Introductions and Guest Background

You know, sit here. Let's just start. You know, sit here. Let's just start. There we go. There we go. All right, guys. Welcome. Welcome. A All right, guys. Welcome. Welcome. A little different today. Ed is not going little different today. Ed is not going to be able to make it and Janette is on to be able to make it and Janette is on vacation. I believe he comes back next vacation. I believe he comes back next week. And I'm Dr. Harvey Castro. Excited week. And I'm Dr. Harvey Castro. Excited that I have Dr. Ed and I have that I have Dr. Ed and I have a special guest today.

a special guest today. So, before So, before I'm not going to go through all the bio. I'm not going to go through all the bio. I'd rather Stephen you kind of go I'd rather Stephen you kind of go through your bio, Ed. Hey, Ed. How are through your bio, Ed. Hey, Ed. How are you?

So, Ed So, Ed Stephen, do you mind introducing Stephen, do you mind introducing yourself, your company, what you're yourself, your company, what you're doing, doing, doing, >> You're talking to me or Ed? I think >> You're talking to me or Ed? I think you're talking to me.

you're talking to me. >> I'm sorry, you. Sorry. >> I'm sorry, you. Sorry. >> [laughter] >> [laughter] >> [laughter] >> Got it. My name is Stephen Ralph. I'm >> Got it. My name is Stephen Ralph. I'm the head founder I'm the co-founder and the head founder I'm the co-founder and head of growth head of growth here at Sava AI. We're a here at Sava AI. We're a consumer health platform consumer health platform aimed at aimed at improving people's lives and letting improving people's lives and letting them make more informed decisions of them make more informed decisions of their health.

their health. Um Um Um we uh we uh Yeah, I think I think I about that sums Yeah, I think I think I about that sums it up. Just just just right, I think.

it up. Just just just right, I think. >> Well, my my my favorite phrase is what >> Well, my my my favorite phrase is what is your why? Why did you end up doing is your why? Why did you end up doing this? Like, what's the story behind this? Like, what's the story behind this? Cuz I know there's got to be a this? Cuz I know there's got to be a story.

story. story. >> Yeah, I my my co-founder and I >> Yeah, I my my co-founder and I um um um I was the head of sales and the first I was the head of sales and the first hire at a at a startup called Protocol hire at a at a startup called Protocol First. And Amit, my co-founder here at First. And Amit, my co-founder here at Sava, was the uh the CTO and the Sava, was the uh the CTO and the co-founder of Protocol First.

co-founder of Protocol First. And And And we were the we launched the first fire we were the we launched the first fire app. If you guys are still want to start app. If you guys are still want to start with some acronyms at 6:00 in the with some acronyms at 6:00 in the morning. Uh morning. Uh we were the first fire app ever listed we were the first fire app ever listed on the Epic App Orchard. And from our on the Epic App Orchard. And from our point of view, the first app to ever use point of view, the first app to ever use fire to extract patient health fire to extract patient health information outside of hospital information outside of hospital firewalls.

firewalls. firewalls. And that happened at Ohio State in And that happened at Ohio State in 2018. 2018. 2018. And um and so that company was swallowed And um and so that company was swallowed up by Flatiron Health via Roche up by Flatiron Health via Roche um years later.

um years later. And so we have a And so we have a kind of this kind of this you know, this history and this you know, this history and this specialized specialized specialized way of dealing with health data.

way of dealing with health data. And so we knew whatever we're going to And so we knew whatever we're going to be doing next was going to be something be doing next was going to be something in the in the in the health data space. And then in the health data space.

Why Sava AI Exists

And then really it's the perfect storm between really it's the perfect storm between after the acquisition, after the acquisition, um the 21st Century ONC Cures Act was um the 21st Century ONC Cures Act was passed or at least the 2022 guidance.

passed or at least the 2022 guidance. And uh And uh we looked at it and said, "Wow, we looked at it and said, "Wow, consumers can consumers can can can can take over their health information, take over their health information, right? What what an awesome thing when right? What what an awesome thing when it comes to to access." And so we it comes to to access." And so we started kind of building the pipes again started kind of building the pipes again between all these EHR systems and between all these EHR systems and started coming up with ways, okay, what started coming up with ways, okay, what if you don't have an EHR, how can we if you don't have an EHR, how can we ingest data?

ingest data? Um and so that, you know, 24 months ago Um and so that, you know, 24 months ago or in that neighborhood we we set off on or in that neighborhood we we set off on this journey and uh now we're at a team this journey and uh now we're at a team of of of I think we have six full-time employees I think we have six full-time employees and five five interns currently.

and five five interns currently. And um And um it's been a it's been a a wild ride with some of the consumer a wild ride with some of the consumer health tech that's come out just in the health tech that's come out just in the last 6 months.

last 6 months. Um but uh I think the why is because we Um but uh I think the why is because we we have the ability to to work with fire we have the ability to to work with fire in ways that I don't think any other in ways that I don't think any other people on planet Earth, it seems like people on planet Earth, it seems like um know how to work with with fire and um know how to work with with fire and and and and getting access to this data.

and and and getting access to this data. And um And um and uh and uh plus, you know, plus, you know, I think that this consumer health wave I think that this consumer health wave is is is like such an a pivotal point in medicine like such an a pivotal point in medicine and and and um you know, this this value-based care um you know, this this value-based care wave and preventive care and I think it wave and preventive care and I think it all starts from my perspective with all starts from my perspective with putting power in the hands of the putting power in the hands of the consumer and enabling people to make consumer and enabling people to make informed decisions and informed decisions and >> Love it. Ed or Doc, what do you guys >> Love it. Ed or Doc, what do you guys think?

>> Yeah, my puppy says hello. >> Yeah, my puppy says hello. >> Good morning. >> Good morning. >> My wife had early clinic and I'm >> My wife had early clinic and I'm actually home, about to leave for the actually home, about to leave for the airport. So, that's why I was um airport. So, that's why I was um behind the scenes, a little bit late.

behind the scenes, a little bit late. But, But, But, yeah, I Steve, I'd like to hear more on yeah, I Steve, I'd like to hear more on your thoughts about cuz we've talked your thoughts about cuz we've talked about this quite a bit on the show about about this quite a bit on the show about this wave of consumerism. And you know, this wave of consumerism. And you know, your your obviously your company is a your your obviously your company is a key part to making that happen because key part to making that happen because of, you know, the the interoperability of, you know, the the interoperability uh things that you all do with fire and uh things that you all do with fire and and whatever other uh mechanisms. So, and whatever other uh mechanisms. So, where do you think we're headed?

where do you think we're headed? >> Well, I think it's you know, I've been >> Well, I think it's you know, I've been

to start, you know, Wednesday morning to start, you know, Wednesday morning with a, you know, a scary story.

with a, you know, a scary story. >> Nice. >> Nice. >> Nice. >> I think >> I think um um um if we're not careful, if we're not careful, we're headed in we're headed in an awful direction, right? I think that an awful direction, right? I think that I talk on all the phone in here every I talk on all the phone in here every day all day long with people and day all day long with people and to be quite frank, you need to talk to be quite frank, you need to talk about healthcare data interoperability about healthcare data interoperability and and and and and 21 CFR part 11 and HIPAA and and 21 CFR part 11 and HIPAA compliancy and all that stuff, I'm the compliancy and all that stuff, I'm the last person on the planet. But, last person on the planet. But, um no one's really heard of the 21st um no one's really heard of the 21st Century ONC Cures Act, especially Century ONC Cures Act, especially consumers.

consumers. consumers. And I mean, even doctors from top And I mean, even doctors from top academic medical centers, I get on and academic medical centers, I get on and they're like, "Well, what are you they're like, "Well, what are you talking about?" right? Um talking about?" right? Um let alone have they read the fine print.

let alone have they read the fine print. And I think that it's kind of scary And I think that it's kind of scary that, okay, hey, you You access your that, okay, hey, you You access your health data via third-party application, health data via third-party application, right? Okay, awesome. Healthcare right? Okay, awesome. Healthcare democratization, equity.

democratization, equity. That's sweet. That's sweet. Um oh, but if you go through a third Um oh, but if you go through a third party, that third party could do party, that third party could do anything they want with your data.

anything they want with your data. And they could sell it. They could store And they could sell it. They could store it. They can train things on it. They it. They can train things on it. They can do whatever they want. They don't can do whatever they want. They don't need to be HIPAA compliant. They they need to be HIPAA compliant. They they can do can do whatever they fancy. And in 2026, data whatever they fancy. And in 2026, data is king.

is king. And I think that the biggest problem is And I think that the biggest problem is that that that companies or people, companies or people, however you want to think about it, they however you want to think about it, they uh uh uh they treat health data just like they they treat health data just like they treat consumer data.

treat consumer data. And you know, we're talking about data And you know, we're talking about data points and conversations that people points and conversations that people have around the dinner table with their have around the dinner table with their loved ones about stuff that's going to loved ones about stuff that's going to kill them one day.

kill them one day. And it's not necessarily from a data And it's not necessarily from a data breach perspective, but it's about just breach perspective, but it's about just a a data Hey man, this is mine.

a a data Hey man, this is mine. This is private. You know, I have I had This is private. You know, I have I had a buddy a buddy um I got colon cancer last year. And you um I got colon cancer last year. And you know, he for months and months told know, he for months and months told everyone he had a hernia. Even his wife.

everyone he had a hernia. Even his wife. Right? People are Right? People are People are private with their health People are private with their health data. And I think that the the the data. And I think that the the the biggest threat to this consumer health biggest threat to this consumer health wave is regulators stepping in and be wave is regulators stepping in and be like, "Wait a minute.

like, "Wait a minute. This is you you know, you can't be doing This is you you know, you can't be doing this." And having to start over from this." And having to start over from scratch with everything. And so, I can scratch with everything. And so, I can get into how you know, we've approached get into how you know, we've approached that.

that. that. Um but 23andMe taught us all what Um but 23andMe taught us all what happens when happens when consumer health data is being stored and consumer health data is being stored and [clears throat] how policies

change uh [clears throat] how policies change uh whether it's through an acquisition or whether it's through an acquisition or just through just through uh uh uh bankruptcy court in in with 23andMe's bankruptcy court in in with 23andMe's example, right? All of a sudden your example, right? All of a sudden your health data is being brokered off in health data is being brokered off in bankruptcy court and bankruptcy court and >> [snorts] >> [snorts] >> [snorts] >> you're not even you have no say. And so, >> you're not even you have no say. And so, I think uh I think uh I think I'll start with it being super I think I'll start with it being super scary.

scary. scary. But on the flip side, But on the flip side, um I'm a um I'm a big traveler. Spent most of my life big traveler. Spent most of my life outside the US, it seems like. And been outside the US, it seems like. And been hospitalized hospitalized hospitalized in Laos and Tanzania and in Laos and Tanzania and all over the place. And um all over the place. And um you know, this kind of thing kind of you know, this kind of thing kind of opens up, oh wow, you know, you could opens up, oh wow, you know, you could digitize someone's health record in the digitize someone's health record in the Democratic Republic of the Congo.

