Introduction and AI in Healthcare

Welcome to Heartline, conversations with healthcare changemakers following their heartline. I'm your host, Dr. Andrea Austin. I'm an emergency medicine physician, coach, and educator.

I believe that healthcare needs to improve the quality care that patients receive and that supporting the workers is at the heart of this transformation.

Well, I'm very excited today to have David Norris. He is a CEO, investor, board member, advisor, and serial entrepreneur. And he really stood out to me because of his work in the AI space and one of the goals of this podcast is to educate our listeners on what's happening in AI, how it's going to make our lives easier, and also how we can be using it smartly.

I'm also really excited that this interview is part of a mini series that we're doing on using the framework of appreciative inquiry. So I think this is great to be talking about this with AI because there's a lot of us that are really scared.

And one of the things that our physician and provider mindset does sometimes is we think worst first and all the scary things that are happening with AI.

So I'm excited to have David here to hopefully bring us some good news because a lot of us working in healthcare could use some good news. So David, welcome to the podcast.

Thank you so much. It's really great to be here. Well, we'd like to start with a little bit about your story. So who is David and what motivates David?

Wow, that's a big one. So I grew up in a pretty technical household and my father was an engineer and my mother was a nurse. And so I started programming when I was 12, went to UT to get a computer science degree and built my first startup while I was in school.

And since then had built a whole series of companies. So I have a passion for attacking business problems and applying technology in a real practical way to address those.

And I love being in healthcare. I've been in healthcare now for 20 years. I'd say I'm very pro providers. I'll just say that upfront. I think providers have an incredibly difficult job.

And as a technologist, our goal should be to equip them and make them as superhuman as possible. So that's our ambition. So you said something that really piqued my interest.

And since you've been an entrepreneur for a few years, you probably remember when electronic medical records came onto the scene. And so there's a lot of clinicians talking about right now this moment with AI that we have to do it differently.

Because when EMRs came onto the scene, we weren't really included in the design process. And most of us feel that the EMRs were created to generate, really, it's a billing document.

David Norrisu2019s Background and Healthcare Focus

It wasn't designed for us. And subsequently, we feel chained by the EMR. And a lot of people rank their burnout directly tied to time with the EMR. So with that in mind, do you remember what those days were like?

Were you involved in any of the EMR process and what's the same or different about what's happening with AI in healthcare? Well, I think it's a really important point.

I mean, when the EMRs first were considered, they were primarily focused on billing, and doctors and the provider and the care teams were just left out of it.

And I think that now translates into systems that end up being a lot less efficient for the care teams and for providers than it could have been. So with AI, I can't say overall that AI is doing it better.

I can say Affinion as a company is doing it differently. So we have engaged providers from the beginning and have spent an enormous amount of time with providers designing a solution that works with them and for them.

So I have that experience and I thought that was a really bad sort of trend that started early on with EMRs. I'm trying to influence other people that are building other AI companies to do the same, but unfortunately a lot of people have experience from the EMR days and are replicating that same negative experience now with AI.

So I don't think you can make an overall statement that it's going to be better in general, but certainly specifically some companies are doing it much differently.

So you brought up your company. Can you tell us what Atheneon is doing? Sure, real excited. Finneon is focused on the inbox, so we have created a solution using AI to triage the inbox for the provider.

And the inbox, for those that might not know, the clinical inbox, is a place where providers end up spending hours per day. just working through lab results, patient messages, prescription renewals, and the things that every day come in, especially PCPs, oncology, OB, cardiology, ruminology.

There's a lot of practices that get a lot of content coming into the inbox every day, and AI is a perfect tool to help. No different than if you were to hire an assistant to triage your inbox, which from a budget standpoint is not practical for most providers.

Today with AI, you can do it. And you can actually have an AI agent that triages your inbox for about $2.50 a day. And it does it 24 hours a day, seven days a week.

And it implements the protocols that are defined by the provider. So it's completely under the provider's control. And it's a great example of how you can use AI to eliminate some of the administrative burden that otherwise can really, really drown a provider.

In most of the providers we talk to, they really struggle every day to just try to keep up with the inbox so they don't get behind. And if you do get behind, then it's really tough because you end up spending the whole weekend trying to catch up.

