Why Physicians Belong at the Strategy Table with Dr. Sarah Matt Transcript

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Meet Dr. Sarah Matt

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Hi everyone, welcome back to the Startup Physicians podcast. This is your host, Dr. Allison Kerfin, and I'm joined by a very special guest today, Dr. Sarah Matt, who um I I was really excited to connect with you, Sarah. I have actually been following a lot of your thought leadership on LinkedIn for quite some time. So, first things first, if anyone is on LinkedIn, go go follow Sarah Matt cuz she says some pretty incredible stuff. But, Sarah has this incredible journey from being a practicing burn physician all the way through multiple startups, a ton of different industry experience, um and and just a lot of perspective on strategy. So, Sarah, thank you so much for joining me today.

>> Well, I'm excited to be able to give a little bit back to the physician community cuz I know that my journey was not particularly straight, and I think that people think it should be easy, but maybe it's not, but totally worth it.

From burn surgery to business strategy

>> Yes, it is totally worth it. Well, I'd love if you could start by telling us a little bit about your serpentine journey with maybe some little rabbit holes here and there, but um what where did you start with your medical practice and what led you to where you are today?

>> Yeah, so I trained as a surgeon, my fellowships in burns, and during my burn fellowship, it was half clinical, half research, and I was doing all this crazy stuff that never done before. Asking for money for grants, I was doing all this complex experimentation, and everyone around me just they complained, and I was like, "Hold on, but I'm getting money. This is great." And I realized that this was business cases, and this was operations and project management, and I was actually pretty good at it. And at the same time, in trauma surgery, as a burn surgeon, it's a rough life and you can only take care of one person at a time, maybe 20, 40 in a day if you're lucky and I felt kind of confined. So, I was thinking about how I can make the most impact and I felt I could do something bigger. Wasn't quite sure what, but I thought I could do something bigger. And so, I decided to take the jump. I went to go get my MBA at UT Austin and kind of made the journey from there. Now, I'll tell you through my whole career, I've always had some kind of clinical practice. So, when I first started out, I had a Medicare house call practice.

A lot of social work, a lot of homebound Medicare patients, which was, you know, tough, complex individuals. I did urgent care, I've done charity care and I still do charity internal medicine here in upstate New York. So, that's always been a piece of what I've done and I actually think it's been a huge differentiator for me through business startups, etc.

So, to ramble a little bit more, I ended up at NextGen, mid-tier. I was at little places and startups. I had some really cool exits. I went to Oracle, built out their clouds for healthcare and life sciences around the world and then I got to help them acquire Cerner. So, I was just about the only doctor at Oracle until we acquired 26,000 new best friends. So, pretty crazy, really amazing scale, huge global impact.

What does one do after that? Well, I went back to startups. So, I was the chief strategy officer at Sabanto, focused on remote robotic surgery and then last year, I decided to go out and do independent consultancy and fractional C-suite for my own independent practice because I was launching my book, The Borderless Healthcare Revolution, which was a national bestseller last year. >> Okay.

Wait, now you have to say it a little slower. What is your book called? Oh, you even have a >> course I do. Of course I do. The Borderless Healthcare Revolution. >> Tell me about it.

>> Absolutely. So, it's all about healthcare access, which is what I'm the most passionate about and how technology can decrease barriers to care. So, it was really exciting to work with Wiley Publishing to bring it to the world and it's been interesting to kind of be able to speak to providers and tech companies about how they can work together to make things better.

>> That's such an exciting journey and I think in our kind of conversation right before this, I think we both really conveyed how much we enjoy working with product and and strategy in general, but >> Absolutely.

