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## Myriad Systems' White Glove Service and AI Enhancements Continue to Revolutionize the Private Healthcare Industry



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**CEOCFO: *Mr. Shiner, one of the first things on the Myriad website is "We work to keep healthcare private and profitable." Why is that your focus?***

**Mr. Shiner:** My background is in healthcare consulting and financial technology within healthcare. As you know from years ago when we spoke, my father was one of the early pioneers of credit card payments in doctors' offices and helped to work with private practices in new ways to get paid and to make care accessible to patients. We have all been patients as well. There is nothing against corporate healthcare; it is a huge movement in hospital systems. Dental service organizations (DSOs) from the dental end are coming in, as well as buying practices. About 60% of patients feel that they do not get the same level of care when they go into one of these large institutions versus when they go to a local doctor's office. In addition, doctors overwhelmingly feel - and the statistics show - that they lose autonomy and the ability to make healthcare decisions. The decisions are being made with the bottom line in mind often rather than the patient's health, including which procedures have an allowable return rate or which medical equipment has a better margin, not always which one helps the patient most.

We believe this private model of healthcare is not only ideal for the patient but in many ways, it is ideal for doctors. However, I think there is a real need for corporate healthcare in certain scenarios. Hospitals and emergency rooms are amazing things and they deliver a low cost of care but 14% fewer physicians than five years ago own a practice. When their salaries and their autonomy are tapped, it not only will hurt patient care in the short term but also in the long term. Many doctors are discouraging their children from going into medicine, so they will stop becoming doctors. That will hurt the American healthcare system. We have some of the best doctors in the world and people come from all over the world to see our doctors and our specialists. If we lose that it will be the last bastion of real supremacy of the American healthcare system. Patient outcomes will suffer.

**CEOCFO: *Are private practices looking for a better way?***

**Mr. Shiner:** We are seeing a huge move to direct primary care. Private practices are addressing the concern of lower reimbursement rates by going to a concierge model and charging a subscription fee. We see a huge push towards overall wellness clinics that have multi-specialties and esthetics built in to foster that relationship with the doctor or the provider that the patient is seeing to drive more cash flow from a business sense. Doctors are struggling to stay in business with the traditional and general provider model, which entails just seeing basic visits and billing insurance for them. We see a huge push towards augmentation with outside staff, which is probably the biggest development that I see as a resurgence back to private healthcare.

Now you see all these articles about private healthcare making a comeback. I have been screaming from the rooftops that it not only is going to make a comeback, it is going to make a huge comeback, which will be a migration back to private healthcare because of the need and demand. Where there is a demand for a market, you might add in one way and it will flow back. We are starting to see that happen now with some of the statistics I have read and cited with the satisfaction rate and what I listed with certain specialties and business models going fully private and they can do so with even the insurance-based practices by augmenting some of those costs.

They are bringing in outside billing companies, bringing in virtual office managers and assistants. There is a huge development with them using AI to eliminate administrative burdens. The average provider spends about five to seven hours a day on documentation. If you can cut that down to thirty minutes to an hour, there will be more patients and it will be more feasible on the business side, running a private practice. That is what we are doing today and that is the movement we are seeing in the industry.

**CEOCFO: *How do your clients work with AI and what is the learning curve for both you and your clients?***

**Mr. Shiner:** We are learning every day as the rest of the industry is. Not that AI is a new technology but in its current form it is, and it is an ever-expanding technology. It is a constant growth curve for both us and the clients. The two main ways we are using AI are in cycle management and clinical documentation. These are the two biggest areas where providers report reasons for leaving private healthcare, that they were not being paid enough by patients and insurance companies and the administrative burden is too great running a practice, having all the medical compliance and malpractice risk, and having to make sure that they balance that and have proper documentation, and trying to see patients.

**"We are big believers in the marriage of technology and interpersonal touch. We are trying to use technology fueled by our service and all the things that we believe in. Our core tenants have not been replaced, usurped, or overtaken by AI or technology; they have been accelerated by it. We still do live training. We still do hands-on training and whatever we can do to help anybody whether or not they have been a super user of our system or not, we will always speak to the level of care and attention they get from our staff and we are proud of that." Jeremy Shiner**

When we spoke in 2022, we talked about having specialized healthcare programs to approach patients from a psychological perspective to get a card on file and set up flexible payment options to make care more accessible. Now we use AI in various ways. For example, when a patient comes in they do an Optical Character Recognition (OCR) scan, which recognizes text within a digital image. It takes the ID card and sends it in real-time to the insurance company and then sends back a dollar amount that the patient is going to owe, using custom algorithms and custom calculations to accurately calculate a patient's portion. Now the patient will have options based on what is best for them or the practice to either guarantee any amount the insurance doesn't cover with a MasterCard-approved authorization form, to pay in full today or even to defer payment and create a conversation with the office manager.

The real-time illustrations and animations are right there from a kiosk in the office, whether there is a deductible, and why there is a co-insurance, so there is transparency. There is reciprocity between the practice and the patient where we can communicate these things upfront transparently in compliance with the No Surprises Act, and keep the patient paid up, happy, and treated and the practice coming back and bringing referrals.

