Dr. Clea and your critical care and Dr.

Holiday Intro and AI Prompt

Clea and your critical care and again thank you so much for joining us again thank you so much for joining us at Signals and Symptom podcast. Since at Signals and Symptom podcast. Since we're not going to have an episode next we're not going to have an episode next Wednesday, we wanted to sort of throw a Wednesday, we wanted to sort of throw a holiday party and just bring us our old holiday party and just bring us our old guests and figure out some new guests guests and figure out some new guests that we're going to show up in the that we're going to show up in the future. Um Harvey is going to take the future. Um Harvey is going to take the lead uh picking up some people. Make lead uh picking up some people. Make sure your introductions are small. Make sure your introductions are small. Make sure that you are looking at what exact sure that you are looking at what exact application of AI you're working on. So application of AI you're working on. So the whole point of this conversations the whole point of this conversations are to first of all bulk it up. Ensure are to first of all bulk it up. Ensure that everyone understand what they're that everyone understand what they're working on so that they can collaborate.

working on so that they can collaborate. Number one u everything including you Number one u everything including you know AI models to nonAI models to know AI models to nonAI models to education programs whatever that case education programs whatever that case may be. That's number one introduction.

may be. That's number one introduction. What are you working on? And number two, What are you working on? And number two, the last one. What is the most important the last one.

Harvey's 2026 Healthcare AI Predictions

What is the most important AI prediction for 2026? Oneliners. So AI prediction for 2026? Oneliners. So Harvey, start it up. Harvey, start it up. >> All right. I made this from uh the >> All right. I made this from uh the moonshot. So for you guys that watch the moonshot. So for you guys that watch the moonshot, what I did is I took their moonshot, what I did is I took their moonshots from last night and then I moonshots from last night and then I gave it a quick spin to uh healthcare.

gave it a quick spin to uh healthcare. So I'll share this in the notes. Uh So I'll share this in the notes. Uh obviously everybody can have it and we obviously everybody can have it and we don't I won't go through all of them, don't I won't go through all of them, but just to skinny just to look at it.

but just to skinny just to look at it. uh the moonshot's talking about how can uh the moonshot's talking about how can we create uh using blue origin going we create uh using blue origin going into space and leverage uh that into space and leverage uh that technology and thinking it through. I I technology and thinking it through. I I do see us moving forward with the do see us moving forward with the pharmarmacology creating uh microspheres pharmarmacology creating uh microspheres and creating those microspheres in space and creating those microspheres in space and that technology will change and that technology will change healthcare and how does it change the healthcare and how does it change the skinnies? We will have small little skinnies? We will have small little devices implanted and it'll be our month devices implanted and it'll be our month supply of medication. Think of your supply of medication. Think of your GOPs. Um, the other one that was GOPs. Um, the other one that was interesting is as these frontier models interesting is as these frontier models are getting tighter and tighter and are getting tighter and tighter and tighter and smaller and smaller, we'll tighter and smaller and smaller, we'll be able to convert them and put them in be able to convert them and put them in the ICU, put them in machines where we the ICU, put them in machines where we don't need the internet, we don't need don't need the internet, we don't need um access and it's going to be running um access and it's going to be running on the edge. I know that uh save AI is on the edge. I know that uh save AI is doing edge technology. Another one that doing edge technology. Another one that came uh that I liked on the list, um I came uh that I liked on the list, um I really think med school, I know

people really think med school, I know people will hate for me saying that, but I will hate for me saying that, but I don't think some of us need four years.

don't think some of us need four years. There might be some people out there There might be some people out there that need five years, but with that that need five years, but with that said, AI may need to be leveraged to the said, AI may need to be leveraged to the point where maybe we only need three point where maybe we only need three years to become a project. And then the years to become a project. And then the the last one that I want to just quickly the last one that I want to just quickly talk about, um I do believe that the talk about, um I do believe that the robot robot robot add it with the edge technology will add it with the edge technology will help us. And how can it help us? I I help us. And how can it help us?

Jim Pollock on Edge AI and Medical Devices

I I look at the elderly for example and say look at the elderly for example and say you know what having a robot that can you know what having a robot that can help grandpa or grandma with her help grandpa or grandma with her medication his or meds uh more medication his or meds uh more importantly to do predictive analytics importantly to do predictive analytics as the robot is just listening to those as the robot is just listening to those patients at home saying you know what patients at home saying you know what I'm catching uh a rise in your heart I'm catching uh a rise in your heart rate this morning your blood pressure is rate this morning your blood pressure is up I'm just hearing that and seeing that up I'm just hearing that and seeing that and I think we need to consult a doctor.

and I think we need to consult a doctor. So, those were just a little bit of So, those were just a little bit of couple of things that I thought were fun couple of things that I thought were fun and then later uh I'll talk about one of and then later uh I'll talk about one of the articles from the New York Time and the articles from the New York Time and I have a nice picture here. But with I have a nice picture here. But with that, um I'm going to stop this and Ed that, um I'm going to stop this and Ed and everybody else's thoughts and let me and everybody else's thoughts and let me just stop the thing just stop the thing >> actually. Um yeah. Um so Jim Pollock, >> actually. Um yeah. Um so Jim Pollock, good friend of mine uh working on so Jim good friend of mine uh working on so Jim oneline introduction you what are you oneline introduction you what are you working on? What is your maximum working on? What is your maximum prediction that you're going to see prediction that you're going to see applied AI in healthcare?

applied AI in healthcare? >> So yeah, Jim Pollock. I'm out in >> So yeah, Jim Pollock. I'm out in Boulder, Colorado. And so we're working Boulder, Colorado. And so we're working on a startup. It's a spin out from the on a startup. It's a spin out from the University of Colorado. And we are University of Colorado. And we are developing a small sensor that's developing a small sensor that's noninvasive that can be placed anywhere noninvasive that can be placed anywhere on their body and it measures internal on their body and it measures internal body temperature. So for example our body temperature. So for example our first target is putting it on the first target is putting it on the forehead anywhere in the forehead and forehead anywhere in the forehead and measuring brain temperature in real time measuring brain temperature in real time non-invasively and so lot of non-invasively and so lot of applications in surgical applications applications in surgical applications anytime there's any kind of hypothermia anytime there's any kind of hypothermia uh involved like aortic arch surgery for uh involved like aortic arch surgery for example um also in ICUs for maintaining example um also in ICUs for maintaining brain temperature uh at normotheria brain temperature uh at normotheria after uh cardiac arrest strokes and TBI after uh cardiac arrest strokes and TBI military is very interested in early military is very interested in early warning of heat stress they have warning of heat stress they have thousands casualties a year. Then it thousands casualties a year. Then it also translates right over to athletes also translates right over to athletes and to uh first responders like firemen.

and to uh first responders like firemen. >> One prediction for 2026, applied AI in >> One prediction for 2026, applied AI in healthcare. healthcare. healthcare.

>> Well, I I I'm very excited about AI in >> Well, I I I'm very excited about AI in healthcare in general and I know we're healthcare in general and I know we're there's really two directions. We can there's really two directions. We can talk about that a little bit later on talk about that a little bit later on here as far as implementing as part of a here

as far as implementing as part of a product and then also as as a tool. And product and then also as as a tool. And I think the things Jana that you're I think the things Jana that you're actually working on are the ones most actually working on are the ones most exciting to me where you're looking at exciting to me where you're looking at very complex imagery um that and looking very complex imagery um that and looking for a lot of nuance and to be able to for a lot of nuance and to be able to use that AI to be able to scale the use that AI to be able to scale the ability to analyze very complex imagery ability to analyze very complex imagery out of out of patients and all to really out of out of patients and all to really step up the whole pace and overall cut step up the whole pace and overall cut down uh cost of health care down uh cost of health care tremendously.

tremendously. tremendously.

Healthcare AI, Cost, and Patient-Centered Care

Love it. Jim Deepoo, Love it. Jim Deepoo, >> Uh Jim, I'm gonna echo um what uh what >> Uh Jim, I'm gonna echo um what uh what you have just said, but just by way of you have just said, but just by way of intro, um the things that I'm working on intro, um the things that I'm working on are educating the educators and are educating the educators and educating that next generation of educating that next generation of clinicians to be much much more savvy clinicians to be much much more savvy with AI so that they're ready to in the with AI so that they're ready to in the workforce to apply and implement. My big workforce to apply and implement. My big prediction for 2026 in healthcare is prediction for 2026 in healthcare is that we're going to have a fundamental that we're going to have a fundamental shift from asking can AI help to where shift from asking can AI help to where can it help and it will become the can it help and it will become the infrastructure and embedded into uh infrastructure and embedded into uh day-to-day healthcare operations. Right day-to-day healthcare operations. Right now we're using AI as an add-on. Uh I now we're using AI as an add-on. Uh I think it's going to become much much think it's going to become much much more embedded in the work that we do on more embedded in the work that we do on a daily basis.

a daily basis. >> Wow. I agree 100%. Thank you. Uh what uh >> Wow. I agree 100%. Thank you. Uh what uh we're going to go ahead next with uh my we're going to go ahead next with uh my favorite and my mentor, my teacher, uh favorite and my mentor, my teacher, uh Arlon Meyers. And I'm going to pull this Arlon Meyers. And I'm going to pull this up so that we can talk about this.

up so that we can talk about this. >> Um hi Jim, I'm in Denver. I'm in ais at >> Um hi Jim, I'm in Denver. I'm in ais at anchoots. So we should connect. I sent anchoots. So we should connect. I sent you a link. Um so I'm going to be a you a link. Um so I'm going to be a little contrarian. Surprise, surprise.

little contrarian. Surprise, surprise. Uh I think that um as long as we are Uh I think that um as long as we are doing things the way we're doing them doing things the way we're doing them that shiny new objects like artificial that shiny new objects like artificial intelligence will not reduce the cost of intelligence will not reduce the cost of care to the patient.

care to the patient. My concern is that um we're we're My concern is that um we're we're focused on the wrong thing and we're focused on the wrong thing and we're asking the wrong question and that is asking the wrong question and that is how do we reduce the aggregate and how do we reduce the aggregate and individual cost of care to the patient.

individual cost of care to the patient. I have no evidence that artificial I have no evidence that artificial intelligence to the contrary intelligence to the contrary is probably raising it not lowering it.

is probably raising it not lowering it.

