McGuireWoods

A Conversation with Joe Casper at Brevium

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McGuireWoods Health + Tech is a content series where we explore the intersection of health care and business innovation.

In this discussion with Joe Casper of Brevium, we dive into the role that technology has in transforming health care, both in how care is delivered and how providers engage with patients. Joe is a seasoned leader in the health care technology space and was a panelist during McGuireWoods' Healthcare Private Equity and Finance Conference in May 2025, where he added tremendous value to the discussion. This time, we will speak with Joe about the value of technology as it relates to health care delivery, as well as where the industry is making strides and where they are still facing resistance or roadblocks. We'll learn about his journey, what Brevium is doing to help improve care and practice performance, and where he sees innovation heading next.

McGuireWoods:

Can you tell us a little bit about your role at Brevium and what your day to day work typically involves, just to give us a sense of where you are coming from and your perspectives?

Joe Casper:

I am head of strategic accounts at Brevium, so I have responsibility with

all private equity sponsored health care platforms and management service organizations. Right now, we are working with 52 private equity backed platforms, so I see a lot of things that happen across different specialties. I'm typically working with people in the C-Suite, such as Chief Executive Officers, Chief Marketing Officers and Chief Operating Officers, and try to get them to really understand the value of the lost patients that are within the practices that are part of their platform, and that if we were to get them back for the care that they need, it would have tremendous amount of impact. What I mean by "lost patients" is that these are patients that do not have a future appointment or do not have a future recall. It may be that basal cell carcinoma patient who has not been back in the practice for over 12 months that really should be tracked. My hope is, after going and speaking with them, they take the next step of discovery and see if it makes sense to potentially work with us around this opportunity.

McGuireWoods:

What drew you specifically to this type of work? Was it your personal experience seeing it out in the field or knowing there was this missed opportunity that could be capitalized?

Joe Casper:

When I worked with Allergan, I was part of an 11-person consulting group, and I personally worked with more than 350 ophthalmology practices. Every day I would go and work with the senior management of these practices, and I would say 'so what's keeping you up at night? What are the things that have your attention?' Something that just kept coming up was the need for organic growth and, as one of my mentors said, "If you're not growing, you're dying." With these practices, they talked about growth, and at one point I was on the floor of the American Academy of Opthamology where I ran into the Chief Executive Officer of Brevium. He was showing me what he was doing around mining lost patients and a lightbulb went off where I thought that this is something that I should be passing on to my consulting clients.

Years later, I was doing some consulting with Brevium and they said they would love for me to come on and help them grow with private equity platforms. It started off with me consulting with these practices, thinking that we have something that is not being addressed right now, and it started having this amazing impact. When I'm speaking with CEOs, CMOs and COOs, I want to understand what they are trying to do. Are

they trying to grow EBITDA, or the top line? From there, I try to integrate disruptive innovation in order to have an impact, not only on the patient lives, but also the performance of their platforms. At Brevium, we've done a lot of introspection around what our mission is, and our mission is to help medical practices achieve breakthrough financial performance by ensuring patients receive the right care from the right provider at the right time, every time. Our goal is to basically help these practices uncover these patients, and that it's not only going to benefit these patients' quality of life, but it's also going to improve the practice performance.

McGuireWoods:

You mentioned making sure the patients receive the right care from the right provider at the right time, every time. Can you elaborate on how Brevium's technology helps practices identify and reconnect those patients to make sure that they don't fall through the cracks and they get the right care from the right provider at the right time?

Joe Casper:

We're integrating with the practice management system where all that information is kept, based off of provider, patient and diagnosis codes, or even the billing information. There's a lot of information that's held in the practice management system, and our special sauce is data mining. We dig into all those tables and then we create rules that relate back to CPT, ICD-10 or J-codes (for injections), or even inventory codes. If it's a patient with moderate glaucoma, with provider input, we can define within the system at what point they are concerned about when this patient has not been back. In the case of a moderate glaucoma patient, it might be six months. Now you have the rule and then the sequence of care, and then you have how many patients fall into that category without a future appointment or recall.

So, it starts off with understanding who these patients are that have fallen through the cracks - the ones we don't have visibility around. The practices, providers and the staff are all doing the best they can, but it really needs advanced technology in order to bubble them up. You also have patients that cancel or no-show, or simply ignore recalls that somehow never get back on the schedule. But the one thing we are finding from practices is that it's not just the existing patient that cancels or no-shows, but also new patients that had a reason to be referred over to our practice but never showed up. I would say that every practice and

platform should be looking at these new patients that were referred over but never started up.

