Increase Patients and Decreasing Burnout Through Outcome Tracking

Dr. Cheng Ruan interviewing
Dr. Justin Saliman, M.D.

Dr. Cheng Ruan, M.D.
Hi, everyone. I am so, so excited to introduce Dr. Justin Saliman. He's an orthopedic surgeon in Beverly Hills, he's Stanford-trained, and he has this company, which if I told you what it is, you wouldn't appreciate it. So I thought I'd have him just come on and talk about it himself, but it's called OutcomeMD. And it's an outcome-tracking platform. And as boring as it sounds, it's actually very, very fantastic, miraculous, and it's really worthwhile talking about, because I don't think that us, docs, in private practice track outcomes very much, but we should for a multiple reasons, for increase in revenue generation, for marketing, for decreased burnout, so we can be positive rewarded for the things that we're doing well, and for patient engagements, and for referrals. And it is such a fantastic tool. It's something that I've always wanted to bring on into a practice, but I didn't think that we were big enough, or we were cool enough to track outcomes. But, Dr. Saliman, thanks for being on, and I really appreciate you being on, taking time out of your very busy schedule. And so let's jump into it. How did you even come up with this outcome tracking-technology and why'd you do it in the first place?

Dr. Justin Saliman, M.D.
No, thank you for having me. Now, I started a company around meniscus repair in the knee, mechanical device company, sews the meniscus together in a way that it can actually heal. And what's happening is most orthopedic surgeons, I'm an orthopedic surgeon by training, remove the meniscus, and then 5, 10 years later, when the patient needs a knee replacement, they go back to the same doctor that removed it. They don't realize that sort of predispose them to having arthritis. So it sews it together so you can keep that anatomy. Now, a couple things, I flew around and watched the doctors not really understanding the market, or how things work, or paying attention to the medical literature, and just kinda doing gestalty whatever they want and whatever they were trained on. And then, I also did a multicenter study, and saw the complexity and the difficulties in actually doing research, and pulling it off in a way where you could prove

something definitively. And the risk that was involved with trying, with a company, trying to go head to head against meniscus removal surgery, and if it doesn't show, you want it to show, well forget it, we're not gonna approve it. So there were a lot of nuances to that company. That company was bought in 2019 by Smith & Nephew, a big orthopedic device company. But I started OutcomeMD in 2016, with the understanding that... I'll tell you, the other part of it is, the CEO of MD Insider, which was a company that my hospital, Cedars-Sinai, had invested 15 million into, or something in that neighborhood. And it was mining infection rates, re-hospitalization rates, length of stay, number of procedures done, and selling the data to self-funded employers to judge doctors. Here's the good doctors, we figured out who's good. And all of those metrics are interesting, but they're not scientific outcomes.

And it doesn't feel fair to me as a doctor to be judged based on those metrics, because there's all these confounding factors, and because it's not really obtained the way an FDA study or clinical trial would obtain the data. And then, at the same time, I was looking at the forces in medicine that suck, why does it feel terrible to be a doctor? It feels magical to be a doctor in a lot of ways, when you have patients who are doing well, the science of it is interesting, but then at the same time, every doctor-patient interaction has an air of blackmail. That patient wants a narcotic, I'm more likely to give them the narcotic, because if I don't, they're gonna go online and crush me. And say something terrible about me. And they're not gonna say it's 'cause I wouldn't give them Percocet. Marilyn Tavenner, Centers of Medicare and Medicaid Services, in a statement a long time ago, basically, they were looking at the Yelp adoption rate in this country and it directly parallels narcotic abuse.

Dr. Cheng Ruan, M.D.
Oh, wow. Okay.

