

MAN ON FIRE PRESENTS
**THE COMBUSTION
CHRONICLES**

**EPISODE TWELVE
SCALABLE COMPASSION**

HOST: SHAWN NASON
CO-HOST: MICHAEL HARPER
GUEST: SEAN SLOVENSKI

SEPTEMBER 9, 2020



EPISODE TWELVE Scalable Compassion

WITH SEAN SLOVENSKI

One of *Modern Healthcare's* Top 10 Leaders in Healthcare, Sean Slovenski has a knack for disruption, a commitment to transforming healthcare, and a fearless attitude towards failure. Throughout his storied career (including a recent stint as the president of Health and Wellness for Walmart, Inc.), he's challenged companies to start with the customer/patient first and then build from there. In this wide-ranging interview, Slovenski discusses how consumers' need for transparency, choice, affordability, and convenience is driving healthcare innovation and how compassion can combine with scalability for explosive results.



@sslovenski



Sean Slovenski

THEMES & INSIGHTS

1. Expect failure when you're trying to solve a problem that's never been solved before.
2. No idea is truly original. Most "inventions" are applications of something that already exists. Don't be afraid to look to the past for new solutions.
3. Focus on the consumer's problem, not your solution. What matters is whether your idea can make people's lives easier, not how flashy your product is.

COMBUSTION QUOTES

"Let's actually look at the customer and what the real need is—not what your need is as the company to sell them something but what's the real need of the customer."

"There's a lot of stuff that people are 'inventing' that actually aren't new, have been done before, or may actually be hundreds of years old. It's just now people are rediscovering it. And so I always encourage people to go back to the basics."

"It's not always a matter of not having vision or not being creative. I find that's actually not true. I think most of the time it's people are a little more afraid to fail. So, therefore, they won't just run out there and try what they think might work, learn from it quickly and then try it again, and fail a little less, and fail enough until you finally get it right."

RESOURCES

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Shawn: On this episode, we are speaking with Sean Slovenski, one of the top 10 healthcare leaders in the U.S. Sean started his career by helping to build and then lead one of the nation's first large scale wellness efforts for Fortune 500 clientele. Envisioning the widespread usage of the internet, Sean pioneered the development and delivery of wellness coaching online by inventing the first-of-its-kind personal coaching product, myhealthcoach.com. His effort led to being a co-founder and the CEO of the industry-leading positive-psychology based coaching company Hummingbird Coaching Services.

Sean also adds to his credit the development and operations for two of the largest health system-based integrative medicine and wellness centers in the U.S., the Mercy Centers for Health & Wellness located in Cincinnati, Ohio, as well as being the CEO of the International joint venture between Humana and Discovery Health of South Africa to create one of the largest and most proven wellness incentive companies in the industry. Getting back to his wellness roots, Sean then took on reinventing the industry-leading population health company, as the president of Population Health at Healthways, which was then sold to Sharecare in 2016. Sean just recently stepped down as VP and President of Walmart Health & Wellness, where he was responsible for leading the efforts towards creating the newly launched multidisciplinary Walmart Health. Sean, welcome to the "Combustion Chronicles."

Sean: Thanks so much, Shawn. Appreciate it. Glad to be here.

Shawn: It's great to have you with us, Sean, and what an impressive list of accomplishments you have had in your career. But probably the biggest question that our listeners are gonna have is your experience and your time at Walmart, and you being an integral part of launching Walmart Health. Can you share a little bit about what that experience was like and how you feel as you're moving on to your next adventure, and leaving that baby behind?

[00:02:57]

Sean: Yeah, sure, happy to. I have to say, in my 30 years as a small company entrepreneur, one of the dreams you usually have is to have the biggest impact you can before you end your time on this earth, hopefully, far, far in the future. And when I was presented with the opportunity, as that small company entrepreneur to lead one of the largest reinventions of one of the largest health and wellness companies in the country, it really was a dream come true. And the impact that could be had there with something that many of us only imagine. Because Walmart has such breadth and depth, and quite frankly, sense of community within the locations that they have across the country. They're quite a unique group.

