

## TRANSCRIPT:

### Developing Patient Content That Works w/Scott Zeitzer & Ashley Hohensee

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Michael: Welcome to the health connected show. I'm your host, Michael Roberts, and I've got our company president, Scott Zeitzer, and our marketing manager, Ashley Hohensee, with me today. Today we're talking about how both medical practices and med tech companies can ensure they're getting the right information to patients and explaining things in a way that patients understand. We've helped a lot of medical practices develop content for their patients and have helped develop patient facing materials for med tech companies as well. So this is a conversation we have quite often with our customers. We'll talk with Scott and Ashley right after this quick break. So Ashley, we were talking just the other day, and we were talking about a practice that's going through a merger. And just like, what kinds of challenges are involved with that? Could you tell us some about that?

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Ashley: Yeah. So there, uh, midsize multi-specialty orthopedic group merging with another midsize group in the same area to form a much, much larger practice. And, you know, as you can imagine, mergers have a lot of moving parts. So you've got to get your word out to the patients. You've got to do rebranding and then your website, all of your online properties, make sure it all works together. So part of that includes migrating to new website URL to get all that branding together. And it was really important.

These practices both had their own independent online presences that to leverage what they had both built up and not lose any of that SEO value, while also quickly and effectively getting the word out about the merger. So what we did, we were very careful in planning, implementing that website migration. And as a result of that, we were not only able to help the practice maintain their current ranking, but also they are now the number one organic search result in their market. When people are searching for those orthopedic or sports medicine services.

We also, along with that, did a Google Ads campaign to promote the new practice, and that currently has a 19.4% conversion rate from that first interaction with the Ads, with a cost per conversion of less than \$10, which is much lower than the industry standard there. So they're able to gain that market presence at a cost effective rate.

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Michael: That's awesome. That's definitely a lot of careful planning went into making those successes happen.

Scott, Ashley, welcome to the show. Thank you both for joining me here. I'm glad I could rope you in to spending time with me, you know, so that we can talk together. So before we get into how we should

develop content for patients, it's important to understand where the average person is at in terms of reading levels and ability to understand health information. Ashley, I know you've got some stats on this. Can you walk us through some of these stats?

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Ashley: Yeah, yeah. So this is something I've looked into a lot for just helping us to understand how we need to be writing, helping our customers write content. So there's a few different ways we can look at it. So reading level. So the 2020 Gallup analysis from the US Department of Education says, said that more than half of Americans aged 16 through 74 read below the sixth grade level. So that's the first thing we understand in terms of making sure we're writing content that's kind of below that level so that people can understand. And we're talking specifically about health information. The Department of Health and Human Services published a stat saying that only 12% of Americans have what they would consider proficient health literacy, which means that they're able to both read and understand know how to use health care terms.

So only 12% fall under that category. And then couple that with we also know from some studies that over half of patients feel like they're afraid to ask questions if they don't understand something, and that even half of those, half of that 51% feel that their provider would be insulted or angry if they did ask. So when you put all of that together, you know, if you're using really technical language, more than likely, maybe your patients aren't understanding it. And then but also they're afraid to tell you if they don't. So you end up with people who are just maybe confused or not confident about what you're recommending and what can happen when they're not confident about what you're recommending. Maybe they don't adhere to treatment. Maybe they're just not satisfied in the end. Maybe they go to a different provider. So there's a lot of things that can happen with that and a lot of reasons why, you know, we need to make sure we are catering the content to what patients need to see and understand.

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Michael: Yeah, there's just a staggering set of statistics there.

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Ashley: Yeah.

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Michael: You know, all the different like factors that go into half of Americans having like a lower reading level than you would expect. There's a lot of different reasons that something like. That comes to be. But we've gone through this sort of discussion about, you know, Scott, we've had conversations sometimes where we'll talk with some doctors and we're trying to explain to them, like, this isn't you're not writing for your periodical, you know, you're not writing for the peer reviewed paper. This is a different kind of

kind of communication. And so that's a conversation that we have a lot of times. Let's just talk about that for a second.

Let's talk some about that I guess like sometimes physicians kind of get this like look of like, but this is a much simpler version than the way that I would want to say it. And there's, there's a, there's a level of like professional pride. And I don't mean the word pride in a negative context. I mean, like, hey, I'm an expert at what I do, and if I write it too simply on my website, am I really undermining the quality of my practice? So, you know, how have you responded to those kinds of conversations?

