

Primary Care Cures

Episode 62: Dr. Brad Younggren

Ron Barshop:

Most problems in healthcare are fixed already. Primary care is already cured on the fringes, reversing burnout, physician shortages, bad business models, forced buy outs, factory medicine, high deductible insurance that squeezes the docs and it's totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of costs and the deceleration of reimbursements. I want you to meet those on this show that are making a difference with host, Ron Barshop, CEO of Beacon Clinics, that's me.

Ron Barshop:

Healthcare costs alone explain the gaps between wage earners. What I mean by that is every race has been wiped out for the last 20 years because of premiums, deductibles and copays absorbing every single bump. Who is responsible for all this? Is it the employers? They're just cost shifting in exasperation. Their premiums have gone up and at the same time from about 7,000 to \$15,000 per employee. So you can imagine if you're paying somebody 35,000 a year and you're putting in 15,000 towards healthcare, there is an exasperation there.

Ron Barshop:

If insurers are to blame, well, they're just maintaining their shareholder value. That's their job. Is it the feds? Are the regulators doing something wrong? All they're doing is incentivizing chronic care savings to try to desperately deal with the diabetics, hypertensives, mental illness, et cetera. What about the politicians? Well, they simply cannot get reelected without the biggest lobby, which is larger than defense, oil, banks, and tech combined. So they're just doing their job, too.

Ron Barshop:

Is it all Big Pharma's fault? Well, they're literally taxing American healthcare to serve the world, but it's not their fault either. How about the big middles? We hear a lot about PBMs, which are middlemen and they are seeing the beginning of their end because they are middlemen. Who is Dr. Evil then actually? Well, it is we who write the checks, employers. We are also the hero because there's hidden treasure inside every one of our healthcare spins. I found mine, my healthcare spend basically nets me a cost of zero, and our guest today is finding the same thing with their employers that they subscribe with.

Ron Barshop:

So there's a new subscriber economy that creates a C suite and they're now engaging directly with primary care, chiropractic, the labs, wholesale drugs, surgery and specialists, and there's a catastrophic layer on top that they can engage with to take care of some of that scary top end

risk. Direct contracting and onsite clinics and virtual care and direct primary care represent buried treasure inside healthcare budgets. Direct contracting is also seeing scalable models like virtual primary care take off. And our guest today, wow. They're an exciting offering.

Ron Barshop:

I want to introduce you to Brad Younggren, who's the chief medical officer of 98point6. Now, that's 98 and then the word point 6 if you're looking them up. He's been with them for a few years and prior to his role as CMO at 98point6, he was a CMO at several other startups and he still works as an emergency room physician and he learned his trade from the Uniformed Services University of the health sciences. He's also earned a bronze star and a combat medic badge, which you get only when you're under fire taking care of your troops. Brad, thank you for your service and welcome to the show.

Brad Younggren:

Thanks for having me on the show, Ron. Appreciate it.

Ron Barshop:

Yeah. Look, I'm a junkie for war stories, but I know we're not going to be talking about that, but that's another time for another place. I do want to know how did you find your way into the startup world from the military? That's quite a shift.

Brad Younggren:

Yeah. I think it's a great question. Early on in my career, we were certainly in both the Iraq and Afghanistan conflict and from the medical perspective, we were looking for technologies that could scale on the battlefield to save soldiers' lives. The first portable ultrasound machine had come out actually out of Seattle, and we were deploying that on the battlefield and we were seeing a direct impact on patient care.

Brad Younggren:

So that was the first initial area of where I saw the impact of how technology could scale in saving lives. It's sort of redirected the focus of my career. I certainly, as you said, still continue to practice emergency medicine, but my passion has been around finding ways to leverage technology, both software and device to impact a larger scale of patients' lives.

Brad Younggren:

So I've worked a bit on that while still in the military looking at different technologies that could impact patient care directly, and then transitioned out of that when I left the military service to start working as a chief medical officer for a company called Mobisante, which was the first FDA approved medical smartphone device in the United States. So we were really on the cutting edge back in around 2011, 2010 around understanding how a smartphone could be actually leveraged as a FDA approved medical device.

Ron Barshop:

That's very cool. So you've gotten to operate Star Trek devices on the battlefield and on your phone, these mobile medical devices. That's pretty cool. What is the 98point6 percent offering? My understanding is it's a virtual primary care at the touch of a text. Does that summarize it well?

Brad Younggren:

Yeah, I think that's a great summary. We're primarily an app-based service that provides text first primary care, although certainly other capabilities are built into the experience. Video and phone capabilities are built into the app experience, but we primarily initiate conversations with patients via text. The service on the front end, patients interact with our automated assistant, which is our AI which listens to the patient's concerns and then ask appropriate questions, and then at some point the physician will enter into the conversation directly and complete the visit.