So uh, that was the challenge in front of us, a wellness division in business that had close to 100,000 people. It was serving tens of millions of customers. Half of America walks through Walmart's doors on a weekly basis. So, the volume and the clientele, and the mix of lifestyles, backgrounds, ethnicities, it really is a melting pot of America, really created an opportunity to do something unique. And that's what we did. We looked at what the needs of the customers

were. We looked at the communities that they were in, and we looked at what was going on in healthcare, and where some of the biggest pain points were. And what we came to realize is that most of America can't really afford or doesn't have access to the basic, primary type care in dentistry and primary care in terms of physician care, behavioral health, imaging, and a whole host of other services that when brought together in the spirit of what Walmart's all about, a convenient one-stop-shop with the best products at the best price.

It gave us an opportunity to create something like that in healthcare., And, as you know, because you were there for the journey too, not an easy task to invent something new in healthcare, and certainly not an easy task to create something that is largely cash-based and affordable for the average American, but we were able to do it, thanks to the capabilities of Walmart. And it's making such a difference. It was a very proud moment when we launched the first one and knowing that they're gonna be continuing those efforts makes me personally very proud, I would say a crowning jewel on my career and wanting to have an impact on people.

And then, you know, I always do get the question, why would you leave all of that? And early on in my career, I learned pretty quickly what I'm really good at and what I absolutely stink at. And uh, I'm really good at those first two to three or four years of a business, turning it around, or starting it up, or turning it around to restart it. And then once you get that baked, and you get it right, and it's ready to go from there, that's somebody else's skill set, that's not mine. And we just came to that time at Walmart. It had been about two years, maybe almost two-and-a-half years, and we've gotten everything to a really good point, and it was just time for somebody new to come in, that could take it from where it is today to the whole next level that they're gonna be rolling out.

[00:06:14]

Shawn: Well, Sean, as you mentioned, yes, you know, we've been on this journey too, a part of our organization with you these past two years. And it is a jewel in the crown for us as well to see what um, powerful strides they're making to really change healthcare. And so, we thank you for allowing us to be on that journey with you and the team at Walmart and are very excited to see what's next for you. As I've known you for 10 plus years, you never cease to surprise me and amaze me on what you're gonna go tackle next. And so, let's talk a little bit, Sean, because here we are in 2020. I remember the second or third weekend in March, you and I were actually on a phone call discussing this new thing that hit America called COVID-19. And we thought, "Okay, this is a three-month, four-month thing. We've gotta figure out how to face it and do some things around it. And here we are, when this airs, it's gonna be six months, seven months into COVID-19. And it has exposed some pretty clear vulnerabilities in our healthcare systems across the U.S. and really across the world. If there was a vulnerability, if any of that surprised you or caught you off guard during this time, what would that be right now?

Sean: Thanks, great question. And as you know, you could probably come up with a list of 25 or 30 things that surprised you. At a societal level, I've been surprised in a pleasant way how this

whole initiative of, you know, coviding in place and bringing families back together and back to the dinner table so to speak. It's really... I think, America, in particular, from what I've seen and so many people that I've spoken with, it's actually brought a lot of families back to being centered around their families, and I think that is incredibly valuable for people's health and well-being, etc. I think when you look at the actual health side, there were two things that really surprised me. One was just how unprepared the whole testing laboratory space was. You know, in America, in healthcare, everything begins with a test somehow, blood test, you know, you name it, a blood pressure check, something when you decide it's time to go see a physician or see a healthcare professional, or even self-, you know, kind of diagnose and take care of yourself for little aches and sprains, and things like that. It starts with some kind of an assessment and a test. And so, testing and laboratory is so fundamental to everything in healthcare. I was surprised how quickly it got overwhelmed and how many holes there are and deficits there are within that entire market.

[00:09:06]

I was also surprised, equally so, exactly how overwhelmed, and how quickly that overwhelming happened with the behavioral health and mental health side of the equation too. Having worked in both of those spaces at some point in time in my career, they've been around so long. They've scaled over time. But I think what probably happened in many cases is they got a flat utilization that they got used to. And so, they built themselves around what they're used to, and had no preparedness for what happened in COVID. But if you would have talked to many of those people, even four, five, six months before, they would have told you they had near-infinite capacity sometimes in certain ways. And I think we find out pretty quickly, it's far from that. So those were two humongous surprises to the...not so positive, specific to healthcare that, obviously, are things of interest to me to now go and dig in and hopefully try to fix in a large way.

