Announcer:

Welcome to Optimal Neuro|Spine Podcast, a podcast about optimizing our brain and spine in health and disease. Each episode, leading neuroscientists, neurosurgeons, educators, patients, spine care and quality improvement experts discuss their research, experience, emerging science, surgical advances and insights about how to optimize neurological and spine care. Now, here's your host, Dr. Max Boakye.

Max Boakye:

Welcome to the Optimal Neuro|Spine Podcast. Today, I am with Dr. Ryan Grant. It's my pleasure to interview him. Dr. Grant is a neurosurgeon by training, trained at Yale School of Medicine. He is also the co-founder and board member of Nomad Health. In addition, he's a founder and CEO of Vori Health, which we plan to speak to him about today. Dr. Grant is a neurosurgeon who, until recently, was on staff at Geisinger and the Geisinger Commonwealth School of Medicine. He also was the second neurosurgeon employed by Geisinger as part of the Center of Excellence program for Walmart, Lowe's and McKesson. He has a lot of experience not only in neurosurgery but also in digital health and it's my pleasure to really talk to him about many of these topics.

Max Boakye:

Dr. Grant, welcome.

Dr. Ryan Grant:

Thank you so much. Thanks for having me.

Max Boakye:

Did I miss anything in your background? Would you want to expand on what your background is and what you're currently doing?

Dr. Ryan Grant:

No, I appreciate the accolades. No, feel free to call me Ryan. Really view my current course trajectory is made a decision to evolve my practice to focusing on transforming healthcare full-time, that actually made a decision to stop operating and so I actually stepped down voluntarily from Geisinger Medical Center during the pandemic to pursue Vori Health full-time. Multiple reasons to do that is this is a full-time job to be CEO and a founder of a company and thought that this was too important not to do and so view it as evolution of my knowledge and skillset versus leaving medicine.

Max Boakye:

So, that is a very interesting career trajectory. Did you always want to kind of do something like this more than just having a neurosurgery practice?

Dr. Ryan Grant:

Yeah, I've been an entrepreneur since I was a kid, started my first company when I was 12, been in medical device development, always had a ... I think the best way to describe it would be a healthy disrespect for the status quo of are we doing things just to do them, does the process own us or do we own the process and is there an even better way? And so obviously, healthcare is relatively disorganized for where it could be. This country spends a lot of money compared to other countries for the same quality or potentially you could even argue less quality for the cost as it's adjusted and how can we

really do better and what if, if you could build anything, what would you build and why? And really how do you really push the limits of what's possible?

Dr. Ryan Grant:

And so multiple different things of pulling together silos, pulling together care pathways and trying to really transform care. It's not easy and requires full-time dedication, which is one of the many reasons I've decided to commit myself to this full-time.

Max Boakye:

So, when did you finish neurosurgery residency? What year?

Dr. Ryan Grant:

2017.

Max Boakye:

I see and after that, you took up a job at Geisinger or you did something else before that?

Dr. Ryan Grant:

I did complex and minimally invasive spine fellowship after that.

Max Boakye:

I see and then took the job at Geisinger. So you worked until 2020. During COVID, you started this company that consumed a lot of your time and eventually, you decided to kind of put down the neurosurgery. But most neurosurgeons, that is your prime supportive income, so you had to sacrifice a lot of income to start this company or were you already kind of wealthy? How did you ... It's a very big decision to kind of forego a neurosurgeon income, how did you pull that off?

Dr. Ryan Grant:

No, it's really ... It's a mindset, so took a substantial pay cut to do this and so left the neurosurgery salary and it's not about the money, it's about the mission and the passion of looking upon the future of least regrets. Fifteen years from now, would I regret not building this company and running it or would I regret doing more neurosurgery? Because you can't do both and so neurosurgery is a full-time job, being a CEO is a full-time job or sometimes people would argue, in the startup world, three jobs given how many hours sometimes you work.

Dr. Ryan Grant:

The cases that were most fascinating to me on the neurosurgical side were the scoliosis corrections, spine tumors, some of the more challenging cases with higher complication rates and if you're really going to run a company, some people would say, well, you could move and tried that for a bit, being part-time, but it's not fair to the patients if you're part-time to do scoliosis corrections since it's a sport. You need to be doing that every week to be at your peak and so that really moves yourself down to more of the, for lack of a better word, bread and butter cases which drive value for people but were always less interesting to me in terms of neurosurgery in itself. So, removing all of the complex cases, which I thought would be fair to patients made surgery less interesting. It also made the transition easier that okay to transition out to do this full-time.

