

# Technology's role in a COVID-19 world

**Gus Taylor**  
Chief Administrative Officer  
Florid Medical Clinic

**Don Radcliffe**  
Vice President, Ambulatory business  
3M M\*Modal

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**Jacob**

We are excited to welcome you to today's 3M Virtual Pulse Webinar. My name is Jacob and I will be your host for today. First, we'd like to take a moment to extend a heartfelt thank you to the clinicians who are facing the challenges of today's COVID-19 environment. The 3M Virtual Pulse Series provides a unique opportunity for real-time discussion and collaboration with experts and colleagues on topics impacting clinicians.

Today's topic will address how clinicians are using innovation and technology to navigate the current healthcare landscape we're facing today. This discussion is all about you and your experiences as a clinician. We strongly encourage you to ask questions and share your best practices on this topic. You can do this by using the questions feature in the web meeting controls, which is in the upper right portion of your screen. We are recording today's presentation and a webinar archive will be available, so look out for an email within the next week that includes a link to the archive.

Today's discussion will be led by Don Radcliffe and Gus Taylor. Don Radcliffe is Vice President of Ambulatory Business at 3M M\*Modal. He leads a team focused on helping independent medical groups navigate the unique and evolving challenges of clinical documentation and complicated reimbursement models. With nearly 20 years of experience in healthcare information technology and deep experience in sales and marketing,

Don also has a strong background in finance, contracting and operations. This unique background has helped him build several high performing sales teams addressing underserved and emerging market segments. His fundamental philosophy of understanding each customer's unique needs helps practice his self-core issues, creating not only real measurable value, but successful long-term relationships as well.

Gus Taylor is the Chief Administrative Officer of Florida Medical Clinic, a multi-specialty clinic serving the North Tampa area with more than 60 locations and 350 positions, as well as ancillary departments offering a network of medical support. Before joining Florida Medical Clinic in 2009, Gus served as Director of Application Development for Sage Software's Healthcare Division, where he was responsible for the design and development of Intergy EHR, the electronic health record for the Greenway Intergy Product.

So Don and Gus, I know we're all excited to get started so I will turn the presentation over to you.

**Don Radcliffe**

Thank you. Thank you very much and thanks again for everyone joining us today. We know your time is valuable and think this is a really interesting topic. To start off with Gus, we've done business together for a while now, but I've always been interested or found your background pretty interesting, having moved both in the technology side of this on the EMR side and as well as the actual day-to-day operations on the practice side. Tell us a little bit about your experience and you background and how that's shaped your career.

**Gus Taylor**

Sure. Thanks Don. My background, as was mentioned, is in software development. When I graduated from Georgia Tech a long time ago, I went to work for IBM and I was in software development for a little over 20 years. As part of that, I was able to work on the Medical Manager product and the Intergy EHR product. And after 20 something years, I was sort of tired of software. I told one of our clients that I had worked close with that I was leaving, at the time Vitera, but Greenway to go do something else. I kind of flippantly said to him when he asked what I really wanted to do, and I said, "I want to work for you." It was a flippant comment, but the next day he handed me a job offer and things got real.

But it was interesting because they used the product that I helped design and build. And when you're looking at some of our doctors and they go, "Who was it that thought of doing it this way? This is the dumbest thing ever." I would always chuckle inside because I can remember back to the decision that was made and why it was made. I just say, "I have no idea." It's interesting because people in my role typically grow up through clinical practices or hospitals and not in software, but it's been good for me personally.

**Don Radcliffe**

No. Certainly. I mean, it gives you a different level of insight into how those decisions you just talked about actually manifest themselves inside this. I think it's probably valuable on both ends, at Florida Medical Clinic, as well as for Greenway to get that type of feedback. On that note, in terms of you guys adding technology with that unique perspective, a lot of practices are probably looking at or continue to look at different ways to supplant documentation requirements, whether that be speech or scribing or old school transcriptions, I think you guys have a mix of a lot of things going on. What other technologies do you think folks should be looking at in terms of helping us make the documentation better, solve some of the burnout problems that physicians certainly had to prior to the crisis and will probably continue to have as patient volumes come back up, what kind of technologies are you guys using and what do you think folks should be looking at to solve some of those challenges?