Why physicians belong in startup strategy

>> I think that physicians bring a really unique lens to product development. What have you seen there? >> So, first, doctors could run the world, absolutely. We are just kind of in our own way. So, we have so much to give right now. So, whether you want to run a business or not, your knowledge can be utilized in so many ways by tech companies in the space. They always need KOLs, key opinion leaders, people on their advisory board, folks to take a look and see what they're up to because most of the people building today have not practiced in hospitals or offices. So, we know the problems and when we see things, we can tell them it's not the solution really easily. >> Yeah, and it's not even just the problems. I've worked with a lot of development teams and they say like, well, we could code anything. Like, we could make anything, but we don't know what all the edge cases are on on a scenario. I remember even when I was working at my firm and some of the early like product road mapping we were doing, a lot of what I was bringing to the table was describing how patients moved through the system. So, like the core population that we were targeting. Like, who are they? What What How do we define them? Where do we find them? Um and and how do they move through the system? What makes them end up in the ER? What makes them end up in the hospital? What are all these failure points along the way that we know this like the back of our hand? We live it every day. We have hundreds, if not thousands, of patient stories on our mind that is, you know, defining our viewpoint on it and can really help with designing the strategic solution.

>> Agreed. I think, you know, one of the things that is most important is that clinicians need to be at the table. So, I think it's important for us to be at the table even at the earliest stages when you are designing something, when you are ideating. And it doesn't mean you have to know much about business or startups or tech because again, it's about giving your actual opinion based on your expertise, which you have. And that's valuable.

>> One of the things I hear from doctors is, is there an opportunity for me in blank field? An opportunity. >> So, yes. Yes. >> It's The answer is yes. >> Yes.

>> And I think that we need to learn how to create our own opportunities. So, is there a job board that you can go sign up on that says, I am looking for I have a perfectly developed position for an infectious disease physician. I mean, maybe there's there's Yeah, there's all sorts of ways you can work at startups. But the real opportunities, I feel like, come from developing your network in in the direction of of like the problems you feel like are worth solving and getting to know the other people in industry who are aiming to solve those problems, building those relationships.

And the answer is yes, your concepts and your clinical expertise are valuable. You have to have those relationships, and those blossom into opportunities.

The nonlinear physician career path

>> That's true. So, I think it's interesting, you know, for me, I have never been a chief medical officer on purpose. I actually don't do clinical first, business second. I've actually transitioned into business first, clinician second. And so, for me, some of those kind of I won't say job boards, cuz that's not where I'm working these days, but, you know, ultimately, I'm running product development groups or strategy groups or things like that.

So, I've taken a function of a tech company, and I actually run those, which is different than being a chief medical officer, where you're really focused on quality, risk, clinical efficacy. And those are things that it's a really reasonable way for people who are practicing full-time to come in in small ways or big ways to do it. So, I think it depends. If you're looking for a total revamp and are looking to run a function within a company or run your own

company, that's one thing. If you want to advise or work on the clinical aspects of it, absolutely. But, you don't have to do both. You can choose.

>> And I think what's interesting is how a lot of the doctors that I know that are like you, who have evolved in their career into so many different ventures, I guarantee you you're advising on clinical things that are not burn surgery, right? >> Absolutely.

>> You are going You start with You You have a foundational clinical identity that might be based on your residency and fellowship training, but so much of that is translatable to other other areas. So, I'd love to hear a little bit about like how you feel like you've brought your clinical mind into this product work that you do and strategy work.

>> So, everyone's going to be a patient sometime in their life. And so, if you have an engineering team left to their own devices, they'll assume that their experience is the experience of everyone. We know that's not true, because we see hundreds, thousands, etc., patients every year.

So, when someone asks us about a population, we actually have a very different viewpoint. So, from a clinical perspective, first, I can't stress this enough, I have practiced in some way my entire career and I really think that's important because I get new stories every day. I go to the clinic and I still put hands on patients.

And when I do that today in 26, it's a lot different than in 2004. So, I feel like it's kept me into what the experience is and how it's different. But what I'd say is that ultimately, the teams that are designing these things, they're very smart, but they don't have our expertise. And so, when we think about what it's actually like in a healthcare system, where the posted notes are, where people are yelling down the hall, where a patient is confused, it's hard to find places where that's written down, but we know about it.

