Introduction to Telehealth and the Episode

Everyone wants to talk about telehealth. Everyone wants to talk about telehealth. Few talks about what happens when that Few talks about what happens when that growth breaks continuity, trust, and growth breaks continuity, trust, and patient loyalty. Inside this episode, I patient loyalty. Inside this episode, I sat down with Michael Dalton, founder sat down with Michael Dalton, founder and CEO of Ovation, a virtual first care and CEO of Ovation, a virtual first care company built by health systems like the company built by health systems like the Medical University of South Carolina and Medical University of South Carolina and MetroHealth to impact how leaders can MetroHealth to impact how leaders can expand access the right way without expand access the right way without losing the relationship that actually losing the relationship that actually drive outcomes.

drive outcomes. Healthcare entrepreneurs, are you ready Healthcare entrepreneurs, are you ready to rewrite the rules for your business to rewrite the rules for your business so you can have more time off, a great so you can have more time off, a great team, and more income while creating a team, and more income while creating a positive social impact? Then, you are in positive social impact? Then, you are in the right place. Welcome to The the right place. Welcome to The Providers' Edge. I'm your host, Sabrina Providers' Edge. I'm your host, Sabrina Rombach. I'm a provider, an Rombach.

Health Systems, Virtual Care, and Patient Continuity

I'm a provider, an international peak performance keynote international peak performance keynote speaker, and a best-selling author. speaker, and a best-selling author.

Let's open the gateway to profitability Let's open the gateway to profitability for you today. My guests and I help for you today. My guests and I help healthcare entrepreneurs and startup healthcare entrepreneurs and startup founders like you break through barriers founders like you break through barriers so you can control your business, so you can control your business, control your life, and control your control your life, and control your future. This is your defining moment to future. This is your defining moment to We are at health every year. There are We are at health every year. There are so many innovation, health system so many innovation, health system leaders, clinicians all join together to leaders, clinicians all join together to figure out what can we do figure out what can we do collaboratively to solve some of the collaboratively to solve some of the bigger health questions. And sometimes bigger health questions. And sometimes it doesn't have to be always all it doesn't have to be always all encompassing. It just needed to mean encompassing. It just needed to mean something that we passionate about, that something that we passionate about, that we found a solution, we can get to the we found a solution, we can get to the result that we want. And result that we want. And interdisciplinary areas like what you interdisciplinary areas like what you guys have created, it is part of that guys have created, it is part of that conversation. It's a how do you get conversation. It's a how do you get people connected to that family urgent people connected to that family urgent care and the mental health all of these care and the mental health all of these things? Sometimes, depending on where things? Sometimes, depending on where the services are, it's hard to find.

the services are, it's hard to find. >> Yes. >> Yes. >> Yes. >> And so, I'm so excited for you to join. >> And so, I'm so excited for you to join. What really truly brought you to Health What really truly brought you to Health and what is the something that you and what is the something that you really want to get out of it?

really want to get out of it? >> So, I'm Michael Bouton, I'm the CEO of >> So, I'm Michael Bouton, I'm the CEO of Ovations. What brought me to Health was, Ovations. What brought me to Health was, I think, the opportunity to be able to I think, the opportunity to be able to partner with other innovators, be able partner with other innovators, be able to hear what they're seeing. One of the to hear what they're seeing. One of the things that I've talked about is I've things that I've talked about is I've been coming to Health now since 2022.

been coming to Health now since 2022. I've seen, I think, a maturation when it I've seen, I think, a maturation when it comes to the digital health space. We comes to the digital health space. We definitely are in a in a position where

definitely are in a in a position where customers, patients, my customers, I customers, patients, my customers, I mean, it could be health systems, health mean, it could be health systems, health plans, they're expecting outcomes. So, plans, they're expecting outcomes. So, we talked a lot about virtual care, we talked a lot about virtual care, digital health, and there's an digital health, and there's an expectation that if we're going to be expectation that if we're going to be able to continue to create value, then able to continue to create value, then we need to be able to demonstrate how we need to be able to demonstrate how our we keeping that patient connected our we keeping that patient connected within their health journey, we're not within their health journey, we're not creating something outside of that creating something outside of that patient, that's why we're keeping them patient, that's why we're keeping them connected to the health system. So, for connected to the health system. So, for me, one of the things I've been paying a me, one of the things I've been paying a lot of attention to is for our patient lot of attention to is for our patient population at Ovations, about 75% of population at Ovations, about 75% of them are women. We have not marketed in them are women. We have not marketed in that way, but what we've created is a that way, but what we've created is a very easy, convenient, high-quality very easy, convenient, high-quality experience for patients that maybe have experience for patients that maybe have a relationship with our customers who a relationship with our customers who are health systems, but maybe they've are health systems, but maybe they've had a trouble being able to access that.