Dental, Pediatric, and Cross-Disciplinary AI

So my concern bottom line So my concern bottom line how does artificial intelligence how does artificial intelligence I totally agree um that again one of the I totally agree um that again one of the core objectives of this is to bring it

core objectives of this is to bring it back to the patient and not just the back to the patient and not just the physician or the CEO and the CFO or physician or the CEO and the CFO or founders like me who wants to become big founders like me who wants to become big and acquisitions by Google and Apple. Uh and acquisitions by Google and Apple. Uh but you're right, we need to bring it but you're right, we need to bring it back to the patient. Next is my good back to the patient. Next is my good friend Kenor uh Sha Dr. Sha who by the friend Kenor uh Sha Dr. Sha who by the way can you talk about your global way can you talk about your global summits institute as well.

summits institute as well. >> Good morning. Thank you for the >> Good morning. Thank you for the introduction. Uh we have many of us have introduction. Uh we have many of us have Arlland as a mentor and uh um thank you Arlland as a mentor and uh um thank you for being here. My name is Dr. Kean for being here. My name is Dr. Kean Rosha. I'm the founder of the global Rosha. I'm the founder of the global summits institute as well as the doctor summits institute as well as the doctor movement. I believe that in 2026 uh we movement. I believe that in 2026 uh we are going to see a tremendous amount of are going to see a tremendous amount of um improvement in various aspects of AI.

um improvement in various aspects of AI. I think standards are going to become a I think standards are going to become a big issue on the patient side. Dr. Myers big issue on the patient side. Dr. Myers addressed uh what we need to see on the addressed uh what we need to see on the doctor's side. We believed that uh you doctor's side. We believed that uh you know uh for thousands of years was a know uh for thousands of years was a patient doctor relationship uh with patient doctor relationship uh with tools that we had to treat patients and tools that we had to treat patients and I think AI is sort of God's gifts at I think AI is sort of God's gifts at this point to u equalize the the playing this point to u equalize the the playing field we can do a lot of things that field we can do a lot of things that these third parties have done with us in these third parties have done with us in the last five decades by utilizing AI the last five decades by utilizing AI properly for the sole benefit of doctors properly for the sole benefit of doctors and patients. I'm currently personally and patients. I'm currently personally working on humanoid um avatar um and working on humanoid um avatar um and holographic avatars that have holographic avatars that have integrability with management softwares integrability with management softwares across the healthcare industry to allow across the healthcare industry to allow our staff to focus more on the patient our staff to focus more on the patient experience versus you know the experience versus you know the cumbersome tasks that we normally do.

cumbersome tasks that we normally do. And the prediction is that the AI And the prediction is that the AI integration issue between various integration issue between various platforms will remain a major major platforms will remain a major major problem and there will be solutions problem and there will be solutions hopefully for open AI uh um to be able hopefully for open AI uh um to be able to readily integrate between uh um to readily integrate between uh um different platforms. Lastly, we are in different platforms. Lastly, we are in the business of bringing medical doctors the business of bringing medical doctors and dental doctors together to bridge and dental doctors together to bridge the gap that's been needed much and uh the gap that's been needed much and uh we intend to do that in London at the we intend to do that in London at the 2026 Global Medical Dental AI Summit. um 2026 Global Medical Dental AI Summit. um it's very prudent for the overall health it's very prudent for the overall health of patients that these two particular of patients that these two particular subsp specialties of healthc care uh subsp specialties of healthc care uh collaborate closely. Thank you so much collaborate closely. Thank you so much Dr.

Dr. Dr. Dr. Sha I'm going to introduce you to Dr. Sha I'm going to introduce you to two dentist friends of mine here in two dentist friends of mine here in Dallas. One of them is working on an Dallas. One of them is working on an indental implant that that is a startup indental implant that that is a startup founder that detects uh obstructive founder that detects uh obstructive sleep apnea sleep apnea and then I don't know if you you can and then I don't know if you you can tell us and the other friend is actually tell us and the other friend is actually working on one of the by the way Harvey working on one of the by the way Harvey I don't know if you know this dental I don't know if you know this dental imaging is becoming a very good imaging is becoming a very good commercialization pathway FYI I can give commercialization pathway FYI I can give you some stats and everything so and you some stats and everything so and then of course really excited I think I then of course really excited I think I will be har you're coming to London too will be har you're coming to London too >> yeah yeah And I'll >> yeah yeah And I'll >> one thing I wanted to add guys, you >> one thing I wanted to add guys, you know, we are the ones that are seeing know, we are the ones that are seeing these patients twice a year. We're these patients twice a year. We're taking in their medical information. You taking in their medical information. You guys often see them on a on a pain or or

guys often see them on a on a pain or or a problem focused scenario. If there was a problem focused scenario.

Education, Workforce, and AI Adoption

If there was collaboration between the medical collaboration between the medical doctors and dentists, predictive doctors and dentists, predictive analysis would become very important and analysis would become very important and we can send patients to the medical we can send patients to the medical crowd to do preventative care a lot more crowd to do preventative care a lot more readily. So this integration in London readily. So this integration in London is going to be very prudent for the is going to be very prudent for the overall human health. Totally overall human health. Totally agree. Harvey, thoughts?

agree. Harvey, thoughts? >> Yeah. No, I think um I think it's a >> Yeah. No, I think um I think it's a community, right? Just like it's a community, right? Just like it's a village to do the AI. It takes all of village to do the AI. It takes all of us. And then we need to rely on everyone us. And then we need to rely on everyone because if the doctor if the patient's because if the doctor if the patient's not seeing the let's say a medical not seeing the let's say a medical doctor and they're only going to see the doctor and they're only going to see the dentist, then we need that information dentist, then we need that information and the dentist can help us with other and the dentist can help us with other parts to the equation. So, it's that parts to the equation. So, it's that community effect. Um, in the interest of community effect. Um, in the interest of time, I want to make sure we catch time, I want to make sure we catch everybody on the screen because I see uh everybody on the screen because I see uh Timber's here. I see Christopher. Uh, Timber's here. I see Christopher. Uh, Christopher, I saw you earlier. So, if Christopher, I saw you earlier. So, if you want to introduce yourself, keep it you want to introduce yourself, keep it short somewhat so we can get through short somewhat so we can get through everybody.

everybody. everybody. >> Uh, good afternoon everyone. My name is >> Uh, good afternoon everyone. My name is Christopher Cunning. I serve as a Christopher Cunning. I serve as a managing partner for Iotech Consulting.

managing partner for Iotech Consulting. We're healthcare technology uh advisory We're healthcare technology uh advisory and solutions firm. Um I have known um and solutions firm. Um I have known um Harvey for quite some time here. Uh and Harvey for quite some time here. Uh and a couple projects that I'm focused on a couple projects that I'm focused on right now. Um one is dealing with a uh right now. Um one is dealing with a uh pediatric clinical decision support pediatric clinical decision support platform that is integrated with the platform that is integrated with the major EHRs. Most of you may or may not major EHRs. Most of you may or may not be aware that most EDS and most urgent be aware that most EDS and most urgent care facilities do not have a pediatric care facilities do not have a pediatric trained physician generally on staff and trained physician generally on staff and the adult doctors are actually trying to the adult doctors are actually trying to Thanks for coming, man. I appreciate it.

Thanks for coming, man. I appreciate it. Thank you. And I'm sure uh do you want Thank you. And I'm sure uh do you want to give us a prediction for next year, to give us a prediction for next year, my friend? What what do you see coming?

my friend? What what do you see coming? Chris, Chris, Chris, if not if not we lost you. I'm not sure. If not, in we lost you. I'm not sure. If not, in the interest of time, Dan, I see you're the interest of time, Dan, I see you're on and your camera's on. Do you want to on and your camera's on. Do you want to give us a quick intro about what you do give us a quick intro about what you do and your AI space and then um prediction and your AI space and then um prediction for next year for AI?

for next year for AI? >> For everyone, Dan Cineabad is a mover >> For everyone, Dan Cineabad is a mover and shaker here in Dallas of Go ahead. and shaker here in Dallas of Go ahead.

just think just think >> so. >> so. >> so. >> And and I'm just like, you know, I >> And and I'm just like, you know, I always mistake the time. Sorry, I always mistake the time. Sorry, I thought it's 12:30. I'm like, wow, thought it's 12:30. I'm like, wow, everybody's already like active here.

everybody's already like active here. You know, Dan Sawat here. I'm a founder You know, Dan Sawat here. I'm a

founder and CEO of AI Connect and VC Arena. I and CEO of AI Connect and VC Arena. I have two companies.

have two companies. AI Connect, we're global consulting AI Connect, we're global consulting firm. Uh we think AI is 95% business and firm. Uh we think AI is 95% business and 5% technology. That's kind of our 5% technology. That's kind of our principle, right? And then from VC Arena principle, right? And then from VC Arena standpoint, uh we're a community of standpoint, uh we're a community of founder, investor, family offices backed founder, investor, family offices backed by $3 billion fund called Legendary by $3 billion fund called Legendary Ventures. And I'm just here to support, Ventures. And I'm just here to support, you know, Harvey and Jard and, you know, you know, Harvey and Jard and, you know, get to know everybody.

get to know everybody. >> Awesome. And what's your prediction, >> Awesome. And what's your prediction, man? What what's what I what should I do man? What what's what I what should I do next year for AI?

next year for AI? >> What do you see coming? >> What do you see coming? >> Yeah. Well, yeah. I mean as you can see >> Yeah. Well, yeah. I mean as you can see most of the AI project been failing most of the AI project been failing right like I think MIT you know I right like I think MIT you know I announced the report 95% of AI project announced the report 95% of AI project failed and it's because they've been failed and it's because they've been approaching thing from technology approaching thing from technology standpoint so what I see people like you standpoint so what I see people like you Harvey Jard who's been like really Harvey Jard who's been like really really you know in the industry you know really you know in the industry you know really understand the vertical of really understand the vertical of healthcare healthcare healthcare um you know we will shine even more um you know we will shine even more right like I think it's is the year for right like I think it's is the year for us to prove what AI can deliver for us to prove what AI can deliver for Thank you. Uh I'd love for Tim to Thank you. Uh I'd love for Tim to introduce himself. Uh he's a great introduce himself. Uh he's a great friend of mine, a mentor to me, and just friend of mine, a mentor to me, and just honored that he's here. So Tim, tell us honored that he's here. So Tim, tell us about uh you and then uh please tell us about uh you and then uh please tell us your prediction.

your prediction. >> Um hi, I'm Tim Herren. I'm founder of >> Um hi, I'm Tim Herren. I'm founder of creative strategies, one of the creative strategies, one of the high-tech consult consultancies in high-tech consult consultancies in Silicon Valley. Um, I'm not on the Silicon Valley. Um, I'm not on the medical side. What I am is what I am medical side.

Trust, Governance, and the Future of AI

What I am is what I am looking at and consulting on is looking at and consulting on is fundamentally the impact of AI on fundamentally the impact of AI on business processes and I will my I one business processes and I will my I one of the things that I'm seeing in of the things that I'm seeing in enterprises across the board is there's enterprises across the board is there's a real big question about integrating a real big question about integrating artificial intelligence around all artificial intelligence around all processes but what we are seeing is that processes but what we are seeing is that AI is becoming more verticalized. That AI is becoming more verticalized. That means that they're using it for customer means that they're using it for customer service, for sales, for certain parts of service, for sales, for certain parts of automation.

automation. automation. And it's it's in somewhat of in its And it's it's in somewhat of in its early stages even with the big early stages even with the big companies. But I think that in 2026, companies. But I think that in 2026, that's one of one of the things that that's one of one of the things that you're going to see and this includes you're going to see and this includes the medical clinics and the medical the medical clinics and the medical operations. I think you're going to see operations. I think you're going to see a faster integration or a movement of a faster integration or a movement of applying artificial intelligence to the applying artificial intelligence to the business processes and I can't tell you business processes and I can't tell you how important that probably is in the how important that probably is in the next year because it's going to be a next year because it's going to be a competitive advantage in the sense of competitive advantage in the sense of how you manage the backend, how you how you manage the backend, how you reach out to patients, how you handle reach out to patients, how you handle their their care, etc.

their their care, etc. And you can use artificial intelligence And you can use artificial intelligence in so many ways to

streamline the in so many ways to streamline the process and to make the experience of process and to make the experience of interacting with the customer or in this interacting with the customer or in this case the patient much more effective and case the patient much more effective and efficient.