Max Boakye:

Mm-hmm (affirmative). I would like to, a little bit later on, talk about the passion and all that but let me get a little bit into Vori Health because you came and gave grant rounds at my university and I was listening to you and I'm like, wow, this is very interesting and I wanted to talk to you some more on my podcast. What is Vori Health for my audience that have not heard of it before? Can you explain exactly what Vori Health does and what is your vision for it?

Dr. Ryan Grant:

Yeah, thank you for that and we are a full medical provider, so we are a medical practice. We are starting in the musculoskeletal sector. We don't plan to only stay there, that's just really the first set of focus as we organize care and so we employ (W2) physical medicine physicians and sports medicine physicians and nurse practitioners and physician assistants and health coaches and social workers and physical therapists and registered dieticians, nurses and probably forgetting somebody in there who are organized into evidence-based care teams wrapped around a patient and so be able to take care of nonoperative, preoperative, postoperative care. The thesis really being that meeting a patient where they are requires both in-person and virtual care, it's just care.

Dr. Ryan Grant:

As healthcare moves along, it will just be does the patient get their care at their house on a phone, in an office, on a tablet, in a hospital, they're just getting care and originally, we were going to build real estate and then wrap the virtual offering also around it and then COVID hit, so I'm like no one's going to come to the real estate, so actually move to just doing virtual and wrapping around in-person providers and so really, the goal being help the primary care providers who usually are stretched and not enough time in the day, lots of touch points to take care of back, neck, hip, knee pain. They're on the hook for the pain medications, the care navigation, the ordering of imaging, getting people to a surgeon and they're on the hook for everything and that can be dissatisfying to some of the providers and so can you be a partner with them, obviously be a partner with the patient?

Dr. Ryan Grant:

Can you be a partner to your surgical colleagues? So it's also having care teams wrapped around surgeons to help them in their own clinics. Surgeons don't want to really help take care of smoking cessation that might decrease outcomes on their cases or want somebody else to help with weight loss and nutritional services to optimize outcomes and so really can you wrap a care team around your surgical providers but also be able to care navigate people to in-person services mixed with the virtual offering and so really think of it as an ecosystem, virtual front door first, can take care of the full journey from writing medications to diagnosis to motivational interviewing to asynchronous content, includes virtual physical therapy who also can care navigate to in-person offerings through partnerships because really, the future of care is a mixture of both, really think about having, in essence, what some of the telehealth providers are out there which is just Zoom at scale, it's less interesting. That certainly drives value, that connects people because people access convenience but you've got to go a lot further by giving people a care team and bridging all of those silos.

Max Boakye:

So, it's basically a complete medical service for anyone across the United States? Do you have any people outside the US that do it or it's all in the US?

Dr. Ryan Grant:

Yeah, we started in the United States. We will be nationwide early next year and we do plan to expand outside the United States in time. We do have part of the corporation that exists in Canada. We did that from day one before we even raised our seed round and the reason to do that was to make sure folks really thought about this as a global problem, a humanitarian problem, not a US problem. This is not a US problem. This is every country I have data on has the same issues of inappropriate amounts of surgery occurring, overuse of imaging but surgery, don't get me wrong, surgery has its place, it's just over-utilized and then on the upstream side of PCPs having to care navigate folks and get people to care teams is challenging for folks and the musculoskeletal sector, according to the World Health Organization, remains the top cause of global disability for years lived.

Max Boakye:

So, I want to get into exactly what happens if I'm a patient and I want some service. Do I need a referral? And then what happens when I call Vori for a medical consultation, for example?

Dr. Ryan Grant:

Yeah, great question. So people can come in multiple different ways. People can come in through self-referral, that's more of a D2C type channel. People can come in through a referral from their primary care provider, referral from a surgeon, steerage from provider partners which include health systems or employers and so multiple ways to get into the system. We are an iOS and Android app plus web parity so you don't have to use an app if you don't want to, did more functionality on the app another way and as people download or go to the website, sign up and can actually schedule an appointment with the care team, people can also call the 1-800 number, it's another way that you can get ahold of us and go from there. So multiple different types of entry points.

Dr. Ryan Grant:

We're not that old yet but we'll be about a year and a half old at the end of the year and so end of this year, we'll be covering about two-thirds of the country for full services and come Q2 next year or right around there, be able to support all 50 states and DC for all services.

