P5 Protocols - Babyscripts Transcript

Welcome to the next edition of P5 Protocols. If you are not yet on our mailing list, please email us at protocols@p5hv.com or go to www.p5protocols.com and in the upper right corner click on Contact Us and add your name and email to our database. You will then receive our newsletter and podcast every time each is posted.

Last week, I had the distinct pleasure of interviewing Juan Pablo Segura and Anish Sebastian, the two founders of Babyscripts, a P5 Health Ventures Portfolio company. Several years ago, these two men set out to change maternity care. I will let their words tell you why and how they got there. What I can tell you is that they are thorough and relentless in pursuing their dream of leading the transformation of maternity care to one that leverages technology to lower costs, increase accessibility, particularly for Medicaid patients, and create new revenue streams for the providers, the last part being a unique aspect of their business model. So many startups look at the legal and psychological barriers to getting large institutions and practice groups to change that they go the consumer route, a path that rarely has solid long-term business value.

These two men have built up the trust of major medical centers from George Washington University to Northwestern to University of Pennsylvania to UCSF and other major centers, and for good reason. We at P5 see them as likely being the platform with all of the important relationships and legal agreements that other startups and even more established companies want access to. In other words, they have set themselves up to be a platform for the next generation of maternity care. And with that, here are the founders of Babyscripts.

[00:02:08] [DE] So I am here today with the founders of Babyscripts, which full disclosure, we are investors in Babyscripts, and we're investors because we're believers not only in the people themselves but what they are doing with maternity care and with that I want to welcome you gentlemen.

[00:02:30] Thank you David for having us. Thank you David. It's exciting to be here, excited to be on the podcast with you.

[00:02:38] [DE] So, so what I'd love to get through today is your backgrounds and the history of Babyscripts, how you came to be and how you see maternity care evolving. So, I'd love to start, Juan Pablo let's start with you.

[00:02:57] [JP] Sure this is always a fun question for us to answer because it always comes back to the fact that two bachelors with no children with no background in health care somehow decided to start a technology company that would transform how pregnancies are managed in the United States and abroad. So I don't know if I can connect to all the pieces. I think it's more like disruption where things just somehow come together. But just background wise traditionally I'm an accountant and East Asian studies by training and I actually met Anish working at Deloitte while we were finance consultants, and through a couple of very personal experiences, both myself and Anish were turned into healthcare technologists and enthusiasts and that's how we ended up starting the company and why we went into prenatal care; but, I'll let Anish, kind of complement some of the background that I've provided. But it's really exciting to come into the industry with kind of an outsider's perspective and trying to think logically about the problems we're solving and then trying to apply logic to the solutions that we're building and I think that's given us a really refreshing view on pregnancy in general.

[00:04:17] [AS] Yeah I know it is. It is a little bit of an interesting background, right. We were both consultants, we worked for large financial companies right when the big crash was happening. Most of the companies that I worked for are either bankrupt now or have been eaten out by someone else. But really from my standpoint, I was always very much interested in data tracking, the quantified self

movement, all of that, when that was going on; to this day I run the QS meet ups here in Washington D.C., very passionate about data, data tracking, even biohacking - that whole realm. So that sort of spurred my interest into healthcare and really started an exploration into the delivery of healthcare in the United States. And clearly there were a ton of issues and that's how we serendipitously I would say found the maternity area and obviously ripe, ripe opportunities there.

[00:05:19] [DE] So when did you start the company?

