Primary Care Cures
Episode 111: Scott Shreeve

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

Ron Barshop:

So direct contracting is a movement with no leader, no head count, no association, no name, the elements of it are always going to be a self-funded employer, a tiny few other TPA's and contractors like the Green Imaging or Sano Surgery or Redirect Health or any transparent lab or any wholesale and transparent pharmacy, any direct contracting docs of any kind any flavor and savings and healthcare spend are almost always going to be at least 10% but can be as high as 60% based on some of our past guests.

Ron Barshop:

This movement eliminates middlemen forced on us by a bad system, loaded with chock full of monopolies and besides middles, this eliminates waste and fraud and abuse and games, surprise bills for their patient, physician burnout, waits and DMV customer experience, factory medicine vibe, maligned and perverse incentives, costly procedures and tests, coding and billing and all that staff that's dedicated to the money part of the business and advisers that are aligned within employer interests.

Ron Barshop:

All fees are transparent for these types of advisors. So this is what I talk always about a future where everybody wins, everybody wins, you get it now. Our guest today is a thought leader who is CEO of Crossover Health and Crossover Health if you remember from our interview with Jay Parkinson has as clients, for example, LinkedIn and Amazon. So the giants of the techno, real royalty world if you will. So Scott, welcome to the show.

Scott Shreeve:

Hey, thank you so much for having me. I appreciate being here.

Ron Barshop:

Hey Scott, what I want to do is... We've already gotten into the offering of what this looks like in your clinics but I want to get into what I call the 10 lies at the turn of the year and see if you agree with these or not from your perspective. So do you believe that independent [inaudible

00:02:00] primary care physicians are soon dinosaurs and that they'll have to go work for a big out of their residency?

Scott Shreeve:

As a self-sovereign individual proponent I just can't believe that that could be a future I would want to be a part of.

Ron Barshop:

How many doctors or providers you think you'll hire this year?

Scott Shreeve:

We should hire probably another 30 or 40 doctors this year.

Ron Barshop:

And so my second in this rapid fire is, there's not enough primary care physicians to go around. You agree?

Scott Shreeve:

I do agree with that. I think we need to get more primary care providers, we need to make the ones that we have more capable and extend their reach. And I think we need to have a very thoughtful way about how we recruit and get more people to go into primary care specialty.

Ron Barshop:

I'm interested why you say that because if COVID did nothing, it turned care into a digital solution that is magnified magnificently in this past year. So it seems to me we never had a shortage we just had an efficiency problem.

Scott Shreeve:

Mm-hmm (affirmative).

Ron Barshop:

Am I wrong?

Scott Shreeve:

I think we have a little bit of both actually. And I'm the biggest fan ever of... I don't think tech replaces the doctor, I think tech enables and makes the provider more capable. And so I think you'll need proportionately less of them but I think there's a general shortage of primary care. So we might perhaps disagree on that but I think there's definitely some of both in there.

Ron Barshop:

Okay. Third question is that our health into always is declining or at least maintains this individuals and as a nation? True or false?

Scott Shreeve:

Yeah. I believe entropy's a principle of thermodynamics. So I do think that we are in decline unless you put energy into reverse or to maintain or reverse that.

Ron Barshop:

Yeah, but Crossover Health is a perfect example of reversing declines. So you are the antidote and others like you?

Scott Shreeve:

That's right. We are the vaccine, the antidote, the treatment and the solution we hope for at the future. What we'd like to say Ron, is that we're really trying to build a model for how we think healthcare should be. And when I think about that in the most narrow scope, I'm a father, I'm a husband, I have my own family and what would I want for them? And what I would want for them is to be able to have access to a care team that is aware of their needs, that is available to them when needed, that helps my family make good, smart decisions and choices, guides them when we need the help and helps keep us accountable for our own care.

Scott Shreeve:

When I thought about how I wanted to design healthcare in the future, I thought a lot about my own family, there's millions of other families who have different circumstances. And what I found is despite all those differences, there are some core things that people really care about. I think people want to live healthy, productive lives and I think a lot of times they don't know how and maybe it's just hard and there's so many obstacles. I think having a trusted advisor to guide you on that journey of discovering what does health mean to you and what are your goals and then supporting you through that.