Max Boakye:

So, you mentioned that you started with musculoskeletal care. You're a neurosurgeon, I imagine you were treating cervical vascular disease, strokes, brain tumors. What is it about musculoskeletal care that really made you decide to focus on that?

Dr. Ryan Grant:

Yeah, that's a great question. The one fact I mentioned about it being a top cause of global disability, so you could actually say musculoskeletal pain and dysfunction is a global pandemic. There is an inappropriate surgical rate that's why the COEs, part of the reason they stood up and maintained the Walmart, Lowe's, McKesson contracts is it's driving down unnecessary surgery. The statistics, depending on who you read, payers, COE data is 25-50% of the spine surgeries are sometimes deemed inappropriate or un-indicated whether that be the patient would not want it if they knew they didn't need it or the indications being too loose or operating on somebody whose chance of complications very high and we find the same thing in joints and in other data sets in other countries and so we look at

the self-insured employers, 90% of them, self-insured meaning they pay for their health plan directly out of their bottom line, MSK is their top spend in 90% of them.

Dr. Ryan Grant:

There's a nice Harvard Business Review article that Geisinger put out on their experience in the COE program about driving down unnecessary surgery, driving up patient report outcomes and quality metrics and really just honing in indications and also diagnosing people appropriately and then another component of it was want to be able to help my colleagues and so help the surgeons, help the PCPs, help the physical therapists, et cetera. There's unmet needs throughout the ecosystem and MSK needs a lot of organization and it's a systemic problem across the globe and that is a strong interest of why I start there.

Max Boakye:

So, if I was to ask you what is wrong with spinal disorder management today, what would you say? How should we be treating chronic back pain, for example?

Dr. Ryan Grant:

Oh yeah, multiple things and it's always fascinating of what the literature demonstrates and other sectors outside of surgery or outside of physical therapy is just think about your own training. I think about my own neurosurgical training, fellowship training and spine, how much nonoperative training did I actually get? I'd say about zero, very minimal and so if it wasn't surgical, refer it to physical therapy or physical medicine. That's really the paradigm or back to the primary care, I can't help you, here's a PT prescription, physical medicine prescription but what actually should the physical therapists or physical medicine physician, what are they supposed to be doing? We don't really train most of our residents or colleagues in that.

Dr. Ryan Grant:

The analogy would be if you had chest pain today and you went to the heart surgeon tomorrow, it seems a little strange. The heart surgeon has a role but cardiologist ... Who's really the primary care provider for spine? The PCP side also tends to be unless they've trained in sports medicine also, not as educated in the nonoperative spine realm. And so between spine surgeons and between the primary care providers, in general, not as expert as we might like in the nonoperative paradigms. It's not always the case but it's the cardiac surgeon versus the cardiologist. They both have a role and should the physical medicine physicians and providers and sports medicine folks really be that primary care spine group is one thing is getting people to the right provider at the right time. I would actually argue that would not put the surgeon at the front of the line for triage. It's like surgeons should be doing surgery and be great at their field and actually not be, in my opinion, the main triage for is it surgical versus nonsurgical, similar to a heart surgeon not triaging chest pain.

Dr. Ryan Grant:

But then it needs to go further than that. PT alone only drives so much value. Physician alone only drives so much value. And health coaching alone only drives so much value. Each of them is like an individual musical instrument that drives value on their own, but when you put them together, can you make one plus one plus one equal 100, sort of like when you combine musical instruments in the right cadence, you have a beautiful symphony, mixing biocycle social model with motivational interviewing, dispelling

fear, never was convinced that we do a great job as a medical society actually pulling out the patients' narrative.

Dr. Ryan Grant:

Like what is the monologue that the individual's actually running in their head? We all do that. I'm going to be late for dinner, my boss is mad at me or I've got all this CME to do or I've got to pack for tomorrow for a trip, like what's the monologue that you're running in your head at any given moment and the patient who's been referred to surgery are am I going to be paralyzed like grandpa? Like what does this mean? Do I have cancer? Like all of these scary things are running through and when you audit a lot of experiences and even looking at my own experiences, how good of a job do we do actually pulling that narrative out and dispelling fear in patients versus sort of being paternalistic and saying you need to do this, you need to lose weight or you're not compliant and you're not adherent and then goal setting.

