Why HealthTech Adoption Still Fails Today? Transcript

(Transcripts are generated by AI and may contain errors)

Opening Hook and Episode Introduction

Most digital health founders [music] Most digital health founders [music] think adoption is a sales problem. think adoption is a sales problem. It is not.

It is not. You build something valuable, but it's You build something valuable, but it's [music] stuck behind slow workflows, [music] stuck behind slow workflows, delayed diagnosis, and behavior no one delayed diagnosis, and behavior no one designed for. [music] designed for. [music] In this episode, Dr. John Showalter, In this episode, Dr. John Showalter, physician, [music] physician, [music] former chief medical informatics former chief medical informatics officer, health tech AI product leader, officer, health tech AI product leader, and now the [music] COO of Lynes Health, and now the [music] COO of Lynes Health, shares how digital health companies shares how digital health companies actually scale actually scale by turning months into [music] by turning months into [music] minutes, minutes, minutes, fitting real clinical workflows, and fitting real clinical workflows, and solving problems people will truly use.

solving problems people will truly use. Healthcare entrepreneurs, are you ready Healthcare entrepreneurs, are you ready to rewrite the rules for your business to rewrite the rules for your business so you can have more time off, a great so you can have more time off, a great team, [music] and more income while team, [music] and more income while creating a positive social impact? Then, creating a positive social impact? Then, you are in the right place. Welcome to you are in the right place. Welcome to the Providers' [music] the Providers' [music] Edge. I'm your host, Sabrina Runbeck.

Edge. I'm your host, Sabrina Runbeck. I'm a provider, an international [music] I'm a provider, an international [music] peak performance keynote speaker, and a peak performance keynote speaker, and a best-selling author. Let's open the best-selling author. Let's open the gateway to profitability for you [music] gateway to profitability for you [music] today. My guests and I help healthcare today.

Why Adoption Fails in Digital Health

My guests and I help healthcare entrepreneurs and startup founders, like entrepreneurs and startup founders, like you, break through barriers so you can you, break through barriers so you can control your business, control your business, >> [music] >> [music] >> [music] >> control your life, and control your >> control your life, and control your future. This is your defining moment to future. This is your defining moment to We are at Health Gain 2025. I'm so We are at Health Gain 2025. I'm so excited to be here, and then we have Dr.

excited to be here, and then we have Dr. John Showalter here with us. Health John Showalter here with us. Health really is a lot of innovation, a lot of really is a lot of innovation, a lot of clinicians come together, and health clinicians come together, and health systems, and a lot of just noise and systems, and a lot of just noise and energy, right?

energy, right? >> [laughter] >> [laughter] >> [laughter] >> So, what really feel like this year >> So, what really feel like this year really brought you here? What do you really brought you here? What do you really wanted to do at Health? So, really wanted to do at Health? So, definitely from seeing what's going on, definitely from seeing what's going on, the that the AI discussion, seeing where the that the AI discussion, seeing where whether it's agentic AI or other pieces whether it's agentic AI or other pieces of generative AI are really needing to of generative AI are really needing to take hold in health care. So, I'm the take hold in health care. So, I'm the chief operating officer at a company chief operating officer at a company called Linus Health. We do digital called Linus Health. We do digital cognitive assessments and leverage AI to cognitive assessments and leverage AI to scale up medical assistants, scale up scale up medical assistants, scale up primary care to tackle dementia primary care to tackle dementia problems. So, always on the lookout for problems. So, always on the lookout for what other people are doing in their own what other people are doing in their own space to see what we can learn from, but space to see what we can learn from, but also if there's any, you know, potential also if there's any, you know, potential partners out there

that we really need partners out there that we really need to, you know, to, you know, merge into a single ecosystem. Our CEO merge into a single ecosystem.