Dr. Justin Saliman, M.D.
If you come in and you sprain your knee, and I know you sprained it, and that you're gonna be fine three weeks from now, but you really want an MRI, why do you want that MRI? First of all, you want that MRI because you don't trust me. And why don't you trust me? Because you have nothing to really go by to know if I'm good or not. Second of all, if you want that MRI, I'm gonna give it to you. I'm gonna overutilize healthcare resources 'cause I need to satisfy you. My business model is focused on patient satisfaction. I gotta satisfy you. And it's not necessarily about delivering better care. If I get great outcomes, does that help my business? So imagine this, and I would argue that right now in the current system, we don't really need to get great outcomes. So in addition to every, and I'll explain that in a second, but in addition to every doctor-patient interaction having an air of blackmail, which feels terrible, and then the fact that we need to generate business, and so we are going to give into that. And then the patients don't trust us. So,

why should I go with you? Sell yourself to me. My outcome should sell myself to you. And then you combine that with all of these other factors, it starts to feel bad to be a doctor. As an orthopedic surgeon, I'll use an orthopedic example and it ultimately works across all specialties, but if I give you a 70% good shoulder, which means for the rest of your life you're gonna live with 30% of your pain and dysfunction, but I'm super charming, and my office is attentive, and my office is clean, and if I walk out of surgery and I tell you, "Oof, it was really bad in there. I saved the day and I think you're gonna feel better. And you're welcome." And I sort of give it that air of like, "Hey, we're charming, we're friends, I took care of you. Boy, was it bad in there." You are going to thank me 'cause you feel 70% better. You're gonna refer all your friends to me.

Of course you are, like, "This surgeon's a great dude, and my shoulder feels better, and yeah, I mean, I can't sleep at night 'cause it hurts, and I'm still living with 30% of my pain dysfunction, but so much better than it was." So now, imagine your friend, who experiences me, great. Now, your friend can only experience me or the surgeon down the street, Let's say they go to the surgeon down the street who can give them a 100% perfect shoulder. But that surgeon is kind of a jerk, has a bad bedside manner, the office is a little disorganized. So your friend, who went to that patient down there, and got a perfect shoulder, no symptoms, and moves on with life, no problems with her shoulder, you say, "Hey, should I go to that doctor?" They're gonna say, "No, no, no, no. Anyone would have given me a perfect shoulder. The doctor's a jerk, don't go to him."

Dr. Cheng Ruan, M.D.
Right.

Dr. Justin Saliman, M.D.
So therein lies the rub, a great outcome doesn't necessarily help my business. What helps my business is adequately kissing the patient's butt. In America, we patient cater. We don't patient care. And it bothered me that we are stuck in this conundrum of not being able to do what feels best and what feels right all the time. And at the same time, making money is important. Our business models shift like... Well, when we're in medical school, we're altruistic about our patients and we carry a lot of that through our career. But residency is grueling sometimes when you work really hard, you build a lot of debt and then you get out and you're a little older. You start seeing patients and you realize, "Oh, you know, there's potential to be sued.

And some patients aren't nice. And they're saying mean things online, even though maybe I'm trying really hard to take good care of them." And maybe it's because of something that has nothing to do with me. 70% of online postings are not have nothing to do with the care that patient received. It's like, "Oh, I made them pay their copay." Five-star doctor, you're more likely to die. There's a study that showed us, called cost of satisfaction, in the archives of internal medicine.

Anyway, all these pressures are on doctors. And if we could just focus on doing the right thing for the patient, it starts to make everything feel better. So why did I start the company? Honestly, it was this whole journey of trying to do a clinical study and seeing the struggles, watching surgeons willing to do the wrong thing and empathizing with why they're doing the wrong thing. And then, all the pressures and the things that make it feel difficult to be a doctor sometimes come together and it's amazing. Michael Porter is a Harvard business school competition theorist. In 2006, he wrote a book called "Redefining Health Care". He said it and I just agree with him. He said, "Look, if doctors in this country were reimbursed for getting great outcomes, we would go from the worst healthcare system in the world to the best overnight.

So then I said to myself, well, how do we get a system in place where it feels goo to everyone? Every doctor wins, there's no way for you to lose, but you're doing the right thing and generating business for doing a great job. In a way where you're not judged negatively if you get a bad outcome. So super tricky thing. And then at the same time, doing it in a way where you're obtaining the data that is the key to value-based care. So anyway, measuring outcomes for every clinical patient in a way that enhances their experience and in a way that gives you the data to dial in best practices, so you know what works and what doesn't work, in a way where when you have all this data, if you wanna publish it, the IRB views it as a chart review because it was originally obtained for clinical care and in a way that generates business for you and helps your reputation all at the same time.

