Introduction to Dr. Justin Solomon and Outcome Tracking

everyone, I am so, so excited to introduce Doctor Justin Solomon. He's an orthopedic surgeon in, Beverly Hills. He Stanford trained, and he, has this company, which, if I told you what it is, you wouldn't appreciate it, so I thought I'd have him just come on and talk about it himself.

But it's called outcome. And the. And it's an outcome tracking platform. And, as boring as it sounds, it's actually very, very, fantastic. Miraculous.

And it's really worthwhile talking about because I don't think the US docs in private practice track outcomes very much. But we should for of multiple reasons for, increase in revenue generation for, for marketing, for decrease burnout.

So we can, be positive rewarded for the things that we're doing well and for patient engagements and for referrals. And it is such a fantastic tool. It's something that I've always wanted to bring audience of to a practice.

But I didn't think that we were big enough or we were cool enough to track outcomes. But that's a sentiment. Thanks for being on, and I really appreciate you being on in some of your very busy schedule.

And so, let's, let's jump into it. Like, how did you even come up with this outcome tracking, technology? And why did you do it in the first place? Yeah, yeah.

Thank you for having you know, I started a company around meniscus repair in the knee, mechanical device company. So it was a meniscus together in a way that it can actually heal.

And, what's happening is that most orthopedic surgeons. I'm not sorted by training. Remove the meniscus. And then five, ten years later, when the patient is a knee replacement, they go back to the same doctor that removed it.

They don't realize that that sort of predispose them to having arthritis. So it says that together. So you can keep that anatomy. Now, a couple things.

I flew around and watched the doctors not really understanding the market or how things work, or paying attention to the medical literature and just kind of doing just all the whatever they want and whatever they were trained on.

And then I also did a multicenter study, and saw the complexity and the difficulties in actually doing research and pulling it off in a way where you could prove something definitively.

And the risk that was involved with trying with a company, trying to go head to head against meniscus removal surgery, and if it doesn't show, you won't show, we'll forget it.

We're not going to prove it. So there were a lot of nuances to that company. That company was bought in 2019 by Smith and Nephew, big Orthopedic Device Company.

Why Outcome Data Matters in Private Practice

But I started off in 2016, with the understanding that, I'll tell you, the other part of it is, the CEO of MD insider, which was a company that my hospital center at Cedars-Sinai had invested like 15 million into or something in that neighborhood.

And it was mainly infection rates, rehospitalization rates, length of stay, number of procedures done, and, selling the data to self-funded employers to judge doctors.

Here's the good doctors. We figured out who's good, right. And all of those metrics are are interesting, but they're not scientific outcomes. Right. And it doesn't feel fair to me as a doctor to be judged based on those metrics, because there's all these confounding factors and because it's not really obtained the way an FDA study or a clinical trial would obtain the data.

And then at the same time, I was looking at the forces in medicine that suck. Why does it why does it feel terrible to be a doctor? Right. It feels magical to be a doctor in a lot of ways.

When you have patients who are doing well and it's the science of it isn't is interesting. And but then at the same time, every doctor patient interaction has an air of blackmail, right?

That patient wants a narcotic, more likely to give them the narcotic and Maryland tab, because if I don't, they're going to go online and crush me. Right.

And say something terrible. I mean, they're not going to say it's because I wouldn't give them Percocet, right? Marilyn Tavenner that, centers of Medicare and Medicaid Services, in a statement a long time ago, basically, they were looking at the Yelp adoption rate in this country, and it directly parallels narcotic abuse, right?

Oh, wow. It's okay if you come in and you sprain your knee and I know you sprained it and you're going to be fine three weeks from now, but you really want an MRI.

Why do you want that MRI? First of all, you want that MRI because you don't trust me. Why don't you trust me? Because you have nothing to really go by to know if I'm good or not.

Second of all, if you want that MRI, I'm going to give it to you. I'm going to over utilize health care resources because I need to satisfy you. My business model is focused on patient satisfaction.

