Podcast episode transcript: Thea Campbell and Hari Bala

Thea Campbell: Hello, everyone, and welcome to the Inside Angle podcast. I am Thea Campbell, the business director for our Solventum Revenue Integrity Solutions, and I'm excited to be with you today with another solver, Hari Bala, to talk about AI strategy and use.

So we'll look at both the technology application as well as the business need within our healthcare industry. Hari and I have discussed this topic in other venues and I am always happy to say that I learned something new in our conversation.

Hari is our Chief Technology Officer for the Solventum Health Information Systems Division. So welcome Hari. Welcome to the podcast.

Hari Bala: Thank you so much, Thea. I'm looking forward to this podcast.

So how about this? Let me ask some questions and you provide some business context into those questions and I will throw some color into how technology is helping solve, especially with the modern AI evolution.

So the first the first question to you, Thea, is from your perspective, what foundational strategies are essential for enabling AI and to deliver lasting change and measurable value within complex clinical environments.

Thea Campbell: You know, honestly, I really think that this one, you know, from the business perspective, starts with a mindset shift. You know, you don't lead with technology, you lead with workflow, at least from the business perspective. AI really works in healthcare when it shows up really at that the right moment, when someone is doing something in their job, whether that's documenting, coding, reviewing or making decisions. If it sits outside that workflow, it becomes noise. If it's embedded, it really brings that value.

And then I think a second piece in it is really defining the value in the right way. It isn't just about cost savings. It's about how do we give time back to our clinicians? How are we improving document documentation quality or even preventing denials and reducing our rework? And I really see, you know,

AI in this space, it's not just a technology project or it's not a tech project. It really is about change management. And so if AI isn't in the workflow, it's just another tab. And I don't know about you, Hari, I feel like I have more tabs open on my browser on a given day than anybody should ever have. And I think that sort of ties into the real world application of that. And really that AI success isn't about the model. I mean, there are amazing things going out there in the model, but it's more about the adoption. You know, how do you feel about it from the technology side?

Hari Bala: Absolutely right. So instead of considering as a feature, it should be considered as a fabric. So I think the key is what you absolutely said, Thea, is about workflow integration.

So AI must live within the tools clinicians already use. If they have to leave their workflow to use AI, we have already lost them. right It should be tightly integrated and they should it should reduce their workflow. If it adds complexity to their workflow, they are not going to like it.

So as much as it can reduce their burden, it's not adding complexity to their workflow, then I think we got a winner. And then the other key things on the technology side of things is the data liquidity.

So the data is fragmented, as you know. It's across the board. And for you to provide a best AI outcome or a solution,

We need to be able to pull data from multimodal sources, whether it is voice, images, structured EHR data, handwritten clinician notes.

If you are able to build a fabric, I call it as a fabric layer or a platform, a data platform or a data fabric or AI fabric. in a way where we can do multimodal data ingestion and then make sense of it using AI, then it'll solve the workflow problem that we were talking about.

Thea Campbell: I think that's absolutely key. You know, we know in healthcare care that data is all over the place. We've been saying it for years. I mean, we were saying it 30 years ago when I got into the profession that, you know, how much of the data is unstructured and AI really offers that promise to be able to bring together those sets.

And I like how you talk about it in terms of fabric.

You know, it's how are you knitting all of this information together? How are we pulling this information together? And then calling it at the right moments in the right time and that it doesn't all have to look exactly the same because we know in healthcare, care we as much as we have talked about trying to standardize the structure and standardize how information is collected and data is captured, we aren't making that progress. It feels like it's too nuanced in that space. And it really is sort of the art of healthcare and the art of medicine versus it being the exact science. And so I think AI, that technology just brings that excitement to be able to really take what has been this huge burden of how do we get all of this information together and gives a new structure and a new possibility to it.

Hari Bala: In moments of transformation, what communication approaches inspire trust and resilience across healthcare teams during an AI implementation?