>> Thank you. >> Thank you. >> I cannot agree more Tim. I'm sorry >> I cannot agree more Tim. I'm sorry Harvey I'm going to take a second. So Harvey I'm going to take a second. So just to I apologize but this is really just to I apologize but this is really what exactly Save Life AI is doing. We what exactly Save Life AI is doing. We have all these horizontal solutions have all these horizontal solutions which are revenue generating but we are which are revenue generating but we are converting them into a you know vertical converting them into a you know vertical solutions where clinical operations, solutions where clinical operations, radiological operations and data radiological operations and data operations converge into one. And then operations converge into one. And then of course uh one of my predictions is of course uh one of my predictions is that we're going to move from reactive that we're going to move from reactive AI to proactive AI which our solutions AI to proactive AI which our solutions already provide. And of course, we're already provide. And of course, we're building a common front end and a common building a common front end and a common back end. So the data operations remain back end. So the data operations remain live and with minimal effort, you can live and with minimal effort, you can change it from acute stroke to personal change it from acute stroke to personal injury for motor vehicle accident while injury for motor vehicle accident while you have AI image findings, clinical you have AI image findings, clinical documentation, everything. Tim, you are documentation, everything.

Closing Reflections and Community Takeaways

Tim, you are spot on as far as predictions are spot on as far as predictions are concerned. Love it. Um Harvey um can I concerned. Love it. Um Harvey um can I ask Muhammad Jazz to take up next ask Muhammad Jazz to take up next because he has done some real good work because he has done some real good work >> You're on mute.

>> You're on mute. >> I'm new to this platform but I >> I'm new to this platform but I understand the icon. Thank you. understand the icon. Thank you.

So doctors are dumb as you know in So doctors are dumb as you know in technology and I'm one of those. So I'm technology and I'm one of those. So I'm I'm Mouhammad Jahan Zeb. I'm a breast I'm Mouhammad Jahan Zeb. I'm a breast and lung medical oncologist for about 32 and lung medical oncologist for about 32 years and now pivoted to AI and decision years and now pivoted to AI and decision making and uh recently I've attended San making and uh recently I've attended San Antonio breast cancer conference which Antonio breast cancer conference which is world's largest breast cancer meeting is world's largest breast cancer meeting in the known universe as the organizers in the known universe as the organizers like to call it and there's a panel that like to call it and there's a panel that discusses complex cases that anyone can discusses complex cases that anyone can present from the floor and this year I present from the floor and this year I was on that panel on Wednesday and was on that panel on Wednesday and Thursday uh with our AI called Prisca Thursday uh with our AI called Prisca AI. Uh and while the AI was thinking AI. Uh and while the AI was thinking while taking the audio feed from the while taking the audio feed from the floor, all these experts from Harvard to floor, all these experts from Harvard to Northwestern to Sloan Ketering type Northwestern to Sloan Ketering type places uh gave their opinion and then places uh gave their opinion and then looked to me and I projected the result looked to me and I projected the result of the AI. Within 3 minutes of thinking, of the AI. Within 3 minutes of thinking, AI was able to come up with same or AI was able to come up with same or better opinions. And the Harvard better opinions. And the Harvard professor who was moderating, Al professor who was moderating, Al Burstein, a friend of mine, he first Burstein, a friend of mine, he first u case he said I would give it an A u case he said I would give it an A minus. And at the next case, he said minus. And at the next case, he said this is making me nervous. This may take this is making me nervous. This may take our jobs. So to talk about the future, I our jobs. So to talk about the future, I think radiology, pathology are think radiology, pathology are lowhanging fruit. That's obviously where lowhanging fruit. That's obviously where AI is going to be way better than AI is going to be way better than humans. It already is. Um and you know humans. It already is. Um and you know human is still in the loop of course and human is still in the loop of course and will remain in the loop in many cases.

will remain in the loop in many cases. Uh but uh in cognitive specialties such Uh but uh in cognitive specialties such

as oncology I think we are the next as oncology I think we are the next where all we do is sit behind a desk and where all we do is sit behind a desk and think and talk and AI can do a better think and talk and AI can do a better job. And my colleagues do don't agree. I job. And my colleagues do don't agree. I tell them, you know, it's GPS right now tell them, you know, it's GPS right now and you can choose to use GPS or not use and you can choose to use GPS or not use GPS, but there will be a day when GPS GPS, but there will be a day when GPS takes over and that's not a fantasy.

takes over and that's not a fantasy. That's called Whimo. That's real. That's That's called Whimo. That's real. That's right here. right here. >> Oh man, you touched a touchy subject.

>> Oh man, you touched a touchy subject. We're going to share something. But my We're going to share something. But my 10-year-old asked me like, "Baba, why do 10-year-old asked me like, "Baba, why do you work all the time?" I told him you work all the time?" I told him because I don't think so you're going to because I don't think so you're going to have a job, dear.

have a job, dear. >> I thought you said because I thought you >> I thought you said because I thought you said because you like nice things. said because you like nice things.

That's why I That's why I >> No, I'm serious. This is not an >> No, I'm serious. This is not an existential sort of crisis in my opinion existential sort of crisis in my opinion a little bit. But anyways, Harvey, keep a little bit. But anyways, Harvey, keep going, buddy.

going, buddy. >> Yeah, I just wanted to add um I'm on the >> Yeah, I just wanted to add um I'm on the editing board for a new journal that editing board for a new journal that came out last year, actually in April came out last year, actually in April 24. Uh it's called AI and Precision 24. Uh it's called AI and Precision Oncology. So, I'm not sure if you know Oncology. So, I'm not sure if you know it, but if you have any information. I'd it, but if you have any information. I'd love for to feature you on some of these love for to feature you on some of these articles because it's uh articles because it's uh >> Yeah. No, my friend Doug Flora started >> Yeah. No, my friend Doug Flora started it uh and I would love to follow you for it uh and I would love to follow you for years to be part of the board. So, yeah.

years to be part of the board. So, yeah. >> Yes. >> Yes. >> Yes. >> Awesome. >> Awesome. >> Awesome. >> Tell tell him I need to be on the board. >> Tell tell him I need to be on the board.

I won't say that to him myself. I won't say that to him myself. >> Okay. I won't tell you. >> Okay. I won't tell you. >> And he probably watching this right now, >> And he probably watching this right now, >> Yes.

>> Yes. >> Well, awesome. Who else is on the line >> Well, awesome. Who else is on the line that would like to introduce themselves? that would like to introduce themselves?

If not, we'll jump in. If not, we'll jump in. >> Get your talk. >> Get your talk. >> I'm on the line. Can I say something? >> I'm on the line. Can I say something?

>> Yeah, go ahead. >> Yeah, go ahead. >> Is here. >> Is here. >> Hi guys. I'm sorry I'm running around so >> Hi guys. I'm sorry I'm running around so I just wanted to drop in at least for a I just wanted to drop in at least for a few minutes. Uh, great conversation few minutes. Uh, great conversation here. Um, Harvey Janade, so good to see here. Um, Harvey Janade, so good to see you. Um, so I'm Hansa Varga. I um I'm a you. Um, so I'm Hansa Varga. I um I'm a pediatrician by training, but I've been pediatrician by training, but I've been in the digital media industry for a in the digital media industry for a while and I'm actually chief uh clinical while and I'm actually chief uh clinical strategy and innovation officer at strategy and innovation officer at Helio. And we just built a Gen AI tool Helio. And we just built a Gen AI tool called Helio AI. So that's been really called Helio AI. So that's been really exciting. I also advise some AI exciting. I also advise some AI companies as well. Um so I I would not companies as well. Um so I I would not be so um confident to be able to predict be so um confident to be able to predict the future, but I can tell you what my the future, but I can tell you what my hope is um you know and what I think the hope is um you know and what I think the challenges are. And I think the two challenges are. And I think the two hopes are what

somebody alluded to hopes are what somebody alluded to before and that is to honestly have more before and that is to honestly have more um you know have uh doctors at the table um you know have uh doctors at the table more um because you know like that more um because you know like that doctor who was in the ER and alluded to doctor who was in the ER and alluded to not having a pediatric ER doctor that's not having a pediatric ER doctor that's a real problem um you know in community a real problem um you know in community hospitals and rural areas like I've seen hospitals and rural areas like I've seen it myself where you know they don't get it myself where you know they don't get the best care because they just don't the best care because they just don't that's not their area of interest. So that's not their area of interest. So you know how does that relate back to you know how does that relate back to AI? AI can democratize care. So, Gen AI AI? AI can democratize care. So, Gen AI tools can have policies and guidelines tools can have policies and guidelines which you know that doctor that ear which you know that doctor that ear doctor who might have a four-year-old doctor who might have a four-year-old wants fever guidelines for a wants fever guidelines for a four-month-old or a six-month-old and four-month-old or a six-month-old and they can get access to that. So I think they can get access to that. So I think that's one way a my hope is that AI will that's one way a my hope is that AI will continue to that but we have to have continue to that but we have to have doctors at the table to develop these doctors at the table to develop these tools right um and I think the second tools right um and I think the second part is just implementation of these part is just implementation of these tools like I think we need to have the tools like I think we need to have the Wii not the I so a lot of collaboration Wii not the I so a lot of collaboration is super important to get these is super important to get these implemented you can have the best implemented you can have the best product in the world doesn't really product in the world doesn't really matter you got to get it out there to matter you got to get it out there to scale it so um that makes sense and so scale it so um that makes sense and so you got to get the right players in the you got to get the right players in the room and the collaboration um and I room and the collaboration um and I really do believe in having different really do believe in having different perspectives at the table And the third perspectives at the table And the third the concern I have I will put that out the concern I have I will put that out there and somebody I think Jana you there and somebody I think Jana you talked to about your 10-year-old. Yeah.

talked to about your 10-year-old. Yeah. Like I have kids too. I want them to Like I have kids too. I want them to have jobs. But the thing is that's less have jobs. But the thing is that's less of a concern. I think the long-term of a concern. I think the long-term concern maybe. Um but the the short-term concern maybe. Um but the the short-term concern is, you know, is there going to concern is, you know, is there going to be human intelligence degra degradation be human intelligence degra degradation because we're going to be too dependent because we're going to be too dependent on these tools. Um, so that's my on these tools. Um, so that's my question and honestly my concern like I question and honestly my concern like I don't like this is like a mega like the don't like this is like a mega like the analogy is simple obviously but like analogy is simple obviously but like when calculators came out you know do when calculators came out you know do people lose their math skills I mean you people lose their math skills I mean you know when you know automated driving know when you know automated driving comes out do people lose their driving comes out do people lose their driving skills um when people are looking at skills um when people are looking at chat GPT all the time for answers do chat GPT all the time for answers do they lose the ability to critically they lose the ability to critically think so that's what I am more concerned think so that's what I am more concerned about my kids and the younger about my kids and the younger generations to be honest with you.

generations to be honest with you. >> Yeah. >> Yeah. >> Yeah. >> Harvey, this is Christopher. I just want >> Harvey, this is Christopher. I just want to let you know what's back. I to let you know what's back. I apologize. I had a apologize. I had a >> I think Deepoo Deep wants to weigh in.

>> I think Deepoo Deep wants to weigh in. Would that be okay? Would that be okay? >> Deep then Christopher. Go ahead, Deep. >> Deep then Christopher. Go ahead, Deep.

