Episode 20 – Leveraging data to drive your employee benefits (Springbuk)

ROD REASEN: --versus traditional data warehousing, where you end up having to know the problem when you jump into the tools so you can go find the answer. We've turned that on its head and said, we're going to tell you the answer and then tell you how we found the problem and why it's important to you, and then how to go solve the problem.

SPEAKER 1: Welcome to "The Cure for the Common Company," a podcast series looking at innovations in the world of employee health and wellbeing. Steve Blumenfeld and other experts from Willis Towers Watson's Health and Benefits practice are talking to entrepreneurs and industry leaders who break ground to meet the needs of today's workforce and deliver benefit solutions that can separate employers from the pack.

STEVE BLUMENFIELD: Hey, Rod. How are you doing?

ROD REASEN: I'm doing well, Steve.

STEVE BLUMENFIELD: Hi, everybody. Welcome to Cure for the Common Co. This is Steve Blumenfield, Head of Strategy and Innovation for Willis Towers Watson Health and Benefits. And I'm joined today by my trusty colleague, Thi Montalvo, Health Analytics Leader. Hi, Thi.

THI MONTALVO: Hi, Steve. Thanks for having me today.

STEVE BLUMENFIELD: Today, we're joined by Rod Reasen, CEO and Co-Founder of Springbuk, the innovative health data analytics company. Just love having you here to talk about measurement and some of the insights you provide to employers at Springbuk. But first, can you take us back to why you started Springbuk and how you came up with that great name?

ROD REASEN: Thanks, Steve. Our story goes back to my past as a broker consultant I had been in the industry for quite some time, started out my career in the financial services industry, and had drifted over into the consulting space, specifically the health care consulting space, because I had a customer of mine that said, help me with this insurance thing.

And after several brush offs saying, no, I'm not interested in jumping into that industry, we started to take a look at the group benefits space and decided there was an opportunity here. Ultimately sold -- grew that company to be one of the largest in the state of Indiana -- and then sold it to a publicly-traded company in 2010.

The next few years, I had gone out to try to understand what I wanted to do next and had remembered that one of the frustrations that I was having as a consultant was the need for data to make good decisions, but then the lack thereof of good quality decisions. We were still helping employers make decisions about what they should be doing about their benefit plan off of three-ring binders that you'd get on a very rare basis.

So started to take a look at the industry, specifically the data warehousing analytics space. And what we found was a lot of stale, kind of chunky old players. And we really felt like there was an opportunity to disrupt the space with first, being easy to use, most innovative tool in the market with ease of use, but then applying modern sophistication or paradigms around data science and machine learning, combined with the cloud.

And so we launched the idea 2014, ultimately launched the business in 2015. And we've been on a tear ever since. Of course, the naming conventions starts to come out as you begin to think about an organization. And for any entrepreneur that's on the phone listening, you know that that is not an easy exercise. You go through everything you can imagine. And we ultimately looked at the industry and we saw stale, slow moving, old, not energetic, certainly not fun. And we really felt like Springbuk, at the time, this idea needed to be almost an antithesis of the industry.

And so we started looking at animals and mythological creatures and all of these crazy things, and ultimately landed on this really fun, jubilant animal called a springbuck -- it's actually spelled springbok -- that's only found in three countries in the world-- in South Africa, in Namibia and Botswana. I had actually seen them while on safari and said, man, this is an animal that runs 62 miles an hour. They jumped 18 feet in the air. They're fun, energetic, agile, all the things that we wanted to be. So the name Springbok kind of came about through more of this brainstorming session.

THI MONTALVO: So Rod, it's funny, because when I first heard your name I didn't associate it with data. But in hearing that story, I really like that, because for a lot of us, data is fun. Data is about exploration. So that's really nice context on how--

[INTERPOSING VOICES]

STEVE BLUMENFIELD: When you say "for a lot of us, Thi," I don't know, maybe. You and Rod might be in a certain class. I wouldn't say a lot of us. Maybe some of us. But glad you guys find fun in data.