And that's just, on a day-to-day basis, that's not very good for our providers. Yeah, 100%. There was a study that I'm sure you're familiar with that said the average primary care doctor would need 26 hours a day to complete the tasks that are assigned to them.

And a big part of that is inboxes, which frequently before a product like yours, maybe two to even four hours a day. Exactly. Well, I think that's why we decided to attack this problem.

EMRs, Burnout, and Doing AI Differently

It is actually a pretty clinically difficult problem to attack because if you want to be able to analyze and handle things like lab results, you have to know how to process lab results.

And today we processed over 2000 different types of labs and that's pretty complicated, but it really helps providers. So we're super happy today. We're saving about five hours a week for PCP, which is a meaningful

amount of time for them.

Yeah, absolutely. So to give like a little bit of a practical example, maybe we'll start off with something really easy. So one example I would see, and I actually did some inbox work when I did telemedicine.

If I ordered a lab on a patient, I would have to follow those up if I was working within 72 hours. They had a pretty good protocol that if you weren't working, it got sent to somebody else's inbox.

But anyway, you know, so sometimes you'd see asperius, what I would think would be asperius slab. An example of that would be a high potassium when the creatinine is normal.

Very, very infrequent that that would be a real high potassium level. So then I'd be writing out, you know, this this was high, it's unlikely to be something clinically significant, but we do need to have you repeat it.

Is that something like you could essentially develop? Is it kind of like developing a dot phrase or how is it different, your product? So the way our product works is that we have protocols that we provide and the provider or the practice can customize that define the rules under which we can handle, for example, a normal or a clinically insignificant abnormal lab result.

And it's, again, just like if you had an assistant and you were going to tell them, OK, when this kind of stuff comes in, you can handle this. But if you get this in, I want to see it.

And that's exactly what the AI does. So an example would be if you had a normal lab result come back, but one of the analytes had moved a lot. or quickly within the normal range, like a PSA.

Still normal, but it moved a lot. The provider wants to see that because it's clinically significant. And so from all purposes of looking at the lab, it says it's normal, but that's important.

So in the protocol, you define the things that would be clinically significant or important to you as a provider and those the AI doesn't process. For those where, let's say that there's a clinically insignificant thing, like your inflammation is low, it's actually below the range of normal, most providers would say, okay, that's not clinically significant.

So the AI can draft a note to the patient saying, well, this is abnormal, it's not clinically significant, there's nothing to worry about, and then be able to send that message to the patient.

So with the provider in control and defining what is or is not clinically significant, you can now take anywhere from 30 to 50% of the inbox and actually handle that on a daily basis for the provider, which allows them to then focus on the things that are typically clinically abnormal and more significant.

Just freeing up that time so they can focus on those things where they should spend their time is absolutely crucial. Another example is they get copied on everything.

A PCP ends up getting a lot of lab results. Like a patient goes to the ER in the middle of the night, of course the ER is going to fax the lab results over and copy the PCP on them.

And the PCP doesn't need to review those, they need to file them into the patient chart so we can automatically route those to staff so that the staff can do what's necessary but the provider doesn't need to spend their time.

And last but not least, one of the things we can do is help the provider sort the things that go into their inbox into those things that are high priority and low priority.

And for a lot of providers, that provides a very nice way to decide, where should I spend my time? And it allows them to really prioritize those things that are urgent so that they can spend their time there first and then catch up on other things later.

So I think some people listening might be wondering, what's the quality control process like? Because we've heard and we've seen that AI can hallucinate.

So how do you know that your product won't have a hallucination or put in something that it shouldn't to a patient? It's a great question.

AI Inbox Triage and Clinical Workflow

And I think that's what makes this so hard. There are a lot of AI applications that can be really easy. But when you're sending a note to the patient, it's got to be right.

And if you're reviewing a lab result, it's got to be right. So in our solution, it's 100% accurate. And we've done that by training our system on how to handle lab results of all different types.

And then we've built in features that enable our product to be 100% deterministic. So as an example, in the notes that we send to patients, We actually pre-create those for the provider.

We let the provider review them and adjust them to be their tone. But by doing so, they're approved in advance. So there's no question about what's going to be sent to the patient.

And then the AI has the ability to decide, OK, I'm going to send this note to the patient, which, again, has already been pre-approved by the provider.

I think that's crucial because in this kind of application of AI, it really can't hallucinate. It is really critical that it be accurate every time. Otherwise, you'll lose the provider's trust.

