Podcast 114: Building a Stronger Future for Health Care with Stefan Behrens

John Marchica:

Welcome to season four of Health Care Rounds. Here we explore the vast and rapidly evolving healthcare ecosystem with leaders across the spectrum of healthcare delivery. Our goal is to promote ideas that advance the quadruple aim, including improving the patient experience, improving the health of populations, lowering the cost of care and obtaining joy in work. I'm John Marchica, host of Health Care Rounds. I'm also the CEO of Darwin Research Group and faculty associate at the Arizona State University College of Health Solutions. Please don't forget to rate and review us wherever you get your podcast, and send your questions, comments or ideas for Health Care Rounds to podcast@darwinresearch.com. Let's get started.

John Marchica:

This week I'm speaking with Stefan Behrens, the CEO and co founder of GYANT. GYANT creates digital assistance for healthcare. The software helps triage, navigate, and inform patients along the continuum of care. Prior to GYANT, Stefan has had great success as an entrepreneur. As co-founder and COO of Invincible Brands, he oversaw the launch and development of two lifestyle brands, Natural Mojo, and Hello Body in the healthy living space.

John Marchica:

Stefan also spent a decade in strategy consulting, driving large-scale transformation programs for international telco companies. Stefan guided multiplayer gaming company, Aeria Games, from its humble beginnings to acquisition by ProSiebenSat.1, Europe's leading media company.

John Marchica:

Stefan, thanks for coming back. I appreciate it. Appreciate your taking the time. And so why don't we just start off and give a refresher for people who may not have listened to our previous conversation, and talk about your role and talk about GYANT and just in general, how you have been working and helping during the COVID-19 pandemic.

Stefan Behrens:

Sure. John, thank you very much for having me again. It's a pleasure to be on here. Yeah, let's dive in. So GYANT is a virtual assistant for healthcare. And we offer an AI driven solution that utilizes chat to offer support and answers for patients along their healthcare journey. So what that means for example, is helping patients figure out what kind of care they need if their son has a fever or if they have abdominal pain and they're trying to find out what the best next steps are and where they need to go for their care.

Stefan Behrens:

But we also go one step further and help them with booking appointments, finding out the right specialists they need to see, and providing answers to common questions along their healthcare journey. For example, around insurance coverage and how to pay their bill, and things like that.

Stefan Behrens:

We typically work with health systems. So that's large provider organizations who are building out their virtual front door. So how they see and help patients in a virtual setting online. And we see that now, especially as a lot of the care delivery has switched to being completely virtual without a typical office

visit, that has become a more and more important topic. And we strive to make things as easy as possible for patients. So help them find what they need in a way that is friendly and personalized, and a generally positive experience that doesn't involve holding on the phone for 25 minutes and being switched to three different IVR trees in the process.

Stefan Behrens:

And maybe last, but just about myself. So I started the company in 2016 after I moved to the US from Germany. And in Germany, I had previously built two companies in a completely different space, one in the video games industry, and one in eCommerce. So my background is mostly been on the consumer side of things, and I wanted to bring those delightful experiences that you see in the consumer internet world into healthcare, because I felt it was direly needed. And yeah, that's what we've been working on for the last four and a half years.

John Marchica:

So what was the genesis of the idea? I mean, as you said, you came from a different background. What encouraged you to move in this direction with AI and creating this tool?

Stefan Behrens:

It came from a personal experience around just how difficult and frustrating it can be to navigate healthcare. Oftentimes when you're faced with a serious diagnosis ... In my case, it was my dad who was facing a cancer diagnosis. It took almost three months to connect with the right specialist to run additional tests. This was back in Germany. But in the end, it turns out that after these additional tests were run, that there wasn't a cancer in place at all, and so it ended well. But those were, as you can imagine, three months of fear and lots of scary moments where we were unsure what to do next, and we felt helpless.

Stefan Behrens:

So what we wanted to create when we thought about GYANT, was how can we make it easier for patients and parents to figure out what they can do in these situations, answer the questions they may have along the way, and make it easier for them to interact with the system. Especially when you're transitioning between different modes of care, primary care on one side, maybe a virtual visit with a specialist as a next step, and then going in for some testing and so on.

Stefan Behrens:

The journey just feels very complicated and you have lots of touch points, and they're not really well coordinated. So really making that journey more seamless for patients, and make it easier for them to understand what's going on and what the next steps are. That was one of the original goals we had when we started GYANT.