Thea Campbell: You know, I think it's easy to say and hard to do, but the best communication is really that simple and honest format that's really grounded in the respect for the people doing the work. You hear it very often, you know, meet people where they are. And we are all human and we all sort of take change and communication into ourselves personally.

And teams don't want the hype. They want clarity. They want to, and they're always kind of checking to make sure the message is staying the same, or if it's not staying the same, that leadership has an acknowledgement of that it's changed and why. And that really goes to that trust piece. You know, what is the technology going to be doing for us? What isn't it going to be doing to it? And what do I still have control over?

I always found the best messaging around adding sort of this new thought or thoughtful message technology was to say, look, I we still need the teams and the people to be smarter

than the computer. The computer can bring back data and the computer can inform your decision. but how are we going to leverage the human capacity in that? And I know, you know, a year ago or a year and a half ago, with the conversations around AI, I said this, fairly prevalently and people would kind of look at me at the side eye and, and now I feel like we're getting much more into the place of how can, how can humans still have that control or human enabled AI? And what I've seen work really well is really framing AI as a burden reduction tool.

We all know we have too much to do and not enough time to do it, especially in healthcare and in all of the crises in our workforce. And it's really about what can I take off your plate, but not replace what your expertise is. And, you know, and then as you kind of build in the trust into those phrases, you know, into the into the different phrases that you're using and into the phases that you're designing, it's explain the why. I mean, that's the big that's industry. You know, that's a buzzword. But what is the why? How is this? How can I show you this is going to improve your day to day work? And then understanding what those early wins are. And you can't just take a win and walk away from it.

You know I've heard someone also say, I was speaking with another individual, and they said, you know you can't just set AI and forget it. It's learning. It has to continue to grow. And so what is your thought on what you've seen be really successful, whether it was you know the best technology there is, about how do we get that transformation with different teams?

Hari Bala: I think you nailed it, Thea. So, yeah, I would say the two things that I always look for in trust is being transparent and a healthy partnership, right?

It's not just about performance. The first one would be is more around the co-pilot narrative. I like we are here to not replace them. We are here to be along with them to make their burden go away, the administrative tasks go away. If we can be transparent in explaining that, we will automatically build trust.

And how do you bring clinicians along the development process? Another thing is we are developing How can we build things like enablement of human in the loop? And they should be part of building that system.

And early feedback is super valuable for us. And as you nailed, the explainability is a very critical piece. We don't want to have black box models. We need to make sure when we go out and say there is a documentation gap, we should explain why we are saying that. And if clinician can understand that, then they will accept quickly.

And it's like if you are suggesting a code, why are we suggesting that code? And explain it with evidence, it'll be more palatable.

Let us shift to how this looks in practice to help solve everyday challenges. What are some real world use cases on AI in action in healthcare care right now?

Thea Campbell: Before I kind of jump into an AI in healthcare care example, I think, you know, just tying on what we were talking about before and getting your teams on board, I have to laugh. I laugh at myself. So, you know, we all have to sort of decide we're going to take that jump into the AI space. And somebody said to me, they was just listening to some general education and they said, you know, have you ever tried to walk into your pantry and take a picture of your pantry at the end of the day and ask it, and ask AI what's for dinner?

And I mean, it was like a light bulb went on for me because that is a conversation that happens very, very daily in my house between my husband and I is, you know, what's for dinner and whoever asks first isn't responsible to cook it. But that was what brought, you know, using AI home to me. And now I just really do see it see it as that co-pilot, as that enablement.

And so when you try and look at those use cases as it applies within healthcare care it really isn't theoretical anymore this stuff is happening right now we have speech and ambient ai helping clinicians document faster and more naturally depending on how they're embracing it you we really can see some meaning in taking some of that lift off their plate. We have real-time documentation support, whether that's sort of nudging for specificity so it doesn't become a problem downstream, wonderful saving for clinicians. You know, autonomous coding is really advancing quickly where really routine cases can move forward without that manual touch. That's not to say 100%. It's not to say there aren't coders in the world anymore, but really being able to push forward some of those repetitive or easier tasks to free up time.