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Scott: I have a lot of conversations with surgeons about this, and I gently remind them exactly what you're saying, Michael, that this is not meant to be in a journal. It's not meant to show off how much you may know about a subject. It's meant to prepare your patients for an upcoming procedure to allay their fears. And the way that I usually describe it is to think about when they're talking to the patient, because most of the surgeons we talked to for them talking about a total knee replacement, total hip replacement, etc., insert procedure here. They've had this conversation so many times, and more often than not, it's more about the specifics about when to show up, what to eat, what not to eat, what's going to happen. Postoperatively answering questions and they read their patients, right?

So they're in the room talking to them, and if they see a quizzical look in their eyes, they kind of start thinking, well, I need to explain this again. And that's how I kind of bring them into this conversation about inferred knowledge. We all run into inferred knowledge, especially us as application developers. Right? So one portion of our company is working with medical practices. The other portion of the company is working with med tech, pharma, etc. and we all have that inferred knowledge. I remember one of my first meetings as an IT person. Geez, maybe 30 years ago, there were two IBM guys who walked in the door and they used an acronym, and he didn't explain what the acronym meant.

And the other IBM guy looked at the guy who just did that and said, all right, give me a buck. And I was like, what is happening? And basically it was like, can't just spew acronyms. You can't just spew medical jargon. It's not going to be helpful. So we have to remind the surgeon what the purpose of this content is really for, right? It's partially to be helped you get found online. It's partially to re-explain to the patient if they've already had the conversation with them, or to start building some trust if they if they don't even know the patient yet. But hey, I do this all the time and this is what you can expect kind of a conversation.

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Michael: Yeah. So we're kind of talking about it from the physician's point of view. Right. But let's talk about it from the patient's point of view. What are ways that patients can kind of left be left feeling confused like we've talked some about like jargon. That's something that that definitely shows up. But I guess like what are some, some other things. And we've all three of us on this episode here, like we've all talked about different family members being in different kinds of, you know, health care scenarios and trying to help them sort of interpret what's happening in the appointment, trying to dissect what, you

know, what did happen in the appointment. So, you know, what are some other things, I think that you feel that patients are coming away with and having trouble. And what can physicians do to kind of help address that?

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Scott: I think it's a lot about expectations. So you go back to that inferred knowledge conversation, and as you get more experienced as a surgeon, you start to realize that, you know, don't explain like the cool techie device. Explain like this is where the incision is going to be. This is how long it's going to hurt. This is what your day is going to be like when you get to the facility that morning. Who are you going to need to have there? It's funny because we do this for ourselves too. Like we write content for ourselves, we write content for others, and we always kind of go to our friends and family and go, do you get what I'm talking about here? Do you grasp what I'm saying?

And we're always surprised, like, how did you not get that? I suggest that to the surgeons, too, that we work with where it's like, you know what, just have somebody else read this. That's somebody you talk to every day, like you know, your spouse. But it's always helpful to run content by someone who doesn't work in health care, doesn't have an understanding about what device you're using, what the treatment is. It could be a situation where you think you're having a very basic conversation with your patient online. And again, you're not reading the patient's eyes when you're talking to the patient. I think just kind of taking that step back and asking other people like is this baseline of information helped? What did I miss? What questions do you have? Because that's another thing, right? It's not just. Did I explain what I wanted to tell you? Well, did I tell you everything you needed to know?

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Michael: We just had this conversation a little bit earlier today offline, but we just went through a process where we're testing some messaging as a company, rolling out a new way of talking about what we do. And, and we had a way of being able to test. We selected the people that we wanted to have in the test, and they were all fairly targeted within the niche that we wanted to have. And their job, to be fair, like, I want to like be as fair to the audience as possible. The job of the audience, the job of the audience was to critique what I wrote and to let me know where I missed the mark. That was their job.

And promptly when they gave me their feedback. It was an all online kind of system. So it's just text, you know, exchange kind of thing. But my initial response to all of it was, they're stupid. Clearly they don't know what they're talking about. Clearly I wrote it correctly and they messed up. So that's the only possible way that this, that this scenario could play out. So as we're talking about this, know that like we feel your pain. We empathize with what you're going about. It's so easy to think that you've hit the mark, you know. And yes like you're professional at this. Like we do this for a living. Like we get this right, but this is part of it. It is about getting out there and testing it and seeing what works and what doesn't, and being humble enough to accept the answers that come back.