And obviously, patient safety is top priority. Yeah, and I would also challenge the listeners to think about what are the safety risks related to excess cognitive load.

And I'm a physician. I can interpret most of my own lab results. And I'm trying to do a better job of not being my doctor. That's a big thing I talk about on this podcast is what you're a doctor, you need to go to the doctor.

Well, I was looking through my lab results from about a year ago, and one of my cholesterol numbers was my triglycerides were reported incredibly high, like so high that I definitely should have gotten a call.

It was at a level that can cause pancreatitis and other problems. And so I was horrified that I didn't receive a notification about this. And so then I actually went to a different primary care, because now my trust is a little bit off and she looks at it and she's like oh my gosh like the time of day this was drawn you probably weren't fasting it's probably not accurate so sure enough we repeated it and it was fine but I was really upset because and this is something that AI wouldn't have missed like because it's an algorithm it would have caught that the number was outside of normal, actually critically high, versus a person that, you know, probably was just really tired and overwhelmed.

She missed it. I think it's a great example. And we see this a lot because we look at a lot of lab results coming in. And I had a provider the other day tell me that they felt like that at the beginning of the day, they were a very different provider than they were at the end of the day.

And I think to your point, you know, we as a society have overloaded providers to see more patients, to do more volume. And what we're now realizing is that we need to give them some assistance.

And I think that's the real benefit that I think AI can do here. And I'm happy to report we're delivering Valued providers today it's working it's practical it's not rocket science and quite frankly the providers don't even care if it's AI or not.

They care about the fact that it works and that it does what they need it to do reliably and I think that's. That's really

the attitude that we should all have around applying AI.

Let's pick areas where we can really help providers so that they can not be so burdened with all of these administrative things that end up taking them away from using their clinical expertise in the right area.

I think that If we do this, over the next few years, we can make a big difference in the quality of care that's delivered. And to your point, AI can also help them.

I often think of those exoskeleton suits that people get into, like Iron Mania, where they're 1,000 times stronger. If we can make providers more powerful by giving them the information that they need to then be able to make better decisions, We just help them become better.

And I think that's a promise of AI is not just that we can eliminate some administrative burden by doing some task that's not clinically significant. That's useful.

And that frees up some time. But I think on the other side, if we can help them in really having visibility into the things that are important, They can make great decisions.

Our job is to give them that visibility and to use these tools to do that. In our system, our AI can read an entire patient chart, 10 years of history, in two seconds.

There's no provider that can do that. And most providers won't even try. It might take them 10 or 15 minutes. They're not going to do it. So by using AI in that way, we can then surface things that they can then be aware of and then make a good decision.

I think that's the real promise of AI. Yeah, absolutely. You know, I think about and I'm hoping that there's some work being done for emergency medicine because time is of the essence.

And honestly, you know, this is what generally happens. You get a sick patient that's complicated and you go back and you read the last note and you hope the person that wrote that note did a good job.

You might find a discharge summary. But honestly, if AI could pull in and, based on the chief complaint, do that search and sorting a lot faster for us and provide a hyperlinked, like, hey, these are the notes that you definitely want to go back.

Because sometimes an older procedure note might be really relevant, depending on why the person is there. What you're doing is great for the ambulatory side, but for us working in the emergency department, is your company involved in that or are you hearing of any innovation on that side?

Definitely. Our chief medical officer is an ER doc also, so we're very aware. And we do work with urgent care and inpatient settings. And I think the main goal is to find ways that AI can not do the job for providers, but rather help them in doing what they need to do.

And often, back to our earlier point, the EMRs end up being challenging slash time consuming to go dig into a patient chart to get those nuggets that are so important to know and to be able to use AI to help just extract some of that difficult to get information, make it available so that the provider can move quickly, I think it can both enable more efficiency, but to my mind, more importantly, it can enable better care because you're surfacing things.

And let's face it, given the right information, providers can make great decisions.

Safety, Hallucinations, and Responsible AI

It's often where they don't have access to that historical information, or it's just so buried that you can't get to it, where AI can make a big difference.

And I'm excited about that in both the inpatient and outpatient setting. I think they're both really, really important. Yeah, absolutely. I think a question that comes up for a lot of clinicians around AI is this safety and quality.

