Having said that, thank you is patience. Having said that, thank you so much Dr. Baston for coming on our so much Dr. Baston for coming on our show. We are very grateful for your uh show. We are very grateful for your uh you know presence. Uh as usual uh first you know presence. Uh as usual uh first go ahead I apologize for the crappy go ahead I apologize for the crappy introduction. Introduce yourself. Tell introduction. Introduce yourself. Tell us about your journey. Uh and then why us about your journey. Uh and then why you're doing what you're doing.

you're doing what you're doing. >> Thanks so much. It's great to get to >> Thanks so much. It's great to get to have this time with all of you and and have this time with all of you and and formally meet you. Um and of course formally meet you. Um and of course everything you all do is so impressive.

everything you all do is so impressive. So, I feel very honored to be in this So, I feel very honored to be in this room with you in this virtual room. So, room with you in this virtual room. So, yeah, I'm Dr. Caitlyn Bassin. I'm a yeah, I'm Dr. Caitlyn Bassin. I'm a primary care doctor and addiction doctor primary care doctor and addiction doctor by

background and training. And I spent by background and training. And I spent most of my early career building what we most of my early career building what we what I referred to as integrated care, what I referred to as integrated care, right? So, I'm pulling together mental right? So, I'm pulling together mental health and addiction care with regular health and addiction care with regular medical care or primary care because for medical care or primary care because for so long, way too long, mental health and so long, way too long, mental health and addiction has been carved out, right?

addiction has been carved out, right? and then kind of pushed to a to a side and then kind of pushed to a to a side and not treated by the same doctors, the and not treated by the same doctors, the same systems. People didn't know what same systems. People didn't know what was going on. So everything was really was going on. So everything was really fragmented. And in doing that, I had to fragmented. And in doing that, I had to do a lot of work. I was in Camden, New do a lot of work. I was in Camden, New Jersey at a university hospital there.

Jersey at a university hospital there. And that's where I started. And I had to And that's where I started. And I had to do a ton of work on policy actually do a ton of work on policy actually because we had to have the licensing to because we had to have the licensing to support it and payment models to support support it and payment models to support it. And all all of the system had to it. And all all of the system had to make it work. And that brought me make it work. And that brought me basically to a lot of work with health basically to a lot of work with health and human services in New Jersey. And and human services in New Jersey.

Building Vinyl Health and Patient-Centered Care

And then long story short, that landed me in then long story short, that landed me in the health commissioner role under the the health commissioner role under the Murphy administration that and a lot of Murphy administration that and a lot of work on maternal mortality um and and work on maternal mortality um and and how that interfaces with the work I was how that interfaces with the work I was doing. And so I got to know the Murphy doing. And so I got to know the Murphy administration really well and the first administration really well and the first lady Tammy Murphy at the time. Um, and lady Tammy Murphy at the time. Um, and all that policy work and and trying to all that policy work and and trying to fix things made it feel really really fix things made it feel really really nice to have the opportunity to be the nice to have the opportunity to be the health commissioner for the state health commissioner for the state because I could try to fix things from because I could try to fix things from that chair for a little while and kind that chair for a little while and kind of write the policies or the or the regs of write the policies or the or the regs fix the rags that I was trying to fix fix the rags that I was trying to fix from the outside for a long time. Um, from the outside for a long time. Um, and then after that uh the the hospital and then after that uh the the hospital CEO who was running the state public CEO who was running the state public hospital stepped down um kind of hospital stepped down um kind of rapidly. he got another position and the rapidly. he got another position and the governor asked me to step in and and be governor asked me to step in and and be interim hospital CEO interim hospital CEO um which I had planned to transition out um which I had planned to transition out of health commissioner to the vinyl team of health commissioner to the vinyl team the vinyl health team um but had kind of the vinyl health team um but had kind of a stint running a hospital in between a stint running a hospital in between which was an incredible privilege the which was an incredible privilege the public hospital in New York New Jersey public hospital in New York New Jersey is incredibly it's got the best academic is incredibly it's got the best academic clinicians people who are all heart you clinicians people who are all heart you know doing true public hospital safety know doing true public hospital safety net hospital work and it was an net hospital work and it was an opportunity to to kind of go back to a opportunity to to kind of go back to a health system, an academic health system health system, an academic health system and run it from a different angle and and run it from a different angle and try to fix things from that angle. And try to fix things from that angle. And then I finally got to come out to the then I finally got to come out to the vinyl health team and build what I'm vinyl health team and build what I'm building now, which gives me a nimble building now, which gives me a nimble lens and lets me fully focus on the lens and lets me fully focus on the patient experience. Like what do patient experience. Like what do patients and their families need when patients and their families need when they're getting healthcare? So that's they're getting healthcare? So that's 100% of what I think about all day every 100% of what I think about all day every day. And then of course as a doctor in day. And then of course as a doctor in order for it to work for patients it has order for it to work for patients it has to work for us too. So I think about to work for us too. So I think about that too.

that too. >> Love it. Love it. One of my favorite >> Love it. Love it. One of my favorite phrases is it's human plus AI combined. phrases is it's human plus AI combined.

And it's not just any human is what I And it's not just any human is what I say. It's the right human for the right say. It's the right human for the right job. So obviously I love your space job. So obviously I love your space already. You're a doctor. you're uh already. You're a doctor. you're uh using technology and you have this nice using technology and you have this nice niche for public health and for what to niche for public health and for what to do for patients at another level because do for patients at another level because you're looking at it more global and you're looking at it more global and then you're trying to scale it. So, God, then you're trying to scale it. So, God, I can't wait to hear more about your I can't wait to hear more about your what you guys are doing.

what you guys are doing. >> Thanks. Yeah, it's exciting to try to >> Thanks. Yeah, it's exciting to try to pull all these things together and make pull all these things together and make the system work better for people the system work better for people because like you said in the beginning, because like you said in the beginning, right, this is why we all went into right, this is why we all went into healthcare. We decided to do this work healthcare. We decided to do this work because we wanted to help people. Oh my because we wanted to help people. Oh my >> Sorry, she was being a mess, so I was >> Sorry, she was being a mess, so I was like, let me She was trying to get the like, let me She was trying to get the >> Sorry, keep going.

>> Sorry, keep going. >> Yeah. So, basically what Vinyl Health >> Yeah. So, basically what Vinyl Health does is we are a personal health does is we are a personal health assistant for an individual in their assistant for an individual in their family who's navigating healthcare. Like family who's navigating healthcare. Like I said, that's like the oneliner. But I said, that's like the oneliner. But what does that mean? It means for us what does that mean? It means for us that we interpret what's happening in that we interpret what's happening in healthcare for people. So we translate healthcare for people. So we translate it into plain language. So if you're it into plain language. So if you're seeing a doctor or you're ingesting your seeing a doctor or you're ingesting your medical records, it's not just a bunch medical records, it's not just a bunch of gobblygook. That is, you know, what of gobblygook. That is, you know, what our records are. They're so much our records are. They're so much information. I used to call the EHR like information. I used to call the EHR like a giant junk drawer, right? My patients a giant junk drawer, right? My patients would be like, why don't you know that would be like, why don't you know that my cardiologist said this? And I would my cardiologist said this? And I would say, I let's look at it together. I'm say, I let's look at it together. I'm sure it's in here. We're just gonna have sure it's in here. We're just gonna have to go through some of these notes and to go through some of these notes and find where it's buried in this record.

find where it's buried in this record. Right? And certainly AI and other other Right? And certainly AI and other other tools are getting better at surfacing tools are getting better at surfacing that information, but not great and not that information, but not great and not great at doing it for patients. And so great at doing it for patients. And so that's step one. We interpret what's that's step one. We interpret what's happening and make it put it in plain happening and make it put it in plain language and help people understand it.

language and help people understand it. Then step two is we organize it in a way Then step two is we organize it in a way that helps them keep track of what what that helps them keep track of what what they need to do or what they want to do.

they need to do or what they want to do. And it's a mix of their personal goals And it's a mix of their personal goals and things they want their providers to and things they want their providers to know about themselves and things that know about themselves and things that their providers are are recommending for their providers are are recommending for them to do to take care of themselves.

them to do to take care of themselves. And so it's both this management tool And so it's both this management tool and care management. And then people and care management. And then people don't go through healthcare alone. And don't go through healthcare alone.

How the Platform Works for Patients and Providers

And so we allow them to loop in their so we allow them to loop in their community at different levels so that community at different levels so that they can get the help they need. And by they can get the help they need. And by doing that, we hopefully will dduplicate doing that, we hopefully will dduplicate a lot of efforts that everyone else on a lot of efforts that everyone else on the outside is trying to do when we're the outside is trying to do when we're trying to care manage people without trying to care manage people without keeping the people in the loop as part keeping the people in the loop as part >> Amazing. Um, >> Amazing. Um, no. Um, this is interesting, very no. Um, this is interesting, very interesting. Uh, we just built a module interesting. Uh, we just built a module in save life AI as well. uh but we we in save life AI as well. uh but we we concentrated only on the patients uh concentrated only on the patients uh sorry the physicians basically you have sorry the physicians basically you have for example admissions and you have a for example admissions and you have a universal patient record you have the universal patient record you have the complete medical chronology labs etc um complete medical chronology labs etc um I'm going to show I don't want to to my I'm going to show I don't want to to my own horn but you can actually have what own horn but you can actually have what we call EHR chat and that's uh really uh we call EHR chat and that's uh really uh you know where's the patient information you know where's the patient information all of that I'm not going to go through all of that I'm not going to go through this today but now let's talk about um this today but now let's talk about um the core the core thing that you're building. Uh and then thing that you're building. Uh and then of course I have a lot of conversations of course I have a lot of conversations about um policies, procedures, about um policies, procedures, data silos, all of that data silos, all of that etc. So uh first and foremost uh let etc. So uh first and foremost uh let let's just start with Isa and then you let's just start with Isa and then you guys can discuss because she's a guys can discuss because she's a pediatrician and now your platform where pediatrician and now your platform where the client or that's the word which is a the client or that's the word which is a bad word but anyways patient is is is bad word but anyways patient is is is not not not >> talking to you and how how how does that >> talking to you and how how how does that coordinate and how does that help coordinate and how does that help because that is I believe the most because that is I believe the most important because mothers are going to important because mothers are going to kill you [laughter] kill you [laughter] when the mom comes and how do you not when the mom comes and how do you not know about this? And you're so right.