Scott Shreeve:

And certainly, I think technology can enable so many parts of that puzzle. And in the end a lot of this boils out choices that we make and can we enable people to make choices that help them optimize. And so, as we started to design all this, we thought of all the ways that we could enable that. And the first thing we did is we started actually with the payment model, we tried to flip that on its head because you get what you design for and whether you purposely did it or not, fee-for-service architects you into a certain style of medicine that I do not think is going to lead us to the best outcomes.

Scott Shreeve:

And so breaking away from that allowed us to design a different care delivery model, that delivery model wasn't just the doctor and the nurse. We found that there were many people that needed to be a part of that care team to make it effective. Physical medicine, mental health, health coaching for behavior change, care navigation and when you put that team together, you actually create a different type of care model. We like to call it primary health and we like to also describe it as a membership, right? You're actually joining something that is designed to keep you healthy, you want to be a part of it, it helps you stay accountable, it's accountable to you for what your needs are.

Scott Shreeve:

And that's simply what we were trying to do. And we found that we could not do that inside the traditional medical insurance industrial complex. And so we had to get outside of it. And we found that the self-insured employers were paying directly for care and when they save money, it drops their bottom line. Like you said at the outset, "Everyone wins." In this situation, the member wins, the provider wins, the payer wins in this case, the employer and it just seems like this is how healthcare should be and that's why we liked that tagline.

Ron Barshop:

It's a wake up past the Triple Aim, it's a Quadruple Aim. I've read most of your past blogs and you used a word just now that I want to revisit where you said, "An episode of care." Define what an episode of care is because it's quite different from what I've heard from other doctors.

Scott Shreeve:

Yeah. So we view an episode of care as a discrete set of activities that typically go around a medical issue that you have. Sometimes an episode of care can be very simple, straightforward, a single issue situation, I have a UTI. And so the episode of care would initiate from the very first point, it would include whatever exam or diagnosis or assessment and it would include whatever type of followup. And we would bundle that kind of single set of activities into an episode. We think it's a good organizing principle. Some episodes of care are much more complex, maybe it's a pneumonia or something that's multiple weeks or COVID that's evolving over time for some period of time and then of course you have the chronic issues that are never going to go away, but you have to manage them over discrete units of time.

Scott Shreeve:

And so we like to bundle our activities and engaging with the patient around appropriate episodes of care. And for the ones that go on forever we've time-bound those so that over the course of a year, "Here's how we're going to try to manage your diabetes together." And have a nice kind of plan for that discrete period of time versus, "Hey, you've got a UTI, we're going to take care of this over three or four days and the followups." And that would become an episode.

Scott Shreeve:

We think the episode of care is the right way to think about this. But even in saying that not everything is discreet like that, there are many things that are continuous. So what we'd like to say is this model is intended to provide surround sound care, all those different needs that you might have, but streaming, right? So when you need us there's a continuous engagement opportunity and then we'd like to bundle those into episodes just for the management and the discreetness that can come with that. So hopefully that's a kind of a multifaceted view of how we think about episodes of care?

Ron Barshop:

Yeah. It's a terrific way to look at it because fee-for-service has been a designated episode of care as each visit and you're looking at the entire continuum of health. So let's go back to diabetes since that's the elephant in the room for all of us. Are you actually tracking how you're either

reversing diabetes or maintaining and controlling it or what is your data y'all have to support diabetes?

Scott Shreeve:

I can show you or help you think about that. So let me step back a half a step which is more broadly, how do we think about just people's health in general and in prevention and disease management so forth. So one of the things that we started doing at Crossover is we realized that most people who are on fee-for-service that also puts you on this treadmill, right? So the only thing that you can pay attention to is who's on your schedule because you're just on the rat race 7 to 10 minutes, 15 minutes if you're lucky with every patient in and out all day long, all you can think about is what's right in front of you.