John Marchica:

So without giving away too much of the secret sauce, what's behind the AI? Do you have clinicians that you have to refer to, to kind of build out the decision trees?

Stefan Behrens:

Sure. For the clinical triage, we actually have a clinical team in house that is working with a number of experts, subject matter experts for different specialties to build out these decision trees. So the questions that are being asked are curated and built out by our clinical team. So that's where we ask patients questions in order to discover the relevant facts about their case and their presentation. But then we use a machine learning algorithm to match those facts that we have collected as part of this interview, to the best and most likely underlying reasons for their symptoms, and then match them to the next step for their care.

Stefan Behrens:

So there's a machine learning model that leverages millions of interactions that we've seen on our platform, and also several million diagnosis in electronic health records to determine what the most likely underlying causes of those observed symptoms may be. And then match that to the next step, which is typically custom configuration for our customers, because their health system is always somewhat local.

Stefan Behrens:

And that means they have maybe different business lines with different scopes of services where their urgent care clinic has certain services. And the retail clinic may have certain other services. And some other services, again, are provided by the virtual care team. So we match that with what types of presentations can be seen in those specific venues for care, and then guide patients to those venues.

John Marchica:

Very cool. Very cool. So talk to me about your work during the COVID-19 pandemic. How has this been applied? Maybe give me an example of one of the systems that's use this.

Stefan Behrens:

Sure. So we started working on a COVID specific solution at the end of February, when we saw the wave kind of coming over from Europe into the United States. We got the team together and within a week hammered out the first prototype, and later first release version of what we call the COVID screener and response assistant. So what this does, is it again, provides a virtual assistant that you can draw up on a health system website or inside of a mobile app, that starts with a simple question, which is how can we help you?

Stefan Behrens:

And then often there are questions that patients ask around, well, where can I go for testing, or I'm concerned that I might have been exposed, what do I do next? So then we ask additional questions to determine the relevant facts for their case, and then guide them to the next steps for their specific presentation. That may be coming in for testing, but that may also be staying home and quarantining. Or calling a nurse line to get additional advice if they have specific facts in their background. Or it's an elderly population, for example, where it's not so straightforward.

Stefan Behrens:

And we've seen tremendous success working with our health system customers in rolling that out. Between March and April, we rolled out, to now, a total of 24 health systems that are using this service to help navigate their patients into the appropriate care around COVID. And also alleviates a lot of the inbound call volume that they were receiving from their patients.

Stefan Behrens:

So, especially in April, March, and now, as we see a resurgence in cases, we see a significant volume of patients being concerned, not sure what to do. Or that experience symptoms and they don't know, is this COVID or just the flu or a cold. Of them hitting the patient scheduling lines, front desk lines, and thus creating a lot of volume for our health system customers to handle. And we've seen that systems that work with our technology and put something like this out there on their websites, will see a 30 to 50% reduction in their inbound phone volume because patients can now get some of these questions answered themselves as they use this tool on the web.

Stefan Behrens:

So for example, we've been working with Intermountain Healthcare, who has been an early adopter of our technology. And I think over the course of the deployment, we've seen an average rate of about 5,000 daily screenings, where people have used our tool to understand whether they need to go and get tested or whether they can stay at home or connect to their advice line. And I think at peak, it was 23,000 screenings in a single day. So this is a lot of phone calls you can eliminate by putting technology to use for these types of use cases.

John Marchica:

Yeah. Yeah. So we've been in the midst of a health system tracking study now for some time, and trying to understand the effects on care delivery. And one of the things ... it's not like we discovered this, because it's pretty much so well known. That telehealth, telemedicine really just almost overnight for some of these systems, they had to set up these virtual visits. So knowing that that's on the rise, how has that affected the tool? In other words, are you moving people more into virtual visits? Is that part of the solution for the COVID tool?

Stefan Behrens:

Yeah, I think we've gone from an environment where maybe 5% of all visits prior to March were virtual and the rest were office visits in a variety of clinics and in primary care, to now, where 80% of visits are virtual. And I think one of the challenges that our customers are facing is how do they actually build out the digital infrastructure to support not only on demand visits, which is what most of the virtual care was for a lot of our customers, right? Where you sign up for a virtual visit and then within, 15, 20 minutes you're seen by a provider that happens to be on duty. To now supporting specialist visits, regular primary care visits, check-ins on your diabetes and chronic conditions. And all of that in a virtual environment.

