Your Health Unlocked Podcast Episode 51

AI and the Future of Health Care - A Case Study with Sheena Franklin

0:00:03 - Adele Scheiber

All right. Welcome, Sheena Franklin, to the Your Health Unlocked podcast.

0:00:06 - Sheena Franklin

Hello, I'm so excited to be here. Thanks for having me.

0:00:10 - Adele Scheiber

Yeah, so we were introduced by my executive director because she found you on LinkedIn and just thought you were the coolest. So, why don't you tell me and our listeners a little bit about yourself and your journey to K'ept Health? Am I saying that right? Okay, awesome, yeah, well go fire away.

0:00:31 - Sheena Franklin

Yep, that's the exact way to say it, for sure. Yeah, so. So where should I start? So before starting Kept, um, I came to DC about over 20 years ago like most bright eye and bushy tailed, like young youngsters, right and I wanted to work in politics government and so that was just a catalyst of me, ended up being in the healthcare industry for that time, either directly in the industry or on the outskirts you know connected to it, and so with that I was a lobbyist for over 20 years, so I worked with some of the largest trade associations, and then my last full-time position was working with one of the largest pharmacy retailers in the country, and that really gave me a front row seat to how healthcare was working, the good, the bad, some of the ugly, and then what was going to be innovative in the industry, and then also how technology was going to start shaping the future of healthcare and what that meant. Whether it was how you would receive your prescription drugs to direct-to-consumer healthcare, to mobile apps and data and everything in between. And so that kind of just spurred my interest into healthcare technology.

0:01:50 - Adele Scheiber

That is awesome, I mean, and I think that, you know, people who fall into this. There's always like a perfect storm of reasons and things, right? So, what is K'ept Health's mission and how does this company? Is it a company or is it a nonprofit? It's a company. Okay, how does it accomplish the mission?

0:02:11 - Sheena Franklin

We're a company that does good.

0:02:13 - Adele Scheiber

Yeah, yeah, yeah, company for good. They exist, they do everybody.

0:02:17 - Sheena Franklin

So, our mission is to help women who experience chronic skin diseases and their underlying health conditions thrive, while at the same time, helping their clinicians thrive at the same time. And so, with that, I like to tell folks we are a healthcare data and analytics company, meaning that our goal is to use data for good, for smarter diagnosing and care management for women across the spectrum. So that's reproductive issues to diseases that show up on women differently or disproportionately, and then also with that, we create AI diagnostic tools that can be used at the point of care. And then with that, everything starts from our FemIndex. But that's a high level of what we're trying to do.

0:03:11 - Adele Scheiber

That's fascinating and I actually -I went to your website yesterday and I was clicking around, and I would love for you to tell me and the listeners a little bit more about these K'ept Health tech solutions, particularly FemIndex and KennyAI. How are these helping you know, you know, women with skin issues and the providers who serve them?

0:03:31 - Sheena Franklin

Yeah, so what the FemIndex is, it's a data repository that includes health information and skin images, right, and it cuts across demographics and health status so that we can start to paint a complete picture of what women's health looks like today and in the future. And so, from that index, we use that to power our AI system, which we call Kenny, and then that becomes the AI point of care diagnostic solution, right? And so, our vision is not to replace physicians with AI, is to help provide them with high quality recommendations and information that then informs them to make a quicker or smarter or better diagnosis. So that's what we do.

0:04:24 - Adele Scheiber

Yeah, so let's dig into that a little bit. So, the FemIndex where does it get its data exactly?

0:04:29 - Sheena Franklin

Great question, right? Because that's what everybody wants to know, and that's such a multi-layered question. So, one thing we do is we realize that, when it comes to data women's health and then also when we start to break down the categories of women's health, meaning by race and ethnicity and things of that nature the data just is very sparse or it's not there. So, what we do is we have our patient-facing Tele-dermatology app that provides care, first and foremost, and then we also inform the women on our platform like hey, this is what we're creating, so it will help us continue to make better care for you. So that's the way that we generate data. And then-

0:05:14 - Adele Scheiber

So you? So let me make that so the patients who use the telehealth dermatology app give consent to share their photos obviously anonymous and such with the FemIndex. Is that what I'm hearing?

0:05:27 - Sheena Franklin

Yes, and so. I also like to say it's the same process, the same exact forms that you use when you go to the doctor, right? So I think that's also a point that I will step back and say, like sharing your data in the healthcare space is not new, it's just very different than the commercial side of what we see.

