



## OXIO Health, Inc.® CEO Addresses Healthcare AI at “AI HealthRush” Roundtable

Noel J. Guillama panelist with other leading Healthcare AI experts at Miami AI Club

Wellington, Florida, USA

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OXIO Health, Inc.® (“OXIO®”) CEO, Noel J. Guillama was joined by two other leading healthcare entrepreneurs, Ivan DeJesus, CEO of *Axen Health*, a company that is revolutionizing the healthcare model from "sick-care" to proactive preventive "Wellness-care," and Severance MacLaughlin, PhD, an AI scientist, founder and CEO of *Delorean AI*, a company that is creating an AI

application to predict medical episodes in patients.

The AI HealthRush Symposium provided attendees an opportunity to hear three of South Florida’s healthcare AI subject matter experts provide their answers to industry critical questions posed by the host, Dr. Nima Schei, M.D., CEO and co-founder of Hummingbird AI. Hummingbird AI has developed an AI-powered app leveraging facial recognition to automate computer screen privacy and security.

## The Challenge

The U.S. healthcare industry has been facing growing challenges in many areas; however, these were exacerbated by the COVID-19 pandemic. These challenges are in managing escalating cost of care, cost of labor (further worsened by the recent round of inflation), and the increasing age of the population – all of which are straining resources that are diminishing in one way or another.

While there is no “silver bullet” solution to these and other challenges in the healthcare system, it is recognized that Artificial Intelligence, when properly and ethically applied, can provide both short- and long-term solutions to the looming healthcare crisis.

The U.S. healthcare market is presently at nearly \$4.3 Trillion revenue (about 18% of GDP) making the opportunities for companies that can provide the right “cure” nearly endless. The healthcare IT market is projected to grow to \$187.95 Billion by 2030 with a CAGR greater than 47.6% according to Globe Newswire, February 9, 2023.

## Symposium Overview

The panelists were asked to elaborate on each question relating to healthcare and the AI industry in a packed room of nearly 100 healthcare, technology, and industry entrepreneurs. (See the full video of the event:

<https://youtu.be/ZBK6iEBezH8?si=zXr7acjXDgrC4b2m>. (The responses in italics are paraphrased for brevity from the actual response provided in the full video. Timecodes are provided for the beginning of each individual’s answer to the question.)

**Question: Andreesen Horowitz® predicted in an article published in November 2022 that the largest company in the world would eventually be a consumer healthcare company. How do you envision AI will play a role in that?**

**Answer:** *[Starts: 18:00] Given that META® is one of the largest subscriber-based companies in the world, and they claim to make approximately \$10 per subscriber...and contrast this with a pharmaceutical company that commonly pays more \$30,000 to \$50,000 or more for medical record information on an individual, the answer is in the value of the data. In fact, we contend that healthcare data, the Personal Health Information (PHI) is the most valuable asset on the planet.” – Noel J. Guillama*

[Starts: 20:00] *There will be solutions to healthcare and some real solutions coming from people in this room and elsewhere... those companies will be 'science fiction' and some real breakthroughs that I see as the next horizon. – Ivan DeJesus*

[Starts: 22:40] *It's not easy to be in healthcare... why do we think Oracle (Larry Ellison) bought Cerner... it was for the healthcare data and CVS is struggling to make its numbers with Aetna. – Severance MacLaughlin*

**Question: The U.S. far outspends every other wealthy country in the world, yet has the lowest life expectancy among large, wealthy countries, and it's only getting worse. What's the source of the problem and how do you approach solving this through AI?**

**Answer:** [Starts: 28:20] *"Health Equity," a social determinant of health in an individual. Two individuals, in different locations and different economic status will have different wellness profiles because of access to care and Pharmaceuticals that are driven by patient revenue. It will take an AI company to manage all the variables to begin bringing these things into balance. – Ivan DeJesus*

[Starts 30:40] *It's about diet - chronic disease is being exacerbated by the lack of quality care. The generational shift from the "greatest generation that ever lived" (WWII) to the Baby Boomers – much different diet and we see the chronic issues of obesity, diabetes, and heart conditions. Technology can provide the ability to identify sickness earlier and provide intervention to mitigate the health issues. Severance MacLaughlin*