Dr. Ryan Grant:

There's lots of evidence that people do much better if the care plan is actually based on the individual patient's goals and so you can focus people on the visual analog scale of is your pain an eight or a nine, you can do that too but what are you missing in your life with your back, hip, knee pain, et cetera? Well, I feel like I can't walk a mile with my children because my back hurts too much. Well, what's your kids' names? Tommy. And so really want to walk a mile with Tommy is the care plan with evidence-based medicine to make it really personalized.

Dr. Ryan Grant:

An analogy I've used other times is the college student. Do you focus the college student who just moved out of mom and dad's house or whoever raised them, look at all the people you're going to meet, all of these experiences, the education, what you learn, the degree you will get and the world is an oyster for you and all of the opportunity ahead or do you focus the college student on the late nights, the quizzes, the term papers, the exams, scared about failing out of a semester, scared about the cost of tuition and scared about disappointing mom and dad if you fail out of school? Both of those are real realities and where you focus the person is really based on a mindset and also has strong implications of how they do.

Dr. Ryan Grant:

There's other literature within the spine realm of one of the predictors of an outcome of spine is what does the patient think will happen? So a huge psychological component and the mixtures of pain psychology and pain education of what do people actually think will happen? What do people want to happen and really blending that physical and psychological, making it really personalized, plus everything else we do is how we sort of think about it.

Max Boakye:

So, before I get into how Vori Health overcomes some of these problems with the way spinal disorders are being managed today, you just talked about what actually happens when somebody calls in for a new consultation? After you take a medical history, then what happens after that?

Dr. Ryan Grant:

Yeah, so someone comes in like it's a referral from a provider. There's multiple different triage pathways but if they come in, I'll go over sort of more of a standard is they'll see a health coach for that motivational interview and biopsychosocial, go into a virtual waiting room to fill out patient reported outcomes, really what's important to them with music. Then they'll see a physical medicine next in sequence, rule out red flags. Are you sure the patient doesn't have cancer? Do they have a neurological deficit that would actually require imaging? Those are actually rare. And do about 95% of the musculoskeletal exam on the virtual side. Do they meet criteria or do they need to see somebody in person? That's often rare that they need to do that right away or if all and then go back into the virtual waiting room to fill out some more patient reported outcomes and then see a physical therapist.

Dr. Ryan Grant:

And so you'll actually see all three providers, those types of clinicians in sequence who actually, on the backside, built clinical interface so the clinicians can talk to each other as a true care team, push and pull content to the patient and so after that visit, there are followup visits that are a mixture of live health coaching, live physical therapy, physical medicine as needed, able to write non-narcotic evidence-based prescriptions. As people make progress, there's a care navigate folks if they meet criteria for imaging or care navigate folks to surgeons if they meet criteria for surgery, et cetera and then when you're not working with live providers, asynchronous content being avatar type technologies and motion tracking to follow physical therapy movement based exercises and getting pushed a care plan to either your app portal or your web portal about the care plan that was discussed and personalized with your care team between the health coach, the physician and the physical therapist and that, in general, is what we're up to over the next ... For a six to 12-week course.

Dr. Ryan Grant:

People can then stay with us, obviously. We are standing up a social community, reason for that, number one pillars of behavioral change is social. Look at Peloton. Peloton, I don't think, built a better treadmill or a better bicycle. They built better content in the social community to make the home gym less boring. What attracts people regardless of age, even the elderly, to Facebook, Instagram? Social content and social interactions and medicine tends to be silos of one-to-one interactions and look at the power of what Weight Watchers can do, of peer groups, the power of Alcoholics Anonymous, a peer group, and why doesn't that exist for musculoskeletal? Why can't it exist and so blending all that together because we'd argue that evidence-based medicine that's value-based is like TSA pre-check. It's certainly much more organized and much more cost effective than the normal TSA line that's just a mess and everybody has a water bottle and shoes on, nobody paying attention and then the TSA agents are like the utilization management, yelling at you at all the things you can't do.

Dr. Ryan Grant:

But you can still go further than that of organizing care. Can care be more fun? Can it be more engaging? How far can you push the limits to deliver amazing healthcare that doesn't feel like healthcare because I would argue that for most patients, they might love their clinician but the experience of the healthcare system is usually chaotic and boring. It's like going to the bank or the DMV, you might have liked the person who helped you at the DMV but the rest of the DMV was not very exciting.

Max Boakye:

Mm-hmm (affirmative). So the initial consultation and for them to see all the key people, the health coach and the therapist, how long does that take?

