Talking Pop Health
Episode 10: Mark Nolan: of Hint Health
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Eric Tower: Welcome back to the new and revived Talking Pop Health. I'm Eric Tower, a health care attorney at Thompson Coburn. And today I'm excited to have with me Mark Nolan of Hint Heath. Mark, could you give me a little background about yourself and your journey before we plunge in?

Mark Nolan: Sure, thanks, Eric. Very happy to be with you and look forward to talking. For me, my personal journey, probably somewhere around 15 years ago I was in consulting and I joined a health care project, my first exposure to health care work. I hadn't thought much about it but it hits home at the time how complicated it is and low value it often is and how it impacts my loved ones and pretty much everyone I'll ever meet. And at the same time, on an aggregate basis, just how inefficiencies and a poor system holds our country back. And so for me it was an extremely eye-opening experience and I went from not really thinking about health care to just wanting to be in health care and wanting to help fix it and improve it.

About 10 years ago, I was thinking about new roles and came across something called direct primary care and it just hit me about how exciting this model was, this thing was, and what an impact it could make so I joined a company and helped build out a practice over a number of years so it finally supported thousands of patients nationwide and the patient feedback experience and the provider feedback experience was all I could have hoped for. And then about three years ago, I joined Hint Health which is where I'm at today. And for me, I was seeing the industry grow and the opportunity and I recognized Hint had such a strong position and such a trusted brand that as I spoke more to them I found out just a great organization and mission alignment with what I wanted to do and so someone I wanted to scale this with further investors. And that brings me to this point.

Eric Tower: Wow, well there's a lot to unpack there. Why don't we start with your observations around health care being complicated and low value. Where do you, how do you draw that conclusion? What are you seeing?

Mark Nolan: Yeah. I think there's three, there's many things, I mean health care's huge, right? In the U.S., it's approaching 20% of GDP which is in and of itself bigger probably than the economy of frankly almost all the countries in the world, which is pretty crazy, but we're a big place. And so the complexities, the inefficiencies, there's a lot of them. For me and for Hint, probably the three

largest impediments to improving our health care system as we think about it: one is the inappropriate role of insurance which drives increased costs and unmuted complexity; the second one is the volume-based fee for service payment model which distorts incentives significantly; and the last one is we see unfortunately low value and empowerment in the U.S. of primary care. And primary care is the foundation of any well-functioning health care system and really those three are the impediments that we're focused on and the ones that we think we and our clients can help address.

Eric Tower: So what is direct primary care?

Mark Nolan: Yeah. It's a rapidly growing membership-based model. So it's typically based on charging a fixed monthly fee for a defined set of services. That fee, it could be charged on the individual patient or it could be charged to their employer if it's in their employer's benefit plan but the key is it's completely transparent. There's no copayments, there's no insurance claims, you know what you're paying and you know what you get for what you're paying.

Eric Tower: So is this basically a flat fee per month…. Annually…. How does that work?

Mark Nolan: Yeah, different practices do it differently but the vast majority, they do a monthly fee. Almost think about it like Netflix or something like that that you're paying on a monthly basis.

Eric Tower: And the doctors, how do they find their patients, then?

Mark Nolan: You know, there are different ways they can come about it and that's one of the very interesting parts of how things are developing these days so I would say most doctors are, if they're transitioning from fee for service into direct care, they're probably going to bring some of their fee for service patients over to that model. Outside of that, it might be word of mouth through their existing patients. They might market themselves and make their community more aware of this option. They may approach and work with local employers. So there are different ways that they can grow their patient panel and we've seen a lot of different successful paths.

Eric Tower: Do some doctors do both direct primary care and the regular fee for service business or is it more of an all or nothing type of situation?

Mark Nolan: Yeah, there's definitely some doctors that do both. I would think typically when they're doing both it's more because they're slowly getting into the direct care approach and they're not sort of doing a more abrupt move over. Often the doing both, what I would call a hybrid model, it's a way for them to gradually get into doing all direct care in a way that works for them and their practice.

Eric Tower: That's interesting. Let's turn to Hint. Hint itself is not providing any care. What is it that Hint is doing?