And I know you're part of a group that's working to make sure AI is used responsibly in healthcare. Could you talk a little bit about that group and how it works?

Sure, you were part of an industry consortium called shy. And that is a organization that today have has membership across most health systems and a lot of the technology players like open AI and Google and Microsoft.

have a way to define standards for responsible use of AI in healthcare, and that includes a lot of pieces. Some of them have to do with transparency about, for example, what should a patient know that they're getting, and should they know that AI assisted in doing it, or are they talking to an AI agent?

What is the level of transparency that's appropriate? And other areas have to do with defining standards around the safe use of AI, like what should it do, what should it not do.

So as an industry, CHI is leading the charge in helping to define standards that we all should adhere to And I think it's a great way to do it. Sometimes some industries wait for the government to put down restrictions or regulations around what you should do.

We're trying to do it as an industry. So I think it's a great effort. And I'm really excited about the work that's gone on there. It's caused us to all think about the very challenging questions and then what are the answers.

And it's better to do that with a lot of clinicians in the discussion rather than to wait for the government to try to come up with something that quite frankly, often won't fit or it doesn't actually make that much sense.

It's better for the industry to do it and that's what shot is all about. Yeah, I think I would really like that from a patient and clinician standpoint that if the message was 100% AI developed being sent to me, but based on an algorithm or protocol that I would like to know that.

And most of the time, like, that's not going to bother me. But if there was some nuance to it, or I felt like it didn't answer my question, it would help me understand that, you know, this was AI generated.

Yeah, that's just my first reaction as both a patient and a clinician. Yeah, I think it's really good to go through these kind of organizations. It causes you to think about the really hard questions, like if one of the areas we work in is chatbots.

So let's say you're having a mental health chatbot where a patient's talking to a chatbot around their problems and getting assistance. If it's an AI agent you're talking to, We think it is pretty important that you know that, that you're not talking to a human, that you're talking to an AI agent.

And I think the implications of what the agent suggests to you needs to have guardrails. You don't want to have AI saying to a patient just anything. You want to put some guardrails around that.

So there's a lot of work to be done here, but I think it's very positive and it's in the right direction to define those kind of things that we all want to be in place to make AI safe.

And I'm very confident based on what we've done so far, we've been in it for a year and a half now, and I think based on what I've seen, I think it will produce results that will be better for patients.

It will be safer and more trustworthy. And that's really, in the end, what you want is you want patients to feel a trust factor that they're getting help.

Interestingly enough, there's been a bunch of surveys done where we've asked patients, do you like the idea that

your doctor is using AI? And the answers overwhelmingly have been positive, like 70%, 80%. patients like the idea that their doctors are using this kind of new technology.

I think that's really encouraging to know that patients want that. Of course, they want it to also be done in a responsible way. Yeah, yeah. A study that's been quoted to me several times is that the amount of medical knowledge doubles every three months.

And so how are we going to navigate that without AI? And, you know, the other thing I would say to clinicians is, you know, the doctors that don't use the internet, they essentially can't practice.

When I started, you know, we used to get these books that had all the drugs names in it and they would come out every year with the new drugs. And this was like a, I think it was like called the physician's desk reference or something.

And that's just like laughable that you would even think that you're going to prescribe something without using an electronic source that's updated, you know, sometimes probably day by day.

So on that note, what do you think or what's your advice for a clinician that's really busy to get more savvy with AI? Well, it's a great question. I think it's challenging for all of us, even those of us that are in the industry day to day, because stuff is moving so quickly, especially in healthcare.

AI is moving at a pace that we've never seen before. So for practices or for providers that want to stay up on things, I'd say there's a few good resources.

The AMA is actually doing some great work. on tracking and doing studies around how AI can be most effectively used. So I think that's a great resource.

I think there are some great podcasts where you can get leaders out of the industry's opinion about things that are really important. I think that's another source that can often be handy because you can do it while you're driving to work.

So for providers, that's always tricky. Staying up while you have no time is pretty difficult.

Emergency Medicine Use Cases and Industry Standards

I think the other thing is there are a lot of case studies that are being published now where you can have the benefit of seeing a formal study of certain AI technologies that are applied in certain areas to look at the actual productivity of them.

And I highlight that only because sometimes it may sound like AI could help a lot. But then when you actually see the numbers in terms of how providers use it, it isn't always as successful as you thought.

