## Introduction to Dr. Sarah Matt

You may have a great technology, but you might not have a business. >> Today we have the amazing Dr. Sarah Matt. She's a journal surgeon turned technology strategist. Her upcoming book, The Borderless Healthc Care Revolution. She's teaching at Sunni State, volunteering at a charity clinic, and playing roller derby. Technology will continue to innovate and evolve faster than we can ever adopt it and implement it. I break down healthcare access into five pillars: geographic, financial, cultural, digital, and trust and knowledge. >> Welcome to Providers Edge, where healthcare leaders and innovators learn how to scale smarter, lead stronger, and create lasting impact.

Too many health, dental, and wellness innovators build great solutions that never get adopted. In this episode, Dr. Sarah Matt and I unpacked why better technology alone doesn't guarantee success. If you're a clinician, entrepreneur, founder, or executive struggling with growth, adoption, funding, or commercialization, you'll learn how healthcare access, user experience, and market readiness can determine whether your innovation scales or gets ignored.

## From Surgery to Strategy

She is the force of nature dedicated to fixing healthc care's biggest failures who's seeing the system fail patients from the inside out. Her upcoming book, drum roll, the borderless healthc care revolution, launching in December 2025, provides a radical playbook for true access when she is now architecting health tech strategy. She's teaching at Sunni upstate, volunteering at a charity clinic and playing roller derby. Wow.

All right. You're very active. I mean, I hike a little bit here and there, right? Like my thing recently has been going to all the national parks, but yeah, me jumping out of the plane or doing anything like too extreme, not really.

>> It's a fun deal. It's a fun deal. >> So, Dr. Sarah, take us on a little journey. What was the pivotal point in your life that you just like you know what like medical bedside is not the same as how we can expand into the next stage of our career and the next stage of what healthcare is needed for us to play in especially women. >> I know right. So I think I figured this out rather early. So during my fellowship burn fellowship it was half research half clinical and I realized that I liked writing grants. I liked getting money. Those are business cases. And everyone else complained. I liked doing all this complex experimentation. That's operations and project management. I liked writing all these crazy articles. So I knew I had different skills and I also knew I felt rather constrained. You know, as a general surgeon, you could probably see 20 people in a day. If you're really bumping it up or in a heavy ED, you can maybe see 40. But how could I scale myself? how could I help hundreds, thousands, millions, billions of people every day? And I figured out it wasn't at the bedside. But as you know, sometimes doctors can be the smartest dumb people you've ever met. And so I had to go get myself retoled. And so went to UT Austin to get my MBA. And during that process realized that I really enjoyed strategy and I really enjoyed more the product management aspects. And I kind of dug into that on the tech side. Yeah, I think that's the transition a lot of us start seeing, right? We got so passionate into medicine thinking, whoa, we're going to do a lot of great things, but we don't understand what the volume it takes to do a lot of great things. And also that's very subjective for just like when we apply to grad school, you have to write your personal statement, right?

Everyone somehow has this story that they wanted to tell, they wanted to help, but it's actually very arbitrary.

## Writing the Book on Healthcare Access

So we have to dive deeper into what does that mean for us and you went to your journey with grand writing all those stuff that a startup a business need because guess what if we have no initial capital to go anywhere you're building nothing right nobody's even able to help you because you have to appreciate other people's work and money is the exchange of energy right we have to see how we can collectively build this together and getting your MBA and all those amazing things I think that's The missing element for all of us is that similar to you right I was in that stage of like operate more see more like cardiac we can't I can't do two three pump cases I'll be dead by the

day end of day right like like even one pump cases I'm like Jesus I'm feeling old right I need a wearing a back brace and then my team will be making fun of me it's like are you boxing are you doing weights I'm like I'm protecting my body okay so it's that what is the volume that we can play with technology with these advisory roles taking a seuite role especially women we have 80% of workforce in healthcare are women we understand the in and out stepping up right whether that's leading in a race being an investor taking on these advisor role we should be the forefront of those conversation and I love it that you put into this way and now at what point do you start thinking hey I need a document my expertise. Let me write a book.

>> So this past year was has been very interesting for everyone. AI has gone crazy and there's a lot of polarization across the United States. And so when I was given the opportunity to write this book and WY came to me to do that, it was a great time to write this story and to tell the stories of colleagues, of other providers, of systems, of tech execs, and of patients. Because one thing everyone can come together around is healthcare access. Everyone who's listening to this podcast today has a terrible story about access where it failed them, their families or their friends. And so no matter what differences we all have, we all have an access story.