>> Yeah, I I'll give an example. I remember when I was working with the health economics team trying to map out like the trajectories of different cohorts of patients and we had a cohort of transplant patients and I had to tell them there was a very big difference between cardiac transplant and corneal transplant. I was like, "Corneal transplant, they're probably going to be fine like by Friday and cardiac transplant, it's going to be like a lifelong immunosuppressive, all these other things. So, those are going to have different journeys." >> They are, absolutely. >> And most people would be like, "Oh, isn't that obvious?" And it's like, "Not necessarily." >> So, I'm actually working with a small surgical device company right now and they could be for anyone, right? And I think that's the trick is that they could, but which surgeons would it benefit the most? Which procedures would it benefit the most? And that expertise is stuff you need to talk to surgeons about. And so, sometimes surgeons want to talk to surgeons. And I'll tell you from a tech perspective as an MD, I can talk the talk with different leaders in a different capacity than engineer number 27 because I have walked the same walk as these individuals and so we can have a great discussion and I can find some of those things out.

Doctors as connectors in healthcare innovation

>> I think a couple of the things you said are really core to my identity as well. I I too practice medicine. I feel like as long as I'm going to be innovating in medicine, I need to be in it. I need to be seeing patients. I need to be caring for families cuz you're right. It is changing and we have to have our sensors out. You know, we have to know what's happening in our fields. So I think that's really really lovely that you're you're still practicing clinically and I think it is kind of a superpower, right?

It gives you this unbelievable perspective that you bring to your other work. And then the point about doctors talking to doctors, I I've created um a list of like archetypes of types of consulting you can do or advising you can do and one of them is the connector because if you imagine like a tech person reaching out to 24 surgeons offices to be like I have this idea. I really want to talk to the surgeon about it. They would get probably zero responses.

>> Probably. >> You reaching out even cold outreach to a surgery office where it's like, "Hey, my name's Dr. Matt. I'm a burn surgeon. I I you know, give your I give your background and you automatically have credibility and say I'd love to talk to Dr. So-and-so because I'm looking at a new concept. Would you be interested in?" And a huge

majority of those people will be like, "Oh, yeah. Oh, another doctor.

Yeah, I I'll talk to another doctor." >> Exactly. >> Startups live or die on the feedback they get in the early stages. And sometimes they can't even get to the right people. So I think there's such a role for doctors to be those connectors.

>> And I think we don't recognize how big our networks are because I can literally reach out to anyone I've worked with for the last several decades and they're like, "Oh, I remember working with Sarah. Of course I'll take her call." >> You're like, "I went to residency with you 20 years ago." >> Exactly. And they're like, "Oh my goodness, yes." I actually have someone I have a call I think tomorrow with someone I went to residency with because we're catching up. It's hilarious, but it's that instant credibility. And again, you know, I have a lot of work out there in social media and things like that from a communication perspective. My brand has always been authentic in thought leadership and credible. And I think that you're not going to see me slipping on bananas in anything out there, but you're going to see things that are credible. And I think that's important for physician leaders, especially if they're going to be working in these different areas. What is your personal brand? Is it that credibility brand? In that case, you're going to be able to go in lots of different places.

>> I I think that those two words like probably cause people's stomachs to clench like authentic and credible. What? Personal brand? I don't want to do that. Like even I don't want to do that, but I realized that my impact is greater if my message gets further.

>> Absolutely. And I think for me writing my first book last year with with Wiley, as a non-fiction author, you're essentially launching yourself. Because all the ideas in your book are from you. And so I really dug deep from a personal brand perspective. I think it's actually helped me a lot because it's helped me recognize where I don't want to be and which places I can say no to and feel good about. Because especially when there's so many different opportunities, which ones are really going to be not just impactful, but impactful and you're going to enjoy doing it and it's going to make you feel great.

Impact, money, and sustainable business models

>> Yeah, I mean, I think we are all driven all the doctors I've worked with are more driven by like impact and meaning than anything else. And if if anything, they're like little squeamish about the financial side.

