# Opus Demo - Patient/client engagement

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|---|---|
| Host | Adi Tiwari |
| Workspace | Opus |
| Length | 46m |
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## Participants (12)

iPhone

david

Adi Tiwari

Stephen ABURIME

Cana

Ogoh

Sanctuary Clinics, Inc.

adls1027

cbest

Zoom user

Sidd

isidd

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## Transcription

**Zoom user** 0:03

And then Steve is our CEO. Nice to meet you.

**Sanctuary Clinics, Inc.** 0:07

Hi, Eddie. How you doing today?

**Adi Tiwari** 0:09

Doing very well, Steve. Apologies, I'm having some technology issues here. I'm working from my cell phone, so I'll be on. On camera next time. But nice to meet you, Steve.

**Sanctuary Clinics, Inc.** 0:18

Nice to meet you. I like it when you mentioned bbq and I love that a lot.

**Zoom user** 0:24

And. And. And then we. And then we have Ms. Fisher on the line here. Or Ms.

**iPhone** 0:31

I'm sorry, how are you?

**Zoom user** 0:34

Who's just coming. Who's just coming on to the team. And we're opening up a new sanctuary down in Cozumel in January.

**Adi Tiwari** 0:41

Okay.

**Zoom user** 0:42

And she will probably be our. The one that helps us get started down there. But in the meantime, until January, we have adopted her to. To actually be the one. If we can make something happen with Opus, she would be our liaison with Opus to bring everything. Opus into our sanctuary ecosystem. Makes sense.

**Adi Tiwari** 1:07

Nice to meet you. Nice.

**iPhone** 1:09

Nice to meet you too, Cozumel.

**Adi Tiwari** 1:13

David. Anyways, but we'll have that. Maybe I could make a site visit when. That's.

**Zoom user** 1:17

Yeah, you're not far. There's cheap flights right out of Miami.

**Adi Tiwari** 1:23

Take a cruise.

**Zoom user** 1:23

As you know, you're closer to Cozumel than you are to Tallahassee, actually.

**Adi Tiwari** 1:27

Exactly.

**iPhone** 1:28

That's right.

**Zoom user** 1:30

Steve, I don't see Edward on the phone and I don't see Sid on the phone. Could you. Did we send invitations to them?

**Sanctuary Clinics, Inc.** 1:39

Who is the called Eddie. I see you have an assistant there, right?

**Adi Tiwari** 1:43

Yes, I do have my assistant on the call team.

**Sanctuary Clinics, Inc.** 1:47

Okay. We don't have Eddie. We don't have Sid yet. Let me try to reach out to them.

**Adi Tiwari** 1:52

Eddie is the eo. O h, David, is. Is that the right email, Steve?

Zoom user   2:00

Can you confirm that?

Cana   2:01

Yes, that is.

Sanctuary Clinics, Inc.   2:02

Yes.

Adi Tiwari   2:03

Yeah, they're on the. And Sid as well is on the. On the invite, but it looks like they didn't accept it, so they may not have seen it.

Zoom user   2:10

Steve, could you just send a quick text to both of them and let them know that we're on the meeting? I really want them to be on Ed. Edward especially. He. He does all of our scheduling along with Kana. And then. And then Sid has worked with me for 14 years. I was actually in India setting up a shoe factory and we saw the efficacy and how quickly they were moving with it. So we actually set up all of our. All of our web design, web building, SEO, PPC out of a company in Derridoun. And. And Sid has been running that and we're probably moving him in now to be our chief IT Officer at Sanctuary, so I was hoping he could be here to sort of help with those 30,000 altitude questions for sure, but. So we'll. We'll hope that they can join us. But I think everybody that's on meeting so far to start a preliminary, I think we can move forward, so.

Adi Tiwari   3:10

Amazing.

Zoom user   3:11

So anyway, Adi, this will be my fourth foray into behavioral health residential programs. I had two actually in South Florida. The first one in Pompano. I know you know where that is. Yes sir. And then the other one, we had a 14 acre campus out in Weston. And, and then also we had started a, a floor, a detox floor at the Opalaka Hospital. So we actually have our roots in south Florida. In 2017, we moved up to this area of the country for a lot of good reasons. And we founded Honey Lake Clinic, which was the first really Christian behavioral health hospital in the world that took insurance and we built that. I worked with that for seven years. And then three years ago this past April, we, we founded Sanctuary clinics. And, and with Sanctuary, we're really looking at developing a model. We feel like after sort of since 2014 being in the Christian behavioral health residential landscape, that we have created a template of holistic healing including spirit, mind, you know, body within a transformational community that we want to start exporting globally. So we've sort of worked with the recipe for about three years. We feel like we're about 75%, 80% there. Depending who you talk to at the organization, they're going to have a different answer.

Adi Tiwari   4:34

Right.

