GrowthDx Episode 11 | Monica Bolbjerg

30% Patient Adoption Is Not a Win. It Is a Problem.

Transcript of the approved edited episode. Automated transcription; minor name corrections applied. Timestamps reference the edited timeline.

Ashley Kent | 0:04

Hello, I am Ashley Kent with GrowthDx, joined today by Monica Bolbjerg, and who is the founder and CEO of Qure4u. I am super excited to have her join me today as she is a physician.

Ashley Kent | 0:19

By trade, but has been building a digital health tech company since long before digital health was honestly a category. she built one of the first patient portals back in 2001 and eventually founded Q4U around a product problem she kept seeing firsthand as a doctor herself. ~ so I love it anytime I can speak to a clinically based founder.

Ashley Kent | 0:44

I think you bring such a unique perspective to the table, so I'm excited to dive into that perspective and what you've been building today. So, Monica, it's so great to have you.

Monica Bolbjerg | 0:55

Thank you for having me. ~ always fun to have these conversations. Talk a little bit about how we can improve healthcare together.

Ashley Kent | 1:04

That is the goal. ~ 100%. Get a little

Monica Bolbjerg | 1:07

~

Ashley Kent | 1:07

bit ~ skeptical, I feel like sometimes. And so I'm excited to dive into your many years, especially being on the clinical side, but then also on the innovation side as we get into this on how we actually make healthcare better. And are we making it better? with

Monica Bolbjerg | 1:22

~

Ashley Kent | 1:23

all the innovations that everyone is building. So, Monica, give us a little bit of a rundown of

Ashley Kent | 1:30

just ~ ~ I high level, ~ ~ touched on it, but tell us a little bit about your journey and what's brought you to us today.

Monica Bolbjerg | 1:36

Yeah, no, happy to. So ~ I'm from Denmark. ~ so that's the accent. ~ been and then in two thousand, ~ my mom was a surgeon as well, and she was like trying to build a website with s

scheduling and prescription refall and messaging on when nobody had internet. And I was trying to help her a little bit and then that was like combined with that

Monica Bolbjerg | 2:02

I saw as a young doctor all the inefficiencies we have in how we communicate with our par patients.

Monica Bolbjerg | 2:08

I said, well, this is probably something everybody else could need and use, a better way of staying in touch with patients in between vis visits, really. Because before it was all like you had to come in to talk to a doctor or there you had to get them on the phone, which is absolutely impossible. So that's how I started this journey. so I called my husband and said, like, why don't we skip our

Monica Bolbjerg | 2:34

our jobs right now and tried this thing and had no clue what we were doing and ~ here we are today.

Ashley Kent | 2:40

I absolutely love that and I mean so that was tw two thousand one, correct?

Monica Bolbjerg | 2:44

Yeah.

Ashley Kent | 2:46

I mean

Ashley Kent | 2:47

It's still pretty wild though. ~ ~ I think about my healthcare experience today, and unless I personally know my provider, and I can send them a text on the side, it's still not easy to get

Monica Bolbjerg | 2:57

No.

Ashley Kent | 2:57

in touch with your provider, and especially as you start to get into specialists or whatever it may be, it becomes even more challenging. And so I'm curious, you know, like like I said, I I have a little bit of skepticism, you know, when it comes to how much we are making progress in such a just slow-moving field. And so what has that been like for you?

Ashley Kent | 3:17

you

Ashley Kent | 3:17

as, ~ ~ this is a problem you identified in 2001. We're now in 2026. How far do you think we are getting to that? And I know we're moving a lot faster with AI and everything that's happening there, but how much are we penetrating the market and making change at this point?

Monica Bolbjerg | 3:31

Well I do think

Monica Bolbjerg | 3:32

I do think I I actually think that COVID changed a lot. ~ ~ that I think there's a lot of skepticism in the industry about I mean we're still treating our patients as children almost, right? It's like you you you communicate with a healthcare provider, you're no longer a consumer, you are patient. And all of a sudden you cannot do the same things as if you are the person over here that can

Monica Bolbjerg | 4:00

books their tea time or their flights across. ~ ~ all those things, right? It's

Ashley Kent | 4:04

Mm-hmm.

Monica Bolbjerg | 4:05

like it's a mental thing. People think like you ~ ~ now it's a doctor thing. Now everybody's old and stuff. Right. But it's kinda And so

Ashley Kent | 4:10

We don't follow those rules. Yeah.

