Creating Deeper Connections Through Telehealth Communities

With Josh Klein, CEO of Emerest

Episode 91

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Josh (00:00):
Telehealth, the health aspect, which is, you know, nursing, doctors, specialists in that arena. And we're very proud of that, that we're really engaging in them in a very meaningful way. You know, nurses even having a conversation with a lot of the patients are listening to little nuances, what they're catching about, what's bothering them. But the real thing that's missing in my mind, and that's where we really shine is the social determinants of health and mental health. And that's where I really believe we're going to be an outlier because for some reason, people are just letting that fall by the wayside.

Introduction (00:37):
Welcome to the health care leadership experience podcast Hosted by Lisa Miller and Jim Cagliostro. Lisa is the founder of Vie Healthcare Consulting and now managing director at SpendMend. Lisa and her team has generated over $1,000,000,000 in financial improvements for Vie clients since 1999. Since 2007, Jim has been a registered nurse working in critical care, perioperative services, and outpatient at nationally recognized medical facilities across 3 states. You'll hear conversations on relevant and trending topics in health care and much more. Now here's your hosts, Lisa and Jim.

Jim (01:16):

Hi. This is Jim Cagliostro, and you're listening to the Health Care Leadership Experience. Today's guest is Josh Klein. Among other things, he's the CEO of Everest Connect, a cohesive and technology driven remote health care collective specializing in home care services that prioritize the holistic wellness of its clients. Today, we're exploring the need to create deeper connections through telehealth communities. So, Josh, welcome, and thank you for joining us.

Josh (01:48):

Thank you very much and thank you for having me. And I appreciate the opportunity talking to you today.

Jim (01:49):

Our pleasure. So, I always like to start our episodes off with just asking you to take a few minutes to share a little bit about your story, your experience. What has prepared you for your role as CEO at Everest Connect?

Josh (02:01):

Yeah. So, I come from a health care background home. Both my parents were in the health care field. My father for years started as an administrator in a nursing home in Washington Heights in New York. And he led a couple of nursing homes for many years and watched him do so. When we had a day off, my father used to take us along. So, I saw, as they say, nursing home setting, institutional setting. And my father really did have a way of connecting with either staff members or patients.

Josh (02:34):

So, I grew up, and my mom at the same time was a work at home mom and started when I was very young, a, nursing agency. And she staffed nursing homes and hospitals, and nurses would ordinarily come to our home. It was a home office. So, I grew up where nurses used to come and have dinner at the my dinner table. Oh, nice. And I saw that interaction, quite frequently. And I was blessed to grow up in a home where a lot of diversity. You know, nurses

are from all different backgrounds, and I got to see that growing up in a certain community.

Josh (03:10):

I got that flavor, and I got that appreciation and respect towards so many different backgrounds from my parents.

Jim (03:18):

That's great. Just even here from such a young age, you're really exposed to that, and you saw that. And I think I read it. Am I correct in saying you're still involved with what your mother started? Correct?

Josh (03:28):

Oh, absolutely. I still carry that flag in so many different ways. We have a very broad ecosystem that currently is Emirates and related companies that I'm blessed to be the CEO. So, Hertz staffing agency it's still active, and it's run by family as well. So yes. Absolutely. Rural care is one of them. So, yes, it's still strong and going.

Josh (03:53):

So, you're talking going on almost 40 years.

Jim (03:56):

Wow. That's great to carry on that legacy and to continue that what your mother started. So, Josh, I did read, that you were featured in an article. I forget which magazine it was, but it said that you continue to volunteer as a paramedic even while you're serving as CEO among these other roles. So first, what's your secret sauce? How do you make the time for that? Also, I want you to kind of share a little bit how serving as a paramedic impacts your leadership style, your philosophy of care.

Josh (04:29):

Sure. So, by now, I don't think I can do one without the other already. It's so integrated into that opportunity as I started off in the Catskill region, as the as

an EMT. And the Catskills where it was a more of a summer, 2 months where I started as an EMT. And I got to see lots of different, scenarios of health emergencies in rural areas where medicine is not so accessible. Certainly, in the New York City area. Even if there's an emergency, there's usually a hospital and, frankly, a lot of good ones in certain areas. So that that I've done an EMT.

Josh (04:59):

It's going on 20 years doing that. And, as a paramedic, you know, when you stand still, you don't grow as humans. So, to me, an EMT, I felt that I outlived that capability, so to speak. So, a couple years ago, it's been in my head for a while to become a paramedic and, to learn more and to be able to really intervene in emergencies and do a lot more with those capabilities in the prehospital and an emergency care. But to your question, how I do it? A, I can do without it. A, first and foremost, my wife lets me do it, to be honest.