ROD REASEN: Well, for anybody that's played around in data for any period of time, we do find it fun, interesting. I'd call it data geeks, I guess. But we felt like if nothing else, we felt like the HR world and many of the consultant space were being overwhelmed by these stodgy, sophisticated tools that just weren't very enjoyable to use. So even when you think about the usability, not just the data, we felt like there was an opportunity really to disrupt the space.

STEVE BLUMENFIELD: Interesting.

THI MONTALVO: So Rod, can you tell us how you incorporated this concept of making data fun or usable for any user that goes onto your tool? How does that look and feel?

ROD REASEN: So let me add a little context, because it's amazing how we quickly forget a little bit of history. And if you think back 11, 12 years ago, the iPhone was introduced. Now, for anyone that's over 40, it seems like it was not that long ago. But it really wasn't that long. 10 years ago in technology has been -- it's been amazing, right?

So as we were jumping into this space, which hasn't been 10 years, but we were just the beginning of wearables were just being introduced. Employers were still talking about cloud versus on-prem. So we were at this convergence time where we felt like the user experience would become paramount. And that fun experience -- at the time, you had all of these Android-type devices versus the Apple device. Apple came to the world saying, we're going to curate the experience and you're going to adopt either our experience or you can have more of a laissez faire, hands off, do anything you want experience with an Android.

We felt like there was more of an opportunity to be more Apple-esque, where it was easy to use, enjoyable and fun. And that's why Apple dominates. 50% of the market share for phones is Apple because of their user experience.

STEVE BLUMENFIELD: So you went after your user experience. It's interesting, because that's not what I think the typical listener probably associates with data warehouse or analytics company. I think they think about spreadsheets. They think about data -- maybe useful, maybe timely, but they don't think about fun, interactive, useful.

So to me, back to Thi's point a bit, give us a sense of what is that experience like for the employer or user?

ROD REASEN: Well, I'd also add, Steve, to the comment that they also probably don't think of data warehousing as software. So we approach the industry as, there was an opportunity to software-tize a lot of the manual experience that the data user actually had to do, everything from the data ingestion to finding the problems within the population within a toolset.

We use the value and the efficiency of software to apply the user experience on top. One example would be within our product, we have a tool called Insights. And we quickly realized ... in software, we often talk about so what, now what? When you start to solve a problem, the very next thing that everyone starts to say is, OK, now I have a new problem. So thank you for solving my old one. Now fix my new one that you just created.

And what a data warehouse does is it gives you access to all your data. But it doesn't actually solve any problems. The next question that everyone logically starts to ask is, OK, now that I have all this data, what do I do with it? And we quickly started to see that that was the question that our users wanted to understand. So we built this software layer on top called Insights, which would rapidly look for opportunities in the population and serve them up, almost as if you had someone sitting working with you that was a mix -- a healthy mix of chief medical officer with a data scientist and someone with some actuarial knowledge.

And they were using your tool and your data and getting into your population and trying to find the problems. So we took that type of experience and thinking and applied software to it to build a tool called Insights.

THI MONTALVO: And Rod, that's interesting, because oftentimes when the term data warehouse is said, it's a little daunting. So it's a lot of data housed in one place. What do you do with it? And oftentimes the question is, do I have to know claims to work through this tool? Do I have to know what I'm looking for? And most people won't be able to do that. So tell us how Springbuk gets around that challenge for users.

ROD REASEN: There's a concept in business called 10,000 hours. And it's this idea that if I spend long enough doing something, I'll become the master of that something. Most people don't have 10,000 hours to spend at anything. And in this world that we're living in, everything changes so rapidly. It's tough to become a master at anything.

And so that's one of the problems that we saw within the user experience from our HR leaders/consultants was that they couldn't be a master at all the clinical methodologies. They also couldn't be a master at all the data science methodologies or the actuarial methodologies, yada, yada, yada, keep going on. So we felt like one of the tasks -- and really, the opportunities for us -- was to become the master in those areas, or to lend expertise so that the person didn't have to -- or that user didn't have to have 10,000 hours. They could have minutes.

