

## Podcast Transcript

# Risk Never Sleeps

## Episode 70

### Josh Tamayo-Sarver

**Ed Gaudet:** Welcome to the Risk Never Sleeps Podcast, in which we learn about the people that are on the front lines, delivering and protecting patient care. I'm Ed Gaudet, the host of our program, and today I am pleased to be joined by Josh Tamayo-Sarver, VP of Innovation of Inflect Health. Did I get that correct?

**Josh Tamayo-Sarver:** Yeah.

**Ed Gaudet:** Okay, cool.

**Josh Tamayo-Sarver:** And Vituity.

**Ed Gaudet:** And Vituity, and Vituity. All right. So tell us about your current organizations, and your current role.

**Josh Tamayo-Sarver:** Oh, well, thanks for having me.

**Ed Gaudet:** Yeah. You bet.



**Josh Tamayo-Sarver:** Yeah. So Vituity is a physician staffing organization, and it's a good Silicon Valley startup. It started in 1975, in a garage. And actually, it wasn't Silicon Valley; it was Southern California. So basically, there were folks who came back from Vietnam and they were doing emergency medicine at the time, and emergency medicine back then was one doc would have the contract and make a lot of money, and then they would get all these other Joe Schmoes and pay them peanuts. And these guys were in the garage and they're going, You know, that's not right, man.

**Ed Gaudet:** There's a better way.

**Josh Tamayo-Sarver:** There's a better way. And so they started this democratic equal owner partnership. And the way it worked was they said, You know, from the first day that you work a shift, you're an equal owner. And so they created that. And then they said, It doesn't matter who you are, we're doctors. We got to see patients. And so they created that. So I'm the VP. I still see patients. Our CEO still sees patients. We all have to see patients. And so since 1975 that's actually grown up. And now we're 5000 providers and 500 hospitals across specialties, across states. We do virtual care. We own our own malpractice company and our own billing company and our own navigation company and our own MSO and you name it; we're a full stack service. And then within Vituity, because so many solutions out in health care really weren't meeting our needs as physicians, and we couldn't meet our patients needs, so we started our own innovation hub. And that's Inflect Health. And then within Inflect Health, we have three vertical things that we work on and three teams. And so the three vertical things, we do corporate venture. And we have I think we're at 26 portfolio companies now. We do internal prototyping and product and business development. And so we have quite a few of those that we develop because we don't see it out in the market. We don't find any company we can partner with. We develop it, and then we launch it, and hopefully successfully. And we've got about four of those that we've done successfully over the past couple of years, and a lot more in the pipeline now, and then we do advising where we are, everything from like light touch, Hey, I'll give you an opinion that may or may not be worth anything, all the way up through, you know, we can be your product owner and we get white-labeled to help the companies. We do that everything from pre-seed early all the way through the big four.



**Ed Gaudet:** Got it. So not only does risk never sleeps, Josh never sleeps as well.

**Josh Tamayo-Sarver:** Oh, actually, what I've discovered is that as long as I maintain myself as the dumbest person in the room, then there's always like, maybe we should do this, and then someone is polite and they're like, Yeah, kind of, but this other thing. And then I'm like, Yes. And then they kind of take care of it. So.

**Ed Gaudet:** So how did you get into healthcare and this business?

**Josh Tamayo-Sarver:** I don't know how unique or different my journey is. So.

**Ed Gaudet:** All unique. They're all unique.

**Josh Tamayo-Sarver:** They're all unique. Thank you. Yeah. Well actually, so my mother used to always tell me, You're unique and special, just like everybody else.

**Ed Gaudet:** That's right. I love that.

**Josh Tamayo-Sarver:** It's all true too, which is kind of weird. So. Yeah. So when I was in high school, my mother died, and I was, like, looking for some sort of meaning or something, I suppose. And I volunteered in a local emergency department. So I was 16, I was in this E.D., and I was like, Oh my gosh, this is so much fun and you get paid for it. I was like, What a deal, man!

**Ed Gaudet:** A combination of a great career.

**Josh Tamayo-Sarver:** It didn't sound like, yeah. So once I was 16, I was like, Okay, I'm gonna be an ER doc. And that was kind of the end of it. And then in terms of how I got into the stats and the PhD and the coding and everything, I also suddenly needed to get money. And it turned out that Visual Basic is intimidating. So I just learned some Visual Basic and wrote some healthcare software. This was 1991. And I was able to sell it. And I was like, Wow, that's kind of cool.