Jim(05:35):

That's a good answer.

Josh (05:37):

She's the one that, well, I will admit that, the majority of the calls that I take are in the middle of the night. I'm, as they say, a night medic, so to speak. So, I have a two way radio. That's the way the system of the volunteer organization, Hatzalah, which I belong to, which is one of the largest volunteer ambulance organizations in in the world, frankly. But in here in the United States, we're talking about the few 1,000 volunteers and, you know, hundreds of ambulances, and they're all volunteers. So, I sleep with my two way radio under my pillow. And when and there's an area where today they need a paramedic, it beeps, onto my pillow, and I have my I sleep in scrubs. My wife, as much as she says she doesn't wake up, I'm sure she wakes up plenty of times.

Josh (06:22):

So it's definitely her that gives me the opportunity. But how I do it, I can be sitting and sometimes very important meetings. But if there is a, active

choking in the area of any of the this is that I operate that day, I don't hesitate to go. And, if and I'm in a meeting, that's whether it's an insurance company, a payer, or even government, nobody ever frowned upon me leaving a meeting, of being part of saving someone's life.

Jim (06:50):

I love it, and you're leading by example, but, also, I I'm probably going to misquote this, but I remember reading about a professor, and everyone respected him. But he said he wants his students drinking from a flowing stream, not from a stagnant pond. And what is this idea of a lifelong learner, and you're doing it. And so, I love that you continue to there

Josh (07:08):

Yes. It helps me in so many different ways. As leadership in general, the role as an actual paramedic is truly when there's an emergency, there's usually a pyramid of system where if it's not such an acute emergency, an EMT can be doing this stuff. if it's a trauma, somebody hurts themselves, they don't need. But if it's a true emergency where the person's lives on the line, if there is no leadership, the emergency will go south. It will go sour. So, in order for the call to be successful, the emergency to go well, to have the outcomes that's desired to save someone's life, if they need to get to a hospital alive. There needs to be a lot of leadership in that role and taking control of a chaotic situation more times than others.

Josh (07:59):

And that's taught me enormous, enormous values and learning from other paramedics. You know, what I learned in the health care space. I've been blessed to do this for a very long time, more than I'd like to admit already by now. Different people that have different backgrounds, different capabilities. You know, this, volunteer organization has, you know, a few 100 paramedics and seeing how a paramedic that is a shop worker or a baker or a Forbes list guy or a finance guy, how they lead is learning. If you're constantly learning, learning their skills how to engage. So, it gives me enormous amount of learning experience and insight and being able to carry it over to what I do in the, in my workspace.

Jim (08:48):

That's great. And I love what you're saying. You admitted. You've been doing this for a while, but people want that, not just leadership, but experienced leadership. And you you've seen the good and the bad. You know what works, what doesn't. Then ideas you're constantly learning too. That that that's awesome.

Jim (09:02):

So, I did read, one quote from you I wanted to share and maybe have you break it down a little bit. You said that poorly applied technology can strip the humanity from health care. I wholeheartedly agree. Can you break that down a little bit more for our listeners?

Josh (09:17):

Well, first and foremost, thanks for picking that card because I couldn't agree with that one more. And it's the, I think it's just a trickle, then there's just a snowball effect how this happened. You know, technology, everybody wants a piece of it in a certain way, but it's more from the business side. Lots of leaders in whether it's payers, hospital systems, frankly, or people that are in the health care space. The word technology just became, you know, a thrown around sexy word to say, let's apply technology, let's apply everything. And they, in my mind, it's driven sometimes, not by all, but it's driven by certain needs or certain desires, not really wanting outcomes for the people that are receiving care. And when we and I think the biggest fault to that is once they convince themselves that they applied technology, they automatically take a back seat and said, let the machine do it. And that's where you fall off.

Josh (10:21):

If you take off the eye of the prize that you want to treat somebody well. In our in our case, it's patients at home. Yeah. We can throw certain technologies. You can throw monitors and, you know, monitor their vitals. And the company is like, oh, I saved a couple of dollars. And that is not what health care is supposed to be. That that is just going to further break the system by perhaps maybe saving money to certain people that are their jobs have to save money.

Josh (10:51):

So, leaders in health care systems, a lot of them have lots of pressures from boards, etcetera, where they need to, they they're busy with quarterly earnings, looking at that. And they come you know; they'll throw and direct technology towards that versus really getting outcomes that you want for your patients and people that need care.