>> Oh yes. Right. Like all of us, even for us working health care, like all of us have that story of I'm supposed to have a ma minor procedure. I end up with a $30,000 bill, right? There's the hospital bill, there's the surgeon bill and a seesale bill. And then you're just like, whoa, why did it become so expensive? How come my health insurance doesn't really cover anything? We have to negotiate pre-existing conditions. What does all this mean? Right? I mean, can you imagine it's a lot. And even for those of us who are in medicine, we're just like, don't ask me about building insurance patient, there's that department, right? And then same thing when we have to go through, I'm just like, wow. Can you imagine all of our patients who are aging, senior, they are taking care of their family and they're working and they have to make all those phone call who have time for all that and then we're not on the call waiting for hours rerouting into all the wrong department to get to anything. Right. So tell us a little bit more about what's in the book and what are the best readers for this book and who we enjoy the most.

## Five Pillars of Access

So I aim this book at two audiences. First leaders in healthcare delivery, but I don't mean just seuite and I don't just mean people with big titles. I mean everyone from the board all the way down to community health workers, lead nurse on a floor. And I think that's the biggest piece here is that we've all read so many books that don't really have any actionable insights. This is actionable in every single chapter for people that are living in a delivery system right now regardless of the setting and every single person at every single layer of that system can actually do something about healthcare access today. The other audience is builders. I've spent my entire career building product management development and strategy teams all over the world. And so if I go to another pitch session where I see a pitch deck that says they have a wonderful AI company and it doesn't actually solve a real pervasive and urgent problem or it doesn't actually take into mind the fact that real humans need to utilize this technology. I'm going to scream. So it's really built for builders too. So, how can we build access in from the beginning and not just because it's a nice to have, but because it's actually going to improve your business, help you get funded and actually begin the commercialization process early. So, the book itself Oh, yes. Go ahead.

>> Oh, I was just wanted to add in and what I'm hearing you is it's helping the builder to see there's a continuation of a customer journey that people have to build, not just this flashy I'm so good. I'm using AI. Look at how much we are building, how quote unquote improving and then we're like what are you actually improving? Have you talked to all the end user to create this entire experience and you understand the psychology and the tactic of all the end user from the admin side, clinical side, patient side. So you can actually demonstrate a user case to say this is working right and not just throwing the words of AI technology integration, better workflow, right? I like it. This is where >> Exactly. And I think for me and what I kind of put through this book too is that the technology is there and it's the easy part. Yes, I said it's the easy part. And technology will continue to innovate and evolve faster than we can ever adopt it and implement it. And so I break down healthcare access into five pillars. Geographic, financial, cultural, digital, and trust and knowledge. And if we focus on those five pillars, no matter what technology we're creating, no matter what solution or what problem we're solving, this is the path to proper commercialization, proper scaling, and ultimately properly solving the real problem as opposed to the easy problem. >> Yes. And I think the real problem is also what I believe in is the social capital pillar, right? is that how can you understand your ICP so well then you know the geographical location then you know how they believe in what culture means for that

geographical location right because culture is not just like where Asian white Hispanic right that's not it it's about the community of where you belong to physically spiritually psychologically right how are you creating the web of connections and to build who you believe you are, right? And then so there's a multiple facet of that.

## Building for the Whole Healthcare System

So you're start layering and having people to have more of a deeper dive of their research of who they are on identifying that. And I think that's so critical because most people will come right. We say they're so good at demonstrating their intellectual capital and then we dive deeper into do people actually need this tech, right? like this yes whatever you build yes we do need to have the tech experts to understand the integration the IP yes yes right we will do that but beyond that it's actually very critical on what you're talking about this social capital side of the understanding the exact output the people the experience that's can be built right and then the other pillar I also believe in is the human capital side who are the leader behind that company are the drivers are they having friction? How are they solving the friction? How can they have the right people to actually deliver what they're promised on that intellectual property side? Right? So that's I guess the ultimate thing is healthcare is difficult because sometimes we're so siloed into just looking at this just looking at that and for you is to start putting the puzzle pieces making the dots and the connection together to help them see both the builder side. You need to think that way. But also executive, we also need to think that way, right? It's not just this one department's role, their job description. It's more than that. You have the sensibility to create to be a pillar of the neuro web, right? Like my neuroscience brain is always like you're one of the neurons that's firing, but you need a fire to someone, right? To receive those. >> I would agree. I think too, you know, when we're building and you're in a startup or whatever kind of area you are in your maturation, a lot of times doctors get put into one box. Oh, we're serving providers. And we talked about this a little earlier. If I am going to have a solution that's going to hit some sort of cardiac issue for patients, providers, etc. If I'm aiming that at cardiologists, that's a lot different than cardiothoracic surgeons. Those are very different groups of people with different incentives with different knowledge bases and different kinds of patients that they take care of. And oftentimes they're in very different settings. And so instead of putting them into one bucket, we have to remember that not all doctors are the same just as no two patients are the same in a lot of ways too. So, I think this is one of those big fallacies, especially from the beginning, that first pitch deck, because there are lots of companies that are trying to stand on their own two feet without enough provider information, research, and advisory because ultimately, unless you're in this, you don't understand it all the way. And so I think that's a great opportunity for providers who are moving into the tech space, moving into investment, into the startup space to really take all the knowledge they have and utilize it for ways that can assist in building these companies to scale.