Monica Bolbjerg | 4:13

I think there's a there's some perception in the industry about people not

Monica Bolbjerg | 4:20

their customers, their patients not being capable. ~ and I think COVID was like, ~ we can actually figure some of that out. It helped a little bit, but then we went right back into like it's easier to continue to do the old way because it's really, it's really nice and easy for the practice if the patient walks in the door and if they can be on the phone and that's it. It's easier to manage, right? You don't need to change too many things. We can just keep on going with our day-to-day.

Monica Bolbjerg | 4:49

And I think that combined with that most healthcare providers are really, really busy, right? So they are just running and running and running and these organizations are just trying to catch up. And so having to change that whole thing about how you interact with patients and improve that is

Monica Bolbjerg | 5:07

Sometimes things they would well I would say ~ most everybody wants to improve but how do they find the time and and how do they actually do it and what are the tools and combined with compliance and regulatory things, like what can we do? So I think our industry is just it's just more advanced and to to to get things going, right? You have to think through many more things than you have to do in other industries.

Ashley Kent | 5:34

How have you seen that?

Ashley Kent | 5:36

I I've I've seen the same, and it's funny what in a lot of my more recent conversations, the conversation of ~ how innovation changed everything in COVID. ~ everyone was so receptive to innovation, to digital health solutions, but exactly what you said, then everyone has been like, and then we just went back to our old ways. And you know, it was kind of this blip in time where everything was very receptive, and you know, but to your point, and it's such a reality that I think a lot of people ignore in healthcare specifically, like there's a lot of other spaces where innovation is easier to pin.

Ashley Kent | 6:06

Because of just the way that someone functions and operates. Physicians still at the end of the day are still seeing patients. It's not like this is also eliminating that. And so now you start layering in additional patient communications on top of this, their day just doubled. And what they're having to do. So I'm I'm curious too how maybe even the last two years you guys have been, you know, leaning into AI to maybe help with some of this as well, so that the provider is spending the time where they need to, which is with the patient who's actually, you know, coming in the door, but then also for the one that.

Ashley Kent | 6:36

That is needing the communications outside of the visit. How do

Monica Bolbjerg | 6:40

Yeah.

Ashley Kent | 6:40

you scale a limited resource of a human's time?

Monica Bolbjerg | 6:44

Well, I think to be honest, I I don't think we can we I don't think we can use technology much more to help the individual physician. I mean, we've been throwing technology at physicians and providers themselves for

Monica Bolbjerg | 6:59

decades, right? ~ ~ it's been like how can we make the physician more efficient and so on. If you walk into a healthcare facility today, you're not seeing a doctor hang around, right? They you you see them in and out of door. They are literally sprinting. And

Ashley Kent | 7:13

Mm-hmm.

Monica Bolbjerg | 7:14

then you see all the people they have around them. Right? And I think that's what you need to focus on to change healthcare. It's like how do we help the teams around the physician, right? Because that's typically where healthcare

Monica Bolbjerg | 7:29

organizations are missing out. Right? They is like, how do we how do we help them get the right patient into the right provider at the right time? How do we make sure that that physician now has everything they need, not only to help the patient, but also to get to be able to get paid, because they have to get paid because then I mean doctors need to get paid as well in order to run a healthcare organization. So I think the one of the biggest things we can do to improve healthcare today is to focus on the

Monica Bolbjerg | 7:58

operational pieces that are very, very inefficient still today. Whereas I feel like the doctors are actually pretty efficient themselves.

Ashley Kent | 8:09

He missed

Ashley Kent | 8:10

incredibly important because I think that is so much where a lot of the focus does go is into the physician versus, ~ ~ how do we get leverage from, you know, everyone around them. And, you know, I was listening to a panel the other day and it was, you know, some private equity groups talking about like where they're actually investing in physician practices and, you know, very little right now is actually focused on the actual care delivery itself. It's all focused on, you know, operations, ~ and how they're making, ~ ~ the people around the physicians more effective, efficient.

Ashley Kent | 8:40

And, you know, where you guys started, you know, on the you know, patient portals, you know, originally, how has that expanded for you on the operational sides of where have you guys been focusing?

Monica Bolbjerg | 8:51

So what we learned over the years is that you really need to have a ~ an end-to-end cap capacity capabilities around how you interact with patients, right? It doesn't help an organization very much to have one tool for scheduling, one tool for check-in, one tool for messaging. Because the thing is that you're you're you're working with consumers, right? So a patient is a consumer and you need to have a a whole

Monica Bolbjerg | 9:15

Operations around making that experience seamless for for the patients, for the consumers, in order to create efficiencies into the organization. One is too expensive to buy ten different things, but just to maintain it and from security perspective as well, to have multiple solutions in place is just impossible. And with all the scam and so on going on, I mean patients won't they won't accept having like 10 different phone numbers reached.