Brain Health, Dementia, and Faster Diagnosis

Our CEO just did a presentation with the CEO of just did a presentation with the CEO of League, which has a, you know, multi League, which has a, you know, multi group of agentic AI to help pair group of agentic AI to help pair members. They call it a league of their members. They call it a league of their own. So, they, you know, that own. So, they, you know, that combination of sinking our technology combination of sinking our technology with what others are doing to really get with what others are doing to really get people the ability to understand their people the ability to understand their brain health is what's driving me this brain health is what's driving me this year. Yeah, mental health has been year. Yeah, mental health has been coming up with more and more solutions.

coming up with more and more solutions. I've been seeing those, as you're I've been seeing those, as you're saying, the gen tech side of it, or saying, the gen tech side of it, or people doing of PTSD, depression side of people doing of PTSD, depression side of how to retrain your brain, neural how to retrain your brain, neural markers, trying to combining different markers, trying to combining different resources. So, with your guys' resources. So, with your guys' technology, where have you guys been technology, where have you guys been inserting yourselves in when you said inserting yourselves in when you said primary care and then some of these primary care and then some of these clinics? Is that all throughout the US, clinics? Is that all throughout the US, or where's the sweet spot right now?

or where's the sweet spot right now? Yeah, so our focus is on dementia and Yeah, so our focus is on dementia and identifying mild cognitive impairment.

identifying mild cognitive impairment. So, there are about 20 million people So, there are about 20 million people over the age of 55 that have mild over the age of 55 that have mild cognitive impairment. 92% are cognitive impairment. 92% are undiagnosed. So, nine out of 10 don't undiagnosed. So, nine out of 10 don't know they have it. And that's because know they have it. And that's because it's generally done by a it's generally done by a neuropsychologist, and that is a neuropsychologist, and that is a nine-month wait, and there's a couple of nine-month wait, and there's a couple of thousand of them in the country trying thousand of them in the country trying to serve millions of people. So, we are to serve millions of people. So, we are going into primary care, going into going into primary care, going into neurology clinics, and giving them neurology clinics, and giving them digital cognitive assessments. So, digital cognitive assessments. So, something that would take 3 hours can something that would take 3 hours can get done in 10 minutes and have about get done in 10 minutes and have about 90% as much accuracy as that 3 hours.

90% as much accuracy as that 3 hours. So, really democratizing the ability to So, really democratizing the ability to understand if your brain's working understand if your brain's working properly, particularly as you age.

properly, particularly as you age. Right, it's all about nowadays it's Right, it's all about nowadays it's speed to diagnosis, right? The earlier speed to diagnosis, right? The earlier we catch it, especially dementia, we catch it, especially dementia, Alzheimer's is such a detrimental Alzheimer's is such a detrimental disease. Even for me, my disease. Even for me, my ex-father-in-law was diagnosed I ex-father-in-law was diagnosed I actually diagnosed him actually diagnosed him >> [laughter] >> [laughter] >> [laughter] >> before he got formally diagnosed. And >> before he got formally diagnosed. And when he did, it was already end-stage, when he did, it was already end-stage, right? So, now we have both drugs right? So, now we have both drugs developments are coming out there how to developments are coming out there how to even treat some of the earlier stage even treat some of the earlier stage versus now you guys is about like how do versus now you guys is about like how do we get them into our system faster? So, we get them into our system faster? So, then we can help with this additional then we can help with this additional therapeutic side of slowing down the therapeutic side of slowing down the progression, right? I'm so excited that progression, right? I'm so excited that you referred to it as end-stage cuz I you referred to it as end-stage cuz I talk a lot at talking to prospects or talk a lot at talking to prospects or customers or inside the company, you customers or inside the company, you know, there is a really clear parallel know, there is a really clear parallel to early treatment in cancer. And if to early treatment in cancer. And if you're treating stage one

cancer, it's you're treating stage one cancer, it's very different than if you're treating very different than if you're treating stage four end-stage cancer. That stage four end-stage cancer. That dementia spectrum is the same. If we're dementia spectrum is the same.