[00:05:22] [JP] Started the company in 2014. Yeah and a lot of that was based, so when we first left our consulting jobs at Deloitte we knew that healthcare data and the Internet of Things would transform health care and so that was the initial thesis that we brought to the table and through a combination of both opportunity. So when we looked at different areas that you could apply technology to transform, you know you have heart disease, you have diabetes, you have COPD, you know for... And what we ended up choosing right maternity, we actually looked at each space and we realized that no one was addressing or working on pregnancy related issues and management. So one of the reasons why we ended up going into this space was because there were no competitors. And as Peter Thiel likes to say, the best kind of business is a monopoly. And so we were hoping to really become a brand name in this space but we also realized that pregnancy and the history of pregnancy really hasn't changed, the management of pregnancy hasn't changed over the last 30 to 40 years. And you know while the cost of care has tripled in this space, low birth weight, the incidence of low birth weight, preterm birth rates are not decreasing, they're increasing. And if you look at everything that happens in the pregnancy journey there's an accompanying technology that can be directly applied to make interventions better and faster. And so that's you know one of the things that we are most excited about in 2014 that you know pushed us to start Babyscripts

[00:06:59] [DE] And so one of the things that really attracted me when we first started talking were some of the anecdotes were what using a nudge through a phone, what using a scale at home and cellular. So getting that information out as well as a blood pressure cuff and the ability to remote manage patients, and create this platform around everything from information for the patients scheduling, et cetera. So maybe you could describe what the company, what it started (with), how and how it's evolved over the last year or two in particular because it's evolved quite a bit, I know in the last year or so.

[00:07:39] [JP] Sure so I'll take a stab and then you can you can jump in. So essentially when we first started again we chose maternity for variety of reasons but we created to actually take a step further. So in analyzing digital health, right, the industry in general and where to start we chose maternity. But one of the big things that we were seeing in a lot of other digital health companies that were not succeeding. They had gotten a lot of money, but the results were very questionable and benefits etc.. One of the big realizations that we made was a lot of companies were trying to circumvent the patient-provider connection and relationship, because it was a very difficult thing to directly impact and integrate into. When you think about going through the different stages of selling a solution to a doctor or to a health system, very bureaucratic, long sales cycles, tough personalities at times to deal with - from you know biases against change, workflow improvement. So for a variety reasons we saw that there was you know this core channel that just wasn't being leveraged but at the same time that was the key when thinking about deploying technology in healthcare. So when we first started we were very focused on tapping into that channel between both patient and provider spending time figuring it out and really thinking about how technology could directly impact pregnancy. And so you can probably fill the story about George Washington University Hospital and how we started with our first experience ,and then gone into high risk, Anish.

[00:09:20] [AS] Yeah yeah for sure. So we looked at the pregnancy journey you know mom gets pregnant some time between you know gestational age you know they'll know it between gestational age 4 typically by 12 they'll know from that point on. You know in traditional delivery of healthcare they have these routine appointments that take place at certain level cadence right. They get bits and bytes of information through that process. And you know obstetric care today and midwifery care also is meant to capture certain spikes and risks as Mom goes through that pregnancy. Right. So

when we sat down with our initial partners George Washington Medical Faculty Associates here know we sat down with some of their best OBGYN's, and said you know how would you rethink this. And you have heavily engaged patient here young tech savvy especially a first time mom, deeply curious about how they can be engaged in empowering the pregnancy. And I say you know we could really do a couple of things. Number one is just because we're not seeing them doesn't mean that we can't provide them with information and collect data from them. Right. They really started to frame our thinking which is how can we on a daily weekly basis nudge, prod, really provide moms with necessary information into their gestational age but also collect data from them. So our mobile apps does exactly that. There's a tremendous amount information there. That's specific to their provider as well as pointing out everything from you know how do I get to the labor and delivery floor at the hospital. Right. Something very specific to their journey, to how much coffee can I drink today. Right. And then you add to that we leverage IoT devices, blood pressure cuffs, scales, that type of thing to collect data very seamlessly from the mom's home. Right. So we're collecting continuously providing information and collecting information. And that was the underlying thesis which as you know from start to finish up to 12 weeks postpartum, can we connect the mom, continually empower them and collect this data. Right. And then obviously we started with what I consider a lower hanging fruit, which is low risk uncomplicated cases. And then over the last 12 to 14 months or so we've expanded into both medium risk categories and aggressively go into high risk categories right. So that's been kind of our journey and our stories. I know we rambled on a little bit there but really gives an idea of the product.