Dr. Cheng Ruan, M.D.
So this is great because we were not used to tracking outcomes at all because we're part of a large ACO and our ACO tracks outcomes for us, but it's not the same outcomes that we're tracking I'm a primary care business, we do integrative medicine, lifestyle medicine, so we track all sorts of metabolic disorders and A1c hospitalizations. But in reality, there's a whole section of outcomes missing. And that is really the patient experience in the patient related and patient reported outcomes. But walk me through, what should these outcomes look like in the perfect world, in the perfect practice?

Dr. Justin Saliman, M.D.
I love it. So the average doctor are on observation after 11 seconds. So we don't really have time to get everything out of the patient's brain and into our brain, about what they're experiencing and what they're feeling, and what's going on with them. Over the last 120 years that we have had Western medicine, we have created something called, patient reported outcomes that you mentioned. These are ways to measure a patient's symptoms and/or quality of life burden, quantify it with a formula that scores their symptom burden. And then you can keep asking those questions at various time points after their treatment or during their treatment course, to

see how that number changes. And the reason why they're objective, because you say, well, some doctor just wrote those questions and came up with scoring formula. That's subjective, but it's not. And here's why. Yes, a doctor who's a specialist in that specialty wrote the question sets. And then, they did a study where they took all these patients with a big enough sample size and they compared the scores and how scores change over time to other ways to determine an outcome. So did the lab value changed? The MRI study changed, the physical exam changed. And then, they correlate the yes, the symptoms improved and the score improved, or the symptoms declined and the labs got worse. And by comparing them to other objective ways to determine an outcome, they validate those question sets.

And then, 20 years go by, and some other specialists in that specialty does a meta-analysis, looks at all the different question sets that were made to assess the symptoms, the score by these different authors who are also specialists. And they say, "Look, these three should be thrown out and these two are still valid." Then, 20 more years go by and they take this one, and they say, this question was thrown out in a place with a different question and scored a little differently and look at how much closer it correlates with other ways to determine an outcome. So they've been massaged over the course of 120 years into the perfect questions to ask a patient, to assess their symptoms, and measure how they've changed over time. That is patient reported outcome instrument. And there's one for just about every condition in medicine. There's a way to measure a change for just about every condition in medicine that has symptoms.

Dr. Cheng Ruan, M.D.
So these are standardized, previously published outcomes, scores, and reports, right?

Dr. Justin Saliman, M.D.
Yes, an OutcomeMD exclusively uses medical literature-validated, patient reported outcome instruments, but then, we surround it with all the things that are important, so that we're empathizing with a doctor or a clinician. What do I mean by that? Confounding factors are so important to measure. So what is an example of a confounding factor? Adverse life event and stress. Maybe I'm being judged for a mental health treatment that I'm giving a patient, but they had a death in the family, or they lost their jobs or got divorced or they're now homeless or whatever it is. Those adverse life events and stresses may be the reason that their anxiety has gone up, despite my treatments. And so, in fairness, if you're doing an FDA study or clinical trial, you filter in and filter out different patient cohorts, that's called an inclusion criteria and exclusion criteria.

Dr. Cheng Ruan, M.D.
Right.

Dr. Justin Saliman, M.D.
So we create the ability for the doctor to make an inclusion, exclusion criteria when they're using their outcome data, to say, you negotiate better contracts for a payer, with a payer or whatever. Other examples, an orthopedic example is, let's say, I replace your left hip and six months post-op, you break your left ankle. Your pain goes up, your function goes down and it looks like your hip replacement is failed. But in reality, it's because you fell and broke your left ankle. So we ask the patient about other injuries and we can filter those out. What about patient compliance? You give a patient a medicine and they don't take it. And they don't get better. So we ask the patient with every single follow-up, how closely did you follow your doctor's treatment plan? And they score, how close did they followed it? And because it's a fitness tracker-like experience with a patient, they're measuring themselves, they're even more honest with this thing than they be in front of you, in your face. We also were building a clinician-reported patient compliance.

So every time the patient's in your office, you can rate how compliant they've been with your various components of treatment, so that you can also filter that in or out. The point here is this has to empathize with the clinician and the provider in every single way, because it can be very uncomfortable to have outcomes tracked if it's not being done in a way that's super fair. So we're really careful about that. And then, we'll eventually talk, I know you'll ask a question about this, about the celebrate features of OutcomeMD, where, yes, we're tracking outcomes and using it to improve care. Other ways that you can improve care, you're notified when someone's doing poorly and getting worse, which has been shown cancer patients live five months longer. Obviously I can talk and talk and talk. I wanna go where you want me to go with this, so I'll let you ask me the next question.