Democratic Republic of the Congo. And um have these people have access to And um have these people have access to leading AI models to to better leading AI models to to better understand their health. It's kind of a understand their health. It's kind of a a give and take, right? Um I think that a give and take, right? Um I think that we just need to be really smart we just need to be really smart um when it comes to protecting people's um when it comes to protecting people's data.

data. data. >> Yeah. >> Yeah. >> Yeah. >> big stuff. >> big stuff.

Consumer Health Data Risks and Ownership

>> Well, it's it's a Well, we're not afraid >> Well, it's it's a Well, we're not afraid of hot topics or hard topics and that's of hot topics or hard topics and that's what we That's what makes for more what we That's what makes for more interesting podcast anyways. Um I know I interesting podcast anyways. Um I know I I'd rather I I want everyone to see my I'd rather I I want everyone to see my data, have my data. If I'm in a car data, have my data. If I'm in a car accident and I'm in some city that accident and I'm in some city that doesn't have my EHR, which is beholden doesn't have my EHR, which is beholden to a specific I have four or five to a specific I have four or five different portals, right? And they don't different portals, right? And they don't necessarily talk to each other necessarily talk to each other >> Yeah.

>> Yeah. >> Yeah. >> unless one's being super proactive. And >> unless one's being super proactive. And even then, sometimes they don't want to even then, sometimes they don't want to share certain images with another share certain images with another hospital and I have to redo my MRI.

hospital and I have to redo my MRI. That's another story some other time. That's another story some other time. But But But um um um that you know, I I I'm I'm fine with it, that you know, I I I'm I'm fine with it, but I understand like I understand the but I understand like I understand the different issues. Um it's a hard hard different issues. Um it's a hard hard thing to govern and that's you know, and thing to govern and that's you know, and as you said, you know, probably only 1% as you said, you know, probably only 1% of health care professionals know all of health care professionals know all the details of all these laws that are the details of all these laws that are passed. You know, it's people like us passed. You know, it's people like us who have high interest for obvious who have high interest for obvious reasons, you know, that know, but the reasons, you know, that know, but the average, you know, definitely the average, you know, definitely the average patient does not know. And and average patient does not know. And and and maybe the average um and maybe the average um hospital person doesn't really know.

hospital person doesn't really know. They they see the headlines and that's They they see the headlines and that's about it. That's why I'm glad we're about it. That's why I'm glad we're having this conversation. Cuz I think having this conversation. Cuz I think it's important what you all do um and it's important what you all do um and with the the interoperability because with the the interoperability because again, that I think I think kind of again, that I think I think kind of where we're headed where we're headed is that uh is that uh patients will start owning their own patients will start owning their own data. Been talking about that for a long data. Been talking about that for a long

time, but didn't it really have the time, but didn't it really have the mechanisms to do it. And now there's mechanisms to do it. And now there's companies out there that are that are companies out there that are that are offering that. And uh and then we'll be offering that. And uh and then we'll be much more mobile and transportable and much more mobile and transportable and things like that. And then in some things like that. And then in some things that your company's helping, you things that your company's helping, you know, these other companies with that know, these other companies with that whole data interoperability. Anyways, I whole data interoperability. Anyways, I think it's a super exciting time.

think it's a super exciting time. >> Thank you for that, Steven. And I >> Thank you for that, Steven. And I consider myself the, you know, one who consider myself the, you know, one who kind of bridges the gap between the tech kind of bridges the gap between the tech and the human. And I think we all do. Um and the human. And I think we all do. Um but, you know, one of my missions is to but, you know, one of my missions is to just create um or help recreate and just create um or help recreate and build trust in medicine and transparency build trust in medicine and transparency in medicine and some of the new in medicine and some of the new technologies.

technologies. technologies. But, you know, since we're talking about But, you know, since we're talking about data and we love hot questions, data and we love hot questions, what about your consumers that maybe what about your consumers that maybe don't have a a PCP? And so, you know, we don't have a a PCP? And so, you know, we have all this this health data and say have all this this health data and say there is an issue that indicates maybe there is an issue that indicates maybe an urgent medical concern.

an urgent medical concern. >> [clears throat] >> [clears throat] >> [clears throat] >> And this is a question for anybody, you >> And this is a question for anybody, you know, what obligation, if any, does know, what obligation, if any, does anybody have um for that information? I anybody have um for that information? I mean, if the patient owns the mean, if the patient owns the information, they may not know how to information, they may not know how to act on it. Is it then on them to act on it. Is it then on them to to figure it out and and contact their to figure it out and and contact their health care provider or is there some health care provider or is there some >> Dr. Castrov.

>> Dr. Castrov. >> [laughter] >> No, I I'm I'm with this whole >> No, I I'm I'm with this whole information. I call it the health care information. I call it the health care IQ. Think of it this way. Um IQ. Think of it this way. Um I know it's a bad example, but 40 years I know it's a bad example, but 40 years ago if I had a cigar and I was just ago if I had a cigar and I was just smoking we're doing this podcast, you'd smoking we're doing this podcast, you'd be like, be like, "No big deal, right?" Cuz cigarettes at "No big deal, right?" Cuz cigarettes at the time was just understood. the time was just understood. Now, if I do that, they're like, "Harley, why are Now, if I do that, they're like, "Harley, why are you doing that?" So, the difference is you doing that?" So, the difference is we know more on our health care. And as we know more on our health care. And as a society, as we're improving that a society, as we're improving that level, we'll be able to do more. And so, level, we'll be able to do more. And so, to your point of can we have this to your point of can we have this digitized in health care, what you're digitized in health care, what you're doing is exactly that. And so, in the doing is exactly that. And so, in the near future we'll be able to do more near future we'll be able to do more and be more advocates for our own health.

be more advocates for our own health. And then it'll get to the point where And then it'll get to the point where maybe the AI is telling us, "Hey, that maybe the AI is telling us, "Hey, that may not be standard of care. You may may not be standard of care. You may need X Y and Z." And so, then now the need X Y and Z." And so, then now the pendulum changes where now doctors and pendulum changes where now doctors and the society gets elevated. So, I just the society gets elevated. So, I just see that that's literally where we're see that that's literally where we're going.

going. going. I work for a space company I work for a space company and one of our goals is to leverage the and one of our goals is to leverage the satellites in space and think of all of satellites in space and think of all of applications, uh something like what applications, uh something like what you're working on you're working on on the satellite, on a cloud that's on the satellite, on a cloud that's working on the planet. So, I just feel working on the planet. So, I just feel like that's that's literally where the like that's that's literally where the >> Something just popped up here. What >> Something just popped up here. What happened here? Claude trying to get in happened here? Claude trying to get in on this conversation. They're talking on this conversation. They're talking about AI. It's

kind of scary.

about AI. It's kind of scary. Claude window just popped up in my Claude window just popped up in my window. window. window. Um Um Um you know, I think um you know, I think um yeah, the AIs, right? I think that some yeah, the AIs, right? I think that some companies are doing something we're not companies are doing something we're not doing and I think it's very cool what doing and I think it's very cool what they do. I think you know, I don't know they do. I think you know, I don't know if you guys are familiar with Doctronic.

if you guys are familiar with Doctronic. Um but I think it's what? Um but I think it's what? $39 to get connected after you ask all $39 to get connected after you ask all these questions to this AI chatbot and these questions to this AI chatbot and ingest your medical information, you ingest your medical information, you can, you know, get a conversation going can, you know, get a conversation going in person on Zoom with a licensed in person on Zoom with a licensed physician in the US for, you know, for physician in the US for, you know, for way cheaper than most people's co-pays way cheaper than most people's co-pays are.

are. are. And I think that's incredible what's And I think that's incredible what's what some companies are doing. I also what some companies are doing. I also had a point when you were had a point when you were asking your question, Dr. Mannering, um asking your question, Dr. Mannering, um that that that you know, it's kind of funny. We're you know, it's kind of funny. We're unless you're listed as software as a unless you're listed as software as a medical device and you're in the AI medical device and you're in the AI consumer health AI space and no one is, consumer health AI space and no one is, I don't think. Like I don't think Whoop I don't think. Like I don't think Whoop or or or Garmin or Aura or ChatGPT health, any of Garmin or Aura or ChatGPT health, any of that stuff is.

that stuff is. Um medical conclusions are no-no. Um medical conclusions are no-no. And right, so you could you could And right, so you could you could explain what the data is and kind of explain what the data is and kind of like leave the ball in your court to like leave the ball in your court to figure this out. And I think as that figure this out. And I think as that evolves evolves evolves and we start trusting these AI models and we start trusting these AI models for the right reason, right? And they for the right reason, right? And they get to the point like Dr. Casters said get to the point like Dr. Casters said when these AIs get to the point and when these AIs get to the point and they're they're evolved to the point they're they're evolved to the point where you're like, okay, I trust what where you're like, okay, I trust what this is going to say and I I I'm okay this is going to say and I I I'm okay and the FDA is okay with medical and the FDA is okay with medical conclusions coming from a a robot. Um conclusions coming from a a robot. Um also on the satellite piece, um you also on the satellite piece, um you know, I think that know, I think that I went on this whole security and I went on this whole security and privacy spiel privacy spiel earlier, um already.

earlier, um already. And so it's all I talk about in here And so it's all I talk about in here some days. some days. Um Um Um you right, I I think that, you know, you right, I I think that, you know, it's so funny you mentioned satellites.

it's so funny you mentioned satellites. Um we our architecture for Sava is Um we our architecture for Sava is everything is on device. everything is on device.