had a trouble being able to access that. And that could be because of work, And that could be because of work, travel care reasons, you name it. But travel care reasons, you name it. But what we want to be able to do is keep what we want to be able to do is keep that patient connected. We provided them that patient connected. We provided them with extended hours, 7:00 a.m. to 7:00 with extended hours, 7:00 a.m. to 7:00 p.m. We integrate that with behavioral p.m. We integrate that with behavioral health services, no matter what their health services, no matter what their needs might be, we're able to support needs might be, we're able to support them. So, what I think about is there's them. So, what I think about is there's been a lot of focus around women's been a lot of focus around women's health here, of course, weight health here, of course, weight management. 50% of our patients management. 50% of our patients who are coming to us for primary care, they're coming to us for primary care, they're actually seeking support around weight actually seeking support around weight management. They're looking for access management. They're looking for access to be able to connect to a health to be able to connect to a health system, and they don't know where to system, and they don't know where to start necessarily. But oftentimes, they start necessarily. But oftentimes, they have that trusted relationship within have that trusted relationship within the community, with their health care the community, with their health care provider, that health system. And so provider, that health system. And so they end start with Ovation, and we help they end start with Ovation, and we help them guide them along in that journey.

them guide them along in that journey. So, you know, it's been There's been a So, you know, it's been There's been a lot of focus on that. Of course, AI lot of focus on that. Of course, AI There's been a ton of talk about that.

There's been a ton of talk about that. But what I've heard is less about like But what I've heard is less about like AI as a platform and more about AI AI as a platform and more about AI within applied solutions, and that's within applied solutions, and that's what I think is going to be required to what I think is going to be required to be successful.

be successful.

Building Trust Through Local, Connected Care

>> Right. All the tools are still require >> Right. All the tools are still require people to think about what's the people to think about what's the practical cases to use those tools.

practical cases to use those tools. Because we know if you put in the bunch Because we know if you put in the bunch of bad data, you're going to get bad of bad data, you're going to get bad result. So, it's all about going back to result. So, it's all about going back to the core of how do we take care of the core of how do we take care of patient? What's that clinical journey patient? What's that clinical journey looks like for the patient, for the looks like for the patient, for the caregivers, for the clinicians to all be caregivers, for the clinicians to all be involved in that journey. And then let's involved in that journey. And then let's add to the technology, the virtual care, add to the

technology, the virtual care, the various modality to facilitate more the various modality to facilitate more seamlessly. So, it doesn't, like you seamlessly. So, it doesn't, like you mentioned, if we're outside then it's mentioned, if we're outside then it's the same round of workflow. People going the same round of workflow. People going to feel like it's a burden. It's the to feel like it's a burden. It's the extra thing they have to do instead of extra thing they have to do instead of help. So, having the health system, the help. So, having the health system, the clinician, the caregiver all in that clinician, the caregiver all in that initial phase of creation is very initial phase of creation is very important. Now, I believe the right important. Now, I believe the right company always do really well, right?

company always do really well, right? When people come to us, I'm always like, When people come to us, I'm always like, "What's your minimum sellable product?

"What's your minimum sellable product? Don't just give me a minimum viable Don't just give me a minimum viable product." product." product." >> Yeah. >> Yeah.