And because I kind of went through these stages of acceptance, you know, stages of grief, I guess it talked about like whether or not the messaging was going to work. But, you know, hey, people didn't get

it. My initial response is denial. My next response is like, well, I guess they kind of did have a point here and maybe here and maybe here. And I guess they are intelligent people, and I guess they didn't know what they're talking about. And I guess I could make this better. That's the point, right? It's not about just this ego boost to ourselves. It's about are we communicating? Are we helping people get to where they need to go or are we not? Because if we're not, we're missing the mark, right? It's just not helping anybody.

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Scott: Exactly. Right. You know, while you were saying this, I was thinking about getting back to this whole inferred knowledge. And I personally am not a very handy person. So when I walk into a Home Depot, I have no idea what I'm doing. I mean, I'm usually getting I have a honeydew list from my wife, and I'm running around Home Depot picking up stuff that I hope that either we're paying someone to go do, or that she's going to go do it because there's no way that I'm doing it. It's interesting. I walk out of there going, huh? Even if that person was extremely helpful and took the time to explain what it was that I was getting and what to do, or well, that wasn't helpful at all. I hope to heck that I have the right stuff, and I kind of put it in that position. You know, when we talk to this happens more often when the surgeon or the practice provides us with the content and we're like, whoa, no.

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Ashley: Yeah, we gotta edit that a lot.

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Scott: Ashley spends a lot of time editing that stuff. Yeah. And guys, we're not dumbing it down. We're not. We're trying to explain it so that it's understandable for the patient who honestly is scared. You know, we work with ortho spine and neurosurgeons. So for the surgeon a lot of procedures that they do are extremely simple. But for the patient, it's the first time they've ever been in a hospital, let alone a surgery. They're about to get knocked out like there's somebody getting, you know, this is normal. Hey, man, I'm having my third shoulder surgery. And there are others like, no, I've never had a procedure done to me. You have to kind of couch it in that way. And nine times out of ten, when we're talking to a surgeon who at first like, kind of like, oh, what? I don't want to have something so basic on my site. I kind of remind him, like of that very thought, like, hey, man, what percentage of patients are you working with that never had surgery before?

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Michael: Actually, you do end up doing a lot of this kind of work, do kind of end up having to help kind of people negotiate that, that right level of being too technical or not. So again, for medical practices and for med tech companies and for other, you know, health care organizations that are out there that are

trying to navigate this, what kind of steps are you taking to help people get to patient friendly content? Like what does that look like at a very tactical level.

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Ashley: I think we always start with, let's try and take out as much medical jargon as possible, like if we have to include sometimes a procedure name just is a very complicated sounding name. How much we need to just provide really thorough explanation anytime we need to include the terminology, and then to kind of couple with that. Sometimes, you know, you might be explaining, say for orthopedic surgery in particular, you know, if you're explaining what's going to happen. Visuals very helpful because when we're naming different types of bones, like to help people visualize how that comes together, imagery, animations, videos, things like that are very helpful. And just helping people visualize.

Because I think sometimes words on page when you're talking about something complicated just doesn't really always do it. We can start getting into analogies are often very effective when you're talking about just how things work. So in orthopedics, a lot of times we'll hear, you know, your rotator cuff tears. It's not just a snap. Usually. It's a lot of times the surgeon will say, you know, over time it's kind of like a rope, that phrase until it eventually snaps or like a herniated disk. A lot of times they compare it to a jelly donut. I hear a lot, you know, you've got the jelly in the center and if you, you know, squeeze the donut, the jelly is going to come out. It's a kind of similar thing, which is kind of disgusting. But I mean, like we all know what a jelly doughnut is and it works.

So helping to compare things to something that the average patient would know, it doesn't work in it. There's not an analogy for everything, but if you can make the comparison, it makes a lot of sense. And that's something that you, you know, both you know, if a medtech companies making patient facing materials, it's a similar thing. I don't find when we work with medtech companies, there's they're usually pretty good about not putting the jargon in. So that's not usually an issue that I see. But in general just making sure that we're covering common patient questions.

So when I'm working with a practice or, you know, even if we were working with a med tech company we like, one of the things I always ask at the end is, okay, so we've covered kind of this baseline information. What are you hearing? What feedback are you hearing? What questions are you hearing that we didn't cover that maybe we can cover here because you're going to get some common questions like that. And I think, you know, it's always important to go over that.