[00:11:55] [DE] So explain your business model and integrating the provider into your system and maybe even just a very quick how doctors get paid. Both on the Medicaid side and maybe some numbers on, versus well, on the Medicaid and on the private pay.

[00:12:13] [JPS] Sure. So when we first built our product suite with George Washington University Hospital in consulting a lot of the OBGYN there you know we kept asking them OK if you're going to pay for something you know, what does it have to do. And I think one of the areas that has become very cliché in digital health care is this concept of patient engagement because obviously empowering the patient with information is incredibly important. But one of the core kind of gaps in getting these tools are that concept of patient engagement and a patient's hands; sometimes there's an indirect financial benefit to the provider or to the payer outside of some downstream soft benefit of patient education. And so knowing that going in when we first started you know all the physicians said Okay patient engagement is great but that's not enough. You have to impact my bottom line. I have to make more money today not tomorrow for me to actually deploy this across my health system and onboard patients. So when we started Babyscripts, we were very conscious of return on investment and in hard dollar ROI. And so we looked into how pregnancies were paid for in the United States and we've found something that really surprised us. And actually to this day not many people know about which is a majority of pregnancy care in the U.S. is paid for through a professional fee, what's called a global fee which is essentially a lump sum payment for all the time spent during prenatal care, the time spent delivering the child and typically postpartum care. So it's one fee.

[00:13:57] And so it's pretty close to what a lot of people have heard about which is bundled payments. The only issue or difference is if for example, in a bundled payment, everything is one payment regardless of complication and pregnancy. Only the outpatient general OBGYN time and resource is lumped together; if there's a specialist that gets involved, like a maternal fetal medicine doctor or if there's a C-section during the delivery, the doctors get paid more. But in the routine part of managing pregnancy, there's this all in price. And so when we realized that reimbursement was capped, it wasn't fee for service. Literally everything transformed for us because we started looking at the devices, the app that we were delivering to patients and we started asking ourselves OK, what can this do to automate the obstetrical journey for the provider while also making care more convenient for the patient, and if you look at the patient, this is the perfect patient population to think about a consumer oriented experience right. Young, motivated, working, you know heavy consumers of new products and services. And obviously part of this whole like social media millennial concept or framework. And so you know we've really built Babyscripts around automation and so like for low risk pregnancies for example by supplementing the inpatient kind of, or the in-office care that typically might happen with a pregnant patient with remote monitoring, we actually reduce the number of visits

necessary to manage a low risk pregnancy from 14 to around 8 visits. So that's how we look at a return on investment for a low risk pregnancy with their low risk product. For Medicaid patients, this is where we start getting into the weeds. So where commercial plans a majority will pay this global fear lump sum payment, most Medicaid plans actually pay a fee for service still. So the same concept doesn't really work very well where you're reducing visits so we actually built a product that encourages patients to go see the doctor more often because they're not going in enough. So there's an underutilization of prenatal care with Medicaid patients where they're going and three times where there's an over utilization for commercial paying patients where they going 14 times. So we've really built everything to think about where do you how do you push patients to get to the doctor when they actually need to go to the doctor. And that has functioned really well with the different products that we've built where you know for example freeing up one slot for a provider in a low risk pregnancy. All of a sudden if you're eliminating you know 14 visits to 8, you're giving doctors six more visits or slots that they can use for another procedure which directly impacts the reimbursement. So long, long explanation around reimbursement in the pregnancy world. But you know we've again really looked at hard ROI instead of soft. Would you add anything to that Anish? You're talking to a CPA, so you know, I love talking about the numbers here. So there you go.

[00:17:03] [DE] So. So now you're really starting to roll out and sign up some larger providers and obviously be efficient not go after providers with 200 births but larger. What are you seeing in these larger group practices, adoption etc. I know it's been and maybe talk a little bit about the sales cycle and how long it's been and where you see it going.