Shawn: Awesome. So, Sean, in 2019, you were...surprised, I think, a lot of the healthcare industry when you appeared number 7 on the top 100 healthcare leaders in the country. And frankly, over some of the biggest politicians, who currently is our president, you were ranked higher than many of them on that list. So, when we start to consider crisis to be an ultimate disrupter, and I think the industry looks at you as not only an entrepreneur and innovator but as a disrupter, what new healthcare adaptations or innovations that have been pushed by COVID do you think are here to stay after the pandemic has subsided or whatever we keep calling the new norm happens?

[00:11:00]

Sean: Yeah, that's another great question. And by the way, on being ranked number seven, no one was more surprised than me. I'd like to say it was because of me, but truth be told, it was probably just because of Walmart and who they are. And I had the opportunity and the platform to actually do some things that I've been contemplating but didn't have the platform for previously. And so, that was a big surprise to me too. I think there are a couple of things and oddly enough, they're not specific to treatment, meaning, you know, a new modality, a new

intervention. It's actually around policy and law, and to see things that have been the biggest barriers to people getting insurance across state lines, allowing pharmacists and other non-physician healthcare talent not being allowed to perform at the top of their licensure in most states, let alone across state lines. A lot of those kinds of things I think have really been great surprises, have quickly changed, which was wonderful. And I don't think many of those are gonna go back to the way they were before.

I also look at telehealth and telemedicine as another example. The volumes that we've been seeing have shown a lot of cracks in the veneer of what works and what doesn't work in that space, and how it may need to change. But what I do think it's done is pushed the consumer to adapt to virtual healthcare at a pace that would have never happened before. A lot of people use this kind of an analogy. But I do think we did 10 years of advancement in people's readiness for receiving care in a virtual setting in a matter of a few months, and that was something I don't think is gonna revert and change back, which is only better for the whole healthcare system as a whole.

[00:12:52]

Shawn: Let's dig into that a little bit, Sean. As part of your career, we just talked about it in the bio. You led a startup between GE and Intel called Care Innovations. And, you know, these remote technologies that you keep talking about and that you were just mentioning, you know, those have affected now our lifestyles, how we work, you know, there's some of the major companies and organizations in our country now are not even gonna send people back into the workforce until well into 2021. And, you know, then this whole concept of telehealth, telepsychiatry, that's been around for a long time. And even you and I had a couple of conversations previously to COVID that said, if something doesn't happen, telehealth, telepsychiatry, all of that, is just gonna go away. It's just not making the dent fast enough that it needs to in healthcare. But now, with all this happening, how do you foresee the future of remote healthcare trending? Do you consider it, is this just a blip because of COVID or do you think this is really here to stay now?

Sean: I think a few things. Number one, and this will start showing my age but back when I was doing the care innovations business, remote monitoring of patients, you know, beyond people using Fitbits, which back then was like the hottest thing at the time, it was clunky equipment. They only looked at a few measures, you know, blood pressure, weight, that kind of stuff, movements within a home to try to take a guess at people's behavioral patterns, etc. But it was pretty rudimentary versus, you know, today, a lot of those pieces of equipment, you don't even know they're there. They may be on your body. They may sit in a flowerpot on your dresser. Just the technology has progressed so much that, now that people aren't aware that those big clunky things are doing those measurements on them, where it's so much easier to do, I think we'll see a greater adoption to it. But on the backside of that, even, you know, going back almost 9, 10 years ago, those devices, as clunky as they were, pulled hundreds of bits of information off of people and would report those every second or every minute. And so, the data companies and healthcare companies, they didn't know what to do with all that. So, they

threw a lot of it out, quite frankly, and only went for the measure or two they were looking for. For those groups, like, at Care Innovations, they looked at all the data and they kept it all.

And they were able to find correlations between certain behaviors, certain actions, and outcomes of health that you would have never thought of before because most people just threw out the data they weren't looking for. I think with the sophistication of technology and the emphasis on analytics in healthcare for the past decade, I think what you're gonna start seeing is all that information that comes off all these devices that people are now more willing to allow in their homes and on their bodies, is gonna be way more important and more closely scrutinized than it ever has before.