But, but I feel we're at a place. So we're launching Cozumel because that's going to hit our Central and South American markets, our Spanish speaking markets. We have a tremendous amount of calls from Spanish speakers. We specialize in cannabis induced psychosis, which we see as being the major health crisis in globally for the next 10 years. It's going to make fentanyl, it's going to make, it's going to make aids, it's going to make all of that look like kindergarten compared to what cannabis induced psychosis can do. Just because it's socially acceptable, because it's widely available. And all the studies are now showing Baylor's done a study, Hopkins has done a study. We haven't really been able to study it because it's been illegal. Now 28 states have embraced it recreationally. The best study probably comes out of Toronto just because it's been legal in Canada for so many years. The longitudinal study, I'm sure you've seen it. You know, adolescents that use today's thc, tetrahydrocannabinoids and the high potency, either edible or vape, have an 11 times greater chance of developing schizophrenia or psychosis over the general population. So we have been working with it for five years. I don't want to say we're expert, but I think we probably have more experience in this specific diagnosis probably than anybody else. Makes sense. We have some big boys looking at us. We have NIH we're working with right now. They're getting ready to start us off with a million dollar a year. Four year evidence based study that could grow, that could grow significantly. All that to say like any startup we start, you know, sort of nilly willy. Nothing can be put on granite, you know. But now we're starting to solidify at least our procedures and protocols. We're starting to understand what we do and how we do it. And so OPUS has been our emr. We used to work with therapy notes. Prior to that I worked with KHIPU at Honey Lake. Both, both great systems but we've really been happy with opus. And sort of the deciding factor for me is when we started looking at our RCM and started moving, we started self pay only. We're moving into insurance in October. So we're getting carf carf, you know, accredited. We're doing all the things necessary. We sort of built it backwards this time. In the beginning I started with detox and stabilization, purely insurance. We did that for the first three programs. This one we started self pay and now we're moving into insurance and higher levels of care. So we start here with just IOP and op. Now with insurance we'll start moving, moving into PHP and eventually we will start going into residential and, and stabilization, both self pay and insurance. I just sort of give you that 30,000 altitude so you get a better idea of what we do.

Thank you so much, David. Yeah.

So what we need, adi, is a platform that can unify and glue our organization together. So at any given moment clinical, medical facilities, hospitality, administration, finance can all look at the same screen and glean the same information. So we're talking to each other whether we're in Monticello or Cozumel or Ghana or Istanbul. Right. So we have a vision to take 20 transformational communities globally over the next five or six years with 20 sanctuaries in the 20 top digitalized languages in the world. And I use the caveat digitalized because there's much bigger populations that speak languages but they're not on the screen. So you know, Turkey would, Turkish would not show up unless because of the digital caveat. Right. Germany would not show up, France would probably not show up. These are languages that are widely spoken, but also that people have screens and, and that's what we want to be. We want to be on the screen in these 20 languages, right? Yes. And then, and then develop a brick and mortar behavioral health transformational community somewhere within that space that language is spoken. So the deciding factor for me moving from EMR to RCM and, and insurance billing was really Elisa, after talking to her, really impressed. I've spoken with a lot of billers, and she knows her. Stuff she does the, the close, the sort of. The closing deal was when we found out of her, you know, spiritual journey, relationship with Christ. We are a Christian faith based organization all the way through. We do not tack on a Christian track for marketing. We are more so a community of Christians that practice behavioral health together, whether we're in psychiatry, psychology, licensed therapists, gardener, cook, specialist, spiritual director, pastor. We live together in community and we practice and we invite our clients, we call them missioners, into our community for a period of time for healing. We believe there is nowhere God is more present than a broken heart. And most of our clients coming in their hearts are truly broken. And so we see the spiritual community as our secret sauce. Yeah, we do the medical, yeah, we do the clinical, but it's the spiritual community that brings healing, I guess.

Goosebumps. David.

Zoom user   9:58

Yeah. Awesome. So. So now that we're married, as far as the EMR and the RCM and the, and the insurance billing, we found out that you guys do scheduling. We found out that you guys do aftercare. So, you know, you guys may be one stop shopping. I don't know if you can do hospitality and facility. Hospitality and facilities, but there's a ton of software out there that can do that.

Adi Tiwari   10:25

Yeah.

Zoom user   10:25

But hey, Edward

Edwards got the best looking photo on the, on the page.

Adi Tiwari   10:33

Beautiful.

Zoom user   10:34

I mean, he looks like he ought to have a bow tie. So. So Edward has been doing all of our scheduling from Nigeria. Hey, Edward, you hear us?

Okay, maybe. Either, either way.

Adi Tiwari   10:55

Yeah.

Zoom user   10:57

So what we want to talk to you today about Adi, is preliminary how we could possibly partner with Opus on other levels.

Adi Tiwari   11:10

Yep.