Brad Younggren:

So we're fully transparent with patients. They always understand when they're interacting with our technology versus interacting with our physicians. So we think we gain a bunch of trust building through that approach.

Ron Barshop:

It's interesting you have an AI bot that's basically a buffer until a physician is ready. By the time the physician is ready to engage with the patient, they have a patient history based on the chat and it's been summarized in a nice neat way so they can quickly get to the root of the issue. That sounds pretty cool.

Brad Younggren:

Yeah. It really meets patients where they're at. In most of their lives, they are using text as a form of communication with family, friends and work associates. None of us really prefer FaceTime or video chats when we have an opportunity just to text. So it really is a methodology of communication that most people are very comfortable with. Really all ages are comfortable with it, use it. Grandparents are using it to communicate with their grandkids. So it's not even necessarily a younger modality of communication in the United States or really the world for that matter.

Brad Younggren:

People are comfortable with it. It also allows them to engage in communication with physicians in nontraditional settings. So in-between meetings at work, on the bus on the way to work, you could be talking 98point6 and a physician not taking two and half hours out of your day to go into a brick-and-mortar visit. You can actually complete that visit before you even make it off the bus. So that convenience, that on-demand approach to primary care is unique and we believe will activate patients, get them engaged in not only their sickness care but in their wellness care. That's really at the core of our business.

Ron Barshop:

So you don't have any bricks-and-mortar clinics except perhaps in Seattle. Is that the case?

Brad Younggren:

We're 100% virtual. I mean, we certainly have offices where the people who are building the technology are working in Seattle, but the physicians, there's a corps of physicians in Seattle but we have physicians throughout the entire United States who include Hawaii, which provide 24/7 care every day of the year. We do that and we're proud to say we do that with our physicians not working nights actually, because we have physicians across multiple time zones that can hand off to each other. We really care deeply about physician satisfaction and physician burnout. So that approach allows us to keep doctors from working actual night shifts while still providing 24/7 care across the entire United States.

Ron Barshop:

Well, I know you're just dying to brag as I am dying to brag about you because I love new primary care entrance into the field. The brag here is not only do you guys have an amazing net promoter score, but your traction is fricking crazy. I mean you guys runs the six figure number of patients right now and y'all just got started a couple of years ago.

Brad Younggren:

It's been amazing to see the uptake just demonstrates the need in the market where patients were looking for something a bit different than was available. We're having great success in not only the direct consumer space but certainly working with employers or even health plans to really provide the service, because when you think about cost, quality and access, we can attack those pillars equally because we're essentially a virtual service that's on all the time.

Brad Younggren:

Patients are accessing it through their mobile phone, which is almost ubiquitous in the culture here in the United States. It allows people to really engage in their healthcare, on their terms at a low cost. So what we've seen over time is on all these verticals, higher and higher engagement levels. After someone uses the service once, the rapidity of the second visit continues to climb as patients are like, "Wow, that was an amazing experience. I'm going to use that the next time as well."

Brad Younggren:

We do not resolve 100% of cases of course, but providing high level physician oversight. When we look at someone who ends up being referred to an emergency department, as an emergency physician, I consider that a win. I mean that's a case where a primary care physician is taking a look at a case, really gone deep into it and decided this is an instance where emergency medicine care is needed and required.

Ron Barshop:

It's interesting you guys signed up Sam's Club, which is super exciting. Are you helping Sam's Club members or their employees?

Brad Younggren:

We've been doing a pilot with Sam's Club, and what I can describe publicly about our relationship with that is we're testing out in certain markets where patients can essentially buy a subscription at 98point6 through that medium and then utilize the service. So it's really almost like its own unique channel for us and it allows us to touch more patients. Obviously, Walmart, Sam's Clubs touches enormous amount of patients within the United States in aggregate. So we're incredibly excited about that partnership.

Ron Barshop:

Well Brad, I know you've got your eye on population health too as the chief medical officer, but we have this... By the time this airs, the coronavirus may be way past the 80,000 mark that we're at with about a 2% mortality, and it might be in America by this time because it might be about six weeks from you and I are actually talking here in late February. But you can have the ability with your app to push out notifications to people to wash their hands more often, don't worry about wearing masks, don't be afraid to go out, but just be careful and be thoughtful, and you can push information out in the... I mean we're talking pandemic here. This is very scary stuff.