**Josh Tamayo-Sarver (cont'd):** And so then from there, I was still is going to be an ER doc, and I was supporting myself with being a software engineer in college. And then I took a year off and did like a medically-bent Peace Corps in El Salvador for a year. It was a very crazy, eye-opening sort of experience when you're 21. And I did realize that, you know, you could send a thousand doctors or one really good engineer with like a mechanical shovel, and the engineer probably would do more. And so then I got much more interested in structural and higher level; how can you fix things? And so that encouraged me to do the MD and the PhD.

**Ed Gaudet:** Wow. Okay. We got a lot to talk about. So.

**Josh Tamayo-Sarver:** Basically everything that I did, I was absolutely certain in my path and the outcome was completely unforeseeable and nothing like what I intended. And it turned out great.

**Ed Gaudet:** Very, very similar path. And those are the best, aren't they?

**Josh Tamayo-Sarver:** Yeah. Except then people ask you for advice and ... I'll do whatever.

**Ed Gaudet:** They can ask you for advice; you can give them advice. Whether or not they take it, though, that's the other.

**Josh Tamayo-Sarver:** Well, I don't even have any great advice to give on how that happened to me.

**Ed Gaudet:** I'm sure. I'm sure.

**Josh Tamayo-Sarver:** I was just lucky.

**Ed Gaudet:** Well, there's luck as well, right? In good ol fate, you know, blowing in your direction. So, you know, as you look at 2024, last couple of years have been difficult with the pandemic. What are some of the initiatives you're focused on strategically?

**Josh Tamayo-Sarver:** Yeah. So the big initiatives that we are focused on now. And the pandemic, you know, I'm in innovation, and the pandemic really opened up and loosened a lot of things in ways that were actually really helpful for me in terms of the compliance and regulatory and those sorts of things, in some ways that are kind of frightening, especially when we're talking about risk, right? But I would say the big initiatives that we're looking at right now is one, our use of generative AI. And so we've got some really amazing generative AI projects that we're working on. I have a lot of generative AI companies that we're advising and working with, either just as advisors or as their product owners. I think one of the things that I'm seeing a lot from generative AI is that it's like the cheapest, quickest, most expensive POC you'll ever find, right? Like to spin something out that almost does it right is so fast now with generative AI and leveraging LLMs. So you see this POC and you're like, Oh, that is so promising. You know, that looks like what previously took years of engineering work and it was done in a day. But to go from that almost to truly like bulletproof commercializable safe secure repeatable, now that lasts nine yards is like 99 yards in the first, 99 yards is like a yard. I think that's what I'm seeing a lot of. So you see lots of programs that almost have it down. And they're in that almost state for millions and millions of dollars worth of, almost.

**Ed Gaudet:** Anything you've discovered to accelerate that process. I mean, it sounds like security is a big part of that.

**Josh Tamayo-Sarver:** Yeah. And so two things. One is constraining that variability. You know, if you think about like the LLM models, which, you know, a lot of what we're talking about with generative AI is those LLM models. And you can think, you know, each of those words gets a token that gets put into a matrix, that matrix gets a vector moved off of it, and the more of those tokens you have, the more like variability is where that vector points. And so the more it's kind of almost. And so what we've done is we've developed some techniques. Fortunately, we're getting patents on those. But we've developed some techniques internally to try to reduce kind of that dimensionality so you get much more constrained variability. So you know there's variability but not meaningful variability in the outcome or the output. But it requires techniques other than just the LLM to end up with multiple different types of models working together to constrain that. I'm guessing that's probably what the answer is usually going to be, is that you kind of need multiple models working together.

**Josh Tamayo-Sarver (cont'd):** The other aspect that we have found is what we're calling ... or ...; I haven't figured out how you pronounce it, but it's patient information reliability and security. And in my world, and this is just going to be because I'm egotistical, probably, but like cybersecurity for me as a clinician, I'm not going to say it was a dirty word, but it was at least adversarial because.

