



John Marchica:

Welcome to Health Care Rounds. I'm your host, John Marchica, CEO of Darwin Research Group, and faculty associate at the Arizona State University College of Health Solutions. 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 attaining joy in work.

John Marchica:

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John Marchica:

Let's get started.

Kim Asciutto:

Today, John speaks with Josh Komenda, co-founder, CEO, and president of healthcare logistics leader Veyo, a full service NEMT broker using technology to better manage NEMT benefits for Medicaid and Medicare programs, state governments, and managed care organizations.

Kim Asciutto:

While focusing on the technology platform, Josh and his team recognize the need for non-emergency medical transportation in the industry, and created Veyo. Combined with the healthcare logistics and transportation division of total transit, Veyo is a full service transportation brokerage designed specifically to provide access to healthcare for people who need assistance getting to and from medical appointments.

Kim Asciutto:

Veyo's new tech enabled healthcare approach has the most powerful network in NEMT, and continues to deliver higher levels of reliability, quality, and transparency to customers, partners, and members. Josh received his degree in computer engineering from the University of Waterloo, and his graduate degree in business from the Marshall School of Business at University of Southern California.

John Marchica:

Thanks again, Josh. Appreciate your time, and for joining us today. By this time, your bio will have been read in, so your official bio. Little magic of podcasting, you can go back and do that later. But just to orient people, tell me a little bit about your background prior to Veyo.

Josh Komenda:

Yeah. First off, John, thanks for having me. It's great to be here. I can start from my growing up experience, just because I feel like it did contribute to who I am today, and it was formative. I grew up in Winnipeg, Canada. My family, my dad was a family doctor. Is retired now. My mom is also retired. She was a registered nurse. And my older brother ended up becoming a nephrologist as well, a kidney doctor. Healthcare is definitely in my veins.

Josh Komenda:

And maybe from younger years, despite my attempt to really forge a totally different path, I ended up back in the healthcare industry. I guess I wasn't able to escape. But I always had a really passionate interest in technology growing up. I remember in high school, really learning and reading about what was happening in Silicon Valley, and always wanted to be part of that world.

Josh Komenda:

Ended up studying computer engineering at the University of Waterloo, just outside of Toronto, which is a really great engineering school, and ended up in San Diego. Did my last internship before graduation at Qualcomm in San Diego, and it was a great company to work for, and really I fell in love with San Diego. Figured out how to get myself full time offer after graduation.

Josh Komenda:

But yeah, so I started my career at Qualcomm. Learned a heck of amount. Just really in the mid 2000s when we were building the third generation wireless infrastructure, and preparing for 4G, and really got excited and passionate about the understanding, what I thought were or a lot of people thought were going to be the most impactful technologies, and so many different industries and businesses were bringing ubiquitous tablets and smartphones that were GPS enabled and cloud computing that could not just revolutionize cell phone usage, but also start revolutionizing so many traditional industries with new business models and new operating models.

Josh Komenda:

Got to say about that, always had an entrepreneurial bug. Always want to start my own company. In 2009, I started my first company, which was called Go Fast Cab, which was my first attempt at learning how to go out and get my nose bloody as a first time entrepreneur. And we launched a service that basically people could order a taxi, a yellow cab, or something similar by sending a text message with their address, and eventually on an iPhone and Android app.

Josh Komenda:

And we were automating the order process for a taxi cab. And believe it or not, it wasn't that long ago, just about 12 years ago, but it was really before Uber and Lyft were commonplace in most places.

John Marchica:

Sure. You proceeded them.

Josh Komenda:

Yeah. Unfortunately at that point, didn't know how to be quite as disruptive as they did. But I think we had some moderate success with that first company. It was exciting. Spread to about 18 cities with large taxi cab companies. But I think almost as importantly, we got a front row seat watching what Uber and Lyft were doing to an industry.

Josh Komenda:

And you had this sleepy 80-100 year old taxi industry, highly regulated, not very dynamic, low technology and operating model. And you're watching that, they will try to deliver a certain service with a very fixed fleet, and then watching Uber and Lyft completely turn the business model upside down.

Josh Komenda:

And I remember at that time-

John Marchica:

It's amazing.