Dr. Ryan Grant:

A mixture of either 45 minutes to an hour, try to get everybody in in one setting. Most patients like that well versus having staggered appointments and so most people respond well to that, which is why we built it. Some people want longer time, so we do have options for more time with the providers and so it's all about meeting the patient where they are and understanding what they respond best to, what they like, meeting their unmet needs. Can they do it over lunch at work if they wanted? Can they do it at night? Can they do it on the weekends? Et cetera, et cetera, et cetera.

Max Boakye:

And on the back end, you actually have the therapist and the health coach, they all discuss the patient together and come up with a plan?

Dr. Ryan Grant:

Right, based on what the patient's functional goal is. Obviously, if they got referred for back pain, if the goal really is well, walking with Tommy, it's the evidence-based treatment therapies, that mixed coaching, biopsychosocial model, educational content, the asynchronous content, the physical therapy plan and the physician plan but all under the guise of walking with Tommy, if that makes sense.

Max Boakye:

That makes sense. How did you solve the problem of variability? In the US, care that you get in one city or one region often is different from care in other regions or cities. The use of opioids, for example, has significant geographic variations and so if the patient does need like injections or narcotic prescriptions, you refer them to, I guess, some local providers who would write that? How do you overcome the differences in the philosophies of practice? How do you ensure that Vori Health is providing uniform care and advice across nationally?

Dr. Ryan Grant:

No, that's a great question. It's one of the big reasons of why everybody's W2 employed, so that you can control the quality and care pathways and training so it's unified. I don't think you can do this as well on a 1099 model. And then in terms of partners, is your partner with quality providers. It's like who are your surgical providers, quality imaging providers, underground PT and so not going to randomly just refer to a non-partner site to, in essence, what you're describing is to there can be care that's just all over the place and so really want to understand outcomes and have a preferred network, in essence, it's a narrow network that captures people.

Max Boakye:

So, in places like Cleveland Clinic and Mayo Clinic and I assume maybe Geisinger's is like that too, like when you go there for care, you have the co-localization of care. So for example, you might get an injection there while you're there, you might get some other services during that visit. So often, you go there for like two or three days and this model, you still would have some sequential aspects to it, right? For example, if you think the patient has SI joint pain, first you do physical therapy and then later on, send them for an injection, so it's sequential. Is there a way to ... You mentioned that at one point, you had thought about maybe a physical location, do you see any disadvantages in just virtual because it seems like that doesn't solve the sequential care that sometimes delays care for patients?

Dr. Ryan Grant:

No, that's a good question but when you think about a multi-specialty group of how many multi-specialty groups across the country actually will let the patient see a physician, physical therapist and other services all in the same day? Not that many. How many, if they do do that, are co-located where they're actually in the same exam areas or do they have to walk around the multi-specialty group of the hospital to different departments with different waiting rooms and so they end up spending all day there, half a day and then on the multi-specialty group or co-localization, how many of those providers talk to each other?

Dr. Ryan Grant:

And so experience on a lot of the multi-specialty groups or just co-localization across the planet, this isn't specific to any institution, I view it like a food court. Picture the food court in the airport. All right, you got Starbucks and you got the Sbarro Pizza and you've got sushi. They're all there. They're all co-located. Are they actually working together or talking to each other? Because even when you look at multi-specialty groups, how often does the physician read the physical therapy notes? How often does the physical therapist talk to the physician? Like directly, same day? It's rare.

Dr. Ryan Grant:

And so trying to solve for those multiple silos and people just not actually working together and so really view most multi-specialty groups as sure, more convenience to the patient is there's multiple services in one building but those groups are just sharing overhead, they're not actually working together usually and everything's done in a delayed fashion and then us being able to care navigate folks to usually services that most people only need once, like hopefully you only get an image once if you need it or meet criteria and if you meet criteria for surgery and want it, to see the surgeon for consultation and make a decision about yay or nay, et cetera, and not have all those multiple touchpoints. So there's not a perfect solution but that's how we are navigating it at the moment.

Max Boakye:

Let's talk about mental health in let's say a huge component of musculoskeletal care. For example, depression, we published a paper earlier last year about depression and spinal surgery outcomes. How are you dealing with the mental health aspects of musculoskeletal care? Do you have ... In initial visits, you do not have them see a psychologist or mental health personnel, how are you incorporating that into the care?