**Ed Gaudet:** It's stopping you from doing something.

**Josh Tamayo-Sarver:** It's stopping me from trying to take care of the patient, right? I just want the information, because I want to know that I'm not hurting my patient. And cybersecurity was like putting these things in place. And at the end of the day, it was usually about patient trust. It was like keeping locks on the file room door. That's what cybersecurity was. And I think as a clinician, we have some really cool portfolio companies and some really cool tools that we're rolling out that are diagnostic. I'm not talking about like clinical decision support that pisses me off and I have to click through. I'm talking about AI diagnostic tools that tell me this patient who's clinically perfectly fine in front of me is going to be septic within 72 hours, right? Pure AI off the labs. There's no way for me to know that as a human, which means it's also less threatening, because it's not like you should have known this while you were a bad doctor. It's like no human could know this but because of our AI, we can figure this out for you. Well, now that same cybersecurity is just a small component of this whole ... idea, right? And so now if we think of that cybersecurity thing, the attack, the problem was after the patient encounter. And so as a clinician, yeah, that's important, but not my problem, and why are you getting in my way? And now that has migrated to if this AI algorithm has drift, if this AI algorithm gets hacked, if this a AI algorithm is for whatever reason not medical device level secure, reliable, dependable, then I'm going to do the wrong thing for my patient. I'm going to cause harm. And I don't like to cause harm, especially unintentionally. Right?

**Ed Gaudet:** Right. No, we don't want to do that; patient safety.

**Josh Tamayo-Sarver:** Suddenly cybersecurity, the patient information, the reliability of that information, that suddenly is becoming my problem. And so as a clinician, it feels frightening. But it also feels very different.

**Ed Gaudet:** Yeah, really good points. What about the leakage of data for training purposes? Have you thought about that, and has that impacted how you architect these solutions?

**Josh Tamayo-Sarver:** Tell me what you mean by the leakage part.

**Ed Gaudet:** You know, obviously, when you're working with these models you're putting data into those models. How are you protecting the data so that obviously it's not being used for training purposes or outside the scope of how you intended to use the data, and you're not putting that data at risk?

**Josh Tamayo-Sarver:** So those are incredibly important questions. And we were talking about luck earlier. So this was lucky. But I'm just going to say it was brilliant and excellent planning. But it wasn't. It was happenstance, which is for our AI projects, our early AI projects, a lot of those were actually security related. And so our AI team just happens to be sitting within our cybersecurity team. So the person who heads our AI engineering is also our CISO. And so we have a generative documentations product that we did. It uses other things besides just a generative AI. And it's got some cool stuff. But we, I can say, and not lightly, we solved physician documentation. It is absolutely amazing. It is life-changing, truly life-changing. But because our AI team was within our cybersecurity team, those are the engineers that started it. So their first thought is cybersecurity. Their second thought is, you know, like data privacy and security and policy. And then eventually they get to actual engineering, right? And initially I'm like, Oh my God, what a nightmare. Because I'm used to like the fast engineering teams, you know, move fast, break things. But in the end, what that means is I don't have to go back and do any reprogramming. There's no refactoring. There's no data risk from the beginning.

**Ed Gaudet:** The application of Secure by Design which is always a breach for many developers, but it sounds like you nailed it.

**Josh Tamayo-Sarver:** Yeah. And, you know, historically, we always had Secure by Design as, like what we told the engineers to do, but we also said go faster. It's great, right? We want you to do all these things but faster. Right? And so they always cut corners and you know, it's our fault really. But in this case trying to get them to cut corners is like, yeah, that ain't happening. Like you need a hall pass, right? You're not allowed out here. And so what we've discovered is by having it engineered that way, it stays in a secure environment. There is no leakage of the data. And there are retention policies are more strict than I would like, but they're understandably strict. Right? So I don't know if that answers your question because it's oddly applicable. It wasn't intentional, but now I feel super smart because that's the way we did it. And now that we're scaling it, it's like, I don't have to go back and rewrite anything, right? And we get, you know, the infosec requirement requests from the hospital. I had one the other day, and the person who's the lead on this particular project is our CISO. And he's like, This is only ten pages. We're lightweights, right? And he's like, I'll have this done in 30 minutes. Like, I just haven't had that experience with any of the other tools and stuff we've done.

**Ed Gaudet:** Yeah, yeah, that's terrific. And other priorities you want to share or?

**Josh Tamayo-Sarver:** Yeah. So we're a physician organization and as a physician organization, we're going out to try to meet patients where they are which means my big tech things are twofold. One is trying to make the providers happier because there's just so much burnout. And you know, I do six shifts a month, which means it's like an intense hobby. So I love every shift. But, you know, I look at the folks who are really in the pit on the line day in, day out, and it's a slog, and we need to do something to help them. Documentation is one thing, but that's only one thing. So any tools and technologies that we find that help address that burnout. Doctors have a high suicide rate. That's not acceptable.