>> Thanks, Hans. I actually share the a >> Thanks, Hans. I actually share the a little bit of your fear around the kids little bit of your fear around the kids with the calculators, but I literally with the calculators, but I literally just gave this talk um earlier this week just gave this talk um earlier this week at Cornell around how we need to reshape at Cornell around how we need to reshape and rethink how we educate the future and rethink how we educate the future generation. As we all know here um generation. As we all know here um education is going to become really education is going to become really personalized in the future. And I used personalized in the future. And I used the calculator example when I was giving the calculator example when I was giving my talk. And actually what

happened when my talk. And actually what happened when after we all collectively as a culture after we all collectively as a culture stopped freaking out about how stopped freaking out about how calculators were going to make our kids calculators were going to make our kids dumber um and not actually think dumber um and not actually think critically and solve problems. What critically and solve problems. What ended up happening was curriculum ended up happening was curriculum shifted. So concepts that were taught in shifted. So concepts that were taught in you know 8th, 9th, 10th grade shifted to you know 8th, 9th, 10th grade shifted to fourth, fifth, sixth grade because it fourth, fifth, sixth grade because it allowed room to make um the connections allowed room to make um the connections faster for the student. So it actually faster for the student. So it actually elevated our curriculum um at the elevated our curriculum um at the elementary level and I think that's what elementary level and I think that's what AI is going to do for us. Now the wild AI is going to do for us. Now the wild card here is that a lot of the card here is that a lot of the technologies we've had up until now technologies we've had up until now including the internet is very passive.

including the internet is very passive. It's one way, right? You put in the It's one way, right? You put in the thing, it doesn't really talk back. it thing, it doesn't really talk back. it just surfaces the information.

just surfaces the information. Um AI is a little bit different and so I Um AI is a little bit different and so I think our approach uh in the future is think our approach uh in the future is going to have to be a little bit going to have to be a little bit different. We are looking at different. We are looking at personalized education in every field personalized education in every field including healthcare and medicine.

including healthcare and medicine. >> Thank you >> Thank you Chris. Chris. Chris. >> I love that. That's a great point. >> I love that. That's a great point.

>> It is. >> It is. >> Okay guys, this is Tom Me. Uh just want >> Okay guys, this is Tom Me. Uh just want a quick introduction. and I work with uh a quick introduction. and I work with uh Jim Pollock at at Lumin Astra and uh Jim Pollock at at Lumin Astra and uh guys trained in in Stanford biio design guys trained in in Stanford biio design uh you know basically you're you're uh you know basically you're you're going and observing what's happening going and observing what's happening because doctors are amazing at making because doctors are amazing at making the best of whatever information they the best of whatever information they have so for Luminastra you know that was have so for Luminastra you know that was hey they're trying to control brain hey they're trying to control brain temperature but they're they're doing temperature but they're they're doing wherever they can with coming from the wherever they can with coming from the bladder wherever you go and whenever I bladder wherever you go and whenever I think about predictions for AI next here think about predictions for AI next here uh one of the things that we see uh uh one of the things that we see uh people are going to chat bots to get uh people are going to chat bots to get uh basic healthcare information right so uh basic healthcare information right so uh instead of going to the doctor a lot of instead of going to the doctor a lot of people are going to chat GPT uh entering people are going to chat GPT uh entering in wherever it is uh so that's something in wherever it is uh so that's something that we see uh like people mentioned you that we see uh like people mentioned you know rising cost of health care uh you know rising cost of health care uh you know we're seeing that especially this know we're seeing that especially this coming year there's going to be a big coming year there's going to be a big bump so I think we're going to see more bump so I think we're going to see more people going to those chat bots to get people going to those chat bots to get that uh healthcare information just that uh healthcare information just looking at where people are going. So I looking at where people are going. So I think there'll be opportunities there.

think there'll be opportunities there. Uh but the more access that primary care Uh but the more access that primary care physicians and others have to these kind physicians and others have to these kind of searches and what's going on and just of searches and what's going on and just looking at why people are going there, looking at why people are going there, you know, they're feeling heard by chat you know, they're feeling heard by chat GPT. Uh it's kind of telling them, you GPT. Uh it's kind of telling them, you know, it it's giving them positive know, it it's giving them positive feedback. So, a lot of interesting feedback. So, a lot of interesting things that we can see just by looking things that we can see just by looking at how people are engaging with the at how people are engaging with the tools that they have for AI, uh, and tools that they have for AI, uh, and kind of where there might be gaps in the kind of where there might be gaps in the healthcare system and how we can figure healthcare system and how we can figure that stuff out.

that stuff out. >> Chris, drop your LinkedIn information. >> Chris, drop your LinkedIn information. People may be interested in acquiring People may be interested in acquiring your services and then of course uh what your services and then of course uh what is your main prediction for 2026? You is your main prediction for 2026? You missed us. We missed that.

missed us. We missed that. >> Sure. I'm sorry. Uh, again, technology >> Sure. I'm sorry. Uh, again, technology gremlins. I want to quickly respond gremlins. I want to quickly respond regarding pediatric care. Uh, one of the regarding pediatric care. Uh, one of the projects we're working on right now is projects we're working on right now is that we just launched a um pediatric that we just launched a um pediatric clinical decision support platform uh clinical decision support platform uh for um urgent care and for EDS. Uh most for um urgent care and for EDS. Uh most of you may realize that most again of you may realize that most again urgent cares and most EDs do not have a urgent cares and most EDs do not have a generally do not have a pediatric generally do not have a pediatric trained physician on staff unless you're trained physician on staff unless you're a children's hospital. And so you've got a children's hospital. And so you've got adult doctors that are trying to treat adult doctors that are trying to treat um kids in many cases are misdiagnosing um kids in many cases are misdiagnosing them. And so we've built a platform them. And so we've built a platform that's integrated with Epic and Cerner that's integrated with Epic and Cerner and all some of the major EHRs that will and all some of the major EHRs that will allow them to enter in the symptoms and allow them to enter in the symptoms and of that individual and based on um um of that individual and based on um um clinical standards uh be able to provide clinical standards uh be able to provide recommendations to those clinicians on recommendations to those clinicians on the best treatments for pediatric care.

the best treatments for pediatric care. Um I did want to talk a little bit about Um I did want to talk a little bit about predictions. predictions. predictions.

Um, the last baby boomers turned 60 last Um, the last baby boomers turned 60 last year. The first gen Xers turned 60 this year. The first gen Xers turned 60 this year. Uh, we are in the midst of what's year. Uh, we are in the midst of what's called a silver tsunami. Um, by 2030 called a silver tsunami. Um, by 2030 there will be more people over 60 than there will be more people over 60 than over five than under five. We have a over five than under five. We have a youth crisis. Uh, and by 2050, two youth crisis. Uh, and by 2050, two billion people around the world will be billion people around the world will be over 60. Uh, and so you will see the over 60. Uh, and so you will see the rise of what they call age tech or rise of what they call age tech or silver tech, granny tech. and that is silver tech, granny tech. and that is technologies that are going to be geared technologies that are going to be geared towards treating people as they age. Uh towards treating people as they age. Uh I think Harvey or someone mentioned I think Harvey or someone mentioned things like carebots monitoring things like carebots monitoring technologies technologies technologies um uh AI platforms that will help um uh AI platforms that will help individuals age in place and help the individuals age in place and help the sandwich generation those who have young sandwich generation those who have young kids and older parents uh more kids and older parents uh more effectively manage their parents as they effectively manage their parents as they age as well too. And then the last age as well too. And then the last prediction I have is that I think in the prediction I have is that I think in the next five years you're going to actually next five years you're going to actually see a digital doctor and that is an see a digital doctor and that is an AIdriven platform that uh we'll be able AIdriven platform that uh we'll be able to provide some basic primary care um to to provide some basic primary care um to patients because we are going to have a patients because we are going to have a significant shortage of primary care significant shortage of primary care physicians um uh around the world and so physicians um uh around the world and so these technologies are going to be put these technologies are going to be put >> Thank you.

>> Thank you. Dr. Avi, I see you on the screen. You Dr. Avi, I see you on the screen. You would like to introduce yourself? would like to introduce yourself?

>> Hey. Yeah, Harvey, thanks for for >> Hey. Yeah, Harvey, thanks for for inviting me. Always always great to be inviting me. Always always great to be in your coattails. So, u great great to in your coattails. So, u great great to to meet all of you. I mean to hear those to meet all of you. I mean to hear those that presented themselves. I'm based in that presented themselves. I'm based in New York. I'm Dr. Avanas.

New York. I'm Dr. Avanas. I um of course uh I'm also using AI um I um of course uh I'm also using AI um but in a manner where I'm part of a a but in a manner where I'm part of a a company that uh is partnering with company that uh is partnering with doctors to do their chronic care and doctors to do their chronic care and also with hospitals. So we are let's say also with hospitals. So we are let's say your solutions provider for Medicare your solutions provider for Medicare Medicaid uh population uh to kind of Medicaid uh population uh to kind of close care gaps preventively so that close care gaps preventively so that patients don't end up u getting patients don't end up u getting hospitalized at the ER where things are hospitalized at the ER where things are much worse. On the behavioral health much worse. On the behavioral health side too we have a product and um side too we have a product and um focusing on New York but um also focusing on New York but um also elsewhere we have clients in Texas and elsewhere we have clients in Texas and California. So u great conversation. I California. So u great conversation. I think um you know the the the baby think um you know the the the baby boomer aging is is a huge uh is a huge boomer aging is is a huge uh is a huge tsunami coming and u and longevity tsunami coming and u and longevity medicine is not helping right because um medicine is not helping right because um in a way where there's now a clear um in a way where there's now a clear um scientific basis to people us all being scientific basis to people us all being able to add years to our to our life able to add years to our to our life expectancy by doing things right. and uh expectancy by doing things right. and uh and with compounded with the fact that and with compounded with the fact that kids are not uh coming into the fold as kids are not uh coming into the fold as as much as the previous generations. So as much as the previous generations. So that's going to be a very u unique that's going to be a very u unique situation. Maybe AI will help um situation. Maybe AI will help um compound um some of that problem but compound um some of that problem but also help solve some of that problem. So also help solve some of that problem. So I think we are uh definitely in a in a I think we are uh definitely in a in a in an existential as physicians in an existential as physicians existential situation where I think we existential situation where I think we have to step back and and kind of accept have to step back and and kind of accept that we were when we were trained all of that we were when we were trained all of us here was was trained graduated maybe us here was was trained graduated maybe 5 years already. So when we were trained 5 years already. So when we were trained we were never given these uh ideas to we were never given these uh ideas to kind of rethink uh who we were meant to kind of rethink uh who we were meant to be. But uh this whole notion of being a be. But uh this whole notion of being a physician is is completely going and be physician is is completely going and be upside down. I mean the technology is upside down. I mean the technology is already there. Um the the bots are very already there. Um the the bots are very powerful. Uh and is able to churn powerful. Uh and is able to churn information like our brains is not wired information like our brains is not wired to do. What we have is for sure empathy.

to do. What we have is for sure empathy. But even in that area we we're getting u But even in that area we we're getting u uh caught up on by by the technology. So uh caught up on by by the technology. So what we can do is I think in a manner is what we can do is I think in a manner is always focus on the problems. There's a always focus on the problems. There's a lot of problems to be solved in society.

lot of problems to be solved in society. Um very lowhanging fruits in this Um very lowhanging fruits in this country. Uh where a lot of money is country. Uh where a lot of money is spent, outcomes are terrible. Uh number spent, outcomes are terrible. Uh number 16 life expectancy. I think if AI can 16 life expectancy. I think if AI can actually bring that 10 10 rankings above actually bring that 10 10 rankings above where it is and it's not getting any where it is and it's not getting any better because now you know lowcost better because now you know lowcost care, longevity medicine, all this is care, longevity medicine, all this is very democratized across the world. So very democratized across the world. So people are living longer.