Mark Nolan: Yeah. As I think about it, we're not a provider, just to be clear for folks. We are mostly a software company but we do a few things and I would give three

buckets, if you will. One is we provide education, training and community so these are courses, classes, guidance, even partnerships that help practices identify and act on the pieces needed to build a successful direct care model. As part of that, we also work with what I would say are like aggregators for plan sponsors. It could be benefit advisors. It could be modern TPAs who are trying to find out, you know, where are these practices and what does this look like because the y want to bring an offering to their employer clients, for example.

Then the second bucket is our core software features which is really the Hint OS platform. With its integrations, it eliminates the complexity of the direct consumer management model that I was talking about before. It also helps with the newer virtual first care models that are coming out and among the things it does it helps them with eligibility, the enrollment, the billing and the reporting which are different under these models than under the traditional fee for service.

And then the last bucket I think about are some more advanced feathers. Though the complexity and needs of a practice increase as they scale, as they develop affiliations and often as they work with employers or larger employers. And so our product enables them to scale employer direct contracting, on-site/near-site approaches that work with employers and in some exciting things that we're seeing, it also enables practices to connect with each other in ways that they can stay independent but collaborate to offer their shared practice solutions across larger geographies. For example, if they wanted to work with a distributed employer base or something like that. So those are probably the three buckets. I think about the education training, our core software, and then some advanced software.

Eric Tower: I think based on what you said, one of the big benefits that you offer is allowing physician practices to remain independent, physician-led, without some of the issues that you see with health systems buying physician practices, at least, anecdotally you hear stories about the doctor sort of being disregarded by the health systems or private equity where people accuse the private equity firms of putting profits before patients. Is that the prime driver for this?

Mark Nolan: It's not the prime driver but it's a great result, if you will, for those who are involved. So, I mean, we've probably all seen the headlines, especially recently. There's been some numbers around. I think the majority of providers in the country now are employed by health systems and/or other entities like you mentioned and, you know, the share that's independent is falling and has been falling for a while. And so the questions are, you know, why is that happening and one of the fundamental reasons is that the primary care practice under a fee for service insurance-based model, it's just really hard to get by. Then you throw in the stresses of pandemic and the operational impacts of that, especially in the last say 24 months or 18-24 months or so, it's accelerated the challenges that they've had. And then you throw on top of that health systems, private equity, and others who are bringing a lot of money because they see the opportunities in controlling the decision-making in the primary care area. and that's just a, it's a mix that does not lead to the

independence and empowerment that most of these providers are looking for when they got into medicine.

And so what we're offering, or what the direct care model is offering that we support is a model by which they can stay independent if they so choose and really navigate these many different tides and winds that are happening right now, whether it's operational or whether it's financial, in a way that's going to benefit not only them because they can do that and do what they want to do, but frankly the patients because this model is fantastic for the patients compared to the status quo.

Eric Tower: So let's assume I've got my own practice and I want to explore direct primary care. How do I even begin? How do I find an employer, you know, as a stand-alone doctor, who would agree to contract with me when I'm a primary care doc and I might not even be geographically proximate to a large chunk of the employer's employees?

Mark Nolan: Yeah, that's where it gets interesting. So I think the first thing, if you're a practice and you want to start a direct care model, like you said, you got to do your research. You got to understand what's under the hood, if you will, and, you know, frankly, Hint clients get a lot of that from our courses or education, training. We have a program called DPC Accelerator which goes a long way in helping practices who are thinking about this, know what they need to know. At the same time you are essentially starting a different business and in some cases, it might actually be a new business. And there are a number of things that go with that, that any small business or new business owner has to think about and while we give and do give some thoughts about the stuff you got to consider, there are things that you need to do.

Once you've got your practice model up and running or, you know, frankly, you could do it in parallel and you're thinking about how to build that practice, build that panel more and you could choose to approach local employers and many of the direct care, direct primary care practices that we work with do that and they are in some ways in a much better way than I am, explaining what that model is, how it benefits the employer and their employees and their dependents that are on their plan and how they can create a direct contract with each other. The membership forms, the direct contracts – these are not your health system big, large insurance plan type of contracts that could be intimidating for any employer let alone a smaller employer. These are direct, essentially B2B contracts with clear language that they can enter into and what happens is that a lot of these small employers, they just aren't even aware of this option. And when they see, you know, they have an option here that can solve a lot of the issues that their employees and dependents and them as business owners have and it's at a price that frankly is quite reasonable and it's at a price that frankly, can actually save them money because they're investing in advanced primary care.