Zoom user   11:12

You know, I'm going to let each department eventually talk to, to you or whoever you connect us with in your organization. We don't want to get down into the weeds today. Okay. You know, Kanan and Edward and Steve have been working on schedule and, and, and they're, they're, they know the details of what they need. Aftercare is a huge part for us right now because we have four markets for our aftercare. Number one, we all obviously have the client and best self care practices. When people come to sanctuary, they're not coming to an address in Monticello, Florida. They're joining a global community. And we want to make sure that they are virtually attached to this community no matter where they are on the planet. So that means, you know, monthly newsletters, it means we have daily virtual meetings that any of our alumni can join for free for the rest of their lives.

Sanctuary Clinics, Inc.   12:04

Incredible.

**Zoom user** 12:05

As I mentioned, we are looked at right now by funders like nih. They want data, they want to see where our clients are. 3 months, 6 months, 9 months, year afterwards, how are they doing? Right. We have other people looking over our shoulder like Akka and DCF that we have to maintain our licenses with. They're looking, they're looking for data. Right. And then we're finding more and more. As you know, this probably a deeper, but I would say at any given time probably 10% of our census is alumni. And as we've only been around three years, I think within three years it's probably going to be 20%. Historically it's been PPC and SEO, but more and more it's more the pastor, the therapist. We have very high ratings. We are probably the highest rated treatment center in the United States right now. I think we're at a 4.6 this morning. You only see some five. You see mostly, I'd say 98%, five star reviews. Those are alumni and their families sharing their experience and that's what's bringing us clients. You know, we see SEO and PPC, which we've been working with for 15 years as a dying model. We see AI and getting out there in social media and, and Social Scrapers and getting out there because I don't even go to Google anymore. I go to Perplexity. I go to and say what's the best octopus in Cozumel? I mean, you know, and boom, you know how, you know, what are the best hair care products for a 62 year old guy? So I think, I think it was not going to take long for that to scale and, and, and, and PPC is going to be gone and we don't want to be left with our pants down. Sorry ladies. But, but yeah, that's, that's, that's where we're at. So what can you tell us? I think Steve, you've already had conversations with Opus regarding scheduling. That's right. So besides scheduling, besides aftercare, Adi, where can you see helping us as having a single one stop shopping? Go to Platform.

**Adi Tiwari** 14:08

It's an amazing question, David, and I appreciate all the color there besides those two things which I do think we need to take some time and do some deep dives there. But I think you know that the other place that the other idea that you mentioned, number one, is like the newsletters and the emails and the communication we can definitely support there. But also the data on the outcomes that you referred to as. Well, let me ask you guys this. For whoever's using the Opus platform today. Do you feel you're taking advantage of the outcome data? We call it OMT within the system. Are we using the kiosk mode in the portal to collect phq? I see one of. I think Kana is shaking her head no.

**Zoom user** 14:52

Yeah, we are totally underutilizing. You know, like any startup. We've sort of been in frenzy mode for three years.

**Adi Tiwari** 14:58

Sure. Yeah.

**Zoom user** 14:59

And so, you know, we're trying to get all the bait. Hey, there's Sid.

**Sanctuary Clinics, Inc.** 15:03

I said.

**Zoom user** 15:05

Sid from India today. So we got Sid, we got India on the phone, we got Nigeria on the phone, we got south beach on the phone. We're well represented today. And we've got global. You're in, you're in Illinois, right?

**iPhone** 15:19

Yes, Illinois. Okay.

**Zoom user** 15:21

All right.

Sanctuary Clinics, Inc.   15:21

Okay.

Zoom user   15:23

So. So I've already shared Sid, your responsibilities and what you've done, but I'm sorry. So I think Kanan and I think the rest of us would agree, not only are we underutilizing Opus, but we have a ton of holes in our organization except for things that are emergency and urgent. And so for us to develop as an organization, what comes first, the chicken or the egg? I think we need to lay down the carpet of a good platform so that we can start becoming intentional about filling in all the holes from a 30,000 viewpoint. If that makes sense.

Adi Tiwari   16:06

Yes, it makes a lot of sense. And I'm not sure if Kano was going to add anything to there, but. Yeah, but, but David, here's what I'll say is given our experience and just so you understand where I'm coming from, I was actually sitting with the clinicians in a detox residential setting in a PHP IOP setting for multitude of years, speaking with the clinicians, sitting in groups, sitting in individuals and even through the admissions process. So David, as you've given me your vision, where I think we need to focus on, and there's a lot we can do is automating as much of the process as possible. Starting at the admission side, I'm thinking about landing pages you can imagine on your website, through your ppc. I know these are dying industries. Through your newsletters and through different things, we will route and target clients at different areas of the world to land on landing pages, fill out information if you agree, which will automate the process of onboarding by sending them paperwork in their language, whatever language that is. Maybe automating the process of, you know, a cannabis induced psychosis assessment, David, that you might pioneer, innovate right upon the client creating or filling out that assessment, the system will automatically take those scores. Maybe there's some version of scheduling Edward or Steve get involved in. Maybe we automatically schedule with the right client, the right provider, if we have enough information. And hopefully I'm on the right track, David. Right. We continue to take that information and eventually move it into the revenue cycle portion. Now I'm happy to show you how we do things, but high level with your vision, this is how I think we start with exploring how we can do that.