Jim (11:14):

Yeah. I love that you touched on the fact that sometimes I mean, the attention is good, and we might introduce a technology that solves 1 problem. Maybe that problem is cost. Great. Or maybe it's an issue with patient care, but in solving that 1 problem, you might create 2 or 3 more problems.

Josh (11:30):

Absolutely.

Jim (11:31):

So, we have to approach it intelligently and with evaluation and say, okay. Is this really gonna help?

Tony (11:37):

Correct

Jim (11:37):

So, I want to ask something and really kind of the focus of this conversation. Since 2020, telehealth, I mean, we all know. Our listeners know it's become more prevalent. Advancements that have indeed advanced the quality of care. But you believe something is missing in many of these telehealth. Do you mind explaining to our listeners what you feel is missing, what's that missing element, and why you feel it's often neglected?

Josh (12:01):

Absolutely. I'll go back to what you just said, 2020. And the reason you said 2020, which is true and its telehealth mushroomed is the need just it was forced upon, frankly, lots of providers. And they relied on just that when COVID came. And there were millions of people that were in need of care and had no access to care simply from a logistical standpoint. You had, hundreds of thousands of patients millions of patients that needed for whether a doctor's visits how many doctor's visits were simply missed because, a, the doctor wasn't available. He was home hiding under a blanket rightfully slow on their bed, and the patients couldn't even access them.

Josh (12:49):

So, there was definitely no question that the telehealth concept, of course, the reason why it mushroomed is, you know, necessity is the mother of all invention as they say. So, there was a necessity to connect patients with whoever that is. So, the telehealth, of course, made sense and there was a need. So, of course, today that the simple concept where you can speak to your physician on camera, it was good in 2020 when COVID was there. It's still good today. It still needs a lot of work. It shouldn't be missing these elements, about 2020 really blew that up in a way. And lots of people stayed stuck in that 2020.

Josh (13:33):

They stayed stuck in, oh, I can give my patient an opportunity to speak to a doctor, I'm frankly Bill. I don't like to speak ill of the way it's doing it. But so many of these programs are just designed of following billing codes and trying to make business out of it. I'm an entrepreneur, and I'm all for doing good business and creating companies that, a, create jobs. But the second you lose focus on the bigger picture; we will see trends with the telehealth with certain entities that have tried. And they might have had amazing intentions. No questions.

Josh (14:18):

But they're losing sight of lots of different areas. And so, in the space that we are and we look at the holistic approached to telehealth is the last thing is we, you know, I home health care companies that I've taken over from my parents. You know, I, you know, I like to call it the mom and pop field. The

larger we've gotten, we're blessed to gotten in multiple states from Saint Louis, Missouri that we have thousands of patients that we do, to Connecticut, to Pennsylvania, and to here in New York and New Jersey, so many different areas, is you really cannot lose sight of everything that you're trying to accomplish. So, by just giving them access to doctor visits, or to even nursing, which we do very, very well through our systems. Yes. Our telehealth has that approach where, patients can talk to nurses 247. We do monitor them as well.

Josh (15:13):

Our system monitors them. We have systems that, put them in certain categories, high, medium, low risk. And based off of that, nurses know how often do they check with them, how often do we convince patients and or caregivers to take vital signs? Sometimes you don't want to even overdo it, and that's where sometimes telehealth can be a problem. You want you don't want them to become telehypochondriacs, where they constantly are just taking blood pressures, and all you're doing is making them more anxious. You know so if you really want to have good outcomes for your patients going back, if you are the one that's receiving. If it's your grandmother, you don't want her constantly saying, oh, look at my blood pressure. Look at my heart rate, my o two set. So, there are so many different things that you want to really accomplish.

Josh (16:05):

So, and that's even on the clinical side, which is telehealth, the health aspect, which is, you know, nursing, doctors, there's, specialists or that area, which in in in that arena needs still needs, and we're very proud of that, that we're really engaging in them in a very meaningful way. You know, nurses even having a conversation with a lot of the patients are listening to little the little nuances, what they're catching about, what's bothering them. But the real thing that's missing in in my mind, and that's where we really shine is the social determinants of health and mental health. And that's where I really believe we're going to be an outlier because for some reason, people are just letting that fall by the wayside.

Jim (16:50):

And a lot of times in health care and in any business, we talk about differentiators. And that's one of those things that just in my reading up on you guys, and that's one of those differentiators. And I love I I appreciate how you said, even as you've grown, trying to maintain that mom and pop Absolutely. That connection with patients. That that's incredible. Yes. So, if you're just tuning in, you're listening to the Health Care Leadership Experience, and I'm your host, Jim Cagliostro. This show is sponsored by Vie Healthcare Consulting, a SpendMend company, which provides leading edge financial and operational consulting for hospitals, health care institutions, and other providers of patient care.

