# Skip the disruption ...to the innovation

Jonathan Larson, MD, MBA Founder, CEO - MedSpoke, Inc.





SCIENCE

#### Physicists, Generals And CEOs Agree: Ditch The PowerPoint

March 16, 2014 · 2:14 PM ET

ALAN YU

About six months ago, a group of physicists in the U.S. working on the Large Hadron Collider addressed a problem they've been having for a while: Whenever they had meetings, everyone stuck to the prepared slides and couldn't really answer questions that weren't immediately relevant to what was on the screen.

The point of the forum is to start discussions, so the physicists banned PowerPoint — from then on, they could only use a board and a marker.



A PowerPoint slide is projected on a screen prior to a lecture at the 28th Chaos Communication Congress computer hacker conference in Berlin.

"The use of the PowerPoint slides was acting as a straitjacket to discussion," says Andrew Askew, an assistant professor of physics at Florida State University and one of the organizers of the forum at the Fermi National Accelerator Laboratory in Illinois.

He says it was as if "we removed the PowerPoint slide, and like a big glass barrier was removed between the speaker and the audience.

"The communication became a lot more two-way instead of just the speaker speaking at length for 15, 20 minutes. The audience really started to come alive, to look up from their laptop computers and actually start participating in the discussion, which is what we were really trying to foster."

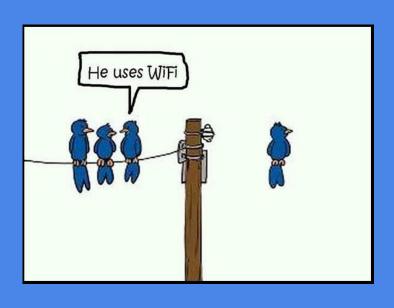
The CEOs of Amazon and LinkedIn have eliminated the presentations...former U.S. Defense Secretary Robert Gates calls PowerPoint slides "the bane of my existence in Pentagon meetings; it was as though no one could talk without them." Gen. James Mattis, former commander of U.S. Central Command, has said "PowerPoint makes us stupid."

"we're so used to giving PowerPoint [presentations] that we forget there are other means of communicating."

#### **OBJs**

- 1. Considerations in evaluating technology
- 1. Physician perspective on healthcare technology implementation & impact
- 1. Workflow & economic efficiencies
- 1. Best practices of technologies positively impacting delivery of care

### **Technology Considerations**



- Who?
- What?
- When?
- Where?
- Why?
- How?

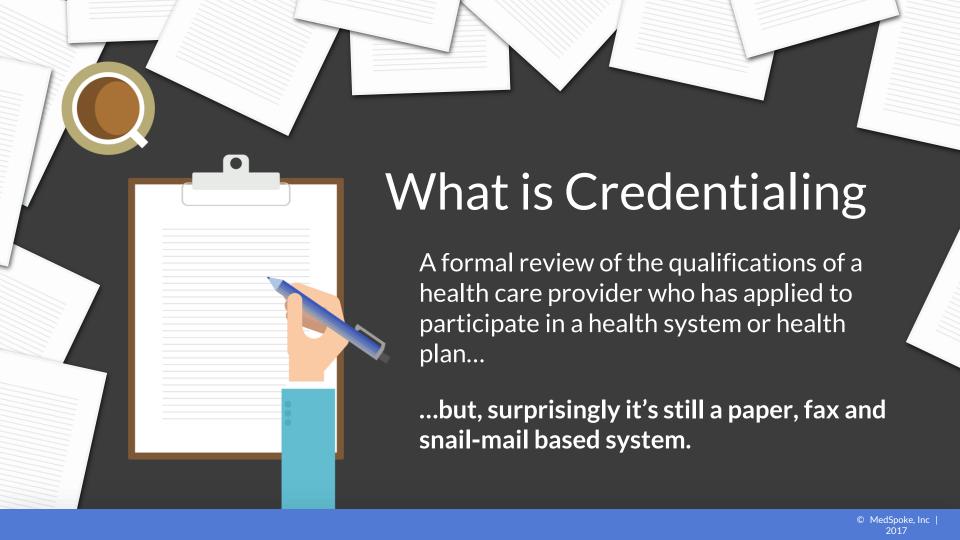
### **Physician Perspective**

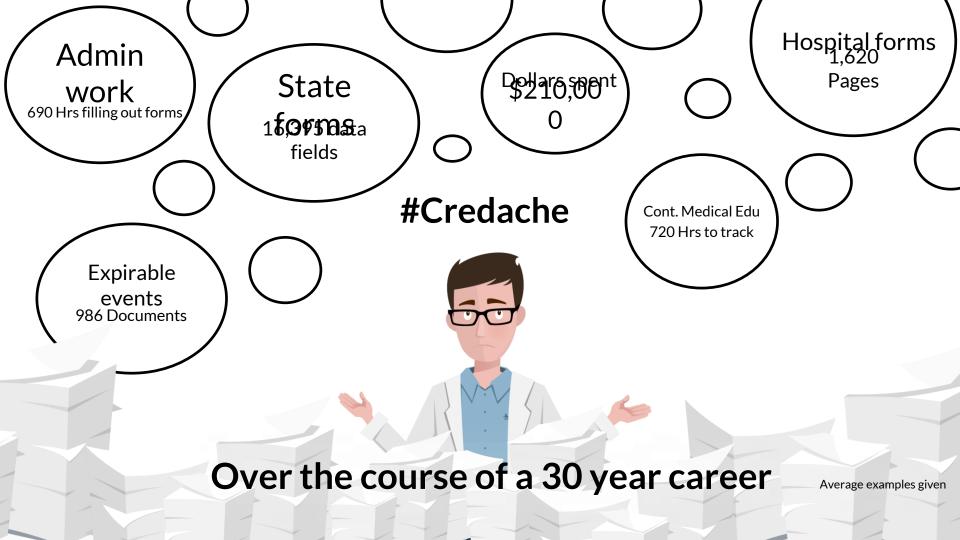


- Suits v Scrubs
- Why didn't anyone ask me?
- Times a changin'
- UI...U what?