Um >> be squeamish. People got to eat. It's true. >> Yeah, like like talking about money, talking about how to make a business model make money. It's like ooh, I mean, I'm so used to just being the one like treating the patient. And from my perspective, I built something that was wonderful for patients and didn't make money. And in the model it was started and and it got shut down and we took it away and it got taken away from kids that needed it and >> Mhm. >> And then when we had the opportunity to build this in a venture-backed capacity and it was like if I can make this model that's serving all these kids be profitable, be sustainable, be like so positive that it nobody can stop it, right? Like it it will reach so many more kids if I'm not fighting tooth and nail to justify our our team's budget on as a line item. >> Well, I think that's interesting because when we consider health care today from a system perspective, the CFO is very much involved in these decisions because the margins in the health care delivery are so small. So whether you're trying to bring a new device into a health care system or a new way of, you know, risk, etc., it has to make sense for a hospital to do it. Unfortunately, charity is not necessarily consistent with the business of health care. And so impact can be very profitable. Impact can also not be profitable. It's a lot easier to make great impact when you make it a win-win for patients and the health systems that are going to be deploying it. >> And we have to think about different ways to do things. I think that in health care we are trained in a very linear path and a very hierarchical path and sometimes a very bureaucratic way um and and we get this mindset that like this is the way we do things because it's the way we've always done things. I find that most people that I work with who have kind of stepped into the startup space feel this unbelievable like it's so refreshing. You know, it's just so inspiring to spend time with founders who have optimistic ideas about how things could be instead of just complaining about the status quo. >> And I think that's part of the reason I've kept one foot in delivery myself, but also not because if you're doing the daily grind and seeing patients every single day, I admit I'm a terrible doctor 7 days a week, but when I can go in and do a shift every week, I am the best doctor in the world. I have great ideas. We can innovate. We can be creative. But when I was slogging all week long, I couldn't think past the sticky note

that was on my desk. Like it was just a lot. And you get kind of inundated with the problems, the negativity, the pain and suffering that's occurring day-to-day because there's plenty of things that aren't going great, being able to kind of lift out of that and take some time to really consider what we can do. I'm very optimistic about health care. No matter what's going on right now, I think we can make huge strides at small levels, at a hospital level, nationally, you name it.

But at the same time, convincing people that there's reason for hope and optimism can be tricky because they're working so hard. >> It's true. Things used to get to me a lot more when I was full-time clinical and now when I'm there a lot less, I mean, when things go wrong and the system breaks and things are annoying, it's like I realize like I'm I'm here to serve patients. I'm here to help these parents and you know, it's going to be messy, but it doesn't get to me as much.

>> Exactly. Exactly.

Advice for physicians with early ideas

>> What advice would you have for doctors who are in a phase where you know, I think a lot of people listen to this and think I I always ask this to doctors. I say, "What are the problems in health care that affect your patients?" And they all can come up with something that's like a negative an idea of like something that they wish was better, and they think they have an idea of how it could be better. Um and a lot of them is it is still just a a small thought in their mind. What would you say to doctors who are starting to get maybe some internal momentum and maybe some internal personal beliefs that like maybe I could make something Maybe I could take a concept and I could make it happen. What advice would you have for them? >> So, first, decide what you want to do with it. So, if you're excited about ideas, great. Join some advisory groups, etc. Share your ideas. If you think you actually want to produce something and run a business, even if there's an inkling, surround yourself with people who know what they're doing. So, Allison, I know you do work with incubators. Early early, I do work with a little bit more mature organizations, especially with commercialization go-to-market. Surround yourself with people who understand you and people who are willing to teach you and help connect you to the next level. Because you're not going to be able to do it alone. I know we're the smartest people, but we're the dumbest smart people you'll ever meet cuz we're doctors, right? So, surround yourself with people who are smarter than you in these aspects, so that you can decide if it's worthwhile or not to actually take that idea and go forward with it.