>> Exactly. It's also when they do these pitch deck, I don't want to just say, oh, we have one famous doctor, right? I wanted to see you have 10, 20 people backing you who are also domain experts. One person doesn't count for power. It count for one validation. And then we love it that you at least have one clinician on your board, right? But you also needed to demonstrate how is that person already contributing to believing in you or is that person started with the customer journey that helping you to build this or do you have a led pilot by this type of people?

## Commercialization and Market Readiness

So then we can believe in that creation or co-creation what clinicians really add and contribute to that factor right and then we also know it's not just clinicians need to be your champion all your admin people need to be champion because they're actually handling all those work right so don't ignore the office managers don't ignore the systemwise leaders that are actually half the time making the buyer decision the clinician is the forefront of adoption but you needed to make everyone happy. So, be able to have that clearly demonstrated and gave us a user scenario that's beats all the 10-minute talk on how special your technology, your molecular differences for biotech is different from someone else into the experience of you now going to amazing talks, book tours, all the fun stuff. What really you believe is next for you? what's something that you really want to focusing on as you go forward? >> So, healthcare access is not going away.

There's lots of work to be done and there's lots of folks who don't even know that it's actually a really great segment to go into because again, huge pervasive and urgent problems. So, for me, first it's about messaging and starting this conversation. And what I love about going all over the United States and beyond is starting that discussion,

hearing new thoughts on that and talking to different kinds of leaders. An example is I was just speaking at a conference this past week with marketing executives from healthcare and life science systems and to hear their perspective on access and how they're moving messages to their customers was very exciting and interesting and so I really love kind of getting outside of the normal box of delivery and even just startup tech to consider alternatives so we can solve these problems better. >> Yes. And what are you hearing so far that intrigues you as the pivots happening in the market now? So my secret sauce is go to market and commercialization and that's where I usually help startups the most and where I have the most energy and excitement and it's nice to also validate some of the thought process that I have been pounding the drum on for a long time and a lot of that is the message matters and so that first pitch deck a lot of subject matter expert founders in particular or doctor founders they don't understand that I don't care about your tech I care that it works and it's going to evolve but I care about the people are going to lead this organization well and is this problem something that's going to have a real market and make a business? And so it's nice to see the ability to move that messaging and commercialization thought process back to the pitch deck, back to the business case, because if you don't have those things in your mind, how you're going to get reimbursed, who you're going to sell to, how you're going to sell to them, where you're going to sell to them, then you may have a great technology, but you might not have a business.

>> Correct. I I think that's the technical founder dilemma, right? like they have the bluring >> of the MITs right the Harvards and all that but then when I ask them a question it's like so how people get to know you they're like but we are the first where we are the leader of these research and then I'm goes that's amazing but this is the first time I know you so >> never heard of you >> never heard of you right like it's nothing saying you're not good enough but you are a best hidden secret if you're in that way if you don't know how to really represent yourself on the public front to get people to know you building those and having a solid sound plan that makes sense for us that there is a marketable place then just because you tell me this is a 10 billion dollar market it doesn't really matter to us right it does if >> it doesn't make sense right you have to almost like talk to us like a sixth grader makes so much sense I was just like okay I got you let's help you got somewhere, right?

>> I think the other thing too is that for those of us like you and I who have been executives in tech, investment, VC, etc. for a long time, there's nothing worse than underestimating a doctor because we cannot be under estimated, at least not to our face.

## Why Great Technology Still Needs a Business

And so when we walk into the room and you think we're just a clinical voice, be aware because there's many of us who have been building businesses larger than yours for a long time.

>> Yes. And be able to put that appreciation. Right. So usually for me it's like stop just asking them to do a introduction you want to ask the right question to engage with them right and especially when there are so many startups there's so many dealful that we see all the time we also have a different evaluation system right you don't actually know what people want until you have that dialogue with them until you ask those high questions uh stop jumping in any meetings start doing your own introduction You want to allow other people to share so then you can align what they want, what they're good at, what their desire zones are to what you can do, right?