And so one of the thought processes with the Insights tool was to dig in and be clinically adept and be able to present the exact clinical problem, but then also to provide the why and the how so that the user becomes more educated every time they use the platform, versus traditional data warehousing, where you end up having to know the problem when you jump into the tool so you can go find the answer. We've turned that on its head and said, we're going to tell you the answer and then tell you how we found the problem and why it's important to you, and then how to go solve the problem.

STEVE BLUMENFIELD: That's interesting. I guess you've applied the consulting background you take to problem solving and found a way to use the software to drive that. And I've seen your solution as has Thi, and Thi certainly much more than I have. But what's appealing to me about it is, you present your findings and recommendations in really usable, digestible, easy-to-understand formats such as cards to identify key issues and simple graphs.

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Can you just describe a little bit of what you might find if someone, if you're servicing an issue. You're a user. You're sitting at your desk. You're worried about a certain disease state or condition or you name it. You know your data better than I do. What is that experience like? Just walk us through a minute in the life of one of your user clients.

ROD REASEN: Perfect. I always feel it's good to talk about the contrasting and what the differences are between current state and then future state. So current state with most data warehousing tools, you're coming at the problem or you have this thesis in your head or you've just recently read an article about whatever. We'll not talk about COVID specifically, but it could be diabetes, for instance.

You have this thesis that, I bet I have a high propensity of diabetes in my population. Let's go see. And so you jump into your tool. And you're going to say, well, show me how many diabetics I have. And you're going and digging and finding information. And that could take you minutes. It could take you hours, depending on the tool set.

We felt like if you're coming at the data already with a biased opinion, so in that approach, you would be. You'd be saying diabetes is the problem. Our thesis has been, the data should not be biased at all. In fact, it should help to show you and help prioritize the problem. So the Insights engine, the way it runs is it's finding actively, in every new data load, it's finding the highest and most promising opportunities within the population to address.

So when you jump in, you immediately go to an Insight page. And you could see everything from risk mitigation, which could be everything from your high risk members to co-morbid members or gaps in care. You're also going to find things like care efficiency, potentially unnecessary procedures, steerage of procedures, drug savings.

So what we've done, in essence, is we've said, why should you have to be the expert to use the data warehouse? The data warehouse or the tool -- we call ourself the health intelligence engine, and this is why -- the engine should actually tell you the problem and then let you go solve it instead of you spending hours just trying to find the problem.

THI MONTALVO: So Rod, what about those users that love to dig into the data and they want the detail and they want to go very deep into all of the different facets of the data and start to link things? How does Springbuk facilitate that?

ROD REASEN: That is one of my favorite questions. And you've now recognized the wide spectrum of software's need to accomplish the task of many types of users. So on one end, you have the most simplest user who is brand new and just wants to dig in and see a couple of insights and then go act. On the other end, you have the most sophisticated data scientist that says, I just want the raw data so I can run my own predictive models.

So our toolset was geared for all to be able to do various things. We definitely lean towards the ease of use, quick access, because we've realized the efficiency that's needed to be able to go act. But, to your question, our system is fully open. So you can get access to every single data set that you put in. You can pull it out. You can run your own models. You can leave it in. You can run your own charts and graphs.

So we kind of appeal to a very wide set of user personas, because of the need, as you're suggesting.

THI MONTALVO: Yeah, that's quite a playground. I have another question for you, because this is one that comes up often with our employer groups. In looking at programs that are in place -- so now we're just moving beyond what's driving trends and top conditions. But let's talk about assessments of programs. How do we do that in Springbuk? Does it make it easy? Because there are just so many ways in which you can assess a program.

And you and I know the level of rigor really matters here, as well. But there is a spectrum in that. So what does Springbuk do in assessing programs?

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ROD REASEN: One specific question, actually, is what drove me into being a consultant outside of the financial services space was I specifically had an employer, a large employer, at the time was in the restaurant industry. And they were asking about what is driving our health care costs. And so they asked the very same question.