people are living longer. >> I love all the information. Dr. Ravi you >> I love all the information. Dr. Ravi you are straight point on perfect I think we are straight point on perfect I think we have one guest that has not introduced have one guest that has not introduced herself Amir you want to say a few herself Amir you want to say a few things is a friend of mine and then things is a friend of mine and then before we actually get air I just want before we actually get air I just want to reintroduce my our permanent expert to reintroduce my our permanent expert which is Ed Marx Ed Marks is the ex CIO which is Ed Marx Ed Marks is the ex CIO of uh Cleveland Clinic he sits on many of uh Cleveland Clinic he sits on many boards and many other places and why is boards and many other places and why is the reason that me as a physician need the reason that me as a physician need him is very important as a founder is him is very important as a founder is because he can cut through the crap app because

he can cut through the crap app and make us translate how CIOS, CEOs and and make us translate how CIOS, CEOs and CFOs of hospital systems think even how CFOs of hospital systems think even how to approach them. He coached me how to to approach them. He coached me how to approach them properly. So one of the approach them properly. So one of the things that you need to understand as as things that you need to understand as as as a builder founder physician is that as a builder founder physician is that we are so focused on what he what Dan we are so focused on what he what Dan suggested that you know horizontal layer suggested that you know horizontal layer and vertical layers and everything but and vertical layers and everything but solutions need to be integrated in a solutions need to be integrated in a flow because I know that I've built AI flow because I know that I've built AI solutions that actually cut increase uh solutions that actually cut increase uh overall cost and decrease overall overall cost and decrease overall efficiency and the idea is that how to efficiency and the idea is that how to communicate properly in terms of both communicate properly in terms of both language of a CFO language of a CEO and language of a CFO language of a CEO and language of a CIO. So Ed, I know language of a CIO. So Ed, I know everyone knows you, but I want you to everyone knows you, but I want you to reintroduce yourself so that I know reintroduce yourself so that I know because me and Harvey send out the because me and Harvey send out the invitations. It's a physician heavy invitations. It's a physician heavy thing. I apologize for that.

thing. I apologize for that. >> I was just trying to hide out a little >> I was just trying to hide out a little bit. I was really enjoying saying I bit. I was really enjoying saying I thought it was like you said something thought it was like you said something about eggnog and cookies so I dressed up about eggnog and cookies so I dressed up and uh and uh but uh yeah you're very kind and but uh yeah you're very kind and gracious for sure. Uh my prediction is gracious for sure. Uh my prediction is that by the end of 2026 that there will that by the end of 2026 that there will be no use for the mute button and so be no use for the mute button and so you'll never have to say hey I think you'll never have to say hey I think >> So that's um that's one prediction. My >> So that's um that's one prediction. My god, I would love that so much. I would god, I would love that so much. I would love that.

love that. >> If we can't figure that out, then how >> If we can't figure that out, then how are we going to figure out these complex are we going to figure out these complex these other complex things? Um I I think these other complex things? Um I I think so if I I'm a very positive person, but so if I I'm a very positive person, but I'll give you my my uh prediction for I'll give you my my uh prediction for 2026, which is which is not quite as 2026, which is which is not quite as posit positive, but I I will say because posit positive, but I I will say because I I'm 100% sure of this what I'm about I I'm 100% sure of this what I'm about to say is that bureaucracy within health to say is that bureaucracy within health care systems will continue to impede the care systems will continue to impede the potential of AI and will be frustrated potential of AI and will be frustrated this time at the end of the year as well this time at the end of the year as well because we're just not set up, the because we're just not set up, the governance is not set up to deal with governance is not set up to deal with something as agile and rapidly changing something as agile and rapidly changing and mind-blowing and transformative as and mind-blowing and transformative as AI. We're set up for old school. What AI. We're set up for old school. What 18? What was it 15 years? Bench to 18? What was it 15 years? Bench to bedside. I know it's about half that bedside. I know it's about half that now. We're we're just so old school. We now. We're we're just so old school. We pin off processes. I I've met with a lot pin off processes. I I've met with a lot of different boards this past couple of different boards this past couple months. And I love all these people. I months. And I love all these people. I will not call them out because there will not call them out because there because it's similar with everyone. Um because it's similar with everyone. Um they just have committee after committee they just have committee after committee after committee, concern after concern after committee, concern after concern after concern. Many concerns are valid after concern. Many concerns are valid of course but we get so defensive that of course but we get so defensive that we will impede progress. So the good we will impede progress. So the good news is after 2026 the the patients will news is after 2026 the the patients will consumers will be so demanding for consumers will be so demanding for change that hospitals will either have change that hospitals will either have to adapt quickly or more likely and it's to adapt quickly or more likely and it's something that Christopher alluded to something that Christopher alluded to you will see the rise a quick rise of I you will see the rise a quick rise of I call it uh concier AI um but you will call it uh concier AI um but you will see people go to new platforms for see people go to new platforms for healthcare that are not a traditional healthcare that are not a traditional hospital that's my prediction for 2026 hospital that's my prediction for 2026 six.

six. six. >> Love it. >> Love it. >> Amir Beluchoj is the only one left and >> Amir Beluchoj is the only one left and then Harvey, it is your game uh then Harvey, it is your game uh completely.

completely. completely. >> All right, >> All right, >> All right, >> how's it going guys? Amir Belaluch, I'm >> how's it going guys? Amir Belaluch, I'm an adviser for a few healthc care an adviser for a few healthc care startups in the VC space and we also startups in the VC space and we also have a we used to have a fund that was have a we used to have a fund that was open. It's actually closed right now, open. It's actually closed right now, but we do some investing in private but we do some investing in private equity with healthcare startups and equity with healthcare startups and early stage companies. And I'm seeing AI early stage companies. And I'm seeing AI everywhere. people are investing in everywhere. people are investing in ideas that don't even make sense. But ideas that don't even make sense. But what some people are alluding to, you what some people are alluding to, you know, how are you solving problems and know, how are you solving problems and how can you prove that it's actually how can you prove that it's actually going to turn into dollars? So, for going to turn into dollars? So, for example, if there's a billing company example, if there's a billing company that can make things more efficiently that can make things more efficiently uh and or if you're getting uh and or if you're getting pre-authorizations faster and reducing pre-authorizations faster and reducing staff, that turns into dollars and now staff, that turns into dollars and now you have a business model that that you have a business model that that makes sense and it's going to affect makes sense and it's going to affect everything. That's kind of like the everything. That's kind of like the internet. you know what? How's the internet. you know what? How's the internet going to make people money?

internet going to make people money? Well, just kind of to roll with it and Well, just kind of to roll with it and and solve problems where you can. But and solve problems where you can. But this is different because I feel like this is different because I feel like intelligence is is going to be a intelligence is is going to be a commodity. What's going to happen when commodity. What's going to happen when we have artificial super intelligence we have artificial super intelligence that's will make better decisions than that's will make better decisions than the president and we decide, hey, do we the president and we decide, hey, do we need to drop a bomb on this country or need to drop a bomb on this country or not? And AI says no. But we are thinking not? And AI says no. But we are thinking yes. Who are we going to go with, right?

yes. Who are we going to go with, right? We're probably going to go with the AI We're probably going to go with the AI at that point in time. So, um, yeah, I at that point in time. So, um, yeah, I think it's going to go so fast that the think it's going to go so fast that the people that are trying to protect the people that are trying to protect the world are not going to move fast enough.

world are not going to move fast enough. It's this going to be very weird. You It's this going to be very weird. You know, we're not going to be able to set know, we're not going to be able to set up guard rails fast enough. I I don't up guard rails fast enough. I I don't think so. Um, I think a lot of people think so. Um, I think a lot of people are going to lose some jobs. Actually, are going to lose some jobs. Actually, I'm not trying to be a pessimistic I'm not trying to be a pessimistic person, but we're going to eventually person, but we're going to eventually have some universal basic income for have some universal basic income for people that are just not keeping up and people that are just not keeping up and not adopting AI, and they're going to be not adopting AI, and they're going to be people that own the AI that are making people that own the AI that are making all the money, and we're going to be all the money, and we're going to be losing out on the middle class. I think losing out on the middle class. I think that's what's going to happen. From that's what's going to happen. From conferences I've been to and people I've conferences I've been to and people I've spoken to, it looks like this is already spoken to, it looks like this is already on the way there. So, that's how I think on the way there. So, that's how I think AI is going to affect kind of the AI is going to affect kind of the nation, how it affects medicine. I think nation, how it affects medicine. I think it it's going to be interesting how it's it it's going to be interesting how it's going to help make drugs and analyze going to help make drugs and analyze different you know molecule different you know molecule combinations. I think that it's going to combinations. I think that it's going to speed up uh that process a lot.

speed up uh that process a lot. Everything with communication is going Everything with communication is going to be affected. I heard somewhere that to be affected. I heard somewhere that over 90% of medicine can be done with over 90% of medicine can be done with tele medicine. Well, what if you just tele medicine. Well, what if you just put up kiosk on every block and you know put up kiosk on every block and you know >> Ed Ed is working on a new AI concierge >> Ed Ed is working on a new AI concierge virtual care company is going to be virtual care company is going to be billiondoll company soon. So billiondoll company soon. So >> yeah. Yeah. So I think I see things like >> yeah. Yeah. So I think I see things like that that that >> I see things like that going on very >> I see

things like that going on very quickly. You know, we're really going to quickly. You know, we're really going to cut out the fluff in healthcare and I cut out the fluff in healthcare and I think there's going to be few winners.

think there's going to be few winners. Yeah. And the money is not going to be Yeah. And the money is not going to be spread and the wealth's not going to be spread and the wealth's not going to be spread evenly. So that's I'm not trying spread evenly. So that's I'm not trying to be pessimistic or anything. I just to be pessimistic or anything. I just from what I'm gathering going to all the from what I'm gathering going to all the conferences and talking to people and conferences and talking to people and seeing what companies are making, which seeing what companies are making, which ones are not. This looks like what's ones are not. This looks like what's going to happen. So, but that's another going to happen. So, but that's another reason I'm here. I got to talk to all reason I'm here. I got to talk to all you guys. What are you guys seeing? So, you guys. What are you guys seeing? So, >> yeah, I appreciate it. No, good seeing >> yeah, I appreciate it. No, good seeing you. I mean, we'll definitely have to you. I mean, we'll definitely have to catch up. Um, catch up. Um, >> yeah.

>> yeah. >> yeah. >> Thank you so much. And and and yeah, >> Thank you so much. And and and yeah, that that's going to be another podcast. that that's going to be another podcast.

We'll we'll talk about that. Uh I know We'll we'll talk about that. Uh I know >> correct now quick connections deep we're >> correct now quick connections deep we're going to bring you in for another going to bring you in for another episode on AI and medical education Tim episode on AI and medical education Tim for sure and then Ammer you need to for sure and then Ammer you need to connect with Dan Sinowat who is actually connect with Dan Sinowat who is actually in the situation and Kar so that you in the situation and Kar so that you probably can come to London and view how probably can come to London and view how dental medical AI is going to be dental medical AI is going to be processing together. Uh just before processing together. Uh just before Harvey goes because this is very Harvey goes because this is very important what he's going to discuss. We important what he's going to discuss. We just want to make sure that the whole just want to make sure that the whole point of the signals and symptoms is to point of the signals and symptoms is to follow us. We are bringing each and follow us. We are bringing each and every vertical not horizontal players every vertical not horizontal players introducing all these solutions even if introducing all these solutions even if they are competing with mine. And then they are competing with mine. And then of course Ed and Harvey as they have of course Ed and Harvey as they have helped me generously are going to help helped me generously are going to help everyone. And the idea is to ensure everyone. And the idea is to ensure ethical, legal, proactive ver horizont ethical, legal, proactive ver horizont vertical solutions to come to market in vertical solutions to come to market in a way that we can all profit hopefully a way that we can all profit hopefully uh as either uh you know users, end uh as either uh you know users, end users, investors, etc. I didn't miss users, investors, etc. I didn't miss anyone in the chat. Did I? I don't think anyone in the chat. Did I? I don't think so.

so. so. Before Dan goes, I know Tim had his hand Before Dan goes, I know Tim had his hand up earlier and he wanted to talk about up earlier and he wanted to talk about his thoughts on his education follow up his thoughts on his education follow up on Zoo. So, if you can do that and on Zoo. So, if you can do that and everyone else talk, if you can mute everyone else talk, if you can mute yourself so we don't hear you. Go ahead, yourself so we don't hear you. Go ahead, Tim.