[Starts 33:17] *We have a system that effectively rewards more care – it was designed decades ago to be inefficient! Consequently, only analytics of large data can tell us where the patient's health is collectively today, where the quality of care is versus other patients today. More importantly, it is big data that can predict what will happen to the patient if they don't do certain things. – Noel J. Guillama*

**Question: Communication between different providers and communication between different (Electronic Health Record) EHR platforms; how do you envision AI can play a role to solve this problem?**

**Answer:** [Starts: 37:45] *Back in the early 2000's the federal government mandated EMRs but not interoperability. This has resulted in A) too much data, more than a physician can use but*

*has liability for and B) more data silos as the patient medical records are not transferable between EMR platforms. The answer is progressive Consumerization of patient medical records – consumers having ownership of their data. We have all the data we need but it is “behind the HIPAA wall” and it is nearly impossible to utilize this data legally without the permission of the consumer. – Noel J. Guillama*

*[Starts: 40:19] EMRs are, as Noel said, a great database and an ‘essential step’ that is allowing private insurance companies like United Healthcare (UHC) to begin deploying AI models in targeted areas. It’s about applying AI now, like UHC, rather than talking about it because the decision to deploy AI needs to be made at a ‘corporate’ level with governance how to deploy ethically. – Severance MacLaughlin*

*[Starts: 41:20] Deploying AI is not just a matter of technology, it’s about the incentive structure – the revenue model. As Noel predicted, CMS has issued their decision that we would be switching to ‘value-based’ care by 2030, leaving the ‘encounter-based’ or Fee-for-Service model. This allows creative solutions like true predictive modeling that can have a meaningful impact on individual health and wellness as well as on populations by nearly any credible demographic, health or medical view. – Ivan DeJesus*

**Question: Let’s discuss Walmart acquiring ChenMed, CVS acquiring Aetna and OakStreet. How much these acquisitions are driven by the desire for the data or by the desire for the patient?**

***Answer:** [Starts: 49:49] The strategy is vertical integration; however, they’re all having trouble. Writing is on the wall in healthcare – how to get around the interoperability (of EMRs) and how do you get realigned for ‘value-based care?’ Answer is vertical integration. These organizations see the success of UnitedHealth Group (UHG) and are looking to find a way to get a piece of the \$4.3 trillion healthcare revenue stream. – Ivan DeJesus*

*[Starts: 54:53] After CVS bought Aetna they had pharmacy and billing record data but were missing the physician-generated data and that was a motivation to acquire OakStreet Health. This is about keeping the ‘dollar’ within the organization, but this doesn’t address how AI can impact patient care. So far, the message has been about the ‘dollar’ and looking ahead to value-based care with \$1,000/month capitated rate, \$700 patient cost and keep \$300 profit, it is also strategic to have a footprint in the Florida, “God’s waiting room.” – Severance MacLaughlin*

*[Starts: 57:55] It’s interesting that Walmart is getting into the managed care space in purchasing ChenMed without owning the space and not owning the space is a problem today. What Amazon, CVS and Walgreen’s do not understand is that the Medicare / Medicare Advantage space is not*

*retail the way they think of retail. It is very labor & follow up-intensive and involves a lot of 'blocking and tackling' to succeed. These 3 big companies are either not going to make it or will have to completely pivot to healthcare service companies. They're looking for revenue and data but it may be too expensive for their shareholders. – Noel J. Guillama*

**What AI solutions would you invest that money in and what increase in life expectancy might be expected or benefit would you expect?**

**Answer:** [Starts 1:03:00] *We need a 'tech-enabled' service provider that can create these models and systems we're talking about. Large companies are seeing the revenue but finding a way to integrate and create incentives is needed. Between Noel bringing the tech-enabled service provider with his company and Dr. MacLaughlin demonstrating the ability to predict that a certain cohort of patients has an 88% chance of a heart attack within the next three (3) months were beginning to see some daylight. - Ivan DeJesus*

[Starts: 1:05.25] *Until recently, UNC being a notable exception, the healthcare service companies viewed technology companies as 'vendors' and the technology companies viewed healthcare service companies as 'clients' – that separation must be eliminated. We need healthcare service companies in which the technology is so integrated and 'infused' they cannot be separated. – Noel J. Guillama*

[Starts: 1:07:05] *With a billion dollars I'd look at going after a contained situation, like the VA system; and build the AI tools then train the doctors on the use of the tools. The VA is a unique situation with some specific chronic diseases and if we have an effect in this area we can bring those lessons-learned into the service providers for the general population. – Severance MacLaughlin*