I wasn't a broker at the time. We started to look at how they would answer the question. We couldn't find a way to answer the question at the time. This was years and years ago. That little seed ultimately became one of the problems that we felt like we needed to solve early on. And so within our toolset, we have a product called Timeline. And in essence, what you want to be able to do is say, at any time, either prospectively or retrospectively, I added a program on this date for this cohort. Show me how it did.

And if I were doing a demo at the moment, in the time that it took me to tell you what I just said, I could have done within the platform. It's three clicks. I can click on the cohort that I want to do or build my own cohort. I can then click on the timeline, the event that I've created. And then I can then track across that timeline in that group everything from ER visits to clinical measures to performance and cost.

So we think that is a very strong question that every employer is trying to answer. And in these economic times, I think that large employers or small employers are going to be asking that question about all of the various programs that they're implementing.

STEVE BLUMENFIELD: Have you learned anything about types of programs that are more effective or less effective and whether or not there's that elusive ROI associated with any of them?

ROD REASEN: Of course. We're cautious to say names of vendors, so I won't do that for today. But there are a couple of things that we would suggest. So before anyone would be purchasing a point solution, one of the first things we say is, make sure that your data tells you that not just your history of your data, but your predicted history or your predicted forecast of your clinical measures within your population dictate that you should be implementing such an idea, whatever that may be-- hypertension or diabetes, musculoskeletal.

A data analytics tool gives you the ability to then be far more prospective, attacking the problems that will be versus just reacting. That's the biggest value of any tool like mine or any other--

STEVE BLUMENFIELD: So use smart targeting up front. Use the data to tell you where to focus and then you'll get a better return. That's pretty insightful and seems somewhat obvious, but probably is used a lot less often than we think.

ROD REASEN: It does seem obvious. And probably your listeners are shaking their heads like, duh. But what's fascinating is how many just don't do that. The one phrase we actually heard -- and this is a quote that we've used internally as our team as more of a driver to go do -- is a large employer that said, we just try stuff. And the term is "stuff." We try "stuff." And if it works, we keep it.

STEVE BLUMENFIELD: You can put a different word in there that starts with an S that is not stuff. But that happens all the time. These vendors show up. We get hit by -- I could tell you for myself, I get dozens of vendors, sometimes a day. And I'm sure Thi gets if not maybe that amount or half that amount. And our employers are getting the same amount. And sometimes they break through, especially if they have big sales forces. And they convince you their solution's fantastic.

And if you know that it's a condition that is meaningful, whether or not it's a top driver, you might just say, let's give it a try. I think that's a compelling insight. So that was -- I interrupted you during your insights. Other insights about the types of solutions that might be of value? Or if not, then other insights you learned from your time looking at this data across employers?

ROD REASEN: Here's what I'd say. On that last note, if you have a SMART goal before you start the program, it'll allow you on the back end to actually assess it. What we find too often is that employers try stuff and then they say, oh goodness gracious, my CFO is telling me I have to know if it'll prove ROI. So they

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do it retrospectively instead of doing it up front. And then you can always tell the story you want to tell. And that's the first thing that the vendor's going to do.

So look at all the engagement that we did. So that's the first place, is setting up a program effectively on the front end.

STEVE BLUMENFIELD: Wait a second. Thi, have you ever heard a vendor say that they had good results and show their own results and we didn't agree?

THI MONTALVO: No, never. Never.

STEVE BLUMENFIELD: Never. Oh, OK. Just to clarify. All right. Sorry, go ahead, Rod.

ROD REASEN: See? You guys get it. It's a bit maddening. And if you've been in the business long enough, you just see a lot of bad practice. So that's the first thing. From what we've seen work, it depends on what you define as the front. So I'll use diabetes as example. You have two major brands that are out espousing their program as the best one for diabetes.