Jim (17:28):

Since 1999, Vie has been a recognized leader in health care costs, hospital purchase services, health care benchmarking, supply chain management, and performance improvement. You can learn more about Viehealthcareconsulting@viehealthcare.com. So, Josh, I want to follow-up on that conversation over what's missing. What do you believe is the answer? And maybe it's one overarching concept that we're just missing, or is it a much more complex, like, multifaceted approach that we need to in order to not neglect the social and emotional aspect of the person?

Josh (18:03):

It's unfortunately multifaceted. Okay.

Jim (18:06):

I thought you might say that.

Josh (18:08):

I wish I could say that it's just one thing. And because we're talking about so many different ailments that patients have and emotional problems, mental health problems, you know, we don't address. And I think the first real task that we have is getting a true picture of each individual of what their needs are. No needs are alike. Every patient has different needs whether it's their, what, their background, whether it's their religion. There are so many different aspects to emotional and mental health that are just simply not

addressed. So, for example, what we do is the assessment that we make when we do have an opportunity to take somebody on to our telehealth program is really understanding really their social determinants of health. What's their home look like? What are the issues? Do they have family? Is their family in the area where they live? You know, is their daughter if they if our patient lives in New York, they might have family there, but they might be living in Nebraska.

Josh (19:16):

Are they really alone? How long have they been alone? Loneliness is such a broad word as well. Loneliness doesn't necessarily mean that they live alone. Some people are lonely when people are right there in their home. They just might be there. They're just people that are just you know, they like there's some people like to be alone, but it it's truly understanding really what are their needs. A lot of people, especially the elderly, they tend if they don't feel well automatically, besides their mood changes, they truly have whether it's anxiety, depression, and mental health problems. And if the assessment that we do is really get a real as much information as possible on that individual and put in things in place to address them. So, when we make that assessment, the same way we have a risk assessment on the clinical side of, you know, whether they need a lot of nursing.

Josh (20:12):

How much social interventions do they need? Do they need a social worker every day? If somebody has, true, for example, mental health problems, and lots of them sadly do, whether they've had it for all their life, or if it developed over time, or frankly, COVID did them in, so to speak. So is addressing them and helping with that and giving them really tools to have somebody to speak to. Besides that, we have a large social group program. We have social works that that speaks speak to them. We have psychiatry and that truly understands their medications, understanding, managing their medications properly. Well, how many times we've had patients that when we took them on the clinical side, no. There's no mental health problems. Magically when we did the assessment, somehow, we found out, you know what? They can use something to help them.

Josh (21:10):

And we're just enhancing finally and making their day better, having the opportunity to help them in their needs and their a psychosocial and mental health needs, and it's addressing that. And that's one of the key components that companies are just not willing to see. A, it's very expensive to operate. But long term vision, and that's what the I you know, as a CEO, I'm blessed to have a larger picture on it. The same way the chickens comes home to roost when you don't do well. You invest in in social and mental health. There's no question in my mind that if you address all those needs, if somebody feels good about themselves, their clinical and health, physical well-being will also get a whole lot better, which is a lot of things which translates in from a business standpoint, dollars, and cents, making sure they don't end up constantly going to the hospital for no reason.

Jim (22:06):

Yeah.

Josh (22:06):

And one of the things that I just want to add, which what we're seeing is we have a nursing department that's managing their clinical needs and the social needs. The crossover is absolutely phenomenal. The the nursing team picks up certain things that they will call social work department. You know, the patient just mentioned me something. I think you should have a conversation with that patient about it and vice versa. And there are lots of medications, for example, somebody that takes blood pressure medication or certain heart medications that directly correlate to their mental health. So, we're seeing we're doing lots in that arena, and that's my pride and joy is the social and mental health that we're building out. And we're doing lots of different very cool ideas and constantly advancing it.

Josh (22:52):

And the more we do, the more we're learning. And the more we want to do more, and we're going to figure out ways to really advance it.

Jim (22:58):

That's great. And like you said, it is multifaceted. It is complex, but I love that you're sharing. You're very clear on the fact that we need to have a big picture. Health care is not just fixing the body. I was at the bedside on a cardiac unit for most of my we're at the bedside. And it's not just about fixing the heart. We need to address those other issues, and you listed those factors.

