

Episode #4 Transcript – Justin Bantuelle

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Michael: Welcome to the Health Connective Show. I'm your host, Michael Roberts, and Justin Bantuelle, our chief operating officer is joining us again today. Justin welcome back. Thank you. Happy to be here today. We're going to be talking about a couple of different things. We're gonna be talking about developing tools that doctors will actually use, which is tricky because the target is always moving. One of the things that we certainly here is that what doctors say they want in the beginning stages isn't always what they actually want.

When it comes time to actually use the device, or perhaps a proposed solution doesn't really make their workflow any easier. So we're going to talk about a couple of those more common reasons that doctors resist adopting new technologies, and what developers in particular can do to address that. One major reason that doctors don't adopt new tools is that it doesn't provide any real improvement over what's currently available, and there are a few different ways to measure that.

Justin, you and I were just out at Device Talks West recently. We heard some of these kind of complaints echoed and some of the different concerns. But what are the things that you think prevent new tools from being better than the ones that came before?

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Justin: Probably at its core, what I see as the biggest challenge is a lack of empirical evidence that it's worth it. A lot of times I'm hearing, well, show me the data, show me the improvement in patient outcome, show me the things that allow me to justify this and the time it's going to take me to onboard onto this. Switch to a new system, train on it. Maybe just learn a new device at some point. You're talking about just the device sale itself, right? Not just the application work afterwards, but they're saying show me because they have to justify this up to the people who are in charge of the expenditure.

And that's where I think a big part of the challenge is, I guess a lot of times the people building the application are maybe medical device manufacturers and the people with the data that's going to be able to prove out the benefit of it in a true hospital setting or an AC are going to be the actual facility. The medical device largely doesn't have access. The medical device company doesn't have access to the hospital's data, it doesn't have data accessible. And there's all kinds of legal challenges around that.

A lot of times, hospitals are very understandably protective of their data. There's a whole bunch of security considerations you need to make sure you're obviously protecting. So while you run trials, obviously you have a bunch to show that, like, hey, this thing's worthwhile in terms of post procedural process, in terms of trying to drive adoption at that level, even pre operatively a lot of times something where it's like, hey, I've got a custom system I'm sending you to for pre-op, will do all my pre-op in the hospital with my peers. We sit down and we do all of this. Right. So now you're telling me only for this one thing? When I use this machine, I have to go to your website. And how do I partner with my other people?

And no matter how smooth the process you've made, that you're introducing a very different workflow from the way they work. They've worked historically, and then something different than everything else they do on their day to day. You really need a strong value proposition to justify it. And that's kind of repeating what you said at the start. But the data to support that is hard to get at, hard to create these real success stories from. So I think that's a lot of the friction that I guess I notice.

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Michael: Yeah, sure. Yeah. Like one of the I guess the way that we've kind of heard it expressed to me, it kind of really reminds me of things like the way that it's advertised. And then the thing you actually get, you know, there's so many memes around, like I set out trying to bake this really cute thing, but ended up making this thing instead, you know, which is just some ugly version of it. And it's this problem of people going, yes, okay, I know that theoretically this is the result that I'm supposed to get, but what am I actually getting?

And especially as so many hospitals in health care facilities in general have gone through such difficult financial years, and they're really trying to review, like every single piece of equipment that they have, just things that get down to is it more effective for us and more cost beneficial for us to use the device or not use the device, because we can potentially move faster if we don't use the device? You know, that may be like one of the ways that people are kind of looking at it to.

So this is a very big problem, right? Like this isn't just something that, like any one department is going to fix. What are the different things that like, say, developers can focus on as a part of what their solution can be like, how they can contribute to that.

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Justin: Data connectivity, really focusing on that. What do you have access to with some of the groups I've worked? With physicians at the end of procedure are able to input some information that the device can't get on its own into the device. So it's like procedures done. Here is some initial information I can just plug in right now. Now that's available for post-operative dashboards and things. It surfaces that information. So if you don't have that that's a challenge. But whatever may be the engineers for the device itself have made easy to capture.