Otherwise, how do you make sure that even you invite someone to be on your board that they are truly there to be able to contribute in the way that you can appreciate them the most, right? So, a lot of us love to help a startup, but I think we got burned by having a lot of conversation. people are not moving, they cannot conceptualize it and then it's a waste, right? And so we don't want that to ever happen to either side, right? We want all the conversation energy and what you mention access. Access is not just about the number of connections, >> right? Access is actually about how do you create connection with the right people, right? Right organization, the right solution. So you're not in this perpetual way of just exploring.

>> I'd agree. I'd agree. >> What would be the most helpful next step for everybody else out there for both the builders and the executive to be connected with you? >> So thank you for asking. My main page is dr saramat.com. You can follow me on LinkedIn. I have all sorts of fun ways that I engage with that community every week. And then go buy my book. It's something that's actionable. It's something that might change your mind about a couple things and it'll start that conversation. It's on pre-order right now and I'd love you to be part of that

discussion.

>> Yay. Everyone, go check out Dr. Sarat's website, her book, connect with her on LinkedIn. And we're so excited to potentially have her in house advisor as one of the adviserss investors to help even more startups that we truly believe in. We want you guys to be successful, right? It's never going to be, hey, get some fund raise and then go for it, right? There's a systematic way to launch. Otherwise, we've seen too many valley of death people that cannot get out of there, right? It's never just about having a good idea. It's always about connection of the good idea with the good social connection, the messaging and the doing and the good people that can get you there and build it and trust and have the resilience to keep going. So appreciate everyone for being here wherever you're listening watching this please let us know what is something that you're building that you're so passionate about especially giving more better access leveraging technology in the healthcare space and perhaps send Dr.

## Advice for Founders and Investors

Sarah or myself a message so we can continue the conversation. Many healthcare innovations never reach their true potential because adoption isn't built into the strategy from the start. In this conversation, we explore what separates a promising solution from a sustainable business and why understanding access using behaviors, workflow, and market reality matters just as much. the technology itself. The founders who succeed aren't just building products. They're creating solution that stakeholders trust, fun, implement, and use consistently. Now, here are the key founder learning points. Number one, commercializing starts before you build. Many founders believe commercialization begins after the product is finished. In reality, the strongest companies start by deeply understanding the problem, the people experiencing it, and how solutions fit into existing workflow. Technology creates possibility, but commercialization is what turns innovation into adoption. Number two, sell the outcome, not the technology. Founders often spend too much time explaining how their technology works instead of why it matters. Investors and customers are looking for solutions that solve meaningful urgent problem and create measurable value. The clearer your communicates their outcome, the easier it becomes to earn trust, funding and adaption. Number three, design for entire health care system. Healthcare solution don't succeed because one user loves it. They succeed because every stakeholder can use them effectively from clinicians and administrators to patients and operational team. Each group influence adoption. The company that scales are the ones that design around the complete customer journey, not just a single end user. Number four, turn clinical expertise into a competitive advantage. Clinical advisors should be more than names on a slide. When clinicians helps shape product strategy, customer discovery, workflow design, and commercialization from the beginning, they become a true competitive advantage. Founders who build alongside of clinical expertise create solutions that fit the reality of healthcare. Number five, investors back businesses, not just breakthrough. A strong technology is only part of the investor story.

## Where Healthcare Access Goes Next

Investors also evaluate whether founders understand their market, communicate a clear vision, and have a realistic path to growth. The most compelling pitches don't overwhelm with technology details. They clearly explain the problem, the opportunity, and why this team is positioned to win. Number six, better healthcare access starts with better system design. Improved access isn't simply about adding more technology. It's about removing friction throughout the patient and providers experience. From confusing workflow and disconnected system to unnecessary administrative burdens, the companies that create lasting impact focus on making health care easier for everyone involved. If this conversation got you thinking about what happens after a diagnostic solution reaches the health care system, I have another episode for you. Check out how diagnostics plus payers speed treatment with Dr. Dr. Julie Schultz, a physician executive and product leader. In this feature, we explore how diagnostics companies, clinicians, and payers can work together to reduce treatment delays by better aligning workflows, incentives, communication, and responsibility. You'll find the link in the show notes below. Thank you for listening. Remember, the positive change we're seeking starts right here with me and you. If you're a fan of the show or if you are just having struggles or success that you're either experienced in the past or are experiencing now in the healthcare industry, these matter to all of us. I want to hear from you.

Visit sabrinaarach.com/connect and send me a direct message. Talk soon.