One of them -- and I'll mention names, Livongo -- is about managing diabetes. So if your goal is engagement, you want to manage the diabetics, and you're going to measure it solely on engagement and potentially the clinical measures, then setting that program up will work. If, on the other hand, you choose Virta, and Virta's goal is to clinically change -- I mean, you can read their website, but clinically reverse diabetes -- well, that's a whole different goal up front. So which do you want?

The vendor will matter what you choose up front. So to say which one works really depends on the vendor. What I will say is, I believe that on-site clinics are working. We've proven that with several of our on-site clinic vendors that have done retrospective studies and done this statistical analysis on them. We see good efficacy there to drive care.

They don't necessarily save costs, which was the early stage of on-site clinics, call it 8 years ago when the clinic model started to become really popular, that was the big sell was that we're going to save you money because of people not having to take time off, yada yada.

STEVE BLUMENFIELD: That's interesting. We do hear a lot about diabetes and questions comparing the vendors. We won't make you choose among those vendors. But there are dozens of companies that have entered that space. And the first advice we give is, are you trying to prevent diabetes? Are you trying to maintain and control those diabetics? Are you trying to reverse diabetes or some other goal? And if so, let's start thinking now about tackling that problem and whether or not a vendor is appropriate, and if so, again.

But oftentimes, it starts with the vendor knocking on that door. So it's really interesting to hear you say be more strategic and thoughtful about where you're starting. And that could lead to a good process of selection, and then by inference of what you said, your results should be better, as well.

THI MONTALVO: So I want to go back to something that Rod, you said about on site clinics. And you mentioned the efficacy of on site clinics. It seems to me we've been talking a lot about claim space data. And when I think about program assessment and performance, there's also the softer measures, so time away from work, productivity. Tell us a little bit about how Springbuk handles those softer measures in the tool.

ROD REASEN: Often a big question, and you can go pretty wide in those questions. We talk about PTO data specifically and one problem that many employers have with PTO. And I think you guys would probably chime in here as you want, obviously. But one of the issues that we found with purely PTO data is the chunkiness of the data itself and then the inaccuracy, potentially, of the data, because we don't know why someone potentially took a day off.

And then more and more you run into organizations that don't do banked PTO. They just do flex hours. And certainly this whole time that we're in with COVID has actually driven the whole work-from-home, so measuring hours has been a little bit more difficult. So we think it's interesting. You can certainly bring it in.

But we're just -- I'd say from a data perspective, we're cautionary on using it to drive any pure outcomes. One thing we find interesting, though, in a kind of a future state is we do think it could be interesting to take things like heart disease or diabetes, or name any chronic condition, and use known data, such as the number of days that a person would be hospitalized and the number of days off work that an individual would need to take to build into a model to actually predict lost time, because it's known.

I just always get nervous when I get questions around adding data just to add data for data's sake without actually having a goal in mind. And you'll probably hear a lot of that just from me. That doesn't mean that it's wrong to bring in the data. I just think that you have to have a purpose in doing it before you do it.

THI MONTALVO: So you used the word perfect again. And I've heard that throughout, which I love. But one thing I'm cautious about, and I think others are, as well, that may be listening, is we hear a lot about predictive analytics, machine learning. And then when we dig a little bit under the covers, there's not as much there as we thought. Tell us what it means for Springbuk to have predictive analytics built into the tool.

ROD REASEN: OK. So I think that this is one of the most exciting things about the industry today is the ability to use more efficient tooling, like machine learning, to rapidly test a thesis around prediction. So I probably went really, really ethereal there. But it is one of the most exciting developments in the industry. Right?

So from our perspective, we use a combination of tools. We'll use Optum's episode treatment groupers to be able to help us better understand the groupings of medical claims. Of course, we're going to use the traditional tool set around CPT codes and so on. But then the forecasting piece of this is both clinical and financial, and in some combination there in between.

So obviously you have actuaries on staff. And an actuarial model is going to predominantly look at the financial outcomes of a light population using some form of regression analysis to forecast into the future based off of a common set of data that doesn't move that much. Am I getting too off the rails here with nerding out on regression analysis?

THI MONTALVO: I'm loving it. I don't know about you, Steve, but I'm loving it.