There's a pretty compelling story there and my last comment is what we see from a Hint perspective since we support a lot of these direct care practices is the employer-sponsored growth is one of the big drivers of the industry

because it's becoming more and more obvious both to them and to the providers that there's a great match there.

Eric Tower: So if I'm an employer, I get that primary care is critical, but I need a whole network. I'm going to need labs, I'm going to need a pharmacy, I'm going to need hospital services, I need specialists, I probably need home health.

Mark Nolan: Yeah, so I'll take the question sort of more broadly. Sort of, do employers and patients still need to deal with insurance as part of this model and from our perspective? Yes, they do, but in ways that they're used to doing with insurance in the normal non-health care world. Though from, you know, that is insurance for? It's for pulling risk for infrequent, unpredictable high-cost events, you know, think car accident, think flood, fire, things of that nature. And so the counter in this scenario is primary care, direct primary care covers 70, 80% of a typical person's health care utilization needs so not infrequent, not unpredictable, not high cost often. And so if an employer partners with a direct primary care practice, they're covering the vast majority of their patients' needs but back to what you were saying, there are those less common and high cost scenarios that the employer still wants to cover for their patients, or I should say for their employees and dependents. So in those situations, they're still going to be working with either one of the traditional networks or even better, one of the forward-thinking benefit advisors around there so that they can craft the rest of that offering, you know, that other 30% or what have you, around the primary care. So essentially, can you have an advanced primary care-centric benefit plan? And yes, yes you can, and there are many employers who are doing that.

Eric Tower: And does the Hint platform, once it's up and running, hep the primary care doctors communicate in with that network or how does that work?

Mark Nolan: Not at this moment. I'm sure we'll talk about opportunities for the industry and where Hint is going but we've got a lot of interest in the growing opportunity in what we call downstream health care providers and locations. Frankly, Hint has quite a few clients at our specialists and outside primary care and so for us, one of the things that we're pretty excited about that we're working on is how do we enable those connections inside of the community that is direct care, if you will.

Eric Tower: And let's turn to the patients. What is the difference in the patient experience for a practice that uses Hint versus your typical fee for service practice, you know, are there practice differences in the way it's conducted or is it more of a payment issue?

Mark Nolan: Yeah, there are differences. I would start with just noting kind of what would your membership usually get you as a patient and while it can vary by practice slightly like it would anywhere in health care, the services offered under that flat monthly fee typically include urgent care, primary care, chronic disease management, unlimited visits so your flat fee is covering any and all number of visits that you need. The service level of same day and next day appointments, try that in your typical fee for service primary care practice. You're going to get roomed immediately so none of those long waiting room

stints that we've all experienced. Extended visit durations as you need them. Twenty-four seven access to a care team with telemedicine, emails, SMS texting as needed. So as I think about the services that you get with these direct care practices, they're both comprehensive of what you would get and even more than what you'd get in traditional fee-for-service primary care.

And in terms of impact and what happens if you will, for the patients as you mentioned, what I think about in terms of what we hear from patients and providers and frankly, what I've heard over a number of years, first, while every person's situation is unique, the most common points of feedback are one, how the direct care model enables better care. You have a relationship with your provider. Longitudinal is often the word used in the industry. You have more time with him or her. It enables co-decision-making. There's appropriate incentives so the provider, if they're not volume-based incentives, you basically have less potential for low value care being provided. And then on top of the better care, you improve service. So I mentioned the access, you know, 24/7 is needed.

The innovation, for example, this one is just worth pointing out. There's all these headlines around telemedicine and then new telemedicine companies that are popping up, especially motivated by the pandemic and the lockdowns. Direct care practices – they almost all had telemedicine before that because they weren't investing in their practices and innovations based on what the insurance company would pay them for, they're investing based on what was right for the patients and making their practice work best. So you get the services levels the way that they think about their patients in way that you don't get in a traditional fee for service practice.

And then the final one I'll point out is how it lowers costs. The better care reduces costs through better health, maximizing primary care which I mentioned could do 70/80% of most health care utilization by patients. It reduces the need for higher-cost downstream help. Increased access reduces use of things like ER, higher cost ER, high cost urgent care. And there are innovations in these practices. So for example, depending on the state they're in, practices could have on-site prescription dispensing and it can be at a lower cost. They can just do things and think about things from a service perspective that a fee for service practice doesn't have the luxury of doing because they have to think about what will they get reimbursed on from the insurance company. So lots of different ways that this improves the experience for the patient as well, as the providers we spoke about.