know about this? And you're so right. And I just like I can't like stupid. And I just like I can't like stupid. Epic is not sinking. I'm just saying no Epic is not sinking. I'm just saying no offense to Epic either because there's offense to Epic either because there's data silos that they have to deal with data silos that they have to deal with too. But what I'm saying is that Issha, too. But what I'm saying is that Issha, why don't you format the question much why don't you format the question much better than I better than I >> Well, I'm just thinking about let's say >> Well, I'm just thinking about let's say a typical clinic visit, right? I have a typical clinic visit, right? I have maybe the patient who's there for their maybe the patient who's there for their well checkup. Then I have maybe two well checkup. Then I have maybe two siblings that came along with a parent siblings that came along with a parent and I mean to put it plainly it it gets and I mean to put it plainly it it gets chaotic in the room sometimes and I'm chaotic in the room sometimes and I'm just like it's my norm so it doesn't just like it's my norm so it doesn't phase me but I'm trying to think of this phase me but I'm trying to think of this um you know vinyl um trying to make um you know vinyl um trying to make sense of the visit and you have all sense of the visit and you have all these conflicting you know noises coming these conflicting you know noises coming from everywhere but I think the from everywhere but I think the underlying kind of root what it's trying underlying kind of root what it's trying to achieve is allow that mom or parent to achieve is allow that mom or parent to be in the moment with their kid, to be in the moment with their kid, soothing their kid, trying to listen to soothing their kid, trying to listen to the doctor, but then they have that the doctor, but then they have that safety net of going home and they're safety net of going home and they're trying to remember, you know, what were trying to remember, you know, what were the what was the thing that she told me the what was the thing that she told me to do? What was the medication I'm to do? What was the medication I'm supposed to take? How what was the dose supposed to take? How what was the dose that they said? You know, these are the that they said? You know, these are the things that I would often have to kind things that I would often have to kind of type into the patient notes so that of type into the patient notes so that the patient could access it on, you the patient could access it on, you know, the portal system. But to have know, the portal system. But to have that already documented, I mean, I think that already documented, I mean, I think it does, you know, consider the the it does, you know, consider the the clinician there. Um, I guess, you know, clinician there. Um, I guess, you know, one of the the the questions that I have one of the the the questions that I have is is one, am I correct in in kind of my is is one, am I correct in in kind of my assessment of, you know, what I think assessment of, you know, what I think we're trying to achieve, and two, you we're trying to achieve, and two, you know, is it it does

it stay consistent know, is it it does it stay consistent with what the care, you know, the with what the care, you know, the provider is actually recommending, you provider is actually recommending, you know, is there like a safety check in know, is there like a safety check in place to make sure that what I am place to make sure that what I am intending to say gets across because we intending to say gets across because we all know as physicians, you know, all know as physicians, you know, medicine is nuanced.

medicine is nuanced. And that's the art of it. And that's one And that's the art of it. And that's one of the things we we love about it. And of the things we we love about it. And that's what I think is so interesting in that's what I think is so interesting in these conversations because now, you these conversations because now, you know, we take this nuanced art of know, we take this nuanced art of medicine and translate it into something medicine and translate it into something that not only follows the standard of that not only follows the standard of care, but serves our patients and allows care, but serves our patients and allows them to actually go home with a solid them to actually go home with a solid understanding of what we said. I I have understanding of what we said. I I have been the the [laughter] patient in the been the the [laughter] patient in the room too on that end. And I'm shocked as room too on that end. And I'm shocked as a physician. I go home sometimes and I'm a physician. I go home sometimes and I'm like, what what exact like what order am like, what what exact like what order am I supposed to do this in? So I I love I supposed to do this in? So I I love the concept and I just would love to the concept and I just would love to hear um more thoughts on that.

hear um more thoughts on that. >> It's an amazing question. I love talking >> It's an amazing question. I love talking to doctors about this because it's to doctors about this because it's exactly you're you're thinking exactly exactly you're you're thinking exactly the way I think about it, which is the way I think about it, which is number one, you're right. So a mom's in number one, you're right. So a mom's in here, three kids, they have three things here, three kids, they have three things to keep. I'm a family doctor, so I feel to keep. I'm a family doctor, so I feel [laughter] you, right? They like [laughter] you, right? They like multiple kids. grandma and a kid at the multiple kids. grandma and a kid at the same time, right? It's so delightful.

same time, right? It's so delightful. Um, but that's a lot to keep straight in Um, but that's a lot to keep straight in your brain. And even when you're taking your brain. And even when you're taking care of just yourself, less than half of care of just yourself, less than half of what a doctor says in a visit is what a doctor says in a visit is remembered.

remembered. remembered. >> And so, if you're a doctor like I am in >> And so, if you're a doctor like I am in primary care or you're trying to make primary care or you're trying to make sure people understand, I did a lot of sure people understand, I did a lot of that closed loop communication at the that closed loop communication at the end, right? All right. Now, you, mom, end, right? All right. Now, you, mom, tell me what you heard. And we try our tell me what you heard. And we try our best to do that, but are we going to best to do that, but are we going to recap the whole visit? Are we going to recap the whole visit? Are we going to get everything? even if she says it get everything? even if she says it right then, is she going to remember right then, is she going to remember when she goes home? You know, it's when she goes home? You know, it's really tricky. And then, of course, really tricky. And then, of course, we're trying to type everything up in we're trying to type everything up in the after visit summary. We have our the after visit summary. We have our note and then we're trying to give them note and then we're trying to give them instructions or pull in instructions.

instructions or pull in instructions. And is that giving them everything we And is that giving them everything we said? So, when they say that mom has said? So, when they say that mom has vinyl, it's on her phone. She has her vinyl, it's on her phone. She has her profile and then she has a nice little profile and then she has a nice little drop down for each of her kids profiles drop down for each of her kids profiles and she just goes from her profile to and she just goes from her profile to kid one and then she hits noteaker and kid one and then she hits noteaker and then she's like, "Okay, doc, I've got then she's like, "Okay, doc, I've got the noteaker going. Let's go." And then the noteaker going. Let's go." And then we you do the visit. She can be present.

we you do the visit. She can be present. She can calm her crying baby while she's She can calm her crying baby while she's trying to listen to what you're saying trying to listen to what you're saying about her other kid. And it takes the about her other kid. And it takes the notes for her. And then at the end of notes for her. And then at the end of that, what it gives her is a summary and that, what it gives her is a summary and the to-dos. Now, what you

asked, which I the to-dos. Now, what you asked, which I think is so smart, is something that we think is so smart, is something that we talk about all the time. There are two talk about all the time. There are two things we want. We want the patient in things we want. We want the patient in the loop, and we want them to truly the loop, and we want them to truly understand, you know, is this like what understand, you know, is this like what did I what did I have to do when I got did I what did I have to do when I got home? Okay, now I don't have to try to home? Okay, now I don't have to try to remember or furiously take notes in a remember or furiously take notes in a visit. It's all here. And then we want visit. It's all here. And then we want the provider in the loop. And so, it's the provider in the loop. And so, it's totally up to you as a provider. You can totally up to you as a provider. You can be like, look, it's your notetaker. I be like, look, it's your notetaker. I want nothing to do with this. Or you can want nothing to do with this. Or you can be involved like you said and say, "All be involved like you said and say, "All right, great. Let's look at it right, great. Let's look at it together." So at the end of the visit, together." So at the end of the visit, all of these things pop up. And if you all of these things pop up. And if you want, there are two ways we can do this.

want, there are two ways we can do this. You can just scan a QR code, see it all, You can just scan a QR code, see it all, and edit things that you're like, "Yeah, and edit things that you're like, "Yeah, that was almost right, but I'm going to that was almost right, but I'm going to change this for you and copy and paste change this for you and copy and paste it into your ABS." Or we can do an it into your ABS." Or we can do an integration with your clinic, so it integration with your clinic, so it autopopulates in your ABS. And then as autopopulates in your ABS. And then as it pops up, you change anything and it it pops up, you change anything and it goes in your ABS and it goes home with goes in your ABS and it goes home with the patient.

the patient.

Clinical Notes, Summaries, and Chat Features

>> So you can do that like as you finalize >> So you can do that like as you finalize your notes basically. your notes basically. >> That's it. It's all there. And your ABS >> That's it. It's all there. And your ABS would be prepopulated for you or worst would be prepopulated for you or worst case scenario, you're copy and pasting case scenario, you're copy and pasting in it. So it's one less thing for you to in it. So it's one less thing for you to think about or document. Now let me talk think about or document. Now let me talk about one other tiny thing that I think about one other tiny thing that I think that's it's a small detail, big impact.

that's it's a small detail, big impact. One of the things that happens when you One of the things that happens when you use AI notetakers, right? I'm a doctor, use AI notetakers, right? I'm a doctor, so I use those all the time. Like, I so I use those all the time. Like, I want to make eye contact with you. I want to make eye contact with you. I want to turn my computer. We want to want to turn my computer. We want to talk about it together. And I don't want talk about it together. And I don't want to be typing. Um, what that is picking to be typing. Um, what that is picking up for us as doctors, right, is the it's up for us as doctors, right, is the it's filling in our clinical note. It's filling in our clinical note. It's filling in our soap note or our opso filling in our soap note or our opso note. It's putting in all the details we note. It's putting in all the details we need for billing, the details we need need for billing, the details we need for doc for, you know, documentation for doc for, you know, documentation because of compliance. It's doing a because of compliance. It's doing a little bit of communicating to other little bit of communicating to other providers and a little bit of providers and a little bit of communicating to the patient, but like communicating to the patient, but like it has all these primary purposes, it has all these primary purposes, right? It has to meet compliance.

right? It has to meet compliance. There's a lot that happens in a visit There's a lot that happens in a visit that we do for patients, that is that we do for patients, that is education, that is explaining things.

education, that is explaining things. There was a visit we captured recently There was a visit we captured recently where somebody was seeing a where somebody was seeing a pulmonologist who had really bad asthma.

pulmonologist who had really bad asthma. And that pulmonologist spent a bunch of And that pulmonologist spent a bunch of time explaining to the patient what was time explaining to the patient what was happening in their lungs with their happening in their lungs with their asthma and why they wanted to use their asthma and why they wanted to use their inhalers a certain way or why they inhalers a certain way or why they wanted them to, you know, do

certain wanted them to, you know, do certain things in cold weather or when they're things in cold weather or when they're running or allergy season. They did all running or allergy season. They did all this education. That's nowhere in the this education. That's nowhere in the clinical note. That's not going to be in clinical note. That's not going to be in Epic when you're done. Our app has a Epic when you're done. Our app has a whole education section. And so the top whole education section. And so the top line would say your provider explained line would say your provider explained what's happening in your lungs with what's happening in your lungs with asthma. And then when you click on it, asthma. And then when you click on it, it has a summary of all that education it has a summary of all that education that patient gets to go home with. And that patient gets to go home with. And let's say it's a mom who took their kid let's say it's a mom who took their kid in for that visit, but the dad was in for that visit, but the dad was working that day, you know, or maybe the working that day, you know, or maybe the parents are separated. That mom can parents are separated. That mom can share that dad's already looped into share that dad's already looped into that record and they can read all the that record and they can read all the same things. It's It's same things. It's It's >> I love that. I love that. I'm just >> I love that. I love that. I'm just imagining like some of the non-medical imagining like some of the non-medical family members that I know that, you family members that I know that, you know, are trying to call me and and I'm know, are trying to call me and and I'm like, "Hey, how was your cardiologist like, "Hey, how was your cardiologist appointment? How was your specialist appointment? How was your specialist appointment?" and they're trying to appointment?" and they're trying to explain what was told to them and I'm explain what was told to them and I'm like okay but did you really you know like okay but did you really you know because I do I remember like so many because I do I remember like so many times in clinic just putting a lot of times in clinic just putting a lot of energy into trying to explain something energy into trying to explain something in a way that you know made sense and it in a way that you know made sense and it and it makes sense at the time but to be and it makes sense at the time but to be able to refer to it is great and what able to refer to it is great and what I'm hearing is you know when it's I'm hearing is you know when it's integrated into your um you know EHR and integrated into your um you know EHR and clinic it's functions as a scribe as clinic it's functions as a scribe as well as a tool for the family that gives well as a tool for the family that gives them the education and kind of the them the education and kind of the follow through for what was discussed.