**Gus Taylor**

I think there's challenges really on every front, whether it be the provider, the patient or the staff. If I think about the providers, every day they're being asked to do more and more and more for less and less pay. And really, the only way to balance their life back out is through technology. And whether that is using a Fluency Direct product of voice to text, a virtual scribe, a live scribe, they have to find ways to really not focus on how they get their work done, but focus on medicine and our job is really to try to put enough tools in front of them and in front of the patient so that they can do that. Whether that's home monitoring, patients want convenience. They want tele medicine. They want to be able to schedule their own appointments. They want to check in when they want to.

Doctors want less, I'll say, clicking buttons. You hear doctors that I'm sure across everywhere, they know exactly how many clicks it takes to order a prescription or to do something. The biggest issue, at least in my opinion, is documentation and coding. I think those are two big key areas that we have helped and have to continue to help our doctors.

**Don Radcliffe**

No. Absolutely. And a practice the size of yours, that's a... A lot of times, I don't think there are many providers who practice exactly the same way. As you approach your size, how do you balance the options in managing those options that you provide to doctors and other providers and then I'm curious as to how you think about innovation? I'm sure you get tons of calls every day about the next best thing that's out there that can help... Innovation and being on the cutting edge is certainly important, but how do you decide what to evaluate?

**Gus Taylor**

At least for me, I always try to understand the problem we're trying to solve. So many people, even our own providers, come to us and tell us the solution they want without even understanding the problem that they're trying to solve. So for us, we just try to look at where are our issues? Are we under coding? Are we over coding? Are we working too many hours? Do we have doctors running behind? What about documentation if they can't get it done on time? Why not? I mean, everyone does practice different. Everyone does document differently. We have some that type. We have hundreds that use Fluency Direct. We have a bunch that use transcription. It's across the board, so we let them do what they want and we try to look for things that are preventing them from actually getting their work done in a timely manner and look at those solutions.

I mean, everyone has the next best thing. I think with my background, I'm pretty skeptical of all of those because a lot come and go, but you get a good company and you get a good product with people behind it and it makes all the difference.

**Don Radcliffe**

Absolutely. I know you guys are using a lot of different things to try and solve for those problems, whether they be on the coding side or the documentation efficiency and quality side. With that said, obviously this has been a pretty, I guess the word I'll use is interesting year with a lot of different challenges. Specifically, I wanted to talk to you about how the pandemic impacted Florida Medical Clinic as one of the largest, if not the largest, single practice serving the Tampa Bay area, an independent practice at that? How did the pandemic impact you guys? I mean that both just from a general stance, but from a technology stance as well.

**Gus Taylor**

Sure. It clearly impacted us a lot like it did everyone. Our patients didn't want to come in. Our volume dropped by around 50% in the March and April timeframe. We had a lot of proceduralists who basically

**Gus**  
continued

couldn't do their procedures. All of those were shut down at the hospitals. We have three surgery centers that we had to shut down. We went from urgent care doing maybe one or two telemedicine visits a week to ramping every single provider up within one week literally doing thousands of telemedicine visits. And now, things have returned back to normal for us, but it was a challenge. I mean, we had our doctors take a 50% pay cut. We staffed to volume. We cut admin staff's hours. March and April were tough months. There's no doubt about it, but we recovered and we're kind of back to normal, as far as patient volume goes.

But as far as the technology and changes, we're certainly trying to make everything more hands off; virtual waiting rooms, texting patients when we're ready to see them so they can go from their car to an exam room without waiting in the waiting room, providing a lot of online check in things for them so that they can check in at home or on their phone without having to go up to the counter or fill out paper or touch different things. Obviously, we're keeping close watch with all the guidelines. For us, the first wave, the March/April wave didn't impact us really from an employee standpoint, but the second wave, I mean, our employees got hit pretty hard, but I think that's settled out now too. Now we're just trying to do everything we can to be hands off and patient convenience. And even though everything is open, a lot of our patients are still choosing to use telemedicine, which is an option that I hope is here to stay for a long time.