>> Yeah. >> Because there are a lot of things that >> Because there are a lot of things that can be viable, but not a lot of things can be viable, but not a lot of things that create enough social that create enough social capital, capital, capital, or what we call that social capital, to or what we call that social capital, to truly get into adoption for people to truly get into adoption for people to see the value of what can be, right?

see the value of what can be, right? >> Yeah. >> Yeah. >> Yeah. >> And so, I see you guys were building >> And so, I see you guys were building that, tapping into I believe you guys that, tapping into I believe you guys are in the Carolinas.

are in the Carolinas. >> We're in South Carolina, yes. And in >> We're in South Carolina, yes. And in South Carolina, and then in Ohio. So, South Carolina, and then in Ohio. So, those are our two markets. And that's those are our two markets. And that's the one thing that we really focus on is the one thing that we really focus on is I I would say I'd rather be in five I I would say I'd rather be in five states serving 500,000 patients than in states serving 500,000 patients than in 50 states, because we You to be able to 50 states, because we You to be able to have a deep relationship with a patient.

have a deep relationship with a patient. All health care is local. So, in being a All health care is local. So, in being a virtual care provider, we need to be virtual care provider, we need to be able to still understand what the health able to still understand what the health system, what those patients, what those system, what those patients, what those communities are. We need to be an communities are. We need to be an extension of that relationship. You extension of that relationship. You can't feel as if like, "Hey, I went to can't feel as if like, "Hey, I went to my primary care provider in person and my primary care provider in person and they know me really well.

they know me really well. And then I have a virtual visit and they And then I have a virtual visit and they don't really know my community. They don't really know my community. They don't know who I am. They don't know how don't know who I am. They don't know how to connect me to the resources that I to connect me to the resources that I need as part of my patient journey. So, need as part of my patient journey. So, absolutely.

absolutely. absolutely. >> Right, because we already see that. A >> Right, because we already see that. A lot of time people say, "Oh, I went to lot of time people say, "Oh, I went to my cardiologist's office. I've never my cardiologist's office. I've never seen the same doctor. They bounce me seen the same doctor. They bounce me from one doctor to another PA to another from one doctor to another PA to another MP to everybody, right?" So, then people MP to everybody, right?" So, then people feel very disconnected for what they see feel very disconnected for what they see medicine used to be is your family medicine used to be is your family doctor who knows everything about you.

doctor who knows everything about you. Anytime you see other doctors, they Anytime you see other doctors, they already know. There's a connection. already know. There's a connection.

There's a back feel of closing the loop. There's a back feel of closing the loop. >> Yep. >> Yep. >> Yep. >> Which

we often don't see that. And when >> Which we often don't see that. And when we can see that, nowadays people travel we can see that, nowadays people travel a lot, but they still have a home base, a lot, but they still have a home base, whether that's health care or connecting whether that's health care or connecting to virtual. Yes, we get them the ability to virtual. Yes, we get them the ability to see someone, but we still want to to see someone, but we still want to close the loop of how well you know that close the loop of how well you know that person.

person. person. >> So, I love that because every month I >> So, I love that because every month I look at the top referrals within our look at the top referrals within our overall practice. So, that's across overall practice. So, that's across urgent care, primary care, behavioral urgent care, primary care, behavioral health. And always within our top 10 health. And always within our top 10 referrals is actually a referral to referrals is actually a referral to virtual primary care. And who is making virtual primary care. And who is making that is our urgent care team. So, what that is our urgent care team. So, what we try to do is we often have like we try to do is we often have like patients that they're younger. Maybe patients that they're younger. Maybe they don't understand the value of they don't understand the value of primary care. They And they you know primary care. They And they you know what? They could be within their 20s, what? They could be within their 20s, they could be in their mid-40s. They they could be in their mid-40s. They They maybe have not established that They maybe have not established that primary care relationship. So, they come primary care relationship. So, they come and what's unique about Ovation is they and what's unique about Ovation is they do have an opportunity to select They do have an opportunity to select They can get in line. I hate that term, but can get in line. I hate that term, but it is It's an epic functionality called it is It's an epic functionality called getting in line and and wait for the getting in line and and wait for the next available provider or they have the next available provider or they have the ability to select the time and the ability to select the time and the provider for an urgent care visit. Once provider for an urgent care visit. Once you've seen that patient maybe two or you've seen that patient maybe two or three times, you start talking to them, three times, you start talking to them, "Have you thought about establishing a "Have you thought about establishing a relationship, building a relationship relationship, building a relationship with a PCP? I'm sure this is working out with a PCP? I'm sure this is working out you know, this is working out really you know, this is working out really well. We're able to help you. But let's well. We're able to help you. But let's think about what we could do if we had think about what we could do if we had somebody that was established and had somebody that was established and had that relationship." And to your point, that relationship.