Scott Shreeve:

What we like to say is what really should be happening is, don't worry who's on your schedule maybe worry who's not on your schedule, who in my population should I be reaching out to? What intelligence do I have about my overall population to know where people are in the different parts of their cycle? And so we have a very proactive approach to care, we get a lot of data about our patients, we track over 40 different clinical metrics. Those are social determinants of health, all the prevention and screening, age and gender specific and then of course, if you have conditions like diabetes there's always basically [inaudible 00:10:36] measures around each of those conditions. And so if you were one of our members, we would have that whole set of data about you and so then I could start to stage out, "Oh we need that ophthalmology exam in June and we need the foot exam to happen in December." as an example.

Scott Shreeve:

And so now we start to track that with you and proactively reach out, "Hey, Ron we're two weeks away from this, let's go ahead and set this up, let's do a video visit because we can examine your feet. Just find that way with your help and let's get you in for that ophthalmology exam because we need to literally physically see you and look into your eyes." So that's how this actually starts to work and so we start to track and trend ourselves against the standards, right? And to show that the care that we're providing as much more vigilant, we're starting to move people on all those different dimensions. And our employers are starting to figure this out too because it used to be that when we started it was just all about the experience because that was the thing that they were initially concerned about. "Will people use it? Will people like it? And can you get a lot of people to engage?"

Scott Shreeve:

Once we started blowing out all those numbers and over time the employers get more sophisticated too. They're like "Great. You're seeing a lot of my patients, but are you improving the health? Let's start now measuring how you're doing on these metrics." And so fortunately for us we have a great chief medical officer who has been very focused on building the machinery behind the scenes that allows us to track and trend all these conditions. And what it does is it moves the mindset of the providers away from transactional medicine, "Who's on my schedule today?" To the much more proactive population focus, "Who should be on my schedule, who should I be interacting with today proactively?"

Scott Shreeve:

It also changes the nature of your team. I move away from just the doctor and the nurse to start to involve other members of the care team who are really effective and often more effective than the provider. My health coaches are way better to get you to make behavioral changes than my doctors are. And what's really nice is that in combination they're really effective together. And so that's why we really like... Not only the episode of care as an organizing principle for how we think about the care model, but we love the care teams because that provides a whole different mindset and a whole set of capabilities that we often don't see in traditional practice

Ron Barshop:

So I'm a type 2 diabetic and my health coach is now talking to me. And how often are they getting a read for my glucometer. (Silence). Are you tracking ER visits, hospital stays, medications prescribed and how they're going down under your management.?

Scott Shreeve:

Yes. So what ends up happening is... And again, this is also a workaround. You think it'd be much easier when one of my members shows up in the emergency department, I should get notified, right? And so you can do some workarounds where we get ADT feeds and then we get alerted to that, they're usually not very timely or sometimes the hospital or provider will know that we're the medical provider and they'll make sure we're notified. Again, somewhat manual not perfect, not consistent across all our geographies. In the best case scenarios were notified of that and then we actually follow up with the patient as they're discharged from the hospital. So this is where our care navigators really start to come into play.

Scott Shreeve:

So we mostly see this when we refer patients. So we're referring them into a cardiologist, our care navigators will help you get to the right one or two cardiologists in the network, they'll make sure that your appointment happens and we'll make sure we get the data back. And again, Ron, I wish I could tell you I had this beautiful AI bot that did all that work but it ends up being a lot of it is still manual, which tells you where in the cycle we are, how early we still are to really create these closed care loops cycles.

Scott Shreeve:

And so a lot of that is still manual by these care navigators but they're phenomenal, they become the glue that makes it when you go outside of our kind of care that all that data's coming back. And so we have a lot of room to go there in terms of making that streamlined, simple and easy. But like Paul Graham always says, "You do things that are not scalable until you get them to be scalable."

Ron Barshop:

Do you have data that says we have reduced admissions by X, we've reduced ER visits by Y, surgery by Z?