Dr. Ryan Grant:

Right. Yeah, we do mental health screen on the triage and then part of the biopsychosocial model of screening for those type of things. If somebody's off the chart, that's actually referral to psychiatrist or psychologist, if they're off the charts for depression or anxiety but in terms of pain as it relates to psychology is pain psychology and other types of professionals can be worked into the system but don't think everybody needs to see pain psychology from day one. The literature would not support that.

Dr. Ryan Grant:

However, people who are off the charts for ... Yellow flags are another psychological screen that relates to pain they're feeling in the musculoskeletal realm would benefit from pain psychology, that's still a work in progress. Many of the fee-for-service payers won't pay for that upfront, some will on a self-

insured employer or alternative payment mechanism, whether it be a PNPM with risk or a bundle, you can loop all of that in and so it's really a mixture of how far can you take this on alternative payment mechanisms which allow you to actually do more evidence-based care versus most of the country for musculoskeletal is still fee-for-service and so you really have to live in both worlds if you're going to be in the musculoskeletal realm.

Max Boakye:

So, the patients ... First of all, what are the costs to a patient to participate and then second, what kind of medical records do you keep and do patients have access to their medical records and because you're a standalone health company, you wouldn't have access to patient records from other entities that they seek care from, so how do you resolve that?

Dr. Ryan Grant:

No, that's a great question. So for partners that we're partnered with, we have access to those records. There are other companies who mine records but would also argue, when you think about your own system, anybody who's outside of the system you work at is how do you actually get their records? It can be an interesting task depending on where you are.

Dr. Ryan Grant:

In terms of cost, it depends on the payment mechanism. Sometimes it's free for the patient if it's sponsored by their employer or an at-risk provider who's willing to do PNPM, per-member-per-month type arrangement so the member doesn't have to pay anything. Arrangements where it's fee-for-service, it's going to be based on your health plan of what is your co-pay or deductible that's individualized because people are using their individual health insurance outside of an employer or large payer sponsor and then for those who don't have insurance or don't want to use their insurance or are not part of an employer partner, et cetera, et cetera, there are self-pay options and so multiple types of models that exist that are free all the way to 100% self-pay depending on how the patient comes in and their desirability.

Max Boakye:

What kind of outcomes are you collecting in patients and how often do you collect the outcomes?

Dr. Ryan Grant:

They're collecting over a host of patient report outcomes that are around promise and patient activation and pain scales and NPS and satisfaction scores and functional scores and then did patients meet their goals and what are the rates of surgery, imaging, opiates, et cetera, et cetera and it's always that fine balance of how much data can you collect from in individual that doesn't annoy them but actually gets you as much data as possible and so it's always that fine balance of how many things can you ask an individual that pushes the limits of data collection but is done in a great experience where they like doing it versus oh, this seems to be a chore.

Dr. Ryan Grant:

There's always, I would say, an experiment of where do you best ask questions on the triage, how many things can you really ask a person, where do you do those things, in what setting where it's fun versus the traditional office appointment in person where it's filling out a bunch of forms that nobody likes with

a clipboard that just takes too long and so really streamlining those processes so that even those data collections are not burdensome to a patient, if that makes sense.

Max Boakye:

Mm-hmm (affirmative). What kind of feedback have you gotten from patients, from providers who work for you and from partners? I imagine you are partnering with some companies.

Dr. Ryan Grant:

Yeah and payers and employers and then just sometimes patients self-referring is being able to have a full care team around them that actually hears them and it's personalized, being able to have educational content, being able to actually get evidence-based prescriptions for pain and be able to be care navigated and when you just think about, sometimes, normal system is well, where do I go next? You're like, well, good luck to you. It's usually a dead end in the normal system.

Dr. Ryan Grant:

So being able to help people get to the next step or next stage, whether that be an image or a surgeon if that makes sense for them and not leave them hanging and then also be able to help folks on the preoperative, postoperative side if that makes sense for folks and so really, it's really about the experience is the most important to us, evidence-based medicine that decreases unnecessary care and drives up outcomes, that's organized and evidence-based, should have been done a long time ago, that's a necessity but more important, is what's the patient experience and the partner experience and the engagement? And so those are the most important things that we focus on is experience.

Max Boakye:

And the testimonies from patients and you get essentially mostly positive like they're very happy with the services and all that or ...