Virtual Care Experience and Closing the Loop

" And to your point, you know, there are health systems, you know, there are health systems, there are you know, practices that will there are you know, practices that will hand the patient off. More often than hand the patient off. More often than not, yes, the value of being able to be not, yes, the value of being able to be on a medical record, see that continuous on a medical record, see that continuous care journey, that's helpful. But what care journey, that's helpful. But what most patients want, we see in their most patients want, we see in their under their patient satisfaction survey under their patient satisfaction survey and their comments, they do want to be and their comments, they do want to be connected to a provider that knows them, connected to a provider that knows them, that understands them, that they build a that understands them, that they build a relationship with. And they sometimes relationship with. And they sometimes have Often times we see them from coming have Often times we see them from coming from patients is they truly feel like from patients is they truly feel like they never had a better relationship they never had a better relationship with their PCP in this way because they with their PCP in this way because they feel connected. They feel that they're feel connected. They feel that they're on an equal status as well. There's on an equal status as well. There's minimizing some of that white coat minimizing some of that white coat syndrome, of being able to say, "You syndrome, of being able to say, "You know what? I'm in the comfort of my know what? I'm in the comfort of my home, or I'm at work, and I'm able to home, or I'm at work, and I'm able to have a conversation. I feel maybe a have a conversation. I feel maybe a little bit less stressed, and I'm just little bit less stressed, and I'm just talking to my provider, you know, across talking to my provider, you know, across that video screen." And it goes really, that video screen." And it goes really, really well.

really well. >> Yeah, and then we definitely see that >> Yeah, and then we definitely see that disconnect, and then the people who do disconnect, and then the people who do really well in that, right? I remember really well in that, right? I remember even when I was going through training even when I was going through training in primary care, we have the old lady in primary care, we have the old lady who dress up to go to your doctor's who dress up to go

to your doctor's office.

office. office. >> Yes. >> Yes. >> Yes. >> Right? And then there's that moment >> Right? And then there's that moment like, "Wow, like look at what they are like, "Wow, like look at what they are new have, right?" And then you're still new have, right?" And then you're still having a whole conversation with you having a whole conversation with you while you're taking them vitals and while you're taking them vitals and taking their history. And versus this taking their history. And versus this things kind of shifted in a few years things kind of shifted in a few years due to yes, the pandemic and all that, due to yes, the pandemic and all that, we start looking at how do we get care we start looking at how do we get care in a best way, but can we still have in a best way, but can we still have that continuation of I still know you, that continuation of I still know you, whether it is through a computer screen, whether it is through a computer screen, or versus that you're actually in there or versus that you're actually in there with a person. So telemedicine become a with a person. So telemedicine become a lot more and we can reduce the everybody lot more and we can reduce the everybody keep using urgent care as their primary keep using urgent care as their primary care.

care. care. >> Yeah. >> Yeah. >> Yeah. >> Which yes, if you think about the >> Which yes, if you think about the clinician practice, they are definitely clinician practice, they are definitely always by shifts, right? People cannot always by shifts, right? People cannot be following you versus with the primary be following you versus with the primary care that you care that you >> Well, I think there's the one thing >> Well, I think there's the one thing though about I'm sure many of your though about I'm sure many of your listeners have heard this, but I think listeners have heard this, but I think the value of being able to have that the value of being able to have that virtual and and being on video. So I virtual and and being on video. So I would say 99.7% would say 99.7% of our visits they're done via video.