Zoom user   17:51

Yeah.

Sanctuary Clinics, Inc.   17:54

Okay, let me come in there. I know we. We do some of these things. It's just that we do it based on the different department at different levels. But if we can really make it in a way that somebody manages all the different, the different process of procedure, I think that would really help the process.

Zoom user   18:17

Yeah. So I think what we're all talking about is, yeah, we want to be way out in front of even the client, walking through the front door on this platform. We want as much as you guys can be involved in marketing up front. Right. So in our PPC and our SEO, in our AI in our form scrapes and all of that. And what's wonderful is that's where Sid has been working. Sid and I have been worked together what, 10 years now? Sid?

Sidd   18:48

Yeah, I think so.

Yeah. So Honey Lake and now Sanctuary. So Sid is very fluent on the marketing side. And so as we move into the total I T. Picture, I think Sid is going to be a very valuable liaison for you, Adi and you guys speaking your language and then both of you being able to dumb it down to the rest of us. But yeah, we're looking for the whole thing. We're looking for as much as you can get involved automation wise from the beginning, from, from, from the first real. We put out on, on, on, on Instagram and Facebook, you know, to, to all the marketing stream that goes that. To a phone call to an admit all the way to the end to working with these clients for the next 10, 15 years. Right? Yes, sir. Because, because what's going to happen, they're going to go to Monticello and a lot of them are coming back, but they're going to say, hey, you know what? I'd love to spend a month in Cozumel.

Adi Tiwari    19:48

Yeah.

Zoom user    19:49

Or I'd love, I'd love to go to Poland and spend every weekend going to Germany or France or the Alps kind of a thing. Right. So we're, we're selling this whole transformational community, boutique hotel type experience. Right.

Adi Tiwari    20:04

Right.

Zoom user    20:04

So beautiful nature, beautiful surroundings, holy spirit infused, great medical, great, great clinical. Sid, you want to jump in here?

Sanctuary Clinics, Inc.    20:18

Hello, Sid.

Sidd    20:19

Yeah, hi. So

I, so I'm not. So here's what I'm going to start. I am not familiar with Opus yet and you know, since this is a demo call, I was hoping, you know, if we can first see, I know this is a wholesome product and you know, you can do 360. I first wanted to address and Dr. David, please feel free to intervene here. I first want to address, you know, the, the burning issues that Steve cannot and you know, you, you've highlighted, you know, how can we address those and make use of Opus in those areas very robustly. And in a way that, you know, all of the problems that relate to the current. Way of scheduling, you know, those. We can first straightaway understand how those can be done. You know, after that, I want to see how. You know, for example, you mentioned marketing. I was. Sorry, I was a little bit late to this meeting, so I missed what was discussed initially, so I'm missing some pieces there. But I'm guessing we were discussing marketing and how right from the start, and I did hear you mentioned, you know, you could. You could integrate at the level of where we actually generate, when we start. Where we start generating leads, you know, ppc, SEO or whatever we're doing.

Adi Tiwari    21:36

So.

Sidd   21:36

And then, you know, basically. Yeah, and. And take that lead. And as it moves through the pipeline, wherever it converts, you know, you can. You can take it from there and then move it along wherever we need this to move. And then, you know, you can attach various processes. That's what I'm understanding. You can attach various processes that if this is a confirmed lead, then, you know, you know, it starts showing up in the, erm. It starts showing up in 10 different other places where it needs to be. If it hasn't converted what, you know, lead nurturing is going on, so on, so forth, you know, basically right from the start all the way to the end. And even for the ones that do not convert, we. We sort of keep going at them, you know, with a certain strategy for a long, long time. Absolutely. Now. Yeah, so. So I totally understand that, but, you know, I want to understand how, you know, some of those things that. And maybe Steve, you mentioned them right at the start of the meeting. I don't know if somebody's mentioned them, but the problems, or rather the challenges we have right now with scheduling, what are we doing? What are we missing that OPUS does have to offer and we aren't doing, which is why we're having these problems. I'd like to first understand how all of those scheduling problems can be taken care of, you know, immediately. And then, you know, and we might need a couple of meetings to then fully understand the scope of opus. But I'd like to start there. And if Steve or, you know, if one of you can just preface these. Yeah, sorry, go on.

Sanctuary Clinics, Inc.   22:58

I think it will better I give a breakdown of the procedure before we get to the schedule so that Eddie will have a better understanding of how we can put this in OPOCs. Right. Okay. The first thing we do is the admission process. Dave Hoskins. We have this communication with the prospective clients. Once that client indicates interest to come into the program, they will now send the client information to the group from there, we send for psych evaluation. Can you hear me?