And other areas are a lot more successful. So trying to identify not just generally how it can be used, but in a specific use case, I think that is what it really boils down to.

And I think being able to digest all of that information is tricky. So I would use all of the different resources in the industry to try to track it as much as you can, and then I encourage providers to try it.

It's really, there's no replacing taking a car out for a test drive, right? You can watch it, you can look at it all you want. But one of the things that is kind of nice now is that AI in general is achievable.

You can go out and try an ambient scribe and see if you like it. You can try an AI inbox. It's not something that you have to make a lifelong commitment to.

But if you try it and it fits within your workflow and it actually provides value to you, great. You've got the answer.

And I think often that's the only way providers can really know whether AI is good for them.

Yeah, yeah, I really, really like that suggestion. And I would also encourage the listeners to be talking with their informatics officers, their informatics committee, and pushing them.

You know, I'm kind of biding my time on this issue, but it's not gonna be too much longer than I'm like, where's the ambient dictation for us in the emergency department?

Like, outpatient clinics have it now. We deserve this too. We actually, no. I'm gonna say we deserve it a lot because we're dealing with time-sensitive things and the volumes in the emergency department, that's something we can't control.

You know, a clinic can control and say like, we're only seeing 20 patients. We never have that luxury. And our notes getting done is actually important because the inpatient team would like to see what we were thinking and what we did in the emergency department.

So for anybody listening out there, I think we should start challenging our healthcare systems to come up with these ambient. It's out there, but they're really slow moving on this.

Like, on one hand, I like your optimism that healthcare is moving on this, but on the other side, we see healthcare moving more slowly than other industries.

Yeah, it's actually a really interesting note. Part of what I try to do is keep up on everything going on in the industry, which is incredibly hard. But there's an ambient scribe specifically for the ER that I was listening to last week, and it sounds really good.

The use case is so different. And often, the whole workflow of being able to see a patient, you'll have like two or three different encounters in a matter of half a day, and they can stitch together the notes from that.

I'll follow up with an email. I don't remember the name of it, but it was exactly this use case. And it was a great podcast where they were talking about the differences in ambient between an outpatient setting and an ER setting.

And I just thought it was fascinating. Yeah, and we love your podcast suggestions because one of the goals too is for us to provide resources to the listeners that gets them out of their typical silos.

Because a lot, you know, it's hard to innovate and be a change maker when your only information sources are the same as everybody else. And so if you're only reading your specialty journal, you're getting such a narrow lens and it's hard to break out of that and think about how to do things differently.

Yeah, I totally agree. I think the the under so the overriding message that I would want to make sure listeners here is AI is now very viable. It's very practical.

It works. It doesn't work perfectly. Nothing does, but it is completely at the stage of development where it is very, very useful. And I would encourage everyone to pick the areas where you need a solution and go try it.

There's no replacing actually experiencing it first time. I remember the first time I tried ChatGBT, because they all remember that. It's like, wow, this is really interesting.

And I think the same kind of experience is what I'm seeing with providers when they first experience an AI-based solution for their specific workflow and their problem, it can be eye-opening.

And the level of value that's being delivered is often just earth-shattering to them. And I think that's why things like ambient scrubs have been adopted at such a high pace, because it's delivering solution for a problem that's pretty well known and it's pretty well understood.

I think the inbox is the other. I mean, everybody that has to deal with an inbox, it's generally an annoyance every day. Yeah, absolutely. So I want to pivot and spend a little bit of time on your entrepreneurial journey because many people listening have an entrepreneurial itch that they're trying to scratch.

I've done some entrepreneurial endeavors and you've been quite successful in this space. So what are some of your top lessons that you would give to the listeners?

Well, I have done this a few times. I've been in healthcare for 20 years, and this is my seventh company, so I have done this a lot. I'd say one learning that I believe is at the core, and I do help a lot of entrepreneurs that are thinking about starting a business, and my first recommendation is to pick a problem that you're super passionate about solving.

Staying Current with AI and Trying Tools

Don't pick a problem that just is a good business opportunity or you just want to make money off of because when building a business, it's really hard.

And if you're not super passionate about solving the problem, when it gets really, really hard, you might give up and that's what often happens. So pick something that's near and dear to your heart that you really just really want to solve.