That's obviously not information but just something that's real still case detail info that may allow you to correlate it with things that the device, whether it's a robot or some other sophisticated device like something that's producing reams of data, you can correlate that information. I think data scientists having them in the mix to understand and contextualize this. A lot of times I see a lot of people reach for a phase.

One is just kind of spitting the info back out from a procedure, and it's because that's low hanging fruit. It's very easy to show. How long did the case take, right? Or there's some real baseline metrics that you can surface. No problem. You don't need to do any sophisticated analysis on it, but the fact that it's that simple also means that the physicians are not particularly interested in it. It doesn't tell a very interesting story back up to the board that they need to justify these expenditures to. So the more sophisticated,

the more contextual, the more interesting the data, the more likely they are to engage. And I think that's a hard problem.

It's one that does require a lot of people from product management, probably bringing in some colleagues to gauge what they might want to get at, getting some really sharp data scientists in there, maybe somebody on like, the machine learning side, or incorporating some kind of AI at some layer on that to interpret data and provide interesting insights. I think those insights are what I keep hearing that people want, and you have to dig real deep and spend a lot of time and a lot of invest a lot to produce valuable and complex insights that hospitals, doctors, they've been doing this right, like physicians know their field.

So for you to get it, something that they're not already familiar with is a big lift. And that's something that's very ancillary to the device itself and the procedure itself. Right now, you're talking about how you can improve outcomes over time, right? As you give them meaningful information that allows them to refine what they are doing. So patient outcomes presumably would improve as a result of this. But again, you get at this challenge of justifying it because to truly prove that out, these insights you've produced are improving patient outcomes.

You need patient outcome data. And that's again in the EHR. So you with your complex systems, your complex analysis, generating these insight dashboards aren't initially going to be able to demonstrate that it transformed the field in any significant way. It's very hard to get that sort of buy in that kind of investment. I think funding is kind of tight right now in a lot of areas. So this is what physicians are asking for. I think that's kind of where this all needs to go. Certainly a device talks and other areas. I'm hearing that that's where a lot of people are trying to innovate. But I think everyone's kind of figuring that out as they go. And each field is so unique in what you need to understand about the data to get there, that there's not really a one size fits all solution for this.

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Michael: It's interesting having in our last episode, we talked to Bold Type, and they talked about just how easy it is for a company to sort of lose their way as they try to figure out all the different things that they could be adding versus the things that are absolutely essential. And so they're very much is that balance that you have to have of version one of this device versus like what future iterations of that look like?

One thing that you mentioned there was sort of like the context around the data itself, and that was a pretty fascinating conversation that we got to hear. Canary Medical had a presentation. Dr. Bill Hunter was the one that presented on that and was talking about, you know, here's this device where they're starting to get the data back. And for that first amount of time, you'd get this, these data points back and go, that's great. I don't know what the context is around it, though, in terms of I don't know what normal looks like. I don't know what abnormal looks like. So I can't really help people think through sort of what the next steps are there.

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Justin: Right, you have to interpret and translate that data into things like range of motion, which people do understand. Right. But when you just got a random plot, that information is not interpreted yet. So yeah, that was really fascinating. That talk where it was able to eventually translate the data by analyzing it to give physicians a very clear picture of the things they would measure on a follow up appointment that allows them to know, without having to see the patient how they're doing, and then determine more specialized care, which in some cases is less care than you would maybe be required to otherwise.

And that's better for everyone. I mean, don't think a patient wants to have to come back in for times when they're feeling fine anyway, right? Like if you're doing great, if you're recovering just fine. Hearing that, I think would be very exciting. And hey, don't even worry about coming in because you're doing phenomenal.

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Michael: You're still in the New Orleans area. I used to live in the New Orleans area. You know, we've made good use of health care facilities both in the New Orleans area. And now we're at up in Tennessee. And the process of coming back to the doctor's office in the New Orleans area, the only thing you had to think about was, what time am I going to hit the traffic? Oh, I don't want to have to do it around rush hour. Now. We live an hour and 15 minutes outside of Nashville, coming back for appointments is not a quick thing.