**Ed Gaudet:** Yeah, right. What else keeps you up at night?



**Josh Tamayo-Sarver:** Well, so that's one side. The other side is, you know, I have a very strong mandate to figure out how do I, if you right now were to start having, you know, an anaphylactic reaction and angioedema where your tongue swells and you can't breathe, how do I, where I'm sitting, provide ED and ICU level care to you? How do I have a distributive care model? And so that's the other part of a lot of the technologies and tools that we work with is: how can we deliver high acuity, hospital level care at the point of the patient, whether that means you're in a hospital, in a clinic, in your home, on an oil rig, in an airplane?

**Ed Gaudet:** That's a tough problem to solve because you need something physical on the other end, right?

**Josh Tamayo-Sarver:** Right. Like, you know, it's one of those things that I guess it's job security because I'm not going to solve it anytime soon, and as long as I keep making some progress, I won't get fired. But it's not that easy. And it's a huge step function. Right?

**Ed Gaudet:** That's right. Yeah. And if it does get solved at 100% with full fidelity, then obviously there's no need for an ER room...

**Josh Tamayo-Sarver:** Right. Wants to go to the ER if you don't have to. Well, you have to save lives, but.

**Ed Gaudet:** You step inside that Star Trek container.

**Josh Tamayo-Sarver:** Yeah. Yeah. Absolutely. So but trying to figure out how do you do that. And then one of the big problems I run into with that is step functions which is if you solve part of the problem, you're still useless. The bar is pretty high for that MVP, you know, for that minimum viable product of, I've done enough, that you as a patient are like, Yes, that has value and I would pay for it or ask my insurer or someone else to pay for it because it gets close enough to meet my needs. That's a high bar.



**Josh Tamayo-Sarver:** Yeah. And I think that's part of it. And you know healthcare is a funny beast, right? It's not like most consumer or service-driven things because there's a transactional aspect to it, but there's also an interpersonal and trust aspect to it. And if we compare health care delivery to consumer delivery, one of the big differences is in consumer care and Amazon what is the same as need and is the same as 'should have'. So when I want something, I go onto Amazon and I end up with this ushanka hat, which is like this really warm Russian thing. The fact that I wanted it means that I need it, which means that I have it. Now outside of my wife, who may have other opinions about the true nature of that need or what I look like wearing it, outside of that, Amazon is perfectly wonderful to sell it to me. I'm like, that's great that Amazon sold it to me, made that transaction so smooth and easy and painless. In health care, when you come in and you say, Hey, I need a CT scan, or, hey doc, I need a CT scan, I click the CT scan button. The technical terms for that is malpractice because what you want, my job and most of healthcare is actually spent trying to figure out what do you actually need. Why do you feel you need a CT scan? You've had abdominal pain, or it turns out that your brother just was diagnosed with colorectal cancer, and you think you need a CT scan to make sure you don't have colorectal cancer. And so the patient comes with an agenda of what they're trying to achieve. And as a physician, 99% of our job is trying to figure out what they actually need, what resources they actually need to determine what they need, right? And all that testing that we do and all the blood work and everything, it's not like you need blood work, right? You're trying to be healthy, not give blood to vampires. All of that is for us to try to figure out what you actually need. And so I think when you look at Amazon or that really transactional consumer model of health care, the challenge that you run into is: How do you get around the fact that healthcare is actually figuring out what you need and meet the patient's goals and make it satisfying, and make sure that not only do I help figure out what you need, that I bring you on that journey with me, so together we figure out what you need?

**Ed Gaudet:** It's a really interesting perspective, and I wonder if at some point, because I'm sure you've heard this, where the patient or the person can be its best, his or her best advocate. I know my body better than you know my body, or better than some physician that just met me, knows my body. And so I wonder if at some point, and sometimes doctors don't get it right, right? Sometimes, they miss it. And not by little; they miss it by a lot. And I'm wondering, you know, what has to happen in the profession to close that gap?