Scaling Cognitive Screening in Primary Care

If we're catching cognitive impairment when catching cognitive impairment when you're first having problems, there are you're first having problems, there are all kinds of options and even all kinds of options and even non-medication problem even exercise, non-medication problem even exercise, lifestyle, socialization has been shown lifestyle, socialization has been shown to add years of independence if you to add years of independence if you start it early. Right. If you wait until start it early. Right. If you wait until people are ready not able to do their people are ready not able to do their checkbook, not able to do their laundry, checkbook, not able to do their laundry, then it's a pretty, you know, defined then it's a pretty, you know, defined course after that even with the new course after that even with the new medications. But prior to that stage, we medications. But prior to that stage, we do have, you know, the anti-amyloid do have, you know, the anti-amyloid therapies and I'm super excited cuz the therapies and I'm super excited cuz the evoke trials closed last month and evoke trials closed last month and they're looking at oral semaglutide for they're looking at oral semaglutide for dementia prevention. They're supposed to dementia prevention. They're supposed to read out in early December, but even read out in early December, but even just the prospect that we're going to just the prospect that we're going to have a pill that prevents dementia is have a pill that prevents dementia is huge. Right. And then I was there huge. Right. And then I was there recently actually connected with a recently actually connected with a company that they also do screening, company that they also do screening, more of a biomarker screening. So, all more of a biomarker screening. So, all of these things can be combined into a of these things can be combined into a centralized platform because then it's centralized platform because then it's also there are VCs that are looking also there are VCs that are looking specifically at these neurological specifically at these neurological assessments. Well, in one of the, you assessments. Well, in one of the, you know, big things in our ecosystem, we know, big things in our ecosystem, we partnered with a group that did partnered with a group that did biomarker screening. We did 180 people biomarker screening. We did 180 people in 4 hours. And they did the cognitive in 4 hours. And they did the cognitive assessment, the biomarker assessment, assessment, the biomarker assessment, and got them seen by a neurologist and got them seen by a neurologist within 30 days. And that's just like within 30 days. And that's just like completely unheard of and disruptive for completely unheard of and disruptive for a pathway that is a pathway that is waited until a family member is waited until a family member is concerned, they see their primary care concerned, they see their primary care doc, they refer them to neurology, 6 doc, they refer them to neurology, 6 months later they see neurology who months later they see neurology who refers them to neuropsychiatry, who sees refers them to neuropsychiatry, who sees them and refers them back, and sometime them and refers them back, and sometime in the next 12 months they go, "Oh, in the next 12 months they go, "Oh, yeah, you have really bad dementia. It yeah, you have really bad dementia. It was kind of bad when you started and now was kind of bad when you started and now it's really bad." Right. It's just like, it's really bad." Right. It's just like, how do we not delay for that constantly how do we not delay for that constantly jump from one person to the next to the jump from one person to the next to the next, right? And in healthcare, I feel next, right? And in healthcare, I feel like those from a payer insurer kind of like those from a payer insurer kind of cause us to slow down that process, cause us to slow down that process, right? It's like, who in your network is right? It's like, who in your network is even approved to see you? And those even approved to see you? And those people are so busy, they can't even get people are so busy, they can't even get to you, right? And then another to you, right?

Changing the Care Pathway and Reducing Stigma

And then another conversation we were having with the conversation we were having with the biomarker company we were talking about biomarker company we were talking about is also, how do we get people seeing is also, how do we get people seeing that don't be afraid to know. If you that don't be afraid to know. If you catch it earlier, we have so many catch it earlier, we have so many options, so you're not delaying until we options, so you're not delaying until we can't do too much anymore, right? It's can't do too much anymore, right? It's that mental shift. Yeah, I mean, I had a that mental shift. Yeah, I mean, I had a lot of discussions with my patients on lot of discussions with my patients on just the the blood-based biomarker. So, just the the blood-based biomarker. So, I do see I do see people using the technology that my people using the technology that my company sells and