I got to satisfy you. And it's not necessarily about delivering better care. If I get great outcomes, does that help my business? So imagine this. And I would argue that right now in the current system, we don't really need to get great outcomes.

So in addition to every and I'll explain in a second. But in addition to every doctor patient interaction having having an air black blackmail. Right.

Which feels terrible. And then the fact that, that we need to generate business. And so we are going to give in to that. Right. And then the, the patients don't trust us, right.

So why why should I go? If you sell yourself to me, my my outcomes should sell myself to you. Right. And then you combine that with all these other factors.

It starts to feel bad to be a doctor, right? If I give you as an orthopedic surgeon, I'll use an orthopedic example. And I ultimately work across all specialties.

But if I give you a 70% good shoulder, which means for the rest of your life, you're going to live with 30% of your pain and dysfunction. Right? But I'm super charming, and my office is attentive and my office is clean.

And if I walk out of surgery and I tell you if it was really bad in there, I saved the day, okay? And I think you're going to feel better. Right. And you're welcome.

And I sort of give it that air of like, hey, we're chummy, we're friends. I took care of you. Boy was a bad it, right? You are going to thank me because you feel 70% better.

You're going to refer all your friends to me, right? Of course you are. Like the surgeons. Great, dude. And my shoulder feels better. And. Yeah, I mean, I can't sleep at night because it hurts.

And I'm still living with 30% of my pain dysfunction, but so much better than it was, right? So now imagine your friend who experiences me right now. Your friend can only experience me or the surgeon down the street.

Let's say they go to the surgeon down the street, who can give him a 100% perfect shoulder right? But that surgeon is kind of a jerk, has a bad bedside manner.

The office is a little disorganized. So your friend, you went to that patient down there and got a perfect shoulder, no symptoms, moves on with like no problems with their shoulder.

You say, hey, should I go to that doctor? They're going to say, no, no, no, no, no. Anyone would have give me a perfect shoulder. The doc was a jerk. Don't go right.

So then therein lies the rub. A great outcome doesn't necessarily help my business, but it helps. My business is adequately kissing the patients. But right.

In America, we patient cater, we don't patient care. And it bothered me that that we are stuck in this conundrum of like not being able to do what feels best in what feels right all the time.

And, and at the same time, making money is important. Our business models shift. Like it? Well, when we're in medical school, we're altruistic about our patients, and we carry a lot of that through our career.

But we, you know, we're, you know, residency is grueling. Sometimes you work really hard, you build a lot of debt, and then you get out and you're a little older.

You start seeing patients and you realize, oh, you know, there's potential to be sued. And some patients aren't nice and they're saying mean things online, even though maybe I'm trying really hard to take good care of them, and maybe it's because of something that has nothing to do with me.

70% of online postings are not have nothing to do with the care the patient received. It's like, oh, I made them pay their co-pay. Five star doctor, you're more likely to die.

There's a study that showed that's called Cost of Satisfaction in the Archives of Internal Medicine. Anyway, all these pressures are on doctors. And if we could just be if we could just focus on doing the right thing for the patient, it starts to make everything feel better.

So why did I start the company?

What Patient-Reported Outcomes Measure

Honestly, was this whole journey of trying to do a clinical study and seeing the struggles, watching surgeons willing to do the wrong thing and empathizing with why they're doing the wrong thing right.

And then all the pressures and the things that make it feel difficult to be a doctor sometimes, come together and it's amazing. Michael Porter is a Harvard Business School competition theorist.

In 2006, he wrote a book called Redefining Health Care. He said it, and I just agree with him. He said, look, if doctors in this country were reimbursed for getting great outcomes, we would go from the worst health care system in the world to the best overnight.

So then I said to myself, well, how do we get a system in place where it feels good? Everyone, every doctor wins. There's no way for you to lose, but you're doing the right thing in generating business for doing a great job in a way where you're not judge negatively.

If you get a bad outcome, right? So it's a super tricky thing, and then at the same time, doing it in a way where you're obtaining the data. That is the key to value based care.