Eric Tower: So, let's go into what some of your, we'll call them customers, the employers have experienced? Have they come back and say, "wow, this is really great. You're keeping my employees healthy, our costs are going down." Do you have any experiences there or any data?

Mark Nolan: Yeah, so our customers, in-house customers, are primarily the practices but we do get feedback from them on their experience with employers, supporting employers, and I have my own experience from having worked and built out a practice that supported employers and this is a really sticky, direct care is really a sticky product. And I mean going back to the things I

described in terms of the better service, the lower cost, the improved health, it comes out across either analytically when you have a population that's large enough that you can run those types of numbers, whether it's claim-based numbers, whether it's outcomes-based type of analysis and, you know frankly, anecdotally, which is in smaller populations, that's often what you got to go on, or it's a leading data point for the subsequent analysis and for all of those across the dimensions I mentioned, service, better health, and lower costs, there's – the practices that are out there doing this, especially the larger ones who are doing more analysis or have been around longer that have more experience with data, they're releasing studies that indicate it and we've got some practices. For example, I think of one we support called NextEra who released some information around how they saved a school district in Colorado. I think it's a million to a million and a half dollars their health plan after rolling out the membership model without sacrificing quality.

We have others than have similar studies that they're showing. They all have really strong anecdotal information. There was even a study done by the Society of Actuaries last year I think it was, where they got in and when their actuaries looked at claims data, they were focused on the cost aspect of it and they were identifying the savings that were found there. So slowly but surely, the experiential data and the case for the different pieces and the benefits that I described is building.

Eric Tower: Well, as we talk about the experience, let's go back to the sedition experience. I would assume, and correct me if I'm wrong, you know, obviously a lot of doctors would like to stay independent. If you pick up a onesie-twosie practice, is that feasible? Do I need an IT, full-time IT department? And then what happens to them after they join? Are some of them growing sort of organically or are they consolidating because they see the opportunities with the Hint platform or is it sort of a, you know, whatever they want to do? What are you noticing?

Mark Nolan: I would say in terms of kind of IT, technology, there's the solutions like Hint and like our integration partners that can help a small practice, you know, if you're one provider, two providers, you can do what you need to do. You don't need a large staff. I mean, that's one reason why we're, why Hint originally got into what it's doing to try to reduce the overhead and the effort needed for smaller practices. And the value of that just increases as the practice grows.

In terms of what the practice might choose to do strategically over time whether they, like you said, combine or, it really is whatever they want to do. We've got clients that have chosen many different paths and there's many examples of success from the one doctor who wants to have that panel that he or she knows really well, almost be the community doctor, and that's what they want to do. That's why they went to medical school and they successfully transition to a direct primary care model and life is good for them and for their patients and that's what they want to do and that's great for them and their community; to ones that maybe they get to that spot and then they want to work with employers or they really ambitiously want to grow their

practice to have multiple, dozens of providers involved. And they've got different ways they can do it, like we spoke about before.

They may focus on employers that are around them or they may choose to affiliate with other direct care practices around there which is something they can do through Hint Health technology and through that affiliation, they've essentially joined or created a direct primary care network and that's something that they can approach more with or different members of that network are all almost out talking to local employers or they could all together talk to large distributed employers.

Unless, it isn't unusual to see practices combining but often since the technology and the options are out there for them to affiliate and stay independent, that seems to be a more common trend that we're seeing than sort of formal combinations, if you will. They get the best of both worlds, maybe.

Eric Tower: And I guess it almost goes without saying, it sounds like Hint is helping introduce the doctors who had participated with each other and to its existing networks. Well, I guess that's the wrong thing to say. It wouldn't be its networks, it would be letting the doctors have conversations among themselves and facilitating conversations with employers.

Mark Nolan: Yeah, exactly right. So, you can essentially through our technology, identify whether you want to have those conversations or be open with them with other practices and not only other practices but also with benefit advisors or TPAs, modern TPAs, those who might be representing employers who are interested in these advanced primary care models like this. And so, yeah, essentially, you can identify yourself and use our technology to start creating those connections, those conversation, and you know, see where they lead. It's exciting, it's exciting stuff because we're essentially, maybe it's one of the trends that underly a lot of modern technology but the individuality is maintained at the same time that the collaboration between the individuals brings the power of that too.