identify people in company sells and identify people in primary care that are clearly having primary care that are clearly having cognitive impairment, having dementia cognitive impairment, having dementia symptoms, functional impairment. And symptoms, functional impairment. And there is a still resistance to getting there is a still resistance to getting the formal diagnosis, finding out that the formal diagnosis, finding out that they have Alzheimer's disease. There is they have Alzheimer's disease. There is a big stigma with it, a lot of fear. And a big stigma with it, a lot of fear. And I spend a lot of time talking to my I spend a lot of time talking to my patients about the value of having the patients about the value of having the diagnosis, particularly with all of the diagnosis, particularly with all of the treatments that are coming. And it treatments that are coming. And it really changes the entire diagnostic really changes the entire diagnostic journey. So, I had a patient 2 weeks ago journey. So, I had a patient 2 weeks ago that really, you know, looked like they that really, you know, looked like they had a high likelihood of Alzheimer's had a high likelihood of Alzheimer's disease. We were able to get them the disease. We were able to get them the blood-based biomarker the next day. They blood-based biomarker the next day. They saw a neurologist the day after that.

saw a neurologist the day after that. And, you know, take a year and a And, you know, take a year and a half-long journey and make it 2 or 3 half-long journey and make it 2 or 3 days because we have the right days because we have the right technology, both the right biologic technology, both the right biologic technology as well as the right ability technology as well as the right ability to understand the brain function. Right.

to understand the brain function. Right. And then that's a whole load of weight And then that's a whole load of weight and burden off your family member as and burden off your family member as well because you want to expand the time well because you want to expand the time they have, right? With functionality and they have, right? With functionality and biomarker in a way of we say, "Hey, if biomarker in a way of we say, "Hey, if we catch it early, we have solutions." we catch it early, we have solutions." And not that the typical thought we have And not that the typical thought we have is you don't remember anybody, you're is you don't remember anybody, you're stuck in a nursing home, right? And then stuck in a nursing home, right? And then there's not much solution. We really there's not much solution. We really needed to change the pattern of how needed to change the pattern of how people see what possibility can be. So, people see what possibility can be. So, what stage of company are you guys at what stage of company are you guys at now, and now what's the goal for the now, and now what's the goal for the next year? Yeah, so Linus is a series B next year? Yeah, so Linus is a series B company. We're just about to cross our company. We're just about to cross our $10 million in annual revenue number. We $10 million in annual revenue number. We have 16 US health systems, another 130 have 16 US health systems, another 130 private practices, physician practices private practices, physician practices that are using the technology. We're that are using the technology. We're seeing next year as a really big ramp seeing next year as a really big ramp year for us, particularly as we begin to year for us, particularly as we begin to spread within one of the national spread within one of the national providers that we signed in the last providers that we signed in the last quarter. Yeah, that's exciting, right?

quarter. Yeah, that's exciting, right?

Company Growth, Traction, and Market Adoption

Like, it really seeing people actively Like, it really seeing people actively engaged, using it. And now And I think engaged, using it. And now And I think there's the every phase, right? When there's the every phase, right? When you're pre-seed, when you're just before you're pre-seed, when you're just before revenue, you're like, "This can be the revenue, you're like, "This can be the next big thing." next big thing." >> [laughter] >> [laughter] >> [laughter] >> And then we start getting it, we start >> And then we start getting it, we start getting traction, we start getting into getting traction, we start getting into all all hospital and private practice.

all all hospital and private practice. And then there's the case study. There's And then there's the case study. There's the way that we can really talk about the way that we can really talk about what the true result is. And now is it what the true result is. And now is it all about what is the ramp up to scale all about what is the ramp up to scale up, right? And then you become a common up, right? And then you become a common sense into everybody's household. Yeah, sense into everybody's household. Yeah, I mean, I think digital cognitive I mean, I think digital cognitive assessments are really about to have assessments are really about to have that breakout