follow through for what was discussed. >> Exactly. And one of the the beauties of >> Exactly. And one of the the beauties of what we can do is say your clinic you're what we can do is say your clinic you're already using a notetaker, the doctor's already using a notetaker, the doctor's using an ambient noteaker, right? We can using an ambient noteaker, right? We can just connect. So we can ingest the same just connect. So we can ingest the same transcript that you're using for your transcript that you're using for your note, but make a note for the patient.

note, but make a note for the patient. And so then it's the same information in And so then it's the same information in the background doing two things. Let's the background doing two things. Let's say we're in a situation where there say we're in a situation where there isn't that. there's a doula coming home isn't that. there's a doula coming home doing a home visit or you have a home doing a home visit or you have a home health aid or you have a physical health aid or you have a physical therapist or an occupational therapist therapist or an occupational therapist that the kiddo is seeing and they don't that the kiddo is seeing and they don't use an ambient scribe then you can use use an ambient scribe then you can use that scribe and the patient can send that scribe and the patient can send something back to their provider that something back to their provider that you would never otherwise see. Now when you would never otherwise see. Now when people ask me things like what are we people ask me things like what are we doing about wearables and what are we doing about wearables and what are we doing about all this outside data and doing about all this outside data and what are we doing with all this other what are we doing with all this other stuff you know my first my first stuff you know my first my first reaction as a doctor is like oh great reaction as a doctor is like oh great more data [laughter] more data [laughter] right um but one of the beauties of what right um but one of the beauties of what we created with this I talk about the we created with this I talk about the doctor in the loop right the provider in doctor in the loop right the provider in the loop is that we make a summary page the loop is that we make a summary page and that summary page pulls in the most and that summary page pulls in the most relevant information from their chart relevant information from their chart from their note and and things the from their note and and things the patient wants wants you to know. So if patient wants wants you to know. So if they have questions for you they don't they have questions for you they don't want to forget. If they have goals they want to forget. If they have goals they want you to know about. If it's a want you to know about. If it's a patient with really complex history and patient with really complex history and they're like hey I have been struggling they're like hey I have been struggling with this chronic pain for a long time with this chronic

pain for a long time and I have a terrible reaction to and I have a terrible reaction to NSAIDs. You know I' I've gotten ulcers NSAIDs. You know I' I've gotten ulcers in the past. I just need you to know in the past. I just need you to know that right up front. They can put this that right up front. They can put this this history in. We summarize it in like this history in. We summarize it in like a twoliner that a doctor can read and a twoliner that a doctor can read and you get to see it you get to see it >> and they bring that in and they kind of >> and they bring that in and they kind of show you with a QR show you with a QR >> they [laughter] can't send that can they >> they [laughter] can't send that can they send it to you ahead of time.

send it to you ahead of time. >> Yes. So the way that we designed this >> Yes. So the way that we designed this they can send it to you ahead of time if they can send it to you ahead of time if there's a portal you want them to send there's a portal you want them to send it in. If you want it through your my it in. If you want it through your my chart or you want it in a portal or you chart or you want it in a portal or you want it in an email, they can send it.

want it in an email, they can send it. Or if we have the provider log in, if Or if we have the provider log in, if you have a vinyl, say you log into vinyl you have a vinyl, say you log into vinyl and you're like, "Yeah, I have a bunch and you're like, "Yeah, I have a bunch of patients using vinyl now, so I have of patients using vinyl now, so I have my own." We can send you a notification my own." We can send you a notification like a push on the day, the night like a push on the day, the night before, however you want it to be set up before, however you want it to be set up of the day you see patients. the morning of the day you see patients. the morning before, five minutes before if you're before, five minutes before if you're like, I just want this to come through like, I just want this to come through so that I look at it, read it really so that I look at it, read it really quick in the that's how I would do it, quick in the that's how I would do it, by the way, just like I wasn't a night by the way, just like I wasn't a night before. I was like a let me just take a before. I was like a let me just take a minute and ground, learn what I need to minute and ground, learn what I need to know about this person I'm about to walk know about this person I'm about to walk into the room for. So that's what I into the room for. So that's what I want, right? Some people I have a friend want, right? Some people I have a friend who's an endocrinologist, God bless him, who's an endocrinologist, God bless him, who spends hours every night before who spends hours every night before going through every patient he's going going through every patient he's going to see the next day, right? We we all do to see the next day, right? We we all do it differently, but you can do that it differently, but you can do that review and there's a human aspect. So, review and there's a human aspect. So, at the very top of the chart, it's like, at the very top of the chart, it's like, hey, this is Kaitlyn. She's a mom of two hey, this is Kaitlyn. She's a mom of two kids. She's a doctor mom, right? She kids. She's a doctor mom, right? She works as a doctor and she's a mom and works as a doctor and she's a mom and her life is crazy and her husband is Cam her life is crazy and her husband is Cam and they split, you know, time with the and they split, you know, time with the kids. That can all come up right at the kids. That can all come up right at the top so that when you walk in, you're top so that when you walk in, you're like, "Oh, hey, Caitlyn. How are the like, "Oh, hey, Caitlyn. How are the kids?" kids?" kids?" >> Right? You get to make that human >> Right? You get to make that human connection immediately and it's humanity connection immediately and it's humanity in medicine and then all the details you in medicine and then all the details you need without having to, you know, chart need without having to, you know, chart dig like gold dig to the bottom.

dig like gold dig to the bottom. >> And that's patient populated like the >> And that's patient populated like the little notes, right? little notes, right?

>> So, um, why notes and not just chat? >> So, um, why notes and not just chat? >> That's a great question. Like why not >> That's a great question. Like why not have just a chat bar that they can ask have just a chat bar that they can ask questions to? Why like also do the questions to? Why like also do the ambient noteaker? I just want to make ambient noteaker? I just want to make sure I understand.

sure I understand. >> Yes. >> Yes. >> Yes. >> Yeah. Um both I think both is what we >> Yeah. Um both I think both is what we went with because both is better. So went with because both is better. So there [laughter] there is there is a there [laughter] there is there is a chat so people can ask questions of chat so people can ask questions of their medical record, right? And that's their medical record, right? And that's going to be out in the next month. Um we going to be out in the next month. Um we have it working. We are going to push it have it working. We are going to push it out so that people can have it in their out so that people can have it in their in depending on what tier they have in in depending on what tier they have in final. Um, chats are super important for final. Um, chats are

super important for asking questions of things that are in asking questions of things that are in your medical record, for finding things, your medical record, for finding things, for understanding things. Hey, when was for understanding things. Hey, when was it that I last got my thyroid checked it that I last got my thyroid checked without having to dig? Super valuable.

without having to dig? Super valuable. The other thing that chat can do is it The other thing that chat can do is it can tee up questions that you may want can tee up questions that you may want to ask your provider. So, we don't we to ask your provider. So, we don't we won't give medical advice. That's won't give medical advice. That's something that Minal does not do because something that Minal does not do because we really want to foster that clinician we really want to foster that clinician patient relationship and I want a patient relationship and I want a clinician to have all the information clinician to have all the information they need so that we can make the best they need so that we can make the best advice as clinicians give the best advice as clinicians give the best advice. But what we can do is say here advice. But what we can do is say here are some questions that you might want are some questions that you might want to ask your provider so that when they to ask your provider so that when they see you they ask you. It's also really see you they ask you. It's also really helpful for me as a doctor because it helpful for me as a doctor because it decreases inbox burden. So rather than decreases inbox burden. So rather than that person being like, "Oh, I better that person being like, "Oh, I better send another message asking my provider send another message asking my provider these 10 questions right now," it tees these 10 questions right now," it tees it up for the visit. So it says, "We're it up for the visit. So it says, "We're going to go ahead and add this to your going to go ahead and add this to your question queue." And then when they're question queue." And then when they're in their next visit, all those questions in their next visit, all those questions pop up. When they have the notetaker on, pop up. When they have the notetaker on, it takes it takes down the responses. So it takes it takes down the responses. So they ask a question, it can hear it.

they ask a question, it can hear it. you, you know, respond as a doc. You you, you know, respond as a doc. You tell them the answer and then it keeps tell them the answer and then it keeps that in their record so that they can that in their record so that they can look it up again later. No, look it up again later. No, >> I love it. Uh, you're empowering the >> I love it. Uh, you're empowering the patient. Um, you know, the average visit patient. Um, you know, the average visit with the physician is only about 13 with the physician is only about 13 minutes if you're lucky. That's what the minutes if you're lucky. That's what the national average says. And in those 13 national average says. And in those 13 minutes, we all know it's like, "Good minutes, we all know it's like, "Good morning, how's your day going? How was morning, how's your day going? How was the football game?" And then by the time the football game?" And then by the time you get into it, it's like a minute of you get into it, it's like a minute of medical education. And that's the minute medical education. And that's the minute of medical education the patient gets of medical education the patient gets outside of let's say chatt or Dr.

outside of let's say chatt or Dr. Google. uh back in 23 because of that I Google. uh back in 23 because of that I created some uh a G GPT that was called created some uh a G GPT that was called Medyh helper and the whole idea is I Medyh helper and the whole idea is I gave it to my patients and I say hey gave it to my patients and I say hey before you come see me don't put any of before you come see me don't put any of your uh HIPPA disclaimer stuff but just your uh HIPPA disclaimer stuff but just you and then it would have all the you and then it would have all the questions to ask me and what not to ask questions to ask me and what not to ask and follow up and blah blah blah so that and follow up and blah blah blah so that those 13 minutes are very efficient. So, those 13 minutes are very efficient. So, I love to see that you took it to to I love to see that you took it to to another level.

another level.