So, I think that part of digital health and remote health is gonna only grow and become more valuable because the capabilities and the willingness are there. You know, I think with telehealth and telemedicine, you know, let's just be really honest, it wasn't anything more than video conferencing. So, all it was is an ability to have more access to more physicians and healthcare professionals, instead of the ones that were only in your area. But from a functional and operational perspective, it was no different than setting up an appointment at a doctor's office. You just had a larger variety of doctors to choose from, so to speak. Well, that system and that methodology back then was quite revolutionary to do.

And today, it's kind of like, big deal. It's the conference call, video conference call. And even with some of the biggest players out there, what I've seen, and heard, and experienced personally when at Walmart, you know, is an hour-and-a-half wait sometimes to wait on a doctor in a virtual waiting room, which is no different than sitting in the doctor's office down the street so to speak. So I think what's gonna happen now that people are more open to it and physicians are going, "Hey, this is a pretty cool way to practice," and more will want to get online, you'll see that kind of old-school yet invaluable virtual office, so to speak, becoming more and more readily available. But I think the real breakthroughs are gonna be in the artificial intelligence, the asynchronous communications that occur that are much more time and cost-effective. And quite frankly, lead to better outcomes, especially in mental health. I think you're gonna see some innovations happening over the next three to four years that just weren't a priority before because there wasn't enough business to make you wanna fund that next level of innovation.

[00:17:47]

Michael: Hi Sean, this is Michael, and I love talking about the what's next. I love all the futurist conversations. But if I'm being honest, I'm also a little tired of hearing about it because that's what everyone's doing. We're trying to predict what's next. Right? We've got all these experts and these futurists who are waxing eloquently about it. What about the how? I think what I appreciate from previous conversations with you, is about the how of what steps do we actually need to take? Like, what do healthcare leaders, influencers, people that can do this or even we as consumers, what do we need to do to get this moving forward?

Sean: You know, and I totally agree with you. Sometimes I sit and listen to a bunch of futurists talk about stuff and you just wanna throw up because it's not that it's not interesting. It's like, "Yeah, that's great, but some of it is so far-fetched." You go, "Yeah, that's 20 years from now, I can't even get a doctor's appointment today." And, in other cases, it's like, that's not a new idea. Just from my own personal position so to speak, here's how I kind of think about it when I'm talking to individuals about their own health because I am still a health coach at heart, or talking to companies about what to do next. I stopped them talking about the future for a moment. And I say, "Let's actually look at the customer and what the real need is, not what your need is as the company trying to sell them something or provide them something, but what's the real need of the customer? Let's get to the root of that, number one." And number two, very rarely. And I mean, like less than 2% to 3% of the time, in my opinion, is there actually anything truly, new in healthcare. When you think about new, right, you go from, "Hey, we used to have mainframe computers that only the biggest companies had and then came along little companies like Apple, and Dell, and Microsoft with technology, and you go, "Now that's something new," right?

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Or even a microwave or a TV set, when all that was available were radios, there's something brand new. But in healthcare rarely is there anything new. And I was just having a conversation with the company yesterday advising them and I won't mention their name. But they were talking about this great new thing they're doing, where they're actually having people do a video call with the physician. And then if need be, that doctor will go to their house, and just how amazing, and futuristic, and great this is. And I said, "That's awesome. Back in 1912, my great grandfather in the family stories broke his arm. And so, the doctor came to his house and fixed his arm, and they paid him with a chicken and two pigs. So, welcome to 1912, you're a genius."

And I think it's this kind of thinking to go back to the past, even in the pharmaceutical space, meaning the pharmacies, talking to some of the pharmacy groups out there. They're talking about this new wave and this new future where the pharmacist is the center of a person's health. Welcome to the 1400s, maybe even earlier, where the pharmacist, the apothecary was the doctor, was the medicine man, and was the nurse, and the birther, and everything else for that community or that neighborhood. We're just getting back to that. The only reason why that changed was because managed care started putting constraints and law started coming into place, and it basically minimized the role of the pharmacist.