So anyway, measuring outcomes for every clinical patient in a way that enhances their experience and in a way that gives you the data to dial in best practices so you know what works and what doesn't work in a way where when you have all this data, if you want to publish it, the IRB use it as a chart review because it was originally obtained for clinical care and in a way that generates business for you and and helps your reputation all at the same time.

So this is great because we we're not used to tracking outcomes at all because, you know, we're part of a large ACO and our CEO tracks outcomes for us.

But it's not the same outcomes that we're tracking. You know, I'm I'm a primary primary care business, right? We do integrative medicine, lifestyle medicine.

So we track all sorts of metabolic disorders. They want to see hospitalizations. But in reality there's a whole section of outcomes missing. And that is really the patient, experience in the patient related and patient reported outcomes.

And so, but walk me through what should, these outcomes look like in the perfect world, in the perfect practice? I love it. So the average doctor observation after 11 seconds.

So we don't really have time to get everything out of the patient's brain and into our brain about what they're experiencing and what they're feeling, what's going on with them right over the last 120 years that we have had Western medicine, we have created something called patient for outcomes that you mentioned.

Okay. These are ways to measure a patient's symptoms and or quality of life burden, quantify it with a formula that scores their symptom burden. And then you can keep asking those questions at various time points after their treatment or during their treatment course to see how that number changes and the reason why they're objective.

Because you say, well, some doctor just wrote those questions and came up with scoring formula. That's subjective, but it's not. And here's why a yes, a doctor who's a specialist in that specialty wrote the question sets.

Right. And then they did a study where they took all these patients with a big enough sample size, and they compared the scores and how the scores changes have changed over time to other ways to determine an outcome.

Okay. So did the lab know you changed the the, MRI study changed the physical exam changed. Okay. And then they correlated. Yes. The symptoms improved and the score of the symptoms declined and the labs got worse.

Right. And by comparing them to other objective ways to determine an outcome, they validate those question sets. And then 20 years go by and some other specialist in that specialty does a meta analysis and looks at all the different question sets that were made to assess the symptoms and scored by these different authors who are also specialists.

And they say, look, these three should be thrown out and these two are still valid, right? Then 20 more years go by and they take this one and they say this question was thrown out and replaced with a different question and scored a little differently.

And look at how much closer it correlates with other ways to determine an outcome. So they've been massage over the course of 120 years into the perfect questions to ask a patient to assess their symptoms right.

And measure how they've changed over time. That is a picture for an outcome instrument. And there's one for just about every condition. And medicine is a way to measure a change.

Just about every condition in medicine that has symptoms. So these are these are standardized previously published outcome scores or reports. Right. Yeah.

So now can be exclusively uses medical literature validate a patient for outcome instruments. But then we surround

it with all the things that are important.

So we're empathizing with a doctor or a clinician okay. What do I mean by that confounding factors are so important to measure. So what is an example of a confounding factor.

Adverse life event and stress. Maybe maybe I'm being judged for a mental health, treatment that I'm giving a patient, but they had a death in the family, or they lost their jobs or got divorced or, they're now homeless or whatever it is. Right?

Those adverse life events and stressors may be the reason that their anxiety has gone up despite my treatments. And so, in fairness, if you're doing an FDA study or a clinical trial, you filter in and filter out different patient cohorts.

That's called an inclusion criteria and an exclusion criteria. Right. So we create the ability for the doctor to make an inclusion exclusion criteria when they're being when they're using their outcome data to say, negotiate better contracts for a payer with a payer or whatever.

Other examples. If an orthopedic example of, let's say I replace your left hip, okay. And six months post-op, you break your left ankle, your pain goes up, your function goes down, and it looks like your hip replacement is failed.

But in reality, it's because you fell and broke your left ankle. So we asked the patient about other injuries and we can filter those out. What about patient compliance?

You give a patient a medicine and they don't take it right and they don't get better. Well that's so we ask the patient with every single file how closely did you follow your doctor's treatment plan.

And they score how closely they followed it. And because it's a fitness tracker like experience of the patient, they're measuring themselves. They're even more honest with this than than they would be in front of you in your face.