Dr. Cheng Ruan, M.D.
People watching this, they're all thinking of the same thing like everyone else, how the heck am I gonna get my patients to report these things? When am I gonna have time to do it? And how is that data reported? Where does it go? Okay, great, now we have outcomes. What should we do? So we'll kind of tackle the first one, it's how the heck are we gonna get our patients to do this?

Dr. Justin Saliman, M.D.
Yeah. So, the beauty is nobody wants workflow disruption. And so, we have intake forms that can trigger the right PROs PRO is patient reported outcome, based on their answers to the previous questions in that intake form. You get all the data structured intake form data, structured, so that you can use it to create inclusion criteria, and then you have the right PROs asked. And that can be auto-triggered by integration with electronic medical record system. We also pull in medications, procedures, diagnoses, all these things, so those can also be included and excluded

in your criteria. And so, it actually can happen in the background where new patient visits, they automatically gets at the assessment. Now, the way the assessment goes to the patient, they receive it as a text message and/or email with a link. When the patient clicks the link, it shows them a quick animation of what this is. Hey, this is so that you can keep track of your symptoms. And also, so the doctor can understand how burdensome your symptoms are right now. And then, there's no username or password. There's no app to put on their phone. They just put in their date of birth. Since it went to their device that they're in, or their email that they're in, and they know their date of birth, that's HIPAA-compliant. They answer the questions. The average patient answers the questions in four minutes. And then, most importantly, they get their score. So if we ask four patient reported outcome questions in questionnaires in four minutes, because that's how long it takes, We only have question sets take four minutes to complete. We average those. We score them the way the medical literature scores them.

We normalize them out of 100 and then, we average them together. And so, they get one number score that represents their symptom burden, from COPD or whatever it is that you're measuring. And then it explains them that we're gonna follow up with them in say, three months. So the automatic follow-up schedule is already loaded in OutcomeMD based on the medical literature, the clinicians can change it if they want. But so, that patient that got sent it before they see the doctor the first time, is on an automatic chain to get it, let's say once a quarter for a year and then once a year for five years after that or something like that. So let's say, three months go by and they had their treatment. It was an injection, it was a medication, it was a surgery, whatever it was, then the patient gets a message on their phone, a text, "Hey, your previous score was a 28. Let's see how you're doing now." And they just have to be curious. And they remember the process was painless and kind of cool.

So at a very incredibly high patient follow-up rate, they're clicking it and measuring their symptoms again. And lo and behold, they're doing better. They're doing better. They had to get the opportunity to post, which helps the doctor and I can explain that in a minute. And if they're doing worse, the doctor can get notified or the care manager or the nurse that the patient's gotten worse and call the patient to intervene. And we do that in a way that empathizes with the doctor too. I never wanna be notified for an eczema patient who's doing poorly and getting worse, but for an angina patient who's between the ages of 60 and 80 or whatever, is post-MI and is on these three medicines, I wanna be notified if their score is doing poorly and getting worse below a 50 or something like that. And it's easy to set these things. And then, the doctors get paid when they call the patient because you can bill for telephone calls now.

Dr. Cheng Ruan, M.D.
For check-ins, yeah, yeah.

Dr. Justin Saliman, M.D.
And there's ways to get reimbursed for the PROs, just sending them, there's ways to get reimbursed for remote patient monitoring. There's all these layers of reimbursement that can be tied around it. And then, the clinicians do it Your question was, why are patients gonna, how are you gonna get them to do it? So first of all, they all receive the link. Patients do what their doctors say. If you say, look, you can't see me until the intake form is done. And the new patient visit, they're gonna do it. And when they do it and they get this great patient experience, they respect you more. You've enhanced their experience, shows that you care enough to measure their symptoms and help them see transparently how they change over time. Everything you put in the medical record shows up on their phone as a flag, so they can say, oh, I started this medication. Is it helping me or hurting me? The other thing that's so... It's gotta be interesting to the patient. And then, if a doctor says, "Hey, I want you to do this." Those two things, patients do it.