There's no cloud storage of any shape or There's no cloud storage of any shape or form. form. form. Uh whether you're you're you got Uh whether you're you're you got wearables information coming from my wearables information coming from my Whoop or data coming from an EHR or we Whoop or data coming from an EHR or we have an on-device OCR that you can take have an on-device OCR that you can take pictures of a lab report coming out of pictures of a lab report coming out of you know, you know, the DRC and you can translate it into 50 the DRC and you can translate it into 50 languages.

languages. languages. Um none of that data Um none of that data ever reaches the cloud and a lot of that ever reaches the cloud and a lot of that can happen on airplane mode without can happen on airplane mode without service.

service. service. And so, um And so, um I think that these tensor processing I think that these tensor processing units and these vapor cooling chambers units and these vapor cooling chambers and the on-device capabilities of

what and the on-device capabilities of what these phones, every phone, whether it's these phones, every phone, whether it's Samsung, the Google phones, iPhones, all Samsung, the Google phones, iPhones, all these phones for the last several years these phones for the last several years have been gearing up for on-device AI have been gearing up for on-device AI and on-device storage.

and on-device storage. Um and so Um and so we've We've done that for a few reasons. we've We've done that for a few reasons. Um I have We had pressing Ghana Um I have We had pressing Ghana yesterday come out and I was like, yesterday come out and I was like, "Woohoo!" You know, I mean, we're trying "Woohoo!" You know, I mean, we're trying to support patient populations around to support patient populations around the world uh with a mission to digitize the world uh with a mission to digitize a billion people's health records a billion people's health records in the next 3 years, right? In that same in the next 3 years, right? In that same time frame, people that have an time frame, people that have an electronic health records, maybe in electronic health records, maybe in Western Europe and Western Europe and and and the US and and Japan, and and the US and and Japan, um maybe I can, you know, support 100 um maybe I can, you know, support 100 million patients in that same time million patients in that same time frame, right? And so we uh frame, right? And so we uh we built it because we built it because we we saw what happens when you stored we we saw what happens when you stored health data and all of a sudden we get health data and all of a sudden we get acquired or all of a sudden we're in acquired or all of a sudden we're in bankruptcy court and now we're we're bankruptcy court and now we're we're changed our entire business model and changed our entire business model and we're selling people's data.

we're selling people's data. Um we didn't want to be in the position Um we didn't want to be in the position ever do that and I think from I from my ever do that and I think from I from my perspective when I look around, I don't perspective when I look around, I don't see anybody messing around with these see anybody messing around with these on-device AIs and and no storage. We on-device AIs and and no storage. We don't have any accounts. There's no don't have any accounts. There's no email. Isn't that weird? What's the last email. Isn't that weird? What's the last time you had an app where you don't have time you had an app where you don't have an email?

an email? Right? It's It's your phone is your Right? It's It's your phone is your identity in there. identity in there.

AI, Interoperability, and the Future of Care

And I'm the believer that, especially And I'm the believer that, especially with Apple coming out now with whatever with Apple coming out now with whatever they're called it like a couple weeks they're called it like a couple weeks ago, Core AI. You guys see that? Wild.

ago, Core AI. You guys see that? Wild. They're They're They're I've been saying for a while now one of I've been saying for a while now one of these days these days there's going to be an AI on your phone there's going to be an AI on your phone that you are so comfortable with.

that you are so comfortable with. Whatever you're doing, you're fighting Whatever you're doing, you're fighting with your wife, you're arguing with your with your wife, you're arguing with your wife, bad to say fighting. You're wife, bad to say fighting. You're arguing with your wife, you're looking arguing with your wife, you're looking at your financials, you're doing at your financials, you're doing anything personal on the internet and anything personal on the internet and you have this this thing accompanying you have this this thing accompanying you as you go because it's on your you as you go because it's on your phone. And you could control it. It's phone. And you could control it. It's You could test it. You could get on You could test it. You could get on airplane mode and still talk with it. Um airplane mode and still talk with it. Um and so we're kind of trying to skate and so we're kind of trying to skate where the puck's going to be, so to where the puck's going to be, so to speak, speak, speak, um um um with some of that. And uh I don't know, with some of that. And uh I don't know, probably getting off topic. It's 6:15 in probably getting off topic. It's 6:15 in the morning.

the morning. I I had such a funny story I was I I had such a funny story I was planning on telling you guys, but like planning on telling you guys, but like I'm the least handy person on the planet I'm the least handy person on the planet and my garage I I I have to now. Garage and my garage I I I have to now. Garage door last night, I was like freaking out door last night, I was like freaking out cuz we couldn't close it.

cuz we couldn't close it. And I've gone And I've gone electrical tape, getting screwdrivers electrical tape, getting screwdrivers and I looked at the clock and I was and I looked at the clock and I was like, "Oh my god, it's midnight and I like, "Oh my god, it's midnight and I have a podcast at 6:00 in the morning have a podcast at 6:00 in the morning [laughter] tomorrow." [laughter] tomorrow." So, sorry for the long rambling. I'm So, sorry for the long rambling. I'm just absolutely sleep deprived at the just absolutely sleep deprived at the moment.

>> Yeah, he'll come he'll come back. Uh his >> Yeah, he'll come he'll come back. Uh his AI agent probably took over. AI agent probably took over. >> Yeah, from the start.

>> Yeah, from the start. >> And enough of that conversation, you >> And enough of that conversation, you know, boom. know, boom. >> See you >> See you see you human.

see you human. Don't be talking about that. Don't be talking about that. >> [laughter] >> [laughter] >> [laughter] >> Oh gosh. >> Oh gosh. >> Uh >> Uh >> Uh >> That That's pretty great. Where Where >> That That's pretty great. Where Where And obviously And obviously um um um today's a big day. Uh you saw Harvey today's a big day. Uh you saw Harvey wearing wearing wearing the jersey.

the jersey. >> What time's the game? >> What time's the game? >> Yeah, it's unfortunately I have a big >> Yeah, it's unfortunately I have a big dinner event. It's It's in the evening.

dinner event. It's It's in the evening. Well, for you it's even probably late Well, for you it's even probably late afternoon. Uh it's probably 7:00 p.m.

afternoon. Uh it's probably 7:00 p.m. Eastern time or something like that. But Eastern time or something like that. But um um um great game. Hope Hopefully we get a a great game. Hope Hopefully we get a a good one out of it.

good one out of it. >> I think they're playing here in the Bay >> I think they're playing here in the Bay Area. Area. Area. >> They are? >> They are? >> I think you said it's in San Francisco.

>> I think you said it's in San Francisco. God, the tickets are so crazy. We went God, the tickets are so crazy. We went to the World Cup 4 years ago in in Qatar to the World Cup 4 years ago in in Qatar and hit three US games and I don't think and hit three US games and I don't think we paid more than we paid more than 200 bucks for a seat.

200 bucks for a seat. You know, four grand for It's like, "Oh You know, four grand for It's like, "Oh my Gosh. my Gosh. >> Yeah. It's >> Yeah. It's It's unfortunate the way that it works It's unfortunate the way that it works here in United States, but here in United States, but Yeah, anyways, I I was you know, I asked Yeah, anyways, I I was you know, I asked a question earlier which kind of about a question earlier which kind of about the future orientation and I talked the future orientation and I talked about about about you kind of brought up the the downside, you kind of brought up the the downside, right? Of of what happens with all this right? Of of what happens with all this data that's out there and if if there's data that's out there and if if there's no control over it and 23andMe as the no control over it and 23andMe as the kind of case example.

kind of case example. But on the positive side, But on the positive side, you know, where do you see a day like you know, where do you see a day like what do you all see like in the future what do you all see like in the future in terms of in terms of of of of everyone owning their own record and and everyone owning their own record and and what do you think is going to happen to what do you think is going to happen to uh uh uh primary care as an example as we know it primary care as an example as we know it today if if we're all empowered with today if if we're all empowered with this capability and and have our own, this capability and and have our own, you know, access to our data and AI?

you know, access to our data and AI? >> Well, >> Well, >> Well, have you ever heard of a doctor, I'm have you ever heard of a doctor, I'm going to butcher the name, sorry, going to butcher the name, sorry, Brigitta Pienuski?

Brigitta Pienuski? You ever heard of her? You ever heard of her? >> Maybe not. >> Maybe not. >> She's written a

couple interesting books >> She's written a couple interesting books and I was lucky enough to to meet with and I was lucky enough to to meet with her now on a few occasions and her now on a few occasions and um kind of higher profile. She lives up um kind of higher profile. She lives up in Bend, Oregon or somewhere up there.

in Bend, Oregon or somewhere up there. And uh And uh you know, how cool would it be? you know, how cool would it be? Let's just like go with what you were Let's just like go with what you were saying. I I don't care. Data can be out saying. I I don't care. Data can be out there, right? I don't care. But what if there, right? I don't care. But what if one day one day you could control what's out there and you could control what's out there and monetize it yourself and get in monetize it yourself and get in >> Yeah.

>> Yeah. >> Yeah. >> on the back like you know, maybe I'm a >> on the back like you know, maybe I'm a stage four pancreatic cancer survivor stage four pancreatic cancer survivor that had COVID that had COVID and long that had COVID that had COVID and long COVID and I have one arm. I mean, you COVID and I have one arm. I mean, you have the like have the like >> Totally.

>> Totally. >> Totally. >> I got a rich data set >> I got a rich data set >> Yeah. >> Yeah. >> Yeah. >> in the eyes of >> in the eyes of >> Yeah. >> Yeah.

>> Yeah. >> the like the advertisers or whatever >> the like the advertisers or whatever these these bad people are, right? These these these bad people are, right? These data brokers.

data brokers. What if you could hey, you know, hey, do What if you could hey, you know, hey, do Do want to Do want to We've We've identified this as a as an We've We've identified this as a as an absolute goldmine that you can leverage absolute goldmine that you can leverage whether it's with pharma or life whether it's with pharma or life sciences and doing post-marketing and sciences and doing post-marketing and phase four studies or registry, whatever phase four studies or registry, whatever it is, or um straight to an advertiser it is, or um straight to an advertiser and and and and giving this data not giving but and giving this data not giving but providing this data with an providing this data with an understanding that hey, you're going to understanding that hey, you're going to be compensated for it. Your your bank be compensated for it. Your your bank account's going to grow because of this.

account's going to grow because of this. >> It's like giving your plasma or your >> It's like giving your plasma or your your blood, right? Um I think something your blood, right? Um I think something you go in and and sell it and uh they you go in and and sell it and uh they have an asset they they want to do it have an asset they they want to do it and I I like that. I I like that as a and I I like that. I I like that as a future. Yeah, you just have a just like future. Yeah, you just have a just like on your driver's license, I don't know on your driver's license, I don't know about California, but in Texas, you about California, but in Texas, you know, I can choose to be an organ donor know, I can choose to be an organ donor and uh you know, you can opt in. Hey, I and uh you know, you can opt in. Hey, I want my data shared. I personally do.

want my data shared. I personally do. It's just like uh It's just like uh you know, people who give their bodies you know, people who give their bodies to science, you know, when they die and to science, you know, when they die and it's for research. I think it's a it's for research. I think it's a beautiful thing and and I think sharing beautiful thing and and I think sharing our data actually just helps everyone.