You know, on the revenue side, I'm always so excited to hear and to talk about how we are identifying some of those denial patterns and really get some of that information further upstream into the hands of the coders and the CDI teams really before that revenue leakage happens. And you said it as well, as sort of in that integration, the most powerful AI in healthcare care is the stuff that you barely notice, that it's just kind of there helping you along. And it makes your day easier and talk about a win.

I think the other piece that AI is able to do just because it has such incredible processing speed is it can really move from being reactive to preventative, which is so needed within the revenue cycle. And you understand with much more detail sort of what that technology is capable of.

You know, I used to, I'm old school and used to do the dial up internet and hear the squeaky sound and all of that. And now we talk about AI being able to process so much information in milliseconds. You know, how does the technology really help in those real world cases because of how advanced it is?

Hari Bala: The dial-up thing, if I have to use it as an analogy, dial-up to where we have come here, its AI has also walked all that path. And luckily Solventum has been in the journey all the way from the dial-up AI, which in my opinion is like mostly rules-based AI, do statistical machine learning, supervised them all deep neural nets, and the initial form of when Gen AI came all the way into agentic AI and workflows, that is, small language models, large language models, medium language models, like, you name it.

So it's been walking that path all along for multiple decades. I will focus on it and obviously in the medical industry innovations is happening across automating lot of rudimentary tasks like car manager outreaches to cancer detection to surgeries and things.

But we are solving some of the important problems. Like the clinical productivity solution business is all about ambient and dictation, which is all about speech AI.

And I've spoken about this in various podcasts, but I will repeat it. There is a document it's a news article that came in *Pennsylvania Gazette* from a person by name and Dr. Toll. So he was mentioning a patient visiting a hospital, a clinical setting, with a six-year, seven-year-old patient with her mom and a small sibling sitting on her mom's lap. And after 30 minutes of and the visit, she goes home.

And that seven-year-old is an artist. And she goes ahead and draws her experience of that visit. And all she drew was the back of the physician looking at the computer, typing something busy all through that 30 minutes visit. And that is, yeah, that is heartbreaking, but that is a reality.

And that is what EMRs have done to us on mandating the documentation burden is a lot for physicians, clinicians in general. And if you talk to any physician, they will say like they don't have their time anymore because they are spending documenting three to four hours every single day. some try to optimize by doing what that patient felt like document by not giving the attention that patient needs so that is exactly where we sit and we have been in this space for multiple decades on ambient and the dictation a space our full fluency align is the ambient product fluency direct is the speech product and we are innovating a lot in that space to automatically document the physician-clinician conversation in the office and then do the documentation that can be clinically relevant.

And then the CDI is around the making the document clinically relevant by doing nudges using large language models and agentic approaches.

And then the rev cycle management, which we have been there for over 40 plus years on medical coding and building space. And we have transformed in the journey that I walked about from rules, which we still have all the expert expertise that we have built over 40 years with in-house nosologist and clinician sitting here, understanding the context of various areas physician on what the code means not just within the us s across the globe we are talking about 35 plus countries and all the history of rules that we have created is so valuable that it's very hard for a startup with just an LLM to recreate.

Thea Campbell: I would say absolutely. You know, we, you said it earlier, we were talking about all the different aspects of the, of our 40 year journey in this space of, you know, we did large language models. We did NLUs. We, we did rules-based. We have all of this information and AI is just sort of the next step or is just another mode to enhance all of that work. And I think, you know, when we work very hard to make sure that we're meeting the users where they are and I think sometimes that makes our technology feel more practical than really kind of flashy and exciting you know we say hey you know we're able to record you while you're doing this and generate your documentation and sort of prompt you in this way but there's nothing you know whiz bang exciting about it it's just enabling your efficiency during the day so that you can spend more of that time with your patients and I think we fundamentally believe that you know the better input that we have upstream creates less work downstream and it gets that data right It makes it accurate.