of our visits they're done via video. The only reason that we wouldn't is we The only reason that we wouldn't is we did have like we had an outage today and did have like we had an outage today and there was one patient who wasn't able to there was one patient who wasn't able to be be seen. So we did an audio we be be seen. So we did an audio we flipped the audio. But in general, we're flipped the audio. But in general, we're able to pick up on so many of those able to pick up on so many of those other cues and build a relationship, other cues and build a relationship, actually see the home, see the setting actually see the home, see the setting that the patient's in. Maybe it's a you that the patient's in. Maybe it's a you know, whatever that you know is in that know, whatever that you know is in that visit. And that helps build that visit. And that helps build that relationship and that connection as relationship and that connection as well. So you can still get dressed up well. So you can still get dressed up and you know, when you're on camera and and you know, when you're on camera and you can still do so and be in the you can still do so and be in the comfort of your home to be able to do comfort of your home to be able to do that. And I think that's the one thing that. And I think that's the one thing that we've seen and so many of the that we've seen and so many of the patients who they maybe haven't seen a patients who they maybe haven't seen a primary care provider in five, seven, 10 primary care provider in five, seven, 10 years. They're getting in and because years. They're getting in and because that virtual care has reduced the that virtual care has reduced the barriers and they don't have to leave barriers and they don't have to leave work or that we've had those extended work or that we've had those extended hours, they are able to to really be the hours, they are able to to really be the co-captain of their you know, health co-captain of their you know, health care journey with their PCP and their care journey with their PCP and their care team. And so if they need to be care team. And so if they need to be seen, you know, once a month and maybe seen, you know, once a month and maybe there's a number of things that they're there's a number of things that they're tackling together with their PCP. It's a tackling together with their PCP. It's a lot easier to do that when you're not lot easier to do that when you're not having to take away you know, two hours having to take away you know, two hours a day to be able to go you know, to that a day to be able to go you know, to that urgent order practice.

urgent order practice. >> Correct. And as you guys are starting >> Correct. And as you guys are starting looking into the next year, where does looking into the next year, where does that vision looks like? What's the next that vision looks like? What's the next year would be ultimately?

year would be ultimately? >> So one of the unique things about our >> So one of the unique things about our vision is that we do have as I mentioned vision is that we do have as I mentioned integrated behavioral health. So

whether integrated behavioral health.

Scaling Services, Behavioral Health, and Future Growth

So whether that patient is in coming in through that patient is in coming in through urgent care or primary care, we have the urgent care or primary care, we have the ability to provide a warm handoff to ability to provide a warm handoff to behavioral health provider at ovation in behavioral health provider at ovation in real time.

real time. And what we really are trying to now And what we really are trying to now embed is that within some of our embed is that within some of our specific conditions, yes, we're going to specific conditions, yes, we're going to make that patient available and aware make that patient available and aware that we have these behavioral health that we have these behavioral health services, but we really are trying to services, but we really are trying to destigmatize the opportunity to be able destigmatize the opportunity to be able to connect with a behavioral health to connect with a behavioral health provider. So, if they're part of their provider. So, if they're part of their weight loss journey, we will assign them weight loss journey, we will assign them we can call them a care advocate. It's a we can call them a care advocate. It's a licensed clinical social worker going to licensed clinical social worker going to be part of their care team and start be part of their care team and start introducing that. So, there's not that introducing that. So, there's not that stigma that comes with it and that stigma that comes with it and that they're just helping them to be able to they're just helping them to be able to be successful. GLP-1s or weight be successful. GLP-1s or weight management drugs incredibly helpful, but management drugs incredibly helpful, but there's an overall lifestyle change there's an overall lifestyle change that's going to need to happen. Your PCP that's going to need to happen. Your PCP can help facilitate that, but it is can help facilitate that, but it is going to take that larger team-based going to take that larger team-based effort and some of that coordination effort and some of that coordination across the health system, across the across the health system, across the community. So, that's one area. We're community. So, that's one area. We're also we probably will more than double also we probably will more than double the number of visits that we have and we the number of visits that we have and we will continue to build out some of the will continue to build out some of the virtual to in-person relationships that virtual to in-person relationships that are needed, some of the handoffs that are needed, some of the handoffs that maintain trust. And also, what we're maintain trust. And also, what we're looking to be able to do for our health looking to be able to do for our health system customers, the value that they system customers, the value that they see is that you know, that patient see is that you know, that patient starts virtual and then they're starts virtual and then they're connected with other ancillary services.

connected with other ancillary services. So, we want to create some of that So, we want to create some of that additional adoption and close loops for additional adoption and close loops for both referrals to the health system as both referrals to the health system as well as maybe some of the resources that well as maybe some of the resources that are in the community. So, in my mind, are in the community. So, in my mind, it's we are looking to build take on a it's we are looking to build take on a couple of other health system customers, couple of other health system customers, but we have a tremendous opportunity to but we have a tremendous opportunity to continue to be able to scale our continue to be able to scale our services for Metro Health and the services for Metro Health and the Medical University of South Carolina.