Dr. Cheng Ruan, M.D.
Yeah. It's gotta be interesting to them. Earlier, you said, like a tracker-like experience when it comes to putting the patient reported outcomes in, from the patients. So what does that mean, tracker-like experience?

Dr. Justin Saliman, M.D.
Yeah. So when you go for a job, no one experiences that job more than you, but you're the one doing the run. But for some who are curious about how many steps did I take and what was my heart rate? How far did I run? These additional metrics that are interesting, even so much that some people are willing to wear a special thing to figure it out or carry their phone with them. So what we're doing is giving the patients a fitness tracker-like experience as they measure their symptoms before they receive their treatments, and at various time points are updating the symptoms and getting their score changed. And then, they can see how they've changed. Why do patients not engage with things like Apple HealthKit or their patient portals very much? Because those are a medical diary.

Here's all the things that have happened to me. And it's not even necessarily laid out on the timeline always, but it's not that interesting to just have a diary. But when you have a laid out on a time and here's all the things that have happened to me from the medical record, and here's how my symptoms have changed as a result of those things. When I do physical therapy, I actually got better. When I stopped therapy, I got worse. When I started it again, I got better. Maybe I should keep doing therapy. Or mental therapy or meditation or diet or exercise, or whatever it is that they happen to be keeping track of and the patient can enter things they

wanna try, start on the keto diet. Let's see how it helps my sleep or whatever. So anyway, I hope it answers your question.

Dr. Cheng Ruan, M.D.
Yeah, it does. That's exciting because it lets us know what we are doing well in, and we can capitalize on what we're doing well. I think that every practice has a uniqueness because of the physicians in the practice, the owners of the practice. And there's always things that we do well. I call it a niche. This is our niche that what we actually do, doesn't matter what specialty, when everyone has a niche. And we're able to track that over time and it's patient reported. You're right, there's definitely an accuracy to it. Here's my hesitation and address this for me, if you will, is that, let's say that, patient scores are improving, improving, improving, then we're doing great. Well, let's say, the patient scores don't improve, and maybe there's large amount of people who don't don't improve, what could that possibly mean for me as a practice owner to do?

Dr. Justin Saliman, M.D.
The way OutcomeMD is structured, if you stink at 9 out of 10 things, and you're good at 1 out of 10 things, for that one thing that you're good at doing, you're gonna generate more business. So the other nine things, you're gonna have data to help you figure out how to improve. And the data is yours

Dr. Cheng Ruan, M.D.
Right.

Dr. Justin Saliman, M.D.
and no one ever sees it. And I can explain how that whole thing works, but the concept of being able to see the patient's results also lets you, when the next patient says, should I do this? If you're getting good results, you can show them, look, my patients doing great. And if they're not doing well, obviously, you're not gonna show them that, but you're gonna look in and you may actually realize, I'm good at these things, I'm not good at that one thing, I'm gonna go read the latest literature. I'm gonna go do a course. And you can elevate your game that way. That is your data for you to look at and no one else. This is also a future-proofing yourself because you need to be able to gather up the data for value-based care, which is coming.

Dr. Cheng Ruan, M.D.
Right, right.

Dr. Justin Saliman, M.D.
So the way the software works, patients measure themselves on follow up and get to see how our score change. If they've improved more than 50% of the improvable range that they could have

achieved, they've achieved at least 50% of it, those patients love their doctors. They're the ones bringing you a bottle of Scotch and chocolates and whatever.

Dr. Cheng Ruan, M.D.
Right.

Dr. Justin Saliman, M.D.
For those patients, only those patients that they're doing less than... If they've achieved less than 50% of their improvable range, they don't get any. They just says, "Great job. We'll follow up with you." Whatever, right? If they're doing worse, they get to see that and it quantifies it. And somebody gets notified potentially. But if they've achieved 50% of their improvable range or more, then we give a pop-up and the pop-up says, "Hey, basically, endorse your doctor by posting your outcome graph that shows how your scores improved on social media, the patient's own social media, the patient's own Facebook or Twitter for example.

Dr. Cheng Ruan, M.D.
Right.