McGuireWoods:

It seems like this is a very collaborative process among you, your organization, and the providers to make sure that what's implemented is really tailored to their particular patient population. For example, with moderate glaucoma, implementing the sixth month follow-up, whereas other diagnoses and other patient populations may have a different timeline. You need to combine your input from the provider prospective with your expertise from the technology angle to make sure it really is a successful tool when implemented.

Joe Casper:

It goes back to this whole piece that there are some patients that may not be as high a priority. You may have an ENT practice that aren't going to prioritize patients with impacted earwax but would prioritize patients with chronic sinusitis or voice disturbance, because there is a very high probability their quality of life is going to be impacted that way. We have to really understand the world of the practices and their pain points. When I'm speaking with a group and their team, I really want to understand what types of manual reports are being run. I'll joke with them and say, when they are talking about the manual reports, that they must really love doing that and they laugh and go "No, we absolutely hate that." What Brevium is doing is actually reading the data overnight and then deploying smart outreach that relates back to text message, e-mail and personalized auto calling. It could be the voice of the provider or it could be postcard or a letter. Patients are either going to schedule online or they are going to schedule within the practice and what we're doing is tracking the results of these patients coming back. It isn't uncommon, where suddenly we have a patient who comes back where a very significant issue was diagnosed that would have been undetected if the patient had not returned.

Something that we learned with a white paper we did regarding 100,000 patients coming back is the sweet spot of how many outbound contacts you need to make where you are going to get a yield. That number is five outbound contacts. But it's not five text messages - it's five contacts where you are switching up your contact method, and often times what happens is that a patient that cancels/no-shows, the staff sends out one

message and then is off to their next issue. You need to have what we call polite persistence, but also an understanding of what their current process is so we can act as a safety net.

McGuireWoods:

It's interesting that the research shows that it takes five different types of methods, five times, with a combination of different types of methods for it to be successful on an average basis. Do you see any different types of practices or specialties where that seem to benefit the most from Brevium's solutions?

Joe Casper:

There is broad applicability, but especially with patients with chronic disease or chronic conditions. Working with a large dermatology private equity platform, if we look at patients with basal cell carcinoma and squamous cell carcinoma, patients that are what we would call "lost". They had 17,000 patients that fit that piece. You take an allergy practice they have patients who started allergy shots and fell off in terms of continuing those shots. It could be the patient with asthma that has not been seen within the practice, or the 40,000 cataract patients within an ophthalmology practice platform that have been diagnosed with cataracts but have not been back in the practice in a year. The big thing is that there are lots of chronic conditions that need to be followed up on a systematic basis, and you're going to find a great deal of value that way.

Also, you have lots of clients that go and change the practice management system. They moved from one practice management system to another. The one thing that we've learned is that when a practice management system changes from one to another, there's a lot of data that does not get moved to the new system. I'm working with an ENT practice in Florida and, two years before, they switched to a new practice management system. We found 10,000 lost patients in the new system and we mined their previous legacy system and found information for 30,000 patients that was left behind. Let's think of the value of those. For every 10,000 lost patients that are out there, the value of getting 20 percent of those back is between $1,000,000 and $1,500,000 in organic revenue. The data that was left behind was possibly more than $3,000,000 in terms of organic revenue that could be driven forward. It's very important to recognize that, when you go and change practice management systems, sometimes there are things you aren't thinking about and one is data left behind in legacy systems.

McGuireWoods:

With the migration and integration into existing EHR systems, is there anything that Brevium would recommend to ensure that that's a more successful implementation of the Brevium software into the EHR system and existing workflows as part of that process? Or is that just a smooth transition that doesn't need a lot of tailoring or things to keep in mind when onboarding the Brevium software and capabilities?

Joe Casper:

A lot of the practice management systems offer various ways for us to integrate, but we're finding in larger groups that there's a transition more to data warehouse, or data lake types of information. Often times we are going in and integrating at the data warehouse. The most successful healthcare platforms transition their member practices to an enterprise practice management system. For most physician practice management groups this is the long term objective but not the current reality. This requires individual practice integrations based on their unique practice management system. The big thing is getting really good integration on the front end, with really good communication with IT, and having our data base engineers make sure everybody is on the same page in terms of how we make things happen. I just had an instance where we were working with a lower extremity private equity platform. We just completed the integration three days ago, and they did a switch to their current system three years ago. We've already found 368,000 patients that are, based off of our data, lost and that right there represents around $36,000,000 in terms of potential organic revenue that can be recaptured during the course of 12 months if, in fact, they decide that they wish to do that.