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Michael: With med tech companies and pharma and all that kind of stuff. Like you've got those separate channels, right? You've got the channel to be able to talk to the physicians, and you can go as jargon heavy as you want. And, you know, as long as you're keeping your audience informed, but remembering always that you have very, very different audiences that you're trying to deal with there. So, you know, as we're talking about this, you know, what are other ways, I guess. Can doctors and med tech companies support patients through this health care process with content and information? We've talked some about this tactically. What are some of the other things that that can be done there from a big picture?

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Scott: Let's break it down to med tech companies and then surgeons and then kind of an overall. So for med tech companies they have an easy place to get and access the information. Actually brought it up like have good images have good video. Like Ashley was saying, med tech companies are smart enough to know their audience and normally don't put too much jargon in. And when they do, they explain it particularly well. But they're also constrained legally, or just by the spread of their audience about what they can and can't say.

And they don't get very specific about what a patient could expect. They really focus on the procedure itself or the pathology itself, you know, and then they often say like, go see your doctor, right, for the rest. But I think that type of educational content that they're producing is a great starting point, transitioning over to what the surgeon needs to do. It's like that's just the beginning step. So I think a lot of things, a lot of times, excuse me, surgeons make the mistake of just simply cutting and pasting the patient ed stuff from the med tech or pharma company. It's a great start. Sure, and not a knock on any of the med tech or pharma companies, but it's extremely basic. It's extremely generic, and it really doesn't set appropriate expectations about what the surgeons themselves do. And so taking that as a starting point, then you go back to like, okay, great, man.

They did a great job explaining this particular procedure. But this is how I do it as well. And by I do it as well. It could be like you're going to see Diane, you know, in the morning at 7:00 in the morning and you shouldn't eat before, you know, x number of hours beforehand and all of those things that may seem so mundane. But remember, when this information goes up on your site, you're like I said, you're building trust with potential patients. You're building trust with your current patient. Oh, and by the way, especially in neuro and spine and ortho, you're also having to re-explain yourself to the caregiver, right? Whether that's the child right or the adult, depending on where the patient is. And so having all of this content up there is so important. And at a minimum, hey, have those links that you create like we've got we do this quite often.

Like here's this great content we gave you, doc. At least have the links so that the patient can go back. The caregiver can take a look. You want to print out some of that stuff. Done that for, you know, practices as well where we've created brochures etc.. But I'll go back to this is a very stressful and scary situation for the patient most of the time, even when they know exactly what's going to happen. Nobody. Nobody wants to have surgery. I mean, yeah, they do. They want to be relieved of pain, but it's not like they were going like, well, when I grow up, I can't wait to have my hip replaced. It's like, no, no, no, no, no, no. I'm happy I'm getting it replaced because I know it's going to be helping me in the long run.

But oh man, I'm about to have a big surgery and I'm about to have physical therapy. And this is not stuff that medtech companies or pharma really get into it. Pete. I don't know, whatever they do over there after I've given them the device. Yeah, but that's a big part of the recovery of the patient. It's what's scaring the patient. It's what help reassures and sells the patient that you're the right choice for them. So that's very important. Just remember that anxiety level. And I know most surgeons that I talked to, they really do like they really do want to take good care of their patients. And this is all part of taking good care of your patient for sure.

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Michael: For sure. So a couple of just interesting thoughts around this. I'd be interested to kind of just discuss this with the two of you. So one thing that I'm kind of hearing more and more in marketing circles and as people are really trying to anticipate, like the future of online marketing, of communicating online, of all that kind of stuff is like the structure of a website and the way that people access information, like all of that's changing, right? Like all of this process is going to be evolving as people get more and more comfortable with different types of chat bots, different types of, you know, artificial intelligence kind of systems where you're asking questions and, you know, we're not there yet for health care, but people are starting to get accustomed to these kinds of experiences.

I think that it's going to be very interesting to see how people are asking questions to these online systems. Do you have materials that can effectively answer all these kinds of questions? Can you? And this was stuff that, again, years ago, we would look at just the search results within the website. You know, you could you'd get into your analytics report and you try to figure out like what terms people were searching for most and that sort of thing. But this is very much like a process that's in flux. Right? I just want people to start kind of thinking about like kind of what's coming next. So that's just one kind of just random thought about how all this is evolving and sort of like how people are going to go through this process.