**Don Radcliffe**

Well, that makes perfect sense and kind of leads into my next question, is I think a lot of practices had to scramble to implement options for telehealth, for video office visits. Where were you guys on that curve? And more importantly, what do you think the future looks like? Just from your opinion. What does the future look like in terms of how those things will continue to be leveraged?

**Gus Taylor**

It's interesting. We implemented telemedicine because we thought it was the future and the resistance was almost unimaginable. No doctor wanted to do it. They didn't want any part of it. We made our urgent care do it just to provide that option for our patients. Very few patients even wanted it. Literally, we went from two week... We see over 4,000 patients every day, so we went from two telemedicine visits a week to literally thousands a day overnight. Now, it's funny because now all the doctors want it. They love it. I guess they had a barrier that they didn't really understand and once they were forced to do it because patients were demanding it, now that's all they really want to do. It's interesting.

It's certainly convenient for the patient. And to be honest, it's convenient for the doctor and I think it's a lot smoother visit as long as it's a follow up or something that the patient doesn't need to actually physically be seen. But I think we'll see more and more of these self-service type things. Patients, everybody, they get their groceries delivered. They get this delivered. Everything is at their fingertips and I think they demand that medicine is the same way and we have to put things in place to make that happen, whether it's monitoring them at home, whether it's telemedicine, phone visits, expanded hours. It's all about convenience in today's world and our practice, I'm sure along with many others, haven't been too flexible in that convenience. Our hours are 9:00 to 5:00. We don't answer the phone after hours. You get the answering service. I think the practice that throws that away and catches up with what everyone is looking for is the one that's going to survive.

**Don Radcliffe**

So driving towards... So more consumer driven healthcare?

**Gus Taylor**

I believe that is where the future is going.

**Don Radcliffe**

No. I tend to agree with you. That shift, almost a fundamental paradigm shift. It sounds like for you guys, the volume has returned, but there's still a pretty big balance of... It's video too I assume, right?

**Gus Taylor**

Yes. It's both. Yeah.

**Don Radcliffe**

So yeah.

**Gus Taylor**

To be honest, another thing that was hindering it is the government would only let you do these video visits in rural areas before. They wouldn't pay for them unless you were in a rural area,

**Gus**  
continued so we really couldn't do it except for in urgent care. Once they relaxed that, it took off not just for us, but for everyone. Again, it's a temporary relief, but we're all expecting it to become permanent because it's worked out well for the patient. Now, it's interesting. I don't want to diverge too much, but today you get paid the same as an in-office visit. I would expect that they're going to make this permanent but at some point, cut what they pay for video visits versus an in-office visit.

**Don Radcliffe** But not back to the old rules denying or making up the \$15, \$25... something that makes it completely unrealistic to make up a big chunk of your revenue right?

**Gus Taylor** I would hope not.

**Don Radcliffe** No. I'm hoping there is not a way that you go back to cutting that too much because I think talking to folks all over the country, it has been a force change for sure, but once people got over it, it seemed to be a pretty well received change right? I know for myself it sort of clicked that it made more sense for me to do this for strep throat, assuming that I had it and treating for it and not risking getting anyone else sick with it right, but hadn't thought to do it beforehand. I think it's both the doctors and as you said, it was an adjustment for the patients as well.

I want to stick on the theme of this and just ask if it changed... Obviously, it changed a massive use of the telemedicine software, et cetera. Were there any challenges in going from two to thousands of those visits a day? A second part is did it change how you are using any of the other technology that you guys use to create efficiency or the EMR itself?