And it really is the power in health care behind making the right decisions because you have the right information at the right time.

You know, I personally think, you know, you know, that that the health care AI space is so incredibly crowded right now.

And we've talked a little bit about where we think, you know with really that decade of experience, what sets an established organization apart from some of those newer startups in the field? Because I know you have so much experience in that space.

Hari Bala: I think the one part that I wanted to leave on the previous topic, which is my most passionate topic, is AI and how you advance with AI, is in the Crown Jewel area, which is on the rep cycle, the autonomous coding on how do you take direct to bill, right?
Like, as you see a patient all the way to billing and that's what we are like specializing heavily on, focusing heavily on both for outpatient and inpatient.

Thea Campbell: Absolutely. And I think that you know, it's bringing that additional revenue in so that we can continue to reinvest in those in those clinical workflows. And how wonderful to be able to say and have an approach that says, how do we approach the 80 percent? We know that there's 20 percent and we know that those are complicated and obviously AI can help us there.

But let's talk about the 80 percent that we can really streamline and make it be so much easier, make sure that it's so much more accurate, complete and timely and make all of the providers or all of the people that are integrating into sort of that workflow and in that process make their lives easy and say let's free you up for some of this harder stuff and for providers that harder stuff is the more important stuff of really being able to care for care for the patients and having capital to be able to do that without having to really think about the incredible complexities of the revenue cycle all of the time sort of as a secondary distraction.
I always kind of call that revenue cycle, that piece, that' that's almost the squirrel in a clinician's mind, you know, squirrel, squirrel, squirrel, you know, I have to remember how to code this and I have to remember how to do that. And if the technology can bring that home and make that easier, that is the real win.

Hari Bala: So, you highlighted solutions like speech AI, reducing pajama time, real-time clinical documentation nudges, and autonomous coding systems.

How do these specifics specific tools work together to ease the burden on clinicians?

Thea Campbell: You know, the real magic is when these tools work as a system, not just as point solutions, right? Again, it's how many tabs can you have open on your browser on a given day? It starts with the speech AI, really capturing the story of care in a way that reduces, as you said, the pajama time for doing all of that documentation. And then it's the real-time nudges to really improve that documentation while it's still fresh. You know, it's the autocorrect with much more power when a physician is doing documentation. So they don't have to fix things later, which is really an important time saver for them.

And then the documentation is stronger up front and encoding and even autonomous coding becomes faster and more accurate downstream so it's really kind of feeding the engine and making autonomous and making the predictions in that coding space so much stronger and so instead of really adding those initial steps you're actually removing the friction across the entire workflow and I mentioned it before but it's really that better upstream input really lessens the downstream work every single time and that is so very important And we don't want tools. I think we've seen it since decade over a decade how technology maybe added some additional steps. And I think that's a foundational, you know, AI shouldn't add additional steps. It should really only remove them and so that we can have that value and that creation of benefit within the entire stream of providing care and ensuring revenue.

Hari Bala: Yeah, I see this as all these systems work so coherently as a closed loop ecosystem. The speech AI is a start of it, which captures the story at the bedside.

And real-time nudges is super critical because the documentation need to be both compliant and accurate. for you to code right if you miss one of those pieces it's going to oh add more pajama time for of physicians so you save there by the ambient and speech technologies that we were talking about and the next key piece is the autonomous coding

For you to autonomously code, your document needs to be perfect for you to code it properly. So it's all like a piece tied. Without right document, you can't get the right codes out. So it's all absolutely relevant.

And every piece fits really well in our ecosystem where we take the goodness of one and then tie it with others and that's how we push all the way autonomously.

The healthcare care AI space is incredibly crowded right now. With decades of experience, what sets established organizations apart from newer startups in this field?

Thea Campbell: You know, I really think that startups and the innovation that they bring, they bring these really great ideas. And maybe after so many years in health care, I'm a little bit jaded. But, you know, health care has some really high stakes and it can have some very highly complex situations and it's a highly complex environment.