our data actually just helps everyone. It's like uh thought It's like uh thought I I'm excited about what you're all are I I'm excited about what you're all are doing and where we're headed and I I doing and where we're headed and I I agree with the protections. I don't want agree with the protections. I don't want to be I don't want to be dismissive of to be I don't want to be dismissive of of all the protections and things like of all the protections and things like that. But sometimes I think we go so that. But sometimes I think we go so overboard whether it's governance, like overboard whether it's governance, like that's a different topic, but that's a different topic, but governance, you know, within our health governance, you know, within our health care systems, why are we so far behind care systems, why are we so far behind with technologies because of governance with technologies because of governance and I think the same thing's happening and I think the same thing's happening with AI with AI um and all these capabilities and why um and all these capabilities and why companies like like yours will continue companies like like yours will continue to flourish and there'll be this to flourish and there'll be this aftermarket uh

that's going to happen uh aftermarket uh that's going to happen uh is because governance uh within our is because governance uh within our health systems. That that that's the health systems. That that that's the killer. It's not uh sharing too much killer. It's not uh sharing too much data or having a data leak for goodness data or having a data leak for goodness sakes. It's it's uh our over-reliance on sakes. It's it's uh our over-reliance on policy and procedure and governance.

policy and procedure and governance. Anyways, that's my rant for the morning. Anyways, that's my rant for the morning. >> You had one earlier too, Ed, and I wrote >> You had one earlier too, Ed, and I wrote it down. I had I knew I had to get back it down. I had I knew I had to get back to it. I don't know when you're catching to it. I don't know when you're catching your flight, so I'm just going to do it your flight, so I'm just going to do it now.

now. now. >> All right. >> All right. >> so I'm kind of from the school of >> so I'm kind of from the school of thought too, hey man, just like thought too, hey man, just like I've had Google since I was in first I've had Google since I was in first grade.

grade. grade. If a If a tech company or an advertising wants to tech company or an advertising wants to go on a deep dive on me, there's a go on a deep dive on me, there's a million different ways that I am on the million different ways that I am on the internet every day. I completely I internet every day. I completely I agree, but just for agree, but just for conversation's sake, right? I don't know conversation's sake, right? I don't know about you guys, but I lie to my doctor about you guys, but I lie to my doctor all the time, right? I'm going to go to all the time, right? I'm going to go to my my primary care physician, "How many my my primary care physician, "How many What's what's you know, what's in range, What's what's you know, what's in range, you know?

you know? And And And um or for a million different reasons, um or for a million different reasons, um um um especially on the lifestyle side. Are especially on the lifestyle side. Are you working out? Like, yeah, don't look you working out? Like, yeah, don't look at my Whoop data, but yes, I work out at my Whoop data, but yes, I work out all the time. I love to work, you know, all the time. I love to work, you know, I I just little, you know, mini lies I I just little, you know, mini lies like that. I think everyone is guilty of like that. I think everyone is guilty of that with cuz you're talking to a human that with cuz you're talking to a human being, right? You're like, okay, man, I being, right? You're like, okay, man, I don't want you to judge me.

don't want you to judge me. Um Um Um I think that part of the my fear with I think that part of the my fear with with this health data is, like every with this health data is, like every morning, Whoop's like, "Did you Did you morning, Whoop's like, "Did you Did you have any alcoholic drinks last night?" have any alcoholic drinks last night?" Right? It asks me every morning and it Right? It asks me every morning and it logs it. Every single morning I wake up, logs it. Every single morning I wake up, it's the first thing that happens. And it's the first thing that happens. And last night was farmer's market in last night was farmer's market in downtown Sonoma. You know what? I did. I downtown Sonoma. You know what? I did. I drank a bottle of wine. But I'm going to drank a bottle of wine. But I'm going to tell you that I had two glasses of wine.

tell you that I had two glasses of wine. But the point is is I'm even I'm lying But the point is is I'm even I'm lying to the AI. You know, I want to feel to the AI. You know, I want to feel better about myself. What I think is the better about myself. What I think is the problem is if one day problem is if one day my health insurance company, the Blue my health insurance company, the Blue Cross or whatever, finds out, okay, like Cross or whatever, finds out, okay, like they he they have my medical records, they he they have my medical records, they have all my other information, they they have all my other information, they have my wearables data, they have my have my wearables data, they have my alcohol consumption data, right? Maybe alcohol consumption data, right? Maybe all of a sudden these guys with all all of a sudden these guys with all their money their money can run an algorithm and be like, you can run an algorithm and be like, you know, Steve's probably pre-diabetic and know, Steve's probably pre-diabetic and doesn't even know he's pre-diabetic.

doesn't even know he's pre-diabetic. And maybe they decide not to cover my And maybe they decide not to cover my family and I. Or they my premium goes family and I. Or they my premium goes up.

up. up. >> Yeah. >> Yeah. >> Yeah. >> But why >> But why >> Yeah, and it's like Avis is going to >> Yeah, and it's

like Avis is going to stop renting to me at some point cuz stop renting to me at some point cuz they're going to figure out I'm always they're going to figure out I'm always going 180 miles an hour on the Autobahn.

going 180 miles an hour on the Autobahn. >> For sure. >> For sure. >> But but what's wrong with that? >> But but what's wrong with that? >> Well >> Well >> Well >> Because it's >> Because it's >> Cuz it's a risk to them.

>> Cuz it's a risk to them. >> Yeah. >> Yeah. >> Yeah. >> Right? Um >> Right? Um I don't know. It's it's a hard I keep I don't know. It's it's a hard I keep going I I I kind of stopped you but I I going I I I kind of stopped you but I I was just thinking the Avis example cuz was just thinking the Avis example cuz that one really happens, right? They do that one really happens, right? They do track you now. Um and you you can opt in track you now. Um and you you can opt in or opt out, I can't remember.

or opt out, I can't remember. >> Yeah. >> Yeah. >> Yeah.

Product Demo, On-Device AI, and Launch Plans

>> Yeah, if you want to lower like lower >> Yeah, if you want to lower like lower your rental costs or something like your rental costs or something like that, you can opt in and they watch all that, you can opt in and they watch all the data.

the data. >> I think Geico does it, too. Geico, if >> I think Geico does it, too. Geico, if you want a cheaper rate, you know, have you want a cheaper rate, you know, have one of these things in your car or have one of these things in your car or have your your your app open on your phone or whatever app open on your phone or whatever whatever it is.

whatever it is. >> In that case, they're asking for >> In that case, they're asking for permission, yeah. permission, yeah. >> So yeah, it's their risk. I don't know.

>> So yeah, it's their risk. I don't know. I just I'm more of like a I just I'm more of like a like power to the people, man. Leave me like power to the people, man. Leave me leave me alone. Let me do what I want.

leave me alone. Let me do what I want. >> Yeah. Yeah, sorry. Yeah, sorry. >> I think to your point about, you know, >> I think to your point about, you know, um people voluntarily voluntarily um people voluntarily voluntarily offering their medical information to be offering their medical information to be used for research purposes or to just, used for research purposes or to just, you know, for us to make advances in you know, for us to make advances in certain, you know, clinical um issues, certain, you know, clinical um issues, but if there is data that's voluntarily but if there is data that's voluntarily inputted that may not be accurate, you inputted that may not be accurate, you know, how does that impact that the know, how does that impact that the quality of that um research? But quality of that um research? But [snorts] I think these are all such [snorts] I think these are all such interesting questions and you know, Ed, interesting questions and you know, Ed, you had asked about what does this mean you had asked about what does this mean really for the clinician in the room?

really for the clinician in the room? And I guess um Stephen, if you don't And I guess um Stephen, if you don't mind walking us through like what mind walking us through like what exactly happened. So you're you're about exactly happened. So you're you're about to launch this on the 6th, I believe.

to launch this on the 6th, I believe. Congratulations. That's so exciting. And Congratulations. That's so exciting. And this is such a wonderful um era that this is such a wonderful um era that we're in that we get to have all of we're in that we get to have all of these access to all these things. But, these access to all these things. But, so say your typical consumer, typical so say your typical consumer, typical patient, um, if they have this Like, patient, um, if they have this Like, what's What are the next steps? Can you what's What are the next steps? Can you kind of walk us through what happens and kind of walk us through what happens and where the information comes from?

where the information comes from? >> Yes. I think it's, uh, so July 7th, it's >> Yes. I think it's, uh, so July 7th, it's it's, uh, it's, uh, it's July 7th at, it's July 7th at, uh, midnight Eastern time. And so, uh, midnight Eastern time. And so,

it'll be for us in in Texas and it'll be for us in in Texas and California on the 6th. Um, California on the 6th. Um, it's globally, right? We built it in 49 it's globally, right? We built it in 49 languages and, languages and, um, natively. And, um, natively. And, um, um, um, the question, I think, is, uh, you know, the question, I think, is, uh, you know, what what happens next when, you know, what what happens next when, you know, someone gets in there.

someone gets in there. Um, Um, Um, I, you know, people I, you know, people can connect I think it's up to 65 can connect I think it's up to 65 different wearables in the app, right?

different wearables in the app, right? Whether you're on a Garmin or a Fitbit Whether you're on a Garmin or a Fitbit or a Whoop or whatever it is, you or a Whoop or whatever it is, you connect that first.

connect that first. >> Okay. >> Okay. >> Okay. >> Um, and it and it finds it. It's like, >> Um, and it and it finds it. It's like, "Hey, we found this data.

"Hey, we found this data. Uh, Uh, Uh, do you want to connect it?" Okay. Then do you want to connect it?" Okay. Then you connect your medical records, right?

you connect your medical records, right? I have medical records at the University I have medical records at the University of Utah when I lived out there. I'm a of Utah when I lived out there. I'm a UCSF guy. Um, have some printouts from a UCSF guy. Um, have some printouts from a spill in Tanzania, uh, uh, uh, a malaria spill in Tanzania, uh, uh, uh, a malaria scare in in Lao. Um, you put, you know, scare in in Lao. Um, you put, you know, data together on the phone.

data together on the phone. Um, Um, Um, then we have we now enable people to not then we have we now enable people to not only get an analysis and put all those only get an analysis and put all those biomarkers and all that data in one kind biomarkers and all that data in one kind of longitudinal health record.

of longitudinal health record. Um, we have Um, we have 18, I think, 18, I think, different AIs that folks can use at different AIs that folks can use at once. You can have Claude and GPT and once. You can have Claude and GPT and Grok if you're going the cloud-based Grok if you're going the cloud-based route. If you're on the on-device route, route. If you're on the on-device route, you can have Gemma or Llama or Falcon or you can have Gemma or Llama or Falcon or Ministral or one of those one of those Ministral or one of those one of those Or you can have all of them. You can Or you can have all of them. You can have one and then the other and then to have one and then the other and then to have a second, third, fourth opinion have a second, third, fourth opinion between the AIs, which I think is really between the AIs, which I think is really cool.

cool. cool. Another kind of crazy selling point, if Another kind of crazy selling point, if that's what I'm doing right now, um that's what I'm doing right now, um is is is in the most high-resource settings, it's in the most high-resource settings, it's $9.99 $9.99 $9.99 a year to use all of those models.