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Justin: You're blowing almost a whole day today.

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Michael: Actually. My wife and family member are in Nashville, and so we saw them this morning and we'll see them this evening kind of thing. And that's a real factor for a lot of people. It's not just it's a very normal occurrence that people have to go a long way to get to these types of health care facilities. So yeah, anything that you only have to.

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Justin: Do it when you really have to. And then also for the doctor. Right. Obviously for a physician, it's great you freed up some time that is largely just to rubber stamp somebody who's good. And you could have somebody who needs help that you would fill during that time. So your waitlists shorten. You're seeing people who really need it then. Because patient outcomes right as well. Like or just like patient experience maybe like if I'm in a lot of pain and I'm waiting for my knee surgery and a doctor's office is busy and 20% of the time was spent on like follow ups, that proved out, you're good and you can cut that out. Right. And that's probably conservative about like how much time a lot of this stuff eats up. So there's all kinds of areas where we can refine just medicine in general.

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Michael: Some of these companies that we're talking about have figured out how to not reduce revenue for the health care facility. There are reimbursement methods.

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Justin: The opposite is like the holy grail, right? Yeah. Faster. There's less complications.

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Michael: There's ongoing treatment. Yeah. That monitoring that they can get. So that's a big deal I think as any company is trying to figure that out, because there's been a lot of a lot of discussion, a lot of debate over the merits of telehealth. And I'd much rather do a telehealth appointment when possible. But, you know, the reimbursement process was a mess. We're not even going to get into all that. But so any anywhere that that companies can help not only figure out from the development standpoint, but also from things like the reimbursement and kind of very much like a cross-departmental kind of solution there.

One of the things we've talked to touched on this just a little bit and want to kind of dig into it a little bit more, which is how the doctor's time is being utilized. So we were talking about like, are you, you know, wasting appointment time or all that kind of stuff, but creating some of the new technology that physicians are going to have to use is going to require more work, at least at first. And so what is it that I guess, what is it that the technology companies can do? But what is it that doctors can keep in mind around this process, too? Because I think there's kind of like a trade off on both sides there. So what are your thoughts around that?

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Justin: Mostly, from what I hear, doctors are keen to utilize something that genuinely benefits them and it just needs to be demonstrated to them. It's like, convince me that it's worth my time to do this. And some of that convincing can be I'm actually going to save you time. You may be we have to do a training. You're going to have to spend eight hours where we're walking you through all the ins and outs of this system. But then here's the data that proves that with the last 100 physicians we've done this with, they've cut down the amount of pre-op planning time by X amount.

Or we've seen that using this system to do it improves patient outcomes by like x percent. Right. Like it's the value proposition. Right? I don't think anybody I mean maybe somebody right. Like in any field you have people who just don't want to adopt something. Right? I think it's likely substantially less than in most fields in the medical field. Right. Because that one pushes so much for continual education and training and learning about the newest advancements and applying those. Right. I think people get into

medicine, care about patient outcomes or they probably wouldn't be there. So I don't think there's much.

Outside of showing them that there's a value to it, there's a purpose to it. It's kind of on the medical device manufacturer seller to prove that if I'm just asking you to use my system and I can't explain why you should and why it's better than what's there before, then. Yeah, don't blame anybody who doesn't really want to adopt it. So I think that it's important to think upfront about a lot of the ways that it will improve. You don't need to completely transform the space to make something worthwhile, but you really do need to think about it. Don't just assume that, oh, if I build it, they'll flock to it, right?

Everybody's extremely busy and works really hard. And if you're just saying, hey, yeah, go do this now, you're like, why? If you can't answer why, then you're in trouble and there should be understanding of what you've attempted to solve for them. And you should have spoken to doctors and understood their use cases, their needs, why they would want to do this, what their pain points are. So yeah, you need to do those sorts of studies and speak to your colleagues and understand what their circumstances are, and be ready to provide them with that information proactively to explain why you've thought of them and you've built this for them and what this is going to do for them.