**Josh Tamayo-Sarver:** I think part of it is a matter of capacity. Another part of it is looking at what's a material diagnostic error versus a trivial, an inconsequential diagnostic error. And I also think a really, really big part of it is a fundamental problem that we have in how we deliver health care, which is we infer what you're trying to accomplish and then treat you to a medical standard based on what we infer you're trying to accomplish, and then you're unsatisfied, and I probably wasted resources. But there isn't time and built into the system for me to actually figure out what you're trying to accomplish. And I've only noticed this because we do so many new products and so much innovation, I do so much time doing customer discovery that it's kind of like, have you, do you see, ever watch the, I think it was Netflix, I'm gonna say it was Netflix, the show Lucifer based on a Neil Gaiman character?

**Ed Gaudet:** No, I haven't it's on my list, though. It's one, I do want to watch.

**Josh Tamayo-Sarver:** It's Neil Gaiman, so I'm a Neil Gaiman fanboy. But one of Lucifer's power and all the angels have different powers, and his power is people's desires, you know? So he, like, cocks his head in this pseudo British accent, you know. What do you truly desire? And then the person says what their real desires and what they're really trying to do is. We don't really do that for you very much in healthcare. So, you know, I was thinking, one of my sons, I won't say which, just in case he listens to this.

**Ed Gaudet:** Let's hope he does.

**Josh Tamayo-Sarver:** I don't know.

**Ed Gaudet:** Another download.

**Josh Tamayo-Sarver:** All right. I have three. Let's get two out of three. All right. So one of my sons, he's 18. He like competitive soccer player, runs 26 hours a day without fail and 200 degree weather on the sun, and he's going to the gym like crazy. Like, what are you doing? He's like, You know, I want to be healthy. And that's kind of how we work in health care, is, Oh, you want to be healthy?



**Josh Tamayo-Sarver (cont'd):** So we'll get the gym and here's the food pyramid, and you know, let's check your cholesterol levels. And he's an 18 year old dude who is fitter than Lance Armstrong. Who thinks that he's going to the gym to be healthy, right? He wants a girlfriend.

**Ed Gaudet:** That's right.

**Josh Tamayo-Sarver:** Right?

**Ed Gaudet:** You said it, not me. But that's right.

**Josh Tamayo-Sarver:** That's normal and healthy. But in health care, what we would do is we'd say, Oh, well, you need another gym membership because you want to be healthy and let's get you more celery. And we're going to put posters of the food pyramid on the wall and motivational sayings about fiber. And none of that resonates with what he's trying to accomplish. Right? I think in health care, what happens is if we go back to that abdominal pain, you come in with abdominal pain and I do a very appropriate abdominal pain workup. And you get CT scans and you get blood work and you get everything. And then I send you home and I say, Hey, I didn't find anything that's going to kill you. I don't see anything wrong. It's just a stomach bug. Go home. And then you come in again because you still have abdominal pain. And you get the same thing. And then you come in again. I say, you know what's wrong with our health care system? I'm not doing this fast enough. I need to improve my throughput. I need to get those scans and that blood work and everything quicker, because then you'd be satisfied with your care. And no one ever stops to take the time to have a long discussion with you and find out that maybe, you know, you're losing your job and you're having trouble at home, and life really sucks. And the way your body manifests that stress is abdominal pain. And that's not fake abdominal pain; it just means that no CT scan is going to fix you. And so just like, you know, when someone gets nervous public speaking and they throw up, that is not fake vomit, but they don't need their appendix taken out either. Right?

**Ed Gaudet:** Right. That's right, that's right.

**Josh Tamayo-Sarver:** So I think the reason that we have those diagnostic problems often is that the diagnosis itself is not materially wrong. Sometimes it is materially wrong in a huge way. Absolutely. But that's pretty rare. You could even say very rare. But the frequency that the medical trajectory, the medical care doesn't align with what you really need and what you're really trying to accomplish, I would say that is by far the rule and not the exception.

**Ed Gaudet:** Yeah. Interesting. Wow. We could go hours on this topic, but we have, I have a set of questions I got to get to. Otherwise, we're doing part one, part two, Josh, which we may do anyway if you're interested. So last year, what are you most personally or professionally proud of?

**Josh Tamayo-Sarver:** Oh, let's see. Professionally, it's just that my team really gelled together, and they are common. Things that normally seem like they should take 36 months, we're just banging them out in a month or two. It's amazing. I'm very proud of that. Personally, I had, four kids I have; the next two are twins. They went to college. And they work really hard. They got into a good college. I'm very proud of them.

