Struggling with CPAP? Discover an Alternative in Episode 105 of SleepTech Talk! Transcript

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Introduction to Daybreak and Custom Oral Appliances

All right, gentlemen, it's time for another show. So you know what that means. It's Jerry, it is Custom Oral Appliance Day here at Sleep Tech Talk. Custom oral appliance.

I know. We've talked about oral appliances before, but today we have a significant player now in the custom oral-appliant space. Uh, we've got the dynamic duo, Andrew Vickery and Wesley Lowness with us to talk about their their new business called Daybreak.

They've only been around for maybe a year or so, but my goodness, they certainly have been able to capture a significant part of that custom oral appliance space and really do it in a way that's pretty unique through direct-to-consumer marketing.

You're hearing more about them day in day out, so that is interesting. Well, I think the question that's going to be interesting to understand is, one, their journey, but what is it that makes them different than the others in this space?

Because there's well-established manufacturers that have been doing this, But what it is that they do that is different, that has caused this growth? We see it over and over.

Someone sees a need in the market, they're able to fill that unique need, in a very special way, and we see an explosion like we've seen with Daybreak.

So I'm looking forward to understanding their and what was sort of their tipping point that has kind of pushed them forward and given them this kind growth because it's quite exceptional.

You know, before we go to that part of the conversation, I'm just curious what your thoughts are. We've suddenly seen an uptake, let's call it that, of various oral appliance options for patients, which before you didn't see that.

Why do you suppose that is? I think there's a few things. One is access to care. But the other is that the science around oil appliances has moved forward dramatically.

We know that from a mean disease alleviation standpoint, there is parity between CPAP and oil appliance. So from just a purely effectiveness standpoint.

we see that oral appliances are as effective as CPAP. So that's part of it is just this inertia that we're seeing across the spectrum that is finally getting us to this place and doctors recognizing that it's an effective therapy and a great alternative to CPAPP rather than even going on CPapp.

I think the challenge there is oftentimes the physician waits for, or the sleep person, the asleep professional waits, for the patient to fail something and then they move them to an oral appliance.

By then the patients checked out and they're done. So I think we're just seeing a change in philosophy of medicine that's elevating this and it's due to the efforts of a lot of people across the dental spectrum.

You know, Emerson, I think a couple of things too that are sort of helping to expand that space is, with all of the wearables and the data, the physiological data that's being collected now on a day-to-day basis, you've got the ability to, and with these alternative solutions like a custom oral appliance, You've the got ability now to have some physiological to show some of efficacy of device on more in-depth scale.

Why Oral Appliance Therapy Is Growing

I think that as we, and we certainly have talked about, you know, oral medications for sleep apnea, I, think an oral appliance is a natural, sort of adjunct to a medication for patients in the future.

You know, before we continue, I'm excited to go and check these folks out. But to your point, Robert, there are other options out there. And I think that's what's exciting for me is before there was, like you said, Emory, so there is only one thing available.

Now to say that, hey, There is this other option. It doesn't have to be surgery, doesn' have be a mask on your face. It's something in between. And I think, to your point also, that more and more physicians are looking at, and referral sources are look at as a first line of treatment as opposed to, do we really need to fail one in order to try the other?

Absolutely. And my guess is that a lot of patients are finding daybreak who have already been through some type of diagnostic testing and maybe have trialed CPAP and are just still at home, you know, remaining untreated.

Hey, lo and behold, there's a solution that I haven't looked into and it's right here in my social media feed. Well, with that, let's go to the show then.

Let's do it. Our word from our sponsor, MedBridge Healthcare. MedBridge Healthcare is a leading provider of sleep lab management services and home sleep apnea testing.

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Our thoughtfully selected array of PEP interfaces and accessories complement our LUNA PAPP device-line while accommodating diverse patient requirements.

Welcome everyone once again to another episode of Sleep Tech Talk, the sleep podcast with your hosts and friends, Emerson Kerr, Robert Miller and me, Dr.

Gerald, George Moneygrove. Folks, we have an exciting episode as always. And before we jump into it, and I'm gonna tell you, this is a really big episode because it's, anyway, I'll leave it for just a little bit.