Tim. Tim. >> Yeah, I just wanted to add something uh >> Yeah, I just wanted to add something uh on the conversation that Deepo had on the conversation that Deepo had one. We've been talking to a lot of one. We've been talking to a lot of educators when it comes to the role of educators when it comes to the role of AI and they're actually thinking more in AI and they're actually thinking more in the context of a positive impact on the context of a positive impact on education in two context. One is that if education in two context. One is that if you actually have started to use chat you actually have started to use chat GPT GPT GPT for studying for a lesson, you actually for studying for a lesson, you actually learn about the topic better, faster, learn about the topic better, faster, and potentially deeper. But the other and potentially deeper. But the other thing that is very important and we're thing that is very important and we're and the enterprise side are pushing and the enterprise side are pushing heavy to the educators is you're not heavy to the educators is you're not going to have a job unless you going to have a job unless you understand how to use AI that you're understand how to use AI that you're going to have to be a schooled in the going to have to be a schooled in the concept of artificial intelligence and concept of artificial

intelligence and large language models and eventually AI large language models and eventually AI even to be in the workforce and it even to be in the workforce and it doesn't matter what level of the doesn't matter what level of the workforce. So I just wanted to enhance workforce. So I just wanted to enhance that because I do have the same concern that because I do have the same concern about you know taking our jobs. At the about you know taking our jobs. At the same time I've written for Forbes couple same time I've written for Forbes couple stories where I've said look AI has to stories where I've said look AI has to be really thought of as an educational be really thought of as an educational tool and as a priority in education for tool and as a priority in education for the purpose of learning the skills of AI the purpose of learning the skills of AI to apply it to business. Without that, to apply it to business. Without that, yeah, you're going to lose a job.

yeah, you're going to lose a job. >> Agreed. Totally agree. >> Agreed. Totally agree. >> So, Tim, um, yes, I am so glad you >> So, Tim, um, yes, I am so glad you brought that and you're absolutely brought that and you're absolutely right. Um, in fact, I have just in the right. Um, in fact, I have just in the last month, um, I had a student who I last month, um, I had a student who I was remediating on an exam and she is was remediating on an exam and she is using was using AI tools as all students using was using AI tools as all students do. The um, and faculty are finally do. The um, and faculty are finally starting to kind of see the light. um starting to kind of see the light. um they're kind of coming out of that fear they're kind of coming out of that fear cycle and starting to use it, although cycle and starting to use it, although it's not fully there yet. But what I it's not fully there yet. But what I found with this student, even though she found with this student, even though she was using these AI tools to help her was using these AI tools to help her study, um she was not getting the grades study, um she was not getting the grades that she wanted. She was in the D uh in that she wanted. She was in the D uh in the DC range. Uh and so really teaching the DC range. Uh and so really teaching these students how to use these tools these students how to use these tools better, learn prompt engineering to get better, learn prompt engineering to get deeper so that they are able to make deeper so that they are able to make connections across multiple courses and connections across multiple courses and cross-pollinate their knowledge is cross-pollinate their knowledge is really going to be important. And um you really going to be important. And um you know I spent a lot of time with this know I spent a lot of time with this student who had all the tools you know student who had all the tools you know they paid the for the apps and all the they paid the for the apps and all the tools but the question is are they tools but the question is are they absorbing it enough for an assessment absorbing it enough for an assessment that they are going to have to pass. On that they are going to have to pass. On the flip side faculty need to change and the flip side faculty need to change and adapt adapt adapt to these tools now being available to to these tools now being available to students. um this earlier talk I was students. um this earlier talk I was referencing at Cornell. One of the referencing at Cornell. One of the things that I talked about was the things that I talked about was the Flexner report came out over a hundred Flexner report came out over a hundred years ago that established how we years ago that established how we educate our healthcare providers today.

educate our healthcare providers today. The we hold true and fast to these The we hold true and fast to these legacy assumptions that we have. One of legacy assumptions that we have. One of them which really is to our detriment in them which really is to our detriment in the evolution of this is that knowledge the evolution of this is that knowledge is a scarce resource. That is no longer is a scarce resource. That is no longer the case.

the case. >> Right? Stu the students today have more >> Right? Stu the students today have more knowledge in their phone than we did knowledge in their phone than we did when I read all of Harrison's when I when I read all of Harrison's when I went to school which no one is doing went to school which no one is doing today. So we have to adopt and adapt our today. So we have to adopt and adapt our teaching styles. And the phrase that I teaching styles. And the phrase that I said to Cornell was we have to change said to Cornell was we have to change the sage on the stage mentality which is the sage on the stage mentality which is how we all learned medicine to the coach how we all learned medicine to the coach by my side which is what this these by my side which is what this these tools are going to help us do. Okay.

tools are going to help us do. Okay. So, I could go on, but uh I know Dan has So, I could go on, but uh I know Dan has patiently been waiting for his hand up.

patiently been waiting for his hand up. >> Go ahead, Dan. >> Go ahead, Dan. >> Yeah, for me it's just more of a >> Yeah, for me it's just more of a question. And by the way, before that, question. And by the way, before that, you

know, like I've been seeing a Miral you know, like I've been seeing a Miral VC Arena party at the W, but first time VC Arena party at the W, but first time for me to hear him talk this way. So, for me to hear him talk this way. So, I'm like, "Oh, now I we got to talk I'm like, "Oh, now I we got to talk business, you know." business, you know." Anyway, I have a question for all of you Anyway, I have a question for all of you cuz you know I'm not like an healthcare cuz you know I'm not like an healthcare expert but I have a few friend like a expert but I have a few friend like a guy who's running radiologist business guy who's running radiologist business but from what you guys are saying it but from what you guys are saying it seemed like you know he might be out of seemed like you know he might be out of job soon you know can you like give me a job soon you know can you like give me a little insight what do you see some of little insight what do you see some of the job that definitely going to be gone the job that definitely going to be gone for example like radiologist or in this for example like radiologist or in this Do you want me to take this? So um there Do you want me to take this? So um there are 56 thou 56,000 US physi we have a are 56 thou 56,000 US physi we have a deficit of 56,000 US physicians. I was deficit of 56,000 US physicians. I was actually director of neuro ICU. Everyone actually director of neuro ICU. Everyone was saying why are you adding NPs and was saying why are you adding NPs and PAs and I said dude we cannot mothers PAs and I said dude we cannot mothers are not giving birth to enough people. I are not giving birth to enough people. I don't know if you remember that there don't know if you remember that there was a telephone operator switch job when was a telephone operator switch job when they used to take this and then switch they used to take this and then switch to operators and that is gone now to operators and that is gone now because clearly we do it on a digital because clearly we do it on a digital switch.

switch. switch. uh as far as any profession that has uh as far as any profession that has what we call human touch point defining what we call human touch point defining the human touch point in the sense like the human touch point in the sense like nurse physical therapy occupational nurse physical therapy occupational therapy etc until with robotics which is therapy etc until with robotics which is going to be like at least 10 to 15 years going to be like at least 10 to 15 years away we are actually need you're going away we are actually need you're going to see increased demand because uh a lot to see increased demand because uh a lot of people are left I mean there are pe of people are left I mean there are pe there are physicians who did not invest there are physicians who did not invest in my company because they said that in my company because they said that save life AI is going to you know save life AI is going to you know basically replace acute stroke basically replace acute stroke physicians and now they're coming back physicians and now they're coming back and now they realize that we can see 10 and now they realize that we can see 10 times more stroke patients. So there is times more stroke patients. So there is there is an iceberg below that no people there is an iceberg below that no people understand that we are really not understand that we are really not following standards of care, proper following standards of care, proper followup, all of that. And these new followup, all of that. And these new from horizontal to vertical solutions is from horizontal to vertical solutions is going to be where physicians are going going to be where physicians are going to be deeply engaged in a more to be deeply engaged in a more meaningful way. And we still going to meaningful way. And we still going to need more and more touchpointbased need more and more touchpointbased providers. It could be NP, PA, providers. It could be NP, PA, physicians, phys whatever that may be, physicians, phys whatever that may be, but we always will need it. I agree with but we always will need it. I agree with Air's gloom and doom approach, which is Air's gloom and doom approach, which is a little further away, 5 to 10 years, a little further away, 5 to 10 years, just being honest. But in the next just being honest. But in the next immediate uh uh return on investment is immediate uh uh return on investment is going to be on the vertical layer.

going to be on the vertical layer. >> Sorry, go ahead. >> Sorry, go ahead. >> What about people that are what about >> What about people that are what about people that are just all they've been people that are just all they've been doing and training is just reviewing doing and training is just reviewing those X-ray like radiologists? What do those X-ray like radiologists? What do you think?

you think? >> So I fired my marketing team from five >> So I fired my marketing team from five people to two people. I fired my quality people to two people. I fired my quality management system from seven people to management system from seven people to now three people. I'm going to fire more now three people. I'm going to fire more people who are doing audit AI scribe all people who are doing audit AI scribe all that crap. So that is definitely you that crap. So that is definitely you need to upskill need to upskill sorry I sorry I >> I'll just add that real quick. Uh >> I'll just add that real quick. Uh Singapore two years ago came out with Singapore two years ago came out with some legislator anyone at legislation some legislator anyone at legislation anyone over 40 is going to be

retrained anyone over 40 is going to be retrained and to get the new the new skill set. I and to get the new the new skill set. I see what Jana's saying, but this for me see what Jana's saying, but this for me personally, it's the great shift. How personally, it's the great shift. How can I shift my current job? When I learn can I shift my current job? When I learn to be a doctor, do I still practice how to be a doctor, do I still practice how I was a medical student? Whoever is I was a medical student? Whoever is typing in the background, if you could typing in the background, if you could like mute mute yourselves because you like mute mute yourselves because you could hear a typer in the back. Sorry.

could hear a typer in the back. Sorry. Um the other thing is, will do we see Um the other thing is, will do we see jobs uh being lost? Yes. And will we see jobs uh being lost? Yes. And will we see more jobs being created that being lost?