Monica Bolbjerg | 9:45

out to them. They just won't trust it, which means that you, as a healthcare organization, you be lucky too for them to trust one or two of the 10 things you need the patient to do. So what we learned over the years is like to really drive high, 90% above patient adoption throughout the patient journey, which is what you need as an organization. You need to have a seamless experience for the patient, one platform that works and you can just interact. The patient can interact whenever they need to and the and the practice can also

Monica Bolbjerg | 10:15

~ automate some of that outreach, right? Because a lot of the automations that healthcare needs is actually involving the patients. So if you only drive automation around a staff member without remembering the patient is in the loop, you don't drive automation. You just

Ashley Kent | 10:32

Mm-hmm.

Monica Bolbjerg | 10:33

add on another tool for a staff member that they now need to try to get a hold of the patient. And I think that's where

Monica Bolbjerg | 10:39

Some people are ~ ~ missing out on ~ not understanding the importance of the patient in this piece, right? If you but if you start with them and if you get all the patients up and running on a on a whatever platform it is you use at high level, you all of a sudden have an automation driver and you can get paid and you can get the stuff you need. And by the way, the patients also feel much more taken care of because they now feel connected to that provider organization.

Ashley Kent | 11:07

What has that been like for you guys as you've evolved your product over the years and decided kind of where to build next? ~ you know, from from where you started to where you guys are today, you know, there's

Monica Bolbjerg | 11:17

Mm.

Ashley Kent | 11:18

I ~ in the US we've got, you know, people say there's the stronghold with all the EHRs that are, you know, continuing to add on and add on, and it's hard for other solutions to come in here, but at the same time, it's who the patients trust, it's what what they recognize and who they'll they'll interact with. And so how have you evaluated them the landscape to decide this is where we're gonna build next?

Monica Bolbjerg | 11:39

Well, ~ ~ it's actually a little mind blowing to think that the EHR that patients no one trusts because they don't, right? But it's the It's like we assume patients have no clue, right? It's like

Ashley Kent | 11:47

This is probably the problem that I work in healthcare too much. So now I know too much about that ~ I'd be like, actually no one actually knows. Yeah.

Monica Bolbjerg | 11:55

it's it's providers that ~ don't want to change what they're doing today, which they shouldn't have to.

Monica Bolbjerg | 12:02

Providers have their EHR and it's working. And they have a practice management system, they have a scheduling system, they have that in that they shouldn't have to change any of that. Because that's their world and that's their workflows and that's that is working for them in their day-to-day. What

Ashley Kent | 12:17

Mm-hmm.

Monica Bolbjerg | 12:18

we have to do is we have to find a way of like driving automations around that, right? ~ but what I'm seeing more and more is that we have to understand who the patient is as well.

Monica Bolbjerg | 12:29

So you you have to know that not all patients are will will will behave in the same way. Like

Monica Bolbjerg | 12:37

John Smith over here, he might be a good patient. He self-schedules, he fills out his paperwork, he pays two days in advance, he shows up on time. And then we have Lisa over here, and she doesn't, right? She doesn't show up, all these things, right? But the thing is that, and that's where I feel like we really can be drive something exciting with AI now, is that before all that data, we've had that for decades now, right? All the data, all the knowledge, and all that stuff.

Monica Bolbjerg | 13:07

Stuff, but now we can actually act much more upon it. We can fine-tune how we are serving the patients or how we help our customers serve the patients around who the patient is and where they want to be. Someone wants to have a phone call, that's fine, but then let them talk to a person, not an AI voice, right? And all the 80% others that do want to self-serve, give them something to self-serve. Right? I mean, I'm a whole

Ashley Kent | 13:31

Mm-hmm.

Monica Bolbjerg | 13:33

thing about AI voice. I like AI voice, I just feel like it's

Monica Bolbjerg | 13:37

it has becoming too much of a thing and I think it's a temporary thing that should be reduced because I don't think it serves the patients as they want to be served.

Ashley Kent | 13:47

One hundred percent. ~ ~ I think there's a

Ashley Kent | 13:49

There's a time and place. I talk about this all the time with just marketing in general and marketing automation and ~ ~ figuring out what needs to remain human and what are those things that you can automate that a person doesn't actually care and recognizes that it's an automation and actually makes their life easier. And you know, flipping to what you were saying about the patient, I work with, you know, a few different provider organizations and I talk all the time about how, you know, really at the end of the day, you are marketing to the patient. And it's amazing how

Monica Bolbjerg | 14:13

Ha ha ha ha.