moments. They are doable that breakout moments. They are doable in primary care, they're doable by in primary care, they're doable by medical assistants. You know, we have in medical assistants. You know, we have in this community screenings are the way we this community screenings are the way we got 200 people. We took volunteers, not got 200 people. We took volunteers, not off the street, but volunteers from the off the street, but volunteers from the health system that was supporting us, health system that was supporting us, trained them about 15 minutes, and they trained them about 15 minutes, and they could accurately give a cognitive could accurately give a cognitive assessment, which is just unheard of assessment, which is just unheard of from a workforce potential. Cuz we got from a workforce potential. Cuz we got 65 million seniors that need to have 65 million seniors that need to have their brain tested as you know, their brain tested as you know, hopefully every year to catch this at hopefully every year to catch this at the earliest point. And I do think this the earliest point. And I do think this is going to become a kind of no-brainer is going to become a kind of no-brainer moment, like why did we ever do this on moment, like why did we ever do this on paper and pencil, and you're going to paper and pencil, and you're going to look back, you know, in 2030 and be look back, you know, in 2030 and be like, "Oh, this was clearly a thing that like, "Oh, this was clearly a thing that made sense." made sense." >> [laughter] >> [laughter] >> [laughter] >> And then, as we know, we are a group of >> And then, as we know, we are a group of clinicians that wanted to lead.

clinicians that wanted to lead. Clinicians that want to go beyond the Clinicians that want to go beyond the bedside because I'm all about us who has bedside because I'm all about us who has to be the forefront of innovation. So, to be the forefront of innovation. So, all the clinician-led innovation because all the clinician-led innovation because then we know how to actually engage then we know how to actually engage creating the best experience, right? Go creating the best experience, right? Go to market. Instead of when people don't to market. Instead of when people don't come to us early enough, that's when the come to us early enough, that's when the adoption become more difficult. So, for adoption become more difficult. So, for all of the people out there thinking all of the people out there thinking about, just like yourself, taking on about, just like yourself, taking on these roles and leadership innovation these roles and leadership innovation roles, what would you say to people who roles, what would you say to people who just start thinking about but haven't just start thinking about but haven't really really really stepped into those?

stepped into those? Yeah, so the first thing I tell people Yeah, so the first thing I tell people is, you know, learn about the diffusion is, you know, learn about the diffusion of innovation, learn about the of innovation, learn about the psychology of the theory of planned psychology of the theory of planned behavior because it really plays out.

behavior because it really plays out. Like, I mean, you really have to work Like, I mean, you really have to work on, you know, do people want to do it?

on, you know, do people want to do it? Do they think other people want to do Do they think other people want to do it? Do they feel like they can do it?

it? Do they feel like they can do it? Like, you've You to pull those levers to Like, you've You to pull those levers to get utilization. and then also get utilization. and then also understanding you got your laggards, understanding you got your laggards, your innovators. What what do your your innovators. What what do your innovators give you that your early innovators give you that your early majority doesn't? So, really on that majority doesn't? So, really on that academic side, I'm a big fan of academic side, I'm a big fan of understanding that aspect. But after understanding that aspect. But after that, you know, it's just kind of get that, you know, it's just kind of get dive in and get better at it. You know, dive in and get better at it. You know, accept that you're going to suck before accept that you're going to suck before you're good at it. And if you haven't you're good at it. And if you haven't really done innovation or adoption really done innovation or adoption before, your first time's not going to before, your first time's not going to be like the most pleasant thing. You be like the most pleasant thing. You know, nothing about clinical training know, nothing about clinical training was ever easy.

Advice for Clinician Innovators and Advisors

At least, you know, I was ever easy. At least, you know, I never found like, you know, the first never found like, you know, the first central line that I did wasn't like, central line that I did wasn't like, "Woo, yeah, I was perfect." Right?

So, "Woo, yeah, I was perfect." Right? So, you know, lean back on that clinical you know, lean back on that clinical training where you're going to have some training where you're going to have some learning you have to do. But also, you learning you have to do. But also, you know, the apprenticeship model is works.