a year to use all of those models. Which is wild because, you know, for Which is wild because, you know, for Opus 4.6 or whatever the numbers are Opus 4.6 or whatever the numbers are behind it today, it's probably different behind it today, it's probably different than it was yesterday, knowing Anthropic than it was yesterday, knowing Anthropic and how fast things are going.

and how fast things are going. Um Um Um we allow you to use these leading models we allow you to use these leading models for a fraction of the cost to actually for a fraction of the cost to actually use the pro the pro tier and and and we use the pro the pro tier and and and we do that by by capping the amount of do that by by capping the amount of queries queries queries you can have in a in a given year. So, you can have in a in a given year. So, maybe for $9.99, you're getting, you maybe for $9.99, you're getting, you know, you can have 16,000 know, you can have 16,000 conversations with Grok or 6,000 conversations with Grok or 6,000 conversations with with with Claude, conversations with with with Claude, whatever whatever the case might be. And whatever whatever the case might be. And so, um and in my many places around the so, um and in my many places around the world like Ghana and Cambodia, which world like Ghana and Cambodia, which have covered us this week, you know, um have covered us this week, you know, um with some some editorial press, it's $4 with some some editorial press,

it's $4 a year.

a year. Right? And Right? And um um um so, it's power in numbers, right? We're so, it's power in numbers, right? We're trying to trying to I mean, I I said it earlier, a billion I mean, I I said it earlier, a billion people digitize their records in the people digitize their records in the next couple years. That's the goal.

next couple years. That's the goal. Um and I think that, like I said Um and I think that, like I said earlier, like to live longer and to feel earlier, like to live longer and to feel better better better and to give people the power to take and to give people the power to take this first step into You know, I'm this first step into You know, I'm guilty every day. I I ask I mean, the guilty every day. I I ask I mean, the amount of things I asked Claude last amount of things I asked Claude last night for this garage door opener down night for this garage door opener down there, my garage door. I everything there, my garage door. I everything health-related forever I've been going health-related forever I've been going to chat GPT or WebMD or to Google to to chat GPT or WebMD or to Google to say, "Hey, what's going on? What should say, "Hey, what's going on? What should I do?" Right? And just to give people I do?" Right? And just to give people the opportunity to say, "Hey, this is a the opportunity to say, "Hey, this is a safe environment, safer than any safe environment, safer than any environment we can find environment we can find um for you to not only, you know, ask um for you to not only, you know, ask questions, but to to take control and to questions, but to to take control and to better understand whether it's in better understand whether it's in between appointments or maybe you're a between appointments or maybe you're a biohacker who doesn't have anything biohacker who doesn't have anything going on.

going on. Um just like empowering people to to Um just like empowering people to to make more informed decisions with their make more informed decisions with their health.

health. health. >> Yeah, and having access to that >> Yeah, and having access to that information, you know, I think about all information, you know, I think about all of the time and frustration that it of the time and frustration that it would save if a patient could would save if a patient could pull in their records from, you know, pull in their records from, you know, previous uh physicians that maybe have previous uh physicians that maybe have transferred their care to somebody else transferred their care to somebody else or they just need a summary of or like a or they just need a summary of or like a you know, a central place where you know, a central place where everything's located. Um I even think of everything's located. Um I even think of like the mechanics of a you know, like the mechanics of a you know, clinic. Um how that would change when clinic. Um how that would change when you don't have to have people that are you don't have to have people that are dedicated to tracking down that dedicated to tracking down that information, which can be a lengthy information, which can be a lengthy process and very frustrating for the process and very frustrating for the patient. You know, if they're coming to patient. You know, if they're coming to you to seek care and you are held up you to seek care and you are held up because you cannot get the previous because you cannot get the previous workup from you know, the previous workup from you know, the previous hospital where they were. Um you know, I hospital where they were. Um you know, I think this will really change a lot of think this will really change a lot of that and help us a lot to just kind of that and help us a lot to just kind of streamline that process.

streamline that process. Um and what it means for the clinician Um and what it means for the clinician in the exam room, it's it's hard to say, in the exam room, it's it's hard to say, but you know, it it I love the idea of but you know, it it I love the idea of empowering the patient and I think we as empowering the patient and I think we as physicians physicians need to just be aware that these things need to just be aware that these things are out there and I and I don't know are out there and I and I don't know that a lot of physicians are aware that that a lot of physicians are aware that this is something that's happening now.

this is something that's happening now. And so I think it's important to kind of And so I think it's important to kind of get the awareness out. get the awareness out.

>> You know, we have about 3,000 beta >> You know, we have about 3,000 beta testers and I bet about half of them are testers and I bet about half of them are physicians and all just in the US and physicians and all just in the US and it's come up time and time again. Not it's come up time and time again. Not every one of them at all. I really like every one of them at all. I really like your take there, Dr. Manering, but to your take there, Dr. Manering, but to

piggyback on what you're saying, piggyback on what you're saying, right? I had I've had [laughter] people right? I had I've had [laughter] people go, "Hey, man, go, "Hey, man, I don't want I don't want that data. I don't want to be held that data. I don't want to be held accountable for saying I read accountable for saying I read this person's data that from a chart this person's data that from a chart that came in 15 years ago from across that came in 15 years ago from across the country. I don't want to they don't the country. I don't want to they don't want to be like maybe they read it and want to be like maybe they read it and then the next appointment they then the next appointment they completely forgot about it and it's not completely forgot about it and it's not in their chart. They're not they they in their chart. They're not they they they lose track of it and they they lose track of it and they misdiagnose somebody or they give the misdiagnose somebody or they give the wrong medication. I mean this is your wrong medication. I mean this is your guys's world. I won't you know, all the guys's world. I won't you know, all the different things that can happen and um different things that can happen and um I think that I think that keep keeping this data traceability keep keeping this data traceability clean clean clean is like really hard, right? Like on our is like really hard, right? Like on our app it happens all the time app it happens all the time um um um where an EHR flagged something. I'm where an EHR flagged something. I'm like, yeah, that's you know, that's what like, yeah, that's you know, that's what was in the note, but it's actually not was in the note, but it's actually not true. Right? Like it's not just our true. Right? Like it's not just our interpretation of the EHR. The EHR data interpretation of the EHR. The EHR data is fragmented and and and off and I is fragmented and and and off and I think that everything kind of has to think that everything kind of has to come together come together uh over the next however many years um uh over the next however many years um to increase to increase everything. The traceability of this everything. The traceability of this data, data, data, the cleanliness of this data, the the cleanliness of this data, the correctness of this data, right? Um and correctness of this data, right? Um and I think that right? 21 CFR I'm not I'm I think that right? 21 CFR I'm not I'm sorry. 21st Century ONC Cures Act, sorry. 21st Century ONC Cures Act, right? I can pull. This is all a pull right? I can pull. This is all a pull from EHRs that these companies are from EHRs that these companies are doing. The push doing.

Trust, Governance, and Clinical Decision-Making

The push back in to these EHRs is currently it's back in to these EHRs is currently it's a no-no, right? It's it's it's a a no-no, right? It's it's it's a completely different thing and you have completely different thing and you have to go institution by institution get BAA to go institution by institution get BAA third-party risk assessments, community third-party risk assessments, community approvals, and actually build something approvals, and actually build something unique for that for that healthcare unique for that for that healthcare institution or that AMC or that CMC or institution or that AMC or that CMC or that urgent care facility.

that urgent care facility. Um and so I I think it's early days, Um and so I I think it's early days, which I think is very cool. which I think is very cool.

Um and I would agree. I think a lot of Um and I would agree. I think a lot of these a lot of physicians don't know these a lot of physicians don't know what's what what's going on and you what's what what's going on and you know, they're they're busy know, they're they're busy you know, curing cancer or whatever you know, curing cancer or whatever these doctors are doing around the these doctors are doing around the world. They have they have bigger world. They have they have bigger problems. They're seeing patients.

problems. They're seeing patients. Um and so that's why I think we've Um and so that's why I think we've really focused on more on a really focused on more on a on a global effort here, too. The on a global effort here, too. The coolest thing that's happened, I just coolest thing that's happened, I just had to say, couple like a month ago, had to say, couple like a month ago, I was on the phone I was on the phone with the dude in uh with the dude in uh Sierra Leone. And we're on the phone and Sierra Leone. And we're on the phone and he had worked for the health Clinton he had worked for the health Clinton Health Access Initiative and stuff like Health Access Initiative and stuff like that and pretty well versed and he that and pretty well versed and he [snorts] he was blew my mind. He he was [snorts] he was blew my mind. He he was like, "You want to talk about medical like, "You want to talk about medical records?" And he went and found records?" And he went and found his medical record, right? It's a his medical record, right? It's a journal journal journal with lab reports of the last 15 years with lab reports of the last 15 years stapled in there and things taped in stapled in there and things taped in there. And he was like, "Look, like this there. And he was like, "Look, like this is when I go in the doctor, it's like, is when I go in the doctor, it's like, okay,

well, this is where we are, you okay, well, this is where we are, you know? And this is where we were 2 years know? And this is where we were 2 years ago." ago." ago." And And And I I asked him. I was like, "Please take I I asked him. I was like, "Please take the time." And he went through and from the time." And he went through and from the beginning. And the beginning. And my UCSF data my UCSF data goes back 18 years or something like goes back 18 years or something like that in in my app, right? That's as far that in in my app, right? That's as far I can see.