Ashley Kent | 14:15

much, you know, to try and get them to take the action we want them to take, right? Which is, you know, market

Ashley Kent | 14:19

Marketing 101. And it's funny how in healthcare and for ~ ~ patient interactions, to your point, everyone's trying to figure out how do I automate what I'm doing here on the back end, and there's absolutely no segmentation that's happening, there's no personalization that's happening, it's just these ~ ~ all right, I got the text that reminded me to come to my appointment, ~ ~ that's sent to everyone. ~ there's no multi-channel engagement.

Monica Bolbjerg | 14:40

Yeah.

Ashley Kent | 14:40

But if we were running a ~ ~ a marketing campaign to try and engage with these same audiences, you

Monica Bolbjerg | 14:46

Yeah.

Ashley Kent | 14:46

better believe we would have you know messaging.

Ashley Kent | 14:49

tailored to each one. We've had channels tailored to each one. And it's when you can ~ ~ flip your mentality to think in that way that ~ we're actually marketing to them still to get them to take those actions we want them to. It changes the whole conversation.

Monica Bolbjerg | 14:59

Yeah. Yeah. No it

Monica Bolbjerg | 15:02

does. And I think that and we've seen this over the years, like how we've been able to fine tune how our platform understands the patient and by doing that being able to get higher adoption, right? Don't drive fatigue on the patients just because

Monica Bolbjerg | 15:17

You need something, make sure you understand ~ this patient needs to be met here, and then you get what you need. If you need a signature, you can get it. But you don't get it by just bombarding them with all kinds of stuff, right? It doesn't work. So I think ~ there's a there's a there's an interesting trend right now happening in the industry that we gotta figure out because I think ~ smaller groups are suffering because they don't have the resources, right? They're just

Monica Bolbjerg | 15:44

running fast. Big organizations, especially PE back, they have a lot of like they have an organization, they have a strategy, and they a lot of those strategies today are around the overall patient experience, but from an operational standpoint.

Ashley Kent | 16:00

Yeah.

Ashley Kent | 16:01

One hundred percent, and that's where you you do end up seeing the dollars getting invested. They're one hundred percent. I wanna flip us to I talk a lot about how when it comes to innovation, you know, it's it's change chasing regulatory, you know, headwinds or tailwinds running away from whichever one it is. And I'm curious what you've experienced, you know, over the past few years and how much that has dictated your your product roadmap, where your focus has been, and you know, maybe different areas that you've decided to pause.

Ashley Kent | 16:31

Or pursue, how much has that played a role in what you guys have been building over the last decade or so?

Monica Bolbjerg | 16:41

Not a very big rule. I mean we we're building like more long term understanding like what do an organization actually need. ~ we've we've had people come to us and now there's a grant here and there's a grant there and so on. I just don't feel like for us

Ashley Kent | 16:59

Mm.

Monica Bolbjerg | 16:59

it was the right path to try to

Monica Bolbjerg | 17:03

run for the money. We we are focusing on the outcomes for our customers. And if we get good outcomes for our customers and high adoption from their patients, then we're doing s then we're doing the right thing. And so that's how we look at it.

Monica Bolbjerg | 17:19

~ of course there was a little bit with the COVID, but to be honest, the COVID was more trying to help and serve our our customers to serve their patients. So that's like we've had telehealth for since twenty thirteen, I believe. So it was not a new thing for us. It was more like let's roll it out. ~ and

Ashley Kent | 17:41

And push

Ashley Kent | 17:42

more adoption towards it and make sure people know that it exists.

Monica Bolbjerg | 17:44

Yeah, yeah. And then it

Monica Bolbjerg | 17:45

went it it did stay higher than it was before, right? People got used to it, but ~ it's a little bit like nobody's going to the office all day long, right, anymore. We most people are working from home at least one or two days, right? So I think that's the same with telehealth before and after COVID. It just became more.

Ashley Kent | 18:03

And I think that's, ~ ~ so much of what your ~ know

Ashley Kent | 18:07

physician background, ~ ~ brings to the table as a founder versus maybe someone who, ~ ~ has a a tech background, ~ more specifically, because then you're you're thinking more with the end state in mind of, you know, what is the actual care delivery, like what do we want this to actually be at the end of the day, which keeps you, you know, not so narrow minded. Because I've seen that happen so many times with founders where they're like, this specific thing can fix this thing today that we have, but it's too niche, it's too hyper focused, some, you know, regulation passes and it done math.

Ashley Kent | 18:37

anymore and now they're pivoting to something else entirely different. And so I'm curious kind of what sort of leg up do you feel like that's maybe given you to on you know, be able to think maybe a little bit bigger ~ than someone with a tech background. And then maybe what's the thing that's held you back? And the things you'd miss you know, you didn't think you were gonna be running into ~ when you and your husband decided, let's let's attack this and quit our day jobs.