Dr. Justin Saliman, M.D.
So when they post on Facebook, the average Facebook user has 338 friends. Their friends sees this post of the great results this person got for ketamine, or whatever it was that was being tracked. And when they click that post, it goes to the doctor's website. That does lead generation for the doctor. It ignites word of mouth. That's Facebook and Twitter. The patients can also post on either Yelp, Healthgrades, Vitals, or Google reviews. And when they post there, we copy into the clipboard, their score summary. "My score went from a 21 before my injection and it's a 90 now after. Thank you so much, Dr. Jones." So for the first time in the history of medicine, we're pushing objective score data into the subjective review sites. You only get good reviews because you've gotten good outcomes. And is this unethical? No, it is so ethical. What happens now, is the doctor's mindset is, "Wait a minute. If I get a great outcome, the world's gonna see that great outcome and I'm gonna generate more business from that great outcome." So while we do it in a way that the doctor can't lose, it does also help the doctor motivate to focus on getting good outcomes.

Dr. Cheng Ruan, M.D.
Right. Yeah. And that's great because-

Dr. Justin Saliman, M.D.
We have widgets to the doctor's websites, we're building outcome ratings.

Dr. Cheng Ruan, M.D.
Oh, wow.
Dr. Justin Saliman, M.D.
We have all sorts of stuff to drive additional value. We want to celebrate, we have two packages. We have elevate package and celebrate package. Elevate your outcomes, track outcomes, to improve outcomes. And then celebrate outcomes. It's all about, look, for those... And everyone's good at something. For those outcomes that you're good and that you get good results, we are going to help push this out to the whole world and let everyone know that, A. You care enough to track outcomes and B. here are some examples of your great outcomes.

Dr. Cheng Ruan, M.D.
And I kind of wanna address one thing that I just came to my head as you're talking about this. So we're in the state of Texas. And Texas, just like a lot of other states, California as well, have advertising guidelines that's set forth by the medical board. And so, in the state of Texas, there is something called a superiority clauses that you as, for me, I'm internal medicine, so you as an internal medicine doc, cannot determine superiority over someone else when it comes to marketing and stuff like that. And it's really open-ended. But what OutcomeMD allows us to do is to actually get the patient reported outcomes. And this is actually objective data that's here. And then, we can say, hey, this is our outcomes that we have here. You're not necessarily comparing a practice to another, but this is what we do well. So bypassed is a lot of the restrictive clauses within the advertising guidelines, but at the same time, you're just doubling down on the things that you do well. And so, I feel like that this is something that should be in every private practice.

It doesn't matter what specialty it is because we wanna know what we're doing well. Because I think a lot of times, private practice docs are very blind to the things that they do well and they don't necessarily do well, is because there's no feedback. It's just go, go, go, go, go. Seeing patients, patients, patients. We're assuming we're doing the right thing. But with this feedback, it lets us know whether what I'm doing is the positive feedback and the negative feedback. And I'll give you an example. So we've been doing this the hard way, man. I've been getting my health coaches and staff to reach out to the patients and do different scores and stuff like that. It's very labor intensive and very costly for us, for us to do.

And over the last three years, we have changed a majority of what we do in different disease states based on us trying different things when it comes to diet and lifestyle medicine and supplements and meditation tweaks and stuff like that. And we learned a lot in the last three and a half years that we've existed in private practice. So over the next three and a half years, we're basically conglomerating all that data and then putting forth what we're gonna be doing in the next three and a half years. But this, I think takes it to a whole other level because I can select

filters and I can select ICD-10 codes to track the patient outcomes, know what we do well, know we're not doing well, go back to my team and say, "Hey, let's see if we can tweak some of this for better outcomes." So that really empowers me as a practitioner. It also lets me know as a business owner, what part of the business are we narrowing, so we can scale it later on, so we can put more it later on. So that's fabulous data. And I feel like all other businesses that scale outside of medicine's already doing this anyways. But this is, we're just kind of late to the game. Makes sense? Yeah.

Dr. Justin Saliman, M.D.
Yeah, yeah.