I can see. I can see stuff from like 2007 or I can see stuff from like 2007 or something in there from visits and be something in there from visits and be able to analyze what happened on that able to analyze what happened on that particular day with that doctor UCSF. He particular day with that doctor UCSF. He was able to was able to in 20 minutes through taking some in 20 minutes through taking some pictures of this stuff and pictures of this stuff and kind of kind of get the same level of get the same level of of EHR, if you will, of a patient level of EHR, if you will, of a patient level of of an EHR without, you know, have of of an EHR without, you know, have anyone having to spend What do you think anyone having to spend What do you think Epic What do you think UCSF, you know, Epic What do you think UCSF, you know, gave Epic for that build?

gave Epic for that build? $1.3 billion dollars? $1.3 billion dollars? Something like that. Giving someone in, Something like that. Giving someone in, you know, Sierra Leone the same level of you know, Sierra Leone the same level of access as someone who's at a top AMC in access as someone who's at a top AMC in the world. Um I think is like, "Wow." the world. Um I think is like, "Wow." What a not for $4 a year this guy can What a not for $4 a year this guy can can have MyChart on his phone, can have MyChart on his phone, essentially.

essentially. essentially. An even better version in theory from a An even better version in theory from a patient's perspective, you know, without patient's perspective, you know, without the whole feedback and medication orders the whole feedback and medication orders and scheduling that MyChart's able to and scheduling that MyChart's able to do.

do. do. Um and so that's I think, you know, Um and so that's I think, you know, we're focused on on these people in we're focused on on these people in lower resource settings lower resource settings because I really think this consumer because I really think this consumer health wave is health wave is is really wow, what an awesome thing is really wow, what an awesome thing this can do for people around the world this can do for people around the world um who who don't have the level of of, um who who don't have the level of of, you know, electronic you know, electronic uh health records that we have in the uh health records that we have in the states.

states. states. >> Is there a future potential of um this >> Is there a future potential of um this information that's information that's um um um you know, all this health information you know, all this health information that's there that's there for it to be kind of summarized? Like is for it to be kind of summarized? Like is that does that happen through the that does that happen through the system? Like, you know, cuz I'm just system? Like, you know, cuz I'm just thinking as a clinician thinking as a clinician one I have the choice to be overwhelmed one I have the choice to be overwhelmed with all this information and say I with all this information and say I don't I didn't sign up for this, I don't don't I didn't sign up for this, I don't want this, I don't like this. Or, you want this, I don't like this. Or, you know, I can go with it and embrace it know, I can go with it and embrace it and learn to adapt and and optimize it and learn to adapt and and optimize it for the benefit of the patient. And so, for the benefit of the patient. And so, you know, I'm thinking, well, that would you know, I'm thinking, well, that would be helpful if I had all of these records be helpful if I had all of these records to go through, but there was an to go through, but there was an accurate, you know, reliable accurate, you know, reliable um um um summarization of the patient's health summarization of the patient's health history that I could then just refer to.

history that I could then just refer to. >> I mean, I worked on that we worked on >> I mean, I worked on that we worked on this at Sal like a year ago. And right, this at Sal like a year ago. And right, okay, I can give you that's a problem. I okay, I can give you that's a problem. I can push back can push back a raw copy of this sort. Right, okay.

a raw copy of this sort. Right, okay. Now the what that looks like in EHR Now the what that looks like in EHR language when it's being pulled up, oh language when it's being pulled up, oh my gosh, it's it's it's crazy, you know,

my gosh, it's it's it's crazy, you know, what you need is ideally one day and it what you need is ideally one day and it will happen. Answer your question, I will happen. Answer your question, I think it's going to happen. Or are we think it's going to happen. Or are we stopped? We're going to make an stopped? We're going to make an additional caregiver.

additional caregiver. Right? So like, okay, we can go around Right? So like, okay, we can go around the whole thing. I can list you the whole thing. I can list you as an additional caregiver in the app as an additional caregiver in the app and I can give you access to see what's and I can give you access to see what's going on with me as my physician. Or I going on with me as my physician. Or I can have my mom do it or I can connect can have my mom do it or I can connect really my parents to mine so I can see, really my parents to mine so I can see, "Okay, what happened with that "Okay, what happened with that appointment this week? What's actually appointment this week? What's actually going on here?" And especially for going on here?" And especially for people a little on the other side of the people a little on the other side of the country and stuff like that. Um country and stuff like that. Um but when you do it that way, it's like but when you do it that way, it's like when we saw when we first babying it, when we saw when we first babying it, it's like, "Oh my god, it's just a it's like, "Oh my god, it's just a certified copy of what I'm seeing." And certified copy of what I'm seeing." And I'm seeing it's scrolls and scrolls and I'm seeing it's scrolls and scrolls and scrolls. I think one day what you want scrolls. I think one day what you want as a physician is as a physician is is okay, you're walking is okay, you're walking through a corridor and you have 30 through a corridor and you have 30 seconds and you're going to go see this seconds and you're going to go see this patient again. And patient again. And okay, not sleeping you know just like okay, not sleeping you know just like iconography. Not sleeping.

iconography. Not sleeping. Not taking their drugs. Not taking their drugs. Uh not working out. Uh not working out. >> are where they have to make a clinical >> are where they have to make a clinical decision so quickly. It's like, you decision so quickly. It's like, you know, if they could have a summary of know, if they could have a summary of that patient's health in the ER in real that patient's health in the ER in real time, I mean that would be amazing.

time, I mean that would be amazing. >> I mean, so I could, right? I could give >> I mean, so I could, right? I could give you InSava if you check it out. Like we you InSava if you check it out. Like we give an analysis of their whole entire give an analysis of their whole entire health and then we could go condition by health and then we could go condition by condition and we track all the condition and we track all the biomarkers that are related to that biomarkers that are related to that specific condition. If there's a guy who specific condition. If there's a guy who has heart disease has a completely has heart disease has a completely different look and feel to it than a different look and feel to it than a person who's who's a diabetic, whatever person who's who's a diabetic, whatever the case may be. And like the things the case may be. And like the things that are tracked. Um we can go visit by that are tracked. Um we can go visit by visit and have that visit and have that um analyzed and go, "Okay, this is what um analyzed and go, "Okay, this is what happened on this day in 2008 or whatever happened on this day in 2008 or whatever last year. These are the lab results." last year. These are the lab results." And you can have And you can have you we show the raw data that kind of you we show the raw data that kind of that's coming out of Epic and it's that's coming out of Epic and it's usually usually usually like me- like you get like kind of dizzy like me- like you get like kind of dizzy reading it. And then you have you get reading it. And then you have you get Okay, have AI analyze what's going on Okay, have AI analyze what's going on there, too. So kind of allowing people there, too. So kind of allowing people or you to or you to you as a doctor see, "Okay, here's the you as a doctor see, "Okay, here's the here's the raw data. Here's our analysis here's the raw data. Here's our analysis of the data to kind of put it in like of the data to kind of put it in like more in like a language like a seventh more in like a language like a seventh grader could read is is the goal.

grader could read is is the goal. Um making it super human readable. Um making it super human readable. Um and so yeah, I mean I think that one Um and so yeah, I mean I think that one I think all this stuff is on the I think all this stuff is on the horizon.

horizon. horizon. I think that some dominoes need to fall I think that some dominoes need to fall in the right direction. in the right direction. >> [clears throat] >> [clears throat] >> [clears throat] >> Um and uh in terms with with with the >> Um and uh in terms with with with the regulators and with what's happening regulators and with what's happening with with these AI models and with with these AI models and um I think it's very I I think we're,

um I think it's very I I think we're, you know, you know, in the second hour of of this of this of in the second hour of of this of this of this thing and uh a long way to go until this thing and uh a long way to go until until it gets that that good.

until it gets that that good. But uh yeah, to have that data presented But uh yeah, to have that data presented to you, I think it's a as a 21st Century to you, I think it's a as a 21st Century ONC Cures Act thing that needs to be ONC Cures Act thing that needs to be kind of hashed out in terms of the pull kind of hashed out in terms of the pull versus the push.

versus the push. Um Um Um as well as as well as the trusting this AI analysis. Are you the trusting this AI analysis. Are you trusting the EHR data or the OCR data, trusting the EHR data or the OCR data, whatever? Are you trusting that the data whatever? Are you trusting that the data is actually real?

is actually real? I mean I think before we start asking I mean I think before we start asking that, too. That's why I think Doctronic that, too. That's why I think Doctronic is kind of cool.

is kind of cool. Right? Okay, here's this analysis, you Right? Okay, here's this analysis, you know, telehealth, talk to somebody right know, telehealth, talk to somebody right now who's in the states about this for now who's in the states about this for 39 bucks for an hour 39 bucks for an hour or whatever it is. And right? And so or whatever it is. And right? And so they can you can kind of work it out they can you can kind of work it out together as opposed to, you know, your together as opposed to, you know, your primary care, you know, your PCP.

primary care, you know, your PCP. Um it's it's kind of a gray area and Um it's it's kind of a gray area and from my perspective. from my perspective. >> I want to jump on Alan's comments. If >> I want to jump on Alan's comments. If they could put Alan's comments back up.

they could put Alan's comments back up. So, the way I see it as follows. We have So, the way I see it as follows. We have two sides always, right? On one side, two sides always, right? On one side, I'm going to play devil's advocate. Yes, I'm going to play devil's advocate. Yes, doctors are missing information because doctors are missing information because they don't see it, but then on the other they don't see it, but then on the other AI side is hallucinating or how do I AI side is hallucinating or how do I know that summary is correct or not know that summary is correct or not correct? And if I'm putting all that correct? And if I'm putting all that power into that summary and it misses power into that summary and it misses something, ultimately who has the something, ultimately who has the license? Does ChatGPT have the license?

license? Does ChatGPT have the license? Does the hospital have the license? Or Does the hospital have the license? Or does the doctor have that license? Who does the doctor have that license? Who ultimately makes that call? And so with ultimately makes that call? And so with that said, that said, how do we do this? Because back when I how do we do this? Because back when I was back in the age myself when Google was back in the age myself when Google came out and I was in came out and I was in medical school, it was the chat sorry, medical school, it was the chat sorry, it was the Google Dr. Google and now it was the Google Dr. Google and now it's Dr. ChatGPT. And so which one is it's Dr. ChatGPT. And so which one is correct and how do I use it?

correct and how do I use it? Case in point, Case in point, I made my own digital twin and literally I made my own digital twin and literally I mentioned in the show last week, I got I mentioned in the show last week, I got all this information coming in and all this information coming in and literally my AI sent me a text saying, literally my AI sent me a text saying, "Hey do do not get on this flight. Do "Hey do do not get on this flight. Do not go to Portugal. You're not rested.

not go to Portugal. You're not rested. You didn't sleep. Your HRV is running You didn't sleep. Your HRV is running ragged. You're hurting yourself. You're ragged. You're hurting yourself. You're aging yourself. See if you could take 24 aging yourself. See if you could take 24 hours off just to kind of reset to go." hours off just to kind of reset to go." And I thought, "Wow, that's that's And I thought, "Wow, that's that's pretty cool that it did that." Uh cuz it pretty cool that it did that." Uh cuz it pulled from all that data. But more pulled from all that data. But more importantly as a physician, I'm able to importantly as a physician, I'm able to look at it and be like, "Okay, is this look at it and be

like, "Okay, is this BS? Is this correct? Is this wrong?" But BS? Is this correct? Is this wrong?" But if I was a regular consumer that had no if I was a regular consumer that had no medical background that saw it, they'd medical background that saw it, they'd be like, "Oh my god, this is going to be like, "Oh my god, this is going to give me cancer. I'm about to die." You give me cancer. I'm about to die." You know, like and then I would have this know, like and then I would have this horrible maybe anxiety and maybe I horrible maybe anxiety and maybe I couldn't sleep or maybe I'd be watching couldn't sleep or maybe I'd be watching my steps every night or maybe I couldn't my steps every night or maybe I couldn't sleep cuz I'm like, "Oh my god, I didn't sleep cuz I'm like, "Oh my god, I didn't get enough deep sleep last night and I'm get enough deep sleep last night and I'm going to suck today." And so there is going to suck today." And so there is that pendulum. Which patient are we that pendulum. Which patient are we talking about? And so on one side we got talking about? And so on one side we got the doctors that don't know how to use the doctors that don't know how to use this and on the other side we have the this and on the other side we have the patients that also don't know how to use patients that also don't know how to use this. How do we get that nice middle?

this. How do we get that nice middle? And and that I think that's what Alan is And and that I think that's what Alan is getting at. Thoughts? What do you guys getting at. Thoughts? What do you guys think?