Wearables, Wellness, and Patient Data Integration

>> And I imagine the hospital setting too, >> And I imagine the hospital setting too, like how valuable that would be because like how valuable that would be because you have different doctors coming in, you have different doctors coming in, different specialists coming in and they different specialists coming in and they can capture that which I I think that's can capture that which I I think that's one of the most difficult times as a one of the most difficult times as a patient to really retain information patient to really retain information because you're in a stressed state. So, because you're in a stressed state. So, I really I think there's a lot of I really I think there's a lot of applications too

beyond clinic for sure.

applications too beyond clinic for sure. >> Absolutely. And um my husband is a >> Absolutely. And um my husband is a pulmonary critical care doctor. So we pulmonary critical care doctor. So we talk about this a lot. There's critical talk about this a lot. There's critical time when you're the patient and you're time when you're the patient and you're in the hospital and people are coming in in the hospital and people are coming in and out and even the other doctors, and out and even the other doctors, right? We walk in, I walk in and the right? We walk in, I walk in and the patient tells me that someone told them patient tells me that someone told them something and I'm like, who was that?

something and I'm like, who was that? Like who told who told you that this was Like who told who told you that this was what we were going to do? And they're what we were going to do? And they're like, I don't know. And then I don't like, I don't know. And then I don't know what know what >> you know Harvey Harvey just visits >> you know Harvey Harvey just visits hospitals for no reason. Puts on his hospitals for no reason. Puts on his white coat and just messes up patients.

white coat and just messes up patients. [laughter] [laughter] [laughter] >> No, it was the nutritionist, right? It >> No, it was the nutritionist, right? It was was was >> I tried to track down what doctor it was >> I tried to track down what doctor it was to ask, you know, and keep track of it to ask, you know, and keep track of it and they don't remember because like you and they don't remember because like you said, they're stressed. And then there's said, they're stressed. And then there's >> this is a very hard engineering problem.

>> this is a very hard engineering problem. Um, we worked in on save life and I'm Um, we worked in on save life and I'm just going to be honest with you, it's just going to be honest with you, it's very hard. what you're describing very hard. what you're describing is actually a continuous ambient scribe actually a continuous ambient scribe system that everyone uses which is again system that everyone uses which is again an AI adoption problem the first hand an AI adoption problem the first hand then the second problem is that that how then the second problem is that that how do you basically improve continuous int do you basically improve continuous int intelligence then you're talking about intelligence then you're talking about so just to let people know audience know so just to let people know audience know that how hard that problem is and then that how hard that problem is and then lastly uh clinical summarization for lastly uh clinical summarization for doctors and physicians because clearly doctors and physicians because clearly that is part and parcel and then lastly that is part and parcel and then lastly we come to patients itself uh Ed Marks we come to patients itself uh Ed Marks is our uh bestie he's actually at the is our uh bestie he's actually at the airport. Uh he actually, you know, is airport. Uh he actually, you know, is part and parcel of some of the hospital part and parcel of some of the hospital systems, serves at board positions and systems, serves at board positions and essentially a super patient himself. Uh essentially a super patient himself. Uh when I say a super patient is because he when I say a super patient is because he is an AI enabled patient in the first is an AI enabled patient in the first place. So not only does he provide place. So not only does he provide context of optical systems, how are they context of optical systems, how are they thinking, board members, how are they thinking, board members, how are they thinking, but he himself provides thinking, but he himself provides insights uh like Harvey that you know insights uh like Harvey that you know how an AI enabled healthcare system uh how an AI enabled healthcare system uh healthcare economics should work and uh healthcare economics should work and uh via health is all about patients via health is all about patients essentially patient journey care essentially patient journey care coordination includes essentially uh coordination includes essentially uh data formation, data uh data formation, data uh contextualization and data contextualization and data summarization. Before you hang up and go summarization. Before you hang up and go to any flights or anything, I just to any flights or anything, I just wanted you to have some questions wanted you to have some questions answered from her and what your thoughts answered from her and what your thoughts are in overall this discussion.

are in overall this discussion. >> Yeah. Now I'm I'm settled in at the at >> Yeah. Now I'm I'm settled in at the at the airport, so I'm all good. And u No, the airport, so I'm all good. And u No, I appreciate it. And yeah, before I I appreciate it. And yeah, before I before I forget, um you know, I just before I forget, um you know, I just came from Nebraska Medicine and we we came from Nebraska Medicine and we we spent a few hours with the CEO and some spent a few hours with the CEO and some of the leadership there and uh they was of the leadership there and uh they was pretty amazing in terms of of their pretty amazing in terms of of their adoption of AI. I don't think

there's a adoption of AI. I don't think there's a of all the hospitals I visit around the of all the hospitals I visit around the world that this may be the the top one world that this may be the the top one so far in terms of AI thinking so far in terms of AI thinking transformation actually doing the work transformation actually doing the work and and developing a lot of their own and and developing a lot of their own stuff. I I found that super super stuff. I I found that super super interesting. Um, you know, oftentimes we interesting. Um, you know, oftentimes we think about AI in and we we associate it think about AI in and we we associate it with um, you know, the hospitals with with um, you know, the hospitals with big marketing departments and and and big marketing departments and and and sometimes we don't think about what's sometimes we don't think about what's happening in Mid America. So, it it was happening in Mid America. So, it it was kind of mind-blowing. So, I just wanted kind of mind-blowing. So, I just wanted to to share that perspective really to to share that perspective really quick. U, yeah, quick. U, yeah, Caitlyn has an amazing background as you Caitlyn has an amazing background as you heard in the introduction. Um, I don't heard in the introduction. Um, I don't know that there's anyone that know that there's anyone that well-rounded. The only thing Caitlyn, well-rounded. The only thing Caitlyn, you'll have to be a CIO at some point.

you'll have to be a CIO at some point. Um although I know you have one on your Um although I know you have one on your board. Um so that's that's very cool. Uh board. Um so that's that's very cool. Uh but your your experience as a but your your experience as a entrepreneur and obviously in at the entrepreneur and obviously in at the state and then as a hospital academic state and then as a hospital academic medical center CEO I mean is medical center CEO I mean is astonishing. What what sort of for those astonishing. What what sort of for those you know there's a lot of u other you know there's a lot of u other leaders for those who don't have that leaders for those who don't have that same background. What would you same background. What would you recommend? So let's just say there's recommend? So let's just say there's other physician entrepreneurs and they other physician entrepreneurs and they don't have the benefit of that very don't have the benefit of that very holistic background. What what are ways holistic background. What what are ways in which they could supplement that? So in which they could supplement that? So I know this isn't specific about vinyl, I know this isn't specific about vinyl, but I think it vinyl is shaped because but I think it vinyl is shaped because of your experience and thinking and and of your experience and thinking and and and as a practitioner and as a practitioner and dealing with patients and families and dealing with patients and families and all the things that have already and all the things that have already been talked about. So, I don't want I been talked about. So, I don't want I don't want to restate it, but for those don't want to restate it, but for those that don't have that kind of 360 that don't have that kind of 360 background, what are some ideas you background, what are some ideas you might have for people to kind of get as might have for people to kind of get as much perspective as they can? So, both much perspective as they can? So, both as a like a a clinician, but also as an as a like a a clinician, but also as an entrepreneur that's not a clinician, how entrepreneur that's not a clinician, how how do they supplement? Do you see what how do they supplement? Do you see what I'm saying? Like, how do they get this I'm saying? Like, how do they get this vast uh experience and insights that vast uh experience and insights that that you have?

that you have? Yeah, I'm I'm happy to talk about it and Yeah, I'm I'm happy to talk about it and and always of course happy to to chat and always of course happy to to chat with folks or connect on LinkedIn if with folks or connect on LinkedIn if people want to pick my brain further.

people want to pick my brain further. But but the reality is everybody we said But but the reality is everybody we said this at the beginning, right? But this at the beginning, right? But everybody who's in this almost everybody everybody who's in this almost everybody who's in healthcare went in it to try to who's in healthcare went in it to try to help people or do the right thing. But help people or do the right thing. But of course everybody's seeing it from of course everybody's seeing it from such a different angle or such a such a different angle or such a different lens. And one one mistake I different lens. And one one mistake I think people make when they think about think people make when they think about policy or government because they see policy or government because they see the policies that come out or they see the policies that come out or they see some of the programs and they think, some of the programs and they think, "Oh, they're clunky. Oh, they're not "Oh, they're clunky. Oh, they're not grounded in reality. Oh, they have no grounded in reality. Oh, they have no idea how things work." Um, and it's so idea how things work." Um, and it's so frustrating on the outside when that's frustrating on the outside when that's the case. The reality of working in a the case. The reality of working in a system that big is that it is hard to system that big is that it is hard to turn the ship. It's like turn, you know, turn the ship. It's like turn, you know, turning the Titanic, right? It's really turning the Titanic, right? It's really hard to move, but when you move it, the hard to move,

but when you move it, the impact is so big. And so I think about impact is so big. And so I think about it as they need partners on the outside it as they need partners on the outside who can be nimble and help them move it.

who can be nimble and help them move it. And we have to partner together and And we have to partner together and pilot and try things and then the pilot and try things and then the government is really good for scaling government is really good for scaling those things. So once you know how they those things. So once you know how they work and what works and why it works and work and what works and why it works and here are the numbers that show this is here are the numbers that show this is how this works, then we we move it fully how this works, then we we move it fully into a process and give it to a whole into a process and give it to a whole group of people and then the impact can group of people and then the impact can be enormous. And just know that the be enormous. And just know that the people inside often do know what would people inside often do know what would work better, but it's getting it to work better, but it's getting it to change that is the hard part and getting change that is the hard part and getting all the buyin that's hard. They're on all the buyin that's hard. They're on your side. They also want it to work your side. They also want it to work better. So if you go in and say, "Oh, better. So if you go in and say, "Oh, you must not care about X." That's not you must not care about X." That's not almost ever the case. They care deeply almost ever the case. They care deeply and they also want it to work better. So and they also want it to work better. So go in with solutions. And the other go in with solutions. And the other thing I would say is that there is so thing I would say is that there is so much part of what what really drove me much part of what what really drove me to Great Vinyl. There is so much to Great Vinyl. There is so much duplication in the system. And I'll tell duplication in the system. And I'll tell you the big one we're trying to solve is you the big one we're trying to solve is care management. Right? Providers have care management. Right? Providers have care managers or navigators in their care managers or navigators in their offices or at the system level or in offices or at the system level or in population health. Payers have care population health. Payers have care managers, navigators that are trying to managers, navigators that are trying to help complex patients or patients that help complex patients or patients that you know have really high healthcare you know have really high healthcare utilization, you know, direct that. Then utilization, you know, direct that. Then there's government who's doing the same there's government who's doing the same thing. I had I spent millions of dollars thing. I had I spent millions of dollars on care management at the Department of on care management at the Department of Health. Then human services is spending Health. Then human services is spending all that money. Then the payers all that money. Then the payers themselves trying to partner with human themselves trying to partner with human services are duplicating efforts. Then services are duplicating efforts. Then there's pharma who might be having there's pharma who might be having reaching out to people. I mean reaching out to people. I mean everybody's doing the same thing. And everybody's doing the same thing. And none of those care managers communicate none of those care managers communicate with each other. And the only way to with each other. And the only way to make that work is to to have the patient make that work is to to have the patient be the one in the center. So if you're a be the one in the center. So if you're a provider and you're saying, "Hey provider and you're saying, "Hey patient, I want you to do X, you know, patient, I want you to do X, you know, get this lab done." and that person get this lab done." and that person doesn't have a ride and this keeps doesn't have a ride and this keeps happening and they never get this lab happening and they never get this lab done and they keep ending up in the ER, done and they keep ending up in the ER, right? Then maybe your population health right? Then maybe your population health is reaching out to them. Maybe the payer is reaching out to them. Maybe the payer is reaching out to them. Maybe I have is reaching out to them. Maybe I have someone at the department of health is someone at the department of health is reaching out to them to say like, "Hey, reaching out to them to say like, "Hey, your kiddo never got their lead level your kiddo never got their lead level checked, right? We have all these things checked, right? We have all these things happening and none of them know." And so happening and none of them know." And so that patient is like, "I've got 20 that patient is like, "I've got 20 people texting me. I'm getting hammer people texting me. I'm getting hammer texted and spammed and I don't I don't texted and spammed and I don't I don't want to answer my phone." and they're want to answer my phone." and they're overwhelmed, they're already overwhelmed, they're already overwhelmed.