STEVE BLUMENFIELD: What? Sorry, I fell asleep for a second there. Guys, please keep going.

ROD REASEN: So what I would say is the easiest way to think about this from -- the easiest statement for me to say is that we're using all of the successful paradigms that have existed for years that have been accurate as can be, combining them with the most modern paradigms around data science machine learning to get the most accurate forecast.

The unique thing that we do, though, is we blend the clinical measures with actuarial-type modeling so that you have what we would call a more pinpointed or accurate forecast.

STEVE BLUMENFIELD: So how is that different from what, let's say, the more traditional data warehouse and analytics companies are doing?

ROD REASEN: It depends on the vendor. But a lot of vendors will license a clinical or predictive model. And they're typically separated. So by blending -- and within our tool, we have a plan design modeling tool -- you can select pure actuarial model, clinical model, or blended model. So we let you see kind of various forecasting models within your population.

STEVE BLUMENFIELD: So that level of user ability to apply advanced analytics and all the back-end machine learning and other geeky words that get thrown around are in the ether. And you're able to draw upon that with simple tools at the desktop and generate better insights.

ROD REASEN: Maybe I can give an example of something specific that we do that's unique. We have an algorithm called an event-detection algorithm. And the thesis behind this, and this is, again, something you'll hear consistently about us is the thesis was, how do we find the portion of the population that's not exhibiting the biggest claims, but that will be next year? And this is a often-stated problem that employers look at within their population is --

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I'm basing my -- right. If I'm basing my full forecast model off of what happened in the past, I'm assuming that the same population is going to happen in the future. Big problem, because we don't -- nobody will know what will happen in the future, obviously. But we know an awful lot with the data that exists. So this event-detection algorithm was really designed to be able to say who in the population walks like a duck, acts like a duck, quacks like a duck, but hasn't been identified as a duck yet, but will be?

And we apply that thinking to a data science model and then applied it specifically to three different disease-type states: One was diabetes, one was endocrine disorder and the other one was for stroke. And we found that diabetes is obviously prevalent among a larger portion of the population. If you can understand who are the pre-diabetics in the population and get ahead of them, you could potentially bend their curve drastically from a cost perspective.

Endocrine disorder has all kinds of various issues. It's often misdiagnosed or not diagnosed at all, but can exhibit itself with a multitude of things like feeling drowsy or tired. And it's a very inexpensive fix, basically a $10 medicine to resolve an endocrine disorder. And I'm not a physician here, just stating from data science perspective.

And then the third is stroke. Obviously stroke is much bigger potential long-term effects and big cost. So we have those three and we're tooling that actual machine learning algorithm to alternate sets right now. That one is, though, intended to find members in the population that do not have claims last year but will next year.

Traditional models are going to take a diabetic and then forecast out the cost of the diabetic into the future. Traditional actuarial models are just going to apply the financial side of it and then forecast into the future. So we're doing something that's far more sophisticated and trying to give you a better sense of what's happening potentially in the future with your clinical measures.

STEVE BLUMENFIELD: Got it.

THI MONTALVO: So Rod, what additional ones are you building out right now? I heard those three, but you said you're building out more. So what's on the docket?

ROD REASEN: Well, we can't say that yet, Thi. A little sneaky question for you there.

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STEVE BLUMENFIELD: Well, if you have a thesis that you might want to explore, what thesis might that be?

ROD REASEN: Now you're starting to get into my head, Steve. You know how I'm thinking. What we would say is that we're looking for the highest opportunity for cost at the fastest potential return. So diabetes we can fit into that area.

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STEVE BLUMENFIELD: We won't push you, but we get the directionality. So let's shift a little bit towards what this looks like for the employer and what the interaction is like. So what does it take for an employer to implement?

ROD REASEN: Again, something that I'll talk about our thinking on this. Ingesting data is very complex, very time consuming. And the last thing an employer wants to think about if they're brand new to this industry is having to deal with doing that on their own. So we do 100% of it. All of the work is on us. We will link through proper business VAA agreements and HIPAA procedures, link with those various vendors for your medical claims, pharmacy and other vendors, and collect the data directly from a feed from them and then bring it into our storehouse or warehouse.