>> The way the way you get there >> The way the way you get there is I just laughed cuz we all have these is I just laughed cuz we all have these different angles and personalities which different angles and personalities which is the best That's the best part of is the best That's the best part of signal and symptoms. You know, we're signal and symptoms. You know, we're very diverse in our opinions and I think very diverse in our opinions and I think it's good because I think it's it's good because I think it's representative of the greater representative of the greater population, but man, we're on the population, but man, we're on the frontiers. Like I I just think back to frontiers. Like I I just think back to uh early, you know, I wasn't there, uh early, you know, I wasn't there, obviously, but what uh early days of our obviously, but what uh early days of our country since we're coming up on our country since we're coming up on our 250th birth. And you know, everyone was 250th birth. And you know, everyone was kind of living up in the East Coast and kind of living up in the East Coast and then that we opened up the frontiers.

then that we opened up the frontiers. Like, "Hey, let's go out there and Like, "Hey, let's go out there and explore." And and I think if you don't explore." And and I think if you don't go out there and explore, you will never go out there and explore, you will never discover uh discover uh uh Sonoma.

uh Sonoma. Um Um Um So, you've got to let go and go out So, you've got to let go and go out there and make stuff happen. Yes, are there and make stuff happen. Yes, are people going to run into some things people going to run into some things they never experienced before and have they never experienced before and have tragic consequences? Yeah.

tragic consequences? Yeah. It's true. Uh but we have those tragic It's true. Uh but we have those tragic consequences today. I always try to consequences today. I always try to remind people that. Everyone thinks like remind people that. Everyone thinks like today is perfect state. No, there's today is perfect state. No, there's 100,000 error medical error induced 100,000 error medical error induced deaths every year. Um deaths every year. Um I We We We won't go into our own I We We We won't go into our own personal stories. I think we all have personal stories. I think we all have have the same thing if we have have the same thing if we have traditional best practice medicine. So, traditional best practice medicine. So, so it's like we got to go out there and so it's like we got to go out there and push push push push push the envelope push push push push push the envelope push on the frontiers and go make things push on the frontiers and go make things happen. Cuz again, I told you governance happen. Cuz again, I told you governance is the biggest killer. I I I wish we is the biggest killer. I I I wish we could measure it. Like we talk about is could measure it. Like we talk about is sepsis the biggest killer? What What's sepsis the biggest killer? What What's the biggest killer? Nope, it's the biggest killer? Nope, it's governance is the biggest killer uh governance is the biggest killer uh today. Um So, anyways, we got to push today.

Frontiers, Culture Change, and Closing Remarks

Um So, anyways, we got to push >> Agreed. >> Agreed. Well, I I think that Alan Well, I I think that Alan uh I agree. I'm a frontiersman myself, uh I agree. I'm a frontiersman myself, you know. I I find myself in Donner you know. I I

find myself in Donner Party situations Party situations uh uh uh you know, often. It's like I was I tell you know, often. It's like I was I tell my buddy there today, it's as a a my buddy there today, it's as a a lifelong entrepreneur, if you will, it's lifelong entrepreneur, if you will, it's gosh, man, it's always the first guy gosh, man, it's always the first guy through the wall always gets bloodied.

through the wall always gets bloodied. Like I I love those euphemisms and and Like I I love those euphemisms and and and those sayings. Um but with what Alan and those sayings. Um but with what Alan said, I think it's really interesting.

said, I think it's really interesting. Um I think I kind of was calling out a Um I think I kind of was calling out a little bit. But I would agree, right? It little bit. But I would agree, right? It I mean, I don't know what you guys will I mean, I don't know what you guys will know better than I will, for sure, by know better than I will, for sure, by 100% but 100% but you know, the accountability of saying I you know, the accountability of saying I read something read something and I I registered it in my mind and I and I I registered it in my mind and I took that data from 20 years ago, 50 took that data from 20 years ago, 50 years ago, it's going to be at some years ago, it's going to be at some point, right? Looking at some some old point, right? Looking at some some old medical history coming out of an EHR medical history coming out of an EHR that doesn't exist anymore, whatever the that doesn't exist anymore, whatever the case might be, case might be, um and having a doctor make a decision um and having a doctor make a decision based off that data, isn't it risky?

based off that data, isn't it risky? From um From um from the perspective of, you know, from the perspective of, you know, losing you and not not like malpractice.

losing you and not not like malpractice. I mean, for someone who has I mean, for someone who has no idea, but is right? Isn't that when no idea, but is right? Isn't that when that come kind of comes into play?

that come kind of comes into play? I I don't want to make a conclusion I I don't want to make a conclusion based off this cuz I don't want to get based off this cuz I don't want to get >> Well, it's all part you know, different >> Well, it's all part you know, different pieces of the puzzle and I think that's pieces of the puzzle and I think that's where like the integrity of the where like the integrity of the clinician is so important that we keep clinician is so important that we keep that role, right? Because that role, right? Because that's where the medical decision-making that's where the medical decision-making happens. The data is one thing, you happens. The data is one thing, you know, and like know, and like whether you get the information about whether you get the information about the health history by the health history by calling that an office, getting them to calling that an office, getting them to fax you the records versus in a you fax you the records versus in a you know, in a form of the patient bringing know, in a form of the patient bringing it to you, regardless of where you get it to you, regardless of where you get that information, that information is that information, that information is just part of what you use to make your just part of what you use to make your decisions. So then I think that's where, decisions. So then I think that's where, you know, the the clinical aspect of you know, the the clinical aspect of trying to decide how much value to put trying to decide how much value to put into that information versus what you into that information versus what you see. I mean, what you see in front of see. I mean, what you see in front of you, the patient themselves, that's the you, the patient themselves, that's the most important thing. Everything else most important thing. Everything else helps fill the gaps and create the helps fill the gaps and create the picture for you, but you still have to picture for you, but you still have to have that, you know, touchstone with the have that, you know, touchstone with the patient. You have to patient. You have to you know, be able to just integrate all you know, be able to just integrate all of that information and use all the data of that information and use all the data points to make your decision rather than points to make your decision rather than just just just you know, relying heavily on one thing you know, relying heavily on one thing >> To me, it's >> To me, it's my spin is it's about my spin is it's about changing the culture. How do we change changing the culture. How do we change the cultures? We educate. How do we the cultures? We educate. How do we educate? We do podcasts like this. We do educate? We do podcasts like this. We do voice leadership like we're doing right voice leadership like we're doing right now and explaining. And then we make now and explaining. And then we make sure to what I like to call the increase sure to what I like to call the increase in the healthcare IQ and that maybe I in the healthcare IQ and that maybe I won't be smoking anymore. Maybe uh I'm won't be smoking anymore. Maybe uh I'm saying that I don't smoke, but another saying that I don't smoke, but another one like now is sleep, right? Am I one like now is sleep, right? Am I sleeping more? And now it's a thing sleeping more? And now

it's a thing where it's before we're like it was kind where it's before we're like it was kind of like a thing like, "Yeah, I only get of like a thing like, "Yeah, I only get 3 hours of sleep. Yeah, look at me. I'm 3 hours of sleep. Yeah, look at me. I'm a rock star." It's like, "Actually, no.

a rock star." It's like, "Actually, no. That's not good for you." That's not good for you." Um and then fast forward, we don't know Um and then fast forward, we don't know what we don't know, right? So, maybe uh what we don't know, right? So, maybe uh we will live to 200 years of age because we will live to 200 years of age because now we're doing all of these things and now we're doing all of these things and the AI is telling us that we need to do the AI is telling us that we need to do XYZ and this is how we're going to XYZ and this is how we're going to maximize our genetics. And then on the maximize our genetics. And then on the genetic side, if you have the genetics genetic side, if you have the genetics disease X, we can use CRISPR to change disease X, we can use CRISPR to change your genetics. So, that way you don't your genetics. So, that way you don't have syndrome X that's going to kill you have syndrome X that's going to kill you at 20, you know? And now it's going to at 20, you know? And now it's going to modify. So, it's kind of interesting modify. So, it's kind of interesting where we're headed.

where we're headed. >> Well, and I think the theme, you know, >> Well, and I think the theme, you know, seems to be knowledge is power and seems to be knowledge is power and change is always happening and you have change is always happening and you have a choice to either be afraid of it, be a choice to either be afraid of it, be afraid of the change, be afraid of the afraid of the change, be afraid of the information, or you have the choice to information, or you have the choice to really get to know what it means and really get to know what it means and learn to use it for the benefit of learn to use it for the benefit of yourself and your patients. And I think yourself and your patients. And I think that's what these conversations help us that's what these conversations help us to achieve. So, I really appreciate to achieve. So, I really appreciate that.

>> Great. And I'm biased. I just posted >> Great. And I'm biased. I just posted this thing on Mercy on Prime. If you this thing on Mercy on Prime. If you guys haven't watched it, it's pretty guys haven't watched it, it's pretty damn cool. Have you guys watched it by damn cool. Have you guys watched it by chance, Mercy?

chance, Mercy? >> I've watched it. It's good. Yeah, it's >> I've watched it. It's good. Yeah, it's intense. intense. intense. >> Okay. What are we talking about?