**Gus Taylor** It changed several different things for us. And again, I want to go back to patient convenience for just a second. If I'm sick or I have a sick child and I'm in my living room and I can wait until the doctor is ready to see me and I can go online with a video visit with that doctor, 15 minutes, 20 minutes and when I'm done I hang up and my prescriptions at the pharmacy. Who wouldn't want to do that versus getting a sick child ready, putting them in the car, driving to wherever the office is, waiting 30 minutes in a waiting room, going into an office, seeing the doctor, then driving back home. I mean, everyone wins.

Our biggest issue, we deal with a lot of elderly patients. We had to make sure that they could get online to get everything working so that we could see them and some of the video company technology did not do a good job of patient reminders or sending just a simple link for the patient to click when it was time to start their visit, so we had to write some things ourself, along with our patient reminders to make that easier for the patients. But once we got through the first thing and understood what we had and more importantly what we didn't have, it didn't take long to move it forward.

**Don Radcliffe** Understood. The doctors themselves, as they've switched to this workflow, are they splitting time between home? Are they in office regular hours? Has that changed the way they... Because they have a lot of support staff with them in the normal in-house clinical workflow, less so in that isolated, at home workflow. Are the doctors adjusting to that and keeping pace with documentation and coding in the same way? Has it created any challenges there?

**Gus Taylor** Again, an interesting questions. So when this first started, it was hard to even get our doctors to come into the office so a lot of them did 100% from home, but they expected the staff to come in, log in and do all of the chart prep, all of the stuff that they would do otherwise, while the doctor stayed at home and then dialed in. Now, doctors are actually doing telemedicine visits from their medical office. They come in, they see patients in the office and then they sprinkle telemedicine visits in the middle of that. Some are actually doing telemedicine over lunch or at the end of the day to get those patients in.

I'd say, again, we're back to normal. But at the beginning when they stayed home, it was tough because they had one computer at home and they had to do the video visit then and figure out how to document it and all of that. When they're in the office, we'd have them set up where they could do the visit and document and it's really almost like seeing the patient in an exam room.

**Don Radcliffe** Absolutely. I think what was really interesting to me is seeing and hearing examples of how in a video office visit, they'd actually gain some sort of patient and doctor intimacy going through a physical exam

where you're asking the patient themselves to do certain things, whether it's a follow up to ortho and now I want you to bend your wrist this way, bend your wrist this way or strep throat, shoving a flashlight in your throat for the doctor to see. I think it's created a very good connection between the patient and the doctor in an unobtrusive setting that it seems odd to think that technology and doing this virtually made it more personal. But in some cases, I think it has. I think doctors, they want to get back to just caring for patients right?

**Gus Taylor**

I think you are exactly right. A lot of times if a patient sees a doctor, they see the doctors back while they're typing on a computer. Doctors asking questions not even looking at the patient, just typing away or whatever. With the video visits, I mean, they are really looking right at that doctor and that doctor is actually paying probably closer attention through the video of that patient because they have to. In a backwards way, I think you're exactly right. It has made that interaction much more personal than maybe it had become.

**Don Radcliffe**

I think that qualifies as irony right? Well, I do want to make sure we leave plenty of time for questions and whatnot, but I'd be remiss if I didn't ask you a couple very specific about your background. I think having experience on both sides, as a healthcare IT vendor in the Greenway space and very deep knowledge of the applications and EMR itself and now the practice workflow, what advice would you give to folks with that unique background on how to make technology decisions? Because they, just like you, get tons of things thrown at them, both in terms of selecting, I think you've clarified that it's about solving a particular problem right? But in the process itself, what advice would you give folks who don't have that unique, two sided background on how to make technology purchases?

**Gus Taylor**

Again, I'll just start with my comment that most of the time people tell you the solution that they want, but really it's more important for them to tell you the problem so that you can make sure that the solution actually solves it. So when you're meeting with those vendors or talking with those vendors, you're very clear about the problem you're trying solve, not what their product may or may not do. Because a lot of times, a product may look like it does something, but it still may not solve the problem that you really are trying to solve. Nothing against that product, you just asked the wrong question.