Monica Bolbjerg | 19:00

Well, I

Monica Bolbjerg | 19:02

knew nothing about running a business. Like zero, so that was a whole thing. But I think that might have been a good thing because I was like just jumping right into it. Otherwise I might have thought a little bit more.

Monica Bolbjerg | 19:12

But my husband is has a financial background so he's been taking care of all that stuff. So thank God for that because otherwise otherwise

Ashley Kent | 19:18

Good partner.

Monica Bolbjerg | 19:20

we would been losing running out of cash many years ago. But

Ashley Kent | 19:23

That's easy.

Monica Bolbjerg | 19:25

I think to be honest, like yes, does it matter to have a physician background? I do, but it's more ~ it's just intuitively you know

Monica Bolbjerg | 19:37

~ how this could fit fit into ~ or at least I feel like I do. I get a like I I can see how this will work in in an organization in the in the current workflows. And we we spend a lot of time thinking about like not disrupting current workflows. We're more focusing on taking away any kind of like not taking but just automating work. Like we kind of attack it one at a time. If we hear like people are spending a lot of time on one thing, we we attack it, right? We go one way.

Monica Bolbjerg | 20:07

But we we wanted to build the end-to-end experience for the patient first, because if you don't get the patients up and running on this one, it doesn't help us that we're really good at one little thing.

Monica Bolbjerg | 20:17

So for us our ability because we've done it for such a long time and our platform is so broad, we can now focus on the tweaks, but what we've done the last year and we actually just had a big launch, what we call Iris, is like putting a real Iris AI teammate on top of our platform so that y we're now leveraging AI to kind of detect where we can help more.

Monica Bolbjerg | 20:42

So before it was like, okay, a customer needs to tell us we also have this pain point. So we now we use the data and we know our we use our know-how and we use AI or what customers do to kind of like, ooh, I could also do this over here, or I could turn this on over here and now see like how you can drive more value for that organization using our platform without having it to be ~ people like detecting it. I don't know. I think sometimes

Monica Bolbjerg | 21:11

And maybe s especially because we are with large enterprise customers, it everything becomes a project. So being able to use AI for the easy stuff. The things where I can now go in and I can help quicker or we can we can detect where you can do s things easier, is helping we can see that already now, is helping our customers drive more outcomes ~ that they couldn't be do without AI.

Ashley Kent | 21:37

That is really neat. I'm curious how that how is that changing your day-to-day? Is it now starting to surface all kinds of new things that maybe the humans were missing before? And does that lead to any sort of distractions at all? Or does it is it quantifying the amount of pain, you know, within there so that you can start to, you know, stack rank, you know, this is an area that we should be focusing or, you know, putting to the side for now.

Monica Bolbjerg | 21:59

Yeah, ~ ~ i it depends on the organization, right? So s so some it depends on how they wanna use it, but I think the main thing here is that we can now turn on all these automations in parallel much quicker because we can kind of like help them detect where they where they have opportunity to kind of like help the staff up. So we we call it a teammate. So it's like kind of

Monica Bolbjerg | 22:27

like a Claude or Muse, but it's like it's under the compliance umbrella, right? It's it's secure, it's their data, nothing can go upside of certain things. And that gives them a tool where they now can kind of like use AI with their data, with their patients, engagement in a different way. So it's still early days, so we'll see, but I'm

Ashley Kent | 22:47

Yeah.

Monica Bolbjerg | 22:47

I'm pretty excited about that because that's conversational and that's where we can meet people in an in another way than we could before.

Ashley Kent | 22:56

You hear so much when it comes to creating, ~ ~ technology for physician practices, health systems, whatever maybe. It's ~ everyone says, it says, does it integrate with my EHR and will the provider actually use it? It's kind of where it comes down to. But I know you guys put so much of your focus on, you know, the patient engagement side of things. And, you know, would you say that's a little bit of your secret sauce if we can get the patients to actually use the platform as well, and that's that other side of the equation that I think people don't talk about enough? Is that

Ashley Kent | 23:26

really what it is. ~ ~ I know we've got to do the other things to do because they have to use it. ~ and to your point, you don't want take people and add more work to their day. You wanted to integrate it in their workflow and where they spend their time. But on the patient side, like it seems like that is where you guys have put so much of your focus and has really been a differentiator for you.

Monica Bolbjerg | 23:44

No, we're actually more focusing on the the we're first focusing on the workflows and how we help the practice.

Ashley Kent | 23:53

Practice

Ashley Kent | 23:53

first, then we gotta make sure the patients are on the other side.