We also are building a clinician report, a patient compliance. So every time the client the patient's in your office, you can read how compliant they've been with your various components of treatment.

So you can also filter that in or out. The point here is this has to empathize with the clinician and the provider in every single way, because it can be very uncomfortable to have outcomes tracked, right.

If it's not being done in a way that's super fair. So so we're really careful about that and then we'll eventually talk, I know, especially with this, about our setting to celebrate features about going to be where, yes, we're tracking outcomes and using it to improve care.

Other ways that you can improve care. You're notified when someone's doing poorly and getting worse, which has been shown like cancer patients live five months longer.

There's I mean, obviously I can talk and talk and talk. I want to go where you want me to go with this. So I'll let you ask me the next question. You know, people, what's in this?

They're they're all thinking the same thing right now. So how the heck am I going to get my patients to report these things? When am I going to have time to do it?

And how how is that that data reported? Where does it go? And okay, great. Now we have outcomes. What should we do. So we'll kind of tackle. The first one is how the heck I want to get our patients to do this.

Yeah. So the beauty is nobody wants workflow disruption.

Workflow, Follow-Up, and Patient Engagement

And so we have intake forms that can trigger the right Pyros based, presentation for an outcome based on their,

answers to the previous questions. In that intake form, you get all the data, structured intake form data structured so that you can use it to create inclusion criteria.

And then you have the right girls asked. And that can be auto triggered by integration with electronic medical record system. We also fill in medications procedures, diagnoses all these things too.

Those those can also be included and excluded in your, in your criteria. And so it actually can happen in the background where new patient visits, they automatically get set the assessment.

Now the way this has been goes the patient. They receive it as a text message and or email with a link. Okay. When the patient clicks the link it shows them a quick animation of what this is.

Hey, this is so that you can keep track of your symptoms. And also so the doctor can understand how burdensome your symptoms are in that. Right. And then there's no username and password, there's no app to put on their phone.

They just put in their date of birth since it went to their device that they're in or their email that they're in and they know their date of birth, that's hipa compliant.

They answer the questions. The average patient answers the questions in four minutes, and then most importantly, they get their score. So if we ask for patient reported outcome questions and, questionnaires in four minutes, because that's how long we only our questions have to take four minutes to complete, will we average those.

We score them the way the medical literature scores them. We normalize them out of 100 and then we average them together. Okay. And so they get one number score that represents their symptom burden right from COPD or whatever it is that you're measuring.

Okay. And then it says and then it explains them that we're going to follow up with them in say three months. So the automatic follow up schedule is already loaded.

Now can them be based on the medical literature to clinicians can change it if they want. But so that patient that got sent it before they see the doc for the first time is on an automatic chain to get it, let's say once a quarter for a year and then once a year for five years after that or something like that.

Right. So let's say three months go by and they had their treatment. It was an injection. It was a medication. It was a surgery, whatever it was. Then the patient gets a message on their phone, a text, hey, your previous score was a 28.

Let's see how you're doing now. And they just have to be curious. And they remember the process was painless and kind of cool. So at a very incredibly high patient follow up rate, they're clicking at measuring their symptoms again.

And lo and behold, they're doing better. They're doing better. They get the opportunity to post, which helps the doctor. And I can explain that in a minute.

And if they're doing worse, the doctor can get notified or the care manager or the nurse that the patient has gotten worse and called the patient intervene.

And we do that in a way the empathizes with the doctor, too. I never want to be notified for an eczema patient who's doing poorly and getting worse, but for an angina patient who's between the ages of 60 and 80 or whatever is post MI and is on these three medicines, I want to be notified if their score is doing poorly and getting worse below a 50 or something like that, right?

So and it's easy to set these things, and then the doctors get paid when they call the patient because you can bill for tell them, tell them for telephone calls.

Now. Right. So yeah. Yeah. And there's ways to get reimbursed for the pros just sending them. There's ways to get reimbursed for medication monitoring.