So, but we just we go a bit further and saying, hey, this is what we're building and we're going to keep you involved in the process, right, and you can opt in or opt out. So that's kind of how we do it.

0:06:04 - Adele Scheiber

That's great, well, and like that's what I love about that is, the informed consent right.

We love a good, informed consent here at the network cause sometimes you'll sign those forms and it's like "do you even consent for us to share your medical information with other providers?" And that's usually what it- that's, that's where it stops, usually that form, at least in New York. So, right, I just want to validate that it's not new, but at least you're saying this is what we're going to use it for, right? Well then my question becomes, and again, this is my fun, spontaneous follow ups, is, I mean the "N", I mean how many people do you really have enough data in this app to build a representative AI? You know what I'm saying? Like, how many people are using it? Is there diversity? Like, talk about that.

0:06:46 - Sheena Franklin

Yeah, so that's all I'm going to say before. So, we just started the app, so we have about over 2000 women, right, so, that that would create a fairly, you know, competent test data set. [Adele - Sure.]

And this is where you get into the point of you have to go out and collect the data right, so that allows us to generate data. Then we have to figure out how do we collect data, right? So, there's two ways you can collect data. You can go to, like insurance claims, you can go to the EHR systems, which we know are flaws in and of themselves, and then you can actually go to the people. So, then that's really where we're going to try to focus on is going to the women directly.

We know that's it's a heavy lift, but if we look at all the systems that I just named and we looked at clinical trial information, we're just not there. So, collecting data. Our strategy to collect data is probably just innovative in and of itself at this point.

0:07:46 - Adele Scheiber

Yeah, I was just going to say that, you know, because you're already getting a selection of people who are downloading the dermatology app, right? So to get that really gold standard of data, you're going to need to do that collection, but you're not alone. I mean, you know clinical trials and getting enough people in clinical trials and things like this has been the

struggle for years. So, wish you the best of luck with that and we hope that we hope that you get, -people downloading the photos or the medical things and all that. Talk to us about what KennyAI- like, give us a scene in a medical office for how KennyAI might be used.

0:08:22 - Sheena Franklin

So the first thing that we're going to do is implement Kenny in our own tele-dermatology platform, right? And so this means that dermatologists work directly with us, so they're not purchasing the tool from us, like they're logging into our system. And so once the patient fills out the intake form, submits their images, then the physician on the back end will receive what we call a 360 profile on a computer screen and it will have the information from their journal if they put notes in, prescriptions, things of that nature, right, the information from the intake form. And then Kenny also supplements that. And so, Kenny will be able to say this is a skin tone six, right that has this particular skin disease with this severity level and has this possible underlying health condition based on their symptoms and this patient population that they belong to. And also these are some possible prescription effectiveness based on this person's patient population profile. So, then the doctor is able to take all of that information conveniently on one screen and then make the official diagnosis, a treatment plan, and a prescription, and then hit the button and then that goes directly back to the patient.

0:09:52 - Adele Scheiber

Okay, all right, awesome. So it's, it's really pulling in-One of the greatest things about AI, in my opinion, is it's just processing power, right. Our meat brains can only hold so much information, and the cool thing about AI is that it's almost, I mean it's effectively limitless in this. You know what I mean. It can-

The more we feed it, the more it holds, and when you're talking about something like diagnostic and decision trees for medical stuff especially under time pressure and stress, as we know a lot of doctors are under, that can be a freaking lifesaver. You know what I mean, especially in a world now where women are taking years and years to get correct diagnoses, unfortunately, right. So, yeah, I think that's a lot of fascinating possibilities there, I really-you know. Which brings me, to my next question, though, which is it's all about the actual data, right, it's all about what we feed the AI. So, I know that some folks, especially in the health circles, are worried about the reliability of how and where AI pulls data. You've already kind of spoken to this for K'ept Health, but for, like the, -where you're at now with it,

so with having the N=2000 and getting it like, how do you know that data is reliable? What are your quality checks?

It's a multi-layered question. The first and foremost, you have to look at where you're getting the data from, yeah, and then you have to look at who's training the data right, like who's actually labeling the data first, right, because that's where a lot of biases can like seep in right?

Yes.

So say, for example, if we get an insurance claim that's doing lupus, right, so we already know insurance claims don't diagnose women at the correct rate, right?