McGuireWoods:

That's a lot of opportunity for sure. Where do you see some of the challenges practices face when trying to adopt new technology, in general, but also including Brevium's technology, too? How do you recommend, or where have you seen, practices succeed in overcoming those hurdles to ensure a smooth implementation process?

Joe Casper:

I can only imagine, when you're talking with new practices, how many challenges you run into when you go in working that way. The first one I

see all the time is that they always say they are managing a lot of different priorities right now. There's a lot of things that are in the queue that they want to do, and they always mention the two or three areas they are really short. One relates to the Chief Operating Officer always being overstretched. The second one is legal. They all seem to be overstretched in terms of legal, trying to get certain things like BAAs and other things evaluated. They are always quite stressed from making that happen. The third thing is IT. With IT, you have to basically get your juicy project high up in the chain, and they are always asking, "Joe, how much time and resources is this going to take in order to make things happen?" So, you have a lot of different priorities, and it goes back to the question around "what is the job to be done? Is this something that should be prioritized?"

I would also say, often with platforms or practices, you have too many cooks in the kitchen and you have old mindsets. "This isn't how we've always done it." "Hey, we could run those reports on our own." But if that is the case, why haven't you already done those types of things? The practices that I see as the most successful have leadership that's heroic. We have a very high degree of success with this kind of leadership because you need to have someone that says, "let's move forward and have this happen."

The other things is good data. Because we're data scientists, we're able to go and provide good data, but there's lots of bad intel out there. If you talk to any doctor or an advanced practitioner, and you ask them how things are going, they all say, "oh gosh, I'm so busy right now" and I kind of want to outlaw that four letter word, "busy" going forward, because that can be bad intel. We also look at the capacity of providers, and we see that some are off the wall busy, but some have the opportunity to see these patients who could really benefit.

The last thing I would mention is that we have a lot of platforms that are doing acquisitions and everybody is putting all this energy into making them happen. But once the deal happens, the sense of urgency can drop. What we really need to do is to make sure that once the acquisition happens, it becomes a starting point for us to grow. I think the most important thing is making this a priority from the top.

McGuireWoods:

That makes a lot of sense and it's a theme that we hear a lot in the

health care technology space, about overstressed resources and making sure you optimize the capacity that you have. It sounds like the Brevium tool is solving for those issues to ensure better follow up. Even in an ideal world, when you have the resources to do that organically, you still need the technology to be able to optimize and enhance the existing resources. There's only so much that people can do on a daily basis and these additional tools can help with outreach and optimize what you can achieve there. Switching gears and taking a more macro look on health care technology industry, what broader trends are you seeing that you think are really changing the game right now or what you expect to see in the future?

Joe Casper:

It doesn't matter whether it's a MD/DO, an NP, a PA or Optometrist, there's not only a shortage of providers but a shortage of really talented people that can work in these offices and get things done. We need to be thinking about how we can take the burden off of each of these providers. When I was working with one practice in Georgia, they were excited to move forward with Brevium, but the Chief Financial Officer mentioned something to me. He said his office was right next to where the communication team was – the people that were talking to patients. Every single time that he walked past there, he got the death stare, as if the communication team was saying, "Don't look at us, don't send us any more patients calling in." I told the CFO that we were not going to implement Brevium until we add additional resources that could convert these patients into the schedule. They started off very slow with Brevium, but once they were able to enhance their calling capabilities through additional agents, it opened up the opportunity to start taking in these patients, and in this case, over the course of two years, they were growing at a clip of 40 percent each of those years. We understood what the issue was and we added resources against that.

Something that we're really working on is this whole aspect of intervention. With ophthalmology, it's interventional glaucoma. You have patients that have been diagnosed with glaucoma which is, in the United States, one of the top reasons for patients losing vision and we have the ability to bubble up patients that have not had adequate testing or adequate laser procedures that can potentially go in and maintain their vision. We are now at the point where we are bubbling these patients up, but the next phase is getting this to the provider and their team within the

exam length so they can act on it. It goes back to identifying and fixing what the bottlenecks are, whether it's by using AI or better types of systems going forward. From there, you're going to see the impact.

Recently, we were having lots of discussions around our use of AI and what we are seeing out there with it. Our Chief Compliance Officer was talking about this whole aspect of protected health care information and AI use within our world. I think it's important to understand the PHI information that's being put into AI. It's possible it is not within the world where it can be protected going forward. That really relates to where we need to find care gaps and close them. We have to get the communication in the exam lane but also take some burden off the providers so that they can be most effective and manage patients up to the level of their license.