Adi Tiwari   23:39

I hear you perfectly, Steve. I'm creating a workflow diagram here so we can track this together. Admissions to group and then psych eval. Did I get that right?

Sanctuary Clinics, Inc.   23:50

Good.

Zoom user   23:51

Steve. Steve, we can give that flow to a D on a flowchart.

Sanctuary Clinics, Inc.   23:57

I will do that on there. Maybe a presentation. I will send that to you just like this. Yes, we do that together.

Zoom user   24:05

But I, I think to, to Sid's point.

Sanctuary Clinics, Inc.   24:08

Yeah, I'm getting to Sid's point.

Zoom user   24:10

Our burning issue right now is scheduling an aftercare.

Adi Tiwari   24:14

Gotcha.

Zoom user   24:15

And, and those, those are. We've already established that OPUS is able to meet those needs, so maybe let's start there. Let's, let's start dating there before we buy a ring or go to the altar. Right.

Adi Tiwari   24:32

 Yep.

Zoom user   24:32

 So, So I, I, I think that's a great place to start. And, and, you know, I think, Steve, there had even been some
 preliminary discussions about the scheduling and what, what OPUS could do.

Sanctuary Clinics, Inc.   24:47

 That's right. Let me see. So what you're saying we should start with the schedule?

Adi Tiwari   24:54

 Yep.

Sanctuary Clinics, Inc.   24:55

 Okay. Once a client is admitted, after receiving the admission documents and they are all signed, the next thing
 is to schedule the clients for the different sections.

Adi Tiwari   25:08

 Yes.

Sanctuary Clinics, Inc.   25:09

 So we understand that your platform, we can easily schedule the clients, but the challenge we have is reporting
 the schedule.

Adi Tiwari   25:20

 Got it.

Sanctuary Clinics, Inc.   25:22

 You have a different format that once we export the schedule, it's difficult for the clients to really have a
 better understanding of when they have their section just because of the way it is too comprehensive for them to
 understand. So normally what we do is we'll have to, like, manually reformat it into a CSV format.

Adi Tiwari   25:50

 Okay.

Sanctuary Clinics, Inc.   25:52

 So I remember the other time we reached out to John. Let me see. John. Okay. Yeah, we need reach out to John. And
 he gave us a breakdown of the different procedures that they have to develop something in order for them to
 present it in the way we want it to be done. What I would do. I'm going to forward that email to you.

Adi Tiwari   26:15

 Sure.

Sanctuary Clinics, Inc.   26:16

 So that you will have a better understanding of the process and what they need us to do. And also, we are going to
 send the current schedule that we present to our clients to you so that you will see how we can make this possible
 for the clients. It doesn't really make you the best. Yes.

Sorry. Let me just quickly intervene here. The process, here's what we're trying to achieve, really. We have a certain way. We do it in house. Now, first, we want to be. First we want to match it with OPUS and see how much of that, how much of that, the way we do it, can be mapped into what you already have. But obviously, dealing with all of those problems along the way, for example, once the schedule is set, Set, once the schedule is set, if there's any changes. So the problem we face is, you know, it is such a manual process that any change means so many parts of this mapping have to be. Do. Have to be done manually again. Now from you, what we want to understand is once, you know, and maybe after this email Steve, sorry, after this meeting, Steve can probably send you. You know, the process that we follow, what we want to understand is how closely can we match that in what OPUS already offers? You know, we might be missing something. We might not know. You know, OPUS can do things this way for scheduling. And then of course, once, you know, we can map that into scheduling, you know, that you offer. How do we get an output that looks a certain way so that, you know, it can be easily. It's easily understood and easily passed around and then coming back, if we were to make a change on a certain schedule, let's say, you know, the therapist, you know, let's say a therapist not available for a certain slot, and then you need to move somebody else. Or let's say, you know, there is something that we just quickly have to make changes about. How soon can we make that change into OPUS and quickly get a new schedule without having it to go through, you know, 20 different people and then putting so much manual time and automate everything out of this. So that's, that's really the problem that we're really trying to solve, that this can be so much automated that, you know, how beautiful scheduling systems work, you know, they absolutely adapt to. Here's the framework. Here are the, you know, here's, here's, here's the availability. Here's sort of the global scope of, you know, various people, resources, etc. Now, you know, map these people who are coming in as clients. Map these people who are coming as service providers, you know, on these things, on its own, with these guardrails. And then if something changes, you know, we enter only a few things into the system and it can rearrange and suggest to us, well, this is how you can change it. And here's the output, like in a printed format or matching what we already have. Steve, is that a good description of, you know, what's the problem and what we want to solve here?

Yes.

Okay, that's great.

We, that is it. But we also trying to see how OPUS can improve when it has to do with reporting scheduling. Okay, Is that right, guys?