Dr. Cheng Ruan, M.D.
And so, one thing that I always talk about is building digital equity. And so, this is something that you and I discussed when we first talked and why I kind of want you to comment on it, it's one of your vision on it. So, digital equity is kind of like real estate. So let's say, you purchased a piece of real estate, you're putting money into it, you put improvements on it. And then it's supposed to increase the value of this property that you have over time. And then, you pass it on to generation generation. Well, social media is also acts very similarly because whatever you post today, yesterday, last year is gonna be indexed forever. So your great, great, great, great, great grandchildren will see whatever you post. And so, I feel like it's such a gift to our future generations if people are actually, patients are actually posting about their great outcomes that they've had with me. And I feel like it allows me to leave a legacy that wouldn't leave otherwise. Does that make sense?

Dr. Justin Saliman, M.D.
Yeah. This is getting to the point of what feels good. It actually feels really good to track outcomes and to be celebrated for the ones that you get that are good. And we're doing some other nuanced things. And what you're saying is like those assets of the improvement graphs from patients, exist online forever. And our great grandkids will be able to go on and say, "Oh, my great grandpa or grandma got all these great outcomes." The other thing we're doing, if you think about social media and the various platforms, so when you're on LinkedIn, every time... So let's say, you join LinkedIn, and then, there's this endorsement for skills area.

Dr. Cheng Ruan, M.D.
Right.

Dr. Justin Saliman, M.D.

And somebody gives you an endorsement for a skill, that number goes up by one tick. Endorsed for this skill or that skill. So what we're doing is we have great outcomes, great patient outcomes, and we know what they were assessed for. So this one was for depression or whatever, gets ticked up one. Because this patient who was depressed is less depressed, it ticked up one, that's one patient who had a great outcome. All of a sudden, it's 85. And the next time you check it, it's 230 and you're constantly having more patients and you're getting more and more great outcomes. So it's related to your volume and how effective you are at treating that volume. Now, if you join LinkedIn late, then you're behind the ball. You don't have as many endorsements and you don't have as many followers. And outcome tracking is the same thing in terms of building digital equity, you are gonna be left behind if you don't do this. So now we're saying, every time you get a great outcome, we're gonna tick that number up. And so, get started now because if you wait and decide to start three years from now, you have three years less data accumulation to show how great you are. And so, it does have to build over time. And if you wanna be in the game, you gotta get on to the future page.

Wayne Gretzky used to say, "You wanna skate to where the puck is going to be." So if everyone wants to skate to MACRA and MIPS right now, go ahead and reorganize your whole program, but MACRA and MIPS is gonna change dramatically in a couple of years. Now, the truth is the future of everything is outcome tracking. And you might as well embrace it and skate to exactly where that thing is going because you get those numbers up and going right now in a way that you can't lose, that's the key. I know it sounds like a sales pitch, but the other thing I wanted to mention is for our internal medicine, 'cause that may be a lot of the audience, it sounds like, probably. The PROMIS is a system set up by the NIH and it has computer adaptive testing. It's super sophisticated. But it has a global health assessment, which is four questions on your mental health, four questions on your physical health and two questions on health perception social rules. And your ability as a primary care doctor to be able to maintain someone's global health, that's what you're really trying to do. The human body decays over time and if you can maintain that level of health. So you wanna track, that's such a basic, it takes physicians one minute to complete. And if you're just at a minimum, let's say you have a concierge practice.

You don't even care about necessarily the insurance companies. Well then, you wanna be able to touch base with the patients periodically without... And if they're doing great, they feel like you gave him a hug, a digital hug, and you checked in with them. You gave them a fist bump. And when it comes to the one-year mark and they haven't been seen by you at all, and you're asking for another 3,000 bucks or whatever, they're gonna say, "Okay, well that doctor's checking in. And if I'm doing worse, they'll intervene. Okay, here's the check. I'm gonna give you the money." And if they're doing poorly, you get notified. You can intervene. That is great for concierge. There is no situation, if I'm busy enough, maybe I'm taking all HMO patients, but now, with OutcomeMD, I'm

busier, I'm gonna drop out the HMOs. Then I'm all PPOs. OutcomeMD makes me busier, well, I'm gonna drop those three bad PPOs that take forever to pay me and have all these pre-auths. So then, I roll on the best PPOs. And then, I get busier through OutcomeMD. So I'm gonna go out of network. Still busier? I'm gonna go cash pay. So there's no point where we should be satiated in terms of improving our game and getting celebrated more and improving our game and getting celebrated more. Rise to the ultimate level you can by keeping track of the things and celebrating yourselves based on what really matters. And the outcome is everything.