There's all these layers of reimbursement that can be tied around it. Let's get so let's do it for two. Your question was why are patients going to having to do it.

So first of all they all receive the link. Patients do what their doctors say. If you say, look, you can't see me until the intake forms done right and the new patient visit, they're going to do it.

And when they do it and they get this great patient experience, they respect you more. You've enhanced their experience, shows that you care enough to measure their symptoms and help them see transparently how they change over time.

Everything you put in the medical record shows up on their phone is a flag to so they can say, oh, I started this medication. Is it helping me or hurting? Right.

The other thing that's so it's got to be interesting to the patient. And then if the doctor says, hey, I want you to do this, those two things, patients do it. You know, it's got to be interesting to them.

And so, you know, earlier you said, like a tractor like experience, when it comes to putting the PR or the patient outcomes in from the patient. So what does that mean? Tractor life experience. Yeah.

So when you go for a job, no one experiences that job more than you, right? You're the one doing the run. But you are curious about how many steps I take, what was my heart rate and how far did I run right.

These additional metrics that are interesting, even so much that some people are willing to wear a special thing to figure it out. Let's hear the tone.

So what we're doing is giving the patients a fitness tracker like experience as they measure their symptoms before they receive their treatments, and at various time points are updating the signals and getting their score changed.

And then they can see how they've changed. Right. Why do patients not engage with things like Apple HealthKit or, or their patient portals? Very much because those are medical diary.

Here's all the things that have happened to you. Right. And it's not even necessarily laid down on the timeline, but it's it's not that interesting to just have a diary.

But when you have a lay down on a timeline, here's all the things that have happened to me from the medical record, and here's how my symptoms have changed as a result of those things.

When I do physical therapy, I actually got better. When I start therapy, I got worse. When I started, and then I got better. Maybe I should quit doing therapy or or mental therapy or meditation or diet or exercise or or, you know, whatever it is.

Right that they happen to be keeping track of and the pacing and other things they want. I started the keto diet. Let's see how it now helps my sleep or whatever.

Right? So anyway, that I have an answer personally, yeah, it does that. That's exciting because it lets us know what we are doing well in and we can capitalize on what we're doing well.

And, you know, I think that every practice as the uniqueness, because of the physicians and the practice, the owners of the practice, and there's always things that that we do well.

And, you know, I call it a niche, right? This is our niche. So what we actually do, it doesn't matter what specialty when everyone has it as a niche. And if we're able to track that over time and it's patient reported.

Right. There's there's definitely an accuracy to it. Now here this is what the here's my hesitation in address this for me, if you will, is that let's say that, you know, patients scores are improving improve improving them.

We're doing great. Well, let's say the, the patient scores don't improve, right. And maybe there's a larger than people who who don't, don't improve. What could that possibly mean for me as a practice owner?

To, to do so, the way outcome would be, is structured if you think it nine out of ten goals and you're good at one and ten things for that one thing that you're good at doing, you're going to generate more business for the other nine things.

You're going to have data to help you figure out how to improve, right. And the data is yours and no one ever seen it. Okay. And I can explain how that whole thing works, but the concept of being able to see the patient's results also lets you win the next patient.

So should I do this? If you're getting good results and ensure that my patients do great. And if they're not doing well, obviously you're not going to show them that, but you're going to look in and you may actually realize I'm good at these things.

And looking at that one thing, I'm going to go read the latest literature, I'm going to go do a course. I'm going to and you're like, and you can elevate your game that way.

Using Outcomes for Marketing and Practice Growth

That is your data for you to look at and no one else. Right. This is also future proofing yourself because you need to be able to gather up some data for value based care, which is coming.

Right, right. So the way the software works, if a patient patients measure themselves and follow up and get to see how their score changed, if they've improved more than 50% of their of the, provable range that they could have achieved, they've achieved at least 50% of it.

Those patients love their doctors. They're the ones buying you, bringing you a bottle of scotch and chocolates and whatever. Right? So right. For those patients and only those patients, if they're doing less, less than if they've achieved less than 50% of their approval range, they don't get it.