Josh Komenda:

... yeah, we would go to the conferences for the industry, and a lot of the taxi cab companies thought, "Oh, we just need an app, and we'll be able to compete with these guys, and we'll neutralize the competitive threat." But I think what we were learning was it's not really even about the app. It's more about the way to create supply or capacity. That traditional logistics and transportation problems are solved with these fixed capital intensive fleets. But if you have 100 cars in a fleet, you can't solve 101 problems simultaneously.

Josh Komenda:

What happens in transportation problems is demand changes by time of day, and day of week. And whatever demand outstrips supply, at a particular point in time, service suffers. I think many of us might remember back to when you try to order a cab on a Friday night in a big city 10, 15 years ago, it might show up in an hour or it might not show up at all.

Josh Komenda:

And then, Uber and Lyft pioneered these ways to basically create supply, and scale it really quickly. They could just keep adding more and more drivers and vehicles to the network. And on a Friday night, there would just be more and more cars on the road. And that's how they could promise they could respond in five to 10 minutes, whereas traditional fleets could never do that.

John Marchica:

I have a question for you, but before that, and a question that's engineering related, so this is out of my field, but do you know what a TRS-80 is, or a Commodore PET?

Josh Komenda:

I definitely know what a Commodore 64 is, it in our house when I was a kid. I don't know. I don't know what a TRS-80 is.

John Marchica:

I'm revealing my age. I'm 54. I'm way older than you are. And the TRS-80 was made by Radio Shack, and its hard drive was a cassette tape recorder. That's how you started did your programming. And the Commodore PET, which is when you said, this is going back to your high school and all that, Commodore PET is what we had in high school, and it had a green screen about this big. For people who are listening on the podcast, I don't know, maybe four or five inch

screen, just green. And I remember you could do a Star Wars game on it. Whatever I took in computer science in high school.

John Marchica:

And then, when I went into college, I guess it must've been my second year in college when somebody was the first person to have that original Mac, that boxy Mac, and it was the coolest thing. Nobody had computers at that time. We had computer labs, but owning a personal computer was not a thing of a college student certainly. Now, it's no big deal. I just thought that was funny. I just flashback to my computer science years in high school, and how the technology has changed so much since then.

Josh Komenda:

Totally. Having, back in those days, the Mac was black and white, but just the fact that it had a mouse was totally groundbreaking.

John Marchica:

Yeah. And he had the, what do you call it? Was it the kind of printer when you had the paper-

Josh Komenda:

Dot matrix.

John Marchica:

Dot matrix printer. He had everything, and he was very envied. And he didn't come from a wealthy background, so I don't know how he's able to finagle that.

John Marchica:

But anyway, and I've got a bunch of questions, but I'm taking a side note here. Because I'm curious as an engineer, are there applications of that Uber, Lyft technology outside of transportation?

Josh Komenda:

Absolutely. I think we realized that transportation and logistics in general were something that companies invested tons of capital in building these fixed commercial fleet vehicles that were very rigid and non-responsive. And then all of a sudden, you could create this capacity where you have a network of independent drivers, they own their own vehicles, and you just basically borrow that driver and vehicle's time, and you compensate them for it as needed. The capacity is sometimes 50, sometimes it's 500, and that can scale up. You might have 5,000 drivers registered in the network, but at any given time, the number that logged in will really closely relate to demand.

Josh Komenda:

And our thought is, well, Uber and Lyft are just doing this in transportation, but I think there's so many applications for this. Unless the vehicle you need a specialized, right? But there is now so many different iterations on this model, in different industries, right? And Grub Hub, and Postmates, and on the food delivery world. Amazon made use of it a lot with our courier services.

Josh Komenda:

Basically, what we thought is, wow, in so many different industries, the companies of the past are going to be these fleet managers. And the companies of the future are going to be platforms, tech platforms, and operational models that can build this capacity, and manage this capacity of a more what we call a virtual fleet, or a really flexible casual fleet of vehicles.

Josh Komenda:

And then, figuring out the platforms that would be responsible for how to attenuate the necessary capacity at any given time to meet demand. 10, 12 years later, we see this in a lot of different industries, an example of this, and that's enabled so many of the vast improvements in the products and services we see that have a logistics component.

John Marchica:

It's interesting, too, that's not talked about a lot is the consumer experience with an Uber or a Lyft. And then, I want to get off this subject. I want to get back to your company. But the consumer experience that it's you think about typical taxi, getting a taxi, and I'm thinking New York City is where I've had most of my taxi rides, or maybe in LA, or San Francisco. And you compare that whistling somebody down, or go into a hotel so that you think there's going to be more cabs there.