Eric Tower: And, are you saying – oh, go ahead.

Mark Nolan: Sorry to interrupt, Eric, but you asked a question early I'm not sure that I hit on which was ground to growth and what do we see. And what we see is really fantastic organic growth from direct care practices so practices transition to become direct care and from a fee for service model. They could be small, they could be large and the growth is really, really impressive and I think a lot of it comes from at least initially, word of mouth, followed by the practice's layer on top of word of mouth, intentional marketing and intentional efforts around PR for the great experience and the great offering they have. And then many of them layer on top of that intentionally going to talk to employers because they know how difficult situation employers are facing, and so it's really impressive what we see in terms of practices, you know, they might start direct care very small and they can accelerate really fast and in some ways it sort of, it's up to them what they want to do because I think the overall opportunity and awareness around this model is just increasing.

Eric Tower: So prior to the pandemic, I was hearing a lot about employers really exploring on-site clinics. Do you see that still being a significant push at this point? I do realize we're still in the middle of this pandemic but at some point hopefully, it ends and we get out and start living our lives and going to work. What do you see, where are seeing things evolve at this point?

Mark Nolan: Well we're still seeing strong interest in on-site clinics and I'll put near-site clinics in there as well. There are a lot of moving pieces right now so we'll see where it goes, but like some that I'll point out, one is, even before the pandemic, I think there was a growing awareness and recognition by employers that, no one's going to solve this health care problem for them and the problem being its unrelenting increases in costs combined with often very poor service and lack of transparency about what's actually going on. And so I think employers are more and more willing to shoulder the responsibility or work with their partners and forward-thinking benefit advisors or TPAs to basically try to solve this themselves. The on-site/near-site clinic trend was one example of that whereby the employers, the broader piece I'm talking about, are recognizing that investment in exceptional primary care pays huge dividends across their whole health care, sort of consideration, if you will. And changing in terms of preventive care, in terms of impacting use of higher cost locations in terms of better health, better service, employee retention, all sorts of things.

And so the on-site/near-site model was really a piece of that overall recognition and strategy by employers. I don't see that going away. I mean the overall motivation for that isn't changing in my opinion. If anything else, employers are becoming more and more aware of what they're facing and they got to be part of the solution and they're having more and more opportunities and more and more options to try and solve it. The interesting thing will be, in my mind, whether this parallel and seemingly unrelated conversation around return to work and how much of previous employees were centralized versus gonna be remote now and how that impacts the thought about on-site and near-site clinics. My own belief is that it won't change the desire for on-site and near-site clinics but it is going to add some nuance. So if you're a vendor of that sort, do you have virtual care offerings for remote employees or even better, have you thought about ways to partner with like-minded primary care providers who might be in the community, kind of like Hint's clients in a way that you can support what might be a future with more remote or more remote employees and/or more people that aren't coming into work every day, so kind of meet them where they're at. So to me, would say at least as of now, I don't see major changes in the overall trend but there's clearly nuances in this new environment of the last 18 months that are going to have to be considered.

Eric Tower: Yeah, I can just speak to my own experiences and the geographic coverage issue was always a pretty big hurdle for people I had worked with. I'm actually fascinated by the way that Hint allows independent doctors to kind of address that problem. Have you noticed general acceptance of that or has that been, well I guess I don't have a better way to say it. We can edit this, don't worry.

Mark Nolan: Yeah, I have seen that. I mean, I think, to me, the best examples are from our vantage point the data that we have, just the continued acceleration of employer-sponsored members who use direct primary care is an indication that there's something there. Along with that, we have a lot of interaction with forward-thinking benefit advisors and lots of times those conversations are "I've got an employer in this, who needs coverage in these locations" and Hint is perfectly placed to help them identify what options are out there so that they can work with practices and/or use our technology and future to basically bring an offering to employers, that is almost like a DBC network in a way but the practices still remain independent.

So I think the short answer to your question is yes, I see that happening and I have at least personally, believe that it's accelerating.

Eric Tower: So I almost hate to ask this, and I will freely volunteer my crystal ball is broken, but what do you see for the future of Hint and health care? Where are things going at this point in this time of just incredible, I guess you could say, turbulence?