**Ed Gaudet:** Awesome. What college?

**Josh Tamayo-Sarver:** Now they both went to Vanderbilt.

**Ed Gaudet:** Oh very nice. Yeah. There's a nice little steak place next to Vanderbilt, I think.

**Josh Tamayo-Sarver:** Yeah. The food in Nashville is remarkably good.

**Ed Gaudet:** It is incredible. Yeah.

**Josh Tamayo-Sarver:** So is the music. It's got to be, I have no musical ability whatsoever, but it's got to be the most depressing place on earth to go if you're a musician because every little.

**Ed Gaudet:** Like going to LA to be an actor.

**Josh Tamayo-Sarver:** Yeah, every little mom and pop place, restaurant, you name it, you walk in and they have some live music playing for like a quarter and they are phenomenal.

**Ed Gaudet:** Yes, I know. It's good segway into the next question. Outside of this job, what are you most passionate about? What would you be doing if you weren't doing this?

**Josh Tamayo-Sarver:** So the nice part is that my job is multifaceted, right? So I get to see patients, and I do it enough that I'm, feel I'm reasonably good at it and little enough that it's really fun. And then I get to create businesses and products and ideas and try and make the world a little bit better and get paid well at the same time in my other job, which is like, how could you ask for more than that? Outside of that, I have one kid who's still at home, so a lot of my time is spent with my wife and my kid because they're just young and funny. And so we do a lot of hiking. He does fencing, which is just an interesting sport that I think about. I played hockey growing up, so it's a different than fencing. We slash people, they stab people, right?

**Ed Gaudet:** So you're a hockey fan. What's your favorite team?

**Josh Tamayo-Sarver:** Oh, the Boston Bruins.

**Ed Gaudet:** Oh, there you go. Yeah. Boom.

**Josh Tamayo-Sarver:** My father's from Boston. I went to college.

**Ed Gaudet:** Oh, no kidding. Where'd you go to school?

**Josh Tamayo-Sarver:** I went to Harvard.

**Ed Gaudet:** Harvard okay. Yeah. Nice. Yeah. I love the Bruins.

**Josh Tamayo-Sarver:** Oh, yeah. Absolutely.

**Ed Gaudet:** And although they've been off the last couple well, they won just one. But they've been. Overtime's killing us. Yeah, overtime's just killing us. They just cannot figure it out. I don't know what it is.

**Josh Tamayo-Sarver:** Their practices need to become shootouts.

**Ed Gaudet:** Exactly, exactly.

**Josh Tamayo-Sarver:** Or play better and not get turned over.

**Ed Gaudet:** So you, are you a Boston baseball fan, too, or?

**Josh Tamayo-Sarver:** No, just. No, I just follow hockey and soccer.

**Ed Gaudet:** Oh, interesting. Okay, cool. If you could go back in time, you mentioned 1991, so I know you're a little older than you look, all those hours in the gym, I'm sure you spend, what would you tell your 20-year-old self?

**Josh Tamayo-Sarver:** Oh, I already told my 20-year-old self something. There's probably a couple different things that I would say and they're they're actually related. One of my kids is very much like me, so I see it. It's so hard because you want to communicate that it doesn't have to be that hard for them, right? Which is, I was just born with kind of a predisposition to dig in and problem solve, and it has served me well. But if I could really, really change the mentality from jumping in and starting to try to fix things to you kind of have to follow "first you listen" and you listen well, and listening is actually a rare superpower. And then you learn. And then once you've listened really well and you've learned and you've checked your learning and you truly understand, then you can lead. And I think I have often skipped steps one and two and tried to jump into three, which just makes me not a, made me not as good a leader and created more chaos and problems than you need because everyone's pretty smart and they're doing something for a reason. Before you say, Here's a better way, you should understand why it's the way it is.

**Ed Gaudet:** Well, that's why we have two ears and two eyes and only one mouth, right?

**Josh Tamayo-Sarver:** But every time I say something, I've heard it twice.

**Ed Gaudet:** That's true. Maybe more than twice. I know that mine can work. So, you know, I'd be remiss if I didn't ask you this question. This is the Risk Never Sleeps Podcast. Josh, what's the riskiest thing you've ever done?