Stefan Behrens:

And so we're working with our customers to help them as they go through that journey. And bring more and more of these technologies and different encounters online to help their patients' route to those resources and those encounters as they become available. So as you're bringing on more capacity in virtual care, for example, for scheduled visits, we're working with our customers to make changes to the navigation logic over time so that you can actually make that available for self scheduling, for example. And that patients can be relative to where a provider time is available.

Stefan Behrens:

One additional question that is challenging for patients these days, where most of the visits are going to be virtual, but not all of them, is to know when do I have to come in? Ideally, I would start with a virtual

visit but there may be some things that can't be handled in a virtual environment. So we're helping patients figure out when they need to come in for a visit in person, or go to the emergency room, or visit their urgent care clinic. And if they do, how to do it safely. Because some of them have set up screening procedures prior to their visits, in tents, for example, where you get a rapid COVID test before you are seen by the provider.

John Marchica:

One of the things that I'm always interested in talking to other entrepreneurs, and when you've got a novel solution like this, I'm sure that you have competitors out there. So how do you differentiate what it is that you do versus those other guys? What makes you different?

Stefan Behrens:

Yeah, I think a lot of it is just focusing on working very closely with our existing partners to see how we can help them solve challenges that are coming up. So instead of kind of following a product roadmap that we may have had for the next two years, COVID has thrown the entire industry for a loop. A lot of priorities have changed as a result. And so we're trying to stay really close to our existing customers to identify how can we use our technology to support additional challenges that you have.

Stefan Behrens:

So for example, we've worked most recently with a health system in Arizona and another one in California, on helping them institute automated screening procedures as they reopen for scheduled procedures and elective procedures, and imaging studies and things like that. So instead of having a person with a clipboard standing at the entrance of the hospital, where they're checking people for potential exposure and symptoms and then writing that down by hand, and that needs to be entered and documented into VHR in a different way.

Stefan Behrens:

We're now supporting an additional way of doing those screenings prior to the visit. Having everything documented in escalating cases that show symptoms, or that need to be tested to the right place inside the system. So we've been trying to stay kind of ahead of the game by working very closely with our partners in how to tweak and adapt our solutions so that we can best support their changes in clinical workflow, as and when they're happening.

Stefan Behrens:

Because for a lot of customers, it's now also a journey of, we used to have the old way, and then there was a big break. And now we're trying to figure out how can we reopen for business in a way that's safe and allows us to be effective, without adding a whole bunch of head count or hiring additional staff to do extra screening routes and phone calls. So I think just being very closely in tune with what's happening in the market and working very closely with our customers, that's kind of part of the secret sauce.

John Marchica:

Looking to the future, even over, let's say the next six months, and you're talking about virtual care, and it sounds like that your tool is actually potentially making systems more efficient, right? I mean, in their allocation of resources. So what do you see happening six months out? What changes do you see continuing on over the next six months?

Stefan Behrens:

Yeah, I think the environment is going to remain pretty challenging for many of our customers. I think health systems have seen significant drops in patient revenue because scheduled procedures have been postponed. And I think that's going to remain the case until we have a resolution for the current situation, which may not happen until we have a widespread vaccine availability in the population. So my sense is that for the next 12 months, we probably will not see much change. And what we see now is going to be the new normal, at least for the next foreseeable future.

Stefan Behrens:

And also, even beyond that, I think once you've seen one of these S-curve adoptions where all of a sudden you go from 5% or 10% virtual care utilization to 80 or 90%, it's going to be hard to go back to the old ways. I think we'll see virtual care delivery be probably the most prominent channel for care delivery, at least in the lower acuity space. I think that's not going to go away. And now health systems need to figure out how to kind of adapt to this new reality and adjust their workflows and processes to this new reality that is virtual care and digital patient journeys.

Stefan Behrens:

So we're trying to understand as well for us, how we can best support systems in this transition. And what role digital technology like ours can play in stitching together patient journeys that are seamless as they transition from one mode of care delivery to another.

John Marchica:

Yeah. Our research has suggested that there has been some drop off, but to your point, the genie's out of the bottle. And if care can be delivered, as you say, for the lower acuity space, if care can be delivered more efficiently ... And frankly, patients like it. I mean, I had my first video visit about a month ago and it was awesome. I just did a Zoom call. And the doctor was like one minute after the time that we had scheduled, he was right on time. And we got through everything that we needed. Just basically a wellness check, but we got everything that we needed to do. And I asked him about how it's going, and he's like, patients really like it.