know, the apprenticeship model is works. Find a mentor, find somebody to talk to Find a mentor, find somebody to talk to that's done this before. But if you got that's done this before. But if you got the world of power through, the base the world of power through, the base knowledge of what you're getting into knowledge of what you're getting into and somebody to help bounce ideas off and somebody to help bounce ideas off of, you can make a difference. Yeah, and of, you can make a difference. Yeah, and I think that's the our whole drive is we I think that's the our whole drive is we can become a lot more than just a can become a lot more than just a bedside clinician, especially thinking bedside clinician, especially thinking about Some people are just not meant to about Some people are just not meant to create their own company, but you can be create their own company, but you can be a investor, right? The company is if you a investor, right? The company is if you are also a neurologist, you haven't are also a neurologist, you haven't built something, that can be a great to built something, that can be a great to supplement into something like you guys supplement into something like you guys or any other neuro capacity with or any other neuro capacity with children, with adults. And then you children, with adults. And then you know, your money actually is creating a know, your money actually is creating a legacy where you don't have to put in legacy where you don't have to put in the 40 hours a week and put in even more the 40 hours a week and put in even more money to even think about it can't go money to even think about it can't go anywhere, right? So, I'm always a big anywhere, right? So, I'm always a big component of take on war roles, component of take on war roles, getting yourself becoming investor into getting yourself becoming investor into startup companies because then you get startup companies because then you get to have a say into what could be.

to have a say into what could be. >> Yeah, and before I started on the vendor >> Yeah, and before I started on the vendor side, I was a chief medical information side, I was a chief medical information officer. But long before I got into the officer. But long before I got into the vendor side, I was a startup advisor.

vendor side, I was a startup advisor. So, you know, I worked with Plug and So, you know, I worked with Plug and Play and was a advisor to a number of Play and was a advisor to a number of those companies cuz I was a CMIO. So, if those companies cuz I was a CMIO. So, if you are thinking about getting into you are thinking about getting into investing, getting into a vendor role, investing, getting into a vendor role, those advisory groups with like Startup those advisory groups with like Startup Health or somebody and they're always Health or somebody and they're always looking for clinician advisors, the looking for clinician advisors, the topical experts. To get an idea of, you topical experts. To get an idea of, you know, what's a successful startup going know, what's a successful startup going to look like, who do I want to partner to look like, who do I want to partner with, which of these things are kind of, with, which of these things are kind of, you know, for lack of a better term, my you know, for lack of a better term, my vibe? Like like where do I want to put vibe? Like like where do I want to put my energy? Where do I want to put my my energy? Where do I want to put my money? Like getting in those advisory money? Like getting in those advisory roles, which are almost always available roles, which are almost always available at these startup incubators. Right. And at these startup incubators. Right. And then that's one of our movement, too, is then that's one of our movement, too, is getting our entire clinician power back, getting our entire clinician power back, people that we can really see each other people that we can really see each other as a powerhouses in healthcare and as a powerhouses in healthcare and become the Tiger 21 of that space, become the Tiger 21 of that space, right? And because we deserve it. We right? And because we deserve it. We should reward ourselves from all the should reward ourselves from all the hard years of going to school [laughter] hard years of going to school [laughter] and then serving all the hospital and then serving all the hospital system. Now we can stand up to see how system. Now we can stand up to see how our thought leadership can lead the our thought leadership can lead the innovation. So, now let's go back to you innovation. So, now let's go back to you guys. I like to wrap up with a fun guys. I like to wrap up with a fun question. So, if we give you a magic question. So, if we give you a magic wand and the magic wand grants you three wand and the magic wand grants you three wishes, Oh. what would you use for to wishes, Oh. what would you use for to speed track your next year's growth? So, speed track your next year's growth? So, my number one thing for magic wand is my number one thing for magic wand is I'd make the evoke trials positive cuz I'd make the evoke trials positive cuz if I can put any influence into a pill if I can put any influence into a pill that prevents dementia, that's both that prevents dementia, that's both great for the world and awesome for the great for the world and awesome for the company. My second one would be around company. My second

one would be around the USPSTF recommendations. So, the the USPSTF recommendations. So, the cognitive screening recommendations are cognitive screening recommendations are back out for review. They were, you back out for review. They were, you know, unequivocal last time. They didn't know, unequivocal last time. They didn't recommend for or against. So, I really recommend for or against.