But before start in that, let's just wanna say thank you all so much. We are way past 100 episodes at this point and so many subscribers, so may followers, we can't thank enough for that.

And we just want to say, thank over and over again for it and continue to grow. and allowing us to grow, please don't forget to like, subscribe, and most importantly, share.

There's always a comment section. If you have any thoughts, any ideas, don' hesitate to shoot them over to us and we will see or do our very best to get back to them and even give us podcast ideas.

And with that being said, I also want to give a huge shout out to our sponsors. Be sure to check them out because without them, we can't grow. We thank our sponsor so much for that.

And so, Robert, what's going on today? Hey, Jerry, I'm excited to introduce the dynamic leadership duo behind Daybreak Sleep. They're a game changer in the at-home sleep apnea solution space.

Today, we're going to meet Andrew Vickery, who's the head of business development. He's a Cornell grad with a knack for forging powerful connections to propel Daybrake's vision.

We also have Wesley Lones, who's the founder of Insereal Entrepreneur, whose leadership from roles like COO at Byte and also co-founder of Currency in shaping a future where everyone can sleep better.

Daybreaku2019s Origin and Mission

So today we're going to dive into the insights of sleep technology, health, and transforming restless nights into rejuvenating mornings. All right. Well, Andrew and Wesley, welcome to the show.

Well, thank you for having us. We're excited to be here. Excited to talk with you three gentlemen and share a little bit about what we're doing. All right.

Well if you could just start us off with how did you get into the realm of sleep health and sleep medicine? Yeah, good question. So, you know, I think we all have people in our lives.

I do that suffer from from poor sleep and largely due to sleep apnea. Most people know that they've got an issue and suspected sleep Apnea and after exiting the last company where we were straightening teeth at home thought there was a thought about this business for a while.

Just didn't have the time to look at it was able to spend some time looking into the category and realize that there an enormous opportunity that, you know, 80, 90% of people that suffer from sleep apnea are not treated today and sort of look through the treatments that were available and found the holes and thought there was an opportunity for us to step in and provide quality care that's clinically sound, customer-centric, and make it easy and affordable.

And so thus began the journey of Daybreak. Awesome. Andrew, do you have anything to add to that? Well, Wesley dragged me along for the ride. We used to work together at my last startup and his last start-up, both coming from the dental side.

And I don't have to anything add, except I think the one thing that's really surprised me is the mission component to the work. I mean, coming into healthcare was one, but hearing the stories day in, day out of how this really changes patients' lives, being better friends, better fathers, you know better colleagues has really driven me in my role.

Andrew, you spoke of mission there. As you think of sort of the bigger story and what the kind of ultimate value proposition is of daybreak, what does it look like in your mind?

Because every day you're telling that story, and you are speaking to physicians. You could be speaking the patients, caregivers of all kinds. Take us through what real value propositions is day break.

Yeah, I'll touch on the high level stuff. And I'd love, Wesley, to feel this one as well. For me, it's two numbers in the back of my head. How do you sleep test 250 million Americans?

And how do help the 90% of people who are left untreated who have OSA? Those are really the driving force. behind what we do, the scale that we're looking to tackle this problem on, you know, one in three Americans suffer from sleep disorder and one and five have sleep apnea.

You know it drives everything we, do you, know including the humility with how we approach the industry and the collaboration with which we come to it with.

Do you guys mind walking us through what the experience is like for a patient? Maybe start with the patient

acquisition side and then what does it look like to become a daybreak patient.

Yeah, so the original business model it is was a direct consumer model. So we use performance marketing, sort of traditional marketing. Find individuals that are looking for help with their sleep.

We send a sleep test to their home. They take that sleep tested home, have a physician read the output of that asleep test remote in an async manner. If they have sleep apnea, we are in contact with them, discuss the options that are available, run insurance.

We have insurance across the country, which is an important component for this model. If, you know, they want to move forward, then we send an impression kit to their home, and we've done many of those in our experience over the years.

get that impression get back digitally or scan that created digital representation.