Dr. Ryan Grant:

Correct and we survey for analyst feedback for those who are willing to give it. It's always how well do you understand your customers, both your patients, your provider partners of endless feedback of we can always do a better job, we can always improve. There's no New York Times or Wall Street bestseller where 100% of people like it and so how do you really service all people and really try to delight every single person is the bar, can you delight 100% of people 100% of the time? Don't know anybody who's ever done that across the planet but you leave the bar up there of trying to always strive for there, so that you can always make sure that people are having a wonderful experience and taking in endless feedback so that we only get better and better and better at what we do.

Max Boakye:

So, Ryan, you were in an academic ... One of the top academic medical centers, and you trained at one of the top academic medical centers, Yale, do you think this sort of model could be done in academic medical centers? Academic spine programs? And if not, why do you think it's so difficult for them to implement something that seems to make a lot of sense to many patients and physicians?

Dr. Ryan Grant:

Yeah, in theory, the answer is yes. Multiple different things is health systems have difficult mobilizing their silos. Each department is individual, usually a different scheduler, different P&L and so the way I think about health systems across the planet, it's like a big office building with a bunch of companies in it. There's a neurosurgery department. There's the rehab department. There's the imaging department. Those are all like, in essence, independent companies who all share a big office building but they don't work together. People refer to each other, oh, you should go down the hall, which is go down the street to our partner and then we'll wait for that data and so people are used to working together ... Are used to working in silos, so people have not been trained to work in care teams. People don't get trained that way.

Dr. Ryan Grant:

And to actually do that, it goes back to the food court in the airport. You have to restructure how you do business. And there's all these operational ... How are you scheduling appointments? How would you have a physical therapist in clinic with you? What does that look like? Who's doing what and how do we make sure we have a unified message? And X, Y, and Z and clinics were really built to be a single provider usually with here's your patient roster for the day versus here's the care team who's seeing the patient and like even the exam rooms were not designed to have multiple people in them usually in the way they've been structured and so everything's really been built for individual one-on-one care for the most part and then it gets into the economic models.

Dr. Ryan Grant:

Most health systems, if they're on fee-for-service, their bottom line is fed by facility fees and professional fees, which are largest for procedures and so anything that drives down potential surgery hurts health systems' bottom lines and so the way we structure ourselves with fee-for-service systems is to really be subcontractor type model to do services that the health system doesn't do and bridge their in-person care with virtual care so that they can actually share in revenue and to really make sure that we don't drive down surgery that could harm a health system's finances, that's not what we're here to do. We're really here to be a partner, a partner for our providers, the systems, the payers and the patients and so it's a balance of threading that needle depending on who you're working with so that everybody can win and that everybody gets value no matter who the stakeholder is.

Max Boakye:

It's really admirable and that takes a lot of courage for leaving a neurosurgery practice to engage in a disruptive new technology like this but it's really fascinating. How would you measure success? How would you say to yourself five years from now and like you've done well, you're happy with what you've accomplished? Do you ever foresee ever going back to the operating room?

Dr. Ryan Grant:

Yeah, that's a great question. A success would be do you really change the conversation and do you actually change the way care's done in terms of care teams, navigation, economic models and most importantly, like none of that is important to the patient, they don't see the economics unless they're directly paying or have a co-pay, is experience. Are people having a wonderful experience and reaching their goals? And so even beyond patient reported outcomes is what's important to the individual? Is there quality of life where they want it? And are you doing that at a really large scale and so are you actually changing the paradigm for the future of virtual care where it's really a platform and we're in like

telehealth 10.0 of what's possible doing other specialties beyond musculoskeletal, being outside of the ... Beyond the US borders?

Dr. Ryan Grant:

This is a humanitarian issue and really view it as taking care of people. We started with adults, move into pediatrics and really just take care of people regardless of the ability to pay, regardless if it's Medicaid to a self-insured employer but just take care of people and how far do you take it so that you can really, over time, capture humanity?

Max Boakye:

A couple of final questions for you, Ryan. I really appreciate speaking with you. It's just fascinating. A couple of final questions, one, is my always, my magic wand question that I ask all my guests. If you had a magic wand, what would you do? What would you change and what would you like to accomplish? And then the second question is what did you wish ... You've started a business, I don't know if you have business training or not but what did you wish you knew five years ago looking back?

Dr. Ryan Grant:

Yeah, those are great questions. A magic wand would be to have a wonderful, like a truly wonderful experience where care is transformed not only in the care delivery but the patients, actually, their narratives are heard, their goals are met and the paternalism of the system is removed. If you think about how medicine is practiced and how I was trained and how my colleagues were trained is how do we talk to patients? You need to lose weight. You need to take your meds. You need to do this. You need to get an MRI and you need to do that. That's paternalism. It's like how you talk to a kid. You need to clean your room. You need to do that and if you don't do it, how do we chart it? Nonadherent, noncompliant. That's paternalism by definition.