I think number two is something that has worked for me and that is to put a lot of emphasis on the team. So I tend to find incredible people to help in building the business because I find it a lot easier to do that than to try to build it by yourself.

I know it sounds obvious but it's not. A lot of entrepreneurs will not put the premium on who those people are that are actually making the biggest impact on the business.

To me, that's where it starts. I'd rather solve a really hard business problem with an incredible team and be successful rather than to try to do it with just myself.

And entrepreneurs are inherently self-starters and inherently want to do everything themselves and think they have the best ideas and the answers to all questions.

And that can help in terms of getting a company started for the first couple of months. But very quickly, you run out of your ability to scale, to solve all the problems a business needs to solve.

And that's where the team comes in. So I think that's a huge area of premiums. Put a lot of emphasis on building the best team possible. And I think third, and I think about the kind of things that are being done in AI.

Moving very quickly is now just table stakes. You have to. And so the best advice I can give there is that as you think about attacking a problem, It's always been true, but it's even more true now with AI that you need to get a product in the market as fast as possible and iterate over it so that you can refine the features and functions of the product to best meet what your customer needs.

That's always been the case, but with AI, the speed at which things are moving, it's more important than ever that that happen. Yeah, I think I heard on another podcast that it used to be that a business like life cycle was, you know, in the early 1900s, like 2550 years.

And then pre AI was probably around seven years, like we felt like the world was moving really fast. And now with AI, it's like three to four years. And yeah, so on that note, when I know you're a cyclist, things are moving at an incredible speed, which creates a lot of challenges for feeling grounded, thinking clearly, and just not being pulled in a million directions.

So how do you balance that rapidity with knowing that there needs to be enough friction, enough slowing down to

have that clarity? Yeah, that's a great question.

Well, I think for any business owner, for any entrepreneur, certainly a lot of the providers that I work with, they start their own practice and then it grows up and pretty soon they have 20 or 30 providers and their life changes.

I think it's important to have balance. And the way I have achieved that for mental health, I'd say mostly, is I cycle. And everybody has to pick the thing that works for them.

But for me, doing intense exercise has two benefits. One is the physical benefits of being healthy. And the other is just mental clarity. For me, cycling is my therapy.

If I go off and do an intense ride, If I do an intense ride and I focus on exercise, it tends to clear my mind from all of those business things that I otherwise can't eliminate.

And I think that has been really helpful for me. It's also the stamina by doing an endurance sport. like cycling you, you go out and ride for a couple of hours and you build a lot of physical stamina.

Entrepreneurship Lessons and Building Teams

I find that that really helps in the entrepreneurial world because you're typically doing long days, lots of travel and a lot of things that not everybody has to deal with.

And the stronger you are physically and certainly mentally, the better for being able to tackle those day-to-day challenges of building a business. Yeah, and I'm curious with your cycling, would you say that, like, is there always solitude in your cycling?

Or do you do some team or group cycling? Because we're learning more and more with overall well-being, connection is really important. So I've been considering that with my activities.

Like, what am I doing alone versus what am I doing with other people? So how does that work for you in cycling? Yeah, I do a balance of the two. Because of my schedule, I often end up having to squeeze in a ride or work like a ride on a trainer when it is possible.

So sometimes it's late at night and if it's snowing, I tend to do it indoors. On the flip side, I love to get out with people and have that social element that sometimes, especially a lot of people work from home now, it becomes a bigger and bigger challenge.

So I think doing group activities, and with me, I try to split it kind of half and half. So if feasible, doing it with other people is always better. It's not always feasible, so I end up having to do it by myself.

But I think it works to balance the two. Yeah, it's definitely been something on my mind. I'm considering starting to run again, and I'm really feeling pulled that if I do it, I'm going to join a running club, at least for some of my runs, because I think, you know, you alluded to it, and I think the way that we're a lot like today, my day is going to be at home.

Most of my meetings are on Zoom. All my meetings today are on Zoom. And it's kind of weird because you're like talking to people all day, but you're also alone.

So now I'm starting to think that I need to pay a little bit more attention to that and be more intentional with the way I'm structuring my workouts. In particular, are there opportunities to have building connection?

Yeah, I agree. I think with Zoom, even though you talk to a lot of people, it's not the same. When you go for a ride and you spend an hour or two hours with somebody, just like when you're doing a run, I think building those human connections is super important.