Another one is we're talking very much about people having trouble understanding, right? Like they're kind of coming in on the lower end of, of awareness around these different things. And I don't really think that we've addressed, like the very informed patient, you know, the patient that's going, man, I've talked to my doctor and they gave me these three things, and I went and read 50 articles online somewhere just within my own family. Like we have some different we have different, you know, health care needs. It's like every other family.

And so sometimes we'll come in to the doctor appointment and we've got questions on like six different things. And it follows up with because I read an article about the blah blah blah, blah, blah, blah, blah, and we get into all the details of it and they go, yes, that's a great study that you read. And in that particular scenario, in that particular type of patient, that was the right answer, and that was something that really needed to be thought about. So all of that to say, how should surgeons, how should med tech companies be handling the very informed patient? Because I think that if they're thinking about this, they're definitely thinking about the sort of under informed. But how do you deal with like almost the over informed, you.

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Scott: Know, while you're talking to me, I was thinking there are three categories of patients. So one is the one that we've been talking about Ashley, for quite a bit, which is it's like, oh wow, they don't have a lot of knowledge at all. And, and how do we get them their baseline. Right. And then when you talk about the very informed patient I automatically thought of, yeah, they are very informed. But they're going to have a couple of things wrong. And how do you manage that? I'll never forget it was it was a



while ago and I forgot what happened. But I think I pulled some part of my body because I'm in my 60s now, so I'm constantly doing something like that.

And I called my primary care provider and I said, you know, after reading three articles for at least five, ten minutes each, I've got some thoughts. And she just laughed because I know her so well. So when you talk about the informed patient, do know that it does allow the medical practitioner whether it's the surgeon, whether it's the nurse, whether it's the PR, etc., to start having a more complex conversation. But they've really got to lean in because what happens a lot with that type of patient, Michael, is that there's 3 or 4 things that might really not have. Right. And so it's important to listen hard all the time, but even more so with the quote, well-informed patient because there's still got some stuff that you got to do.

But that being said, we deal with this a lot, with a lot of surgeons who've got a lot of good detailed content. You know, as the sites get larger, as there's more people in the practice. Ashley, I know that we've done this quite a bit where we've got a baseline set of information. Then to learn more, click here. And then it gets much more detailed, right? Some people read it, some people don't. You brought up the whole AI part. You know, it's funny, I remember it. It was simpler. Michael, when I first started developing these websites, it was just like, here's your website and no one uses a phone. So we've made it with one style and you really don't need that much information on it, just the address that was well, we're in our what are we in our 25th year now.

So you know so that was a lot different back then, right? And then then I remember telling people like, no, you really have to think that people are using a phone and I can't tell you how many how the conversation changed from no one goes on the internet to no one uses a phone to now, like, no one's going to ever use an iPod. And it's like, yeah, they will, they will if the information coming out of that bot is intelligent enough. So I think that's going to be the caveat here is that people want information and they wanted as soon as possible because they're nervous about it. And so being prepared to at a minimum offer the baseline, listen well to the people that are well informed and gently teach them when they're not.

And then, you know, listen to your tech provider. We don't make everybody's website. I like that. We don't do everybody's online marketing. I'd like that even more. But, you know, whoever that, you know, whoever's listening to this and whoever's trying to figure out, like, what to do, it does make some sense to ask them some questions like, hey man, how often are people talking to you about that? If I do want to get more complex, how do you handle that? You know, we had this conversations all the time, like about, you know, how to run an ad campaign. What do we talk about? What do we not talk about? What works, what doesn't work, you know, work with people who are experienced and have some informed opinions that they can explain well to you as well?

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Michael: I'm kind of curious on what you think in terms of like, I guess if you're that physician, that company that's hearing, like, hey, here are these kind of 5 or 6 things that people kind of keep bringing up that aren't quite on, you know, like, hey, this is you're the informed patient, but you're kind of missing

here, here and here on a fairly consistent basis, like, I guess, like how would you think to handle that in terms of like, let's just start with the practice in particular.

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Ashley: Like how they would handle if a patient was coming in with other?

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Michael: Yeah, yeah. Kind of common set of misinformation points.

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Ashley: Yeah. I mean I kind of go back to some of those. I mean, it's, it's good that they one that I think the patient feels comfortable enough to bring up their own things, especially looking at the stats that so many patients are afraid to even, you know, go to their doctor. I use it, as you know, in marketing, we're very into we call reputation marketing kind of your online sentiment, what people think about you online. And to me, that's being able to have an open conversation and welcoming that instead of just shutting it down like, no, you're not a doctor at the end of the day, like you don't live in the patient's body.