McGuireWoods:

As health care lawyers, we always appreciate the call out to making sure that PHI or that AI use is being deployed in a compliant and responsible manner and making sure that any PHI use is in balance of HIPPA and other applicable health care and other privacy and security laws. Another thing you had mentioned that seems very important is that technology is just a piece of the puzzle. You need to ensure there is a broader ecosystem ready to support this technology, whatever the technology may be when it is implemented. In the Brevium use case, ensuring that patients are coming back, but being positioned to now provide them care in this increased inbound patient population. You could be successful in contacting them and having them schedule an appointment, but if the practice is not able to see that patient for a while, that's not going to be supportive of a smooth implementation and success story. It's important to make sure, when rolling out any technology tool, that the whole system is acting together and making sure that it's going to be a successful integration.

Joe Casper:

Yes, you can't do this on your own. When we talk about super successful platforms, the super successful ones go and do their due diligence, and then don't just dip their toes in. They really go full boat in terms of implementing the technology and reaping the rewards. You can't do this on your own, though. You have to have all stakeholders within the mix. I was meeting with our chief executive officer on the first day that I was a

part of Brevium, and, he said, “Joe, do you want to get fired?” I said, “No, I don’t want to get fired.” He responded, “If you want to get fired, sell something we don’t have.” I’ve been a part of, I’ve been a part of organizations where I was the chief apologizer, and that’s not a fun role to be in, as a technology company. You have to deliver exactly what you say.

McGuireWoods:

You have to make sure that you can meet expectations and not be in sales mode, selling a product that you can’t deliver, because then trust is lost. With any successful integration, trust is a major component to the process, too. If you had one piece of advice that you could give healthcare practices that are looking to better leverage technology, whether to stay more connected with its patient base or achieve some other goal, what would that be?

Joe Casper:

My top advice, especially if you’re looking at growing organic revenue is to ask yourself, “Where is our highest level of trust?” I believe it is with your existing patient base that you have cared for in the past. Typically, 25% of these patients are lost and would benefit from care. Identify them and invite them back for care. - Also, you need to understand your referral sources, and the trust there. When I’m talking with a CMO or COO, you’d be surprised at how little understanding they have around their referral sources. This is another group where trust is important. If you’re not considering that data, it’s going to be a very spotty element. So, it’s the existing patients, the referral sources, and then the external marketing to go and drive these patients in. Think of what levers are driving the patients within the practice. But the most important thing is having actually good data that shows what is working and driving collections. If it is moving the dial and you’re getting a really good return investment, lean in.

McGuireWoods:

With this scenario of identifying lost patients and getting them back, do you see practices doing a proactive analysis on why these patients were lost in the first place, what the problems were and how they can fix them so it would reduce those instances where patients were lost in the first place?

Joe Casper:

That's the billion-dollar question. We are working with one really large retinal platform, and one of the things with wet macular degeneration is that the only thing that is going to be able to hold those patient's vision is monthly injections. What happens is, instead of improving it, these shots maintain the patient's vision, so we're working on contacting these patients that disengage from the shots, and trying to figure out what the issue is that is keeping them from returning for these important shots. Is it an insurance issue? Is it a transportation issue, or is there something else keeping them away? I really believe that lots of healthcare organizations are now starting to try to get good information as to why patients are disengaging from, in this case, something that is going to protect them from either holding their vision or losing their vision. This is a place that is going to be really important in the future, but right now it's just not being addressed to the degree that it should be.

McGuireWoods:

A lot of power is in that data and being able to review and synthesize it, and figure out what you can apply going forward. You've shared a lot of very insight, insightful pieces of information throughout this discussion, but is there anything else that you want to emphasize?

Joe Casper:

Let me leave with one final thought. When I was first working with Allergan, I was in the operating room working with cataract surgeons moving from large incision to small incision cataract surgery with foldable implants. - I was in one microscope providing insights to the provider through their first cases. In every one of the cases, the providers were driven to improve patient care and focus on better outcomes for patients. And they did. At the end of the day, that's really what we're trying to do in every one of these instances. Can we identify these patients that, for example, have congestive heart failure and have not been back in the practice in six months? Can we figure out how to get this patient back so that they don't have a bad outcome or in fact can have a better outcome? It goes back to everyone's heart being in the right place, but also needing to have the data and the technology in order to give us a strategic advantage in terms of having success.

McGuireWoods:

I think that's a great note to end with, and again, comes back to the

statement you said earlier, ensuring that patients receive the right care from the right provider at the right time. Really making sure that the guiding light here in the healthcare industry stays focused on ensuring good quality patient care at all times and that the resources and the technology support that. Joe, we really appreciate your time with us. Your insight was invaluable and so exciting to hear, both what Brevium is doing and, and your thoughts on just the healthcare technology industry in general.