**Question: Burnout is a significant problem in the healthcare workforce. Two-thirds of nurses in ICUs experience burnout symptoms. What AI tools do you see playing a role in reducing burnout, improving the quality and efficiency of work for healthcare providers?**

**Answer:** [Starts: 1:12:43] *I will constrain my comments to our areas of involvement in developing an AI model for cardiovascular, kidney disease and mental health. The metric in the U.S. is dollars, but in the UK their metric is 'bed space', not being overburdened at the hospitals and also clinician burnout. The challenge in the UK is working backward to prevent or minimize conditions that result in hospitalizations. Reducing these occurrences by even 10% or 15% will alleviate much of the potential problem. In the U.S. we're asking our doctors and nurses to do more with less – six*

*(6) minutes per patient (average) is not a good ratio and this is contributing to burnout and accelerated attrition. – Severance MacLaughlin*

*[Starts: 1:14:26] The EMRs have been a contributing factor for physician burnout because while they may spend six (6) minutes per patient they're spending upwards of 1/3 MORE TIME entering the data, with or without a voice to text capability or an assistant as scribe. AI can certainly help, not as voice recognition only but literally as a digital assistant. Aggregate and analyze the patient's data for the doctor. We need to begin our interaction with the consumers much earlier and we already have some very powerful technology on our smartphones and in our watches. We need to integrate better the technology, data, and training. – Noel J. Guillama*

*[Starts: 1:18:00] There's an aspect of technology adoption that is somewhat unique in the healthcare industry and that is 'resistance to change' and rightly so, perhaps, because of the potential severe consequences. We are on the precipice of adding technology despite the resistance, but we are also falling behind on keeping pace with physician attrition. We are seeing trends that suggest the U.S. will have a shortfall of an estimated 300,000 physicians by 2030. If Peter Peterson Group is correct that 15% to 30% of healthcare costs is the low-hanging fruit that we can address now and begin to relieve physician workload. Adoption rates in both the clinician and consumer component needs to be accelerated as we attack these other areas. – Ivan DeJesus*

## **Consensus**

The role of technology, specifically Artificial Intelligence, seems to be well established among all three of these national Subject Matter Experts. The solutions that are being driven by actual systemic issues within the healthcare system and with other pressures looming such as clinician burnout, a shortfall of physicians and the need to address both cost and quality of care the answer clearly lies in the right use / right application of technology – both what we currently have and what is on the near horizon with HealthScoreAI. Artificial Intelligence with all its naysayers and doomsday evangelists has the potential to provide the most meaningful advances in healthcare in fifty years. As stated by Noel J. Guillama, *“the advancements in healthcare came incrementally with the pager, the cellphone, the internet, and now in Artificial Intelligence – the later making a larger advancement than all of the previous three (3) combined.”*

Under the incubation of OXIO Health, Inc., HealthScoreAI is conceiving of the very merging of technologies that these three (3) experts discussed and proposed. Melding technology, data and solution into an actionable product set that integrates with the

physician's own work process. *Empowering the Consumer – Enabling the Provider - Advancing Science!*

### **About OXIO Health, Inc.®**

OXIO Health, Inc. is a multifaceted healthcare innovations platform company which realized medical care had to be merged into a new, 21st-century medical technology to bring more value and improve quality. OXIO's management brings deep, hands-on experience working for over 30 years in nearly every healthcare delivery segment, technology, and facilities management.

### **About HealthScoreAI.**

HealthScoreAI' management team has decades of experience designing and building Electronic Health Records (EHRs). It has secured rights to top-patented technology, which ranges from the Internet of Things (IoT) to ambulatory EHRs and the latest technologies in blockchain, Virtual Reality, and AI technology, all developed with HealthScoreAI in mind. HealthScoreAI will use a major portion of the existing medical record database application in OXIO's previously certified PWeR® EHR platform to manage the securely stored searchable healthcare information protected in multiple levels by the latest patented blockchain encrypted technology. HealthScoreAI will initially be based on 36 patents licensed for use through OXIO providing a secure basis for the intellectual property it will build out. For more information on OXIO Health, Inc and HealthScoreAI, visit the website at [www.oxiohealth.io](http://www.oxiohealth.io).

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