John Marchica:

So if one of the goals in health healthcare has been to improve, for lack of a better term, patient satisfaction, and this is one way to do it, then I agree. I think it's going to be around for good. The question is, is what percentage. What's the right percentage of those visits where people will land on as long as this virus is out there. And there's just no reason to have to come in.

Stefan Behrens:

Yeah. No, I completely agree. I think another trend that fits into that is just the availability of additional equipment that you can bring to patients' homes. The parts that you're missing out on when you do a video visit is maybe vital signs and measurement of certain aspects of the patient's health. But now with additional RPM solutions that allow you to monitor these things from home, that connect digitally to the electronic health record.

Stefan Behrens:

And then you have a provider check in with the patient to discuss the findings or the results of the data they've captured over the last week or two, those things are going to be increasingly possible and will make more and more of these office visits unnecessary. So I think it's going to be around for good.

John Marchica:

Yeah. Especially as the technology just continues to get better, all the stuff in the home. I was at a home health conference, I'm going to say maybe year and a half, two years ago, and just kind of walking the floor and looking at all of the amazing technology that's out there now. A lot different than it was even five years ago. It's just been an explosion in that technology.

John Marchica:

So what are you doing to stay ahead of the curve? What are you doing in terms of development or ... I mean, I get what you're doing with COVID now and I think it's really interesting, but what are some of the new things that you have on the horizon?

Stefan Behrens:

I think, as I mentioned before, a lot of it is in close collaboration with our health system partners. Once you establish a full feedback loop ... So essentially, you start a patient journey on an assistant like GYANT. We ask about some of your symptoms then guide you into care. Then you have a virtual encounter with a provider. Then maybe you go in for some testing, and then a few weeks later that episode is resolved.

Stefan Behrens:

By being able to actually track all of your movements through your patient journey, and then get an outcome of what happened to you at the end, like what kind of treatment did you receive? What was the ultimate diagnosis? How long did it take you to get better? We can actually, for the first time have a full episode of care documented from beginning to end. And that will allow a whole new set of machine learning to take place and have a richness of the experience that I think will significantly improve the quality and accuracy of decision making around treating patients. And this additional opportunity, especially as it relates to patients that may not have had access to these types of services before.

Stefan Behrens:

So if you think about communities that have struggled, maybe with language access or that didn't have access to safe transportation to get to venues. So there are lots of communities that are underserved in terms of healthcare, because they may not be able to afford or not have the right means to access. And I hope that digital technology like ours can be leveling the playing field a little bit in that sense. And thus allow us to take into account these kind of social determinants of health as healthcare delivery is scaled and made more robust through digital channels.

Stefan Behrens:

It may also be a possibility to reduce bias in care delivery. There are quite a few studies, actually, that show that depending on the color of your skin, the kind of treatment plan and the kind of options that are presented to you may be very different. So in the current environment of racial equity being a big topic, I hope that digital technology can be a factor of actually helping make healthcare more accessible across racial boundaries.

John Marchica:

Wow. That's a timely observation, Stefan. So I'm curious ... In any of these partnerships that you've set up, have you designed it in such a way that you can quantify through an ROI, the benefit of what your system provides?

Stefan Behrens:

Yeah. In many ways ... The easiest way to think about ROI is simply replacing what would otherwise be a human interaction as part of the care delivery. So if you think about the typical scheduling experience, you would have to pick up your phone, wait for a couple of minutes until you're connected to a patient support representative and click through a few options in the IVR tree. Then give your insurance details and then ultimately walk away with a schedule. So a scheduled appointment.

Stefan Behrens:

And if we can do that completely digitally, we've essentially eliminated a 15-minute conversation with a human scheduler that will probably be $10 worth of an interaction, if not more. So the more of these interactions that are currently happening over the phone or with the front desk, we can eliminate by putting in place a digital solution for the patient to self-schedule and self-answer some of these questions. That's the easiest way to track ROI. And as I've mentioned before, for COVID, we've seen, for example, that we can cut down the total volume of inbound calls by several thousands a day. So that quickly leads to very good ROI for our customers.