So you have to, you know, understand everybody's experience is different and they're trying to communicate to you in some way. So you kind of have to think about it from that angle. And then I think once you've had the conversation, like having the content ready, being able to connect the dots, so to speak, not just like it's on your website, but like making sure that the patient knows, hey, this is where you find this if you need more information. So I know I've had in my family, a lot of times people come to me because they know that I work with orthopedic surgeons and I help explain things like I had one not too long ago.

I had a family member call me, like my doctor's recommending this procedure, and I walked out and I knew that I wanted it, but now I'm trying to explain it to everybody else. And like, I'm getting confused and they're questioning, like, should I be doing this? There's going to be anesthesia involved. Like, I don't even really remember what was happening. Like, is this common? So I kind of had to walk her through like, yes, this is common. This is why you need anaesthesia. This is, you know, and actually pointed her to content that explained it and she's like, oh okay. Yeah, yeah. This makes sense. Like everybody's good. Now we're gonna go ahead with the procedure. So you're welcome to that doctor. Um, because she may not have done it, but yeah, there are.

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Scott: Two parts to that, you know. So one thing is for that particular thoughts, I think I want everybody to kind of focus on what Ashley just brought up. Like you, you're in the room with your patient, all those surgeons out there, and you're and you think you did a great job because you've had this conversation.

Like, look, if you've done a bazillion total joints or ACL repairs or insert procedure here, you've explained this quite a few times and you feel really good with the way that you're doing the explanation. And there's actually saying like, yeah, they didn't hear anything. They were so scared that they had to have the procedure, they didn't hear a word.

And so again, that's the point of having the information online because it's like whatever you're telling them in that room, like this is what's going to happen and you're going to go walk down and you're going to get all these papers like that needs to be on the site, not just for the caregiver, but I brought up earlier, but also for the patients themselves who are.

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Ashley: Doubt. Yeah, you can print it out like it's just I mean, there's so many steps to a procedure. It's like, unless they've got a notepad ready, like, I mean, that's not going to just ...

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Michael: Oh my God.

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Ashley: Right. Yeah. It's like attending a college class, right. Like you gotta, you know ...

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Scott: The three of us on this call have children, we have gone through talking to the ObGyn about what to expect and about that delivery day and. Right. And this is something where we were preparing for nine months, you know, for this conversation. And we were freaking out when it happened. So put that in its place.

The other thing is, there are a lot of misconceptions in every for everybody's medical practice that it's not just like one, it just comes up more often than not. And I remember way back when there was this whole thing about magnets. This is back, guys. Again, I'm showing my age. I'm going to go with late 80s, early 90s, where everybody was walking around with a magnet around their knee because they thought that was going to allay any, any pain associated and would put off total joint. It was like, just wear a magnet.

And yeah, it's like crazy, right? But it became something that you knew you had to be prepared to talk about. And so to all the caregivers out there, when you're going to your meetings or you're just happened to be hanging out in the Or the night the morning before, you're getting started for the day. Listen, what are those patients saying to everybody? Because all of a sudden, like, it's like, how am I? How are we all talking about magnets? I remember, like sitting in, oh, I was listening to the surgeons. And when you go to these meetings, a lot of that stuff comes up.

And I always use magnets because it was so silly way back when. But there's a lot of stuff that is there, so be prepared for that. You know, the quote, very informed patient who then read something online that said magnets, we're going to help you. It's like the four articles you read. Those were good. The one on the magnets. That fifth one. Not helpful. So be prepared for like trends as well.

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Michael: I think it definitely goes back to you can read books, you can find articles, you can do all those kinds of things. But the expert that can personalize that information for you and can guide you that that.

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Michael: It's so critical. And I think as, as we get more and more information overloaded just as a people like I think that that expertise is just more and more critical. So we've talked we've talked quite a bit about just how important it is to make sure patients understand the information. Um, from looking just at overall literacy to understanding healthcare, healthcare terminology, um, common missteps that medical practices and medtech companies can make with their content and how to develop better content to better support patients.

Scott, Ashley, thank you. Thank you for the expertise that you shared today so that we can help sort of personalize that further. And thank you for everybody for listening in today. For more on the Health Connective Show, please visit [HC.show](http://HC.show) for previous episodes and Health Connective as a company.