overwhelmed. overwhelmed. But if the patient can say, "Hey, this But if the patient can say, "Hey, this is what I need. I need a ride." And is what I need. I need a ride." And let's say in vinyl, they say, "I need a let's say in vinyl, they say, "I need a ride." You as the provider know that if ride." You as the provider know that if you have a care manager in the office, you have a care manager in the office, they can see that's what the patient they can see that's what the patient needs. So can the care manager at needs. So can the care manager at health, so can the

care manager at the health, so can the care manager at the payer. Then a neighbor says, "I can give payer. Then a neighbor says, "I can give you a ride." And the patient's like, you a ride." And the patient's like, "Great. Thanks, neighbor." Then that "Great. Thanks, neighbor." Then that ride's taken care of. Number one, not ride's taken care of. Number one, not are we all hammer texting that patient.

are we all hammer texting that patient. Number two, we're not even spending Number two, we're not even spending taxpayer dollars to get that patient to taxpayer dollars to get that patient to the lab because their neighbor can take the lab because their neighbor can take them. It's like the most beautiful way them. It's like the most beautiful way to save money by also letting the to save money by also letting the patient be empowered and ask for what patient be empowered and ask for what they need. So, number one, when you they need. So, number one, when you think about this stuff, make sure the think about this stuff, make sure the patients at the center. That's why we patients at the center. That's why we all went into this. Number two, think all went into this. Number two, think dduplication. What problem is everyone dduplication. What problem is everyone trying to solve? And don't just be in trying to solve? And don't just be in there trying to solve a problem. think there trying to solve a problem. think about how everyone else is also solving about how everyone else is also solving it.

it. it. >> That is such a huge freaking problem. I >> That is such a huge freaking problem. I mean it's just mean it's just >> and number three >> and number three >> the same goddamn neurologist gets the >> the same goddamn neurologist gets the same CT scan MRI report then you get it same CT scan MRI report then you get it from the neurosurgeon then you get it from the neurosurgeon then you get it from the chiropractor and then the AI is from the chiropractor and then the AI is just like and then all of this is a mess just like and then all of this is a mess and and just just I think Caitlyn me and and and just just I think Caitlyn me and you u I'm going to send you my cell you u I'm going to send you my cell phone number. we're going to talk more phone number. we're going to talk more and then collaborate because we don't and then collaborate because we don't want to solve the same problem and want to solve the same problem and actually go to market faster. But but actually go to market faster. But but you're so right. I mean I just want to you're so right. I mean I just want to make sure that audiences understand this make sure that audiences understand this because then there are 16 different because then there are 16 different channels direct secure share via email channels direct secure share via email which sometimes sends an XML file which sometimes sends an XML file sometimes sends a PDF file and then sometimes sends a PDF file and then there is of course freaking eax in this there is of course freaking eax in this day and age because we don't know how to day and age because we don't know how to use you know uh digital technologies you use you know uh digital technologies you know 70% of data is still transferred in know 70% of data is still transferred in medical through eaxes.

medical through eaxes. >> Are you kidding me? >> Are you kidding me? >> Yeah. Everyone talks about HIPPA, HIPPA, >> Yeah. Everyone talks about HIPPA, HIPPA, HIPPA, like as if that is going to solve HIPPA, like as if that is going to solve like the privacy issues while everyone like the privacy issues while everyone is sending crap material through is sending crap material through unsecured channels. Again, I apologize unsecured channels. Again, I apologize for my rant, Dr. Baston, but anyways, I for my rant, Dr. Baston, but anyways, I just wanted audiences to really just wanted audiences to really understand what the is happening in understand what the is happening in healthcare. And uh that's why Edward is healthcare. And uh that's why Edward is actually moving to Turkey because he actually moving to Turkey because he wants to get some earplugs and free wants to get some earplugs and free healthcare for now. [laughter] Just healthcare for now. [laughter] Just kidding.

kidding. kidding. >> Yeah. Anyways, go ahead. Sorry. >> Yeah. Anyways, go ahead. Sorry. >> No, it's brilliant and you're and it's >> No, it's brilliant and you're and it's so right to kind of point back to these so right to kind of point back to these things that are so frustrating for things that are so frustrating for patients. You know, my patients always patients. You know, my patients always say, what we say is, you know, we don't say, what we say is, you know, we don't want you to have to feel like a broken want you to have to feel like a broken record anymore, right? Everywhere you record anymore, right? Everywhere you go, you're repeating the same thing, go, you're repeating the same thing, you're resending the same things, you're you're resending the same things, you're trying to share. How many times does trying to share. How many times does your provider say like, "Oh, yeah. Well, your provider say like, "Oh, yeah. Well, we're just going to redo that X-ray we're just going to redo that X-ray because we don't have the actual image." because we don't have the actual image." Unless you can get a CD of your X-ray Unless you can get a CD of your X-ray and bring it into my office, like are we and bring it into my office, like are we is this

really where we are? Um we just is this really where we are? Um we just repeat things and and it's not a good repeat things and and it's not a good experience for patients and it's not a experience for patients and it's not a good experience for providers either. We good experience for providers either. We duplicate so much. Um when I was health duplicate so much. Um when I was health commissioner, I got to go to Taiwan and commissioner, I got to go to Taiwan and visit a lot of the the health ministry visit a lot of the the health ministry there and many of the um the officials, there and many of the um the officials, the government officials who were who the government officials who were who had created their health health system.

had created their health health system. It's one of the best health systems in It's one of the best health systems in the world in my opinion. It um has you the world in my opinion. It um has you can it does not have access problems.

can it does not have access problems. You can get in very quickly same day. I You can get in very quickly same day. I went to a community provider and I was went to a community provider and I was like, "So, what is the wait? What is the like, "So, what is the wait? What is the wait like to get a new primary care, you wait like to get a new primary care, you know, appointment?" And they were like, know, appointment?" And they were like, "What do you mean like an hour?" And I "What do you mean like an hour?" And I was like, "You mean same day? Always was like, "You mean same day? Always same day." They're like, "Of, of course.

same day." They're like, "Of, of course. Why wouldn't we see someone who comes Why wouldn't we see someone who comes in?" in?" in?" >> No, wait. That's not how they do things.

>> No, wait. That's not how they do things. And everyone has insurance. And when you And everyone has insurance. And when you have your insurance, you have a card and have your insurance, you have a card and you pop the provider can pop it into you pop the provider can pop it into their computer and all your health their computer and all your health history comes up. Now, it's a mix of history comes up. Now, it's a mix of private and public providers. You can private and public providers. You can see an acupuncturist, you can see your see an acupuncturist, you can see your private specialist, or you can go to the private specialist, or you can go to the public system. And and people don't have public system. And and people don't have access issues. They live on average 10 access issues.

Scaling Care Coordination and Reducing Duplication

They live on average 10 years longer than we do from a life years longer than we do from a life expectancy perspective. And it costs a expectancy perspective. And it costs a third of what US healthcare costs.

third of what US healthcare costs. >> So, the answers are in the world, right? >> So, the answers are in the world, right? And vinyl doesn't solve all those And vinyl doesn't solve all those problems, right? We can talk about problems, right? We can talk about access. I'd love to. I love talking access. I'd love to. I love talking about that problem. We aren't about that problem. We aren't necessarily fixing universal healthcare, necessarily fixing universal healthcare, but we are fixing universal record. You but we are fixing universal record. You know, we are a way that somebody just know, we are a way that somebody just like that card can walk in and the like that card can walk in and the provider can get the information they provider can get the information they need in a second from outside in, from need in a second from outside in, from that acupuncturist, from your that acupuncturist, from your chiropractor, from your doula, you know, chiropractor, from your doula, you know, from whoever, and from your big ethic from whoever, and from your big ethic systems all together. and and if we work systems all together. and and if we work together on this dduplication effort, we together on this dduplication effort, we absolutely will be where where you're absolutely will be where where you're talking about being where we stop faxing talking about being where we stop faxing things.

things. things. >> Correct. >> Correct. >> Correct. >> And that that the whole problem of >> And that that the whole problem of requests of information ROF um you requests of information ROF um you interestingly I mean chiropractors and interestingly I mean chiropractors and acupuncturists and everyone sends acupuncturists and everyone sends information much faster as compared to information much faster as compared to hospitalists. Uh the just to let you hospitalists. Uh the just to let you know another big uh the turnaround time know another big uh

the turnaround time to get a complete record information is to get a complete record information is now six weeks. It costs about $1,000 to now six weeks. It costs about $1,000 to $1,200 per complete patient record at $1,200 per complete patient record at least. That's the lowest. Actually, it least. That's the lowest. Actually, it can go up to $3,000 in terms of manual can go up to $3,000 in terms of manual labor. And of course, AI is going to labor. And of course, AI is going to change u for us. Uh we are actually change u for us. Uh we are actually doing this uh as a medical chronology doing this uh as a medical chronology for mainly personal injury cases. But uh for mainly personal injury cases. But uh that those are different niches and then that those are different niches and then I love it that I love it that you know Dr. Bassin and Venile Health is you know Dr. Bassin and Venile Health is doing it for the patients because that's doing it for the patients because that's the core thing right um again um there's the core thing right um again um there's a different of way of business a different of way of business proposition of bringing these proposition of bringing these technologies forward but as I said um technologies forward but as I said um would love to work with you directly as would love to work with you directly as well of the Nile health team but more well of the Nile health team but more importantly bringing these technologies importantly bringing these technologies to patients is extremely extremely to patients is extremely extremely important um have you thought about important um have you thought about connecting it with Google health and connecting it with Google health and Apple Watch and those services as well.