So, we have to look at that. You bring someone in and we have our data, and so you kind of start to label it that way. So that's one of the quality checks. And then another quality check that we do, is we release it a new, a new, what I want to say, a new task for it to do, right. Let's say, for example, we want you to figure out rashes, look at butterfly rashes and determine if this could be like lupus, right? So then we would release it to maybe 50 or so dermatologists first, and then they will start live quality checking it right.

So the system will say "oh, we think it's this" and the dermatologist was like "no", and they're like overriding what it's saying right. Then you take it back in-house and you keep training it and training and training it and then the next time you release it in a broader test case. So maybe we could, you know, um partner with the research institution and then they're releasing it in a controlled setting within a dermatology practice, right? So, then there's more physicians and you keep training it over time and then once it reaches maybe about 80, 90% accuracy, then you can say, okay, let's let her roam. So to speak.

Yeah, yeah, yeah, yeah, yeah. No, that's fascinating. I mean, it really speaks to your point of this not replacing physicians. In fact, physicians are an absolutely key part of holding it accountable and making sure that it's working, right? And it sounds like that's built into your system, you're not just trusting the AI to pull from.

0:13:14 - Sheena Franklin

Yeah, yeah, we know that we can't, right, because we already know going in, like there's so many biases and omissions. Right, completely yes. So we can't just turn it on and there's just a lot of open resources that probably aren't that reliable, right, because you've got to have some checks and balances.

0:13:33 - Adele Scheiber

Yeah, I always say ChatGPT is the best unpaid assistant I've ever had. But you better Google everything it tells you, you know, sometimes it says things like did you make up a person? I think you made up a person.

0:13:45 - Sheena Franklin

Right [laughter]

0:13:46 - Adele Scheiber

You quoted Danny, that's the wrong Kathy that you just told me about. Well, so you've already spoken to that. You already kind of answered my question about the equitable collection and use. But how do you guys keep the data safe, right? So a lot of people, especially with medical information, are afraid you're going to sell their data or it's going to be used for nefarious purposes, right? So how do you, how do you keep it safe and what is your promise to people who give you their health data?

0:14:13 - Sheena Franklin

Yeah. So, I'll start with the safe part and then move into the privacy. So, the safe part, I will say for the most part healthcare data. It's stored pretty safely, right, it's behind firewalls, and there's like the HIPAA compliance, and then you can also do extra locks on it. So you're not, it's not easily hackable, right? And then you also need to limit who you share it with. So

it's like the more you open the doors, the more, like less secure your system gets. Last secure your system get.

And so, we're implementing tools and strategies with different types of algorithms and machine learning techniques that allows us to share data, access data, without the physical exchange of the data, right? So, what that looks like is, say, if we have a partner that's another mobile app, right, and we want to have what their, what their, what their app is focused on, so we can use a machine learning technique that allows us to enter this system, gather it, test it and come back out. They don't have to say, "okay, here, K'ept Health, we're going to send you over our whole database." So like that's where things start to break down. [Adele - Yes, absolutely.] I would say that I think like there is concern that's warranted when it comes to privacy, so this is the informed consent and actually being honest about who you're sharing the data with and how it's being used.

I think the how part is where a lot of people feel like they're not informed.

They're, they're unaware like their information is going to a black hole and you never come back and say, "Oh, this is a report we did and this is what we, this is what we found." I would say if you're concerned about privacy, I know it's probably burdensome, but you got to read the terms, or just go on the website and see how they talk about privacy. Right, it's not going to be, you know, out in the open or probably, like you know, in the footer somewhere. I think that's important. Yeah, that's it.

0:16:33 - Adele Scheiber

Those are good general um tips, but specifically for K'ept Health, um, what do you use the data for other than its core things, and how do you guys keep it private?

0:16:42 - Sheena Franklin

So, we talked about the secure part. It's good, so how do we keep it private? In terms of sharing it right. So, yes, we tell folks upfront like we're building this Kenny system that allows us to do the AI Right. So that's what we're telling you. And then we also say, like we're using data to inform policy and research, so we're letting you know this is what we're doing

from the very beginning. And most women, when you say like, hey, we're improving health for you and women who are like you, they're like "Oh, OK, I will participate. How are you using my data?" And then we tell them it's de-identified, like you know, even to the point where if you have a tattoo on the image, we don't use, it If it's near a birthmark, we don't use it If there's like a cluster of freckles, that somebody's like yeah, I think she has a cluster of freckles. We won't use that as well, right? So, we strip all the data, so it's just aggregated together, and then also, once we start doing more research, whether with partners or others, we will say "Hey, we have this opportunity that we think would be great. Do you want to be a part of this study and people can opt in for that study" Right? And then at the end of the study, we will then provide you with a report. This is what it looked like. This is how your data was used. Okay, that's how we do it.