[00:17:29] [AS] Yeah I mean this is the, the war of attrition right as some like to say. No I mean I think one of the most difficult things in commercialization of any digital technology that I would say is really getting a hold of the sales cycle right. For us the sales cycle is anywhere from 12 to 18 months right. It can literally be that long. Right now why is that? Because… It's interesting because often-times we can get to a yes on a decision pretty quickly. That might be a matter of you know a few months or perhaps you know a few weeks. But does it mean. A yes. Right. That just starts the whole process. And most of these health care systems are set up with a whole bunch of frameworks where a bunch of people can say no and stop a deal and only very few people can say yes and push a deal. Right. A good example and something that's near and dear to my heart is going through the I.T. risk process right.

And I'll just give an example: One of our customers mandated that we have to go through a penetration test and have successful results just to go through that process. Right now most people would step back and say is that truly really necessary. What is the actual risk you're trying to mitigate through that process but hey you know we had to go through that process those add additional x amount of costs spent some time on it on and on. Right. And that's just one example. Whether it's compliance related stuff, risk review, legal, contracting and Juan Pablo, you probably have tons of thoughts on the contracting process but at the end of the day you know we also tend to be not the number one priority because we're going in at the departmental level right. So you know the C-suite is working on some very broad telemedicine platform that's corporate wide and all of their system wide providers can use it. We're going in with a very focused and very value added solution really aimed at the maternal health area right so. So because of that the sell-cycle tends to be very complicated. The power base within the organization tends to be very multifactorial. But what's interesting is once you do have the contract in hand, that's where the fun really begins because then you have to implement. Implementation is also something very, very challenging, partly driven because of technical silos with the data that exists today in healthcare right. Each one of these health systems have more than likely a non-cloud based electronic medical record that is siloed and the data stays there forever right. And stripping the data out of that and integrating into the workflow is I mean it's like it'll take an act of God for you know for it for them to open up. Secondarily in addition to the technical workflow there's also the non-technical workflow at the practice level. Most of these practices are not completely oriented to digital tools, how to use it how to deploy it. So as you can see, you know, focusing on a tool that fundamentally requires both the provider and the patient on both sides, requires a lot of work on the back end to facilitate that. But we also would say that's 100 percent the right approach. I think ultimately if we're going to make a dent and move the numbers on a lot of stuff that Juan Pablo pointed out, we can't ignore the provider patient channel

right. So while that comes with the whole slew of challenges, we think that's the right approach and in the long term, obviously once we get through all the challenges, it's going to bear all of the results that we want. Right. And I don't know I'm sure you have stuff to add.

[00:21:28] [DE] Well I mean I would say so, so my view of things is as an investor and following it closely is that those are hard relationships to get. And you've been building a core competency not only in finding the right ones but in closing and executing and that once you have that, maybe talk about how you see things evolving because so you know which is how will other companies that don't want to wait 18 months or two years and build a core competency in closing contracts, how will they get there and do that and then actually going after answering that I want to take you back to the path of a handful of patient types. We will go back to that after.

[00:22:17] [AS] yeah. I mean the good thing is we've already done a lot of the hard work. So when you look at the current patient base that we have under management you know we have access to about 90,000 births within the 15 health systems that have deployed Babyscripts. So while there's a massive lead time to being getting up and running the fact that we're going after these bigger health systems that control large chunks of market share allow us to obviously get to control pretty large kind of patient base when it comes to deploying these tools and really thinking about the future of care and how all of this comes together. So it's a double edged sword. So it's kind of the chicken or the egg but once you're sure you've gone through the three years worth of BD (business development), it definitely puts us in a pretty unique position. And then I think for companies or partners that are interested in leveraging this this trusted channel that we've built you know very soon Babyscripts will have an app store, you know, at some point where you know a partner program where you know you can you can obviously partner with a company like ours or others that have done a lot of the work to really think about additional services and tools for these kinds of patients that are heavy utilizers from a consumer perspective of whatever health system or plan. And so that's what gets us excited after going through all the hard work. But the good thing is we're focusing on ways of making it easier for us to you know get going and get started which is all part of the growth of our company.