Dr. Cheng Ruan, M.D.
Sounds like OutcomeMD is sort of the empowerment engine, like putting a lot of power back into the physician practices.

Dr. Justin Saliman, M.D.
I can doctor burnout for so many reasons. Think about this board certification.

Dr. Cheng Ruan, M.D.
Yeah.

Dr. Justin Saliman, M.D.
Board certified? I wanna be outcome certified. I don't wanna have to call an insurance company and beg them to allow my patient to go to physical therapy.

Dr. Cheng Ruan, M.D.
Right.

Dr. Justin Saliman, M.D.
I want the insurance company, we have peers doing this right now, and say, "Oh, you're tracking outcomes. And you get good outcomes? Everything's pre-approved. We trust you."

Dr. Cheng Ruan, M.D.
Oh, wow. Oh, okay.

Dr. Justin Saliman, M.D.
You're already doing the work. And we have payers right now that are waving pre-authorizations for anyone that tracks outcomes.

Dr. Cheng Ruan, M.D.
Really?

Dr. Justin Saliman, M.D.
Yes.
Dr. Cheng Ruan, M.D.
That's huge. That's huge. That means so much.

Dr. Justin Saliman, M.D.
The doctor burnout, right?

Dr. Cheng Ruan, M.D.
Yeah.

Dr. Justin Saliman, M.D.
Or you don't get paid for something you did. And you have to write a letter of medical necessity and all of a sudden, well, if you get a great outcome, that's not necessary. So the point is, the outcome is the future. Not to mention that data. Right now, the only outcome that are tracked are those patients enrolled in research. But imagine if every doctor's tracking every outcome as they go as part of clinical care to enhance the patient experience and to generate business for their practice and to make better decisions, because they've got a score of to see how they've improved. So that we don't have to ask 20 questions to make our workflow faster. So for all these reasons, we're tracking outcomes. And now, every clinical outcome is tracked. The data we have to cure disease is unbelievable. That unlocks the whole thing. Now, every patient is essentially enrolled in a clinical study. The sample sizes are enormous. And our decision support tools that we resent are the ones maybe like Watson, where it's like, here's this algorithm that some doctors set up based on meta-analyses that in of themselves are flawed to tell me what to do and when to do without my clinical judgment. And that is offensive to a lot of doctors.

And that makes me burnout. But with OutcomeMD, it's like, no, show me all the data. Show me how patients like the ones sitting in front of me, phenotypically similar, the same body mass index, age, race, medical comorbidities. How do people like this, who are similar to the ones sitting in front of me, do on drug A versus drug B. Press one button in OutcomeMD, I can see, it plots out scatter graph with de-identified patients all over the world who are phenotypically similar to the ones sitting in front of me and either received drug A or drug B. Because right now I may choose drug B because they have a nicer drug rep, for no good reason. 'Cause I don't know which is better, A or B. But with this, I say, oh, A is better for patients like this. That's an instant prospective multicenter, randomized controlled trial on phenotypically similar patients done at the point of care. And it's not whatever 30 patients that the study studied in Kansas, it's 30,000 from all over the world that are phenotypically similar. That is where medicine should be.

Dr. Cheng Ruan, M.D.
Right and whoever owns the data, owns the power. And the doctors get to own the actual data and then, use the power to do whatever it is that we feel like is right for the patients, to grow our practice, to scale on our businesses. So I think it's absolutely wonderful. Well, listen, I'll just tell 'em we could talk for hours and hours. But thank you so much for discussing this. Now, where can people find OutcomeMD and where can people find you?

Dr. Justin Saliman, M.D.
Outcomed.com is probably the best place to go for any of that. You can find me on LinkedIn just by my name, it's Justin Saliman. And I connect with people all the time that way. So, yeah.

Dr. Cheng Ruan, M.D.
Thanks, man.

Dr. Justin Saliman, M.D.
Take a look. Thanks so much. Really appreciate you.

Dr. Cheng Ruan, M.D.
Nah, thank you. I appreciate it. Everyone have a great day or evening.