0:18:01 - Adele Scheiber

That's great. I mean, it really does sound like you guys are going the extra mile there in terms of the consent, and I think that you bring up something really important, which is de-identification is also privacy, right.?

0:18:14 - Adele Scheiber

So, de-identification. You know you're not selling any personally identifying information. You're not selling anybody's address or you know whatever to these third parties. It's all. They can't track it back to you, right? This is a big concern. It's coming up a lot now for, you know, political reasons, right? Any healthcare decision you make right.

0:18:29 - Sheena Franklin

And I think that's. I think I'm glad you brought that up because I think it's a point of understanding in our minds separating how things are used in a commercial space yeah and then how things are used in health care, right?

Yeah, um, so de-identify, just to give a little bit more clarity. You know it's not your name, it's not where you live, it's not any of that information, it's just saying, like, this woman between the ages of this and that had this disease, these were the symptoms, these were the steps that she took, these were the protocols of the physician, and then you kind of aggregate it and then you're trying to analyze it without you know. This is, this is Sheena and this is Pamela.

0:19:11 - Adele Scheiber

Right.

0:19:12 - Sheena Franklin

Yeah, yeah, yeah.

0:19:14 - Adele Scheiber

Well, you, you bring up something interesting, which is how it's used commercially versus healthcare. But I mean, I think, validly and fairly, the American people sometimes can't tell the difference, right, Because there's so much big money in healthcare and so, right, you know, I just think it's important to you know there's a lot of astroturfing. I think there was this crazy story about how there was this whole campaign, you know, around a certain drug and then it was supposed to be by nurses, but when you look close it was really the pharma company. You know what I mean? There's stuff like that going on. So, people want to know beyond a shadow of a doubt, Right, that their health care information is not being used commercially. And it sounds like with Kenny it's not, right and with K'ept Health it's not.

0:19:53 - Sheena Franklin

Yeah, yeah and it's. I agree with you 100%, and I think it's also because you have more commercial companies moving over into healthcare. So the lines are kind of like blurred right.

0:20:02 - Adele Scheiber

Yeah, yeah.

0:20:05 - Sheena Franklin

They're great for delivering this, but I don't know if I want them to have that. You know it's that type of deal.

0:20:12 - Adele Scheiber

Yeah. Well, so what's next for K'ept Health? Where do you want to be in one year, three years, five years?

0:20:18 - Sheena Franklin

Yeah, so the next three years we want to be serving women in all 50 states, knowing that that would be a heavy lift, and then we want to make sure that the index has at least 5,000 women in it and that we're pretty much close to that 80% accuracy where we could start deploying Kenny within our platform and possibly any other future goals, right.

0:20:46 - Sheena Franklin

So, like our vision would be that you can walk to your favorite, you know retailer pharmacy and have, like, a scan of your skin to help diagnose any type of early warning signs before having to go into the full-fledged doctor's office.

0:21:05 - Adele Scheiber

Right, right, which is I mean that point of access, kind of? You know, access and diagnosis, that's the dream, right? I mean that's why it reminds me one of the reasons I wanted to interview you. This reminds me of Charlie, the Abortion Chatbot, which isn't quite AI, it's branched logic, but in a similar way, it's like we're going to where the abortion seeker is already [Sheena - Correct, right right right, right,] you know, and then so I mean that's, that is a heavy lift.

Uh, can I ask and we don't have to put this in but you know where, where, um, where are you getting the funding? Is this investment capital? Is this? I mean, it's a lot of money.

0:21:45 - Sheena Franklin

Um, some of it is investment capital. Um, we're very purposeful and cautious about where we receive our investment capital, especially because sometimes VC capital doesn't

necessarily go with healthcare. They want you to grow so fast, so quick like it kind of messes with that healthcare mission.

We do grants a lot from government institutions, but also different types of associations that we all know about who are interested in this work. So that's where we get the money from. And then we also offer memberships for the Tele-dermatology app. Women are able to pay a six month or a year prescription to have access to at least two dermatological visits every year.

0:22:33 - Adele Scheiber

Okay, okay, fascinating. Yeah, the grant, the government. So, I'm glad that I'm glad to hear that the government is granting, is granting to something like this, to diagnosis. I don't know if you've heard about the Women's Health Research Institute that the- I hope you get some of that sweet, sweet money [laughter].