[00:24:00] [JPS] I'll just add one thing to that. This concept of a channel and a marketplace is it's not, it's actually not very abstract; it's something that has some very practical implications. I'll just give you an example. So one of the things that sometimes comes up is you know obviously if you have a pregnancy that requires a surgery, a C-section. Right. There's a whole pre and post op and wound healing that's associated with it right now. Could we do that. Of course we could. Is that our immediate plan is that our immediate focus. No. Right. But there are a lot of companies out there that do a great job of wound healing through digital health. Taking pictures, whatever it might be. Right. So we think that there's a great channel there that they can leverage and because we already have our foot in the door with these large health systems, and we've developed that platform that will give you a lot of benefit there. I mean just recently a couple states or health systems in the Midwest came to us said hey we have a major opioid crisis, right. Specifically for pregnancy. You have. It's it's the risk just goes, and by the way through the roof, and by the way the cost because that is a 32 or a 26 week delivery right. That means that babies in the queue for four months. And I mean obviously just the outside of the "million dollar baby" that's you know that's going to be the case there. You also have to look at the human toll associated with it, so could digital health tools make an impact on you know substance abuse potentially? But, we don't have the clinical, clinical specialization or expertise to do that right. So again that's where that marketplace idea really comes in. And then of course there's nutrition management or mental health. There's a bunch of stuff you can do there. But yeah I think I think that idea is very practical. And we're seeing more and more of that.

[00:25:59] [DE] I mean I would argue things like there's a slew of non-invasive glucose monitoring patches coming out that could replace scale. Right now scale is the best indicator I guess you have right now for gestational diabetes if I understand correctly.

[00:26:17] [JP] So you could just do just blood sugars prick yourself four times.

[00:26:21] [DE] And that's also you know, you and I were talking earlier about fasting, and I measure my ketones and just pricking my finger for ketones, like it's just people don't do it.

[00:26:32] [JP] I mean the non-compliance is terrible. Yeah yeah yeah.

[00:26:35] I said throwing the patch on for a week around the time you would get your just, your test, your diabetes test.

[00:26:43] [JP] And by the way unlike type 2 management, gestational management of gestational diabetes requires a much higher frequency, higher resolution look because it's a week to week management of the mom in the baby. Right. Type 2 you can look at A1c's for example and not just sugars and maybe OK. Right. So it's an interesting kind of dynamic. So there's a lot there. But yeah I mean the market-play concept is real.

[00:27:07] [DE] I have to say for those not in the room, if you really understood the teamwork between these 2. Juan Pablo is just holding the mic for Anish.

[00:27:10] [JP] You know founder service right there.

[00:27:17] [DE] It was, it was well done. And you know I see that if someone wants to bring their patch or someone wants to bring another tool and you become a clearinghouse effectively you are going to wind up having to approve it before you let it onto your system. It won't quite be the Wild West of an Apple Store or Android store.

[00:27:37] [JP] Sure, sure. I mean we would only, I mean there's just so much when you think of a lot of what we're doing right now it's not. The technology that has to be created to be able to transform healthcare. It's all it has existed for like 10 years right. The question is how do you educate the market so that people both understand the benefits to workflow outcomes you know user engagement et cetera. Obviously the cost of care and so like right now, we don't, we're not, no one's debating whether this will change health care or the face of health care; it has to get implemented. And so you know for us we get a lot of requests for even simple things like pediatric transitions of care. We're engaging a mom three or four times a week through baby scrubs and then we just stop because we don't do anything after that. You know we have clients asking us OK can we do pediatric channel or pediatric experience. And so yeah I mean I think at some point we will be a clearinghouse which you know you as an investor, David, should get really excited because you know that will make the value of a company you know quite quite nice. But, but you know I think there also just be a lot of you know we're only going to deploy something that has a clinical impact like we would never just have an extra service out there because it's an extra service which I think is important.

[00:29:03] [DE] And so just give me maybe two or three paths. I mean maybe three. One is going to be really fast which is typically a healthy mother or especially the first time moms. I've, having three kids, I remember how often she was always running to the doctor and how that looks different and then maybe a gestational diabetes and hypertensive.