They just says, great job will follow up with you. Whatever. Right. If they're doing worse, they're going to see that and it quantifies it and somebody gets notified potentially. Right.

But if they've achieved 50% of their approval range or more, then we get a pop up in the pop up, says, hey, basically endorse your doctor by posting your outcome graph.

It shows how your scores improved on social media, the patient's own social media, the patient's own Facebook or Twitter, for example. Right when you post on Facebook, the average Facebook user has 338 friends.

Their friend sees this post of the great results. This person got for ketamine, right? Or whatever it was, it was being tracked. And when they click that post, it goes to the doctor's website that does lead generation to the doctor.

It ignites word of mouth. Okay, that's Facebook and Twitter. The patients can also post on either Yelp, Health, Great Vitals, or Google reviews. Okay.

And when they post there, we copy it to the clipboard. Their score summary. My score went from a 21 before my injection and it's a 90 now after. Thank you so much, Doctor Jones.

Okay, so for the first time in the history of medicine, we're pushing objective score data into these subjective review sites. You only get good reviews because you've gotten good outcomes.

And is this an ethical. No. It is so ethical. What happens now is the doctor's mindset is wait a minute. If I get a great outcome, the world is going to see that great outcome and I'm going to generate more business from that great outcome, right?

So while we do it in a way that the doctor can't lose, it does also help the doctor motivate to focus on getting good outcomes. Right? Right. Yeah. And that's great because further we're like we have widgets in the doctor's websites. We're building outcome rating.

Oh wow. Like we have all sorts of stuff to drive additional value. We want to celebrate. We have two packages. We have Elevate Package and Celebrate Package.

Elevate your outcomes, track outcomes to improve outcomes okay. And then celebrate outcomes. It's all about look for those. And everyone's good at something for those outcomes that you're good that you get good results.

We are going to help push this out to the whole world and let everyone know that, hey, you care enough to track outcomes, and b here are some examples of your great outcomes.

And I kind of want to address one thing that, but I just came to my head as you're talking about this. So we're in the state of Texas, and Texas, just like a lot of other states, California as well, have advertising guidelines that's set forth by the medical board.

And so in the state of Texas, there is something called a superiority clause that you, as you know, for me, internal medicine. So you as an internal medicine doc, cannot determine superiority over someone else when it comes to marketing.

And stuff like that. And it's really open ended. But what this allows us to do, what I commit and allows us to do is to actually get the patient reported outcomes.

And this is actually objective data that's here. And then, we can say, hey, this is our outcomes that we have here. You're not necessarily comparing a practice to another, but this is what we do.

Well. So bypasses a lot of the restrictive, clauses within the advertising guidelines. But at the same time you just doubling down on the things that you do.

Well. And so I feel like that, this is something that should be in every private practice. It doesn't matter what specialty this because we want to know what we're doing.

Well, because I think a lot of times, you know, private practice does are very blind to the things that they do well and they don't necessarily do well is because there's no feedback.

Right? It's just go, go, go, go, go see in patients places. Patients were saying we were doing the right thing. But with this feedback, it lets us know whether what I'm doing is the positive feedback and the negative feedback.

And I'll give you an example. So we've been doing this the hard way, man. We've been okay. I've been getting my health coaches and staff to reach out to the patients and do different scores and stuff like that.

It's very labor intensive and very costly for us. It's hard for us to do. And, over the last three years, we have changed a majority of what we do in different states based on us trying different things when it comes to, you know, diet and lifestyle, medicine and supplements and meditation tweaks and stuff like that.

And we learned a lot in the last, you know, three and a half years that we existed in private practice. So over the next three and a half years, we're basically conglomerate, all that data.

And then putting forth what we're going to be doing the next three and a half years. But this, I think, takes it to a whole other level because, you know, I can select filters and I can select I see the technical, subtract the patient

outcomes, know what we do all know not doing well.

Go back to my team and say, hey, let's see if we can tweak some of this for for better outcomes so that it's really empowers me as a as a practitioner.