John Marchica:

And you get in, it's not very nice inside. They got the bulletproof glass. And you compare that to your initial experience from start to finish with Uber, and it's like, first of all, finding a car or Lyft, finding somebody, different prices, easy, and then you get to watch. It's like a video game. And it's fascinating every time I use this, it never gets old. It's fascinating just watching the little car go around, and telling you estimated time.

John Marchica:

It sometimes doesn't work, right? Sometimes it says 13 minutes, and then 25 minutes later, your driver appears, but that's another story. But I guess what I'm getting to is they solved a consumer experience problem that maybe they didn't even know that they needed to solve, because the technology is cool, it's easy to use, it keeps you engaged. The whole experience is far better than getting a taxi.

Josh Komenda:

Right. Well, there's definitely, and I certainly think there's a lot of really, extremely well-run taxi cab companies out there, and also really great drivers. And we use some of them in our network as well, and people will keep their vehicles extremely clean, and have a high standard.

Josh Komenda:

I think aside from even maybe the aesthetics of the vehicle, or the app experience, the first problem that they maybe didn't even realize they were solving was just how to get the right capacity, right? On the road at any given time. If you want to deliver highly responsive transportation, and I think that's what people care about the most is when I order transportation, can it be here in five minutes, or is it going to be here in an hour?

Josh Komenda:

And the reality is throughout most of our history in transportation problems, we've never been able to make those things align. And all of a sudden with this new model, we can just make sure there's the right number of vehicles on the road in the right places, at the right times. And that makes sure that you can get served in five or 10 minutes, right?

Josh Komenda:

And then of course, I think some things like the more real time transparent rating systems for driver quality, and then just the app experiences, that's icing on the cake that just even improve, takes it to the next level.

John Marchica:

Right, right. We had our little digression there, but getting back onto the story, so talk to me about the formation, the idea of the formation of Veyo, and a little bit about your co-founder.

Josh Komenda:

Yeah, definitely. We had some success with Go Fast Cab, and then I think ultimately we realized by 2012, 2013 that we were providing a service to a legacy industry that was going to start being in decline, just because Uber and Lyft were going to continue to ...

Josh Komenda:

We were serving traditional fleets. We really realized the future were these dynamic platforms. And we began chatting with one of our largest customers at the time, a company called Total Transit of Arizona, and they owned, for those people that are from the Phoenix or Tucson area, then you might remember Discount Cab of Phoenix and Tucson, one of the largest states in the country of green Priuses. But successful cab company, traditional company. They also had experience in a couple other lines of business, health care, transport, and paratransit services.

Josh Komenda:

And we just began chatting with them, and talking about what we thought this major transformation, and transportation business models, and what we thought was coming, and they agreed. Even though they weren't really necessarily tech players, but in 2013, they acquired my first company with the notion that we were going to start a new company together. I don't think they were necessarily buying the Go Fast Cab platform as much as doing an acqui-hire for me and my team.

Josh Komenda:

And then, we would start a new company together, and my team and I would be able to bring the technology vision and know how, and they could bring capital, and operating experience, and credibility in industry to form a new company together.

Josh Komenda:

We did that in 2013, and we began studying different opportunities. We knew we definitely didn't want to compete directly with Uber and Lyft, just because they were by then so well-capitalized, and so much advantage in the market for consumer transportation. And like we talked about earlier, we knew that there were all these other opportunities for different verticals, and other industries with maybe a little bit more niche industries, but with really specialized requirements,

and high barriers to entry, and complexities that were unique that we could develop and get really good at.

Josh Komenda:

That's how basically we started a new company with Total Transit. As I mentioned, they had about 15 years of operating history working in what's called NEMT, non-emergency medical transportation. And broadly speaking, NEMT is transporting somebody within a healthcare context. But the biggest chunk of NEMT, probably more than half the industry is delivering transportation as an insurance benefit largely to Medicaid recipients.

Josh Komenda:

Medicaid is our country's insurance plan for low-income folks. And really since the beginning of Medicaid, I think the original architects realized that lower income populations, and people living with chronic disabilities could potentially have transportation challenges getting to their appointments reliably. They'll be less likely to have a car in the family, or have family support systems that could drive them, and/or have a chronic disability that makes driving impossible.