Brad Younggren:

Right. A lot of my early work in the military was around disaster medicine. So these issues around pandemic viruses are near and dear to... an interest of mine for years. We have done a fair amount of work in this space as it relates to both influenza and more recently with COVID-19. We actually altered some of our AI platform algorithms to make sure we are capturing the CDC recommended data set that would maybe imply someone did require actual testing for COVID-19. We've talked a little bit about that publicly and a couple of news sources had picked that up a few weeks ago.

Brad Younggren:

We've been working with the government around that because if you think about it, we're really well-situated to provide a platform that covers the entire United States where we can understand how patients are coming in in multiple different geographies and presenting with a myriad of symptoms. So we referred a couple of cases to the CDC in January. They ended up not being positive cases, but nonetheless, it proved the point of what a system like ours can really provide from that perspective.

Ron Barshop:

It's very exciting stuff. Brad, the net promoter score I talked about earlier, you are basically competing with primary care, which is in the low fifties or high fifties for net promoter score for those that measure it and you guys are in the much higher range than you expected to be. In fact, you're above your targets aren't you?

Brad Younggren:

Yeah, we have been. We believe that we should be really in a new domain as far as relates to NPS primarily because of the service providing with the quality of the patient experience. I think a lot of health systems are actually below the number you described in a brick-and-mortar setting, in the traditional setting of the numbers I've seen. So I think that there was a lot of opportunity to improve NPS from the patient experience perspective.

Brad Younggren:

We look at ourselves as being wanting to be somewhere where other on-demand technology services live outside of healthcare. We'd want the same kind of NPSs that we'd expect from those same experiences, whether it be on-demand video or on-demand purchasing of goods. Patients expect an on-demand service and healthcare to be no different ultimately at scale. This is what people have grown to expect and so that's what we strive to.

Brad Younggren:

But again, for us, the thing I really enjoy as the chief medical officer is because of the system we've built, we really have the opportunity to understand a lot fundamentally about that patient experience that traditionally is very challenging from retrospective perspective to really understand deeply in a brick-and-mortar setting because it's weeks to months later and you're trying to uncover clues through the note and some other data points, but it's never really as deeply accessible in terms of the data that you can get from the kind of data we have on encounters.

Ron Barshop:

When are you going to be going with sensors? I can imagine that ordering a Netflix is not quite as interesting or ordering an Amazon Prime, whatever, fill in the blank is not quite as interesting as the crime scene investigation you have to do as chief medical officer. Do you envision sensors in people's homes or on their wrists or on their rings or even more? Are they going to be wearing things around their chest? What is the future of sensors for APC?

Brad Younggren:

I think that having been in my three previous companies were all device oriented, so it's been really nice to be actually on the software and delivery side as for a change of pace. So we are essentially relatively agnostic to devices. Over time, we anticipate that you as a patient may pick up three or four devices, either online as most of these moved into direct consumer space, and then we can essentially consume that data to provide better care whether it's extending the reach of our physicians' capabilities through digital otoscopy, families being able to take pictures of their children's eardrums and something as simple as that to more complex data collection through the Apple Watch, but not only that, what I think is interesting is being able to actually layer multiple sets of data on top of each other to really see how that's impacting population health.

Brad Younggren:

Right now, that's not typically done. In talking to friends and colleagues that are in the brick-and-mortar world, because there's not really a reimbursement model that's set up for them, when patients are bringing in piles of data and asking physicians to consume this and give them information or give them perspective on what they should do with that data, it's really challenging for physicians because it can take an enormous amount of time, and there's no real compensation model for that time and the current fee for service world that most of them live in.

Ron Barshop:

Yeah. I can walk on my treadmill and that's a silo. I can go to the health club the next day, walk on that treadmill, separate silo. I have a Fitbit that might be a separate silo for when I take a walk in the neighborhood. I can have three different events in a 24-hour period and they're all in separate silos. There's literally nobody that's aggregating on a dashboard something that tells me what I, Ron Barshop, need to do next to get better, to get healthier.

Brad Younggren:

Right. When you think about social determinants of health to this point, I think we've been fairly limited in what we can really turn around in that space primarily because we don't have access to datasets that allow us to truly understand what is going to make Ron more healthy as an example.

Ron Barshop:

I heard Robbie Cape, your CEO, talking on one of these shows and he said that the price of the offering was something in the range of five to \$20 per month. Is that possible?

Brad Younggren:

Yep, that is. I mean right now, if you could take the direct to consumer model, you can go download an iOS or Android app store currently, pay \$20 introductory pricing right now and essentially it's a dollar a visit and then it's \$120 per year annual every year subsequent to that. But all those numbers are relatively low by comparison to what patients are currently paying for even a singular brick-and-mortar visit.