Patient Journey and Remote Treatment Workflow

And, and then, then manufacture that device. We have a before actually before we manufacture we have the dentist which is a very important component to this we had a dentist review the case.

uh and and in its entirety so scan photos um you know the health questionnaire the dental questionnaire there's a bunch of things that we a package we deliver to a dentist that's that in that local state uh, and then uh manufacture the device ship it to the home and, then and treat titrate with that patient over a period of four to 12 weeks and and specifically I mean we have a daily weekly interaction where we collect subjective and then objective data to titrate and this is all overseen by a maxillofacial surgeon who's on the team and on to the max official surgeon is an ENT that's been in the space for a few decades.

So he's our chief medical officer. And so those two gentlemen oversee the entirety of the clinical approach to this. Then once a person's titrated, we refer them back to their physician for follow-up care, and then certainly we're there with them ongoing, sort of forever, answering, helping in any way possible.

When you think of of Wesley, what were some of the unique surprises along the way for you guys as you clearly been in the dental business, but moving into dental sleep is extremely different, very different market.

What were the surprises in a positive way that really had shaped what Daybreak is today? Yeah, I think Andrew alluded to it earlier. The stories that we receive on a daily basis, the impact of treating sleep apnea.

There are, again, to be clear, we are here to augment current methodologies and current systems that are treating. Dentists are doing a fantastic job treating with oral appliances.

There are lots of organizations that supply CPAPs in a variety of different ways. They do a great job. It's a good treatment modality. So we're here to augment and help just get more people treated effectively at the end of the day.

But the stories that we hear, I mean of parents that haven't slept in the same bed for 10 years or 20 years, that the dads that don't have any energy.

And we like just recently a woman wrote in and said, I have a husband. This was after the first night. I had a first time in three years. Uh, and we asked what, what she says just hasn't been, she's just been basically coming to us, waking up with brain fog and I've taken care of the kids.

Had to take care him, had to kind of take of everything. She's like, it's a completely different world now. Um, so the impact that this is having This moved for us from a from A business case a business problem that we could solve that looked interesting to a mission and something that We believe is a generational impact and that's really what drives our organization every day and then through that every every decision we make is you know, really 1A and

1B is clinically sound and is it patient-centric.

And if it meets those two criteria, then we drive it, you, know through the organization, say, is this financially wise, sort of all the other pieces.

But I think the patient stories is really the biggest surprise. Gentlemen, so, this is very interesting what you're saying about mission and trying to get that over.

As the technology with oral appliances has been increasing over the past several years, How do you, how are you different from what's out there? Because somebody will say, why would I want to go online versus go to the dentist down the street and get one of those machines or one those appliances or even the boil and bite that you see online or on TV?

Yeah, I'll take a swing and then, Andrew, if you want to add to that. So the ease of access that we provide is unique. This is fully remote at home for our D2C channel.

And I'm sure we'll talk about it. this is expanded well beyond the D to C business for us. But the ease and then access that we create, and by having the insurance contracts, enabling someone to utilize their current insurance, all of our cases are overseen by a physician and a dentist.

Every single case, dentists have the ability to either approve or disapprove, say, nope, this person cannot, they do not qualify, that happens every single day, or You need to have something fixed, adjusted, cleaned, you know, and then come back and show us you've done that and we'll move forward.

So I think that's a unique difference. All of our devices are custom made because we use an impression kit. We send it out. It's designed by a team with, I mean, on average, 10 years experience designing and working with digital design of devices or appliances, all the way from aligners to actual oral appliances.

You start putting all these pieces together and I think it creates a separation in what we're doing from a lot of the others out there. Sorry, Andrew, go ahead.

Yeah. I was just going to say there's also the whole provider relationship and element to this. And I think something we do really well is, is oral appliances and that's it.

That's all we do. And I think the amount of trust we bring to a relationship and a partnership, there's no stepping on other people's toes. There's fighting over whose patient this is.

It's their patient, it's the provider's patient. We're there for snapshot in time to get the patient through the oral appliance process and treatment, and then get them right back to where they came.