I'm gonna, I'm gonna conjecture that OPUS has been doing this for a lot of different organizations for almost 10 years, and what we may have to be prepared for is, you know, you put too much sugar in the tea. You don't add salt, you don't add vinegar. You. You throw away the first cup of tea. And they may have a solution for us that's very different than what we're doing now because we've built it organically. And we may have to come face to face with the idea that they're just a plug in, that we have to learn their system because it's better, it's true. Tried and it's experienced. Right.

All right.

Yeah.

Okay. Let me ask a question, Eddie opo.

Adi Tiwari    30:13

Yes.

Ogoh    30:13

Yes.

Sanctuary Clinics, Inc.    30:14

Is it possible for you to share your reporting formats, the scheduling reporting format at this meeting, so that we all see it and see the different formats that you have? We just want to see what you have.

Adi Tiwari    30:29

Sure.

Sanctuary Clinics, Inc.    30:30

So that we can pick from that.

Adi Tiwari    30:32

Steve, let me clarify your question. When you say reporting format, are you saying you want to know how we can report out of the system based on scheduled events and what that structure looks like? Is that your question?

Sanctuary Clinics, Inc.    30:44

Yes, Perfecto.

Adi Tiwari    30:46

Yes, absolutely.

Sanctuary Clinics, Inc.    30:47

That will help. That will clarify everything.

Adi Tiwari    30:49

So. So, Steve, what I'll tell you is this. We absolutely have a default scheduled reports, all right? And if you actually come right here to this little export button, you can just print it out right here and I'm going to show you what it is. I'm going to show you this. Absolutely. So right here, I'm generating a scheduled events report. But, Steve, this is what I want to tell you. This is the default scheduled events report, Right. This is like, going to cover, like 90% of what organizations from 5 to 10 users need. But that's not what Sanctuary needs. As David talked about, as you talked about, Steven, as Sid, as everybody talked about, you guys have a holistic and specific approach to scheduling. So I can almost guarantee you this default report that's just available for 90% of customers will not meet your requirements. But that's perfectly okay, because with opus, we can absolutely, you know, customize this report to meet your specific needs. You know what I'm saying? And absolutely, as you were talking, I think what I picked up was when you generate schedules for your clients, it sounds, if I hope I'm getting this correctly, it sounds like you want something out of the system that you can give to your clients that says, hey, this is your schedule.

Sanctuary Clinics, Inc.    32:07

Yes. It had copies, correct.

Adi Tiwari    32:11

Perfect. Perfect. Just note. All we need to do is figure out what is your perfect report. Like if you could magic wave a. Wave a wand, right? And say, I want this PDF that I'm going to hand to my clients. All we need to know is that from there, all we need to figure out is how to get the information in the system, which we can also do, and we're going to be good to go.

Sanctuary Clinics, Inc.   32:37

That could be.

Zoom user   32:38

That could be presented to the client electronically on their iPhone or computer or are a piece of paper at the. At the patient services front office.

Adi Tiwari   32:46

Yes, that's correct.

Ogoh   32:48

Hi, Steve, could we, could you share. Could you share a sample of one of the. Of schedule we. We've given to one of our clients. Could you share it here so that they can see exactly what we are talking about? Or you want me to share?

Sanctuary Clinics, Inc.   33:00

Yeah.

Adi Tiwari   33:02

Yeah. Edward, that. That was David, as you call. Out. I think we're going to need like several breakout sessions. I'm happy to take a look at it now, but I as just from this conversation, I know we're going to need a follow up call with Sid, as you called out David, to make sure we can go through the marketing stuff. Steve, we're going to need a breakout session to talk about scheduling and Edward will probably need that. That as well. It would be helpful for me to get it ahead of time and then we'll come back. But. Yes, please continue, Steve.

Zoom user   33:30

Yeah, I think moving forward, you know, this is sort of a meet and greet session today. Yes, sir. I want you to meet. We've introduced you to everybody on our side and we've met you and we like you very much. And, and so I love, I love the fact that you already have the vocabulary. You know, we're talking about it and you call it a default schedule. That means you work with an infinitum. You know what it is and you have a name for it, right? So it's called a default schedule. And we probably have Kanan, nod your head, but we probably get five or six defaults per patient in a week, right?

Sanctuary Clinics, Inc.   34:05

Yeah, yeah, yeah.

Zoom user   34:07

So, so, so, so, so I think what we need to do is, is two things right now. As, as Sid says, let's start with the urgent. Let's start with the schedule. Let's start with the aftercare. Let's the players in each of those departments. So schedule is Eddie, Kana and Steve. And then obviously Sid, if he wants to jump on so that we can get down into the weeds and define the exact situation and what our ideal product is, let's do that first. Then what you can do with these, you can come back to us because cost is everything, right?

Adi Tiwari   34:39

Yes, sir.