Jim (23:19):

There's so many to consider. And I think the fact that you said there's communication between the nursing team and the social support, we need to have that in health care. Absolutely. So, I want to follow-up with that. You mentioned social groups. This idea I don't know if I'm using the right term. Please correct me but creating virtual communities. Does Everest Connect, It sounds like you guys are big on that, at least in terms of connecting patients with other patients.

Jim (23:43):

Can you explain how you've done that and how effective that has been?

Josh (23:46):

Very effective. The the short answer is very effective. Like I said, we didn't want to stay stagnant in anything that we did. Home health care is, in the traditional sense, is sending a caregiver into the patient's home, sending a nurse. That's a 1 on 1 concept. So even in that arena, you have to be very lucky that the caregiver or the patient truly click, not just they help them on their daily needs, but is that caregiver somebody that the elderly person will say what's bothering them? Can they connect with them as a true companion? The word patina is just thrown around so easily. Is that somebody that if something's bothering them, whether it's like saying, you know, I'm having problems with my daughter or, you know, I just had there was a family issue, and it's not always the case. It's not always the case.

Josh (24:37):

The grouping model, what we did is the same way there's a saying misery likes company in a certain way. You know? And I know that's not the term the term is just the opposite. You know, people just like people just like company.

And, you know, the 1 on 1 concept is very, very good. But if you we're talking about home care patients that don't get the opportunity at the snap of a finger and just go out. Whether if they're homebound or even if they do go out, an elderly person until they go out and they'll tell they you don't see many people 8 o'clock at night, a group of 75 year old getting together for dinner. It just doesn't happen that often. You might see it here and there, you know, where they have a, a $30 free buffet once a month.

Jim (25:23):

That's right.

Josh (25:24):

But you're not going to see it in a systemic way, and it's not that popular, frankly. So, what we really believe was how can we take somebody that's ordinarily home alone, or even if they do have, make them belong to a group. I you know, what we did was the best way to explain it is, you know, if you listeners remember the AOL chat groups back in the day where there were these groups. This, what we did was, and we made groups. It is we derived it from, yes, artificial intelligence and machine learning, but not before we really did lots of research. Everybody had input. So, what we did is we're it's we call it a grouping model where the groups are up to between 6 to 10 elderly on a group. And we wanted to give that group legs and have, you know, the best potential for success.

Josh (26:20):

And so, the nursing department had input as to how that group was created. The social workers had input, you know, where that specific individual can in which group they would fit. And then we use technology to mush it all and to gel it all of us together. And we still reviewed it as humans to see. So, now we have dozens of groups where we have elderly on our platform. They play games. They talk politics, news, current events, and we're seeing so much success on our platforms where these groups are, and it's lots of different timing in the day. Some of them are up 5 o'clock in the morning already kibbitzing and schmoozing as a group at 5 AM.

Josh (27:07):

And I go on to and I go on to our platform, and I don't have to tell you how it makes my day to see, you know, there's 6 groups going on at 5 in the morning, and you're talking about elderly. There's usually they were never around, you know, they had nobody to talk to. But as a group currently, you know, they really have their own community virtually, and they're on there, and they'll go on. It's been so successful to the point where these groups, if for some reason somebody falls off a certain group, whether maybe they were hospitalized. They don't let anyone in. It became it became this little group.

Jim (27:44):

Really type bond. Yeah.

Josh (27:45):

This is this is our tight little group, and we didn't want it to stay that way, and I'll explain how we made sure. So, we have, for example, games that groups play against other groups, so they get to meet other people. So, we didn't want to keep them in that box of their grouping. So, we want so we're they're we're building what we really wanted. The system is meant to create a sense of community. Belong somewhere, talk to somebody, ideas, baking ideas, recipes, exchange ideas, keep your mind fresh, and we're doing we're very successful with it.

Jim (28:20):

And that's great. And that sense of community, that sense of belonging is so important. I have to ask because I I'm thinking of my own father. I gave him my old smartphone, and he was like, no. Like, the technology cannot help. And now he loves it. But what if you have that elderly person who, yes, the technology is a great way to connect, but they're really resistant or just, you know, struggling to embrace the technology side of it. How do you approach that?

Josh (28:45):

I can relate to exactly what you were saying. I'm like, know, when my parents when I tried to teach them FaceTime.

Jim (28:51):
Yeah.

Josh (28:51):
I mean, I obviously this you know, I'm not an ENT specialist, but I was seeing the inside of the air and inside of their nose. They didn't know how to handle the cameras, etcetera. It was Yes. Yep. And so I can exactly relate to that. So it's twofold. A, there's lots of besides the ones that they just physically can't adapt yet, you know, it's hard for them to adapt technology. There are demographics that we have.