Now, we could argue that's by design and that's you know a foundational issue, but that's really more where we're starting from.

And so this applies to startups in that they can have great thoughts and great innovation, but it's really... where we need the established organizations to really bring the depth of experience, the deep domain of the knowledge and sort of where we have been and how well that has worked.

The real integration experience is just so incredibly key. I've mentioned it or we've mentioned it a couple of different times about you can't just have another piece to carry with you or another browser open or another piece of technology. And if you can get that solid domain experience and get real good integration into our application or into your workflow processes, then you really have the ability to scale, to really operate at scale. And it's not just about having a powerful model. It's about really making that model work inside the real clinical and revenue workflows across systems with consistency. And I feel like startups can target in a specific area and they have great ideas from an innovative or creativity standpoint, but sometimes they're only scratching the surface and it's kind of just adding another layer of complexity to a model that we already know. You know, in healthcare, care innovation is really only valuable if it's operational. And I would add to that statement, if it's sustainable.

You know, we know that there are work processes that have lived in healthcare care for a very long time. And it's not to say that we don't need to question their value. But we also, we need some of, we need that consistency and we need that evolution that's adding on to something, not completely bringing anything to the table, at least in my mind.

Hari Bala: The thing that I would love to add here is, yes, there are lot of healthcare AI startups that are coming now, with especially the advent of LLMs and agents and things.

But in a healthcare, context and scale are the ultimate differentiators. So the domain expertise on knowing various EMRs and hospital-specific EMRs, country-specific rules, GDPR, HIPAA is super critical.

The security and compliance is extremely valuable for you too. It's not just as a technical solution that you can build once and then reuse everywhere. There are varying rules, if you go to Germany, they have a different rule versus UK has a different rule versus Middle East has a different rule.

And Middle East has a completely different rules on how you can use the data. It's like sovereign cloud. You can't use like a just generic cloud. The data can't leave their country.

So there are various country-specific requirements and rules and mandates that we have to follow. And being in this space for multiple decades, having worked with these hospitals in various countries, I've met those requirements on the government mandates, the country mandates, and also the hospital-specific requirements, which is not one hospital is going to be the same as the other hospital.

When it comes to data and data, how the EMRs use may vary. We are currently partnering with close to 400 plus EMRs and we have tightly integrated. We know how to work with different set of customers and then get their data into our system, and which is the most complex process.

AI is just a solution after that. And you need to get the data, pre-process the data, and get the data in a way that you can go ahead and process and build solution on it.

And one other thing that I want to also add is around the FedRAMP and the RAMP certifications that we go through, which mandates us to go through all the NIST protocols and security certifications and approvals that we are supposed to do both internally and also using third-party applications security and compliance auditors who come and audit us.

So all these are very critical for hospitals to trust us.

Let me move to the next question. Startups often bring flashy ideas but can struggle to build lasting trust. How does having in-house clinicians working side by side with your teams ensure your AI models are both accurate and practical for real world use?

Thea Campbell: I think that's one of the most important differentiators. You know, we all can bring wonderful technical skills to the table, but without having sort of that stopgap about how realistic is this, it you just you fail to build trust or have really the buy-in from the people who are using the software and using the technology and clinicians really bring that real world context.

You know it I know more than once I've been involved in projects at hospitals and we've said oh we're going to roll out this piece of technology we're going to roll out this piece of know this enhancement and you get on the floor and you actually see them using it and you're like wow I really did not understand how this was going to work and so with the clinicians being able to bring in that real world context, they understand how documentation actually happens. You know, I can say, hey, you do this and you go back to your office and you create a cute little note and do all of this work.

And we know that that may not really be what's happening. You have a physician running from room to room, trying to manage multiple points of, order entry, you know, where are all those friction points. And so we need to really be able to bring those clinicians, to us into the table, into our you know, into our normal working. And they can really help us ensure that the AI can, can have that meaningful impact.