We're also lets me know as a business owner, what part of the business are we narrowing so we can scale it later on so we can put more into it later on?

So that's, that's that was data. And I feel like all other businesses that scale outside of medicine is already doing this anyways. That but this is you know, we're just kind of late to the game, but makes sense.

Yeah, yeah. And so one thing that, I always talk about is building digital equity. And so, this is something that you and I discuss, you know, when we first talked, but I kind of want to comment on it.

It's one of your your your vision on it. So, so digital equity is kind of like real estate. So let's say you purchase a piece of real estate you're putting money in, so you put improvements on it, and then it's supposed to increase the value of, of, of this property that you have over time.

And then you pass it on to generation. Generation or social media is also acts very similar because whatever you post today, yesterday, last year is going to be indexed forever.

So great, great great great great grandchildren. We'll see whatever you post. And so I feel like it's such a gift to our future generations. If people are actually posting pictures, are actually posting about the great outcomes that they've had with me.

And I feel like it allows me to leave a legacy that I wouldn't, that wouldn't be otherwise. Does that make sense? Yeah, this is getting to the point of like, what feels good.

It actually feels really good to track outcomes, and to be celebrated for the ones that you get that are good. And we're doing some other nuance things.

And what you're saying is, like those assets of improvement graphs and patients exist online forever. Now great grandkids, we're going to go on and say, oh my great grandpa, grandma got all these great, outcomes.

The other thing we're doing, if you think about social media and the various platforms, so when you're on LinkedIn, every time. So let's say you join it, you join LinkedIn.

And then there's this endorsement for skills area, right?

Digital Equity, Value-Based Care, and the Future of Medicine

Right. And somebody gives you an endorsement for a skill. That number goes up by one tick. Right. Endorse for this skill or that skill. So what we're doing, is we have great outcomes, great patient outcomes.

And we know what they were assessed for. So this one, you know, list for depression or whatever gets picked up one. Right. Because this patient who was depressed is less depressed.

It ticked up one. That's one patient who had a great outcome. Right. All of a sudden it's 85. And the next time you check in it's 230 and you're constantly having more patients and you're getting more and more great outcomes.

So it's related to your volume and how effective you are at, treating that volume. Now, if you joined LinkedIn late, then you're behind the ball. You don't have as many endorsements and you don't have as many followers.

And outcome tracking is the same thing. In terms of building digital equity, you are going to be left behind if you don't do this. Okay. Where? So now we're saying, like, every time you get a great outcome, we're going to pick that

number up and so get started now, because if you wait and decide to start three years from now, you have three years less data accumulation to show how great you are.

Right. And so it does have to build over time. And, and if you want to be in the game, you got to get on to the future page. Wayne Gretzky used to say, you want to skate to where the puck is going to be.

So if everyone wants to skate to Macron nips right now, go ahead and reorganize your whole program. But not and this is going to change dramatically in a couple of years.

Now, the truth is, the future of everything is out tracking, and you might as well embrace it and skate to exactly where that thing is going, because you get those numbers up and going right now in a way that you can't lose.

That's that's the key. I know it sounds like a sales pitch, but the other thing I wanted to mention is, for the for our internal medicine, because that may be a lot of, the audience, it sounds like probably that promise.

Promise is a, system set up by the NIH. It has computer adaptive testing. It's super sophisticated, but it has a global health assessment, which is for questions on your mental health, for questions on your physical health, and two questions on health perception, social roles.

Right. And your ability as a primary care doctor to be able to maintain someone's global health. That's what you're really trying to do, right? The human body decays over time.

And if you can maintain the global health. So you want to track that. That's such a base that takes patients one minute to complete. Right. And if you're just at a minimum, let's say you have a concierge practice you don't even care about necessarily, the insurance companies.

Well, then you want to be able to touch in with the touch base with the patients periodically without. And if they're doing great, they feel like you gave him a hug, a digital hug, and you checked in with him.

You gave him a fist bump. And when it comes to the one year mark and they haven't been seen by you at all, and they're going to you're asking for another 3000 bucks or whatever they're going to say, okay, well, that doctor's checking in if I'm doing worse.