Scott Shreeve:

Yeah. That's actually what comes out of the claim's data. And so we do get claims data from the... When we partner with the employers, all that gets fed into Health Catalyst, who is our partner for that. They munch through all that and then they create the insights and the reports. We're showing the same things that all these models show. Where you get the savings is not in the service itself, primary care, you might actually spend a little bit more in the primary care service on a one-to-one basis but where you save all the money is where 85% of the spending actually happens, which is in the secondary care network.

Scott Shreeve:

So our ability to steer guide, navigate to have you not have to have the referral in the first place, or to get you off the meds that you don't need to be on, or to streamline the ones that you're on. All of that work is where we generate the savings, right? So you see the reductions in the ER, in the urgent care, surgeries, referrals, medication spending actually goes down. And we also have less just referrals to all the ancillary services where all the the fee-for-service pinball machine is just racking up score as you go through it. Right?

Ron Barshop:

That's a good way to put it. So in my rapid fire questions, I'm going to throw another one out. True or false. The costs in healthcare are only rising?

Scott Shreeve:

True.

Ron Barshop:

Okay. But you're reducing them?

Scott Shreeve:

We do [inaudible 00:17:36]. If you're saying [inaudible 00:17:38].

Ron Barshop:

The overview is that, is Crossover Health reducing healthcare costs? And I think undoubtedly, yes.

Scott Shreeve:

Absolutely. Again, it makes sense in 12 levels, right? One is just, you're paying directly for the services, no middleman. We wipe out 30% of the costs because we got rid of the whole billing apparatus is gone. Right? Secondly, the care model itself does quite a bit of the work. We get the same or better outcomes in half the visits and we're not cutting visits because we're doing utilization management, we're cutting visits because when we spend more time with you, when we're connected with you between visits and I'm thinking of mental health and physical medicine specifically where there's typically a lot of visits, we get the same outcomes in half the visits with the better patients experience.

Ron Barshop:

What is a typical time that the patient's going to spend with one of your docs?

Scott Shreeve:

So we have 30 and 60 minute appointments, whether in-person or online. And what we find is when you have that much time, you often don't need that much time. But what happens is we'd like to set those windows because I want my doctors to have enough time because mostly the currency that we deal in is trust. And we believe we're the most trusted entity and in order to build trust, it takes time. And time is the relation and time doesn't always have to be face-to-face right? When people get to know you and then you can start to interact with them online, or as you start to interact online and develop a relationship people highly value that. Our doctors are on call 24/7. And at the beginning everyone was really nervous. "Oh my gosh, that's such a big commitment. How can you do that?"

Scott Shreeve:

Well, it turns out when you give people access to the providers and they can access you online and messaging and otherwise. It's rare that they pull that lever when they need you and when they need you after hours, they really need you. And that's when the service is actually really well-designed and that's why we do it. But my point is, is that when you're interacting with the members like that you build a lot of trust and people take 95% of our recommendations, right? And we love that and of all the people who use the service for any reason, 70% say, "This is where I want to get all my care. This was such a phenomenal experience, this was my care team. I get to know these people they know me and I build a relationship." And it takes some time but when you do that, it really is the magic. It's the currency underlying the effectiveness of the model.

Ron Barshop:

Okay. I got four more questions. There's no Superman or Wonder Woman to save us. And I'm going to answer my own question and by saying, the employers are saving us by choosing you. Every time an employer chooses somebody like you or Premise, or any of the folks that are doing direct care, they are saving healthcare.

Scott Shreeve:

Well, here's what I would say to that and I agree. Listen, we have 10, 15 years of experience watching Medicare Advantage grow up and really start to evolve and change and shift and what you find is when you pay those providers differently, the model evolves to do a lot different things than you would think of traditionally for medical. You've got people dropping off food, providing transportation, making sure people are engaging and not lonely. And so you have a purpose-built model for that population that drives to the Triple aim outcomes and they're accountable it. And so I love that and what we're seeing is people are seeing some of those successes there and we're just... A way to say it is, we're just applying that model to a different population.