**Josh Tamayo-Sarver:** Oh, wow. So I have an adrenaline side, which, you know, is part of the the ER thing. I would say the truly like, other than being an El Salvador during a pseudo-war time when there were bullets around, not that infrequently. So when I was 22, this is probably the closest I've come to like really thinking, Yep, this is the end. So when I was 22, I went and visited friends in New York City, and we did New Year's Eve in Times Square together. That was actually really cool and exciting. That wasn't the risky part.

**Ed Gaudet:** Yeah, that's pretty risky though.

**Josh Tamayo-Sarver:** Yeah, it was, but that was a time of my life when I didn't have a car; I just had a motorcycle. And so I was then riding that motorcycle on January 2nd, back from New York to Ohio, and my incredibly intelligent 22-year-old, very calculating brain, I had this idea that I was going to ride back from New York to Ohio through the Cumberland Gap on January 2nd, because it seemed like a great idea at the time, and it looks so beautiful. And I was used to riding in the snow, so I had lots of electrics on the bike and everything. And so, you know, you're warm and cozy. And it was a blizzard, of course. And I'm, I'm riding, and I'm actually gone past the Cumberland Gap and there's no one else is on the road. So it was safe in that terms, right? Like I was the only soul up there. I was on the highway and this long sweeper to the left and no one's on the road. So I'm like, on the left most part of the left lane. It's a two-lane highway. And I'd ridden a motorcycle for a long time at that point and was, at least felt like I was pretty experienced motorcycle rider, and I felt the wheels break traction, but I was still in balance.



**Josh Tamayo-Sarver (cont'd):** And so, you know, you only have so much friction to spend, so you really can't hit your brakes because you'll go down the rest of the way and you can't try to turn tighter because you'll go down the rest of the way. And so you can kind of slowly roll off the throttle and maintain kind of your angle, right? Are you following me?

**Ed Gaudet:** Oh yeah. No, go ahead.

**Josh Tamayo-Sarver:** Yeah. I'm doing that and it slowly migrating to the right because I'm not turning quite as steep as that turn is, sharp as the turn is. And it's this long sweeper and I'm going to the right, I can see to my right that it's just like a canyon. And I'm like, Oh, that looks like death, right? And so it just slowly, and I don't know how long it was. And as I recall it was about 14 hours of it drifting. But it was probably, you know, seconds. And eventually, there was a rumble strip right after the line on the right side.

**Ed Gaudet:** Oh, so you must have jerked.

**Josh Tamayo-Sarver:** Well, no, that it hit the rumble strip. For whatever reason, that wasn't frozen.

**Ed Gaudet:** Ah. Did it jerk you though, like into?

**Josh Tamayo-Sarver:** Nope. The wheels just caught. And I didn't go off the side, which was another foot. And I'm still alive.

**Ed Gaudet:** Crazy. That's crazy.

**Josh Tamayo-Sarver:** It was, it was an experience.

**Ed Gaudet:** Yeah, yeah, but the last time I was on a motorcycle was 2016. I was at this desert trip concert, and we rented Indian chiefs to try to go to Joshua Tree Memorial, and to see actually where Gram Parsons died in the Joshua Tree Motel. And unfortunately, as we're driving along, you could see this incredible wind farm and wondered, Wow, why would they put a wind farm there?

**Ed Gaudet (cont'd):** And then you took a right, you realize, because of the crosswinds. And drove back to the place where we rented the bikes. And the gentleman said, Well, I'm surprised you didn't call us. Normally experienced writers will call us. We have to come in, tow them back. And I leapt across, leapt across the way, almost ready to grab the guy and my chokehold because it's like, Why would you let us go then? I told you, I told you I hadn't been on a bike in a long time, you know? I mean, like, why would you let us go? And he quickly said, We have this slingshot, this three Wheeler available; you can take this for nothing. We drove that around. But anyway, yeah.

**Josh Tamayo-Sarver:** It sounds like it was a good trip.

**Ed Gaudet:** Yeah, it was a good, it was a good trip. But that was the last time I was on a bike. And probably the last time I'll ever be on a bike.

**Josh Tamayo-Sarver:** Understandably so.

**Ed Gaudet:** Last couple questions. I usually ask this question just to get to know somebody. The desert island question: you're on a desert island. You can take either five movies or five albums. What would they be?