Medical University of South Carolina. >> Yeah, so it seems like now you guys are >> Yeah, so it seems like now you guys are decent traction, hospital connection.

decent traction, hospital connection. Now it's about what's bigger, what's Now it's about what's bigger, what's next, right? What's the additional next, right? What's the additional services to help you to scale up this services to help you to scale up this community-based solutions and add on to community-based solutions and add on to things people already are looking for, things people already are looking for, right?

right? right? >> Well, one thing that is interesting >> Well, one thing that is interesting about that is one thing that we really about that is one thing that we really focused on as well for our health system focused on as well for our health system customers is helping them connect with customers is helping them connect with employers and their employees. So, they employers and their employees. So, they are already very large employers. For are already very large employers. For our respective customers combined, they our respective customers combined, they have

about 40,000 employees. That's a have about 40,000 employees. That's a large number. What we want to be able to large number. What we want to be able to do though then as they're going to other do though then as they're going to other employers is to be able to offer Ovation employers is to be able to offer Ovation as a service that can support employers as a service that can support employers and employees keep them connected to the and employees keep them connected to the health system. But also, as I think health system. But also, as I think about it, there's one use case. There's about it, there's one use case. There's a university. They have students that a university. They have students that are coming in, and you think about are coming in, and you think about establishing a relationship. Those establishing a relationship. Those students all the time will be gone in 4 students all the time will be gone in 4 years. What we don't want them to have years. What we don't want them to have is then, you know, they got to go have is then, you know, they got to go have They have to go find another PCP.

They have to go find another PCP. They're breaking that relationship. Or They're breaking that relationship. Or if they go home for the holidays, or a if they go home for the holidays, or a professor that's, you know, they may be professor that's, you know, they may be teaching virtually. They never have teaching virtually. They never have access to that on-site clinic. So, but access to that on-site clinic. So, but virtual creates an amazing ability. And virtual creates an amazing ability. And also, they don't have to come to the also, they don't have to come to the campus. provide those services extended campus. provide those services extended hours, as well as provide those services hours, as well as provide those services to their family members. So, that's to their family members. So, that's something that we're trying to help something that we're trying to help translate that into value for our health translate that into value for our health system customers to say, "Here's an system customers to say, "Here's an opportunity to sell to employers, keep opportunity to sell to employers, keep them connected, and helping reduce their them connected, and helping reduce their overall cost of care." overall cost of care." >> Yes, it's about expansion of what other >> Yes, it's about expansion of what other entities can do through the services you entities can do through the services you already have. And it just makes a already have. And it just makes a natural sense. Instead of feeling like, natural sense. Instead of feeling like, "Oh, we're creating a completely "Oh, we're creating a completely separate solution." This is already separate solution." This is already existing. This is an easy conversation existing. This is an easy conversation for them to benefit from more patients for them to benefit from more patients staying in the health system, as well as staying in the health system, as well as supporting these additional businesses supporting these additional businesses in the community who can help better in the community who can help better retention, less of having to take off retention, less of having to take off work because in a family needed to go to work because in a family needed to go to a doctor office for any appointment, or a doctor office for any appointment, or they have to take time off work sick they have to take time off work sick days to do all these exceptional days to do all these exceptional services. As we wrap up, I always like services. As we wrap up, I always like to ask more of a fun question. So, if we to ask more of a fun question. So, if we give you a magic wand and grant you give you a magic wand and grant you three wishes, and that three wishes can three wishes, and that three wishes can help you in really speed up all the help you in really speed up all the goals and the additional things that you goals and the additional things that you really aspire to do with the company, really aspire to do with the company, how would you use the three wishes?

how would you use the three wishes? >> Ooh, I love that question. Three wishes. >> Ooh, I love that question. Three wishes. So, if you have a CEO and a founder on So, if you have a CEO and a founder on your podcast that is not talking about your podcast that is not talking about money, capital, I could use more money, capital, I could use more capital. So, yes, that would help in capital. So, yes, that would help in terms of growth. So, I think if we're terms of growth. So, I think if we're looking at That's something for us.