As we know, we are not curing or treating. You know we're managing symptoms. We're not the beginning of the journey and we're the end of journey for the patient and so getting them back to the provider is essential to what we bring to partnership.

I was just going to mention that I love the idea of the access to care that Daybreak is able to bring to the table for a patient. In my company that i work for, we deal with a number of patients who just aren't able To tolerate CPAP for whatever reason.

I use the term treatment fatigue. You know, I feel like these patients have been through you know, going to a sleep lab.

What Makes Daybreak Different

They've tried CPAP, they've worked with a respiratory therapist, and they work with the sleep coach to get through and still, for whatever reason, can't necessarily tolerate or use the CPAPP device.

So to me, this is a sort of a pathway that allows a patient to get to an oral appliance without necessarily having to start from scratch back in a dentist chair.

So appreciate what you guys are doing at least to bring this to more patients. And ultimately, I've used this term for some of the Inspire ads that all ships rise with all of direct to consumer campaigns that educate about sleep apnea.

Even if a patients sees your ad, and learns a little bit about sleep apnea, but becomes interested in the process. They may still end up on a CPAP device at some point, because ultimately not every patient clicks on the ads that you guys do from a social media perspective.

So I appreciate the model, and I think it's something that we need. Andrew, just thinking about, again, your customer base. When you think of physicians that you've reached out to in your team as, what have they seen that is a value of daybreak versus maybe other pathways they've chosen before?

Yeah, it's a great question. You know, I sometimes, and you know Wesley will say this too, we need to repeat what it is we offer a couple of times because it just no one's quite done it.

And so the simplicity of it uh hard to get the first time around um and look these physicians are busy they have a lot going on and and i think The best way I've been able to describe it is that we're the first oral appliance therapy DME company.

In terms of mimicking that process, the referral model, unlike CPAP, it's a lot easier to bill for this device within your office. So we bring a whole suite of models and offerings where we can take all of it or we take some of.

And I think physicians really appreciate that level of support and really trust our care for the patient throughout that journey. Patients and compliance, it's hard, as you guys well know.

And so it is a lot of work and we invest a lots of time and effort into the customer support teams for these patients going through the process. Fisher & Paykel Solo is the world's first autofit CPAP mask.

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Now back to the show. You spoke of a lot of the stories, these positive patient stories and that's really awesome to hear the testimonials. And what would you say to those people that are worried that, hey, it might deform my mouth when I'm sleeping or my teeth?

So that's where the clinical oversight comes in. That's why we have dentists involved in the process. They have access to our team, they have to dental support on our teams.

If there ever is an issue, because there are times when oral appliances, regardless of who administers the oral appliance that teeth shift, that can happen.

I think a distinct difference with our approach which we actually have a study that's being worked on as we speak to give us insight on this, is we are much more conservative in our approach to titration, where a standard in practice is max protrusion of the lower jaw, cut that by 50%, which is typically four to six millimeters, and then that is the starting point.

We typically start at about one millimeter. And so what we find, interestingly, is 65 ish 70% of our people are actually fully titrated, meaning they've met the criteria of their ah I reductions and their symptomatic subjective component is also in relief.

which was a surprise to us. We didn't expect that. Not familiar with anybody else doing anything similar to this, so we actually have a study that's being worked on currently to provide some additional insight there.

So we believe, at least, that that is also helping to reduce any of the potential issues that associate sometimes with oral appliances. I want a question for you guys and whoever wants to take this, but from a collaboration standpoint, who's a great partner for Daybreak to be able to collaborate with to bring an oral appliance solution?

I know it would be easy in your ads, I think, to just do you hate your CPAP and then move to the next step to get an oil appliance. But you got to start with undiagnosed OSA, at least that's what I've seen in most of your campaigns.

So that feels a lot more collaborative than the approach of do-you-hate-your-CPAP. Yeah, yeah, fair. So our core business was built around D2C. And I think roughly 75%, 75% of the marketing efforts generate undiagnosed, untested, und diagnosed, ultimately sleep apnea sufferers.

25, 30% that come in from those same ads end up being what we call pre-diagnosed.