>> A lot of ideas don't actually take capital investment to start developing. >> Exactly. Exactly. >> So, you can I've been known to use an 8 and 1/2 by 11 sheet of paper as my first step. Just a blank sheet of paper. Just map it out. Throw it away afterwards if you want to. Like there's there's just so little risk. And even as we've been opening applications to our incubator program and I've started to have people starting to apply. I've had people tell me they made more progress in the past 2 weeks just knowing they were applying to something >> Yep.

>> and writing their ideas down and actually being asked to to thoughtfully say like what who would be the buyer for this? What would be the the way you would grow this? And they're like, I made more progress in the past 2 weeks just by like writing it down than I have in the past year that it's been banging around in the back of my head. >> So, if you've written a note in your life, you know if it's not in the note, it didn't happen. If you didn't write it down, it didn't happen with a patient. Nothing is different for a business or a product. You got to write it down, otherwise it's not real. And there's nothing you could put on that paper that's wrong. It's just an assumption that can be changed or a decision that can be changed. I literally had a discussion with a founder today.

And at the end I said, "Hey, you're so early in this. Really consider what your core competencies are between you and your team. Is this what you really want to work on or are there other places you could make a bigger impact?

It's early. Now's a great time to think about it." >> And pivot. >> Exactly, cuz you can.

AI and the solo physician founder

>> Well, I think it's never been a better time to be a founder. Um especially solo founders. Like I think um I think about all the resources that I had around me when I built my first startup and so many bodies, so many people, so

many Now granted we had a guided process and that was great, but like I really needed like a whole bunch of finance people to help build our model and we needed a like a ton of developers to help build our product.

As there's more and more AI tools that we can use in this initial stage to get what we call our minimum viable product. Like especially like you said with the right guidance, with the right people around you who can give you the road map and connect you with the right people to to take the next step and to get those network connections. I think that you can get really far by yourself. I I mean, it's just so amazing what tools are available to us today that it's just like so drastically different from when I incubated Imagine in 2020.

>> Absolutely. Well, I think the other thing, too, is that we are, as docs, notoriously curious, notoriously skeptical. And one of the things that we have now is there's lots of new technologies and AI coming into our practices and seeing patients. And of course, we are risk-averse because it's our patients, right? But in your personal life and hey, should I make a business? Use every tool you got. Try them all. Figure out what works for you because AI is not going to replace doctors. It's going to replace doctors who don't use AI very well, by doctors that do. So, you got to dig in and figure it out for yourself. Use it for simple things. Use it for working on competitive intelligence. Whatever it is, dig in and think about what it can do for you today. >> Yeah. And I think that um AI can optimize overly burdened workflows, and you can create tools to do all sorts of things, but that physicians are still uniquely qualified to do the thing. So, you might say, "Here's this process that's totally a mess today, and and you could create a tech-enabled care delivery model that you could actually get off the ground pretty quickly. You could do an initial pilot like tomorrow." >> Exactly.

>> And it might be more manual and more messy. I do say that like when we launched Imagine, I was on call 24/7 for 4 months because >> a minimal viable product. >> It wasn't strong enough. I we didn't have all the pieces, we didn't have all the people, people weren't trained, people weren't licensed. I was the only one credentialed. It was just like, "Okay, I guess I'm going to talk to any patient that calls in for the next until we got to a point where it was like, 'Okay, now this is stable, this is safe, everything works, all the T's are crossed, I's are dotted.

Iteration, validation, and stakeholder feedback

'" And it was a lot more manual and it's not the plan for the long term, but you can actually do a lot with just your clinical talent and and then building tools around you and frankly, you shouldn't be automating anything that you haven't done manually a bunch of times first. >> I think the other thing that you just mentioned that's really important is that sometimes in medicine we feel like perfection is necessary, but when it comes especially to tech-enabled services, anything we're going to build as a startup iterative processes are the most important. You are going to do something, you're going to learn from it and you're going to change it. So, whatever you put out today is going to be 10 times better in a day, a week, a month. And so, you got to put out the first thing though so that you can get the feedback you need to make it better and better. >> I've seen people build huge tech builds that like never ever got released.