Josh (29:18):
There are populations that we have that are simply afraid of technology, not because they can't. They come from backgrounds where they always feel that people are spying on them, for example. And that is something that and if you we are not aware of just to shove it to them is definitely not the answer. And one of the things that we do is when we do go into these patients' home, we have the people that install the equipment in there. There's not they don't leave before 45 minutes, and they'll come back slowly. Slowly. We we'll watch. This is how it's done.

Josh (29:55):
They slowly adapt. It's very, very hard. For example, first, use audio. Use audio. Use audio. Sometimes slowly introduced. And we have on our program, you know, I don't know if you read, but we built our a television studio that's that

Jim (30:11):
I didn't see that. No.

Josh (30:13):
Oh, yeah. Yeah. Yeah. That's going to revolutionize, frankly, in in my mind, what we're accomplishing here is, when I did it, frankly, you know, in hindsight, I don't know what I was doing. I guess I just always wanted to be on television. And they wouldn't cast so I built my own. There you go. But, we built a television studio in Bronx, New York.

Josh (30:37):
Just the same television studio as you can imagine. The, you know, the CNNs and the NBCs and the Foxes, we built a television studio. But it's not a one way streaming. It's just it doesn't produce just content. We build proprietary software where there are huge monitor walls in our television studio, where the elderly, I'll give the perfect example, our part of the audience. So we have host and hostesses that have this time slots. What's today? Today is Tuesday. Now 12 o'clock.

Josh (31:11):
It's town Tuesday. And, so I just happen to know if the you know, I don't know the programming. And, the patients that are at home, they log in and, you know, they are the audience. So for example, I'll give the example of Who Wants to be a Millionaire, that that game. So instead of just watching the show, the host is asking for people. The patients that are sitting at home are on screens in our studio.

Jim (31:37):
What an idea.

Josh (31:38):
They're the ones that are being asked the question, and they're answering it. So yeah. So we have enormous success in in in in that arena. And guess what? We're seeing so many of slowly, we're seeing our engagement continuously go up and up and up and up because we're giving them exciting stuff. And, you know, back to your question, how we, you know, the technology to introduce them. If you make it exciting, interesting, teach them, understand stand that the baby boomers that might not be so adapted yet and giving them the time to learn. You got to work on it. You can't just relied that it will just happen.

Josh (31:16):
You got to really work and try to give them an opportunity to engage.

Jim (32:22):
I had no idea about the TV

Jim (32:24):
what a creative idea. And I think sometimes you see that the greatest success stories are, we don't really know what we're doing, but let's jump in with both And let's do it. And it seems like it really is making an impact on patients.

Josh (32:35):
It's it the, you know, I constantly go you know, I'm you know, it's in the Bronx. So we have offices, you know, lots of different states. But it's one of my places if I just go there even if I don't have to, so to speak. And I just watch the screens where the operators are operating and they're pulling up the, you know, oh, Betsy wants to answer. And she pressed the button to answer that question. The engagement that we're seeing through that is, you know, who doesn't want to be on television?

Jim (33:05):
Right. Right.

Josh (33:06):
And that there is something so genuine and cool about it. So we'll see when before the program starts, how many times I've seen, and this is lots of times, where home health aids and caregivers will actually make dress up their patients and do their hair because they're doing on television. That's awesome.

Jim (33:25):
I love it.

Josh (33:26):
So it's truly understanding. I put even yourself you're putting yourself in their shoes. What would you want if you're elderly, home, bored, alone, not feeling so well? And that's what we're, so blessed to have created, and we will continue until the day. This is just, as they say, studio 1, and we're in the works of, currently, it's in in mid construction for other studios simply from a language standpoint. Because since it's since it's virtual, it has to be in different languages. So we're creating one that's now, going to be, Spanish and then in Chinese and a different, languages.

Jim (34:05):
That's great. That's great. So I feel like I don't even have to ask, but I think our listeners will want to know. I know this approach is more effective, a 100%. I know it's more effective than just, okay. We're going to fix the body, and we're here for 30 minutes, and then we're out. But Right. How do you measure that, had the effectiveness.

Jim (34:22):
I don't know if you could share any, like, success story. Would you see someone at the beginning of their relationship with Emirates Connect To maybe 6 months in or a year in. How do you measure or see that success?