Clinical Oversight and Titration Approach

And that's it. There's a variety of different, you know, pre diagnosed sort of categories in there, but they fall under that. But I think that we look at this, Robert, and I'm glad you asked this question as completely collaborative.

We have moved so far beyond a D to C company at point that like I am looking at my board over here in my office. and we're partnering with HST providers.

We're talking to GLPs, we are talking DMEs, e-commerce, telehealth. we have several GPOs that we've partnered with recently, as well as corporate and self-insured entities.

So our goal is to provide a platform across the board for anybody that treats sleep apnea to make oral appliance therapy an option. Right, as I said earlier, not to displace anybody, we want to make it an option.

So we enable, you know, physicians to be able to treat out of their office where they weren't able. To treat, out-of-their-office, a DME provider that focuses on CPAPs.

You know we would enable that DMV provider to now have oral appliance as an. Option, let's say that, 50% on average fail in the first year. Some studies would say, well, we could now ping those particular, you know, individuals through that DME.

So now they have another option to provide to these patients. Everybody wins. DMV has another options. Daybreak has, another channel patient wins because they weren't able to tolerate a CPAP.

Now they've got an option that hopefully will work for them. And so there's we're just beginning to explore all the opportunities out there. I mean, my board isn't by no means exhaustive.

That was just part of it. And this is where, you know, I know Andrew's passionate. This is what he spends all of his time is thinking about, this part of our organization.

So I'm sure that he has additional insight here. Yeah. I mean, again, we think about how to uncover that 90% if you have 10% actively treated. How do we go after that 90? And so that's really just what we're bringing to the table.

And if the answer is not oral appliance, great. I think really what do is problem solution fit. There's plenty in the space to go afterwards. It is that big of a problem to tackle that we don't need to get everyone.

Again, it's Is there a problem solution fit between these businesses and can we help patients who otherwise are kind of left in the corner? And sometimes that can be an uncomfortable conversation, especially with a doctor who has certain clinical preferences or ideology to say, that's great, but what if it doesn't work?

Where do your patients go then? I think with our offering, we've seen it as a way to bring scale and access to patients. When I thinking about MSO groups that are expanding throughout multiple states and have dozens of locations, very difficult to scale an in-office model.

And also the ones that have scaled typically don't have a dentist on staff, right? And so we bring that dental oversight as well. Or it's for a business like a CPAP DME who has thousands of patients a month and not all patients are compliant and treated at the end of that process.

And so how can we drive patients who either refuse CPAP or who are intolerant and non-adherent and can we give them another option both for the patient and the provider that's accessible and easy to work with and to get.

I mean, essentially we're offering another tool. Sorry. We're essentially offering our other tool for the care provider, whether it's a DME, it a physician, right?

Et cetera. It's e-commerce company, telehealth company. Doesn't matter. Like we just, we were adding another toolbox for that person to pull out and offer to the patient where appropriate.

Where we are agnostic. we want to be there as an option. That's awesome. You know, when you think about one of the things that's come up a couple of times is that physician oversight that you have or that dental oversight.

For our listeners who might be saying, no, these guys just want to put everybody on their appliance. What have those moments been, those clinical moments, been where you've had to push back and say, you know you need to take a traditional route or you to talk to your physician?

What did those movements look like for our listener so that they understand your approach to patient care? So all of our prescriptions that come through, where appropriate, have both a CPAP and an oral appliance as an option.

And then depending on where that person ends up, they would be moved one direction or the other.

Partnerships and Expanding Access

We don't currently provide CPAP support. So we have partners that do. And so we refer out to partners, that too. Um, and, as I mentioned earlier, we also refer our to dentists and the, in the event that there's something that happens, the person needs someone locally to help them.

We will refer them to a local dentist, you know, local physician, et cetera, Our goal isn't to put, you know, a single oral appliance and everybody's mouth, our goal is to help people get treated for sleep apnea that otherwise are suffering at home, and every day of their life.

And so we're just trying we are we were working every pathways for that to occur, again, either through our original direct-to-consumer channel or all the other channels that we've mentioned today and many that haven't.