And so, there's a lot of stuff that people are "inventing" that actually aren't new, have been done before, or may actually be hundreds of years old. It's just now people are rediscovering it. And so, I always encourage people to go back to the basics. Think about what was going on in health and care, when their parents, grandparents, great grandparents, if they know any stories or knew folks in their family from then and what did they actually do? And what's always funny to me, this hot craze right now is the last example I'll use, of apple cider vinegar, this new thing that's only been around for like 10,000 years, but this brand new thing that everyone's all hot

on. And when you talk to my mom or I remember sitting around after dinner and my grandfather would take a teaspoon of apple cider vinegar after dinner to help with digestion and heartburn. These are not new things that people are coming up with. They're old things that they think are new.

And so if you can focus on the past a little bit and glean from that, and if you can understand what the customer actually needs, not what you think you have to sell them, between those two things, you're probably gonna find, A, how to solve the problem and not reinvent the wheel. And number two, you might just actually come up with something new or at least a combination of things that somewhat new.

Shawn: Brilliant. Love it. So, in the spirit of that, Sean, we wanna throw something different out at you around...on this concept of what people want, and when they can have it. So, there are five things that consumers...and as you know, we do a ton of work in the consumer space, talk to consumers a ton around what they want in healthcare. We've got five bullet points that I'd like to ask you about, and I wanna know in your mind, going back to what you're just talking about, with what customers want and even going back to, you know, let's look at what's happened in the past that's been good and bring it forward, when do you think this will happen in the U.S. healthcare because this is an election year. We're two months away from an election, This is gonna be a hot topic, I believe, coming forward and now in, you know, your new adventures in life and what you're gonna go tackle next. So, here's our bullet point number one. People want to give their information only one time. When do you think that'll happen?

[00:23:36]

Sean: Well, if you wanna base it on my experience of going to the orthopedic guy to have my knee taken care of over the last six weeks, or going to the exact same location for the exact same doctor, I had to give my information every single time and sign the same paperwork. And looking at the promise of all the medical records from 10, 15, 20 years ago, when they first actually started and looking at the mess that exists today, what I would say is, I think we're pretty far away from that, unfortunately. So, if I had to give you a number, I'd say we're a decade away.

Shawn: Such hope in that.

Sean: Yes. **(Shawn laughs)**

Shawn: So, this is... I can't wait for this one. People want to know what their bill will be and when it will be due?

Sean: (Sean laughs) That one actually, to give you some hope and optimism here, I think is coming quicker. That is such an issue. And so many people are having medical issues, but now they're unemployed and can't afford those or don't have insurance coverage, that they're having to default to payments. That hospitals and other groups who would send you six

different bills for six different reasons. But it was really only one service. And it's really confusing. That is actually still horrible, but that's actually getting better. And there is a big push at the governmental level. And then also, you know, in many of the health systems about having one bill, one way, the right way for everything, just like you would get in any other service that you would buy from a normal company outside of healthcare. So, I think that one's coming quicker. I still don't think it's tomorrow. I think it's probably more of a four to five-year kind of horizon. But I think it's getting better.

Shawn: That's good to hear. All right, people want the other 90% of their life outside of the healthcare industry to passively serve the 10% of their life that is interfacing with the healthcare industry.

Sean: That's a big tall order and can mean so many things. Geez, I'd hate to say you stumped me because then I'd probably have to buy you dinner or something like that. **(Shawn and Sean laugh)** So, I'm gonna try to come up with an answer because I wanna get out of that. I agree with the request. I know we've heard that in various ways, many, many times. Gosh, I think that one, it's not a pipe dream. But I think we are quite a ways away from that. I think we're gonna be close to that in terms of marketing and messaging from lots of different groups, employers, etc. But I think the practicality of that, I think we're way far away. It's really a cultural society thing that drives that ultimately. And I don't think we're there yet.

Shawn: Love the honesty. The last one here, people want choices. They want to be able to customize their care experience and adapt it to their personal preferences.