Dr. Ryan Grant:

And so the system across the planet is not patient-centric by definition. We strive to be. We want to be. It's like our New Year's resolution, we're going to do X, Y, and Z but we really practice medicine in a paternalistic way. Even think about how we chart, this 50 years old gentleman with a BMI of 42, hypertension, diabetes, here for lower back pain that lasts ... Been going on for the last four weeks and the whole chart's all about a biological diagnosis. When you go on rounds on the ICU or just in the hospital, how do we talk to each other? Like that's the 62-year-old ruptured aneurysm, that's the 80-year-old fall. That's the COVID case. We don't ... Medicine's a bit too dehumanized for where I think we intended it to be.

Dr. Ryan Grant:

What's a patient's name? What's important to them? And when we ask each other how is the patient doing on rounds, we don't mean emotionally usually. It's really like were their vital signs stable and how are they responding to their medications. And so really combining physical and mental health, emotional health, even if you look at the updated hip and knee guidelines released earlier this year, any of the guidelines [inaudible 00:43:11], the things that had the most power is educating the patient and that's not telling them some questions and giving them a handout. It's like do they really understand and did you really dispel fear and so when I wish a magic wand, it would be the way we talk to people, the way we do care really becomes we humanize medicine because I think we've swayed a bit too far to

being too paternalistic and I certainly would've been guilty of that in my own practice. How do you just really drive that better? That's where I would stop on that question.

Max Boakye:

And then what did you wish that you knew before you embarked on all of this?

Dr. Ryan Grant:

That's always a great question. It's more of if you only live once, are you living the life you want to live and the more you try to transform, the more critics you will get. So more critics doesn't mean you're on the wrong track. It sometimes means you might be on the right track and so anybody trying to either build a company or build a medical device or transform something in their health system or their practice or doesn't matter what it is is, I think, when you see the movies or the news, there's all of these things get romanticized of it's a lot of hard work. Nobody sees all the grueling hours that the surgeon put in in their training. You're just a surgeon, there's your diploma. But that diploma, that piece of paper, that board certification, like what was actually the amount of work that physical and emotional work it took to actually accomplish that? It's substantial.

Dr. Ryan Grant:

A company is no different. It's a substantial journey and it's not the things that I wish I knew, it's more of beat your own drum. Don't need to conform to just because everybody does X, Y, and Z and does it this way is well, why can't you? Why can't you build a company and try to transform things? And a lot of criticism for leaving neurosurgery, look at all that training and are you giving it up and significant criticism from a variety of parties when people saw that but it's more of just follow your passion. It's your life. Do what's best for you. No one's tracked. I miss operating from time to time but this, for me, was too important not to do and so reach for the stars and would just tell people advice that it's always good to hear no matter what stage you are is never give up and follow your heart and gut. It tends not to guide you wrong.

Max Boakye:

All right. That is amazing. I think we'll stop on that amazing advice and it's been a real pleasure to speak with you. If someone is interested in a consultation through Vori, where can they go? What's the web address?

Dr. Ryan Grant:

www.vorihealth.com. There's also, if people are more comfortable with phone calls, there's a phone number at the bottom. You can go to the app store and download us. There's multiple different ways to do that, actively growing into multiple more states and on track to be nationwide in the Q2 or so of next year for all services, so stay tuned. If we're not in your state yet, it's coming soon and then for anybody listening who is interested in this type of work, feel free to reach out. You can find me on LinkedIn. There's a variety of ways to get ahold of me and always happy to talk with forward thinking folks who want to transform and do things differently. I certainly don't know all the answers and it's the power of the team and a mindset of never giving up is how you really get to a finish line.

Max Boakye:

That sounds great and I would have on the podcast, maxwellboakye.com/podcast, we'll have links to your website as well. Ryan, thank you so much, once again, for taking the time to speak with me.

Dr. Ryan Grant:

My pleasure, anytime.

Announcer:

Thanks for listening to Optimal Neuro|Spine Podcast with Dr. Max Boakye. If you enjoyed this episode, we hope you share it with others, leave us positive reviews on social media or leave a rating and review on iTunes. Check out our website, maxwellboakye.com/podcasts for show transcripts and other information. Join us next time for another addition of Optimal Neuro|Spine Show.