Scott Shreeve:

Crossover is purpose-built for the employers and the employed population. These are people that are working, they're busy, they're taking care of dependents, they're taking care of their parents,

they're in that kind of crucible of all of this and our services are tuned for their needs. We are very technology savvy because that group has to be because of the workforce. And we also have programming that's geared and focused for their needs. And that's a really important part of this membership component.

Scott Shreeve:

Crossover is not just here when you're sick, we're here to help you get through life and optimize these other things and how to manage stress and how to manage your promotion, how to do all these different things that we're providing because the care goes beyond sick care. We're here to provide the holistic health. And I hope that's what saving health care is these new models that look differently, they go beyond the constrictions and the deformity of what is caused by fee-for-service 7 to 10 minute visits.

Ron Barshop:

What is your fee? What do you charge per member per month?

Scott Shreeve:

We have a couple of different models so it depends on what it is. But to answer your question most directly, you get our service for typically between $50 and $65, PEPM is one way to think about it. Sometimes the employer will want additional services, extended hours, pediatrics or other things, but in all the analysis you do, you'll find that you're kind of in that $50 to $75 PEPM range. What these services end up costing.

Ron Barshop:

Okay. I've got another few questions for you. True or false. Doctors are powerless to radically reverse people's bad habits?

Scott Shreeve:

Completely 100% false.

Ron Barshop:

Yes.

Scott Shreeve:

I think doctors need to realize the value of the provider, I think is in the trust that people have in them, not only their knowledge, which used to be the only thing but also in the way that they care for them, the empathy and also who the doctors include in that kind of sacred care relationship. Because I like to say that now as the doctor starts to introduce other members of the care team, "Hey Mr. Jones we've really got to work on this issue. I want to introduce you to another one of my team members, a health coach is going to sit and spend time with you to walk through your medication or where you're doing at home or how your exercise program." Whatever it is that's going to spend the time.

Scott Shreeve:

In that type of a handoff. Now, Mr. Jones is can take that seriously. Or "Mr. Jones, I'm going to prescribe you Livongo, which is going to help you keep track of your sugars twice a day. And that data is going to come back to me." And I'll tell you where this kind of really comes home. We had a patient that was morbidly obese and had tried everything was totally depressed and it was so interesting is that the doctor said, "Okay, I'm going to take this on. And I tell you what, I'm going to do two things for you. Number one, I'm going to send you home with a scale that you stand on and when you stand on that scale, I'm going to see the results. And then I'm also going to give you a health coach."

Scott Shreeve:

So it's just so crazy. So this person said, "You know what, when I knew that you were going to be looking at my results, that motivated me to change my behavior. And then when I got the support from the health coach that enabled me to sustain that behavior." And so I just thought it was powerful that they had given up on themselves. But when they knew that the provider, the care team that actually cared enough about them to be there to monitor, measure and track with them and it was going to walk with them. That's when the behavior changes.

Ron Barshop:

So you're a big fan obviously of wearables and-

Scott Shreeve:

Oh, yeah man.

Ron Barshop:

Because you know that's going to get the data [crosstalk 00:24:41].

Scott Shreeve:

The thing is that I just believe I am a huge fan of wearables. And here's why, I don't believe you could drive a car with no instrumentation, like nothing no light and all the windows blacked out, right? You wouldn't be successful. What I think the wearables are, is a powerful way to instrument the patient and it should be done in a way that with the patient's permission, now you have someone who's tracking with you, right? Because it makes such a big difference when you know there's some accountability kind of baked into that. A lot of people get that accountability by peer support.

Scott Shreeve:

You go to Peloton [inaudible 00:25:16], you jump on the Peloton Bike, you work out way harder when you're measuring yourself against all these other people and tracking and trending and in a internet supportive environment. It's really effective and so I think the wearables is here to stay. And I think what will be great is when you know that your care team is actually paying attention. Now, the doctor doesn't always need to know that it took 10,000 steps every day or did your workout for 30 minutes, but the health coach might. Another member of your care team might really be interested in that. It's going to encourage you and support you. So I think as we get more and more instrumented, and as we set up the parameters so that people give permission for their team to monitor their health, that's where we get really exciting.