Monica Bolbjerg | 23:56

But then we make we

Monica Bolbjerg | 23:57

we're I mean our product is not worth anything if the patients won't use it. So that's

Ashley Kent | 24:02

Correct.

Monica Bolbjerg | 24:02

why we need to show high results. I mean otherwise it's like average, right? It's still mind blowing to me how many people will accept that they have a some kind of patient engagement tool and they say yeah yeah, no, it's all it's awesome and now you ask how many patients are using, like twenty-five to thirty percent. I'm ~ is that awesome? That's not awesome. Right? It's like it's a failure in my opinion.

Ashley Kent | 24:23

What would you say is a good utilization

Ashley Kent | 24:25

rate for any sort of patient engagement tool?

Monica Bolbjerg | 24:29

You need to get up to the 80-90%. That's why you need to. I mean, maybe in FQC we see a little lower, like

Ashley Kent | 24:35

Yeah.

Monica Bolbjerg | 24:35

70%. But that's it. It's it's you can easily, and we have customers across the US, in the rural, urban, anything, all specialties, you can easily get your patients up to 80-90%. And we do also have FQCs that are up there.

Ashley Kent | 24:52

Yeah.

Monica Bolbjerg | 24:53

That the limitation is typically around

Monica Bolbjerg | 24:56

how you as an organization from a leadership perspective look at this as a strategy and want to drive it. And once they understand the outcomes they can see and then that financial impact it actually has for them to do this at scale, there's no going back. I mean nobody will accept twenty five to thirty percent after that.

Ashley Kent | 25:16

Well and it's amazing how much that is the standard. I feel like so much of the time, and and to what we were saying before, the standard is okay, well, we sent the automated text out. We're we're we're innovative. We're we're texting. Look at us go.

Monica Bolbjerg | 25:26

Yeah.

Ashley Kent | 25:30

what have you seen to drive such great engagement rates? Is it the the multi-channel? Is it the segmentation? Is it personalization or a combination of all the things that, you know, has helped you guys drive this, or you know, to your

Ashley Kent | 25:46

It's that like actually getting the practice to utilize this, adopt this, and you know, leverage this as a strategic tool to their growth strategy.

Monica Bolbjerg | 25:56

~ ~ it's a combination of all of the things you just said, right? It's just taking some years to to get there. I think you just need to keep on working on both sides. I think that what many new health tech companies go wrong is that they either only focus on the patients. Many times it's like, my mom got sick, I saw a need, I wanna change this,

Ashley Kent | 26:19

Mm-hmm.

Monica Bolbjerg | 26:20

which is great. But they don't understand

Monica Bolbjerg | 26:23

how it is to work as a nurse or a doctor and they don't understand how the healthcare organization actually functions or get paid. And so they never they never get traction, right? Because it doesn't it just nobody will do anything or buy up software if nobody wants to pay for it, right? And patients are not going to pay for it. ~ so you have to find value for the provider ~ organization in order to

Monica Bolbjerg | 26:50

to get it there. But I think driving high adoption, I don't have one thing and we have a lot of things that we know about in our organization. But that's what we fed into our eyes today. So our customers don't have to ask me. They can say like I have this problem and what can I do? So I'm pretty excited about that piece.

Ashley Kent | 27:07

That's awesome. No, I was just

Ashley Kent | 27:10

My last conversation I had was with a VC and I was asking him, ~ ~ what's the type of founder that you guys are looking for? where you guys know that there's a pretty high rate of success. And and the two things he said was they either have clinical background or they love when there's two co-founders actually was the thing. They have a clinical background and one, and then you have someone who has, you know, deep industry expertise. They've worked in a large payer organization, they've worked for a health system, you know, on the business side of things and they have that deep network to be able to get in there and, you know.

Ashley Kent | 27:40

I've talked to probably, ~ ~ over a hundred entrepreneurs just over my 10 years of being in healthcare. And there are, there's so many of the ones that are, ~ ~ exactly my mom had this, this happened to me personally, ~ ~ ~ whatever it is, which is great from a mission-oriented perspective. But I loved what he said on my last conversation was if you're that person and you have the passion, which is great, make sure you are spending every day with your customer so that you actually understand what their day-to-day is. Because I think it is so easy for us that are not

Ashley Kent | 28:10

in healthcare to think of ~ it's this doctor's office and they're seeing patients and they're going through their day-to-day and without actually understanding what this means ~ behind the scenes.

Monica Bolbjerg | 28:22

I think a lot of people are underestimating the stress and pressure that healthcare providers are under. And then I would say even more the front desk, right?

Ashley Kent | 28:32

Mm-hmm.