Sean: Here's something you hear all the time from the healthcare world, "People are dumb. They don't understand their benefits, they don't understand what they need. They don't understand," fill in the blank. The truth is people actually aren't that dumb. And when explained in a way that's just matter of fact, people get it, they understand, and they can make logical choices. I actually think there have been many attempts at that with, you know, cafeteria plans at work for insurance where you can pick this or pick that. I think the entire healthcare industry, from hospitals, insurance companies, etc., are so inwardly focused and they suck so horribly at communicating with the customer in a quiet, simple, non-threatening, easy to understand way that the demands from the customers are gonna start driving that more and more. And it's already happening. And we saw it, as you know, at Walmart and those supercenters for healthcare. The level of simplicity we had to get to, it wasn't the customer fighting us to say "No, no, no, make it more complex." It was the practitioners who are used to being a certain way and the medical professionals who were used to acting and working a certain way. It was really them that had to make the change, not the customer, the customer actually kind of gets it.

And if you say, "Hey, if you bend your knee this way, it hurts, if you don't bend your knee that way it won't and put some ice on it, or you're going to end up having surgery." They're pretty smart, and they'll go, "I get it." But if you're sitting there using technical terms, and then you're

having insurance send them a bunch of information about that, and have a nurse call them who confuses them, pretty soon, they're like, "I don't know what to do." When it's as simple as don't bend your knee and throw some ice on it. And do that for two weeks and you'll be just fine and avoid surgery. So, I think it's coming because it has to and people are demanding it. It's not quick and easy. But the biggest challenge isn't the customer, in this case, it's actually the healthcare professionals and system.

[00:258:31]

Shawn: Awesome. So, Sean, let's talk about, like, life lessons and, you know, what you have learned over your journey. So, if you could go back to your 25-year-old self, you know, we won't even talk about how old you are. But, if you could go back to your 25-year-old self, what advice personally around failure, around disruption, what advice would you give yourself and what you've learned in your life?

Sean: First off, I would have said invest in Apple or Microsoft or one of those groups and then retire when you're 27. But since that never works, **(Shawn and Sean laugh)** and hindsight is always king in those ways. You know, what I would say is probably like a lot of folks, you come out of college, you get your first job, and you don't wanna screw it up, and you wanna try to do everything you can to do it right, and you're learning, I was blessed in one way of always finding myself in entrepreneurial kind of front edge scenarios, where there wasn't a cookbook, where there wasn't a recipe already written for how to do that exactly. And therefore, there wasn't a choice but to go in and fail, until you kind of found the right ways to do certain things and then you made that the recipe to follow going forward. And so, my entire career has been nothing but failure. **(Sean laughs)** Which, you know, is a very impressive thing to say. Although I don't put that on my resume. But my entire career has been about failure. It's been about, if this business was perfect, you wouldn't have called me in to fix it. If someone had already solved that big problem out there and invented a solution to it, you wouldn't be calling me or entrepreneurs or other inventors. You know, there is inherently failure in solving things that people haven't solved before or combining things together in a way other people haven't considered before.

Because most people tend to not wanna fail. It's not always a matter of not having vision or not being creative. I find that's actually not true. I think most of the time it's people are a little more afraid to fail. So, therefore, they won't just run out there and try what they think might work, learn from it quickly and then try it again, and fail a little less, and fail enough until you finally get it right. Honestly, I just tell people, fail all you can. I mean, you don't wanna, like, make a big blunder, have a bunch of people get sick or die from something you've done and go, "You know, it was an experiment." Don't go that way. But, um, you can take calculated risk and just fortune favors the bold. And bold doesn't mean that you're always willing to charge forward. It means you're willing to charge forward, take the hits in the bumps and keep on charging.

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Shawn: That's a great nugget for people personally, for leaders as they listen to this, Sean, that most leaders aren't even willing to admit what you just talked about. So, thanks for sharing that and giving that to the audience. So, you know, one more question and then we're gonna jump into the last portion of this. You know, Sean, when you think of Walmart, Walmart's the biggest company in the world. You just spent a little over two, almost two-and-a-half years there, and people can't even imagine why you would walk away from that or leave that. But I wanna put a question out to you around what aspect of the healthcare industry would you most like to take on and totally disrupt next, and just flip it on its head?

Sean: Yeah, you know, every experience, you take a few takeaways from it, right? There might be a hundred that you take away from your learnings every time you go do something, but there's always one or two that stick out as the big learnings. And there are two things I think I took away from the Walmart experience that I'd wanna apply going forward. I had no idea what volume and scale looked like. And even many of the bigger companies I've worked with like GE, and Intel, and others, they're big. They do a lot of volume and they do a lot of scale. But there's literally nothing like Walmart out there in terms of their size, their scope, their reach, and just the volume of stuff that they do, so many things. I learned what scale looks like.