Scott Shreeve:

This is what... And let me just give one anecdote on this during COVID this is the first time our employers finally got what we were doing. And here's why, COVID is a disease that evolves over time so you had to connect with your care team and then we've tracked with you over days and sometimes weeks and making sure you were okay and that we were checking in with you and do you have transportation? Do you have food? Do you have medicine? And so for the first time the employer saw, "Oh, for this condition, you guys are there with them all along the way, tracking with them."

Scott Shreeve:

And it's not like we're taking a ton of time, it's just like a quick message, a follow-up, a touch, right? And then they're like, "Well, that's actually how you guys do?" That's how we do it for all these other conditions. When you have diabetes, when you have asthma, when you have whatever we're walking with you, you're connected, we're tracking with you. And so now you just go to wearables which is just another way to track and trend this stuff. And so do I really need to watch your heart rate variability? Maybe.

Scott Shreeve:

But to know that I can do it and I'm with you and you've got someone who's helping keep you accountable. I think that's where this really starts to get interesting. It's just that backside example, my patient. Sometimes people are willing to do it for others more than they're willing to do it for themselves. But once they get started on that train, then it's all good for them and they're doing it for their families. And then they do it for themselves. And then they're off to the races.

Ron Barshop:

Okay. My next and last question is, money solves all of health care's ginormous headaches? True or false?

Scott Shreeve:

I would have to say false man. We're spending $4 trillion a year, three, four X other kind of people for not achieving the same outcome. Listen, there's so much graft and waste the problems, I think you've concluded that a little bit in your thing. Here's [inaudible 00:27:35] say, if you're an employer, you are paying a ton of money for your healthcare and it's going up 5, 8, 10% a year then all I'll say is this is, that is eating at your bottom line directly, that is taking away opportunities for you to invest in your employees and other aspects of your business.

Scott Shreeve:

And since you know how to innovate, you know how to manage supply chains, why not manage your healthcare supply chain? Why is this the only part of your business that you don't even pay attention to? And what I'm saying is, it is a competitive differentiator if employers will roll up their sleeves like they have in every aspect of their business and figure out what drives cost changes in my population. And my suspicion it would be as you do that as you invest in that, you're going to find that you need great primary care as the foundation, you need great benefit designed to support the care models and the payment models that lead to great outcomes, you

should be investing in relationships and care teams and holding those teams accountable and you're going to get great results in the return of cost savings, in objective improvements in quality and a slam bam awesome experience for your entire population becomes the best benefit, it's retentive, it's productive for you, increase productivity and it works.

Scott Shreeve:

And here's the thing, it's not magic, It's not easy, it goes back to the very foundation of what primary care is. At the end of the day, we touch our patients in all aspects of the word and we can help get them to where they become accountable for their own health and that is what we mean by saying health is the new wealth, right? I mean, this is it, this is how you generate value for the individuals, for your companies and so forth. It's hard work but it is incredibly rewarding and we're trying to make a dent in the universe and our little part of it to make this happen.

Ron Barshop:

Well, if I were selling for you, I would say to a client... By the way, what is your minimum number of belly buttons you'll take for a new client?

Scott Shreeve:

It's interesting, when we were building physical centers, we found that the kind of low end was really about 2,500 we could go as low as 1000. But now we're virtual, we could take anyone, man.

Ron Barshop:

Oh, great. Okay. So the drop to my client, if I were selling for you, it would be, I'd say, "We have Amazon, call me when you're ready for me." Boom. And what is a reason why a client would tell you no. I can't think of one single objection that makes sense.

Scott Shreeve:

I can. Inertia and risk. This is not easy, you've got to go pitch to your CFO, "Hey, listen, I'm spending this much money on this. And I need a budget allocation for this thing." I got to build a center, I've got to put my reputation on the line, I've got to go up this Hill and get five levels of approval, I got to get consultants in here to CYA my decision and I don't want to do anything that's going to disrupt the boat, there's going to be some noise from my employees.