Apple Watch and those services as well. In short, moving from what we use In short, moving from what we use internally is MedTech, which is epic, internally is MedTech, which is epic, and all your medical records to wellness and all your medical records to wellness and which is where Harvey comes in and and which is where Harvey comes in and he becomes every week more younger, he becomes every week more younger, which is insane.

which is insane. [laughter] So, and more handsome, which [laughter] So, and more handsome, which is kind of odd. is kind of odd. So, but that's where what you know AI So, but that's where what you know AI assisted wellness comes in and Harvey is assisted wellness comes in and Harvey is going to show you some of the things going to show you some of the things that he uses. But what I'm saying is that he uses. But what I'm saying is that have you thought about that?

that have you thought about that? >> Absolutely. You know, as a primary care >> Absolutely. You know, as a primary care doctor, I love talking about wellness doctor, I love talking about wellness and keeping people well and keeping and keeping people well and keeping people healthy and moving away from a people healthy and moving away from a sick care system, right? All of this is sick care system, right? All of this is stuff that made me go into population stuff that made me go into population health and made me want to be a health health and made me want to be a health commissioner and made me want people to commissioner and made me want people to know, hey, these are things that you do know, hey, these are things that you do on a daily basis that that provide on a daily basis that that provide longevity, that make people feel better, longevity, that make people feel better, that make you live your best life, as I that make you live your best life, as I used to say to patients, right? Or to to used to say to patients, right? Or to to people in the general public in New people in the general public in New Jersey. That's my goal. I want everyone Jersey. That's my goal. I want everyone to live their best lives. Um, and yeah, to live their best lives. Um, and yeah, Harvey, I also want to look as long as Harvey, I also want to look as long as young as you as I keep getting older.

young as you as I keep getting older. [laughter] Well, let me let me just tell [laughter] Well, let me let me just tell you two seconds. So, what I did is I you two seconds. So, what I did is I combined my genetics, uh, my wearables, combined my genetics, uh, my wearables, my EMR, and then obviously we're all my EMR, and then obviously we're all doctors, and I put it all together into doctors, and I put it all together into a database. And then I'm in the process a database. And then I'm in the process of connecting it to this little guy, and of connecting it to this little guy, and then it'll I can talk to it and be like, then it'll I can talk to it and be like, "Hey, what was my HRV last night?" Or, "Hey, what was my HRV last night?" Or, "Hey, how am I trending?" And then it'll "Hey, how am I trending?" And then it'll be like, "Oh, by the way, XYZ." And then be like, "Oh, by the way, XYZ." And then the geeky side of me, I I created an AI the geeky side of me, I I created an AI agent that scrapes clinical trial agent that scrapes clinical trial information on longevity, health span, information on longevity, health span, and best practices. And then it combines and best practices. And then it combines who Harvey Digital Twin is with that, who Harvey Digital Twin is with that, puts it together, and then it gives me a puts it together, and then it gives me a report of saying, "Okay, here are the report of saying, "Okay, here are the best practices for you, Harvey, based on best practices for you,

Harvey, based on your genetics, blah blah blah blah." So, your genetics, blah blah blah blah." So, it's pretty cool. So, I can actually it's pretty cool. So, I can actually tell it has helped me lose weight. It tell it has helped me lose weight. It has helped me appear younger, and I has helped me appear younger, and I actually have more uh energy. So, I feel actually have more uh energy. So, I feel like the years that I have um I have like the years that I have um I have more energy in them.

more energy in them. >> Amazing. And that's the perfect, you >> Amazing. And that's the perfect, you know, when people are using this to help know, when people are using this to help navigate their own care, the sky's is navigate their own care, the sky's is the limit when we talk about the limit when we talk about connections, right? We don't all have to connections, right? We don't all have to reinvent the wheel, but I can talk to reinvent the wheel, but I can talk to the people who are dialing all of that the people who are dialing all of that wellness data and we can just hand it to wellness data and we can just hand it to people. They have a single connection.

people. They have a single connection. They know exactly what they're doing for They know exactly what they're doing for themselves. Then we can summarize it and themselves. Then we can summarize it and they can share that with their provider they can share that with their provider so their provider knows right that's a so their provider knows right that's a these things this is where with the these things this is where with the right partnerships and the right thought right partnerships and the right thought partners we can bring all of this to the partners we can bring all of this to the person and put the person in the center.

person and put the person in the center. I love what you're doing, Harvey. And I I love what you're doing, Harvey. And I think it's absolutely, you know, think it's absolutely, you know, longevity is such a buzzword and for a longevity is such a buzzword and for a long time when I first went into long time when I first went into population health, I was like, well, I population health, I was like, well, I have people who can't eat, and I have have people who can't eat, and I have people who have lead in their water or people who have lead in their water or in their paint, and I have people who, in their paint, and I have people who, right, I have these things that are right, I have these things that are clearly affecting their longevity, and I clearly affecting their longevity, and I really want to keep working on the really want to keep working on the environment and what things help people environment and what things help people be healthy on a daily basis. And they be healthy on a daily basis. And they deserve all of it. They deserve that. We deserve all of it. They deserve that. We deserve all of these environmental deserve all of these environmental things that can help us live longer. And things that can help us live longer. And we deserve to know what things we should we deserve to know what things we should be tapping into and have reminders and be tapping into and have reminders and all this kind of beautiful information all this kind of beautiful information given to us to help us have the most given to us to help us have the most longevity possible, the right longevity possible, the right medications for us based on our medications for us based on our genetics, the right access. Um and and genetics, the right access. Um and and of course not if we step one dduplicate of course not if we step one dduplicate all these efforts then we can focus on all these efforts then we can focus on the things on that next level of health the things on that next level of health for people. Well and I think this very for people. Well and I think this very much ties into my vision for the future much ties into my vision for the future of medicine. It's working um smarter not of medicine. It's working um smarter not harder using our AI to help us get there harder using our AI to help us get there but also with the goal of living our but also with the goal of living our best lives as you put it because I you best lives as you put it because I you know I love that because what's know I love that because what's longevity without the quality of life longevity without the quality of life there. So I love that and you know and I there. So I love that and you know and I think your background gives you such a think your background gives you such a unique perspective. I do believe that unique perspective. I do believe that some of the best leaders understand each some of the best leaders understand each component so well like you do, but you component so well like you do, but you know, not everyone is going to have that know, not everyone is going to have that ability to do so. But as long as you ability to do so. But as long as you know, we have someone at the core who know, we have someone at the core who gets it, you know, you can really kind gets it, you know, you can really kind of help those teams navigate the of help those teams navigate the directions they need to go in.

directions they need to go in. >> Absolutely. Absolutely. And happy to >> Absolutely. Absolutely. And happy to partner and happy to share ideas. That's partner and happy to share ideas. That's what we're stronger together. We're all what we're stronger together. We're all in this together. And I absolutely in this together. And I absolutely believe for us it's not about doing this believe for us it's not about doing this in a silo. It's not about trying to win in a

silo. It's not about trying to win by beating everyone out. I am truly an by beating everyone out. I am truly an all boats rise mentality person. You all boats rise mentality person. You have to be if you're in government of have to be if you're in government of things that we tie in to make these things that we tie in to make these massive systems work for people. We massive systems work for people. We really can. And government is better really can. And government is better when technology is helping at the helm.

when technology is helping at the helm. government is better when there are government is better when there are outside partners and innovators and outside partners and innovators and people pushing the system and and it people pushing the system and and it really can work for people in the right really can work for people in the right way if we make it work the right way and way if we make it work the right way and we think about it. So I'm I'm happy to we think about it. So I'm I'm happy to sit outside inside or beside anyone that sit outside inside or beside anyone that that we need to pull all these all these that we need to pull all these all these >> Perfect. I mean I love love it. Um, now >> Perfect. I mean I love love it. Um, now we come back to and that's the question we come back to and that's the question for you both Issha and Dr. Baston is for you both Issha and Dr. Baston is that wellness as a category and I'm that wellness as a category and I'm going to ask you as a parent. I have a going to ask you as a parent. I have a 11 year old um some of the time she's 11 year old um some of the time she's very active but you know there's an iPad very active but you know there's an iPad time which unfortunately is increasing time which unfortunately is increasing and then in in in in this context I'm a and then in in in in this context I'm a very healthy person and everything but very healthy person and everything but as as as a habit formation which I as as as a habit formation which I didn't do like I mean Harvey is you know didn't do like I mean Harvey is you know doing it I'm not doing it although I doing it I'm not doing it although I have more technology access than him have more technology access than him interestingly so um as you both look at interestingly so um as you both look at at what we call using at what we call using data for behavioral change right that's data for behavioral change right that's the question so first of all comment on the question so first of all comment on that and more importantly comment on as that and more importantly comment on as a parent uh should I work into a parent uh should I work into these new technologies as a habit these new technologies as a habit formation for them to be at a younger formation for them to be at a younger age or not or is it child abuse I'm just age or not or is it child abuse I'm just with these with these >> those are [laughter] very extreme >> those are [laughter] very extreme I'm just kidding. But I mean, yeah, I I I'm just kidding. But I mean, yeah, I I I get it. But what I'm saying is, you I get it. But what I'm saying is, you know how I ask questions. It should be know how I ask questions. It should be inflammatory. You know, [laughter] inflammatory. You know, [laughter] so thoughts on that. Um, should we make so thoughts on that. Um, should we make baby Harvey's do Harvey Castro baby Harvey's do Harvey Castro in future?

in future? >> We need his little robots in each of our >> We need his little robots in each of our >> I certainly think wellness is is a great >> I certainly think wellness is is a great category and empowering. I believe in category and empowering. I believe in knowledge is power and empowering people knowledge is power and empowering people to do that. I think there's a lot of way to do that. I think there's a lot of way there are a lot of ways that parents can there are a lot of ways that parents can involve their kids and it doesn't mean involve their kids and it doesn't mean being on technology 247, right? You can being on technology 247, right? You can involve kids and have them involved at a involve kids and have them involved at a point in the day. You can absolutely point in the day. You can absolutely what I empower I have a kiddo who gets what I empower I have a kiddo who gets migraines. I want her to keep a migraine migraines. I want her to keep a migraine journal or a migraine log, right? There journal or a migraine log, right? There are a lot of ways to do that where if are a lot of ways to do that where if she's writing something down and we're she's writing something down and we're transferring it into tech, that's one transferring it into tech, that's one piece. She also can can write things piece. She also can can write things down or put them on her, you know, on down or put them on her, you know, on her tablet or in her laptop in a minute her tablet or in her laptop in a minute and not stay in it and not do other and not stay in it and not do other things in it, right? But but log things things in it, right? But but log things like that. Some of that information is like that. Some of that information is really valuable and empowering kids so really valuable and empowering kids so that they are part of their own journey that they are part of their own journey and help themselves get better is I and help themselves get better is I think beautiful. I think someone asked think beautiful. I think someone asked me once if you know if I'm doing all me once if you know if I'm doing all this care coordination I'm pulling this care coordination I'm pulling everything to the patient do I think I'm everything to the patient do I think I'm putting the burden back on the patients putting the burden back on the patients rather than leaving it with the system rather than leaving it with the system and my answer to that I think it's a and my answer to that I think it's a great question because it's something we

great question because it's something we should always be aware of but my answer should always be aware of but my answer is knowledge is power there is giving is knowledge is power there is giving people information and letting them have people information and letting them have the have real choice letting them feel the have real choice letting them feel like they're at the table and They can like they're at the table and They can pick, they can choose their own pick, they can choose their own adventure. They can also give me adventure. They can also give me information about what it means for them information about what it means for them to live their best lives. That's the to live their best lives. That's the optimal answer. Us doing optimal answer. Us doing >> actually I'm I'm going to come back to >> actually I'm I'm going to come back to this very important what Venile health this very important what Venile health does essentially is. So there are four does essentially is. So there are four categories of information. There's this categories of information. There's this you know information then converts to you know information then converts to data then knowledge and then wisdom. The data then knowledge and then wisdom.