[00:29:23] [JP] Yes I'll take low risk and then if you want to do gestational diabetes or just diabetes in pregnancy and hypertension it probably makes sense Anish. So with low risk what ends up happening. And I think Anish mentioned it kind of high level for a patient that you know is considered like basically just normal risk pregnancy. What ends up, what we end up doing, as a patient will get on-boarded right at the beginning of the pregnancies so around week eight, which is typically when the pregnancy is confirmed. So a patient will get on-boarded onto our app and through the onboarding process. We actually ship the patient a kit. We call mommy kits, where there's a blood pressure cuff inside and sometimes a weight scale depending on what a provider wants to measure and how they want to work with us. And so the concept behind Babyscripts is you know if you look at the reason why prenatal care is a category initially was created to manage blood pressure. Blood pressure related illnesses are a majority of the prenatal maternal death indicators. When you think of just the experience and the risks and prenatal care and so a lot of what a lot of how you know blood pressure illnesses and other complications are detected in the office. So what we're doing

through this initial experience for low risk patients is we actually ship the kit, use the app and we collect data on a weekly basis.

[00:30:49] So the blood pressure cuff is being used by the patient and Babyscripts is looking for abnormal data points that lie outside of a threshold that the doctor determines. And so if anything is wrong throughout the pregnancy will actually alert the physician in real time that there is an issue elevated blood pressure is a great example. And so really the goal here with our or low risk experience is capture about 30 times the amount of data that's typically captured in the office through our product. So get more, so get more data, higher data resolution from the patient to more opportunities to detect problems, but on the operational side make their care more convenient, which means you know allow them to not have to go in as often, so a patient on our product for a low risk pregnancy will typically, instead of going in 14 times will go 8 times, while obviously being compliant with the program and capturing all of this data. So that's like the typical low normal risk pregnancy journey. And again you know a lot of our patients love this because you know they're working moms you know having to leave work, pay for parking you drive to the doctor's office waiting in the waiting room and then get seen for five minutes where a doctor just stares at them and says: Are you good, blood pressure's great, weight gain's fine, thanks for coming in. So a lot of work right. So that's the initial goal of that experience.

[00:32:17] [AS] Yes. That's obviously the low risk pathway, outside of that you know from a clinical standpoint. You can expose a couple of things you see other clinical conditions that come into play. Obesity, diabetes, hypertension's is one. I'll use diabetes as an example because that's come up a couple times you know if sometime between weeks 24 and 28 if a patient is not already diabetic, they get put through a screening test and then they could become gestational diabetic at which point, if that does happen, they are now at a higher risk for a bunch of things including risk for a C-section and complications in delivery and that type of thing. So the team now has to manage that patient very differently. They have to look at blood sugars on a weekly basis, daily basis if their medication adjusts the medication as necessary, if things are not under control a specialist, a maternal fetal medicine doctor might get involved. Sometimes even see endocrinology coming and getting involved. So it's much more sort of a collaborative model of care that's taking place there. So our products around that is less about you know making, allowing for patients to come in less often, it's more, it's more about making the management of that patient much more seamless and much more efficient in nature. Right. Ultimately we're allowing providers to intervene in a much quicker manner.

So we're looking at compliance whether it's looking at adherence to medication where we're looking at a bunch of factors there. The other thing I would say is and this is something we've actually learned is in addition to clinical rest and clinical profiles, we also have to look at kind of socioeconomic and psychosocial factors that come into play. So Pablo mentioned for patients that are in Medicaid for example, they typically come in anywhere between four to six times during the entire pregnancy. So there's this unlike the private pay population where there's you know sometimes an overutilization of care here, clearly they're not getting enough care. Right. So in those type of situations, it's far more important to have the care team surrounding the patient. They might not have the capacity or the ability to come into the office as often as we'd like to see them or the providers might want to see them and then you see a compounded case someone could be hypertensive, a diabetic and could be at socio-economic risk. Right, so that's where some of the highest risk is, it gets compounded and that's when you truly have to have like a full-fledged review of the patient to manage them and hopefully intervene as quickly as possible. As you start seeing risks flare. So we're continually developing these profiles of patients and trying to allow for the product to adjust and not to kind of like keep talking. But we call this precision prenatal care at our finest hour. We fully implemented this concept of precision prenatal care which is you know creating enough profiles where each pregnancy is in itself unique. Right. That's the North Star for us. That's where we want to go to, it'll take time but we think that's ultimately what's best.