>> Okay. What are we talking about? A movie on Amazon Prime. It's called A movie on Amazon Prime. It's called Mercy. And it's basically an AI judge. I Mercy. And it's basically an AI judge. I just posted it like 10 minutes ago. It's just posted it like 10 minutes ago. It's auto post from And And then I Just check auto post from And And then I Just check it out. But the skinny is this. It AI it out. But the skinny is this. It AI being a judge.

being a judge. And I'll just leave it at that. Just And I'll just leave it at that. Just Just watch it. And don't look at the Just watch it. And don't look at the trailer cuz the trailer doesn't do it trailer cuz the trailer doesn't do it justice. Like watch the movie. Cuz justice. Like watch the movie. Cuz everyone I've told it like, "Dude, that everyone I've told it like, "Dude, that was so good." So, so watch it. And then was so good." So, so watch it. And then me leveraging AI, I changed the me leveraging AI, I changed the character's face and I put my face in character's face and I put my face in the character. So, if you look at my the character. So, if you look at my LinkedIn right now, you'll see my face LinkedIn right now, you'll see my face and it looks like us the movie poster and it looks like us the movie poster with my face.

with my face. >> I saw that. And for a second I was like, >> I saw that. And for a second I was like, "Wait, was he in a movie?" And then I "Wait, was he in a movie?" And then I realized what it was.

realized what it was. >> [laughter] >> [laughter] >> [laughter] >> It was good though. Like it's The movie >> It was good though. Like it's The movie surprised me in some ways. So, I do surprised me in some ways. So, I do recommend that as well.

recommend that as well. >> Mhm. It's got a lot of ethical stuff in >> Mhm. It's got a lot of ethical stuff in >> Yeah, I'm surprised and there probably >> Yeah, I'm surprised and there probably is a movie already, but on the topics is a movie already, but on the topics we're talking about right now.

we're talking about right now. You could see a great movie being made You could see a great movie being made and you know, and you know, I can already see a few different story I can already see a few different story lines. It's It's a hard one, right? We lines. It's It's a hard one, right? We were talking about that in the from the were talking about that in the from the very beginning and the whole time in the very beginning and the whole time in the whole chat is full of this. It's like, whole chat is full of this. It's like, what are the boundaries? What are safe what are the boundaries? What are safe boundaries for us to go into the boundaries for us to go into the frontier frontier frontier and at the same time not, you know, and at the same time not, you know, damage anyone. Um damage anyone. Um So, yeah, it's it's a tough thing. But So, yeah, it's it's a tough thing. But what a great time to be alive. There what a great time to be alive. There There hasn't been a time like this, There hasn't been a time like this, right, in our generation where there's right, in our generation where there's been such acceleration in in terms of been such acceleration in in terms of technology and capability in the medical technology and capability in the medical profession and and just all coming profession and and just all coming together and it's it's pretty exciting together and it's it's pretty exciting frontiers frontiers frontiers time. I'm glad there's people like you time. I'm glad there's people like you Steven out there doing stuff, making Steven out there doing stuff, making things happen, trying, experimenting, things happen, trying, experimenting, you know, pushing the envelope because you know, pushing the envelope because that's what makes, you know, that's what makes, you know, the whole world. There's other people in the whole world. There's other people in the world that do it as well, but the world that do it as well, but definitely, you know, it's kind of like definitely, you know, it's kind of like inbred in us, I think, in America, you inbred in us, I think, in America, you know, kind of that frontiers kind of know, kind of that frontiers kind of thinking.

thinking. thinking. But also, obviously, elsewhere in the But also, obviously, elsewhere in the world, but world, but what a great time. what a great time. >> Agreed.

>> Agreed. >> Agreed. Well, we got the last few minutes. Well, we got the last few minutes. Anyone else have anything interesting Anyone else have anything interesting they want to add? Any new projects they want to add? Any new projects coming up? Any new features that you coming up? Any new features that you want to share with us that we should want to share with us that we should keep an eye out for with your product keep an eye out for with your product coming out next week?

coming out next week? >> Yeah, Steven, tell us how do we get cuz >> Yeah, Steven, tell us how do we get cuz I was already looking. I was trying to I was already looking. I was trying to download, but it's not nothing out download, but it's not nothing out there.

there. there. >> Yeah, it's not on the app stores today. >> Yeah, it's not on the app stores today. I believe I can sign you guys up I believe I can sign you guys up personally via the test flight if you personally via the test flight if you guys want to check out the test flight.

guys want to check out the test flight. Um but July 7th, I'm going to be at a Um but July 7th, I'm going to be at a wedding that day in New York City and uh wedding that day in New York City and uh Well, what a what a day for launch day Well, what a what a day for launch day after 24 months of building this thing after 24 months of building this thing up. I'm like looking at my co-founder up. I'm like looking at my co-founder like, "Dude, I'm going to be at a like, "Dude, I'm going to be at a wedding that whole day." Uh but yeah, wedding that whole day." Uh but yeah, July 7th, it's coming, you know. It's July 7th, it's coming, you know. It's it's a free app for for a lot of the it's a free app for for a lot of the app, right? You can app, right? You can ingest data into the app and and use ingest data into the app and and use on-device AI for free.

on-device AI for free. Um and uh if you want to use one of the Um and uh if you want to use one of the big models, it's 10 bucks a year. big models, it's 10 bucks a year.

>> Yeah. That's That's That's what I tell >> Yeah. That's That's That's what I tell people. Whether you're no matter where people. Whether you're no matter where you are in this you are in this continuum, like kind of a safety person continuum, like kind of a safety person or safety third, as I like to say, quote or safety third, as I like to say, quote from a friend, safety comes third.

from a friend, safety comes third. Uh if you live in a safety first world, Uh if you live in a safety first world, man,

that's a boring world. But anyways, man, that's a boring world. But anyways, >> Well, what are one and two if safety's >> Well, what are one and two if safety's third? That's what I want to know.

third? That's what I want to know. >> [laughter] >> [laughter] >> [laughter] >> Adventure, discovery, >> Adventure, discovery, um um um but but but >> um where I was going with this is that >> um where I was going with this is that everyone, so no matter where you are on everyone, so no matter where you are on the continuum, the continuum, whether it's, you know, Sava whether it's, you know, Sava or something else, try it.

or something else, try it. >> Yeah. >> Yeah. >> Yeah. >> Go Go out there and push. Try yourself. >> Go Go out there and push. Try yourself. Safe You can control things like we Safe You can control things like we talked about, but you got to try these talked about, but you got to try these different things to open up your mind a different things to open up your mind a little bit or or, you know, change your little bit or or, you know, change your mind for me maybe it's like, "Oh, man, mind for me maybe it's like, "Oh, man, we need to pull back." Um we need to pull back." Um but I I think that's really important is but I I think that's really important is that everyone that has the ability to that everyone that has the ability to make decisions, they definitely need to make decisions, they definitely need to get educated. Try different things.

get educated. Try different things. Always be learning, always be curious, Always be learning, always be curious, and I think that's what's really going and I think that's what's really going to help us push into the frontier as to help us push into the frontier as >> Oh, I agree. I couldn't agree more.

>> Oh, I agree. I couldn't agree more. Yeah, thank you so much for having me on Yeah, thank you so much for having me on on Signals and Symptoms. This is on Signals and Symptoms. This is amazing. I amazing. I I I I thank uh the three of you for I I I thank uh the three of you for joining. Ed, are you a doctor?

joining. Ed, are you a doctor? >> No, but I'm married to a clinician. >> No, but I'm married to a clinician. >> Got it. That's That's close enough. >> Got it. That's That's close enough. >> No.

>> No. >> No. >> Got it. I just I was wondering. I really >> Got it. I just I was wondering. I really I I dig your style and um I I dig your style and um also Dr. Mandering, knowledge is power also Dr. Mandering, knowledge is power and uh I couldn't agree more.

and uh I couldn't agree more. And so if you uh if you're all are ever And so if you uh if you're all are ever in Sonoma, in Sonoma, yeah. yeah. yeah. I'm never I'm never I'm never leaving this place.

I'm never leaving this place. >> Yeah. >> Yeah. >> Yeah. Whatever that was Is it Wednesday is Whatever that was Is it Wednesday is that the farmer's market and you can that the farmer's market and you can drink a bottle of wine?

drink a bottle of wine? >> It's Tuesday farmer's market and there's >> It's Tuesday farmer's market and there's no there's no open bottle policy in the no there's no open bottle policy in the town of Sonoma. It's like Vegas.

town of Sonoma. It's like Vegas. >> Wow. >> Wow. >> Wow. >> Yeah, I think >> Yeah, I think and it's because the the country of and it's because the the country of California California California the country [snorts] the country [snorts] was established in Sonoma, right?

was established in Sonoma, right? And And And there's a bunch of cool things in my there's a bunch of cool things in my little town of about 10,000 people that little town of about 10,000 people that I make it unique, but um I make it unique, but um yeah, I'm married to a third generation yeah, I'm married to a third generation winemaker and I'm very good at winemaker and I'm very good at pretending that her wineries her pretending that her wineries her family's wineries are mine. I have family's wineries are mine. I have >> [laughter] >> [laughter] >> [laughter] >> So if you're if you're ever out here, um >> So if you're if you're ever out here, um I I'll host and I do it all the time.

I I'll host and I do it all the time. >> All right. We're going to take you up on >> All right. We're going to take you up on it. Road trip. it. Road trip.

>> Please. My whole career has been >> Please. My whole career has been predicated on inviting people out here, predicated on inviting people out here, so so so >> [laughter] >> [laughter] >> [laughter] >> I can't I can't sit through a call >> I can't I can't sit through a call without inviting someone to come, you without inviting someone to come, you know, check out my my hometown.

know, check out my my hometown. >> Love it. >> Love it. >> That's where I >> That's where I >> [laughter] >> [laughter] >> [laughter] >> I I actually wrote my first book in >> I I actually wrote my first book in Sonoma.

Sonoma. Sonoma. >> Really? >> Really? >> Really? >> Yeah, yeah. So, there was a >> Yeah, yeah. So, there was a There was a editor of wine wine What's There was a editor of wine wine What's the big wine magazine? Like the big wine magazine? Like I forget the name of it, but there's a I forget the name of it, but there's a big wine big wine >> Wine Spectator? Wine Spectator?

>> Wine Spectator? Wine Spectator? >> Yeah, he was the editor, long-time >> Yeah, he was the editor, long-time editor. Unfortunately, he passed away. editor. Unfortunately, he passed away.

He He helped me write He was like an He He helped me write He was like an expert on expert on Pinot Noir. And uh Pinot Noir. And uh he helped me He was kind of like my he helped me He was kind of like my senior editor on my first book, and so I senior editor on my first book, and so I went to Sonoma for a few days, drank a went to Sonoma for a few days, drank a lot of wine. That's why the book is kind lot of wine. That's why the book is kind of hefty.

of hefty. >> [laughter] >> Anyways, uh no, this is this a great >> Anyways, uh no, this is this a great discussion. I I It pushes me as well, discussion. I I It pushes me as well, hearing other people's opinions. Uh Alan hearing other people's opinions. Uh Alan was great. Um so, yeah. Uh thanks so was great. Um so, yeah. Uh thanks so much, and I will see you in Sonoma, I much, and I will see you in Sonoma, I guarantee it.

guarantee it. >> I'll be here. Go to the plaza and scream >> I'll be here. Go to the plaza and scream my name, I'll hear you. I'll my name, I'll hear you. I'll I'll come hang out. All right.

I'll come hang out. All right. >> Love it. >> Love it. All right, guys. Well, thank you so All right, guys. Well, thank you so much. We'll keep in touch.

much. We'll keep in touch. >> Nice meeting you, Dr. Manring. Nice >> Nice meeting you, Dr. Manring. Nice meeting you, Ed. meeting you, Ed. >> Same here.

>> Same here. >> Dr. Castle, always a pleasure. >> Dr. Castle, always a pleasure. >> All right, buddy. >> All right, buddy. Well, we're going to end the thing and Well, we're going to end the thing and