And it looks very differently than the way healthcare generally is organized and thinks. The other thing that I learned is a sense of compassion for people. I do find that Walmart gets a lot of press here and there about, you know, how they treat people or how they treat their own employees, I've found them to be wonderful. And I think anyone that says that obviously hasn't worked there or doesn't know them very well. But the compassion they have for their customer and the communities that they work in, and how hard they work at that, I think there's a combination of that going forward where you can create and take the notion of real scalability and volume to create something that can massively impact people at a very reasonable price in healthcare, and do it in a way that's incredibly compassionate and community-focused at the same time.

And that combination is a sweet spot that's very hard to achieve. But I think when you achieve it, that's where you really get the Big Bang. Because as we all know, healthcare is very local. It's very community-based, yet it needs to be volumized and scaled in a way that it can be more cost-effective and not so inefficient like it is today. And I think that's the intersection that I'm gonna really seek. And again, you know, you and I've talked personally and talked with others. I think this whole testing laboratory space, I think the home care market, some of those areas are areas where scaling, volume, yet a true sense of compassionate community combined, you can make a big difference in people's lives, bring down the cost of basic healthcare needs and help everyone get a little healthier.

Shawn: Awesome. Well, as we are excited to see what you do next. I know there's a whole industry. I know you have a hard time believing that sometimes but a whole industry looking at what Sean Slovenski is gonna do next in healthcare. So, we are very excited to see that. So, it's

kind of that time, Sean, in the "Combustion Chronicles," where we close each of our podcasts out with the combustion questions, and we talk about using this amazing algorithm to come up with these three randomly selected questions. And that amazing algorithm is Michael's head. And as we've been sitting here, he has come up with three questions for you. So, I'm gonna turn this over to Michael. And Michael, take it away.

Michael: Okay, Sean, are you ready for your combustion questions?

Sean: Yes. Because it came out of your head, I'm terrified, but go ahead.

Michael: You should be. It's gonna be a moment. It's gonna be a thing. Number one, what do you want to be when you grow up?

Sean: I want to be happy and I want to be a fisherman.

Michael: There you go. Deep-sea or on a lake?

Sean: Yes. **(everyone laughs)**

Michael: With the cool hat and everything? That would be great.

Sean: That's right.

Michael: Okay. Question number two, this is a tough one. What is your favorite brand, flavor and place to eat ice cream?

Sean: Oh, okay. So, my favorite brand would be in Cincinnati, and all due respect to Grater's Ice Cream, which I love. Aglamesis Brothers', is actually my favorite. I love their banana chocolate chip. That's just me. And so that's my answer.

Michael: And where would you go to eat it?

Sean: It's in Cincinnati and I would go to Aglamesis Brothers' ice cream parlor and eat it there.

Michael: Oh, there you go. You wouldn't take it out somewhere.?

Sean: No, I'd actually eat there. It's this quaint little place where It looks like the the early 1900s and all kinds of candies. It's kind of like sitting in Willy Wonka's Chocolate Factory while eating ice cream.

Michael: There you go. Okay. Number three for your combustion questions. What do you think about dodgeball?

Sean: Oh, this is a political hot one, right? Because it's being banned at schools as being abusive and all that kind of stuff. but I frickin' love it. Man, when I was in junior high because I was like six foot three and had these long, lanky skinny, like, spaghetti noodle arms, and I could just wrap that ball up like, you know, I was plastic man or something and let it fly. And I could just bruise the heck out of people and knock them out. I love it. I'm all for it. I think it builds character.

Michael: Well, especially if it's a dodgeball where you join a league and you're choosing to play, right?

Sean: Well, yeah, there's that too. **(all laugh)**

Shawn: So, on the next episode, we'll be talking about how to deal with Sean Slovenski's aggression. **(all laugh)** So, Sean, thank you so much for joining us on this episode, sharing your thoughts, sharing your journey in healthcare, and we look forward to what happens next. And we wish you the best, and stay safe, and be well.

[00:37:48]

Sean: You too. Thanks so much.