[Sheena - You will be the first to know] Because for something like this, I mean, you know, I just think it's such a public health issue, it's such a public good, you know, and, more importantly, you'd want to avoid the conflicts of interest of, let's say, you know, a big pharma investing in it. Right, exactly so, just to be clear, investing in it, Right, exactly so, just to be clear, there's no conflict of interest currently involved in your funding. [Sheena - No], there you go. So that's great. So there's what we mean by that listeners is like, we don't have the seller of, like, the biggest dermatology drug funding this app so that you buy more of their medication. Sheena is telling us right now that that is not what's happening.

0:23:33 - Adele Scheiber

Well that's the first question. I mean, our people are savvy, right? So we've been a watchdog organization for 50 years and our, our, our members are like, "hmm", you know. So it's important to ask these questions

0:23:44 - Sheena Franklin

Absolutely it's. It's a total fair question. It's something that we thought about absolutely.

0:23:45 - Adele Scheiber

Wow, it's almost like you can accept ethical, you can accept ethical big money. Anybody listening out there runs a nonprofit.

0:23:57 - Sheena Franklin

Yeah, it just. It just takes longer.

0:23:59 - Sheena Franklin

Right.

0:24:00 - Adele Scheiber

Right.

0:24:00 - Adele Scheiber

Yeah,

0:24:02 - Sheena Franklin

I think that's the trade-off. It takes longer.

0:24:03 - Adele Scheiber

Well, so let's talk about just since we have some time, let's talk about. You say it takes longer. What does that vetting process look like for you? Because, this is going to become the new norm, I believe, in five to ten years. There's going to be more and more companies like yours who have to navigate these channels. So, what are you doing to build that firewall and to avoid conflicts of interest?

0:24:23 - Sheena Franklin

Yeah, so, I think a lot of it comes from my background, right? So, like I, I knew how the industry worked, right, like being a lobbyist. . Some people might say I'm a conflict of

interest, but that's a different story. But, um, [Adele - but you're no longer a lobbyist though, right?] No, well, I will be for women's health, but you know that's different, that's a different thing.

But you just have to go into it, knowing how the industry works and saying, "I'm not going to take that." Right?

0:24:58 - Sheena Franklin

And also knowing that those types of drug manufacturers, they don't have the information they need to supply the right drug, right? So it's like what? What's the benefit? So that we could build something in six months versus 12 months? Is that actually what we want to do? That's a trade-off I was talking about.

0:25:23 - Adele Scheiber

I see. Yeah.

0:25:24 - Sheena Franklin

So it may take me, you know 12 months where it may take someone else, three to six months.

0:25:32 - Adele Scheiber

Right, right, and that trade-off, you're willing to make, you're willing to slow it down for the ethics of it. Well, and so what are some questions that you ask yourself or that you make your "brain trust" ask when you're looking for that kind of capital?

0:25:47 - Sheena Franklin

So, first and foremost, we don't seek pharmaceutical capital, right, that's just out the box.

0:25:52 - Adele Scheiber

Heard it here first, friends.

0:25:56 - Sheena Franklin

Yeah, yeah, yeah, yeah. And so then there's grants like we've had to, like, figure out what part of our company would be ideal for grant funding. And then government type grant funding right. So, there's other types of associations, like the bigger association that we know that deal with particular disease states. They have grants, they reach out to us to supply that right. So, full disclosure, it may be 300,000, it may be 500,000, right? But that still allows us to keep moving. And then there's particular VC capital, right? So, we did a couple accelerators that allowed us to build our product. So that was one thing that we were able to do.

And then you just have to look at what the investor wants, like, how quickly do they want to grow? Do we think that's aligned for what we want to do? But sometimes we end up not being what the investor wants. So, say, for example, our business model is not B2B. So, I think a lot of healthcare companies are B2B. We are B2C2B, so the priority is to make sure that we're getting the tools in the hands of women to help them have healthier, longer lives, like that's the goal, right?

0:27:19 - Adele Scheiber

I'm so glad you brought that up. B2B it means, just so you guys know, business to business y'all. And then, B2C2B is business to consumer to business right, and a lot of big investors like B2B because when you're playing at the big table, you win big prizes, right? You know, businesses have more money than individuals, right?

0:27:39 - Sheena Franklin

Exactly.

0:27:41 - Adele Scheiber

B2C2B. I love that. Oh my God, you're really pulling the curtain. I think people need to know how this works right.