Behavior Change, Kids, and Healthy Habits

The beauty of ini health for patients is beauty of ini health for patients is that that it converts that's information that that it converts that's information in automatically into structured data in automatically into structured data which is all back and process but more which is all back and process but more importantly importantly importantly the amount of information that is coming the amount of information that is coming crystallizes it grounds it to your crystallizes it grounds it to your health data and your wellness data and health data and your wellness data and creates knowledge and of course wisdom creates knowledge and of course wisdom is what not to do knowledge is what to is what not to do knowledge is what to do. So actionable items become so uh do. So actionable items become so uh again um I'm not a paid advisor or again um I'm not a paid advisor or anything in the company which I you know anything in the company which I you know we will talk about it but what what I'm we will talk about it but what what I'm saying is that that venile health is so saying is that that venile health is so important that it converts essentially important that it converts essentially information and data through the AI into information and data through the AI into knowledge which is actionable items that knowledge which is actionable items that you can do which is the point we need you can do which is the point we need for behavioral change in the first for behavioral change in the first place.

place. place. Absolutely. And we use all the right Absolutely. And we use all the right language. I'm an addiction doctor, language. I'm an addiction doctor, right? So behavior change is like my right? So behavior change is like my bread and butter. It's what I think bread and butter. It's what I think about all the time. What motivates about all the time. What motivates people? Shame is anti-motivating.

people? Shame is anti-motivating. Shame hits your pain center in your Shame hits your pain center in your brain and it makes people withdraw or brain and it makes people withdraw or have adverse behaviors. Right? Shame is have adverse behaviors. Right? Shame is bad. [laughter] We don't want to shame bad. [laughter] We don't want to shame people. Whereas motivation and people. Whereas motivation and motivational interviewing and helping motivational interviewing and helping people feel empowered to make decisions people feel empowered to make decisions and helping guide them to you know what and helping guide them to you know what when I do this I feel better great when I do this I feel better great what's the next thing it comes out of what's the next thing it comes out of their own mouths it comes out of their their own mouths it comes out of their own ideas they get to drive what they own ideas they get to drive what they want and we reinforce that make them want and we reinforce that make them feel good about themselves that's feel good about themselves that's motivating and so we use all of those motivating and so we use all of those same tenants and exactly like you're same tenants and exactly like you're saying if we distill this information saying if we distill this information they understand it then we motivate them they understand it then we motivate them with their own internal motivators, with their own internal motivators, right? The things that motivate us as right? The things that motivate us as individuals. That's what does it. My kid individuals. That's what does it. My kid doesn't want to not get migraines doesn't want to not get migraines because she's grumpy. She wants to not because she's grumpy. She wants to not get migraines because she wants to play get migraines because she wants to play on the playground, right? The things on the playground, right? The things that motivate her might be different that motivate her might be different than the things that motivate me as her than the things that motivate me as her mom. I'm like, man, is she grumpy, you mom. I'm like, man, is she grumpy, you know? [laughter] know? [laughter] >> But, >> But, >> But, >> and shame is a barrier to communication >> and shame is a barrier to communication with your provider. I think having a way with your provider. I think having a

way to track that and kind of like you know to track that and kind of like you know in have it be a more internal process in have it be a more internal process but something that you can then um give but something that you can then um give to your doctor as actionable data I to your doctor as actionable data I think that's very valuable and to go think that's very valuable and to go back to the question of you know what do back to the question of you know what do we need to be doing with our kids. So, we need to be doing with our kids. So, without getting on my soap box too much without getting on my soap box too much because I will I would easily take up because I will I would easily take up the rest of the time talking about the rest of the time talking about technology and childhood, but do we need technology and childhood, but do we need to get our kids used to using the tech?

to get our kids used to using the tech? Not necessarily. You know, we have to be Not necessarily. You know, we have to be very careful with a developing brain.

very careful with a developing brain. It's different than an adult brain. And It's different than an adult brain. And we are at a like we're living at a time we are at a like we're living at a time where it's just coming at them from where it's just coming at them from everywhere. My kids school actually, I everywhere. My kids school actually, I was very happy to hear this. They backed was very happy to hear this. They backed off on tech in the classroom this year off on tech in the classroom this year and I think a lot of schools are and I think a lot of schools are adopting that because we're having more adopting that because we're having more data come out on how it impacts our data come out on how it impacts our children. But the concept of empowering children. But the concept of empowering kids to be aware of their health and kids to be aware of their health and wellness, to be taking action towards wellness, to be taking action towards improving how they feel and having an improving how they feel and having an awareness and understanding of how their awareness and understanding of how their body functions, what makes it feel the body functions, what makes it feel the best, how well are we sleeping, what best, how well are we sleeping, what kind of, you know, foods are we eating kind of, you know, foods are we eating and how does that make us feel? And, you and how does that make us feel? And, you know, kind of taking ownership of that know, kind of taking ownership of that at a young age, I think, is so at a young age, I think, is so important. But do they need to track important. But do they need to track that using technology from a young age?

that using technology from a young age? Not necessarily, because they're going Not necessarily, because they're going to they're going to pick it up. I'm not to they're going to pick it up. I'm not worried that we're not setting them up worried that we're not setting them up for success if we don't integrate it for success if we don't integrate it into their lives now because they're into their lives now because they're going to they're going to be fine.

going to they're going to be fine. They're going to learn how to use it They're going to learn how to use it just fine as they get older. But when just fine as they get older. But when when they're younger, the focus I feel when they're younger, the focus I feel needs to be on the awareness and the needs to be on the awareness and the empowerment aspect of it. That's that's empowerment aspect of it. That's that's so true. And I want to hear what you so true. And I want to hear what you have to say too, Harvey. I was just have to say too, Harvey. I was just going to say our as parents, we can do going to say our as parents, we can do that for them, right? We can we can that for them, right? We can we can track things for them if we need to. And track things for them if we need to. And and kids can absolutely just live and be and kids can absolutely just live and be experiencing things in the real world, experiencing things in the real world, but just have that tapped in knowledge.

but just have that tapped in knowledge. I feel like there's so much to learn I feel like there's so much to learn about awareness of how you feel, about awareness of how you feel, >> tapping into your body, not not >> tapping into your body, not not necessarily just working through it or necessarily just working through it or being in in inundated with either being in in inundated with either technology or busyiness, which we love technology or busyiness, which we love to do in our culture, but tapping and to do in our culture, but tapping and teaching them.

teaching them. >> I agree. Uh I I love summarizing things >> I agree. Uh I I love summarizing things and from 10,000 ft high to what you said and from 10,000 ft high to what you said has to do with neuroplasticity.

has to do with neuroplasticity. If we never form the connections as a If we never form the connections as a child in our brain, how can we expect child in our brain, how can we expect that action if we don't even know what that action if we don't even know what that exists? Case in point, you and I that exists? Case in point, you and I are all

we're all olderish. I know Ed are all we're all olderish. I know Ed could for sure tell me he agrees with could for sure tell me he agrees with this statement. When we're in the car, this statement. When we're in the car, he and I can have a great conversation, he and I can have a great conversation, drive the whole United States and not drive the whole United States and not turn on a device. And we can have turn on a device. And we can have creativity where we can have really good creativity where we can have really good creativity with the cars and what we see creativity with the cars and what we see out there. our kids unfortunately can't out there. our kids unfortunately can't because they're so used to this because because they're so used to this because they haven't made those connections to they haven't made those connections to your point with the school systems by your point with the school systems by taking away that pushing them to make taking away that pushing them to make those connections make that those connections make that neuroplasticity neuroplasticity neuroplasticity then introduce it to them in stages then then introduce it to them in stages then that's the key that's the key >> the analogy in medical school and I love >> the analogy in medical school and I love this in residency this in residency >> is residents let's just pretend it's a >> is residents let's just pretend it's a three-year program year one zero three-year program year one zero technology year two they start technology year two they start introducing technology but not all the introducing technology but not all the functions functions functions by year three, assuming they're going to by year three, assuming they're going to graduate in year three, that's when they graduate in year three, that's when they say, "Okay, here you go for the say, "Okay, here you go for the neuroplasticity." So, that's my summary.

neuroplasticity." So, that's my summary. >> I love that. >> I love that. >> So, I'm going to Ed, do you have any >> So, I'm going to Ed, do you have any anyone has any questions? Because I'm anyone has any questions? Because I'm going to ask the last one and then we're going to ask the last one and then we're going to call it quits.

going to call it quits. >> That's going to be a hard one. Dr. Bass, >> That's going to be a hard one. Dr. Bass, >> I love hard questions. [laughter] >> I love hard questions. [laughter] You don't go into this if you don't love You don't go into this if you don't love trying to solve hard problems, right?

trying to solve hard problems, right? >> Then you can use AI to answer the >> Then you can use AI to answer the question. question. question. >> [laughter] >> [laughter] >> [laughter] >> because I had to train in medicine >> because I had to train in medicine without it. Yeah.

without it. Yeah. >> Correct. Now, um, of course, save life >> Correct. Now, um, of course, save life AI is FDA approved. We have four FDAs. AI is FDA approved. We have four FDAs.

We are hyper cyber security certified. We are hyper cyber security certified. You know, that's opens up another a very You know, that's opens up another a very good area of collaboration, coordination good area of collaboration, coordination between us. But what I'm saying is that between us. But what I'm saying is that one of the things that I'm worried about one of the things that I'm worried about and some of the things that I've built and some of the things that I've built like there's a thousand VLM models right like there's a thousand VLM models right that I'm not releasing because of a that I'm not releasing because of a regulation and b you know where's the AI regulation and b you know where's the AI governance in in in in vi governance in in in in vi so so so the short and long of the so so so the short and long of the question is wants to use it for your question is wants to use it for your service and she's going to come and call service and she's going to come and call me said Janette I want to use viol me said Janette I want to use viol can you test it or can you at least can you test it or can you at least please advise me on it. Was there any AI please advise me on it. Was there any AI governance process in that team or governance process in that team or anything? And I think that that goes anything? And I think that that goes back to honestly at the end of the day back to honestly at the end of the day trust sells and you bring a lot of trust trust sells and you bring a lot of trust personally which is very very amazing personally which is very very amazing but other than that what what is your but other than that what what is your process for both cyber security and uh process for both cyber security and uh AI governance?