I think it's also important again... And look, I love small companies. I love leading edge technologies, but you just need to understand where they fit in your world because if it's mission dependent and critical for your group and it's a large group, it's hard to depend on these two and three people shops. You need a company with a name, with money behind them that you can count on when things don't go right. Everything's fine when everything goes right, but really, it's what happens when they don't go right. This is weird because when I look at things, I can think back to a software development and when I even talk to vendors about stuff, it's easy to tell when you're getting the real answer or when you're getting another answer.

But I'll just say, make sure the problem you're trying to solve, talk to more than one vendor and then talk to their clients. not just the ones that work, but find out the ones that didn't work very well and why not because you'll probably be in the same boat.

**Don Radcliffe**

No. Absolutely. I think you hit on something there that kind of flows perfectly into a followup. Partnership, I think you mentioned that and longterm relationships when the software is mission critical, forming that longterm partnership is important. Those things are easy when things are going well, but they're even more important and get more difficult when things aren't. I mean, speaking very frankly, at the beginning of our partnership we had some issues. I think it's important how you work through them. Can you tell me a little bit about what you're looking for and what your thoughts are on innovative and longterm partnerships with vendors for those mission critical things?

**Gus Taylor**

Sure. Just probably say something, maybe I shouldn't, but sometimes it also takes a little luck Don. I'm with your company, quite frankly, because I ran into a friend that I hadn't seen in over 20 years at a trade show. He said what you all were doing. I'm like, "Oh, we use Dragon." He goes, "Just let us talk to you," and as a favor, I did. It actually turned out very, very, very advantageous for us because we had a

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solution that wasn't working for doctors. I talked to a vendor that I probably would not have even known about and it turned into a really, really good thing for us. I won't discount luck at all, but I'll also will agree that it's really what happens when things go bad.

When we first started on moving our transcription over to you, there were problems, but I was honest and I told you, "Hey, we're having issues. We may have to pull the plug." You got your team together. We met. You made some changes. We made some changes. And at the end of the day, all the problems were resolved and now we're, I think, pathology was our last thing and we're moving that over to you as we speak. At the end of the day, you rose to the challenge and gave us the support we needed. It is a partnership because when I have issues, I tell you. And if they're my own issue, you're fine to tell me that and I'm fine to accept that. If they're your issues, you're fine to fix it for me.

**Don Radcliffe**

That's right. I think that's the key to longevity, not only in a partnership between companies, but those foster longterm relationships as parts of this industry of which I think we both have been in for most of our careers. I would be remiss without doing a shameless plug. Why did you guys decide ultimately to move forward with us?

**Gus Taylor**

Okay. We moved forward with you really on two fronts. On the Fluency Direct, on the voice to text, our doctors just were not happy with Dragon. It did not work as well as it needed to. If you're a doctor, you don't want to have to review everything you say, you just expect it to work, In a 90%, 92%, 93% accuracy, I'm sorry, it's just not good enough. But your product out of the box worked very well. We did some tests and it quite frankly blew Dragon away. We switched every single doctor from Dragon to that. And in which time you talked to us about transcription, we did in-house transcription. You were trying to see us on it. We've done in-house forever, really weren't interested. You kind of said, "What would it take?" You made us a deal, which I'm sure is the same deal as everyone. I'd like to think it was special, but I'm sure it's not, that really we don't need to be doing it in-house. It's not our core competency, it's your core competency.

It has saved us a lot of money. It's gotten better turn-around time than we were having with in-house. We don't have to manage those employees. And now looking back, it's like why would we waste management time and dollars on things that don't have anything to do with seeing or treating a patient. Let's let the experts do it. It's worked out very, very well for us. Saved us money, better quality, better turnaround time.

**Don Radcliffe**

Good. Good. Well, thank you for that. I wanted to keep on topic, but would be remiss if I didn't take the opportunity. Gus, thank you so much for your time. You continue to be a great partner for us and I often come to you to talk about the way we should approach the market and make sure that we're making the right decision. I'm always appreciative of your time, your guidance and your friendship. But with said, I want to make sure that we leave some time for questions from the audience. Just wanted to close out by saying thank you very much Gus for your time and congratulations on all the success and coming through all of the challenges that 2020 has put towards us all so far. So thank you.