looking at That's something for us. We're in a good position right now. But, We're in a good position right now. But, being able to have that additional funds being able to have that additional funds would help us grow with additional would help us grow with additional health systems, be able to grow our health systems, be able to grow our services. Right now today, we have a services. Right now today, we have a virtual patient center medical home. We virtual patient center medical home. We want to build out a multi-specialty want to build out a multi-specialty practice. So, we think about cardiology, practice. So, we think about cardiology, endocrinology. Those patients who are endocrinology. Those patients who are engaging today for virtual primary care, engaging today for virtual primary care, they can do so for other specialty they can do so for other specialty services as well. stay connected with services as well. stay connected with the health system. Another wish would the health system. Another wish would be, in my mind, telehealth and the be, in my mind, telehealth and the waiver that's currently in place, that

waiver that's currently in place, that we have permanent coverage. The that we have permanent coverage. The that permanency, to be able to, you know, to permanency, to be able to, you know, to have this kind of like, you know, have this kind of like, you know, waiting game that happens every, you waiting game that happens every, you know, 6-9 months, that would be know, 6-9 months, that would be phenomenal. And then, also, if I can phenomenal.

Funding, Partnerships, and Expansion Strategy

And then, also, if I can wave my wand, I would love for Ovation, wave my wand, I would love for Ovation, maybe, you know, some of of those who maybe, you know, some of of those who are watching and listening, there's a are watching and listening, there's a lot of funds right now around rural lot of funds right now around rural health transformation grant. And about health transformation grant. And about being able to bring virtual care being able to bring virtual care services to communities in that are services to communities in that are rural. And so, I would love for Ovation rural. And so, I would love for Ovation and other virtual care companies to be and other virtual care companies to be able to have that opportunity to bring able to have that opportunity to bring their services and keep patients who are their services and keep patients who are sometimes disconnected to as part of sometimes disconnected to as part of their health or have to travel long their health or have to travel long distances. Virtual care and Ovation are distances. Virtual care and Ovation are a perfect opportunity for that, and I'd a perfect opportunity for that, and I'd love to be able to offer our services to love to be able to offer our services to them.

them. them. >> Awesome. And then, clarify on the >> Awesome. And then, clarify on the funding, what stage of funding you guys funding, what stage of funding you guys are looking for to help that extra help, are looking for to help that extra help, right? Because the expansion always take right? Because the expansion always take a little bit of extra capital.

a little bit of extra capital. >> Yeah. We're unique in that we're a >> Yeah. We're unique in that we're a non-profit. non-profit. non-profit. >> Okay.

>> Okay. >> Okay. >> So, we've received phenomenal funding >> So, we've received phenomenal funding from our original investors, from our original investors, MetroHealth, and uh Medical University MetroHealth, and uh Medical University of South Carolina.

of South Carolina. >> Yeah. >> Yeah. >> Yeah. >> So, interestingly, we're looking for >> So, interestingly, we're looking for other health systems that want to be other health systems that want to be part of that consortium or others who part of that consortium or others who see the value in that play, but they're see the value in that play, but they're really looking for, I would say, more of really looking for, I would say, more of a consortium or opportunity to invest in a consortium or opportunity to invest in how they build out. They have a similar how they build out. They have a similar vision for building out a a virtual vision for building out a a virtual access that's connected to their health access that's connected to their health system.

system. system. >> Yeah, I definitely see the alignment >> Yeah, I definitely see the alignment more of finding those ventures on the more of finding those ventures on the health system side, more medical school, health system side, more medical school, those type of academic side, those type of academic side, mission-driven side. So, then you mission-driven side. So, then you understand what the bigger population understand what the bigger population health at play.

health at play. >> Absolutely. >> Absolutely. >> Absolutely. >> And for us, we are more of a >> And for us, we are more of a physician-led organization because we physician-led organization because we believe in having patients and believe in having patients and clinicians in the forefront of the clinicians in the forefront of the conversation, and that's why the podcast conversation, and that's why the podcast is there. That's why we interview other is there. That's why we interview other innovators is to see how can we do this innovators is to see how can we do this better together, right?