AI governance? I love this. I love this question and I love this. I love this question and it's something that of course I think it's something that of course I think about because I was in government and I about because I was in government and I was a hospital CEO all these things. So was a hospital CEO all these things. So so critical. I will tell you first I'm so critical. I will tell you first I'm going to start answering this question going to start answering this question by by telling you about our CTO. So our by by telling you about our CTO. So our head of technology our

CTO Eric Yuie head of technology our CTO Eric Yuie wonderful human I hope you get to meet wonderful human I hope you get to meet him at some point. Um he has a him at some point. Um he has a background in ethics and psychology. So background in ethics and psychology. So he was actually a psychology and ethics he was actually a psychology and ethics PhD before going into tech. Talk about PhD before going into tech. Talk about the right person to think about ethics the right person to think about ethics and guard rails on your AI.

and guard rails on your AI. >> This is what he lives and breathes.

AI Governance, Security, and Trust

So >> This is what he lives and breathes. So he loves tech and he's doing a lot of he loves tech and he's doing a lot of the building and running our dev team, the building and running our dev team, >> but always he starts with what are the >> but always he starts with what are the guard rails? How are we setting this up guard rails? How are we setting this up and how are we testing it to make sure and how are we testing it to make sure that our AI isn't going rogue, right?

that our AI isn't going rogue, right? especially with agentic and all these especially with agentic and all these other things we can do. power our other things we can do. power our internal guard rails the last line of internal guard rails the last line of defense.

defense. defense. >> Um and and he from the beginning has >> Um and and he from the beginning has built the backend to be secure because built the backend to be secure because we're building a healthcare app, right?

we're building a healthcare app, right? We of course are using a lot of things We of course are using a lot of things to go fast with design and code and to go fast with design and code and using AI and using AI to point it at using AI and using AI to point it at ourselves to make sure that you know ourselves to make sure that you know we're we're trying as best we can to be we're we're trying as best we can to be um to be secure beyond belief and AI is um to be secure beyond belief and AI is really good at that. I would say AI is really good at that. I would say AI is really good at trying to hack your really good at trying to hack your system so that you can keep checking system so that you can keep checking security um when you point it that way.

security um when you point it that way. So there there are a lot of modern tools So there there are a lot of modern tools that we're using to try to keep that we're using to try to keep ourselves honest. Um but day in and day ourselves honest. Um but day in and day out from day one we've thought about out from day one we've thought about this. And the other thing just to talk this. And the other thing just to talk about trust for a minute is about data about trust for a minute is about data control. The whole purpose of our control. The whole purpose of our application is that people should application is that people should understand and have all of their own understand and have all of their own information in their own hands. They information in their own hands. They should be able to control where it goes.

should be able to control where it goes. They should be able to have the person They should be able to have the person in the loop and say, "Yes, this is in the loop and say, "Yes, this is right. No, this isn't right. I've been right. No, this isn't right. I've been prescribed this medicine, but I've never prescribed this medicine, but I've never taken it and I will never take it taken it and I will never take it because it makes me feel like crap or because it makes me feel like crap or whatever." And as a doctor, I need to whatever." And as a doctor, I need to know that because if I keep thinking the know that because if I keep thinking the person's taking the medicine and then person's taking the medicine and then I'm I'm going on that assumption and I'm I'm going on that assumption and they're not, it's not working. So people they're not, it's not working. So people controlling their own data is part of controlling their own data is part of this. When things are completely free in this. When things are completely free in the world, you are the product, right?

the world, you are the product, right? If if you if everything you're doing is If if you if everything you're doing is free, they you are it. They have your free, they you are it. They have your data. They're doing who knows what with data. They're doing who knows what with it. They're selling it to people and it. They're selling it to people and those people are going to reach out to those people are going to reach out to you and push you into certain things.

you and push you into certain things. Sometimes that can be helpful for Sometimes that can be helpful for people. Um, and sometimes it's not. And people. Um, and sometimes it's not. And so our so our >> I'm just going to plug it in.

>> I'm just going to plug it in. >> Yeah. >> Yeah. >> Yeah. >> On the black market, your data is >> On the black market, your data is available for $2. Contact me if you need available for $2. Contact me if you need >> It is insane. It is fast to get it data >> It is insane. It is fast to get it data from Black Market today as compared to from Black Market today as compared to original sources. Insane.

original sources. Insane. >> Insane. >> Insane. >> Insane. >> Go ahead. I'm sorry. >> Go ahead. I'm sorry. >> No, it's so true. Um there's a group >> No, it's so true. Um there's a group called the light collective that um I've called the light collective that um I've met with and adore and they're helping met with and adore and they're helping kind of really look at data privacy and kind of really look at data privacy and user agreements and these things to say user agreements and these things to say okay where is this on on a scale and I okay where is this on on a scale and I have them partnering to say tell me like have them partnering to say tell me like you look at my own data policies and you look at my own data policies and user agreements. Our goal is that we user agreements. Our goal is that we want people to control their own data.

want people to control their own data. Are we succeeding? So by using outside Are we succeeding? So by using outside people looking in or like you said right people looking in or like you said right use the right consultant you look in um use the right consultant you look in um we have an adviser who runs a cyber we have an adviser who runs a cyber security company perfect adviser to have security company perfect adviser to have right you want somebody who's constantly right you want somebody who's constantly looking outside in and keeping me honest looking outside in and keeping me honest and keeping my CTO honest so all and keeping my CTO honest so all >> what about those AI summaries that are >> what about those AI summaries that are generated how are you actually making generated how are you actually making sure that they are accurate all of those sure that they are accurate all of those where is that governance coming in where is that governance coming in >> yeah that's a great that's an absolutely >> yeah that's a great that's an absolutely great question So, first of all, we have great question So, first of all, we have an amazing LLM partner, um, which is a an amazing LLM partner, um, which is a big part of it and fully trained on big part of it and fully trained on medical evidence and a lot of the early medical evidence and a lot of the early testing for us was all of the record all testing for us was all of the record all these different kinds of visits.

these different kinds of visits. Everything from mental health, which I Everything from mental health, which I will say blew me away at, you know, how will say blew me away at, you know, how good the LLM is with their level and good the LLM is with their level and then our LLM on top of it. Um, at then our LLM on top of it. Um, at distilling mental health, and then when distilling mental health, and then when they're doing it on medical, making sure they're doing it on medical, making sure that all the medical language is being that all the medical language is being picked up appropriately and that plain picked up appropriately and that plain language summary is coming through and language summary is coming through and appropriate. So our beginning summary appropriate. So our beginning summary was all this but we also have physician was all this but we also have physician adviserss when I'm a doctor right but we adviserss when I'm a doctor right but we have other physician adviserss that are have other physician adviserss that are looking at it and when we have doctor in looking at it and when we have doctor in the loop we get flagged if the doctor the loop we get flagged if the doctor says no this wasn't right we know if says no this wasn't right we know if somebody is editing something are they somebody is editing something are they adding or are they saying no I said ras adding or are they saying no I said ras testing not rash testing and are we testing not rash testing and are we picking that up right you know uh so picking that up right you know uh so that's that's how we train and it all that's that's how we train and it all things in AI are continuous learning things in AI are continuous learning right? Continuous training, continuous right? Continuous training, continuous learning and and the big flags for me learning and and the big flags for me were things that I was like cannot go were things that I was like cannot go live yet, cannot go live yet. You know, live yet, cannot go live yet. You know, these things have to be fixed. We have these things have to be fixed. We have to pick up education in this way. We to pick up education in this way. We have to make sure this this language is have to make sure this this language is right. We have to be able to say we right. We have to be able to say we don't know.

don't know. >> One of the lovely reasons that I believe >> One of the lovely reasons that I believe in companies that are led by physicians, in companies that are led by physicians, not to toot my own horn, is because of not to toot my own horn, is because of that. We have understood uh in the last that. We have understood uh in the last 200 years or actually 2,000 years 200 years or actually 2,000 years history of medical and that's still our history of medical and that's still our emblem. there's a snake on it and that emblem. there's a snake on it and that is basically medicine started with snake is basically medicine started with snake oil and people forget that consistently oil and people forget that consistently we are and will always be unfortunately we are and will always be unfortunately experimental which is very odd what the experimental which is very odd what the general thinking is and AI is now the general thinking is and AI is now the new new new iterant tool and people will sell snake iterant tool and people will sell snake oil and hopefully companies like VIA oil and hopefully companies like VIA helping by physicians who has history of helping by physicians who has history of governance CTO's with history of ethics governance CTO's with history of ethics bring true uh verifiable explainable AI bring true uh verifiable explainable AI to the world partnering with save life to the world partnering with save life AI or not but the idea still remains AI or not but the idea still remains that we I love her attitude as well of that we I love her attitude as well of what we call partnering than anything what we call partnering than anything because this is something that no one because this is something that no one company can solve including major company can solve including major multi-billion dollar companies I mean multi-billion dollar companies I mean their attitude is different. They just their attitude is different. They just acquire startups which are fine but long acquire startups which are fine but long story short we are going to do this um story short we are going to do this um patient patient patient um um um governance of their own data governance of their own data summarization and understanding data summarization and understanding data into knowledge is the key missing piece into knowledge is the key missing piece in my opinion for AI adoption at a in my opinion for AI adoption at a broader level which is a key problem broader level which is a key problem wealth is solving. Thank you Dr. Baston wealth is solving. Thank you Dr. Baston for coming. As usual, uh, we are Texans.

for coming. As usual, uh, we are Texans. Unfortunately, we don't like New Jersey Unfortunately, we don't like New Jersey that much. So, I'm just kidding.

that much. So, I'm just kidding. [laughter] [laughter] [laughter] >> We can bring >> We can bring >> Yes, I'm just messing with you. U, we >> Yes, I'm just messing with you. U, we are all in Texas, by the way. Ed, are all in Texas, by the way. Ed, Harvey, Isa, whenever you are, please Harvey, Isa, whenever you are, please come back. Come to us. Uh, Harvey uh come back. Come to us. Uh, Harvey uh brings some great Spanish food to the brings some great Spanish food to the table. I bring some amazing Pakistani table. I bring some amazing Pakistani Indian food to the table. So, we're Indian food to the table. So, we're going to have some fun and would love to going to have some fun and would love to meet your uh co and other people with meet your uh co and other people with the team online so we can chart a the team online so we can chart a process or at least just you know process or at least just you know transfer of knowledge.

transfer of knowledge. >> I would. >> I would. >> Thank you everyone who was joining live. >> Thank you everyone who was joining live. I'm extremely grateful for your I'm extremely grateful for your presence. We'll see you next week. Thank presence. We'll see you next week. Thank you.

you. you.