Credentialing as a Service



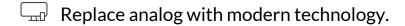


### We fixed it.



Competitive Advantage.

The MedSpoke way.



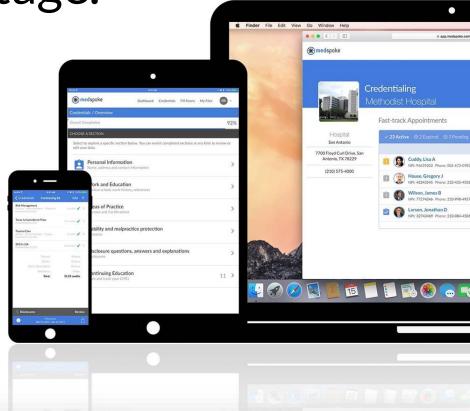


Taken timeline from months to minutes.

Lower admin costs and overhead.

One system of record using Blockchain.

Improved security loopholes.





### 5.5 million

Every Medical Professional has to get credentialed & licensed bi-annually.



#### **Enrollment**

Every group and physician must be credentialed with health plans they want to contract with for payment.



#### Licensing

Every Medical Professional must be licensed in the state they want to work or provide consultation.



Every medical professional must be

credentialed initially, and then

re-credentialed every 2 years.

## Healthcare is changing. Industry changes present

Industry changes present opportunities.



#### **Shifts**

Shift based work is on the rise, Medical Professionals today want work to fit around their life, not the other way around.



#### Millennials

Medical Professionals of today expect technology solutions for their work-life pain points.



#### iOS Devices

80% of physicians carry an iOS device and use Apps like Uber & Airbnb to quickly & efficiently resolve a need.



Sarah Jaquess, MI

#### Supply and demand

Population growth & aging of the baby boomers is increasing demand for services and current staffing models cannot keep up.



### The time is now.

YEAR:

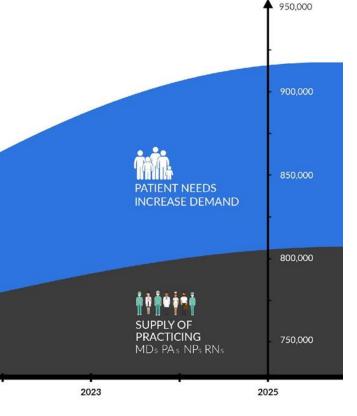
2017

Change must happen now to diminish the effects of the physician shortage as the demand for healthcare services skyrockets.

Mobile and Cloud technology has advanced to a level where Medical Professionals, hospitals and groups can staff more efficiently by **streamlining their credentialing**.

2019

2021



### Business model.

Per Medical Professional

**Credentialing services:** 



Licensing per state



Enrollment per plan



Employment per facility

#### Our focus is currently B2B



Free Standing ED's.



TeleMedicine.



Physician Groups.

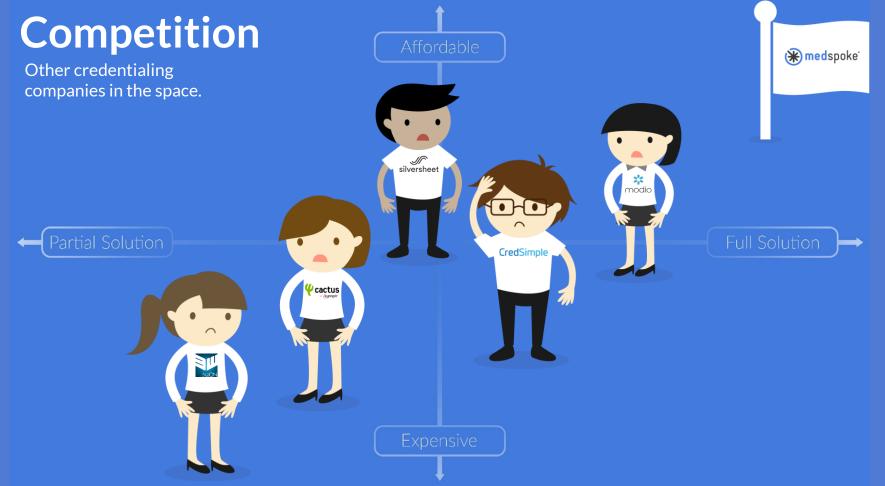


Staffing Groups.



Hospital Systems.

We also have individual medical professionals





### Built by Medical Professionals for Medical Professionals.

Why can I call a cab, bank or connect with friends from my phone, but when it comes to credentialing I am stuck in the 1980's?

#### Our Story

The vision for MedSpoke materialized in the Spring of 2015 when Dr. Jon Larson and Dr. Hector Caraballo were brainstorming ideas to improve healthcare. They saw an enormous opportunity to utilize technology to improve the lives of physicians and patients.

License renewals are still sent on a flimsy postcard easily mistaken for junk-mail. Filling out reams of paperwork and faxing information back and forth was incredibly inefficient and unacceptable in today's mobile, digital age; something had to change.

After months of discovery, research, collaboration, and execution, a truly game changing platform evolved.

### Thank you.



At MedSpoke we believe, 'to be successful we never quit and we keep learning.'

Jon Larson, MD, MBA

Founder & CEO







Credentialing as a Service