**Gus Taylor**

Sure. Thank you Don. I will also just say, you didn't ask, but I'll throw this in there too. When we heard 3M was buying you, it was certainly a little nervous for us because we had finally got everything working right and here we go, some big company is going to buy you and turn it upside down. I thought maybe we'll have to start over, but that is not what happened. If you didn't have 3M in front of your email address, I would not even know it happened. I'd say my hats off with the way they handled this whole thing.

**Don Radcliffe**

No. Thank you for that. I should have asked that. It certainly was a big transition for us and I think the benchmark, at least at the beginning of these, is that it should be unnoticeable to you as the customer. Now, I'm hopefully, just like I am with anyone on the phone who is either a customer or thinking about becoming a customer, that we will use this merger and are using this merger to enhance that product portfolio. I know we'll be talking about that next week, but it's good to hear that it was a non-event at the beginning, which is, I think, the best thing you can hope for.

**Gus Taylor** Yeah.

**Don Radcliffe** Okay. Well, I'll turn it back over and then we can take some audience questions.

**Jacob** Great. Yeah. Thank you Gus and Don. Let's move into the question Q&A portion of our presentation here. Just a reminder, if you would like to submit a question, you can do so by clicking the questions icon in your web meeting controls. So before we move into it, I'm going to launch a polling question just as we're going through the Q&A here. The polling question is we'd like you to answer one of the following. If you would like to speak to a 3M representative about the technologies that Gus and Don were discussing today, please choose that option. Or if you would like to receive more information via email, you can go ahead and choose that option. I'll leave that polling question while we're going through these questions here.

The first question we have is where do you feel the technology is evolving, especially AI supported workflows?

**Gus Taylor** Is that for me?

**Jacob** Yes.

**Don Radcliffe** Yep.

**Gus Taylor** I think everything is evolving toward letting doctors be doctors and letting them document and do the things they need to do in a seamless way that doesn't take away from the patient experience. Again, I think back in the old day, the doctor looked at the patient, did what they needed to do and moved on. Then we got to all this documentation and recording all these specific things, whether it was meaningful use or whatever, checking whatever box you needed to check to get your money. It kind of alienated the patient, so I think anything in the future is going to go back to letting the doctor focus on the patient and then the documentation and the other things that follow behind it happen seamless/automatically somehow like that. I think that's where we're headed.

**Jacob** Great. Thank you. Another question for you. How do you handle patients who may have trouble with the technology?

**Gus Taylor** As I said, we do have older patients. And to honest, we just have to talk them through it. We have our MAs or our front office call them if they're not on appointment in time and just have to talk them through it. A lot of them, you can get talking about it, they Skype with their grandkids or whatever. They kind of understand that. The other thing is, as I mentioned, we had to change and write our own patient reminder system so that it was simple for the patient. They get an email or a text, they just click the link. You have to remove, I guess, any kind of thinking or barriers and make it as simple as you click this link and everything else will happen.

**Jacob** Great. Okay. The next question here, were there any providers in your group that may have been suffering physician burnout and how did the technology from 3M that you select to provide relief to that?

**Gus Taylor** Wow. Okay. Yeah. I mean, clearly a lot of our doctors are... I wouldn't necessarily say burned out, but certainly stressed and overworked. When you work all day seeing patients and then you're up till 10:00, 11:00 at night trying to document, it makes for a bad situation. A technology that you have that I wish I could convince our doctors to use are these virtual scribes. I think those are the way of the future where you can see the patient, look at the patient, talk about what you want. And in the background, behind you, without someone else in the room, if people are worried about COVID or whatever, documentation and charting is just happening. We do have a few people who are doing that and it's working very well, but it's hard to get everyone else to do that.