Ron Barshop:

Look, let's put that in context folks. That's a cell bill. \$20 that's a cell phone bill. So come on, that's maybe two people on a cell phone and we're talking about your health here. The complaint that I've heard about virtual primary care is completely false because I am a virtual primary care patient myself with a company called Redirect Health. So I have a bricks-and-mortar doctor of my choice, chiropractor of my choice, but I have a Spruce app and I am allowed to text 24/7 the caregiver, which will eventually get me to a white coat.

Ron Barshop:

My experience has been if I have flu-like conditions, they are going to send me to a lab to make sure if it's viral or fungal. They're not going to just bomb me, carpet-bomb me with whatever at their disposal prescription wise. How do you guys get around those kinds of concerns?

Brad Younggren:

Well, certainly, we've been ordering labs from the service because we wanted to really drive into virtual primary care and not be an acute care medicine transactional service. So we got out into labs pretty early back in 2017 and that that aspect of our business has grown and again, for all the reasons you could imagine. Like if you need your lipid panel drawn or your PSA drawn, do you really need a brick-and-mortar visit to accomplish that task?

Brad Younggren:

So we order, patients come in, we order the labs, the labs come back to our clinic. You're notified. You can come back into the clinic and have a conversation around those labs and answer any questions you may have around them. You can come in really multiple times if you have questions around that or a medication. We see that all the time where when you create a friction-free environment where it's really not a significant cost for you to come back in.

Brad Younggren:

You know, we always hear stories about patients, they get a prescription and then an hour later, they have a couple of questions about the medication and how it may relate to their generalized health, but they're gone. They're out of the office or they're out of the emergency department and they don't have an easy access venue to ask an additional question.

Brad Younggren:

So even in that context, 98point6 is providing a friction-free service for you just to come back and ask that singular question. It provides significant clarity and satisfaction for you as the patient.

Ron Barshop:

I think you just said something critical. You said friction-free. And I know a lot of people that are from my generation, I'm 60 years old, a lot of people think you need to have a relationship with Dr. Chen or Dr. Chavez. You want to go back and see that same doc every time because they know you. The truth of the matter is if it's frictionless, the next generation doesn't care who they're talking to as long as they know them as long as it's personal. Is that true?

Brad Younggren:

Yeah, absolutely. Patients develop relationships with 98point6, a trusted relationship with 98point6's service. Obviously, the same doctors don't work 24/7 365. They wouldn't last very long here. So patients do sometimes see different physicians, but the trust in the service and the trust in the technologies is the differentiator, and being there all the time to support the patient whenever they have a question, whether that'd be at 2:00 in the afternoon or 2:00 AM.

Ron Barshop:

Okay. So you're going to probably agree with this statement. The triple aim is not only accomplished with 98point6. You guys are clearly into the quadruple aim because you're making doctors happy, too. I'm sure y'all track your satisfaction with your onboard physicians. Is that the case?

Brad Younggren:

That's a great question and absolutely true. One of the big differentiators for us is our physicians are all full-time employees in 98point6. We don't use contracted physicians to deliver the care, so they're deeply connected to the service. They're bought in on the mission. We believe that no one should have to make a financial trade-off to receive primary care medicine, and so we're driving towards that North Star over time, and the physicians are a part of that. They spend time. Every physician has time allotted to develop product or to impact the business in some other way other than the practice of medicine directly. I think that's a key point for us.

Brad Younggren:

The physician's net promoter score correlation or our physician satisfaction score is really critical for us. We want to build a physician culture where physicians are excited about coming to work to practice medicine and also about the camaraderie they get about being part of a growing organization that's really aligned with the vision why many people end up going into medicine in the first place, which is to help as many people as possible.

Ron Barshop:

Okay. I want to dispel every possible rumor about a service like this because I love what y'all are doing. You are not hiring fresh greenie straight out of a residency. You're going to hire people that are a mixture of experience. Is that right?

Brad Younggren:

Correct. Yeah. Many of our physicians have over 15 years of experience. In fact, the vast majority of them, we haven't hired anyone directly out of residency. We like to have at least three to five years of experience under their belt before transitioning to virtual care. Because again, we're interested in understanding what are the boundaries of virtual care. You know, quality and patient safety are paramount for us. So we need physicians who have experience and are interested in having conversations around that because we're not interested in providing unsafe care obviously, and so we want physicians that are deeply committed to quality and outcomes.

Ron Barshop:

Do you imagine your mix will include PAs and nurse practitioners someday?

Brad Younggren:

We started with physicians and honestly, we've had no shortage of applications for us, which has been an exciting part of... That has been a nice indicator for me that we're doing something right here. We have over 150 applications currently of physicians who want to work at 98point6, and so having that front end pipeline of physicians who have a ton of experience, they have lots of scar tissue, they know the things that are wrong with the current healthcare system and they're excited to fix it.