One of our biggest passions, we just barely started to scratch the surface on this one, is the mental health channel. Right. I think it's largely overlooked.

We have a psychologist, a PhD on staff who spent a lot of time treating people that had issues and, you know, mental issues over a decade. And she said one of the biggest challenges for her and her colleagues, psychologists and psychiatrists, was that they don't have a means to treat people that they know have sleep apnea, sleep problems, largely sleep Apnea.

And because of their lack of sleep, that lack recovery, lack hormonal balance, et cetera, they struggle for mental health recovery. It's a massive issue that people aren't really talking about and at least not as much as we should be talking So we went to one conference and didn't have a great booth, just sort of showed up and had a small booth in the corner just to kind of test the waters.

We were by far the most popular booth. I mean, everybody was lining up to talk to us because like, please, can we refer over to you? How can you refer to your we want our patients to get treated?

We know they need this. Thank you for putting this together. Huge surprise. So that's another example of where we're leaning in. That's absolutely amazing to hear, especially on the mental health side.

You don't hear that at all when it comes to oral appliance. I mean, we do hear cognitive behavioral therapy for other things, but on oral appliances, that's amazing.

But we are running out of time. And so the time has come for me to ask you, is there anything else you want to add before we close? No, it's been a great discussion.

You know, we sort of jokingly said in the beginning, 20 minutes versus three hours. I mean, this is something we're passionate about. We could spend, you know three, hours talking about this easily.

Hopefully we got our message across, right? Daybreak is here to help, people get treated with sleep apnea. Our focus is doing it clinically sound, paramount and an exceptional customer experience.

So, You know, thedaybreak.com is our website, www.thedaybreakcom. If you want to reach out, all the information is there. Where can they find information about you guys, Wesley and Andrew?

Feel free to email me. I can say wesley at the daybreak dot com. And Andrew is saying andrew at thedaybreak.com We'd be happy to field any emails or any questions that anyone would have.

And I'm sure we'll find you on LinkedIn as well. Yes, of course. I do want to say a quick shout out to the three of you. Um, I've learned a lot. Uh, you know, new to healthcare, uh, been on the dental side, but I learned lot from the through you and specifically, Robert Nemerson for your mentorship, over the last nine months.

It's been, it's a real pleasure. Thank you so much for the kind words. That's very nice of that. And Robert is always the greatest. Well, Emerson too.

We do appreciate you guys joining us today. This has been great learning more about daybreak. I was going to save it for our post cows, but I'll go ahead and talk about it.

A day break patient, so I have been through the process and I will talk. About that a little bit in the postcows. What my experience was like so Andrew and Wesley, you don't get to hear that part of our discussion, But you know, I can say without question I would have no issue with any any one of my family members becoming a daybreak patient.

Hey, well, there's a testimony right there. And that's cool to hear. Andrew and Wesley, you can definitely hear it once the show was published. So great.

Yeah, we'll go listen. Thanks, guys. All right. Well, thank you. Thank you, gentlemen. Appreciate you joining us. And folks out there, thanks you so much for joining as well.

I hope you got as much out of it as we have. A huge shout out to our sponsors. Thanks you to each and every one of them. Just remember, like, subscribe, and most importantly, share.

So until next time, lights on. Be sure to check out our clinical sponsor, Sleep Review Magazine. More details in show notes. All right. We had a couple of smart guys on the show.

And so you know what that means. It's time for postcalls. So what are your thoughts, Joan? Jerry, I think that what Daybreak has done is like a lot of our guests on this show, they see a need in the market.

They build a solution for it from their experience and then come with something that is extraordinary and has

created such inertia for them as they continue to grow and become a force in this space.

The idea that they could do this remotely just seems so foreign and they've built a system that does that and it's quite exceptional. Great to hear their story.

There's a lot of passion on the team and that really came through in the conversation today. I loved it. I love the conversation with those guys. They're the kind of guys that you know that they're a rocket ship and you want to tie yourself to the rocket shift because you that it's going to be an incredible ride.