Monica Bolbjerg | 28:33

Not many other industries have customers that are coming in and are sick and scared and ~

Monica Bolbjerg | 28:41

mm, some of them d can't even pay but they have to come. ~ ~ the this is not like selling flowers for Valentine's Day, right? It's not. And I think a lot of people are underestimating that perspective when they start talking about selling in because they're like, they should just change that because that would be so much better. And it's like, yeah, but really? Will it, right? And they and the concern

Monica Bolbjerg | 29:07

I think that what always amazes me is that how these organizations, how much they care for their patients. And right, and it's not we hear these stories like, well, you pee back, you just want money. I have not met any provider organizations that don't care about their patients. That's all they care about all day long. And so

Monica Bolbjerg | 29:28

maybe you have something that could be great in theory, but if it doesn't match what they want for their patients, they're not going to buy it. I mean they're just not. And ~ and combined with like the workflows in the in the day to day. I mean you cannot disrupt that. And you have to make it easier. Otherwise it doesn't matter.

Ashley Kent | 29:48

100%. I was talking with one of my clients, they're a pediatric group. And you know, one of the biggest, whenever we're talking about any sort of change or a campaign we're gonna be running or a new technology we'll be rolling out, it's funny, the first group that they actually go to is their front desk. Because they are the ones that actually end up being the ones that are fielding any sort of questions from patients. ~ they're the ones that typically are having to utilize this new technology, and there's a whole sort of you know, buy-in strategy and integration

Monica Bolbjerg | 30:16

Yeah.

Ashley Kent | 30:17

strategy that we have to do.

Ashley Kent | 30:18

~ Around the front desk or any of the other support staff that are going to be fielding this, less on the provider side, they're not the ones getting it. it's

Monica Bolbjerg | 30:26

Wow, yeah.

Ashley Kent | 30:27

the front desk. And how do we, you know, make sure that they're also seeing this now as not an added thing to their task list, but something

Monica Bolbjerg | 30:33

Yeah.

Ashley Kent | 30:33

that should ultimately help them in the long run.

Monica Bolbjerg | 30:36

Yeah, no exactly.

Ashley Kent | 30:38

Ashley Kent | 30:39

Well, let's go back to, ~ ~ you started this in two thousand one. You said you had no idea what you're getting into, which I think is like every entrepreneur. It's kind of that have that like

Monica Bolbjerg | 30:48

Ha ha

Ashley Kent | 30:49

blind faith in themselves that like I can be the one to fix this and no one actually realizes how hard that is. But and you guys have grown significantly over, you know, the last twenty years here. And so kinda walk me through the various stages of entrepreneurship for you, from you know, you and your husband

Ashley Kent | 31:09

starting this to, ~ ~ you guys have taken on a significant amount of growth capital at various stages and I know that means your your role has evolved and changed. How has that been for you? ~ as you've you know, this is first time entrepreneur that looks like your first one hit, which is pretty awesome.

Monica Bolbjerg | 31:28

Yeah. ~ ~

Ashley Kent | 31:35

Loaded question.

Monica Bolbjerg | 31:35

what it been how it has been

Monica Bolbjerg | 31:36

for me. ~ ~ it's been ~

Monica Bolbjerg | 31:40

No day is the same, let's just say that.

Ashley Kent | 31:42

Mm-hmm.

Monica Bolbjerg | 31:43

every day has a new challenge. ~ I've had to learn how to think business, right? I mean as a physician we don't learn a lot. We don't we're not taught anything about business, right? I mean so ~ had to kind of like put that hat on. I had to I had to learn how to sell, right? How to express

Monica Bolbjerg | 32:09

What is really intuitive for me, it was like in the beginning it was like, Yeah, duh, ~ can't you see it? It's like it's super easy. And to kind of like, well not everybody gets that one, so let me figure out how I can kind of ~

Ashley Kent | 32:20

We need messaging, we need positioning, we need

Monica Bolbjerg | 32:25

Then we had to learn how to go through the whole funding and so on, right? Which was another thing that we hadn't tried before. I mean

Monica Bolbjerg | 32:36

This is one of the things I really like about being an entrepreneur is that you get challenged every day. You're never bored. There's n I mean, no room for that. You'll always

Ashley Kent | 32:45

No room for that.

Monica Bolbjerg | 32:48

have another problem to tackle. and I personally don't think I would want anything else. I mean, from time to time I'm like, ~ god, I'm like I'm done. But then two days after I'm like back and then

Monica Bolbjerg | 33:04

going again. I think another thing as well is I would say like people ask me, Well how do you help patients as a doctor? And as a doctor I would ~ help ten, fifteen, twenty patients a day, whatever. Now?