**CEOCFO: *How prevalent is this today with all insurance companies working with what you offer, and how easy or difficult is it for potential clients to understand the benefits?***

**Mr. Shiner:** Upward of 98% of insurance companies offer live eligibility, where they can instantly check eligibility, and we have access to that data. While this is widely adopted today, the difference is that we are taking this data, running it through AI, and coming up with options for the patient. We are empowering the patient to be able to choose a way that works for them to pay for their treatment before they receive treatment and before they receive a surprise bill. This has been widely adopted today and our goal is to continue to make intuitive systems that patients can figure out whether it is from their cell phones or kiosks in the office. Both of these things are available through our system, which includes something as simple as scheduling because there is an administrative burden to all of this.

With our system, you can log in to a patient portal and easily request an appointment. We can send text automatically to a patient to remind them to schedule their check-up. They can go on your website, click a link sent for an appointment, and then sign in on a kiosk when they get in. They can fill out their forms from home or the office. It fits different use cases with different patients and different levels of technological savvy. Whether they need a little help in the practice or whether they are going to do it independently. There are different preferences and it feeds into how we are using AI in clinical documentation and clinical charting because when that patient fills out a form, we can take the data from the form and turn it into a narrative and a series of patent-pending custom prompts, it will turn that into a clinical narrative and the doctor can then choose whether or not to put in the clinical notes. We are writing the clinical note of the patient history right from the intake forms.

When you go into a doctor's office today, you notice that many of them are antiquated with too many problems to figure out, and this is the reason that they sometimes throw their hands up and shift to an employee situation with a hospital network. We think we are solving many of them on one platform at one price point because when you go in, instead of them printing out an intake form and it to a new patient; you are sitting there filling it out and handing it back to them. You then scan it into their system and type it into a chart to put in your allergies, and medications manually. Our system automatically grabs that from an iPad or cell phone by putting it into the chart and feeding it through a language model, a custom healthcare-specific trained language model to write the beginnings of a clinical note. When the provider comes, they can put in their notes free-hand or transcribe that they can do hashtags for past clinical notes and which clinical forms to use, put enter and it completes the note. It even suggests codes. They always have final sign-off on all narratives and all coding, but diagnostic codes based on what has been put in and the exams that have been done in that encounter and procedural code based on those same criteria. Within a matter of minutes - not hours - they have a complete, compliant clinical note.

They can also do it from templates because a lot of providers are using template-based charting with preset input. They choose their input and it feeds it into a simple narrative and then through the language model. It writes and maps a complex narrative back to the appropriate area or even ambient listening. There is a custom microphone that can be turned on in their office to transcribe by speaker what the doctor is saying, what the patients are saying, and what the provider is saying. It can adjust for multiple providers and even multiple patients. If there is a spouse in the room, it will take the full narrative and map it back to for example a SOAP (Subjective, Objective, Assessment, and Plan) note, map it to the appropriate areas of their desired note type which most of them are standard. All of this is specialty-specific. It knows exactly what type of provider you are, it knows your specialty code, and it writes it in a format that fits your needs. All of this is specialty-specific, so it knows exactly what type of provider you are, it knows your specialty code and it writes it in a format that fits your needs as a provider.

***CEOCFO: It sounds hard to resist! What are the challenges in implementation, in reaching the doctors so that they understand and are not overwhelmed and recognize how important it is to embrace the trend and the future?***

**Mr. Shiner:** The biggest challenge is onboarding. We have had 1,400 providers sign up in just a year for this all-in-one system with health records and billing software. We are monetizing it just through the processing service fees which they pay for anyway. It is a powerful value proposition. Onboarding is difficult because there are Electronic Data Interchange (EDI) I enrollments for insurance, ePrescribe and Electronic Prescribing for Controlled Substances (EPCS) enrollment, there is training and there is patient adoption. We have developed a new onboarding system that we're excited to release in the first part of 2025. This onboarding wizard mechanizes every single step of onboarding right down to the new details. For example, when the provider first logs in, there are videos and tutorials right within the app, and there is a tasking system that is built for everyday practice management. The providers can assign their staff to different areas of the onboarding or even sign our staff if they have chosen to augment billing services or credentialing coding services.

We are big believers in the marriage of technology and interpersonal touch. I think what is happening is a lot of technology companies have lost sight of the interpersonal touch. When you look at social media, there is no phone number of human beings that you can speak to. I understand it is for scale but in a niche business - a service-based business like healthcare - a lot of companies have lost sight of how important it is to have somebody even just to listen to you when you are frustrated. These doctors and office managers are dealing with a lot. They have patients in front of them and they are trying to run a practice and learn a new system. Therefore, we have 24-hour support through chat where a live individual will always talk to you. We also have AI modules that can answer questions for you that can

answer things in the software from 8:00 am to 8:00 pm every day. We have a live representative who always picks up the phone.

We are trying to use technology fueled by our service and all the things that we believe in. Our core tenants have not been replaced, usurped, or overtaken by AI or technology; they have been accelerated by it. We still do live training. We still do hands-on training and whatever we can do to help anybody whether or not they have been a super user of our system or not, we will always speak to the level of care and attention they get from our staff and we are proud of that.