Three Wishes for the Future of Dementia Care

So, I really hope they're going to look at the new hope they're going to look at the new research over the last 5 years and research over the last 5 years and clearly see that we should be doing clearly see that we should be doing cognitive screening and identifying cognitive screening and identifying everyone's baseline brain health so that everyone's baseline brain health so that we can then track over time and see when we can then track over time and see when there's changes. I'm sure from your there's changes. I'm sure from your experience in cardiothoracic surgery, experience in cardiothoracic surgery, you had patients after surgery that you had patients after surgery that you're like, is this them? Did there was you're like, is this them? Did there was something happened? They're changed, something happened? They're changed, particularly if it was a, you know, particularly if it was a, you know, acute cardiac event that led to the acute cardiac event that led to the surgery. Right.

surgery. Right. >> So, not having that baseline doesn't >> So, not having that baseline doesn't allow us to understand what medical allow us to understand what medical events did to people. So, I love that events did to people. So, I love that recommendation to be in place. And then, recommendation to be in place. And then, the third one really would be that the third one really would be that there's just a big movement around the there's just a big movement around the change of attitude towards cognitive change of attitude towards cognitive impairment. And it is a chronic impairment. And it is a chronic treatable disease, not a chronic treatable disease, not a chronic progressive inevitability. That if you progressive inevitability. That if you identify things early, you can change identify things early, you can change the trajectory of your entire life. By the trajectory of your entire life. By making sure that your brain works longer making sure that your brain works longer and better. So, that would be my third and better. So, that would be my third wish is that people just got over the wish is that people just got over the stigma that's there and, you know, made stigma that's there and, you know, made the choice to try.

the choice to try. Yeah, so it's really about that Yeah, so it's really about that system-wise change of what can we system-wise change of what can we put in place to already do more of this, as put in place to already do more of this, as well as the individuals to see that it's well as the individuals to see that it's not just, "Oh my god, I found out not just, "Oh my god, I found out I am eligible. Doom and death, right?" I I am eligible. Doom and death, right?" I mean, it's actually healthy to find out mean, it's actually healthy to find out much earlier.

much earlier. >> [snorts] >> [snorts] >> [snorts] >> And I think that's the shift that we've >> And I think that's the shift that we've been seeing is that out of the sick care been seeing is that out of the sick care model, disease-driven, we're starting model, disease-driven, we're starting thinking prevention, early detection.

thinking prevention, early detection. How do we really longevity is not just How do we really longevity is not just about perfect health. Longevity is about about perfect health. Longevity is about overall higher quality of how we live.

overall higher quality of how we live. And there's so many different modalities And there's so many different modalities how we can all figure out together in how we can all figure out together in this way. So, we're very excited for you this way.

Closing Remarks and How to Connect

So, we're very excited for you guys to be here doing this work, already guys to be here doing this work, already in so many health systems, hoping more in so many health systems, hoping more health systems open up, more other health systems open up, more other practices ACLs are adapting them. And practices ACLs are adapting them. And so, we wrap, how would people find you so, we wrap, how would people find you to have a deeper conversation with you?

to have a deeper conversation with you? Sure. So, LinkedIn is probably the Sure. So, LinkedIn is probably the easiest way to find me. It's just John easiest way to find me. It's just John Showalter MD on LinkedIn. Or you can Showalter MD on LinkedIn. Or you can email me at jshowalter@lytix.health.

email me at jshowalter@lytix.health. And happy to connect that way as well. And happy to connect that way as well. Awesome. For everybody else who are Awesome. For everybody else who are involved in mental health of any involved in mental health of any capacity, especially in this dementia capacity, especially in this dementia space, please reach out. And as well as space, please reach out. And as well as comment below, what are something that comment below, what are something that you've been seeing out there that you you've been seeing out there that you perhaps heard about, used, and what's perhaps heard about, used, and what's that personal story that you can tell that personal story that you can tell us? Share LinkedIn, tag both of us. We'd us? Share LinkedIn, tag both of us. We'd love to continue those conversations love to continue those conversations with you. Absolutely. We would love to with you. Absolutely. We would love to be a part of that conversation.

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