So all that heavy lifting, though, is done by our team. Typical implementation takes roughly 90 days. We've done something that I think is a bit unique. We have what's called a QCAT score, which is basically just our way internally of looking at the quality, accuracy, timeliness of the data vendor. So for instance, we know certain vendors we can have mapped on a very first run from scratch, data mapped in our system in 53 days.

We know other vendors, without saying names, I'm calling them out here on this podcast. We know other vendors take -- call it 187 days to get accurate data, because they are --

STEVE BLUMENFIELD: Approximately 187, but you don't want to get specific.

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How many minutes?

ROD REASEN: You're laughing here, but we have this mapped down to --

[INTERPOSING VOICES]

STEVE BLUMENFIELD: No one who listens to this podcast is surprised at all to hear that. I'm sure you have seconds, but --

THI MONTALVO: Well, you know, Rod, I'm actually very happy to hear you say that taking in data is not an easy task, because when I do hear that somebody tells me taking in data, ingesting data, is easy, that's where I very much become skeptical. So that is the truth. Data is very hard to work with. But along the lines of data -- so it's obvious you work with medical claims data. You work with pharmacy claims data. What other different data sets do you work with? Disability, worker's comp, what's on your list?

ROD REASEN: We don't have time to go through the entire list. But I'll give you the broad swath. If it's dealt with within the HR team, we can bring it in. That's the easiest way to think about it. But that includes dental, vision, short-term / long-term disability, life insurance, 401(k), HSA and so on. But if the HR team is dealing with it and it's something that they want to have in their purview, we can collect it.

STEVE BLUMENFIELD: Excellent.

THI MONTALVO: Great. That's great. So can we explore that just a little bit? Collecting and having experience with working with the data, obviously there's a gap there. So tell me what you've done there in terms of taking in different data sets and integrating them, just maybe some unique data sets that you've worked with and an example of how that reporting looks?

ROD REASEN: I'm trying to decide of the hundreds of case studies, which one is the most meaningful? And I'm drawing a blank. What I might say --

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THI MONTALVO: If you've done worker's comp, it would be good.

ROD REASEN: Yeah, worker's comp, I don't know that I'll -- there's a couple of case studies that we have on our website that talk through a couple of specifics there. Specifically on worker's comp, I think one of the things that employers use -- why employers want to look at the overlap is, is there a chronic condition that's exposed higher within the population that causes higher worker's comp? That's been something that's pretty common in the industry. Certainly that can be done.

And you're looking at things like obesity and higher propensity to worker's comp claims and other chronic conditions associated there. That's pretty simple to do. You also then, to tie in PTO time or PTO looking for excessive time off because of that chronic condition, generally speaking, your worker's comp claims are a lagging data set that should reveal a higher issue of a clinical measure within your broader population.

So the thesis behind why you would even want to bring in worker's comp is to expose those. So we would probably tackle the problem from an insight in that engine to say, what are the problems that are causing the highest claims in worker's comp? And then build the algorithms to actually find the problems instead of just dealing with the symptoms that you see on worker's comp data itself.

STEVE BLUMENFIELD: So let's lift this question up just a level to ask, what's the most surprising thing that you've learned in your time working with employers, maybe back to the early days, insights you gained and maybe some insights that employers gained that you were surprised that they didn't know already?

ROD REASEN: This is going to probably sound too ethereal, I guess, but I think the biggest surprise that we found is the "we try stuff." And the sophistication of tool sets that exist but the lack of planning, even when data has become available.

STEVE BLUMENFIELD: Yeah, you know, we like to be sold to. Despite the data we have, we sometimes just want to go ahead with what sounds good to us.

ROD REASEN: Well, we are a consumerism society, and we like to buy stuff, that's for sure. And certainly the last eight to 10 years, we've had a robust economy. And unemployment has been at the lowest in history. And so employers have more profits to do things with. And so there's been much more of a consumption mentality.