better together, right? >> Yeah. >> Yeah. >> Yeah. >> Having the right conversation, then the >> Having the right conversation, then the physician become your champion through physician become your champion through the

ACOs, health system, or individual the ACOs, health system, or individual private practices. And then, they private practices. And then, they sometimes can be investors or board sometimes can be investors or board members because they truly believe in members because they truly believe in the change instead of Not everyone the change instead of Not everyone should create their own company, right?

should create their own company, right? There's a lot of work There's a lot of work >> There's a lot of work. >> There's a lot of work. >> and time and money that you have to put >> and time and money that you have to put in that. So, instead of having to create in that. So, instead of having to create your own brand new thing, if you have your own brand new thing, if you have and truly have existing companies that and truly have existing companies that are connected to your own mission, then are connected to your own mission, then invest, advise. That has a lot more invest, advise. That has a lot more gain, actually, and then less headache.

gain, actually, and then less headache. So, for anybody out there who are So, for anybody out there who are thinking about investment or your thinking about investment or your hospital side of venture, think about hospital side of venture, think about population health solutions as a population health solutions as a variant, and start looking, start variant, and start looking, start engaging, start having those engaging, start having those conversations because we all have to conversations because we all have to collaboratively come together in order collaboratively come together in order for these solutions to expand. And for for these solutions to expand.

Closing Thoughts and How to Connect

And for sure, virtual primary care, telehealth, sure, virtual primary care, telehealth, it's a solution that has been popping up it's a solution that has been popping up in the past few years, have been in the past few years, have been successful in many of them. And giving successful in many of them. And giving us virtual second opinion versus virtual us virtual second opinion versus virtual primary care versus the psychological primary care versus the psychological side that many people cannot do. And the side that many people cannot do. And the virtual critical care that virtual critical care that a lot of hospitals really need those a lot of hospitals really need those calls. So, we have all these solutions.

calls. So, we have all these solutions. It's just a matter of coming together. It's just a matter of coming together. >> Absolutely. >> Absolutely. >> Absolutely.

>> So, as we conclude, how will people find >> So, as we conclude, how will people find you to continue these conversations? you to continue these conversations?

What's the best way to contact with you? What's the best way to contact with you? >> So, we're on our website, ovation.com. >> So, we're on our website, ovation.com.

You can also connect with me through You can also connect with me through LinkedIn and my profile, Michael Dalton, LinkedIn and my profile, Michael Dalton, is on LinkedIn. We also have an Ovation is on LinkedIn. We also have an Ovation LinkedIn. We're super active. We have LinkedIn. We're super active. We have about 10,000 followers there. And we'd about 10,000 followers there. And we'd love for you to be able to reach out and love for you to be able to reach out and we can share more about Ovation, how we can share more about Ovation, how we're creating value for you.

we're creating value for you. >> Awesome. Love that. So, for everybody >> Awesome. Love that. So, for everybody who are listening, watching, if you have who are listening, watching, if you have been involved in any work in population been involved in any work in population health, comment below. What is something health, comment below. What is something that you are really working on, you've that you are really working on, you've been involved in virtual primary care, been involved in virtual primary care, urgent care work, and this continual of urgent care work, and this continual of a collaboration, expansion of this care a collaboration, expansion of this care for rural communities even. And then, for rural communities even. And then, message Michael to have a conversation message Michael to have a conversation with him, whether it is for support, with him, whether it is for support, investment, or just simply learn more investment, or just simply learn more about what they can do. And I about what they can do. And I appreciate everyone for joining us.

everyone for joining us. >> Thank you. >> Thank you. >> Thank you for listening. Remember, the >> Thank you for listening. Remember, the positive change we're seeking starts positive change we're seeking starts right here with me and you. If you are a right here with me and you. If you are a fan of the show or if you are just fan of the show or if you are just having struggles or success that you're having struggles or success that you're either experienced in the past or are either experienced in the past or are experiencing now in the healthcare experiencing now in the healthcare industry, these matter to all of us. I industry, these matter to all of us. I want to hear from you. Visit want to hear from you. Visit sabrinarombach.com/connect