[00:35:38] [DE] And just one of the last things we as we get near an end and we'll have you know we talk all the time so we'll have plenty more conversations, and happy to have you back on when it when it next makes sense but talk about some of the other partners that are working with you that you have a pretty impressive group of health systems and partners in development.

[00:36:02] [JPS] Yeah. So essentially the way that we've built every additional experience on our programs right now we have six different products. Our first is our low risk product which was built with George Washington University Hospital. Our Medicaid experience which we built with Aurora Health Care, which is the largest healthcare system in Wisconsin who actually invested in our company in our latest round of financing; we built our postpartum depression screening tool with Florida Hospital in Orlando. Well, it's actually much more than just postpartum depression and there's a whole postpartum and inpatient experience that we're continuing to build upon with them. We built you know a payer related experience with the Cone Health plan. So you know we've really thought very critically about how these things are both built and deployed and you know we are the technologists. We're not the clinicians. And so we really look at our clinician partners and we lean on them for a lot of assistance and direction when we think about our risk specific model for pregnancy. We work with a ton of our systems all over the country on the East Coast. You know a lot in the Midwest like Northwestern [University]; I mentioned Aurora on the East Coast, MedStar, George Washington; I'm starting to do a lot of work in Pennsylvania ,which is really exciting. In North Carolina ,with the Carolinas Healthcare, Florida hospital in Orlando, so we have great health system customers and partners. And as we've grown, yeah we have other partners like the March of Dimes. We have an exclusive partnership with them for content and we've actually published some research with them and at their prematurity conference for example you know we've published a lot at the ACOG level. So you know we've looked at clinical validation as incredibly important for our vision of how prenatal care needs to look like and we even have groups like Startup Health which is an early stage accelerator based in New York City that you know has sponsored us and has helped us over the last three years, and well also like General Electric or G.E. ventures as an investor in our company. So yeah we've got a lot of groups. Well, yeah, P5 is in a league of its own.

[00:38:25] [DE] That was a great plug.

[00:38:26] [JPS] You know there we go. You know. So you know, we think that we can't do everything ourselves and we need help. And so that's where partnerships have been incredibly helpful.

[00:38:38] [DE] I appreciate both of you taking the time. As I said I will have a little bit of an intro and introduce you both a little more and frame the conversation a little more but this was great, because you see there's a lot of really great investors and people around you and we all have tremendous faith that as, as you execute it's not that you will execute like a year ago. You guys have been consistently executing since then. So thank you all for your time.

[00:39:06] [JPS and AS] Thank you David. This was a lot of fun. Had a blast. Thanks.

As you just heard, Juan Pablo and Anish know their business and the industry. They continue to nail down an increasing number of providers as customers and will soon have several hundred thousand births per year covered, a number that will only go up at a rapid pace; and that is just in the United States. As the leaders at StartUp Health, an accelerator that Babyscripts joined a few years back and who ultimately led them to us via Sean who used to work there, I quote: “no one has ever used our resources more than Juan Pablo and Anish.” Considering they have over 200 companies in their portfolio, that is a big compliment.

I could continue to wax poetic about Juan Pablo and Anish, but for now, I want to say thank you for joining P5 Protocols and ask that if you are not yet subscribed, please email us at protocols@p5hv.com or go to our web site at www.p5protocols.com and click on Contact Us in the upper right corner and add your name and email to our database. And with that, once again, thank you for joining us and have a great weekend.