Stefan Behrens:

And if I think about the second aspect here, as you know, increasingly we see virtual care delivery and patients looking for answers and care online, there's also an aspect of just accessibility. So if you can choose between an option where on one hand, I can go in, get my questions answered and book an appointment within 10 minutes at 9:00 PM at night on a Saturday, because you have a digital way of doing that, and essentially self-service. Versus, I have to wait until Monday morning until I can pick up the phone and call someone and be on the phone for half an hour to make that same appointment.

Stefan Behrens:

I feel nowadays patients are increasingly going to opt for the first option, where I can do it myself at any time of the day. And that's just what we expect from other parts of our life and consumer experiences. So I think healthcare is subject to the same expectations that are created elsewhere. And that will ultimately have an impact on the number of patients choosing systems that make it easy to interact with them. And so I think it's a big driver of patient acquisition and patient loyalty satisfaction and market share, ultimately, for our customers.

John Marchica:

Sure.

Stefan Behrens:

It's a bit harder to quantify ROI in that sense, but that's probably the biggest driver.

John Marchica:

Sure, sure. So what got us reconnected again, was an announcement, a funding announcement. So before we wrap this up, I want to know about ... tell me all about that. And then also, what you're going to use the new money for.

Stefan Behrens:

Yeah. So we announced in July that we had closed a $13.6 million Series A, led by Wing Venture Capital and with participation of Intermountain Ventures. So that puts some rocket fuel in the tank for us to continue doing more of what we've been doing before. In particular, we are investing this to build out our support team to make sure that we can support our growing customer base and provide them with the best service there is.

Stefan Behrens:

As I said, a lot of this is working very closely and collaborating with our customers and making sure our solutions, in a fine way, track their current needs and adjust to their current pain points and operational challenges. And then the second part is investing into developing and validating additional use cases for our technology. So we've talked a little bit about the patient navigation, which we call kind of the virtual front door, where patients are coming in and trying to find care.

Stefan Behrens:

But there are lots of other use cases where you can use technology like ours to help support a patient journey, be it in digital intake before a specialist visit or your imaging study. Instead of filling out five pages worth of forms, those things can be done digitally in a way where you do it at home before you even get in the car.

Stefan Behrens:

And similarly, following up with patients after they've been seen to make sure we close that loop that I mentioned earlier. So we can actually build that entire journey and see what happens and what the outcomes are to then improve decision making and recommendations along the way with the goal of ultimately making the patient experience and also the patient outcomes better. So that's what we're investing in.

John Marchica:

So Intermountain took a look at the partnership and said, we want to invest. Right?

Stefan Behrens:

Yeah. We've been working very closely with them over the last year and a half. Yep.

John Marchica:

That's terrific. Well, I'm really happy for you, Stefan. I think that the work that you're doing is interesting, is also useful and needed. Especially in this time when we're dealing with this pandemic. So absolutely keep in touch. We might end up having a third podcast six months or a year from now. But it's great to hear that your company is doing well and that you got that welcome funding.

John Marchica:

By the way, if anyone wants to fund Darwin Research Group, I'll take 10 million. 10 would be nice. No, but I think it's great news. And thanks again for spending some time with me. I really do appreciate your taking the time.

Stefan Behrens:

Likewise, thanks so much for having me, John. This was a pleasure, so happy to catch up again in six months and see where the world is at. Fingers crossed for a vaccine.

John Marchica:

Yeah. Fingers crossed. I was going to say, I wonder what kind of car you're going to be driving, or what ... A year from now, if you keep getting this kind of funding.

Stefan Behrens:

Well, not a whole lot is going into my pockets here. This is all investing into building out our team and finding ways to deploy more of the technology with our partners. I feel right now that there's not much you can do about certain aspects of the current situation. So this is our small contribution to making life a little bit better and maybe managing through this crisis. With the goal of coming out the other end, hopefully stronger.

John Marchica:

Yeah. Yeah. Yeah. I'm hopeful for a vaccine as well. So again, Stefan, thanks. Appreciate it.

Stefan Behrens:

Likewise. Thank you, John. Take care.

Kim Asciutto:

From all of us at Darwin Research Group, thanks for listening. Health Care Rounds is produced by me, Kim Asciutto, and is engineered by Andrew Rojek. Theme music by John Marchica. Darwin Research Group provides advanced market intelligence and in depth customer insights to help your executives. Our strategic focus is on healthcare delivery systems and the global shift for value based care. Find us at darwinresearch.com. See you next time.

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