The other piece is they also can make sure that the AI is technically accurate, you know, that it's safe, that it's usable, and it's aligned with really how care is delivered. I know that sometimes we try and put two pieces of data together to draw a conclusion, and that can be really problematic if any issue could be connected.

So I think, you know, the examples I had operationally is we were trying to talk about capturing diagnoses and different things that made a difference in sort of a quality score rating. And one of the diagnoses that was particularly important was fatigue.

And I don't know about you, Hari, but I don't know anybody who's an inpatient in a hospital is who it doesn't isn't fatigued. But that doesn't mean that fatigue is the, preventing fatigue is the reason how you address a clinical scenario. And so without having the clinicians there are going, well, of course, this makes sense and this is how I can use it. If it doesn't work in the real world, it just doesn't work, period.

And so it's so very important to us to be there with the clinicians, whether that's our trusted collaboration partners or that's the clinicians that we have that are, you know, part of integrated into our teams. It's just so incredibly important to have that clinical credibility because that's really what can turn AI from being interesting to really being indispensable. I don't know about you, but you take my iPhone away from me now. And I think I would just stand there and look at you and say, I don't even know how to operate without this iPhone in our usual workday.

Hari Bala: Yeah, so that's such' an interesting piece. And you spoke about fatigue in hospitals and technologies can add fatigue too, right? And that is very extremely critical going back to this question on why clinicians are very critical.

For example, we don't want to have an alert fatigue. Like we don't want to go out and nudge like left and right and then lose trust of physicians.

And as once you lose a trust of a physician, it's lost. It's gaining that back is extremely difficult. So when you annoy them with nudges, which is not relevant, then they will lose you.

As a technology guy, I've been in big tech for long. And once I moved to health tech, one of the things that I am realizing more and more is how do we build with clinicians and not just for them? You need to take them along the journey, right? Luckily, a company that has a lot of in-house clinicians and nosologists and experts who know what happens in the clinical setting.

And I don't need to worry about building something and then like thinking, like will it work or not? I'm building with them. I ask them every single day when I'm developing a feature, is this going to work or not? Is it something that's palatable by a physician or not?

And the nudge is a clear example when we initially were developing it. Like we were a little bit overdoing and then we fine-tuned it based on the feedback we got internally on only alerting on the ones that are super relevant. And even the expertise that I was talking about in the past question That is the unique differentiator of us compared to the startups because of that 40

years of expertise that we have with that in now's experts, we have gone ahead and created our own proprietary rules on various country requirements and regulations on meeting all those things, what the right code would be and what an LLM would spit may be a code, but that code may be completely wrong or not one that will be accepted by a clinical setting in UK, for example.

So let's move to next question. A healthcare leader I know recently cited security as her main reason for choosing a legacy partner over a new company. How do established organizations deliver reliable, scalable, and secure solutions that improve lives without adding stress?

Thea Campbell: I know you mentioned sort of the security and the FedRAMP earlier in a question. And, you know, in health care, security isn't just a nice to have. It isn't just a feature. It is really that foundation of trust. And it is so incredibly complex. And as you mentioned, 35 countries that we operate in, they all have a little bit of a different nuance in that space. And leaders just really want to know that the solution is reliable, that it's compliant, and it's not going to really introduce a new risk in really that already very, very complex environment that we're working in.

Established organizations reduce stress because they've built really that infrastructure from really the security frameworks, the scalability and the ongoing support. And they too build on some of that legacy work that they have done. And I think we are very suited to be in that same space because we've been there with them, doing the building, watching these rules change and being able to shift and be able to meet those needs.

You know, healthcare care in particular, it's not just about protecting data. It's really delivering those solutions that can be stable, and predictable and really make people's jobs easier.

And so that also is a form of really mitigating risk and developing trust in that space. But I think you should really lend all of your wealth of expertise in that security place because you know all of the different pieces in all of those 35 different countries and how we are taking all of our work to that highest standard so that we can we can comply with all of those standards.