Scott Shreeve:

I think there's a lot of things that get in the way. And here's what I love, there are people that look at that daunting task and they say, "You know what the right thing to do is to climb that mountain, solve every one of these things because this is the right answer." And they go through it and we call those people health activists employers. These are the ones that are willing to climb that mountain.

Ron Barshop:

Of all your competitor, Scott, who do you respect the most?

Scott Shreeve:

Great question. We have a lot of great people that we battle against. To be honest, I love all these models, I've actually taken an abundant approach to this. I used to be much more like, "Screw those guys, they're not that good, this[inaudible 00:31:10] other." I have respect for all the people that are swinging the hammer, trying to get this right and so forth. And I actually looked to a lot of the medicare advantage people because I think those guys are doing God's work, right? Some of the hardest, toughest, most disadvantaged patients and what I love is they've got it right. A lot of the groups like the VA, these integrated delivery systems, they've got it right. But what we're trying to do is apply those principles to the commercial sector and can I virtually recreate what they have vertically built? And can I stay with my patients?

Scott Shreeve:

Can I leverage the technology that you need to my platform? And so I look at a lot of those guys, what they're doing, I see the impact, I want to have that same impact for my segment, we look different, we have different capabilities, different assets because of the people we serve. But it's the same principle of great primary care at the foundation, you pay the doctors and the providers and the care teams in an appropriate way, you expect outcomes and you deliver results. And it's just that this is the future, this is what we should be doing for everyone.

Ron Barshop:

Yeah. How has surfing informed your abilities as a CEO?

Scott Shreeve:

One thing about surfing that's beautiful. First of all, it's always great to be in the ocean and you only need to catch one wave to experience the magic. In that whole session, you might just catch one wave but that one wave, it was just a beautiful, it's like a golf thing when you hit a perfect ball. But the ocean teaches you patience, it teaches you humility and it teaches you, you got to keep powering through those waves and you got to set yourself up for success.

Scott Shreeve:

If you watch surfers, you'll see people who know how to position themselves with the waves and they catch the waves all the time. It's just a few degrees that you can be off, you can be on the right board, [inaudible 00:32:56] right kind of moment but if you're not positioned right you're not going to catch it. S a lot of that is the feel of the ocean, the ocean teaches you to respect, it teaches you how to appreciate the moment and then just get into that magic zone where you catch those waves and surfing and it is magical, man. When you catch that [crosstalk 00:33:14].

Ron Barshop:

How many patients does Crossover have now? Well, if you're going to be riding the wave, what do you think that looks like in three years?

Scott Shreeve:

So we have a goal. We have 400,000 members right now, right? Our eligible patients. And our goal is to have a million members in three years. And what I mean by that is, just because we

have eligible patients doesn't mean that they become members, right? So we've got to take them from an eligible patient, who's eligible for the service to one who's actually used the service. And so our goal of the next three years is to get to a million members that have used the service. We've already crossed our million visits, million interactions, all these different things. But we want to get to where there's a million people who are in this type of care model.

Ron Barshop:

I thought Sherpaa already had a million when y'all acquired them.

Scott Shreeve:

I think there are some aspirations to get to that number but they were just a little shy of it. I'll say that.

Ron Barshop:

Okay. All right. Well, let's have people want to reach you... Well, before I do the reach you question, if you could fly a banner overhead, [inaudible 00:34:14] America saying one thing, what would that be?

Scott Shreeve:

It would say, inevitable Ron.

Ron Barshop:

Okay. And if people want to reach Scott Shreeve, what do they do?

Scott Shreeve:

All right. So you can find me all the traditional places, LinkedIn, Twitter and my blog scottshreeve.com, a lot of musings on there. And I like to say, fairly active on Twitter, I follow more than I post but that those are the places you can find me.

Ron Barshop:

Okay. Sounds great. Well, thank you and we enjoyed the show. And we'll do this again soon I hope.

Scott Shreeve:

Okay. Thank you, Ron. Appreciate it.

Ron Barshop:

Bye now.

Ron Barshop:

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