So money's a big elephant in the room. What's that going to cost? I, when I hear customization, I hear money. When I hear template, I like that sound. So where's that balance? I know that Steve had spoken with John and had given us a price. I think we had moved off because the price seemed a little high to us. So I think, you know, now that we're doing so many things together with Opus, maybe we can do a sort of package deal. Yes, sir. That each one of these software elements we can get some sort of, you know, family, kinfolk price on it. So, so that's with scheduling. Then I think the next move would be aftercare and that would be me, Steve, Sid, and, and, and, and, and Andrea and a couple of other players discussing our exact aftercare needs. Let's start with those two. Let's look at what we've got, let's look at pricing, let's move forward. Then, as Sid says, then we can move on to the stratosphere.

Makes total sense, David. And I'm sure some other folks maybe had some thoughts to that. Here's what I'll commit to you, right, Because, David, it's about at least in this current stage where, at least for me, looking to get underneath the surface level of our conversation today and understand exactly what you need across all the services. Once we understand exactly what is the ideal situation, we'll say this is how much it's going to cost. Right. And this is version one, this is the full cost, this is version two, this is maybe a little bit less, and this is version three. You know, you have some options now. I say that, David, knowing that we may not end up there and maybe a lot of what you need is not going to be costly because as I'm seeing, I think this is Steve who's pulling this up. This looks not too complicated for us to get in the works, but at least when it comes to the aftercare piece of things, that is going to be like an additional package, if you will, which will get them packages there for you.

And if I may quickly add, Adi, you know, what you're seeing on your screen is just like, you know, Dr. David pointed out, that's what we ended up with and that's what we have right now. We want the most efficient version of that. If that's going to make everything better than us, better users of opus, you know, what you're seeing as a schedule, you know, you might look at it from years of experience and, you know, having worked with so many clients, especially in the same area of work, and say, guys, you can have the same amount of information, same exact information, but presented in, in a more intuitive.

Got it.

In a. More. In a more, you know, whatever, whatever works better. We're not necessarily looking to stay at the level we are. We're by all means trying to improve everything we're doing, remove all the frictions and especially add this element of dynamism that if we have to change a schedule, you know, it should auto update, it should immediately be available for printouts, it should go out as notifications, if that's possible. And it should be available on people's phones through sms, through something that they can just click and open on their phones as a link, you know, various means possible so that we cover basically everybody. But the real point there is, you know, with as little human effort necessary, you know, it should be like something we don't have to really think about, okay, remove this person, add this person, this time, changes, whatever that's going to then affect later on, you know, OPUS is either able to tell us, guys, if you're going to change this, here's three options that are going to happen in scheduling. Choose one and I will print out a report, you know, something that really thinks for the whole scheduling process if there is any change along the way to, you know, something that's already scheduled out. Steve, is that correct? And I, is that correct?

That is very correct. So just to break down what Sid explained is this. This is not. The presentation here is not perfect. But how can we improve on this? Sure. How can we make the clients understand this easily without trying to explain to them when they have sections another particular time that you will have this section. So what can you do to improve this? Absolutely.

Sidd    38:56

Yeah.

Sanctuary Clinics, Inc.    38:57

What can you do for us to have all this information and easily for them to understand?

Sidd    39:02

Yeah. And Addie, you may not be able to see the whole underpinnings, you know. Below the surface, how this operates and, you know, the next couple of days and especially this, you know, I don't know how soon we can get to a demo where you can see, where you can show us how this is solved. But we want to be able to give you the information that you need to put all the pieces together to really understand the current flow. Because I think once you see the current flow, you'll also start seeing, okay, here's where you know, this is too much work. This shouldn't be, this is unnecessary. You know, this can be mapped out, stuff like that. So, so we want to work with you after this meeting. And you know, I think Steve can send you what the current flow looks like so you have a good idea and you can, you know, if you need another breakout session, you need quick inputs on understanding pieces of that. You know, we can quickly get in, do a quick huddle, 15, 20 minutes, whatever it takes, but do quick, rapid ones so you can get to a fuller, fuller understanding of the problem statement.

Adi Tiwari    39:55

Makes total sense. And yeah, I completely agree. I would think we should start getting into breakout sessions next week, if possible.

Sidd    40:04

Sure.

Zoom user    40:05

Okay, let's, let's then go ahead and plan a breakout session for scheduling next week and for aftercare next week. And we will promise to get you all the data we have.

Adi Tiwari    40:19

Perfect.

Zoom user    40:20

To you. I'm going to sid, if you don't mind, I'm going to make you responsible to collect data and give it directly to ADEE both for scheduling and aftercare because you'll know the right questions to ask us to present to ADEE next week.

Sidd    40:39

Yeah, I think let's, here's what we're going to do. I think let Steve set out and then I'll be watching over what's being sent out, clarify or add to whatever communications going through so that Addie and team start seeing the picture immediately. Let's, let's, let's, let's really clear the problem statement for scheduling completely next week and try and attempt the aftercare also next week, if not the next next week. Let's completely nail down the aftercare problem statement. You know, so basically in two weeks from now, both problem statements are completely solved. And we also have, I'm thinking we can have a demo from your side, I'm assuming, you know, next to next week. If next week we can explain the problem statement to you, then the following week you can have some demo to show us how scheduling can be made so much better if we use OPUS this way.