Now, will that maintain itself in the coming two years? I don't personally believe so. I think that more and more employers are going to be far more myopic in looking at what actually works. And I think this will become, if anything, I think the data analytics industry is now at its prime where you'll see more and more employers who are educated and say, you know what? I have to make the right decisions looking forward, not just retrospective.

So I think employers in general are getting smarter, smarter and smarter every year. And it's really exciting.

STEVE BLUMENFIELD: Well, that's good. So let's go to the flip side of my question. In your early days, as you were beginning to show your differentiation, what were some of the things that were most surprising that employers learned in working with you?

ROD REASEN: The ease of use of data. Hands down, the one comment that we get over and over again, again, to our stated goal, was build an experience that would make data fun and usable. We literally have testimonials where say, this is fun. And that's tickling as an entrepreneur to hear a user say, hey, I actually have fun using your system. That's cool.

THI MONTALVO: So Rod, let's think five years forward. In five years from now, what would you hope your favorite industry magazine cover would have about Springbuk? What would the headline be?

ROD REASEN: I think this one's easy for us. Our mission is to prevent disease with data. So five years from now, if you saw in The Wall Street Journal or Fortune Magazine or Inc, any big publication, that Springbuk

aided in the opportunity or was one of a team of organizations that helped prevent so-and-so disease, that's our mission. Way beyond just collecting data, we want to prevent disease with data.

So I do believe that it will happen. Five years ago when I launched this company with my co-founder, we got laughed at by investors. They said, there's no way. You're not clinicians. How dare you believe that you can actually do this? And to any other entrepreneur on the phone, telling an entrepreneur you can't do something is just --

[INTERPOSING VOICES]

STEVE BLUMENFIELD: It's like telling Michael Jordan that he can't beat you. Yeah.

ROD REASEN: Exactly.

STEVE BLUMENFIELD: We've heard about the animal that inspired Springbuk. If your company were a mythological creature, think of what Greek mythological creature or god or goddess or one of the Roman or Aztec or others, what would that be and why?

ROD REASEN: I've always personally liked dragons. I think they're cool. They fly. If we had to be a mythological creature, I would be a fire breathing, flying dragon.

STEVE BLUMENFIELD: All right. And so aside from liking them, is there something about your solution that is like a fire-breathing dragon?

ROD REASEN: My kids -- there's actually several cartoon shows that are off of dragons where the dragons are misunderstood. And they're beaten and they're mean and evil. We always think of dragons as being evil and mean. And what these cartoon movies actually show is that the dragons are just like any other normal animal. If you beat them, they're going to be mean. But if you're kind to them, they're actually quite gentle.

I think we are often misunderstood. People think of us purely as a data warehouse. And we're not. We're a health intelligence engine. We're far beyond the past moving into the future.

STEVE BLUMENFIELD: OK. And if we are too mean to you, you might attack us and breathe fire on us. Is that the wrong takeaway?

THI MONTALVO: Only to you, Steve. Only to you.

STEVE BLUMENFIELD: Only to me. I get that. I get that a lot.

ROD REASEN: That's funny.

STEVE BLUMENFIELD: Rod, thanks so much for sharing the amazing story of Springbuk.

ROD REASEN: Well, thanks, Steve, for having us on.

THI MONTALVO: Rod, thank you for being on, talking about one of my favorite topics, and really showing viewers that data is fun. Hopefully we can [INAUDIBLE] that data can be fun.

ROD REASEN: Yes. For all the fun people out there that like data, we're the place to be.

STEVE BLUMENFIELD: All right. All right. And Thi, always terrific to talk with you. Thanks so much for joining today.

THI MONTALVO: It was certainly my pleasure. Thank you.

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STEVE BLUMENFIELD: And thanks again to all of our listeners for joining "Cure for the Common Co." We look forward to future podcasts where we bring more innovators and entrepreneurs in the health and benefits space. Have a great day.

[MUSIC PLAYING]

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