Mental Health Referrals and Closing Thoughts

And I think that even hearing them talk about the fact that their potentially going branch out into some other types of disorders that they could potentially, you know, become a part of and, uh, just even tiptoeing into that space, it sounded like they had some success already.

So, excited to see what happens there, but I did mention it on the show and so I wanted to talk about it a little bit. that I'm a daybreak patient. If anyone has listened to the program, I think I am the poster child for GLP-1 slash what's next and have been on a GLp-one for over a year, lost enough weight that, and I knew I was really, really struggling to continue to wear my CPAP device.

So I sought out oral appliance therapy as a potential option for me as as patient myself. and I was able to start wearing an oral appliance. I've been on an all oral clients now for a year, I would say.

And, you know, so I'm a very compliant, C-PAP user, and really don't have any issues or challenges wearing my oral appliances. But I wanted to see what it's like to become a, a daybreak patient.

and see if the service lined up with what my expectation was. And I can tell you wholeheartedly that it is a great experience as a patient. There's a lot of communication.

there's really no questions. I think where you're sort of wondering what's next for me as patient and then ultimately the quality of the product not just the oral appliance itself, but you also get some, I think it's depending on the package or whatever that you get, there's some products and services that they offer that come in the kit.

And it gives you the ability to, now you've got an ultrasonic cleaner to clean your oral appliances, you got the cleaning solution, and it all comes in this really well packaged, high quality kit, so I'm a fan myself of the process and of product.

You know, I'll have to pile on there. I too went through the process. Unfortunately, my JLP one hasn't quite had the impact yet that yours has had. So I'm still on my CPAP.

But I think what was interesting going through their process is just what you said. The presentation, the process of walking through the fitting is really fascinating because you just sort of imagine, gosh, being a patient, what are they going to walk into?

What are going experience? And it's really a very handheld experience for the patient. I was very impressed with all those steps. The presentation of just the box itself was impressive.

I know that sounds silly but you know first impressions matter and so that first impression with the patient all the way to the end including the tools to be monitored ongoing were a surprise.

So yeah, big shout out to their development team, their marketing team for putting something together like that. And hopefully I'll get to a place where I won't need my CPAP and can go full oral appliance, but still need that positive airway pressure for now.

Look at Jerry sitting over there all CPAP-less and sleeping normal, the normal age guy at night. By the way, my

process actually started with a home sleep test because my previous diagnosis had occurred before I lost weight and I'm happy to report.

I almost didn't qualify for an oral appliance except that I wanted to make sure I don't snore anymore, but my HI was 0.6. Oh, wow. That's great. What I was going to say is, yeah, I'm not on GLP ones and I am not the oral appliance either, but what I thought was really interesting, by the way, great pun, Emerson, first impressions.

But what i thought for me from a clinical standpoint, i really appreciated the mix, the hybrid of virtual with local. meaning you could get this done virtually, but if you needed somebody right away, locally to look at your teeth or whatever, they work with local dentists to, in order to get that portion of it.

I thought that was a very brilliant way to approach this therapy and approach particular style of therapy where everything is done, virtually in the convenience of the patient's home.

But if needed, the had a place to go. That way you're not working with somebody that has no idea what they're doing. I think when the great sleep dental practices I've met understand that there are going to be some patients that an oral appliance is not the right solution and CPAP is the correct pathway.

And I that was great to hear that, that they align with that philosophy of the right therapy for the patient. That matters because as we continue to see everything develop in sleep and the medications become more online, these things are going to matter more and more.

We do assess the patients based on what they actually need to succeed in their journey in battling OSA. It is no longer one solution for everyone. It's multiple options.

And that's the beauty of our industry. Its evolving that fast with so many different things that can help somebody. Well, John, do you remember during the session I said something about that I appreciated that they started with the undiagnosed patient with their direct consumer ads.

Because I remember there was a sleep dentist in a nearby town who literally had a website, IhateMyCPAP.com. Wow. So they have a completely different approach that's definitely more collaborative, and we appreciate that for sure.

Definitely. Well, gentlemen, I think it's time to close. And I'd think there was a great discussion today. So let's call it. Folks out there, thank you all so much.

Until next time, cheers.