Josh Komenda:

And so, a large chunk of NEMT is really paid for and delivered by Medicaid insurers that really deliver to their members that need transportation help. Total Transit have been serving some of these health plans, mostly in the Arizona area, for about 15 years. And so, they had this background in the compliance and the specialization. And we began to forge a vision for this new type of NEMT company that would take what Uber and Lyft have developed for consumers, and adapt it, and make it work for healthcare. And all the regulatory requirements, all the needs of those memberships. Figure out how to work with these large health plans to deliver comprehensive benefits, and administer them.

Josh Komenda:

And the more we studied the industry, and the NEMT industry, we realized, "Wow, it's a really massive opportunity." The Medicaid part of the benefits are probably a four to \$5 billion industry in the US, and then there's another six to \$7 billion industry outside of Medicaid. And we also loved it because, wow, this is a really compelling service. I think especially as health payers have begun to think more, and more, and more about social determinants of health and population health, the principles of managed care are that if we can really figure out what mix of services and interventions can really keep populations healthier, and pay more to keep people healthier, and save money on claims costs, you end up with a win-win scenario, right? You're spending less on healthcare, and you're actually delivering better quality of life and better outcomes for memberships.

Josh Komenda:

And we really realized the transportation and NEMT could sit right at the forefront, right? Figuring out how to make NEMT work better for populations was just incredibly compelling for us, and we thought payers are going to increasingly use this benefit as a lever to improve outcomes, and improve lives, and lower costs.

Josh Komenda:



And we also realize that the NEMT offerings out there today were just left much to be desired. Many, many, we traveled the country talking to Medicaid directors, health plan executives. Often the number one complaint they had was the transportation I'm getting from my contractor is not reliable. Patients are missing appointments, not getting picked up on time. And the system is very antiquated, using decades old technology, and not transparent. And I think intuitively some of these health plan leaders could see what Uber and Lyft had done for consumers, and they said, "Well, we need somebody to do that for healthcare transportation, and bring that type of technology, transparency, operating models over to healthcare."

John Marchica:

We've seen the Uber and Lyft both be in the ride share game. Are you set up in a similar way in that there are a number of various drivers? Are you addressing the capacity problem in the same way? And so along with that, I'm thinking how do you differentiate yourself? What is it that you do? I'm assuming when you're dealing with Medicaid, you've got contracts that you're bidding for certain geographies, or I guess states maybe. How do you differentiate yourself? Do you have some of the data that you can share with them? Sorry, there's like three questions in there. Pick one.

Josh Komenda:

Yeah, absolutely. The first thing to note is that really being able to ... You're right. We've been on state contracts as well as to large managed care organizations that are managing a large Medicaid population. You could think about that as a type of an Aetna, or United, or a Centene plan that's serving a Medicaid population.

Josh Komenda:

The first thing is bidding on to serve transportation is you're really building an entire benefit management system in a comprehensive network for an entire state, and figuring out how to administer benefits. Do benefit design, check eligibility, take the right level of service for folks. How to serve urban, rural geographies. How to serve all modes and needs. Some members just might need gas reimbursement. Others might need a public transit pass. Others might need sedan service. Some need wheelchair accessible vehicles, or bariatric, or stretcher services.

Josh Komenda:

You're really managing all these different, complex needs of the population. You're doing credentialing, inspections, compliance, and then all of the claims management, and fraud waste and abuse checks. There's really a significant a plan or a government will hire us to really manage a comprehensive program. And within that program, we're building out networks. We contract with traditional commercial fleets that do NEMT services.

Josh Komenda:

We also, in addition, deploy our ride share type model, what we call IDPs or independent driver providers. We build that into the network to add even more capacity. And all along the way, the whole system from the get-go is really designed fairly differently from Uber and Lyft, because we're doing all the benefit management, eligibility management, all of the client stuff. We're working with third-party wheelchair providers, for example, and stretcher services.

Josh Komenda:



And then in addition, even our ride share component has a lot of uniqueness to it. Our drivers get CPR, first aid. They're ADA trained, so they're trained on how to help somebody from the front door. It's not like an Uber or Lyft driver that pulls up outside of a residence and texts, "I'm outside." Our drivers know that they may be helping folks who they can get into a sedan, but they may need help in the front door. They may have intellectual or developmental disabilities. They may have behavioral health challenges. They get training on what happens if somebody goes into diabetic shock in their backseat, or somebody faints after a dialysis appointment. They have basic CPR, first aid training.