Hari Bala: Security is one we spend a lot of time, energy and money on for the right reasons, right? We are dealing with sensitive data, PHI, PII data, and we follow HIPAA, as I said, GDPR, country-specific requirements.

We do it in a way which is It's a multi-pronged approach. In our system, we make sure we have developed as part of our data AI and your UI fabric.

We don't touch the data. We use secret walls. We make sure that the data is like dealt in a very, very, very secret way. We don't touch any PHI information.

And then the second piece is how do we de-identify the data properly as part of the automated pipeline that we have in the data and AI fabric? We do completely do the proper de-identification, provenance, lineage tracking. All that is mandated by HIPAA.

In GDPR, we follow that thoroughly an extremely automated fashion. And then The third piece to the puzzle is the data encryption, right? The encryption over wire and at rest and all the protocols that we need to follow for FedRAMP and StateRAMP are super stringent than even the normal DASC scans and security scans that we do, pen testing,

We follow a whole slew of things that we do on a regular basis, apart from the regular scanning that is part of our pipeline.

We have to follow to be FedRAMP certified and StateRAMP certified. Every few months, we need to go out and revisit. We use both internal and external parties to go out and get it validated.

And we build our systems as a zero-trust platform. So everything needs approval. And security-wise, we have architectured as a zero-trust platform.

Let's move to the next question. For leaders who want to take the next step, what is the right way to start an AI initiative in the revenue cycle? Would you recommend a pilot, a phased rollout, or something else entirely?

Thea Campbell: There are lots of ways to get to your end point, but I think, you know, my general advice would really be to start focused, not trying to boil the ocean or not this huge, broad initiative, but start in in focus, in a focus space, you know, pick one problem that really matters.

It definitely needs to be something measurable and it needs to be something that's really meaningful to your team, that they feel it every single day. And then run a pilot, but really do it with intention. You know, don't just test to learn what it takes to scale. You want to measure that impact, gather the feedback, understand what change management is going to be required, but then also be able to be brave enough to say, is this working or not working? And that really ties into what are your goals? What are you going to define this to be a success?

And then once you sort of get through, whether it's a pilot or whether it's an initial phase, don't have something that just goes on and on and on in pilot forever. That's not expanding. I mean, if it has to continue to go on and on and on in a pilot, maybe that means it wasn't the right answer and you need to you need to walk away from it. But you want to walk away from it in at the right time. So it if you start out simple and you start out focused, and then really understand what your phases are after that. It makes it much easier to kind of progress through each of those steps, and it makes it clear for the teams that are working on it what your focus is.

So, hey we want in this particular pilot we want to be able to present codes to radiologists with you know a 90 accuracy and help them whether it's firing a nudge or filing and firing an alert to help them with their laterality because we know one of the problems that we have in this particular use case is that we are not capturing the laterality and so we're getting denials.

So if you are very focused on it and you don't try and boil the ocean, you're able to prove the value and then you're able to gain that trust and kind of create what Jim Collins used to call, you know, that flywheel, how to have one success and then build on that success again. And that really only comes when you're able to start in a focused initiative where you understand where you want to go and how you're going to get there. you know And when you build on those small wins, really momentum can beat perfection. I mean, this is not to say that the model is going to be perfect. We know models aren't going to be perfect, but that's why you keep the human in the loop. But really being able to build that momentum and have that replicable phase of change management, I think, is really key when you're working in an AI initiative.

Hari Bala: Absolutely. I would prefer a phased approach where you bring along the customers in the journey, ship something, work with them, iterate with them.

And it's a lot better because... The folks who are going to become your customers are giving the feedback, and what more valuable than that? Thank you so much, Thea, for answering all the questions. And I really enjoyed participating with you.

Thank you so much.

Thea Campbell: Thank you for the conversation. Like I said, at the onset, I always learn something in your approach and how you really make technology be the foundation of what we do. And I am just so very appreciative of your view in health care and making sure that users have the right tools and that it can have meaningful impact. So thank you so much for the conversation.