Josh (34:33):
Right. So if you didn't collect the success or from day 1, then you're you lost the opportunity to truly make truly make it better. So everything that we do, we're collecting information to try to understand. So when we take them the day 1, is for example, on the social component is, for example, besides the patient satisfaction, that's also a very easy thrown around word. Of course, if the patient is removed, the press 10. 1 out of 10, 10. That's not that's good. It's a good measure, very, you know, action surveys all over.

Josh (35:11):
They go to the hospital. You know, if the nurse happened to have been really nice and them upon discharge, ten. You know? Yeah. So that's not good enough. And we ask we do try to get satisfaction surveys, so to speak. But what we really see is how much are they really engaging with us? You know? How many are they what and the way we measure it is, for example, on the social side, engagement hours. If on the grouping model, how long are they really on there? How long are they keeping active? And that we are measuring all those things constantly. So, for example, the grouping model.

Josh (35:29):
What times are they really engaging? How many hours a day are they on there? How many are they? We don't and I just do want to really, you know, get to that is, you know, it's very easy from a, you know, technology standpoint to want to do this. And I believe we can just discuss that. I don't

want them from a CEO. My responsibility is their well-being. And to be them to become telehealth couch potatoes is also something that I don't want. Okay. Just to become, you know, the same way we see little kids today. They can be around the dinner table in restaurants, and it's sometimes absolutely bothersome, where all the kids, the parents are sitting, taking them out for dinner.

Josh (36:34):
They're on their phones.

Jim (36:35):
Yes.

Josh (36:36):
It and that is also something that we don't want. I can address that what we're doing about that. But, and we have you know, we're blessed to have some we've gotten some very good ideas to make sure that that doesn't happen. You know so, yes, we want engagement hours. You're asking me how we measure? Yes. We measure their engagement hours. Are they at healthy times? They have good times. So we can see our success.

Josh (37:02):
How often did they call their social worker? Did they speak for a good 45 minutes? Did they did they not? So we have everything that we do is we measure in order not just to see what our success is. It's what do we need to change? What can we do to make it a better product for the patients that's sitting at home that need this, social interaction, mental health interaction, psychiatric interaction, and clinical interaction. So everything is measured by engagement and truly understanding, hearing back, criticism. And we love criticism. That's what helps us grow in both of that.

Jim (37:39):
Yes. I think that's an incredible point that you brought out. And we don't have time to explore it, but just the fact that you recognize it. It's not like a social media company where, hey. We need you on this platform as long as possible. You're not, you know, selling ads or anything like that. But it truly is about the outcome, about the patient experience, about really improving the

lives of these patients holistically. Yes.

Jim (38:02):
And the fact that you're recognizing, hey. We also don't want to go too far this one direction. I think it's so valuable for

Josh (38:08):
We have answers to that, and we're working on that. And I'd love to share that aspect the bit because we don't want them to become tablet. This is the last thing that we want to do. It's very unhealthy to have people just constantly staring at their screen. So besides programs that we do, that we engage with them with exercises, get your you know what out of your bed a little bit or out of your recliner there. You know, we do a lot of yoga exercises with our elderly through our platforms. But one of the things back to the grouping model, and that's the one thing that I promised myself and to the people that that helped me build this, is I don't want that to become that. That's not something that we wanted them to become telehealth potatoes.

Josh (38:54):
At the community building, the grouping model that we're our aunt we're one of the things that you might have not read what we do in in in our space. You know, I'm blessed to be the CEO of thousands of caregivers. So in every state and borough that we operate, we built an oasis for caregivers where they can go. And it's a like a 5 star spa where they have manicures and pedicures and hair services for free for our home for our home health aids. So the thousands of home health aids that we have, they have access to that. We want to build them. So that's primarily on the weekends because caregivers work during the week. So what we're doing is taking these groups of elderly now that have been created, and we're having them come out and have lunch together.

Josh (39:42):
So we want them to get out of the house as well. So those groups are actually meeting in person. So we want, yes, of course, you can meet online, but we've had success slowly, and we're not there. And we've gotten a rather small group already that met already for lunch and are coming. And we set up, for example, a day when the spa is not that busy, a group of elderly came

together that were in a group, and they got and they had either lunch, and they had their nails done. We don't want them to strictly become telehealth potatoes and also go out and have an opportunity to be like everyone else and enjoy the outdoors and outside.

Jim (40:21):
That that's incredible, especially for 5 years ago, a group of the population where they wouldn't have had any connection. And there have been, like you said, loneliness, a major issue, depression at home. Now they're connecting virtually, but also connecting in person. What an incredible story. I love to hear that that that's not the end goal, just that, You know, virtual connect. There's nothing beyond that. That's awesome. So to end our time, Josh, I really appreciate everything you've shared.