Brad Younggren:

To answer your question directly, we haven't hired any nurse practitioner PAs yet, but we don't have any hard and fast rules around that. It just hasn't been part of our initial model.

Ron Barshop:

When I first discovered you, guys, I was sitting next to a guy from HCA head of strategy at a conference and I told him about y'all and I said, "What is your data telling you about people having a virtual doc on their phone?" And he says, "People don't want that." All contrary, your numbers are completely discounting what he just said or what he told me.

Brad Younggren:

Yeah. Our experience has not been that, that patients appreciate the capacity to really engage in their healthcare on their terms. I just think that convenience while still providing the high quality bar is new and I think patients love it. Well, I know patients love it. So...

Ron Barshop:

Hey, Brad, have you made any interesting discoveries personally about medicine you didn't understand before after engaging with these guys or do you feel you have some insights as a doctor that you didn't know?

Brad Younggren:

Well, I mean we look deeply and care deeply about obviously communication in-between doctor-patient relationships and traditionally, there's not other than your own experience as a physician. I started my career in academic medicine training residents. So certainly spent a lot of time trying to teach residents how to be good communicators, good history takers, good collaborators with patients.

Brad Younggren:

We spent a bunch of time trying to understand what is going to provide a good patient experience and high quality care, and I'm continually amazed at the level of detail that we can go into by building a virtual service that gives us access to a deeper understanding of what patients want or need than you can ever really get from a brick-and-mortar experience.

Ron Barshop:

I guess I didn't ask the question the right way. Have you personally discovered anything about patients you didn't understand before?

Brad Younggren:

Yeah. Well, I think what I've understood is that I would say that 98point6 and my work at 98point6 has directly impacted my experience as an emergency physician as I have a much deeper understanding of what patient satisfaction is about, like the intricacies of what makes a patient happy and satisfied with their experience with a physician, whether it be brick-and-mortar or virtual. Those learnings have directly impacted some of the approaches I have to delivering brick-and-mortar care when I'm working in the emergency department because I have just a better understanding of patient's perspectives for sure.

Ron Barshop:

There can't be a more perplexing and frustrating job than ER because you're dealing with people off the streets, you're giving them the best you can and you're seeing them right back off the streets in your ER again. You're dealing with people that are chronic conditions and aren't getting treated the root cause and you got to send back on the street again. It's got to be a little frustrating being in ER compared to this sort of nirvana you're in right now.

Brad Younggren:

I mean, I love emergency medicine as a field. It's been a great job the last 20 years or so, but I agree with you that one of the things you can uncover by looking at who's coming to an emergency department is a lot of the problems in our health system, right? If you take one example that I talk about sometimes is around hypertension.

Brad Younggren:

Now, there are rare hypertensive emergencies where patients need to be in an emergency department, but a large majority of those patients that end up in the ED with questions about blood pressure management are primarily in there because they got a couple of concerning readings at home and it's 2:00 in the morning and they don't have access to a physician to answer some basic questions. So what happens is they end up in the emergency department.

Brad Younggren:

For me, that ends up being an indication of a failure of the system, that we haven't met the patient's needs as a system. So I think that there's a bunch of opportunities in dimensions like that where virtual care can really redefine a good patient experience and have the same outcome. When you take a blood pressure as an example, the virtual perspective versus an in-person visit, for many of those cases you can achieve the same outcome.

Ron Barshop:

I want to keep up this discussion longer term, but I promised you only a half hour so I'm going to ask you a couple of final questions. If people want to find you or 98point6, how do they do that, Brad?

Brad Younggren:

Yeah. I mean our website is pretty robust. 98point6 P-O-I-N-T 6.com to learn more about the service. Certainly, I would encourage people to download the app. The introductory price is pretty low barrier to use and that's the best way to actually access the service and try it.

Ron Barshop:

Very nice. If you're flying a banner over America for the healthcare consumer, what is your message to them?

Brad Younggren:

I'd say that help is on the way and people are... Not just in the virtual world but help is on the way. The physician community in particular fully recognizes that we need to make some changes to meet patients where they're at and give them the healthcare they need.

Ron Barshop:

You know, help is on the way for the patient. Help is on the way for the employer and help is on the way for the physician. All three.

Brad Younggren:

Love it. Yeah.

Ron Barshop:

I love what y'all are doing. So let's keep up this ongoing discussion and thank you, Brad Younggren for being on the show.

Brad Younggren:

Thanks for having me. I really appreciate it.

Ron Barshop:

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