more jobs being created that being lost? Maybe not. More than likely. um there's Maybe not. More than likely. um there's this awkward phase and maybe that's this awkward phase and maybe that's where uh that what air was saying that where uh that what air was saying that we'll have to have a certain amount of we'll have to have a certain amount of income for certain people because if not income for certain people because if not we can start and if that happens then we can start and if that happens then what will happen to our society um just what will happen to our society um just I I don't want to sound like doomsday I I don't want to sound like doomsday but I I do see a tax coming and that tax but I I do see a tax coming and that tax will be higher corporations that are will be higher corporations that are leveraging AI to a certain point and leveraging AI to a certain point and it'll be inversely proportional to the it'll be inversely proportional to the amount of people that they fired so that amount of people that they fired so that they could have some money to go back they could have some money to go back into the force because for society into the force because for society reason the next thing I want to reason the next thing I want to highlight is Martek's law. This highlight is Martek's law. This information is exponential the information is exponential the technology our organizations everybody technology our organizations everybody listening is logarithmic and as a result listening is logarithmic and as a result there's a gap and the bigger the gap the there's a gap and the bigger the gap the bigger the disruption and so if you bigger the disruption and so if you don't want to be disrupted then you want don't want to be disrupted then you want to be closer to that uh exponential to be closer to that uh exponential straight line that's going up because straight line that's going up because then you're more likely to disrupt then you're more likely to disrupt others. Um anyway I really I know we're others. Um anyway I really I know we're getting close on time. I I want to show getting close on time. I I want to show this but I want to make sure we have any this but I want to make sure we have any Q&A from you guys. If not, I want to Q&A from you guys. If not, I want to show this graph and then I really want show this graph and then I really want to hear from all you guys. Um, yes, I to hear from all you guys. Um, yes, I see a hand up. Go ahead, see a hand up. Go ahead, unmute yourself, sir. Yeah.

unmute yourself, sir. Yeah. That would help. Uh, thank you. I just That would help. Uh, thank you. I just wanted to add that it's kind of like the wanted to add that it's kind of like the wild wild west right there. Uh, right wild wild west right there. Uh, right now you, you know, they did say the same now you, you know, they did say the same things about cell phones and internet, things about cell phones and internet, but it's not that AI is going to replace but it's not that AI is going to replace our jobs. AI is going to replace the our jobs. AI is going to replace the jobs of those people that don't learn jobs of those people that don't learn how to use AI to apply it within their how to use AI to apply it within their businesses. Um anytime you have new businesses. Um anytime you have new innovations and new markets are created, innovations and new markets are created, new jobs are created, new positions are new jobs are created, new positions are created and I think the most important created and I think the most important thing is for doctors to create standards thing is for doctors to create standards and and a framework around artificial and and a framework around artificial intelligence before it gets out of hand intelligence before it gets out of hand before AI starts talking to itself. So before AI starts talking to itself. So deep deep and uh and and Tim you know deep deep and uh and and Tim you know you read the Forbes and the Times you read the Forbes and the Times healthcare is the most resistance to AI healthcare is the most resistance to AI out of all the industries. So, and out of all the industries. So, and people still are going to like the human people still are going to like the human touch, the human empathy. And if touch, the human empathy. And if doctors, a fraction of the 30 million doctors, a fraction of the 30 million doctors running around, actually came doctors running around, actually came together and created a framework around together and created a framework around this, I think we'll be immune to the this, I think we'll be immune to the concerns that have been discussed.

concerns that have been discussed. That's all. Thank you. That's all. Thank you. >> Awesome. Well, we then planned this. >> Awesome. Well, we then planned this.

This is a great transition and I really This is a great transition and I really want to hear from all of you guys on want to hear from all of you guys on this picture and I'm just going to this picture and I'm just going to unpack this picture. This I took from a unpack this picture. This I took from a New York Times article that was shared New York Times article that was shared with the team a couple hours before with the team a couple hours before starting it and then I converted it to starting it and then I converted it to an infographic and and here's the an infographic and and here's the take-home. We have the patient and take-home. We have the patient and obviously the patient is in the center obviously the patient is in the center and that's why I put it as the sun. Now and that's why I put it as the sun. Now the patient is overwhelmed. They are the patient is overwhelmed. They are getting uh social media advice from getting uh social media advice from influencers and some of these influencers and some of these influencers are not doctors. They're not influencers are not doctors. They're not PAs. They're not health care PAs. They're not health care professionals. They're influencers and professionals. They're influencers and some of them are pushing a product. So, some of them are pushing a product. So, our patient is hearing certain things our patient is hearing certain things saying, "Oh my gosh, I need to try this saying, "Oh my gosh, I need to try this product." And how do they decide?

product." And how do they decide? They're getting overwhelmed. The next They're getting overwhelmed. The next portion is there's this AI chat bots and portion is there's this AI chat bots and as we know, they hallucinate. And so, as we know, they hallucinate. And so, however they're being used, that patient however they're being used, that patient again is getting information that again is getting information that they're like, "Is this right? Is this they're like, "Is this right? Is this wrong?" But you know what? It's on the wrong?" But you know what? It's on the internet. It's got to be right. Right.

internet. It's got to be right. Right. And then we have political forces. Uh we And then we have political forces. Uh we have different parts. Do you live in have different parts. Do you live in California? Do you live in New York? Do California? Do you live in New York? Do you live in the European Union? And then you live in the European Union? And then depending where you live will influence depending where you live will influence your a way of using AI and taking that your a way of using AI and taking that information in and there'll be some information in and there'll be some guardrails depending on that country.

guardrails depending on that country. For example, the laws in Europe compared For example, the laws in Europe compared to the laws of California compared to to the laws of California compared to the laws of West Texas or something or the laws of West Texas or something or Texas, it changes. So what is that Texas, it changes. So what is that common thread? How do we trust this common thread? How do we trust this information? And this is where our information? And this is where our health care system comes because if the health care system comes because if the physician can be that interpreter to be physician can be that interpreter to be that person or male or female whoever it that person or male or female whoever it is to come in and tell the patient, hey is to come in and tell the patient, hey that influencer is wrong in XYZ. This that influencer is wrong in XYZ. This information that you got from the bot is information that you got from the bot is wrong and here's why. And then us be the wrong and here's why. And then us be the orchestrator, meaning as an healthcare orchestrator, meaning as an healthcare professional going through and saying, professional going through and saying, "Okay, let me re-engineer this chatbot.

"Okay, let me re-engineer this chatbot. Let me make sure it's not hallucinating. Let me make sure it's not hallucinating. Let me make sure I'm doing this Let me make sure I'm doing this correctly." And so I really like this correctly." And so I really like this picture because at the end of the day it picture because at the end of the day it goes back to the health care profession goes back to the health care profession to be the empathy to be that perspective to be the empathy to be that perspective person to help with the complex decision person to help with the complex decision to be that human in the loop but more to be that human in the loop but more importantly to be that instead of the importantly to be that instead of the the other diagram that you see there on the other diagram that you see there on the left is black and white. Back in the the left is black and white. Back in the day I'm going to age myself. It was the day I'm going to age myself. It was the doctor as the gatekeeper. It was me doctor as the gatekeeper. It was me writing that prescription and saying I'm writing that prescription and saying I'm your

knowledge base and this is how it your knowledge base and this is how it needs to be done. Now when I was throw needs to be done. Now when I was throw in medical school it was Dr. Google in medical school it was Dr. Google papers and then it was uh console MD and papers and then it was uh console MD and now it's chatpt and so I just wanted to now it's chatpt and so I just wanted to plant that to see what you guys think.

plant that to see what you guys think. So Jana Ed or anybody? So Jana Ed or anybody? >> Yeah Harvey I think one of the big >> Yeah Harvey I think one of the big challenges that you see with this is the challenges that you see with this is the doctor has you know 15 minutes at a time doctor has you know 15 minutes at a time maybe with a patient. Uh patients have a maybe with a patient. Uh patients have a parasocial relationship with a lot of parasocial relationship with a lot of these wellness influencers. they might these wellness influencers. they might be hearing from them every day. So I be hearing from them every day. So I think that's one of the big challenges think that's one of the big challenges with this system, right? How do you It's with this system, right? How do you It's hard to lecture people and tell them hard to lecture people and tell them like, hey, don't listen to these other like, hey, don't listen to these other people. They feel like these people are people. They feel like these people are closest to me. So I think that's one of closest to me. So I think that's one of the big challenges and you know, just the big challenges and you know, just how can there be systems that doctors how can there be systems that doctors know where they're getting this know where they're getting this information and they're able to steer information and they're able to steer them toward the right information, but them toward the right information, but yeah, there there's some of those forces yeah, there there's some of those forces really pushing against you there.

really pushing against you there. >> Yeah. And I love what you just said and >> Yeah. And I love what you just said and and to really think it through. It's AI and to really think it through. It's AI can scale information quick, but the can scale information quick, but the only thing doctors can really scale is only thing doctors can really scale is that trust because that trust is so that trust because that trust is so important. And to your point, then I important. And to your point, then I need to know my tools. And that's why need to know my tools. And that's why I'm really big on teaching people the I'm really big on teaching people the the good, the bad, and the unknown.

the good, the bad, and the unknown. Because if doctors don't know, and if Because if doctors don't know, and if there's no food label on this particular there's no food label on this particular AI, then they're using that tool and in AI, then they're using that tool and in some instances making that AI bias worse some instances making that AI bias worse because they don't even know that that because they don't even know that that exists into the algorithm. And so really exists into the algorithm. And so really good point, my friend. Uh, who else has good point, my friend. Uh, who else has their hand up? And go ahead and just their hand up? And go ahead and just >> I think he's coming back for some >> I think he's coming back for some reason. You go first.

reason. You go first. >> Go ahead, J. Or whoever. Oh, there you >> Go ahead, J. Or whoever. Oh, there you go. There. go. There. >> Okay. Uh, I think that was a mistake.

>> Okay. Uh, I think that was a mistake. And I would like to know your opinion And I would like to know your opinion because I I very much by the way going because I I very much by the way going through this founding process I keep through this founding process I keep saying that uh what Harvey said uh the saying that uh what Harvey said uh the most valuable commodity will be trust most valuable commodity will be trust and then uh making sure that we are able and then uh making sure that we are able to trust and I'm going to tell you Tom to trust and I'm going to tell you Tom in a minute how you built trust and in a minute how you built trust and governance as part and parcel of your AI governance as part and parcel of your AI strategy but go ahead Ed Harvey you can strategy but go ahead Ed Harvey you can unshare the screen or make it a little unshare the screen or make it a little zoomer if you zoomer if you Oh, just me. There we go.

Oh, just me. There we go. >> All right. Who's next? >> All right. Who's next? >> Ed, what's your what's your opinion on >> Ed, what's your what's your opinion on uh commoditizing trust? Let's just be uh commoditizing trust? Let's just be honest. At the end of the day, honest. At the end of the day, everything is becoming a commodity. So everything is becoming a commodity. So >> yeah, I I well, I know the two of you >> yeah, I I well, I know the two of you know my perspective and I know it may be know my perspective and I know it may be a little far-fetched for some, but I a little far-fetched for some, but I think it's going to be concierge AI and think it's going to be concierge AI and I'm going to gain more and more trust in I'm going to gain more and more trust in my agent and I'm going to

that's the my agent and I'm going to that's the first place I'm going to go for my first place I'm going to go for my healthcare. I already do now and I'm not healthcare. I already do now and I'm not going to go into those stories. You all going to go into those stories. You all know some of you will already know those know some of you will already know those stories. Um stories. Um so I I but but I do agree with the point so I I but but I do agree with the point you know Harvey's point I I know I may you know Harvey's point I I know I may be an outlier but um that is the one be an outlier but um that is the one thing that the physician the human part thing that the physician the human part you know the connectedness that you can you know the connectedness that you can never displace um so I I still see that never displace um so I I still see that going on so I so I appreciate Harvey's going on so I so I appreciate Harvey's uh point of view on that and and and see uh point of view on that and and and see how all those different uh parts and how all those different uh parts and pieces of the ecosystem uh can interact pieces of the ecosystem uh can interact and change things. But yeah, ultimately and change things. But yeah, ultimately you know I I will come to a specialist you know I I will come to a specialist for sure. Um but who knows what'll for sure. Um but who knows what'll happen three to five years. It could happen three to five years. It could evolve so much that even the specialist evolve so much that even the specialist is somewhat um forced to become even is somewhat um forced to become even more specialized if you will without more specialized if you will without going into the broader context of of the going into the broader context of of the history that some of you know. So I I history that some of you know. So I I hope that answers your question. I just hope that answers your question. I just think I'm gonna continue to go I'm doing think I'm gonna continue to go I'm doing it right now. You know there's so many it right now. You know there's so many I'm doing it right now with stem cells.