Zoom user    41:28

Okay.

Sidd    41:29

Does that sound good, Addie?

Adi Tiwari   41:31

Makes perfect sense. Sid David, you were going to add something. I just want to tell you this. Yeah, we can do with zero cost and just like get it up and running like your outcome and your evidence based contracts. David, we should also schedule some times for that as well. Because zero cost, we can automate a certain amount of that already for you. There's no need for you to really, you know, wait on starting to take advantage of some of that stuff. So, David, just for your your thinking as you're

Zoom user   41:58

yeah, I, I, I appreciate that very much, Addie. So I think at this point, Sid, Steve is going to deliver you all. All data on scheduling. And Steve will amass that from Kana and Edward. He'll take it then and pass it on to you. I will be responsible for getting you all the information on aftercare. Okay.

Sidd   42:24

Yeah. So, and, and, and can be coupled that with, you know, Kena really broke it down very well in one of the emails that she sent where she said, step by step, here's how, here's what happens. Then it goes to this. Here's the iterations on the third point, here's the iteration on the fourth, and then this becomes a full circle. So just with the narration along with the data would be fantastic because that will do 90 of the heavy lifting already coming from somebody who lives in this and does it every day.

Zoom user   42:50

Okay, and we're going to let you guide that process, Sid. So when. When Steve talks to you, you interview him and get what you need because you know what a D wants. When you talk to me, you interview me and get what you need from me, because you know what he wants. Right. So, yeah, we're coming on the top of the hour. I know we all are busy and things to do, and I appreciate everybody's time this morning. I think this is very valuable and excellent time that we've invested today. It's wonderful having all these smart people in the same room. My dad always said, you want to be the dumbest guy in the room. And I try to do that every time. So what we're going to do is move forward with that. And again, 30,000 altitude. I'd love to see an organization where the only people we have are the healers. We have the pastors, we have the therapists, we have the doctors, and then everything else can be done. AI and automated. I, of course, exaggerate, but I see my job as making sure that when the healer walks into the room in front of that person that's helpless and hopeless, that that healer has everything they need to. To do what God has called them to do. They don't have to worry about their paycheck. They don't have to worry about notes. They don't have to worry about any of that because it's all so fine tuned and automated that allows them to concentrate on what they do best. So that's the goal, guys. That's really the goal is. Is. And with AI and even this week, I mean, we started recording the clinical meetings. The clinical meetings were summarized by AI the urgent issues were. Were summarized and. And they were dealt with by the next morning because we succinctly identified them. And I think also the providers felt that they're being listened to and responded to immediately. And what it does, in a sense, is it cuts through a lot of middle management and allows the people on the ground to communicate to leadership where decisions can be made immediately and quickly. So that's sort of redundant, but. But immediately. Right. So I'm thrilled about all of this. If you don't mind, I'm going to close with a word of prayer.

Ogoh   44:56

Absolutely.

Zoom user    44:58

Father, we just thank you for your goodness in our lives. We thank you for your patience in our lives. We thank you for following us and chasing us. And we thank you, Lord, for the work you're doing in each one of us into transforming us into your image. Father, there's something in us that groans because of our imperfections. How many times we wake up and say, lord, we didn't mean to do that. We didn't want to do that. We didn't want to hurt our loved one with those unkind words. Father, so help us, Lord. I pray that your holy spirit would breathe into our spirit and form your character in our lives. More love and goodness and kindness and self control. I thank you for a. I thank you for our new partner. Lord, I. I pray that you would bless him. Father, I pray that you bless this relationship if it is your will that we are to work together and help millions of people. Father. Father, we don't want good ideas. We want your will in our lives. We want your presence every moment of the day. And we want to obey you, Father, because we know if we're doing that, it means we're doing things of eternal consequence every moment of the day. So help us and lead us and guide us. Father, I thank for everybody on this zoom call today. Bless every one of them. In your name we pray. Amen.

Sanctuary Clinics, Inc.    46:02

Amen.

Ogoh    46:03

Amen.

Zoom user    46:04

All right guys. Thank you. Adid. So we'll be in touch. You'll send us a schedule? Yes, sir. On when we can meet next week and we'll do aftercare and we'll do scheduling.

Adi Tiwari    46:13

Everyone will receive a follow up email for me with some available time for next week. Thank you. Thank you everyone.

iPhone    46:19

Thank you so much.

Adi Tiwari    46:21

You guys are doing.

Sanctuary Clinics, Inc.    46:22

Thank you. Thank you.

Ogoh    46:23

All right.

Adi Tiwari    46:24

Okay, bye. Bye.