Josh Komenda:

And then, they're supported by our operation center, so we have the 24/7 driver support that helps guide our drivers through all kinds of unique situations that they may encounter. About 80% of our members don't need specialized equipment, meaning they don't need a wheelchair accessible vehicle, for example. But even about half of those, they still need additional assistance, right? What we call door-to-door or person-to-person assistance.

John Marchica:

Totally different business really. With the kinds of things that you're doing versus the more standard stuff that you see out of Uber and Lyft. I'm wondering how did, and stop me if it's too early to ask this question, but I'm also looking at the time, and we don't have too much time left. I was wondering how COVID affected your services last year.

Josh Komenda:

Yeah. Pretty dramatically, in short words. I think starting with last March, I think all of us in all of our jobs, and industries, and everything were, I don't know if I would say blindsided is the right word, but all of a sudden, the whole world or in our whole country abruptly shut down, and then we had to think about risks. We definitely had this unique challenge I think of we have to, when half of our rides disappeared overnight as a lot of healthcare providers and maybe non-critical appointments either got canceled or went to remote, we had to figure out how to properly screen, and advise drivers, and patients.

Josh Komenda:

The other thing is the other half of our rides could not be delayed, right? These are folks who are going to life sustaining treatments like dialysis, chemotherapy, urgent surgeries. We had to figure out how to cut our service in half, but then also make sure that we really preserved that remaining half for folks who absolutely needed it.

Josh Komenda:

And then also, NEMT was never designed. They're mostly regular vehicles throughout the NEMT systems in our country. They're not ambulances that have negative pressure in separated compartments, and could easily undergo a terminal clean, these are just regular vehicles. We had to figure out how do we transport people, protecting our drivers, protecting our members. And so, just rapidly adjusting protocols .

Josh Komenda:

A couple other things. Something that I'm really proud of our team for coming up with was really springing into action with other government agencies. Figuring out how we also can help solve

all these emergent problems that were developing. One of them was figuring out food. And there was obviously so many folks that were stranded at home that might have food insecurities.

Josh Komenda:

Meals on Wheels was a huge agency that obviously exist to provide this service under normal circumstances, but their demand exploded, and unfortunately their volunteer network couldn't possibly keep up with the amount of deliveries that were required. We instantly pivoted our driver network in some markets, and had them delivering thousands of meals per week as a really successful program. Delivering PPE to folks at home, so masks and stuff to members stuck at home.

Josh Komenda:

And then, we also developed what we call our COVID-19 specialized fleet. We got to April, May, another emergent need was, "Gee, there's some markets that are going to experience a really huge spike in COVID patients." Our hospital systems and ambulance systems, we're going to be under unbelievable strain just getting people to hospitals.

Josh Komenda:

But at the same time, there might be folks who have asymptomatic or low symptom COVID that still need to get to dialysis. And so, thinking about how do we transport folks that we know to have COVID safely to a dialysis appointment, and realizing that our ambulance system just may not have the capacity to take all those folks.

Josh Komenda:

We quickly worked with some medical consultants, and developed a program called our COVID-19 specialized fleet. Essentially, we leased a bunch of vehicles, we retrofitted them like New York City taxi cabs with plexiglass and separate ventilation. Trained a group of drivers that we screened as lower risk, outfitted them in PPE, trained them on safety protocols, and then set up cleaning stations in our metro areas so that we could transport a COVID-19 positive person to dialysis, send that vehicle to a cleaning station to get a terminal clean, and then put that back on the road for the next trip.

Josh Komenda:

And have done thousands of those trips in different markets. Really thankful to our Medicaid agencies for springing into action, and figuring out how to get this done, and how to provide the proper reimbursement.

Josh Komenda:

And then, more recently as the vaccine rollout came out, figuring out how to pivot our service to support vaccine drive-throughs for folks that might depend on NEMT, and they'll have their own cars. How to work with our driver network to support bringing people into a vaccine drive through station, how to get that driver properly compensated for their wait time. And I had a lot of really great success stories of drivers helping members out, explaining the process to them, and we've also done thousands of vaccine trips to date as well.