Mark Nolan: Yeah, it's a difficult time. It's an exciting time but I don't, you know, it makes it even harder in some ways to make guesses. I would say some things that we see and we are interested in either being a part of or supporting, one is, I'll just reiterate that, this interesting sort of alignment between employers identifying that they need to take more responsibility of thinking about innovative options and the increase in innovative options that are out there. And on one side of the coin, that could be a super accelerant of new things that can improve. On the other side of the coin, it puts more responsibility on the employers to navigate what was already a complicated landscape and so how do you bring offerings that are not going to overwhelm them and/or have the most value, you know, some foundational ones for example, like advanced primary care.

I think a couple other things that we see: the Virtual First models, whether it's the increased access to care that it could provide to anybody anywhere but let alone in rural locations which we know face an even bigger often access challenge them than other places in the country and how Virtual First models can partner well with in-person because while a lot can be done virtually, not everything can be done virtually and that's something that we're excited about because we've got thousands of in-person providers around the country and we have Virtual First clients and so there seems to be some potential magic there.

I think that I wouldn't discount that a lot of the drivers that created or at least accelerated direct care in the primary care space are going to be seeing more and more in the specialist space while they haven't faced some of the same challenges as primary care has over the years. They're in a crappy system too often. And we see more and more of the primary care practices that we support, entering into direct care relationships with other providers. And to me that's an indication that there's direct care because I don't even say, always say direct primary care now, it's direct care. Its ecosystem is growing and it's, it's really interesting when you combine it with some of those other things like

employers looking for more innovative options out there and trying to find a way to take hold and take control of what has been an out of control thing themselves.

I think the last two I'll just say real quick. One is, you know these connections across independent practices the way that Hint enables them, the way that technology in general enables individuals to collaborate across so many spheres. I just see that growing and to me that's a really interesting aspect that's going to benefit a lot of folks, but just a lot to learn there.

And then the last one kind of goes back to one of the top impediments which is a recognition that the insurance isn't right in all situations and how do we eventually unbundle a lot of the things that don't need to be under the insurance model in ways that makes them less complicated, less costly but also doesn't make them, make it an even more complex experience for the patient or the provider. So to me those are among many, many threads and themes and trends that are occurring in such a huge industry that health care is. Like those are some that we're really thinking a lot about.

Eric Tower: Wow. So we've covered a tremendous amount of ground here and I guess we have to think about wrapping up. Do you have any last thoughts or insights that you'd like to share?

Mark Nolan: I think that from my perspective, both health care in general and specifically building a good system upon the foundation of great primary care, that's the key. And I'm excited about what position that Hint is in but also just reading the headlines where investment and interest is in and around primary care and I think this is, as people are saying, this is primary care's moment in the sun and let's hope that sun stays up quite a while so that it gets back to where it needs to be.

I think the only other thing I'll comment, just a plug if you don't mind, Eric. AT Hint Health we host our annual Hint summit and this year it will be virtual. It's the end of next week, October 28 and for providers, for forward-thinking benefit advisors or TPAs who are interested in the direct care model. Like it really is a community event that you can join and learn a lot about what's going on. Especially back to your earlier question, if you don't even know where to start, there's good stuff in there, or even if you are sophisticated, a larger on-site/near-site type practice and I'm really thinking strategically there's stuff there. So that's one other thing I would mention as we close out.

Eric Tower: And is that going to be recorded and available generally, and how would I find that?

Mark Nolan: Yeah, so great question. You can go to summit.Hint.com and find out all the information. We've got some really fantastic speakers who I think also reflect the growing interest and influence of direct care in terms of health care's thinking and you can find out the agenda there. You can find out about tickets. Actually, tickets are free for medical students and residents because we want to make sure this is aware for more and more of those folks out there and then with your ticket you can attend it on Thursday and Friday of

next week or if you can't attend it or all of it, you'd have access to the recordings soon after.

Eric Tower: Well, Mark, I really appreciate you taking the time to talk with me. I really enjoyed the conversation. Just to editorialize, I firmly believe, as you do, about the primary care. It needs to be the center of our health care system and really think you've got a very interesting option that provides a nice alternative to some of the others out there for, not just primary care doctors, but also employers and consumers of health care as well.

Mark Nolan: Thanks, Eric. Thank you for having me on. I'm really excited about what we're doing and how we can make lives better for patients, providers, those who are paying for health care and this is the kind of conversations that I think we all need to be having more often in so many aspects, so really appreciate it. Thank you.

Eric Tower: Thank you.