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Michael: So you've got buy in. People are like, yeah, I agree, I'm going to get better results from this. I'm going to I'm going to jump in, I'm going to tackle the new system. Doesn't mean that they're going to have less work all the time. There are times when there's sort of that new, new technology curve that you have to learn the thing. And you talked about sort of that, that upfront time.

But there's also, you know, probably the first few times you're doing the case, all that kind of stuff. There's probably time that goes into that as well. One of the other things you've again, you've kind of mentioned and interested to kind of get your thoughts on this is that, you know, you've got your colleagues, your key opinion leaders and key opinion leaders almost always are not the newest people to the facility, right? They're the established people in some way. What's the danger of only relying on the established voices when it comes to technology and just in general, and like in terms of introducing new technology to the doctor's office.

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Justin: You maybe get a snapshot of the field today when you do that, right? But yeah, new residents coming in or people who have only been in a facility for a couple of years, they may have a very different take, right? They went through med school at a very different time. There may be new technologies that they're more used to using that they're maybe even expecting. I think at the Canary Talk, he mentioned that old people like him aren't looking to adopt this the same way that the people coming out of med school today are. They're expecting this already.

So yeah, you may have a different perspective based on age training when you got your education, you know, like things just change. So yeah, if you want to make a sale today, but you also want to be preparing for that, right? You don't want to be blindsided by the field changing underneath you in five

years and not have that be incorporated into your roadmap. So I do think it's important to get a spread of opinions. You generally want to assess different demographics. You want to anticipate the market. And I mean that's what we're really talking about here. Right. And then I mean, in a way that's kind of a marketing one on one. And it's easier said than done.

But yeah, there are a lot of people you can talk to and think for when you're trying to get to market. You're concerned about the decision makers today, but you don't really want to forget about the decision makers five years from now. If you're planning to still be around in manufacturing in five years and sell it in five years, right. Like, what are the innovations you're trying to make? If you can get ahead of needing to be reactive, then that strikes me as a very strong position.

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Michael: Dr. Hunter was talking about, you know, which physicians are more receptive and all that kind of stuff. And it's funny because you can definitely think of the people that, yeah, you know, I know that this doctor is definitely resistant to any kind of new technology. And then you have, you know, Dr. Kirschenbaum, that's sort of a friend of the show in front of the company is somebody that's always jumping into the next technology, always jumping out there.

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Justin: Perfectly age related. It's just about the individual.

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Michael: How willing are they to try out new things. And so it's an interesting definitely don't want to fall into just assumptions around your demographics or anything like that. So one of the things that we talked about around sort of this concept of adding more difficulty or saving time for people, you know, some of these things you might have to do very manually, that might be version 1.0 or, you know, not quite yet. Version 1.0 of. Here's a way to start capturing some data that's useful.

You know, one of the other presentations that we had the chance to hear while we were out at the event was this concept of using sort of like an ongoing audio recording of the procedure and using AI to take that audio that they heard and what the doctor said, like during the procedure, and then use that to actually write up the case report after it was finished out. And I'll be sure to add in that information in the show notes, in terms of which company, that was, but just a fascinating way that companies can not only sort of take, like the data that just comes off of devices, all of that kind of stuff, just as they are, but are can think about like the ways to look ahead.

The particular person that we heard talk about this was very much had identified a need and whether you're an R&D, whether you're in product marketing, like whoever it is that's responsible for going out and identifying those needs. But there's a really fascinating use case of finding ways to reduce that time. You've talked some about, like, hey, we need to look at different ways of using these technologies to reduce that. So definitely a lot to think about here, you know, in terms of what developers can do, what

the whole team needs to be doing in terms of finding market fit, addressing those needs, and then looking for ways to streamline the process as much as possible while also setting expectations, I think, with the physician. So, you know, this isn't an exhaustive discussion of all those things, but you've definitely given us some good, some great ideas.

So thank you for everybody that's listening out there. For more on the Health Connective Show, please visit [HCA show](#) one of our fancy new URLs [HCA show](#) for previous episodes and to learn more about Health Connected as a company.