So intervene. Okay, here's the check. I'm gonna give you the money. Right? And if they're doing poorly, you get notified, you can intervene. Right? Like that. It's great for concierge.

There's no situation if I. If I'm busy enough, maybe I'm taking all HMO patients. But now without me, I'm busier. I'm going to drop out of the HMOs. Then I'm all and all peoples of my body makes me busier.

Well, I'm going to drop those three bad videos that take forever to pay me and have all these three offs, right? So then I roll on on the best videos.

Now, right? I get this year, drop me. So I'm going to go out of network still busier. I'm going to go cash pay. Right. So there's no point where we should be satiated in terms of improving our game and getting celebrated more and improving our game and getting celebrated more.

Rise to the ultimate level. You can, by keeping track of the things and celebrating yourselves based on what really matters. And the outcome is everything.

It sounds like outcome. And this is sort of the empowerment engine, like putting a lot of power back into the physician practices. Right? I can make doctor burnout for so many reasons. Theme.

At this board certification, board certified. I want to be outcome certified, right? I don't want to I don't want to have to call an insurance company and beg them to allow my patient to go to physical therapy, right, I want them I want the insurance company.

We up here is doing this right now to say, oh, you're tracking outcomes. You get good outcomes. Everything's pre-approved. We trust you. Okay? It works.

And we have payers right now that are waiving pre authorizations for anyone that track outcomes. Really. Yes. That's huge. That's huge I mean that means so much doctor burnout right.

Where you know you don't get paid for something you did and you have to write a letter of medical necessity. And all of a sudden, well, if you get a great outcome, that's unnecessary.

So the point is, the outcome is the future. Not to mention that data right now, the only outcomes are track of those patients. And more than research.

But imagine if every doc is tracking every outcome as they go as part of clinical care, to enhance the patient experience and to generate business for their practice and to make better decisions because they've got a score of to see how they've improved so that we don't have to ask 20 questions to make our workflow faster.

So for all these reasons, we're tracking outcomes and now every clinical outcome is tracked, right? The data we have to cure disease is unbelievable. Like that unlocks the whole thing.

Now every patient is essentially enrolled in a clinical study. Right. The sample sizes are enormous. And our decision support tools that we resent are the ones maybe like Watson, where it's like, here's this algorithm that some doctors set up based on meta analyzes that in themselves are flawed to tell me what to do and when to do without my clinical judgment.

And that is offensive to a lot of doctors. And that makes me burn out. But with our community, it's like, no, show me all the data. Show me our patients, like the one sitting in front of me, you know, typically similar the same body mass index, age, race, medical comorbidities.

How do people like this who are similar to the one sitting in front of me, do on drug A versus drug B? Press one button? Ultimately, I can see a plot of scatter graph with de-identified patients all over the world who are phenotypically similar to the one sitting in front of me, and either receive drug A or drug B, because right now I may choose drug B because they have a nicer drug rep, right?

For no good reason, because I don't know which is better A or B, but with this I say, oh, A is better for patients like this. That's an instant, prospective, multicenter, randomized, controlled trial on phenotypically similar patients done at the point of care.

And it's not whatever 30 patients that the study studied in Kansas. It's 30,000 from all over the world that are phenotypically similar. Like that is where medicine should be.

And whoever owns the data owns the power. And the doctors get to own the actual data and then use the power to do whatever it is that we feel like it's right for the patients to grow our practice skill in our businesses.

So I think it's absolutely wonderful. Well, listen, I'll just tell you, we could talk for hours and hours. But thank you so much, for discussing this, that where can people find out?

Community. And where can people find you? From Indeed.com is probably the best place to go, for any of that. And, I can always be be, you know, you can find me on LinkedIn and just, by my name, it's Justin Solomon.

And I connect with people all the time that way. So. Yeah. Take a look. Thanks so much. Really appreciate. You know. Thank you, I appreciate it. Everyone, have a great day or evening.