John Marchica:

If you don't want to get into this, I totally understand. But everything that you're telling me sounds like it costs money, and a lot of it doesn't generate revenue. Meals on Wheels, putting out a new fleet of these vehicles that you're leasing and retrofitting. Did you fair out okay financially in 2020?

Josh Komenda:

Yeah. 2020 was for us, I don't know, probably the majority of companies in America, it was a financially disruptive year for us, but we navigated it successfully. We did get really great cooperation for some of these additional services, and figuring out ... Part of the problem solving was working with these agencies to say, "Okay. We have the capacity to do it. Can you help us figure out how to bill for it?"

Josh Komenda:

And so, really impressed with specifically Arizona and Connecticut. The Medicaid agencies there are really figuring out how to problem solve quickly. We know that governments don't always have the ability to move quickly and be agile, but I think everyone recognized the importance of figuring out how to get these systems set up quickly.

Josh Komenda:

It was a challenging year. When you lose half your volume abruptly, and a lot of our volume is fee for service billing, navigating that. Trying to control costs and navigate costs of our corporate labor and our infrastructure. And then, also to make sure that that infrastructure, we can go back and hit the ground running when we return to see our volumes rise again. No question that was a big part of the job that I had in my executive team, and figuring out how to navigate that, but we navigate it successfully.

John Marchica:

Before we wrap up, Josh, what's next? What do you see is the next stage of growth or progress for Veyo?

Josh Komenda:

Yeah. We have a long way to go, or continue to just expand our primary business model, right? Which is delivering higher quality, more reliable, more efficient NEMT. And there's a big world out there. We've been really happy with our growth. We'll be in nine states by the end of the year. But obviously there's many more markets and plans for us to bring our solution to, and we're excited to do that.

Josh Komenda:

But I'm also looking at I think the pandemic has really just opened up some really interesting, and created open-mindedness around new care delivery models. We've seen a massive pivot to telemedicine, at-home care. And some of that has always existed. A significant portion of that will resume to more traditional models once people get more confident, and we know that it's safe to do so.

Josh Komenda:

But some of it is going to be interesting. I think we're figuring out a lot of times patients, telemedicine could be a great option for folks, but they're not as comfortable with technology.



They might need help with remote monitoring equipment, so taking vital signs at home, or systems that do that. Assistance with a telemedicine appointment.

Josh Komenda:

And then, we also think to just wellness check-ins. Even though patients might not be coming into care settings quite as often, there might be more need to be able to send out and train a qualified individual to a home to help them set up systems, or RPM equipment, or other durable medical equipment, prescription deliveries, medication administration, et cetera.

Josh Komenda:

We think it's exciting. What we have developed is this way to build and scale these logistic solutions, and how to build a platform that can match supply and demand in a healthcare setting for those options. We're exploring things like paramedics or EMTs on demand, and how we can help healthcare providers and healthcare payers augment some of their other services to deliver a more comprehensive, more complete at-home solution.

John Marchica:

Wow. Getting into the home health space in different ways. Interesting.

Josh Komenda:

Yeah.

John Marchica:

But it's a natural evolution, right? If you're there. Provided that you have the right kind of personnel, and you have that engagement, I'm sure that there are probably those that are using Veyo services again, and again, and again. It's not just a one-time shot. They're building a relationship with you, earning more trust over time for you to provide some of those additional services. It just makes sense.

Josh Komenda:

Yeah. Our mission statement is to create healthier communities with more advanced logistics. And so, we've always figured NEMT is our starting point, but there's so many ways to help deliver better healthcare, and keep populations healthier with really efficient logistic systems.

John Marchica:

Truly a visionary. Josh, it's been great. It's been great getting to know you, and I hope that we can stay in touch. Love to track what's going on with your growing organization. It's great stuff.

Josh Komenda:

Great, John. Well, I really enjoyed the questions, and thanks so much for having me, and letting me share my story.

John Marchica:

Great. Thanks again, Josh. Take care.

Josh Komenda:



All right. Thanks, John.

Kim Ascitutto:

From all of us at Darwin Research Group, thanks for listening. Health Care Rounds is produced and engineered by me, Kim Ascitutto. Theme music by John Marchica. Darwin Research Group provides advanced market intelligence and in-depth customer insights to health care executives. Our strategic focus is on healthcare delivery systems, and the global shift toward value-based care. Find us at [darwinresearch.com](http://darwinresearch.com). See you next round.