**Josh Tamayo-Sarver:** Can it be a mix?

**Ed Gaudet:** Yeah, it can be a mixture. Yeah.

**Josh Tamayo-Sarver:** Let's see. So I have probably three movies I would probably take. Blade runner.

**Ed Gaudet:** Ah, nice. Original, nice. So.

**Josh Tamayo-Sarver:** They made another one just to provide a character-building experience for me. But the first one was amazing. Casablanca. And then probably Tommy boy. It still makes me laugh. Like I've seen it a thousand times.

**Josh Tamayo-Sarver (cont'd):** The Naked Gun would be a pretty like because it has all the good healthcare references in there, like my favorite hospital name, Our Lady of the Worthless Miracle. I don't know where they got it. It's wonderful. And then albums, it would probably be, I really like Eric Clapton's Unplugged album.

**Ed Gaudet:** Oh yeah, that's a good one. Yeah.

**Josh Tamayo-Sarver:** And then probably Bob Marley Talkin' Blues.

**Ed Gaudet:** Talkin' Blues! Was that one of his first ones or?

**Josh Tamayo-Sarver:** It was a reasonably early one. Part of it is him playing on a radio show, and part of it's him talking on the radio show, but it has some, just some of his, his songs that are hard to find otherwise. Talkin' Blues being one of those.

**Ed Gaudet:** I just checked it out. Yeah, yeah, yeah. That's good. All right. Advice to professionals maybe coming into or students coming into the profession, whether they be in health care or in technology or, and or both.

**Josh Tamayo-Sarver:** So I would say the biggest problem that I see with the people who are trying to make things better, either for themselves financially or for the world, but they're trying to solve something, is that it is really hard to truly and profoundly understand a problem. And when you do, the solution is usually actually not that hard. But understanding a problem and what's really going on is remarkably challenging. And once you really have this profound understanding of it, it's actually if the solution seems really hard, you don't understand the problem.

**Ed Gaudet:** That's razor.

**Josh Tamayo-Sarver:** Yeah. And I still fall into, this actually happened to me last week. So I was in a hotel presenting at a conference, and the room had, for whatever reason, motion lights in it, which seemed like a good enough idea, except every time I rolled in bed, the lights would come on and I'd wake up and I'm like, Well, that's crazy; there's got to be a switch. So I looked and looked and couldn't find a switch. And then I'm like, Oh, maybe there's, it's just weird. And I go back to bed. It's like waking me, I don't know how often; it felt like every 20 minutes. I'm really getting pissed off. And I called the front desk and I said, There's got to be a switch; I'm just not finding it. They're like, Oh no, it's actually got a panel in there. We can send up engineering; it sounds like your panel isn't working. At this point, it's like two in the morning. And I'm like, No, that's fine because now I'm feeling like a weenie. And it keeps going of and keeps going off. And at four in the morning, I'm sitting in bed and I'm going, You know, I had to travel on a plane, so I don't have any of my tools with me. And I usually have like a little pocket tool with me, but I do have my fingernail clippers. Can I open that panel and try and troubleshoot what's going wrong with my fingernail clippers? Because, you know, in my mind, the problem I identified was that the motion sensor was broken. But the real problem was the lights kept going on and it wouldn't let me sleep. And so then around five in the morning, when I'm like, steaming mad, I finally realized I can just unscrew the bulbs. Problem solved.

**Ed Gaudet:** Exactly, you're great!

**Josh Tamayo-Sarver:** Like I go around lecturing about understanding the problem. And this was not a complex problem, but I didn't get it until five in the morning and like, right? Like, and then once you, the solution's like, well, I see.

**Ed Gaudet:** We've all been there. Yeah, I know it's like boom.

**Josh Tamayo-Sarver:** And so I would say if you think you understand the problem, dig deeper.

**Ed Gaudet:** Yeah. That's terrific advice. Yeah. Dig deeper because it's probably right in front of you.



**Josh Tamayo-Sarver:** The solution seems really hard and complicated. You're not there yet on the problem.

**Ed Gaudet:** Yeah, yeah. Amen, amen. Well, Josh, a pleasure speaking with you. Thank you for your time. This is Ed Gaudet from the Risk Never Sleeps Podcast. And if you're on the front lines, delivering and protecting patient safety and delivering care, remember to stay vigilant, because Risk Never Sleeps.



# Censinet RiskOps™ Demo Request

Do you want to revolutionize the way your healthcare organization manages third-party and enterprise risk while also saving time, money, and increasing data security? It's time for RiskOps.

**SCHEDULE DEMO**

[www.Censinet.com](http://www.Censinet.com)