Monica Bolbjerg | 33:19

~ ~ we have millions of patients every month, right? Millions and millions that I feel like we are helping. And we're getting emails from our customers every single day telling us how we helped them so much, how this changed their whole way of driving business, how it reduced the stress, how it make the patients happier. And that's all I need. I mean that's really all I need.

Ashley Kent | 33:44

I absolutely love that. ~ ~

Ashley Kent | 33:47

My background is not near I'm not a physician by any means, but ~ ~ my degree was in kinesiology. I was planning on going into physical therapy and ~ ~ also did not take a single business class. So I think this is where maybe this is where we had the leg up. We were just blindly ignorant to what it took

Monica Bolbjerg | 34:00

Yeah.

Ashley Kent | 34:02

to run a business. We're like, we can do this.

Monica Bolbjerg | 34:04

Yeah.

Ashley Kent | 34:05

But yeah, as that's the whole reason I wanted to, you know, get in that was to help people at the end of the day. And I've said the exact same thing, you know, now I I'm doing marketing, I am not building these companies, but you know, if

Ashley Kent | 34:17

I can have a hand in the growth of these companies, that means we then get to reach this many more people. And ~ for me, that is so much more fulfilling. And we're we're changing the way that you know care is delivered and care is received and you know patients are able to interact with their providers or whatever it may be. And that that is what keeps me really excited. And to exactly to your point, too. I mean, good goodness gracious, I absolutely know the ups and downs of like I am done throwing in the towel. I have two kids, what

Monica Bolbjerg | 34:44

Ha ha ha.

Ashley Kent | 34:45

am I doing here? You know, like

Ashley Kent | 34:47

trying to do all the things at once, but it's funny, then you get those like those hits and you get the wins and it's what keeps you coming back. And I think it's that kind of, you know, serial entrepreneur in you and why you keep building and why you keep growing. And as soon as you feel like you maybe got to where you were trying to go, then you're like, ~ then I think I could push it a little bit further and what's next. As

Monica Bolbjerg | 35:04

Yeah. Yeah, exactly.

Ashley Kent | 35:06

we're thinking through that. Well with all this,

Ashley Kent | 35:13

I always finish ~ every episode of GrowthDx ~ with one specific question, ~ and would love to get your perspective on this. So if you get one magic wand, you can fix one thing in healthcare tomorrow, no budget constraints, no regulatory constraints, no politics. What are you fixing?

Monica Bolbjerg | 35:37

Well, I had to think a little bit about that one because we there's so much you can do, right? but I do think I want to go back to the patient adoption. If I could fix anything, it was that every single provider knew that it was possible to get ninety percent of the adoption to self-serve. Because I really think

Monica Bolbjerg | 36:00

that that will help this whole industry move to the next phase. If we didn't if we didn't think that twenty-five-thirty percent adoption was good enough, if we didn't think that our patients were just patients and they don't want to do it or they don't know how to do it or I mean them the things I'm hearing is like, really? Right? I mean, yes, did when we started our first company in 2001 and there was no internet and I had to sell them a modem first. You can talk about

Ashley Kent | 36:29

Okay.

Monica Bolbjerg | 36:30

patients

Monica Bolbjerg | 36:30

not knowing about how IT or using internet because there was none, right? But now everybody does it, everybody knows it. So I I do think that if we could just strive for some more there, better service for our patients, give them some better tools and not just all say like they only want to talk to me on phone, I think that would change this industry a lot.

Ashley Kent | 36:55

I absolutely love that. ~ ~

Ashley Kent | 37:01

I love the perspective too of what you said because I think people can default to be like, well, I have a really hard population to reach. Well, ~ ~ look at your numbers and FQs and you know, what that's looked like, it's not impossible. ~

Monica Bolbjerg | 37:13

Mm-hmm.

Ashley Kent | 37:13

it's just requires focus, ~ attention and resources at the end of the day. ~ so what you guys are doing is incredibly important and fully agree if we can get the patient engaged in their journey, that is, you know, the missing link to a lot of this. But, you know, just kudos to you for all of your success and

Ashley Kent | 37:31

you know what you guys have been building and I know will continue to build what you're ~ ~ coming out with iris is incredibly neat and I'm excited to see where that helps support you guys where it helps support the practices ~ and lots of really cool evolution happening with you guys. So Monica, thank you so much for joining me today and this has been an absolute pleasure. and wish you best of luck ~ with everything you will continue to build and all the challenges and things you will work through. I know it.

Ashley Kent | 38:01

As you move on to the next phase.

Monica Bolbjerg | 38:03

Well, thank

Monica Bolbjerg | 38:03

you so much for having me. It was a pleasure.

Ashley Kent | 38:05

Well, thank you.