0:27:45 - Sheena Franklin

Yeah, yeah, and they want to grow like quickly and fast, right. And so when you're dealing with women and then you look at adding, you know, components of racial bias and sexism, right, like if we know our patient really isn't going to the doctor, right, like we know, historically for women of color and there's another organization just released a report that said women across the board are delaying going to the doctor because they feel like, "I'm gonna to be gas lit or you're going to tell me something wrong, so I might as well just wait until it becomes unbearable" right? So, if we know that, then we need to figure out a way to reach women, right, cause they're not going because they don't want help, they're not going because there's anxiety and frustration, so we need to figure out a way to get to them. But if I sell into a business, yeah, right, then how I'm gonna make it better, right, like that's, that's the, that's the draw.

0:28:42 - Adele Scheiber

I love this. I'm really glad I asked these questions because you really have thought about this and I'm just interested personally. I mean, so there are these - and you know like back way back when in the 1800s, you know like "manifest destiny" and all that bs, right, you remember how there was like the robber barons and like, but then they also built things like libraries and like hospitals and all that. I mean this, just when you talk about these investors who are investing in this, like, there really are investors who are like going to invest in this diagnostic tool because it's like, they think it's going to grow and it's like the right thing to do. I mean, they exist today, these modern day philanthropists. Is that what I'm hearing?

0:29:23 - Sheena Franklin

Yeah, yeah, and I also think it's um healthcare, like you have, you have to be honest like, okay, there's this digital health tool, but there's also this data right. Data can be used for good, and there's money in that, right? But it's not it's not about you know, I don't want to say eating your own young in order to get the data like, but that's what we're trying to prevent when we look at different types of funders.

0:29:50 - Adele Scheiber

Yeah, absolutely. Well, thank you so much for indulging me in my yeah Mpa questions. Sheena, is there anything else you want our listeners to know about K'ept Health, your company, and this is your chance to plug literally anything.

0:30:01 - Sheena Franklin

Yeah. So, I would love for you all just to check out our website its getkept.health just to learn more about what we're doing and also join our community, and you can do that by downloading our free version of the mobile app. We have events in there. We have some upcoming events next week. There's tools, articles that you can use that just not focused on you know what type of skincare products, but the early warning signs to look out for, routines that you can use for different types of diagnosis, all the way to chemotherapy and things of that nature. So, I would love for you all just to come do that and just join our community.

0:30:41 - Adele Scheiber

Yeah, that's great. I mean, and just to clarify, you can also find dermatological providers in there, right, like that's part of the app.

0:30:48 - Sheena Franklin

Yep, so we help connect you with them. And then the next couple of months, you'll be able to have your visits directly on the mobile app.

0:30:53 - Adele Scheiber

Oh, that's everything, as somebody who, you know has, I forget what their called, but I've got these like weird scaly things that grow on my face, sometimes that are benign keratosis something you know. Sometimes it takes eight months to see somebody in person, right so to know that there's this telehealth app and is it- Can anybody in the nation sign up for this?

0:31:16 - Sheena Franklin

Yes, anybody across the nation can sign up for it, absolutely.

0:31:19 - Adele Scheiber

Awesome. And is it covered by insurance? Do we know or?

0:31:22 - Sheena Franklin

So, the visit is cash pay, so it's monthly membership. It's like 35 a month, and then your insurance can be used for your prescriptions or any follow-up visits that we think that you need to have in person with someone, and then initially just to be connected with someone, meaning like we'll send you a list of vetted, you know, clinicians. That's completely free, so we don't charge for that.

0:31:48 - Adele Scheiber

Oh, wow, okay, yeah. Well, so, what you know it's almost sad like this is to speed up that diagnosis process really and to get you referred to something that's sustainable and covered by insurance and it's a shame, you know. So, you're not waiting for eight months, so that you're not and I think that's really important. If you've got like a mole that's growing in a funny way, you know that's. It's worth the money if you need to do it, to get it checked out. [Sheena – and then helping you maintain it over the long haul right.]

Right, right, exactly. I do hope that there is a time when this kind of thing is covered right, when you guys can get that infrastructure built, only because I think it's so important. You know what I mean? But you're not alone. I mean health coaches, therapists, everybody is doing cash pay until people agree that they're legit. You know what I mean? It's a new world, but yeah, all right, Sheena. Well, thank you so much. I'll be sure to link to your website in the show notes. Thank you so so much for joining us today.

0:32:46 - Sheena Franklin

Absolutely. I enjoyed our conversation.

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