And I think as an entrepreneur, a lot of businesses these days are virtual. And you have the same challenges. You're building this really great team, and they're spread out all over the place.

And how do you build those human connections that are so often missed when you're remote? And I think it's a challenge. We have chosen to be virtual and then come together in a more intentional and planned way to address this issue, where we don't have some arbitrary rule, like everybody be in the office two days a week.

which is relatively arbitrary, rather we say get together when you need to. So we'll get groups together and they'll come and disband often. And as a leadership team, we get together every two to three months for a multi-day offsite where there's an opportunity to spend time together.

And then obviously each team gets together more frequently. I think companies wrestle with the same challenge given how everybody's virtual these days.

Yeah, absolutely. And I think that gives people a lot to chew on of that intentionality versus many listeners are experiencing the blanket policies that have been coming down for people in government, which I think sets the tone for some other industries as well.

So as we wrap up today, any additional words of wisdom or thoughts on AI and life that you'd like to share with the listeners? Well, I think this just a parting, you know, more philosophy is, you know, we all want to help in healthcare.

And right now, with the innovations that are occurring, I think, this is my opinion, that this is the most exciting time ever to be in healthcare. There's a lot of challenges we all know.

We all live it as patients. But the opportunity to make the biggest difference ever is right now. So I have to say I'm more optimistic than ever. I am beginning to see results very, very rapidly.

And I'm super pumped about the opportunity for all of this new innovation to really help. really to transition our healthcare industry, and I hope everybody feels that kind of energy.

It's not going to happen overnight, I know, but having this capability, something we didn't have five years ago, and I think that's the real hope right now, is that we can, as a group, translate this innovation into real meaningful difference in healthcare.

Cycling, Balance, and Virtual Team Connection

I love that message because there is a lot of pessimism in medicine and this is a great opportunity. I truly believe with the demand signal that we have in healthcare, the aging, the complexity of chronic disease, technology is key.

And then how do we balance technology with injecting the humanity? back into medicine. So I think for people that are willing to get into the arena and start using this technology and being leaders, you know, walking into your informatics committee meeting and partnering with them and being the physician and clinician leaders to make this next iteration of technology and medicine work for us for once.

I agree completely. Most exciting time ever. So now let's go get to work. All right, awesome. How can our listeners connect with your company and with you?

So you can visit the company at www.affinion.com. And I'm David Norris. So you can reach me at david.norris at affinion.com. Love to talk to people in the industry about these kind of exciting things that are going on.

And we were at a lot of the trade shows. So if you're ever at Hems or at Health or any of the industry trade shows, please drop by and say hi. I loved that you mentioned those conferences.

That's another call to action for the listeners is go, go to health. I went for the first time last October and my mind

was blown away. The energy, the excitement and every tech person.

that I interacted with. As soon as they found out I was a doctor, they were so appreciative, so interested in what I was doing and, you know, what my pain points were.

And so I really left that conference with hope. And it was interesting. There was a very prominent physician that hated on that conference, very big in the tech space and like hated on how much money and like kind of the flamboyant nature of the conference.

And that's certainly a hot take and everyone's entitled to their own opinion on it, but there is so much negativity. There's so much, instead of saying like, wow, look at all the money that is here and it's not being injected into healthcare the way we want it, How about, wow, look at all the money that's here, and wow, if physicians were here and walking and meeting these investors and working together, what would be possible?

I agree. I saw that post. I had the same reaction. I was there. And it's a celebration of a lot of things. Some of the clinicians are there. The investors are there.

The early stage startups and mature companies. I mean, if there's one place where you can get the energy around what's happening in health care, that's the place.

And I loved it.

Optimism for Healthcare Innovation and Closing

I guess I'm overly, I am optimistic in general, but that's because I'm seeing real results. I mean, and that's what it boils down to here is actually helping.

And so I'm very, very, very much a fan of going to these industry events where you can meet and talk to people that are really making a difference in this industry.

Awesome. Well, that's a great high note to end on. David, it's been wonderful speaking with you and thank you for all the great work that you and the people at your company are doing to make the lives of clinicians a little bit better.

Well, I appreciate the time. Thank you so much for having me. Thanks for listening to Heartline, conversations with healthcare changemakers following their heartlines.

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