The other thing is obviously the transcription work that you're doing and the voice to text, having it work correctly, instead of 93, 94% of the time because it's really about... They know what they want to say, they know what they want to document, it's how can they do it more efficiently? Both of your products



**Gus** continued that you have and then a product that you have that I wish we would use more of, the virtual scribes I think are the way of the future.

**Jacob** Great. Okay. Another here on the topic of physician engagement. How do you engage your clinicians with your quality and compliance goals?

**Gus Taylor** Okay. That's a tough one. Probably six, seven years ago, we let them do what they want and then we would just say, "You can't do that." We would hold their paychecks. When they got their documentation caught up, we would give it to them. But now, what we've gone to, as much as I hate to say, it's maybe more of a stick than a carrot, our Medical Executive Committee put together what's expected of each doctor. And if they don't perform it by the end of the... We do a physician scorecard and at the end of the year, if they don't pass, then they don't get some bonus money. And if they're behind on documentation or other things, they get fined weekly. We have the carrot, you get that bonus if you achieve these goals and then we have the stick through the year that says, "You can't do these things."

It's hard to motivate providers without a carrot or a stick. Some of them will do it just because it's the right thing to do. Others, as you mentioned, they're burned out. They're tired. They're spending so many hours and you have to really incentivize them to get their work done or give them some tools to help them get it done in a timely fashion.

**Jacob** Great. Another question here. Have your providers confirmed that they are saving time or have you noticed a difference in productivity?

**Gus Taylor** They don't say they are, but it's not as quantitative I'll say, but I can tell you I don't see them logged on at night and weekends anymore. We went from notes being 45, 60 days old to probably I'd say 85% of all of our notes are finished within three days and then the other 15% are within two weeks. At least from that perspective, from our compliance perspective, we can definitely quantify that the work is being done in a much more timely manner. I think the only way that that can happen is if the technology and tools were providing them or helping.

**Don Radcliffe** Gus, this is Don. I wanted to ask a quick follow-up question on that, in terms of motivating providers, especially in an organization your size. How do you guys handle that from a cost perspective in that carrot/stick model? Do you pass the fees... I'm seeing a lot of practices pass the fees for documentation solutions that are in part or in whole onto the providers. How do you guys do that at Florida Medical Clinic?

**Gus Taylor** So for transcription, we pass the fees onto them. For the voice to text, we said we'll cover that as a company if you'll use it. We kind of do a 50/50.

**Don Radcliffe** Gotcha. You'll provide something like the software. It's actually an incentive to move to a lower cost option like Fluency Direct. Understood. Okay.

**Gus Taylor** Yeah. We provide the microphone, which as you know... I don't know. I need to be in the microphone building business as many as we get.

**Don Radcliffe** You guys buy a lot of microphones Gus. You certainly do.

**Gus Taylor** Yes, we do. They want one in each office they go to, one at home, whatever and we give it to them because at the end of the day, it makes their life easier, patient's life easier and quite frankly, our life easier.

**Don Radcliffe** And that's kind of what I was getting to is the carrot/stick. Part of that carrot is giving them those tools right? At least ones that are reasonable and effective right?

**Gus Taylor** Correct.

**Don Radcliffe** Sorry about that.

**Jacob**

That's great. It looks like it is... That's the time we have for today. Those were great questions and thank you so much for going through that. If you do have any further questions, feel free to write them in the chat before we're done here and we'll make sure to follow up with you via email. I'm going to close out the poll here. Just a reminder that we will be sending out the webinar archive within the next week, so look for that in your Inbox and feel free to share the recording with your colleagues and teams. If you did enjoy today's conversation, we encourage you to visit our website at [3M.com/virtual-pulse](https://3M.com/virtual-pulse) and you can subscribe to receive updates on upcoming Virtual Pulse webinar sessions.

**Jacob**

Again, Don and Gus, we thank you so much for facilitating this excellent discussion and thank everyone who has joined us today. With that, we will wrap up today's webinar and we'll hope you can join us again soon. So thanks everyone.

**Don Radcliffe**

Thank you.

**Gus Taylor**

Thank you.