>> Exactly. Exactly. >> figures and it's like, oh man, you put a lot of bells and whistles on that and you never validated it and never got it out into the market to like actually get user feedback. Um so, we don't want to end up there. >> No, and I think this is actually can go back to personal brand, too. I remember doing my first podcast and it was terrible. I remember putting out my first newsletter, it was terrible. But if I hadn't done it, I wouldn't have gotten feedback to say, all right, Sarah, get this thing together. This is horrible. Instead, I went with it and I iterated and things are much, much better now. But you have to start. And if that's I have an idea and now you're going to start talking to trusted people, great. But if you don't do that, then you haven't started. You got to just start. >> Yeah. Part of what we are supporting in our program is really defining the early messaging cuz people are like, I have this idea and it's like and then they spit out this like super vague thing. It's like, no one's going to be able to give you feedback on that. So, let's get it really clear, maybe it's get it in a one-pager, or let's get it your earliest messaging and your earliest stakeholders. And so, these are the lower stake people that is other doctors, this is talking to patients. I did a ton of work talking to parents and and getting their feedback. And then as you're iterating your model, your products, and your messaging, you're getting to something more and more formed, and then you're going to actually try to pre-sell what you're you're like actually going to the people that you think are going to be willing buyers, and they're going to tell you all the reasons why they won't buy what you have. Like all the reasons why Nope, that doesn't solve this problem, or this just adds work for me. And then every single

conversation you have is like gold. It's information. It's all of what you need to find the right >> I agree. So, next week I'm actually joining a client at a big conference to gather product design research information. And so, we're literally going to ask people at the conference what they think of the product. Hey, is this feature important to you? What use case are you most interested in? Or hey, are you actually the buyer or someone else in your organization? And it seems so simple, but when you get real information from real people, you can act on it. Otherwise, you're making assumptions, which can be difficult and can be expensive.

>> Very expensive. Yes. So, I I think that your perspective and and your experience across so many different types of companies and mergers and acquisitions and industry in general, and then you're being so grounded in medicine, you're just such a great example for doctors, and I I really want to thank you for your work and for for joining me today. >> Of course.

>> What's the best way for people to find you? >> So, LinkedIn is my main platform. Connect with me, send me a message. You can go to my website, drsarahmatt.com. And of course, check out the book. I think it's a good one, but I'd love your feedback on it so I can do better.

>> Yes, cuz I'm sure you'll write another book. >> I am. I just signed a book deal last week for my startup. >> Congratulations. Well, you're such an inspiration for other physicians. For people listening, I want you to realize that there is no There's no difference between me and Sarah and you. We're all doctors who went into this to take care of patients. Some people will say >> med school loans as you and we still did it. We did it. >> Yes, I I think I did an episode recently on like what it takes to quit your job. Cuz that's a scary thing. I get it. I get it. But I do think that you know, we all went into this for the same reason.

We all wanted to help patients and there's types of people that look at the problems and complain about them and there's people that look at the problems and think like what if that was different. And so even if you don't have the pathway or the the network yet to take that path, to explore something, acknowledge yourself as one of the ones who says maybe I could make something. Maybe we could do it different and not going along with the status quo. So for people who are interested in exploring more about startups, um I I support a lot of early-stage founders. We have our incubator program and applications are going to be open for a little while longer for doctors who are in that real concept to launch phase. If you're a doctor who's already building something and really could use some additional support with more of like your strategy and go-to-market, maybe a little bit more developed. >> So anything A and below is really my sweet spot. >> Awesome. Well, Sarah will be a great resource for anyone who is um really wanting that additional expertise and support. Um we just want to encourage you. We want to inspire you. We want you to be empowered to take these pathways of your own. So thank you everyone for your time and for listening and we will see you next time.

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