I'm doing it right now with stem cells. I some of you already know and I'm not I some of you already know and I'm not going to go there with the liver story going to go there with the liver story and u what I've done with a couple other and u what I've done with a couple other things but that that's my go-to now is things but that that's my go-to now is my AI for all things healthcare. So Ed my AI for all things healthcare. So Ed is not a physician and he's of course at is not a physician and he's of course at the forefront of technology as a the forefront of technology as a patient. Um and he has amazing book by patient. Um and he has amazing book by the way. I just so does Harvey by the the way. I just so does Harvey by the way. Harvey's new book is going to come way. Harvey's new book is going to come out if anyone's interested in out if anyone's interested in contributing. So here's here's the thing contributing. So here's here's the thing Tom what you suggested is exactly the Tom what you suggested is exactly the problem statement. The problem statement problem statement. The problem statement is how do you improve trust in a new is how do you improve trust in a new technology? Correct? I mean that's fair technology? Correct? I mean that's fair enough. Just for understanding again any enough. Just for understanding again any new technology is a catalyst by new technology is a catalyst by definition. A car is four wheels that definition. A car is four wheels that takes you from point A to point B more takes you from point A to point B more faster than a horse.

faster than a horse. Simple. There's and that's how AI is Simple. There's and that's how AI is going to be. Those people who can afford going to be. Those people who can afford it, who can actually do it are going to it, who can actually do it are going to be much faster in getting the car from A be much faster in getting the car from A to B. There will always be an initial to B. There will always be an initial societal level imbalance. What Dan and societal level imbalance. What Dan and Amir was saying that is not unexpected.

Amir was saying that is not unexpected. We see the dotcom bubble, we see the We see the dotcom bubble, we see the trillion dollar companies, but trillion dollar companies, but everything is also trickling down. We everything is also trickling down. We have new jobs as Ed suggested and have new jobs as Ed suggested and everyone suggested. So understanding everyone suggested. So understanding technology as a catalyst for change and technology as a catalyst for change and initial um what we call dystopia before initial um what we call dystopia before utopia. That is the known fact utopia. That is the known fact throughout this. Now you basically what throughout this. Now you basically what Tom the biggest issue and by the way Tom the biggest issue and by the way you're a marketing person so you you're a marketing person so you understand this that as a when you come understand this that as a when you come back and talk to your customer and back and talk to your customer and journeys because we have talked to like journeys because we have talked to like 500 providers now one of the biggest 500 providers now one of the biggest issue is to understand that they have issue is to understand that they have the right user experience in front end the right user experience in front end to actually choose. Number two is to actually choose. Number two is significant amazing important of significant amazing important of customization which we have to customize customization which we have to customize our platforms in the sense that end user

our platforms in the sense that end user can customize their user preferences can customize their user preferences because oncology has a different because oncology has a different completely different way to opthalmology completely different way to opthalmology and ENT. So that is an extremely and ENT. So that is an extremely important built-in mode for any important built-in mode for any technology company that I suppose Dan technology company that I suppose Dan and everyone is evaluating that how do and everyone is evaluating that how do they customize which I showed because we they customize which I showed because we can have one front-end modular but the can have one front-end modular but the idea is that you bring customizations idea is that you bring customizations and number three properly communicate and number three properly communicate value and I'm just telling you in the value and I'm just telling you in the last year I heard so much I learned so last year I heard so much I learned so much from Ed and all his CIOS and CTO's much from Ed and all his CIOS and CTO's friends that he you know and all of that friends that he you know and all of that that I understood how to communicate that I understood how to communicate value better at the end of the Okay, value better at the end of the Okay, humans are not machines or calculators.

humans are not machines or calculators. They love stories and it is a freaking They love stories and it is a freaking amazing thing that as a founder I have amazing thing that as a founder I have to learn storytelling. So value to learn storytelling. So value proposition has to understand at some proposition has to understand at some point in time that you deliver value at point in time that you deliver value at the level of a storytelling and you uh the level of a storytelling and you uh by the way I'm getting investments like by the way I'm getting investments like right and left now because of that. So right and left now because of that. So again so bring so main question is trust again so bring so main question is trust depends on value depends on three things depends on value depends on three things technological mode in terms of technological mode in terms of customization technological mode in customization technological mode in terms of front-end UI experience so that terms of front-end UI experience so that it's easy faster and better and talking it's easy faster and better and talking to you know making sure that this to you know making sure that this network is better because we as human network is better because we as human beings will always trust another human beings will always trust another human being more most of the time of course we being more most of the time of course we go fights on it but always understanding go fights on it but always understanding that healthc care progresses that healthc care progresses specifically healthcare is very specifically healthcare is very different than you know other SAS sales different than you know other SAS sales that is you know you can advertise and that is you know you can advertise and somebody's going to subscribe healthcare somebody's going to subscribe healthcare doesn't work like that doesn't work like that >> sorry Harvey go ahead >> sorry Harvey go ahead >> well no and I just want to I know we're >> well no and I just want to I know we're coming to the end I just want to thank coming to the end I just want to thank everybody I know it's crazy we got everybody I know it's crazy we got holiday so I really appreciate everyone holiday so I really appreciate everyone taking their time on a Saturday because taking their time on a Saturday because I I normally don't ask anyone to do I I normally don't ask anyone to do anything on the weekend so thank you you anything on the weekend so thank you you all you guys for coming means a lot to all you guys for coming means a lot to me and big picture our mission is how me and big picture our mission is how can we help people leveraging this can we help people leveraging this technology for a better tomorrow and I technology for a better tomorrow and I think all of us share that sentiment think all of us share that sentiment with that said I know there's the bell with that said I know there's the bell curve of what could happen and really curve of what could happen and really nobody knows but at the end of the day nobody knows but at the end of the day we know that our hearts in the good we know that our hearts in the good place so with that I want to make sure place so with that I want to make sure if so there's some pressing issue that if so there's some pressing issue that somebody wants to say XY I really want somebody wants to say XY I really want to hear from you guys um if not then I to hear from you guys um if not then I personally want to thank you guys for personally want to thank you guys for it's been an awesome year and I cannot it's been an awesome year and I cannot wait for next year next year is going to wait for next year next year is going to rock in so many ways and so many rock in so many ways and so many announcements coming. So um Ed Jana announcements coming. So um Ed Jana any any other comments?

any other comments? Yeah, there I know for sure Harvey has a Yeah, there I know for sure Harvey has a big announcement but I cannot say it. Of big announcement but I cannot say it. Of I have a massive amount announcement I have a massive amount announcement becoming something big and a title and becoming something big and a title and everything and of course more everything and of course more importantly getting access to massive importantly getting access to massive amount of data which is the mo biggest amount of data

which is the mo biggest another big mode by the way we didn't another big mode by the way we didn't talk about. So Tom uh data is a big mode talk about. So Tom uh data is a big mode it's still it's going to get even harder it's still it's going to get even harder for people to bring in more data but for people to bring in more data but again I'm very grateful to find such again I'm very grateful to find such good friends uh with similar uh you know good friends uh with similar uh you know back end. We are all very spiritual by back end. We are all very spiritual by the way and we're very honest. We are in the way and we're very honest. We are in Texas so we are gun loving as well. So Texas so we are gun loving as well. So we are very you know anti-regulation we are very you know anti-regulation just being honest. What I'm saying is just being honest. What I'm saying is that that we understand and Ed always that that we understand and Ed always says u sandbox sandbox sandbox. So the says u sandbox sandbox sandbox. So the idea is to push this forward in an idea is to push this forward in an ethical way but keep pushing it forward.

ethical way but keep pushing it forward. So So So >> awesome. >> awesome. >> awesome. >> Yeah I think how blessed we all are. >> Yeah I think how blessed we all are.

everyone who's participated, everyone everyone who's participated, everyone who's watching online, everyone who's who's watching online, everyone who's going to watch this in the next few going to watch this in the next few days, how blessed we are to be in this days, how blessed we are to be in this position to have the knowledge that we position to have the knowledge that we have to have this conversation. Uh so I have to have this conversation. Uh so I think we all have to take a huge think we all have to take a huge responsibility about what we do within responsibility about what we do within Next and I I know we all have the same Next and I I know we all have the same heart and that is to really leverage heart and that is to really leverage this technology to enable better health this technology to enable better health care throughout the world and uh I just care throughout the world and uh I just consider it a blessing to be alive and consider it a blessing to be alive and just to know you and be on this podcast just to know you and be on this podcast together. So thank you.

together. So thank you. >> Thank you. >> Thank you. >> Thank you so much both of you. Thank >> Thank you so much both of you. Thank you. you. you. >> Yeah, I would love to >> Yeah, I would love to >> go ahead, Dan.

>> go ahead, Dan. >> You know, like Ed, I since I see that >> You know, like Ed, I since I see that you're in Dallas, you know, would love you're in Dallas, you know, would love for you to come by and, you know, talk for you to come by and, you know, talk to some of our founders, right? Like I to some of our founders, right? Like I like Janad said, most founder that we like Janad said, most founder that we see, there are a lot of like good see, there are a lot of like good founder, technical founder, but they founder, technical founder, but they have no idea how to talk business.

have no idea how to talk business. >> Everything's coming out of their mouth >> Everything's coming out of their mouth sound technical to me. And I'm like, sound technical to me. And I'm like, stop that. You know like stop that. You know like in this new age you know I don't know if in this new age you know I don't know if you heard this but like virality is a you heard this but like virality is a product nowaday meaning that it's the product nowaday meaning that it's the story right if you cannot relate your story right if you cannot relate your your story to anybody then there's no your story to anybody then there's no product for you or don't there's no product for you or don't there's no business for you like you know so I business for you like you know so I think yeah more founder need to to move think yeah more founder need to to move away from just selling product or away from just selling product or technology into telling more better technology into telling more better story how it relate to story how it relate to So, So, So, >> thank you. Thank you.

>> thank you. Thank you. >> Do you mind if I just share? >> Do you mind if I just share? >> Yes, please. Sorry, please. Sorry. >> Yes, please. Sorry, please. Sorry.

>> I share just a quick I'm not trying to >> I share just a quick I'm not trying to do New Year's resolutions, but I am do New Year's resolutions, but I am reflecting on what I think 2026 will reflecting on what I think 2026 will bring. And I think one of the one of the bring. And I think one of the one of the headlines that I've kind of given myself headlines that I've kind of given myself as a charge is change happens at the as a charge is change happens at the speed of trust. And I really think that speed of trust. And I really think that that's going to be the next evolution of

that's going to be the next evolution of where we go 2026 and beyond. So um thank where we go 2026 and beyond. So um thank you. Thank you for the opportunity to be you. Thank you for the opportunity to be here and join the conversation.

here and join the conversation. >> Thank youful for that because I always >> Thank youful for that because I always say um culture is our living step with say um culture is our living step with this this technology. We can create it this this technology. We can create it but if the culture is not ready for it, but if the culture is not ready for it, it's not going to happen. It's it it's not going to happen. It's it piggybacks on what you said basically.

piggybacks on what you said basically. So thank you. Thank you so much for So thank you. Thank you so much for coming everybody and especially thanks coming everybody and especially thanks