Jim (40:47):
I think it's given our audience a great insight into what Emeritus Connect does. But do you mind just sharing personally some leadership advice that that has maybe carried you through your career or even something that you've learned through your, you know, varied experiences.

Josh (41:01):
I learn every day from the people around me. And, leadership is letting other people shine. And, you know, to me, the word CEO, the e, has a lot of different meanings. It's he's emotional. It's so many chief entertaining officers sometimes. And, yes, the number 1 is you have to lead by example. And a different CEO position in the finance world is might be different what that leadership means. In health care, when you don't sell a commodity, but you quote unquote sell care.

Josh (41:36):
If you genuinely do not show the people that are helping you build these companies, and you do not really have that same vision, and letting people shine in their position. You first and foremost have to care for the people, for the people that are working with you, whether it's the CEO COOs, nurses, home health aids, a, you have to let them shine. Let their ideas there's no such a thing as a bad idea. I've never ever dismissed an idea. I might have inside thought, yeah, I don't know. But not to let them feel that their voices

are not heard, that's the worst thing. Everybody wants to feel that they add value in a certain way.

Josh (42:21):
And, frankly, if you do not show appreciation and really giving them their due, whether it's financially or making them grow. Every person wants to feel that they want to grow. Nobody wants to stay in their own position. And I understand that there are many people that want my seat, so to speak. And I truly appreciate that. And, and, you know, I want that to happen to them. There are many people within the companies that I've built that I've personally help them get CEO positions. And nothing makes me happier.

Josh (42:53):
And if they feel that, they will do everything. So leading by example is truly caring is, like, how would you want to be in those shoes? If you're a nurse, how can you help them become a director of nursing? If there's a director of nursing, how come how many nurses that I've personally paid for to become nurse practitioners? I want them. So it's leading by example, constantly really appreciating people, listening to them, learning, not thinking that you're the smartest person in the room, frankly, walking into the room thinking that you know x and learning that much more from others.

Jim (43:37):
You care for them, so we care for you.

Josh (43:39):
Yes. That's and that's it can't just be a quote. That's why when we built these spas is we invested in doing them. If you care for our patients, we will do everything to care for you, which means whether it's from, the government front, the political front. I constantly engage with lawmakers. How can I make sure that caregivers get paid better? I fight unions. I fight unions to make sure that they really take care of the employees. So if you really don't really put yourself in every one of them their shoes, yes.

Josh (44:16):
So you have to care for them. It's just this is the business, and this is quite frankly, Amherst and its companies have been successful is Neville taking

more of the eye of that concept.

Jim (44:28):
Josh Klein, you're not just saying it. You are doing it, and, clearly, I think our listeners have gotten a little bit of insight into to MRIS Connect and to all that you're doing. So thank you so much for being on the show today, and thank you to our listeners for spending time with us today. If you have any questions about Vie Healthcare Consulting, a spend men company, Or if you want to reach out to me or Lisa Miller, you can find us on LinkedIn as well. We at SpendMend love helping hospitals save money and enhance the patient experience. And I know that the episode today gave you some new insights and some ideas to consider in your own career and your own health care organization. Josh, thank you again for being with us today.

Josh (45:04):
Thank you so much, Jim. It's been an honor and a pleasure. Thank you very, very much.

Speaker (45:06):

Thanks for listening to the Health Care Leadership Experience podcast. We hope you've enjoyed this episode. If you're interested in learning new strategies, best practices and ideas to utilize in your career and health care organization, check out our website at viehealthcareleadershipexperience.com. And, oh, yeah, don't forget to rate and review us, and be sure to join Lisa and Jim next time on the Health Care Leadership Experience podcast. Thanks again for listening.

MEET LISA MILLER

"It's important for hospitals to have a clearly defined cost savings strategy with purchased services as a component to that strategy. We provide our clients with a focused roadmap to achieve those savings through our expertise since 1999."

Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than $720 million in financial improvements for VIE Healthcare's clients.

Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/ telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through frontline insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.
She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book The Entrepreneurial Hospital is being published by Taylor Francis.

MEET JIM CAGLIOSTRO

Jim joined VIE Healthcare Consulting in 2018 and brings to the role over a decade of critical care nursing experience at highly regarded medical facilities across three states.

During that time, he observed both the 'good and bad' of hospital operations in a number of regions, giving him a unique insight and understanding which he brings to VIE Healthcare Consulting's clients.

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MEET JOSH KLEIN

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